



Poster: A temporary transformation – The first women medical students at St George's Medical School, London

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Abstract

The admission of women to a medical school that had trained only men for the previous two centuries was a major transformation. Further educational transformation has been the increase in the study of medical humanities by medical students and the development of a medical school archive to facilitate the study of medical history. This has enabled students to research some of the historical gender issues in medical education and consider what lessons we can learn when considering future developments to improve training, workforce retention and the patient experience. This poster deals specifically with the first women students admitted to St George's University of London.

Keywords: women doctors; educational archives; admittance.

Commentary on poster

A transformation in our educational programme over the last five years has been the increase in the amount of medical humanities teaching in the medical curriculum. As St. George's is a health science based university, our students do not interact with an academically diverse peer group. The importance of studying medical humanities has been discussed by Gordon and Evans¹ in a publication from the Association for the Study of Medical Education. They have suggested that benefits include extending the future doctors' sensitivities and insights regarding human experience in all its variety and deepening their understanding beyond merely biomedical interpretations of health and illness.

A further transformation at St George's has been the appointment of a qualified Archivist and also financial support from the Wellcome Trust to preserve and develop our existing archival material. This is a major addition to our resources for teaching the history of medicine. It has enabled our students and other researchers to study original committee minutes, hospital reports, student record cards and student magazines to see how the admission of women students came about and also how it was perceived by staff and students.

There has been no greater transformation in medical education in the United Kingdom than the admittance of women students to a profession which had been previously the dominion of men alone. St George's hospital was founded in 1733 and has been involved in training medical students since it was established. Our poster gave a brief illustrated history of the first four women medical students to train at St George's in 1915 – a century ago.

A major impetus to admit women was the declining number of male applicants as a result of the First World War and, we suspect, changes in society with women taking on many previously male roles. There were also political demands for women to be given the vote and the newspapers and medical journals of the time were regularly discussing female emancipation.

The discussion of admitting women to medicine is limited in the official minutes but there was agreement among senior consultants that by 1917 there may be a shortage of junior hospital staff. Concerns were expressed about the physical changes required to the relatively small building at Hyde Park Corner. Installing female toilets and changing rooms appeared major issues. How the sporting teams would also be affected by the lack of men also caused much concern. However, there were a few students who wrote letters to the Medical School Gazette supporting the admission of women. For present day students and staff who have read the letters in the archive from young women literally pleading for the opportunity to undertake clinical training at St George's there is a new insight in to the struggle that they had storming the male bastion that was 'The Corner', as it was known. And its innate conservatism and chauvinism was typical of most London and provincial medical schools.

Although 19 women were admitted between 1915 and 1919, their student record cards show that they were academically successful, but no one championed the cause of women's admission after the First World War ended. It appears that the Second World War may have had an influence with the re-introduction of women students in 1945 but we have not researched this.

Our poster on women students also shows the historical challenge that an old established medical school faces when trying to improve gender equality. The university now has a Bronze rating in the Athena SWAN (Scientific Women's Academic Network) programme. The rating is based on an independent assessment of how an academic institution promotes equality of opportunity and how its organisational structure and appointments reflect this.

As our Archive has become more established and has a 'web presence' we are attracting historians who are studying past alumni and also the social profile of our students. In the 18th and 19th century students usually represented the wealthy and privileged. There were no grants and until around 1900 the junior medical staff were unpaid. A private income was usually required. With changes to our student funding we would do well to reflect on who we select for training and are there financial barriers which put off potential applicants from more modest backgrounds? With women students now being in the majority, gender selection appears to be a barrier we have overcome although establishing work programmes for doctors who have to balance family and professional responsibilities is a challenge, as is the gender pay gap. However, there are innovative solutions. In 2017 many women and men do not want to practice medicine full time and prefer a better work-life balance. Our historical records suggest that many of the senior medical and surgical staff had less busy routines than today and conducted life at a 'gentlemanly' pace over which they had a lot of control in pre-National Health Service days.

Perhaps a major educational transformation may be around the corner, which allows training and practice of less intensity, perhaps greater patient safety, and better doctor health, than is currently experienced. This would do much to improve medical workforce retention and patient experience.

1. Gordon JJ, Evans HM. (2007) Learning medicine from the humanities. Edinburgh. ASME. p.2.