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THE
OPENING OF THE
JOHNS HOPKINS MEDICAL SCHOOL
TO WOMEN.



- CARDINAL GIBBONS.
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Florence Nightingale

ON THE OPENING OF THE JOHNS HOPKINS MEDICAL SCHOOL TO WOMEN.

On the Opening of the Johns Hopkins Medical School
to Women.

IT is perhaps not sufficiently understood that there is no obstacle in ecclesiastical or canon law to the education of women for the medical profession. Among the persons inhibited by the Church from pursuing the profession of medicine are included priests, monks, and clergymen generally, but not women. There are indeed canonists who would deny the right of women to teach, though not to practise, medicine—notably Schmalzgrüber, the well-known compiler of canon law: but even he, although he has taken the pains to collect, in his well-known work on Decretals, all adverse evidence, gives no explicit arguments against it, and several ecclesiastical jurists are distinctly in favor of the study of medicine by women.

If we consult history we shall find, not only that the art of midwifery during the Middle Ages, and virtually till the beginning of the eighteenth century, was exclusively in the hands of women, but also that women were from time to time engaged, during this period, in different departments of medicine. In the University of Salerno, which flourished in the Middle Ages, and was noted especially for the learning of its theologians, and in the oldest of the Italian universities, Bologna, which has recently been celebrating its eight hundredth anniversary, women were not only students but professors of medicine. The portrait of its celebrated professor of anatomy Anna Manzolini, together with those of the four other women who were professors there, may still be seen on the walls of the University of Bologna, and some of her wax anatomical models are still shown in the museum.

I do not hesitate to say, with due deference to the judgment of others, that in my opinion it is important to the well-being of society that the study of medicine by Christian women should be continued and extended. The difficulties that are said to attend their pursuing the necessary studies in the same schools with men may be obviated by judicious precautions, and these difficulties should not debar women from the profession of medicine. We permit women to exercise the art of painting, though its successful pursuit is not always free from danger to female modesty. In my judgment, in anatomical demonstrations men and women should be separated; but I learn that in the anatomical departments of Paris and Geneva, Zurich, Berne, and Basle, and in the universities of Belgium, Spain, and Italy, women work side by side with men, and that this, in the opinion of the professors, has been attended by good rather than bad results. I believe that in other departments, and wherever the proper restrictions are observed, the coeducation of the male and the female sex will exert a beneficial influence on the male.

The prejudice that allows women to enter the profession of nursing and excludes them from the profession of medicine cannot be too strongly censured, and its existence can be explained only by the force of habit. It has been urged that women do not as a rule possess the intellectual powers of men, but their ability to pursue the usual medical studies has been sufficiently demonstrated; and it is admitted, even by those who concede to men a higher order of intellect and greater powers of ratiocination, that what women may lack in that direction seems to be supplied by that logical instinct with which they have been endowed by God. It

is evident also that if female nurses may with propriety attend men as well as women, that privilege cannot reasonably be withheld from the female physician; indeed, the position of the nurse might be regarded as open to much graver objections, inasmuch as the physician makes but a transient visit to the patient, while the nurse occupies the sickroom day and night. The attendance of female physicians upon women is often of incalculable benefit. Much serious and continued suffering is undergone by women, and many beginnings of grave illness are neglected, because of the sense of delicacy which prevents them from submitting to the professional services of men. There is also an infinite number of cases, known to all who have been concerned in charitable or reformatory work, in which no influence or assistance can be so effectual as that of a physician who is also a woman and a Christian.

The alleviation of suffering, for women of all classes, which would result from the presence among us of an adequate number of well-trained female physicians cannot but be evident to all; but I wish to emphasize as strongly as possible the moral influence of such a body, than which there could be no more potent factor in the moral regeneration of society.

James, Card. Gibbons.

CARDINAL'S RESIDENCE, BALTIMORE.

SEVERAL months ago I was asked to state the reasons which appeared to me to show that it was both just and important to permit women medical students to attend the superior medical schools that are beginning to grow up under the direction of universities. At the time the movement had just been initiated to secure the admission of women to the medical school of the Johns Hopkins University. This movement has just been crowned with success. The generous energy of the group of women who have been working for the intellectual advancement of their sex has been cordially met by the liberal spirit of the University trustees, whose wise and just action is well befitting the responsibility of the noble trust they administer; still the moment has not yet arrived when the above mentioned "statement of reasons" has become happily superfluous.

Unless all the opportunities, privileges, honors, and rewards of medical education and the medical profession are as accessible to women as to men, women physicians cannot fail to be regarded as a special and distinctly inferior class of practitioners. Such habitual lack of social consideration will, moreover, constantly tend to render women inferior, by depressing honorable ambition, felt to be useless, and by depriving all women of the opportunities and responsibilities where individual superiority could be achieved or demonstrated, for which many at least are fitted. It is essential to the efficiency and the reputation of women's colleges that women should not be educated exclusively in them. Women's medical colleges were founded in America simply because all other means of securing a medical education for women were vehemently refused. On the European continent the foundation of such small, isolated schools would have been impossible. Women would either have been refused all legal right to study or practise medicine, or they would have been at once admitted to the schools directed by

universities and controlled by the state. The first course has been pursued in Germany, the second (since 1866) in Switzerland, France, Italy, Denmark, Norway, Sweden, and Belgium. In America, although for more than a century there have been among us not only acute but learned physicians, it is only recently that medicine has been regarded as a learned profession. Schools have been founded as private business enterprises whenever any group of irresponsible young men chose to "organize a college" as a means of personal advertisement. Women were excluded from these schools for the same ingenuous reason which led them to keep the standard of medical education as low as possible. The professors expected to repay themselves for their trouble out of the fees of the students: clearly the more students, the more pay; but the more severe the conditions of matriculation and graduation, the fewer the students. Similarly it was feared that the admission of women would be unpopular among students, known to be as tenacious of their "dignity" as they were careless of their instruction. Women were therefore excluded, together with the conditions necessary for a superior or learned or logical education, and may thus be said to have found themselves in good company. Now that the modern European view of medicine has gradually penetrated the American consciousness, it is perceived that the study of medicine necessitates an amplitude and complexity of intellectual and material resource greater than is required for any other branch of education. There is needed the culture of the philosophic faculty; there are needed the expensive laboratories of physical science; and in addition there is needed the equally expensive equipment of hospital and amphitheater, which especially belong to medicine. When this has once been perceived, the hope of compassing such requirements by means of small, isolated, voluntary schools, especially if unendowed and dependent on the capricious fees of their students, is seen to be futile and absurd. These schools, then, fall into their proper rank, as feeders for the university.

The relations of women's medical colleges to a university medical school, such as that of Harvard, or more especially of Johns Hopkins as the latter is designed to be, would be twofold. Certain standards imposed at the university would be accepted at the colleges as the guide for their own work—work which, without such guide, has often floundered about in woful uncertainty. And the students who should be found capable of accomplishing more than the average work proper to such colleges should be enabled to pass up to the higher schools, and work upon a plane fitted to superior abilities.

The change slowly effected in the views of medical education is an important factor in creating a new situation for the medical education of women. A second factor, not less important, consists in the change which has taken place in the general education of women. Twenty-five years ago academic studies were inaccessible to them. . . . But to-day, with Vassar, and Smith, and Wellesley, and Bryn Mawr, and Cornell University, and with admission secured to the State universities throughout the West, there are every year an increasing number of well-educated women who are qualified for the higher grades of medical work, and who are more and more in a position to demand facilities for the higher degrees of medical instruction.

A third factor in the present situation is the admission of women to the European schools, whence they return, both Europeans and Americans, to practise medicine among colleagues who have been forcibly placed at an educational disadvantage with them. Thus, out of a dozen women physicians now practising in San Francisco, three have graduated in Paris.

That the women of America, the country which, in comparison with the rest of the world, has not unjustly been called the "paradise of women," should be compelled to seek in Europe opportunities for the highest education; that in America, where the medical profession freely admits women to its national, State, and city societies, and to a share in many public medical responsibilities, women should have fewer educational advantages than in Europe, where these privileges are still denied; that in America, where physicians are beginning to be fairly liberal, just, and even kind, women should have less opportunity for winning honors than in England, where the doctors are still opposed to women physicians; that in America, with its free social manners, and habitual confidence in the dignity and purity of its women, an artificial outcry should be raised against "coeducation," and difficulties imagined, unthought of in Europe, where the honorable association of young men and women is really a social innovation; that on the Atlantic coast human beings must be deprived of intellectual rights because of alleged scruples of prudery that have vanished from the portals of universities throughout the West—all these circumstances are so anomalous, the situation thus created is so illogical and contradictory, that it cannot, one would imagine, be much longer sustained.

Notwithstanding the disadvantages under which women physicians in America still labor, there is one circumstance which renders their position more solid than it is as yet in Europe. In America the admission of women to medicine was effected in response to a popular demand—it came from below, and had a democratic basis of support. In Europe it came from above, from the councils of ministers, or from the deliberations of small groups of highly cultivated people. Thus it has often come about that in Europe women have had the education but not the patients, and in America they have had the patients and not the education. The time has come to unite the two.

NEW YORK.

Mary Putnam Jacobi, M. D.

DR. SUSAN DIMOCK was but twenty-eight years old when her body, rescued from the wreck of the *Schiller*, was borne to its last resting place by eight of the physicians of Boston, who had known her and been in practice with her for three years before her death. Among them was Dr. Henry I. Bowditch, who, speaking from an experience of more than forty years' professional life, said of her, "I found her one of the most accomplished physicians I have met." Dr. Samuel Cabot, for years one of the leading surgeons of Boston, was also one of the pall-bearers. "In her short life," he said afterward, "she acquired, in the face of many obstacles, an amount of medical knowledge and of surgical skill such as but few possess. Her skill and self-command in operating no one can appreciate who has not witnessed it. Her brief and highly honorable career points surely to the high position she would have at-

tained had her life been spared." In lecturing to her students she said, "If I were obliged, in my practice, to do without sympathy or medicine, I should say do without medicine"; and to a class in the training-school for nurses, "I wish you, of all my instructions, especially to remember this: when you go to nurse a patient, imagine that it is *your own sister* before you in that bed, and treat her in every respect as you would wish your own sister to be treated."

It was her inherent womanliness which constituted Dr. Dimock the ideal woman physician, and it is upon the womanliness of educated women that is based the strongest argument in favor of placing under their care women who are suffering from disease, either physical or mental, and women who have lost their womanliness.

To the strong, to the well, to the good, to the happy, sympathy is not an essential—they can live without it: but to the weak, the suffering, the crushed, and the wicked, sympathy is the first necessity: they must have it or they cannot be lifted and cured.

Now the sympathy which one woman can give to another it is impossible that a man should give to a woman. Even the superficial sympathy with physical suffering which arises from like experience is rendered impossible by their different organizations; a man does not know what a woman is feeling, because he never has felt and never can feel the same. This, where women are simply ill, is sufficient to make the attendance of a woman physician of value; but to women who are suffering from disease, mental or moral, women who are torn from their natural relations and place in life and shut away in insane asylums, prisons, or reformatories, for their own cure and the safety of others, the ministrations of educated, high-minded, womanly women are almost a necessity.

To have men as physicians in a prison for women, or in an insane asylum in charge of women, is simply to throw away the strongest influence for good which can possibly be available for the reformation and cure of either prisoners or patients.

To an insane patient, peace and quiet of mind, a sense of safety and repose, are essential, and to many such rest and freedom from anxiety are not possible if under the charge of a man. There is a sensitive shrinking and dread of men, often amounting to positive fear, in nervous women which may become so intensified in insane patients as to make it impossible for a man to approach them without injury to them. Apart from such extreme cases, however, the daily and hourly oversight of a woman physician is of a far more searching and intimate character than that of a man can possibly be, and it is sad that the unhappy patients should lose the comfort and advantage which the care of educated women would afford them. A woman can know a woman as a man cannot.

But to the vicious woman or girl the blessing of the presence of a woman physician seems to be almost greater than to any other. To such a one, accustomed to regard men and women from a point of view incomprehensible to other women, the entrance into her life of an absolutely pure-minded woman, who is also strong, intelligent, and kind, is a revelation. She stands self-condemned in her presence, her life for the first time presents itself to her as revolting; for the first time she sees herself as she is, defiled, degraded,

and cast out; and when such a woman stoops to perform for her the most revolting offices, shows that she loves her, that she is full of tender pity for her, the elevating influence is wonderful. To a depraved woman no man dares to show tenderness or pity; he must feel and show to her only the moral repulsion which her degradation arouses in him. Should he long to help her, to lift and succor her, he is powerless, and he cannot show her even the common pity of one human being for another who is suffering; she will not understand it, and she will pervert it in her mind, and it can do her no good, but only harm. The contact of pure men with such women can only be hardening and injurious to both, but the pure woman may give free vent to all the overpowering pity of her heart, and it serves only to soften and chasten the heart of the miserable outcast.

To one more class of the unfortunate the woman physician may come as a savior. The young girl beginning life, wayward, ignorant, unbalanced, needing help and guidance, will often conceive for a high-minded, steady-minded woman such devotion as will serve to keep her from wrong through life; and where is such a girl, beating her angry heart out against the walls of a reformatory, so likely to find her ideal as in the calm and noble woman who comes as physician and friend to cure and help her? Here, again, no man can take such a place, no man can stand in such a relation to the girl. It must be a woman who saves her, or she is lost. It is to be remembered that it is their very degradation which renders it necessary that vicious women should have the protection of good women. They cannot be left to the care of brutal men, to be at once tempters and victims; they cannot be left to the care of men of better feelings, forcing these to repress all that is best in them: they must be placed in the hands of women to whom impurity is horrible and revolting; of women who will protect them from themselves, and lead them with strong and gentle guidance out from darkness into light.

NEW YORK.

Josephine Lowell.

How far it may be expedient to encourage women to enter the medical profession, the work of which is often disagreeable and always laborious, is a question which receives very diverse answers; but the right of women to study medicine is now granted on all sides.

The question at issue is really one of principle, and eighteen months ago, when the Johns Hopkins Hospital was opened, it was then settled that in the opinion of the medical staff of the hospital, so far as ward work and clinics were concerned, there should be complete freedom. And this is right: if any woman feels that the medical profession is her vocation, no obstacles should be placed in the way of her obtaining the best possible education, and every facility should be offered, so that, as a practitioner, she should have a fair start in the race.

It was with great interest that I saw something of the practical working, this summer, of the Swiss medical schools, to all four of which women are now admitted on equal terms with men. It is coeducation in the fullest sense of the term, and even in the dissecting room no difference whatever is made between the sexes.

It is interesting to note, on this question, that the Basle faculty sent a communication to Zurich, asking

for a definite statement as to the feasibility of coeducation in medicine; and I believe it was on the strength of the favorable reply from the Zurich faculty that women were admitted to Basle. Professor Gaule kindly sent me a copy of the memorandum of the Zurich faculty, which in my wanderings has so far failed to reach me. One of the most distinguished members of the Berne faculty confessed to me that he had not favored coeducation, but that he had not met with any difficulties in his laboratory. He made the important observation that the success of the women students depended very much on the character of their preliminary training, and unless this was thorough they met with incessant difficulties. A member of the Zurich faculty expressed himself in the same way.

At the Paris school the utmost freedom is allowed to women, and here too it is coeducation in all departments. At lectures and demonstrations it was evident every day that the hearers and seers were considered as students only, quite irrespective of sex. Their success is shown by the increasing number of those who obtain positions as interns; at least four or five of the hospitals have now women on the house staff.

Such unrestricted coeducation is, of course, possible in America, and I do not think that the women students themselves would object to it. As a rule, I believe, they prefer to be treated as ordinary students. Many teachers complain that they feel hampered and cannot talk so plainly to a class containing women. This is true, but with practice even the most delicate subjects may be discussed from a scientific standpoint, with the utmost freedom, before a mixed class.

From the outset it was felt that a foundation like the Johns Hopkins Hospital would not fulfil its highest mission if the courses of instruction were not free to all, and they have been thus open from the beginning. No better example could be followed than that of the Paris faculty, which throws open laboratories, classrooms, and hospitals without asking any question other than that of the necessary qualifications. When organized, the Johns Hopkins Medical School will prove a new departure in medical education in this country, exacting a higher standard and a more prolonged term of study, and the only qualification for admission should be proof that the candidate has had proper preliminary training.

The success of the laboratories of a university rests in great part upon the men in control, and the extent of the equipment. The past history of the chemical, physiological, and pathological departments of the Johns Hopkins University is a sufficient guarantee for the character of the scientific work of the medical school. The success of a hospital, as a teaching center, depends partly on the men in charge, but very largely on the amount of material available for clinical instruction, and it has been stated that this would not be forthcoming in Baltimore. That the Johns Hopkins Hospital will be able to offer, in all lines, the fullest and most extensive clinical advantages, is conclusively demonstrated by the fact that already, in exactly eighteen months from the date of the opening of the institution, nearly twenty-five thousand patients have been treated in the different departments, and the hospital thus ranks with the first clinical schools of the continent.

JOHNS HOPKINS HOSPITAL.

*William Osler, M. D.,
Physician-in-Chief.*

WITH more than a score of women in a dozen States filling medical appointments which are by law open to their sex only; with the number of women doctors in this country now reaching the thousands, and with a demand for their services so great that even if inadequately trained they only too readily find employment; when women are admitted in Europe to opportunities for medical education on the same terms with men—it seems almost a work of supererogation to explain and defend such facts, or to attempt to reason why they should or should not be.

“The moving finger writes, and, having writ,
Moves on.”

The position of women, except of those who have incomes or the capacity to earn them, is, in the main, too dependent for the maintenance of the highest character and self-respect under the various vicissitudes of life, and for self-support when other sources fail. Were there no other reason, this is enough to throw wide open to them all the avenues of work which they choose to enter. The higher education of women, as I read the evidence, has already shown that the firmer mental balance which they get thereby is already telling in improved physical health. If they are naturally more emotional than men, and have less self-control, so much the more do they need training to steady them, and at the same time to bring outside interests which will prove a resource against indoor cares.

If it be argued that women have not the self-reliance, uniformly good judgment, physical strength, and power of unremitting labor necessary to the practice of medicine, the most that can be reasonably claimed is that any conspicuous lack of those qualities belongs only to certain, not to all, women, as it applies to some men, and that it is often compensated by quicker intuition. The choice of doctors between women and men, so far as these considerations are concerned, will naturally be governed by the same laws as a selection between different men, and, including such matters as night-work, exposure, kinds of practice taken up, may safely be left to the women who study medicine and to those who employ them.

Finally, many people who have studied the evolution of the human brain through its instinctive, social, and various intellectual stages until the highest cerebral attributes are reached in the great moral qualities, have not been able to understand that the study of medicine, admitted to be connohng to men, should be degrading to women, and robs them of their finest traits.

The belief that a sort of social convulsion might follow the general practice of medicine by women, disinclining them to marry, and unfitting them for maternal duties, may be easily corrected by a study of human nature and the observance of individual cases, or by the Massachusetts census of 1885, which, in a population of 1,942,111, shows 48,843 more women than men between the ages of twenty and forty-nine inclusive, 140,160 women in professional, government, trade, and manufacturing occupations, and only 4236 persons practising medicine of all the kinds known to the census. Women physicians are needed for the care and protection of young girls, to save them from ill-informed or misguided mothers, who by not teaching daughters what they should know may entail upon them injury or unhappiness for life, through their ig-

norance of simple physiological laws. It is true that in this respect and in special treatment the woman physician has opportunities to do harm which men cannot have. But the remedy is to offer abundant facilities for education beyond that danger line.

I am quite sure that there is no risk of lowering the intellectual standard of medical education if women and men study together. On the contrary, it should be raised by a free competition from a new standpoint. While there is no indelicacy in a woman's consulting her physician upon any point on which she desires information or treatment, the choice should always be open to her to ask advice from one thoroughly informed of her own sex, whenever she so prefers. The community needs, too, a woman's educational view of morality, rectifying and raising standards; and therein, perhaps, is one opportunity of many for the woman physician of the future to help. By bringing the work of the best women into the practice of medicine the medical profession must be benefited and the world may be improved.

Until money is freely available for endowing new medical schools, the only way in which women can have equal terms with men is to be allowed the same. Will, then, our leading medical schools, all of which need money, lose anything by giving women the same advantages with men, and requiring their work to be judged by precisely the same standards? Not to quote Paris, Zurich, Basle, it is claimed that no harm has come from coeducation in the thirty-eight medical schools which announce their courses as open to both sexes in this country; and it may be added that time generally proves repressive measures in education to be at best unwise. It was logical, perhaps inevitable, that the Johns Hopkins Medical School, starting without traditions or prejudices, and with its special facilities for advanced study, should admit women on the same terms with men, and the first great university to give to women medical students the same advantages as to men is likely to find it profitable to do so, and will gain the support of those people who are enough interested in the movement in time to give their money freely to it.

BOSTON.

Charles F. Folsom, M. D.

THE admission of women to the medical school of the Johns Hopkins University affects very closely those interested in the intellectual life of women.

The requirements for admission are in themselves of great importance to women's colleges, because the preliminary medical course organized by the Johns Hopkins University is such as can be given in all colleges properly equipped for collegiate instruction in science, and cannot be given where there is lack of scientific apparatus or neglect of scientific methods. Little by little, we may hope, those institutions where it cannot be obtained will be discredited; and in those colleges where it raises the standard of scientific instruction it will necessarily, by reason of the interdependence which exists among college courses, raise the standard of all other work as well. It may be said that as a comparatively small number of students of science intend to embrace the profession of medicine, the effect of the requirements for admission to a medical school on the ordinary scientific course of a college can be but slight. This, however, is an error. More and more, as

women realize that there is for them, as for men, a choice of futures, the determination will grow not to be excluded in advance from any portion of this choice. Though the number of girls that go to college remains comparatively small, the custom will, I believe, soon cease of sending girls to schools that make admission to college impossible, or possible only after half-wasted years of supplementary instruction; and the habit of choosing college studies as though for the term of college existence only, without reference to the possibility of their continuance or application in future years, will cease, I think, still sooner. More and more, for women as for men, graduate study, and the continuity of the intellectual life implied in graduate study, is the question of the day.

Medicine is not only to students of the natural sciences one of the most important branches of graduate study. It is also, broadly speaking, the only one of the so-called learned professions as yet fully open to women, and the recent action of the Johns Hopkins University will, for the first time, put the women who are about to engage in it on an equal footing with the most fortunate of the men. For the present, at least, the medical profession occupies the foreground of the attention of those concerned for women's intellectual advancement, and it will always, as it seems to me, retain a peculiar interest; for of other professions, even should they become as easily accessible to women as that of medicine, it can at most be said that women are as well fitted for them as men, whereas there is an infinite amount of good to be effected in the practice of medicine which can be effected by none but women.

What this good is in many other directions has been said by others; but I wish to point out how much may be achieved by the woman physician—above all by the woman physician who has herself had a college education, or its equivalent, and has then passed to the study of medicine at such a school as that of the Johns Hopkins—for the furtherance of the intellectual life of women in general. My experience among college students has shown me the need of such a physician, and I think that for the present, or until men have learned that for women as well as for themselves intellectual activity is the keenest of possible lifelong pleasures and a safeguard against a multitude of evils, the skilled and sympathetic woman physician, rather than the man, should accompany young girls through their school and college life. She will be less ready to secure physical health for her patients at the expense of intellectual development, and less hopeful of so securing it. She will prescribe sheer idleness as a remedy neither for the indispositions of girls in their teens, nor for the ill-health of college students. She will have constantly present to her an adequate conception of the ideal or normal life of women, and will understand and know how to remove or diminish the difficulties in the way of its realization. Moreover, her assistance will be available where that of men is not, and will serve to avoid and alleviate much needless suffering; for every one who has had the good fortune to be the friend and adviser of young girls must feel that there are cases in which she could not advise them to consult a male physician.

It will be asked by some, why the studies necessary to place women in the front rank of the medical profession cannot be pursued in a college or university intended for women only. There may be alleged in answer, the difficulty of duplicating such costly appa-

ratus, and the non-existence in America of a hospital for the use of women students like the Johns Hopkins Hospital; but perhaps the best answer is this, that these studies are graduate studies. The difference between graduate and undergraduate coeducation is seldom sufficiently insisted on, and yet it is a vital one, and whenever the battle of coeducation is fought the two should be carefully distinguished. In graduate study, where the students are necessarily mature in age, richer in knowledge, fewer in numbers, tried and sifted by the tests of examinations, of perseverance, of life with its embarrassments, hindrances, and vicissitudes, the disadvantages of coeducation are at a minimum, and its advantages are at a maximum.

Again, it is almost essential for those who are to devote their lives to any branch of knowledge that they should come into contact with those of their contemporaries who are destined to succeed in it, and should measure themselves against them. The few in whom lies the future of any science are all but indispensable associates to one another; to exclude women from such association is, speaking generally, to exclude them from the delights of intellectual competition and the possibility of fame.

The Johns Hopkins University is the center of graduate instruction in this country: the main stress of its activity has been laid, and its American and European reputation rests, on its graduate schools. It purposes, as soon as it shall have amassed the requisite supplementary endowment, to open the first school of medicine ever organized in the United States as a graduate school, and it has marked its sense of the difference between graduate and undergraduate coeducation by resolving, in response to a widespread movement on the part of the women of America, to admit women to this school, whenever it shall open, on the same terms as men. That women on their part realize the difference between a graduate and an undergraduate school, in influence, in range of activity, and in national importance, is shown by the rapid organization in every part of the United States from Boston to New Orleans, and from Baltimore to San Francisco, of the committees for the Women's Fund of the Medical School of the Johns Hopkins University.

In this movement it may be noted with satisfaction that women have from the beginning come forward not only asking but offering. In October they had already secured one-fifth the sum requisite for opening the medical school. The proportion should be so largely increased before March 15 as to give emphatic evidence that a school all the advantages of which are for women as well as for men may count not only on public sympathy but on the fullest measure of financial support.

M. Carey Thomas.

DEAN'S OFFICE, BRYN MAWR COLLEGE.

