

REPRESENTING EQUALITY: A COMPARATIVE STUDY OF HOW THE NEW HOSPITAL FOR WOMEN AND *PUNCH* CARTOON, 'OUR PRETTY DOCTOR' DEPICTED THE ACCEPTANCE OF THE FIRST FEMALE DOCTORS IN BRITAIN

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Abstract: 'Our Pretty Doctor' appeared in *Punch* on August 1870, following Elizabeth Garrett Anderson's appointment as a visiting physician to the East London Hospital for Children, the first medical posting for a woman in Britain. The New Hospital for Women was opened in 1872 as the first hospital to be entirely staffed by women and provide specialised medical care for women and children, under the supervision of Elizabeth Garrett Anderson. This article intends to examine how the art and architecture of these two artefacts represent the achievements of women in medicine, particularly Elizabeth Garrett Anderson, and captured this niche victory in the wider struggle for gender equality.

At the Second Women's Rights Convention of 1851 in Worcester, Massachusetts, British advocate Harriet Taylor Mill championed the resolution that, 'we deny the right of any portion of the species to decide for another what is and what is not their "proper sphere"'.¹ This resolution went on to confirm that '[a] woman, therefore, ought to choose for herself what sphere she will fill, what education she will seek, and what employment she will follow.'² Against the backdrop of the growing women's suffrage movement, the right to education was one of many individual agendas pursued during the 19th century in Britain that assisted in gradually dismantling the subjection of women³. Florence Nightingale believed education 'represented an alternative for women, to prepare them for new ways of knowing.'⁴ Hence improved education for women would not only liberate the mind, but also allow women to explore new opportunities of employment. Consequently independent schools and colleges (exclusively) for women began to appear in Britain from the mid-19th century⁵, but a persisting restriction of higher education at universities created a barrier to entry for women seeking to enter certain professions that required qualifications. This was especially the case for women intending to study medicine and become doctors.

Traditionally viewed as the caretaker of children and the family, women had a long-standing medicinal role as a caregiver⁶. This role was advanced by the works of Florence Nightingale during the Crimean War, whose book *Notes on Nursing: What it is and What it is Not* (1859) formalised the practice of nursing as a professional vocation for women. Despite the success of nursing as an industry for women, this was still viewed as an extension of the home role and thus as abetting the continued disparity between the genders. Could a medical degree

¹ Ed. by Elizabeth Cady Stanton, *History of Woman Suffrage*, Vol. 1 (1848-61), p.826

² *Ibid*, p.826

³ Sophia A. van Wingerden, *The Women's Suffrage Movement in Britain 1866-1928*, (New York, NY: Palgrave Macmillan, 1999), p. xi

⁴ Florence Nightingale, *Notes on Nursing: What it is, and what it is Not*, ed. by David P. Carroll, (Philadelphia, PA: Lippincott Williams & Wilkins, 1992), p.21

⁵ Rita McWilliams-Tullberg, 'Women and degrees at Cambridge University 1862-1897', *A Widening Sphere: Changing Roles of Victorian Women*, ed. by Martha Vicinus, (Abingdon: Methuen & Co. Ltd, 1977), p.122

⁶ Phyllis Moen and others, 'Caregiving and Women's Well-being: A Life Course Approach', *Journal of Health and Social Behavior*, Vol. 36 (Sept., 1995), p. 259

and qualification as a doctor provide women status on equal terms to male counterparts? This would promote the assertion by Londa Schiebinger that ‘the mind knows no sex’⁷ and would support the pursuit of full emancipation for women.

This motivation for certified recognition paralleled the advent of professionalisation in Britain. Andrew Abbott describes how regulatory bodies were founded in conjunction with legislation to establish minimum standards of practice and the criteria for qualification of members. Then applicants would have to fulfil educational requirements and demonstrate sufficient skill and knowledge to be entered in the registrar of that industry and granted permission to practice.⁸ For medicine it was the 1858 Medical Act and the creation of the General Medical Council that would regulate and license doctors in Britain. On the surface, the lack of gender specificity in the Act and clear requirements for qualification implied that all who satisfy these conditions are entitled to registration, regardless of gender. Yet Sophia Jex-Blake describes a tripartite collusion between the law, education system and examination board that served to bar women from acquiring a license. The particulars of these pecuniary and bureaucratic obstacles are too protracted to detail in this article, but in summary the Act required registration with a Government register, which could only be accomplished after acceptance by the specified boards, and that required the completion of specific courses and examinations from recognised public schools – none of which admitted women at that stage in Britain.⁹ However, this circular prohibition had a loophole – the Act did recognise degrees obtained at foreign institutions. The opportunity was exploited by 2 women, first Elizabeth Blackwell (in 1859) then Elizabeth Garrett Anderson (in 1870), who were admitted to the UK Medical Register before secondary by-laws were enacted to close the oversight. Subsequently, Elizabeth Garrett Anderson was appointed as a visiting physician to the East London Hospital for Children in 1870, the first medical posting for a woman in Britain. This appointment was a landmark achievement in the pursuit of gender equality, at least on the professional stage, and sparked wide and varied responses. It is the aim of this article to examine how this advancement of women in the medical profession was characterised in both a cartoon from *Punch* entitled, ‘Our Pretty Doctor’ and the New Hospital for Women.

Punch was a threepenny weekly magazine started in 1841 to produce humorous illustrations with satirical captions on current affairs that would quickly coin the term ‘cartoons’.¹⁰ The very first publication included a manifesto by Mark Lemon entitled, ‘The Moral of Punch’ that declared the ambitions of this periodical were to ‘expose the fallacy of dreadful law...deal with vulgarity without being vulgar...[and] cultivat[e] good.’¹¹ In simpler words, *Punch* provided commentary on socially sensitive issues of the period, drawing attention (often sensationally) to the ethics, efficacy and legacy of any controversial initiatives. Naturally this often entailed challenging the Establishment and championing the underdog, which now serves as a helpful social barometer of the past for modern historians to measure what concerns were at the forefront of public debate. This particular cartoon below by George du Maurier appeared in the August 13th 1870 issue. Du Maurier was associated with *Punch* for over 30 years, where his illustrations were remembered for their ‘polite portrayal of smug upper-class inanities...[and]

⁷ Londa Schiebinger, *The Mind Has No Sex?: Women in the Origins of Modern Science*, (Cambridge, MA: First Harvard University Press 1991), p. 168

⁸ Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labour*, (London: University of Chicago Press Ltd, 1988), p.6-7

⁹ Sophia Jex-Blake, ‘The Medical Education of Women’, *The Education Papers: Women’s Quest for Equality in Britain 1850-1912*, ed. by Dale Spencer, (London: Routledge & Kegan Paul, 1987), p. 273

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¹¹ M. H. Spielmann, *The History of “Punch”*, (London: Dodo Press, 2009), p. 25

introducing grace and elegance in place of cruder bizarreries.¹² Du Maurier placed greater emphasis on artistic detail, philological accuracy and sympathetic scrutiny than many of his contemporaries.¹³ These characteristics are certainly prominent in this satire of the first female doctors.



Figure 1 - *Punch*, August 13 1870, London, p. 68

Layers of exaggerated contrast emphasise the different perspectives through which society was assessing the addressed topic. The immediate impression communicated in this scene is a fabulous role reversal, challenging the prescribed roles of the men and women in the medical profession. Instead of a male doctor interviewing women for nursing positions, the woman takes the role of employer with the men humbly seeking a job at her surgery. While societal norms in 1870 expected men to assume the role of breadwinner and sit in positions of authority, women were beginning to exploit new avenues of entrepreneurship; in 1865 Elizabeth Garrett Anderson had opened her first practice in London. Further study of this cartoon reveals a commentary on class by du Maurier, primarily with the woman's language appearing grammatically correct and proper next to the contracted and colloquial verbiage of the men (with East London inflections). Second, the elaborate overskirt and bustle portray a woman of high standing, against the dishevelled, unkempt appearance of the men that implies a lower class position, perhaps that of unskilled labourers. The wider context of this class distinction and unemployment draws on the

¹² Stanley Appelbaum, *Great Drawings and Illustrations from PUNCH 1841-1901*, ed. by Stanley Appelbaum & Richard Kelly, Dover Publications (1981), p. xv

¹³ Spielmann, p. 397

weakening economic conditions across Britain by 1870. Declining agricultural output, undercutting by international competitors, and speculative over-capitalisation mounted further pressure on a population that boomed from 16.7m in 1851 to 41.6m in 1901 with 72% urban migration.¹⁴ This culminated in the first major worldwide economic crisis of the Long Depression from 1873-1878. Thus the cartoon could depict an element of sympathy for the rural labourer by du Maurier, as he posits an enduring question of how Britain would adjust to the rapid growth bloated by the Industrial Revolution.

Finally the use of light and tone provides an insight into du Maurier's objective for this illustration. The woman is presented in almost angelic white with slender features, confronted by darker, rougher men. Beyond the obvious caricature of dirty labourers, the light and dark contrast could intimate enlightenment on the part of the woman and an inherent justice in these new roles, supporting the deconstruction of previous barriers to women at top medical positions. Indeed, one could interpret a nonchalant posture in the doctor and sardonic greeting to her guests – as if this was a moment in which to revel and unapologetically take stock of this significant paradigm shift in the pursuit of female enfranchisement.

In 1866 Elizabeth Garrett Anderson opened St. Mary's Dispensary for Women and Children, which was renamed the New Hospital for Women and Children in 1872 when Lord Shaftsbury opened a 10-bed ward.¹⁵ The novelty of this medical facility was that it offered specialised care by an entirely female staff for poor women at a penny per consultation.¹⁶ Due to overwhelming demand for inpatient care, the hospital moved to its present site in 1888, where it could accommodate 42 beds. The significance of this building and function it served could never be understated. At a medical level it increased the specialisation of gynaecology by women for women, offering opportunities to students at the London School of Medicine for Women (also co-founded by Elizabeth Garrett Anderson). At the same time it satisfied the 'widespread desire existing among women for the services of doctors of their own sex.'¹⁷ For the emancipation of women, this was a tremendous success story of Elizabeth Garrett Anderson's determination and female free enterprise. As consumers/patients, women now had the choice of female doctors for gender related medical issues. As practitioners of medicine, more women could assume roles of responsibility not available at many other medical institutions.

The first step in relocating premises is to find an appropriate site. The New Hospital for Women was moved to the newly named Euston Road on the fringes of Bloomsbury. Rosemary Ashton describes how Bloomsbury was rapidly becoming the intellectual heart of London from the 1820s, promoting educational progress and offering new opportunities to those below the upper classes.¹⁸ This is in keeping with the motif of the hospital itself. Importantly, though, both architect and founder felt this location would bring a degree of respectability to this new institution.¹⁹ Bloomsbury was also a progressive area of London, where philosophers such as Jeremy Bentham and John Stuart Mill worked, both of whom were strong supporters of the suffrage movement. Of equal importance, though, was accessibility for those needing care and this new location provided multiple transport links. Euston Road had become a major arterial route across London with the first horse omnibus in operation from 1829 and the London

¹⁴ Census of England and Wales, 1901, Preliminary report of the population and houses enumerated in England and Wales on 1st April 1901 BPP 1901 XC [Cd.616] 2

¹⁵ <http://www.nationalarchives.gov.uk/a2a/records.aspx?cat=074-h13e&cid=0#0>

¹⁶ Mary Ann Easton, "'Run by Women, (mainly) for Women': Medical Women's Hospitals in Britain, 1866-1948", *Women & Modern Medicine*, ed. by Anne Hardy, Editions Rodopi B. V. (2001), p.73

¹⁷ Jex-Blake, p. 269

¹⁸ Rosemary Ashton, *Victorian Bloomsbury*, (New Haven, CT: Yale University Press 2012), p. 59

¹⁹ Ashton, p. 247

Underground starting service from Paddington to Farringdon along this route in 1863.²⁰ The proximity to St. Pancras, Euston and Paddington train stations also meant increased ease of access for those coming from further away.

Once the location has been determined, the aesthetic design of a building demonstrates what the founder/architect want the structure to represent. For instance, when a fire in 1834 destroyed nearly all buildings in the Palace of Westminster, the House of Lords committee elected to disregard the popular neo-Classical style of the period and opted for a neo-Gothic design to symbolise conservative values and tradition.²¹ These decisions are a signal of intent for what character the building will embody and the ambition of what it hopes to achieve. Responsibility for the design of this final site of the New Hospital for Women and Children was given to John McKean Brydon, who had gained notoriety for several public buildings in London and Bath. Brydon was educated at the Commercial Academy, before being articled to fellow Scottish architect William Hay in 1856, a prolific exponent of neo-Gothic architecture. This was followed by an apprenticeship in 1860 with David Bryce, another promoter of neo-Gothic designs but also one with a strong passion for Palladian Renaissance work, and Campbell Douglas, who instructed Brydon on the specifics of hospital planning.²² Upon moving to London, Brydon took a position with William Eden Nesfield and Richard Norman Shaw, two architects credited with significant contributions to the development of the Queen Anne Revival style.²³

Throughout his career Brydon practiced and lectured on the dignity and craft of Classical architecture; encouraging a renewed interest in the work of Inigo Jones and Christopher Wren from the 17th century.²⁴ Brydon termed this a “Wrenaissance” and Gibson notes that it was this style Brydon found most congenial and comfortable stating, ‘no man more justly won his spurs...for taking infinite pains...in Classic and Renaissance fields of labour...[and] appreciated that subtle thing termed style.’²⁵ This was certainly evident in Brydon’s notable work around Chelsea, an area receptive to his English Renaissance style.²⁶ Figures 2 and 3 below demonstrate how Brydon’s redesign of the Old Vestry Hall (now Chelsea Town Hall) evokes the Palladian style of Jones’ Banqueting House.

²⁰ Andrew Emmerson, *The London Underground*, Shire Publications (2010), p. 5

²¹ HL Deb 15 June 1835 vol 28 cc774-9

²² ‘Construction of Fever Hospitals’, *British Architect: A Journal of Architecture & its Accessory Arts*, Volume XL (1893), p. 65

²³ J. S. Gibson, ‘The Late John McKean Brydon’, *Journal of the Royal Institute of British Architects*, Volume 8 (1901), p. 401

²⁴ https://www.bartlett.ucl.ac.uk/architecture/research/survey-of-london/battersea/documents/49.1._Public_Buildings_chapter.pdf

²⁵ Gibson, p. 400

²⁶ *Ibid*, p. 403



Figure 2 - Banqueting House



Figure 3 - Old Vestry Hall

In Bath Brydon showcased Gothic Revival and contemporary Baroque styles, which are visible in his design of the Victoria Art Gallery and Roman Baths. Figures 4 and 5 show how the Roman Bath interior draws on the principles of Wren's design at St. Stephen's, Walbrook.²⁷



Figure 4 - St. Stephen's, Walbrook



Figure 5 - Roman Baths, Bath

This portfolio of municipal work would certainly justify the appointment of Brydon to design a new site for a hospital. However, when chosen Brydon elected to design the New Hospital for Women and Children in Queen Anne Revival style, which would appear to be a departure from the architecture he promoted and for which he was most renowned.²⁸ Given all the background above, why would Brydon stray from his core design principles and not opt for more traditional architecture? This is especially peculiar when Gibson notes that 'we would never find Brydon on the side of fashion in styles for the sake of transient appreciation.'²⁹ While Queen Anne style can be found in other public projects, it was mainly adopted for private homes and had a comparatively shorter period in the spotlight. Gothic Revival, which was much more widely respected and celebrated, endured longer as a prevailing choice for major public projects, such as the St. Pancras station façade designed by George Gilbert Scott in 1868.³⁰

Mark Girouard characterises Queen Anne Revival as 'a kind of architectural cocktail, with a little genuine Queen Anne in it, a little Dutch, a little Flemish, a squeeze of Robert Adam

²⁷ W. J. Loftie, 'Brydon at Bath', *The Architectural Review*, Volume 18 (1905), p. 57

²⁸ <http://www.donaldinsallassociates.co.uk/assets/newsletter-39.pdf>

²⁹ Gibson, p. 401

³⁰ Richard Tames, *London: a cultural history*, OUP (2006), p.72

[and] a generous dash of Wren.³¹ This crucible of architectural disciplines meant it would not be uncommon to find a Classical facade without adhering to the rules of proportion and symmetry, or a Jacobean pitched roof façade with a Japanese plaster cove interior.³² The intention was to ‘ignore the grammar of the orders...[or] use them in their least correct form.’³³ In Britain this style was first adopted for country homes, predominantly of the middle class such as Milton Mill in 1869, before being applied to terraced housing in urban areas, including Upper Berkeley Street, London, in 1873. By 1877 public buildings, such as Kensington Vestry Hall, displayed the characteristic red brick, elongated sash windows and exaggerated chimneystacks.³⁴ While supporters embraced the eclectic flair and artistic beauty of Queen Anne architecture, critics decried it as an anachronistic corruption of established styles.³⁵



Figure 6 – New Hospital for Women, Bloomsbury

This brings us back to examine why Brydon would select this style for the New Hospital for Women. There are two indicators that Brydon would consider this project different from his previous endeavours. First, when Brydon collaborated with Henry Clutton on St. Peter’s Hospital in Covent Garden in 1882, they also opted for Queen Anne Style.³⁶ Second, Brydon was selected for this project because he had a previous connection to Elizabeth Garrett Anderson – Brydon was mentor to Elizabeth’s sister, Agnes Garrett, who established the first female interior decorator company following Brydon’s tutelage; making this a more personal project for Brydon. This leads one to conclude there are two factors that could have influenced Brydon’s design – function and occasion. The aforementioned instruction Brydon received from Campbell Douglas on contemporary hospital design, and Brydon’s decision to adopt Queen Anne style for two hospital projects, suggest Brydon believed this style most suitable for the function of the building. However, design is as much about representation and image as it is about layout and utility. The sense of occasion on the first all female staffed hospital would not have been lost on Brydon. His mentorship of Agnes Garrett demonstrates a certain sympathy for the subjection of women and a desire to help improve their circumstances; indeed Agnes Garrett’s firm was chosen to design the interior of the New Hospital for Women. As such, it

³¹ Mark Girouard, *Sweetness and Light: The Queen Anne Movement 1860-1900*, (Oxford: Clarendon Press, 1977), p. 1

³² Allison Lee Palmer, *Historical Dictionary of Romantic Art & Architecture*, Scarecrow Press (1963), p. 229

³³ Girouard, p. 18

³⁴ *Ibid*, p. 38

³⁵ *Ibid*, p. 60

³⁶ <http://www.coventgardentrust.org.uk/resources/environmentalstudy/buildings-facade/henriettastreet-north/>

would be reasonable to suppose that Brydon wanted the building's design to reflect its achievement. Perhaps Gothic revival would be too parochial and ordinary for what was a watershed moment? In fact Queen Anne Revival shares some similarities with the struggle of these first female doctors. There is a sense of rebellion in both; a declaration that the rules of bygone eras are not gospel and from non-conformity can occasionally emerge great progress.

Looking at the two artefacts together one can begin to appreciate the scale of debate started just from one woman being registered on the UK Medical Register. There is an acknowledgement that the barriers being deconstructed in this field are seminal contributions to the eventual enfranchisement of women. The contrasts of the cartoon and the ostentatious brickwork of the hospital challenge the status quo and require the established order to consider the possibility that men and women can operate on equal terms. This meets with the wider expression of a new positive rights culture in late 19th century Britain and the unstoppable expectation of equality that will drive Britain to embrace pluralism on a broader scale in subsequent decades.

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