"TO MATCH THE MEN"*An Address at the Opening of the Winter Session of the London School of Medicine for Women at Exeter*

BY

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When I first received the kind invitation of your council to address you to-day I confess I had some hesitation in accepting, and that for various reasons. In the first place it is probable that everything that can be said with profit on such an occasion as this has been said already, so "What shall I sing when all is sung and every tale is told?" as the poet plaintively asked. I hold, moreover, that there is too much talk in these days which does not lead to any result in action, and agree rather with Carlyle's doctrine of silence. Then again, it seems to be thought necessary by some at least of those who have addressed you in former years to choose a subject suited to women students and doctors as such. I have noticed, by the way, in some of these discourses a slightly apologetic note, almost as if women doctors might be compared, as Dr. Johnson compared women preachers, to a dog standing on its hind legs. "One did not wonder," he said, "that it was not done well but rather that it was done at all." Others, again, are rather over-congratulatory in tone, and insinuate, if they do not state, that the coming of women in large numbers into our profession has been of great advantage to it, and that on the whole women as doctors are better than men. But for my own part I think it is unwise to generalize about the differences between the sexes. As doctors at least I think they are much of a muchness, and I agree with that wise woman Mrs. Poyser when she said: "I don't deny the women are foolish! God Almighty made 'em to match the men." My own experience, for what it is worth, has been that a woman doctor is like the little girl who had a curl right in the middle of her forehead: when she is good she is very very good, and when she is bad she is horrid—even horrid than a bad man doctor.

But having weighed these objections, what finally determined me to fall in with the wish of the council was the reflection that, after all, it is up to us who have nearly run the professional race and are about to begin the descent into the dark valley to give to you to whom we are handing on the torch a word or two of cheer and, if it may be, of counsel. So here I am.

Let me begin, then, by congratulating you on your choice of the London School of Medicine for Women as your place of study. I do not do so as a mere empty compliment to this school, for it needs no flattery, nor for the reason that you can get as good a medical education here as anywhere, true though that is, but because it is a *women's* school to which men students are not admitted. You will gather from this, and rightly, that I am no friend to co-education, especially during the years of adolescence. Nymphs and shepherds may play together, but if they work together there is apt to be a good deal of time lost in dalliance. It is for the same reason that I do not favour the admission of women to men's schools; they are a disturbing element. You will call this, I know, a Victorian attitude, and perhaps it is, but it is rash to assume that the Victorians were always wrong.

Further, I think you have more opportunity of social and athletic activities, which are such an important ingredient of the student life in a school such as this, than if you are one of a small minority of women at a mixed school.

On Choosing Medicine

Be all that as it may, you are here to qualify for the medical profession, and one cannot help asking *why* you want to be doctors, for on your motives will depend to a considerable extent the spirit in which you work and the success you attain. I daresay a small number of you have been actuated by the loftiest motives, humanitarian or religious, by a love of mankind, or a desire to be doing the

work of the Master, and happy are those who have this crusading spirit. It is of such stuff that the best medical missionaries are made. Another small minority, no doubt, are at the opposite pole: you wanted freedom and a job of some sort, and thought medicine as good as any other. I am afraid that spirit won't carry you very far, but of course you may fall in love with your profession as you go on. Then some of you may have had a natural leaning to medicine for family reasons: your father or other near relative perhaps is a doctor. That, of course, may be a warning as much as an inducement, but for a son or daughter to follow the father's profession is as great a testimonial to that profession as a second marriage is to matrimony. A majority, probably, wished to take up *some* profession and thought medicine would be both interesting in itself and give opportunities for those personal contacts and relationships which specially appeal to women, besides being—as women's work goes—comparatively well paid. On the whole these are good reasons and reasons that will wear well. Lastly, there may be some who could not give any reason for their choice; they just felt in their bones that they would like to be doctors and that was all there was to it. Whether this argues a natural bent for our art I do not know, but I like to think so, for it is what made me become a doctor myself. I sometimes was tempted to regret my choice when I was doing the pre-clinical subjects, but—and this may encourage some of you with similar doubts—as soon as I got into contact with patients all misgivings vanished.

But from whatever motive you have taken up the study of medicine you naturally want to succeed. And that raises the question: What is success? Those of you who are just beginning will think of it in terms of getting through examinations, and you are right, for that is your immediate business and it is well to take short views. I am not going to say anything on the threadbare subject of examinations. They are a necessary nuisance, but you must not allow yourselves to be hag-ridden by them, as women students are apt to be even more than men. Try to regard them as sporting events, and don't take an occasional failure too tragically. Above all, don't think that examiners are ogres who would rather fail you than not; it is really quite unjust to the poor creatures.

Those of you, on the other hand, who have put examinations behind you will be thinking in terms of professional success and naturally look farther ahead. Let me advise you not to aim too high. The big prizes in our profession are only for the few, and they do not always bring much happiness when gained. "Seekest thou great things? Seek them not," as the wise man said. If you have earned enough for your needs and been able to put a little aside for your old age, and if, at the same time, you have won the esteem of your colleagues and the affection of your patients, you have done well enough, and that measure of success should be within the reach of most of you.

On Studying Medicine

But how is success, whether in examinations or afterwards, to be attained? Your share in attaining it can only be by hard work, for work, as Osler said, is the master word in medicine. You must therefore live the dedicated life, eschewing many amusements and distractions and concentrating on your work with singleness of purpose. At the outset you may feel rather appalled by the number of subjects you have to study. I sympathize with you in that, but I am not going to discuss the medical curriculum any more than examinations. We all regard it as a sort of chronic disease for which everyone has a different remedy. For my own part I should like either to treat it medically by a process of slimming, or to submit it to an operation for which the only instrument I should require would be a large sharp pruning-knife. Pending such treatment you must make the best of the curriculum as it is, and you will not be overwhelmed by it if you work steadily, unflinching and unrelenting, and taking each subject as it comes.

But you must know how to work. Medicine is an art even more than a science, and as most of you probably

learn better through the eye than through the ear, I should advise you to read chiefly in the book of Nature—in the laboratories, dissecting-room, and wards. You must, of course, attend the lectures prescribed for you, but don't consider them a waste of time. I am one of those who still think that the spoken word is better as a vehicle of instruction than the printed page unless the lecturer is totally unfit for his or her job. To get real benefit from a lecture, however, you must take notes, which you can expand afterwards with advantage. Note-taking not only helps the memory but it compels attention and will prevent a dull lecture from being boring.

I have said that most of your reading should be in the book of Nature, but of course textbooks have their uses too. I regret that most of them are such solid slabs of dullness. This makes it impossible to read them straight through, and there is no use attempting it. The proper way to read your textbooks is in connexion with the parts you are dissecting, your practical work in the labs, or, later, with the cases you see in the ward and out-patient room. I would suggest to you also that the best way to read with concentration is not against a background of noise produced by the radio, as seems to be a common habit among students to-day. Avoid above all things becoming the slaves of textbooks so that you can almost repeat chunks of them by heart. That produces the gramophone type of mind, useful enough sometimes in examinations, but apt to let you down in practice, for it means that you only have your knowledge indexed one way. It is quite possible, remember, to be able to give an accurate systematic description of a disease and yet to be quite incapable of recognizing it when you see it.

Further, you must not only acquire knowledge, you must digest it before it is any real use to you. Lose no opportunity, then, of talking over your work with your fellow students, and of joining in discussions and debates at student societies.

At this point I think I hear some anxious parent say: "With all this, is there not a danger of my daughter being overworked?" There is no use denying that such a danger exists, and it is greater, I think, in women students than in men because women are more conscientious. The same is true in practice. Women are more apt to let their work get on top of them and never to have it out of their minds. It is this, I think, combined with sketchy, irregular meals that accounts for the appearance of strain, the absence of the look of leisure, so often seen in the faces of professional women. Worry also plays a part—for women on the whole are greater "worriers" than men—worry about examinations as students and about patients later on.

I do not say that overwork alone has often serious consequences to health, but it is apt to engender staleness. This is only to be avoided by the introduction of system into your work and your life, by attention to exercise, sleep, meals, and a sufficiency of holidays, and by the cultivation of hobbies and tastes outside medicine. Above all, don't try to combine a social life and a student one. It can't be done. You cannot dance all the night and work properly next day.

On Getting Experience

And now a word to the recently qualified. You are entering our profession at a difficult time, when the future is obscure, "planning" much in the air, and the conditions in which you will have to practise uncertain. I should advise you not to worry about these things. Whatever happens there will always be plenty of opportunity for medical work, for however Demos may treat his priests his interest in his own physical welfare will always ensure that he has enough doctors and that they are reasonably well treated. You are at the most important period of your career when your real education begins, for it is now that you have to undertake personal responsibility for patients, and nothing educates like responsibility. The first two years after qualification are therefore most precious, and you should use them in getting practical experience in resident posts or as a locumtenent. Let me urge you not to be too high and mighty in applying for posts; not too

demanding, not too mercenary. You should be glad at first to work for your keep; you are probably not worth more. Don't let your first inquiry about every post be: How long holidays do I get? How often do I get a week-end off? Can I keep a car? (At that stage in your career you have no right to have a car at all.) But rather: How much experience am I likely to get, and what chance have I of doing things on my own responsibility? Not long ago I read in a medical journal of a young man who had applied for a post as house-physician at a provincial hospital and had been appointed, but on being told that he would be expected to give anaesthetics, if called upon, in addition to his regular duties he threw up the post. This action was applauded by the writer of the article, but for my own part I think the young man was a fool. If he had had the root of the matter in him he would have been glad to give anaesthetics, to pull teeth, to conduct a delivery, or to do any other odd jobs that came his way for the sake of that inestimable reward—experience. Leave it to domestics to say "I was not engaged to do that!"

Applicants for resident posts are usually required to produce testimonials and to appear at an interview. I attach little importance to testimonials, but the interview is of great importance, and it is essential that you should make a good impression. Be neither over-confident nor too diffident in manner. As regards appearance, it is not for me, of course, a mere man, to give you hints on dress, but it is only right to tell you, as one who has sat on many selection committees, that quite small things—a little too much make-up or the tilt of a hat, for instance—may imperil your chances, while if you paint your nails you are infallibly and rightly damned. In the matter of dress I often wish that women doctors wore a uniform; I am sure it would increase the confidence of their patients. Men doctors have set a bad example in this. Almost down to the last war the top-hat and frock-coat were *de rigueur*; now men doctors dress anyhow. The motor car, they say, is to be blamed, as it is for the loss of so many other of the dignified things in life, but the woman doctor has not that excuse. So you of the rising generation might think about it.

The Wide Choice

While passing examinations and getting experience you will be making up your mind as to your permanent work, and fortunately you have a wide choice. As I said before, few can aim at the so-called higher walks of the profession: but please don't talk, as I have heard a young woman doing, of being therefore obliged to "drift into general practice," for that, after all, is the most responsible branch of medical work and no one is too good for it. But general practice is hard work and many women cannot stand the strain of it. Many also shirk the responsibility or lack the initiative which it entails. On the other hand, women have many advantages as general practitioners. They are conscientious—sometimes too much so—and they ought to have common sense, perhaps the most valuable quality a practitioner can possess; for women, being responsible for the carrying on of the race, have always had to have their feet more firmly planted on Mother Earth than men. Intuition, too, is supposed to be a feminine characteristic, and intuition is the basis of that useful quality in practice—clinical instinct. Tact is another gift which you are said to possess in greater degree than men, and certainly general practice offers ample scope for its exercise. I think it is a mistake, however, to believe that women are more gentle in their handling of patients than men; indeed, I am not sure that the reverse is not the truth. Remember always that a "patient" and a "case" are not the same thing, and in your zeal to investigate the "case" do not forget that the "patient" is a human being.

Apart from general practice, there are now many posts in the public health services which are specially suited to women, for they mean fixed hours, limited personal responsibility, a regular salary, and a pension. They are not exciting or adventurous, but they are useful and safe. Some of you, again, may decide to go abroad—to India, for example, where there is a great sphere for women's work.

Research will probably appeal to only a few. There is no reason why women should not do great work in research, as the example of Madame Curie and others shows, but it is unwise to take it up unless you feel a real call, and it is often a blind-alley occupation.

There is one important respect in which the after-careers of men and women doctors differ, and that is in the effect upon them of marriage. Marriage is a great help to a man *qua* doctor; in a woman doctor it is apt to be a hindrance. Not always, of course, but it requires unusual strength and energy for a woman to run matrimony and a profession in double harness, for matrimony is really a full-time job. It sounds very nice for a husband and wife both to be engaged in practice, perhaps as partners, but I don't think it often works. A man, after a harassing day, does not want to come home to talk shop to an equally tired wife. He wants to find someone with "a heart at leisure from itself to soothe and sympathize," and that is the woman's part. There are, of course, some part-time paid posts which a married woman doctor can fill—and perhaps all the better for her being married—but the rough-and-tumble of general practice is another matter.

What proportion of you will marry I do not know. I have seen it stated at 30%, but I should have expected it to be higher. Nor do I know how this proportion compares with that for non-professional women. I suspect, however, that preoccupation with professional work lessens a woman's power to please as well as her abstract desire for marriage. But, it may be said, if this is true there is at least a one in three chance that a woman's medical education has been wasted. But that does not follow. The study of medicine is a liberal education, and medical women make excellent wives, while their qualification is always a second string to their bow. There is therefore no real waste.

And now, having come to the end of my advice, I find it difficult to give a title to this address. Perhaps I cannot do better than use Mrs. Poyser's phrase, "to match the men," for it implies what I have wished to convey—that doctors, whether men or women, are much alike, and where unlike they are complementary to one another. Let me, therefore, as a final admonition and in no spirit of paradox, urge you, both as students and afterwards, to "quit you like men."

AIR RAIDS AND THE CHILD

BY

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While heartily condemning the habit of publishing premature conclusions based on relatively small experimental material, I feel I am justified by circumstances in making this small contribution to the evacuation problem now, instead of presenting the ultimate findings when the problem has ceased to exist.

During the past months thousands of evacuated children have returned to their homes in the danger zones, the parental attitude being usually expressed in the sentiments: "If the raids should start again the children can soon be evacuated once more." It seems appropriate, therefore, to remind parents that exposure to even a single "harmless" air raid can do great damage to a child's psyche be he ever so "normal" and "fearless" on the surface.

Miss A. T. Alcock, in an address at the Tavistock Clinic on was strain in children (*Journal*, January 25, p. 124), laid stress on the "difficult evacuated children" in whom the "principal disturbance was due to a physical agency, such as bombing." She pointed out that these "seemed to react much more in the way of unruly behaviour," and that "some who had been bombed were unable to perform ordinary school work." The Conference of the National Association of Maternity and Child Welfare Centres and the National Association of Probation Officers, reported under the heading "Prevention of Juvenile Delinquency" (July 12, p. 56), does not appear to have discussed the problem of the "bombed" child in particular. Dr. John D.

Sutherland, in his excellent "Survey of 100 Cases of War Neuroses" (September 13, p. 365), does not mention the subject either, while rightly pointing to the general principle that "war neuroses are essentially the neuroses in war."

There are reasons to believe, however, that the child who has been exposed to the experience of one or more air raids is in a class by itself.* "Air-raid shock" is not a neurosis in the true sense. It does not affect only those with a strong predisposition, as in the case of the war neuroses, though it is easy to discover such predispositions in a large percentage of the children. The fact that neither personal nor family history, nor yet the previous school report, reveals the slightest trace of abnormality, and that the children show no neurotic tendencies in the Rorschach test, should serve to separate them from those in whom "air-raid shock" is superimposed on some previous weakness.

Behaviour of the "Bombed" Child

Previously good and intelligent children become suddenly obstreperous, destructive, mischievous, lazy, truant from school, and, in short, unmanageable in the billet to which they have been evacuated. In some cases the teacher of the new school expresses doubt about the pupil's mental normality where the previous report had stated him to be of scholarship standard. These children reveal as the foremost symptom a strange inability to occupy themselves in their free time. They are at a loss to know what to do with themselves, and seem to fear the responsibility of making any decision. They do not know what they want, and, in consequence, try to amuse themselves with one thing after another in rapid succession without being able to stick at anything for more than a few minutes. The result is, quite naturally, that with the exhaustion of the stock of permissible entertainment they get into mischief. Nor do they show any greater perseverance in these enterprises, and the child is merely a nuisance to himself and all others. It is the behaviour of deep resentment against the adults who have failed to provide that security and protection which is every child's birthright: the collapse of all the values which education had carefully built up so far. Death has become a personal problem, and parental authority is no longer a safe shield against this direct threat of extinction.

All this is common coin to those who have had to deal with evacuees. But it does not seem to be commonly known that the raid-shocked child reveals itself as a clinical entity in the Rorschach test in about 65% of cases. The exact nature of this reaction will form the subject of a special paper when more material has been collected. At present our observations are based on twenty-three tests on children who have been exposed to air raids and been sent to our hostels† as "difficult," and on thirty-two controls of similar ages at the same hostel who were evacuated before the raids.

It must be clearly stated at the outset that the Rorschach reaction in question is not pathognomonic in the clinical sense; it occurs also in other conditions and occasionally in the normal subject. The Rorschach test gives essentially a personality picture, and it would be unscientific to draw conclusions upon the effect of a temporary extraneous influence from a single record in the absence of any previous one. The reaction consists of the response "fire" (or its equivalent: "explosion," "sun," etc.) to the red at the bottom of Card II. To those who are working with this test this may seem banal, but the following figures are suggestive:

Boys exposed to bombing (Plymouth and Bristol 14, London 9)					23
Positive reaction	..	..	..	..	15
Percentage with positive reaction, 65					
Not exposed to bombing ("controls")					32
Positive reaction	..	..	..	..	6
Percentage with positive reaction, 18.7					

The analysis of the records of the first group shows that the positive reaction is given by boys who are showing little or no neurotic trend. This is partly due to the fact that the neurotic reacts usually in a specific way to the red in Card II, the neurotic reaction swamping, so to speak, the trend of the air-raid shock. Of the eight boys of the first group who failed to give the

* Compare also Mr. Tom Harrison's "Obscure Nervous Effects of Air Raids" (April 12, p. 573).

† The ages of these boys range from 9 to 14, the reason for their admission from "unmanageable" to "probation" cases.