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FEMALE MEDICAL PROFESSIONALS IN MIDCENTURY

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by
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ABSTRACT:

ELIZABETH GARRETT ANDERSON, HAKIMAS
AND "ENLIGHTENED" BRITISH MEN:
FEMALE MEDICAL PROFESSIONALS IN MIDCENTURY
GREAT BRITAIN AND EGYPT.

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History Department

Bachelor of Arts

Elizabeth Garrett Anderson's pursuit of a medical education and career in Great Britain in the 1860s sharply contrasts with the rise of a class of female medical practitioners or "hakimas," in Egypt in the 1830s. The two stories are especially noteworthy when examined together since Great Britain colonized Egypt in the 1880s, severely limiting opportunities for women in medicine in the now-occupied nation. Elizabeth and women in Egypt, were both negatively impacted by British attitudes toward women, despite Great Britain's image of itself as a modern, enlightened nation. Drawing on a range of primary sources, including the personal correspondence of Elizabeth Garrett Anderson, 19th century medical research, and memoirs of public health officials, this paper explores and compares the stories of Elizabeth Garrett Anderson and of Egyptian Hakimas in the middle decades of the nineteenth century.

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Introduction

Elizabeth Garrett Anderson wanted the unthinkable for a woman in Victorian Great Britain: "some definite occupation, which should also bring… in time, a position and moderate income."[1] While her contemporaries contented themselves with domestic life, she wanted a job, one that compensated her well for her time and education and gave her a position in her community. As an upper-class woman, she didn't need the income and already had influential ties to her community. But for Elizabeth Garrett Anderson, being a doctor wasn't about money or even the job itself —although she frankly admitted that she wanted to become a doctor instead of the more socially acceptable nurse, "because I prefer to earn a thousand rather than twenty pounds a year."[2] The higher pay, she knew, correlated with a position of higher authority and her contributions would be more valued, something not afforded most women at the time, including those in the nursing profession. Moreover, while Elizabeth's decision may not seem very radical today, in the late 19th century many British people, especially male doctors, did not think that women had the brain capacity or physical ability for such an intellectually and emotionally demanding profession. Victorian ideas of *true womanhood* emphasized the need for women to remain in the private sphere for their own safety and well-being. Medical papers connected cultural ideas surrounding Victorian womanhood to science. E.J. Tilt's study of menstruation, for instance, ended with the following conclusion,

> Such as, that man was created independent because destined to govern the family, society, and nature; *while woman was made dependent*, tied to hearth and home by a long chain of never-ending infirmities, *as if to point*

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[1] Louisa Garrett Anderson, *Elizabeth Garrett Anderson, 1836-1917* (London: Faber and Faber, 1939), 57.
[2] Merrilyn Murnane. *Honourable Healers*. (Melbourne: Arcadia, 2015), 75.

out the destined sphere where her activity could find more happiness, although a paler glory.[3]

Elizabeth Garrett Anderson rejected Tilt's ideas as she pursued medical employment despite what leading scientists thought about women working in the public sphere. Decades before Elizabeth and other medical women in Great Britain challenged the status quo in pursuit of personal and intellectual fulfilment, a group of women in Egypt became medical professionals or "hakimas" as part of a public health and modernization program in Egypt. Elizabeth Garrett Anderson's difficult pursuit of a medical education and career in Great Britain in the 1860s sharply contrasts with the rise of a class of female medical practitioners in Egypt in the 1830s. The two stories are especially noteworthy when examined together since Great Britain colonized Egypt in the 1880s, severely limiting opportunities for women in medicine in the now-occupied nation. Elizabeth and women in Egypt, were both negatively impacted by British attitudes toward women, despite Great Britain's image of itself as a modern, enlightened nation. Drawing on a range of primary sources, including the personal correspondence of Elizabeth Garrett Anderson, 19th century medical research, and memoirs of public health officials, this paper explores and compares the stories of Elizabeth Garrett Anderson and of Egyptian Hakimas in the middle decades of the nineteenth century.

Historiography

A number of scholars have examined how, in the 1800s, nations all over the world created public health initiatives as a way to modernize and unite their countries. They note

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[3] E. J Tilt, "On the Right Management of Women, at First Menstruation, and during the Persistence of That Function*." Provincial Medical and Surgical Journal (1844-1852)* 15, no. 8 (1851): 206–10. http://www.jstor.org/stable/25492923.

that many nineteenth-century health initiatives pushed women out of their traditional roles as healers and midwives to give way to educated and licensed male doctors. The first chapter of Merrilyn Murnane's *Honourable Healers: Pioneering Women Doctors, Elizabeth Blackwell, Elizabeth Garrett Anderson, and Constance Stone*, for example, describes how the certification of doctors and the creation of public health care facilities moved medical care from the private sphere to the public sphere and created barriers for women, who were not yet admitted to universities and were encouraged to remain in the private sphere.[4] Murnane shows that new legal statutes, such as the Medical Act of 1858, which created a registration system for practicing medical physicians to receive licensure, eliminated traditional healers—including women who had long practiced various medical arts—as well as "quacks" without modern training in medicine. Peter Bartrip's, *Themselves Writ Large: The British Medical Association,* further records how the process of the professionalization of British medicine worked to exclude women. In examining the history of a national medical organization, Bartrip shows how such societies, and attitudes of elitism and sexism, prevented women from becoming involved in medical discussions and research. [5]

Historians have recorded the stories of women who pushed back against the "modernizing" changes to British medical care. Susan Hogan, for example, examines Florence Nightingale's views that contradicted those of both male and female doctors— when she advocated for women to become nurses. According to Hogan, Nightingale felt that the medical education of doctors was elitist and, unlike nursing, their work was not

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[4] Merrilyn Murnane. *Honourable Healers*. (Melbourne: Arcadia, 2015), 75.
[5] Peter Bartrip, *Themselves Writ Large: The British Medical Association, 1832-1966* (London, BMJ Publishing Group, 1996).

patient centered. [6] Hogan examines how despite her resistance to women being trained as doctors, in the context of Victorian society Florence Nightingale advocated for feminist ideas. Ann Murphy's, "Becoming Part of History: Retrieving the Lives of Emily Davies and Victorian Feminists," explores the lives of other Victorian women, like Emily Davies, many who were close friends with Elizabeth Garrett Anderson. Murphy's study of personal correspondence between notable Victorian feminists like Emily Davies, Barbara Bodichon, and Elizabeth Garrett Anderson is a valuable resource for understanding the intentions and ideas of these women in own words. [7][8]

Sheila Herstein scholarly work describes the Langham Place Circle, where Elizabeth Garrett Anderson, Barbara Bodichon and Emily Davies met with other upper-class Victorian women to discuss employment and equal rights for women. [9] E.M. Bell, and her 1953 book, *Storming the Citadel,* mentions the Langham Place Circle and how other feminist groups connected notable medical women like Elizabeth Garrett Anderson and Sophia Jex-Blake to the movement to include women in medicine in Great Britain. *Storming the Citadel* is framed in terms of individual women who were involved in the movement for women's medical education. More recent publications including, *Pioneers of the London School of Medicine for Women (1874-1947)* use the creation of the LSMW as the focus of their work examining women pursuing medicine in Great Britain. [10]

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[6] Susan Hogan, "Florence Nightingale (1820-1910) - What Does History Say about Her Feminism?" *Journal of Gender Studies 30*, no. 8 (2021): 915–926,
https://www.tandfonline.com/doi/abs/10.1080/09589236.2020.1845627.
[7] Ann B Murphy, "Becoming part of History: Retrieving the Lives of Emily Davies and Victorian Feminists." *Victorian Review* 27, no. 1 (2001): 36-55. doi:10.1353/vcr.2001.0010.
[8] Ann Murphy and Deirdre Raftery. *Emily Davies: Collected Letters, 1861-1875*. (Charlottesville: University of Virginia Press, 2004).
[9] Sheila Herstein, "The Langham Place Circle and Feminist Periodicals of the 1860s." *Victorian Periodicals Review* 26, no. 1 (1993): 24–27. http://www.jstor.org/stable/20082643.
[10] Marelene Rayner-Canham, *Pioneers of the London School of Medicine for Women (1874-1947)* (Springer International Publishing: Imprint: Springer, 2022), https://doi.org/10.1007/978-3-030-95439-0.

Other biographers have solely based their research on the individual lives of these women suggesting that their involvement in medical education and women's rights framed their entire lives. Biographers of Elizabeth Garrett Anderson, including Jo Manton and Louisa Garrett Anderson, describe Elizabeth's family origins and motivations for becoming a doctor. They record how Elizabeth came from an upper-class family in Aldeburgh and her status in society connected her to the progressive environment of the Langham Place Circle. Encouraged by her friends there, Elizabeth attended a lecture by Elizabeth Blackwell about women in medicine and promptly began her journey to become a physician. Manton and Louisa Garrett Anderson emphasize how Elizabeth and other British women pursing medicine went against societal expectations as they attempted to become registered physicians.[11]

While scholars have shown that women in Great Britain went against their societies to pursue medicine, others have explored how British colonization in the 1880s impacted medical institutions in Egypt. Lord Evelyn Baring Cromer in his 1908 work, *Modern Egypt,* describes how the British saw their occupation as an opportunity to uplift Egypt and bring it towards the future.[12] Published in 1991, *The Creation of a Medical Profession in Egypt, 1800-1922* by Amira Sonbol, counters Cromer's claims and demonstrated how this occupation negatively impacted Egyptian public health and put a halt to the progress and status that women and Egyptians held as medical professionals.[13] Kahnke describes how Egyptian public health programs in the 1830s created under Muhammad Ali Pasha, the ruler of Egypt, drew inspiration from European nations and

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[11] Jo Manton, *Elizabeth Garrett Anderson*. (New York: Dutton, 1965).
[12] Evelyn Baring Cromer. *Modern Egypt* (London: Macmillan, 1908).
[13] Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press,1991).

programs. Kahnke's work, *Lives at Risk: Public health in nineteenth-century Egypt*, describes Muhammad Ali Pasha's programs and how improving public health in the early 19th century connected to the need for a strong military. Kahnke writes that Muhammad Ali Pasha brought in French physicians to create a medical school in Cairo named Qasr al-Aini. A branch of the school, the School of Maternity stood adjacent to the Qasr al-Aini, educating Egyptian women to become licensed doctors of hakimas, forty years before Elizabeth Garrett Anderson became qualified as a physician in Great Britain.

The School of Maternity is frequently mentioned in research connected to women and gender in the Middle East and medical programs in the Middle East during the nineteenth century. Leila Ahmed, known for her work on Middle Eastern women's studies, places this school in the context of gender norms, colonization, and religious motivations within the middle eastern culture in her work, *Women and Gender in Islam*. [14] *Women, Medicine, and Power in Nineteenth Century Egypt,* by Khaled Fahmy, describes the lives and motivations behind the hakimas and how they benefited from the public health programs. Fahmy describes the impact this public health initiative had on lower-class and often enslaved women. Egyptian officials recruited these women to become medical professionals and run public health initiatives in distant Egyptian communities before 1880.

Building on the work of these and other scholars, this paper compares the ideology, culture, contexts, and experiences of Elizabeth Garrett Anderson with the women who became medical professionals in Egypt in the 1830s. The history of women in medicine in these two countries challenges a simple, progressive narrative of women in

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[14] Leila Ahmed, *Women and Gender in Islam* (New Haven: Yale University Press, 1992).

medicine and illustrates the importance of examining medical history and women's history beyond Eurocentric ideas of feminism and modernization.

Social and Political Contexts

EGA might not have become a doctor if it were not for her connections to the Langham Place Circle. While other women, like Elizabeth Blackwell and Florence Nightingale first became interested in medicine because they wanted to attend to patients or combat disease, Elizabeth Garrett Anderson began her medical career because of her interest in women's rights. At the beginning of her journey to become the first female doctor educated and licensed in Great Britain, Elizabeth Garrett Anderson, encouraged by her friends in Langham Place Circle, attended a lecture by Elizabeth Blackwell. She had not originally been interested in science or in practicing medicine, and only attended the lecture to learn more about women breaking social norms by infiltrating male-dominated professions. Ideas of equal education and rights for women and organizations like the Langham Place Circle that advocated for women's inclusion in employment drew Elizabeth and many other British women to the medical profession in the 1860s. The medical institutions of 1860s Great Britain did not encourage or support these women in their pursuit of medicine, in fact, they actively opposed them.

Drawing upon proto-feminist ideas including those of Mary Wollstonecraft, the Langham Place Circle argued that professional occupation for women would improve society and give women respect. At the very beginning of her medical education, Elizabeth Garrett Anderson wrote letters connecting her pursuit of medicine with Wollstonecraft's ideas about the occupation of women being more valuable than their idleness or femininity. Wollstonecraft wrote, "But what have women to do in society? I

may be asked, but to loiter with easy grace; surely you would not condemn them all to suckle fools, and chronicle small beer! No. Women might certainly study the art of healing, and be physicians as well as nurses."[15] Echoing the famous woman's rights figure, Elizabeth Garrett Anderson described the feelings and motivations behind her pursuit of medicine in a letter to her aunt in 1860:

> I think you will not be surprised that I should feel this longing for it is indeed far more wonderful that a healthy woman should spend a long life in comparative *idleness* than that she should wish for some *suitable work*, upon which she could spend the energy that now only causes painful restlessness and weariness. *I have decided that the study of medicine offers more attraction to me than any other kind of work, and I have resolved to enter upon it.* [16]

Clearly influenced by Wollstonecraft and the feminist views of her friends at the Langham Place Circle, Elizabeth believed that the study of medicine would allow her to lead a healthy life and avoid idleness and restlessness. Advanced education would bring her happiness and fulfillment, for according to Wollstonecraft, "Happy is it when people have the cares of life to struggle with; for these struggles prevent their becoming a prey to enervating vices, merely from idleness." [17]

Like Wollstonecraft, Elizabeth Garrett Anderson advocated for a change in British Law, for women's financial and employment rights, as well as the right to vote. Elizabeth understood that to many British people, these ideas appeared radical because they broke tradition, but she thought her opponents based their opposition on fear of the unknown. She wrote:

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[15] Mary Wollstonecraft. *A Vindication of the Rights of Woman: with Strictures on Political and Moral Subjects.* (London: J. Johnson, 1792).

[16] Elizabeth Garrett to Mrs. Richard Garrett, July 13, 1860, Autograph Letter Collection. TWL 6.1 Box 4, fiche no. 149. London School of Economics, The Women's Library.

[17] Mary Wollstonecraft. *A Vindication of the Rights of Woman: with Strictures on Political and Moral Subjects.* (London: J. Johnson, 1792).

"When we hear it said that women will cease to be women only if they enter professions or occasionally vote in parliamentary elections, we think that those who conjure up these terrors *should try to understand women better and should rid themselves of the habit of being frightened about nothing*."[18]

As this quote suggests, the British women who broke norms surrounding British law supported other reforms that would improve the status of women in Great Britain. Wollstonecraft had written about the need for women's representation and participation in government, "For I really think that women ought to have representatives, instead of being arbitrarily governed without having any direct share allowed them in the deliberations of government." [19] Many of Elizabeth's friends and family members participated directly in the suffrage movement in the late 19th century and early 20th century. Her younger sister, Millicent Garrett Fawcett became one of the most notable suffragists of the movement and a bronze statue commemorates her work in Parliament Square near Westminster. Millicent describes Elizabeth's support of the suffrage movement in her book, *Women's Suffrage: A Short History of a Great Movement*. She wrote, "Miss Garrett and Miss Davies, as just described, helped to organize the suffrage petition, which they handed to Mr. Mill in 1866; … These ladies had taken an active part in starting the women's suffrage societies in their own towns." The fact that Elizabeth organized such a movement a short time after receiving her medical credentials demonstrates her commitment to both causes and the connections between the movement for women's employment and women's political participation. Elizabeth retained a commitment to women's presence in medicine and politics into her old age. As an elderly woman Elizabeth collaborated with her friends,

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[18] James Crichton-Browne and Elizabeth Garrett Anderson, "Sex in Education." *The British Medical Journal* 1, no. 1637 (1892): 1046–49. http://www.jstor.org/stable/20246181.
[19] Mary Wollstonecraft. *A Vindication of the Rights of Woman: with Strictures on Political and Moral Subjects.* (London: J. Johnson, 1792).

sisters, and daughter, Louisa Garrett Anderson, to support suffrage. She participated in the WSPU's "From Prison to Citizenship March," as a seventy-four-year-old, and photographs document her bundled up next to her family and even speaking to Emmeline Pankhurst.

We can see in these photographs that Elizabeth Garrett Anderson was close to her family who provided emotional and financial support as she challenged gender norms in schools and medical organizations. Occasionally family connections from upper-class members of society could put enough pressure on government and medical institutions to make space for British women pursuing a medical education. Their feminist ideas motivated them in their efforts to become doctors without institutional support.

In sharp contrast, the Egyptian program of creating professional Hakimas originated with state medical institutions. The government of Egypt created and funded these programs. Muhammad Ali Pasha, the ruler of Egypt heavily impacted and inspired this medical training program. Muhammad Ali Pasha became a ruler in Egypt after Napoleon withdrew his forces from Egypt in 1799.[20] Officially he became the viceroy of Egypt under Ottoman rule, but Egypt and foreign nations saw him as the main political leader of Egypt after defeating the mamluks, a military group that held political power in Egypt. With Egypt under his control, he implemented a new military system and made social and economic reforms to Egypt. Under his rule Egypt became more industrial and modern, relying on cotton as a cash crop and creating public works projects like canals. [21]

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[20] Khaled Fahmy, *Mehmed Ali: from Ottoman Governor to Ruler of Egypt*. (New York: Simon and Schuster, 2012).
[21] Anthony Piwowarski, "The Values of Modernity in the Middle East: The Case of Muhammad Ali Pasha." *Broad Street Humanities Review* 2 (2020).

Muhammad Ali Pasha advocated and supported the creation of a medical school in Cairo and its accompanying School of Maternity. These schools fostered medical research and training that helped to maintain his army and create a medical profession with a regulated training program, two of Muhammad Ali Pasha's goals in creating a modern and powerful Egypt. [22] Scholars like Fahmy describe how progressive ideas like the advancement of women's right or a free public education system did not motivate Muhammad Ali Pashas to create these programs. The motivations for founding this medical program directly connected to the need to control the spread of disease in Muhammad Ali Pasha's armies, especially the spread of syphilis, and his vision of a modern Egypt with modern medical professionals replacing traditional healers. [23]

Antoine Clot, or Clot Bey, a French physician, came to Egypt to assist and lead this public health reform under Muhammad Ali Pasha's instructions. The main medical school in Cairo, Qasr al-Aini, recruited male students from other educational academies to become its first medical students. These medical schools operated with European assistance but had been created with the intent to make Egypt's health system self-sufficient. Clot Bey acknowledged this when he wrote, "Medical institutions, to become durable, must necessarily be national and independent of foreigners whose interests, caprices or a thousand diverse circumstances could cause them to return back to their own homelands."[24]

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[22] Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press, 1991), 34.

[23] *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998).

[24] Antoine Barthélemy Clot-Bey, *Aperçu Général Sur L'égypte* (Paris: Fortin, Masson, 1840), 201.

Gender-based segregation within the Egyptian Islamic society, which extended to situations where women needed medical care, required women to be included in the medical profession and created a demand for female doctors. As Ron Shaham describes in his book, *The Expert Witness in Islamic Court*, the attitudes within Islamic culture of women being treated by male physicians. "The medical treatment of females by males was anathema to premodern 'ulama' and prohibited it except in cases of dire necessity. During the modern period the number of female physicians had increased considerably, but the attitude of the 'ulama' has remained basically the same."[25] The ulama, Islamic religious leaders, established and influenced societal rules and laws in Egypt. Muhammad Ali Pasha's vision of a modern Egypt with qualified medical professionals instead of traditional healers would not happen unless women become these trained medical professionals.

In Islamic society, many men and women believed that women physicians understood female ailments more, and thus Egyptian women preferred to be treated by female medical authorities. [26] Earliest records that describe this idea trace back to 1377 in the al-Muqaddima by Ibn Khaldūn, a text that discusses Arab history, and theology. Avner Giladi translates this text in the book, *Muslim Midwives*. Ibn Khaldūn wrote,

> Moreover, "midwives are better acquainted [with obstetrics] than others" and "we likewise *find them better acquainted than a skillful [male] physician* with the means of treating the ills affecting the bodies of little children from the time they are sucklings until they are weaned "[27]

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[25] Ron Shaham, *The Expert Witness in Islamic Courts* (Chicago: University of Chicago Press), 122.

[26] Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press, 1991), 7.

[27] Avner Giladi, *Muslim Midwives: The Craft of Birthing in the Premodern Middle East.* (New York: Cambridge University Press, 2014).

This Islamic text sharply contrasts quotes from British doctors that claimed that, "women would not consult women when they could consult men." [28] Giladi describes how the combination of segregation and preference for female obstetricians gave midwives authority and status as well as the freedom to, "move about in the public space - even at night when necessary- and to mingle with men." [29] Women who practiced midwifery in Islamic society enjoyed authority to break social norms since the Middle Ages. The cultural context of women in Egypt and Great Britain influenced whether it was respectable or encouraged for them to receive medical training.

One of the greatest distinctions between these the movements to include women as medical professionals in Egypt and Great Britain are how these women began their medical education. British women in the 1860s fought society and established laws to become doctors, while government officials recruited the Egyptian Hakimas in the 1830s from slave markets and brought them into the Cairo Medical School.

In 1858 the British Medical Act required physicians to obtain medical accreditation through a university or medical association, which essentially forbade women from becoming doctors because the medical school and associations would not admit them. Despite repeated attempts by women like Elizabeth Garrett Anderson and Sophia Jex Blake to enter these schools, schools continuously rejected their appeals to be formally admitted as medical students. Occasionally, schools like the St. Andrews Academy in Edinburgh would allow women to sit in the back of lectures, but exceptions

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[28] Elizabeth, Garrett Anderson. "The Proposed Admission of Women to The Obstetrical Society." *The British Medical Journal* 1, no. 689 (1874): 365. http://www.jstor.org/stable/25238223.
[29] Avner Giladi, *Muslim Midwives: The Craft of Birthing in the Premodern Middle East.* (New York: Cambridge University Press, 2014), 128.

often did not last more than a few months. British women like Elizabeth Garrett Anderson and Elizabeth Blackwell had to find unknown and unpublicized avenues or travel abroad to receive their medical credentials.

Without institutional and state support, Elizabeth Garrett Anderson relied on familial support. Letters with her family and friends illustrate the importance of family connections to Elizabeth, as her family gave her status and support as she worked toward her goal. From the tutors her father paid for to the letters he wrote in support and the lawsuits he threatened against opposition, EGA would not have been able to become a doctor. Moreover, it is indicative of societal constraints that her parents initially opposed her plan to become a physician. Only after many conversations and evidence that Elizabeth would not give up on her goal to become a doctor, did Elizabeth's father, Newson Garrett eventually support the idea of her pursuing medicine. He wrote:

> "I have resolved in my own mind after deep and painful consideration not to oppose your wishes and views and as far as expense is involved, I will do all I can… to assist you in your study…." [30]

Newsom Garrett's change of heart, influenced by his own increasingly progressive ideas about the necessity for equal education of women and men proved crucial in Elizabeth's path to becoming a doctor. Without his approval, Elizabeth would not have been able to afford the lessons, tuition, and licensing fees she needed to pursue a medical education. Newson Garrett framed his decision to support Elizabeth based on the principle of equality and respect for his children's interests, the same way he funded their education as children. He wanted to be fair to all his children and already funded the educational pursuits of his sons, so after several conversations about Elizabeth's idea he eventually

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[30] Anderson, *Elizabeth Garrett Anderson, 1836-191,*57.

decided to provide justice within the family by supporting Elizabeth's pursuits as well. The upper-class position of society that the Garretts lived in made it easier for Newson to eventually approve of Elizabeth's career choice because he saw his children as people with whom he wanted to maintain respect and a close relationship and providing financial support to them would not put an unnecessary financial strain on the family.

Elizabeth wrote to her friend, Emily Davies, "My father is very kind and liberal, *now that I have started, he wishes me to spare no expense* and to make any arrangements I may think best. He thinks Dr. Willis' charge very little."[31] Newson eagerly helped and offered his financial resources to Elizabeth, encouraging her to pay the "little" sum that Dr. Willis charged to tutor her. He also trusted Elizabeth's judgment in spending his money, willing to "make any arrangements I (Elizabeth) may think best."

Newson's connections and money paid multiple tutors, secured apprenticeships, built women's hospitals, and challenged policies prohibiting women from practicing medicine. Without financial support from her father, Elizabeth would not have been able to afford the additional costs throughout her career establishing the New Hospital for Women or the London School of Medicine for Women. Both projects allowed Elizabeth to use her medical education to provide medical treatment and education to women after she received her own medical education.

In addition, Newson's financial and social status made him appear intimidating to many people who sought to oppose Elizabeth's pursuit of medical education. Several times Newson used this status and wealth to put pressure on medical institutions and schools to allow Elizabeth to study and fulfill their initial promises to her about licensure.

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[31] Anderson, *Elizabeth Garrett Anderson, 1836-191,*72.

Marilyn Murnane describes how Newson Garrett threatened the St. Andrews University Senate with a lawsuit when the school denied her admittance to lectures because of her sex.[32] Louisa, Elizabeth's daughter, also describes an instance when, "Mr. Newson Garrett consulted Mr. Justice Hannen about the possibility of either St. Andrews or Glasgow University allowing a woman to take their medical examinations," and includes a copy of Mr. Hannen's response. [33] Not only did Newson Garrett financially support his daughter, but he also advocated for her and researched ways she could accomplish her goal. Newson remained emotionally close to both his daughters and sons. He regularly corresponded with Elizabeth, who wrote to her sister, Louie, "I cannot tell you how much pleasure dear Father's kind letters have given me, it is wonderfully good of him not to get tired of these continual struggles and fights."

After Elizabeth Garrett Anderson received her medical license with the support of her family, women's rights activists and other medical women convinced her to collaborate to create the London School of Medicine for Women. The establishment of this school in 1876 finally gave British women the opportunity to attend a medical school and be assured they could graduate and receive their license to practice medicine, in the same way that men had already been receiving their medical certifications at traditional medical schools. The establishment of this school eliminated barriers from male-dominated universities by creating a female-led university. Many British people thought that the only way that women would become doctors in Great Britain, would be by pushing through and doing it independently of the government or any other medical

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[32] Murnane. *Honourable Healers*. 83.
[33] Anderson, *Elizabeth Garrett Anderson, 1836-191,* 97.

organizations. Comments published in the British Medical Journal in 1871 illustrate how medical professionals viewed this situation.

> They [women] must establish their own schools. It is quite evident from the number of eminent physicians who have testified their sympathy with the past efforts of ladies, that this rests entirely with themselves. They will be readily enough admitted to obstetrical hospitals; and, if they desire the use of a clinical hospital, they must find, or found, one not pre-occupied by male students; both can be done.[34]

The burden of creating a medical school did not rest on Egyptian women in the 1830s. Instead, in 1832, the Egyptian government and medical authorities constructed a medical school for women in Cairo and begged women to study at the school they had created to fill the need for female medical professionals in their communities. The public, especially upper-class Egyptians, would not allow their daughters to join this school to fill the need for female medical professionals. Especially in the initial years of school, this work would be seen as dirty and lower class for Egyptians because it required women to be in more public roles and mingle with men. To fill the school, "Officials were dispatched to the Cairo slave market to acquire ten Abyssinian and Sudanese girls."[35] Muhammad Ali and Clot Bey could not conscript or force upper-class Egyptian families to allow their daughters to live and study at the School of Maternity, but they could force enslaved people to join this program since they legally owned these girls. [36]

To be sure, the path toward medicine for these enslaved Egyptian women would not be easy, nor would it be something they had chosen for themselves. According to Liat Kozma, slavery in 19th-century Egypt typically began with the capture, which traumatized

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[34] Anon. (23 Sept. 1871). Minerva Medica, *British Medical Journal*, 2, 356.
[35] *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998).
[36] Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press, 1991), 46.

enslaved people and forever separated them from their families. Islamic law permitted slavery but also protected enslaved people to an extent against excessive abuse from their masters. This protection, however, did not restrict sexual access to enslaved women, as they became the property of their masters. Enslaved women often served as concubines to their masters and carried value as domestic servants. Gender norms and ideas of gender-based segregation that applied to Islamic women did not apply as strictly to enslaved women.

Slavery in Egypt was influenced by ideas of colorism, meaning the whiter the skin, the higher value the enslaved person had. [37] It is noteworthy that the Sudanese and Abyssinian enslaved women who initially became the first Hakimas came from the lowest valued demographic of enslaved women. Their dark skin made them less valuable than whiter enslaved women from Georgia and the Caucasus. Because of their social status and general lack of written literacy, few records remain that directly reflect the voices and perspectives of these enslaved women.

The social status of these enslaved women sharply contrasted with the familial support and connection that influenced Elizabeth Garrett Anderson's entry into the medical profession. Liat Kozma describes how the social class of these women essentially made them "kinless," which limited their parents from objecting to their occupation and allowed them greater freedom to mingle with men during their education and employment. [38] After the initial recruitment of enslaved women at the school, the school recruited other kinless girls from lower social classes in Egypt. Sonbol writes, "tuition was free, and the students were even given pocket money. The school was an ideal place for orphan girls,

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[37] Liat Kozma, *Policing Egyptian Women*. (Syracuse, N.Y.: Syracuse University Press, 2011).
[38] Liat Kozma, *Policing Egyptian Women*. (Syracuse, N.Y.: Syracuse University Press, 2011).

particularly the daughters of dead soldiers who were wards of the state." [39] Their kinless

condition furthered the medical education of Hakimas and selected them for recruitment

while women in Great Britain pursuing medicine could not complete their education

without financial support and approval from their kin. Religious culture, government

initiatives, and the push for a modern Egypt heavily influenced the creation of a medical

education program for women in Egypt. The support for women in Great Britain to

receive a medical education came from feminist ideology, personal interests in medicine

and their families often supported their work. [40] Women in 1860s Great Britain had no

institutional support and had to rely on family support and their own resourcefulness and

tenacity to navigate complex social and institutional barriers. While medical organization

in 1860s Great Britain pushed women out of medical schools and required them to create

their own medical schools for women, Egyptian medical organizations recruited and

conscripted women to serve their communities as medical professionals in schools the

government established for women.

The Medical Training Process

Influenced by their cultural context, the path to licensure that female physicians

took in Egypt and Great Britain demonstrates the level of institutional support women had

during their medical education. Women in Great Britain who wished to become medical

doctors before the formation of the London School of Medicine for Women in 1876 had to

rely on tutors or go abroad to France or the United States for medical school. The women

who chose to stay in Great Britain attended lectures infrequently at select universities, but

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[39] Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press, 1991), 46.
[40] Nathan Roth, "The Personalities of Two Pioneer Medical Women: Elizabeth Blackwell and Elizabeth" *Bulletin of the New York Academy of Medicine 47*, no. 1(January 1971): 67–79.

with medical organizations and schools barring their full inclusion and licensure exams, they could not receive certifications as physicians.

After attending Elizabeth Blackwell's lecture, Elizabeth Garrett Anderson began shadowing doctors and attending lectures at Middlesex Hospital from 1860 to 1861. Expelled after unkind male students petitioned for her removal, who were embarrassed when she answered questions they could not in chemistry lectures, and with support from family and friends and sympathetic instructors at Middlesex Hospital, Elizabeth Garrett Anderson discovered an alternative and unpublicized method of becoming a doctor. The charter of the Society of Apothecaries allowed any individual to become registered as an apothecary after completing an apprenticeship and passing an exam. Elizabeth secured her apprenticeship under Dr. Plaskitt from Middlesex Hospital and applied to become registered as an apothecary before the Society of Apothecaries could change the charter wording to prohibit women. After working in the Middlesex Hospital, attending lectures at St. Andrews, and shadowing doctors in various hospitals she took her licensure exam to become an apothecary and finally could practice medicine as a physician. She was just the second woman in Britain, "with her name on the Medical Registrar," the first being Elizabeth Blackwell who practiced medicine in the United States.[41] No other woman would be registered as a physician for another twelve years.[42]

After receiving her license to practice medicine Elizabeth published articles in the British Medical Review. In 1870 she traveled to France to receive another medical license, this time her Doctor of Medicine. Elizabeth completed this degree in French at the

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[41] O. M. A, "Elizabeth Garrett Anderson and Her Contemporaries" *The Ulster Medical Journal* 26, no. 2 (November 1957): 98–107.
[42] O. M. A, "Elizabeth Garrett Anderson and Her Contemporaries" *The Ulster Medical Journal* 26, no. 2 (November 1957): 98–107

University of Paris; her accomplishment, somewhat ironically, made possible by her previous language coursework at a traditional ladies' academy designed to prepare her for marriage and courting in upper class Victorian Society.

The path for women in 1830s Egypt was more linear and straightforward than the haphazard path of women in 1860s Great Britain. Because of the creation of the School of Maternity in 1832, Egyptian women did not need to petition multiple schools or leave their country to be trained as medical professionals. To be sure, the enslaved women recruited for medical training in Egypt did not have the autonomy to make any of their own educational or professional choices. Given the opportunity to choose a career or life for themselves, it is uncertain if these enslaved women would have preferred being hakimas to following traditional gender norms in Egypt.

Still, the path these women took in becoming hakimas did give them commodities and resources that they would not typically experience as enslaved women in Egypt. The School of Maternity provided lodging, food, clothes, and even pocket money to these young women. [43] Eunuchs from the royal palace guarded their lodging, a custom typically reserved for upper-class Egyptian women. The support and protection from the Egyptian government demonstrated how the Egyptian government invested economically and socially in these enslaved women. [44] Generally, the school had between ten and sixty girls living and studying at the school at a time. [45] In close proximity to the School of Maternity stood Qasr al-Aini, the main medical school of Cairo for male students. Clot Bey and his

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[43] Laverne Kuhnke, *Lives at Risk: Public health in nineteenth-century Egypt* (Berkeley: University of California Press, 1990).
[44] Ibid 125
[45] [45] *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998), 48.

instructors organized and ran the annexed schools together but following cultural customs of gender segregation, the male and female students studied and lived separately from one another.

Unlike Elizabeth, who would not have been able to pursue a medical education without having the benefit of an education in literature and language, enslaved young women who attended the School of Maternity could not read or write in Arabic and so the first years of their education began with lessons solely focused on increasing of their literacy. This process generally took the first two years out of their six-year study. [46] In 19th century Egypt, some upper-class families paid private tutors to educate their daughters in Arabic and religion, including Muhammad Ali Pasha himself. Lower-class girls began attending missionary schools and traditional schools in the late 1830s. Under Ismail Pasha's rule, the government established a secondary school system for girls in 1873. [47] The education and literacy of enslaved girls depended upon their owners and the work and free time they allowed them. It is unlikely that many enslaved girls, especially the girls who became hakimas, had the time or the opportunity to learn how to read and write.

In 1832 Suzanne Volquinn, a French woman and feminist who had been trained as a midwife oversaw the medical training of the hakimas. Another French woman, Palmyre Gault, and an Egyptian male doctor, Issawi al-Hahrawi, later worked as supervisors. Notably, in 1857, Tamruhan, a hakima who had already graduated, became the chief instructor of the school. [48]

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[46] Ibid 35

[47] Leila Ahmed, *Women and Gender in Islam* (New Haven: Yale University Press, 1992), 136.

[48] *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998). Note that Fahmy translates and summarizes the primary source from the Egyptian National Archives in Cairo as L/1/4/1 (Muhafazat Masr), doc. no. 22, p. 68, on 22 Dhu al-Qi‹da 1280/March
31, 1864

During the next four years of their medical training the hakimas studied, "obstetrics, pre-and postnatal care, dressing wounds, cauterization, vaccination, scarification, cupping, and the application of leeches, in addition to identification and preparation of the most common medicines" [49] Egyptian women who completed their training were given the title of Hakima because their training did not merely revolve around assisting in the process of birth and delivery. The title of hakima distinguished them from "dayas" or traditional Egyptian midwives. The distinction between hakimas and dayas was heavily emphasized as new health reforms gave hakimas more authority and connection to government programs and devalued the work of dayas.

Medical Authority and the Status of Women

After completing their training, women in Egypt and Great Britain gained a new status from their official position as licensed medical authorities. Once women became licensed to practice medicine in Great Britain they published their medical findings in medical journals, served on boards of hospitals, and joined medical organizations.

Elizabeth claimed her authority in the medical community by regularly publishing her medical discoveries in the British Medical Journal and co-authoring papers with other licensed male doctors. She wrote journal articles covering a range of medical issues including heart clots, lung issues, and nerve atrophy. The medical credibility she gained through her licensure and research allowed her to champion women's rights and argue against the exclusion of women from medicine. In 1874 she published one of her first articles about including women in medicine, petitioning for women's inclusion into the

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[49] *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998), 35.

Obstetrical Society. The British Medical Review published and circulated her articles to other medical professionals.

Elizabeth Garrett Anderson received financial compensation for her role as a physician. She famously told her family the reason she wanted to become a doctor instead of a nurse because she, "prefer to earn a thousand rather than twenty pounds a year." [50] While Elizabeth wanted to be financially independent and enjoyed the status and authority she received as a doctor, she did not pursue this status in order to improve her rank in Victorian society. Her upper-class family had already gained their status through their family's investments, and she eventually married a wealthy, emotionally and financially supportive husband, James Skelton Anderson. Elizabeth's motivations to pursue medicine centered on her views on the necessity of women's financial independence and useful employment instead of an economic need. She also valued women asserting their expertise and competency in a male-dominated field. She enjoyed being a living embodiment of the ideas she supported in the Langham Place circle, that women should use their intellect to be economically independent in their careers and demonstrate their intellectual and physical capability to pursue male-dominated professions.

A notable example of Elizabeth using her medical authority is when she wrote a pamphlet supporting the controversial Contagious Disease Act of 1866. Her viewpoint put her at odds with other women's rights activists of her day, including her mentor, Dr. Elizabeth Blackwell. Elizabeth Garrett Anderson defended the need to contain sexually transmitted diseases that plagued Great Britain through the examination of women suspected of being sex workers, supporting the measures that the CDA created. Other

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[50] Merrilyn Murnane. *Honourable Healers*. (Melbourne: Arcadia, 2015), 75

women's rights activists like Elizabeth Blackwell, Josephine Butler, and Harriett

Martineau saw this act as discriminatory towards women and a way to blame and punish

women for the diseases that men and women transmitted at the same levels. Instead of

siding with other female doctors and women's rights activists on this issue, Elizabeth

Garrett Anderson aligned herself with male doctors rather than women's rights activists.

In doing this she claimed her primary identity as a doctor and based her position on how

she understood the policy as a public health solution instead of a women's rights violation.

[51] In Elizabeth's article about the Contagious Disease Act she highlighted the severity of

sexually transmitted diseases and the effects of these diseases on the population, especially

women and children. She used descriptions from her work at a hospital she helped

establish where she was currently working, "Of the patients thus affected, a very large

proportion are innocent women and children. At St. Mary's Dispensary, I have found that

two-thirds of the whole number of patients treated for this class of disease are suffering

from no fault of their own." [52] Instead of seeing the Contagious Disease Act as an attack

on personal liberty and individual rights, she phrased her research and support for the act

on the idea that to protect the public from a contagious disease that needed to be stopped.

The Hakimas in 1830s Egypt, did not enjoy the same influence as Elizabeth

Garrett Anderson and other women in Great Britain. Despite the differences in influence

and status, becoming a hakima improved their social status. Hakimas did not choose this

profession, being recruited and forced into it as enslaved individuals. Fahmy describes

how the material benefits that hakimas received during their studies included a living

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[51] Catherine Lee, "Prostitution and Victorian Society Revisited: The Contagious Diseases Acts in Kent," *Women's History Review 21*, no. 2 (April 2012): 309.
[52] Elizabeth Garrett, *An Enquiry into the Character of the Contagious Diseases Acts of 1866-1869* (London: Harrison and Sons, 1870).

stipend, free lodging, and clothing. After they graduated the Hakimas revived a monthly

salary from the government, a military rank, housing, transportation (usually a donkey),

and a job as a medical professional at Egypt's health establishments[53] Another social and

economic advancement they occasionally received included the option to marry another

male student from the medical school in Cairo.

Hakimas in 1830s Egypt likewise received social and political authority with their

new position as medical experts in the community. Sonbol describes how their status

authorized them to do the same operations that medical men performed, giving them the

same medical authority. For the Hakimas, "their responsibilities were to include

examining women and performing most of the functions that Egyptian women would not

allow medical men to perform." [54] These women received, "the same rank as the male

graduates of the School of Medicine."[55]

The School of Maternity did not only provide training in issues connected to

maternity or women's health. Sonbol describes how these Hakimas received training in

childbirth, caring for newborns and mothers, as well as treating disease, elementary

surgery, vaccination, bleeding techniques, and preparing medicine. This education that

hakimas distinguished them from traditional dayas. Muhammad Ali Pasha viewed the

dayas as superstitious and harmful to the health of the nation, spreading traditional healing

instead of scientifically based medical care. He thought having an educated female

replacement for them would decrease disease and improve public health. Following the

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[53]*Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998).
[54]Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press, 1991), 45.
[55] Ibid 46

initial training of hakimas and placement in community health centers across Egypt, the

Hakimas became supervisors to dayas. Egyptian law required dayas to submit certificates

of births they had attended to the hakimas. [56]

Part of hakimas duties as public health officials required them to create death

certificates and act as coroners in Egyptian legal records for the deaths of women. Having

government-trained and employed doctors became essential for modernization programs

in times of plague and cholera to keep an accurate record of the effects of such diseases on

the Egyptian population. Court records describe hakimas being used as witnesses in court

cases as they provided autopsies and examinations of women. [57] Many of these cases are

connected to crimes of domestic abuse and violence. [58] In one recorded case Amna, a

hakima, examined and created an autopsy report on a woman's body when a case disputed

where someone in her neighborhood killed her. [59] Hakimas created forensic reports based

on their examination of women. Hakimas conducted these reports and submitted them in

legal cases where women needed physical evidence to strengthen their legal testimonies.

These court cases demonstrate the trust and authority Egyptian women had in their

hakimas. [60]

Like Elizabeth Garrett Anderson, the medical status of hakimas put them in a role

where they could influence medical policy surrounding contagious diseases, especially

sexually transmitted diseases, and policing sexuality. Hakimas were responsible for

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[56]*Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998), 51.

[57] Ibid 56

[58] Mario M Ruiz, "Intimate Disputes, Illicit Violence: Gender, Law, and the State in Colonial Egypt, 1849–1923." (PhD diss, University of Michigan, 2004), ProQuest Dissertations & Theses Global.

[59] Lila Abu-Lughod. *Remaking Women: Feminism and Modernity in the Middle East*. (Princeton, N.J.: Princeton University Press, 1998).

[60] Mario M Ruiz, "Intimate Disputes, Illicit Violence: Gender, Law, and the State in Colonial Egypt, 1849–1923." (PhD diss, University of Michigan, 2004), ProQuest Dissertations & Theses Global.

verifying a woman's virginity status in the event of a dispute. A case involving a woman

named Hafiza and Ahmad Mahmed has a record of a Hakima examining Hafiza to verify

if Ahmad Mahmed had raped her.[61] In many of these situations the examination of the

hakima proved whether or not the family members of the victim were entitled to

compensation or retribution for the damage to the virginity of their female family member.

Both British medical women and Egyptian hakimas assisted in promoting government

programs in the form of testifying in court, examining women, and supporting government

initiatives that could be perceived as policing women's sexuality.

Challenging the Progressive Narrative of Women in Medicine

After the initial work of the establishment of these first licensed female doctors in

Egypt and Great Britain, and their support for public health initiatives, it would be logical

that the phenomenon of licensed female physicians and medical authorities would follow a

progressive narrative. Medical institutions would see the impact female doctors have on

their communities and would encourage more women to follow suit. However, the

inclusion of women in medicine in both Egypt and Great Britain did not follow an upward

or linear pattern. Challenges to the inclusion of women in medicine in both countries

included the effects of British colonization in Egypt and the anti-suffragist movement in

Great Britain.

After her licensure as a physician, Elizabeth Garrett Anderson still faced

opposition from her male colleagues, many of whom opposed the inclusion of women in

medicine by referring to the supposed biological differences between men and women that

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[61] *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton, N.J.: Princeton University Press, 1998). Note that Fahmy translates and summarizes the primary source from the Egyptian National Archives in Cairo as L/2/6/3 (Zabtiyyat Masr), case no. 107, pp. 83–84, on 24 Muharram 1295/ January 28, 1878

made them more suitable for work in separate spheres. [62] Dr. James Critchton-Browne's

address on Sex in Education in 1892 before the Medical Society of London also

demonstrated these attitudes when he said,

> Women owe their comparative immunity from organic nervous diseases to
> their anabolic habits and to the tranquil and sheltered lives which they have
> led. But if all this is to be altered, if women are to be made as katabolic as
> possible and *are to take part in the struggle for life on equal terms with men*,
> then it follows that they will have to a great extent to *sacrifice the
> comparative immunity from organic nervous diseases which they have
> hitherto enjoyed* [63]

Elizabeth responded to these arguments by publishing a rebuttal to Dr. Crichton-

Browne's claim. She wrote, "When we hear it said that women will cease to be women

only if they enter professions or occasionally vote in parliamentary elections, we think that

those who conjure up these terrors *should try to understand women better and should rid

themselves of the habit of being frightened about nothing.*"[64] Despite Elizabeth Garrett's

successful career and family life the idea that women were unsuited to being doctors or

voting persisted in British society. Male doctors argued well into the late 19th and early

20th century that women had less brain matter than men and that women's menstruation

reduced their physical and mental capacity for public involvement in careers like medicine

and law. Other doctors claimed that women preferred male doctors. Elizabeth Garrett

responded to Dr. Roth in the British Medical Journal,

> It is possible that a reporter's error is responsible for the statement and that
> what Dr. Roth really said was that some women preferred men to women
> doctors. It is difficult to believe that Dr. Roth ventured to say more than
> this, which is certainly all his experience can justify him in saying. *No one*

[62]*Medicine, Health, and the Public Sphere in Britain, 1600-2000,* ed. Steve Sturdy (London: Routledge, 2013).

[63] James Crichton-Browne, "The Annual Oration On Sex In Education." *The British Medical Journal* 1, no. 1636 (1892): 949–54. http://www.jstor.org/stable/20246036.

[64] James Crichton-Browne and Elizabeth Garrett Anderson, "Sex in Education." *The British Medical Journal* 1, no. 1637 (1892): 1046–49. http://www.jstor.org/stable/20246181.

has a right to speak as if you were omniscient and even Dr. Roth's acquaintance has its limits and must at any estimate leave him a stranger to the preference of a vast number of women.[65]

Despite Elizabeth's warning, as both a woman and doctor, Lord Cromer carried ideas about the preference for male doctors over female doctors from Great Britain to Egypt when the countries increasingly became connected in the late nineteenth century. He wrote to a friend in 1900, "I am aware that in exceptional cases women like to be attended by female doctors, but I conceive that throughout the civilized world, attendance by medical men is still the rule."[66]

In 1882 the British occupied Egypt and modified many of the reforms that Muhammad Ali Pasha had created decades earlier. Egypt had taken out loans from European powers to fund the creation of the Suez Canal. To secure their financial interests in Egypt, as well as their trading routes through the Suez Canal, the British bombarded Alexandria.[67] After months of conflict, the British began their formal occupation and set to work implementing policies to get rid of Egypt's debt and "elevate Egypt." Egypt became a British protectorate.

The British justified their occupation claiming they would bring relief from the debt Egypt was under and advancement that would improve Egypt. Cromer, a main British leader in this occupation effort, wrote. "The policy of Her Majesty's Government towards Egypt has no other aim than the prosperity of the country. In our belief, the prosperity of Egypt, like that of every country, depends upon the progress and well-being of the people.

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[65] Elizabeth, Garrett Anderson. "The Proposed Admission of Women to The Obstetrical Society." *The British Medical Journal* 1, no. 689 (1874): 365. http://www.jstor.org/stable/25238223.

[66] Judith E. Tucker, *Women in Nineteenth-century Egypt* (Cairo: American University in Cairo Press, 1986), 122.

[67] Afaf Lutfi Sayyid-Marsot, *Egypt and Cromer* (New York*:* Praeger, 1968).

We have therefore, on all occasions pressed upon the Government of the Khedive the adoption of such measures, as we deemed likely to raise the people from a state of subjection and oppression to one of ease and security"[68]

Notably, the British claimed that benefits of their occupation would include the liberation of women and improvements to dangerous and unsanitary conditions. They saw Islam as a system that subjugated women. As part of the British empire, they boasted, Egypt would be influenced by British culture and religion, which would naturally free Islamic women. Many Egyptian women, however, staunchly opposed British ideas and wrote that their status had not improved under British rule. Many notable Egyptian women's rights activists including, Malak Hifni Nasif, Maye Ziyada, Nabawiyya Musa, and Huda Shawari, recorded their experiences as Egyptian women advocating for women's rights and their negative feelings towards British oppression.[69] To these women, the British occupation halted the liberation of Egyptian women. Malak Hifni Nasif commented in her work about the British exclusionary policy of limiting education for women, and advocated to, "dispense with foreign goods and people as much as possible." [70] Rather than arising as a product of British modernization campaigns, the Egyptian women's liberation movement emerged in direct opposition to British colonial oppression and as part of the movement for a self-ruled Egypt.[71]

It was not lost on Egyptian feminists that while men like Cromer claimed that British rule would liberate women, they simultaneously limited and opposed the

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[68] Dispatch to Her Majesty's Agent and Consul-General at Cairo Respecting the Affairs of Egypt, No. 1 (1882): 2.
[69] Hoda Yousef, "Malak Hifni Nasif: Negotiations of a Feminist Agenda between the European and the Colonial." *Journal of Middle East Women's Studies* 7, no. 1 (2011): 74.
[70] Ibid.
[71] Leila Ahmed, *Women and Gender in Islam* (New Haven: Yale University Press, 1992), 136.

expansion of civil rights of women in Great Britain. Historian, Leila Ahmed, notes that the supposed "champion of unveiling of Egyptian women was, in Great Britain, founding member and sometime president of the Men's League for Opposing Women's suffrage."[72] And indeed, Cromer's complaints against Islamic ideas of gender segregation or veiling proved to be rooted in ideas of western superiority rather than the understanding of Islamic culture and support of feminist ideas. Proving his lack of understanding of Islamic culture and gender segregation, under Cromer, the British shut down the School of Maternity in Cairo, and the already licensed hakimas now became known as dayas, or traditional midwives. Under British rule, instead of recruiting women to go to the School of Maternity in Cairo, medical women had to attend small provincial schools led by British matrons, mostly studying obstetrics.[73] After completing short medical training there, they no longer recover the status or authority of being a hakima.[74]

The change the British made to medical care in Egypt especially negatively affected lower-class Egyptians. The elimination of hakimas prevented women from seeking medical care from trained professionals while following traditional ideas of gender segregation in Islam. British health reforms also prevented middle- and lower-class Egyptians from receiving medical care. While medical care previously had been free, the British "introduced a system of fees for service that put modern medical care out of reach for most Egyptians". [75] The British also introduced missionary or church hospitals that often only treated members of the community that converted or expressed interest in

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[72] Ibid 153

[73] Judith E. Tucker, *Women in Nineteenth-century Egypt* (Cairo: American University in Cairo Press, 1986), 121.

[74] Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press, 1991), 130.

[75] Ibid 131

Christianity. If a patient attended biblical lessons there was no charge for medical care, but if not, they had to pay for them. [76]

Furthermore, the British changed the format and policies of the Qasr al-Aini, the main medical school in Cairo, introducing fees, changing the language of instruction from Arabic to British, and forbidding specialization. They catered to foreigners instead of Egyptians and eased admission requirements for them, decreasing the proportion of Egyptian doctors from the school.[77] These changes explicitly went against the goals of Clot Bey and Muhammad Ali Pasha, when they created the Cairo Medical schools. Clot Bey wrote in 1840, "It is therefore only among nationals that both doctors and professors must be found, the teaching of medicine and consequently medicine itself cannot be perpetuated in Egypt unless Arba professors transmit the knowledge directly to Arab students. Both must be indigenous and therefore share a common language,"[78]

As a result of the occupation by the British, the roles hakimas had as medical experts diminished, and the public health of Egypt suffered. However, the British persisted in praising themselves as saviors of Egypt. Cromer wrote, "If there is one thing absolutely certain, it is that the great majority of the Egyptian nation and especially the peasantry have benefited enormously from our presence in the country." [79] While the quality of care that upper-class Egyptians and Europeans received improved for some, those positive changes only came to those who could pay, and lower-class Egyptians suffered tremendously. Contrary to what medical and political leaders like Clot Bey and

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[76] Ibid 130
[77] Ibid 131, 139
[78] Antoine Barthélemy Clot-Bey, *Aperçu Général Sur L'égypte* (Paris: Fortin, Masson, 1840), 201.
[79] Amira El Azhary Sonbol, *The Creation of a Medical Profession in Egypt, 1800-1922* (Syracuse, N.Y: Syracuse University Press, 1991), 16.

Muhammad Ali Pasha advocated for in the 1830s, Egyptians became reliant upon foreign doctors because the British had created barriers to educating native Egyptian women and men.

Conclusion

The social and political contexts, medical training, and authority given to medical women in these two stories challenge progressive narratives of women in medicine in Great Britain and Egypt and illustrate the intertwined nature of histories of women. Debates about Islam and the status of women rarely consider the School of Maternity and how a gender-segregated society allowed lower-class Islamic women to become medical authorities in their communities. Understanding that timeline and gap between the reforms of Muhammad Ali Pasha in educating hakima and when British women like Elizabeth Garrett Anderson attempted to become licensed as a physician in Great Britain allows us to evaluate British imperialism, including its impact of women and women's rights.

These two stories also allow us to consider the motivations behind public health initiatives and movements for women's rights. Understanding why and how the Egyptian government founded the School of Maternity, illustrates how different political and societal pressures can create spaces for women and shift gender ideologies and women's experiences and opportunities. An intersectional lens on histories of women in the Middle East and Victorian Great Britain allows us to see the damage of forcing one culture's gender roles onto another culture for the sake of enlightenment.

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