Vrouwen in de heelkunde. Een cultuurhistorische beschouwing
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Chapter 1

General introduction

The emergence of women as surgeons can be considered, despite many examples of women surgeons in the history of medicine, above all as a new development in our society. The surgical profession has always been regarded a typical, man’s job. Male occupations have several features in common: These usually consist of a craft, tend to be authoritative and are to some degree hazardous. Financial management or the control of goods are also regarded as specifically male activities. Male occupations are often associated with physical constraints (1).

To be able to assess the impact of the female share in the surgical profession, it is necessary to first take stock of the role women played in surgery. This has to this day, not been performed in the present form for the surgical profession. A literature study was undertaken to review the role of women in surgery in the past. To examine how women surgeons worked in the Netherlands in the 20th century and how they personally experienced their professional life, all women surgeons still alive were invited for an interview. Fortyfive of fiftynine women who were registered as general surgeon between 1932 and 1996 were interviewed.

Chapter 2

Medicine in antiquity and the role of women doctors in this era

This section briefly describes the evolution of medicine in the most important civilizations that have determined modern medical practice, with special emphasis on surgical aspects and the role of women doctors.

As of 3500 BC, medical practice took shape as early precursor of modern medicine. Although in Mesopotamia, Egypt and ancient Greece, medicine and religion were strongly related, practical therapies came into existence. Surgery as such, was evidently practised in ancient India but probably did not include female practitioners. In Mesopotamia, Egypt and ancient Greece, however, women played a distinct role as doctors. In
Egypt and Greece, women priests were active as physicians. In the Roman empire, women were quite free to develop themselves independently and to take up public functions. This enabled women to be educated as doctors and to practice medicine and surgery. Some of these women even acquired great fame as a doctor.

Chapter 3
Female healers: from the Middle Ages until in the 18th century
This chapter describes the role of women in medicine, with emphasis on surgical aspects in the period starting from the Middle Ages until the 18th century. As early as in the 14th century, there were female members among the surgical guilds. Decrees from the 16th-18th century demonstrate that women made a living in surgical practice. Women played a distinct role in medical practice and also were involved in surgery. Apart from the common problems of the profession, these female practitioners also encountered difficulties related to their gender. In the Middle Ages, people tended to be ambiguous regarding the education of women: on the one hand, women could apply for a license to practice medicine after having passed the pertinent exams, while on the other hand, women were prohibited to pursue an academic education and to learn Latin. Although the Vatican was located in Rome and its influence strongly present in Italy, women doctors have been educated in this country throughout the last centuries. They were able to practice and to teach at medical schools. In other parts of Europe, it was only very rarely possible for women to join in a regular medical practice. Laws were instituted to prevent unqualified persons to practice medicine. The laws were intended to protect the public against quacks and at the same time, to protect the profession. These laws especially affected women, for whom it became increasingly difficult to enter medical practice in a time in which in addition, the upcoming belief in witchcraft made them particularly suspicious. This chapter, especially focusses on the situation in the Northern Netherlands.

Chapter 4
O-Ine, the first woman surgeon in Japan
In 1639, all foreigners were expelled from Japan except for the Dutch, who were allowed to maintain a trade-post on a small island named Deshima, in the bay of Nagasaki. This year marked the start of a period of isolation which would last until 1853, in which Japan's only contacts with Western culture and science took place through the Dutch. The Dutch ship's surgeons propagated surgery in Japan, and thus, were the
first to introduce Western medicine in Japan. Philipp Franz von Siebold was one of the most famous Dutch surgeons residing on Deshima. He had a daughter, called O-Ine, with a Japanese woman from Nagasaki, Kusumoto Taki. O-Ine (1827-1903), or O-Taki, studied medicine and was trained in surgery, thereby setting forth the tradition of Dutch surgery in Japan. This article focusses on O-Ine, a remarkable female Japanese surgeon, who was the first woman doctor in Japan.

Although O-Ine is well-known in Japan, biographical documents are only scarce. A literature search in Japan resulted in three titles that provided information on the life of O-Ine: “Siebold no musume-tachi” (The daughters of Von Siebold) by Setsuko Hani, “Shintei Maruyama-yujo to To-Komojin, kohen” (New review of prostitutes, Chinese and Dutchmen in Maruyama) by Koga Jujiro and “Deshima umare no Oine-san (O-Ine born on Deshima), by Yusaku Iwata.

O-Ine was born in Nagasaki on May 10, 1827. When she was two years old, her father, Von Siebold, was forced to leave Japan. His wife and daughter stayed behind because Japanese were forbidden to leave the country. He named one of the plants he took with him after his wife Taki: the hortensia Hydrangea Otaksa. O-Ine was eager to learn and her father sent her a Dutch textbook “Begin swelen der Nederduitsche Spraakkunst”, in which she studied Dutch language. Whe she was 19 years old, she went to study obstetrics and surgical anatomy under the direction of the Japanese surgeon Ninomiya, a former trainee of Von Siebold. After this period, O-Ine went to Okayama to be trained in gynecology by Ishii Soken, also a former pupil of Von Siebold, and subsequently moved to Nagasaki in 1851 for further surgical education. In 1859, Von Siebold returned to Japan as advisor to the Japanese government and rejoined O-Ine. At that time, O-Ine was a well-known midwife in Nagasaki and was married to Soken. She collaborated with the Dutch physician Pompe van Meerdervoort who was the first to establish a Western style hospital near Nagasaki. In 1889, O-Ine moved to Maiana in which place she died on August 26th, 76 years old.

Chapter 5

Europe at the end of the 19th century until the beginning of the 20th century

Many technological and scientific developments evolved in the 19th century. Also on the social level, many changes took place in Western society. Women attempted to change their position in society by, among other things, stepping into the world of science. This was the period in which many women fought for women’s suffrage. Depending on the political
and cultural circumstances, these actions differed among the various countries in Europe.

Many women for whom it was not possible to enter university in their own country, went to Switzerland, especially to the city of Zürich. Among them, there was a large contingent of Russian, female students. In Russia, the prospects for women to receive academic education continuously changed according to the ever shifting, political situation in that country. In France (Paris) women found little resistance against their participation in medical studies and women from foreign countries were able to study in Paris as of 1868. However, women doctors were not always regarded as equals by their male colleagues. In Great Brittain, as occurred in America, medical schools and hospitals were founded especially for women. In these institutions, women doctors were educated and also could work, treating female patients. In all the countries, women after finishing their studies usually found a job in practices caring for female patients, minorities or the poor.

Chapter 6
De United States of America, the New World
In this chapter, the evolution is described of women doctors in the United States of America. A Victorian type of prudeness prevailed in the United States in the 19th century and in the beginning of the 20th century. This was the reason why women were not allowed to visit lectures and to enter operating theaters. Separate medical training programs were set up for female students. Special hospitals were founded, exclusively for the treatment of women and children. Female students could acquire clinical experience and female doctors could treat their patients in these institutions. As a result, the public became used to women acting as physicians and surgeons, and gradually accepted that women practised in other hospitals than in those only founded by women for the treatment of female patients.

Notable names of women pioneering as surgeons in the United States are: Harriot Kezia Hunt (1805-1875), Elizabeth Blackwell (1821-1910), Marie Zakrzewska (1829-1902), Susan Dimock (1847-1875), Mary Harris Thompson (1829-1895), Martha M. Dunn (Corey) (1852-1927) and Bertha van Hoosen (1863-1952).

Chapter 7
Women surgeons in the army and in war time
Although on the one hand, it was more difficult for women to maintain themselves in the army or during war time, the other side of the coin was
that in these situations, new opportunities presented for women to develop themselves. During the absence of men in times of war, women had to take over the services otherwise provided by men. For this reason, women were in the event of war easily accepted in medical and surgical care. Furthermore, wars brought forth so many casualties that the help of women was indispensable for the management of the wounded.

This chapter gives some brief biographical notes of women surgeons working in war time. One of these is a British woman who lived in the 19th century, named James Barry, who from the time she was a student had presented herself as a man. By hiding her real gender, she circumvented many obstacles which otherwise would have made it impossible for her to study medicine, specialize as a surgeon and practice in the army.

Because of the persecution of Jews during the second World War, several doctors among whom women surgeons, were forced to discontinue their professional work.

Chapter 8

The advent of women in medicine and surgery in the Netherlands as of the 19th century

A brief survey is presented of the consequences for the society, of the advent of women practitioners in medicine as of the 19th century, in relation with the possibilities women had to develop themselves.

In the 19th century, it became possible for women in the Netherlands to study medicine after acceptance of the law on secondary education in 1863, followed by Thorbecke's law in 1865. Aletta Jacobs (1854-1929) was the first woman who enforced her right to study medicine and received her doctor's certificate in 1878. There were 13 women doctors registered in the Netherlands in 1900. The appearance of female students and doctors fuelled a public discussion. Intellectual work would be a disadvantage for the health of women and would restrain their sexual function. It was also believed that their constitution would not allow them to adequately perform their duties as a doctor. In addition, they would neglect their obligations at home because of their study and their payed jobs, and would occupy the place of a man and thus, of a bread-winner.

Owing to the influence of some progressive personalities such as Hector Treub (see chapter 9), a number of women still succeeded in pursuing a medical career. The first women surgeons were accepted as members of the Dutch Society of Surgery at the beginning of the 20th century. After the separation of general surgeons and other surgical specialists, only four women had obtained their registration as general surgeon before 1960.
Chapter 9
Hector Treub and his female trainees, the first women surgeons in the Netherlands

This chapter is dedicated to Hector Treub (1856-1920). Initially trained as a surgeon by Van Iterson in Leiden, Hector Treub was appointed as a professor in gynecology and obstetrics at the University of Amsterdam in 1896. He was a strong proponent of women in medical specialist training in an era in which study by women was a point of public discussion. In this respect, he was opposed to Cornelis Winkler (1855-1941), professor of psychiatry and neurology in Amsterdam, who did not consider women capable of performing “regular intellectual work”. Although they were good friends, the different views in this matter generated many debates between the two professors. Treub was the first medical professor in the Netherlands who trained women in a surgical specialism. Heleen Brouwer-Robert, Rosalie Wijnberg en Jeanne Knoop were trained by him as surgically educated gynecologists. Frieda van Hasselt, was trained by professor van Rooy (1880-1937), former assistant and successor of Treub. These four women were the first female members of the Dutch Surgical Society, having entered this association during their surgical pre-training.

CHAPTERS 10-16
INTERVIEWS OF WOMEN GENERAL SURGEONS IN THE NETHERLANDS

Chapter 10
Methods used for the design and analysis of the interviews
Of 53 women surgeons registered at the Specialist Registration Board as general surgeon between 1932 and 1996, 45 were visited for a personal interview. The interviews were semi-structured and were analysed at a later point.

Chapter 11
Social background of the woman surgeons
Several data concerning social background of the women surgeons were analysed. One of these was the level of education of both parents. It was expected that a large proportion of parents would have had academic education. This was however, not confirmed: only 42% of all fathers and 13% of all mothers had had academic training.
Only 31% of mothers had a job. This rather reflects the time circum-
stances in which it was less accepted that women continued to work after marriage, than their own opinion.

Forty-two of forty-five women were actually stimulated by their parents to go to university. There was no difference in social class within this group regarding stimulation the women experienced from their parents to study.

Thirty-five percent of the sisters and brothers of the women surgeons had received an academic education. In these families, the girls by far outnumbered the boys (n=104 and n=57, respectively). The rate of university graduates was similar among the brothers and sisters. As a result, the total percentage of girls having graduated from university was 62% compared to 35% of the boys.

Forty percent of the women had no standing partner. Six women married only after their forties. The demands of the surgical profession without doubt, were responsible for the many women remaining single. Many partners worked within the profession too. Social isolation during medical and surgical training played a role in the choice of a partner. Sixty percent of the 45 women who were interviewed had no children, all were older than thirty years.

The wish to become a surgeon occurred in 51% of the women during their surgical internship.

Chapter 12
Training

Seventeen women, 38%, quite easily enrolled as a surgical resident. Four of them even were invited to become a resident during their internship. Apparently, there were surgeon trainers who, not withstanding the fact that it was unusual to train women in surgery, had little problem with women in their training program.

The majority of women experienced during their residency no different treatment as compared with their male colleagues, from the part of staff surgeons, fellow residents, nursing personnel and patients. Negative as well as positive discrimination occurred once in a while. The presence of a female colleague was most accepted (76%) by the male fellow residents. Nine women (20%) did mention a negative experience with their male fellow residents. The latter will also have been determined by mutual competition. Men in an established, less vulnerable position, tend to regard their female colleagues as their equals, whereas men who regard these women as their competitors, might try to move them to an inferior position.
Chapter 13
Career
The authors concluded from the interviews that several factors were of influence when women applied for a post as surgeon, relating to the social circumstances of the time. Unemployment was one of the reasons at that time, for holding back women from taking part in the labour process. It certainly was not accepted for married women to build up a career. In the sixties and seventies, the prospects improved for women surgeons to carry out their profession. However, when it became apparent in the eighties that too many surgeons had been trained, women were again confronted with the view that it was more important for men to have an income.
Ten percent of the women surgeons are pediatric surgeons, whereas 2% of the male surgeons are active in pediatric surgery. This field of surgery is however, not less time consuming or labour intensive than general surgery. The fact that women tend to choose pediatric surgery, confirms the old concept that the care for children is related to the female gender.
Of 51 woman surgeons with known employment, three (6%) stopped with their job shortly and left the medical professional field. Three (6%) worked in a non-surgical, medical specialism. Only one woman chose after completing her surgical residency, not to continue in medical practice.

Chapter 14
Pregnancy and absence through illness
In a surgical practise, a substantial problem arises when one of the surgeons falls out. The work load increases for the other surgeons in the team, even when a substitute is provided for. This inevitably occurs when a woman surgeon takes leave because of pregnancy.
Among the interviewed women, several had become pregnant in a time in which this was unusual for a woman surgeon. They all had felt guilty for the “burden” they created for their colleagues and did their utmost best not to disturb the daily routine at their work. Even when arrangements came into being for leave during pregnancy, women tried as less as possible, to make use of this leave. Also when they became ill, women tried to limit their absence as much as possible.

Chapter 15
Token position
In this chapter, the woman surgeon is analysed as token. In sociological sciences, the term “token” is designated for the solitary or exceptional
person in a group. The token position of women surgeons brings about certain dilemmas and contradictions, summarized as follows:

1. The woman surgeon is considered to represent her gender, but, at the same time forms an exception within her gender.
2. She is expected to behave as the others (i.e. men) in the profession, but at the same time is made understood to be a stranger.
3. Women surgeons have a conspicuous position but at the same time, have little influence.
4. Because she is solitary as a result of her exceptional situation, she cannot express all of her personality.
5. Social activities outside work may impose an extra burden on a woman surgeon because she continues to be an exceptional person.
6. Women surgeons are reluctant to seek support with their female colleagues, out of fear to isolate themselves in the group.

A woman among a group of men is often assigned a stereotype role: that of mother, seducer, mascot, or iron maid. Of all these problems that a token group can encounter, several examples were recognized in the study group.

Chapter 16
External presentation
A separate description is given in this chapter, of the interaction between work and personality. In more than half of the interviewed women, personal development was clearly influenced by their occupation. They held the opinion that the surgical profession should be accessible to all, but did not feel that they should particularly encourage women to become a surgeon.

Most of the women surgeons were not member of the Society of Dutch Woman Physicians, the society that aims at looking after the interests of female doctors. Although women surgeons usually were solitary persons among their male colleagues, they did not want to exhibit themselves especially as a woman within the profession.

Chapter 17
Surgical training in the Netherlands
The Specialist Registration Board was founded in the Netherlands in July 1931. The first surgeons were registered in 1932. Until January 1998, 1493 general surgeons were recorded among whom there were 60 women.
The imminent excess of surgeons in the eighties brought about the decision in May 1982, to reduce the influx of surgical residents. The general assembly of the Dutch Surgical Society decided in November 1982, to institute the CTC, the Central Committee for Admission (i.e. of residents). The Dutch Foundation for Psychotechnique was consulted to devise a method for selecting candidates for the surgical residencies. The personality criteria and skills that were thought prerequisite to become a surgeon, were defined by the active members of the profession. On the basis of these criteria, a psychological test was devised as objective measure. In addition, a national panel was established for the assessment and selection of candidate trainees. The procedure for selection started in 1983. Until 1990, residents could only enter a surgical residency after having passed the selection procedure. Of 146 residents (of which 15 women) who started their training program through this procedure, 130 (of which 13 women) eventually were registered as general surgeon. The selection procedure was abandoned in 1990, because, among other reasons, the surgical trainers were dissatisfied that they no longer were able to select their residents themselves. A regional selection system was thereafter instituted.

Chapter 18
Recent developments
The number of women that could register as surgeons remained low until the seventies: sometimes one, usually not one a year. A clear increase in registrations of women surgeons was seen in the nineties, showing from 1995 to 1999, 2-8 registrations a year (27 registrations in total). In the year 2000, 820 surgeons were employed in the Netherlands, among whom 42 (5%) women. Of 178 surgeons working in academic centers, there were 19 women (11%), which is more than in the community centers, where of the 642 surgeons employed, there were 23 (4%) women. Nine (21%) of the 42 women general surgeons, had attained the doctorate degree. Up to this day, there is no woman professor of surgery, and there is also no woman head of a surgical department in the Netherlands. In the scientific sub-divisions of the Dutch Surgical Society, there are no women board members.

The increasing participation of women in surgery, especially as has taken place in the last decade of the former century, is a development which cannot be considered separately from the preceding, general development in society. In the first place, the position of the women itself had changed. Today, it is fully accepted that a woman learns a trade and continues in her profession after a possible marriage. The participation of wo-
men in labour has increased from 30% in 1985 to 50% in 2000. In addition, the organization within the surgical profession has changed. These are all factors that have contributed to the possibility for women to carry out their occupation, along with the obligations they have in their family.

Epilogue
Regarding the place of women in surgery in the past, one tends to believe that there was no place for women in this profession. Scrutiny of the available information contradicts this notion. In the past centuries, women, although limited, did make contributions to the surgical profession. In fact, women as healers, always had a certain place. A distinction should be made between the regular, perceptible art of medicine as we are familiar with from the official documents, and popular medicine. In the country, as opposed to the cities, there was no resistance to professional care of patients performed by women.

It is important to take note of the fact that surgery has not always been a distinct profession, but used to be integrated within other forms of patient care. This implied that surgical practitioners performed surgical procedures as well as took part in non-surgical activities. The women described in this work, have evidently undertaken procedures that we, at this time, would consider specifically, surgical procedures.

The relative inconspicuousness of women in the history of medicine cannot be separated from the same phenomenon in the history of science. The emergence of gender studies, dealing with the socially ordering effect of concepts about men and women, masculinity and femininity, invoked the search for an explanation of this phenomenon. In science, women have deliberately and systematically been concealed, for example, by keeping them in assistant positions for prolonged periods of time (2). By rendering women and their role in science conspicuous, it has become possible for women who now enter the field of science, to fully participate in this profession.

Although the interviews as part of this study, only comprise a relatively small group, i.e. 45 women, these women represent a time span of nearly a century. Social changes took place in this era which affected women individually. The gradual acceptance of (married) women working out of house is an example of these social changes. The developments since the emancipation of women, which vigorously pushed on in the last decades of the twentieth century, also had its impact on the emergence of women in surgery.

A reluctance was invariably found in the group of interviewed women,
covering together a wide span of time, to exhibit themselves as women in the surgical profession. This is expressed by the hesitation of female surgeons to join other women, colleagues or non-colleagues. The work ethic generally in force in surgery, as regards, among other things, absence through illness, is at the least equalled by the women, partly out of fear to be characterized as the “weak”.

One of the restraints that came up from the profession itself, opposing the participation of women surgeons, derives from the fear that with the advent of women in surgery, the esteem and the financial reimbursements within the profession would decline. This fear is in part generated by a separate development in society, in which also the men take a different view of work and family life, and accept lower salaries for shorter working times.

Definition of the required skills and personality to become a surgeon can to this day, not be based on objective criteria only. This is a direct consequence of the circumstances under which surgical training took place, being still best described as a master-fellow relationship.

Women can perfectly well carry out the full range of the surgical profession. When the profession overcomes the prejudices against them, women still have to clear a large obstacle, consisting of the care obligations outside work with which they are burdened, in part or for the whole. If one intends to fully utilize the potential abilities of women, one should accept adaptations not only in the profession, but especially in society.

It is not surprising that women are employed as surgeons, they can be excellent surgeons. They are somewhat extraordinary women who specialize in surgery, the drive for the profession must be strong enough for them to make greater or lesser sacrifices regarding their private life. They fulfill for the present, a token position in the surgical profession.
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