‘Run by Women, (mainly) for Women’:
Medical Women’s Hospitals in Britain, 1866-1948

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In July 1866, the St Mary’s Dispensary opened in the Marylebone district of London to provide medical advice for working-class women and children. Dispensaries for the thrifty poor were not unusual in Victorian Britain, but St Mary’s had a unique feature. The driving force behind it and the main provider of the medical advice was a woman, Dr Elizabeth Garrett. In 1866, Garrett (Garrett Anderson after her marriage in 1871) was the only woman to have her name on the General Medical Council’s Register by virtue of a British medical qualification and the only registered medical woman then practising in Britain. Supported by a committee of prominent social reformers (mainly male), some eminent male consultants, a male dispenser and three young women medical students, Garrett offered general medical services for women able to pay a penny per consultation. By 1871, there was such demand for surgical treatment for seriously ill patients that Garrett began to seek funds for a hospital for women. In February 1872, the New Hospital for Women (NHW) was formally opened, as ten beds above the dispensary.

This modest venture was to develop into a general hospital staffed by medical women for women, which, renamed the Elizabeth Garrett Anderson Hospital (EGA) in 1917, survived for over a century. It was also the first of a distinctive group of medical woman-run hospitals in Britain. Garrett Anderson’s example was followed by Sophia Jex-Blake, leader of the public campaign for medical education for women in the early 1870s. In 1878, soon after she set up practice in Edinburgh, Jex-Blake established a dispensary for working-class women and children. In 1885, a five-bed ward was added to create the Edinburgh Hospital for Women and Children. After Jex-Blake’s retirement in 1899, the hospital moved to her former home where, as the Bruntsfield Hospital, it survived for eighty years as a hospital for women. Eliza Walker Dunbar, who had been one of the medical students assisting Garrett in 1866, established the Read Dispensary
for Women and Children in Bristol in 1874, as a qualified (MD Zurich) but an, as yet, unregistered medical practitioner. In 1895, Dunbar started the 12-bedded Bristol Private Hospital for Women and Children, also in Bristol, with the assistance of Dr Emily Eberle. These, then, were the first three general hospitals founded by medical women in Britain. Between 1866 and 1929, there were at least twenty-one hospitals founded or run by medical women in Britain with explicit policies of restricting paid and, where possible, honorary medical appointments to women. This chapter aims to provide an overview of the development of these women-run hospitals, from the founding of Garrett’s dispensary to the establishment of the National Health Service (NHS): an overview of their development and of the seeds of their demise. None of the institutions discussed here exist today as women-run institutions, although several are preserved in name, usually as part of a larger institution, with altered function and mixed medical staff. The chapter aims to show the importance of analysing women-run hospitals as simultaneously women’s and medical institutions. The picture will be painted with a broad brush, mainly using national sources to provide a context for much-needed case studies of specific institutions.

The emphasis here is on the significance of these institutions for the professional careers of medical women. The chapter makes no attempt to assess a claim constantly re-iterated in public appeals: namely that the medical care provided in the women-run hospitals was more appropriate to women patients’ needs than that provided in male or mixed-staffed hospitals. Whatever its validity, this claim was part of an ideology shared by the medical women-run hospitals. These hospitals and their medical staff were also linked through professional and friendship networks and overlapping appointments, with the medical women’s professional organizations, the Association of Registered Medical Women and, from 1917, its successor, the Medical Women’s Federation (MWF), providing an informal co-ordinating function. This shared rhetoric and the personal and organizational interconnections make reference to a women’s hospital ‘movement’ meaningful, although each hospital had its own distinct history.

The Women-run hospitals

Details of the twenty-one hospitals identified, the medical services initially provided and their status when the National Health Service (NHS) was founded are given in Table 1. Most but not quite all of these institutions were founded specifically to treat only women