

How to Fail: Female Medical Students and Women Doctors in Popular Fiction around 1900

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Abstract:

This article is based on novels in the German language, translations into German included, whose protagonists or important minor characters are woman doctors or female medical students. The time frame begins with the admission of women to (European) universities in the second half of the 19th century and extends into the middle of the 20th century. How did authors cope with this new figure, the female (medical) student, the woman doctor? The subject of failure shows up surprisingly often in early stories about female medical students and woman doctors. Following several subjects which were negotiated in the contemporary discourses of the time, I am going to demonstrate the ways that led women respectively female literary characters who wished to become physicians to failure: nursing, success (as strange as it sounds), nonexistent role models, and the fear of loneliness, all expressing conflicts due to gender stereotypes.

1 As the first German-speaking university to grant women degrees, the University of Zurich in Switzerland is frequently mentioned in fiction – if not by name, then by description: Johanna Spyri's protagonist Sina (*Sina* [1884]) and Ilse Frapan-Akunian's Josephine (*Arbeit* [1903]), for instance, study in Zurich. While passionate discussions about university access for women still ran high in Germany, a surprisingly pragmatic position was taken up at the (then small and new) University of Zurich. Women had been allowed to attend classes as guest auditors since the university's opening, and in 1867 the first woman, a Russian called Nadezda Suslova, was officially matriculated at the faculty of medicine (Verein Feminist. 17). Even if female medical students were still rare at the University of Zurich until far into the twentieth century, women were nevertheless at least able to study and graduate; the only other university in Europe that granted degrees to women was in Paris. Taking this progressive attitude, based in fact and mirrored in popular literature, as a starting point for analysis, this article about female physicians in (popular) fiction examines novels in German, including translations into German, whose main figure or important minor character is a woman doctor or a female medical student. The timeframe extends from the admission of women to European universities in the second half of the nineteenth century into the middle of the twentieth century, with the main focus on works around 1900.

2 The admission of women to medical studies was a vehemently discussed topic in the contemporary media, along with related conflicts concerning their training, professionalization, and social position. Power structures were shaken by the combination of

women obtaining a medical degree (which signifies power over the human body) and feminist demands for women's social, economic, and political equality. These social problems were also discussed and negotiated in contemporary fictional texts by means of the newly created character of the woman doctor and vice versa the literary discussions in turn took part in non-fictional discourses – or not, indicating which issues could and could not be negotiated in literature and/or in connection with women around 1900.¹ So when and on what terms did women doctors appear as literary characters? When did the newly established fact find its record in literature, i.e., fiction?

3 In this article, I will only briefly touch on the battle for and intense discussions about equal rights and higher education for women and all the attendant discourses conducted in politics, medicine, law, economics, etc., that have already been described in detail in many works. For the contextualization of the exemplary novels I have chosen for this article, I concentrate on the facts that explain and explicate my textual examples. The chosen works demonstrate the wide range of literature in which women doctors appear, including novels by both male and female writers, young adult fiction and general fiction, and translated works.

4 Researching my article, I was soon struck by the surprisingly frequent subject of failure that showed up in the early stories that came into my hands. The fact that authors sketched talented young women eager and determined to study, overcoming every obstacle to do so, only to let them fail in the end, caused more than just a mild irritation. Intelligent as well as highly motivated, the women nevertheless, after a brief struggle more with circumstances than with their own ambitions, give up their studies, profession, or own career in the end in order to marry or to further a man's career. This is the case even when the man is a son, as for Lisa Wenger's protagonist Marie Zuberbühler in *Die Wunderdoktorin* (1910):

Alles was ihr sonst Freude gemacht hatte, wurde ihr gleichgültig. Nur das Eine blieb für sie bestehen, dass der Sohn fort musste, hinausgedrängt durch die Mutter. Das durfte nicht sein. [...] Einmal, in einer schlaflosen Nacht durchzuckte es sie wie ein Blitz. In grellem Licht stand ein Ausweg vor ihr, und in demselben Augenblick wusste sie, dass es der Weg war, den sie gehen musste. Wie ein Messer schnitt es ihr ins Herz und nahm ihr den Atem. Mit weit offenen Augen lag sie und starrte ins Leere. Was da vor ihr aufstand und sie wie eine Riesin aus mächtigen Augen mahnend ansah, war die Entsagung. (290)

5 How did authors cope with this new figure of the female (medical) student or woman doctor? Why let her fail so often? Examining several subjects which were negotiated in contemporary discourses, I am going to demonstrate the ways, e.g., nursing, success (as

¹ For the idea of negotiation and circulation see Greenblatt.

strange as it sounds), exceptionalism, and nonexistent role models that led women, specifically female protagonists who wished to become physicians, to failure.

Nursing

6 Should women study medicine or are they instead destined to be nurses if they want or need medical education? A woman, as Professor Clementi remarks in *Sina*, should not cut the body open – she should heal the cuts:

“Sollte nun auch ein junges Mädchen den unabweisbaren Beruf in sich fühlen, Arzt zu werden, nun, so soll sie ihm folgen. Ich glaube zwar – zur Ehre der Frauen sage ich es – sie fühlen diesen Beruf in sich, indem sie den des Arztes mit dem der Krankenpflegerin in ihren Gedanken zusammenschmelzen. Wo ist die Frau, die nicht lieber verbinden und heilen als schneiden und brennen würde? Warum denn den Beruf wählen, in dem der Mann ohne Zweifel ungleich mehr und Besseres leisten kann und nicht denjenigen, in dem die Frau nie erreicht wird, wo der Mann sich gar nicht messen kann mit ihr?” (Spyri 125-26)

7 *Sina*, by Johanna Spyri, is the earliest novel that I examine. The famous author of *Heidi* published this novel in 1884. Sina wants to support her beloved grandmother’s charity work by becoming a woman doctor, but, devastated by her grandmother’s death, she leaves the university after a student who misunderstands her friendliness declares his love for her. In the end, Sina finds her true calling as the wife of Professor Clementi, whom she reencounters while tending an injured child, now carrying out the task of the nurse he had always wished her to be:

“Das Verbinden werde ich übernehmen, Herr Professor,” sagte sie, “wenn Sie denken, ich werde es gut machen.” “Das werden Sie ohne Zweifel,” entgegnet er herantretend, “meine Erfahrung hat mich gelehrt, dass Verpflegen und Verbinden von Frauenhänden am besten besorgt wird.” Er besorgte nun den Verband unter Sinas Augen und erklärte ihr genau, was hauptsächlich zu beobachten und was zu vermeiden sei. Diese Erklärungen schienen Sinelis Missfallen zu erregen. Plötzlich rief die Kleine ärgerlich: “Ja, ja, das weiss Tante Sina schon gut genug.” (207)

This episode depicts a pattern that will show up repeatedly: Nursing, understood as changing bandages and caring for children, is supposed to be the task of a woman, no matter if she is a doctor or not.

8 Even Daisy, the best friend of the protagonist Hilde in Else Ury’s novel *Studierte Mädel* (1906) and who symbolizes the conflict between hegemonic ideas of femininity and academic, i.e., medical, studies for women, is not supposed to cut open bodies, that is to perform surgery. Thus, Daisy passes the knife to the male physician:

Es stürmte in ihm, seine Gedanken jagten sich – wie weich und zärtlich Daisy das eigensinnige Kind eben noch umfassen, und wie kaltblütig und ohne jedes

Wimperzucken sie ihm gleich darauf das scharf geschliffene Messer zugereicht hatte. Reimte sich Weiblichkeit und Frauenstudium nicht doch zusammen, lieferte Daisy ihm nicht täglich aufs neue den Beweis, dass er ihr mit seinem verdammenden Urteil unrecht getan? (222)

9 What would have been the young physician's reaction if Daisy had done the cutting herself? The conflict represented by the figure of Daisy is none: she is no threat and no competitor but rather hands over the knife and stays a nurse – even if a first-class surgical one. Daisy has already finished her *Physikum*, a preliminary medical examination, and works as a *Famulus* for her future husband. However, like Sina, Daisy is limited to changing bandages and reading fairytales to the children; she is the one who causes the least pain when she is examining them (220).

10 In *Nesthäkchen* (1921), Ury creates a similar plot, “recycling” the situation fifteen years later: perceptions of women doctors have not changed, as taboos against operating and inflicting pain have remained persistent. After a year of studying medicine, Annemarie interns for several weeks in a hospital as her future husband's *Famulus*. But what she does (like Sina and Daisy) is the work of a nurse in both meanings of the word – changing bandages and caring for, not hurting, children, as is pointed out again:

Die lustige Tante, die mit den kleinen Kranken scherzte und spielte, [...] vermochte [...] dem Urselchen, das so arge Schmerzen hatte, gut zuzureden, bis es dem Onkel Doktor sein “Wehweh” zeigte [...]. “Tante Annemarie soll das Pflaster auflegen, Tante tut nicht weh –” weinte das kleine Ding. (168)

11 Whereas in *Studierte Mädel*, Ury (being “braver” than fifteen years later) at least included a short scene about a practical lesson in anatomy in which the protagonist Hilde, the daughter of an oculist, is more accomplished than Daisy, there is hardly a word in *Sina* and *Nesthäkchen* about the medical studies the young women are supposed to be pursuing. Sina and Annemarie both attend botany lectures – which involve nothing of the human body. Instead, Annemarie's travel adventures and outings with other students, as well as her inexperience in housekeeping, receive long descriptions. Sina, for her part, is constantly tortured by guilt about her beloved grandmother's death: not being by her side, leaving her for her studies, and not supporting and sharing her grandmother's works of charity for the ill and poor. Sina is deeply shaken by Professor Clementi's disapproval of female medical students and leaves the university for a position as a language teacher – being obviously qualified for this work despite not having studied languages (working as a teacher being an accepted profession for women that needed no further explanation).

12 The affront presented by an educated woman is only doubled by the prospect of a female physician. Surprisingly, discussions about “decency” and the shocking prospect of a woman learning about anatomy did not apply to women who trained as nurses. The reason for this double moral standard is surely the threatening status of power which women doctors can achieve; a nurse, however well-trained she may be and regardless if she is more experienced than a medical doctor, is always relegated to a lower level in both the hospital and medical hierarchy as well as in social perception – not to mention pecuniary circumstances. Professor Clementi’s statement that women prefer to be nurses also expresses the then common opinion that “real” women were not professionally ambitious and, equally, did not care about a good salary. Their success was not supposed to pay off in terms of money or in higher professional and social prestige, i.e., in power.

Success

13 Even if the debate about whether women were intelligent and mentally strong enough to study slowly ebbed away (although enemies of higher education for women were still discussing the subject at the beginning of the twentieth century), it is highly unlikely that a woman around 1900 would be allowed to be more successful than a man – be it her fiancé, her husband, her son, or even some other competitor in the “trade.” For instance, Therese, a successful and admired woman doctor and scientist in Colette Yver’s *Der Kampf einer Ärztin* (1901/1938), will be slowly demoralized once her husband, a general practitioner, decides to compete with her:

Ferdinand, der die ganze Zeit über stumm zugehört hatte, stand auf und trat ans Fenster, als wollte er Luft schnappen. Ein Gedanken, der ihm gekommen war, als seine Frau so eifrig mit den Professoren diskutierte, liess ihm keine Ruhe. Er hatte sich gefragt: ‘Und wie schätzt sie dich wohl innerlich ein, wo sie sich mit ihren vierundzwanzig Jahren ohne weiteres neben alle diese berühmten Leute stellt? Dich, den armseligen praktischen Arzt?’ [...] Zum ersten mal erwachte in seinem frischen unverbrauchten Kopf der Ehrgeiz. Er wollte nicht länger der unbedeutende Allerweltsarzt neben einem Boussard bleiben und für ihn, Herlinge und all die andern nur der Mann der vielbewunderten Ärztin sein. [...] er musste bekannt werden, koste es, was es wolle. (150-51)

“Whatever the cost” – even if it be his wife’s happiness. And yes, Ferdinand’s new scientific project proceeds well, while Therese’s scientific career enters a decline because of her newborn child and her struggle with Ferdinand’s demands on her position as a wife. In the end, Therese even gives up her career as a general practitioner because of her husband’s insuperable wish for a traditional wife (whose model he finds in an acquaintance, spending

more and more evenings outside his own home), and agrees to be his assistant, thus supporting his scientific project.

14 Marie in Lisa Wenger's *Die Wunderdoktorin* is also a much more successful doctor than her male counterpart, i.e., her son, yet she resigns out of love for him. Marie lives in a region of Switzerland where she has the legal right to practice medicine without a degree. She develops her talent as physician by way of private studies and experience. Nevertheless, she gives up her successful surgery for her educated son who despises her practice (which paid for his education) and competes with her though he is not able to succeed alongside her.

15 In *Arbeit*, Ilse Frapun-Akunian's protagonist Josephine becomes the main provider of the family after her husband is convicted of a crime; upon graduating from medical school and working in the surgery that belonged to her husband, she is severely verbally abused by him when he returns from jail and sees her success. The socio-biological argument of nature in connection with a woman's behavior and professional position is clearly expressed in Josephine's husband's frustration when he calls her – a woman – inferior, subordinate, and a slave by nature who is not supposed to be strong or to rise above a man, no matter the circumstances (223). The fact that she beats him at his own profession, medicine, it is the crowning frustration.

16 Being a “feminine” woman meant having virtues like altruism and self-denial. Being ambitious and wanting a career of her own was unseemly for a woman and “against her nature” – so seems to be the message from authors of fiction as well as “well-meaning” contemporary public opinion and the opinion of influential socio-biological “experts” (Weedon 3). It is interesting that women have to be told so often what their nature is – making it clear that being a “feminine” woman was (and is) more often a social than a natural phenomenon. This struggle to be or stay a “real” woman and simultaneously follow a profession or even a career was – in fiction – often combined with an absence of positive role models – the protagonists mostly having no other educated women around them for support.

Nonexistent Role Models

17 Hilde and Annemarie are laughed at; Sina only meets with astonishment; Josephine with incomprehension; and Therese at first refusal, then criticism for being completely focused on her studies and not being “relaxed” enough to have other interests. They are attractive, at first sight, “feminine” women, and sooner or later all of them have troubles with men and desire. Unfortunately, being a “feminine” woman does cause conflicts, and there is no one to demonstrate how to handle this problem. For example, in *Sina*, the impolite and

unpopular Eastern European student Fräulein Valevsky is no role model at all, being rude to male students out of self-protection (Spyri 89-94). The newly assigned female chief physician in *Der Kampf einer Ärztin*, Dr. Boisselière, is portrayed as being equally unattractive: she is called a “bone shaker” (“So’n alter Klapperkasten von Medizinerin [...]” [Yver 300]) and described as an old maid and virago, a mannish woman. She, as other women, is classified in a deterministic fashion; she is “obviously meant to be an old maid by nature,” looking the way she does:

Fräulein Dr. Boisselière mochte mindestens ihre 45 Jahre hinter sich haben. Sie war ziemlich gross und knochig, sichtlich von Natur dazu bestimmt, alte Jungfer zu bleiben. Schlapphut, ein weisser Kragen mit schwarzem Selbstbinder, Herrenschnitt des Haars und ein Bartanflug über der Oberlippe unterstrichen noch den Eindruck des Mannweibs. Sie gehörte zur alten Garde der französischen Medizinerinnen, war erst Lehrerin gewesen und hatte sich ihr Studium sauer mit Stundengeben verdient. Ihre berühmten männlichen Kollegen begrüßten sie mit ausgesuchter Höflichkeit. (302)

Dr. Boisselière has become (or is) “a man” and is thus no role model at all for a feminine woman like Therese.

18 The other older woman doctor, the beautiful and talented Dr. Lancelevée, transforms in Therese’s perception from being a role model and shining figure into a smug and cold-hearted person as soon as Therese herself has decided to give up her own career:

Alle Augen hatten sich unwillkürlich auf die beiden gerichtet. Theresens Blick überflog rasch die Runde und blieb an dem selbstgefälligen Gesicht der Lancelevée hängen, in dem der Stolz über den doppelten Erfolg geschrieben stand, den Erfolg als Frau und als Berufsmensch. “Es ist kein Geheimnis,” sagte Therese mit einem seltsamen Lächeln. “Ich habe mich entschlossen, meinen Beruf aufzugeben, Papa.” (303)

Dr. Lancelevée is a real threat, being successful as a physician *and* as a woman. She openly admits to having a lover, a famous professor, and is against marriage for women doctors – for good reasons, as Therese’s example confirms. Men are rather intolerant of wives with a profession outside their domestic duties. Since Dr. Lancelevée is attractive, she must be demonized through her personality, becoming a fallen angel, resistant to the man who wants to marry her and turn her into a “wife.” The change in Therese’s perception is not convincing in the course of the story, but makes sense in the context of a gender discussion of female medical students and women doctors: Dr. Lancelevée cannot be likeable any more because the concept of the self-determined woman putting her own needs before those of a man, being successful privately and as a physician, and being likeable at the same time, is not allowed—it cannot exist. Only women doctors who selflessly love someone are allowed to be attractive;

hence Dr. Lancelevée's unexpected shift into being self-satisfied and cold-hearted underneath her beautiful features: She makes the man who loves her suffer by turning down marriage.

Be an Exception or Be a “Man”—and Be Single

19 Before Dr. Lancelevée fails as a role model, she is described as a woman who is out of the ordinary, without any other source of happiness aside from her specialization. She is a woman with a profession, not a woman with a private life (or a love life). That she could be happy apart from her professional success, being free, without a husband and a family, is simply not apprehended:

“Ich bin frei,” sagte sie, als sie Artout die Hand zum Abschied gab, “ich bin glücklich.” In der erleuchteten Eingangstür erschien die Zofe, eine bildhübsche Engländerin, mit Spitzenschürze; durch die Vorhänge sah man in das behagliche, von rosigem Lichtschein durchflutete Esszimmer. Dort setzt sie sich jetzt zu Tisch, dachte Artout, allein und schweigsam, aber nichts stört ihren Frieden. Auf jedes Glück hatte sie verzichtet ausser auf eines: eine aussergewöhnliche Frau zu sein. Und dieser Traum ist ganz in Erfüllung gegangen. (Yver 78)

Dr. Lancelevée's acceptance as exceptional, not as a “normal” woman with a profession was also a way to make women understand that a higher medical education was not meant to be for them – only under extraordinary circumstances and only for exceptional women.

20 Genia, the medical student and woman doctor in the novel *Viele sind berufen* (1933) by Hermann Hoster, is an exception as well, but in a different way than Dr. Lancelevée. Genia has traveled far, even killed a man, and she smells almost masculine, exotic, reminding one of leather, saddlery and horses, “ein beinahe männlicher Geruch” (87). But she is described merely as the main character's assistant, as *Famula* to her future husband (as Annemarie and Daisy in the earlier novels) or as his fiancée (at the end), and even disappears for quite a great part of the story. Her “taming” is as unconvincing as the change in the way that Dr. Lancelevée is perceived. With the figure of Genia, the “exceptional” woman is combined with “masculinity”; the gender stereotypes cannot categorize her independent and wild behavior according to her sex. Other women doctors are also called “men,” even if they are or try to be “feminine,” as the following examples show.

Be an Exception or Be a “Man”—and Be Single

21 Therese, who had her father's full support after initial opposition, disappoints him by withdrawing from her profession for the sake of her marriage. He had suggested the new female chief physician, Dr. Boisselière, simply to create precedence for his daughter's career, being “as proud of her as men otherwise are of their sons” (Yver 305). Käthe Schirmacher's

Ethel Rodd in *Halb* (1893) barely wins her fiancé's respect as an individual (something which she as a woman is not expected to be) and which he wants to fight, knowing no other strategies to cope with the "man" in his bride:

In dem Maasse [sic], wie er einen achtungswerten Gegner in seiner Braut entdeckte, erwachte sein kriegischer Sinn. Sie standen *Mann gegen Mann*; es sollte ein ehrlicher Kampf werden, den er mit Aufbietung aller erlaubten Mittel seinerseits führen wollte! (59; emphasis added)

The absurdity of the contradictory conceptions of femininity is apparent in the words "man against man." If Ethel asks for respect, she is perceived either in a positive way as manly, or, in a negative way, as mannish. However, she cannot be described in accordance with her sex either: Gender stereotypes are not adequate for what she is or what she does.

22 Bettina (Tina) Capadrutt, a literary character intended to demonstrate exceptionalism in *Sinfonie der Liebe* (1953) and *Versunkene Melodie* (1957) by Marga Markwalder, is introduced accomplishing surgery: She is not simply a general practitioner, but a gynaecologist (like most specialized women doctors) and a surgeon (which only very few were, most of women doctors following the old taboo of women not being supposed to cut bodies open). A few passages from these "late" novels (published in the 1950s) serve to demonstrate the persistence of certain discourses. The old prejudice against a woman performing surgery still lingers, as the following conversation between a patient and her visitor shows:

"[...] es handle sich zwar um etwas Ungefährliches, um ein Myom, aber es wäre besser, man würde es gleich entfernen. Das hat man denn auch getan." "Wer hat das gemacht? Der Professor – ach, wie heisst er nur gleich – der Ordinarius von der Universität..." "Nein. Doktor Capadrutt, die Chefärztin." "Eine Frau! Mein Gott! Wie gewagt! Melitta!" "Aber, aber Elli, was würden unsere Freundinnen sagen, wenn sie deinen Ausspruch hörten!" "Nun – ja – schon – aber weißt du, nur unter uns gesagt: als Chirurgen, ausgerechnet als Chirurgen, möchte ich schon lieber einen Mann als eine Frau. Man hat doch immer das Gefühl, eine Frau könnte den Kopf verlieren. Ich wenigstens würde mich keiner anvertrauen." (*Sinfonie* 8)

23 Tina, a chief physician and "virgin goddess," looks like a statue of Hermes and behaves like an Amazon; she meets the love of her life in her late thirties, gives up her career with a heavy heart, and is rewarded by being allowed to continue her profession. Her husband not being a physician but an artist, a conductor, the marriage persists, but Tina has to give up her position as a chief physician and work part-time to follow her husband. She is described as beautiful and not at all mannish, despite her position – but she is nevertheless called a "man":

“[...] Deine Doktor Capadrutt ist also der *Mann* der Übersicht und der starken Hand – furchtbar zeitgemäss. Aber, unter uns gesagt, sind dir solche Frauen wirklich restlos sympathisch? Man dürfte diesen Gedanken zwar im Kreise unserer Freundinnen nicht laut werden lassen – aber, – du weisst schon...” “Du stellst dir unter Tina Capadrutt etwas ganz Falsches vor. Sie hat nämlich gar nichts Männliches an sich, aber keine Spur – nur der Kopf, der ja – im Profil erinnert sie mich an irgend etwas aus der Kunstgeschichte, [...]” (*Sinfonie 9*; emphasis added)

24 Dr. Capadrutt in her position should not be likeable and therefore continues to have to be defended for being so as well as being successful: Having all the positive qualities of a man, she is beautiful and does not look like a chief physician (whatever that means): “Man sieht es ihr tatsächlich nicht an” (*Sinfonie 10*). Nearly a hundred years after women entered the profession as physicians in real life, fiction mercilessly reveals the old images being kept alive, even if admittedly they are no longer socially acceptable in most modern circles.

Giving Up

25 Therese is slowly demoralized by her husband’s persistent demands, by being challenged by him professionally, by her daily work, and by losing her child. She gives up her career altogether – following the example of another woman doctor, even though this woman is a completely different type of woman, who only studied medicine as a stopgap because no one else “wanted” her. But being in a shy way attractive, this other woman doctor, Dina Skaroff, “naturally” gives up her profession to become a colleague’s wife, no longer competing with him but willingly and happily assisting him in future. Therese, being an admired woman doctor and an (at first successful) scientist by disposition, will also become her husband’s unknown (!) assistant, just like her colleague (Yver 322), motivating him in his scientific work as he never motivated her, giving up her own career, and violating her own “nature.”

26 But surrender risks a loss of esteem – long-term rebellion, being successful, and being devoted to one’s profession permanently changes the way these women are perceived by men: “Jetzt weisst du ja, wie lieb ich dich habe! Ein Stück meiner selbst, und nicht das wertloseste, habe ich mir ausgerissen, um es dir zu geben. Nun gehöre ich ganz dir, bin nichts mehr im Leben als deine Frau. Endlich!” “Arme Therese,” kam es gequält aus ihm heraus, “arme Therese! Ich bin entsetzt, wie ich dich so etwas konnte tun lassen. Das war ja gar nicht nötig! Das reinste Verbrechen! Wo du so an deinem Beruf hingst, ganz darin aufgingst! Er gab dir eine persönliche Würde, an die nicht zu rühren war. Wie konntest du das nur tun!” (Yver 307) The same also happens to Ethel Rodd, the attractive “free” American studying in Paris (she is not a medical student). Ethel’s failure in her studies and in her engagement to a German

officer leads to her complete personal collapse (after which she is treated by a woman doctor, sent for by another female student [Schirmacher 225]). Ethel decides to try to become more “feminine” again out of love. However, as soon as she gives up standing up to her conservative fiancé and visibly suffers under the effort of becoming more “feminine,” losing her liveliness and her charm by constraining herself (Schirmacher 77), the love and what little respect her fiancé has barely started to feel towards her (perceiving her as an individual or “man”) disappear.

27 Like Therese, Ethel violates her own nature to adapt to what is “natural.” Her fate is even worse than Therese’s, however: Ethel loses everything, her prospect for a degree, her fiancé, and even her health and her beauty, having been only half-focused on her studies and thus failing her exams (hence the title *Halb*). Therese is criticized for her focus on her studies and her discipline; Ethel for her attempt to combine traditional femininity and her studies—no matter how hard they try, these women cannot win if they want both love and a profession.

28 Josephine Geyer is a married woman and mother of four children, when her husband, a physician, is sent to prison for an unspecified crime. While he is away, she starts to study medicine in Zurich. Her father does not approve initially, but still wants to help his devastated daughter and thus ends up supporting her both morally and financially. Josephine is one of the few heroines to really suffer at university at the hands of men. While Else Ury’s fictional medical students are never attacked at university, Johanna Spyri’s Sina only has to deal with rudeness from extremely self-protective female students, and Colette Yver’s Therese is protected by her father’s position, Josephine is shocked and hurt by the disrespectful behavior of the anatomy professor and some male students toward the object of their study, a female corpse. When Josephine expresses her disgust, she is not only attacked by some male students but also criticized by her female fellow students for risking troubles for all of them in speaking out as she does (Frapan-Akunian 54-55).² Josephine introduces compassion (an emotion reserved in – male – medical circles for nurses) into the academic environment. Despite being adversely affected by the bad manners and the cruelties of certain (German) professors and male students against not only female students but also against poor patients, both male and female, she graduates and, using her husband’s former surgery, works as a woman doctor. Josephine successfully establishes her medical practice but she loses her youngest child as well as her influence over her eldest son and almost over her daughter, too.

² For the strong reactions that this scene provoked at the real university hospital in Zurich, see Kraft-Schwenk 78-82.

She will not divorce her husband, who comes back to her after five years in prison, not even when she finds out that he writes harsh satires of educated women. When she finally breaks down twice, she feels “ingloriously overpowered” and embarrassed by the thought of her husband helping her:

Dann fragte sie Rösli: “Jemand war gut zu mir, stützte mich, führte mich. War es der Vater?” Und sie errötete bei dieser Frage, sah, dass auch das Kind errötete und nickte. [...] Und sie stützte den Kopf und schloss die Augen, und es war ihr wie einer ruhmlos Überwundenen. (308-09)

Her husband Georges gains strength from her breakdowns, however, which she realizes and tries to prevent:

Vor diesen Anteilvollen Blicken, diesen mitfühlenden Worten floh Josefine, sie waren ihr die bitterste Bestätigung ihrer Schwäche. [...] Aber er wünscht es, er wünscht, mich heruntergekommen zu sehen.’ Und sie hielt sich steif aufrecht und bemühte sich, ruhig und heiter auszusehen, wenn Georges in der Nähe war. (305-06)

Arbeit has a mildly positive ending – Josephine decides to continue her work. But she pays for it, forgoes her secret love, remains married to a man she dislikes, and has massive problems with her children. There must be failure surrounding a woman doctor: If she does not give up her profession, failure in private life is the consequence.

29 The subject of failure turns up more than once in Hermann Hoster’s *Viele sind berufen*. While the exotic Genia does not seem to care for her profession anymore at the end of the story, a minor female character is given a pass in an unofficial third examination after the first two attempts fail: she will not pose any threat to men’s business. The examiners can afford to be generous since she will not rival a man; she is not ambitious:

Sie war früher Lehrerin, aber das hat sie nicht befriedigt. Sie ist ohne höheren Ehrgeiz, nur in einem ganz kleinen Walddorf hat sie praktizieren wollen und bei ihrer Schwester wohnen, die dort als Lehrerin amtiert, sie hat sich das sehr schön ausgemalt, es ist kein Arzt in der Nähe, sie wird keinem etwas wegnehmen, sie ist mit wenigem zufrieden. Der nächste Arzt wohnt drei Stunden entfernt, ein sehr alter Herr schon, und vielleicht trinkt er auch ein bisschen. [...] Das Fräulein ist ein guter Mensch. Sie wird sich in ihrem Dorf, wenn es nachts bei Wetter, Sturm und Regen zum viertenmal an ihrer Tür läutet, nicht mit einer faulen Ausrede drücken, sie wird keine Appendicitis verschleppen, und wetten, dass sie nicht trinkt! (338)

This “Fräulein” has got her excuse; she is allowed to practice her profession by the goodwill and generosity of men; not being ambitious and failing without their help, she poses no danger to them.

The Need for an Excuse

30 Women who start to study need explanations and excuses for their decision. As the following passage from *Studierte Mädel* suggests, they might justify it by saying it is better to do something useful instead of just killing time until getting married; or at least they could support themselves if they were to stay unmarried, as about half the female population did (Weedon 47):

“Warum soll deine Schwester nicht irgend etwas lernen,” hörte sie Günther Berndt weiter sprechen, “besser, als wenn sie die Zeit totschlägt und herumflaniert. Auch Frauenstudium hat sicherlich seine Berechtigung – ach Unsinn, Mensch, rede doch nicht von den paar Gramm Gehirn, die der Frau fehlen, sie haben ohne dasselbe doch schon genug geleistet. Ich habe alle Achtung vor diesen tüchtigen Frauen, ich verehere sie – aber lieben – niemals – nie kann ein man ein studiertes Mädel lieben oder sie gar begehren; solchem emanzipierten Frauenzimmer fehlt eben jeder Reiz des Weibes!” (Ury 22)

This passage refers to socio-biological arguments against higher education for women as found in Paul Julius Möbius’ notorious publication, *Ueber den physiologischen Schwachsinn des Weibes* (1900). It also indicates the prejudice against “feminine” women who become unattractive, i.e., unsexed, by studying (Swenson 85).

31 Women’s only excuse to persist with their studies lay in being unattractive enough not to be desired by a man (hence the profession’s negative female role models, who are the only women who have an excuse for studying) or being so extraordinary that the man can respectfully dismiss the “goddess” as someone out of reach and an exception. For these “exceptions,” not attractive to men or in contrast beautiful, but aiming for a career, not being supposed to be interested in men and marriage, fictional failures of female medical students and women doctors can be read as cautionary tales about how love or the wish for a husband can threaten women’s academic studies. There was no “excuse” for a married woman who wanted to have a career, since being a wife was not seen as a civil status but as a “natural” profession for a woman. As long as being a wife is seen as a profession, a woman must make a choice; she cannot have a second profession in addition to her housekeeping. This “fact” could not yet be negotiated in the contemporary discourses, and if it was discussed at all, then only in a vague way. If fictional women doctors do not give up their profession, they pay the price with unhappiness and failure in marriage and motherhood. This is exactly what Sina’s grandmother points out when declaring wisely that Sina would like to be a successful and sought-after woman doctor:

“[...] Und dann, Sina, wenn du dein ganzes Interesse und deine Lebenskraft in deinen Beruf setzen würdest, und du wolltest doch einmal dein eigenes Haus haben, wie käme es dann? Vor lauter Beruf ginge in deinem Haushalt alles drunter und drüber, denn

Tag und Nacht, zu jeder Zeit müsstest du laufen, wohin du gerufen wirst, du wolltest ja doch dann eine begehrte Ärztin sein, nicht eine, die niemand braucht.” (Spyri 55-56)

32 The novels addressed to “young girls,” i.e., adolescents, make it clear from the beginning that protagonists like Sina, Annemarie, or Hilde are not really meant to be physicians. Even Ury, who in her early book *Studierte Mädel* allows Hilde’s American friend Daisy to pass the first medical exam, makes it equally clear that this girl needs to support herself because she is an orphan. Daisy is therefore dependent, as Dina Skaroff in *Der Kampf einer Ärztin*, on a profession. Thus, these girls have an excuse to study. Daisy, a lovely girl, has the satisfaction in the end of hearing the man she loves admit that a woman can be both: beloved wife *and* faithful companion in the medical profession (Ury, *Studierte Mädel* 225). But there is no word about Daisy continuing or even finishing her studies – will she only be her husband’s assistant, handing him the sharp knives as a better sort of surgical nurse? Or will she continue to be ambitious or even compete with her husband?

33 In the later novel *Nesthäkchen*, even the ambitious friend of the heroine is done away with – and there is absolutely no question and no discussion about the protagonist Annemarie finishing her studies before marriage or continuing them after getting married. Annemarie does not feel even slightly regretful about abandoning her studies despite having been so decisive about wanting to become her father’s assistant. There seems to be no fear of repentance: Annemarie is doing what is “natural” and there is no attempt to even try to find an excuse.

34 Of course, a married woman doctor was still allowed to use her brain – to foster her husband’s career, and to be an interesting companion, as Therese states after her renouncement and defeat, seeing young female students being “pretty as a picture”:

Wenn Therese aber die beiden bildhübschen jungen Studentinnen ansah, die kurz danach auf der Treppe an ihr vorbeihuschten, dann dachte sie in ihrem Herzen: ‘lasst die reine Flamme eurer Jugend nur glühen und lodern für euren idealen Beruf; entwickelt dabei in euch alles, was seine Aufgabe: Hilfe und Fürsorge für den Menschen, von euch verlangen kann! Tritt aber eines Tages, wie ich es für euch hoffe, die Liebe, der Mann in euer Leben, o so gebt euch ihm mit gleicher feuriger Ausschliesslichkeit ganz! Was ihr euch geistig errungen habt, geht ja nicht verloren; es gibt dem Zusammenleben, dem Heim erhöhten Wert, dauernden Reiz, auch ein wenig Glanz...’ (Yver 305)

Conclusion

35 At the end of the nineteenth and the beginning of the twentieth century, the figure of female medical students and women doctors became quite popular in literature, coinciding with a period of great activity by the first-wave feminist movement. Not only avowed

feminist authors but also conservative writers chose to portray their protagonists as women doctors. As Kristine Swenson comments about women doctors in the “New Woman fiction” in England, the figure of the woman doctor was becoming “part of the long and rich tradition of nineteenth-century women’s literature” (126). Whether the writer was progressive or traditional, and no matter what kind of book one examines, romantic novels for girls, young adult fiction, or socially critical novels, and no matter what type of literary character – exotic, brave, young girl, or mother – the subject of failure shows up quite often in these works. The women in these early stories about female physicians passionately defend their right to an education, to a profession, and to professional ambition. Yet in the end – failure or, putting it more kindly, renouncement. What is all this good for? What is the reason for all the pros and cons, often over more than just a few pages, only to come back to what is supposed to be “natural”?

36 It became impossible to combine the hierarchic dichotomy between men and women which developed in the course of the eighteenth and nineteenth centuries, as well as the corresponding gender stereotypes, with women’s claims to education and greater or equal rights. This generated multiple attitudes to cope with the clash between old and new concepts of what middle- or upper-class women could or should be, and failure seems to be a way, during this period, to negotiate terms of higher (medical) education for women in contemporary discourses. This literary strategy is used at least up to the 1950s (the limit of my research). As Chris Weedon states, taking Ilse Frapan-Akunian’s Josephine as an example:

[...] the processes of studying and practicing medicine are shown to have profound effects on Josefine’s family and personal life, making clear that the achievement of feminist demands for access to education and the professions without other changes in gender relations opens up yet more sites of conflict and struggle for women. (61)

37 Georges cannot compete professionally with Josephine anymore, so he writes anonymous lampoons of educated women as compensation. Ferdinand in *Der Kampf einer Ärztin* has to compete with his own wife, Therese, because he cannot be less successful than she. Women pay for their professional success in their private lives and they are isolated and severely suppressed if they are more successful than the men. Hence (in fiction) educated women who are already engaged or married have the strongest conflicts.

38 What apparently could not be negotiated in literature around 1900 were women who were successful in their profession and also happy with their love life. Successful women who are not ready to give up everything for men must be unattractive, either in looks or have to be

made so in character, like Dr. Lancelevée, even at the cost of distortions in the plot and a resulting lack of female role models.

39 The popularity of women doctors as examples, i.e., representatives of higher education for women can be explained by their nearness and affinity to nursing. What was held against women was also used as a strategy to overcome the obstacles to higher education: by substitution, by presenting women doctors as nurses. Literary figures criticizing female medical students like Professor Clementi in *Sina* are “pacified” in later works by showing that women doctors are not different from nurses. These works assure the enemies of women’s education that even if women succeed in becoming physicians, they are primarily meant to be nurses. The new women doctors will mostly do something similar to nursing: i.e., care for children and change bandages. They will certainly not treat men. Even the practicing women doctors are mostly shown treating women and/or children only—a strategy also popular in “fact,” which allowed women doctors “an equal though distinct place within the profession” (Swenson 144) while keeping them out of much potential competition. Female medical students are shown as their future husbands’ assistants—so as not to be a threat to all those who see women doctors as competitors in the medical services market. Young adult fiction mostly avoids the conflicts between love (marriage) and career by simply denying that there could be a problem or by evading it, letting the protagonist give up her studies for other reasons and becoming what is supposed to be “natural” on her own “free” will. On the other hand, I assume that in a not-so-obvious way (“subversive” might be too strong a word) these novels are also encouraging (young) women to start higher education: These stories offer a means to fight the fear of becoming unfeminine in the eyes of the public or, more precisely, in the eyes of men; of being “emancipated” and not fit to be someone’s wife; and of never being loved and desired. They assure women that starting medical studies is not the end to any chance of finding a husband, so long as women still look and behave “feminine,” care for children, and do not perform surgery. That this picture of a woman doctor has little to do with reality is not important. It is an affirmation that the doors to love and marriage are not closed.

40 To transform the anomaly of an educated, successful woman from an exceptional case to a commonly accepted phenomenon created insecurities which led to the contradictory situation in novels of female protagonists intelligent and determined enough to *start* academic studies and still “feminine” enough to give up as soon as a man expected them to do so for love. Women who fit neither the category of the traditional nineteenth-century middle- or upper-class woman destined to be a wife and mother nor the category of men who had a profession had to pay the price of being conspicuous and suspect because of an identity difficult to

categorize. The woman doctor causes insecurity about her “femininity” in the eyes of her contemporaries. This leads to helpless constructions in describing an educated woman: Being “like a man” or “manly” was simultaneously viewed as still being “feminine,” when seen in a positive way, and as “mannish,” if seen negatively. Fictive failure—be it as student or as woman doctor—arises from this identity problem, which develops as soon as a woman enters the higher medical profession. The reasons for failure reveal the conflicts and insecurities caused by having created something new before having clarified what this something might exactly be, or as Swenson puts it, to “seek to fit the irregular woman doctor into existing social and gender roles, [...] [or] actively question the roles themselves” (125). But altering the gender stereotypes is not yet an option, so the fictional characters show that the attempts to negotiate and combine the new profession with the old gender stereotypes lead to conflicts that can hardly be solved.

41 Many problems existed for educated women around 1900 (which continue into the twentieth century) in fashioning an identity among the different and contradictory perspectives on what and how women should be. These women’s search for a new position in the professions as well as in private life led to massive insecurities and coping strategies which are shown in these strange and sometimes even unconvincing means to make the fictional female medical students and women doctors fail.

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