THE DIFFICULT PATH TO A FREE CHOICE OF PROFESSION – INDOMITABLE WOMEN FOLLOWING IN THE FOOTSTEPS OF HIPPOCRATES

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The topic of women represents a complex of problems concerning the position of women in families and society. The fight of women for the right to work in medicine is an excellent example of the societal conditions that slowed the social mobility of women and their access to professions which were associated with high social prestige. It was as late as 1895 that legislation was adopted in the Kingdom of Hungary that allowed women to study at faculties of medicine. Yet, institutions still retained their reserved attitude towards the recruitment of women. Mária Bellová (1911) was the first Slovakian female physician to graduate in medicine, more female physicians only slowly arrived. There was only a steeper increase in their numbers in the second half of the 20th century; however, several of them made significant contributions to the organisation of the health care system in Slovakia and abroad. This paper aims to present an interdisciplinary view of this topic, focusing on the conditions that led to the recognition of women in the medical profession from an international and historical perspective, from a Euro-Atlantic social context.

Keywords: Female Physicians; Professional Training; Access to Medical Profession; Social Rights; Female Representation in Medicine;

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Ženská otázka predstavuje komplex problémov, týkajúcich sa postavenia ženy v rodine a v spoločnosti. Zápas žien o pracovné uplatnenie na poli medicíny veľmi dobre ilustruje spoločenské podmienky, ktoré brzdili sociálnu mobilitu žien a ich prístup do povolaní spájaných s vysokou spoločenskou prestížou. V Uhorsku bola až v roku 1895 prijatá legislatíva, umožňujúca ženám študovať na lekárskych fakultách. Napriek tomu, inštitúcie sa k prijímaniu žien stavali rezervovane. Prvou promovanou slovenskou lekárkou bola Mária Bellová (1911), ďalšie ženy – lekárky pribúdali len pomaly a významnejší nárast počtu lekárok nastal až v 2. polovici 20. storočia, viaceré z nich však sa významne podieľali na organizácii zdravotníctva na Slovensku i v zahraničí. Príspevok má ambíciu prezentovať interdisciplinárny pohľad na túto problematiku, zameriava sa na podmienky uplatnenia žien v lekárskej profesii v medzinárodnej a historickej perspektíve, v rámci euroatlantického civilizačného okruhu.

Kľúčové slová: ženy-lekárky; profesijná príprava; prístup k lekárskej profesii; sociálne práva; zastúpenie žien v medicíne;

Introduction

Gradually[1] medicine has established itself as a highly regulated profession, it requires an individual to successfully graduate from a university, registration as a physician and further permission to perform this profession. Even though it was women who would take care of sickly or weak family members, it was not easy for them to enter the medical profession. European society was organised based on patriarchal family and social structures, with men taking the dominant position. The position of women was discriminatory, accentuating the societal division of "male" and "female" labour.[2] Although women from the lower social classes were existentially forced to work in jobs that required hard physical labour, they were refused access to work or professions that were associated with higher levels of social prestige, often those that required education, with the argument that the socially wide-spread norm was that their place was at home with the children and in the kitchen.

According to Marie-Thérèse Letablier, paid work for women began to be considered as a social problem in the 19th century, when industrialisation moved women's work from family life to factories. Female workers became more visible when the discussion shifted towards equal opportunities, morale and even to the legality of paid work for women. When the early systems of social protection were implemented in Europe after 1870, campaigns that condemned the exploitation of women and children in industry led to demands for protective legislation. One of the first measures to be implemented was a limitation on the length of the working day.[3] One such example is the Factory and Workshop Act, adopted

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[1] The manuscript is one of the outputs of the research project, supported by VEGA, no. 1/0024/24 "Dejiny Lekárskej fakulty Univerzity Komenského v Bratislave 1948 – 1968. Fakulta, veda, osobnosti a spoločenský kontext od Februárového prevratu do vpádu vojsk Varšavskej zmluvy."

[2] MALÍNSKÁ, Jana – BAHENSKÁ, Marie. Vzděláním k politice aneb cesta žen k občanským a politickým právům. In BENKO, Juraj – DUDEKOVÁ-KOVÁČOVÁ, Gabriela et al. „S ľudom a pre ľud". Cesty k demokracii na Slovensku za monarchie a prvej republiky. Bratislava 2020, pp. 235-276; see also DUDEKOVÁ-KOVÁČOVÁ, Gabriela. Vojna ako akcelerátor? Politická participácia žien v Uhorsku a v Československej republike. In BENKO, Juraj – DUDEKOVÁ-KOVÁČOVÁ, Gabriela et al. „S ľudom a pre ľud". Cesty k demokracii na Slovensku za monarchie a prvej republiky. Bratislava 2020, pp. 303-361.

[3] LETABLIER, Marie-Thérèse. Legislation on Women's Work in Europe. In Encyclopédie d'histoire numérique de l'Europe [Online]. Published on 22/06/2020. Paris n.d. Source: https://ehne.fr/en/node/12379

in England in 1878, which unified the preceding legal regulations and extended the scope of the legislation to workers in all fields of the economy. The act also prohibited children under the age of ten from working; children aged 10 – 14 could only work for half a day and women were not allowed to work more than 56 hours a week.[4] Some professions remained closed to women for many decades, and the need to achieve total formal equality with men, even in freedom of choice of profession, also drew the attention of the newly founded international institutions. As stated by M. T. Letablier, in most countries, married women were not allowed to work without the permission of their husband. The legislation differed in each country, which is demonstrated by the discussions held at international conferences in the late 19th century, and the adoption of the first conventions of the International Labour Organization (ILO) in 1919. The labour protections for women and the first international conventions adopted by the ILO mostly focused on the protection of pregnancy and motherhood. Although fifteen countries, who participated in the international conference in Berlin in 1890, suggested four weeks of maternal leave, the proposition was only gradually adopted over a broader scale. The question of equal wages was only reflected in the national legislation of most countries in the second half of the 20th century, and only as a consequence of pressure from international and European organisations. On the contrary, Norway had adopted the principle of equal wages as early as the 1920s, together with a law that guaranteed women access to all public professions.[5]

Women also made efforts to enter the field of medicine. The scientific literature of the time mentions respected women who not only took care of, but also treated, the sick and the wounded by various means and procedures. However, these examples are quite rare. Structural changes that substantially improved the life chances of women and their recognition in paid work as well as in medicine only occurred after the industrial revolution and the modernisation of society. Nevertheless, the process of change progressed very slowly. Many decades would pass from when Elizabeth Blackwell was the first woman to complete a university medical education, to when it became an ordinary thing for women to choose the study of medicine as their career plan.

Women were considered by society as those who were supposed to secure the moral and physical well-being and health of the family. Any deviation from these social boundaries was considered intolerable. That being said, in the past, the proponents of these negative stereotypes were not only men, but also women.[6]

The prejudice and arguments that prevented women from entering the field of medicine in the past have been documented in the scientific literature[7] and can be classified into the following categories:

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[4] MOOS, Katherine. The Political Economy of State Regulation: The Case of the British Factory Acts. In Cambridge Journal of Economics, 2021, vol. 45, no. 1, p. 77.

[5] LETABLIER, Legislation on Women's Work in Europe.

[6] PIGEARD-MICAULT, Natalie: A History of Women's Entrance into Medicine. [Online]. Bibliothèques d'Université Paris Cité. n.d. Source: https://www.biusante.parisdescartes.fr/histoire/medica/presentations/entree-femmes-en-medecine-en.php, See also HARDY, Anne-Chantal. Women Doctors in France: A Feminization That Is Mere Window Dressing? In Gender, Careers and Inequalities in Medicine and Medical Education: International Perspectives on Equality, Diversity and Inclusion, vol. 2. Bingley 2015, pp. 151-176.

[7] See e.g. PIGEARD-MICAULT, A History of Women's Entrance into Medicine, n.d., and BAHENSKÁ, Marie. Do Women Belong in Medicine? Discussions, Prejudices and Stereotypes in the Czech lands at the Turn of the 19th and 20th Centuries. In Forum Historiae, 2025, vol. 19, no. 1, pp. 39–42, Source: doi: 10.31577/

a/ The biological make-up of women (e.g.studying harms women, women cannot meet the physical or mental demands of the profession or of the decision-making process, anatomic differences of female body)
b/ The personality traits of women (e.g. shyness, timidity, natural sensitivity of women, lack of sharp mind).
c/ The delicacy of the human anatomy (e.g. inappropriate for women, the indecency involved in exposure to the physique and nudity of stranger's bodies).
d/ Neglect of the needs of their families (the immorality of the need to sacrifice the well-being of their family or to forgo a family life for a career).

The first successful results of the efforts to allow women access to study at institutions of higher education, specifically at university faculties of medicine, were only achieved in the second half of the 19th century. Recognising a woman's right of access to higher education, which was a prerequisite for more demanding professions, was the first step towards the realisation of their right to the free choice of profession. Nonetheless, the right to the free choice of profession was first guaranteed by law as late as the 20th century, it was only possible to implement it due to the institutionalisation of the protection of equality and equal rights for men and women along with its judicial protection.

The First Female Doctors Abroad

In the past, some women disguised themselves as men so that they could study medicine and work in the medical profession. A doctor, who worked in disguise under the name Dr. James (Miranda) Barry, qualified at Edinburgh in 1812, at the age of only 17. In the preface to her dissertation thesis, written in Latin, she quoted the dramatist Meander: "*Do not consider my youth, but consider whether I show a man's wisdom.*" Dr. Barry was renowned as an excellent specialist and surgeon, he gained a lot of recognition for his work in the army, including his achievement of the highest medical rank in the British Army, the Inspector General of Hospitals. She disguised herself so well that over the course of her 50-year-long career, up until her death in 1865, nobody realised that Doctor Barry was, in fact, a woman.[8]

The first female physician, documented in scientific literature, to have had a modern medical education at university is believed to have been Elisabeth Blackwell (1821 – 1910). She was rejected by several faculties of medicine, but finally she was able to enrol on a university course. One of the professors tried to convince her to disguise herself as a man. However, she insisted on doing it her way and luckily enough, she was admitted to the Geneva Medical College in New York State, USA. She successfully graduated in 1849**.** Unfortunately, following her graduation the school closed its gates to women.[9] US medical schools did not have a good reputation in Europe, since the length, content and organisation of their courses were considerably different.[10] Blackwell could not find a job

forhist.2025.19.1.3, also BONNER, Thomas S. Pioneering in Women's Medical Education in the Swiss Universities 1864 – 1914. In Gesnerus, 1988, vol. 45, no. 3-4, pp. 461-474.

[8] HURWITZ, Brian – RICHARDSON, Ruth. Inspector General James Barry MD: Putting the Woman in Her Place. In BMJ, 1989, Feb 4;298, (6669): p. 298.

[9] JEFFERSON, Laura – BLOOR, Karen – MAYNARD, Alan. Women in Medicine: Historical Perspectives and Recent Trends. In British Medical Bulletin, 2015, vol. 114, no. 1. pp. 6-7.

[10] BONNER, Pioneering in Women's Medical Education in the Swiss Universities 1864 – 1914, p. 461.

in the USA, so she moved to England, where, in 1858, she became the first woman to be officially registered by the General Medical Council. Her registration was possible owing to the special clause in the Medical Registration Act, introduced in 1858, that allowed women with international medical diplomas to be registered by the General Medical Council and through this registration, Blackwell met the criteria to practice medicine in the United Kingdom.[11] In the USA, E. Blackwell co-founded the New York Infirmary for Indigent Women and Children (1857), and the faculty of medicine for women, the Woman's Medical College of the New York Infirmary (1867).[12] An increase in the number of women who wanted to become doctors led to the establishment of the first medical school for women in Philadelphia, in 1850. Founded by Dr. Bartholomew Fussell, the college instructed both American and foreign women, and by 1904 had awarded degrees to women from Canada, Brazil, England, Sweden, Denmark, Russia, Syria, India, China, Japan, Australia, and Congo.[13]

Access to university courses was not simple for women in the United Kingdom either. "*The Medical Registration Act, introduced in 1858, did not explicitly exclude women, but the Royal Colleges, universities and medical institutions did, either by prohibiting from studying medicine or the academic examinations that would allow them to practice*".[14] One of the first female physicians in the British Isles was Elizabeth Garrett Anderson (1836 – 1917). She obtained her medical qualification over an extended period of time – first, she worked as a nurse in a hospital and, at the same time, took private lessons and gradually passed all the necessary university examinations. In 1865, she passed the Society of Apothecaries examinations and was awarded the LSA medical qualification (Licentiate of the Society), earning the title of licensed apothecary.[15] As there was no law that prevented a woman from preparing and administering medication, they had little choice but to allow her to study privately in preparation for their examinations. While this qualification was relatively low in status, it entitled her to have her name entered into the Medical Register. This made Elizabeth Garrett Anderson the first woman in Britain to qualify as a doctor. Despite her registration in the Medical Register, she was still unable to obtain a university degree as a doctor of medicine. Outside Britain the laws related to medical degrees from universities were less rigid. Thus, Garrett submitted her application to the Sorbonne, France. After the French Council of Ministers approved her case, she was admitted to the University of Paris – Sorbonne, where she earned her medical degree in 1870. She was also the first woman to receive a medical degree in France. In 1873, she became the first woman to be admitted as a member of the British Medical Association and she remained the only female member for the following two decades.[16]

When the Society of Apothecaries (which later became the British Medical Association) discovered that by passing their exams, women gained the right to registration in the

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[11] JEFFERSON – BLOOR – MAYNARD, Women in Medicine: Historical Perspectives and Recent Trends. pp. 6-7.

[12] WIRTZFELD, Debrah A. The history of women in surgery. In Canadian journal of surgery/Journal canadien de chirurgie, 2009, vol. 52, no. 4, pp. 318.

[13] BELVÍS, Robert – MOMBLÁN, Dulce. Elizabeth Garrett Anderson and the Heroic First Women to Access Medical Schools. In Neurosciences and History, 2019, vol. 7, no. 1, p. 31.

[14] JEFFERSON – BLOOR – MAYNARD, Women in Medicine: Historical Perspectives and Recent Trends, p. 6.

[15] HEGGIE, Vanessa. Women Doctors and Lady Nurses: Class, Education, and the Professional Victorian Woman. In Bulletin of the History of Medicine, 2015, vol. 89, no. 2, pp. 267-268.

[16] BELVÍS – MOMBLÁN, Elizabeth Garrett Anderson and the Heroic First Women, p. 33-34.

Medical Register, they banned the future access of women to their courses and examinations, with immediate effect. Sophia Jex Blake (1840 – 1912) faced the same limitations and prejudice from her male peers in Edinburgh. Although she was allowed to attend medical lectures, she faced strong resistance and even harassment from male students, similarly as other women pioneering medicine. Even though she passed the same examinations, she was only awarded a certificate of professional competence and not the proper medical diploma that her male classmates received. She continued her studies in Bern, Switzerland, where she was awarded her medical diploma, and later in Dublin. Since she had obtained her diploma abroad, she was allowed to register at the General Medical Council and was granted permission to practice medicine in her country. However, it was not until 1876 that the new Medical Act was passed, it allowed the British medical authorities to grant licenses to all qualified applicants whatever their gender. [17]

In 1866, Garrett founded the St Mary's Dispensary for Women and Children which became later the New Hospital for Women.[18] In 1874, a group of women, including Elisabeth Garrett Anderson and Sophie Jex Blake, founded the first medical faculty for women in Britain, called the London School of Medicine for Women.[19]

Jefferson et al. emphasise that as a result of the first wave of feminism, certain societal shifts took place; the Enabling Act was adopted in 1875, which formally allowed British universities to award medical licences to women. But according to the authors, in reality, the act could not prevent faculties from selectively choosing whether to allow women to be admitted to study.[20]

The first African-American woman to obtain a proper medical diploma in the USA was Rebecca Lee Crumpler (1831 – 1895). She worked as a nurse for eight years and after she was provided with references, for the study of medicine, by medical doctors, she was allowed to apply to the New England Female Medical College in Boston, Massachusetts, where she completed her studies in 1864.[21]

Another major female figure in medicine was Mary Putnam Jacobi (1842 – 1906). Her father was the well-known publisher, George Putnam. In 1859, she started to study medicine and became the first woman to be awarded with a diploma by the New York College of Pharmacy (1862). She went on to earn the degree of Doctor of Medicine at the Women's Medical College of Pennsylvania (1864). In 1866, she travelled to Paris, where she was the first woman to be admitted to a course of medical studies, which she successfully completed in 1871. Another great milestone for women in medicine was her monograph on menstruation entitled "The Question of Rest for Women during Menstruation" from 1876, for which Harvard University awarded her the Boylston Prize. The book provided a systematic medical evidence that allowed her to disprove the commonly held belief that women who exerted themselves during menstruation caused themselves medical problems. By providing scientific proof that women do not need monthly rest, she dismantled the primary medical justification used by employers and educators to bar women from the workforce. The science proved women were biologically fit for demanding intellectual

[17] JEFFERSON – BLOOR – MAYNARD, Women in Medicine: Historical Perspectives and Recent Trends, p. 7.
[18] BELVÍS – MOMBLÁN, Elizabeth Garrett Anderson and the Heroic First Women, p. 34.
[19] JEFFERSON – BLOOR – MAYNARD, Women in Medicine: Historical Perspectives and Recent Trends, p. 7.
[20] Ibidem.
[21] KLASS, Perri. „To Mitigate the Afflictions of the Human Race" - The Legacy of Dr. Rebecca Crumpler. In The New England journal of medicine, 2021, vol. 384, no. 13, pp. 1187.

and professional labor.[22] At that time, these types of stereotypes were rather common. Further developed by Edward H. Clarke, a Harvard professor of medicine, in his book "Sex in Education: or, a Fair Chance for the Girl" from 1873 became even more widespread popular biases. His arguments about female biological inferiority were consequently used by men as arguments to prevent the access of women to education and professions.[23] Her book can be viewed as a landmark in labor history and in advocating rights of women to education and to free choice of profession, based on the rigorous scientific evidence.

The faculties of medicine in continental Europe were not very open to women either. Even secondary schools, which were the pre-requisite for the university studies required for the medical profession, did not tend to accept women. In Russia, even granting the title of medical doctor to a woman was banned. Although the first woman, Nadezhda Prokofyevna Suslova (1843 – 1918), started her studies at the Imperial Military Medical Academy at St. Petersburg, she had to finish them in Zurich. Before this, she had completed her secondary studies at a girls' pension in St. Petersburg and between 1861 and 1864, she became a student extraordinaire of the local medical-surgical academy. She worked in the laboratory of I. M. Sechenov. Since, in Russia, women were prohibited to study at all universities, she followed the advice of her professor and continued her studies abroad. In 1865, she applied to the Faculty of Medicine in Zurich, Switzerland, where she graduated in medicine. After returning to Russia, she was allowed to take examinations before a commission, which were necessary to allow her to practise medicine in her homeland.[24]

Several studies, e.g. Thomas S. Bonner have noted the importance of difficult access to secondary education and the negative role of bias spread by male physicians about female capabilities through the late 19th century Europe. Well-known, reputable doctors published and disseminated various arguments why the study of medicine was inappropriate for women. In German speaking countries, e.g. the renowned Munich anatomist Theodor von Bischoff argued that "*the smaller female brain along with the physical weakness and gentle personality of women made them unfit for the field of medicine. As an authority figure he had an impact on several generations of medical doctors. Other leading figures in the medical profession, including Albert, a surgeon from Vienna, Runge, a gynaecologist from Gottingen, Waldeyer, an anatomist from Berlin and Möbius, a neurologist from Leipzig, also argued that women should not be accepted into the medical profession*."[25]

The first woman was allowed to attend medical lectures in Zurich in 1864. As documented by Thomas S. Bonner, "*the first Russian woman, Maria Kniaschnina, applied for permission to attend medical lectures at Zurich in late 1864, it occasioned little discussion. She did not matriculate and there was ample precedent for women auditors in the university. After several courses of lectures, she left the university without incident*."[26]

According to Thomas S. Bonner, N. P. Suslova was the first woman, of modern times, to receive a doctorate of medicine (in 1867) from a recognised university with high academic

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[22] DAVIS, Paul J. Mary Putnam Jacobi. In New England Journal of Medicine, 1965, vol. 273, no. 19, pp. 1036-1038.

[23] In detail, see, e.g. FISS, Andrew. Structures of antifeminism: Drugs and women's education in the texts of Dr. Clarke. In Peitho Jurnal, 2018, vol. 21, no. 1, pp. 81-103.

[24] CREESE, Mary R. S. Ladies in the Laboratory IV: Imperial Russia's Women in Science, 1800–1900: A Survey of Their Contributions to Research. Lanham 2015, pp. 1-4.

[25] In detail, see BONNER, Pioneering in Women's Medical Education in the Swiss Universities, p. 462.

[26] BONNER, Pioneering in Women's Medical Education in the Swiss Universities, p. 464.

standards[27] and her success encouraged many other women to follow and, for the next fifty years, until the beginning of the First World War, women from Russia, Eastern Europe, Germany, Austria, England and the USA travelled to Zurich, Bern, Geneva, and Lausanne to enrol in their universities. "*At first, they arrived in small groups of only two or three women, but later, their numbers would rise to dozens or even hundreds. By 1906, a total of 1,105 foreign women had been admitted to study medicine in Switzerland*."

Gradually, other countries, especially those in Western Europe and Scandinavia, started to open the doors of their medical faculties to women in the last quarter of the 19th century. Medical faculties in Austria (Graz, Innsbruck, Prague and Vienna) hesitated and only accepted women from 1900 onwards. The Medical University of Graz was one of the first in Austro-Hungary to support female medical doctors and its first graduate (in 1905) was dr. Maria Schuhmeister who became the first women graduate in medicine in Austria and in 1907, its second female graduate - dr. Oktavia Augusta Rollett, became the first women to open a clinic (in Graz).[28] The first woman from Austria-Hungary, Gabriele Possanner von Ehrenthal, qualified as a medical doctor at the Faculty of Medicine in Zurich in 1894.

Women from the more distant parts of Europe also applied to Swiss medical faculties and it was often those graduates who would later become the most prominent figures in their homeland. For instance, Serbia's first female medical doctor and a member of the first generation of European female doctors was Draga Ljočić (1855 – 1926). Ljočić completed her studies at the Faculty of Medicine in Zurich and in 1879 she was awarded with the titles of Doctor of Medicine and Surgery, and an MA in Obstetrics and Ophthalmology. The same year she passed the State Exam in Belgrade and in 1880 she started a private medical practice there.[29] As Jelena Jovanović Simić emphasised, she "*was a role model for Serbian women educated at European universities at the end of 19th century and beginning of the 20th century. In the scope of her profession, she worked primarily in the field of gynaecology and obstetrics, as well as in paediatrics. As she was the first female physician at the General State Hospital, the first female member of the Serbian Medical Society and one of the Maternal Association founders, she participated in Serbia's wars in the 19th century, both the Balkan Wars and the First World War. In the First Serbo-Turkish War she gained the rank of Medical Corps Lieutenant. She terminated her membership with the Serbian Medical Society in 1919 as a result of the Society's lack of activities regarding gender equality, namely the equality of the labour rights of female and male and physicians.*"[30]

T. S. Bonner claims that in the early 20th century, the total number of women enrolled at medical faculties in Switzerland exceeded the total number enrolled in the rest of Europe combined as well as the total number of women studying at 150 faculties of medicine of all kinds in the United States.[31] Interestingly, female graduates from Swiss medical faculties often settled into their careers and went on to spend many years far from their

[27] Ibidem.

[28] Oktavia Aigner-Rollett was daughter of an austrian physiologist A. Rollett and married an anatomist Walter Aigner. AIGNER, Reinhold. Die Grazer Ärztinnen aus der Zeit der Monarchie, In Zeitschrift des Historischen Vereins für Steiermark, 1970, vol.70, pp. 45-70.

[29] JOVANOVIĆ SIMIĆ, Jelena. Giants of Serbian Medicine: 19th Century and First Half of the 20th Century. Belgrade 2016, p. 16.

[30] Ibidem.

[31] BONNER, Pioneering in Women's Medical Education in the Swiss Universities, p. 463.

homelands – for instance, Czech and Polish graduates (Bajerova, Keckova, Krajewska and Olszewska) were the first female physicians in Bosnia and Herzegovina.[32]

T. S. Bonner suggests that the success of N. P. Suslova was a major milestone in the education of women in Europe. Based on the positive experience that her professors had with her diligent and disciplined approach, universities in Zurich and later in Geneva, Lausanne and Bern opened the doors of their medical faculties to women.[33] Other universities in continental Europe maintained their reserved approach towards the acceptance of women, for a long time, their acceptance was mostly an exception, which is well illustrated in the biographies of the first Slovak female doctors.

The First Female Doctors in Slovakia

While the United Kingdom had already adopted the Enabling Act that legalised the university education of women in 1875, the Kingdom of Hungary only did so two decades later, and Cisleithania in 1900. According to the provisions of this act, women were allowed to obtain a doctorate in medicine, from institutions in the Habsburg Monarchy and could practice medicine in their homeland. K. Hollý pointed out how important the female emancipation movement was for the development of institutionalised education for girls and women in the Kingdom of Hungary. The institutional-legislative aspect of the education of women in the dualistic Kingdom of Hungary was marked by a gradual expansion in opportunities for the higher education of women, as well as for the professional careers of women in the public domain. The activity of female organisations in the Kingdom of Hungary was predominantly intended to enable women to study at universities. Despite the fact that the education of girls at *Folk Schools* and *Civic Schools* was generally accepted by the end of the 19th century, the better part of the general public perceived demands to provide a university education to women as controversial. The women's organisations finally triumphed in December 1895 when university studies for women in medical, pharmaceutical, and philosophical degrees were legalised."[34] In reality, the education of girls and women was influenced, not only by institutional-legislative limitations, but to the same extent by the attitudes and views towards the education of women that existed in the society of the time.[35]

The first Slovak woman to graduate from the Faculty of Medicine of the University of Pest, on 26th November 1910, was MUDr. Mária Bellová (1885 – 1973).[36] "*The environment of the parsonage in Liptovský Svätý Peter, where Maria grew up with her six siblings, may be considered as a deciding factor in the future path of her life. It should be noted that the stimuli that came from her family environment, which supported Maria in her diligence and her obvious desire to learn, were, in the context of the period, undeniably extraordinary.*"[37] Karol Hollý suggests: "*The course of Bellová's institutional education was remarkable: she attended the folk school in Liptovský Sv. Peter and later in Kovačica. She also had her first*

[32] IBRAHIMAGIĆ, Omer – MASIC, Izet – IBRAHIMAGIC, Amela – TUPKOVIĆ, Emir – SMAJLOVIĆ, Dzevdet – JAKUPOVIC, Selma. Czech and Polish Women as the First Female Physicians in Bosnia-Herzegovina. In Medicinski arhiv, 2002, vol. 56, no. 1, pp. 49-50.

[33] BONNER, Pioneering in Women's Medical Education in the Swiss Universities, p. 461.

[34] HOLLÝ, Karol. Ženská emancipácia : diskurz slovenského národného hnutia na prelome 19. a 20. storočia. Bratislava 2011, p. 13.

[35] HOLLÝ, Ženská emancipácia, p. 17.

[36] MALÍKOVÁ-JAKUBCOVÁ, Anna. Mária Bellová – prvá slovenská lekárka. In Historia nova, 2014, no. 7, p. 50.

[37] HOLLÝ, Ženská emancipácia, p. 27.

experience at a girl's school in Vojvodina (Pančevo). She continued to expand her higher education – after she returned to her home region of Liptov – through her studies at a civic school in Liptovský Sv. Mikuláš."[38] From 1901 to 1905, she was a part-time student at a grammar school in Banská Štiavnica. Through the completion of her secondary education she was able to meet the formal requirements for enrolling in university studies, however, despite this, she still had to fight for her place among the other students; from 1905 – 1906 she was a student extraordinaire, but from 1906 to 1910 she was already a full student of the Faculty of Medicine of Budapest University, where she graduated in 1911. Following her graduation, she travelled to Berlin and Paris in 1912 on a study trip. From 1910, she worked as a trainee doctor in a psychiatric facility in Pécs, and then in Trenčín. From 1913, she worked as a physician on the periphery of the Kingdom of Hungary. During the First World War, she served as a military doctor, and from 1918, she was the chief doctor of the children's department at Targu Mures hospital (today in Romania). For a long time, she was unable to find a job in Slovakia, and it was only after her former classmate advocated for her that she was allowed to work, even with her rich experience in leadership roles. In 1921, she became a secondary physician in the surgical department of a hospital in Košice, and from 1925, she worked in a children's tuberculosis facility in Dolný Smokovec, where she later became the chief physician. From 1947, she worked as a specialist – a phthisiologist. In addition to the extraordinary results that she achieved in her practice, she also contributed to the education of medical staff, particularly those specialised in tuberculosis. She regularly organised lectures dedicated to tuberculosis.[39]

Another important milestone that allowed Slovak women to enter the field of medicine was the formation of Czechoslovakia. From the very start, the new republic constructed its state sovereignty on democratic principles and the equality of citizens implemented in its rights: "*Privileges of sex, gender and employment are not accepted*."[40] The legislation granted women and men the same right to vote and be elected.[41] In the social domain, an important step forward was employment legislation. Czechoslovakia was the first democratic country in the world to adopt an 8-hour working day.[42] A major milestone, that allowed women to work in medicine, was the establishment of the Faculty of Medicine in Bratislava which opened its door to female students since the very beginning.[43]

The first woman to graduate from the Faculty of Medicine of Comenius University, Bratislava, in 1923, was MUDr. Marta Križanová (1898 – 1971). Just as Mária Bellová, she came from an Evangelical background, her father was a priest.[44] After completing her studies at a grammar school in Trenčín, she went on to study medicine at the Faculty

[38] HOLLÝ, Ženská emancipácia, p. 25.

[39] FALISOVÁ, Anna. Lekári na Slovensku do roku 2000. Bratislava 2010, p. 267.

[40] Act no. 121/1920 Coll. of 19 February 1920, which introduces the consitutional charter of the Czechoslovak Republic, Section 106 (1).

[41] GELNAROVÁ, Jitka. „Volte ženy!" České feministické hnutí a politická mobilizace žen mezi lety 1905 a 1938. In BENKO, Juraj – DUDEKOVÁ-KOVÁČOVÁ, Gabriela et al. „S ľudom a pre ľud". Cesty k demokracii na Slovensku za monarchie a prvej republiky. Bratislava 2020, p. 292.

[42] Act no. 91/1918 Coll. of 19 December 1918 Coll. on an eight-hour working day.

[43] See: GRÓFOVÁ, Mária. Vzdelávanie budúcich lekárov na Univerzite Komenského v Bratislave v rokoch 1919 – 1950. In FIALOVÁ, Ivana – TVRDOŇOVÁ, Daniela (eds.). Od špitála k nemocnici: zdravotníctvo, sociálna starostlivosť a osveta v dejinách Slovenska. Bratislava 2013, p. 279-321.

[44] MENICH, Pavol – LAURO, Rajmond – MINÁČ, Vladimír – VALENTOVIČ, Štefan. Slovenský biografický slovník, vol. 3. Martin 1989, p. 265.

of Medicine in Budapest, and after the formation of Czechoslovakia, she continued her studies at Charles University in Prague and then Comenius University in Bratislava, completing her studies in 1918. After successfully obtaining her diploma, from 1923 to 1930 she worked at the first clinic of internal medicine at the Faculty of Medicine of Comenius University in Bratislava, and from 1930 – 1934, she was the chief physician of a sanatorium in Tatranská Kotlina. From 1934 to 1937, she was the chief physician at the department of internal medicine in Levoča hospital, from 1937, she was the chief physician of the sanatorium of the General Pension Fund and others in Nový Smokovec, and after 1945, she was the chief physician at the department of respiratory diseases, the director of a hospital and the Deputy of the Commissioner for Health Care for Eastern Slovakia in Košice.[45] She left her mark in the history of medicine as a phthisiologist and the first female chief physician in Slovakia. She dedicated her life to the prevention, diagnostics and treatment of tuberculosis and phthisiology in both her clinical practice as well as her publications.

MUDr. Anna Trnovská-Šáchová (1897 – 1957), who was the third female physician to qualify in Slovakia, also came from an Evangelical family. She came from a yeoman house, her father, Ján Trnovský, was a tanner. She studied part-time at a grammar school in Liptovský Mikuláš, after passing her final exams, she enrolled at the Faculty of Medicine in Budapest, and later went on to study in Prague and Bratislava. In 1923, she was awarded the title of MUDr. and she went on to fill several posts in Bratislava and Košice. From 1934 onwards, she worked as private ophthalmologist in her home town. She was the first Slovak woman to specialise in ophthalmology, and between 1928 and 1929, she worked as the head physician for the Slovakia-wide anti-trachoma campaign. In Liptovský Mikuláš, she provided special nursing courses for female candidates at the Slovak Evangelical Diaconia. A. Trnovská-Šáchová was a member of the Ophthalmological Section of the Czechoslovak Medical Association of J. E. Purkyně and she was also a Presbyter of the Evangelical Church of the Augsburg Confession.[46]

Liptovský Mikuláš was also the home town of Professor MUDr. Irena Jakubcová-Dérerová (1910 – 1995).[47] She is remembered as a pioneer of paediatric cardiology in Slovakia. From 1929 to 1935, she studied at the Faculty of Medicine of Comenius University in Bratislava. After graduation, for a short period of time she worked at a sanatorium for child tuberculosis in Lučivná, before leaving for Prague in 1936, to join the paediatric clinic of Professors J. Brdlík and J. Švejcar, where she worked as a paediatrician. In 1939, she returned to Slovakia and in 1962, she was appointed as a Professor of Paediatric Cardiology.[48]

One of the first female graduates of the Faculty of Medicine of Comenius University in Bratislava, who earned great respect abroad, was Mária Dziaková-Böhmová (1910 – 1998); she studied at the Faculty of Medicine of Comenius University in Bratislava, and graduated on 30th June 1934. She began her career as a secondary physician at the Clinic of Internal Medicine of the State Hospital in Košice. From 1945 onwards she was the head physician at the State Health Institute, where she organised pre-natal and post-natal health care. Her husband, Dr. E. Böhm, was the Commissioner for Health Care until 1948. Along

[45] DOMBAIOVÁ, Petra – KUBICA, Ján – STRUHÁROVÁ, Eva. Slovník významných osobností mesta Trenčín – 20. storočie. Trenčín 2018, p. 117.

[46] MAŤOVČÍK, Augustín. Slovenský biografický slovník, vol. 6. Martin 1994, p. 125.

[47] FALISOVÁ, Lekári na Slovensku, p. 233.

[48] See: JAKUBCOVÁ, Irena. Detská klinika do roku 1952. In Päťdesiat rokov Univerzity Komenského. Bratislava 1969, pp. 148-151.

with her family she immigrated to England and later on to the United States. Owing to her diligence and organisational talent, she ended her professional career as a Reader in Internal Medicine at Touro College in New York.[49]

MUDr. Anna Pivková (1908 – 1983) was one of several women who became renowned surgeons. She was the first Slovak female surgeon.[50] As a member of a surgical practise in Bratislava, she participated in several pioneering surgical procedures; for example, in 1953, she performed the first five surgical procedures, with a team of physicians from Hradec Králové, on patients with mitral stenosis.[51] As an assistant to Professor K. Šiška, she was a member of the first surgical team to perform a heart transplant in Slovakia on 9th July 1968.[52] She contributed to the development of thoracic surgery in Slovakia.[53] She came from an Evangelical family, whose history was closely linked to the women's emancipation movement. Few women have been recognised for their work in the field of surgery in Slovakia. It was finally in 2002 that MUDr. Mária Frankovičová, PhD., who graduated from the Faculty of Medicine of Pavol Jozef Šafárik University in Košice, became the first female professor of surgery.[54]

The first woman to study medicine at the Faculty of Medicine of Comenius University in Bratislava and then go on to work at the university was MUDr. Jaroslava Michaličková (1914 – 1993).[55] She was born in Prague. She completed her studies at the Faculty of Medicine of the Comenius University in 1940, after which she took a job at the children's clinic, where she worked for more than 50 years, before retiring in 1991.[56] She held the post of the chief physician of the 2nd children's clinic for 32 years (1952 – 1984). After the end of the Second World War, she became an assistant professor and proactively contributed to the organisation of health care for children in Slovakia and the professional education of future paediatricians. She was appointed as an Associate Professor of Paediatrics in 1953, and as a Professor of Paediatrics in 1960.[57]

One of the first women to be active in both medical practice and science in Slovakia was Božena Štúrová-Kuklová (1893 – 1977), who was the first female professor of medicine in Slovakia (and the only one until 1960).[58] She was born in the Czech town of Žamberk and

[49] MOROVICSOVÁ, Eva. Z Košíc do Ameriky – osudy a profesionálna dráha slovenskej lekárky Márie Dziakovej-Böhmovej. In Studia Historica Nitriensia, 2012, vol. 25, no. 2, pp. 439-452.

[50] She also completed study trips abroad. For instance, from 1947 to 1948, she completed a study trip to Leeds, United Kingdom, where she worked as part of the team of Professor Allison.

[51] DOMINIK, Jan. Kardiochirurgické priority Jana Bedrny. In Časopis Fakultní nemocnice a Lékařské fakulty UK v Hradci Králové, 2008, vol. 18, no. 1, pp. 11-12.

[52] Archive of the Slovak Academy of Sciences, f. Karol Šiška, Box no. 4, 37.

[53] FALISOVÁ, Lekári na Slovensku, p. 335.

[54] SIHOTSKÝ, Vladimír – KUBÍKOVÁ, Mária. K životnému jubileu prof. MUDr. Márie Frankovičovej, PhD. In Vaskulárna medicína, 2016, vol. 8, no. 2, pp. 90-91.

[55] DOLAN, Ondrej (ed.) Univerzita Komenského. Prehľad profesorov 1919 – 1966. Prehľad pracovísk 1919 – 1948. Bratislava 1968, pp. 202-203.

[56] KAPELLEROVÁ, Alica – KOVÁCS, Lászlo. 150 rokov bratislavskej detskej nemocnice. Bratislava 2005, p. 74.

[57] KAPELLEROVÁ, Alica – KOVÁCS, László. K nedožitým 95. narodeninám prof. MUDr. Jaroslavy Michaličkovej, DrSc. In Pediatria pre prax, 2009, vol. 10, no. 3, p. 170; KAPELLEROVÁ, Alica – KOVÁCS, László – PAVLÍKOVÁ, Ľudmila. Poldruha storočia ústavnej starostlivosti o choré deti na Slovensku. In Československá pediatria, 2023, vol. 58, no. 10, pp. 661-663.

[58] MUDr. Jarmila Michaličková was only appointed as a Professor of Paediatrics in 1960, followed by MUDr. Irena Jakubcová-Dérerová in 1962. See: SEDLÁČKOVÁ, Eulália. Prehľad profesorov Lekárskej fakulty Univerzity Komenského v Bratislave. Bratislava 1994.

her father was a lawyer. After completing primary school, she studied at the girls' lyceum in Hradec Králové. Since graduation from this school did not meet the entry requirements for university and despite the persistent traditions of the time, her father submitted a request to the Ministry of Education, asking for an exception to allow her to study at a regular grammar school, at least part-time.[59] After obtaining permission, she duly completed her exams and from 1910 to 1912, she was the only girl who could attend a boys' grammar school. At school, she had to maintain a distance from her classmates, so that the "lecture" and public education did not suffer any "harm". She sat at her desk alone, she spent her breaks in the principal's apartment with his daughters, and she was not allowed to be accompanied by a boy on her way home. One of her classmates was her next-door neighbour, he was required to walk several steps behind her to maintain the required distance. After the completion of her studies at the grammar school, she decided to continue her study of medicine at the Faculty of Medicine of Charles University in Prague, from which she graduated in 1918. At first, she worked for a short time in Prague, before joining a group of scientific and pedagogical workers led by Professor Kristián Hynek in 1919. They travelled to Bratislava to make their contribution to building the foundations for higher education in medicine in Slovakia.[60] MUDr. B. Štúrová-Kuklová joined the Clinic of Internal Medicine of the Faculty of Medicine of Comenius University in Bratislava. She worked in a small infectious disease ward, which was established as part of the Clinic of Internal Medicine led by K. Hynek.[61] As an excellent expert in his field, he supported her interest in microbiology and infectiology from the very beginning of their cooperation. Dr. Kuklová was the first assistant at the clinic. At that time such a position was new and an unusual one for a woman, which often caused her male colleagues to be resentful and envious of her. As a consequence of the support she received from the chief physician of the clinic, even while she was still a young internist, Dr. Kuklová completed study trips to prestigious international institutes. Her intensive study of medical problems, diligence at work and excellent knowledge of world languages allowed her to study in France, Germany, the Netherlands, England and Denmark.[62] She implemented her newly acquired knowledge in her medical practice after she returned to Slovakia. She established a laboratory of clinical microbiology at the Clinic of Internal Medicine in Bratislava. This was followed by another study trip to Koch's Hygiene Institute in Berlin and professional stays at specialist hospitals in London and Amsterdam, as well as at several facilities dedicated to the treatment of tuberculosis within Scandinavian countries.

Even in the period between the two world wars several university professors believed that it would be very difficult for women to find their place in medicine, thus they requested

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[59] FALISOVÁ, Anna. Božena Štúrová-Kuklová. In TIBENSKÝ, Ján – PÖSS, Ondrej (eds). Priekopníci vedy a techniky na Slovensku 3. Bratislava 1999, pp. 112-113.

[60] ONDREJIČKA, Mikuláš. Vznik, vývoj a stručné dejiny interných odborov na Lekárskej fakulte. In Päťdesiat rokov Univerzity Komenského. Bratislava 1969, pp. 134-135.

[61] Archive of the Comenius University in Bratislava (AUK), f. Rectorate of the Comenius University (RUK), Human Resources Department (HRD) – pedagogical employees, personal file of Kristian Hynek, Box no. 70; see: GOGOLA, Matej. Prvý rektor Univerzity Komenského Dr h. c. Kristián Hynek, DrSc. In Revue medicíny v praxi, 2019, vol. 17, no. 3, pp. 51-52.

[62] From 1922 to 1921, she completed a study trip to Paris, first at Calmette's Dispensary, which was led during that period by Dr. E. Rist, and later in Pasteur's Institute, where she completed 4 months of training in microbiological technology. In Dr. Legroux's laboratories, she studied the problem of the dissociation of a typical bacterial strain of typhus through the effects of waste water filtratation.

new professions be established purely for women, which would be more suited to their mentality; for example, nursing, social-health services, family schools. One of the proponents of this suggestion was Hynek Pelc, who was one of the first physicians to complete a study trip to public health schools and scientific and professional institutes in the USA.

In 1921, as a result of the efforts of K. Hynek, a ward was established to counsel patients with lung diseases at the Clinic of Internal Medicine of the Faculty of Medicine of Comenius University in Bratislava, led by B. Štúrová-Kuklová, who was also active in raising awareness of this type of disease.[63] She implemented the most recent findings in her fight against tuberculosis. In 1924, she and K. Hynek were the first doctors in Slovakia to perform an artificial pneumothorax, which was the most effective treatment for lung tuberculosis until the discovery of antitubercular medication. In the early 1920s, she initiated the establishment of the League against Tuberculosis.[64]

In 1928, MUDr. Štúrová-Kuklová applied for the title of Associate Professor at the age of 33. She was recognised for her erudition in the field and in addition to her professional qualities, she was respected for her diligence, organisational abilities, attitude to work and her work to raise awareness in the fight against tuberculosis.[65] In spite of all her positives, certain doubts arose and professor MUDr. Polák, who was the Vice-Dean of the Faculty of Medicine of Comenius University, was not in favour of awarding B. Štúrová-Kuklová with the title. He also stated that he would not have objected if it had been the habilitation of a Slovak, but he did not consider the habilitation of MUDr. B. Kuklová necessary for the faculty. He emphasised that this would be the first habilitation of a woman at a medical faculty in Czechoslovakia and *"a matter unheard of and of high importance. We should ask ourselves if it is appropriate for the Faculty of Medicine in Bratislava to be the first to habilitate a woman. The habilitation of the first woman is undoubtedly a great honour. Therefore, we recommend careful consideration if the scientific qualifications of Dr. Kuklová truly and fully correspond to the honour that a habilitated woman would receive."*[66]

This statement made by the Vice-Dean led to heated discussions. Most of the professors at the Faculty of Medicine of Comenius University did not agree with the proposal of Professor Polák to dismiss the application of MUDr. Kuklová. The apt comments of Professor MUDr. Stanislav Kostlivý, the chief physician at the Surgical Clinic of the Faculty of Medicine of Comenius University in Bratislava, best summed up their position.[67] He

[63] Slovak National Archives in Bratislava (SNA BA), fund (f.) Local body of the Ministry of Public Health and Physical education (EMVZTV), Box no. 3.

[64] According to the Ministry of Public Health and Physical Education, tuberculosis was classified as a social disease. It was one of the reasons why the burden associated with the fight against tuberculosis was diverted onto volunteer organisations. The fight against tuberculosis could be characterised by disunity and a lack of coordination and funding. Systematic leadership of the fight against tuberculosis required substantial financial expenditure. Hence, only those activities which could be covered by public and private subsidies were performed. The selected form of health care had a negative impact on the state of health of the population. The dominant treatment for tuberculosis was still the classic hygienic-dietetic therapy, as the foundation for further therapeutic efforts. See: BENIAK, Milan. Ivan Stodola – lekár. Martin 1988; STODOLA, Ivan. Dnešný stav, budúce úkoly protituberkulóznej organizácie na Slovensku. In Bratislavské lekárske listy, 1926, vol. 6, no. 5, p. 613; VIRSÍK, Karol – KRIŠTÚFEK, Peter. História boja proti tuberkulóze so zvláštnym zreteľom na boj proti tuberkulóze na území Československa a Slovenska. Bratislava 2000; SNA BA, f. EMVZTV, Box no. 4.

[65] AUK, f. RUK, HRD – pedagogical employees, personal file of Božena Štúrová-Kuklová, Box no. 186.

[66] AUK, f. RUK, HRD – pedagogical employees, personal file of Božena Štúrová-Kuklová, Box no. 186.

[67] AUK, f. RUK, HRD - pedagogical employees, personal file of Stanislav Kostlivý, Box. no. 95.

emphasised that it was very difficult to differentiate between a male or female candidate for the title of Associate Professor. In the case of MUDr. Kuklová, considering her scientific qualities and professional activity, he fully recommended her habilitation. This was followed by a ballot on whether MUDr. Kuklová should be allowed to proceed on the path towards habilitation. In the secret ballot there were sixteen valid votes cast, fifteen votes for "Yes" and one "No". The ballot finally sealed the question and the application of MUDr. Kuklová was approved and she entered into the process of habilitation. In 1928, she became an Associate Professor of the Pathology and Therapy of Internal Diseases at FM CU.[68]

In 1934 there was yet another milestone in her life. She was the first woman in Czechoslovakia to become a Reader in Internal Medicine at the Faculty of Medicine of Comenius University in Bratislava, and thus, her responsibilities at the clinic increased. Two years after the departure of K. Hynek for Prague, she moved to a propaedeutic clinic led by Professor Jaroslav Sumbal.[69] She also led the clinic in 1938, while he was ill.[70] In 1940, she was dismissed by the Ministry of Education and National Awareness in Bratislava, but as her husband was Slovak, she was able to remain in Slovakia, she worked in private medical practice and as a general practitioner at a tuberculosis outpatient clinic.[71]

In 1946, Štúrová-Kuklová returned to the Faculty of Medicine of Comenius University, and in 1949, as an experienced specialist, she was put in charge of the newly founded Tuberculosis Clinic, which was allocated premises in a mansion in Podunajské Biskupice.[72] She was the head of the clinic until her retirement in 1961. From 1952, she was also Head of Department of Tuberculosis at the Faculty of Medicine, Comenius University. She trained a team of physicians – specialists in the treatment of tuberculosis, who would go on to work in various places. In 1956, she received the title of Doctor of Medical Science.[73]

The following factors contributed to the successful beginning and recognition in the career of Professor Štúrová-Kuklová: the necessary foundation was provided by her favourable family background – her father was able to obtain permission from the Ministry of Education to allow her to complete grammar school studies, at that time, only boys were allowed to study at grammar schools. As a graduate of the Charles University in Prague, she made the right decisions and was in the right place at the right time. She came to Slovakia as a member of Professor Hynek's team, who, along with other Czech professors, made a substantial contribution to building the foundations of the Faculty of Medicine at Comenius University in Bratislava. In Bratislava, she started to work in a field that was just starting to become established – phthisiology. Furthermore, at that time,

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[68] AUK, f. RUK, HRD – pedagogical employees, personal file of Božena Štúrová-Kuklová, Box no. 186. Shortly after her appointment as an Associate Professor, she married Assoc. Prof. Svätopluk Štúr, who later became a professor at the Faculty of Arts of Comenius University and an art critic. On top of her demanding scientific, research, organisational and pedagogical work, she was now also responsible for her family.

[69] AUK, f. RUK, HRD – pedagogical employees, personal file of Jaroslav Sumbal, Box no. 176.

[70] GOGOLA, Matej. Klinické pracoviská a teoretické ústavy bratislavskej Lekárskej fakulty v rokoch 1938 – 1948. In Dejiny Lekárskej fakulty Univerzity Komenského v Bratislave. Vol. 2. Bratislava 2021, p. 18.

[71] AUK, f. RUK, HRD – pedagogical employees, personal file of Božena Štúrová-Kuklová, Box no. 186.

[72] SNA BA, f. The Slovak National Health Council's Commission 1960 – 1968, Box. 25. Report on the 10-year activity of the Regional Hospital for Tuberculosis and Pulmonary Diseases in Podunajské Biskupice. See also: VIRSÍK, Karol – BAJAN, Anton. Rozvoj a úspechy boja proti tuberkulóze a respiračným chorobám v ČSSR za posledných 30 rokov. In Časopis lékařů českých, 1975, vol. 114, no. 33, pp. 1001-1003.

[73] AUK, f. RUK, HRD – pedagogical employees, personal file of Božena Štúrová-Kuklová, Box no. 186.

tuberculosis, especially its pulmonary form, was the leading illness in patients with infections in Slovakia.[74] The field of respiratory medicine was not one of the most prestigious medical specialisations, which medical doctors might be interested in, and the treatment of tuberculosis was rather lengthy; the first successful medications were only discovered in late 1940s. Doctors in the field needed high levels of patience and to carry out a lot of healthcare-related awareness work. Another major factor was the effort made by the central authorities to deal with the problem and to support those people who had medical successes.

Female Representation in Medicine

Women pioneering medicine could hardly have anticipated that the acceptance of women in medicine would increase to the extent that, in some countries, female doctors would eventually outnumber men. *"... the number of women physicians grew modestly, averaging around 6% of the medical workforce for the first two-thirds of the 20th century. This compared favourably with the percentage of women in other professions – for example, 2% in law and less than 1% in engineering. The percentage of women doctors in the United States still trailed the percentage of women doctors in European countries, however. In Germany, 30% of physicians were women in the 1960s, while the proportion was 20% in the Netherlands, 25% in Great Britain, and 75% in the Soviet Union."*[75] As has been pointed out by several historians, Russia differs from much of the West in the occupational patterns of female physicians within the labour market. *"Since the 1930s, around 70 percent of the doctors in Russia have been women. Despite the predominance of women within medicine as a whole, there was, and continues to be, a clear gender hierarchy within the profession, with women underrepresented in the most prestigious specialities and in academia."*[76]

Aditi Ramakrishnan et al. pointed out that "*During the Soviet period, as part of a broader phenomenon of the de-professionalization of medicine, medical societies were abolished, physicians became state employees and lost control over the profession, and the prestige of the Soviet physician declined, with medicine becoming one of the poorest-paid professional occupations. Simultaneously, women were encouraged to work as physicians in this new landscape, resulting in the feminization of the profession.*"[77]

Medical faculties in Europe only opened up to women very slowly, even though women did show interest in the study of medicine. During the first few years after the establishment of Czechoslovakia, there were only a few female doctors in Slovakia, and most of them were Czech, especially in the 1920s. A major milestone, that allowed women to work in medicine, was the establishment of the Faculty of Medicine in Bratislava.

In the 1919/1920 academic year, 11 women enrolled to study at the Faculty of Medicine of Comenius University, and since then, the faculty has recorded a slow but quite steady rise

[74] SNA BA, f. EMVZTV, Box no. 3; see also: KOVAĽ, Peter. Dejiny zdravotníctva v Prešove v medzivojnovom období. Prešov 2020, p. 38.

[75] LUDMERER, Kenneth. Seeking Parity for Women in Academic Medicine: A Historical Perspective. [Online]. In Acad Med., 2020, vol. 95, no. 10, pp. 1485–1487.

[76] HARDEN, Jeni. 'Mother Russia' at Work: Gender Divisions in the Medical Profession. In The European Journal of Women's Studies, 2001, vol. 8, no. 2, p. 182.

[77] RAMAKRISHNAN, Aditi – SAMBUCO, Dana – JAGSI Reshma. Women's Participation in the Medical Profession: Insights from Experiences in Japan, Scandinavia, Russia, and Eastern Europe. In Journal of Women's Health, 2014, vol. 23, no. 11, p. 927-934.

in the representation of women compared to men among its students.[78] In the 1937/1938 academic year, 128 women enrolled, and in 1941/1942 there were as many as 131 women, which was 19 % of the total number of enrolled students.[79]

The change in social norms and new opportunities for the study of medicine at new faculties of medicine in Slovakia can be seen in the data on the prevalence of women in the total number of students enrolled on medical courses from 1948 to 1958, as shown in Figure 1. In the 1948/1949 academic year there were 460 women enrolled on medical course of study in Slovakia; by 1958/1959, the number had increased to 1,078 women.[80] The establishment of a second medical faculty in Košice (1948) and later in Martin (in 1962 it was a detached department of the FM of CU and from 1969 it became a separate faculty of medicine of CU) allowed a progressive increase in the number of medical students, with the ratio of female to male students remaining relatively stable.

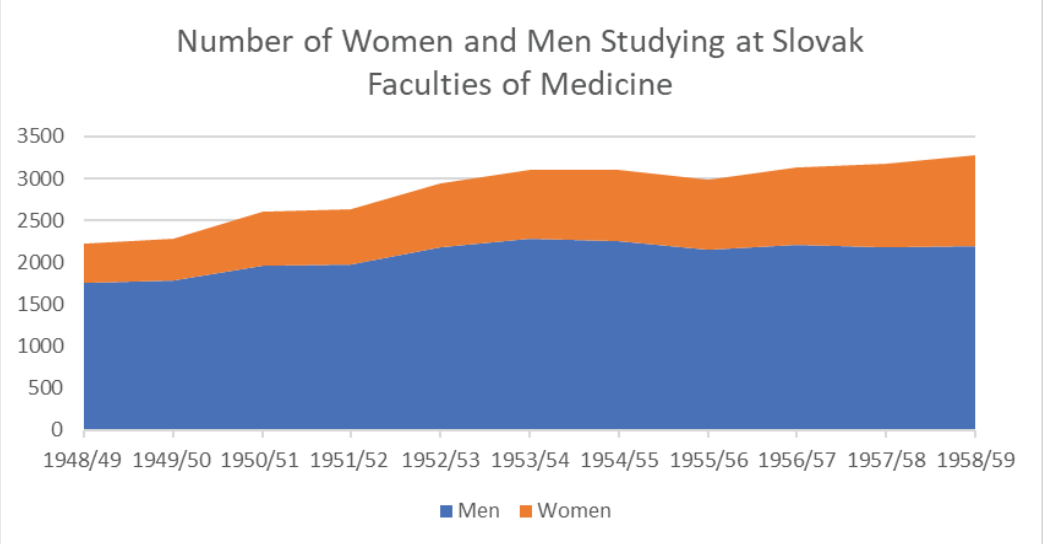

Figure 1. Number of Women and Men Studying at Slovak Faculties of Medicine. Source: Authors' analysis, based on data from: DOLEJŠÍ, Václav et al. Československé zdravotnictví 1948 – 1958 ve statistických údajích. Praha 1959, p. 154.

It is interesting that although between 1939 and 1945, the societal ideal of a Slovak woman, as presented in the public discourse of the time, mostly involved their fertility, motherhood, marriage and the patriarchal organisation of the family[81,] the interest of women

[78] Unlike previous periods, the practice of medicine was no longer the privilege of men. In the early 1930s, women represented approximately 17 % of all students at medical faculties in Czechoslovakia. Their numbers at medical faculties increased year by year. In practice, this meant that while in 1933 there were 1,614 physicians active in Slovakia, of whom 52 were women, by 1935 their number had risen to 151. FALISOVÁ, Zdravotníctvo na Slovensku v medzivojnovom období. Bratislava 1999, p. 166; see also Statistické ročenky Republiky Československé za roky: 1935 – 1938.

[79] MESIARKIN, Adam. Lekárska fakulta bratislavskej univerzity v rokoch 1938 – 1948. In Dejiny Lekárskej fakulty Univerzity Komenského v Bratislave, 2. časť. Bratislava 2021, pp. 214-339.

[80] DOLEJŠÍ, Václav et al. Československé zdravotnictví 1948 – 1958 ve statistických údajích. Praha 1959, p. 154.

[81] See: ŠKORVÁNKOVÁ, Eva. Snahy o obmedzenie vysokoškolského štúdia žien v období slovenského štátu. In Historický časopis, 2018, vol. 66, no. 4, pp. 649-670; ŠKORVÁNKOVÁ Eva. Ideologické vplyvy v popu-

in a career as a doctor was relatively high and the number of women studying medicine at the Faculty of Medicine of Comenius University was between 12 and 19 %. Female doctors especially worked in paediatrics, in the treatment of tuberculosis or trachoma, in clinics that offered counselling to mothers with children and in stomatology. However, their representation at clinics was subtle and disproportionate in comparison to men.[82] Yet, gradually women moved into leadership and management positions as chief or head physicians at sanatoriums. Besides the treatment of patients, many of the first women in medicine made great contributions to improvements in public health and the organisation of health services.

The number of women enrolled in medical faculties who successfully completed the study of medicine in Slovakia rose steadily, even after the end of the Second World War.[83] Even though for a long time the number of women was several times lower than that of men, there was a long-term rising trend in the number of female students as well as an increasing prevalence of women among students of medicine over the given period.

Conclusion

In her research into the feminisation of medicine in France, Anne-Chantal Hardy highlighted several links between feminisation and the democratisation of medical recruitment on the one hand and the transformation, in terms of a liberal model, of medicine on the other. Democratisation in the field of medical education meant that women were accepted as candidates for study. On the other hand, the liberal model of medicine accentuates freedom in the performance of the medical profession, which should, as far as possible, be free of the burden of state control and rather move into professional autonomy and into the doctor-patient relationship, and not only for financial reasons. Without the gradual democratisation of society, without changes in the relationship of the state to citizens, respecting the right of freedom of assembly and other democratic freedoms, it is hard to imagine there could have been the public activities of women's associations and movements for the equality of women and the public formulation of their demands for education and the professional preparation for something other than housework.[84]

"*Many female physicians were active in the fight for suffrage, and some even assumed leadership roles, devoting their lives to the cause. As pioneers in a profession dominated by men, it is not surprising that these women advocated for equality on behalf of their own sex. Many were also proponents of temperance, public health reform, or reproductive rights*."[85]

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lačnej politike Slovenského štátu v rokoch 1939 – 1945. In Populačné štúdie Slovenska. Bratislava 2019, no. 12, pp. 47-61.

[82] See: MESIARKIN, Adam. Pedagogicko-vedecký zbor a študenti Lekárskej fakulty UK v rokoch 1919 – 1945 a téma národností. In 100 rokov univerzitného lekárskeho vzdelávania na Slovensku. 100 rokov Lekárskej fakulty UK v Bratislave. Bratislava 2019.

[83] The number of doctors also increased due to the establishment of another Slovak medical faculty.

[84] HARDY, Anne-Chantal. Women Doctors in France: A Feminization That Is Mere Window Dressing? In Gender, Careers and Inequalities in Medicine and Medical Education: International Perspectives on Equality, Diversity and Inclusion. Bingley 2015, pp. 151-176.

[85] CHIN, Eliza – LEVY, Morgan. – BROWN, Alyssa D. – MARR, Molie C. – KENI, Prachi – DARAM, Naveena – CHAU, Courtney A. – RANGWALA, Naseem – WATSON, Katarina. Women physicians and the suffrage movement. [Online]. In Permamente Journal, 2020, vol. 24, no 3. Source: https://doi.org/10.7812/TPP/20.036

As Jefferson et al. pointed out, the success of the first-wave of feminism was highly important, it resulted in the potential for women to work in the medical professions, as it ensured access to proper secondary and higher education for women.[86] Another major factor was that women built up their presence in obstetrics – the expertise of midwives was recognised, their education and professional practice was institutionalised, and the experience of doctors who observed the midwives in action or verified their knowledge and skills undoubtedly contributed to the elimination or at least mitigation of prejudice against the physical and mental capabilities of women. Some women, especially in the United Kingdom, were only allowed to study medicine once they were already qualified as a nurse or midwife.

Another important factor that allowed women (at first in the United States and the United Kingdom) to enter the profession in larger numbers was the institutionalisation of education for women, which was provided separately from their male classmates. From the second half of the 19th century in the USA and United Kingdom, separate medical faculties for women were established. However, separated university education was not typical in continental Europe. Before women were allowed to study within the common model of education – co-education – typically the woman's family would have to provide sufficient material resources and secure a private education at home, or the female pupil would have to, with luck on her side, obtain an exception that would allow her to study at secondary school. This was also the case for the first female doctors in Slovakia: M. Bellová, A. Trnovská-Šáchová, B. Štúrová-Kuklová. Significant representation of women in the medical profession only occurred after the Second World War; this trend also corresponds with the overall change in perspective on the position of women in society, the female workforce and adoption through legislation of the principles of equal opportunity without discrimination in the access to all levels of education, along with the right to work and a free choice of profession. To a certain extent, gender inequalities in professional paths and the representation of women in academic and leadership roles in medicine still exist today.

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[86] JEFFERSON – BLOOR – MAYNARD, Women in medicine: historical perspectives and recent trends, pp. 6-7.

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