

THE DILEMMA OF DIFFERENCE

In *William Osler: A life in medicine*, Michael Bliss tells the story of a chance meeting between a middle-aged gentleman and fellow traveller making their way to Johns Hopkins Hospital by tram. During the course of their conversation the gentleman enquired whether his young female companion intended to enter medical school. When she replied she did, he retorted, "Don't! Go home!"

The year was 1896. The gentleman was Osler and the aspiring medical student, Dorothy Reed, who later delineated the characteristic cell of Hodgkin's disease that bears her name. Bliss further reveals that "Most Hopkins men, staff and students, were not fond of 'hen medics' studying to become 'doctresses'."

Things were no different in Australia. By 1902, the jubilee year of Sydney University, only 11 of its 218 medical graduates were women.

How things have changed! Women now account for over half of our medical students. Their sisters have broken down barricades and occupied peak positions within learned colleges and medicopolitical bodies. Others have broken the glass ceilings of academia, research institutes, medical bureaucracies and advisory bodies. In the clinical specialties, women account for a third of doctors in general practice and are steadily increasing their numbers and influence in other specialties. Surgery remains the last barricade.

Despite this progress there remains for women what Martha Minow, a US legal scholar, calls the "dilemma of difference" — how to be different from but equal to their male colleagues; the dilemma of reconciling professional equality and sex differences; the dilemma of choice between career and children and in achieving balance in the conflicting demands of practice, partner, family and the community.

Much more needs to be done. But, in order to dismantle the dilemma of difference, we need solutions crafted by both *women* and *men*.

Martin B Van Der Weyden

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