

MEDICAL WOMEN AT WAR, 1914–1918

by

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Women had a long and difficult struggle before they were allowed to obtain a medical education.¹ Even in 1914 the Royal Free was the only London teaching hospital to admit them and some universities (including Oxford and Cambridge) still held out against them. The cost of a medical education continued to be a major obstacle, but at least there were enough schools by then to ensure that British women who wanted and could afford one could get it. The difficulty was in finding residency posts after qualifying, in order to make a career in hospital medicine. Few posts were available outside the handful of all-women hospitals, and medical women were channelled away from the more prestigious specialities—notably general surgery—into those less highly regarded, like gynaecology and obstetrics, and into asylums, dispensaries, public health, and, of course, general practice.²

When war broke out in August 1914, the Association of Registered Medical Women expected that women doctors would be needed mostly for civilian work, realizing that “as a result of the departure of so many medical men to the front there will be vacancies at home which medical women may usefully fill”.³ As early as February 1915 it was estimated that a sixth of all the medical men in Scotland had taken commissions in the RAMC. In April of that year it was reported that “there is hardly a resident post not open to a qualified woman if she cares to apply for it”. By January 1917 more than half the British medical profession had

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¹ E. Moberly Bell, *Storming the citadel: the rise of the woman doctor*, London, Constable, 1953; Catriona Blake, *The charge of the parasols—women’s entry to the medical profession*, London, Pandora, 1990; Pauline King, ‘The position of British medical women in peace and war: marginalization through the interaction of ideology and professional closure’, MA dissertation, University of Essex, 1990, ch. 1. A wider perspective (including not only Britain but also the USA, France, Switzerland, Germany, and Russia) is offered by Thomas Neville Bonner, *To the ends of the earth—women’s search for education in medicine*, Cambridge, Mass., and London, Harvard University Press, 1992.

² Flora Murray, ‘The position of women in medicine and surgery’, *New Statesmen*, 1 November 1913 (special supplement).

³ Medical Women’s Federation collection, Contemporary Medical Archives Centre, Wellcome Institute for the History of Medicine (hereafter CMAC): SA/MWF/C.157, 14 August 1914. The Association formed a sub-committee “to collect information at once as to the different forms of assistance which medical women can give in the contingencies arising from the state of war”. In 1917 the Association joined with medical women’s associations in other parts of the country to form the Medical Women’s Federation.

been called up for military service, and that summer there were “great and unforeseen casualties in the commissioned ranks of the RAMC”, which further increased pressure on civilian medical practitioners. Anecdotal evidence survives of a woman surgeon in Glasgow, Ellen Orr, taking over the practice of one surgeon after another as they went off to the Front.⁴

During those years every effort was made to persuade girls to enter medicine. Whereas before the war it was difficult to get clinical training, by April 1915 a writer could declare that “since the war, this has been entirely changed, and the big hospitals are only too thankful to get fully qualified women”.⁵ A constant stream of articles appeared in national and provincial newspapers, in women’s and girls’ magazines, and in the medical press about how greatly women doctors were needed and how there had been a terrific expansion of opportunities for them.⁶ When an extension to the London School of Medicine for Women was opened in autumn 1916, by Queen Mary, the *Daily Telegraph* (8 October) began its report with the words: “To the women doctors the war has brought triumph”. One after another the London teaching hospitals began to admit women.⁷ Medical women were attached to munitions factories, and Dr Jane Walker, first President of the Medical Women’s Federation, was consulting physician to the Ministry of Munitions and Ministry of Food.⁸ But the war did not only expand opportunities at home; it also opened up possibilities for types of work hitherto barred to women. Service in the war zone was seen by some medical women as a patriotic duty and a chance to prove themselves in a man’s world. This paper is about their experiences.

Initially the War Office refused to entertain the idea of a medical woman serving in a military hospital, so those who wished to do so offered their services to allied governments. Many of them ended up with as much responsibility as any male doctor—and were in as much danger, making nonsense of War Office claims that medical women could offer only “limited” service in the field. Reluctant though the War Office was to admit that medical women had any part to play in military hospitals, the pressures on civilian doctors were so great that eventually it was forced to recruit them. But medical women who answered the War Office call did so under very different terms from their male counterparts, since they were not commissioned officers.

In the final section of the paper an attempt is made to look at the later careers of the medical women whose wartime exploits have been related, and to question whether that experience had any effect on the position of women in medicine after the war ended.

I

It seems entirely appropriate that one of the two founders of the first all-women unit to be formed was the daughter of Elizabeth Garrett Anderson, a pioneer in the fight for women’s

⁴ W. G. Macpherson, *Medical services general history*, vol. 1, London, HMSO, 1921, pp. 144, 146, 150; A. H. Bennett, ‘Wanted—more medical women’, *Common Cause* (journal of the NUWSS), 30 April 1915; Letter from John Orr, 14 April 1993.

⁵ Bennett, *ibid.*

⁶ The best place to appreciate this phenomenon is the Royal Free Hospital archive which has a scrapbook of press cuttings.

⁷ The *British Medical Journal* from 1916 to 1917 is the best source of information about the gradual opening of hitherto closed teaching hospitals to women.

⁸ Women’s Work Collection, Imperial War Museum, BRC 24¹⁰/9.

right to receive a medical education, and the first woman to be placed on the British Medical Register. Louisa Garrett Anderson qualified in 1897, got her BS in 1898 and MD in 1900 (all from the London School of Medicine for Women). When war broke out, she was a surgeon for out-patients at the New Hospital for Women (later called the Elizabeth Garrett Anderson Hospital) and the Women's Hospital for Children. Her partner in forming the Women's Hospital Corps, Flora Murray, qualified at Durham in 1905 and got a Diploma in Public Health (DPH) in 1906. She was a physician at the Women's Hospital for Children, assistant anaesthetist at Chelsea Women's Hospital, schools medical officer, and lecturer and examiner for London County Council.⁹

Both doctors had been members of the Pankhursts' militant suffrage organization, the Women's Social and Political Union, and reckoned—correctly—that “to have approached the War Office at that time would only have meant to court a rebuff. But it was common knowledge that the French Army was inadequately supplied with surgeons and hospitals”. So on 12 August 1914—eight days after war was declared—they visited the French Embassy and subsequently were accepted by the French Red Cross.¹⁰ They managed to raise the necessary cash, recruit staff, and buy equipment and stores in time to leave England on 14 September. The Hotel Claridge in Paris, which had been placed at the disposal of the French Red Cross, was to be their hospital. As soon as the building had been converted, severely wounded men were brought in, and the work begun. Dr Murray was in charge as *Médecin-en-Chef* and Dr Garrett Anderson was chief surgeon. They treated both French and British, officers and men.¹¹

When, towards the end of September, the British War Office sent a representative to inspect and report on the auxiliary hospitals, he was astonished to find this one staffed by British women. Accompanying him was a civilian doctor, “unconverted to women doctors”. But they were both so impressed with the hospital that they declared that “the British Army would not hesitate to make use of it, supposing that the matter could be arranged with the French Red Cross”. Subsequently the RAMC authorities treated the Hotel Claridge as though it were a British auxiliary rather than a French one. French and British journalists were fascinated by the idea of women surgeons and wrote glowing reports of their activities.¹²

In October, news reached Paris of heavy fighting in the north and of a great rush of wounded to Boulogne. Three of the Women's Hospital Corps doctors went to investigate and discovered that some 3,000 casualties were coming in daily. With the approval of the French, they therefore decided to establish a second hospital in or near Boulogne and found a suitable building in Wimereux. It was ready for occupation on 6 November, and the Commandant of the British Army Medical Service in the area told them they would be working directly under him. They were thrilled, “for, all the time it had been their ambition to see women doctors working as army surgeons under the British War Office”. By now, most wounded soldiers were being treated at the front rather than being transported to Paris,

⁹ *Medical Directory*, 1913.

¹⁰ Flora Murray, *Women as army surgeons*, London, Hodder and Stoughton, 1920, pp. 4–6. Women doctors were so far beyond the ken of French officialdom that Dr Murray reckoned they imagined the women offering merely to equip a hospital, not run it themselves.

¹¹ *Ibid.*, pp. 14, 26–9, 32, 39–40.

¹² *Ibid.*, pp. 48–54, 58–9.

and, as there were more hospitals than needed in the city, in January 1915 the one at the Claridge closed down, and the staff joined the rest of the unit at Wimereux. When the following month it appeared that there would be more pressure of work in England than in France, the head of the Army Medical Services, Sir Alfred Keogh, arranged to give the doctors charge of a large hospital in London.¹³ Thereafter they were unique as a women's unit working under the War Office, and their tale will be resumed later.

The second all-women unit was formed by Mabel St Clair Stobart, a non-medical woman with money and connections who had already formed such a unit during the First Balkan War in 1912. At that time she recruited three women doctors—Hutchinson, Tudor, and Ramsbotham—“for the purpose of fully demonstrating my argument that women are capable of undertaking all work in connection with the sick and wounded in warfare”. The unit spent ten weeks in Bulgaria, and, after hostilities ceased, the doctors stayed on for a while under the Bulgarian Red Cross.¹⁴ But the work of one small group of women, in a country of no interest to most Britons, made a negligible impact in the UK. The Great War gave Mrs Stobart another chance.

She offered a unit to the Belgian Red Cross and raised money and equipment from friends, the St John Ambulance Association, and the Women's Imperial Service League (the unit was generally known under the latter name). The Chief Medical Officer was Florence Stoney, who was born in 1870 and graduated MB, BS from the London School of Medicine for Women in 1896, and received an MD in 1898. She studied the new speciality of radiology and set up the X-ray departments at the Royal Free and the New Hospital for Women. At the outbreak of the war, Dr Stoney offered herself and her portable X-ray apparatus to the War Office, but because she was a woman the offer was declined. She therefore joined Mrs Stobart's unit. Among the other doctors was Mabel Ramsay, who had qualified in 1906, and obtained a DPH in 1908, and an MD in 1912 (from Edinburgh). In 1914 she was honorary medical officer at Plymouth Day Nursery, and examiner and lecturer for the Red Cross Society. Previously she had been senior house surgeon at the Women's and Children's Hospital in Leeds.¹⁵

The unit arrived in Antwerp on 20 September, and were given the Philharmonic Hall (“a great building with an enormous glass roof”) for their hospital. They quickly converted it, receiving their first fifty patients two days later. There was never a vacant bed. Most of the patients came in at night after the battles of the day, but serious operations had to wait until morning, for they could use no light stronger than candles for fear of enemy aircraft.¹⁶

Although the Belgians insisted that Antwerp was impregnable, the British were not so sanguine. The Germans moved ever closer. On 7 October, Dr Mabel Ramsay recorded in her diary: “Bombardment expected hourly. Hospital is full and everyone working at top

¹³ *Ibid.*, pp. 85–7, 90, 96, 110–11, 113–15.

¹⁴ Mrs St Clair Stobart, *War and women*, London, G. Bell & Sons, 1913, pp. 19, 62. Dr Alice Hutchinson was in charge of the first Scottish Women's Hospitals unit and was active abroad throughout the war, so she clearly developed a taste for such foreign adventures. The *Medical Directory* reveals no war service for Dr Tudor, and I was unable to find Dr Ramsbotham's name.

¹⁵ *Idem*, *The flaming sword in Serbia and elsewhere*, London, Hodder and Stoughton, 1916, p. 5; obituaries of Florence Stoney, *Br. med. J.*, 1932, ii: 734; *Lancet*, 1932, ii: 871; *Medical Directory*, 1913.

¹⁶ *Lancet*, obituary of Florence Stoney, note 15 above; [Mabel Ramsay] ‘Notes and diary of events from September 16th to October 14th 1914 of the work of the Women's Imperial Service Hospital at Antwerp’, Women's Work Collection, Imperial War Museum, BRC 24²/8; Joan Babington, ‘Experiences with Women's Hospital units in Belgium and France 1914–1915’, CMAC: SAS/MWF/C.168.

speed. Surgery is done under awful conditions.” At midnight the bombardment began and the area around the hospital was shelled. “My own instinct at first”, confessed Dr Ramsay, “was to rush ahead of all the patients, and get first into the cellars, but I conquered this feeling.” In the morning a general evacuation of the city was ordered. All round them houses were on fire or blown up. Dr Ramsay became separated from the rest of the unit. “My feelings were horrible during that night,” she wrote, “as I had a feeling of desertion and also one of fear lest any of the British women should fall into the hands of the Germans.” London omnibuses which had carried the English Naval Brigade, helped to evacuate the other unit members and patients. All reached safety, some via Ostend and some via Holland.¹⁷

The hospital equipment was lost in the retreat, but Mrs Stobart managed to acquire funds for new equipment and offered the unit to the French Red Cross. On 6 November they were given a sixteenth-century castle near Cherbourg for their hospital, and on the 8th they admitted their first patients. The castle “was very ancient, and was chiefly noted for the crimes that had been committed there, including that of Heloise and Abelard”. Sanitation was primitive; water had to be brought up two flights of stairs and boiled for surgical use over oil stoves. There was no heating, and they had “a sort of homemade Electric Plant, run off a Dynamo, which worked from the stream which ran through the grounds”. Only the most serious cases were kept in the area, and “it was one constant struggle to overcome sepsis; in fact, pus was chased up and down the limbs”. The majority of cases were compound fractures, “and almost all horribly septic”.¹⁸

When the British army took over the northern part of the line in France and sent British moveable cases to England there was no more need for the Cherbourg hospital, and it was closed in March 1915. Florence Stoney was asked by the War Office to take over the X-ray department of Fulham Military Hospital, where she remained for the duration of the war, most of the time as the only woman staff member. More than 15,000 cases passed through her hands, and she was awarded the OBE in 1919.¹⁹

At the beginning of the war there was another unit with women doctors in Belgium. This was a British Field Hospital unit, with a large nursing staff, and a medical staff of eight—four men and four women. Among them was Alice Benham of Chelsea, a London graduate of 1904, who had got her MD in 1910, and was working as medical officer in the Church Army Dispensary in London. Another was Laura Forster, an Australian by birth who made her home in England. She had obtained her MD in Berne in 1894, but had gone to the First Balkan War as a nurse since women doctors were not accepted.²⁰ The unit had brought tents and cars, expecting to operate in the field, but the authorities asked them to set up a hospital in a large school in Antwerp. They had first-class equipment, including their own operating table, sterilizers, and instruments. Three days after their arrival they received 140 wounded soldiers within 24 hours. “Although we had some very severe injuries, only about six or seven of the 140 died.” When the bombardment of the outer forts began the

¹⁷ *Lancet*, obituary of Florence Stoney, note 15 above; Ramsay, *ibid.*; Babington, *ibid.* Dr Babington wrote that during the slow, hot journey across Belgium, “Everywhere we stopped the peasants came to give us food, and they always brought more sardines. I have never seen such an oily mess in my life.”

¹⁸ Stobart, *op. cit.*, note 15 above, p. 11; Mabel L. Ramsay and Florence A. Stoney, ‘Anglo-French Hospital, No. 2, Chateau Tourlaville, Cherbourg’, *Br. med. J.*, 1915, i: 966–9, p. 996; Babington, *op. cit.*, note 16 above.

¹⁹ *Lancet*, obituary of Florence Stoney, note 15 above; Barbara McLaren, *Women of the War*, London, Hodder and Stoughton, 1917, p. 42.

²⁰ *Medical Directory*, 1913; *Common Cause*, 2 March 1917.

doctors took it in turn to help out there. Soon they were forced back to the city, which was also shelled. They were offered motor buses to evacuate their patients: “It was rather a trying business loading the buses, shells were landing thick and fast; one hitting a part of the hospital before we left”. They too reached Ostend and the Channel.²¹

After the fall of Belgium the main destination for voluntary units was Serbia, which had beaten off an Austrian invasion but was in great need of medical help. The Serbian Relief Fund was formed in 1914 and operated throughout the war years, and after. SRF units comprised both male and female doctors. The first of these, with Lady Leila Paget as administrator, and one woman doctor, reached Serbia in 1914. Some members died in the dreadful typhus epidemic that overtook the country at the beginning of 1915, and others were for some months prisoners of war after the enemy invasion in the autumn of 1915. Thereafter the SRF looked after Serbian refugees in Corfu, Salonica, Monastir, Tunis, and Bizerta. After hostilities were over they moved back into Serbia.²²

A husband and wife medical team—James Berry BS, FRCS, and F. May Dickinson Berry, MD, BS—took a unit out to Serbia in January 1915. Mr Berry was chief surgeon and Mrs Berry anaesthetist. They turned down the SRF’s offer for the unit to be under the Fund’s auspices, preferring to be independent. Both doctors took leave of absence from the Royal Free Hospital, and they recruited another male surgeon, plus a newly qualified doctor, Dorothy Chick, and two medical students (one male, one female). They wanted to call themselves the Royal Free Hospital Serbian Unit, but the hospital board demurred. “So it received the colourless title of Anglo-Serbian Hospital, a name shed in Serbia, where it was universally known as the ‘Berry Mission’, while in England, in spite of its god-parents, it was most often called the Royal Free Hospital Unit.”²³

The unit was attached to the Reserve Military Hospital in the spa town of Vrnjatchka Banja. Three more doctors joined in the ensuing months. Dr Helen Boyle who had qualified in 1893 and, in common with many other medical women of that period, had taken her MD abroad (in Brussels, 1894). Together with Dr Mabel Jones, she had established a dispensary for women in Brighton in 1897, and subsequently she headed the Lady Chichester Hospital for Women and Children in Hove, the first to specialize in the treatment of “early nervous breakdown”. Ada MacLaren was of the next generation of women doctors, qualifying in Edinburgh in 1902, and receiving a DPH in 1911. She was an assistant schools medical inspector in Birmingham, having previously been assistant medical officer at two asylums. Isobel Inglis was even younger, having qualified in Glasgow in 1911; no posts were listed prior to the war.²⁴

After the capture of Vrnjatchka Banja by the Austrians in November 1915, most of the unit remained with their patients and were held captive until the middle of February. Mr and

²¹ Alice M. Benham, ‘Experiences with a Red Cross hospital in Belgium’, *Mag. Lond. R. Free Hosp. Sch. Med. Women*, July 1915, pp. 74–9. I have not been able to find out who organized this unit.

²² The story of Lady Leila Paget’s unit is told in Monica Krippner, *The quality of mercy: women at war, Serbia, 1915–18*, Newton Abbot, David and Charles, 1980. The records of the SRF are available (on microfilm) in the Women’s Work Collection, Imperial War Museum. I do not know what percentage of SRF doctors were female, as from the records there is no way of identifying the gender of a doctor other than by knowing names from other sources.

²³ James Berry, *et al.*, *The story of a Red Cross unit in Serbia*, London, J. & A. Churchill, 1916, pp. 12–13, 15, 18–19.

²⁴ *Ibid.*, p. 22; *Medical Directory*, 1913; King, *op. cit.*, note 1 above.

Mrs Berry subsequently took a unit to south Russia and Romania to serve the Serbian divisions there, but unlike the Serbian experience, which the Berrys described in a book and in the Royal Free Hospital *Magazine*, there is no written account of the second unit. Were it not for references in diaries and letters of members of a Scottish Women's Hospitals unit, and a brief paragraph in the history of the British Red Cross, one would not even know it had existed, and it is not known which doctors were members.²⁵

In April 1915, Mrs St Clair Stobart brought from England another unit (under the auspices of the SRF) which set up a camp hospital on the race course above Kragujevatz, the Serbian military headquarters. During the quiet summer months she organized dispensaries for civilians, and the all-women unit was therefore kept busy. The only doctor who had been part of the Stobart unit in France was Helen Hanson, a London graduate of 1901, with an MD and BS in 1904, and DPH in 1911. She was a medical assistant in the Public Health Department of the London County Council and was only able to remain in Serbia until September, after which she had to return to her post. Most of the doctors came from the north of England. Two sisters, Mabel Eliza May and Mrs Kate King May Atkinson, were recent Manchester graduates (1911 and 1914). Edith Maude Marsden was also a Manchester graduate (in 1909) who took a DPH in 1911. Catherine Payne was a London graduate (1907), who held a post as assistant medical officer at the Union Infirmary in Oldham. When the Germans invaded in the autumn of 1915, the unit joined the horrendous retreat across the mountains of Albania, during which an estimated 150,000 Serbs died.²⁶

By far the largest all-women organization was the Scottish Women's Hospitals (SWH).²⁷ The brainwave of Dr Elsie Inglis, an Edinburgh graduate of 1892, this began as an offshoot of the Scottish Federation of Women's Suffrage Societies, a part of the non-militant National Union of Women's Suffrage Societies (NUWSS). The organization remained wholly independent, being run by a committee in Edinburgh with a branch in London. All-women hospital units operated throughout the war on different fronts. The "Scottish Women" (who included English, Welsh, Irish, Canadians, and Australians among their numbers) captured the public's imagination.²⁸

In autumn 1914, the SWH committee sent Alice Hutchinson—previously with the Stobart Unit in the First Balkan War—to look for premises for a hospital in France. A

²⁵ Beryl Oliver, *The British Red Cross in action*, London, Faber and Faber, 1966, pp. 187–8. Some Scottish Women's Hospitals unit members who fell out with their CMO joined the Berrys, but one diarist discovered that the supposed refuge was as badly riven by personality conflicts as their own unit.

²⁶ *Medical Directory*, 1913; Stobart, op. cit., note 15 above. Dr May described her experience of the retreat in *Common Cause*, 4 February 1916.

²⁷ Everything on the Scottish Women's Hospitals comes from my own research and will not be further footnoted. The source for the administration of the organization is the Scottish Women's Hospitals Collection, Department of Rare Books and Manuscripts, Mitchell Library, Glasgow; there is additional material in the Fawcett Library in London. A number of the SWH diaries and letters have survived, published and unpublished. Amongst the former are Jess Dixon (ed.), *Little grey partridge: First World War diary of Ishobel Ross*, Aberdeen University Press, 1988; Yvonne Fitzroy, *With the Scottish nurses in Roumania*, London, J. Murray, 1918; Isabel Emslie Hutton, *With a women's unit in Serbia, Salonika and Sebastopol*, London, Williams, 1928; as well as Eva Shaw McLaren (ed.), *A history of the Scottish Women's Hospitals*, London, Hodder and Stoughton, 1919. The largest collection of unpublished material is in the Imperial War Museum. My book, *In the service of life—the story of Elsie Inglis and the Scottish Women's Hospitals*, is due to be published by Mercat Press in spring 1994.

²⁸ "The Suffrage Association [in America] sponsored the Women's Overseas Hospitals, and the War Service Committee of the Medical Women's Association organised the American Women's Hospitals after the pattern of the Scottish Women's Hospitals." Esther Pohl Lovejoy, *Women doctors of the world*, New York, Macmillan, 1957, p. 302.

typhoid epidemic had broken out among the Belgian refugees in Calais, and she, another doctor, and ten nurses, were put in charge of a hospital for some weeks. Meanwhile, the building found for the SWH French hospital was the medieval abbey of Royaumont, 25 miles from Paris. The Chief Medical Officer was Frances Ivens, a London graduate of 1900, who became only the second woman to be awarded the degree of MS (Master of Surgery) in 1904. In that year she was appointed honorary surgeon to Stanley Hospital, Liverpool, in charge of a new women's wing. Royaumont—initially greeted with some scepticism by the French authorities—was a great success, functioning until the end of the war. There were quiet periods, when the battlefield was at some distance, and intense rushes when staff were stretched to their uttermost. The beds allocated to them grew from 100 to 600, and in 1917 the French asked Dr Ivens to form a satellite camp hospital nearer the front, at Villiers Cotterets. This had to be abandoned when the Germans advanced to the town in the summer of 1918, though operations were carried out by candlelight until the last possible moment. Dr Ivens and others on her staff were awarded the Croix de Guerre.

An SWH unit also went to Serbia and was caught up in a terrible typhus epidemic at the beginning of 1915, when three members died of the disease. Dr Hutchinson followed with a second unit, which was briefly detained in Malta to look after British wounded from the Dardanelles. By the time the Austrians and Germans invaded Serbia in the autumn of 1915, the SWH had four units in action under the general direction of Dr Elsie Inglis. Dr Inglis and Dr Hutchinson chose to remain in enemy hands rather than leave their patients and had an unpleasant few months as prisoners of war. Other unit members took part in the Serbian retreat across the mountains.

A second French unit, under the joint direction of Dr Laura Sandeman and Dr Louise McIlroy, worked under tents in Troyes during the spring and summer of 1915 and was then asked by the French Expeditionary Force to accompany it to Salonica. Dr Sandeman returned to Britain, but Dr McIlroy (a Glasgow graduate) went out as CMO. The unit remained in Salonica for the duration of the war, gaining honours and awards for their fine work. In 1918, following Dr McIlroy's suggestion for a rehabilitation section, the Calcutta Orthopaedic Centre was established in Salonica with money raised in India. After the armistice, the unit went to Belgrade. Another unit, heading for Serbia, ended up in Corsica, working throughout the war for Serbian refugees. Yet another unit, under an Australian doctor, Agnes Bennett, was in Macedonia from summer 1916 until autumn 1918, when it moved up to Vranja in Serbia.

In 1916, the SWH was also asked to provide a hospital for the two Serbian divisions in southern Russia and Romania, and Elsie Inglis took charge of this unit. Members were caught up in the allied retreats in Romania, when the Serbian divisions were decimated, and afterwards the unit worked mainly among the Russian wounded. Things became more difficult once the Revolution had begun and the Russians became increasingly reluctant to continue in the war, but Elsie Inglis refused to leave until the Serbs were pulled out to fight for their own country instead of throwing their lives away on the side of the Russians. Dr Inglis died in Newcastle on 26 November 1917, the day after the unit's return. The SWH sent out two more units—one to Macedonia and one to the south of France to treat tubercular Serbian boys—before the war was over.

The exploits of the SWH were chronicled in the press; everyone knew of the "Scottish Women". Medical women ran their own units abroad and had opportunities for medical

and surgical work that would never have come their way in Britain. Individual members were granted the highest awards that the French and Serbian governments could give. But the British War Office ignored their achievements. In 1916 Elsie Inglis offered a hospital for Mesopotamia; the War Office said that the Indian Government would have to request such a hospital; when the request was duly made, the War Office did not tell the SWH committee but informed the Indian Government that there was no need for a hospital to be sent out as the War Office could supply all that was necessary. The War Office could give Dr Inglis no convincing reason for the refusal of her offer, but nevertheless held by that refusal. It is clear that even Sir Alfred Keogh, who had no objections to women doctors at home, hated the idea of women working anywhere near the fighting front.²⁹

There were other independent units. SWH sources mention the “British Farmers”, and it is clear that this was a women’s unit, but it has not proved possible to learn anything more about it. At a meeting of the Association of Registered Medical Women in February 1915, Dr Hilda Clarke “stated that she had taken out a contingent [to France] consisting of 4 doctors, 11 nurses, and over 20 male workers under the auspices of the Society of Friends, with the object of caring for the civil population”.³⁰ Doubtless there were other unrecorded units.

In fact, so urgent was the Allies’ need for medical care that a woman could easily find work on her own initiative. Caroline Matthews, an Edinburgh graduate of 1903, had already served as a surgeon in the Italian army in Calabria in 1909 and as war correspondent to the *Sphere* in the Second Balkan War in 1913. At her own expense and with her own equipment, she joined as part of a Serbian army field unit. When the country was invaded she remained behind with her patients and went through an unpleasant ordeal as a prisoner of war.³¹ Dr Elizabeth Ross, a Glasgow graduate of 1901, had spent seven years working in Persia, and a further period as ship’s surgeon along the coasts of Japan and China. When war broke out she was back in Persia, and it was at the request of the Russian Army Medical Service that she went to Serbia. She was put in charge of the typhus wards at the large military hospital in Kragujevatz; she contracted the disease and died there. From Quebec, Dr Irma LeVasseur volunteered for service in April 1915. She travelled as part of a team with four male doctors, but when they arrived in Serbia it was clear that so many towns needed medical help that they split up, and she worked on her own in Kragujevatz and then thirty miles further back before having to join the great retreat.³²

The story of independent units does not end with Serbia, for, having investigated tales of the needs of women displaced by the war in Russia where all doctors were commandeered by the army, the NUWSS organized a Maternity Unit for the Relief of Refugees in Russia, which departed from Newcastle in January 1916. In charge was Dr Mabel May, previously with the Stobart unit in Serbia; with her was her sister, Dr King May Atkinson. Doctors who went out later were Laura Forster and Alice Benham, who had previously worked in

²⁹ Dr Erskine’s statement regarding the negotiations with the War Office with Reference to the Employment of Scottish Women’s Hospitals, Tin 2, SWH Collection, Mitchell Library, Glasgow.

³⁰ *Br. med. J.*, 1915, i: 354.

³¹ *Medical Directory*, 1913 and 1920. The story of her experience is told in Caroline Matthews, *Experiences of a woman doctor in Serbia*, London, Mills & Boon, 1916.

³² Obituaries and other information kindly supplied to me by Dr Ross’s niece, Mrs Edith Ross; Carlotta Hacker, *the indomitable lady doctors*, Toronto, Clarke, Irwin, 1974, pp. 175–7.

Antwerp.³³ After the fall of Belgium, Dr Forster had gone on her own to Russia where she gave her services voluntarily in the men's surgical department of the largest hospital in Petrograd. When the work of the NUWSS unit expanded she joined their staff. Three other doctors also went to Russia: Helena Hall, a 1902 Irish graduate working in London as medical inspector for schoolchildren; Muriel Kerr, qualified only in 1915 and working at the Children's Hospital in Derby; and Daisy Stepney, a 1903 graduate, at one time medical officer in the maternity department of the New Hospital for Women.³⁴

With the help of the Great Britain to Poland Fund the maternity unit was established in Petrograd (the Fund paid for equipment and maintenance; the NUWSS supplied doctors and nurses). In summer 1916, the doctors were asked to go to Galicia, behind the lines, as cholera, smallpox and other infectious diseases were rife. They were held up en route at a goods station which had been turned into a makeshift hospital, and where thousands of wounded were pouring in. Dr King May Atkinson, Dr May, and Dr Hall, with three nurses, took turns working in twelve-hour shifts. On their second night 9,000 wounded came in, and they had an average of 600 cases a day in their room.³⁵

By the end of September they had hospitals for refugees in Petrograd, in Galicia, and in at least three different spots in central Russia, and a flying surgical column was getting ready for work behind the lines.³⁶ On 11 February 1917 Dr Laura Forster died of "heart failure after influenza".³⁷ The units continued working in Russia after the Revolution began in March. On 1 April the authorities in Kazan took over the children's hospital there, but Dr Daisy Stepney agreed to stay on for a further six months, clearly anticipating no danger. However, during the summer months the German advance and Russian retreat put members of the unit working in Galicia in very real danger. On 6 August 1917 five members of the unit were reported missing by the British Red Cross in Petrograd. On 11 September the latter reported that they all reached Kiev safely after being in a "very precarious and dangerous situation for seventeen days, owing to the chaos during the last retreat, and they expected every moment to be cut off from the Base and to be made prisoners".³⁸

It is clear from the above that independent medical women—unmentioned in any official records—found scope for work and experiences inconceivable at any other time. Although most of their previous work had been the care of women or children, they coped admirably with military surgery, not to mention infectious diseases, imprisonment, guns and bombardment. They had an enviable degree of both freedom and responsibility.

³³ *Common Cause*, 4 February 1916.

³⁴ *Medical Directory*, 1913; *Common Cause*, 7 July 1916 and 2 March 1917.

³⁵ *Common Cause*, 2 and 9 June, 28 July 1916.

³⁶ Extracts from a letter from Dr King May Atkinson to Miss Moberly, Zaleschiki, Galicia, 10 Oct. 1916, Women's Work Collection, Imperial War Museum, RUS 3²/74; *Common Cause*, 22 September and 20 October 1916. Names of towns have not been given as, for the most part, pre-Revolutionary names will not be found on modern maps. At various times the *Common Cause* mentions hospitals in different places; it is not at all clear how many were running concurrently. Dr Alice Benham wrote an interesting account of her three months' work at a hospital in Starichelni, in central Russia. Their patients were Russians, Polish refugees, and also Tartars, Chuvashes, and Morvens. 'Medical work in a Zemstvo hospital in Central Russia before the Revolution', *Mag. Lond. R. Free Hosp. Sch. Med. Women*, November 1917, pp. 89–95.

³⁷ *Common Cause*, 2 March 1917. But according to the records in the Imperial War Museum her death was due to typhus.

³⁸ There were clearly some recriminations directed at Dr Helena Hall for not evacuating sooner, as Sister Constance Percival defended her in 'Russian notes', Women's Work Collection, Imperial War Museum, RUS 3¹/88.

Nevertheless, some medical women preferred to work under the War Office. Perhaps they felt happier working under men, or believed that the only way of gaining true recognition was to be part of an official organization like the RAMC, or possibly they simply wanted to care for British wounded.

II

In April 1915 the War Office gave a select group of medical women, under Doctors Garrett Anderson and Murray, an old workhouse in Bloomsbury as a military hospital. "The feeling of the Army Medical Department towards women doctors could be gauged by the atmosphere in the various offices with which business had to be done," wrote Dr Flora Murray, "In one there was disapproval; in another curiosity and amusement; in a third obstinate hostility." Much later "the doctors realized how much these War Office officials could and should have done to help them in those early days, and how they did as little as possible". However, as they were a long way from the front, the Director General, Sir Alfred Keogh, gave them his full support.³⁹

The Endell Street hospital opened in May 1915, a period of heavy fighting in France, and within a week all its beds were full. The hospital was designed to accommodate 520 cases, but soon after opening orders came to put up as many extra beds as possible; from 1916 onwards there were 573 beds, in 17 wards. Later some auxiliary VAD hospitals were attached to it, supplying another 150 beds.⁴⁰ The hospital was operational until the end of 1919, and some 26,000 patients—mostly British, but with a fair proportion of Dominion and Colonial troops—passed through the wards. "From the professional point of view, the work which came into the hospital was excellent: it was varied and full of interest, and it gave women an exceptional opportunity in the field of surgery."⁴¹ It was also based in London, far away from any fighting or danger, which made it "suitable" for women.

Dr Murray herself was anxious not to be associated with independent medical women. When an employee of the Imperial War Museum, Miss Conway, went to see her in connection with the Women's Work Collection being amassed by the museum, she reported that Dr Murray made a point of saying that "she wished her hospital to be considered purely professionally as a Military Hospital and not as women's war work. She spoke with considerable emphasis of the danger which she felt her hospital was running in being included with other hospitals run by non-professional women". Miss Conway reassured her that "she was mistaken in thinking that we did not appreciate the professional character of her work". But "she was not appeased and ended the interview by saying 'Hands off our Hospital in the Women's Section'", which was, of course, precisely where it ended up.⁴²

In April 1916 the need for doctors on the Western Front was so acute that Sir Alfred Keogh asked for 40 women doctors to replace men in the hospitals of Malta. The Medical Women's Federation sent out an appeal to its members, and so great was the response that, in July, 85 women sailed to the island. The Endell Street hospital doctors urged that the War

³⁹ Murray, *op. cit.*, note 10 above, pp. 126–7. At one point the Scottish Women's Hospitals thought of setting up a home unit, and Sir Alfred was very supportive of that venture too; he simply did not believe that women should be anywhere near the fighting.

⁴⁰ *Ibid.*, pp. 134–5.

⁴¹ *Ibid.*, pp. 146, 160.

⁴² Account of an interview at the Endell Street hospital, 7 December 1917, Women's Work Collection, Imperial War Museum.

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Office be pressed to give temporary rank as officers to these women, and that they be formed into a uniformed corps, but this did not happen. The women went out in mufti and were considered as civilians attached to the RAMC on short-term contracts. The Endell Street doctors had not been commissioned either, but they were at least graded—as lieutenant, captain, major or lieutenant-colonel—and they drew the pay and allowances of their respective ranks. And, of course, they had the hope of promotion. The War Office insisted that Endell Street was a “special case”.⁴³

There were at least two other special cases. Dr Everett Maclaren was appointed resident pathologist and bacteriologist at the Oakbank Hospital in Glasgow, which was taken over by the War Office in 1915, and she was ranked as captain. Dr Barrie Lambert, who organized the Almeric Paget Massage Corps, was appointed inspector of all massage and electrical units attached to convalescent camps in England and Ireland, with the rank of major.⁴⁴ The example of these women was never held up when arguing for officers’ rank for women. Perhaps it was felt that shining the spotlight too closely on them might lead to their losing their rank instead of others gaining it.

Malta was where British servicemen stationed in Salonica were sent if they required hospitalization: it was far from any fighting, which was why it was seen by the War Office as suitable for women doctors. Accounts of the experiences of those who served there are not easy to find as service personnel were not supposed to keep diaries (and the medical women considered themselves service personnel even if the War Office did not). The few surviving letters of Dr Eithne Haigh from the Floriana Military Hospital, Malta, in November/December 1916, are doubtless typical: in them she told her family that on account of censorship she would not be able to write about the hospital or her work.⁴⁵ In September 1917, Dr C. M. Astley Meer wrote from Malta that nearly all the women doctors had been asked to renew their contracts and were said to be “a great success” by the Director of Medical Services for Malta. The War Office then began to send them elsewhere—to Salonica, Egypt, India, and East Africa. Eight women were sent to the Sinai Desert, on the borders of Palestine, where a hospital was set up under tents. The hospital was soon increased to 2,000 beds to treat surgical cases, medical cases, ear and eye cases, and many infectious diseases. The “very friendly” Colonel was a Scottish gynaecologist whose wife was also a doctor (working at home), “so he was given the first 3 women Drs to be sent to Egypt or Palestine”.⁴⁶

British women were offered an opportunity to serve in France (though not in the front line) with the creation of the Women’s Army Auxiliary Corps (later Queen Mary’s Army Auxiliary Corps) in 1917. The women serving in the Corps—and in the later naval and air equivalents—carried out clerical and other non-combatant tasks in order to release more men for combat duty. Medical women did not minister to the fighting troops, but the overall Controller of the WAAC was a medical woman, Dr Chalmers Watson, and the Chief

⁴³ Murray, *op. cit.*, note 10 above, pp. 160, 230–1; ‘Medical women in the RAMC in Malta & Egypt’, Women’s Work Collection, Imperial War Museum, BRC 24¹⁰/17.

⁴⁴ *Common Cause*, 13 August 1915 and 19 May 1916.

⁴⁵ The letters are in the Department of Documents, Imperial War Museum.

⁴⁶ C. M. Astley Meer to Secretary, Medical Women’s Federation, 15 September 1917, CMAC: SA/MWF/C.163, and to Dr Walker, 4 February 1918, CMAC: SA/MWF/C.157; Ann M. Mitchell, ‘Medical women and the medical services of the First World War’, in *Festschrift for Kenneth Fitzpatrick Russell*, Carlton, Vic., Queensbury Hill Press, 1978, p. 4; ‘Medical women in the RAMC’, *op. cit.*, note 43 above.

Medical Controller was Laura Sandeman, one-time CMO with a Scottish Women's Hospital's unit. Women doctors examined the recruits, ran invaliding boards, and were in charge of the health of the women serving. ("The unmarried expectant mothers gradually became a problem", wrote one doctor.)⁴⁷

Medical women in the auxiliary services resented the fact that though for all practical purposes they were working as an auxiliary section of the RAMC, they were gazetted not as RAMC but as QMAAC. However, they did not suffer as greatly from the lack of a uniform or rank as did those who served in military hospitals. As time went on and the latter were denied the promotion and seniority their service warranted, resentment grew. Dr Edith Guest, who had been a member of the first contingent to Malta in 1916 and was serving in Egypt in 1918, wrote: "we are exactly as we were when we first joined, and although we are senior in service to many of the men here, yet they all—however young and inexperienced—rank above us, and any youngster will take precedence of us even if we serve ten years. The longer one serves, the more galling this becomes."⁴⁸

The Medical Women's Federation formed a sub-committee to fight the injustice, writing to MPs and the press, and soliciting the experiences of women doctors in the field.⁴⁹ A woman's prestige and standing depended largely on the Commanding Officer. One woman in East Africa had had a perfectly acceptable position under a CO who allowed her to wear a captain's badge of rank, but his successor ordered her to remove it, "and she was therefore a discredited person in the hospital to which she was posted". Dr Astley Meer wrote from Sinai that "all right-minded Colonels in whose Hospitals we have worked" agreed that women doctors should have "proper rank & commissions". She went on to insist: "Our uniform—still unofficial & designed by ourselves—is absolutely necessary here & gives us recognition & salutes from the NCOs & orderlies etc."⁵⁰

The fight for uniforms was won in June 1918, but the government continued to refuse to consider granting commissions. Isabel Emslie, a young doctor in the Scottish Women's Hospitals unit in Salonica (subsequently appointed CMO to one of their other units), commented in a letter to her mother that she and Dr McIlroy had dined the previous night at a hospital where there was a woman doctor in her fifties, "a decent old soul". Isabel went on, "What a rotten position these women have in the RAMC. She's got no rank & [is] junior to the most junior male doctors."⁵¹ The difficulty was in finding a way of putting pressure on the War Office. In the letter she wrote from Sinai in February 1918 Dr Astley Meer thought that "no other women should accept posts under the War Office save on equal terms with the men MOs", but that was never going to happen. The opportunity to serve abroad was irresistible to many, and the horrific loss of life in the war must have made it difficult psychologically to refuse to serve unless certain demands were met, no matter how justified those demands might be.

⁴⁷ W. G. Macpherson, *Medical services general history*, vol. 2, London, HMSO, 1923, pp. 168–9; Notes from Dr Ziller Scruby and Dr Adeline M. Roberts, CMAC: SA/MWF/C.168.

⁴⁸ Dr Turnbull to Dr Sandeman, 14 November 1918, CMAC: SA/MWF/C.163; Dr Guest to Dr Walker, no date [c. February 1918], CMAC: SA/MWF/159.

⁴⁹ All the material in CMAC: SA/MWF/159–165 is concerned with this campaign.

⁵⁰ Dr Astley Meer to Dr Walker, 4 February 1918, *ibid.*, SA/MWF/159; Murray, *op. cit.*, note 10 above, p. 238.

⁵¹ Isabel Emslie to her mother, 6 September 1918, in private hands. I am grateful to her niece, Myrtle Simpson, for permission to quote from the letter.

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On 6 November 1918 the matter was raised at question time in the House of Commons. The response was that it was “legally impossible to grant commissions in the army to women. Legislation would be necessary”. The period just before the Armistice was not a good one for pursuing this further, but immediately afterwards the campaign recommenced. A leaflet entitled *Bricks without straw*, sent to all MPs in November 1918, pointed out the difficulties encountered by medical women serving under the War Office and also called attention to the fact that the Income Tax Commissioners refused their claim to be assessed at the service rate. Women over 30 would soon be voting for the first time in a General Election, which may have been one reason why the circular received a very positive response. Some 62 MPs promised active support and many others said they would do what they could.⁵² But since Parliament was about to be dissolved before the election, nothing more could be done at that stage.

When the new House of Commons met in February 1919 the Prime Minister (Lloyd George) and his government were pledged “to remove all existing inequalities of the law as between men and women”. Medical women lobbied the new House, requesting, first, that legislation be introduced under the new Army Act to enable women doctors serving under the War Office to hold commissions, and secondly, assessment under the service rate of income tax for medical women who had served in the war. The doctors had first made this claim for 1915–16, but it had been disallowed then and in subsequent years.⁵³

The post-election appeal met with a much less sympathetic response, but on 27 February another question was asked in Parliament on “whether the Government would support the claim of women doctors serving under or attached to the War Office for the rank and privileges to which they were entitled”. The response of the Secretary of State for War, Winston Churchill, was that “the general policy of the Government, in seeking to remove inequalities between men and women, did not commit them to immediate action in every sphere, and he was not prepared to introduce legislation on the point during the present session”.⁵⁴

A joint deputation of the Medical Women’s Federation and British Medical Association was received by Lord Peel, Parliamentary Under-Secretary of State for War, on 28 March. At the meeting Lord Peel said that as the war was practically over, there was no question of granting commissions at this stage; he “assumed that the claim had reference to the future”. He particularly pressed the deputation to state whether medical women could be expected to undertake all of the duties of a commissioned officer. The representatives of the Medical Women’s Federation insisted “that they saw no need for any reservation”.⁵⁵ In his letter of response, the Secretary of State for War discounted the women’s claim that the lack of commissioned rank impaired their professional status. “The fact that they belong to the medical profession assures them the position to which they are entitled”, he insisted. But the crux of the rejection of the women’s case was the opinion of the medical authorities at the War Office “that there are very many essential duties of Army Medical

⁵² *Br. med. J.*, 1918, ii: 554; Murray, op. cit., note 10 above, pp. 240–1.

⁵³ Murray, *ibid.*, pp. 241–3.

⁵⁴ *Br. med. J.*, 1919, ii: 288.

⁵⁵ The War Office document, dated 2 May 1919, and draft reply are in CMAC: SA/MWF/C.163. (A very abbreviated version can be seen in ‘Medical women employed by the War Office’, Naval and Military Committee Document, 2 June 1919, BMA archive.)

officers which cannot be performed by Medical Women". According to Mr Churchill, "The command of Medical Field Units involves leadership and discipline, and at times very great strain and hardship to which women would only be equal in very rare cases".

The Council of the Medical Women's Federation could not let this letter pass without comment. The remark about membership of the medical profession being sufficient to guarantee their status completely ignored the point that however long a woman served she had no seniority. "Whatever her position in civilian practice, whatever the length of her service in the Army, a medical woman is junior to, and has to take orders from, any commissioned officer." The Council pointed out that "in extreme emergencies women doctors in allied countries have actually worked in the field with at least as great success as—say—an elderly male bacteriologist would have achieved in the circumstances" (a statement which undervalued the contribution made by independent medical women). They conceded that "there were duties which it was desirable to have performed by men doctors if men were available", but there had been any number of commissions given to medical men "who by reason of physical disability or age were not fit for full service . . . A system of commissions for 'limited service' may, as Viscount Peel said, be undesirable, but the Council would point out that it already exists".⁵⁶ The Federation asked that the question be reconsidered, but received a negative reply. Medical women had no leverage now that the war was over and they were no longer needed. The only victory was that the new Income Tax—which was a matter for the Treasury only and did not require separate legislation—gave women doctors relief under the service rate and made this retrospective.⁵⁷

Ann Mitchell has attempted to explain the War Office stance on the grounds that "most men wished to protect their own women from the direct horrors of war. War was men's business and it was rather shocking that women, albeit professional medical women, should wish to be actively involved".⁵⁸ In view of the enormous number of nurses and VADs working in the front lines, this is nonsense. Far more convincing is the argument which was made at the time, that "the thought of giving women real responsibility and real equality with men" was still greatly feared. "And to that fear is added the monstrous and iniquitous stinginess which seems to govern all financial dealings with women."⁵⁹

Did any patients object to being treated by women doctors? Dr Wakefield, a member of a Scottish Women's Hospitals unit in Serbia, remarked that the Serbs "preferred us to the army doctors—they claimed that women surgeons were more gentle, never rough, and generally more tender and patient". Nor did the French and British officers and men treated by Dr Murray and Dr Garrett Anderson in Paris, Boulogne, and London have any objections. "Probably none of them had been in contact with women doctors before, but that did not make any difference. They trusted the women as they would have trusted men".⁶⁰

⁵⁶ Ibid. The War Office stance is dealt with in greater depth in Leah Leneman, 'Medical women in the First World War—ranking nowhere', *Br. med. J.*, 1993, **307**: 1592–4.

⁵⁷ The War Office reply, dated 29 July 1919, is also in CMAC: SA/MWF/C.163; Murray, op. cit., note 10 above, p. 244.

⁵⁸ Mitchell, op. cit., note 46 above, p. 5.

⁵⁹ 'Women doctors and the army', *Common Cause*, 8 November 1918.

⁶⁰ Krippner, op. cit., note 22 above, p. 55; Murray, op. cit., note 10 above, p. 39.

III

Some of the medical women who served with volunteer units subsequently went abroad with the RAMC. For example, Muriel Kerr, who was a member of the NUWSS Russia unit, went to Egypt attached to the RAMC. Mary Blair, first Scottish Women's Hospitals CMO in Corsica, eagerly took up work under the War Office when it became available, and her assistant, Edith Hollway, who had earlier been out in Serbia, did the same. Louise McIlroy, CMO of the SWH unit in Salonica during most of the war, was so disheartened by the chaos in Belgrade immediately afterwards, that she chose to work briefly under the RAMC in Constantinople. Ada MacLaren, a member of the Berry unit in Serbia, went first to Malta and then to Egypt with the RAMC. In 1921 her *Medical Directory* entry listed her as at a private laboratory in Cairo. Edith Hollway also remained abroad for some time after the war. In spring 1921 she was still in Constantinople, having been "conveniently forgotten". Her contract had long since expired, "but as my pay comes in I do not press".⁶¹ She later went to India and was the only one of the RAMC medical women to be given the OBE ("a good choice", wrote Dr Edith Guest).⁶²

So some medical women had opportunities to work abroad after the war for a few years. But what about the longer term? Tracing the careers of medical women in the *Medical Directory* is problematical because upon marriage the entry immediately recorded only the married name with no cross reference. One needs other sources to discover if the disappearance of a name meant a woman had got married, no longer practised (less likely as names often remained in the *Directory* long after practice had ceased), or had died. For instance, the reason for the disappearance of Catherine Payne, a member of the Mrs Stobart's unit in Serbia in 1915, is revealed in the *Magazine of the London Royal Free Hospital School of Medicine for Women*: she died eighteen months after her return to England, of "wasting disease", aged 41.⁶³

Some entries in the *Medical Directory* did not change. Alice Benham's was the same in 1913, in 1921, and in 1931; the fact that she did not even add her war service to her entry is puzzling. This is less surprising in the case of medical women who had established careers before the war. Helen Boyle, who had co-founded the Lady Chichester Hospital for Women and Children in Hove, naturally returned there; in 1931 she was honorary senior physician. She was also honorary medical officer in charge of the Department of Early Nervous Disease at the Royal Sussex County Hospital, Brighton. The positions of the medical women who joined voluntary units has been noted as each was introduced, and they conformed to the pattern discovered by Wendy Alexander in tracing the careers of 20 Glasgow women medical graduates. They were employed at asylums, poor law hospitals, dispensaries, in women-run hospitals, and in public health. They did not hold posts at voluntary general hospitals (the chief route to advancement in hospital medicine), or high positions (even in public health the highest a woman could aim for was Assistant Medical Officer), and nearly all worked with women and children.

⁶¹ Dr Hollway to Dr Lapper, 1 April 1921, CMAC: SA/MWF/167. It appears that she was attached to the sanitation department, for she continued: "I am doing outpatients 3 days a week . . . I thought it as well I keep my hand in—for altho' Eastern politics & the sanitation of Constantinople are vastly entertaining it is not exactly medicine."

⁶² Edith Guest to Dr Kelynack, 19 October 1937, in CMAC: SA/MWF/168.

⁶³ *Mag. Lond. R. Free Hosp. Sch. Med. Women*, March 1918, pp. 12–13.

Alexander pointed out that there were a few women who did manage to rise to high positions. Louise McIlroy was appointed consultant in obstetrics and gynaecology at the Royal Free Hospital immediately after the war and was also professor at the London School of Medicine for Women. She published nearly twenty articles in medical journals as well as a medical textbook on pregnancy and was the first woman to be elected president of the prestigious Metropolitan Branch of the BMA. In 1929 she was created DBE for her services to medicine. Agnes Savill, a member of the SWH unit at Royaumont for most of the war, specialized in dermatology and radiology. In 1940 she became consultant physician at the London Skin Hospital, and from 1935–6 she was vice-president of the Electro-Therapy section of the Royal Society of Medicine. She published numerous articles and a dermatology manual. She was very unusual in receiving a consultancy in a male dominated general London hospital.⁶⁴

The accomplishments of these exceptional women may have blazed trails for others, but the few later careers traceable in the *Medical Directory* conformed to the norm. Daisy Stepney, who had served with the NUWSS unit in Russia, was in 1931 medical officer at the Jewish Infant Welfare Centre in London and a lecturer with London County Council. Mabel Ramsay, who had gone to Belgium and France with Mrs Stobart's unit at the beginning of the war, was in 1931 a consultant at the Gynaecological City Hospital, Plymouth, and consultant surgeon at the Three Towns and District Maternity Hospital. She was also honorary secretary, having previously been vice-president, of the Medical Women's Federation.⁶⁵

Wendy Alexander noted of her sample that "none of the women, who entered a variety of specialities in the post-war period, remained surgeons, their primary activity during the war", which again "raises questions about female access to the highly prestigious specialities of which surgery is the most notable". Certainly none of the women who worked as surgeons during the war went on to a career in general surgery (as opposed to gynaecological surgery). It is, of course, difficult to know how many actively preferred such work and how many had no choice because of career blockages. Isabel Emslie of the Scottish Women's Hospitals recorded that her happiest time professionally was her period in Vranja when she was working as a surgeon, making it clear that the only reason she did not subsequently pursue a career in this speciality was because she realized that she would get nowhere ("I knew that it would have been unwise and unprofitable to make surgery my life's work at Home"). Alexander insisted that their war service had "proven the fallacy of the assumption that women could not run large mixed general hospitals", and that "this recognition hastened progress for women doctors on the domestic front",⁶⁶ but it is hard to find any evidence of this.

In the aftermath of the war, when hundreds of demobilized male doctors came home, there were fears that their numbers exceeded the needs of the British population. What had seemed a secure profession for a woman now looked precarious, and fewer parents were willing to support their daughters through the long period of training. One by one the

⁶⁴ Wendy Alexander, *First ladies of medicine*, Glasgow, Wellcome Unit for the History of Medicine, 1987, p. 56.

⁶⁵ *Medical Directory*, 1931.

⁶⁶ Alexander, *op. cit.*, note 64 above, p. 59; Isabel Emslie Hutton, *Memories of a doctor in war and peace*, London, Heinemann, 1960, p. 177.

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London teaching hospitals again closed their doors to female students. University and King's College Hospitals retained limited places, but otherwise the Royal Free was the only London hospital offering them clinical instruction.⁶⁷

During the First World War there really was nothing a woman doctor could not do in the war zone. They treated virtually every kind of wound and disease, they underwent the same hardships, privations and dangers as men, became prisoners of war, took part in devastating retreats, and worked under shells and bombs. None of this valuable experience advanced their career prospects. And it took the outbreak of another world war to gain medical women commissioned rank in the British army.

⁶⁷ King, *op. cit.*, note 1 above.