5 Operating on the Home Front, 1914–1918

In the March 1917 edition of the *London (Royal Free Hospital) School of Medicine for Women Magazine*, an anonymous poem expressed frustration at being confined to the home front during wartime:

A Lament

I wish I were a doctor bold,
Adoctoring at the front!
But as it is I'm feeling sold,
And want to do a stunt.

My friends who're at the front by now
Are wreathed in happy smiles;
A halo rests on every brow –
You see the shine for miles.

No horrid doubts disturb their rest,
A gentle peace surrounds,
They operate with happy zest,
Or keep the germs in bounds.

My job's their work in circles tame,
A far inferior lot,
And if you think it's all the same,
I firmly say it's not.

Then do you wonder if I scold,
Or yearn to do a stunt?
I wish I were a doctor bold,
Adoctoring at the front![1]

Even if those at home and those serving in Europe performed similar surgery, the surroundings in which they did so were different. For those left behind, work was tame and inferior when compared to that of their bolder sisters. Despite living and working in the theatre of war, gentleness,

[1] Anon., 'A Lament', *L(RFH)SMWM*, XII.66 (March 1916), 13.

peacefulness and an angelic calm pervaded the surgery carried out there. Indeed, it was the dazzling shine of frontline achievements which lifted the brave above mere mortals. Such beatific serenity provoked this writer into wishing herself far away from the home front. But her crossness and doubts were combined with something more intriguing. The use of the very recently coined slang term 'stunt' in this context is worth exploring further.[2] Repeated twice here, it encapsulated the yearning of the writer to join her colleagues. That she viewed their actions as 'stunts', however, explained her frustration at the widespread attention they received and the celebratory laurels they garnered. Work at home simply could not compete with such showy and novel escapades.

This final chapter will turn to the woman surgeon on the home front, a more neglected figure, as the writer of 'A Lament' implied, than her counterpart closer to the battlefield. This is not to claim, of course, that she was not as vital to the war effort. While 'A Lament' disparaged the inequality between the two arenas, by so doing the anonymous author effectively focused attention back upon those left in Britain and asked her readers to reassess their worth and value. Was their situation 'lamentable'? Was 'Adoctoring' to civilians less important than treating the military? As male and female doctors rushed to join official and unofficial organisations across Europe to provide medical and surgical care for the wounded, attention had turned by 1915 to the growing dearth of practitioners at home. As Ian Whitehead has calculated, by 1918, over half of Britain's doctors were serving with the forces; civil conscription for practitioners of 55 and under had been introduced the same year in order to combat shortages at the front.[3] The corresponding reduction in the number of medical students was also a cause for concern. Many of those already in university had joined up, leaving their studies to be resumed at an indefinite future date. Additionally, however, those expected to enter medical schools were increasingly turning to the army rather than to scholarship, afraid to miss the action, but also doing their patriotic duty at the front rather than languishing with their books at home. Medicine required at least five years of study and the numbers willing to devote themselves to such an occupation while there was a war

[2] The *OED* notes the first use of this term as 1917 and relates it to aerial performance: stunt v.3: http://www.oed.com/view/Entry/192182?rskey=a8eLnM&result=6&isAdvanced=false#eid. See also Julie Coleman, *A History of Cant and Slang Dictionaries. Volume III: 1859–1936* (Oxford: Oxford University Press, 2008), for a grimly humorous definition from an Australian soldiers' magazine, which stresses that while stunts are usually successful, because of the element of surprise, 'a large scale stunt', or a '"push"' does not count success as 'essential', p. 233.

[3] Whitehead, *Doctors in the Great War*, p. 1; p. 83.

going on were falling dramatically. The prospect of there being too few medical practitioners to serve the contemporary civilian population, as well as the possibility of an even more chronic shortage in the future, led to desperate quests for solutions in the medical and lay press to a worsening problem.

There was one sector of the profession, of course, which had not seen a reduction in numbers: medical women. They could not fight, but were they capable of holding the fort while the men were away? It was to them that attention, early on in the conflict, turned. In this chapter, the experience of several women surgeons at all stages of their career on the home front during the Great War will be explored, considering student life, opportunities for newly-qualified women in house-surgeon posts, as well as those experienced in their surgical craft, who were given unprecedented access to disciplines and patients they had never encountered before. Finally, I will consider the realisation during wartime of the South London Hospital for Women and Children. This chapter will examine how women made themselves indispensable to the public, taking advantage of vacancies within medical services in Britain to expand their professional abilities. They were considerably aided by the press in this endeavour; the long-held antagonism towards medical women forgotten in the face of contemporary exigency. Although newspapers and periodicals, both lay and medical, were largely encouraging, as in all walks of life, they were correspondingly keen to stress the temporality of women's professional dominance at home. As the last chapter made clear, it is important to remember that this temporary situation was one into which women in Britain entered with their eyes open. Uncertainties about the length of the war ensured that it was necessary simply to do what one could when one could do it. Hope was there for future change in the ways medical women could operate at home, but it was curtailed by the knowledge that positions were contingent upon the prolongation of the conflict and the absence of male colleagues. Medical women were to act as 'locum tenens for wartime', as the *Times* put it succinctly at the beginning of 1915.[4] Despite this, the press and even some of the more idealistic medical women suffered from collective amnesia during the Great War, unable to imagine a time before women doctors and medical students became vital at home. Opportunities in areas previously considered out of bounds forced many to admit they had no idea why women

[4] 'Women Doctors. Enlarged Field of Service. Medical Practice in War Time', *Times*, 22 January 1915, in *London School of Medicine for Women and Royal Free Hospital Press Cuttings, Volume V: Sept 1915–Oct 1920*, H72/SM/Y/02/005, LMA. Future references will be shortened to *LSMWRFHPC*.

had not been allowed more leeway before. More cynical members of the profession knew otherwise. The war might change attitudes in some instances, but over 60 years of struggle would not be erased in a few short months. How these changes and the challenges they brought were experienced by those who encountered them will provide an insight into the ways in which women surgeons could operate during wartime.

Student Life

'The girl who now chooses medicine as her profession is in a much more satisfactory position than the previous students', claimed the *Lady* in 1917: '[s]hould she prefer to study entirely with girls she can still do so, but should she be in favour of co-education the door is open to her'.[5] In a *Lady's Pictorial* article entitled, aptly, 'Out of the Rut', S. Beatrice Pemberton concluded that '[g]irls may rest assured that in choosing' a medical career 'they are choosing the path of the true patriot'.[6] This first section will explore the position of the woman medical student between 1914 and 1918, focusing primarily on the LSMW. War had opened many doors for the aspirant medical woman eager to emerge from the rut of a listless existence. As Louisa Garrett Anderson informed her LSMW student audience in October 1917, expectations for this generation were high. In conclusion to a stirring inaugural, which must have terrified and enthralled the new intake in equal measure, she emphasised their responsibilities: '[w]ork for the school; work for women; work for medicine, and for England'.[7] The choice of speaker that year cannot have been anything but deliberate. Now in charge of a military hospital in Endell Street, the achievements of women surgeons such as Garrett Anderson were lauded in the popular and medical press alike. Such exciting surgical work, whether carried out by the WHC or the SWH, both at home and abroad, proved inspirational for large numbers of young women, excited at the scope promised for meaningful service.

Those already in training, alarmed at the departure of male friends and colleagues, had first-hand experience of the war's effect on medical work and the opportunities they provided for women. Ruth Verney, who had begun her studies in Manchester in 1912, was just about to sit the second MB at Christmas 1914. With disappearance of the male teaching staff to the front, students were taught by demonstrators and

[5] 'New Careers for Women. V. How to Become a Woman Doctor', *Lady*, 22 March 1917, in *LSMWRFHPC, Vol. 5*.
[6] S. Beatrice Pemberton, 'Out of the Rut II: Women as Doctors and Dispensers', *Lady's Pictorial*, 3 June 1916, 71, in *LSMWRFHPC, Vol. 5*.
[7] 'Inaugural Address', *L(RFH)SMWM*, XII.68 (November 1917), 76–81; 81.

senior students, if they were taught at all. Soon, even the latter had left. When she was interviewed in the 1970s, Verney told the story of a 'Mr White', who was 'very able' and 'the best man' academically: '[q]uite exceptional'. He went 'straight off and he was killed very rapidly [. . .] He was such a brilliant student and one or two others insisted on going but the rest of them were all stopped from going and told they must qualify.'[8] The absence of authority had a stimulating effect on Verney and her friends. They might have had 'very little teaching', but soon began to use their own initiative, by doing their own ward rounds and observing cases which interested them. On the wards, Verney witnessed the sufferings of 'a great many soldiers' who needed to be operated upon and learned much from the haphazard way in which she finished her education. Helena Lowenfeld, on the other hand, was at the end of her studies at the LSMW when the war began. Alongside a number of fellow male senior students, her final qualification was rushed through at the end of 1914. This was because the Army would not grant commissions to those who were not fully qualified; the same attitude, as Whitehead has noted, maintained by the GMC which insisted upon 'the profession's determination that standards be maintained'.[9] When interviewed in the 1970s, Lowenfeld described the 'emergency finals exam' for the MRCS LRCP in late 1914.[10] The action would 'lighten the difficulties' caused by the disappearance of mostly male junior house officers to the RAMC or the ranks by providing new candidates for the posts. Women graduates were, therefore, particularly desirable assets. Of Polish ancestry, but with a German-sounding name, the only suspicions about Lowenfeld's abilities were centred on her spying skills. By taking her British passport with her to the graduation ceremony, the representatives of the Colleges of Surgeons and Physicians were forced to concentrate on Helena Lowenfeld's educational achievements.

If the war encouraged women to qualify in order to fill the gaps provided by absent colleagues, it also brought to the fore a concern which had been dividing medical women since the beginning of the century. Co-education was effectively forced upon male-only medical schools after 1914 because they were desperate to defend their own financial interests by boosting dwindling student numbers. As the *Manchester Guardian* noted cynically in 1920, '[f]ees weighed heavily in the balance against

[8] Typescript of interview with Ruth Verney in September 1977, Tape 476, WW1/WO/127, LC.

[9] Whitehead, *Doctors in the Great War*, p. 94.

[10] Helena Wright [née Lowenfeld], written transcript entitled 'Incidents during 1914–18 War' (from interview: tapes 628/639), WW1/WO/148/2, LC. Wright later became a pioneer in the field of family planning and birth control.

prejudice'.[11] A 'war concordat' was signed with St Mary's in 1916, which permitted those studying at the LSMW only to take classes in Paddington.[12] Similar agreements followed in the metropolis at Charing Cross, St George's (1916), Westminster (1917), the London, King's College and University College (1918).[13] Meanwhile, by 1914, many provincial medical schools already admitted women on the same terms as men. Cardiff, St Andrews, Dundee, Aberdeen, all the constituent colleges of the universities in Ireland, Queen's Belfast, Manchester, Leeds, Newcastle, Birmingham, Bristol, Liverpool and Sheffield encouraged women to study medicine. Some stressed their ongoing commitment to educating medical students of both sexes side-by-side. In Glasgow, nearly all the classes were mixed. At Cork, women had a separate dissecting room, indicating that some areas were still considered unsuitable for co-education.[14] Not every female medical student wanted, however, to study alongside her male colleagues nor took advantage of the wartime opportunity to do so. This less frequently acknowledged side of the argument was coupled with the fact that the LSMW, unlike the other medical schools, was bursting at the seams with new students during the war years. They simply could not accommodate all those eager to join the ranks of medical women.

The growing number of women entering medical studies and the corresponding decline in that of their male counterparts was intimately related in the eyes of the medical and lay press. Newspapers began to report a 'national urgency' fewer than six months into the conflict; by January 1915, a shortage of doctors was proclaimed.[15] For the *Daily Chronicle*, the 'stampede of surgeons and medical men to the front and students to the ranks' has left medical women 'in possession'.[16] The LSMW was in a curious position during the war. Firstly, it was receiving an increasing number of applications from girls eager to make medicine their career, spurred on by patriotism, as well as a desire to earn their own money.

[11] From a Correspondent, 'Women as Doctors. Problems for the London Medical Schools', *Manchester Guardian*, 5 October 1920, in *LSMWRFHPC, Vol. 5*.

[12] Leopold Spero, 'London Hospital's Tin Hut and What it Means', *Manchester Despatch*, 17 January 1917, in ibid.

[13] James Stewart Gardner, 'The Great Experiment: The Admission of Women Students to St Mary's Hospital Medical School, 1916–1925', *MH*, 42.1 (January 1998), 68–88; 71.

[14] Dr Jane Walker, 'Careers for Girls: VI. The Profession of Medicine', *Educational Times*, 1 October 1914, 464–5; 465, in *LSMWRFHPC, Vol. 5*. For the Irish situation, see Kelly, *Irish Women*, especially chapter 6.

[15] 'Lack of Doctors. Many Required for Immediate Work', *Daily Express*, 22 January 1915, in *LSMWRFHPC, Vol. 5*.

[16] 'War and Women Earners. Employment Lost and Gained. Call for Doctors', *Daily Chronicle* [undated, but evidently January 1915], ibid.

Secondly, however, overcrowding meant that it had either to expand or send students elsewhere. An appeal to the public for money was a risky endeavour when the devastating results of warfare dominated, understandably, requests for charitable donations. The loss of students to other institutions was a delicate topic because of the divide between those who believed co-education was the only way forward for medical women and those who adhered to the entrenched attitude that a single-sex method of study was the most advantageous way for the young to learn their craft. One 1917 article described the problem thus: 'it would not suit the women to be admitted indiscriminately to all hospitals and medical schools as students': 'They would always be in the minority and their interests are far better served by a fortress of their own like the Royal Free.'[17] Students had, therefore, a choice to make. They could take advantage of excitingly novel opportunities elsewhere, which, they were repeatedly informed, would be temporary, or they could pursue the tried-and-tested route through the LSMW, where they would be safely ensconced within a fortress of their own.

It is necessary to examine how students actually viewed these options and the reasons why they made the decisions they did. Octavia Wilberforce, who studied at the LSMW between 1913 and 1920, devoted a chapter of her autobiography to wartime studies. With her friend Pam Kettle, Wilberforce became one of the LSMW students to take up places at St Mary's and described the experience as 'one of the happiest periods' of her life.[18] Despite her education being slowed down by an execrable performance in anatomy, which she had failed several times, Wilberforce finally passed her second medical and entered St Mary's for clinical work. She viewed the invasion of 'such a malebound, prejudiced hospital' as an act which 'mattered enormously' and was advised that she would do well in 'that free air of coeducation', where even the smell of the wards was attractive.[19] Consequently, Wilberforce was thrown in at the 'deep end' as a dresser to the Casualty house surgeon in the autumn of 1917. Although she struggled with anything surgical, and later went on to fail the surgery component of her degree several times, Wilberforce profited from her St Mary's immersion. The poverty of the local area meant that Casualty was indeed a baptism of fire for Wilberforce, but she found the corresponding wealth of insight into patients of 'every class, age and occupation' immeasurably helpful.[20] Such a widening of her education

[17] Spero, 'London Hospital's Tin Hut'.
[18] *Octavia Wilberforce* (London: Cassell, 1989), p. 85. [19] Ibid., p. 82.
[20] Ibid., p. 85. For more on the hospital during this period, see E.A. Heaman, *St Mary's* (Liverpool and Montreal: Liverpool University Press/McGill-Queen's University Press, 2003), pp. 89–168.

encouraged the 'shy' young woman to realise the simplest things about those around her. The St Mary's experience taught Wilberforce 'good manners', such as the need to respond cheerily to porters who wished her a good morning and appreciation of the police force, who brought in her patients. Even though she was surrounded by drunken violence, severe injuries and horrifying sights, mankind 'in the raw' was educational and 'absorbing'.[21] So involved was Wilberforce in her work, indeed, that sheer exhaustion after attendance at emergency operations meant that she slept through the sound of distant guns, sirens and air raids. Although Wilberforce enjoyed her LSMW studies, she was older than most and had found some of her fellow students, those 'herds of girls', alarmingly intense in their schoolgirl crushes.[22] St Mary's provided those who wanted to see life outside 'the fortress' with a perfect opportunity to expand their personal and clinical horizons.

For those who said 'No thanks very much' and were 'really quite contented with the best',[23] staying at the LSMW and walking the wards of the RFH did not mean that they limited their educational choices. A. Lloyd Williams submitted an article entitled 'Impressions of Gate' to the School *Magazine* in 1916, where she described patients as varied as those treated by Wilberforce.[24] Men, women and children thronged the Casualty Department, permitting dressers to experience human life: humour, tragedy and romance alike. The effects of wartime were daily in evidence. Munitions workers, of both sexes, arrived with injuries caused by the hazards of their job, and a man, carrying important papers, had been blinded with a pepper spray in an attempt to steal the secrets within. The pride in the School's success at attracting more and more students was mocked in the annual Topical Play described in the same issue of the *Magazine*, where '500 new and energetic ones being admitted into one ward' led to the mental collapse of the 'revered staff', who were moved to a suitable home of rest.[25] A Prologue to the play reproduced an article about 'Women's Work in War Time', which remarked admiringly upon the increase in the number of women seen at the RFH. Benefits to patients had been 'well nigh incalculable'; surgery, for example, could be performed with 'far greater rapidity when forty assistants are to hand than when there are but three, however capable and experienced those

[21] *Wilberforce*, p. 83; p. 85. [22] Ibid., p. 58; pp. 72–3.
[23] Anon., 'No, thanks very much', *L(RFH)SMWM*, 47 (October 1910), 238. This was written in response to a rumour that the London would open its wards to women students.
[24] A. Lloyd Williams, 'Impressions of Gate', *L(RFH)SMWM*, XI.63 (March 1916), 6–7.
[25] 'The Topical Play. Given at Hospital' and M.E. Burnett and S.I. Walsh, 'Prologue' to the play, reproduced in *L(RFH)SMWM*, XI.63 (March 1916), 13–16.

three may be'.[26] Although poking fun at the School's recent success, the play also stressed the camaraderie between students and between students and staff: strength in numbers, indeed.

Within a month of the war's declaration, the LSMW were urging women to help their country by training to be doctors. In September 1914, Louie Brooks, the Secretary to the School, gave a series of interviews to the press. In the *Daily Graphic*, for example, she was quoted directly: '"Women can render no better national service than qualifying in medicine, where their services can always be turned to national account"'.[27] While the urgent demand could not be met by those embarking upon their studies now, their future promise meant that they were performing a national service, 'serving their country',[28] by dedicating themselves to a life of usefulness. By November, the *Morning Post* remarked that there was a decline in the number of students entering medical schools, although numbers were not as low as initially expected. However, older students were departing for the front and the shortage of the fourth and final years was beginning to tell. Guy's had lost nearly 80 senior students; many too had left at St Thomas'. In contrast, however, early propaganda had encouraged a rise in the LSMW's new entrants, 56 in all, bringing the total number of women in training at the School to 212.[29] By December, the LSMW had launched an appeal for extra building space to accommodate its increasing student population. Canny publicity drew upon the School's past value, as well as its sheer necessity in the light of the current conflict and in anticipation of future absences in the profession. Past students, such as Louisa Garrett Anderson, were serving their country and receiving praise for their skilful surgery. Of the 1000 women on the Medical Register, who were now practising all over the world, 60 per cent had been educated at the LSMW.[30] Without their excellent training, and without the LSMW, very few women would be saving lives as medical and surgical practitioners at home and abroad. 'Work of the future' could not be carried out without an expansion of the School either.[31] Famed gynaecological surgeon, Mary Scharlieb, formerly of the RFH, added her voice to the call for a total of £25,000. For Scharlieb, 'practical usefulness' could be obtained no more nobly than

[26] 'Prologue', 15.
[27] 'Women Doctors Wanted. Shortage of Male Practitioners Owing to the War', *Daily Graphic*, 23 September 1914, *LSMWRFHPC, Vol. 5*.
[28] Louie M. Brooks, 'Where Women are Wanted', *Daily Chronicle*, 9 September 1914, ibid.
[29] 'The War and the London Medical Schools', *Morning Post*, 5 November 1914, ibid.
[30] The appeal appeared in newspapers and periodicals across the country. See, for just one example, 'Women and Medicine', *Pall Mall Gazette*, 10 December 1914, ibid.
[31] 'Medical Education for Women', *Daily Graphic*, 10 December 1914, ibid.

through a medical career.[32] With demand for medical women in excess of the supply, the money requested, argued supporters, was more than worthwhile.

Despite the belief that war had led to the 'death-blow of an already moribund prejudice' against medical women, reactions to this appeal were mixed.[33] While the *Morning Post* had noted that the numbers of students were not decreasing as fast as had been anticipated, the *Hospital* attacked the LSMW more directly. In March 1915, an editorial explored the ways in which the School had presented its case and found it wanting. The periodical acknowledged that in wartime 'foresight and faith' should not be obscured by 'present national emergency': medical education could serve a 'patriotic purpose'. It went on, however, to address the 'worthiness' of the School for such beneficence in difficult times. While there was clearly a demand for women doctors and the increase in students showed that there were ample numbers to meet the demand, the LSMW was still 'a somewhat detached and sheltered institution', unstimulated by 'competition and outside criticism'.[34] By turning the 'fortress' against itself, the *Hospital* struck a nerve. Actual achievements were undeniable; what the periodical objected to was the sentimental, tearful tone to the appeal which overwhelmed the practical and the robust. Promises of 'the good time coming and the better order which the women doctors will bring' were premature; why not wait and adjust comparisons 'in the order of time'? This was not the only occasion the periodical attacked the LSMW's requests for funding. In November of the same year, another call for support angered the *Hospital* still further and brought to the fore arguments against women doctors which were thought long buried. War, claimed the periodical, was 'temporary and exceptional'; the LSMW were asking for money to support those who could not help the war effort. Students beginning their courses now would not be qualified for five years, their numbers were limited, so not worthy of the level of backing requested, and there was a 'widely entertained view' that many women would forsake the profession for the 'more congenial joys of domesticity'.[35] Such a focus could only excite public hostility rather than generosity. Despite the antagonism of the *Hospital*, the LSMW did achieve its target in only 18 months, through

[32] Mary Scharlieb, 'Women Doctors and the War', *Times*, 8 December 1914, ibid.
[33] 'Medical Education of Women in London', *Queen*, 19 December 1914, ibid.
[34] 'The London School of Medicine for Women', *Hospital*, LVII.1499, 13 March 1915, 523–4; 523, ibid.
[35] 'Women Doctors After the War', *Hospital*, 13 November 1915, in *South London Hospital for Women Press Cuttings, 1912–1917*, H24/SLW/Y6/1, London Metropolitan Archives. Future references will be shortened to *SLHWPC*.

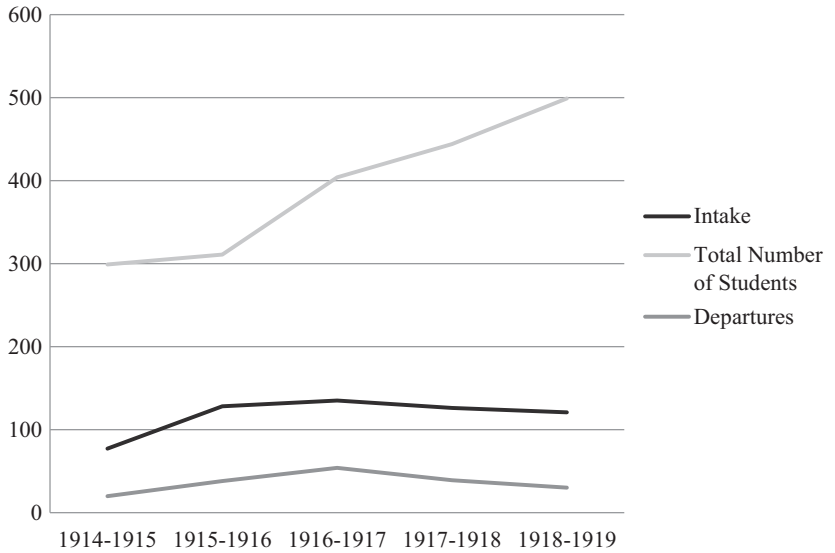

Figure 5.1 Number of Students, New Students, and Departures: LSMW, 1914–1919.

the beneficence of 1,300 donations.[36] The extension was opened by the Queen in October 1916 to widespread jubilation in the lay press. As the *Daily Telegraph* cheered: 'half a century covers the whole of a movement which . . . passionately opposed at the outset, has now converted even its most ardent antagonists, and proved its value with brilliant success since the outbreak of the present war'.[37] The *Hospital*'s admonitions would, however, have an effect on other appeals further into the war, notably, as this chapter will later explore, the way in which the SLHW considered fundraising. A copy of the November piece was pasted, tellingly, into the SLHW's press scrapbook.[38] While, as these articles recognised, the appeal had been successful in garnering public money, the effects of the School's would not be seen for some time to come, nor could the future for women medical students be so clearly predicted.

If the *Hospital* had been privy to the School's entry statistics, it might have extended its scepticism further. Wartime medical study was simply that for large numbers of students. Figure 5.1 measures the intake in

[36] 'School Notes', *L(RFH)SMWM*, XI.64 (July 1916), 75.
[37] 'Women Doctors', *Daily Telegraph*, 3 October 1916. This article was also reproduced: 'Leading Article from the "Daily Telegraph". Tuesday, October 3rd, 1916. By Permission', *L(RFH)SMWM*, XI.65 (November 1916), 98–101.
[38] See *SLHWPC*.

Table 5.1 *Percentage of Female Medical Students in Britain Who Began Their Studies Between 1914 and 1918*[39]

	First Year (due to qualify in 1923) (%)	Second Year (due to qualify in 1922) (%)	Third Year (due to qualify in 1921) (%)	Fourth Year (due to qualify in 1920) (%)	Fifth Year (due to qualify in 1919) (%)
London District	41.5	39.4	47.3	25.3	12
England and Wales (inc. London)	35.7	35.2	38.4	27.9	14.9
Scotland	36.1	44.1	36.7	35.8	24.6
Ireland	22.5	18.8	16.5	11.6	9.5
Total	32.6	33.1	31.6	26.6	18

relation to the dropout rate between the 1914–1915 academic year and that of 1918–1919. Reports issued from the RFH described only those who entered the School, while the private School papers record departures.[40]

It is evident that the number of students increased dramatically, from 299 in the 1914–1915 academic year to 499 by the end of 1919. The percentage of new students each year to overall figures reached a peak in 1915–1916, when the former comprised 41.2 per cent of the total. Indeed, the number of those entering the School during wartime did not fall below 24 per cent of students in any single year. Press coverage of the need for future doctors had clearly influenced many. As the *Lancet* indicated, female recruits to the profession were increasing instead of decreasing; on the other hand, it had been recently estimated that 200 to 300 fewer medical men would qualify.[41] By May 1918, the near-parity in the ratio of male-to-female undergraduates in some years, especially in the metropolis, was evident. Table 5.1 shows the percentage of women in comparison to the total number of medical students across the country. Particularly noteworthy was the nearly 50 per cent of women studying in their third year, who would have begun their course in 1915 when the 'shortages' panic was at its height. Until 1918, women accounted for nearly one-third of all medical students; a remarkable statistic given that when the war started there were only 1000 female

[39] Percentages calculated from figures in 'Annotations: The Supply of Medical Students', *Lancet*, 192.4952 (27 July 1918), 113.

[40] Figures calculated from *Eighty-Seventh to Ninety-Second Annual Reports* (1915–1920). Additional information about withdrawals obtained from Student Records of the LSMW, Student Admission Register: 1874–1927, H72/SM/C/01/03/001 and Student Files, H72/SM/C/01/02, LMA.

[41] 'The Medical Education of Women', *Lancet*, 185.4774 (27 February 1915), 451–452.

doctors on the Medical Register. At the beginning of the century, about 5 per cent of medical students were women and not more than 10 per cent before the Great War began.[42] There were 665 in their first year alone in 1918. As the *Lancet* concluded, the shortages were of actual rather than potential medical men and women. The future of health care in Britain was looking more secure by 1918.

When read alongside student records, however, the figures indicate a different picture. It is noticeable that the first three years of medical study contained the most women, while the final two indicated a considerable drop in numbers. This was especially evident across England and Wales where there was a 30 per cent difference between the first and fifth years. Student records for the LSMW exist from 1894, when there were only five withdrawals from the School.[43] Indeed, before 1910, only one year had more students failing to finish their studies: six in 1906–1907. Between 1894 and 1914, an average of around 10 per cent of women left before the end of their course; there was not a single withdrawal in 1897–1898, or in 1905–1906, for example.[44] This rose to 30.4 per cent for the war years alone; a figure which could well be higher, due to a lack of concrete information on the final outcome for 145 students, entering between 1917 and 1919. Of those who left during the period between 1914 and 1919 and for whom there was information, three qualified at a later date, one attended only for 'operative surgery', one re-entered, one withdrew temporarily, one was ominously 'still here', and three died (one of whom 'marries and dies'). Only two went on to qualify elsewhere: one to St Mary's and one who finished her studies at University College London. In the three wartime academic years for which every student had a recorded destination – 1914–1915 up until 1916–1917 – just over half of entrants graduate (53.8 per cent). This can be compared to a 73.4 per cent qualification rate between 1894 and 1914. The much-vaunted and rapidly increasing number of female medical students did not necessarily translate into a similar total of qualified professionals; exactly the sort of hyperbole which the *Hospital* had feared in 1915. Other priorities dominated for nearly half of the women who entered the LSMW during the war years. While the Great War provided unprecedented opportunities for female medical students, not everyone took full

[42] Elston, 'Women Doctors', p. 60.

[43] All figures from Student Records of the LSMW, Student Admission Register: 1874–1927, H72/SM/C/01/03/001 and Student Files, H72/SM/C/01/02, LMA.

[44] 1906–1907 and 1911–1912 show an anomalous 33.3 per cent and 40.9 per cent failure rate, respectively, which causes a considerable increase in the average for the two decades between 1894 and 1914. Two of the withdrawals in the latter year later qualified, while in the former one studied abroad and another returned, tellingly, in 1914.

advantage of their chance at a career. For some, it was the start of a life devoted to practise; for others, it was simply something they had done in the war and, ultimately, an occupation to which they would not return.

First Posts

If the writer of 'A Lament' had reread her alma mater's *Magazine* in 1915 she would have been cheered by a recognition of those who chose to stay at home. For St Mary's surgeon Charles Pannett, who wrote from the Hospital Yacht *Liberty*, in December 1914, service was provided 'equally well' by those who were 'carrying on their usual occupations'.[45] Pannett had been encouraged to write the letter because he was embarrassed at the misdirected cheers for everyone who was abroad, even if they, like he, were way behind the front lines. An 'active part in war', as 'A Lament' made clear, was assumed to be far 'more heroic' than the everyday actions of those who were not at the front, even if they were carrying out similar duties. Pannett turned later to women's role in the conflict and his advice was simple: stay at home. By filling posts which men had evacuated, women would assist incalculably. He advised qualified women against leaving for France unless they did so with recognised organisations; otherwise, random acts of charity did not always benefit those they should and became, instead, a 'nuisance' to official bodies. Better to take up the challenges on the home front, where they would be 'most valuable', both to the British public and to their male colleagues serving abroad. If the 'shortage' of medical students was a cause for concern, the loss of the qualified was inevitably leading to panic about the provision of health care in general practice and in hospitals on the home front. The next issue of the *Magazine* crowed that a decision had been made 'to omit from this and future numbers the list of appointments open to medical women. It is quite impossible to keep the list up to date, and at present practically every appointment is open'.[46] For those recently qualified, war brought with it an enormous expansion in their professional, but also their financial, horizons. Those who had graduated in 1914 'all got good positions at once'. Wages were rising swiftly as an incentive. Louie Brooks remarked that the LSMW was being harangued every day for graduate doctors; hospitals were willing to pay 50 per cent more than they had done only a few months before. One former student was registered and appointed to a post on the same day. This position paid

[45] 'Correspondence', Letter from Charles A. Pannett to Editor of *L(RFH)SMWM*, X.60 (March 1915), 45.
[46] Editorial, *L(RFH)SMWM*, X.61 (July 1915), 62.

£160 per annum; in addition to the salary, a flat and a maid were included.[47] Such benefits contrasted with the 'disabilities' experienced by women serving with the Army. Although they received the same pay as men, they were not entitled to rations nor billeting allowances, they paid the same income tax as civilians, their contracts were made on a monthly basis only and they were without travel privileges which were afforded even to nurses.[48] Sometimes, it paid to stay at home.

It is important not to forget, as Elston has remarked, that posts at this junior level were always temporary.[49] Inevitably, they would come to an end and the current occupants would move on to their next six-month position. Wartime resident posts should be viewed as useful experience, rather than as jobs from which women were cruelly usurped at the end of the conflict. This was a condition made obvious by the nature of the work itself and the stress, from the earliest days of the war, that women were effectively acting as locum tenens under exceptional conditions. F. Howard Marsh, Professor of Surgery at the University of Cambridge, wrote in the *Cambridge Review* at the beginning of 1915 about women's suitability for resident posts. For Marsh, women were ideal medical students, impressive doctors, and exceptional surgeons. As an examiner, he knew 'women who display every endowment and every qualification necessary for the higher levels of operative Surgery and whose results are as favourable as any obtained by men in similar groups of cases'.[50] Their success could be witnessed every day at the NHW, for example. Despite his belief in women's abilities, Marsh stressed that female substitutes should 'retire in favour' of the returning men if they happened to be holding a position at the end of the war. 'Justice cannot be done', he concluded, 'unless this is a binding compact': '[t]his should be no deterrent. Women who have done good work will readily find other openings.' For the moment, the *Daily Chronicle* noted enthusiastically, hospitals were 'clamouring for' qualified women; it was 'Her Day at Last' concluded the *Birmingham Gazette and Express*.[51] This next section will consider the

[47] 'Women Doctors Wanted. Demands of Hospitals for Resident Physicians', *Evening Telegraph Post*, 15 December 1914, in *LSMWRFHPC*.

[48] Jane Walker, 'Medical Women in the Army. Disabilities on Service', *Times*, 4 July 1918, ibid. Walker was writing as President of the Medical Women's Federation, which had been formed in February 1917, and which spent the rest of the war campaigning for the improvement of conditions for female doctors in military service. See Whitehead, *Doctors in the Great War*, pp. 113–14.

[49] Elston, 'Women Doctors', pp. 292–3.

[50] F. Howard Marsh, 'Scarcity of Doctors', *Cambridge Review*, 24 February 1915, 221–2, in *LSMWRFHPC*.

[51] 'War and Women Earners. Employment Lost and Gained. Call for Doctors', *Daily Chronicle* [Winter 1915]; 'The Call for Women Doctors', *Birmingham Gazette and Express*, 11 February 1915, ibid.

opportunities with which newly qualified women were presented during the war years, the positions they attained and how they viewed these novel advantages. It is necessary to keep in mind, of course, that short-term contracts were limited by their conditions, as always, but that resident posts could also be curtailed at any point should the conflict come to an end before the period of residence did.

Those who had qualified in 1914, as Helena Lowenfeld had done, found positions opening up instantly. After graduation, she sought a post through advertisements in the medical press. 'Among them', she remarked, when interviewed in the 1970s, 'was a surprise': 'the out-patient department of Hampstead General Hospital' was seeking two resident graduates.[52] They were, as usual, six-month posts, but the 'surprise' was in the location: a general hospital for both sexes. The RFH was unusual in employing male and female staff alongside each other; the war ensured that more situations were available for women to work alongside, as well as instead of, men. Hampstead General (HGH) had been established in 1882 and, unlike the RFH, encouraged paying patients to contribute towards their support. It merged with the North-West London Hospital in 1908, which became the site of its outpatient department, and was recognised as a metropolitan hospital.[53] With Peggy Martland, a friend since their earliest student days, Lowenfeld applied and they were both successful. Their reception was as expected, especially among nurses 'and other workers', who 'received us with some misgivings'. The reason was, Lowenfeld exclaimed, that 'never had there been women house-men before!' Lowenfeld's mixed gendering here gave a good impression of the confusion which must have resulted when she and Martland took up their posts. They were female, but in male roles, as far as the hospital was concerned. HGH proved, however, an excellent environment for the young women to thrive and they had 'a busy, happy six months and learnt a lot'. After six months, the invitation was extended and the two women were moved to the in-patient department: Lowenfeld as house surgeon; Martland as house physician. Lowenfeld described their new conditions as very enjoyable and they 'settled in peacefully'. She had 'a bevy of surgeons to work for' and found it challenging to remember each member of staff's special routines for post-operative patients. The patients themselves were very satisfied with the new house surgeon, about whose 'novelty' they were 'outspoken in their surprise and pleasure'. Although Martland and Lowenfeld had won over

[52] Wright, 'Incidents'.
[53] Ernest Collins, 'The Hampstead General Hospital', *BMJ*, 1.2460 (22 February 1908), 475–6.

their colleagues and their charges, a 'vaguely uncomfortable' atmosphere pervaded the hospital. Lowenfeld's German-sounding surname was to dog her nascent career once more, but this time she was dismissed with a question mark over her 'natural loyalty'. Disgusted at the treatment of her friend, Martland resigned in protest and the experiment at the HGH was over.

It is difficult to know, from Lowenfeld's recollections, whether or not the suspicion of alien activity prompted her dismissal. There was no indication that the (many paying) patients objected and the Board of the hospital expressed 'satisfaction' with her work. According to Lowenfeld, it was 'rumour' which spurred the management's decision; evidently an explanation of her Polish ancestry was not enough to quell this suspicion. Closer examination of the hospital's various committee minutes revealed that the orthopaedic surgeon, Mr Jackson Clarke, drew the attention of the management to the 'undesirability of Miss Lowenfeld's return to the hospital as House Surgeon'. The reason for this, he continued, was that she had recently travelled to Switzerland to meet her father, who was Austrian. There was no recorded debate about this decision and the Secretary was instructed to write to Lowenfeld conveying the information that 'the Committee did not desire her to return to the Hospital'.[54] Lowenfeld evidently consulted solicitors over the manner of her dismissal; HGH later noted that hospital representatives had arranged to meet with Lowenfeld and her advisors.[55] Nothing further was mentioned about the case, so consultation resulted in an end to proceedings. Interestingly, the Medical Committee reacted differently and demanded an explanation from Jackson Clarke as to the 'action he had taken' when he recommended Lowenfeld's sacking. This minute concluded with 'an expression of regret that this action had been taken without previous communication with his colleagues or the Medical Committee'.[56] Whether Jackson Clarke disliked Lowenfeld personally, her parental background troubled him or her movements made him suspicious of her motives, his views were clearly not shared by his colleagues. After taking the plunge and employing Lowenfeld and Martland as house officers, HGH, in dismissing Lowenfeld and losing Martland in sympathy, placed themselves in a precarious position in straitened times.

HGH struggled throughout the rest of the war years to recruit house officers, a situation experienced by any number of hospitals throughout

[54] House Committee Minute Book. Volume III: 1909–1922, 17 May 1915, Hampstead General Hospital, H71/HG/A/03/01/003, LMA.
[55] Ibid., 31 May 1915.
[56] Medical Staff Committee Minute Book. Volume I: 1905–1922, Monday 14 June 1915, Hampstead General Hospital, H71/HG/05/01/001, LMA.

the country. Although, given the experience with Martland and Lowenfeld, it was intriguing that the institution continued to employ women in junior roles throughout the war years. Lowenfeld may not have been trusted because of her political loyalties, but the work both she and Martland carried out during their stay first in Casualty, and then, when they were promoted to the treatment of in-patients, told a different story. Two months after Lowenfeld's departure, the Medical Committee remarked that there had been no candidates for a RMO post. As a coda to this statement appeared the following: 'the hospital is seriously inconvenienced by the absence of a resident staff'.[57] While such positions were short-term, this had no bearing upon the absence of candidates in response to advertisements. The end of June saw consideration of a female candidate for a resident post, but she was found unsuitable; by September a male applicant was similarly found unsuited to the role. Temporary measures were put in place and a Japanese man, Dr Nakagawa, took the post of house surgeon for three months.[58] In December, the Medical Committee concluded that it would not be suitable to have two residents who were of a different sex, 'in the interests of the hospital'.[59] This decision was prompted by consideration both for the relationship between house officers and that between those appointed and their patients, but also by something far more fascinating. Within the same minute as the above statement, the Committee reflected that it had simply not found the requisite number of male candidates suitable for either position. This was in spite of the fact that five men had been interviewed and held adequate qualifications.[60] Consequently, women formed both the Medical Committee's first and second choice for each position.

The final year of the war saw a shift in the ways in which HGH valued its women house officers. December 1917 and June 1918 saw the usual six-monthly appointments of female house physicians and house surgeons. The most recent positions of new staff indicated the breadth of choice women were afforded during the war years, in geographical, as well as professional terms, but also the temporality of their positions. For example, Miss Franklin, who was appointed House Surgeon in June 1918, acted previously as House Physician at Bristol Royal Infirmary and held posts as House Surgeon at the NHW and North Staffordshire

[57] Ibid., 26 July 1915.
[58] Ibid., 14 June; note about Dr Rachel Cohen as unsuitable in the margin of the minutes and dated 20 June; Dr De Mauric considered unsuitable, 27 September 1915. Dr Nakagawa's temporary position recorded in the minutes of 28 June 1915.
[59] Ibid., 3 December 1915.
[60] Only one, L. Distat Phillips, appeared without an MRCS LRCP; another candidate, A.W. Woo, was evidently of Chinese origin.

Infirmary. Her House Physician colleague, Miss S. Jevons, had been temporary House Surgeon at Charing Cross Hospital, as well as locum tenens at London Temperance Hospital and St Pancras Infirmary.[61] The next round of resident appointments, however, fell a month after the end of the conflict. By December 1918, men formed the top choices of the Medical Committee for both house posts, with women in second place. Melbourne-educated Basil Cohen and J.H.B. Hogg had served respectively with the RAMC and the Belfast Naval Medical Service; the runners-up for the posts were Constance Hart, who had been the Committee's first choice for House Physician only a year previously and was now pushed into second place for the surgical position, and Katherine Waring, who, like Cohen, had served with the RAMC. While there was no explanation as to why the men were chosen over the women in this round of temporary positions, neither their similar experience, as in Waring's case, nor the Committee's personal knowledge of their abilities, counted for anything. Although medical staff at the hospital were willing to consider women throughout the war due to the extremity of circumstances, they thought less favourably upon them when there were suitably qualified male candidates available. The same attitude was evident in the appointment of a gynaecologist in February 1918. Even though they were not able to make a recommendation for a permanent appointment, the Committee were faced with four applicants: three male, one female. After consideration, Eleanor Davies-Colley, the first female FRCS, was deemed the runner-up to Gordon Ley, also FRCS.[62] Evidently, the Committee were happy to contemplate women for the most junior posts at HGH, but, while clearly considering Davies-Colley above two of the male applicants, they placed her behind the other man on the list, even though the position was temporary. In many ways, the more junior the post, the more likely women were to be appointed between 1914 and 1918. Experience might be gained at the lowest level, but hospital management wobbled in their decisiveness when considering female specialists for more senior posts.

In similar fashion to Helena Lowenfeld, Leila Henry, who, as we saw in the last chapter, joined the SHW in 1917, made the most of her situation when she took a post at the Sheffield Royal Infirmary soon after graduating. When the *Queen* periodical wrote about Sheffield University in the winter of 1916, there had not yet been any graduates in medicine. Unlike those who attended the LSMW, for example, Henry was taught

[61] Medical Staff Committee Minute Book, 3 June 1918.
[62] Candidates were announced at the meeting on 17 February 1918; Ley was chosen on 20 February.

in much smaller classes where individual tuition was possible; a point to which the *Queen* draws particular attention when discussing the situation of the 14 female medical students. Although Sheffield advocated treating women equally as far as allowing them an education was concerned, they still studied separately for some classes: pathology; obstetrics and gynaecology; and urology.[63] Henry delighted in her studies and embraced all the opportunities open to her, especially in surgery. *Queen* announced that prospects were 'excellent' for clinical studies because students in their final years had access to over 500 beds in the city; those of the Royal Infirmary, the General Hospital and the Jessop Hospital for Women were open to them. In addition to numerous patients, the small cohort and the equality of opportunity as far as appointments for clinical clerkships and dresserships were concerned meant that women had many advantages studying at the university. As *Queen* remarked, female students were able to 'acquire real practical experience, and are not merely hangers-on'.[64] This was extended to the Royal Infirmary in the city, which, at the time the article was published, had three women residents: one assistant house physician and two assistant house surgeons. Sheffield was a fabulous place to work for aspiring surgeons like Henry. As *Queen* concluded, the large works, where frequent serious accidents occurred, meant practical surgical experience was readily available. In autumn 1916, just after Henry had graduated, as one of the first medical women from her university, Sheffield was also hit by a Zeppelin raid.[65] For a year after this, the city was without lighting at night, which contributed to increased incidents in already accident-prone area.[66] This situation, when coupled with munition injuries, meant that Henry was kept thrillingly busy in the Royal Infirmary, in spite of the strenuous trek to her work because she was required to live out, except when she was on night shift in Casualty.[67] It is hardly surprising that she felt herself equal to any other surgeon, despite only being 26. As Henry put it, 'it was experience that counted!',[68] and, thanks to opportunities in her adopted city, there was no shortage of that. Vital training meant that Henry was then capable of transferring her prized surgical skills to wounded military personnel at Royaumont.

[63] Crofton, *The Women of Royaumont*, p. 271.
[64] 'Sheffield University and the Medical Education of Women', *Queen*, 12 February 1916, 258, in *LSMWRFHPC*.
[65] For more on how Sheffield was affected by the Great War, see Scott C. Lomax, *The Home Front* (Barnsley: Pen and Sword Military, 2014), especially chapter 16, 'Sheffield's First Air Raid', pp. 172–82.
[66] Ibid., p. 183. [67] Crofton, *Women of Royaumont*, p. 272.
[68] Henry, *Reminiscences*, p. 5.

When they were still students, Olive Newton and Ruth Verney were thrust into surgical life long before their training had come to an end. The need for house officers was so great that even third-year students, such as Newton, were plucked from medical school to serve their country on the home front. Newton accepted a three-month post in the Casualty Department of Birmingham General Hospital. She found this a 'wonderful experience giving responsibility so early in my career even doing minor surgery'.[69] Just over half-way through her course, Newton was carrying out work more suitable to a qualified house surgeon. She throve on, noticeably, both the opportunity to do surgical work and the responsibility which the role gave her. The absence of suitably registered candidates to fill house posts was not confined to larger hospitals or to institutions which treated both sexes. At the SLHW, run by women surgeons for solely female and child patients, not a single applicant came forward for a temporary assistant surgeon post advertised in November 1915. The Medical Council of the hospital considered, in future, that advertising externally should be coupled with internal requests, to see if any current staff wished to transfer. Advertising in the usual way was, however, decided.[70] Four months later, just before the In-patient Department was due to be officially opened, the Medical Council instructed that assistant positions should be advertised.[71] By May, a preferred candidate was engaged with war work, so a temporary contract was drawn up for another candidate.[72] In July, the two original posts had their titles altered, presumably to encourage those appointed to stay both for financial and professional reasons.[73] Subsequently, the title of assistant was dropped. In the autumn of 1916, the Medical Council voiced concerns, echoed all over the country, that there was an 'extreme difficulty of finding RMOs under present circumstances'.[74] They took steps to advertise and re-advertise for at least two consecutive weeks a month later.[75] When unable to appoint anyone who was suitably qualified, the SLHW turned to medical students. A senior student, Miss Cogan, became acting house surgeon for a month in October 1917 until the chosen candidate was free.[76] In May 1918, a 'partly qualified' fifth-year student, Miss F.M. Spickett, took up a six-month post as house surgeon.[77] Another fifth-year

[69] Dr O.M.C. Newton, handwritten 'Recollections (1914–1920)', Recollections M-Y, WW1/DF/148/2, LC.
[70] Recommendations Made by the Advisory Medical Council to the Board of Management: April 1913–May 1934, South London Hospital for Women, 6 December 1915, H24/SLW/A/19/001, LMA.
[71] Ibid., 6 March 1916. [72] Ibid., 8 May 1916. [73] Ibid., 13 June 1916.
[74] Ibid., 11 September 1916. [75] Ibid., 9 October 1916.
[76] Ibid., 5 October 1917. [77] Ibid., 3 May 1918.

student, Miss K.M. McKeown, became the hospital's house physician a month before the war ended.[78] War work certainly proved more enticing for some young, newly qualified medical women. Miss Peake, for example, who was the preferred candidate in May 1916, had her post held open for her until she was free to take it up an entire year later.[79] Although necessity meant that unqualified students took on roles usually open only to their registered counterparts, hospitals still preferred to turn to the likes of Miss Peake, qualified and with a MD, for more permanent posts. Even among women-run institutions, the hope was for the best rather than simply any applicants; those who were employed temporarily gained practical experience which assisted their eventual career. There were simply not enough women to fill all the available places created by male absence. Those free to choose could work with a wider range of people if, as many did, they sought posts outside the female-only institutions to which they were usually confined. The war, therefore, provided a wealth of different possibilities for those on shorter contracts both to look around for what specifically interested them and to gain more insight into a variety of medical and surgical specialties.

Ruth Verney found her initial experience less palatable than Olive Newton.[80] Even before she had qualified she was 'forced' to go to the Royal Manchester Children's Hospital in Pendlebury as a house surgeon. She found it a 'terrifying', 'dreadful' experience, although did not fully elaborate why this was the case. The only clue she gave was that terror arose 'from facing these grey haired sisters the other side of a child's bed'. Their seniority and her youth and lack of qualification must have ensured that she was made to feel quite unprepared for the work in hand. 'They couldn't get anyone you see', she ruminated when interviewed in the 1970s: 'they had gone'. This rushing of unprepared young women into posts which were unsuited to their training was certainly not the story the press wanted to tell. The heroic aspect of women taking up positions relinquished by their male colleagues dominated accounts of work on the home front. In spite of Verney's fears, she was asked to stay on as house surgeon when fully qualified, whether through necessity, desperation or because she had, despite her misgivings, actually been good at her job. Verney was keen to leave Manchester, and, not enjoying her paediatric work, she moved to the Great Northern Hospital (GNH) in London, where she filled both house physician and house surgeon roles, for the usual six months each. The GNH also took LSMW students as house

[78] Ibid., 4 October 1918.
[79] Peake was noted as 'free' from war work in the minutes, ibid., 23 April and 7 May 1917.
[80] Verney, Tape 476.

officers: for example, N. Olivier and E.M. Visick, at the beginning and end of 1918, respectively.[81] While at GNH, female house officers encountered wounded soldiers: 'any amount', according to Verney. GNH formed a section of the Second London General Hospital during the war years and the staff would have been familiar with the wounded sent home from France.[82] Verney remembered an operating-room anecdote from her time at the hospital, which gave a rare glimpse into a space more usually characterised by strict discipline and control.[83] The theatre was on one side of the building, situated around a quadrangle; on the other side, the soldiers were recuperating. Every sound from the other side could be heard while operations were occurring. Miss Beavis, the house surgeon, was asked by her superior to 'hold that tube and she thought he said, what is that tune and she looked up and said, If You Were The Only Boy in the World'. 'It brought the house down in the operating theatre', Verney reminisced: '[t]hat is the sort of side light we used to have'. Evidently, relations between remaining male surgeons and their female house officers at the GNH were more comradely than between youthful, scared residents and judgemental nursing staff in Manchester.

When looking back at 'A Year's War Work' in January 1916, the *Daily Telegraph* claimed that

> 1915 will take rank as the year of the conquest, final complete, of the medical woman. It is not so much that the War Office asked women physicians and surgeons to assume the care of a military hospital; nor is it on account of their fine work at Malta and in Serbia that their success has been won. Their real triumph is the opening to them of the coveted house-posts at the leading civil hospitals, and these are doors that will never be closed to them again.[84]

Despite women's achievements in surgery at the front and in the formation of Garrett Anderson and Murray's Endell Street institution, the *Telegraph* sought to celebrate the visible presence of female house officers in the wards of hospitals at home as the war's most celebrated advancement to date. The civilian population could read about distant successes, but surely more comforting was the knowledge that women were doing their duty and holding institutional forts in their own country. For young medical women themselves, the sudden professional and financial riches

[81] 'Recent Appointments', *L(RFH)SMWM*, XIII.69 (March 1918), 52; *L(RFH)SMWM*, XIII.71 (December 1918), 157.
[82] 'The War: Home Hospitals and the War', *BMJ*, 2.2815 (12 December 1914), 1041–3; 1042.
[83] Schlich, 'Surgery, Science'.
[84] 'A Year's War Work: Women's New Spheres', *Daily Telegraph*, 1 January 1916, in *LSMWRFHPC*.

afforded by the absence of male colleagues gave unprecedented access to many hospitals all over the country. They were naturally aware of the temporality of their posts, and this gave them a chance to move from institution to institution, garnering experience as they went. If, as in Verney's case, the job proved unpalatable, then many had enough freedom to change disciplines, move to another city and continue to learn while working. 'To be a doctor is to be a permanent and perpetual student', proclaimed Jane Walker in 1914, when describing the profession of medicine as an ideal career for girls.[85] Such an adage proved prescient when considering the wartime experience of young female house officers. Walker concluded that this meant keeping minds alert, hearts young and brains receptive and keen, but she could also have added worthwhile experience gained through a variety of temporary junior posts. The situation on the home front allowed Verney, for example, to pluck up courage to leave a position she hated for one from which she would benefit, or Henry to gain enough surgical confidence to offer her skills to the SWH. Circumstances may have been unprecedented, but senior students and recent female graduates sought opportunities to advance their careers and grasped them while they could, even if the post was only for a few months. Every moment was valuable.

Senior Positions

This chapter has so far considered the ways in which the youngest women took advantage of the opportunities available on the home front during the Great War years. By 1918, however, the age for the call-up of military men had reached 55; a full four years older than their civilian counterparts.[86] The shortage of medical men was not, therefore, simply restricted to the most junior of ranks. As the previous chapter has shown, the novelty of the conditions in which the battles were fought and the complex injuries caused by modern warfare meant surgery at the front was a great leveller. Experience at home counted for little when faced with the unknown. For example, as David Currie has shown, head injuries had been treated in Britain largely by general surgeons and understanding of the devastating damage caused by bullet wounds, coupled with the catastrophic bacterial infections from the fertile battlefield soil, was limited at the start of the conflict.[87] However, the knowledge and expertise of consultant surgeons was eagerly drawn upon; members of the RAMC, like

[85] Walker, 'Careers', 465. [86] Whitehead, *Doctors in the Great War*, p. 83.
[87] David Currie, 'Wounds of the Skull and Brain', in Scotland and Heys, eds., *War Surgery*, pp. 234–56; p. 242.

these civilian counterparts, had not experienced conditions like those in France and Flanders before and co-operation was vital. As Mark Harrison has concluded, power 'came to be vested in civilian consultants who entered the Army on temporary commissions'.[88] This was in spite of antagonism between them in the past. Indeed, by 1918, regulars were outnumbered by civilians 11:1.[89] Absences at the top had to be filled as urgently on the home front as those on the lowest rungs of the career ladder. This next section will explore how two experienced women, the surgeon Louisa Aldrich-Blake and the radiologist Florence Stoney, both of whom served at home and abroad, took on the work of male colleagues at institutions in Britain. Through an examination of patient records in the case of Aldrich-Blake's post at the RFH, I will also explore precisely who was treated by this highly regarded surgeon, willing to take on others' caseloads. In addition to new responsibilities, it is worth considering whether perceived opportunities on the home front led to actual extensions in surgical and ancillary expertise of women such as Aldrich-Blake and Stoney.

When Aldrich-Blake died in 1926 at the age of 60, she had typically been carrying out surgical duties within a month of her death and had been at an administrative meeting only a week before. Aldrich-Blake's prolific 'activity' ran throughout her distinguished career and characterised the tone of her obituary.[90] Her surgical prowess was evident from student days at the LSMW, where she obtained her BS with first-class honours, after having done the same for her MB in medicine and obstetric medicine. After taking her MD, Aldrich-Blake then became the first female surgeon to receive a MS, a distinction she achieved in 1895. Fellow LSMW student, surgical colleague and founder of the SLHW, Maud Chadburn, remarked of her friend's brilliant surgical abilities that 'second best was unknown to her': '[s]he gave full time and thought to every case, whether minor or major. As an operator she was bold, courageous, level-headed, thoughtful; her hands were good to watch at work – her finger-tips obviously carried brains in them.'[91] Although not a quick thinker, she had excellent judgement according to contemporaries; her nature was ideally suited to the complex, lengthy operations developed in the early twentieth century, such as Wertheim's for carcinoma of the cervix and her own procedure for excision of the rectum. As we saw in

[88] Harrison, *The Medical War*, p. 99. [89] Ibid., p. 96.

[90] Information from 'Obituary: Dame Louisa Aldrich-Blake', *BMJ*, 1.3393 (9 January 1926), 69–71. Only one biographical work was published, shortly after her death, by Lord Riddell, President of the RFH from 1924 to 1934: *Dame Louisa Aldrich-Blake*. For more on Riddell's tenure at the RFH, see: Armidon, *An Illustrated History*, p. 49.

[91] 'Appreciations: Miss M.M. Chadburn', appended to 'Obituary', *BMJ*, 70.

chapter 3, she worked primarily at the NHW, having been appointed an assistant surgeon in 1895, full surgeon in 1902 and senior surgeon in 1910. She became Dean of the LSMW in 1914. Aldrich-Blake's surgery during the Great War was far less well-known than her other activities. Riddell, for example, devoted just over a page to the 'manifold duties' of wartime.[92] As her obituarist marvelled, however, it was 'difficult to realise how one individual could have successfully accomplished all the war work which Miss Aldrich-Blake undertook'.[93] Her wartime assistance, at home and in France, was in the form of practical surgery, as well as administrative organisation. In addition to supplying and equipping those keen to set up units near the front, she rounded up women on the Medical Register in order to encourage them to serve abroad in 1916; thanks to her efforts, 80 were sent to Malta, Egypt or Salonika in the autumn of 1916 and then another 50 when the RAMC requested more. Aldrich-Blake utilised her supposed vacations to allow colleagues serving abroad to rest. She worked at Cherbourg over the Christmas and New Year of 1914–1915, and relieved Frances Ivens at Royaumont for two summers in 1915 and 1916. When Ivens wrote back to the SWH Committee after Aldrich-Blake's departure in 1915, she noted her 'most helpful' assistance during a 'very busy fortnight'; she had done 'quite a lot of work' and allowed Ivens, notoriously unwilling to take breaks from her surgical work, to 'get off a good deal'.[94] According to Riddell, despite her brief stays, Aldrich-Blake evidently made an impact on those she treated and became known among the patients at Royaumont as '"Madame la Générale"'.[95] Evidently, her calm confidence and efficiency implied leadership to the injured.

It is not surprising that she was chosen to cover a number of absent surgeons' work at the RFH; a role her obituarist calls 'double duty'.[96] In the 1917 *Annual Report* for the hospital, and despite her seniority and the breadth of her expertise, Aldrich-Blake appeared for the first time as 'Acting Assistant Surgeon'.[97] The *Report* for 1918 omitted her from the list of staff altogether, but she reappeared in the 1919 *Report* with considerable elevation as 'Consulting Surgeon'.[98] During these years, she also acted as visiting surgeon to the WAAC Hospital at Isleworth and consulting surgeon for women patients at the Herbert Hospital in

[92] Riddell, *Louisa Aldrich-Blake*, pp. 51–2; p. 51. [93] Ibid., 69.
[94] Dr Ivens to Mrs Russell, Royaumont, 16 September 1915, Tin 12: Copies of Letters Received at Headquarters From July 1915 to October 1916, SWHC.
[95] Riddell, *Louisa Aldrich-Blake*, p. 51. [96] 'Obituary', 69.
[97] *Ninetieth Annual Report for 1917* (Printed by H.J. Goss and Co, Ltd, London, 1918), p. 8.
[98] *Ninety-First for 1918* (1919) and *Ninety-Second for 1919 Annual Reports* (1920), p. 8.

Woolwich, as well as still treating her own private cases.[99] Extant patient records at the RFH reveal that Louisa Aldrich-Blake was carrying out surgery on men and women between 1917 and 1920, when male colleagues began to return. Her reward for the hard work over these years was a consulting role with the 'care of patients'; along with her Deanship of the LSMW, this earned her a seat on the Medical Committee of the hospital.[100] As her RFH colleague Arthur Phear later noted, she was a 'distinguished member' of staff, who achieved 'professional success and worldly distinction'.[101] Aldrich-Blake's solid common sense and good judgement were invaluable when the RFH began to lose its male staff. In its *Annual Report* for 1914, the RFH remarked on the 'many members of the Honorary Medical Staff who have sought and obtained long leave of absence from home duties'.[102] It reassured its subscribers, however, that the work of the hospital would be carried on and the civilian population would not suffer or be placed at any disadvantage by this development. The 'ready and self-denying spirit' which motivated those left behind would ensure that the hospital was able to carry on as usual. Of the surgical staff, the hospital lost Senior Surgeon, generalist, thyroid and cleft-palate expert, Mr Berry, and Assistant Surgeons, Mr Joll, a thyroid specialist, and Mr Pannett straight away, leaving only Surgeons, the generalist and dermatologist, Mr Evans, and the generalist Mr Cunning. Despite absences, the names of all appeared on the list of staff until they were joined in the report for 1916 by the names of those 'Acting' their roles. This emphasised both a desire to ensure continuity throughout the conflict, thus reassuring patients and subscribers, and to make clear that wartime developments were temporary measures.

As the hospital had lost the services of general and specialist surgeons, those covering their caseloads were required to adapt themselves to a variety of different surgical procedures. Between 1917 and 1920 Aldrich-Blake was entrusted with both female and male patients of all ages. From a background in gynaecological and rectal operations, she was expected to carry out more general surgery than she was used to, as well as dealing with industrial accidents, which were regularly brought into the RFH, those wounded during metropolitan air raids, and with soldiers brought back from the front. The hospital, along with many others during the war years, set aside a certain number of beds for military personnel at the request of the War Office. From August 1914, it offered 40 beds, which were continuously occupied by those injured on the battlefield, who

[99] 'Obituary', 69. [100] *Ninety-Second Annual Report*, p. 15. [101] 'Obituary', 71.
[102] *Eighty-Seventh Annual Report for 1914* (1915), p. 14.

were transferred from institutions on the Continent back to London. For many, this was a momentary rest before they were sent back to the ranks or reintegrated into industrial life at home.[103] In 1915, the RFH made two wards available for the treatment of war wounded; for this, they were paid 4/- per day for each occupied bed.[104] Temporary buildings were then erected as a Military Section of the institution.[105] By 1919, over a four-year period, it had dealt with 4,128 officers alone.[106] Aldrich-Blake, therefore, gained experience treating military men both fresh from the battlefield when she worked at Cherbourg and Royaumont and after initial surgery when they were transferred to the RFH. In many instances, as Aldrich-Blake and Florence Stoney would discover, and as this section will explore later, they were having to correct earlier injuries overlooked or ignored in favour of more obvious wounds.[107] Due to the patient's ongoing suffering, they were compelled to relocate foreign bodies and then re-operate upon those whose injuries had been too swiftly treated or simply patched up at the front.

Between the autumn of 1917 and spring of 1919, extant case notes indicate that Aldrich-Blake treated 168 male, female and child patients at the RFH. The circumstances of the Great War at home and at the front permitted women to operate on men for the first time in any number. It is fruitful to compare the gender breakdown of Aldrich-Blake's patients over this period to see whether this opportunity was given to her at the RFH. As Figure 5.2 shows, Aldrich-Blake actually treated just over 7 per cent more men than women during the war years, despite her previous expertise as a surgeon for the latter. It was evident that the hospital believed she was able to take on these cases, but also that male patients themselves were happy enough to be operated upon by a woman. The RFH needed assistance in areas other than those in which Aldrich-Blake had specialised, so they utilised her surgical skills to the utmost. This trust allowed Aldrich-Blake to widen her expertise considerably, in terms both of patient gender and in the types of operation she was performing. It may be assumed that, as child patients formed a large number of cases at the RFH, the majority of the males she saw were actually under the age of 14. As with any hospital of its size, and, as Lynsey Cullen has discovered in her sampling of RFH case notes before the war, children under the age of nine made up 24 per cent of patients treated by male physicians and

[103] *Eighty-Seventh Annual Report for 1914* (1915), p. 14.
[104] *Eighty-Eighth Annual Report for 1915* (1916), p. 12.
[105] *Ninety-Third Annual Report for 1920* (1921), p. 16.
[106] *Ninety-Second Annual Report for 1919* (1920), p. 14.
[107] For more on patients returned to Britain, see Carden-Coyne, *Wounds*.

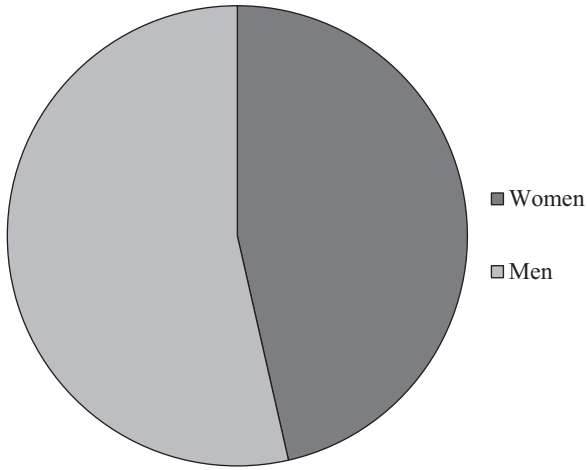

Figure 5.2 Aldrich-Blake's Patients: RFH, Autumn 1917–Spring 1919.[108]

surgeons between 1902 and 1912.[109] In chapter 3, when analysing all Mary Scharlieb and Ethel Vaughan-Sawyer's surgical patients in the Gynaecological Department of the RFH, women in their twenties and thirties dominated their caseloads. Aldrich-Blake would have similarly treated a majority of similarly aged female patients and for like conditions in her work at the New, as well as some children. It would be expected that, along with the pattern established by her male colleagues at the RFH and other institutions, Aldrich-Blake would have treated smaller numbers of children than adults. An analysis of the age range of her male and female patients reveals that over three-quarters of them were adults over the age of 14. Although she had not operated upon men, except straight from the battlefield in recent years, the majority of patients dealt with by Aldrich-Blake were adult men. Indeed, even of the children, boys dominated, with more than twice as many male as female. In women-run hospitals there were strict edicts about the age of male children. Seven was the limit at the NHW, while at the SLHW, despite campaigning from the Medical Council to raise it to ten, it was fixed firmly by the institution's trustees at six.[110] Aldrich-Blake's patient base

[108] Compiled from Miss Louisa Aldrich-Blake's Case Notes, Men and Women, 1917–1920, Parts I and II, H71/RF/B/02/01–02, Royal Free London NHS Foundation Trust, LMA.

[109] Cullen, 'Patient Records', p. 87.

[110] New Hospital for Women House Committee Minutes. Volume V: May 16 1905–Tuesday 24 February 1914, 17 December 1907, H13/EGA/038, LMA; Record of

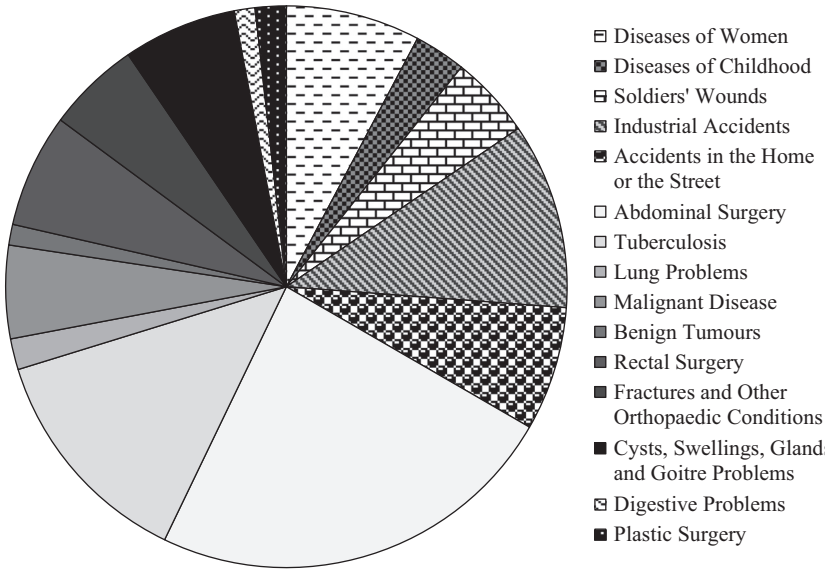

Figure 5.3 Conditions Suffered by Aldrich Blake's Surgical Patients: RFH, Autumn 1917-Spring 1919.

between 1917 and 1919 at the RFH was considerably different to that of women surgeons' usual demographic. Aldrich-Blake's experience, therefore, broadened the range of cases she would have encountered in peace time, both by gender and by age.

By examining more closely Aldrich-Blake's RFH surgery between 1917 and 1919, a detailed picture can be obtained of the operations she was required to perform. The chart below (Figure 5.3) reveals the general nature of the complaint of all 168 patients treated during this period. Aldrich-Blake's expertise in abdominal surgery was, unsurprisingly, utilised; this category of her patients formed the greatest percentage of overall cases at 23.8 per cent. Most intriguingly, though, the vast majority of these patients were seen by Aldrich-Blake for prosaic hernias and appendicitis. The same routine procedures could be seen with rectal cases, in which, as we saw in chapter 3, Aldrich-Blake excelled. All of the operations she undertook were for haemorrhoids, polyps or abscesses, and only one of the malignant cases was rectal. However,

Recommendations Made by the Advisory Medical Council to the Board of Management: April 1913–May 1934, South London Hospital for Women, Monday 8 February 1915, H24/SLW/A/19/001; Board of Management Minutes, SLHW, Wednesday, 10 March 1915, H24/SLW/A/04/001, LMA.

when the wider area of 'accidents' was added up, including industrial or workplace incidents, as well as those which occurred in the home or on the streets, the same percentage of cases resulted as abdominal surgery. The 'accident' sector dominated when fractures and other orthopaedic conditions were added; of the nine patients who came under this category, two were congenital deformities, and only two more were not the result of an accident. When the numbers of accidental injuries were added together, they formed 26.8 per cent of Aldrich-Blake's caseload. Coupled with surgery for the aftermath of soldiers' wounds, accidental and deliberate injuries came to 31.6 per cent of the total number of patients seen between autumn 1917 and spring 1919. While the LSMW students would be used to the number of accidents arriving at Gate, Aldrich-Blake was leading the treatment of these often very seriously wounded people, rather than simply assisting.

The injuries seen by Aldrich-Blake provided an insight into the hazards of wartime, as well as quotidian working London. Sixty-seven-year-old Charles Champney was treated for the aftermath of 'a bomb dropped by hostile aircraft' in September 1917, which had injured his right foot. He had heard guns firing, the lights in his house had gone out and the ceiling then fell in. Although Champney managed to escape with his daughter and grandson, he only noticed pain in his right foot half an hour after evacuation and saw that his boot was cut open on the outer side. He consulted a very helpful policeman, who cut off his boot and stocking, to discover that Champney had severed part of his little toe.[111] Safety was no longer guaranteed in the home, but neither were the streets nor public transport free from danger. Percy L. Castle, a 48-year-old sorter at the General Post Office, suffered a wound in his left thigh. He had been in a tram on Charing Cross Embankment at midnight when a bomb from enemy aircraft fell near the car. Castle jumped to save himself. Unfortunately, the car floor smashed on impact, an electric fuse ignited and fragments of burning material hit Castle on the left thigh, just below the buttock. He also received injuries to his scalp and left wrist; later there was some conjunctival haemorrhage seen in his left eye.[112] Munition workers of both sexes also formed ten of Aldrich-Blake's patients (seven women; three men). Fifteen-year-old George Hampton was a metal-plate worker in a munitions factory and had been working his treadle when he injured his hand in October 1917.[113] In February 1918, 24-year-old Maud Symes was admitted with ulceration of the arm following a septic wound to her hand. She slipped on a step at work a few months

[111] Charles Champney (LAB 1917: Part I).
[112] Percy L. Castle (LAB, 1917: Part I).
[113] George Hampton (LAB, 1917: Part I).

previously and thought that 'bits of brass' had entered the wound from the floor.[114] Charles Coe's injury caused him problems a long time after his work at a 'Bullet Arsenal' in Woolwich. An explosion in 1915 at the factory resulted in him being hit by a piece of brass. The injuries affected his whole body, from his face all the way down to his leg. More seriously, his right eye was destroyed and he lost the sight in his left eye. Nearly three years later, Coe was still suffering from the effects of his injuries: he had foreign bodies trapped in his eyelid, right temple and under the skin of his left hand, which frequently discharged. Aldrich-Blake removed the first and third, but the second was not found.[115] These were the only three cases where working in a munition factory proved hazardous, although 19-year-old 'munitionette' Ethel Rainbow was found to be infected with secondary syphilis.[116]

If accidents in munitions factories did not provide Aldrich-Blake with too many patients, other industries contributed their fair share. Annie Farrell, who was 63, was in the RFH with a litany of woes. While alighting from a train, she was knocked down by a taxi in December 1917, falling onto her face and bruising it, along with the left hand which had presumably broken her fall. The same taxi then proceeded to run over Miss Farrell while she was prone, hurting her left foot about ankle height. Her foot was set under anaesthetic and a splint was fixed. While an air raid was going on nearly a week later she was carried downstairs at her home without any attention paid by the carrier to her foot. When Miss Farrell came to the RFH the next day, her foot was in a 'bad position'; X-rays later revealed that she had impacted fractures of the tibia and fibula. Aldrich-Blake struggled to reset her foot, but finding very little movement in the seat of fracture, was compelled to use 'strenuous efforts' to achieve a better position. Anyone who felt that women could not be strong enough for such operations would have been amazed by the force this surgeon put into restoring her patient's mobility.[117]

Unlike Annie Farrell's unfortunate accidents, other patients were injured during the working day on the home front. Transport caused problems not only for those utilising its services. Harold Purchase, who was 18 and a packer, jumped from a van and fractured his leg above the

[114] Maud Symes (LAB, 1918: Part II). [115] Charles Coe (LAB: 1918; Part I).

[116] Ethel Rainbow (LAB, 1917: Part I). She was certainly not the only munition worker in these circumstances. See Angela Woollacott, *On Her Their Lives Depend* (Berkeley, CA: University of California Press, 1994), about fears surrounding working-class women's sexual promiscuity when provided with the 'high wages and premature liberty' of munition work, p. 126; also, pp. 134–61.

[117] Annie Farrell (LAB: 1917; Part II). Although this is a case from December 1917, it is out of place in the second box of Aldrich-Blake's records.

ankle.[118] An 18-year-old railway porter, Richard Watson, was required to put a horse into a van. Upon attempting to hit the horse with a whip, he slipped on the wet surface and the van ran over his thigh. He fractured his femur as a result. This was the second time a horse had been the cause of an accident, as the patient had attended Gate in February when one had kicked him.[119] Lift boy, George Munton, who was 16, fell down the shaft by stepping backwards into it when the lift had already gone down. He was bruised and bleeding from the rectum on admission.[120] James Duke, a 44-year-old shunter, was run over by a railway truck, which passed over his right foot and severed it almost completely above the ankle. Unsurprisingly, the patient was in a great deal of pain when he was admitted immediately at 2 a.m. His ankle was removed later.[121] Sydney Farrow, a 46-year-old porter, caught his thumb in a cog wheel, resulting in a compound fracture and a septic injury, which left the thumb black and shrivelled. Aldrich-Blake amputated.[122] Tobacco work was not much safer. In March 1918, Alice Belotti had caught her left foot in a machine, badly breaking and cutting her big toe. Sequestra was removed both in July and August when X-rays revealed that there were several pieces of bone still in the wound, as well as the remains of her terminal phalanx.[123] Bakery was no less dangerous for Stephen Coster, who worked a rolling machine at a biscuit factory and had caught his arm in machinery. It was crushed between two rollers and deeply gashed. The wound required repeated skin grafts and he was in hospital for nearly three months.[124] About 58-year-old French polisher Benjamin Sharp little was added; his pelvis was fractured and he died at 5.10 p.m. on the same day he was admitted in August 1918.[125] That the RFH treated many accidents was evident due to the number of beds set aside for such cases: 17 during the war years out of a total of 200.[126] Only general medical and surgical patients of both sexes were afforded more. Although the war had contributed significantly to the number of maimed and disabled men, accidents, on the street or in the workplace, were causing dangers, as they always had done, to those working on the home front. In similar fashion to her junior counterparts, such as Leila Henry in Sheffield, Aldrich-Blake was able to lead their treatment and restore many to industries vital to keep the country, and war production, moving.

Eight of Aldrich-Blake's surgical patients either were, or had been, soldiers or sailors. As already noted, women surgeons did not only come

[118] Harold Purchase (LAB: 1918; Part I).
[119] Richard Watson (LAB: 1917; Part I).
[120] George Munton (LAB: 1918; Part I).
[121] James Duke (LAB: 1918; Part I).
[122] Sydney Farrow (LAB: 1918; Part II).
[123] Alice Bellotti (LAB: 1918; Part II).
[124] Stephen Coster (LAB: 1917; Part I).
[125] Benjamin Sharp (LAB: 1918; Part I).
[126] See, for example, *Ninety-First Annual Report* (1919), p. 51.

across wounded military personnel near the battlefield. Many were still suffering the effects of injuries long after the initial incident had taken place. While surgeons at the front and in base hospitals treated wounds at first hand, those left at home were required to deal with the long-term suffering caused by battlefield injuries. This was not simply obvious problems stemming from amputation, but the more prosaic, such as the effects of trench foot, and the endlessly niggling pieces of shrapnel which tormented those wounded and affected their daily lives. Twelve men were treated at the RFH for trench foot in 1917, for example, while five were suffering from the same complaint a year later. Three men were affected by pain in their amputation stump in 1917, six in 1918, and one in 1919.[127] If we compare the general statistics to Aldrich-Blake's case notes, the patient in 1919 was hers. Clerk Maurice Smith, who was only 20, was admitted in March 1919 with an ulcerated stump. Since his right leg had been amputated a year previously, after a bullet wound in the ankle, Smith had suffered from a persistently ulcerated scar. He had fallen behind enemy lines, been taken prisoner, hospitalised and had his leg removed. Smith was released in September and admitted to Roehampton, where an artificial limb was provided. This aid caused the scar to burst open every time he wore it and it consequently was prevented from healing. While the pressure was not painful, the constant reopening of the wound was obviously causing problems. Aldrich-Blake recommended re-amputation when she saw how gelatinous and unhealthy the remaining parts of Smith's tibia appeared.[128] Men evidently continued to suffer from their injuries even when the cause had been surgically removed. A return to civilian life was neither comfortable nor painless, when old wounds were reopened and further surgical procedures were needed.

It was the after-effects of gunshot wounds, however, which formed the bulk of Aldrich-Blake's military cases. Driver Thomas Cook, a 35-year-old Welshman, was wounded by shrapnel on 18 September 1917, taken to base hospital at Rouen, and X-rayed and operated on a day later for the removal of shrapnel. The same process happened again. Eleven days later, he was brought home and admitted to the RFH. Although Aldrich-Blake operated on his thigh, she was unable to find any remaining shrapnel. The comment that 'patient seems rather depressed; says nerves are much affected still, suffers from sleeplessness' implied that the experience had deeply affected him. Cook appeared to have taken at least two weeks

[127] See *Ninetieth*, *Ninety-First*, and *Ninety-Second Annual Reports* for 1917, 1918, and 1919 respectively (1918; 1919; 1920), p. 47; p. 47; p. 47.
[128] Maurice Smith (LAB: 1919; Part II).

to decide upon an operation for the removal of his appendix, for epigastric pain; 'rather worrying' about the procedure, as the notes put it. While his thigh wound continued to discharge, nothing more could be found, and Cook was sent to a convalescent home in December. Two 21-year-old Canadian privates, Russian-born Medensky and McLean, formed Aldrich-Blake's other military patients that autumn. They were admitted the same day with gunshot wounds to the left foot and to the right elbow, respectively. Medensky had been wounded six months before and had been treated at Ypres and Le Havre, but was still unable to walk properly. McLean's injury was more recent – only a fortnight previously. He had moved from a casualty clearing station, to a base hospital and then on to the RFH. Neither appeared to be operated upon, but stayed in the RFH for confirmation of their condition, a small amount of recuperation and healing, and then were moved to convalescent homes. Other men had rejoined civilian life, as we saw with Maurice Smith. Edward Moffatt, who was 40, and now a porter, had been wounded in the head and leg at Ypres in 1916, but was still suffering from the effects of a shrapnel wound in the left buttock. In May 1918 he began to feel pain and throbbing at the site of the buttock injury. Moffatt was X-rayed at the Military Hospital and sent on to Aldrich-Blake. Unlike Cook, Moffatt's shrapnel was located easily, although it had been encapsulated by fibrous tissue. His procedure was a success and he left relieved of pain. James Adams, a 31-year-old painter, came to the RFH in January 1919 complaining of an 'inability to open his mouth'. Two years previously, a shell had burst in his face, injuring his eye. This had been excised and pieces of shrapnel removed. After a good recovery, Adams was cured. Six weeks before his admission, however, he had discovered that his mouth would not open as widely as usual and a swelling appeared on the right side of his head. For the last fortnight, the pain had become increasingly severe and now he was only able to open his mouth one-eighth of an inch and take fluid nourishment. Another swelling had consequently appeared in his right cheek. The difficulty of locating a 'thin flake of metal' made the radiography and surgery of this patient exceptionally hard. Three small foreign bodies were located eventually. Initial surgery proved ineffective and one piece of shrapnel was inaccessible. However, the moving of the shrapnel was momentarily as effective as a cure and meant that Adams could eat solid food and he was discharged at the end of January.[129] In February, Aldrich-Blake located and finally removed the necrosed bone from Adams' face.[130]

[129] James Adams (LAB: 1918–1919; Part II). [130] Ibid. (LAB: 1919; Part II).

The most desperate and frustrating case must have been that of Able Seaman James Smith, who entered the hospital in July 1917, but did not leave until January 1919. He had fractured his left leg, with his tibia and fibula broken at the junction of the middle and lower third. Fragments were separated from each bone and were considerably displaced backwards and outwards. His right leg, a little above and below the middle of the limb, saw each bone broken in two places. Detached fragments were displaced in this leg too. Smith's head wound had been stitched, but he was still suffering from a black eye, so the hospital had received him within a few days of his injury. His tibia was plated by Mr Joll in August 1917 and his right leg was put on a Hodgkin's splint. Alongside surgical treatment, Smith was receiving massage. His bones did not set well, so an extension was performed under anaesthetic in October. Despite apparent improvement, X-rays revealed that the bones were still not healing as hoped and his wounds were discharging. Aldrich-Blake removed Joll's plate in January 1918, as well as a great deal of dead bone and sequestra. By April, Smith was walking on crutches. Aldrich-Blake continued periodically to remove sequestra from his leg wounds; procedures which took an hour or more each time. After a fall in June, Smith was operated upon again and Aldrich-Blake found that the tibia union was only fibrous in his left leg. A month later, when he was attempting to walk, Smith 'felt something snap' in his right leg; X-rays revealed that he had fractured his right tibia at the site of the old injury. In September, there was still no union between the fragments in his left leg, so Aldrich-Blake plated them, in an operation lasting nearly two and a half hours. The leg was now in a good position. Smith's right leg continued discharging, however, into December, and sequestra was extracted at regular intervals. Smith was removed to the Seamen's Hospital at Greenwich in January 1919, where he could be cared for residentially.[131]

Aldrich-Blake's surgical patients provide the historian with a useful insight into what the woman surgeon actually did on the home front when called upon to cover for her male colleagues. While much of her work was undeniably routine and 'unexciting' in surgical terms, she did operate upon a significant majority of men for the first time, as well as carrying out orthopaedic surgery which resulted from the effects of accidents or trauma. Her caseload revealed that those discharged from the military continued to suffer long after receiving wounds. Shellshock has long dominated discussions of medicine during the Great War,[132] and yet

[131] James Smith (LAB: 1917–1919; Part II).
[132] Harrison, *The Medical War*, p. 13. Also see Carden Coyne, *Wounds*, for the ongoing physical suffering of military patients.

the physical scars were just as life-changing to those whose injuries would never go away, as we have seen in the cases of, for example, James Smith, James Adams or Maurice Smith. Without the expertise of radiological staff, however, many of these patients would have continued to suffer. It is to a female expert in the field that the last part of this section now turns.

Unlike her sister Edith, Florence Stoney was a qualified doctor and did not suffer from the sense of inferiority which crippled her sibling's confidence at times. Her correspondence, which was largely with Mrs Laurie of the SWH Committee, as well as her sister, allowed more personal reflections than Aldrich-Blake's case notes could into the pressures of war work on the home front. It also compounded the sense, evident in the RFH patient records, of the vital nature of X-ray work for wounded soldiers. Stoney began her war service in Antwerp as head of medical staff and chief of the X-ray department of a unit set up by Mrs St Clair Stobart. When Antwerp fell and the unit escaped to London, she later joined the re-established team who set up at Cherbourg under the French Croix Rouge. Barbara McLaren, in her 1917 account of the Stoneys' work, quoted from Florence Stoney about her experiences abroad. '"Most of our cases were septic fractures"', Stoney remarked, '"badly comminuted as well"': '"The X-rays were much in request to show the exact condition of the part and the position of the fragments"'.[133] Easy extraction could result when the pieces were localised. Able to identify, through practice, the dead bone in a comminuted fracture because of its denser shadowy appearance on an X-ray, Stoney contributed to the recovery of the patients by pinpointing pieces for early removal.[134] Stoney and a colleague, Mabel Ramsay, wrote about the hospital's work in a *BMJ* article of June 1915, which described the catastrophic fracture cases, such as those of the cranium, jaw and limbs, they had encountered in the four months between November 1914 and January the following year.[135] This was, as we saw from Aldrich-Blake's record of service, a time when she was also working at Cherbourg. It was not just Stoney's ability to locate shrapnel or dead bone via X-ray which impressed her contemporaries and surgical colleagues. As the *BMJ* commented in 1917, Stoney's images, like those of her sister Edith, were of 'great merit' and stressed their 'workmanship' in detailing the medical history of the war.[136] When

[133] McLaren, *Women of the War*, p. 41. [134] Ibid., p. 42.

[135] Mabel L. Ramsay and Florence A. Stoney, 'Anglo-French Hospital, No. 2, Chateau Tourlaville, Cherbourg', *BMJ*, 1.2840 (5 June 1915), 966–8. See also Florence A. Stoney, 'The Women's Imperial Service League Hospital', *Archives of the Roentgen Ray*, 19.11 (April 1915), 388–93.

[136] 'The War: The Army Medical Collection of War Specimens at the Royal College of Surgeons of England', *BMJ*, 2.2964 (20 October 1917), 531–4; 532.

the Cherbourg hospital closed in March 1915, it was not surprising that Stoney, who offered her services to the War Office upon her return to Britain, was appointed to the 1000-bed Military Hospital in Fulham. She remained in charge of radiology there until May 1919, when the institution closed. It was at Fulham that she became a key participant in the treatment of so-called 'Soldier's Heart', which was characterised by tachycardia, breathlessness and closely linked, for Stoney, to thyroid hyperactivity.[137] Some manifestations of shellshock or other neurasthenic conditions could be traced back, in Stoney's opinion, to the 'same thing' as hyperthyroidism. Stoney believed that by treating the problem with X-rays and causing the thyroid gland to atrophy with 'vigorous and filtered doses', the patient could be cured without need for surgery.[138]

Yet it was precisely as a fundamental aid to wartime surgery that Stoney's work was most appreciated and needed on the home front. As we have seen with Aldrich-Blake's military patients, unlocalised shrapnel continued to cause problems for the wounded. Case II of the jaw fractures mentioned in Stoney and Ramsay's article described the extensive trajectory of a bullet to the face which fractured the upper and lower maxilla of the patient, who had been fired upon by a German from a tree. A large stellate wound had been created when the bullet had passed through the mouth, and shattered the alveolus posteriorly of the superior maxilla, as well as the entire vertical ramus of the inferior maxilla. The bullet had ricocheted off a button and hit the patient's shoulder; the coracoid was splintered and the bullet embedded in the axilla, where it broke into many pieces. As the patient's carotid artery was exposed and appalling sepsis resulted, the Cherbourg team feared a secondary haemorrhage from the artery. While the face wound healed and parts of the jaw were removed, it was Stoney who was responsible for the location of the extensive shrapnel. '[C]areful localis[ing]' meant that 'most of the pieces' were removed from the 'long track' of injury. Now able to eat well and possessing good movement in the shoulder, the patient was a success story for Cherbourg and emphasised the need for precision in X-ray work.[139] In this article, Ramsay and Stoney stressed that surgery for bullet wounds should not be viewed as a one-off operation; procedures in the plural were necessary 'before finally healing to remove dead

[137] See her contribution to the discussion at the Therapeutical and Pharmacological Section of the RSM, published in *PRSM*, 9 (1916), 50–7. For more on the condition, see Joel D. Howell, '"Soldier's Heart": The Redefinition of Heart Disease and Specialty Formation in Early Twentieth-Century Great Britain', *MH*, 29 (January 1985), 34–52.

[138] Stoney, 'Discussion on the Soldier's Heart', *PRSM*, 1916, 54.

[139] Ramsay and Stoney, 'Fractures of the Jaws: Case II', in 'Anglo-French Hospital, No. 2', 966.

sequestra'.[140] Another patient, Case II of the tetanus patients, was shot through both legs, which resulted in extremely septic, foul wounds. The bullet, which had come to rest in the outer side of the head of the fibula, which it had also fractured, was extracted on the second day after admission. This was 'greatly aid[ed]' by Stoney's X-ray and localisation.[141] The 'invaluable' work carried out by Stoney was lauded because of its exactness, which spared the surgeons 'a vast deal of trouble, and also saved useless incisions', benefitting the patients as well. Similarly useless searches did not need to be performed if the bullet or shrapnel was too deeply embedded but difficult to access and not presenting any trouble.[142] Stoney brought her experience at Cherbourg to bear on her work at the Fulham Military Hospital (FMH), where X-ray diagnosis and treatments continued to assist surgical procedures and spare patients unnecessary further trauma.

The nature of surgery's published reliance on heroic radiology concealed a more uneven relationship between the two behind the scenes. Stoney's letters, like those of her sister Edith, revealed the tensions between members of the surgical team; the former, however, wrote at length about health problems faced by the hard-working X-ray operator. When she was awarded an OBE in 1919 for her 'very strenuous' war work, Stoney remarked to Laurie that 'X-ray work is very exacting, though few realise it'.[143] This sense of unappreciated difficulties was compounded by its opposite: the expectation that X-rays could solve anything. Surgeons, Stoney lamented in December 1915, 'always ask more of X rays than they can possibly perform'.[144] Laurie worried in May 1916 that there was 'a great responsibility on [Stoney's] shoulders in Fulham Hospital'.[145] Six months earlier, Stoney had given Laurie some statistics about her time at the institution. She had personally taken over 1800 plates since the end of April that year, as the War Office required every case to be photographed, rather than screened, 'on account of the risk to those working the machines'. This safeguard was undermined, however, by the fact that she had to 'take several plates' in some instances. The hospital did possess a 'lead partition to shield the operators from the rays'.[146] Such a

[140] Ibid., 967.
[141] 'Tetanus: Case II', Ibid., 968. Despite eventual amputation of his right leg the patient died from the effects of tetanus.
[142] 'Notes', ibid., 268.
[143] Florence Stoney to Mrs Laurie, 29 Nottingham Place, 13 March 1919, in Tin 12: Letters to and From Miss Stoney, Radiographer from August 1915 to March 1920, SWHC.
[144] Florence Stoney to Mrs Laurie, 2 December 1915.
[145] Mrs Laurie to Edith Stoney, 23 May 1916.
[146] Florence Stoney to Mrs Laurie, 24 November 1915.

measure meant that Stoney and her co-workers were made safer than her colleagues at the front or in base hospitals, where the usefulness of the X-ray process surmounted concerns about the protection of operator and patient.[147] Fully aware of the problems her own sister was experiencing, she berated the SWH Committee for penny-pinching and putting the health of valuable workers at risk:

> if you economise too much in plates – you both don't do as good work and you risk the operator's health – it is really dangerous to do a lot of screen work, such as is necessary if photographic plates cannot be taken – as it is the risk of X-ray work is very considerable for the operators – more with a makeshift room not properly protected – than with a fixed installation.[148]

Protection may have been more adequately arranged in the fixed situation of the well-equipped FMH, but Stoney was evidently physically affected by her time there.

As her obituary made clear, Stoney dealt with more than 15,000 cases at Fulham, many of whom had been 'sent from other hospitals for the localization of bullets and pieces of shrapnel'.[149] Stoney's letters from July 1916 gave a clear indication of pressures faced by her department in the aftermath of a big push. On 6 July, they were receiving 'floods of wounded over from France'. That day alone she had 'X Rayed 25 cases and there are many more waiting to be done tomorrow'.[150] Ten days later, in a few short lines to Mrs Laurie, she noted that '[t]omorrow is a full day. The wounded are coming in so fast from France we are all busy – I have been working all day to try and keep up with the rush.'[151] In August, claustrophobic working conditions were described with grim irony. The 'great number of cases at Fulham from the fighting at the Somme, as well as further north' had darkened the past few months, 'so that these long hot Summer days I have spent in the delightful recesses of my dark room with all the light and air shut out, and with an electric fan going to prevent our melting'.[152] Such cases were still being received at Fulham in the spring of the following year. With pride, Stoney remarked that a recently unsatisfactory case, wounded in August 1916, had arrived at the hospital with a 'bullet behind his heart and his chest all blocked up with effusion', but was about to be liberated of unwanted shrapnel. '[A]pparently', she crowed, 'it has never been localised and dealt with, all these months – he was in a hospital in Portsmouth': 'I expect it will

[147] McDonald, 'X-Rays', in Scotland and Heys, eds., *War Surgery*, p. 137.
[148] Florence Stoney to Mrs Laurie, 24 November 1915.
[149] 'Obituary: Florence A. Stoney, OBE, MD', *BMJ*, 2.3745 (15 October 1932), 734.
[150] Florence Stoney to Mrs Laurie, 20 Reynolds Close, 6 July 1916.
[151] Ibid., 16 July 1916. [152] Ibid., 4 August 1916.

be taken out in a day or two now'.[153] The omission of her involvement in finally solving the mystery only deepened the importance of the discovery, both for herself and for the patient: a fact of which Stoney was evidently aware. By September 1918, however, she was afraid that her health might not hold up for the end of the war. On the fifth of the month came the dreaded recognition: 'I have knocked up'.[154] Stoney hoped this was a temporary situation and had therefore taken six weeks' 'rest from X-rays': 'it is more exacting that most people realise – and I have had 3 ½ years almost continuously shut up in the dark'. She was back at work in November, reassured that she 'shall hold out now till the end of the war'.[155] Although this was written only three days before the Armistice, Stoney's work at Fulham was not over until the following spring.

As Aldrich-Blake's former military patients illustrated, the war did not end for those who suffered from the physical after-effects of modern warfare. Neither, therefore, did the need for Stoney end on 11 November 1918. Even in March 1919 the work was 'still strenuous' and by this point, the rumoured information that Fulham was to close in May, encouraged a weary whoop of joy: 'I shall be very glad if that is so.'[156] A month later she reiterated her sense that 'few' realised what the 'constant strain of X-ray work in the dark stuff atmosphere and with the X rays about – mean to the workers'.[157] The imagery of light and dark utilised by Stoney is worth further notice. She was desperate to 'be free to get some sunshine again', while she hoped that her sister Edith will one day be 'something like her old bright self again'. Time in the dark with the shadowy pictures left both longing for mental and physical daylight. Both were scarred by their experiences. While the war allowed the Stoney sisters to make themselves useful to the 'great cause of the wounded',[158] their X-ray work robbed them eventually of their health.[159] Florence Stoney would be 'no exception', as the *BMJ* put it, to the 'usually painful deaths' of the X-ray pioneers, knowing 'quite well what would be the manner of her death'.[160] As McLaren rightly claimed in 1917, Stoney took up her appointment at

[153] Ibid., 29 Nottingham Place, 1 March 1917.
[154] Ibid., Co. Kerry, 5 September 1918. For an exploration of the self-abnegation of early radiologists, see Daniel S. Goldberg, 'Suffering and Death among Early American Roentgenologists: The Power of Remotely Anatomizing the Living Body in Fin de Siècle America', *BHM*, 85.1 (Spring 2011), 1–28.
[155] Florence Stoney to Mrs Laurie, Fulham Military Hospital, 8 November 1918.
[156] Ibid., 29, Nottingham Place, 13 March 1919.
[157] Ibid., 29, Nottingham Place, 23 April 1919. [158] Ibid., 2 December 1915.
[159] See obituaries of Florence Stoney in *British Journal of Radiology*, 5.59 (November 1932), 853–58 and in *BMJ*, 2.3745 (15 October 1932), 734 and 2.3746 (22 October 1932), 777.
[160] S. Watson Smith, 'The Late Dr Florence Stoney', *BMJ*, 2.3746 (22 October 1932), 777.

the FMH a fortnight before Endell Street opened. As such she became the 'first woman doctor to work under the War Office in England'.[161] Yet, it was Garrett Anderson and Murray who dominated the press coverage in the spring of 1915; women like Stoney remained 'so often unsung'.[162] They were lauded as providing the 'most glowing and striking tribute' to the work of the woman doctor.[163] And yet without the fundamental assistance of disciplines ancillary to surgery such as radiology, surgeons would have been far more in the dark than they were at home and at the front. Through a consideration of the work of experienced women such as Aldrich-Blake and Stoney it is possible to evaluate the importance of ongoing surgical care at home during the war, whether that be for injured military personnel or for ordinary men, women and children. Surgical procedures were increasingly dependent, especially in the case of delayed reactions to shrapnel or foreign bodies, on the illumination of the X-ray and the skill of the rays' operator. Aldrich-Blake's patient, Edward Moffatt, for example, had been X-rayed at the Military Hospital and sent on to the RFH for operation.[164] Co-operation between surgeons and members of the wider team of medical and scientific professionals ensured those left behind on the home front would continue to receive effective operative treatment in spite of wartime conditions.

Women Surgeons and the Opening of a New Hospital in Wartime

While this chapter has concentrated so far on the expansion of women surgeons' professional work into areas they had not been able to operate in before, it is necessary to explore how their more usual 'sphere' of influence fared during the Great War. Brian Abel-Smith's claim that 'the crisis of war' meant that 'young active males came before women, children, and old people' can be refuted through an examination of the ways in which the establishment of the South London Hospital for Women and Children focused public attention on the importance of precisely these sections of the population.[165] Epidemiologists and historians of medicine have debated for decades over the causes of the decrease in mortality rate in the second half of the nineteenth century and during the Great War for the civilian population of Britain.[166] I will not argue that a group of

[161] McLaren, *Women of the War*, p. 42. [162] Ibid.
[163] 'The Week in London', *Queen*, 27 February 1915, in *LSMWRFHPC, Vol. 5*.
[164] Edward Moffatt (LAB: 1918; Part I).
[165] Brian Abel-Smith, *The Hospitals 1800–1948* (London: Heinemann, 1964), p. 283.
[166] See, for example, Thomas McKeown, *The Modern Rise of Population* (London: Edward Arnold, 1976) and Simon Szreter's refutation of his analysis in 'The Importance of

women surgeons deciding to establish a hospital for women and children in 1912, which came to fruition in 1916, led to a decline in the mortality of those social groups. Rather, I want to analyse how this institution was set up and developed precisely to foster and protect these members of the civilian population, during the present exigencies of war and for the future. As we have already seen in this chapter, women doctors and their supporters drew very carefully in wartime publicity upon their vital contribution to the health of the nation and to the well-being of the women and potential children who would people a post-war world. Millicent Garrett Fawcett put this dramatically when she remarked in 1914 that the 'precious lives of men in the prime of life' were being lost every day in France and Belgium: 57,000 alone in the first three months of warfare. Women must, therefore, 'stop the wastage at the outset of life, and secure for the country a larger proportion of healthy "well born" citizens who will be the men and women of the future'.[167] This final section will explore how a group of women behind the establishment of the SLHW were canny in their appeals to the public. They had learnt from criticism of the LSMW's moneymaking tactics and made sure that they tailored requests for support to perceived public necessities. By pushing women and children to the forefront, and, additionally, remarking upon the lack of hospital beds for those who could afford to pay, the women behind the SLHW focused attention away from their own needs onto those of their patients.

The SLHW was mooted first in December 1911. 'It had then long been recognised', stated the hospital's prospectus, that 'the demand among women for medical and surgical treatment by members of their own sex was growing, and growing rapidly'.[168] Additionally, the NHW was unable to cope with the overwhelming need for its services; an equivalent was required south of the river.[169] The outpatient department opened in April 1913, while its in-patient equivalent, built anew, was declared open in July 1916.[170] Temporary in-patient accommodation had been

Social Intervention in Britain's Mortality Decline c.1850–1914: a Re-Interpretation of the Role of Public Health', *SHM*, 1.1 (April 1988), 1–38. For wartime health, see J.M. Winter, *The Great War and the British People*, second edition (Basingstoke: Palgrave Macmillan, 2003).

167 Millicent Garrett Fawcett, 'Women's Work in War Time', *Contemporary Review*, CVI (December 1914), 775–782; 779, in *LSMWRFHPC, Vol. V*.

168 'A Brief Account of its Origin and Progress', *The South London Hospital for Women* (n.d.; c.1917–1918), p. 5, H24/SLW/A/44/002, LMA.

169 H. Franklin, 'A New Hospital for Women', *Daily News and Leader*, 12 October 1912, in *SLHWPC*.

170 'Women as Hospital Doctors. South London Enterprise', *St James's Gazette*, 3 April 1913; 'The Queen at Clapham. Her Majesty Opens the Women's Hospital, (unidentified, but definitely local newspaper; July 1916), ibid.

provided from 1914 at a nursing home called Warrington Lodge.[171] Support for the hospital was impressive; the majority of funding was provided by anonymous benefactors, keen to support women treating their own sex.[172] The initial Committee which established the institution was composed of Maud Chadburn, surgeon at the NHW, and Eleanor Davies-Colley, the first female FRCS, along with a number of other medical women.[173] Patients would not require a subscriber's letter, in similar fashion to the RFH, and they would be treated gratuitously, excepting a contribution of 3*d*. a week for the cost of medicine. To prevent the dreaded abuse of hospital benevolence, so feared by late nineteenth- and early twentieth-century institutions, an almoner would ensure that only suitable cases would receive free treatment.[174] From the outset, however, it was also proposed that the hospital should have special consultation hours for patients who would be sent by their own general practitioners and who could not afford to see a consultant. Furthermore, paying wards would enable those with a small income, although not affluent enough to pay nursing-home fees, to receive hospital and, specifically, surgical, treatment, in addition to their own private or small, shared rooms. As we saw in chapter 2, not all patients were typically working class in early twentieth-century hospitals, but the majority would have been. This still popular perception that institutions were for charity cases only meant both that the middle class avoided them or, alternately, that they took advantage of beds in general hospitals which should have been for the exclusive use of the poorest in society.[175] As Prochaska has remarked, middle-class women 'were known to dress down to avoid payment'.[176] The SLHW decided to cater for potential variations in 'small' income by

[171] 'The South London Hospital for Women. Munificent Gift to Building Fund', *Clapham Observer*, Friday, 5 March 1915, ibid; SLHW Advisory Medical Council Minutes: April 1913–May 1934, 11 May 1914; 9 June 1914, H24/SLW/A/19/001.

[172] The anonymous donors were never identified, even in any of the hospital's many committee meetings, and appeared only as 'some friends of medical women'. For their initial contribution, see SLHW Board of Management Minutes, Volume I (July 1912–September 1915), Saturday, 30 November 1912, H24/SLW/A/04/001. For details of donations, see SLHW Trustee Minutes: 1913–1924, H24/SLW/A03. By 1916, they had donated £71,000. See a vote of thanks on Wednesday, 9 February 1916, in Board of Management Minutes, Volume II (October 1915–December 1918), H24/SLW/A/04/002.

[173] Promotion Committee Minutes of the SLHW, 8 December 1911, H24/SLW/A1/1.

[174] See Keir Waddington, *Charity and the London Hospitals, 1850–1898* (Woodbridge: Boydell Press, 2000) and 'Unsuitable Cases'. For the almoner system, see Cullen, 'The First Lady Almoner.

[175] The latter point is implied by Elizabeth Sloan Chesser when she states that such women 'should not be occupying the free wards intended for the very poor in ordinary hospitals'. See 'A New Women's Hospital', *Standard*, 3 August 1912, in *SLHWPC*.

[176] Prochaska, *Philanthropy*, p. 74.

offering a rising scale of cost for private beds. This was initially from £3 3*s*. 0*d*. weekly for a single room, £2 2*s*. 0*d*. for a bed in a ward containing two beds, and £1 1*s*. 0*d*. weekly for a stay in the eight-bed cubicle ward.[177] By providing this 'special feature',[178] the hospital was assigning 14 of its projected 80 beds to private patients. This was publicised as a 'much-needed innovation'.[179] The SLHW was therefore filling a considerable gap for those who needed an operation, but could not usually be considered necessitous.

Whereas the LSMW had been castigated for solely promoting their own cause, the SLHW was more careful in its publicity. The 'Aims and Objects' of the institution were listed in the second *Annual Report* for 1913:

1. To meet the great and growing demand on the part of women for medical treatment by members of their own sex.
2. To provide, in addition to ordinary hospital accommodation, private wards for women of limited means at an inclusive charge of from one to three guineas a week.
3. To afford further scope for post graduate training for medical women.[180]

Here, patients were listed first and second, while benefits for medical women came last. The focus of the founding committee on the opportunities for postgraduate clinical experience also differed from the LSMW's plea for future medical women, rather than those already qualified. During the war, evidently conscious of the pressure of conditions, as well as the way in which appeals from the LSMW had been received, the Press Committee of the hospital decided in November 1915 that it was inadvisable to proceed with articles on the present disabilities of medical women.[181] Interestingly, it was the SLHW's Medical Council which had vetoed this suggestion.[182] Instead, press coverage considered more appropriate was that concerning the work of the hospital, rather than its personnel. That the hospital instigated the wonderfully named Drawing-Room Meeting Propaganda Sub-Committee implied how seriously they

[177] This information is announced in many different articles advertising the hospital. See, for example, Lady Chance, 'A New Hospital for Women. South London Scheme', *Standard*, 14 October 1912, *SLHWPC*.; *SLHW Fourth Annual Report for the Year 1915* (London: Printed by The Women's Printing Society, Limited, 1916), p. 26.

[178] *Second Annual Report for the Year 1913* (1914), p. 11.

[179] 'A New Hospital for Women', *Observer*, 15 December 1912, in *SLHWPC*.

[180] *Second Annual Report*, p. 6.

[181] Press Committee of the SLHW, 24 November 1915, H24/SLW/A10/1.

[182] There is no record, however, of this being brought up in the AMC's minutes, but as the suggestion was made initially at the meeting of the Press Committee on 17 July 1914, it may have been discussed privately.

took the business of advertising their services. Unlike the grand society occasions most hospitals utilised to squeeze more support out of the aristocracy, the SLHW used the titled on their board to write to the newspapers, as well as organise more intimate drawing-room meetings. Lists of who should write to which paper were found in the meetings of the Press Committee, showing how carefully the institution matched its patrons to different press outlets. For example, the Press Sub-Committee reported in April 1913 that the following would be asked to write in support of the hospital:

> Lady Robert Cecil to The Times; Lady Castlereagh to Morning Post; Lady Hulse to Daily Telegraph; Mr Franklin to Daily News; Mr Courtney to Pall Mall, and Observer; Lady Dupplin to The Queen; Lady Emmott or Mrs Talbot to The Westminster; Lady Willoughby de Broke to The Standard; Mrs J.P. Boyd-Carpenter to The Guardian; Miss Emily Davis [*sic*] to Manchester Guardian; Lady Thrift to Surrey Comet; Lady Busk or Lady Brassey to Daily Chronicle; Lady Chance to Sunday Times.
>
> Also letters to the suffrage and Anti-Suffrage papers, and Mrs P. Lawrence to be asked to write an article in Votes for Women.[183]

The latter sentence was telling; even opponents in the suffrage question had women's interests at heart, so why not appeal to both? Politics could be put aside when the health of the nation was at stake. Actresses were contacted, who would be able to offer sketches or speak at meetings. Their attendance was encouraged both because of their rhetorical flair, but also in the hope that they would be impressed by the provision of paying wards and form a league to support the use of a private bed.[184] During the war the management of a variety of theatres contributed collecting boxes to the hospital, including the Alhambra, Empire, Wyndham's and Gaiety. Debenham and Freebody's, the department store, also donated to the cause in the same year.[185] Garden-parties were proposed, not just for the upper classes, but also for local businessmen.[186] Early-closing day was also taken into account when recommending dates for fundraising events.[187]

Indeed, the importance of propinquity was recognised from the start, especially in the form of printed advertisements; after all, local people would form the core patient base of the hospital, at least in the outpatient department. Newspapers from 1912 to 1917, held in the hospital's

[183] Press Committee Minutes, Wednesday, 9 April 1913, H24/SLW/A10/1.
[184] Drawing-Room Meeting Propaganda Sub-Committee Minutes: November 1912–June 1914, 1 October 1913, H24/SLW/A10/2.
[185] 'Collecting Boxes', *Fifth Annual Report for the Year 1916* (1917), p. 51.
[186] Drawing-Room Meeting Sub-Committee, 7 May 1913.
[187] Ibid., 23 April 1913.

press scrapbook, include cuttings from the *South London Press*, *Clapham Observer*, *Wandsworth Boro' News*, *Camberwell and Peckham Times*, *Sydenham Boro' Gazette*, *Sydenham Boro' News*, and *Balham News-Letter*. Minutes from the Propaganda Sub-Committee made clear the aim of stimulating interest locally. Speakers at meetings to drum up funding were to appeal 'very strongly to the neighbourhood'.[188] In May 1914, it was suggested that a special South London Committee be formed to work in the area on increasing local residents' commitment to the institution.[189] Specific areas were identified and targeted. For example, 'Richmond Propaganda' formed an item on the minutes of a meeting in the spring of 1914.[190] Meetings were held in schools, as well as drawing rooms; Blackheath High School was the venue for an 'at home' intended to support the SLHW in May 1913.[191] Such locations were deliberate, as the hospital wanted to stress its private wards to professional women, including teachers, and to encourage them to set up leagues to support beds for their members. This was a successful manoeuvre, as the Teachers' League and Professional and Business Women's League established connections with the hospital and endowed beds in the private wards.[192] As the RFH's gynaecological patient base revealed in chapter 2, women requiring surgical treatment did not always consult their own sex before entering hospital; however, an exception can be made for professionals, who, as statistics proved, were more likely to visit female doctors. Or, as the *Daily News and Leader* put it in October 1912, '[w]orking women and the thinking Society women almost invariably consult a woman doctor in preference to a man'.[193] Publicity for the hospital repeatedly stressed the ways in which 'gentlewomen' had been overlooked in medical and surgical provision.[194] As a consequence, appeals were directed towards women of this class, locally and further afield, to support themselves should they need hospital treatment.

At the SLHW's Annual Meeting in 1915, Maud Chadburn defended the institution against contemporary expectations that war had brought male and female medical professionals closer together. In opposition to the belief that barriers were breaking down, she re-erected them, precisely for the sake of her patients. Chadburn responded to the claim that 'almost

[188] Ibid., 7 May 1913. [189] Ibid., 29 May 1914. [190] Ibid.
[191] *Blackheath Local Guide and Advertiser*, 10 May 1913, in *SLHWPC*.
[192] 'The Teachers' League and Professional and Business Women's League', *Second Annual Report*, p. 11.
[193] 'Ministering Angels. Striking Scheme for Establishing a new Hospital for Women', *Daily News and Leader*, 22 October 1912, in *SLHWPC*.
[194] 'The South London Hospital for Women'. By a Medical Woman, *Queen*, 9 November 1912, ibid.

everyone agreed that men and women should work together and that it was the best and healthiest so to be' with a riposte:

> It was simply the result of a demand, the overwhelming demand on the part of women workers – the class of women who as patients entered the general and private wards of hospitals – for more accommodation under women doctors (Applause). These patients had plenty of hospitals staffed by men doctors and they did not ask for education in ideals as giving them a mixed staff would be, but they asked for hospital accommodation where they could be under women doctors, and so the South London Hospital for Women appeared and has been a wonderful success (Applause). [. . .]
>
> The times were not yet ripe for men and women working together on equal terms. One very rarely found the terms equal and anything less than equal terms was bad for men and women.[195]

In amongst all the excitement of wartime opportunities, Chadburn presented an oddly dated, yet compellingly realistic argument in favour of a hospital for women run by women as a 'product of the times'. Her stance was analogous to those supporting the inward-looking fortress of the LSMW, who said 'No, thanks very much' to co-education. By turning around the contemporary fascination with women's opportunities on the home front, she claimed that it was 'unreasonable and impossible to expect medical men to vacate their valuable posts on London hospital staffs in order to give medical women a chance of development'. Women, she argued vehemently, 'must find opportunities for themselves'.[196] Their male colleagues were 'perhaps even secretly thankful that women were making new posts for themselves rather than trying to acquire some of the men's positions (Applause)'. Although ideal, it was unlikely that appointments would be thrown open to men and women equally for some years to come. If the present staff of the hospital waited for this to occur, 'they would live and die without their opportunity'; so, too, would several other generations of their successors.[197] Women could not abandon their roles as professionals for their own sex because it was neither productive for them, nor fair to their patients. And, with hospital beds being given over to wounded soldiers and sailors, it was only right that there should be increased accommodation for their wives, sisters, mothers, and daughters. 'The health of the women of the country became increasingly important as this war continued with its terrible toll of their best men', continued Chadburn. It was contingent upon those left behind to see

[195] 'The South London Hospital for Women. Clapham's Great Female Institution', *Clapham Observer*, 4 June 1915, ibid.
[196] 'The South London Hospital for Women', *Common Cause*, 11 June 1915, ibid.
[197] *Clapham Observer*, 4 June 1915.

that the families of these men were neither neglected nor their menfolk troubled or distracted from their important fight on the Continent. Neither was it simply the working classes who were affected. The 'financial position of the professional classes and of the people of small means', concluded Chadburn, would make the demand for the private wards – of which this hospital was to have a large number – greater than ever (Applause)'.[198] The SLHW, argued its founder, was both necessary and vital to the preservation of the health of men, women and children, today and in the future.

During the war years, the demand for the hospital was indeed high. Established by 'women surgeons of repute', it is hardly surprising that publicity focused specifically upon the need for female surgical assistance in cases where the 'dread' of examination by men led to neglect, unnecessary suffering and the advancement of conditions which would become inoperable because of the delay.[199] In addition to the 'modest and refined' nature of the middle classes, however, cost could also be factored into the awful prospect of physical and mental discomfort.[200] Surgical treatment, skilled nursing and the luxuries of a nursing home could not be afforded by women of small means.[201] '[H]undreds of brave women workers to whom at present illness means unnecessary tragedy' would receive an 'inestimable blessing' from the privacy of paying wards.[202] Unsurprisingly, surgical procedures grew enormously at the SLHW during the Great War. The institution 'desired to point out', in its *Annual Report* for 1915, that the 'heavy toll levied by the war upon the manhood of the country makes the health of the women and children a matter of national importance'.[203]

From a mere 40 in 1914, when surgery was being carried out in Warrington Lodge, the hospital was carrying out 770 operations by 1918 on its own new premises; 440, or just over 57 per cent of which were major procedures (Figure 5.4).[204] Most importantly, given the hospital's remit to care specifically for those suffering from ailments peculiar to the female sex, at least 198, or 45 per cent, of those major operations

198 Ibid.
199 Miss A.E.A. Baker, 'What is Wanted. South London Hospital for Women', *Kentish Independent*, 30 November 1912, ibid.
200 'Drawing Room Meeting', *Kentish Independent*, 29 November 1913, ibid.
201 'A New Women's Hospital. Consultations and Paying Wards for Ladies of Small Means', *Evening Standard*, 22 October 1912, ibid.
202 Olga Hartley, 'A New South London Hospital for Women', *Gentlewoman*, 3 May 1913, p. 30, ibid.
203 *Fourth Annual Report for the Year 1915* (1916), p. 13.
204 *Seventh Annual Report*, p. 34.

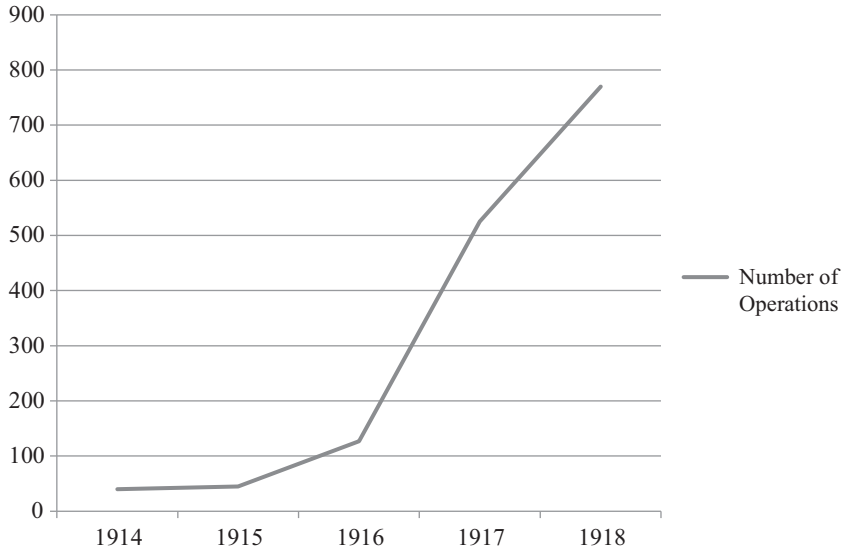

Figure 5.4 Number of Operations: SLHW, 1914–1918.[205]

in 1918 were for the diseases of women.[206] The figures for private patients were interesting to compare with the overall numbers of in-patients (Figure 5.5). For the two years where figures are available, the private patients form 23.2 per cent of all seen in 1917 and 23.3 per cent in 1918. Given there were only 14 beds assigned to private patients, 20.9 per cent of 67 in 1917, and 17.5 per cent of the whole 80 available by 1918, demand was clearly high. In the 1917 *Annual Report*, indeed, the hospital remarked specifically on the numbers in private wards. The comments revealed a distinction in wartime between the working-class rise in standards, wages and access to treatment and middle-class financial burdens. As the 'Almoner's Report' made clear in 1915, the great desire both for skilled and unskilled labour because of the economic and industrial situation caused by the war was coupled with an increase in the cost of living. However, for workers, this was counterbalanced by the increase in wages.[207] For those members of the middle classes on

[205] Calculated from Third to Seventh *Annual Reports* for the years 1914 to 1918, published between 1915 and 1919.
[206] The figure could be higher. There were also 44 laparotomies, which are not further explained.
[207] 'Almoner's Report', *Fourth Annual Report*, pp. 29–30; p. 29.

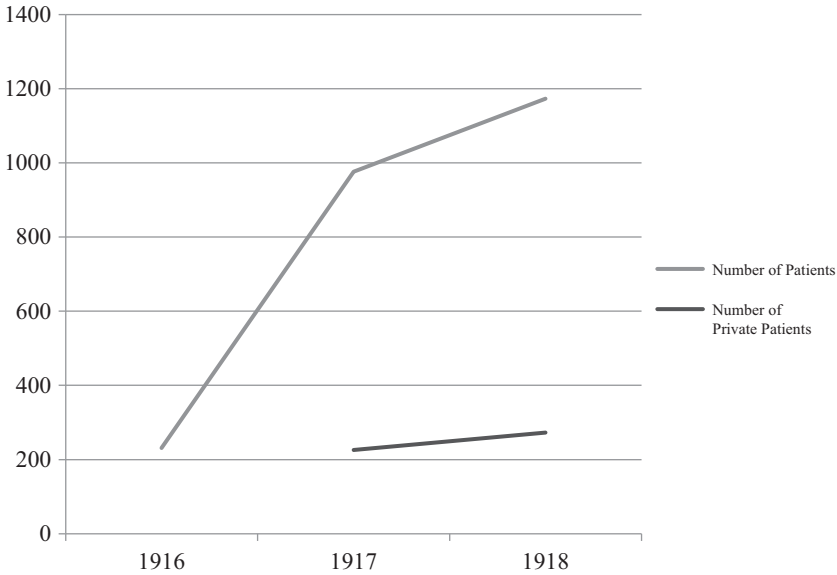

Figure 5.5 Patients: SLHW, July 1916–December 1918.[208]

'limited means', there was no such boom. As the 1917 *Annual Report* claimed, the sliding-scale of the cost of the private wards was 'proving an especial boost to those whose incomes have been reduced as a result of the War'.[209] With the prolongation of the conflict more and more women came under that category and the SLHW was there to support them if they were in ill-health or required surgery.

Conclusion

As this chapter has considered, there was a range of opportunities open to those women who chose to stay in Britain and assist in the care of the civilian population. For some, this meant treating men surgically for the first time; for others the health of women and children needed to be protected while the country was at war. It was undoubtedly one of the worst times to keep hospitals running, let alone securely establish them, as the SLHW showed. Although it tried to attract female staff, sometimes the desire to try something more than their usual patient base meant it

[208] Calculated from Fifth to Seventh *Annual Reports* for the years 1916 to 1918, published between 1917 and 1919.
[209] *Sixth Annual Report*, p. 7.

was extremely difficult to recruit suitable women to look after their own. As Emily Hill wrote in the *National Weekly*, in 1917, this desertion of potential medical and surgical staff, which affected all British hospitals, was coupled with

> the enormous price of food, fuel and drugs, the irresistible claims of the wounded and sick from the battlefield, the consequent scarcity of nurses, together with the insistent calls of the Government to give every shilling that we can spare, and even the shillings we cannot spare, to help the country, have all imposed a heavy strain on the management and on the staff.[210]

It is no wonder that the writer of 'A Lament', whose poem opened this chapter, envied the lives of her surgical counterparts abroad. In contrast to the penny-pinching at home, at Royaumount Elizabeth Courtauld indulged in condensed milk on bread, and army rations which contained 'many things civilians can't [have] now-a-days'.[211] Ruth Verney's recollections of Salonika were that they had '[l]ots of tinned food and so on. Oh we did very well for food really'.[212] A lack of material goods, though, was not compounded by restrictions in salary on the home front, as women profited from the need for their services. Those who did not forget that they were 'locum tenens for wartime' must have accepted their lot when the war ended. And those, like Maud Chadburn, who insisted that the time was still not right for the mingling of men and women professionally, must have felt vindicated with the success of the SLHW in 'safeguarding the new generation of citizens' through protecting 'suffering women' and ensuring a 'far-reaching effect in the future'. The 'preservation, the conservation of life'[213] was not far from any of the women's minds whose experiences were considered in this chapter, whoever they decided to treat. That they had multiple possibilities in the first place was contingent upon the exceptional wartime conditions. If the shine on their halo has not resonated as brightly as their frontline colleagues, this should not devalue the importance of their work. How each chose to operate during the Great War years revealed that 'Adoctoring' on the home front was neither as dull nor as unchallenging as the anonymous poet implied.

[210] Emily Hill, 'The South London Hospital for Women and Children, Clapham Common', *National Weekly*, 16 June 1917, 635–6; 636, in *SLHWPC*.
[211] Courtauld to Ruth, Royaumont, 28 August 1918, in WWI/WO/023, LC.
[212] Verney, Tape 477.
[213] Elizabeth Sloan Chesser, 'Women's Work for Women. The Needs of the Hospitals' [unknown publication], 1915, in *SLHWPC*.