

Conclusion

In April 2014, Clare Marx became the first female president of the Royal College of Surgeons in its 214-year history. In an interview following her election, Marx observed that she had never thought of herself as a ‘female surgeon’. ‘No-one said to me’, she continued, ‘this is not a world you can enter. I had no negative feedback, just what I regarded as teasing.’¹ Marx considers herself ‘lucky’ and is aware that other women of her generation have been less fortunate. Nonetheless, that any woman could enjoy such an experience was the product of a remarkable revolution in surgical attitudes and practices. Now more than half of applicants to medical school are women, 29.5 per cent of surgical trainees were female in 2014, and women are represented across all surgical specialties, yet the perceived macho culture of surgery and intergenerational tensions dampen enthusiasm for potential recruits.²

This book has told the first chapter in the story of this transformation, but has also indicated historical reasons why there are still challenges for those ‘less fortunate’ women in surgery, including divisions over the ways in which to practise. Unlike Marx, women in the mid-nineteenth century were told that they could not and would not dare to enter the operating theatre and they received critical and derogatory comments about their capabilities when confronted with the stresses and strains of practice. I have considered the ways in which the first women to enter the medical profession picked up scraps of surgical learning piecemeal, awed by their own stamina in the face of operations which they were told they would not withstand. Unable initially to practise in general hospitals, women set up their own, which became specialist surgical centres. The surgery performed there was a process of trial and error, where skills were, eventually, learnt through experience. This book has

¹ Luisa Dillner, ‘Interview: Clare Marx: “No one said to me this is a world you cannot enter”’, *BMJ* 2015;350:h462 [accessed 16 May 2016].

² <http://surgicalcareers.rcseng.ac.uk/wins/statistics> [accessed 16 May 2016]; Mary Ann Elston, *Women and Medicine: The Future* (London: Royal College of Physicians, 2009). For the American context, see More, *Restoring the Balance*.

also, through a study of patient records, explored the experiences of those who came under the female surgical knife, as a counterpoint to the histories of those who wielded it. As well as providing an insight into the patient reaction to hospitalisation, such an investigation contributes to the understanding of, as Risse and Harley Warner put it, 'the broader conditions of social life'.³ Case notes can give the historian an unusually detailed picture of the everyday lives and struggles of the poorest in society. That the women patients who entered the Royal Free Hospital had very little contact with women medical practitioners beforehand made the encounter between them and their female surgeons particularly fascinating. What those patients were willing to undergo when they were suffering from agonisingly painful malignancies and the corresponding way in which their surgeons sought to treat them provided a key refutation to the argument that women moved away from surgical procedures in the 1910s. In line with the experimental bent of surgery in the late nineteenth and early twentieth centuries, female surgeons adopted, adapted and honed their operative skills.⁴ They were anxious to buy time, as they saw it, for their patients, choosing risky surgery over less invasive radium or X-ray applications, which were offered only to the dying and later were in cruelly short supply even for terminal cases due to the Great War. This book's final sections returned to the scenario conjured up by those who, more than half-a-century earlier, had described a room of Semiramis-like figures amputating limbs. The changing attitudes towards women surgical practitioners were revealed when necessity required their expertise both near the Great War battlefields and on the home front.

That *British Women Surgeons* has been in part a whiggish history of progress was inevitable. At the beginning of the period covered by this volume, there were no women surgeons; at the end, female-only surgical teams had operated across Europe for Allied countries more eager to co-opt them than their own. Women had proved by their actions that they could be surgeons.⁵ Even in Britain, however, there was an acceptance of women's valuable contribution to the war effort. By 1918, very few thought it unwomanly or unseemly to be a doctor. Not everyone supported their cause, but women had sufficient confidence in their abilities to laugh at misplaced prejudice. In 1915, 'As Others See Us' was published by A.F. in the *Magazine* of the LSMW. It responded to an article

³ Risse and Harley Warner, 'Reconstructing Clinical Activities', 194.

⁴ See the excellent recent issue of *Medical History*, edited by Nicholas Whitfield and Thomas Schlich, which considered *Skill in the History of Medicine and Science*, 59.3 (July 2015).

⁵ Olga Hartley, 'Women's Work. I. The New Hospital for Women', *Conservative and Unionist Women's Franchise Review*, [n.d. noted - 1912], 244, in *SLHWPC*.

by a male medical student which claimed that women practitioners aped their male counterparts.⁶ A.F. joked:

For me there is no earthly hope,
For I have used a stethoscope,
And heard through it the very sounds
A man would hear.

I see the error of my ways.
I'll try to find some symbol
That may express my heart-felt grief.
I'll choose these methods, when I can,
That shall the least appeal to Man:
And when I sew my muscles up,
I swear I'll use a thimble.

Women did not need to 'ape' men. Neatly twisting the original, A.F. implied the opposite: the 'sewing' of surgery meant it was already feminised. Female participation in the Great War was seen by the suffrage periodical *Votes for Women* as one of the 'few inspiring incidents of this terrible period', but even less politically-orientated publications had supported the cause of the locum tenens for wartime. The belief, by the end of the conflict, was that the woman surgeon would now never be able to look back, whatever happened in the future.⁷ A *Lancet* article entitled 'Surgery in 1918' could as easily be applied to 'The Woman Surgeon in 1918'. If the future was uncertain and unsolved, this was due only to forward movement: 'if it may be said that on many points surgery is in a state of flux, this is only a sign of progress'.⁸ Between 1860 and 1918, women surgeons learnt to negotiate and to work around the slamming shut of briefly-opened professional doors. That more would close upon them in the next decade should not detract from their achievements over the nearly 60-year span of this book. There would be more tantalising opportunities just beyond those swinging doors and further battles to fight; the trick was, as it always had been, to operate skilfully through the openings. And, of course, they would not forget to wear a thimble while sewing.

⁶ A.F. 'As Others See Us', *L(RFH)SMWM*, X.62 (November 1915), 127–8; 128. The poem responded to an article by J.A. in the 'G___'s Hospital Gazette'.

⁷ 'Women Doctors and the War', *Votes for Women*, 26 February 1915, in *LSMWRFHPC Volume IV*.

⁸ 'Surgery in 1918', *Lancet*, 191.4923 (5 January 1918), 28–9; 28.