

Medical women in the first world war—ranking nowhere

Leah Leneman

By 1914 women had largely won the struggle for medical education, although Oxford and Cambridge and the London teaching hospitals still held out.¹ But women still found it difficult to obtain posts to match their abilities and qualifications. Only in the handful of all women hospitals or in isolated appointments in the provinces could they carve out a career in hospital medicine, and only in specialties held in low regard by men. None of the gynaecological or children's hospitals in London gave residential or staff appointments to women. And some of the medical societies, including the Society for the Study of Children's Diseases, excluded women.²

So when war broke out in 1914 officialdom saw no role for medical women. On attempting to volunteer Dr Elsie Inglis was told by a War Office administrator, "My good lady, go home and sit still." Far from sitting still, Dr Inglis, in conjunction with the National Union of Women's Suffrage Societies, formed the Scottish Women's Hospitals for Foreign Service, which sent a number of all women medical units to various fronts. But Dr Inglis was not the only, or even the first, to form an all women unit. The great needs of allied armies for medical care, and the generally haphazard arrangements of this war, made it possible for medical women to form voluntary units, or even to approach foreign governments on their own and work in the field.

The Women's Hospital Corps was formed in August 1914 by Dr Louisa Garrett Anderson and Dr Flora Murray. They offered an all women unit to the French Red Cross and were given the Hôtel Claridge in Paris for their hospital. Scepticism by the French and British authorities gave way to respect, and the Royal Army Medical Corps (RAMC) treated the hospital as though it were a British auxiliary rather than a French one. Subsequently the women opened a second hospital near Boulogne. In February 1915 it seemed that there would be more pressure of work in England than in France, and the director general of the Army Medical Services, Sir Alfred Keogh, gave the doctors charge of a large hospital in Endell Street, London.³

This opened in May 1915 and worked until the end of 1919, during which time some 26 000 patients passed through the wards. The medical women were

running a military hospital under the close scrutiny of the War Office and did everything that the staff of any other military hospital were doing, but they were not commissioned. They were at least graded—as lieutenant, captain, major, or lieutenant-colonel—and received the pay and allowances of their rank, but they could not wear badges of rank. In any case, the Endell Street Hospital was considered a special case, not a precedent.

Medical women eager for war service

The War Office reaction to Elsie Inglis's initial offer of a hospital unit exemplified its feelings about medical women operating in war zones. In 1916, after the Scottish Women's Hospitals had distinguished themselves in France and Serbia, the War Office still refused offers of all women units for other theatres of war. However, more doctors were required abroad, and in April 1916 the War Office began to recruit women. They were not to be sent to France but to Malta, far from the fighting. (British troops in Salonica needing hospitalisation—primarily because of malaria—went there.) And they were not given rank, grading, uniforms, or even the ration and billeting allowance that every male doctor had of right.

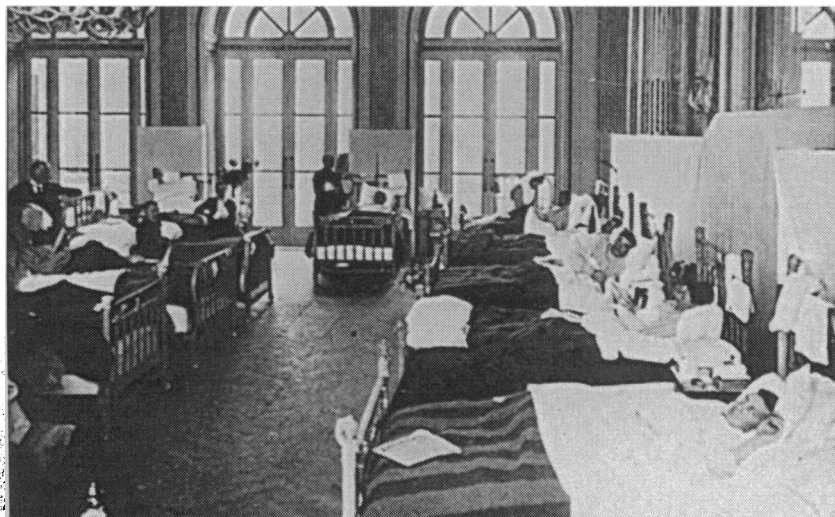
So eager were medical women to serve that in spite of these unsatisfactory conditions the appeal for 40 women doctors in April 1916 resulted in 85 sailing to Malta in July. The following year the creation of the Women's Army Auxiliary Corps (later Queen Mary's Army Auxiliary Corps) required the services of more medical women to look after the health of the corps. They went to France but not to the fighting line and did not treat the troops. Although operating as an auxiliary section of the RAMC they were not gazetted as such but as QMAAC. The absence of rank and uniform was not such a handicap in the women's services as in military hospitals, but it was still highly unsatisfactory. The Women's Royal Naval Service followed suit, and when the Air Ministry formed a women's corps in 1918 it gave medical women honorary rank but not commissions.

By 1918 medical women had over two years' experience in military hospitals. They had "made good" in Malta and were being sent to RAMC hospitals in Salonica, Sinai, and elsewhere, but they were exactly as they were when they first joined. "Although we are senior in service to many of the men here," wrote Dr Edith Guest from Egypt, "yet they all—however young and inexperienced—rank above us, and any youngster will take precedence of us even if we serve ten years. The longer one serves, the more galling this becomes."⁴

The Medical Women's Federation formed a sub-committee to fight the injustice. Lieutenant-Colonel Elliot and Dr James Ned represented the BMA on this committee. The views and experiences of women doctors in the field were solicited. One response came from Dr C M Astley Meer in Sinai: "We certainly think the Federation should press *during the war*—thru the B.M.A.—for proper rank and commissions for the women doctors serving with the R.A.M.C. All rightminded colonels in whose hospitals we have worked agree in this." Edith Guest agreed: "Our C.O.

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"A ward in the Hôtel Claridge." From Flora Murray's "Women as Army Surgeons"



"Quartermaster Campbell and Orderly Cook make plaster pylons." From Flora Murray's "Women as Army Surgeons"²⁴

here is with us heart and soul, but he says nothing will be done except as the result of pressure brought to bear by our representatives at home, and I am sure he is right."²⁴

In February 1918 Sir Alfred Keogh and his successor, General Goodwin, received an informal deputation from the Medical Women's Federation. They promised to rectify the anomaly over uniforms but said they had no power to grant commissioned rank.²⁵ Clearly it was going to be necessary to go higher—to the secretary of state for war, Winston Churchill.

Conditions of service

The Naval and Military Committee of the BMA asked the council to press the claim of medical women for the "same commissioned rank and conditions as those obtaining for medical men similarly employed."²⁶ The council felt, however, that the conditions under which medical men and women were serving were not identical so it was not a question of equal pay for the same post. The matter was therefore ping-ponged back to the Naval and Military Committee.

The committee compared the conditions of service. Medical men signed on for one year or for the duration of the war. They were paid 24/- a day and 1/9 in lieu of rations, with a bonus of £60 for each 12 months' service. They joined as lieutenants and after a year's service were promoted to captain. They were eligible for the same injury pensions as regular officers of the RAMC of equivalent rank. Medical women serving at home or abroad had one year contracts, with no provision for rations or allowance in lieu, and no pension if illness or injury terminated their appointment.²⁷

In a letter to the *Times* Dr Jane Walker, president of the Medical Women's Federation, pointed out that "working without rank among a body of men where the whole discipline depends on badge and rank, [women doctors] have not the authority necessary for carrying out their duties, the authority which they unquestionably have in civil hospitals." She continued: "Although many of the medical women serving in the Army not only have a high professional standing in civil practice, but now have a large experience in military hospitals, they rank below the latest joined R.A.M.C. subaltern, and are obliged to take their orders from him. When they travel, they travel not as officers but as 'soldiers' wives."²⁸

Questions in parliament

The Naval and Military Committee wrote to the War Office in October, pressing for medical women to

receive the same rank and conditions as men, but received no reply. On 6 November a question was asked in the House of Commons. The response was that it was "legally impossible to grant commissions in the army to women. Legislation would be necessary."²⁹ After the armistice medical women lobbied parliament and received an encouraging response, perhaps because a general election was forthcoming in which women over 30 would be voting for the first time. When the new House of Commons met in February 1919 the prime minister (Lloyd George) and his government were pledged "to remove all existing inequalities of the law as between men and women." But on 27 February, when another question was asked in parliament on "whether the Government would support the claim of women doctors serving under or attached to the War Office for the rank and privileges to which they were entitled," the secretary of state for war (Churchill) replied that "the general policy of the Government, in seeking to remove inequalities between men and women, did not commit them to immediate action in every sphere, and he was not prepared to introduce legislation on the point during the present session."³⁰

Meanwhile, on 19 February 1919 the BMA wrote again to the War Office that "medical women employed by the Military Authorities have a genuine grievance in the disabilities they suffer as a result of holding no commissioned rank. The grievance is the more glaring in view of the splendid services medical women are admitted to have given to the country during the War." They asked the War Office to receive a joint deputation from the Medical Women's Federation and the British Medical Association. No reply to this letter was received either.³¹ After a third letter the War Office agreed to meet the joint deputation on 28 March.³²

Suitability of women

Before the meeting took place there was debate within the War Office. One official, who opposed the granting of even honorary or temporary commissions, insisted that any doctor should be capable of carrying out all duties of the corps, and that no one would contemplate putting a woman in medical charge of a regiment or in command of a field hospital. He feared that if commissions were granted to women in the RAMC they would immediately be applied for in other branches of the army, so this would be the "thin end of the wedge."³³

Another official, commenting on the above, agreed that women were unsuited to certain types of work (for example, they could not be put in charge of a field ambulance "on account of being exposed to shell fire"), but this was also true of certain men. He thought that women were "extremely valuable in other posts which they already occupy, and should therefore be placed on exactly the same footing with the men doctors." If commissions were temporary and only applicable to skilled medical practitioners he saw no danger of demands from other branches of the army. And he made the point that "the letter from the British Medical Association is presumably the outcome of a detailed discussion and, therefore, we may take it that the letter from the Medical Women's Federation has real support in the Medical profession as a whole."

But the more enlightened views within the War Office were ignored by Winston Churchill, who hewed to the line that a commissioned officer had to be capable of every kind of duty. The War Office could not accept "the contention of the Deputation that there are no duties in the Army at present undertaken by Medical Officers which could not equally well be performed by Commissioned Medical Women." Their own "Medical Authorities" felt that "there are very



"The staff of the military hospital, Endell Street." From Flora Murray's "Women as Army Surgeons"

many essential duties of Army Medical officers which cannot be performed by Medical Women."

Other predictable excuses were the impossibility of providing suitable accommodation, and that women "would be out of place in the continual and intimate contact into which a Medical Officer is brought with the soldier." It was "not conceivable that a Medical Woman with no companion of her own sex should be called upon to live the life of the trenches; and yet it is on duties requiring this that the majority of Medical officers are engaged, leaving only the minority for Lines of Communication work." Other duties which it was said medical women could not carry out included venereal inspections and lecturing the troops on the prevention of venereal disease. "They must in the nature of things be debarred from carrying out the medical inspection of Troops as to their fitness for service. . . . Not only would soldiers object to examination by women, but there would at once be a public outcry at such a breach of convention."

A real need filled

Although nearly all of the women doctors who worked in Malta proved so successful that their contracts were renewed and some went on to other theatres of war, Churchill now claimed that "in Egypt and even Malta it was found in many cases impossible to employ Medical Women except in certain limited spheres, and a request was received from the former Theatre that no more should be sent out owing to the difficulties of accommodation and the impossibility of employing them as Reinforcements. The same difficulty arose in Malta." The letter concluded that medical women "filled a very real need, and by their untiring devotion to duty, and their willingness at all times to perform any duty for which they were fitted have earned the gratitude of all ranks." But it was regretted that "the grant of Commissions to medical Women cannot be entertained nor can they be demobilised with commissioned Rank in order to provide a precedent should any future emergency necessitate their employment."

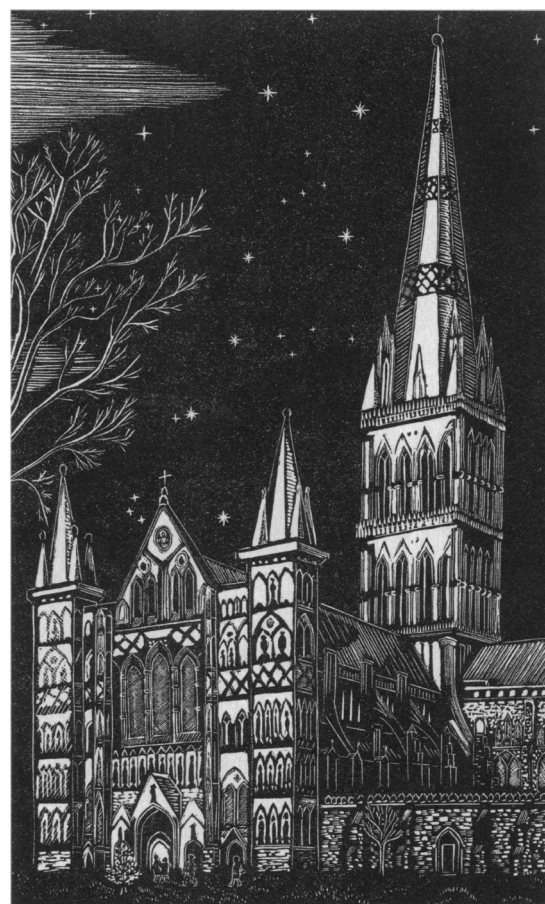
The Council of the Medical Women's Federation riposted that "commissions have been given to numbers of medical men who by reason of physical disability or age were not fit for full service. . . . A system of commissions for 'limited service' may, as Viscount Peel said, be undesirable, but the Council would point out that it already exists." The War Office replied (29 July 1919) that male doctors unfit for front line service "were able to perform and did perform the many essential duties which Medical Women cannot undertake in the Army, thereby releasing the younger and more active men both at home and abroad for duty at the Front."

The Medical Women's Federation threatened that in a future emergency they would "not recommend medical women to volunteer for service under the War Office unless and until it was ready to give them equal

treatment with medical men," but this was a hollow threat while they were not needed. In September 1919 the federation and the BMA dropped the issue. The War Office maintained its stance for another 20 years. Then another war broke out, and officialdom realised that medical women were once again needed to support the military effort.

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- 1 Blake C. *The charge of the parasols—women's entry to the medical profession*. London: Pandora, 1990.
- 2 Murray F. The position of women in medicine and surgery. *New Statesman* 1913 November 1 (suppl):xvi-xvii.
- 3 Murray F. *Women as army surgeons*. London: Hodder and Stoughton, 1920.
- 4 SA/MWF/C.159. Contemporary Medical Archives Centre, Wellcome Institute for the History of Medicine.
- 5 SA/MWF/C.163. Contemporary Medical Archives Centre, Wellcome Institute for the History of Medicine.
- 6 Naval and Military Committee minutes, 7 October 1918. BMA archive.
- 7 Memorandum on the Position of Medical Women Employed by the War Office. Naval and Military Committee document, 7 October 1918. BMA archive.
- 8 [Letter.] *The Times* 4 July 1918.
- 9 Medical notes in parliament. *BMJ* 1918;iii:554.
- 10 Medical notes in parliament. *BMJ* 1919;ii:288.
- 11 Medical Women Employed by the War Office. Naval and Military Committee document, 24 March 1919. BMA archive.
- 12 Naval and Military Committee minutes, 24 March 1919. BMA archive.



Salisbury Cathedral, engraved by Alan Woodruff (see p 1631)