

No Man's Land

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No Man's Land

THE TRAILBLAZING WOMEN WHO
RAN BRITAIN'S MOST EXTRAORDINARY
MILITARY HOSPITAL DURING WORLD WAR I

WENDY MOORE

BASIC BOOKS

New York

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Basic Books
Hachette Book Group
1290 Avenue of the Americas, New York, NY 10104
www.basicbooks.com

Printed in the United States of America

Originally published in 2020 by Atlantic Books in the UK

First Edition: April 2020

Published by Basic Books, an imprint of Perseus Books, LLC, a subsidiary of Hachette Book Group, Inc. The Basic Books name and logo is a trademark of the Hachette Book Group.

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The Cook-Dickerman Collection is held at the Eleanor Roosevelt National Historic Site, National Park Service, New York State.

Pictures belonging to the Anderson family and Annie Fox are held at the London School of Economics (LSE) Women's Library.

Print book interior design by Jeff Williams.

Library of Congress Cataloging-in-Publication Data has been applied for.

ISBNs: 978-1-5416-7272-7 (hardcover), 978-1-5416-7273-4 (ebook)

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To Jennian

Guide, mentor, and friend

*And for all the women who worked at
Endell Street and all the men and women
who were treated there*

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Arrivals

Covent Garden, London, 1915

It was like slipping into a dream. Or waking from a nightmare. They had grown used to the constant thunder of shelling, the crackling of rifles and machine guns, the screams and groans of their comrades. Now all they could hear was the gentle thrum of the city at night as they rumbled through dark, deserted streets. For months, they had known only the rural landscapes of France and Flanders, where every living thing had been crushed and obliterated into the mud of the trenches and shell holes. Now they were being driven down a narrow street between tall buildings that blotted out the night sky. They had been living in a world peopled by men. But now they would enter a world run solely by women.

Most of them were young men in their twenties and thirties; some were just boys in their late teens. Officially, they were supposed to be at least nineteen to fight overseas, but some had lied about their age. Many had signed up in bands of friends in a fit of patriotic zeal, or shown up shamefaced at a recruitment office after being challenged with a white feather by a stranger in the street. For some, being injured had come as a blessing—a “Blighty wound” that allowed them to escape the death and devastation of war. For others, their injuries meant a new kind of terror and fear for the future: the prospect of never working, perhaps never walking again,

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the possibility of perpetual pain, of permanent disfigurement. They had suffered long and agonizing journeys, having been scooped up from the battlefield by regimental stretcher-bearers, sometimes after lying abandoned for hours in “no-man’s-land” before being shuttled back to casualty posts in tents and dugouts for basic first aid, a shot of morphine, and perhaps a hurried operation. They had been transported in ambulance trains to one of the French ports, crammed into hospital ships to cross the Channel, then packed into Red Cross trains bound for London. Arriving at one of the main-line stations, they had been collected by volunteers who drove them in ambulances or private cars across town. If the men asked their drivers where they were being taken the answer came: “To the best hospital in London.”

When they pulled up outside the old workhouse building in Endell Street, in the heart of London’s Theatreland, the great black iron gates were opened by a woman in a military-style jacket and ankle-length skirt. The ambulances juddered to a halt in the dimly lit courtyard, and women stretcher-bearers, wearing the same military-style uniforms, carried them to a lift. When they arrived on one of the wards, they saw a room bright with colored blankets and fragrant with fresh flowers. Rows of patients watched, their heads resting on crisp white pillows, as the new arrivals were lifted onto coarse blankets protecting the beds from their muddied and bloody uniforms.

The men were surrounded, naturally enough, by female nurses, orderlies, and clerks. Then the doctors arrived. And all of these were women, too. From the physician who assessed the condition of the patients to the surgeon who inspected their wounds, from the radiologist who ordered X-rays to the pathologist who took swabs, from the dentist who checked their teeth to the ophthalmologist who tested their sight, every one of the doctors was female. Other than the burly policeman at the entrance and a handful of male orderlies who were too old or too infirm for combat, the Endell Street Military Hospital was staffed entirely by women.

For some of the men who arrived at Endell Street on one of those dark nights, the stink of the trenches still clinging to their uniforms,

Arrivals

to enter this female world after living in the hell wrought by men was a glorious relief. But for others it was a threatening, shocking, even distressing experience. Women nurses were one thing. Many of the men had already had their wounds dressed by female nurses in field hospitals and on ambulance trains. Women doctors were something else entirely. None of them had ever been treated by a female doctor in civilian life—the idea of women providing medical care to men was simply unknown—and they knew full well that women doctors were not ordinarily employed in the army. Some of the men had wounds in intimate places; others had contracted venereal diseases after sexual encounters with women in France. A few were convinced they had been sent to Endell Street to die, that they were hopeless cases. For why else would the army dispatch them to a hospital run solely by women—and not just any women, but suffragettes, former enemies of the state?

Yet, as the women doctors listened sympathetically to the men's fears, and as trained nurses gently tended their bodies and friendly orderlies comforted their spirits, the men began to change their minds. Before long, they all agreed that Endell Street Military Hospital was, in fact, the best hospital in London.

I

A Good Feeling

Victoria Station, London, September 15, 1914

Louisa Garrett Anderson and Flora Murray waited to board their train.¹ Tall, slim, and erect in the midst of the fourteen younger women who were going with them, they exuded calm authority. Everyone had come to see them off—family, friends, and comrades from the suffragette movement—and to ply them with gifts. One well-wisher had arrived with three boxes packed with provisions for the journey, while others had brought fruit, chocolates, or flowers. Surrounded by the luggage they would take onto the train, the women looked awkward in their stiff new uniforms. Their “short” skirts, grayish-brown, just covered the tops of their ankle boots, and their matching belted tunics were buttoned firmly up to their necks. Their main luggage had already been stowed and would be waiting for them upon arrival—or so they thought.

Victoria Station was bustling.² In the six weeks since war had been declared, the railway terminus had been transformed. Along with commuters pouring off the trains for their daily drudgery, there were now Belgian refugees, who had fled the invading German Army carrying pitiful bundles of belongings, their frightened children in tow. Traumatized and bewildered, they were met by women volunteers who had set up emergency canteens on the concourse. There were other British travelers, too, people who had found themselves

stranded in Europe and farther afield when war broke out and who were only now straggling home.

Departures were relatively few. Thousands of soldiers had already passed through Victoria on their way to France and Flanders. Weighed down by kitbags and buoyed up by patriotic songs, they had exchanged farewells with their families and sweethearts before boarding their trains. One traveler, aware that many who said their goodbyes would never see each other again, called Victoria the “Palace of Tears.”³ More would follow in the ensuing weeks and months. While the soldiers of the British Expeditionary Force, made up of the regular army and reservists, were already mired in the thick of battle on the Western Front, hundreds of thousands more men had since enlisted in response to the “call to arms” declared by the new secretary of state for war, Lord Kitchener. So far, at least, the casualties which had begun to stream back from the first battles had arrived at London stations under cover of night.⁴ Many, indeed, had never returned at all; the army’s medical services had been so overwhelmed already by the sheer scale and severity of the injuries that thousands had perished before they could be treated.

Yet for all this, the atmosphere at Victoria Station that morning was predominantly cheerful—especially among the party of women waiting to board their train for France. For them, one war had ended as another had begun.

JUST AS POLITICIANS of all stripes had buried their differences to fight the common enemy on the outbreak of war, so, too, had a truce been declared between women and men. After years of escalating militancy in the battle for women’s voting rights, the leaders of the suffragists and suffragettes had put aside their demands immediately when war began.⁵ Millicent Fawcett, president of the non-militant National Union of Women’s Suffrage Societies (NUWSS), had led the way by calling on her supporters—the suffragists—to offer their services to their country. “Women, your country needs you,” she exhorted her members within days of war being declared,

even before Kitchener's iconic poster made the same appeal to men.⁶ Emmeline Pankhurst, the steely matriarch of the Women's Social and Political Union (WSPU), had followed her example a few days later, urging her militant members—the suffragettes—to suspend all activism and divert their energies and organizational skills into supporting the war effort. In return, the government had announced an amnesty and released all suffragettes from prison—some several hundred women—within a week of declaring war.

Although some stalwarts of the women's movement had joined pacifist campaigns, most women threw themselves into the new cause in a rush of patriotic fervor. One group of suffragettes had already launched the Women's Emergency Corps to recruit women into jobs vacated by men who were now enlisting. Women had flocked to its headquarters to volunteer as drivers and motorcycle dispatch riders, or to run soup kitchens and refugee shelters.⁷ Aristocratic women and society ladies, until recently some of the loudest voices demanding the vote, were now offering their homes in London as convalescent hospitals for the wounded and raising funds to send medical units to France. And women everywhere, whether they identified themselves as suffragists or not, were signing up to play their part as volunteers at home and overseas.

Louisa Garrett Anderson and Flora Murray, who were waiting to board their train at Victoria that morning, had been among the first to recognize the unique opportunity that war presented to women. They knew that war with Germany posed a terrifying threat to Britain, but it also offered a once-in-a-lifetime chance for women. Both Anderson and Murray were qualified doctors of many years' standing. Anderson, forty-one, was a surgeon, and Murray, four years older, a physician and anesthetist. Yet despite the fact that each woman had more than ten years of experience in her chosen profession, neither had enjoyed a significant spell of work in a major general hospital. Hospital boards were almost entirely controlled by men, and women doctors were effectively excluded from training or working in mainstream hospitals or attaining high-status medical positions. Women were likewise barred from becoming army doctors regardless of the current need. Although their

medical qualifications were exactly equivalent to those of their male colleagues, Murray and Anderson had been restricted to treating women and children. Through necessity as much as desire, they had worked in hospitals run by women for the treatment of women and children alone.

War had changed everything. Despite their complete lack of experience in treating men or in dealing with war injuries, the two women had decided to set up their own emergency hospital to treat wounded soldiers plucked from the battlefields in France. Gathering together a team of young recruits, including three more women doctors, eight nurses, three women orderlies, and four male helpers, they were bound for Paris.⁸ It was a gamble. They were not only heading for unknown dangers in a war zone with eighteen young people under their command, but their medical inexperience meant they were seriously unprepared for the challenges ahead. Both, however, were as committed to the women's cause as they were to each other. They saw the unfolding drama in France as their first chance to prove that women doctors were equal to men.

FOR ANDERSON, ENTERING the medical profession had always seemed a foregone conclusion. Born in 1873, the eldest child of Elizabeth Garrett Anderson, the first woman to qualify in Britain as a doctor, and James Skelton Anderson, a Scottish shipping owner from a family of medics, Louisa had grown up in a world suffused by medicine.⁹ Although she had been looked after by a nanny for much of her childhood, Louisa had vivid memories of riding in her mother's carriage—holding out her hand to catch raindrops—when her mother made her doctor's rounds from their house in London's West End. Occasionally she had even accompanied her mother to the New Hospital for Women, which her mother had founded in a poor part of west London, where Louisa had romped on the beds. A lively and imaginative child, Louisa was described by her mother as a "bright, skipping little creature, full of character and intelligence."¹⁰

Growing up with all the comforts of middle-class Victorian life, Louisa had enjoyed an idyllic childhood. While her parents worked

long hours in London, Louisa ran wild with her younger brother, Alan, in the sprawling grounds of their family home near the seaside town of Aldeburgh in Suffolk, albeit with their nanny keeping a close eye.¹¹ In summer, they played in the sea and sailed paper boats in rock pools, and in winter they skated on frozen ponds. From the age of eight Louisa wrote fond letters to her parents, nicknamed “Moodle” and “Poodle,” relating tales of derring-do and make-believe while lamenting how much she missed them. The carefree childhood nurtured a rebellious streak, so that “Louie,” as she was known, became quietly determined to get her own way—in stubborn opposition to her mother, who fussed and worried over her children’s health.

After being tutored at home and briefly attending a day school in London, Louisa had been sent to a girls’ boarding school, St Leonard’s, in St Andrew’s on the east coast of Scotland, at fourteen.¹² One of the first big private schools for girls, St Leonard’s modeled itself on the country’s top boys’ schools. Although the girls wore long, demure skirts and long-sleeved blouses, they learned Greek, Latin, French, and mathematics and played cricket and tennis, just as their brothers might do at Eton or Rugby. Clever and bookish, with a pretty face, pale complexion, and auburn hair, Louisa made friends easily and chaffed at her mother’s fretting. “I must really expostulate against these sudden outbursts of excitement,” she replied pompously when her mother feared she was ill.¹³ At first, Louisa had been drawn to the arts: she edited the school magazine and took leading roles in school plays. Yet by the age of seventeen she had decided to follow in her mother’s footsteps and embark on a career in medicine. This, even for the daughter of Britain’s most famous medical woman, was no small feat.

LOUISA’S MOTHER, ELIZABETH Garrett Anderson, had succeeded in becoming the first woman qualified in Britain to join the Medical Register through a combination of iron will and stealth. In the mid-1800s, when Elizabeth was growing up, the daughters of middle-class families were raised with one ambition: to marry well.

Since women were regarded as physically, intellectually, and emotionally inferior to men, a serious education was considered not only unnecessary but decidedly unfeminine. Most girls from well-to-do families were allowed only rudimentary instruction at home, followed by a few years at boarding school, if they were lucky, to prepare them for married life. If they remained single over the age of thirty, women were written off as “old maids” and regarded as a financial burden on their fathers or brothers. There were only two routes to paid employment for middle-class women—becoming a governess or a lady’s companion—and both were widely despised as scarcely above the rank of a servant.

Louisa was well aware of the obstacles her mother had battled. Born into a prosperous family in Suffolk, Elizabeth had enjoyed just two years of formal education at a girls’ school in London from the age of thirteen.¹⁴ But in her early twenties, she fixed on the idea of becoming a doctor after meeting Elizabeth Blackwell, an English-woman brought up in America who had obtained a medical degree at Geneva Medical College in New York State.¹⁵ When she returned briefly to England in 1858, Blackwell had become the first woman to enter her name on the newly established UK Medical Register. In a pattern that would become wearily familiar to women who dared to follow in her footsteps, this door was immediately closed as the General Medical Council (GMC) ruled that doctors who qualified overseas were ineligible for the register. When Elizabeth Garrett announced her ambition, her mother shut herself in her room crying. Her father, initially repulsed by the idea, became one of her strongest allies.

Over the next six years, Elizabeth had battled every conceivable medical organization and educational institution in her mission to achieve her aim. Initially, she trained as a nurse for six months at the Middlesex Hospital, London, where she persuaded the hospital apothecary to accept her as a pupil. She even attended medical lectures, until she angered the male students by answering a question nobody else could answer, and was barred from future classes. One by one, every medical school and university in England and Scotland refused to admit her. But after completing her five-year

apothecary apprenticeship, in 1865 she passed the examination of the Society of Apothecaries and in that way added her name to the Medical Register, thus becoming the first woman qualified in Britain to do so. The society immediately amended its rules to prevent other women from following her example.

Having qualified to practice as a doctor in Great Britain, Elizabeth also obtained a medical degree in Paris—the first woman to do this—then slowly built up a viable practice in London. When Elizabeth married Louisa's father, James Skelton Anderson, a partner in the Orient Steamship Line, friends assumed she would give up her career. Far from surrendering her independence, Elizabeth not only continued her private practice but opened ten beds above the dispensary she had founded, creating the New Hospital for Women. This infirmary would treat impoverished women and provide clinical experience for other would-be female doctors. Yet since every door that Elizabeth had pried open had just as quickly been slammed shut by the male medical establishment, other women who aspired to study medicine had been barred from following her—despite determined efforts.

Some women obtained medical degrees at universities on the Continent, which were gradually opening their doors to female students—but this did not permit them to practice in Britain. Refusing to be defeated, one enterprising woman, Sophia Jex-Blake, founded a medical school exclusively for women, the London School of Medicine for Women (LSMW), which opened in 1874. Elizabeth Garrett Anderson became the only woman on the otherwise entirely male teaching staff. Yet none of the nineteen medical examining bodies would grant the school accreditation.

Hostility to the idea of women becoming doctors intensified during the 1870s. One prominent doctor declared that he would rather follow his only daughter to the grave than allow her to study medicine.¹⁶ The *British Medical Journal* feared the “Temple of Medicine” was being “besieged by fair invaders,” and the leading medical journal, *The Lancet*, warned of a potential “invasion of Amazons.”¹⁷ The barriers were finally breached when Parliament passed the Medical Act of 1876, which enabled—though it did not

compel—universities to admit women.¹⁸ That same year, the Royal College of Physicians of Ireland agreed to recognize the LSMW and examine its students, providing them with a route to qualify for the Medical Register. A year later, the LSMW struck a deal with the cash-strapped Royal Free Hospital to provide its students with clinical experience on the wards in return for handsome fees. Soon after that, the school was incorporated as a college of the University of London. Other British universities slowly followed suit in admitting women as medical students, although Oxford and Cambridge would continue to bar women from studying medicine even in 1914.

The battle for women's entry into medicine had been won. By the time Louisa Garrett Anderson set her sights on becoming a doctor in 1890, women were theoretically permitted to study medicine and qualify to practice—albeit chiefly through the LSMW. Some one hundred women doctors had added their names to the Medical Register by 1891.¹⁹ Obtaining postgraduate training and hospital experience was another matter. The route for men who wished to climb the medical career ladder was generally straightforward. After training at a reputable medical school, they were normally offered a junior post in the hospital attached to that school. Given the right connections, they would then progress to a senior post in a specialty such as surgery or gynecology. Hospital jobs were honorary and unpaid—hospitals were charities that treated only the poor, while wealthier patients were attended at home or in private nursing homes—but they usually led to lucrative private practice in the chosen field. With no access to these male networks, women were denied this route.

None of the major medical schools accepted women, and the royal medical colleges in London and Edinburgh barred women from taking the specialist examinations required to progress up the surgical and medical ladders.²⁰ Apart from at the Royal Free and one or two hospitals elsewhere, women were simply never considered for junior posts by the all-male appointment boards. Effectively blocked from working in surgical or medical specialties, and likewise prevented from treating men, women were unable to take the first step on the career path leading to prominent hospital positions and successful private careers. Women doctors, therefore, had

little choice but to take low-paid and low-status jobs as medical officers in schools, prisons, and asylums, to work in hospitals set up and run by women to treat women and children, or to head overseas for jobs men did not want in medical missions—about a third of LSMW graduates went abroad. Committing herself to medicine at the age of seventeen, Louisa Garrett Anderson therefore knew that the obstacles would be considerable and the opportunities few.

LEAVING ST LEONARD'S at eighteen, Anderson had enjoyed a vacation in Paris with her mother and brother and then stayed on alone with a French family to brush up her French. Her mother was still fretting about her daughter's health, remarking, "She will turn into a sweet, delightful woman if she lives, but I should much like to see her stronger."²¹ Clearly more robust than her mother believed, Anderson survived her French leave and spent the next year at the women's-only Bedford College in London, studying the sciences in preparation for medical school. The following year, in the autumn of 1892, she enrolled at the LSMW, where her mother was now dean, along with thirty other women students. She worked hard, winning several prizes, to qualify as Bachelor of Medicine at the end of the five-year course, and achieved Bachelor of Surgery the following year. Now legally entitled to practice as a doctor, she faced the scramble for her first hospital job.

Since there was no point in applying to a major general hospital, Anderson took junior posts at two charitable hospitals in poor areas of south London in 1898 and 1899.²² She gained her Doctor of Medicine degree from London University in 1900, aged twenty-seven. Already she had determined on becoming a surgeon. Her mother had never enjoyed operating, Anderson would later say, but Louisa was inspired by another woman doctor, Mary Scharlieb, who had worked in India. Watching her perform complex abdominal surgery at the New Hospital, Anderson was awed at seeing "her slender hands seeming to go everywhere with marvellous speed."²³ The following year, when the Royal Free designated two of its six junior doctor posts for women, Anderson was appointed house surgeon there,

becoming one of the first women to obtain a junior post in a general hospital—albeit still on the women's wards and for just six months.

Eager for wider clinical experience, she was forced to look overseas. Earlier in 1901, she had spent a few weeks with a friend in Paris attending anatomy lectures and had even assisted at an operation—"both of us dressed up in Frenchman's operating pinafores," she told her mother.²⁴ In December, she and another friend sailed for the United States to attend lectures at two of America's most prestigious medical schools.

Arriving in Baltimore, Louisa enrolled as a postgraduate student at the Johns Hopkins Hospital Medical School, which admitted women students on the same basis as men. Though she found Baltimore a "sleepy" town, she was impressed by the school's professor of medicine, Dr. William Osler, who emphasized the importance of listening to patients—a novel concept—in forming a diagnosis.²⁵ It was a practice Louisa would take pains to follow. Moving on to Chicago, she was shocked at the "bustling and dirty" city with its seventeen-story "houses," but the clinical lectures of Dr. Nicholas Senn, professor of surgery at Rush Medical School, made it all worthwhile. Crammed into the lecture theater with up to five hundred other students, Louisa was transfixed as Senn exhibited some thirty patients in turn and then—after downing a glass of milk and beaten eggs—performed five or six major operations and the same number of minor ones. Having served as a surgeon in Cuba in 1898 during the Spanish-American War, Senn was an expert in military surgery and wound management. It is possible he also instilled an appetite in Anderson for war surgery. Her experience in America confirmed her ambition to become a surgeon, and yet she was no nearer a permanent hospital post. In London, Paris, and Chicago, she had watched operations on men, women, and children—and even assisted at a few—but she lacked direct experience of performing operations herself.

ANDERSON RETURNED TO London in 1902 as the Victorian era gave way to the twentieth century, but her prospects were not promising.

Her brother, Alan, had followed his father into the family shipping firm after studying at Eton, then Oxford. After Alan got married in 1902, his future was settled. Louisa was still living at home in London with a generous private income from her parents. Yet although her training and experience were equal to those of her male contemporaries, she had no chance of securing a post as a consultant surgeon in a major hospital to provide the professional status she craved. There were now more than two hundred women doctors on the Medical Register, but almost all of them worked in women-run hospitals or dispensaries treating only women and children. One enterprising female doctor ran two sanatoria, which treated both men and women for tuberculosis, and a handful of medical women had West End consulting rooms, where they attracted society ladies who chose to be examined by a woman rather than a man.²⁶ Such a preference was not only regarded as eccentric, but was fiercely opposed by male consultants eager to protect their profitable gynecological practices. Attitudes toward “lady doctors” were as hardened as ever. Anderson, therefore, had no choice but to take a post in a hospital run by women that treated women and children.

Anderson joined the staff of the hospital her mother had founded, the New Hospital for Women, in 1902, around the same time her mother retired. The hospital had recently moved into larger premises in Euston Road. She would work there as a surgical assistant, and later senior surgeon, until the outbreak of war.²⁷ With forty-two beds and a busy outpatient department to run, the fourteen members of the medical staff were in constant demand. Working-class women from all over London flocked to the New Hospital to be treated by women doctors, and many of them were seriously ill after waiting months or years for medical aid. One patient had been in pain for four years while her male doctor insisted to her husband that she was suffering from “hysteria”; she underwent a successful operation at the New Hospital.²⁸ By 1913, the hospital had expanded to include a cancer ward, an isolation ward—for venereal disease—and an X-ray department. That year the staff treated nearly 900 inpatients, attended 300 women giving birth at home, and saw more than 32,000 outpatients.

At the New Hospital Louisa was kept busy performing gynecological operations as well as some general surgery. She approached her work with a rigorous scientific method, judging from a research paper she published jointly with the hospital's pathologist in 1908, analyzing 265 cases of cancer of the uterus over the previous twelve years.²⁹ The paper, which included results for some of her own operations for hysterectomy, emphasized the importance of following up with patients after their operations to assess which surgical methods were the most successful, but it also made clear the need for surgeons to work closely with pathologists. Meanwhile, she set up consulting rooms in a house her father had bought her in Harley Street—London's most popular medical address—in 1903.³⁰ The family name drew some prominent patients: in 1910, she signed the death certificate of Florence Nightingale.³¹

Yet despite the family connections, Anderson was completely blocked from advancing in surgery so long as men still held the keys to all the major London hospitals and specialist positions. While her mother's generation—the pioneers—might have accepted their confinement to women's-only hospitals, Louisa and her contemporaries—the second generation of medical women—would not.³²

IT WAS LITTLE wonder, given the injustice and discrimination she faced, that Anderson had been drawn to the battle for women's rights. Here, too, she was following in her family's footsteps, since her mother had supported women's suffrage since its earliest days. Indeed, her mother had jointly presented a petition to Parliament demanding votes for women as far back as 1866.³³ But it was Louisa's aunt, her mother's younger sister, Millicent Garrett Fawcett, who had taken up the banner for women's right to vote most forcefully. In 1897, Aunt Millie had become founding president of the NUWSS, which campaigned for the vote through democratic means. By the time she was thirty, in 1903, Louisa was active in several organizations affiliated with the NUWSS. But by 1907, she had become impatient with the suffragists' moderate tactics, which had achieved nothing but lip service from the Liberal government. So she

joined the newly formed and much more confrontational WSPU—the suffragettes—led by the formidable Emmeline Pankhurst and her charismatic daughter Christabel. Compared with the demure earnestness of the suffragists, the suffragettes provided a far more exciting and radical prospect. Hearing Christabel speak, one recruit declared, “It thrilled me through and through.”³⁴ Louisa made large donations to the WSPU and joined its protest rallies, speaking at several meetings and leading women medical graduates on one of its marches.³⁵

AS THE PROTESTS escalated, with mass arrests of women who chained themselves to railings and ambushed election rallies, Louisa applauded the WSPU’s policy of civil disobedience and even tried to persuade Aunt Millie to join its forces. Exasperated at the slippery twists and turns of the Liberal prime minister, Herbert Asquith, in 1908, she urged her aunt to support the WSPU in “more militant action.” Despite two enormous NUWSS and WSPU demonstrations that summer, the government remained intransigent. “Surely we must do something,” she told Aunt Millicent. “They [the WSPU] mean to protest at once & on a large scale & unless we can protest constitutionally & effectually I think it is the duty of everyone who is able to do it to join them.” To do nothing, she insisted, is “really too feeble.”³⁶ Her appeal was fruitless—Millicent Fawcett would become increasingly opposed to the WSPU’s uncompromising approach—but Louisa had more success with her mother. That summer, Elizabeth Garrett Anderson joined the WSPU—a major coup for Emmeline Pankhurst—and spoke at several rallies. A few months later, Louisa was among the crowd when suffragettes attempted to invade the House of Commons, and she later gave evidence in support of the action when Pankhurst was tried for incitement.³⁷

The following year, in October 1909, as suffragettes on hunger strike were being force-fed by prison doctors for the first time, Louisa Garrett Anderson hosted the inaugural meeting of the Women’s Tax Resistance League in her Harley Street house.³⁸ Refusing to pay income tax on the basis that they were denied representation, its

members included several women doctors. And a year later, when Asquith provoked fury by blocking a promised new bill, Louisa was ready to act on the WSPU's motto of "Deeds not Words."

After warning the New Hospital board that she might be arrested, on November 18, 1910, she joined her mother on the platform of a huge rally in central London at Caxton Hall, along with Emmeline Pankhurst and other leading suffragettes.³⁹ After Pankhurst spoke, the Garrett Andersons followed her out of the hall to lead three hundred women in a march on the House of Commons. In Parliament Square, they were met by ranks of police and hired hooligans who blocked their way. Although Pankhurst and Elizabeth Garrett Anderson were allowed to pass, other women were jostled and assaulted. "I nearly fainted," said one supporter, "and Louie Garrett Anderson succeeded in making them let me through."⁴⁰ In the pitched battle, more than one hundred women were arrested and scores were injured and sexually molested. Louisa herself was arrested but released without charge. The day would become known as Black Friday. Undeterred by the increasing violence, Louisa was prepared, two years later, to take her support of the women's cause a crucial step further.

On March 4, 1912, Louisa joined a mass protest of suffragettes who marched through London's West End, smashing windows with hammers and stones. They had been motivated by the jibes of a Liberal member of Parliament (MP) who had proclaimed that if the suffrage campaign really enjoyed popular support, then women would be breaking the law like the men who had agitated for the 1832 Reform Act. Anderson was arrested for throwing a stone through the window of a house in Knightsbridge and sentenced to six weeks of hard labor in Holloway Prison. Pleading guilty, she said her action was a "political protest" prompted by the MP's remark about the 1832 campaign. She added, "We are fighting the same battle as was fought then, and if it is the only argument that the country can understand we are obliged to use it."⁴¹ It was a bold and dangerous step. As a doctor, she was risking her reputation by engaging in militant—indeed criminal—activity. Seizing on her status as a high-profile figure, newspapers broadcast her conviction

under headlines such as “Lady Doctor Sentenced”—although one at least felt the need to point out that it was not her mother, who almost approached the status of a national treasure, in the dock. Aunt Millie was not pleased: the report of Louisa’s sentence in *The Times* was juxtaposed with an article reporting Millicent Fawcett’s condemnation of the suffragettes’ actions.

Anderson gamely resigned herself to a spell behind bars in the notorious Holloway women’s prison, where inmates were kept in solitary confinement in tiny cells for up to twenty-three hours a day and hunger-striking suffragettes were physically restrained while they were force-fed. Despite the captivity, she smuggled out several letters to her mother written in pencil on tissue-thin paper. Although Elizabeth had now severed links with the WSPU, Louisa told her mother she was “glad & proud” of her actions because she believed that “this kind of fighting . . . is necessary to win our Cause.”⁴² Regardless of the hard beds, plain food, and lack of freedom, she made light of her situation, likening the prison to “a badly kept hotel with cold monotonous food & bells that no one answers!” In a demonstration of the sense of irony that would stand her in good stead in years to come, she described her enforced break as “a complete holiday.”

Far from deterring her from future militancy, Anderson’s imprisonment reinforced her loyalty to the women’s cause and gave her a taste for being in the midst of the action. “This is the most wonderful experience I have ever had,” she enthused, adding, “It is enormous luck to be alive just now & in this thing, really in the centre of it.” The sight of desperately poor women in jail for petty theft and prostitution, some of them with babies, reduced her to tears and made her all the more determined to improve women’s lives. “I never knew so clearly before why I was a suffragist,” she wrote. Through it all, the camaraderie among the suffragette inmates maintained morale. While Emmeline Pankhurst kept up their spirits, the composer Ethel Smyth conducted the women in a rendition of the suffragette anthem by waving her toothbrush from her cell window. One fellow prisoner described Anderson dancing a Highland fling with another inmate and organizing games of cricket with pieces

of wood. Another, who kept a secret diary, said of Anderson, "It amused me so much to see her running hard today playing . . . under the shadow of a high prison wall."⁴³ Meanwhile, her brother used his business influence to persuade the Home Office to release her five days early, on the understanding that her family would encourage her to temper her rebellious ways. The home secretary, Reginald McKenna, sanctioned her release before Easter, so she was home by the time her fellow prisoners began a hunger strike.⁴⁴ Anderson protested at her special treatment, telling a suffragettes' meeting two weeks later that on account of her social standing, "the Home Office found that I might like to spend Easter with my family," while other prisoners had spent the holiday behind bars.⁴⁵

Although Anderson left the WSPU a few months later, along with others objecting to Emmeline Pankhurst's increasingly autocratic conduct, her prison sentence made her more radical rather than less so. It was in this atmosphere of intense political agitation that she had come to know Flora Murray.

BORN IN DUMFRIESSHIRE in the Scottish borders in 1869, Flora Murray was the daughter of a retired naval commander with a long Scottish heritage and a sizable country estate.⁴⁶ A prominent local family, the Murrays had lived at their home, Murraythwaite, for almost five hundred years. Flora, the fourth of six children, had grown up in a grand mansion amid lush gardens surrounded by farmland and woods. Yet her childhood was not without strain. Her father, John Murray, the sixteenth laird, had died when she was three, leaving her mother, Grace, to bring up six children and manage the estate alone. Although there was income from tenant farmers and shares, there was little left for luxuries. Nonetheless, Flora had been educated by private tutors in Edinburgh and attended girls' boarding schools in London and Germany. When she was home, she rubbed shoulders with the local gentry at hunting events and county balls, escorted by her eldest brother, William, the seventeenth laird.

Although she was four years older than Anderson, Murray had embarked on her medical career later. At twenty-one she had signed up for six months' training as a nurse at the London Hospital, Whitechapel, before deciding she wanted to become a doctor. She enrolled at the LSMW in 1897, the same year Anderson left, at the comparatively mature age of twenty-eight. Just over two years later, in January 1900, her second-eldest brother, Fergus, a captain in the Scottish Rifles, was killed in action in the Boer Wars, aged thirty-one. Despite being wounded in four places, Captain Murray had continued to command his troops before he finally expired. His death in battle may well have inspired Murray to serve in some military capacity. That same year she left the LSMW, perhaps to be closer to her grieving family, and finished her training at Durham University. She qualified in medicine and surgery in 1903 before gaining her Doctor of Medicine degree in 1905.

Facing the usual brick wall confronting women doctors, Murray took a junior post at Crichton Royal Institution, a vast Victorian asylum near her family home in charge of female patients. Moving to London in 1905, she had no choice but to follow the path of other women doctors in taking honorary posts in small hospitals for women and children. Murray worked as a house surgeon at Belgrave Hospital for Children in south London and assistant anesthetist at Chelsea Hospital for Women. Taking a keen interest in children's health and anesthesia, she published an article in *The Lancet* in 1905 on the safest form of anesthetic for infants. She also championed the idea of "health visitors" who would offer advice on child welfare to poor mothers in their own homes.⁴⁷

Yet despite her personal ambitions and determination to improve health care, Murray was as stymied as any other woman doctor in pursuing her goals. With only a small income from private patients, possibly supplemented by an allowance from her family, she was not well off. "Her early life was a struggle against hard conditions and financial stress," Anderson would later say.⁴⁸ The problems plainly rankled. Observing male colleagues of equal or lesser abilities rise effortlessly through the ranks, Murray grew increasingly angry. In an

impassioned article in the *New Statesman* in 1913, she railed against the inequalities and discrimination. Women were denied entry to medical schools, blocked from postgraduate training, and refused jobs in hospitals, she wrote. "Staff appointments are professional prizes. They are made by the council or governing body, generally consisting entirely of men, upon the advice of a medical staff composed entirely of men. They are usually given to men."⁴⁹

Like Anderson, Murray had thrown herself into the battle for women's rights, joining Fawcett's NUWSS soon after arriving in London and later Pankhurst's WSPU.⁵⁰ Murray never engaged in overt militant activity or went to prison like Anderson, but her involvement with the suffragettes was potentially far more dangerous. Not only did she speak at rallies and join marches, but she organized first aid posts to treat women bloodied and battered in the clashes with police, as well as tending Pankhurst and other suffragettes when they were released from prison, emaciated from hunger strikes, at a nursing home she helped run near Notting Hill Gate. Murray was regarded as "honorary physician" to the WSPU; according to Christabel Pankhurst, she "devoted herself to the medical care of Mother and of all our many prisoners."⁵¹

After the government sanctioned the force-feeding of hunger-striking suffragettes in 1909, Murray had become one of the most vociferous opponents of the practice. While most of the medical profession maintained that forcible feeding was safe, she rallied sympathetic doctors who protested that it was both dangerous and inhumane. Within weeks, she had organized a petition to Asquith signed by 116 doctors. She continued to campaign against force-feeding by writing pamphlets and articles outlining the medical dangers in graphic detail. From her experience treating Pankhurst and other force-fed suffragettes, Murray declared that "teeth may have been broken or loosened, the body is black and blue, the marks of nails are visible on the hands and arms of the victim." In the most serious cases, a woman had contracted pneumonia after food entered her lung, and a man had become insane.⁵²

Many suffragettes would later write with fond affection of Flora Murray's care. One activist, who was force-fed 232 times, said, "It