‘When that hour strikes danger, we sally forth’: women doctors at war, 1939–1945

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ABSTRACT
The experiences of British women doctors during the Second World War have, thus far, evaded critical attention. Drawing on eyewitness accounts and the rich archive of the Medical Women’s Federation (MWF), this article examines the work undertaken by women doctors both on the home front and overseas, and analyses the personal and professional difficulties which they faced during this defining period in history. On the home front, women doctors undertook a variety of additional responsibilities, working long hours with limited domestic help to ease the burden on civilian medical services. Opportunities for women doctors to practice frontline medicine were extremely limited between 1939 and 1945, and those who were selected to serve overseas with the Army often experienced prolonged periods of inactivity. In contrast, women doctors captured as prisoners of war in the Far East found themselves overwhelmed with the task of safeguarding the health of their fellow internees. In spite of the social, professional, and personal upheaval caused by the conflict, ingrained gender boundaries remained largely intact, limiting the scope of women doctors’ wartime contributions.

KEYWORDS
Women doctors; Second World War; Medical Women’s Federation; home front; prisoners of war

Introduction
In an unconventional article published in the Medical Women’s Federation (MWF) Quarterly Review in December 1940, Madeleine Baker, a general practitioner and poet from Bath, offered a personal reflection on her wartime experiences of both darkness and death:

During these December hours of short visibility, we hurry to and fro on our lawful occasions obsessed by the thought that all too soon the black-out must engulf us and our patients. Or when that hour strikes danger, we sally forth, crowned with tin hat, to grope around our practices, or like ‘the eyeless worm that boring turns the soil’ turning the rubble of civilisation, we seek out Horror. Truly Chaos for us has acquired a particular meaning […] And Death? How quickly death to us has become ‘civilian slaughterings’ in empty spaces where once in city streets Wisdom cried out ‘and no man regarded it’.

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Breaking the mould of scientific articles that were routinely published in the *Quarterly Review*, Baker’s poetic ‘gleanings’ provide fascinating insights into the complex mixture of emotions felt by women doctors during the Second World War. Unlike the First World War, the Second World War brought the brutal realities of enemy action to the home front on an unprecedented scale. Baker alluded to Proverbs 1:24 to highlight the devastating consequences of society ignoring Wisdom’s cries – entire communities were destroyed in a matter of hours by the night-time air raids which swept across the country between September 1940 and May 1941. Women doctors like Baker were expected to ‘sally forth’ into the ‘Chaos’ in order to attend to their patients, with little regard for their own personal safety. Having become hardened to the horrors of war, death had acquired a new meaning for Baker; no longer associated with an individual tragedy, it was transformed into something routine and impersonal – ‘civilian slaughterings’. Working under extraordinary conditions, women doctors displayed remarkable bravery and resilience, proving to their critics in the War Office and wider society that they were eminently capable of responding to the challenges posed by war.

Research conducted over the last four decades has done much to illuminate the experiences of women during the Second World War, especially those who undertook stereotypically male roles in industry. This being said, there remains a lacuna when it comes to the experiences of female professionals, with existing studies primarily focusing on women employed in the civil service. Rosemary Florence Toy and Christopher Smith discuss the wartime work of women employed in the British intelligence services, arguing that acceptance in typically masculine roles was reliant on both social class and conformity to existing ideals of femininity. Similarly, Mari Takayanagi’s study of female staff in the Houses of Parliament reveals that whilst women were able to embody a variety of wartime roles, such concessions often proved to be temporary, with unequal pay remaining an ever-present issue. The heroic exploits of women doctors during the First World War have been written about in extensive detail. But the experiences of those who practised between 1939 and 1945 have thus far evaded critical attention. This is primarily because the majority of women doctors appear to have eschewed both public and private acts of memorialisation. Whilst female recruits, housewives, shop assistants, factory workers, teachers, and nurses engaged with Mass-Observation and oral history projects, preserving diaries, letters, and personal testimony, the experiences of women doctors are largely absent from the historical record. This may have been because female practitioners were exceptionally busy; as medical professionals in the midst of a national crisis, many would not have had the time or the inclination to record their experiences. It is also possible that unlike their nursing colleagues, women doctors did not view their contributions as being noteworthy or extraordinary in the immediate post-war years, and held concerns about the compromising of professionalism through publicising their experiences.

Though women doctors were reluctant to share their experiences publicly, many engaged with the private efforts of the MWF to create a permanent historical record of its members’ wartime employment. Originally founded as the Association of Registered Medical Women (ARMW) in 1879, the Federation was formed in February 1917 as the representative body of women doctors. The MWF’s primary aim was to advocate for the rights and interests of women doctors within the medical profession, and to offer personal and professional support to its members. While women had been admitted as
members to the British Medical Association (BMA) since 1892, there remained a number of inequalities within the medical profession that required special consideration by a dedicated, all-female organisation. For example, in 1944, nine of the London medical schools still did not accept female students. Similarly, in 1945 the Royal College of Physicians (RCP) only had 2 female fellows out of a membership of 2000.

By the late 1930s, women doctors were represented in most areas of medical work; however, those who held senior positions remained in the minority. Reflecting the gender stereotypes which remained firmly in place within the medical profession and wider society, women doctors’ careers continued to be channelled towards the care of women and children in fields such as general practice and public health. A study conducted by the MWF in 1939 found that 38 per cent of respondents were in general practice, and 21 per cent worked in public health. In contrast, only 11 per cent worked in consulting and specialist practice, 9 per cent held a hospital or instructional post, and only 3 per cent were engaged in a teaching or research role. For many women doctors, marriage and motherhood continued to dictate the course of their careers. In a survey conducted by the MWF in 1944, 50 per cent of respondents reported to be married, and 22 per cent of married women doctors were unemployed. Furthermore, 30 per cent of respondents reported to have taken pregnancy leave ranging between 4 weeks and 18 months. In the same year, it was reported that 11.5 per cent of women doctors under the age of 50 were retired, compared to just 0.5 per cent of their male colleagues. Thus, whilst women doctors had overcome the institutional barriers which had sought to prevent their entrance into the medical profession during the late-nineteenth century, their careers continued to be influenced and dictated by ingrained prejudices and gender boundaries.

In January 1940, the MWF had 1715 members, representing approximately 27 per cent of women qualified to practise medicine in Britain. Recognising the importance of recording the work undertaken by women doctors between 1939 and 1945, the Federation, in collaboration with the Imperial War Museum, sent a questionnaire to every member in 1950. Over 400 responses, including rich hand-written testimonies, were received from women doctors engaged in general practice, public health, and hospital medicine, revealing the variety of work undertaken by female practitioners during a defining period in history. Similarly, in the 1990s and 2000s, renewed efforts were made to document everyday life during the Second World War before the memories of the last surviving generation were lost forever. In March 1996, the Liverpool Medical Society held a meeting on ‘Women in Medicine during World War Two’. Twelve of the fourteen ‘eye-witness accounts’ shared by women doctors who graduated between 1935 and 1948 were published by the society the following year, providing a unique regional perspective of wartime medical practice.

Drawing extensively on these two underutilised collections, this article sheds new light on the experiences of women doctors during the Second World War, arguing that they played an integral, though widely understated, role both on the home front and overseas between 1939 and 1945. As Gail Braybon and Penny Summerfield have shown, professional women shouldered a ‘double burden’ for the duration of the conflict, as they had to juggle the competing demands of their war work and domestic duties within the home. Women doctors were no exception; in spite of providing an essential service on the home front, and taking on additional responsibilities as part of the war effort, the majority received no additional support. On account of the government’s steadfast
belief that war was, ostensibly, men’s business, women doctors serving with the Army overseas had limited opportunities to engage in front line medicine, with many experiencing prolonged periods of inactivity. In contrast, women doctors captured as prisoners of war by Japanese forces were overwhelmed by the sheer scale of the task that faced them, ministering to the medical needs of hundreds of their fellow internees in the most appalling conditions. Unlike their predecessors in the First World War, women doctors such as Baker did not view their war work as extraordinary or remarkable, and did not write publicly about their experiences, thus they have not been recognised, commemorated or remembered. In spite of the upheaval created by total war, gender boundaries remained largely in place for women doctors. Similarly, though women doctors made countless personal and professional sacrifices, their work during the Second World War did little to influence any post-war changes in their status and roles.

**Women doctors on the home front**

The Second World War did much to disrupt the professional lives of women doctors practising on the home front. Whilst comparatively fewer male doctors were called up to serve with the Royal Army Medical Corps (RAMC) than in the First World War, the majority of women doctors took on additional responsibilities as part of the war effort in an attempt to ease the burden on civilian medical services. 140 questionnaire responses were received by the MWF from women doctors who were engaged in general practice during the conflict. Though the initial cost of securing premises and equipment was high, good financial returns could be expected once practices had been established for a few years. Owing to the impending threat of aerial bombing, the government set in motion a mass civilian evacuation plan at the outbreak of War. Over the course of three days, approximately 1.5 million people were relocated from major cities to reception areas across the country in September 1939. Because the majority of evacuees were women and children, many women doctors based in large towns and cities found that their patient lists had almost completely disappeared overnight, leaving them in acute financial difficulty: ‘It is an impossible position. They cannot leave the remnant of their practice, and yet they are not earning enough to meet current expenses.’ Conversely, women doctors based in rural locations found that their patient lists had swelled to unmanageable proportions, with many evacuees arriving in poor health and with limited knowledge of personal hygiene practices. Whilst these changes often proved to be temporary, being directly affected by the different waves of evacuation, women doctors were expected to overcome the challenges created by the war without complaint.

Marguerite Stewart, a general practitioner from Clapham, recalled that a third of her private practice disappeared as a result of evacuation in September 1939. In addition to her daytime work, she was paid by her local authority to visit communal air-raid shelters in order to check for illness and to maintain morale. Writing just five years after the end of the war, Stewart noted that the relentless nature of wartime general practice was made easier by the ‘Keep Calm and Carry On’ Blitz spirit embodied by her patients:

All medical work in London was war work – whether it be ‘standing-by’ at an incident, marvelling at how much dust the human throat could tolerate as rescue squads dug steadily on;
or it might be driving by gun-flash to a nursing home to the old lady who always had a heart attack when the guns began to bark [...] How much the gay courage, laughter and steadiness of the people of the neighbourhood helped the morale of the doctor they will never know [...] it was a pleasure to be among them.42

Anna Seager, a general practitioner from Heswall, Merseyside, found that her patient list increased, rather than decreased, dramatically at the outbreak of war.43 Scores of people moved out of Liverpool in anticipation of bombing raids, and were later joined by those made homeless by the sustained aerial attacks on the city which peaked in May 1941.44 After her husband volunteered to serve in the RAMC in 1939, Seager took over the running of his busy practice, with a record of 27 home visits and two surgeries in one day.45 She was also on-call overnight, and an extension of her front door bell fitted under her bed provided a ‘grim awakening’ when assistance was required by local midwives.46 Like many overworked general practitioners, Seager loathed having to organise the ‘books’ after a long day’s work.47 Having noticed that her bills were always late, one private patient offered to take charge of Seager’s finances, a small but significant act of kindness that ‘changed my life’.48 Unlike Stewart, Seager’s reminiscences are influenced by the benefit of hindsight and experience, having been written almost 50 years after the end of the conflict. In spite of the passing of time, she recalled the details of her work with clarity, offering a candid reflection on her wartime exhaustion.

The responses received by the MWF highlight the difficulties which women doctors faced in juggling the competing demands of their personal and professional lives. Gail Braybon and Penny Summerfield argue that the government was extremely reluctant to introduce any policies that would change the conventional role of women at home during the Second World War.49 Though thousands of married women participated in war work, state-organised childcare was, for the most part, woefully inadequate.50 Furthermore, privately organised childcare arrangements became increasingly unreliable as more women entered the workplace, and people’s personal circumstances changed overnight.51 Good organisation and grim determination were the only tools which women had to overcome the ‘double burden’ of their paid employment and domestic work.52 One general practitioner recalled working for many of the war years in her private practice from 6am to 9pm every day, as well as being on-call as an anaesthetist to the local burns squad.53 She had six children under 14 years of age at home, including evacuees, and had no choice but to manage with ‘intermittent and ever-changing’ daily help.54 Similarly, another general practitioner from Cambridge wrote that ‘a lack of any domestic help of any sort’ remained her overriding impression of the war.55 On top of her general practice work, she served as county medical officer for infant welfare, volunteered for the local Red Cross, and worked night shifts as a fire-watcher.56 Every evening she cooked for five, as well as caring for her 80 year-old mother.57 Overwork and stress had gendered impacts on the emotional and physical wellbeing of women doctors, as they were expected to expand their professional responsibilities as part of the war effort, whilst also navigating domestic difficulties, such as food shortages and lack of childcare, within the home.

The Second World War exposed women doctors on the home front to the dangers of enemy action on a previously unseen scale. In addition to her routine practice work, one general practitioner from Dover volunteered at anti-aircraft sites.58 Her most alarming memory was having to reverse a mobile canteen along the cliff edge whilst under
machine gun fire from a German plane.\textsuperscript{59} Though some women doctors experienced brief moments of excitement and danger, the majority reported that wartime general practice was, for the most part, gruelling and mundane.\textsuperscript{60} One general practitioner from Yorkshire recalled that she spent five and a half years driving down country lanes during the blackout with only the car’s side lights to guide her – ‘that was my only war experience’.\textsuperscript{61} Another humorously inverts the gendered message of the First World War recruitment poster – ‘Daddy, what did you do in the Great War?’ – as she wrote: ‘When I am old and my great niece asks me “what did you do in the war Auntie?” I shall say, “I treated scabies dear.”’\textsuperscript{62} Driven by an unwavering commitment to their profession, women doctors undertook a vast number of responsibilities during the Second World War. Though the majority of general practitioners made personal and professional sacrifices in the service of their patients, their contributions to the war effort went largely unrecognised and were not commemorated in the decades which followed. This could be because the role of the woman doctor was viewed as routine and unremarkable in comparison to roles which were time-limited and extraordinary, such as munitions workers. One of the few exceptions is Hannah Billig, a doctor from London’s East End who was awarded the George Medal for her heroic actions in March 1941.\textsuperscript{63} Billig continued to provide medical assistance to people injured in an air-raid whilst suffering from a broken ankle, later becoming known as the ‘Angel of Cable Street’.\textsuperscript{64}

In spite of the marriage bars that had been enforced by local authorities in the 1920s and 30s, public health remained the second most popular career choice for women doctors at the beginning of the war.\textsuperscript{65} 107 responses to the Federation’s Imperial War Museum survey were received from women doctors employed in the public health service.\textsuperscript{66} Community health clinics were overwhelmed with new patients at the outbreak of war, as reception areas were ‘swollen to unimaginable proportions’ by the mass transfer of population.\textsuperscript{67} To make matters worse, public buildings were routinely commandeered as part of the war effort, meaning that female practitioners were often forced to hold their clinics in uncomfortable and unsuitable premises.\textsuperscript{68} In addition to their full-time work, public health doctors similarly took on extra responsibilities in their local communities.\textsuperscript{69} One woman doctor from Belfast worked as a school medical officer during the day, and spent her evenings teaching first-aid courses and providing medical assistance to air-raids.\textsuperscript{70} Another woman from Newcastle reported that as the medical officer for health, she was given the unenviable task of inspecting every evacuee leaving the city.\textsuperscript{71} Her record was 840 children in one day, each being auscultated [listening to chest sounds through a stethoscope] and having their throat examined.\textsuperscript{72} When a 500 lb bomb fell nearby it provided welcome relief from the relentless schedule – the children were handed back to their mothers, and she was able to smoke a quiet cigarette.\textsuperscript{73}

The difficulties of having to manage without any domestic help were also keenly felt by public-health doctors. One medical officer for health confessed that when she travelled to clinics on the train, she would often leave her baby in the guard’s van so that she could enjoy an uninterrupted packed lunch.\textsuperscript{74} Another admitted that she took up gardening in an attempt to bolster her food rations, but ended up despising the task as it just added to her existing stress: ‘in the summer when the day’s work was done I could often be seen tending my garden by moonlight. From being a lover of nature I grew to hate the sight of
vegetation. Under wartime conditions, time spent in nature was no longer synonymous with leisure, rather, it became another area of female responsibility, pushing some women closer towards burnout. Though women doctors responded with vigour to the new challenges posed by the war, many were left feeling both exhausted and frustrated by the long hours and thankless tasks which defined their work.

During the height of the Blitz, women doctors working in hospital medicine were similarly forced to confront the devastating consequences of indiscriminate bombing on a daily basis. The MWF received 107 responses from members who were engaged in hospital work during the war. Anne McCandless, a female practitioner from Southport who graduated in 1939, recalled the moment when she experienced V1 rockets, or ‘doodlebugs’, for the first time. Looking at what they thought was a shot-down German plane out of the mess hall window, McCandless and her colleagues cheered, but they soon realised their mistake when 300 casualties arrived at the hospital an hour later: ‘I was appalled by the widespread destruction […] we were living through a nightmare.’

McCandless worked 70–80 h per week for six years, and was so exhausted by the end of the war that she resigned from her post to take three months complete rest. Similarly, Sybil Eastwood, a doctor working at the South London Hospital for Women, described in graphic detail the human cost of air raids: ‘I remember dead babies; dying babies; small terrified children – whether wounded to live, or wounded to die.’ Medical students were also exposed to the brutal realities of war; in her second year of clinical study in Liverpool, Jean Parry was asked to identify bombing victims. Reflecting gendered attitudes to the violence of war, Parry’s male colleagues undressed and labelled the piles of bodies that filled the local school, whilst she was given the sensitive task of interviewing relatives. Parry noted that this was the only distinction between the sexes that she experienced during the conflict.

Several women doctors displayed outstanding bravery and courage when their hospitals suffered direct hits. In their discussion of female volunteers in the home guard, Penny Summerfield and Corinna Peniston-Bird contend that air attacks on the home front made the gendering of conflict particularly hard to maintain during the Second World War. A number of women doctors were called upon to embody the stereotypically male role of rescuer in the service of their patients. Laura Bateman, medical officer at the Brook Hospital in London, was awarded the George Medal in 1941 for her fearless actions in saving two of the hospital’s maids. Suspended by her ankles by a hospital porter, Bateman burrowed through the unstable wreckage to administer both casualties with an anaesthetic, showing little regard for her own safety. Similarly, Alison McNairn, assistant medical officer at City General Hospital, Plymouth, was awarded the George Medal for her selfless bravery during an air-raid in March 1941. McNairn was in charge of the children’s ward when it suffered a direct hit, and she was buried to her neck in debris. After she was freed from the wreckage, McNairn refused treatment for her own injuries until all of the surviving patients had been attended to, and surgical operations had resumed. After the major bombing raids of 1940 and 1941 had passed, the majority of hospital doctors returned to treating routine ailments. Frances Martin, a sanatorium medical officer from Liverpool, recalled that one of her lasting wartime memories was having to manage a mass outbreak of paratyphoid that had been spread by the consumption of cream cakes made at a local bakery.
What is clear from these personal reflections is that women doctors played an integral role on the home front during the Second World War. In spite of their existing commitments, women doctors prioritised the needs of their local communities, selflessly volunteering their services as part of the war effort. Furthermore, as female practitioners, many also carried the additional burden of their domestic duties, caring for their own children, evacuees, elderly relatives, and, in some cases, their injured husbands without complaint. By the time the war drew to a close in 1945, women doctors were left feeling mentally and physically exhausted, having had limited respite from their work. The sacrifices made by women doctors during this period had a negligible impact on their ongoing professional development. In the immediate post-war years, those at the beginning of their careers faced decreased opportunities, as many of the practical measures that supported the employment of women doctors, such as state-run childcare and accessible domestic help, disappeared.

**Women doctors overseas**

In contrast to the First World War which saw figures such as Elsie Inglis, Flora Murray, and Louisa Garrett Anderson practising military medicine across Europe, opportunities for women doctors to treat soldiers and civilians overseas were extremely limited during the Second World War. This was owing to the fact that the Army operated a far more efficient medical service, and because all-female medical units such as the Women’s Hospital Corps (WHC) and Scottish Women’s Hospital (SWH) were not re-established. Following the humiliating military losses that had taken place between 1914 and 1918, Army officials became more medically conscious, developing new techniques to preserve scarce human and material resources. Close cooperation was formed between the medical and combatant branches of the armed forces, meaning that the shortages which had necessitated the mass mobilisation of women doctors in May 1916 were not repeated. Female practitioners sent overseas with the women’s services primarily ministered to the minor ailments of administrative staff, whilst those fortunate enough to be attached to mobile RAMC units were rarely positioned near the frontline.

Though the WHC and SWH had proven to be unmitigated successes, the Second World War was defined by vastly different social and political circumstances. Not only had the women’s movement provided the organisational infrastructure to make such an ambitious enterprise possible, but the propinquity of battlefields had meant that frontline casualties were easily accessible in 1914. The SWH were officially affiliated with the National Union of Suffrage Societies (NUWSS) and were funded by the fundraising efforts of local branches and private donations. The WHC similarly had intimate links with the suffrage campaign, as the majority of the medical staff, including Murray and Garrett Anderson, were members of the Women’s Social and Political Union (WSPU). In contrast, widespread bombing of the home front, combined with the Nazis’ rapid occupation of Europe, made travel increasingly difficult during the Second World War.

As had been the case in the First World War, the government was extremely reluctant to accept the services of female practitioners. In spite of the MWF’s best efforts to secure full commissions for women doctors in the RAMC before the outbreak of war, the War Office refused to accept that female practitioners could fulfil the necessary duties of
medical officers, meaning that the small number who were called upon served with, rather than in, the Army. By December 1939, only four women doctors had been appointed to junior positions. Unlike in the First World War, women doctors were given recognised status, but they were denied the privilege of wearing the full RAMC badge, which included the Corps’ motto – ‘In Arduis Fidelis’ – ‘Faithful in Adversity’. The government eventually decided to award full commissions in the women’s services in 1941; however, women doctors were, for the most part, treated as auxiliaries, kept away from front-line action and allocated routine administrative tasks.

In July 1943, Noel Fenton, a newly-qualified doctor from Liverpool, was conscripted to serve with the women’s services. Fenton was initially given the mundane task of overseeing routine sick parades, but following the D-Day landings, she was ordered to go to France with a RAMC unit. After landing in Normandy, the unit set up a small tented hospital for allied troops on the Bayeux-Saint-Lô road. Casualties were evacuated down the line at dusk, and Fenton recalled working through the night to manage the steady stream of patients. Whilst units stationed further inland treated head, chest, and abdominal wounds, Fenton and her colleagues treated less serious cases such as leg and arm injuries. After the heavy fighting in the region had ceased, Fenton was redeployed to the Far East, but on arrival in India she found that there was little medical work for her to do. In an effort to keep herself busy, Fenton enrolled herself on an anaesthetics course, assisting in routine operations until she was eventually demobilised in January 1947. Though the latter half of her military service was relatively uneventful, Fenton’s wartime experience did help her to secure a position as a supernumerary anaesthetics registrar on her return to England.

Ivy Oates, a house officer from Sheffield, similarly served with the RAMC in North Africa and India between December 1943 and April 1947. Oates recalled that the majority of her patients were soldiers riddled with malaria and tuberculosis. Like her colleagues on the home front who encountered air raid victims, she was forced to confront the trauma and futility of treating patients ravaged by the war. Having escaped from Singapore through the Burmese mangroves, scores of young men arrived in India to die: ‘all you could say was they died in a clean bed amongst their own people instead of rotting in the jungle, eaten by wild animals.’ Rather tellingly, given the unvarying nature of her medical work, one of Oates’ lasting wartime memories was the voracious appetite of the local insect population. Having safely stored an entire chocolate cake in a kitchen cupboard, she later returned to find it reduced to a pile of crumbs, with a trial of ants coming out of her front door. Unlike Fenton, Oates’ military service did little to benefit her post-war career. In joining the Army she had given up her ambition to specialise in paediatrics, instead becoming a general practitioner. When asked in 2005 if she ever regretted her decision, Oates replied in the negative: ‘I would probably have been a consultant and made much more money, and perhaps would have achieved more. But I don’t know if I would have been a better person.’ Working in general practice exposed Oates to patients from all walks of life, allowing her to make a difference in her own community. Though she had little opportunity to expand her clinical skills whilst overseas, treating Western prisoners of war proved to be an edifying experience.

Though the medical work carried out by women doctors such as Fenton and Oates was far more routine than the heroic exploits of their predecessors, their contributions were no less important. During the First World War, women doctors serving overseas...
had acted, for the most part, entirely independently from their male colleagues. They organised and planned their own medical response across Europe, carrying out surgical procedures with minimal monitoring or supervision from outside bodies. In contrast, the Second World War called for greater co-operation between the sexes, as women doctors served alongside their male colleagues for the first time.

**Women doctors as prisoners of war**

Whilst a number of women doctors actively sought opportunities to partake in the ‘rough and tumble’ of the battlefield, those who were already practising medicine overseas found themselves at the mercy of the Axis Powers in September 1939. The rapid occupation of large swathes of Southeast Asia by Japanese forces led to the internment of approximately 130,000 allied civilian men, women and children during the Second World War. The exact number of British women doctors who were captured as prisoners of war is unclear; in 1938, 542 women doctors were listed in the ‘overseas’ section of the medical register, and in April 1939, the MWF reported to have 147 overseas members. The experiences of British women in Japanese internment camps have received considerable historical attention; however, the work undertaken by women doctors in internment camps has yet to be explored in any great detail. This is primarily because only a very small number chose to share their experiences in the years following the war, likely because of the sheer scale of the horrors they were forced to endure. By 1955, only four women doctors had answered the MWF’s call for information, something which the Federation found ‘deeply regrettable.’

Unique insight into the perilous position of women doctors practising in the Far East can be found in the pages of the MWF’s *Quarterly Review*. In January 1939, the Federation anticipated the wartime needs of its members practising outside of the United Kingdom by forming a dedicated Overseas Association. The founding aim of the Association was to facilitate the discussion and sharing of medical knowledge; however, it carried out a much more important role when war was declared by the Japanese in December 1941. Margaret Balfour, who had been appointed as the Association’s secretary, spent much of her time gathering information on the uncertain fates of British women doctors overseas. Snippets of news were then published by the MWF, as in April 1943:

Dr Agnes Mary Dunn (née Ramsbotham) with her week-old baby just succeeded in getting away from Singapore at the last moment.

We hear from her sister that Dr Elizabeth Gibson chose to remain in Kuching after the invasion of Sarawak. Her husband has been reported missing, believed killed; but of Mrs Gibson there is no further news.

The grave nature of these announcements highlights the impossible situation in which some women doctors practising overseas found themselves. Women doctors like Agnes Dunn were fortunate to escape in time; the majority of British citizens found themselves trapped by the advancing Japanese forces. Both unwilling and unable to leave the countries to which they had dedicated their careers, women doctors were captured along with their compatriots as prisoners of war, spending anywhere between three and four years in squalid internment camps.
In spite of the extraordinary circumstances that they found themselves in, women doctors interned by Japanese forces displayed remarkable resilience, prioritising the welfare of their patients above their own feelings of despondency. Frances McAll, a medical missionary from Edinburgh, was interned in China along with her husband and young daughter in March 1943. Conditions inside Yangchow camp were dire; food was in constant short supply, there was no running water, and the toilet facilities for hundreds of prisoners consisted of a row of buckets. Knowing that their medical expertise would be crucial in preventing outbreaks of disease, McAll educated her fellow internees on matters of infant welfare, whilst her husband took on the role of public health officer. When a 16-year-old boy developed appendicitis, McAll was tasked with giving the anaesthetic in conditions wildly different to those she had experienced at medical school: ‘we were not equipped to undertake emergency surgery […] between us we possessed one pair of surgical gloves, two pairs of artery forceps, one scalpel and a very small bottle of chloroform’. Miraculously, given the absence of any antiseptics or antibiotics, the boy went on to make a full recovery.

McAll and her family were later moved to a condemned factory in Shanghai which held 1200 internees, including 200 women and 40 children under 18 years of age. As the only woman doctor, McAll was given the responsibility of overseeing the welfare of the camp’s children, a gendered decision which reflects the fact that female practitioners continued to be viewed as the most appropriate medical attendants of their own sex. The Japanese had banned the use of all electrical equipment apart from the hospital’s steriliser, so when a baby was born in freezing conditions in January 1945, McAll was forced to warm him over an illicit hotplate. Eight months later the camp was liberated, and following her return to England McAll set-up in general practice. Though she had suffered during her interment, at one point almost dying from anaphylaxis, McAll did not permit herself to become dispirited. By keeping herself busy with the work that she loved, McAll was able to remain positive in the face of overwhelming adversity, ensuring that those under her care did not lose hope.

As well as overseeing the general health and welfare of women and children, women doctors also carried out extensive scientific research during their time spent as prisoners of war. After qualifying in 1923, Annie Sydenham left England to work as an anaesthetist and obstetrician with the London Missionary Society in Hong Kong. In December 1941, Sydenham was interned in Stanley camp along with 2500 other western civilians. Among them were forty doctors, three of whom were female, and one hundred trained nurses. Like McAll, Sydenham was appointed as welfare officer to the camp’s 400 children on account of her extensive experience. The role involved conducting periodical examinations in order to monitor their physical condition, with the neediest being assigned extra food rations. Sydenham’s survey of 92 boys and 96 girls aged between 5 and 17 years reveals that adolescent boys were the most affected by malnourishment, being on average 31 lbs lighter than the normal weight for their age group. While all of the children in Stanley were underweight, the majority remained healthy and happy under Sydenham’s watchful supervision: ‘one hopes and believes that the children have not suffered any permanent damage to their health […] and they should not have suffered psychologically either, for their lives were on the whole free from care.'
In addition to her nutritional surveys, Sydenham also investigated the effects of internment on menstruation. In a study of 436 women and girls aged between 15 and 45, she found that 53.67 per cent suffered from prolonged amenorrhea. Reporting her findings in the *BMJ* in 1946, Sydenham argued that the emotional shock of war, coupled with the inevitable effects of malnourishment, caused women’s menstrual cycles to become severely disrupted. Interestingly, the lack of adequate nutrition did not affect the health of babies born in the camp; six girls and seven boys were born in 1944, with birth weights ranging from 5 lbs 12 ozs to 9 lbs. The importance of Sydenham’s work cannot be underestimated; the scientific surveys she conducted not only benefited the patients under her care during internment, but also contributed towards medical debates following her release. After being freed from Stanley in August 1945, Sydenham spent 12 months recovering in England before returning to her missionary work in Hong Kong. In spite of her personal and professional sacrifices, Sydenham’s work in Hong Kong went unrecognised by the British government.

Cicely Williams, a medical woman who had dedicated her career to the colonial medical service, similarly carried out nutritional research during her internment in Malaya. Following the Japanese occupation of Singapore in February 1942, Williams was interned in Changi camp along with five other women doctors and 70 nurses. The former prison was built to hold 600 people, but was used to accommodate 3000 internees. It is interesting to note that any complex medical cases, or those which required surgical intervention, were referred as a matter of routine to the male doctors held in Changi. Though women doctors often held positions of authority in internment camps on account of their professional standing, the medical duties they undertook largely centred on welfare and education, reflecting the wider gender hierarchies that existed in medicine. It is possible that women doctors were reluctant to expand the scope of their roles because they felt underqualified, having spent the majority of their careers practising medicine outside of the United Kingdom.

Williams recalls that she spent the majority of her internment consumed by thoughts of food: ‘hunger was not only distressing as a sensation, but was generally accompanied by feelings of insecurity and anxiety. There was […] an inescapable obsession with fantasies of nice food – a perpetual occupation and therefore a perpetual frustration’. Like Sydenham, Williams found that female internees suffered from vitamin deficiencies, diarrhoea, giddiness, nocturnal enuresis [involuntary urination], disrupted menstruation, and anaemia as a result of their poor diet. In October 1943, Williams was arrested without explanation and taken to the Kempeitai headquarters where she was imprisoned for six months. Though she was not physically tortured, Williams was kept in a filthy cell close to those who were: ‘I do not think there was half-an-hour without the screaming of men and women […] the feelings of claustrophobia were overwhelming […] one felt that nothing could ever make life normal and wholesome again’. On her release from Changi in September 1945, Williams had lost a third of her body weight, and suffered from the effects of beriberi [severe vitamin B1 deficiency] for the rest of her life. Like Sydenham, she refused to give up her overseas work, returning to Malaya in 1948.

Whilst it is arguable that women doctors played a far more influential role overseas during the First World War, tending to the injuries of thousands of allied soldiers, the work undertaken by their successors in Europe and the Far East between 1939 and 1945 was by no means insignificant in comparison. In spite of the War Office’s ingrained
prejudices, and the barriers which they faced, women doctors proved their worth within the masculine military establishment. Women doctors serving with the army demonstrated their ability to work alongside their male colleagues, adapting to meet the changing priorities and demands of war. Though women doctors captured as prisoners of war were, for all intents and purposes, left to their own devices, it is telling that few deviated from their primary areas of expertise – women and children. Unlike their predecessors who had boldly operated across Europe with varying levels of experience, women doctors interned in the Far East were reluctant to expand the scope of their practice while they were prisoners of war. This could have been for personal or professional reasons; carrying out familiar work and undertaking novel medical research may have been used as a form of self-preservation. Similarly, it is likely that women doctors with established overseas careers were unwilling to jeopardise their reputations by carrying out unfamiliar procedures, especially in situations where more qualified practitioners were readily available.

Conclusion
This article has provided new insight into the breadth of work undertaken by British women doctors during the Second World War. It has revealed that they played a vitally important role both on the home front and overseas, taking on additional responsibilities to ensure the smooth running of the country’s medical services. Women doctors practising on the home front were exposed to the traumatic realities of frontline warfare for the first time, often overlooking their own personal safety in the service of their local communities. Unsurprisingly, given the sheer scale of indiscriminate civilian bombing, women doctors were among the thousands of victims of air raids; between October 1940 and June 1944, 12 women doctors lost their lives on the home front. On account of established inequalities within the medical profession, women doctors undertook a variety of other thankless tasks in addition to their full-time work, enduring long hours with limited domestic help to meet the increased demands on civilian medical services. Testimonies highlight that mental and physical exhaustion were at the forefront of women doctors’ experiences. In 1951, 60 per cent of retired women doctors were aged less than 55, suggesting that the gendered impact of the war, along with a lack of professional opportunities, may have contributed to some extent towards early retirement.

Unlike in the First World War, the medical work undertaken by women doctors overseas between 1939 and 1945 was not defined by daring exploits or complex surgeries. Due to increased gatekeeping by military authorities, and the drastically varied political situation which existed across Europe, women doctors had very few opportunities to practise frontline medicine during the Second World War. Those who were selected to serve with the RAMC often found themselves with nothing to do, as military priorities were constantly changing, and they were deliberately kept away from any frontline action. Though there were limited opportunities for women doctors to expand the scope of their work whilst overseas, they proved themselves to be capable and resilient in other ways. Those who were already practising in the Far East at the outbreak of war faced an impossible decision – remain where they were and find themselves at the mercy of the advancing Japanese forces, or abandon their work and risk the perilous journey back to the United Kingdom. The women doctors who were either unwilling, or
unable to escape their adopted communities paid a heavy price; conditions in prisoner of war camps were appalling, leaving internees with a variety of long-term health conditions.

The experiences of women doctors highlighted in this article demonstrate that many female practitioners did not view the Second World War as a watershed moment in their careers; after the bombs had ceased to fall, or after they had been released from internment, they returned to their everyday lives. There are multiple possibilities as to why the sacrifices made by women doctors were not widely recognised either during or after the war. Unlike ambulance drivers, munitions workers, and members of the Auxiliary Territorial Service (ATS), the work of women doctors on the home front was far more understated and less publicly visible. Similarly, medical practitioners, whether male or female, were expected to simply get on with the task at hand – namely safeguarding the health of the civilian population. Though women doctors displayed unwavering commitment and skill in their work, proving their capability to respond to the demands of war, ingrained gender stereotypes ultimately remained intact, limiting both the scope of their practice, and the extent to which it was commemorated.

Notes

1. Madeleine Baker, ‘December Gleanings in Black-Out Hours’, MWF Quarterly Review (January 1941): 35–7.
2. Ibid., 169. For more, see: Catherine Reilly (ed.), Chaos of the Night, Women’s Poetry and Verse of the Second World War (London: Virago, 2007).
3. For more on the Blitz, see: Juliet Gardiner, The Blitz, The British Under Attack (London: Harper Press, 2010); Juliet Gardiner, ‘The Blitz Experience in British Society, 1940–1941’, in Bombing, States and Peoples in Western Europe 1940–1945, ed. Andrew Knapp and Richard Overy (London: Bloomsbury, 2011), 171–84; Peter Adey, David J. Cox, and Barry Godfrey, Crime, Regulation and Control During the Blitz (London: Bloomsbury, 2016); Marc Wiggam, The Blackout in Britain and Germany, 1939–1945 (London: Palgrave Macmillan, 2018).
4. See for example: Gail Braybon and Penny Summerfield, Out of the Cage: Women’s Experiences in Two World Wars (London: Pandora, 1987); Penny Summerfield, Women Workers in the Second World War: Production and Patriarchy in Conflict (London: Routledge, 1989); Ann Day, ‘The Forgotten “Mateys”: Women Workers in Portsmouth Dockyard, England, 1939–45’, Women’s History Review, 7 (1998): 361–82; Penny Summerfield, Reconstructing Women’s Wartime Lives: Discourse and Subjectivity in Oral Histories of the Second World War (Manchester: Manchester University Press, 1998); Penny Summerfield and Corinna Peniston-Bird, ‘Women in the Firing Line: The Home Guard and the Defence of Gender Boundaries in Britain in the Second World War’, Women’s History Review, 9 (2000): 231–55; Mark Connelly, ‘Working Queueing and Worrying, British Women and the Home Front, 1939–1945’, in Women in War, from Home Front to Frontline, ed. Celia Lee and Paul Strong (Barnsley: Pen and Sword, 2012); Susan Major, Female Railway Workers in World War II (Barnsley: Pen and Sword, 2018).
5. See for example: Helen Jones, Women in Women in British Public Life, 1914–50: Gender, Power and Social Policy (Harlow: Pearson Education, 2000); Helen Glew, Gender, Rhetoric and Regulation: Women’s Work in the Civil Service and the London County Council, 1900–55 (Manchester: Manchester University Press, 2016).
6. Rosemary Florence Toy and Christopher Smith, ‘Women in the Shadow War: Gender, Class and MI5 in the Second World War’, Women’s History Review, 27 (2018): 688–706. For women in the Special Operations Executive (SOE), see: Juliette Pattinson, ‘The Thing That Made Me Hesitate …’: Re-examining Gendered Intersubjectivities in Interviews with British Secret War Veterans’, Women’s History Review, 20 (2011): 245–63.
7. Mari Takayanagi, ‘The Home Front in the “Westminster Village”: Women Staff in Parliament during the Second World War’, *Women’s History Review*, 26 (2017): 608–20.
8. See for example: Leah Leneman, ‘Medical Women at War, 1914–1918’, *Medical History*, 38 (April 1994): 160–77; Jennian Geddes, ‘The Women’s Hospital Corps: Forgotten Surgeons of the First World War’, *Journal of Medical Biography*, 14 (2006):109–17; Claire Brock, *British Women Surgeons and their Patients*, 1860–1918 (Cambridge: Cambridge University Press, 2017); Wendy Moore, *Endell Street: The Trailblazing Women who Ran World War One’s Most Remarkable Military Hospital* (London: Atlantic Books, 2020).
9. Dorothy Sheridan (ed.), *Wartime Women: A Mass-Observation Anthology*, 1937–1945 (London: Phoenix Press, 2000), 5. Mass-Observation was a social research project which ran from 1937 to the mid-1960s. The project recorded every-day life in Britain through diaries and open-ended questionnaires completed by volunteers.
10. For more on women doctors and the professionalism of publicity, see: Claire Brock, ‘Elizabeth Garrett Anderson and the Professionalism of Medical Publicity’, *International Journal of Cultural Studies*, 11 (2008): 321–42. Men who remained on the home front in civilian roles similarly did not view the Second World War as a watershed moment in their careers. See: Linsey Robb and Juliette Pattinson (eds.), *Men, Masculinities and Male Culture in the Second World War* (London: Palgrave, 2018).
11. Minutes of the Annual Meeting, May 4 1880, SA/MWF/P/1/1; MWF Council Minutes, March 23 1917, SA/MWF/A/1/1, Wellcome Library, London. For more on the MWF, see: Mary Ann Elston, ‘Women Doctors and in the British Health Services: A Sociological study of their Careers and Opportunities’ (PhD diss., University of Leeds, 1986).
12. ‘Medical Women’s Association’ Draft Pamphlet, SA/MWF/C.74.
13. Tara Lamont, ‘The Amazons Within: Women in the BMA 100 years Ago’, *BMJ*, 2 (December 19 1992): 1529–32.
14. Elston, ‘Women Doctors in the British Health Services’, 95.
15. Ibid, 336. The RCP elected its first female president in 1989.
16. For women’s careers in surgery between 1860 and 1918, see Brock (2017).
17. MWF Council Minutes, January 26 1940.
18. Ibid.
19. For more on married women doctors, see Elston (1986).
20. ‘Memorandum of Evidence Presented to the Interdepartmental Committee on the Remu-neration of Medical Practitioners, MWF Quarterly Review’ (October 1945): 11–8.
21. Ibid.
22. Ibid.
23. For more on women’s entry into the medical profession, see Elston (1986).
24. MWF Council Minutes, January 26 1940, SA/MWF/A.1/4; Elston, ‘Women doctors in the British Health Services’, 57. The majority of women doctors joined the BMA, with only a relatively small number being members of both organisations.
25. The responses were later analysed by the Federation’s honorary secretary, Beryl Harding, and published as a series in the MWF *Journal* in 1955. In October 1949, the MWF had 2227 members, a small increase of just 512 over the course of a decade.
26. Only the questionnaire responses received from general practitioners have survived in full, see SA/MWF/C.198.
27. WW2 People’s War is an online archive of wartime memories contributed by members of the public and gathered by the BBC. The archive can be found at <www.bbc.co.uk/ww2peopleswar>.
28. Liverpool Medical Society, *Women in Medicine during World War Two, Twelve Eye Witness Accounts* (Liverpool: Liverpool Medical Society, 1996), 1.
29. Ibid.
30. Gail Braybon and Penny Summerfield, *Out of the Cage: Women’s Experiences in Two World Wars* (London: Pandora, 1987).
31. In contrast, the exploits of the Scottish Women’s Hospitals were published in the suffrage periodical *Common Cause*, and many women doctors later wrote memoirs.
32. Mary Ann Elston, ‘Women Doctors in the British Health Services’, 360.
33. A. Beryl Harding, ‘Work done by British Medical Women in General Practice’, MWF *Journal* (January 1955): 20–4.
34. This being said, women doctors still made significantly less than their male colleagues in general practice. See: Anne Digby, *The Evolution of British General Practice, 1850–1948* (Oxford: Oxford University Press, 1999).
35. Juliet Gardiner, *Wartime Britain 1939–1945* (London: Headline Book Publishing, 2004), 21.
36. Ibid.
37. Undated telephone message, SA/MWF/C.177.
38. A. Beryl Harding, ‘Work done by British Medical Women in General Practice’, 20.
39. At the outbreak of war, male doctors of all ages, as well as medical students, were exempt from conscription. The majority worked as part of the Emergency Medical Service (EMS), whilst those who were willing were recommended for military service by their local BMA Medical War Committee. In June 1940, medicine was removed from the list of reserved occupations, with newly qualified male doctors being offered commissions in the RAMC.
40. Marguerite Stewart, handwritten notes, 1950, SA/MWF/C.198. The collections SA/MWF/C.197 and SA/MWF/C.198, which are found within the MWF archive (SA/MWF), include hand-written testimonies written by members of the Federation in response to the Imperial War Museum’s Second World War survey.
41. Ibid.
42. Ibid.
43. Liverpool Medical Society, *Women in Medicine during World War Two*, 12.
44. Richard Whittington-Egan, *The Great Liverpool Blitz* (Oldcastle: The Gallery Press, 1987), 3.
45. Liverpool Medical Society, *Women in Medicine during World War Two*, 13.
46. Ibid.
47. Ibid.
48. Ibid. Patients that were not eligible for medical benefits under the National Insurance Act (1911) continued to pay general practitioners directly for treatment until the founding of the NHS.
49. Gail Braybon and Penny Summerfield, *Out of the Cage: Women’s Experiences in Two World Wars* (London: Routledge, 1987), 235.
50. Ibid.
51. Ibid., 241.
52. Ibid., 235.
53. A. Beryl Harding, ‘Work done by British Medical Women in General Practice’, 20.
54. Ibid.
55. Ibid.
56. Ibid.
57. Ibid.
58. Ibid., 21.
59. Ibid.
60. Ibid., 24.
61. Ibid.
62. Ibid. Scabies, an infectious skin condition caused by mites, spread uncontrollably in communal air-raid shelters during the war.
63. MWF *Quarterly Review* (April 1941), 69. Billig was attending to air-raid victims in Wapping when an explosion threw her out of an air-raid shelter, causing her to break her ankle. In spite of her injury, Billig continued to treat her patients for a further four hours, showing remarkable bravery.
64. Ibid.
65. MWF Council Minutes, January 26 1940. Public health remained a distinctly separate field from general practice until after the formation of the NHS.

66. A. Beryl Harding, 'Medical Women Attached Whole or Part Time to the Public Health Service', MWF Journal (July 1955): 177–81.

67. Ibid.

68. Ibid.

69. Ibid., 178.

70. Ibid.

71. Ibid., 179.

72. Ibid. Such examinations were, out of necessity, cursory, and were often viewed as undermining the skill of the practitioners which conducted them. For more on women doctors and public health work, see Elston (1986).

73. Ibid.

74. Ibid., 180.

75. Ibid.

76. A. Beryl Harding, 'The Emergency Medical Service', MWF Journal (October 1955): 250–54.

77. Liverpool Medical Society, Women in Medicine during World War Two, 15.

78. Ibid.

79. Ibid., 16.

80. Sybil Eastwood, undated typed reminiscences, SA/MWF/C.199.

81. Ibid.

82. Ibid.

83. Ibid.

84. Penny Summerfield and Corinna Peniston-Bird, 'Women in the Firing Line', 232.

85. 'General Memoranda', MWF Quarterly Review (July 1941): 69.

86. Ibid.

87. Ibid.

88. Ibid.

89. Ibid.

90. A. Beryl Harding, 'The Emergency Medical Service', 17.

91. One medical woman from Liverpool took on the responsibility of rehabilitating her husband after he suffered a brain injury during active service.

92. Elston, 382. The number of domestic workers were widely diminished by the increase in marriage and motherhood among all women in the post-war years. Similarly, the end of the war and the formation of the NHS combined to create an uncertain employment situation.

93. Mark Harrison, Medicine and Victory, 2. For the SWH, see: Mabel St Clair Stobart, The Flaming Sword in Serbia and Elsewhere (London: Hodder and Stoughton, 1916); Lady Frances Balfour, Dr. Elsie Inglis (New York: G H. Duran, 1919); Leah Leneman, In the Service of Life: The Story of Elsie Inglis and the Scottish Women’s Hospitals (Edinburgh, Mercat Press, 1994). For the WHC, see: Flora Murray, Women as Army Surgeons (London: Hodder & Stoughton, 1920); Jennian Geddes, ‘Deeds and Words in the Suffrage Military Hospital in Endell Street’, Medical History, 51 (2007): 79–9; Wendy Moore, Endell Street: The Trailblazing Women who Ran World War One’s Most Remarkable Military Hospital (London: Atlantic Books, 2020).

94. Harrison, Medicine and Victory, 2.

95. Ibid.

96. For more on the SWH and the NUWSS, see: Stobart (1919).

97. For more on the WHC and the WSPU, see Geddes: (2007).

98. Minutes of the Executive Committee, December 16 1939, SA/MWF/A.2/4.

99. Letter from the War Office to George Anderson, September 21 1939, SA/MWF/C.179.

100. Minutes of the War Services Committee, August 15 1941, SA/MWF/A.4/9.

101. Liverpool Medical Society, Women in Medicine during World War Two, 21.

102. Ibid.

103. Ibid., 22.

104. Ibid.
105. Ibid.
106. Ibid.
107. Ibid.
108. Ibid.
109. Ivy Oates, WW2 Peoples War, http://www.bbc.co.uk/history/ww2peopleswar/ (accessed February 16 2021).
110. Ibid., part three.
111. Ibid.
112. Ibid.
113. Ibid.
114. Ibid.
115. Ibid.
116. Ibid.
117. For more on the medical care provided by unqualified women during the First World War, see: Juliette Pattinson, Women of War: Gender, Modernity and the First Aid Nursing Yeomanry (Manchester: Manchester University Press, 2020).
118. The Second Sino-Japanese War had begun in July 1937, making the situation in the Far East extremely volatile.
119. For example: Margaret Brooks, ‘Passive in War? Women Internees in the Far East 1942–45’, in Images of Women in Peace and War, ed. Sharon Macdonald, Pat Holden, and Shirley Ardener (London: Macmillan, 1987), 166–78; Bernice Archer and Fedorowich Kent, ‘The Women of Stanley: Internment in Hong Kong 1942–45,’ Women’s History Review, 5 (1996): 373–99; Bernice Archer, The Internment of Western Civilians under the Japanese, 1941–1945, A Patchwork of Internment (London: Routledge, 2004).
120. MWF Council Minutes, April 30 1938; Ibid., April 28 1939.
121. For more on British women interned in the Far East, see Archer (2004).
122. ‘Work of British Medical Women in Internment Camps’, SA/MWF/C.197. The Imperial War Museum recorded the testimonies of a number of British women interned by the Japanese in the late 1970s and 80s, but no women doctors participated.
123. Minutes of the Overseas Association Committee, May 10 1939, SA/MWF/P.2.
124. Japanese forces rapidly advanced across Southeast Asia; by March 1942, colonial communities in China, Hong Kong, Malaya, and the Dutch East Indies (modern day Indonesia) had been shattered.
125. Minutes of the Overseas Association Committee, July 2 1942.
126. MWF Quarterly Review (April 1943): 80.
127. Women doctors in China and Hong Kong were interned in late 1941, whilst those practising in Malaya were captured in February 1942.
128. Frances and Kenneth McAll, The Moon Looks Down (London: Darley Anderson, 1987), 37.
129. Ibid.
130. Ibid.
131. Ibid., 39.
132. Ibid.
133. Frances McAll, typed report, October 27 1952, SA/MWF/C.195.
134. Ibid.
135. Ibid.
136. Frances and Kenneth McAll, The Moon Looks Down, 89.
137. McAll was picking castor beans when she got a splinter stuck under her thumb. Within minutes she had gone into anaphylactic shock due to the ricin, and had to be injected with adrenaline.
138. Annie Sydenham, typed report, April 9 1950, SA/MWF/C.195.
139. Ibid. For more on Stanley internment camp, see: Geoffrey Charles Emmerson, Hong Kong Internment, 1942 to 1945: Life in the Japanese Civilian Camp at Stanley (Hong Kong: Hong Kong University Press, 2008).
140. Bernice Archer, The Internment of Western Civilians under the Japanese, 128.
141. Annie Sydenham, typed report, April 9 1950. There were approximately 300 children in Stanley aged between 6 and 16 years, and 100 children under five years of age. Approximately 50 babies were born during internment.

142. Ibid.

143. Ibid. Girls aged between five and seven years were least affected, averaging only 2 lbs under their desired weight.

144. Ibid. Only two deaths of children were reported during internment – one from coeliac disease, and one from drowning.

145. Ibid.

146. Annie Sydenham, ‘Amenorrhoea during Internment’, BMJ 2 (August 3 1946): 159.

147. Ibid.

148. Ibid.

149. See for example: N. Sher, ‘Amenorrhoea during Internment’, BMJ, 2 (September 7 1946): 345.

150. ‘Annie Sydenham’, Outward Passenger Lists 1890–1960, September 14 1946, www.ancestry.co.uk (accessed March 10 2021).

151. Three of the women doctors were British: Helen Isobel Worth (1899–1969), Margaret Elinor Hopkins (1899–1974) and Patricia Ruth Elliott (1887–1950).

152. MWF, ‘Work of British Medical Women in Internment Camps’, typed manuscript, SA/MWF/C.197.

153. Ibid., 141.

154. Cicely D. Williams, ‘Nutritional Conditions among Women and Children in Internment in the Civilian Camp at Singapore’, Proceedings of the Nutrition Society 5 (1946): 359–61.

155. Ibid.

156. MWF, ‘Work of British Medical Women in Internment Camps’, typed manuscript.

157. Ibid.

158. Ibid.

159. Ibid.

160. ‘Names of Medical Women who lost their lives in the Second World War’, undated typed list, SA/MWF/C.189. In addition to those who were killed in air raids, five women doctors died at sea, and five were killed during active service with the RAMC. In contrast, 542 medical men lost their lives.

161. Elston, ‘Women Doctors in the British Health Services’, 55.

162. See: Debra Marshall, ‘Remembering Women: Envisioning More Inclusive War Remembrance in Twenty-First-Century Britain’, in Lest We Forget, Remembrance & Commemoration, ed. Maggie Andrews, Charles Bagot Jewitt and Nigel Hunt (Stroud: The History Press, 2011).

Acknowledgements

I am extremely grateful to my supervisors, Dr Claire Brock and Professor Elizabeth Hurren, for their continued support and encouragement. Thanks are also due to Dr Anne Hanley, Kristin Hay, and the two anonymous reviewers, for their insightful and constructive comments on the first draft of this article.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Notes on contributor

Sophie Almond is a final year PhD student studying at the University of Leicester. Her thesis, ‘The Medical Women’s Federation (MWF): 1879–1948’, examines the early history of the organisation, and the experiences of women doctors, during this 70-year period. Her doctoral research is funded
by the Arts and Humanities Research Council Midlands3Cities Doctoral Training Partnership under grant AH/L50385X/1.

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