WOMEN DOCTORS IN WAR

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This book is dedicated to
American women patriots past, present, and future.
May your service not be forgotten.

CHAPTER TWO

NECESSITY'S HANDMAIDENS

The Army's Women Contract Surgeons of World War I

When the young Julia Stimson graduated from Vassar College in 1901, she thought she might like to become a doctor. Testing the waters, she took graduate courses in biology and medical drawing at Columbia University and worked part-time as a medical illustrator and slide colorist at Cornell University Medical Center. Stimson's parents did not want her to become a physician, however, believing it was not a suitable occupation for well-bred young women. They managed to dissuade their daughter from pursuing her first choice, but in 1904 she entered nurses' training at New York Hospital.[1]

Julia Stimson's situation was not unique. Young women drawn to a career as a physician faced a discouraging environment from the turn of the century through 1917, the year the United States declared war on the European Central Powers. Newly instituted accreditation standards reduced the number of medical schools, and the cost of tuition rose. At the same time, the growing trend toward professionalization meant that young men and women had a greater number of career choices than ever before, and the numbers of both male and female students applying to medical schools declined significantly.[2]

For young women, the nursing profession represented an appealing alternative to the longer road to a medical degree. Nursing had come to be seen as an acceptable profession for a young woman, and the number of professionally trained nurses rose from fifteen thousand in 1880 to more than two hundred thousand by 1917. In comparison, there were only six thousand women doctors in the United States by 1910, representing approximately 6 percent of the physicians in the country. By 1917 these figures for women doctors had begun a slow and steady decline that would not reverse itself until World War II twenty-five years in the future. While nurses emerged as respected professionals, women doctors remained enigmas, treated by much of society and a significant portion of the medical profession as if they had stepped out of their assigned place.[3]

Reflecting the status of nurses in American society, the army accepted nurses as official, uniformed members of the service in 1901 with the establishment of the Army Nurse Corps. The Navy followed suit in 1908. When the United States declared war in 1917, both military nurse corps grew dramatically, and the services quickly sent nurses overseas. One of these was army nurse Julia Stimson. Although army and navy nurses served without benefit of commissioned rank and thus had little real authority, the military health-care system could not function without them, and their official place in their respective services was secure. At the end of the war, Julia Stimson was appointed superintendent of the Army Nurse Corps, and army nurses were granted quasi-commissions referred to as "relative rank." There was no comparable place for women doctors, however. Although within the first few months of war the military was in desperate need of doctors, and hundreds of women physicians were anxious to volunteer their services, the army and navy refused to commission them.

Needs Will Out

Anticipating the war in 1916, Congress passed legislation expanding the Army Medical Corps, which was comprised of commissioned physicians. At that time all military personnel, officer and enlisted, were male, a fact taken for granted by the authors of the 1916 act, who wrote, "Such citizens as upon examination prescribed by the President shall be found physically, mentally and morally qualified to hold such commissions," could be appointed to temporary commissions in the Medical Corps. The gender of the "citizens" in question was not specified.[4] The army Surgeon General's Office made the same assumption when, after the United States declared war, officials sent registration forms to every physician in the country, regardless of gender, asking if he or she would be willing to serve. Women physicians who filled out the forms and returned them to Washington, however, received letters declining their services.[5] Within months, women physicians petitioned the War Department challenging the army's automatic rejection of their services. In response, acting Judge Advocate General S. T. Ansell stated in an August 1917 opinion that the 1916 legislation should be interpreted in light of the intent of its authors, who in using the term "citizens" had obviously meant male citizens. As precedent, he cited a decision of the Massachusetts Supreme Court which said that although state laws referred to "citizens" when describing potential notaries and justices of the peace, the authors had obviously intended these appointments to go only to males, therefore women were not eligible to serve.[6]

Col. G. E. Bushnell, an officer on the staff of Surgeon General William Gorgas, expressed the prevailing view among his colleagues on female physicians and army service. Explaining why women physicians were unqualified for positions as medical examiners of new recruits, he stated:

> Such a position, in my judgment, is not befitting a woman. There are obvious reasons why it is not desirable that they should be called upon to examine large numbers of men stripped to the skin. [It] is not expedient that more or less isolated numbers of women should come into contact with large numbers of men drawn from all classes of society, many of whom would not understand the precise position of the woman and think of her only as a woman. Furthermore there are few women who are physically qualified to endure the fatigues and vicissitudes of a campaign.[7]

Because the War Department believed female physicians were unsuited to military service and refused to commission them, women doctors who wanted to contribute to the war effort were initially required to volunteer their services as civilians. Seventy-six idealistic and dedicated female physicians volunteered to serve in the war zone with organizations such as the Red Cross and the American Women's Hospitals. The mission of these medical organizations was to treat civilian victims of the war in Europe: women and children suffering from war-related injuries and diseases, refugees, war orphans, and others.[8] Women doctors who wanted to treat soldiers, however, had no alternative but to wait until the army was moved out of necessity to hire them as contract surgeons.

The Army Surgeon General was authorized to appoint as many contract surgeons as he felt necessary to handle emergency situations. Contract surgeons were not military members but civilians who worked for the Army Medical Department and were paid a salary stipulated in their contract. The official regulation pertaining to army contract surgeons reads as follows:

> In emergencies the Surgeon-General of the Army, with the approval of the Secretary of War, may appoint as many contract surgeons as may be necessary, at a compensation not to exceed $150.00 a month [the same pay as a 1st lieutenant].
>
> Contracts with private physicians are entered into only by the Surgeon-General or by his authority.
>
> A general contract obligates the contract surgeon to take station and change stations as ordered. He is furnished quarters at the military post where he is assigned, and is expected to give his entire time to public service. He receives pay as stipulated in the contract, and the travel, fuel and light allowances of a first lieutenant.
>
> A contract surgeon must be a graduate of a reputable medical college, legally authorized to confer the degree of Doctor of Medicine, who has qualified to practice in the State or Territory in which he resides. Appropriate evidence that he has so qualified should be required before the contract with him is executed.
>
> He must be a citizen of the United States.
>
> A professional and physical examination of the applicant is made which must conform in all respects to that of candidates for commission in the Medical Corps.
>
> Contract surgeons render personal reports similar to those made by officers of the Medical Corps.[9]

Contract surgeons served at the army's pleasure and did not receive the military rank, pay, and benefits of commissioned officers. Like army personnel, however, individuals under contract were required to serve wherever they were ordered for as long as they were needed. The army could abolish the contract at any time. Often, contract surgeons were appointed to positions "that did not justify the expense involved by the detail of a medical officer." Many of the 889 male physicians who served under contract during the war served in part-time or limited capacities.[10] The army also used contract surgeons to fill gaps in coverage, hiring them when an army physician could not be found to fill an empty billet. Although officially called "surgeons," the Army used this term interchangeably with "physician" or "doctor." Army contract surgeons were assigned a wide variety of medical duties in laboratories and hospital wards; very few worked solely as surgeons in operating rooms. In the case of the fifty-six women physicians recruited for contract service, the army signed them on only when qualified male physicians could not be found. Often, the women who got contracts had special skills the army needed, and no male physicians with those skills were available for service.

Many women physicians felt that contract work was professionally beneath them. Dr. Anita Newcomb McGee explained that for women doctors to become contract surgeons meant "sacrificing their practices, performing the same services as their brothers, but with no rank, no promotions, no standing; when discharged, no bonuses or pensions, and if injured no disability provisions for themselves or their dependents." This was an offer, she continued, that few women could afford to accept.[11]

Fifty-six women doctors, many of whom held highly specialized skills, opted to accept appointments as army contract surgeons.[12] They felt that if the nation needed them, women professionals should be willing to serve their country despite the inconvenience. Many, such as Dr. Elizabeth Van Cortlandt Hocker, believed that in the process of serving they would prove their abilities by example, and the military would recognize the value of women physicians and open its doors to them in future wars.[13]

This chapter will deal with the professional background and accomplishments of the World War I army women contract surgeons, female physicians with a myriad of specialties hired as civilians under contract to the army. Who were they and what were their wartime assignments and contributions? What special skills did they hold that moved the army to put them under contract,

Anita Newcomb McGee, the only woman to be given the title of acting assistant surgeon during the Spanish-American War, helped select more than 1,500 nurses who served on contract with the army. Thus, she was instrumental in forming the first Nurse Corps Division, which later became the permanent Army Nurse Corps. For her services, McGee was later awarded the Spanish War Medal.

and why couldn't the Army find male physicians with these medical skills? Did the nation's need for physicians during the war increase medical opportunities for women? What impact did the women's contract service have on their postwar medical careers? Finally, how did the World War I service of women contract surgeons influence the military's decision to open the doors to women physicians in World War II?

In the end, it wasn't legal challenges or angry petitions by disgruntled women that led the army to hire fifty-six women as contract surgeons: it was simple need. Army officials discovered they needed physicians with certain specific skills and could not find enough male physicians with those skills. By early 1918 Army Surgeon General Gorgas was considering, and even discussing publicly, the possibility of commissioning women physicians in the Medical Corps Reserves, which would have meant giving selected women physicians temporary commissions for the duration of the war. Secretary of War Newton Baker, however, remained obdurate. His attitude toward women physicians was no different than his attitude toward any women, other than nurses, serving with the army. Although the navy and Marine Corps enlisted women for home-front duty to free sailors and marines for overseas service, and several army commanders asked Washington for permission to do the same, Baker did not believe women had any place in an army camp. He felt that women would distract men and ultimately cause commanders more problems than they solved.[14]

When Baker would not allow him to commission women physicians, Gorgas asked the chairman of the Committee on Women Physicians of the Council of National Defense, Dr. Emma Wheat Gilmore, to recommend

women physicians for contract service. Formed to provide women doctors with a way to participate in the war effort, the Committee of Women Physicians had until this point been limited to compiling a census of women physicians and encouraging them to apply to the Volunteer Medical Services Corps, an organization comprised of male physicians over fifty-five and women physicians who were willing to volunteer their services as civilians on the home front. Initially, few women physicians found the VMSC appealing, and only a fraction sent their names forward to Gilmore. In making her recommendations to the surgeon general, however, Gilmore drew from the names she had on file, and all of the fifty-five women she recommended received appointments as army contract surgeons.[15] The army was the only military service to put women physicians to work during the war, and neither the navy nor the marines ever considered such a step.

Dr. Kate Bogel Karpeles of Washington, D.C., a 1914 graduate of Johns Hopkins Medical School, was the first woman doctor to sign a contract with the U.S. Army. Karpeles's contract, like those of all the women after her, was no different from those signed by male contract surgeons. The women, just like the men, received the pay of an army first lieutenant for as long as the army chose to utilize their services, and they were required to serve wherever the army assigned them.

Karpeles's contract was dated 9 March 1918, only one month after she had registered with the VMSC.[16] Karpeles was used to breaking barriers. Early in her career she had experienced great difficulty obtaining an internship in the Washington, D.C., area. She applied to Children's Hospital and Columbia Hospital (which specialized in obstetrics and gynecology), but neither would consider a woman intern. Then Garfield Memorial Hospital, responding to pressure from the Woman's Medical Society of the District of Columbia, decided to hold competitive examinations for internships and to open the exams to women. Kate Bogel (not yet married) was selected for one of the internships. Initially the hospital's medical staff had opposed the idea of a woman intern "on principle," but when Bogel arrived staff members gave her the chance to prove herself, which she proceeded to do. Based on her performance at Garfield, Bogel was then offered an internship at St. Elizabeth's, a government facility for treating mental diseases. In 1916 she married a member of the Garfield staff, Dr. Simon R. Karpeles, and established a private practice. By the time Dr. Kate Karpeles signed her contract in 1918, the couple had a one-year-old daughter. Karpeles was assigned to an army emergency dispensary in Washington, D.C., as an assistant surgeon. In 1920 after her contract had been terminated, she gave birth to a son. She retained her private practice in the Washington, D.C., area and remained affiliated with Garfield Memorial Hospital.[17]

Although Karpeles was the first woman physician appointed as an army contract surgeon, many of the contracts immediately following hers went to

doctors who were trained in a specific specialty—anesthesia. By 1918 this relatively new medical specialty was becoming a popular choice for specialization among women physicians. The field was relatively open because of anesthesia's relatively low prestige and equally low pay. Many surgeons, accustomed to the assistance of female nurses in the operating room, accepted women physicians as ideal anesthetists, who served in the capacity of assistant or facilitator. A 1918 surgery textbook, for example, stated that the physician's choice of an anesthetist should be, in order of preference, a woman nurse, a woman physician, a male assistant, and lastly a male physician.[19]

The Committee on Women Physicians' survey of women doctors interested in wartime service indicated that anesthesia was their second most popular specialization, with gynecology being the first.[20] Anesthesia remained a popular specialty among women doctors through World War II; between 1920 and 1948 women comprised 11 to 13 percent of professional anesthesia organizations and only 3 to 4 percent of the physician population.[21]

The idea of using women physician anesthetists as contract surgeons was first suggested by Col. Jefferson R. Kean, director general of the Department of Medical Relief of the American Red Cross. In June 1917 he wrote Rosalie Slaughter Morton (Emma Wheat Gilmore's predecessor as chairman of the Committee on Women Physicians), "I have asked the Surgeon General to let me employ women as contract surgeons, who are specialists in anesthesia in connection with the Base Hospitals. . . . I will bring them in whenever it seems practicable."[22] Although the surgeon general did not immediately accept Kean's suggestion, within months, as the need for anesthetists became more definite, eleven women physician anesthetists were placed under contract and sent to Europe. Initially the army had planned to assign women contract surgeons to army installations on the home front, where the vast majority of male contract surgeons worked. However, when the need for anesthetists overseas became critical, the army sent forward all the contract surgeons who specialized in anesthesia they could find, eleven of whom happened to be women.

The first female contract surgeons to be assigned overseas were anesthetists Dr. Anne Tjomsland and Dr. Frances Edith Haines. Key members of original hospital units designated as army base hospitals during the war preparations of 1915 and 1916, both young women had years of training and practice with other unit members. As anesthetists, they were specialists who would have been very difficult to replace when the male members of the unit were given commissions and the units were ordered overseas. In each case the hospital commander believed that adjusting to a new man's ways of operation would hamper the efficiency of the unit. They were undoubtedly correct; however, it took a strong unit commander to push the army into granting contracts to these women during the first months of 1918. The army had just accepted the idea of women contract surgeons in March, and now they were asked to send them overseas. It was a hard sell.

Tjomsland, a 1914 graduate of Cornell Medical School, was an anesthetist on staff at New York's Bellevue Hospital prior to the unit's mobilization overseas. Tjomsland was used to working hard for what she wanted: she had had to fight to do her medical internship at Bellevue, but at the end of her internship she was invited to become a member of the staff. She trained with the Bellevue Base Hospital unit for years before the unit was mobilized and was shocked to learn that she could not receive a commission like her male colleagues. Bellevue, which had been reluctant to accept her as an intern, now fought to retain her as a member of their base hospital unit.[23]

When the Bellevue unit, U.S. Army Base Hospital No. 1, arrived at Vichy, France, in the spring of 1918, Tjomsland was with them as a contract surgeon.[24] Tjomsland was the only female Army contract surgeon who was not recommended to the Surgeon General by Dr. Emma Wheat Gilmore, who probably was unaware of her existence when she sent in her list of approved candidates.[25]

Army Base Hospital No. 1 took over two large former hotels, the Carlton, which became the surgical department, and the L'Amiraute, which functioned as the medical department. Tjomsland served in the surgical department. The hospital accepted casualties in need of immediate treatment from the most famous battles of the war: Cantigny, Château-Thierry, Belleau Wood, and the Argonne. Within four months, the hospital grew from two to eighteen buildings. In a history of the unit Tjomsland wrote, she remembered that the patients "came in waves, rolling up day after day. No sooner had [we] read the tags and labels on one case, got him cleaned up and operated on, than another rolled in. Endless rows of clay-colored bodies under khaki army blankets lay still on stretchers in the halls." Tjomsland remained with the Bellevue unit until it returned to the United States after the war, and she was on staff at Bellevue Hospital throughout her medical career.[26]

At the start of the war, Dr. Frances Edith Haines, a 1913 graduate of the University of Nebraska Medical Hospital, was an anesthetist at Presbyterian Hospital of Chicago and a teacher of anesthesia at Rush Medical College. When the Presbyterian Hospital formed a base hospital unit for overseas service in the event of war, Haines was its sole woman doctor. As the unit was mobilizing, administrators were told that she could not be granted a military commission like her male colleagues. The chief surgeon of the unit, Dr. (Lt. Col.) Dean DeWitt Lewis, insisted that his hospital needed the services of the anesthetist the unit had trained with. "After months of futile correspondence," Lewis sent Haines to the Surgeon General's Office in Washington, D.C., to apply in person for an appointment as a contract surgeon. He telegrammed the office ahead of Haines reiterating his strong personal recommendation of her. The army finally placed her under contract. When U.S. Army Base Hospital No. 13 sailed from New York Harbor on 19 May 1918, Haines was with them.[27]

The hospital unit was based at Limoges, France, and remained there until

19 February 1919. While at Limoges, where Haines was in charge of all anesthetics at the 1,500-bed base hospital, she developed and performed a new anesthesia procedure that enabled her to use only about one-fifth of the ether usually needed. In her memoir, Haines explained that she anesthetized the patient "just to the state of insensibility to pain. This required much more skill than simply 'putting the patient under,' but it saved ether and was better for the patients."[27]

Haines explained how important anesthesia could be to the outcome of an operation:

> One night in Limoges at 10 P.M., I began the anesthetic for the removal of the entire left lung of a soldier whose large arteries, wounded in battle, bled whenever the sterile gauze packing was even partially removed. His heart kept actively beating, right in the field of operation. Had he taken one sudden deep breath, the surgeons' instruments could have slipped and punctured more blood vessels. I kept the patient breathing quietly and smoothly throughout the operation. The surgeons commended me. The patient recovered.[28]

Haines trained enlisted men in the administration of ether, two of whom "attained considerable skill."[29] When the war ended, the army opted to retain Haines's services and assigned her to Military Hospital No. 28 at Fort Sheridan, Illinois, where she was placed in charge of anesthetics at the hospital and taught anesthesia to army nurses. Haines taught at several army hospitals in the United States and served sixteen months under contract, longer than any other female contract physician but one.[30]

In early September 1918, resigned to the fact that women physicians were needed in Europe, the army sent seven who specialized in anesthesia overseas as contract surgeons. This group, Anesthetic Unit No. 1, included Drs. Isabelle Gray, Elizabeth Van Cortlandt Hocker, Dora Horn, Esther Leonard, Martha Peebles, Edith Stir Smith, Jessie Southgate, and two male medical corps doctors, both of whom were first lieutenants.[31]

Unlike Haines and Tjomsland, the majority of the physician anesthetists in Unit No. 1 were women in their forties, at the midpoint of their careers. Three of them, Hocker, Smith, and Southgate, were graduates of the Laura Memorial Women's Medical College of Cincinnati and possibly knew one another before embarking overseas as army contract surgeons.

The idealistic Hocker was the daughter of a Cincinnati shoe manufacturer. As a young woman she had asked her priest for help in determining "God's plan" for her. He suggested medicine, and although the idea "was a shock at first," Hocker never regretted her decision. She graduated from the Women's Medical College of Cincinnati in 1897 and served her internship at the Presbyterian Hospital in Cincinnati. Initially, she planned to devote her skills to the indigent. In 1900 she became the first physician of the Catholic Visitation Society of Cincinnati and served as the physician for charitable organizations such as the Heekin Fresh Air Farm and the Christ Child Nursery. By 1918 Hocker had established her own practice in Cincinnati and was seeing "some of the best families in the city."[32] However Hocker had not yet lost all her idealism, and she felt strongly that by serving under contract, she could show the army that women physicians were just as capable as men. According to her memoir, she visited the War Department in Washington, D.C., to inquire about applying for contract service and was told to "fill out various papers, sign them, and go home and wait to be called." She signed her contract in May 1918, and after three months of intensive training in anesthesia at U.S. Army General Hospital No. 1 at Williamsbridge, New York, received orders to go overseas with Anesthetic Unit No. 1. When Hocker and the others arrived in Cheaumont, France, in September 1918, she was assigned to a "surgical team," which consisted of a major (the surgeon), his assistant (a captain), a lieutenant, herself (the anesthetist), a nurse, and an orderly. When fighting started in the Argonne, Hocker's surgical team was ordered to the front. After a twelve-hour trip, they reached "the outside border of the Argonne" and that evening started operating and worked until 4 A.M. After three hours of rest, they operated until 2 A.M. the next day. The group kept up that pace through the next ten days of the battle. Hocker said, "It may have been the heroic spirit of the wounded that spurred us on. Never a complaint—always thinking of the other fellow."[33]

Hocker's surgical unit was then sent to an evacuation hospital near Metz, where it remained until the armistice was signed in November. After the armistice, Hocker was sent to Savenay, where she supervised two hospital wards of forty-two beds each reserved for women personnel (nurses and other women under contract) of the U.S. Army. In her memoir, Hocker emphasized that she enjoyed her overseas work and "almost regretted it" when orders arrived sending her back to the United States. Her lack of status as a contract surgeon "meant nothing," she said. Her superior officers appreciated her work, and she would not hesitate to "enlist again, if only as a contract surgeon."[34]

Edith Florence Stir was born into a prosperous family of farmers in 1870 near Lebanon, Ohio, and taught school for seven years before attending medical school. She graduated from the Laura Memorial Women's Medical College in 1901 and from the Eclectic Medical College of Cincinnati in 1904. After practicing briefly in West Virginia, where she married a fellow physician, Florence Stir Smith returned to Ohio and opened a practice in the town of Newark, specializing in "women's diseases." Unfortunately, Smith left no records detailing why she felt compelled to volunteer for contract service during World War I, when she was almost fifty years old, and records do not indicate anything about the specifics of her overseas assignment.[35]

The third Laura Memorial Women's Medical College graduate to go overseas with Anesthetic Unit No. 1 was Jessie Southgate of Oklahoma City, a forty-three-year-old divorcee who had graduated in the same class as Florence Stir Smith. When she signed her contract, Southgate was on staff at Wesley Hospital in Oklahoma City, but as late as 1917 she had been at the Cincinnati General Hospital working as an anesthetist. She left no records explaining why she left her new job in Oklahoma City to accept an army contract alongside an old friend and colleague from Cincinnati.[36]

Anesthetic Unit No. 1 also included two members from St. Louis, Missouri, Drs. Isabelle Gray and Esther Leonard. Gray had been under contract since April 1918, working as an anesthetist at the army base hospital at Camp Grant in Rockford, Illinois. She had practiced medicine for fourteen years prior to her assignment to Camp Grant. According to a *Washington Post* article about Gray published in June 1918, she drew the salary of a first lieutenant but was "not allowed" to wear the insignia, and she "took a special course in military medical training" before reporting for active duty at Camp Grant.[37] On Anesthetic Unit No. 1's arrival in Europe, Gray was assigned to Base Hospital No. 15 and later to Mare Hospital Center until she returned home in March 1919.[38]

Esther Edna Hill Leonard was the youngest of the seven women physicians who traveled to Europe together in September 1918. She was born in Xenia, Illinois, in 1892, and when she signed her contract with the army on 21 May 1918, she was a recent graduate of the St. Louis College of Physicians and Surgeons. Leonard was also married, another factor that made her unique in the group. Leonard's military papers tell us she was twenty-six years old, five feet three inches tall, and 145 pounds. She left her home on 31 May 1918, and arrived at U.S. Army General Hospital No. 1 in New York, where she worked as an anesthetist until leaving for France with Anesthetic Unit No. 1 on September 1. On arriving in France, Leonard reported to Base Hospital No. 15 and, like Hocker, was sent to the front with a surgical team during the battle of Argonne. Operating Team No. 158 was led by a major and included a captain, contract surgeon Leonard, and two privates, making Leonard the sole woman on the team. She remained at the front with the surgical team until November, when she was assigned first to Evacuation Hospital No. 16 and later to Mobile Hospital No. 6. After the armistice, Leonard was sent to Base Hospital No. 115 at Vichy, France, and from there to Vichy Hospital Center. On 18 January 1919, Esther Leonard requested relief from duty with the American Expeditionary Force because "my mother and father are both very old and due to the recent illness of my father my presence is needed to help them attend to their affairs as I am their main support." Leonard was released from duty and returned to the United States in late January 1919 although her contract remained active until March.[39]

Little is known of the experiences of the last two members of Anesthetic Unit No. 1, Dora Horn of Ohio and Martha Peebles of New York City. The Horn family was well known in medical circles in Ohio, and Dora Horn had been instrumental in the establishment of a hospital in her hometown of Bellevue. Her brother was a veterinary surgeon in Bellevue, and both her sisters were nurses who served overseas with the Army Nurse Corps during the war, a rather remarkable family history lost to time. Dora Horn returned to Ohio in June 1919, reentered the local medical establishment, and was elected second vice president of the Ohio Homeopathic Medical Society in 1921.[40]

Prior to the war, Dr. Martha Jane Peebles of Brooklyn, New York, appears to have specialized in public health. She served as the attending physician of the Denmark Home for the Aged in Brooklyn as well as for the Brooklyn Training School and Home for Young Girls. The only non-midwesterner in Anesthetic Group No. 1, Peebles was assigned first to Base Hospital No. 15 and later to Mesves Hospital Center.[41]

Physician anesthetists were the only women contract surgeons sent overseas by the U.S. Army in World War I. They were carefully selected for their experience in anesthesia as well as their willingness to accept overseas service. All except Esther Leonard were single and thus had no family responsibilities. Leonard's official "Biography and Service Record," filled out some years after the war, lists a husband and two children, but because her request to return home in early 1919 says only that her elderly parents need her and mentions no other family members, it is impossible to tell whether Leonard's children were born before or after her overseas service.[42] What is certain, however, is that the army's need for these doctors overrode its hesitancy to place women, whether grandmotherly fifty-year-olds or young newlyweds, in danger, a recurring theme in the history of women's military service.

To supplement the number of skilled anesthetists available to the army at home, the surgeon general appointed as contract surgeons at least six additional women physicians who specialized in anesthesia. These physicians were assigned to general and base hospitals in the United States and instructed army officers, nurses (during World War I army nurses were not considered officers), and enlisted men in the administration of anesthetics. In addition to teaching, they also served as anesthetists themselves whenever needed in the operating room. Three contract physician anesthetists who served stateside, Mary Botsford, Dolores Pinero, and Ollie Prescott Baird, are profiled below. For information on Myra Babcock, Margaret Dassell, and Grace Mering Elmendorf, see the chart in table 3, below.[43]

California's first professional anesthetist, Dr. Mary Botsford, was one of those who accepted a contract with the understanding that it would entail duty in the United States. Botsford graduated from the University of California at San Francisco in 1896 and within a year began to devote herself solely to the practice of anesthesia. She initially worked at the Children's Hospital of San Francisco, a hospital founded by women physicians and where a majority of West Coast medical women graduates interned because other hospitals

TABLE 3

Women Contract Surgeons in World War I

	Date of birth	Medical School	Graduated	Specialty	Dates of Army Contract	Married	Children
Babcock, Myra				Anesthesia	8-18/10-18		
Bacon, Edythe				Psychiatry	5-18/10-18		
Baird, Ollie	1873	Boston U. Med School		Anesthesia	5-18/10-18	Y	1
Baker, Lucy	1888	University of Michigan	1912	Obstetrics	10-1804-19	Y	
Botsford, Mary	1865	U Cal. at San Francisco	1896	Anesthesia	10-18/1-19	D	
Bowers, Rose	1887	Woman's Medical College	1909	Psychiatry	8-18/11-18	Y	
Brown, Edna				Roenterology	10-18/7-19		
Burdon, Minnie	1885	U of Oregon Med School	1908	Obstetrics	11-18/5-19	N	
Burnett, Anne		Chicago Medical School	1892	Psychiatry	8-18/2-19	N	
Carney, Nell					9-18/1-19		
Chapman, Frances					11-18/1-19		
Cleverdon, Ella					8-18/6-19		
Dassell, Margaret	1973	Eclectic Medical College	1916	Anesthesia	10-18/2-19		
Donahue, Julia		Northwestern	1892	Psychiatry	10-18/1-19	N	
Elmendorf, Grace	1885	Buffalo University	1913	Anesthesia	6-18/2-19		
Gebhart, Florence					8-18/2-9		
Gilfillan, Margery				Psychiatry	7-18/3-19		
Gray, Isabel			1904	Anethesia	4-18/4-19		
Haessler, Bertha				Pediatrics	8-18/12-18		
Haines, Frances		U of Nebraska Med. School	1913	Anesthesia	4-18/8-19	N	
Hill, Julia				Psychiatry	9-18/10-19	N	
Hocker, Elizabeth		Laura Memorial Med. Coll.	1897	Anesthesia	5-18/8-19	N	
Horn, Dora				Anethesia	4-18/6-19		
Jackson, Leda					3-18/12-18		
Johnstone, Mary					8-18/7-19		
Karpeles, Kate		Johns Hopkins	1914	G.P.	3-18/6-19	Y	2
Kleegman, Anna	1893	Cornell Medical School	1916	Obstetrics	5-18/6-18	D	2
Kratz, Esther	1888	Stanford U Med. School	1916	G.P.	9-18/12-18	Y	3
Leonard, Esther	1892	St. Louis Coll. Phys & Surg	1917	Anesthesia	5-18/3-19	Y	2
Lewison, Bella					9-18/3-19		
Maher, Loretta	1889	U of Illinois Med. School	1913	G.P.	8-18/24	Y	1
Matheweson, May					10-18/11-18		
McAfee, Loy	1868	Medical College of Indiana	1904	Medical Editor	5-18/6-21	D	
McCann, Gertrude	1889	Cornell Medical School	1915	Pathology	6-18/10-19	Y	2
McKnight, Mary					3-19/10-19		
Mendenhall, Jean		Duke University	1907	G.P.	6-18/8-18	Y	1
Morgan, Lady					9-18/12-18		
Peebles, Martha				Anesthesia	4-18/4-18		
Pinero, Dolores		Phys. Surg. Boston	1913	Anesthesia	10-18/1-19	Y	2
Ruddock, Agnes	1889			Bacteriology	10-18/8-19	Y	2
Scott, Jessie					10-18/11-18		
Sherrill, Edna					5-18/3-19		
Smith, Charline					8-18/12-18		
Smith, Edith	1870	Laura Memorial Med. Coll.	1901	Anesthesia	4-18/3-19	N	
Smith, Olive					9-18/10-18		
Southgate, Jessie	1877	Laura Memorial Med. Coll.	1901	Anesthesia	6-18/10-18	D	
Stephens, Pearl					4-18/1-19		
Stephenson, Nellie					9-18/6-19		
Streeper, Gertrude					5-18/8-18		
Tjomland, Anne		Cornell Medical School	1914	Anesthesia		N	
Tunnicliff, Ruth	1876	Rush Medical College	1903	Pathology	7-18/11-18	N	
Walker, Marie			1897	Psychiatry	10-18/11-18		
Weitzman, Frances					9-18/12-18		
Williams, Maud					10-18/2-19		
Wilson, Sylvia					10-18/6-19		
Young, Anna		Tufts Medical School	1905		9-18/4-19		

would not accept them. Botsford was charismatic and dynamic, and since all the interns had to rotate to anesthesia, she soon attracted a large number of women physicians into the field. In 1910 Botsford was appointed to the first faculty position in anesthesia at the University of California Medical School. Botsford's army assignment did not take her far from home; she taught anesthesia at Letterman General Army Hospital in San Francisco. Her influence on the field was substantial; by 1920 California had eleven doctor anesthetists—three men, Botsford, and seven of Botsford's trainees.[41]

A native of Puerto Rico, Dr. Dolores Pinero received her medical degree from the College of Physicians and Surgeons in Boston in 1913. She had been practicing medicine in the town of Río Piedras, Puerto Rico, for only a few years when the war began. In her memoir, Pinero said that when she first applied to become a contract surgeon at army headquarters in Puerto Rico, she was not accepted because the local commander, a colonel, did not think he could accept a woman applicant. Pinero then wrote to the surgeon general in Washington, D.C., and "within days received a telegram ordering me to report to Camp Las Casas at Santurce, Puerto Rico." One reason for the surgeon general's rapid response may have been that Pinero mentioned her experience in anesthesia. When Pinero signed her contract with the army in October 1918, she became the first Puerto Rican woman to serve in the army under contract. She was assigned to the base hospital at San Juan, working in the mornings as an anesthetist and afternoons in the laboratory with six other doctors. Pinero was also in charge of the nurses at the hospital. Six weeks after she began, she received orders to accompany four other doctors to Ponce to open a hospital of four hundred beds to care for influenza patients. After the influenza epidemic ended, Pinero and her colleagues returned to the base hospital at San Juan, where she was honorably discharged in January 1919.[42]

Dr. Ollie Prescott Baird, a graduate of Boston University Medical School, was a forty-five-year old widow when she signed her army contract. For unknown reasons, the army sent Baird to an anesthesia course at the Mayo Clinic in Rochester, New York, before assigning her to Fort McClellan near Anniston, Alabama, to instruct nurses and enlisted men in how to dispense anesthesia. According to her memoir, Baird taught more than two hundred nurses and enlisted men during her time at Anniston. In addition, she was in charge of anesthesia for two operating rooms, giving anesthesia to five to seven patients each day. In congressional testimony almost twenty-five years later, Baird stated that she got along well with her patients. "The Catholic boys called me 'Sister,'" she said, "and the Protestant boys called me 'Mother.'" Apparently the army was dissatisfied with Dr. Baird's performance. A note on her card in Emma Wheat Gilmore's files on women physicians indicates that while on duty Baird wore a uniform, which her superiors believed was inappropriate. Baird's memory on the subject was quite different. She stated that she had designed her own uniform and that other doctors and enlisted personnel on

post kept asking her why her uniform had no insignia. She repeatedly explained to her colleagues that she had been told she was not allowed to wear insignia. She remembered feeling bad about her lack of status and added, "The commanding officer of the hospital gave me permission to wear a cord on my hat denoting 'Lieutenant' and that helped some." The army ended Baird's contract after only five months.[48]

Psychiatry, much like anesthesiology, was a fairly new specialization prior to World War I, and in general it was somewhat less prestigious than surgery or even general practice. Although it was not a primarily feminine field of specialization, it was a popular choice among women physicians, many of whom were employed in state-run institutions including hospitals, orphanages, and reform schools. According to the Committee on Women Physicians' 1917 survey, psychiatry was the fourth most popular field of specialty for women physicians, after gynecology, anesthesia, and pediatrics.[47]

No one could have predicted the scope of the military's need for psychiatrists at the start of this particular war, when "shell shock" became a commonly understood phrase. By the end of the war, the army had treated more than sixty thousand men for a variety of psychiatric and neurological complaints, including five thousand shell shock victims.[48] Inevitably, army officials placed women psychiatrists under contract when local commands found themselves unable to attract adequate numbers of qualified male psychiatrists. At least seven of the fifty-six female contract physicians specialized in psychiatry.

One of them was Dr. Marie Winchell Walker of Chicago, Illinois, who had been a practicing psychiatrist for more than twenty years when she signed her contract. Walker was assigned to a dispensary in Washington, D.C., and although the specifics of her assignment are not known, some insight into her philosophy may be gained by examining the titles of a series of public lectures she delivered five years later: "Emotions and Health," "Getting What You Want," and "Character Analysis."[49]

Dr. Rose Bowers, also of Chicago, was assigned to the army base hospital at Camp Grant in Illinois. The thirty-one-year-old Bowers, who was married to fellow psychiatrist Paul Bowers, had graduated from the Woman's Medical College in 1909 and had been practicing about ten years when she signed her contract. Unfortunately, Bowers arrived at Camp Grant at about the same time as the influenza epidemic, and she may have found herself swept up in the general medical emergency and unable to practice her specialty. She resigned her contract after only two months on the job. After the war, Bowers and her psychiatrist husband moved to California, where she remained in practice for more than thirty years.[50]

Dr. Julia Hill's contract with the army lasted more than a year, far longer than those of many of her colleagues. When the war started, Hill was the owner of Hill's Retreat Hospital in Des Moines, Iowa. In electing to practice

psychiatry, she was following in the footsteps of her father, Dr. Gershon Hill, who had been state superintendent of the state hospital in Independence for many years. Unfortunately, the records do not give any specifics of her army assignment. She returned to Iowa and Hill's Retreat Hospital after the war and in 1925 was named secretary of the state Occupational Therapists Association. Sometime after that, perhaps as a result of the Depression, Hill closed her hospital and moved to Pittsburgh, Pennsylvania, where she took a job as assistant director at the Child Guidance Center. In 1937 she spoke at a conference on child welfare about "the duties of Child Welfare Organizations and others interested in children in taking care of these unfortunates who have no parents to guide them" and emphasized the importance of finding proper foster parents.[31]

Dr. Anne Burnett graduated from the Chicago Medical School in 1892, interned at the Chicago Hospital for Women and Children, and then decided to specialize in "nervous and mental diseases." She served a number of years as the assistant physician at the Kankakee Hospital for the Insane and then accepted a position at the Hospital for the Insane at Clarinda, Illinois. She then served as a medical missionary in China and on her return lectured publicly about the work physicians were doing there. By 1916 she was a physician in private practice in Lincoln, Nebraska. Burnett signed her contract with the army in August 1918 and remained under contract until February 1919. Although records show that she worked at Plattsburg Barracks in New York, no specifics about her job are available. After the war, she accepted a position as superintendent of the Industrial School for Girls at Geneva, Wisconsin.[32]

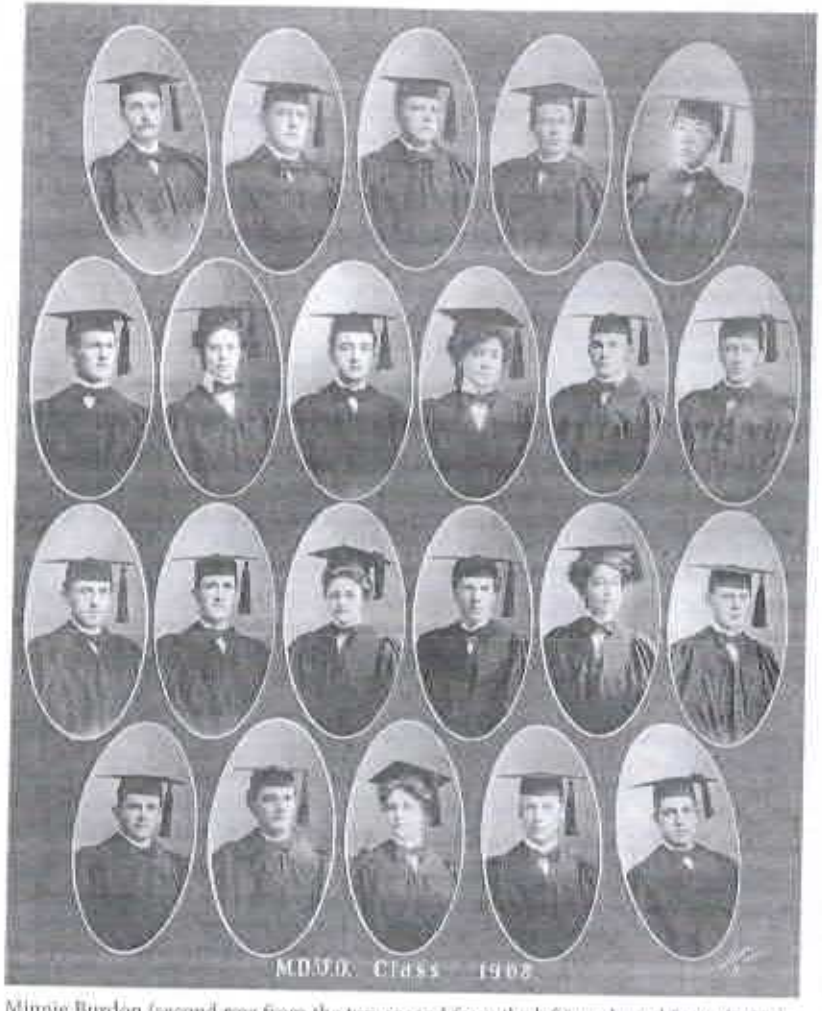
Dr. Julia Donohue's army experience turned her career from general medicine to psychiatry. An 1892 graduate of Northwestern Medical College, Donohue left the United States months after receiving her degree and spent seven years as a medical missionary in Hing Hau City, Foo Chow, China, under the auspices of the Medical Missionary Board. During her first year in China, a massacre of Christians near the hospital where she worked forced her to move temporarily to safety in Foo Chow City. She returned to Hing Hau City after three months when the American consul told her it was safe to do so. Donohue was finally forced to leave China when an outbreak of bubonic plague closed the hospital where she worked. On her return home, she remained with the Medical Missionary Board as a lecturer, traveling across the country describing her experiences in China. She established a general medical practice in Burlington, Iowa, in 1909 and remained there until she heard the army was hiring women physicians. Although no information is available on Donohue's specific assignment with the army, her experiences awakened in her an interest in psychiatry. When her contract ended she accepted the position of assistant physician at the State Hospital in Trenton, New Jersey, and later moved to the State School for Epilepsy at Skillman, New Jersey. She then accepted an appointment at St. Elizabeth's Hospital in Washington, D.C., before finally relocating to Massillon State Hospital in Ohio where she taught psychiatry to nurses for twenty years.[33]

Responding to need, the army continued to appoint women contract surgeons to relieve critical shortages that developed over the course of the war, using qualified women to fill positions for which qualified men were in short supply. At least one woman contract surgeon, Dr. Minnie Burdon of Anacortes, Washington, an obstetrician, was assigned work rehabilitating soldiers from the front at Fort Douglass, Utah.[34] Women doctors provided medical care to soldiers' dependents and worked in laboratories testing vaccines for contagious diseases, where they proved invaluable to the army during the influenza epidemic of 1918–19. Known to contemporaries as "Spanish influenza," the epidemic killed 675,000 Americans and more than 20 million people around the world. People living in crowded areas with highly transient populations, such as ports of embarkation and army camps, were especially vulnerable. The disease progressed quickly, with many of the afflicted dying from pulmonary edema (fluid in the lungs) within two to three days of their initial symptoms. Others died because the influenza turned into bacterial pneumonia, for which no antibiotics then existed.[35]

Three women contract surgeons assigned to the Attending Surgeon's Office in Washington, D.C., experienced the flu epidemic firsthand. The Attending Surgeon's Office staff treated soldiers and sailors on their way overseas and those returning from sea duty in addition to military dependents, including the families of veterans of previous wars. Dr. Loretta Maher of Chicago, Illinois, was the first woman assigned to the office. A graduate of the University of Illinois Medical School, she had interned at Cook County Hospital in 1913, a position the *Chicago Tribune* proclaimed was a "highly competitive appointment." Maher signed her army contract in August 1918 and remained at the Attending Surgeon's Office for several years. No other woman contract surgeon served longer than Maher, including the anesthetist Frances Edith Haines.[36]

In September, Dr. Esther Cumberland Kratz joined Maher at the Attending Surgeon's Office. Dr. Kratz, a 1915 Stanford University Medical School graduate, was working in a hospital in Syracuse, New York, when the navy sent her husband to Washington, D.C. Kratz learned from her brother, a doctor on the War Trade Board in Washington, that the Army Attending Surgeon's Office was in need of doctors. She applied for an army contract, was "sworn in immediately," and was assigned as an assistant to the major in charge. According to Kratz, her superiors soon learned that she could get along well with "difficult patients, including the elderly, hysterical expectant mothers, injured children, sick babies, and soldiers whose nerves were shaken by war strain."[37]

Within a month, a third female contract surgeon, thirty-year-old Dr. Lucy Honora Baker of Rochester, New York, was assigned to the Attending Sur-



Minnie Burdon (second row from the top, second from the left) graduated from the University of Oregon Medical School in 1908. An obstetrician, she practiced in Anacortes and Seattle, Washington, for many years. During World War I, Burdon served under contract to the U.S. Army at Fort Douglass, Utah. *Courtesy of Anacortes Museum, Anacortes, Washington.*

geon's Office. Baker had graduated from the University of Michigan in 1912 and returned to upstate New York to practice. Prior to signing her army contract, Baker had provided prenatal care at a clinic for immigrant mothers and children, and her skills were useful in the care of military dependents.[58]

Kratz remembered that when the flu epidemic hit, fourteen of the clinic's

sixteen doctors were infected, but all eventually returned to duty. She herself was hospitalized and emerged to take over another doctor's outpatient duties, visiting the sick in a government vehicle driven by a medical orderly in an army uniform. After the armistice, work fell off, and she believed that she was no longer needed, so she rejoined her husband, who had in the interim been transferred to Akron, Ohio.[59] Baker remained at the Attending Surgeon's Office until her contract ended in April 1919, and Maher, who had been the first to arrive, remained at the dispensary for another two years.[60]

Women contract surgeons were also assigned to a second army-run medical dispensary in Washington, D.C., the War Emergency Dispensary, which treated female government employees. In May 1918, the young Dr. Anna Kleegman of New York City joined Washington, D.C., native Dr. Kate Karpeles (the first woman physician to receive a contract) at the dispensary. Kleegman was born in Kiev in 1893 and emigrated to the United States as a child. Somehow, her family managed to send her to Cornell University, and she graduated from the medical school there in 1916. She interned at Bellevue Hospital in New York City and remained affiliated with that hospital for the rest of her medical career. When she signed her army contract in May 1918 she was a new MD with a specialization in obstetrics and gynecology. Kleegman served under contract only through August 1918. A note in Emma Wheat Gilmore's card file states that other staff members at the dispensary would not cooperate with Kleegman because she was a "Russian Jewess," and she resigned from service.[61] Interestingly, the husband of Kleegman's colleague Kate Bogel Karpeles was from a well-respected Jewish family that had settled in Washington in the nineteenth century.[62] Thus it may not have been simple anti-Semitism that drove Kleegman from the dispensary but a preview of the anti-immigration sentiment that swept through the United States after World War I.

At least one other woman contract physician worked in the War Emergency Dispensary at the same time as Karpeles and Kleegman, Dr. Jean C. Mendenhall. Mendenhall was a married woman with more than ten years of practice behind her. A 1907 graduate of Duke University School of Medicine, she practiced in Hanover, New Hampshire, before the war, while her husband taught at Dartmouth Medical School. When the war began, Mendenhall's husband was called to Washington, D.C., to conduct research in TNT poisoning. Mendenhall followed her husband to Washington and applied for a position as a contract surgeon at the Surgeon General's Office. She was assigned to the War Emergency Dispensary, where the other two women were already working. Although in her memoir Mendenhall says that the three male physicians normally assigned to the dispensary had been sent overseas, she does not mention her two female colleagues. She says only that with the assistance of eight nurses, she examined, inoculated, diagnosed, and treated hundreds of women. Women who needed extra care, she stated, were kept overnight in a small ward attached to the dispensary. The most common complaints Men-

denhall treated were heatstrokes, scarlet fever, and appendicitis. She resigned before the influenza epidemic hit Washington because of "delicate health"; her son was born a few months later.[47]

Dr. Agnes Scholl Ruddock's contribution to army medicine during the influenza epidemic was centered in the laboratory. When Ruddock's new husband, also a physician, received an army commission and was assigned overseas, Ruddock attended a special course for army officers at the Rockefeller Institute in New York City and was the only woman doctor in the class of fifty. The course reviewed all the diseases common in military life—typhoid, pneumonia, meningitis, and tropical diseases—and serology. When the course ended, Ruddock was assigned to the laboratory at Camp Merritt, New Jersey, which ran tests for army camps connected to the Port of New York. She worked for several weeks as a technician until her contract came through in August 1918. In her memoir, Ruddock remembered that laboratory staff tested the cooks and food handlers at all of the camps in the area in an attempt to trace outbreaks of typhoid and hookworm. Next, they tested an entire 1,100-man southern regiment. The laboratory also tested all fevers diagnosed as "cause unknown" for malaria. Sometimes this order was misinterpreted and doctors sent slides from all their fever cases, regardless of whether the cause was known or not. "During the influenza epidemic," said Ruddock, "conditions were very serious and the lab was busy far into the night with bacteriology, serology, vaccine preparation and autopsies."

In October 1918 Ruddock received orders to report to the Port of Embarkation Laboratory in New York, the largest of its kind in the world. The attached hospital had space for four thousand patients and served as the receiving hospital for soldiers returning from overseas. The soldiers remained at the port from forty-eight to seventy-two hours before being transferred to other camps. An army colonel was in charge of the laboratory, and staff members included army officers, civilian technicians (many of them women), and enlisted men. Ruddock was in charge of a small "technical" laboratory attached to the laboratory, which tested up to two thousand individuals per day for diphtheria. The laboratory also conducted research on typhoid and intestinal parasites.

On 1 January 1919, Ruddock responded to an emergency call when the hospital ship *USS Northern Pacific*, with two thousand wounded soldiers aboard, ran aground off Fire Island. Among those aboard was her army physician husband. After a lifeboat transferring ten patients from ship to shore capsized, Ruddock administered first aid to the wounded who were "overcome and in bad condition." Ruddock later received a letter of commendation from the secretary of war for her actions.[48]

Like Ruddock's, Dr. Gertrude Fisher McCann's wartime service was based in the laboratory. McCann was the daughter of C. Irving Fisher, who was for more than forty years a faculty member of Columbia University Medical School and superintendent of Presbyterian Hospital in New York City. Gertrude Fisher married William S. McCann, whom she had met in 1916 while attending Cornell Medical School. McCann accompanied her husband, an army officer, across the country and to Panama before he was sent to Europe in the spring of 1918. She then applied to the army and was hired as a contract surgeon. Her professional credentials were impeccable; she had finished work as a fellow in pathology and bacteriology at the Rockefeller Institute and had worked as a pathologist for the New York City Board of Health. Dr. John B. Murphy of the Rockefeller Institute, then on active duty at the surgeon general's office in Washington, recommended McCann for a position as a contract surgeon in the office's laboratory division, a job McCann referred to in her memoir as "purely administrative." She evaluated the credentials of individuals applying for jobs in army laboratories, camps, and hospitals; coordinated the acquisition of laboratory equipment for army hospitals; and read the papers submitted for publication by medical officers. McCann's "purely administrative" job became extremely important as the army began fighting the influenza epidemic in mid-1918. She had to hire skilled laboratory technicians to supplement overtaxed laboratory staffs across the country as well as approve the extra equipment these laboratories needed to handle their increased task load.[49]

Pathologist Ruth Tunnicliff, a researcher with the McCormick Institute for Infectious Diseases, accepted an army contract in August 1918, the same month Ruddock did. Tunnicliff was a 1903 graduate of Rush Medical College in Chicago and had recently made significant progress developing a vaccine for measles.[50] Although it is not certain just what her army assignment was, officials were very interested in halting the spread of measles among the troops, and in 1918 doctors at Camp Pike, Arkansas, inoculated two thousand soldiers against measles using the serum Tunnicliff had developed. The plan was to observe the group and see how many cases of measles developed among them as compared to a control group that had not received the inoculation. Unfortunately, more than half of those inoculated were suddenly transferred to Newport News, Virginia, leaving doctors unable to observe the results of their experiment. Tunnicliff may have been involved in this or a similar attempt that also did not work out. She was relieved from duty after only four months.[51]

Dr. Edna W. Brown of Gilmore City, Iowa, had a longer army contract than most because she had a specialty for which the army had a great need. The careful taking and studying of X-ray images was a detailed job many physicians believed women were especially suited for. The field, like anesthesiology and psychiatry, was fairly new, and "roenterologists" as X-ray specialists were then called, were not particularly well paid. Brown was assigned to Fort Oglethorpe, Georgia, for duty at U.S. War Prison Barracks No. 2. After the war, Brown was hired by Kingsport, Tennessee, officials to serve as the superintendent of the

Ruth Tunnicliff graduated from Rush Medical College in 1903. A specialist in infectious diseases, Tunnicliff worked under contract to the army at Camp Pike, Arkansas, during World War I. *Courtesy Rush University Medical Center Archives.*

city hospital. Within two months, however, two male physicians purchased the Kingsport Community Hospital, and Brown moved to New Orleans to work as a roenterologist at Charity Hospital.[88]

The only woman contract surgeon assigned to a "purely administrative" task by the army was Dr. Loy McAfee, who worked at the surgeon general's office in Washington. Although McAfee's job kept her behind a desk, under normal circumstances it almost assuredly would have gone to a male physician. McAfee was a 1904 graduate of the Medical College of Indiana at Indianapolis and worked as a medical editor in New York City until 1918, when she signed her contract. Her job involved preparing the material to be used in the U.S. Army Medical Department's history of the war. Her contract was terminated on 30 June 1921, so she could accept a civil service position as assistant editor in chief of the Medical Department History.[89] Although today the job of historian is held almost equally by men and women, in the first quarter of the twentieth century the historical profession was almost overwhelmingly male, like the medical profession. In McAfee's case, the shortage of available male physicians with her specialized skills led to a position to which she otherwise could never have aspired.

Careers After the War

Traditionally, military service boosted the careers of male physicians, helping them achieve positions of greater authority and responsibility. The military gave them supervisory experience and taught them to delegate authority, and it also gave them experience working within a large bureaucracy and handling large amounts of paperwork. When these physicians returned to their local communities after the war, they were respected for having served

their country, and the commissions the military had awarded them were not forgotten on their return to the civilian world. Did women who served as army contract surgeons see any comparable career gains?

The success and longevity of the postwar careers of women contract surgeons depended more on their age at the time of service, their marital status, and whether or not they had children than on their medical specialty. Married anesthetists were no more or less likely to give up their careers than were psychiatrists or general practitioners. The personal career-related choices former contract physicians made depended on a wide variety of nonquantifiable factors, including lifestyle choices and sheer chance, and thus form no identifiable pattern. Marriage histories are known for only twenty-four of the fifty-one female army contract surgeons: fifteen were married at some point in their lives, four of those marriages ended in divorce, and nine women remained single. Of the fifteen women who married, nine had one or more children.

The first female contract surgeon, Dr. Kate Karpeles, continued to practice medicine in the Washington, D.C., area as her children grew up. On the surface, it does not appear that Karpeles's military service had much of an impact on her later career. Forced to prove her abilities despite her gender early in her career, Karpeles spent much of her later career mentoring young women and demonstrating by example that it was possible to have both a career and a family. Karpeles served as the medical adviser to women at the University of Maryland and remained involved in the feminist American Women's Medical Association, of which she was elected president in 1938. In 1936 she gave a lecture at the University of Maryland on how women could be both wives and mothers and work outside the home. Karpeles stressed the need for careful planning, saying that women should budget their time and energy and pay special attention to their health. She told her listeners to get eight hours of sleep a night, eat three balanced meals a day, and dismiss office worries from their minds after hours. Most women, said Karpeles, are too conscientious about their jobs. Men, she told the audience, are better at leaving the office behind than women. Karpeles also stressed the need for recreation, preferably physical, on weekends. She recommended that her listeners pick a hobby they could do with their family such as horseback riding or tennis. She and her family, she added, always went horseback riding every Sunday, and the whole family looked forward to their day in the country.[90]

Ironically, two surgeons whose contracts were terminated because of unsatisfactory performance went on to have very successful careers. Dr. Ollie Prescott Baird parlayed her military service into a prestigious civil service appointment after the war. At forty-seven Baird was at the midpoint of her career when she was appointed to the War Industries Board, directed by Bernard Baruch, as supervisor of health for the board's 1,100 women employees.

She opened a private practice in the Washington, D.C., area, was appointed to the staff of the National Homeopathic Hospital, and in 1934 married Christopher Bennett.

The young doctor Anna Kleegman, whose contract was terminated because her colleagues would not cooperate with a "Russian Jewess," did not immediately return home to New York City but instead taught science at Greensboro College for Women in North Carolina for one year. Back in New York she embarked on what was to become a fairly high-profile medical career. She married, had two daughters, established herself in private practice, and was a surgeon on staff at both the Hospital for Special Surgery and the New York Infirmary. A founding fellow of the American College of Obstetrics and Gynecology, she was also one of the earliest members of the American Society for Marriage Counselors and vice president of the New York Women's Medical Association. Later in life, Kleegman (then under her married name of Daniels) served as director of the Planned Parenthood Association for the South Shore of Long Island and as president of the Association for Voluntary Sterilization. Toward the end of her career she wrote two popular self-help books, *The Mature Woman* and *It's Never Too Late to Love*.[71]

Marriage and the arrival of children were not necessarily impediments to the medical careers of the younger contract surgeons. Dr. Dolores Pinero married a pharmacist several years after her war service and had two children. She continued to practice medicine, securing positions of increasing prestige and responsibility, serving as supervisor of a maternity hospital in San Juan, Puerto Rico, and later as supervisor of a 1,200-bed psychiatric hospital. At the same time she held a position at the Central Office of the Department of Health in Puerto Rico and was appointed to organize the school hygiene work on the island.[72]

When her assignment with the attending surgeon in Washington, D.C., ended, Dr. Lucy Baker returned to Rochester, and accepted a staff position at Rochester General Hospital, becoming one of a few women physicians affiliated with the hospital. As a junior staff member, she initially worked in the outpatient department. By 1926 she was specializing in anesthesiology, and she remained on staff at the hospital through the 1930s, when she opened a private practice in obstetrics and gynecology in Rochester. Baker married a man by the name of Foster in 1929, when she was in her early forties, after which she appears to have used both names professionally, even after she was widowed after seven years of marriage. She continued to practice medicine until 1975, when she was eighty-seven years old, and later told a newspaper reporter that she estimated she had delivered more than one thousand babies during the course of her career. She added that during the early years of her practice she encountered prejudice from both patients and other doctors, but that she "just had to work a little harder" for acceptance.[73] Baker, like Baird, Pinero, and Kleegman, seems to have satisfactorily balanced marriage and family with a medical career. Although it is impossible to state definitively that their military experience helped these women in their later careers, it definitely did not impair them, even when the army believed that their performance had been less than satisfactory.

Several of the younger female army contract surgeons eventually opted out of medicine because of family-related demands. Both Loretta Maher and Esther Cumberland Kratz, who had worked at the Attending Surgeon's Office in Washington, D.C., with Lucy Baker, left their medical careers in favor of family life. Maher was retained by the army under contract for several years, an indication that her superiors were extremely pleased with her performance. While on the job, Maher met army officer Jay L. Benedict, and the couple married in 1924. Benedict was a career army officer, retiring as a major general in 1942, and Maher apparently gave up her medical career to follow him through a series of military postings around the country. When he retired in 1942 the couple returned to Washington, where Loretta Maher Benedict (never referred to as Dr. Benedict) became involved in volunteer work for the Army Relief Society, the Red Cross, and the Republican National Committee.[74]

Dr. Esther Cumberland Kratz, who was valued by her supervisor at the Attending Surgeon's Office because she "got along well with difficult patients," moved with her husband to California, where they had three children. She left medicine with her children's arrival and did not return to practice.[75]

Several women chose a middle ground between medicine and children, opting out of practice while their children were small but easing back into medicine later in life. Although they continued their medical practice, they deliberately chose less exalted careers than their early potential had indicated they might aspire to. After her contract expired in 1919, Dr. Gertrude Fisher McCann became a research fellow and instructor in pathology at the College of Physicians and Surgeons at Columbia University and then was appointed an assistant instructor of pathology at Johns Hopkins Medical School for six months in 1923. However, she left her position when she and her husband, Dr. William S. McCann, moved to Rochester, New York, so that he could accept a position as professor at the University of Rochester Medical Center. During this period the McCanns had two children, and Gertrude McCann did not return to the practice of medicine until 1927, when her two children were older. She then became the medical adviser to women at the University of Rochester, a position she held until 1942, when her desire to get involved in war work again led her to a job in industrial medicine at the Eastman Kodak Company. McCann published one article in a professional journal under her maiden name Fisher and four or five others under her married name. Both the McCann children, a boy and a girl, grew up to emulate their parents and become doctors, and the daughter followed her mother's footsteps by marrying a doctor as well. Dr. Gertrude McCann died in 1956 at age sixty-seven.[76]

Dr. Jean Mendenhall gave up practicing medicine when her son was born

and remained home until he went to preparatory school. She then began teaching a course in "Family Problems."[77] The talented bacteriologist Dr. Agnes Scholl Ruddock moved with her husband to Los Angeles, California, and had two children. She continued to work as a physician with the health department of the city schools. While such a position may have been "family friendly," as we say today, it was a far cry from the specialized laboratory work that Ruddock was trained to do.[78]

Some of the women's careers took paths that were unrelated and even contradictory to their army service. A little more than ten years after her army contract expired, anesthetist Dr. Myra Babcock of Detroit, Michigan, began to devote large amounts of her time to the operations and improvement of the Detroit Animal Shelter, which was funded by the Michigan Humane Society. In August 1931 she was appointed shelter operations manager and oversaw the renovation of the building. Within six months the shelter hosted a Christmas party for children and horses. Babcock told a newspaper reporter that the Humane Society's educational goal was to "teach children during the formative period of their lives to be kind to and considerate of every living creature, including animals as well as human beings; to instill in every child a repugnance toward all forms of cruelty; develop a love for life in all its manifestations and to stress the application of the Golden Rule to animals as well as human beings."[79]

Fellow anesthetist Mary Botsford of California continued her successful career after the war but rethought her wartime activities. By the time she was appointed clinical professor of anesthesiology at the University of California Medical School in 1931, Botsford had changed her mind about who should be responsible for dispensing anesthesia in the operating room. Although she had taught nurses anesthesia during World War I, she used her position as president of the Associated Anesthetists of the United States and Canada to advocate against nurses becoming anesthetists, and even suggested taking that opposition to the courts.[80]

Several women returned to their former homes and jobs after the war and carried on with their medical careers as if their military experience had not happened. Anesthetist Elizabeth Van Cortlandt Hocker, who was in her forties while with the army overseas, returned to Cincinnati after the war and served as a member of the Christ Hospital Staff for a number of years, specializing in anesthesia. She maintained a practice in partnership with her brother-in-law, also a physician in Cincinnati, until ill-health forced her to retire.[81]

Bacteriologist Ruth Tunnicliff of Chicago returned to her work developing a vaccine for measles at the McCormick Institute for Infectious Diseases after her short army contract ended. There is no evidence that Tunnicliff's military experience aided her career; at least one medical historian believes that Tunnicliff did not receive an appointment as a professor at a medical school because of gender discrimination. An article published in the *Chicago Tribune* indicates that as of 1935 Tunnicliff was still working on a vaccine for measles. She did publish several articles in scientific journals and obviously gained the respect of her peers, serving as president of the Chicago Society of Pathologists.[82]

In the years after World War I, a double-edged sword hampered the professional careers of women physicians and cut back their numbers. Women continued to have a hard time entering the medical profession, and once there they suffered from both gender discrimination and societal pressure to leave if they married and had children. The postwar careers of the army's women contract surgeons reflect the difficult conditions women physicians faced as well as their limited range of options. Some like Benedict and Kratz opted to leave the medical profession when they married and had children because society expected them to and they believed trying to do otherwise would be too difficult. Others like Karpeles and Pinero pioneered the route of the modern-day career women and "had it all," managing both a successful medical career and family. McCann and Ruddock chose a middle course and continued to practice medicine after their children were born, but at a deliberately lower level than they might otherwise have expected. Physicians such as the unmarried Tunnicliff, meanwhile, may have suffered arbitrarily curtailed careers not because they wanted to, but because the medical establishment withheld the most prestigious appointments from them because of their gender. Other unmarried physicians, such as Botsford, managed to have prestigious careers although, significantly, in medical niches where their gender was not a handicap.

At the same time, fewer women were entering the profession because it was becoming increasingly hard to get started. The country wanted to return to "normalcy" as soon as possible after the war, and the actions of medical schools and hospitals toward women reflected this desire perfectly. Thirteen medical schools, including Columbia and Yale, had admitted women for the first time during the war, and many hospitals had accepted women interns because of the decline in the number of available male interns. Once the war was over, however, the hospitals that had reluctantly accepted women interns stopped accepting them at all. As of 1921, 40 out of the 482 hospitals approved for intern service accepted women. In 1925, American medical schools, acting in concert, imposed a percentage quota limiting the number of female students. As late as the mid-1930s, twelve states had no hospitals that offered internships to women, and 250 women medical school graduates each year competed for 185 available internships across the country. Meanwhile, the 4,844 male medical graduates could select from 6,154 available internships. Although the nation's need for physicians during World War I had opened a few doors to women, the war didn't last long enough for women to make permanent gains. By the time the United States entered World War II, only 105 out of the 712 American Medical Association–approved internship hospitals

accepted applications from women. These restrictions limited the number of women entering the medical profession, with women physicians accounting for fewer than 4 percent of the doctors nationwide by 1940.[11]

When World War II started and women physicians again offered their services to the Army and Navy Medical Corps, the military's initial response replicated its actions during World War I. The army reluctantly offered a small number of contracts to women physicians, but both branches of the service balked at offering them commissions. The following chapter examines how women physicians finally achieved the elusive right to a military commission, albeit on a "temporary" basis, and explores the parameters of their wartime service.

CHAPTER THREE

FINDING A PLACE IN THE SUN

Women Army Doctors in World War II

I believe in being very realistic about medicine for women. . . . The satisfaction and reward must come from within, not from without.

Dr. Margaret D. Craighill,
12 January 1944, Bryn Mawr College

While the period between World War I and World War II was short, many things changed for female physicians. The 1920s offered great promise for them, especially with the ratification of the woman's suffrage amendment in 1920. By 1925 nearly 48 percent of women physicians belonged to the American Medical Association (AMA) as compared to the 8 percent of women physicians who had been members of the Medical Women's National Association (MWNA) between 1916 and 1926. Although not enough hospitals were accepting female interns, many more internships were available, which extended to other institutional positions as well.[1]

Contrary to what had been expected in the medical field, the cause of women physicians was not advanced during the 1930s as the percentage of practicing women physicians declined to 4.4 percent of all physicians from 6 percent in 1910. In 1935 the MWNA voted to reincorporate as the American Medical Women's Association (AMWA), an action that was completed in 1937. Even before the outbreak of World War II, AMWA campaigned to win commissions for women physicians in the medical reserves. In fact, MWNA passed a resolution protesting discrimination against female physicians at the annual meeting in 1932. In 1940 AMWA petitioned the AMA for support in changing the law about women and the medical reserves. When one male delegate of the AMA was asked why that organization held a different position toward women physicians than it did toward nurses who had held military rank since World War I, the answer was simply, "Nurses are well supervised."[2]

Like World War I, however, the Second World War offered women unprecedented opportunities for work outside the home. Despite its horrors, the