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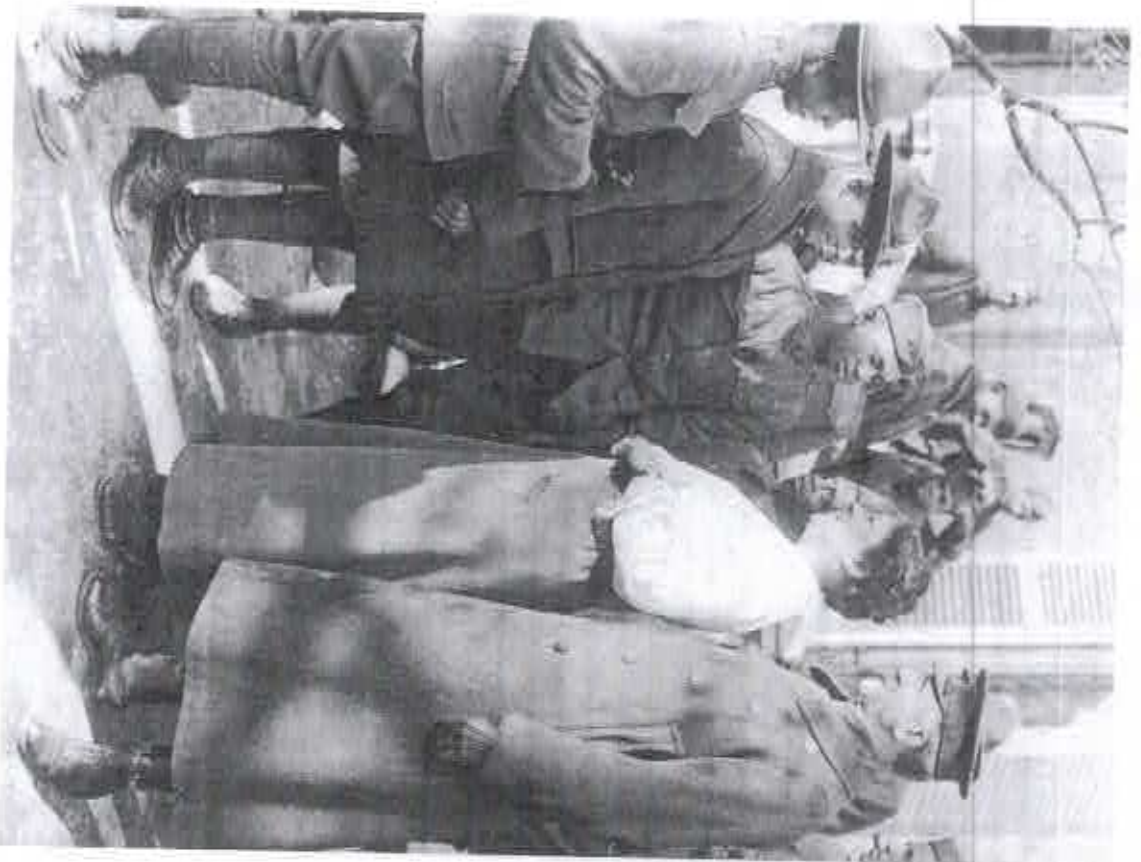
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Addie Hinton, a widow, went to France in 1918 as a YMCA secretary, one of the handful of black women who were permitted to go overseas to serve at camps and ports where more than 150,000 black men were on duty with the AEF. (Courtesy of YMCA of the USA Archives, University of Minnesota, St. Paul, MN)

== 7 == The Woman Physician in the Great War

They were not called to the colors, but they decided to go anyway.

—Dr. Esther Pohl Lovejoy

In the nineteenth century, a woman who chose medicine as a career was subjected to blatant discrimination at best, scorn and derision at worst. In the early twentieth century, female physicians fared little better. Even in the face of urgent need during the Great War of 1914–1918, the U.S. Army Medical Department refused these women doctors the opportunity to serve in an official capacity alongside their male counterparts. Male doctors and female nurses on duty with the American Expeditionary Forces (AEF) in 1917–1918 were seriously overworked and close to exhaustion in the final months of the war, and they became easy prey for the influenza epidemic that swept the world in the autumn of 1918. Many fell ill, and a number of nurses died. But although the Army was desperate for help, female doctors were permitted only as “contract surgeons,” or civilians on hire, a designation that made use of their talents and training but withheld military rank, pay, and benefits. Many women physicians did serve, however, with the French Army and with such social service organizations as the American Fund for French Wounded, the American Committee for Devastated France, the Smith College Relief Unit, and other independent overseas groups.

At home, in June 1917, the newly formed Medical Women’s National Association (MWNNA), later the American Medical Women’s Association (AMWA), gathered in New York for its second meeting, with 300 concerned women present. Among other actions, the convention “adopted a naive resolution calling upon the War Department for a square deal regardless of sex, color, or previous condition of servitude,” wrote one of the members, Dr. Esther Pohl Lovejoy.

Dr. Rosalie Slaughter Morton of New York presented an illustrated lecture about the work of women physicians overseas, and MWNNA president Dr.

Bertha Van Hoosen named Dr. Morton chairman of the War Service Committee, whose aim was to register female medical workers, raise funds, and develop plans for service in the war zone. The committee adopted the name American Women's Hospitals (AWH) in honor of the exemplary work of the Scottish Women's Hospitals then serving in Europe. The convention also authorized Dr. Lovejoy to go to France on an inspection tour as the official representative of the MWNA, and the group appointed war service committees in various states to organize hospital units to serve overseas.

During the first year of activity, more than 1,000 women physicians registered with AWH, many certified for overseas service with the American Red Cross. The Red Cross also agreed in March 1918 to sponsor AWH dispensaries and hospitals in any country, for civil or military purposes.¹

In August 1917, Dr. Lovejoy sailed on the *Chicago* with Dr. Alice Barlow Brown, of Winnetka, IL, and other volunteers. "An atmosphere of hope and expectation pervaded the ship," she wrote. "None of us knew just what we were going to do, but we all entertained an inward and outward conviction that we had been appointed to live at this day and age for good and sufficient reasons which would be revealed in due time." When they reached France, Dr. Brown, with a nurse and interpreter, went to serve with the American Fund for French Wounded in the Meurthe-et-Moselle area. Dr. Lovejoy joined the medical staff of the Children's Bureau of the American Red Cross in Paris and was assigned to investigate and report on organizations applying for assistance.

Meanwhile, the AWH concentrated on fund-raising and registration at home, while Dr. Lovejoy continued her survey in Europe. Her report to the Medical Women's meeting in June 1918 coincided with the sailing of the first AWH unit to Europe under the direction of the American Red Cross. Dr. Lovejoy later wrote about the unit's experience: "This [AWH] service has not been a bed of roses. Sometimes it has been a bed of straw in a box car, a rug on the deck of a sailing smack, or a cot in a typhus camp. Our hospitaliers have endured discomforts, survived diseases and manifold dangers, but they have lived abundantly. . . . They can never be poor though they die in the almshouse—the place would be enriched by their presence."

Dr. Lovejoy also felt strongly about the position of the U.S. military. "This relief agency [AWH], which was inaugurated while the United States was mobilizing for war, is the outgrowth of the desire of American medical women for their share of the work they were qualified to perform. Our government provided for the enlistment of [female] nurses, but not for women physicians. This was a mistake. It is utterly impossible to leave a large number of well-trained women out of a service in which they belong, for the reason that they won't stay out."

Dr. Lovejoy pointed out that the men of the medical profession were called to military service in 1917, and "the nation stood ready to provide transportation, buildings, medical and hospital supplies, rations, rank, salary, insurance and well-fitting shoes. We were grateful for the opportunity of service and concomitant blessings enjoyed by our professional brothers, and from the standpoint of our disadvantage, we rejoiced in their good fortune." Despite this disadvantage and the fact that "the women of the medical profession were not called to the colors," they "decided to go anyway."

At the inception of the AWH in 1917, as Dr. Lovejoy wrote, "there was light, but no funds. Our workers were all volunteers and paid for the privilege by financing, according to their means, part of the service in which they were engaged. The cost of travel, equipment, supplies, and general overhead was carried in this way." In the weeks and months that followed, the AWH grew, and donations of clothing, surgical instruments, ambulances, and other equipment poured in. "Possibilities for service were opening in different directions, but we were handicapped by lack of funds. In the language of an eager salesman, the AWH was a 'selling proposition,' but our leaders were physicians of the old school and loath to go into the business of getting money in a direct business way." Indeed, during the first year from June 1917 to June 1918, only \$24,000 was raised. However, during the following year, a campaign committee led by Dr. Gertrude A. Walker generated \$200,000 in support of the AWH.

At the beginning of that second year, in June 1918, the MWNA board chose Dr. Mary M. Crawford of New York City as its chairman. During her term, medical women were sent to serve in different parts of Europe, southwest Asia, and northeast Africa; the MWNA extended its cooperative work with other organizations; and AWH work was established in France and undertaken in the Balkans.

AWH No. 1 opened in the village of Neufloutiers in the Seine-et-Marne area of France in July 1918 under the direction of Dr. Barbara Hunt of Bangor, ME. Dr. Lovejoy wrote:

A building was assigned for this purpose by the French Sixth Army, with the understanding that the hospital should be available for both civil and military cases. This was the first hospital conducted and financed entirely by our committee.

I should like to say that it ran like clockwork from the beginning, but this would not be the truth. As a matter of fact, it ran like most of the hospitals in the war zone, in a very uncertain fashion. But it stayed in the field, gaining strength as time went by. Within a few months, as the Germans evacuated territory, our hospital moved joyously toward the north, where the need was greater and the facilities for work much better.²

During the summer of 1918, the medical women at AWH No. 1 wrote home about the renewed German offensive at Chateau Thieury and about the nightly raids on Paris, only twenty miles away. One of the doctors reported:

In the midst of this excitement, our hospital building was prepared for use as quickly as possible. . . . The Allied counter drive, destined to end the war, was begun July 18. For several days before this, the gray-blue and khaki-clad soldiers had been disappearing from the district, and within a week our commanding officer ordered building repairs and preparations discontinued.

The Army had moved back into the Aisne [area] and our refugees were returning to their homes. A new location in the devastated region was to be assigned for our hospital, and in the meantime two physicians, with nurses, were to proceed at once to Meaux to assist in the treatment of wounded French soldiers arriving by ambulance from the Front.¹

While they waited for a new site, AWH No. 1 opened dispensaries and a dental service at Neufmoutiers and made daily visits by ambulance to villages in the Aisne, holding consultations and bringing back the sick to the hospital. In September they moved to the village of Luzancy-sur-Marne, fifteen miles from Chateau Thieury. One of the doctors reported:

Our hospital was installed in the Luzancy Chateau, which had been in almost constant use as a hospital since the beginning of the war, first by the Germans, then by the French, and last by our own Americans. This was a dear old place, with a frontage on the bank of the Marne.

While the general clean-up was in progress [trying] to make a ravishing but infected old chateau look like a clean new hospital, 13 dispensaries were established in outlying districts to meet the immediate need [of the residents] for medical assistance. The passage of troops, and the occupation of villages by large numbers of soldiers in the spring and summer of 1918, had resulted in a scarcity of food and a very unsanitary state of affairs.

The returning refugees were in run-down physical condition. The stage was set for epidemics. Diphtheria and scarlet fever appeared. These diseases were soon controlled, but typhoid and influenza, spreading over the district, reached the proportions of a disaster.

Hundreds of French civilians were sick, and the district was practically without our medical attention except for the workers of AWH No. 1, assisted by two women doctors serving with the American Committee for Devastated France. Dr. Lovejoy described the situation. "During the typhoid epidemic, which lasted three months, our medical staff became emergency health officers. Doubtless shod with supplementary sabots [wooden shoes], they shuffled through

barnyard filth from one hovel to another. Streets and courtyards were cleaned, decaying debris dug out of holes and corners, and these disease-breeding spots liberally sprinkled with disinfectants." Nearly the entire population of the infected area was given anti-typhoid inoculations, and this disease was finally on the decline when the influenza epidemic flared up. Dr. Lovejoy reported:

Calls came from every direction. The cars and ambulances of the AWH were running day and night, and before the end of this epidemic we were caring for the sick in more than a hundred villages. These poor people were ill prepared for such [an epidemic] visitation. Twice during the war they had been driven from their homes, and for four years had lived from hand to mouth in strange places. In the fall of 1918 they had crept back behind the advancing American and French armies and had taken refuge under any sort of shelter they could find near their ruined homes. Stricken with influenza in these cold damp places, many of them developed pneumonia and died.

Plas for help poured in to the AWH. "Time after time the ambulances of the American Women's Hospitals were stopped on the highway by officials of different districts asking for help, and letters making similar requests were received daily. One of the letters was addressed to Monsieur le Directeur de l'Hôpital Militaire de Luzancy. This officer manifestly did not know that our work was conducted by women, but when help is needed in such emergencies, sex is immaterial."

Meanwhile, other branches of the American Women's Hospitals' service were developing, as described in letters from the staff:

Dr. Marwaring came in late last night, tired but contented, with 65 patients in a radius of 30 miles to her credit. From the opposite direction, Dr. Fraser and Miss Drummond appeared. They had been sent, several days before, to arrange for a hospital at La Ferte-Milon, and returned with tales of shell holes in their dump, fireless bedrooms, but [they were] happy and enthusiastic regarding the outlook. The hospital building is being repaired, and a dispensary service to outlying villages is already being operated from that center.

Our dispensary under Dr. Mary MacLachlan at Luzancy grows and grows. On Sunday, the place looked absolutely affluent. In addition to the usual crowd, which in spite of weakness from sickness, walks impossible distances, there were five conveyances lined up with patients from ever so far away. Yes, we work on Sundays! It is wicked, but there is no chance to go to church anyway, and as a choice of sins, under the circumstances, it would be more sinful to rest.

The work of the Luzancy unit proved so satisfactory, in fact, that the American Red Cross sent for six more units of the same kind in October 1918. "This was a big order," said Dr. Lovejoy, "but hundreds of well qualified medical women, registered from the different states, were anxious for service, and it was merely a matter of selection. The first two groups, the Chicago and California units, were organized and ready to sail when the Armistice was signed."

Luzancy Hospital easily converted its military area to civilian relief after the war ended, and with the return of more refugees, the work increased enormously. Among the many services offered by the U.S. women doctors, possibly the most thrilling to the French peasant refugee was the dental service. "It will be a joy forever in France," wrote Dr. Lovejoy, "at least as long as our fillings last. The fair fame of American dentists in European capitals antedated the World War by several decades, [but] only the rich and powerful had employed American dentists for years. Doctors, midwives and undertakers were recognized necessities, but dentists were luxuries, and American dentists could be afforded only by the opulent."

AWH No. 1 had three dentists on the staff: Dr. Kate A. Doherty, Dr. Delian Kinney, and Dr. Edna Ward. "They were all too popular for their own good," said Dr. Lovejoy. "When the day's work was done there was always somebody begging for attention, which was never refused."

Dr. Kinney tended countless patients who, in many instances, had lived a lifetime without a toothbrush. She worked tirelessly and skillfully among the ragged residents of the devastated villages of the Marne, and her "pulling clinics" were followed by other sessions devoted to repairs. Chairs were brought out for the patients and placed in the shade of the big plane tree near the hospital. During the winter following the war, Dr. Kinney devoted all her time to the sixteen villages of the Picardy region that were under the care of the Smith College Relief Unit.⁴

Dr. Ward had given up her practice in Cincinnati to enlist with the AWH unit in 1918. She did general hospital work at Luzancy for several months until she noticed the need for dental care among the thousands of war orphans whose teeth had not been inspected for six years. The Ohio dentist accepted the challenge, and with her own supply truck, driven by an English girl, she covered large areas of France and Belgium, bringing relief to hundreds of neglected children.

Early in 1919, Dr. Ward's most important overseas service began when she started work with the outlying battle-scarred towns in the Aisne area. She took the time to learn French in night school, and by the middle of 1919, she had established five dental centers for refugee children in the district. Small booklets on the care of teeth were printed in French and distributed by the American

women, and Dr. Ward brought in another dentist, Dr. Nellie Goodman of Cincinnati, to help with the work. Years later she was still receiving letters from French youngsters to whom she had distributed toothbrushes.⁵

American Women's Hospital No. 2 was established at La Ferte-Milon, Department of the Aisne, under Dr. Ethel V. Fraser of Denver, CO. Dr. Lovejoy reported on that development:

This small hospital had a big motor dispensary route. With the help of one nurse, an ambulance and chauffeur [woman driver], Dr. Fraser cured for the sick in 48 villages, taking medical cases to her own hospital and sending the surgical cases to Luzancy for operation.

Here is a characteristic message [from Dr. Fraser]: "Tell Dr. Fairbanks that I have a grand Pandora Box for her, with appendices, gall bladders, hernias, tumors and a million, more or less, tonsils and adenoids needing operations, in my villages."

Dr. Charlotte Fairbanks of St. Johnsbury, VT, was the chief surgeon, and for her, "the entire district, surgically considered, was one grand Pandora Box, eventually totalling 852 cases. . . . She was operating from morning until night on all kinds of chronic surgical cases, which had accumulated during the four years when it was impossible for a poor civilian to have the care of a surgeon in that part of France."⁶

In February 1919, AWH No. 1 prepared to move to a location in the "bad lands" along the Aisne, where wartime destruction had been greater and the need for their services had become correspondingly more demanding. But it was not easy to slip away from Luzancy without appropriate French ceremony. The hospital announced that no patients would be received after the end of March, and the mayor of the town replied that a special day of thanksgiving would be observed on Sunday, March 30, to honor AWH personnel. Dr. Lovejoy recalled the day:

There are great days in the lives of all human beings and communities. . . . March 30, 1919, was a great day for the members of the staff of Hospital No. 1, and the entire population of friends and patients they had known so intimately during a period of tribulation. Citizenship in the town of Luzancy was officially conferred upon the staff. . . . and all were accorded Médailles de la Reconnaissance Française. Speeches were made, the school children sang the "Marseillaise," and American Women's Hospital No. 1 had taken official leave of Luzancy.⁷

Meanwhile, other American women physicians had found different ways to be of service in the Great War. Typical of these was Dr. Anne Tjomsland, one of the first women to intern at Bellevue Hospital in New York City. Born in Norway, Dr. Tjomsland received her early education in Chicago and Minneapolis. She graduated from Cornell College (later Cornell University) in 1910 and received her medical degree from the Cornell Medical School four years later. Bellevue accepted her as an intern only "after a long and arduous fight, and the taking of an examination," she wrote later. "In those days (1914) it was difficult for any candidate to enter Bellevue as Intern, and we competed with some sixty men candidates."⁹

Dr. Anne Tjomsland and Dr. Geraldine B. Watson "entered Bellevue triumphantly but a little uneasily" in July 1914. During the first six months, "fingers were pointed from all sides" at those first women interns. "They responded to this vulgar pressure by being rigorously circumspect. They smoked no cigarettes in the hospital grounds, received no men callers, and took only emergency phone calls."¹⁰

But they wasted little time on self-pity and filled their days with observing operations, taking responsibility for their own first cases, and experiencing the thrill of having patients completely trust and depend on them. Eventually, of course, the women doctors of Bellevue were accepted by their male colleagues, and they were soon asked, like the men, to stand the staff a beer every time they brought in a corpse.¹¹

It was natural, then, that Dr. Tjomsland should expect to accompany these same men colleagues when they set out to support the AEF in France as Base Hospital No. 1. But because the Army Medical Department did not accept female physicians in 1917, Dr. Tjomsland had to sign on with the Bellevue unit as a contract surgeon—a civilian employee such as the dietitian, X-ray technician, and secretaries also listed on the hospital's roster.¹²

When members of Base Hospital No. 1 arrived at Vichy, France, in March 1918, they took over the two largest luxury hotels in the ancient spa city. The Hotel Carlton was designated the Surgical Department, and the Hotel l'Amirauté became the Medical Department. Dr. Tjomsland served at the Carlton. The hospital staff made up more than 300 beds and set up a ward for the seriously wounded in the Carlton's ornate dining room, with rows of white iron cots lined up beneath the immense crystal chandeliers. Their first patients were ambulatory wounded from a nearby French military hospital; they were happy fellows and made themselves at home.¹³

Two days later, the French soldiers were transferred to make room for a convoy of U.S. wounded. The flood of casualties from the units that had fought at Cantigny, Chateau Thierry, and Belleau Wood were brought over the road to

Vichy in fleets of trucks and ambulances. "From then on, they arrived in waves, rolling up day after day. No sooner had the doctors and nurses 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."¹⁴

One early June morning, Dr. Tjomsland wrote:

Down in the streets they were—our lads—for the first time in our history straight from the front, loaded atop and inside of huge trucks, yelling till their wounds hurt. . . . It was strange to handle men with the smoke of battle still hanging about them. We often thought of the comparatively clean odor of these men when, later in the year, we received the battle stench from the Argonne.

It was all as new and shiny as death to us; strange to hear them say they had "jumped off" the morning before, strange to hear the reverberation of the barrage, to feel the all-pervading insanity of strife wipe out our best convictions—to live, when all of us had gone mad.¹⁵

The medical efforts of the hospital staff were vital—and appreciated—but nevertheless, as Dr. Tjomsland noted, "the most effective help was the effortless presence of other patients. They were as ready with banter, cigarettes, the price of a beer or one of the vin sisters [frouge and blanc], as they were with blood for transfusions. . . . There was not much need of discipline; we were learning that when mankind is pushed to extremities, its behavior on the whole is pretty decent."¹⁶

Late that summer, the Vichy hospital increasingly took on the character of an evacuation hospital, treating only those who would suffer if transferred. "What," Dr. Tjomsland wondered, "would we have done [at home] at Bellevue with 40 or 50 patients coming into one ward as fast as the stretcher bearers could carry them, an equal number having been evacuated a few hours previously?"

The staff's work was made even more difficult because the wards, holding sixty to seventy men apiece, were not easily monitored open spaces; rather, they were hotel rooms opening into a central corridor, with four or five men in each room. Dr. Tjomsland described the emotional toll of caring for these patients:

Imagine such a ward on a hot summer night, with one nurse and one ward-master in charge. To the severely ill or wounded, the thought of sleep was far away. They did not sleep—merely dozed. Vague dreams of details unending, of empty canteens and blown-up rations, of dead buddies, sudden

sharp visions of home and mother, of familiar faces and things chasing through their brains; held between a desire to live and the end of suffering, they lay in impassive silence, waiting now and then in their delirium, we who cared for them made witnesses to their sufferings and patience.¹⁷

Other U.S. base hospital units began to arrive at Vichy that summer, and ten other spa hotels were converted to hospitals. "By August 1918, Vichy was one of the largest hospital centers in France. The Bellevue unit now occupied space in 18 buildings, able to accommodate five to six thousand wounded and sick."¹⁸

In September, Dr. Tjomsland noted, "about twenty bundles of rags and blankets had come into the ward from the Argonne. For mere bundles they seemed. It was difficult to conceive that by washing, feeding and giving a bed to those run-down human machines, they would in a few days develop enough steam to again start running, each according to his light." She never forgot "that shadowy army—sixty thousand strong—that passed through our hospital center at Vichy, men to whom we are still cemented past recall by that strange fraternity growing out of having felt a man's blood trickle over your hands."¹⁹ She recalled a quiet, springtime observation of Decoration Day, when the staff remembered those they had lost. "To us who watched the struggle of those young bodies that set like the sun, glowing to the very end, the long rows of white crosses seemed to repeat the faltering postscript we received from one of the mothers: 'I suppose there is no mistake about it being my boy?'"²⁰

Another physician who made her way into service during the Great War was Dr. Nellie N. Barsness, born in 1873 to parents who were among the first Norwegian settlers in western Minnesota.²¹ She worked as a teacher for several years, saving her money to enter the University of Minnesota Medical School, where she received her medical degree in 1902, becoming one of the first female physicians in the state. "I knew that there was a place for women physicians because there were women and girls who neglected their health," she wrote later. "At that time, some considered being a doctor was a man's job. If my father was a little embarrassed about my choosing a medical career, he lived to be grateful."²²

Dr. Barsness interned at Luther Hospital in St. Paul, MN, and was admitted to the hospital staff in electrotherapeutics (the use of electric stimulation to obtain muscle contractions). "This was something new, so I went to Chicago to take a course in the subject," she wrote. "X-ray was then used on bones and gradually became used in treatments." When World War I began, many doctors and nurses went into service. Dr. Barsness served with the French Army, first in hospitals and later in clinics. Probably because of the great need to treat victims of poison gas, which often affected the eyes, Dr. Barsness

worked at a hospital in Cernpous as an ophthalmologist, even though that was not her specialty.

After the Armistice, she assisted French doctors by conducting clinics in the cities of Nancy and Reims and surrounding small towns, and she was decorated by the French minister of war for her work with casualties under hazardous conditions. Always eager to learn, she went to Paris before leaving for home.

"We visited the clinic where the mutilated soldiers were rehabilitated," she wrote from Paris. This "clinic" was probably the workshop of the U.S. sculptress Anna Coleman Ladd, who made copper masks for French and U.S. soldiers who had suffered disfiguring facial wounds (see Chapter 8). Dr. Barsness recalled:

As they marched into the dressing room, they looked like other well men, interested in business. Inside the dressing room, each man was taken over by a doctor, who took off one piece after another [of the copper mask] from the face and head, leaving an unbelievable sight. Even the hairs were planted in the mask. We marvel with deep gratitude at this scientific art that can give life again to these innocent victims.²³

Dr. Mary Merritt Crawford was another female physician who had to forge her own path to service in World War I. Dr. Crawford attracted attention in 1908 as the first female ambulance surgeon at Williamsburg Hospital in Brooklyn, NY. A graduate of Cornell Medical School, she had been hired by Williamsburg because she scored higher than the male applicants in a competitive examination for internships. A crowd always gathered to see her hop aboard the rickety horse-drawn ambulance, she recalled. "I was a sensation," she said. "But you see, there wasn't much going on in the world in those days."²⁴

Dr. Crawford had risen to the post of chief surgeon at Williamsburg and had set up a private practice in Brooklyn when war loomed overseas in 1914. She decided to go to France.

I wrote to three or four places and applied, and wrote to Dr. [Joseph] Blake of the American Ambulance Hospital [near Paris], but to no avail. Then one day my mother saw a newspaper notice that the Countess of Talleyrand, who was [the U.S. heiress] Anna Gould, had sent a thousand dollars to the "New York Sun" to pay the fare of American doctors to come to France. Military doctors were badly needed.

She had asked Dr. Rameau, who was head of the Pasteur Institute in New York, to select the doctors. I went right over [to see him], and he

passed me. The "Sun" gave me a ticket on the old [ship] *Rochembeur*. They gave me a ticket to return . . . and twenty dollars in gold. Ten dollars to get me from Havre to Paris, and ten dollars to get me from Paris back to Havre. (Also told me not to expect anything more from them.)²⁵

Dr. Crawford sailed for France in September 1914, shortly after the war began. She reached Paris after a slow trip, only to be told by Madame Talleyrand that the French didn't need any doctors. "She didn't have anything for me," Dr. Crawford recalled. "I was pretty well flattened, you know, because I'd come over there and I didn't have much money, though I had my ticket home. But I wasn't going to go home. I stayed at the Ambulance [Hospital] until I could see what to do. I wrote letters to all the doctors on the staff and waited. I almost signed up to go down to Barcelona and take care of the typhoid epidemic which was going on there, because I was NOT going to go home."

But Dr. Crawford was finally introduced to the famed U.S. surgeon Joseph Blake by his secretary at the hospital. Dr. Crawford asked if she could witness his operations that day and followed him into the surgery. However, the anesthetist wasn't there. Dr. Blake looked around, furious. He was a big man and not used to being kept waiting by interns and young doctors. He turned to Dr. Crawford and barked, "Can you give ether?"

Dr. Crawford could and did. "I gave four anesthetics, one right after the other for him that morning. I was just in heaven. That afternoon the medical board was meeting and they had intended to turn me down [but] Blake said that he had taken me on as an anesthetist. Then Dr. DuBouchet, who was the other chief, said he'd take me on as anesthetist in the afternoon. So by nightfall, I had a full-time job." Later, she asked Dr. Blake to put her in charge of detail work for a ward of twenty to forty men. "He gave me a ward, then two, and finally I wound up with four wards, doing the dressings, taking the history of them, and looking after them. I tell you I worked hard."

Unfortunately, she did not do a great deal of surgery, largely due to Dr. Blake's mercurial temperament. One week he told her, "I wish to heaven you could teach these young fellows to work the way you work and do the things that you do." The next week he placed a new male arrival from New York ahead of her. "I, suddenly, having been perfectly independent, found myself being ordered around by this young doctor . . . I wouldn't take it." When she confronted Dr. Blake about it, he said, "I'll never put a woman over a man," to which she replied, "What kind of a service have you got then?"

Meanwhile, the French had offered Dr. Crawford a job heading up their half of the hospital. Originally, she had refused, not wanting to lose the opportunity to train with Dr. Blake, but after her conversation with him, she accepted the

French offer. "They put me on and I finished up with them," she recalled. She was somewhat disappointed in her new position, however. The French doctor she worked with was "very fussy and thought he must do everything [himself]. . . I assisted him and that's all. When he found out I was leaving, he did allow me to amputate a couple of legs."

In treating her patients, Dr. Crawford remembered that

We used a lot of things that nobody uses now. One interesting fact about that service: I saw the beginning of inventions. Giving a man a bath—we had a framework over an ordinary tub with extensions for his arms and legs. We could wash him and pour water on him, but we could keep water away from a part that shouldn't be touched. Dr. [Alexis] Carrel who was over there at Jullily came down and showed us his Carrel solution—irrigating the wound—and I saw the beginning of that. All sorts of contraptions were invented. That's one thing about medicine. A war benefits medicine more than it benefits anybody else. It's terrible, of course, but it does.²⁶

As the war raged on in Europe, the United States joined the fray in April 1917. At that time, Dr. Alice Weld Tallant was a professor of obstetrics at the Woman's Medical College of Pennsylvania (now the Medical College of Pennsylvania) in Philadelphia. She promptly took a leave of absence to become a director of the Smith College Relief Unit. That summer, she accompanied the unit to an area along the Somme where they helped the rural population of villages devastated by battle and the retreating German Army.²⁷ Dr. Tallant, one of the unit's two doctors, worked alongside "women skilled in children's work, carpentry and handicrafts; one was a farmer, one was a high-school teacher; six were trained social service workers, and six qualified as chauffeurs."

The Smith Unit concentrated its efforts in five areas: public health, stores and supplies, farming, transportation, and social service proper, with its three subdivisions of visiting, sewing, and child welfare. Members of the unit had brought with them as much equipment as they could carry: camp beds, blankets, carpenter's tools, food, automobile parts, and clothing for distribution, as well as six portable houses and stoves to heat them. The French Army supplied other barracks and portable cabins, but no heat, electricity, running water, or plumbing.²⁸

As they settled in, Dr. Tallant was questioned by a French military doctor about the needs of the American women. She replied that more than anything else, they needed toilet facilities. The officer made a sweeping bow and announced, "Mademoiselle, it will be my greatest pleasure to make you a present of one." The next day he sent a squad of soldiers to dig a latrine.²⁹

For the first six months, that unit of eighteen women carried out their aid program from cheerless, muddy headquarters in the ruins of an ancient chateau at Greecourt in the Picardy region seventy-five miles north of Paris. One unit member described the daily grind: "The doctors . . . were the first to begin. A doctor's bag was their main reliance; since boxes of medicines failed to come through. This meager source of supplies was augmented by the kindly cooperation of the military doctors of the region, and later by a generous grant from the American Red Cross."

To make their rounds of approximately 500 patients, the doctors had their transportation allotment, plus emergency service whenever possible. "They also had Tambour, an ancient horse detached from the artillery, a high two-wheeled cart, and a soldier in a brave new uniform, to drive." These were a gift from a town official at Nesle. "But most frequently, [we] will recall our doctors, of a Sunday morning, or perhaps of a bitter afternoon, knapsack on back, starting cheerfully away on foot. . . . Cheer, in fact, was their main stock of medicine. . . . Candy, hair ribbons, and more practical but perhaps not more efficacious, toothbrushes, beguiled the youngsters into habits of cleanliness."³⁰

The Smith Unit's dispensary was "officially open six days in the week, and on Sunday was never quite shut." From August to October 1917, more than 500 treatments had been given: minor surgery and treatment of sores, skin diseases, and ailments arising from malnutrition. "There is a great deal of rheumatism," wrote a reporter for the *London Daily Mail*. "Pneumonia and similar troubles are expected. The people are living on the mud floors of stables, under leaking roofs, lying on board shelves without straw."³¹

In addition to the dispensary service, the Smith doctors made medical rounds weekly to each of the sixteen villages under their care. In three of the villages, there were permanent dispensary quarters. "All medical service, medicines, combs and toothbrushes, and supplementary feeding such as eggs and milk, from our cows, were free, to give the fullest encouragement to healthful living," one of the Smith volunteers wrote home. In spite of the shortage of pumps and fuel everywhere, the results were striking. "One scarcely recognized the clean—though often ragged—children of 1918, as the same as those who had watched so listlessly our arrival six months before."

At the end of her six-month leave of absence, the unit's director, Dr. Tallant was recalled to the Woman's Medical College in Philadelphia. But as soon as the spring term was over, she rushed back to France and caught the last train to the devastated regions. When she found the Greecourt chateau had been retaken by the enemy and its personnel evacuated by the Red Cross, Dr. Tallant joined Anne Morgan's American Committee for Devastated France.³²

She also offered her services at the American Army Hospital, where 120 patients were awaiting attention, but she was turned down because the U.S. Army did not accept women physicians. Undismayed by her rejection, Dr. Tallant went on to a French Army Hospital, where she was welcomed and helped care for both civilian refugees and the French military wounded. During the battle of Chateau Thierry, she worked for two frantic months in the French receiving ward until the crisis passed.

The French Army authorized the women doctors to wear one stripe so they could give orders. On inspection one day, a French general asked, "The American ladies have one stripe; how long does it take to get two?" "Usually one year," the commanding officer replied. "But," queried the general, "wouldn't you say the ladies have had unusually intensive service?" The U.S. women doctors had the second stripe within an hour.

Dr. Tallant rejoined Anne Morgan's American Committee for Devastated France after the Armistice, in time to cope with the worldwide epidemic of influenza, or "Spanish Grippe," as it was called in France. Of more than 300 flu victims, she and her partner did not lose one patient, which Dr. Tallant attributed to the use of brandy, added to standard prescriptions, to offset the flu's weakening effect on the heart.

Dr. Tallant was awarded France's *Croix de Guerre* for her service in caring for the wounded under bombardment during the last months of the war. But just as precious to her was a less elaborate medal from the citizens of a small village in Picardy. This special souvenir was engraved as follows: "The inhabitants of Vic-sur-Aisne are grateful." Dr. Tallant, who later became an internationally known gynecologist and obstetrician, returned to Philadelphia after the war and worked for another eighteen years on the staff of the Woman's Medical College. She also served for many years with the Babies Hospital and St. Martha's House in South Philadelphia.³³

Bellevue Hospital physician Anne Tjomsland continued to practice general medicine and anesthesiology in New York and New Jersey following the Great War. At the outset of the Second World War, she wrote to a friend: "No, I am not in the service; have not even asked, as they would be sure to turn me down; women are not wanted in this present fight, it seems—that is, women doctors. But it leaves all the more for us to do at home. Am working sometimes sixteen hours a day, and there is no end to the work one might do!" She continued to write about medical history, and in 1952 produced a translation of the *Saga of Hrafn Sveinbjarnson*. The *Life of an Icelandic Physician of the Thirteenth Century*. She died in 1958 at the age of eighty-eight.³⁴

After being decorated for her service by the French minister of war, Dr. Nellie Bursness came home to the Midwest late in 1919 but returned to Europe to

study in Berlin and Vienna. She enjoyed a long and thriving practice in Minnesota and was honored in 1954 "for meritorious service to the people of her community" for more than fifty years.²² She died in Minnesota in 1966 at the age of ninety-three.

Dr. Mary Crawford returned home after a year in Paris during the war, but she continued her war work, raising money for France and serving as chairman of the American Women's Hospitals. She never returned to France, but in 1919 she began a pioneering career in industrial medicine by establishing the Medical Department of the Federal Reserve Bank, one of the first such departments in the country.²³

The program, which she worked on for thirty years, was used as a model for numerous companies across the country. Late in life, Dr. Crawford was asked if she had not been terribly afraid during her wartime hospital work in France. She replied simply that she didn't think she'd been afraid at any time in her life.²⁴ A devoted Cornell University alumna, Dr. Crawford died in New York City in 1972, aged eighty-eight.

The American Women's Hospitals program, which served in France in 1918, continued to work in Europe into the 1920s. After the Armistice, however, war relief efforts were thrown into disarray. Patriotism and wartime fervor declined rapidly as Americans left Europeans to fend for themselves. In the AWH, committee members resigned, donors withdrew pledges, and even personal friends discontinued support. Still, many founders of the AWH realized that sickness and need did not end when the war ended. Dr. Lovejoy claimed that the "aftermath—local wars, revolutions, famine and forced migrations were worse than the war in some countries."

Dr. Hunt, director of AWH No. 1, declared that "the war has been won; now the peace must be won." Throughout France, Serbia, and the Near East, the AWH met medical emergencies, established public health programs, and provided social welfare services. Typhoid fever, influenza, malaria, and a variety of other diseases literally plagued Europe, and, in many areas, the AWH provided the only medical care in the years immediately following the war. AWH service continues to this day in many parts of the world, but greater emphasis is now placed on helping the needy in the United States.²⁵

Despite their flawless record during and after World War I, women physicians still were not welcomed into the military at the onset of World War II—except, once again, as contract surgeons. In 1939–1940, the American Medical Women's Association organized a legislative committee to lobby for the commissioning of women physicians into the Army Medical Corps. Through the efforts of this committee and the help of many national women's organizations, as well as the backing of the American Medical

Association, Congress passed the enabling legislation in April 1943. The bill, effective for the duration of World War II plus six months, authorized a temporary commission in the medical corps to qualified women physicians. Permanent legislation was passed in 1952.²⁶

Notes

1. Esther Poll Lovejoy, *Certain Samaritans* (New York: Macmillan, 1927), 6–12, and Nancy Hewitt, "The American Women's Hospitals," in the newsletter of the Archives and Special Collections on Women in Medicine, the Medical College of Pennsylvania, Collections 6 (June 1982): 1–2.
2. *Ibid.*, 13–22.
3. *Ibid.*, 14.
4. Ruth Gurnee, *Ladies of Graceland: The Smith College Relief Unit in the Somme* (New York: E. P. Dutton, 1920), 154.
5. *Ibid.*, 243–244.
6. Lovejoy, 21.
7. *Ibid.*
8. *Ibid.*, 23–26.
9. Letter written by Dr. Anne Tjomsland, October 3, 1963, the Medical Archives of the New York Hospital-Cornell Medical Center, New York City.
10. John Starr, *Hospital City* (New York: Crown, 1957), 197.
11. Starr, 197–198.
12. *Ibid.*, 206.
13. Anne Tjomsland, M.D., *Bellevue in France: An Anecdotal History of Base Hospital No. 1* (New York: Froben Press, 1941), 59–60.
14. Starr, 206.
15. Tjomsland, *Bellevue in France*, 75.
16. *Ibid.*, 154–155.
17. *Ibid.*, 76.
18. Starr, 207.
19. Tjomsland, *Bellevue in France*, 155.
20. *Ibid.*, 232.
21. Biographical material, including a family history, an autobiography, and various articles, on Dr. Nellie N. Barnes was furnished by the Pope County Historical Society, Glenwood, MN.
22. *Ibid.*, autobiography.

23. Ibid.
24. John O'Reilly, "Woman Doctor Retiring at 65, to Go to Work," *New York Herald Tribune*, February 10, 1949.
25. Interview with Dr. Crawford and her sister, Lucy Shepard Crawford, by Edith M. Fox, Cornell University archivist, Department of Manuscripts and University Archives, Cornell University Libraries, Ithaca, NY, 1962, 13–20.
26. Ibid., 19–20.
27. Deceased Alumni Records, Department of Manuscripts and University Archives, Cornell University Libraries, Ithaca, NY.
28. Reminiscences of Dr. Alice Weld Tallant, from "Individual Experiences Concerning Overseas Life," in *A History of Women's Overseas Service League*, comp. Helene M. Silla (Newburgh Heights, OH: 1978), 242. Copies of this publication are available from Ms. Silla, 3872 E. 38th St., Newburgh Heights, OH 44105.
29. *Guinea*, 66–67.
30. Reminiscences of Dr. Alice Weld Tallant in Silla, 242.
31. *Guinea*, 67–68.
32. *London Daily Mail* quotes in the alumnae magazine of Smith College, Northampton, MA, the *Smith Alumnae Quarterly* (November 1917): 28.
33. The American Fund for French Wounded was organized by Anne Morgan, Francophile daughter of millionaire U.S. financier J. P. Morgan, to provide medical supplies to the French military. In March 1918, the organization split into two bodies. The first, bearing the same name as its parent, continued to care for war casualties, and the other, incorporated under the name American Committee for Devastated France, worked with various other organizations to provide relief for French citizens in the badly battered war zones.
34. Reminiscences of Dr. Alice Weld Tallant in Silla, 243.
35. Dr. Anna Tomland papers, Department of Manuscripts and University Archives, Cornell University Libraries, Ithaca, NY.
36. Business file.
37. Deceased Alumni Records, Cornell University Libraries, Ithaca, NY.
38. Nancy A. Hewitt, "History of the American Women's Hospitals," in *Records of the American Women's Hospitals, 1917–1982: An Inventory* (Philadelphia: Medical College of Pennsylvania, 1987), 3.
39. Lt. Col. Clara Raven, MC, USAR, "Achievements of Women in Medicine, Past and Present—Women in the Medical Corps of the Army," *Military Medicine* 125, no. 2 (February 1960): 108–109.

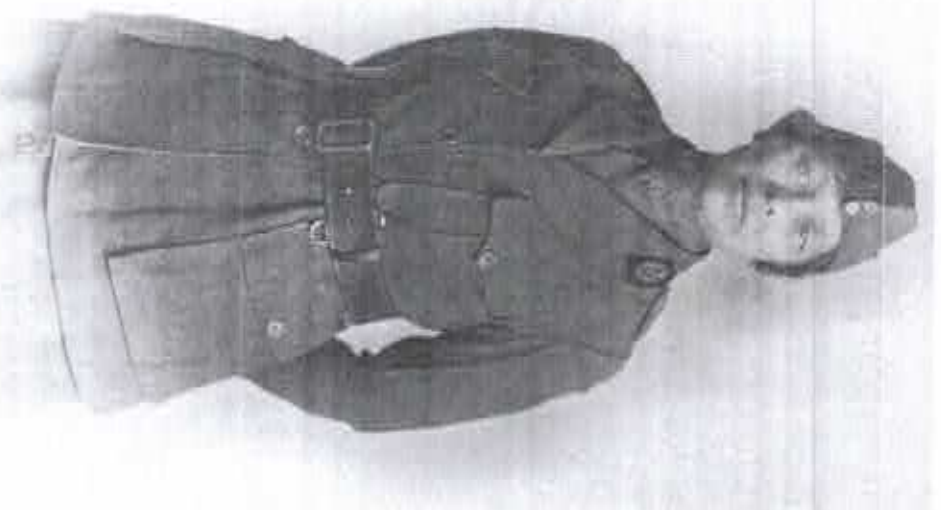


Dr. Esther Paul Lovejoy, a charter member of the Medical Women's National Association (later the American Medical Women's Association), who was appointed first head of the American Women's Hospitals. (Courtesy of Special Collections on Women in Medicine, Medical College of Pennsylvania, Philadelphia, PA.)



Anna Tjomsland

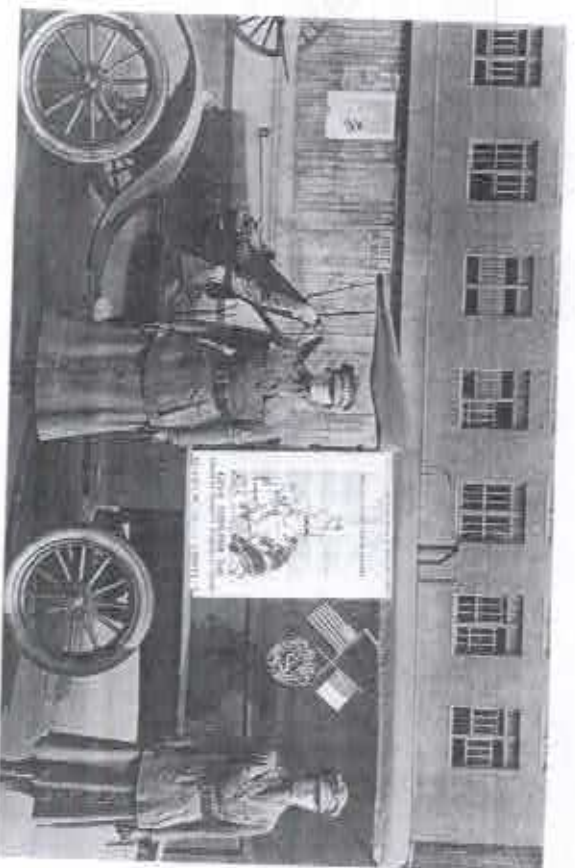
Two young U.S. women physicians who found their own way to serve in the Great War: Dr. Anne (Anna) Tjomsland, right, and Dr. Alice Weld Tallant, left above. Dr. Tjomsland entered Bellevue Hospital in New York City as one of the first women interns in July 1914. She expected to go overseas with her colleagues as American Base Hospital Unit No. 1, but because the Army Medical Department would not accept women physicians, Dr. Tjomsland signed on as a contract surgeon. She served in France from February 1918 until her unit returned home in April 1919. Dr. Tallant also went overseas as a civilian, the director of the Smith College Relief Unit, working to aid the rural French population in sixteen villages in the Somme area. She later worked with the American Committee for Devastated France, served refugee civilians and the French military in a French Army Hospital, and was awarded the French Croix de Guerre. (Tjomsland photo courtesy of Cornell University, Ithaca, NY; Tallant photo courtesy of the Medical College of Pennsylvania)



Dr. Nellie Barsness, shown in her French uniform, was welcomed by the French Army and appointed an ophthalmologist at a hospital for gas victims at Compiègne. After the Armistice, she conducted clinics in the French cities of Nancy and Reims and was decorated by the French for her work under hazardous conditions. (Courtesy of Pope County Historical Society, Glenwood, MN)

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Red Cross Volunteers



While Dr. Esther Pohl Lovejoy investigated possibilities for the American Women's Hospitals in France, the medical women at home concentrated on fund-raising and registration. A massive drive was launched in June 1918, with ambulances and uniformed members, such as the two pictured here, soliciting operating funds for AWH overseas. (\$200,000 was raised for the work. (Courtesy of the Medical College of Pennsylvania))

Henry Dunant, founder of the Red Cross, would have been proud, and even the stern Clara Barton, an early nursing volunteer, would have smiled with satisfaction over the magnificent humanitarian service provided by the American Red Cross before, during, and after World War I. Known the world over as a symbol of compassion, and fast, charitable action during crisis, the Red Cross was established in 1862 when Dunant, a young Swiss businessman who had witnessed terrible carnage on the Solferino battlefield in northern Italy three years before, proposed the formation of a neutral organization devoted to the care of the sick and wounded of armies at war. An international conference of the Red Cross committee convened in Geneva, Switzerland, in 1863, and the Geneva (or Red Cross) Convention was held the following year. This agreement and three subsequent humanitarian treaties for the protection of victims of war have since been signed by 146 governments worldwide.

While Dunant's Red Cross was taking root in Europe, the United States was embroiled in its own Civil War. One of the thousands of relief workers involved was Clara Barton, who helped care for both Union and Confederate wounded through the United States Sanitary Commission. Miss Barton later went to Europe to join relief efforts for both soldiers and civilians during the Franco-Prussian War of 1870–1871. She returned home to organize, with a group of friends, the American Association of the Red Cross in 1881, and a year later, her organization received official sanction from the U.S. government. Its charter called for the Red Cross "to furnish volunteer aid to the sick and wounded of the Armed Forces in time of war, and to act in matters of voluntary relief and in accord with military authorities as a medium of communication between the people of the United States and their Armed Forces."¹

The new American Red Cross immediately plunged into relief activity following forest fires, floods, and other catastrophes throughout the country, carrying out Miss Barton's plan for organized aid to disaster victims. The indomitable Miss Barton herself was still in action at the age of seventy-six, when she traveled to Cuba to provide nursing care, medical supplies, food, and other necessities for civilians and the military forces during the Spanish-American War of