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# On the Health Front

"Enlightened countries have recognized women doctors in the Army," says Dr. M. Marion Smith, superintendent of the New York Infirmary (left). At the right: Simulated casualty; stretcher bearers practice field work.

Major Barbara Stimson (left), fracture specialist and associate in surgery at the College of Physicians and Surgeons; and Lt. Achsa Bean, authority on health education and preventive medicine, assistant chairman of Vassar's Health Department. They joined the Royal Army Medical Corps.

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## Women Doctors See an End of Discrimination

By DOROTHY C. WALKER,
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At the New York Infirmary for Women and Children, one of only three hospitals in the country staffed entirely by women, last year there were seven internes and six resident physicians. This year there are four resident physicians, no interne.

Although this means more work for the 106 women doctors on the visiting or attending staff of the New York Infirmary, they are glad to see it happen. It's further proof of decreasing discrimination against the woman doctor. It means that hospitals which once refused the medical schoolgirl graduate the chance of interneship now welcome her.

But the woman doctor is a realist. She knows that the rush of professional attention springs from the fact that her male colleague is going into military service.

Approximately 300 of the 1000 women doctors practicing in New York State are residents of New York City. All of them are busier now than they ever have been before. They are working as attending physicians and department heads in hospitals, replacing doctors called to the colors. Their private practices are larger than ever, as patients seek out doctors who aren't likely to be called into service.

### Still Can Improve.

There is, of course, plenty of room for improvement. At this point the woman doctor is apt to find herself doing the work without getting the appointment and its attendant professional honor.

And in the matter of hospitals granting interneships to the girl graduate of medical schools, there is still a long way to go. A survey by the American Medical Women's Assn. showed that twice as many hospitals were accepting women as internes this year as last. That means that 463 rather than 233 hospitals are prejudice-free. The total, however, still is less than half of all institutions approved by the American Medical Assn. for interne training.

The country's largest single concentration of feminine internes is in New York City, where 38 of Bellevue's 242 internes and resident physicians are women.

New York's women doctors are leaders in the fight of the woman physician against discrimination. They are against it for the same reason that every doctor who happens to be a woman is. Having taken identical schooling with men for eight years and put in just as stiff an interneship, they can see no reason why they should be treated as less than equal when they go into practice.

### Now Must Excel.

In normal times there is only one front in the fight for equal recognition. That is in civilian practice. The tactic is very simple. The woman doctor has to be sufficiently good so that it is impossible to deny her recognition. But if the war continues to drain off medical men, the time may come when the woman doctor will have to be no better than her male colleague to get professional advancement.

The war has created a second City and throughout the country perhaps 300 women doctors who could and would like to serve with the armed forces. They cannot serve on equal footing.

Thus far the Army and Navy have accepted women doctors for service chiefly in connection with the WAACS and WAVES and only on contract, not commission. There is a very real difference between the two. If the woman doctor were commissioned in the Medical Reserve Corps she would, in the event of personal injury, be cared for by the government. As a contract surgeon she has to foot her own expenses in the event of illness.

### 140 in World War.

In the World War about 40 women served as contract surgeons. Another 100 volunteered for service in Allied countries and either paid their own way or were financed by private groups. Most brilliant of these pioneers was the young American surgeon, Dr. Rosalie Slaughter Morton, who worked in Britain and as a member of the Serbian Army Medical Corps. When Dr. Morton returned to America shortly before we entered the war she joined forces with Dr. Esther F. Lovejoy, who shortly thereafter became the first American medical woman to serve overseas with the Red Cross.

As members of the Medical Women's National Assn. (now the American Medical Women's Assn.) they helped organize the subdivision known as the American Women's Hospitals. This group raised its own war fund and financed units of women physicians later were decorated for their excellent work.

Dr. Connie Guion, who as head of the out-patient department of New York Hospital and a consulting physician at the New York Infirmary, is one of the country's top women doctors, has very definite ideas about army recognition of medical women in World War II.

"I feel," she said today, "that wherever a woman replaces a man she should get the same title and remuneration. The government has no right to offer a woman less."

### Insists on Equality.

"It's very short-sighted of the government," she continued. "Women in industry get the same pay as men. Nurses are granted commissions in the army and navy. If they want women to do things they should give them equal recognition. If I were asked to do anything I wouldn't do it. I'm not interested in doing army work. I can serve better here."

On her staff at the New York Hospital, said Dr. Guion, she had 10 women physicians. She expected that they would be taking on more extra hours soon and doing extra teaching. And until the army and navy change their attitude on contracts she feels that increasing service on the civilian front is much more important.

"I was talking with a woman patient upstairs the other day," she said, "and she told me her mother had been a contract surgeon abroad in the last war. While in service she had sustained a serious injury and the patient had spent her life helping to pay for it. Now, on the other hand, her brother was a private who never got out of this country but received the bonus and is entitled to government care. Her mother never got anything but a banged up pelvis."

### Policy Called 'Silly.'

"It's quite silly," said Miss M. Marion Smith, superintendant of the New York Infirmary, "for our government to persist in this when every enlightened country has recognized woman doctors in its army."

This brings up the case of Drs. Barbara Stimson and Achsa Bean. When the British two years ago appealed for 1000 American doctors, they were among the first 10 to sign up. Dr. Stimson is a recognized specialist on fractures and an associate in surgery at Columbia's Physicians and Surgeons. Dr. Bean, who is interested in health education and preventive medicine, is assistant chairman of Vassar's Health Department.

In England they joined the Royal Army Medical Corps. Dr. Stimson, a first cousin of the Secretary of War, was commissioned a major and Dr. Bean a lieutenant and later a major. Had they been injured during their service abroad, the British government would have paid the expenses of their recovery or given them pensions had they been permanently disabled.

Speaking as an individual, Dr. Women's Assn., and its retiring president, thinks the U. S. government immediately ought to accord the same recognition to distinguished women physicians as to men accepted by the army or navy. Her view about anyone more average is tempered by the exigencies of the national emergency.

### Makes Reservations.

"In time of war," Dr. Barringer holds, "if your government asks you to do contract surgery, I think you should do it. I believe that the majority of women in general medical work, if they're called on, should go forward. I make reservations, however, in cases of exceptional women."

This does not mean that Dr. Barringer, as chairman of the AMWA's committee on army commissions for women physicians, has relaxed her effort to obtain full Medical Reserve Corps recognition. As committee chairman and organization president, she and the AMWA's board of directors sent a wire to President Roosevelt asking that recognition on Dec. 6. She feels that the events of the following day have changed the situation.

Other leaders among women physicians feel there should be no departure from last year's position. "Women physicians who are qualified and who wish to serve in a military capacity should, of course, be given the same military status as men," said Dr. Marguerite P. McCarthy of Syracuse, president of the State Women's Medical Society. "The hub of the situation is that a woman injured or disabled, working for the armed forces by herself has no rights, no pensions, no allowances."

But whatever decisions the War and Navy departments finally arrive at, the 300 women doctors of New York City and their colleagues throughout the country are doing an increasing amount of good work on the civilian front. They may even be indispensable by the time the question of commissions in the Medical Reserve Corps is settled.

Tomorrow: Veterinarians.

## Baby's Gurgle