TO HEAL AND TO SERVE
Women Army Doctors in World War Two

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Women Army Doctors in World War Two

MERCEDES GRAF

Contents

Foreword

A little known fact about the women in America's Armed Forces is that they are only permitted to serve by law. Further, they have never been subject to the draft. Legislation established the first women's component, the Army Nurse Corps, in February 1901, authorizing the first servicewomen "in" the Armed Forces. The Navy Nurse Corps followed in 1908. Its important to note, however, that a few women prior to this time are credited with military service, including those who disguised themselves as men or those who were given credit or recognition as servicemembers because of work they were performing. While nurses were already authorized during World Wars I and II, the law was used to permit the service of non-nurses for the duration plus a short period thereafter. In the case of World War I, a standing law was invoked, while specific legislation actually permitted women's military service during World War II. Starting in World War I, a handful of women doctors were permitted to serve as civilian contract physicians.

Ironically, the only female recipient of the Medal of Honor, Dr. Mary E. Walker—a woman who tried desperately and unceasingly to join the Army as a doctor or surgeon and who cared for wounded and dying soldiers whether authorized to do so or not—was at the very best employed as a civilian contract surgeon but never as a military surgeon as she so desired.

From the standpoint of neglected or forgotten contributions of military women, women doctors probably lead the list. For example, concurrent with the dedication of the Women In Military Service Memorial, the Women's Memorial Foundation published *In Defense*

of a Nation, Servicewomen in World War II. Included in the book were the non-medical officers and enlisted women in the then four service branches, women in the Nurse Corps, the Dieticians, Occupational Therapists and Physical Therapists, Women Airforce Service Pilots, American Red Cross women serving in support of the military, the United Service Organization (USO), and the Public Health Service Cadet Nurse Corps. Regrettably women doctors, although small in number, were overlooked. So it has also been in virtually every book about war or conflicts, even in those rare times when the contributions of the medical team are included

Thankfully, Mercedes Graf, a most eloquent historian who previously has focused her research talents on women whose contribution had been overlooked, has taken a look at the contribution of World War II Army women doctors. This was a critical time in American history, particularly from the standpoint of military medicine and the massive recruitment of medical personnel. Graf has addressed women doctor's status in the medical profession before entering the Army, their assessment of the experience, and their subsequent career activity.

As I read the comments of the World War II women doctors, and noted their frustration at the limitations frequently placed on their work, I thought about an event I witnessed in the early 1980s. A female doctor, a Captain, was assigned to our base as the flight surgeon. General officers were supposed to have their physicals done by the flight surgeon. One of the male major generals stopped me in the hall to express his concern and embarrassment about going to her for his physical. It happened that I, a female general, had just gone to her and found her to be most competent. My response was how wonderful it was, after 23 years in the service, to finally be examined by a female doctor. He said, "I never thought about it from that point of view. I'll go as scheduled." Some years later, I presided at her retirement as a colonel. The auditorium was filled with male

generals from one to four stars and their spouses, all expressing great regret that she was retiring. She had overcome!

The book addresses the medical skills and insights the World War II women physicians could have brought to the table, and sometimes were permitted to do. It makes clear, however, the barriers and obstacles under which they had to operate and which negatively impacted their ability to contribute. Sadly, many left service with a sense of frustration. Importantly, the book also speaks to the achievements and, for many, the effect their military service had on their careers after discharge from the Army. It leaves the reader with a hope that the utilization of women doctors in the service today has progressed far, far beyond the challenges these women faced in World War II. These are stories and a time in history that needed to be documented—that, Graf has done, and done well. We should be exceedingly grateful.

Wilma L. Vaught
Brigadier General, USAF (Ret.)
President, Women in Military Service for America Memorial Foundation, Inc.

Preface and Acknowledgments

Several medical historians have treated the work of women physicians since their entry into medicine. In the book, *Sympathy and Science: Women Physicians in American Medicine*, Morantz-Sanchez presented a picture of nineteenth century medicine and the experiences of several pioneers and researchers in the field who believed they had unique contributions to make because they were women. Abram, in *"Send Us a lady Physician": Women Doctors in America 1835-1920,* held that the stereotype of women as gentle souls and creatures who were natural healers worked in their favor, and she focused on the class of 1879 at the Woman's Medical College of Pennsylvania (WMCP). In her book, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization*, Moldow documented the careers of some of the outstanding women who were drawn to practice in the nation's capital during the 1880s and 1890s. Walsh, in *"Doctors Wanted: No Women Need Apply," Sexual Barriers in the Medical Profession, 1935-1975*, discussed the sexual barriers in the medical profession from 1835-1975 and she explored why women have not been given an equal chance in medicine. She also touched briefly on the subject of women physicians in both world wars. Finally, in *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*, More demonstrated that "the insistent effort of women in medicine today" is to seek an inner balance in integrating public and private as well as civic and professional interests for themselves and their patients. Unlike the other medical historians, however, More considered in some detail how the issue of getting commissions for women doctors in WWI gave the Medical Women's National Associa-

tion, later the American Medical Women's Association (AMWA), the opportunity to prove its usefulness by recruiting the services of women doctors with the American Women's Hospitals (AWH). In the next war, the AMWA's campaign on the exclusion of women doctors from the military reserves in WWII revitalized the activism of American women physicians.[1]

Not concerned solely with the history and progress of women in medicine, other writers focused on the role of various women's groups in war, and they included a brief treatment of female physicians. Lettie Gavin provided a comprehensive overview of various groups of volunteers in *American Women in World War I: They also Served,* but her treatment of women physicians in the Great War was limited to one chapter where she, like More, considered their work with AMWA and AWH. In her work, *Mobilizing Minerva: Women in the First World War,* Kimberly Jensen, like Gavin, devoted one chapter to the work of women doctors, mostly with the AWH, although she mentioned a few women who volunteered as contract surgeons. Jensen's intent, however, was not to pursue individual women, but rather to provide a thoughtful and provocative analysis of the intersection of war, gender, citizenship, and violence as it related to WWI women.[2] Graf's book, *On the Field of Mercy: Women Medical Volunteers from the Civil War to the First World War*, differed from other books on women in war because it identified individual women physicians in the Civil War and the Spanish-American War who had been invisible previously because they had to volunteer as nurses given the constraints of the time; or, by the time of World War I, served as physicians on contract without the benefits accorded to their male colleagues in terms of benefits, pay, and rank.[3]

Three works stand out in their treatment of Army women in WWII, although a discussion of women physicians was absent in all of them: Mattie E Treadwell's definitive account of the Women's Army Corps in World War II written in 1954 chronicled the efforts to establish the WAAC/WAC along with the reactions of the

women of the Corps to Army life; Bettie J. Morden's account of the Women's Army Corps expanded the story of the WAC from 1945-1978; and Jeanne Holm's story of women in the military described their fight for the right of women to serve their country.[4] Only one book by Bellafaire and Graf, *Women Doctors in War*, dwelt on the experiences of women doctors in the Army from the Civil War up to the present time, but it contained only one chapter about WWII—and that was more an overview than anything else.[5]

Since the experiences of WWII women doctors have never been treated in depth before, I feel that the telling of their stories is long overdue. As commissioning was not granted until April of 1943, their Army service was relatively short, and for the majority of the women medical officers, it was only an interlude in their professional lives. This brings up several questions. What were their lives like before they volunteered? What motivated them to become medical officers? What did they do when they were in the Army and did crossing gender lines affect their wartime military experiences? What career paths did they follow in postwar years? I have tried to weave answers to these questions in various chapters throughout the book. In doing so, I have uncovered stories that testified both to the character and the convictions of these women as individuals, as doctors, and as pioneer medical officers. And the stories are as varied and sometimes as incredible as the women themselves: From a Chinese psychiatrist to a Jewish plastic surgeon who fled Nazi Germany; from the author of the first important German textbook in anesthesiology to a pioneer in the research of Sudden Infant Death Syndrome (SIDS); from a medical missionary to an expert in the Manhattan Project; from a pathologist who was married to a member of the French Resistance to a sculptor turned physician, and so forth.

Thus, the intent of this book is to delve into the background, lives, and career paths of WWII women Army doctors in as much detail as possible since it has never been undertaken before. In the interest of clarity, Army abbreviations herein are capitalized as is current

usage e.g., WAC for Wac except in quotations where the original spelling is used. At the same time, there was little or no information that could be found for some of the women, and there is still much more information to be gathered for others than has been done here. I leave that task to other researchers behind me. Finally, like any good history, it is my hope that this is a true picture of the experiences and lives of these uncommon women—all Army doctors and all volunteers who proved that combat is not the sum total of war.

In gathering materials for this book, I have many acknowledgments and deep thanks to offer to so many people that it would be impossible to list them all. It goes without saying that this work would not have been possible, however, except for the generous help in locating materials and pictures from the archivists and staff members of the many medical schools, universities, and colleges across the country that these women doctors attended. This is just as true for the many librarians who assisted me with research in public and private institutions.

Of course, there are also many individuals who have offered me assistance and help to such a degree that I feel I owe them special thanks. At the U. S. Army Military History Institute, Carlisle Barracks, Pennsylvania, I had the assistance of Army archivist, Melissa Wiford who helped guide me in this process as she had spent months putting together Dr. Margaret D. Craighill's Collection which is cited throughout this book. Also, she and Jessica Sheets read the original book proposal and made suggestions on how to focus the manuscript in terms of the women doctors' specialties. Their contributions were invaluable when it came to locating information about the women doctors and their assignments and classifications in the Army.

At Governors State University where I was formerly a tenured professor, I had the help of Lydia Morrow, Eric Nicholson, Terry Rickhoff, and Lynn Dimaggio—and without Lydia's dogged determination to identify sources in the early phases of this process, the book would probably never have gotten off the ground. At Drexel University College of Medicine (DUCM) Special Collections, Legacy Center, I had the help of director of archives Joanne Murray, and archivist Barbara Williams, as well as former staff, Alex Miller. Of course, no book on Army women could be undertaken without the assistance of the staff at the Women in the Military Society of America (WIMSA) and especially to foundation president, Brig. Gen. Wilma I. Vaught, USAF (Ret.) and to curator of collections, Britta Granrud. I am also appreciative of the ongoing help of archivists at the National Archives and Records Administration (NARA) in Washington D.C. as well as to staff at the Library of Congress.

Several families and friends of these women Army doctors also offered materials and pictures that were used in this book. I am especially grateful to the families (mentioned separately in end notes) of Margaret Lynn Bryant, Eleanor Hayden, Clara Raven, Mila Pierce Rhoads, Genia Sakin, Josephine Stephens, Elvira Seno, anad Grace Fern Thomas for materials and pictures. I also give special thanks to the Lutheran Society for providing materials related to Agnes Hoeger and her missionary work.

I am especially appreciative of the rare opportunity I had to interview Dr. Theresa McNeel by phone; and in particular, for her patience with me in our numerous contacts—as well as her reading and rereading the transcript to see that I got it "right". If I have forgotten to mention others, I hope they will forgive me, and know their efforts were just as well appreciated.

~ NOTES ~

1. Morantz-Sanchez, Regina, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985); Abram, Ruth J. *"Send Us a Lady Physician": Women Doctors in America 1835-1920,* (New York: W. W. Norton & Company, 1985); Moldow, Gloria. *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois Press, 1987); Walsh, Mary Roth, *"Doctors Wanted: No Women Need Apply," Sexual Barriers in the Medical Profession, 1835-1975* (New Haven: Yale University Press, 1977); More, Ellen S. *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995,* (Cambridge, Massachusetts: Harvard University Press, 1999). Quote, More, 12.

2. Gavin, Lettie, *American Women in World War I: They Also Served* (Niwot, Colorado: The University Press of Colorado, 1997); Jensen, Kimberly, *Mobilizing Minerva: Women in the First World War* (Champaign, IL: University Press of Illinois, 2008). Too many books have been written about nurses to be listed here.

3. Graf, Mercedes, *On the Field of Mercy: Women Medical Volunteers from the Civil War to the First World War* (Amherst, NY: Humanity Books, 2010). This was the first time a separate group of women physicians was identified as serving in the Spanish-American War; and it was achieved by scanning roughly 1500 personal data cards of the contract nurses which asked the question: From what nursing school did you graduate? By purest chance, it was noted that some women physicians struck out nursing school and wrote medical school in its place.

4. Three books: Treadwell, Mattie E., *United States Army in World War II, Special Studies: The Women's Army Corps* (Washington DC: Center of Military History United States Army, 1954); Morden, Betty J., *The Women's Army Corps 1945-1978* (Washington, DC: Center for Military History, 2000); Holm, Jeanne, *Women in the Military: An Unfinished Revolution* (Novato, CA: Presidio Press, 1982). Two other recent books on WACs talk about them in the context of social issues that surrounded them in the 1940s: Jean Bethke Elshtain and Sheila Tobias, eds., *Women, Militarism, and War* (Savage: MD: Rowman & Littlefield Publishers, Inc., 1990); and Meyer, Leisa D., *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps* (New York: Columbia University Press, 1996). For women in the Navy, see Godson, Susan H. Serving *Proudly: A History of Women in the U.S. Navy* (Annapolis, MD: Naval Institute Press, 2001); but women Navy physicians are not discussed. There is, however, a chapter about them in *Women Doctors in War.*

5. Bellafaire, Judith and Graf, Mercedes, *Women Doctors in War* (College Station, TX: Texas A & M Press, 2009).

Introduction: Pioneer Women Doctors Campaign for Wartime Service

Throughout history, women have participated in war. They went as camp followers, cooks, and laundresses, assumed nursing duties, and when they could not bear arms, they sometimes disguised themselves as men. In the American Civil War, it has been documented that more than two hundred women assumed male disguises and enlisted in the armies of the Union and the Confederacy since they could not do so as females. At war's end, however, women soldiers demonstrated that they were effective in combat and they bore all of the same hardships and dire consequences as their male counterparts suffering "wounds, disease, and internment as prisoners of war" and even died for their country.[1]

Also serving on the Civil War battlefield were a handful of women doctors who have been mostly overlooked because they had to work as nurses given the gender constraints of the time.[2] Like the females who adopted male disguises, pioneer women doctors faced enormous obstacles in their quests to serve their country during wartime—a situation that did not change even as late as World War II. Thus, they had to overcome the barriers erected against them by a society that placed specific demands upon its females, they needed to learn how to cope with a medical establishment that was dominated by men, and they had to storm an all-male military hierarchy that held women did not belong.

The relation between gender and professionalism is an issue that women doctors have struggled with since they were drawn into med-

icine. In her groundbreaking study on this topic, Morantz-Sanchez noted that historically most female physicians believed that they had a unique contribution to make to their profession and to society at large. This has been true from the colonial period where their activities, such as nursing and midwifery, were linked to the private sphere; to the antebellum health reform movement where health was viewed as " a female responsibility"; and lastly to their entrance into medicine in ever-growing numbers during the nineteenth century which ushered in a phenomenon that historians have referred to as the "cult of domesticity" or the "cult of true womanhood."[3] During this period, the public arena was the natural place for men, while women's rightful place was the home. Qualities most desirable in a woman were associated with her tenderness, docility, obedience, cheerfulness, and modesty and moral worth. The concept of "separate spheres" reinforced the belief that men and women's natures were opposites and pioneer women who studied medicine were thought to be violating their natural domestic roles in society.[4] While women were presumed to be citizens, they lacked the rights male citizens had such as owning property, voting, working in a profession, and enlisting in the Army. In other words, as historian Kerber maintains: There are hierarchies of citizenship.[5] Since women were at the bottom of the hierarchy, female physicians faced many more obstacles and they needed a special brand of perseverance to overcome them. They also recognized that cooperation was preferred over competition if they were to succeed in mainstream society. If indeed they were different than men, they would bring their tender ministrations to the bedside as only women could.

Yet even as the Victorian era began to wane, the struggles of medical women were repeated over and over again because of the "dictates of a culture still characterized by extreme sex stereotyping."[6] One writer was even more outspoken on the battles of medical women over the years when she stated, "One thing is clear: sexual discrimination is deeply embedded in the fabric of American medicine."[7]

Elizabeth Blackwell, for example, knew first-hand about the stigma associated with her sex. "The first seven years of New York life were years of very difficult, though steady, uphill work," she said. "I had no medical companionship, the profession stood aloof, and society was distrustful of the innovation [of medical women]." Unable to practice in hospitals and dispensaries there, she was sometimes the object of anonymous hate mail. When no one would rent her office space, she solved the problem by buying her own house; and she adopted an orphan girl in 1854 to assuage the feelings of loneliness that accompanied her pursuit to establish a medical practice.[8]

Towards the end of April 1861, Blackwell realized that nurses would be needed in the field, and she started a training program under the auspices of the New York's Woman's Central Relief Association. In her autobiography, however, Blackwell scarcely mentions her wartime experience, other than to note her "special work was the forwarding of nurses to the seat of war." She said simply: "All that could be done in the extreme urgency of the need was to sift out the most promising women from the multitudes that applied to be sent on as nurses, put them for a month in training at the great Bellevue Hospital of New York, which consented to receive relays of volunteers, provide them with a small outfit, and send them on for distribution to Miss Dix, who was appointed superintendent of nurses at Washington."[9] When the government decided to train and supply nurses on a much larger scale, Blackwell was considered a logical candidate, "but because most medical men were suspicious, hypercritical, or jealous of her, Dorothea Dix was appointed Superintendent of Women Nurses."[10]

A few other medical women decided to practice their healing arts on the Civil War battlefields at the same time that Blackwell threw her energy into training nurses. Given societal expectations and the military's negative view of women serving in a man's Army; however, they could not be commissioned as medical officers. In order to treat the wounded and sick, they volunteered instead as nurses, a role

which was consistent with the "tender ministrations" of women—even though these women had superior training to the thousands of inexperienced women who rushed to the field. Since they performed the duties of nurses, they were generally perceived as nurses—something that Dr. Mary Edwards Walker, the only woman to be awarded the Medal of Honor so far, could not and would not countenance.[11] In fact, her persistence and determination (which many called obstinacy and stubbornness) in pursuing a commission as an assistant surgeon not only made her a controversial figure, but it made her a highly visible one as well. Like it nor not, she forced the public to concede, however unwillingly, that a woman doctor could take to the field if she chose.

Dr. Mary Edwards Walker.
Courtesy National Archives.

As pioneer women doctors managed to graduate from medical school, they continued to feel the brunt of an unsympathetic public—sometimes in their own families and sometimes as it was reflected in institutional discrimination and even outright ostracism. Such experiences, however, only seemed to make them more determined to succeed. For example, Bertha Van Hoosen, who was born March 26, 1863, in the midst of the Civil War, had to reconcile herself to some of the same kinds of problems Blackwell had. As her parents were not supportive of her plans to be a doctor, she saved money earned from teaching calisthenics and physiology to finance her studies at the University of Michigan Medical School in 1884. Aware of her financial straits, Dr. Mary McLean offered to help the young woman with her studies and housing although it meant finding larger quarters. The search proved difficult, however, as all the rooming house owners were adamant on two points: no woman doctor, and no sign. Van Hoosen recalled, "Dr. McLean opened my eyes to the prejudice, the discrimination, the lack of confidence and paucity of opportunities that had to be reckoned with before success could be secured." Toughened by such experiences, and despite considerable opposition from male faculty, she went on to become the first female faculty member of the University of Illinois College of Medicine despite much opposition from male faculty.[12]

Early women physicians from the South had even more problems when they declared their intentions to study medicine given the views of how a genteel and refined woman was expected to conduct her life. Born into a prominent family in Lynchburg, Virginia, Rosalie Slaughter Morton entered medical school in 1893 at the Woman's Medical College (WMC) in Pennsylvania against her parents' wishes. Her mother "could not bear the thought of my serving all sorts of people in clinics and hospitals," and her father felt she "should not go into competition with those who need to support themselves." Her response was: "I would need less courage to face those dangers, fancied or real, than Joan of Arc had in becoming a soldier!" Un-

daunted, she became the first woman faculty member in Colombia's prestigious University College of Physicians and Surgeons.[13]

Around the same time that Morton was completing medical school and doing an internship, other women physicians faced the same kind of sexual prejudices at the start of the Spanish-American War in 1898. Nursing was done entirely by men until Congress recognized the necessity of increasing medical services to its soldiers and authorized the employment of contract nurses, regardless of sex, in March 1898. While this was a small victory for female nurses, who were now highly trained having graduated from the hundreds of approved nursing schools that had sprung up after the Civil War, women physicians were still unable to volunteer as physicians. But the window of opportunity was beginning to widen just a bit when on 29 August 1898, Surgeon General George Miller Sternberg appointed Dr. Anita Newcomb McGee Acting Assistant Surgeon in the Army and assigned her to the War Department. She was "placed in charge, directly under him, of all matters concerning" women nurses.[14] With this appointment, McGee was the only woman with that title in the Army, but she was also not perceived as a threat by male military surgeons as her work was purely administrative, and she would not be doing any real medical work.

Dr. Anita Newcomb McGee.
Courtesy Office of the Surgeon General, U.S. Army.

Even as soldiers rallied to the cry, "Remember the Maine" in 1898, women on the home front continued to support their men as they rushed to war. Yet many of them were determined to serve as nurses, albeit on contract with the Government, or else working with private agencies or groups such as the Red Cross. A handful of women doctors were just as eager to volunteer even if they could not do so officially as medical officers. McGee, who was busy in setting up a selection process for nurses, noted: "A few women physicians in good standing were also accepted as nurses" on contract. "Those who opposed the entrance of women into medicine as doctors," it seemed, "welcomed them as nurses…Clearly, women as nurses, engaged as they were in a domesticated version of the doctor's role, posed no threat to the male physician."[15] One of the doctors personally recruited by McGee was Dr. Mary E. Green, a well-known expert in foods—marking the first time a woman physician was recruited for her specialty area in war even though she served as a contract nurse.

It was Green's job to help design and supervise special diets, especially for typhoid victims who were suffering in many of the camps in the southeastern part of the United States. [16]

As World War I escalated, women physicians began to push their agenda for wartime service and military rank. If "action" was the watch word of the day, there was no stopping Van Hoosen and Morton who, along with Esther Pohl Lovejoy and Emily Dunning Barringer, went about promoting the rights of women physicians in war—a battle which would be repeated in WWII. When Van Hoosen served as the first president of the Medical Women's National Association (MWNA) in 1917, she appointed Morton as chairman of the War Service Committee, and the American Women's Hospitals Service (AWH) was put under it. Over a thousand women registered with the American Women's Hospitals the first year it was established. In accordance with the provisions of a special agreement, a large number of these women doctors were certified to the Red Cross for service in France, Italy, Poland and the Balkan States. (The Red Cross had also decided that there was an age limit, with special exceptions, for these physicians between twenty-five an forty years). At the first meeting called by Morton on 9 June 1017, Lovejoy was made chairman of the Executive Committee along with vice-chairman, Emily Dunning Barringer, and Lovejoy was authorized to go to Europe as the official representative of the MWNA.[17]

Van Hoosen had a straightforward platform—"to convince women physicians, first, of the need for cooperative action by women in medicine, and second, that the National could be a positive force for women in the profession." When Morton became chair of War Services Committee of the MWNA, which in 1937 took its current name, the American Medical Women's Association, she lobbied to have women physicians recognized as being equal to men for wartime medical duty. In fact, one of the goals of the MWNA was to change the law governing the Army Medical Reserve Corps. Despite considerable opposition from Congress and the War Department,

she proceeded to raise money to organize the American Women's Hospitals which sent hundreds of women doctors overseas for duty during the war and in postwar relief work later on. Towards the end of her life, Morton reflected that having been devoted "to the service of women physicians during the World War" was one of her greatest fulfillments in life.[18]

While giants like Lovejoy, Van Hoosen, Morton, and Barringer continued their activism, the War Department refused to accept women doctors in an official capacity in WWI, as only persons who were "physically, mentally, and morally qualified" could be appointed.[19] To the War Department it seemed clear that women doctors were obviously not physically qualified "persons"[19] At the same time, "many women doctors were eager to cast off the constraints of Victorian gender norms and join their male colleagues in the military medical corps."[20] In the end, the government relented its position and the Surgeon General was authorized to appoint women contract surgeons in the Army.[21] Women physicians were divided over this opportunity as many felt that serving as a civilian on contract without the benefits of rank and salary that male surgeons possessed was beneath them. McGee was also outspoken in supporting this position, as she believed working on contract was an offer that few women doctors could accept. Fifty-six women, however, volunteered, and often they had special skills the Army needed in areas such as anesthesiology and psychiatry.[22]

In World War II, woman physicians engaged in a repeat battle for their wartime rights. The AMWA renewed its efforts in an all-out campaign to help women physicians fight for military commissions. If the organization had learned anything, it was the importance of collective action by women, and it reached out for help to Dr. Emily Dunning Barringer. No better choice could have been made, as she was used to fighting for what she wanted and getting it. Born in 1876, her medical career spanned two world wars during which she played an active part in campaigning for the rights of women doctors.

In 1897 she entered the College of Medicine of the New York Infirmary, which merged with Cornell University School of Medicine. After graduation she applied for a position at Gouvernour Hospital and took a qualifying examination on which she received the second highest grade, but she was refused entrance because she was a woman. Fortunately she had Dr. Anna Putnam Jacobi for a mentor and friend who, being a fighter herself, would not let the younger woman give up.[23] Barringer reapplied later to the same hospital and was accepted although male medical interns in the city were opposed to her appointment.

Barringer became the hospital's first woman resident and ambulance physician. An immediate problem arose, however, when she learned there were no separate bathing or toilet facilities at the hospital unless she shared the men's bathrooms or made a long trip to the nurses' quarters. She solved the dilemma by buying a portable medical tub and hiring "an obliging maid" to help with filling and emptying the tub; but this was nothing compared to the discomfort and misery the other male doctors tried to foster on her as soon as she arrived. On her first night on rounds she was told that she would be expected to perform the routine catheterizations in the male surgical ward. Barringer realized that previously "men alone had dealt with the afflictions and diseases, instrumentation and surgery of the male sexual organs… [As] it is the one of the most intimate of all medical ministrations." It was clear that the male staff had conceived a plan that would ensure her failure on the first night of service, as "a strong well-founded opposition on the part of the male patient to being treated by a woman would be the strongest card the staff could hold." Nevertheless, she had been trained well and she carried out the routines with calmness and efficiency; and after her work that night she soon found "there was a growing demand for the 'Lady doctor' in the clinic."[24]

From 1917 on, Barringer was active with the MWNA; but her crusading put her in center stage when, as president-elect of the

AMWA for 1939-40 and afterwards as president, she was still promoting the wartime rating of women physicians. Fireworks broke out in 1942, however, when the American Medical Association (AMA) turned down a resolution recommending that the Army and Navy offer commissions to women physicians. AMA spokesmen opposed to the Barringer campaign insisted that women doctors "can render their greatest service" by replacing male practitioners who go on active duty.

As the controversy continued, Barringer maintained that, "The Army and Navy are the last strongholds held by men and administered by purely masculine planning. It would upset this man-made scheme to have women enter into it." Her frequent articles "demanding equal rights" appeared in the papers with such effect that half a dozen women's organizations rallied to her cause. By then she had gained the support of organizations like the American Legion and the New York State Medical Society, and she utilized the strategy that had been successful in World War I—securing the help of women leaders across the country. In this case, she solicited the support of Dorothy Kenyon, a well-known judge, lobbyist, and crusader.[25]

In March of 1943 numerous individuals and representatives of various groups throughout the country testified before the Seventy-eighth Congress. They urged the passage of a bill to provide for the appointment of female physicians and surgeons in the Medical Corps of the United States Army and Navy. Dr. Sophia J. Kleegman, of the Women's Medical Association of New York, testified that her sister, Dr. Anna Kleegman Daniels, was a contract surgeon during World War I, and she worked side by side with her men colleagues. Even though she had equal training and did exactly the same work, she was considered "inferior to them" in rank, pay, and denied many privileges, with no possibility of promotion. At that time Surgeon General Gorgas had stated: "Women physicians should be commissioned in the Army, but we are in the midst of a war and cannot take time out to pass the necessary legislation. However, I promise you

that in the next war women physicians will be commissioned on a basis equal to the men." What happened to that promise?

A statement prepared by Dr. Margaret D. Craighill, then Dean of the Woman's Medical College of Pennsylvania, was read in her absence by Dr. Emily D. Barringer, who was proud to represent a school where a few years earlier the faculty unanimously expressed a willingness to serve in the Armed Forces: "With nurses now commissioned, women physicians would be in an untenable position without rank if serving with military organizations." The statement contained the names of all the students and faculty of the college who supported the Celler bill, one of two separate bills petitioning that women serve in the medical corps of the Army and Navy. The other bill was sponsored by John Sparkman of Alabama and it was later signed into law on 16 April 1943 as the Sparkman-Johnson Bill. It seemed that women physicians had finally gained the right to be medical officers "thanks to heightened wartime need and their successful, strategic hard work."[26]

Even as women physicians continued to support the AMWA and push for commissioning, however, a few adventurous American women physicians had already volunteered to serve abroad in England under the auspices of the Red Cross in the summer of 1941. As had happened in WWI, the War Department decided to accepted women physicians as contract surgeons towards the end of 1942, and several of the women in England signed contracts with the United States Army hoping this was only a temporary measure. As public pressure continue to mount and the shortage of doctors continued to grow in the military, commissions in the Army Medical Corps were finally awarded to women starting in April of 1943 for the duration of the war and six months thereafter. Although the Army placed no limit on the number of professionally and physically qualified female doctors it would accept, only 1 percent or 76 of the approximately 7,600 women doctors in the United States were ultimately commissioned.[27]

One of the ironies of women's acceptance in medicine has been that although they were well established in the latter part of the nineteenth century, by 1920 the numbers of women doctor plummeted. It is not the intent of this book to discuss these reasons, but it is evident that the decline in the number of medical schools from 162 in 1906 to 69 in 1944 led to increased competition for medical school entrance and internships and residencies, especially for women and minorities. Between the two wars, quotas had also been set for women students which averaged 5 percent and 92 percent of the hospitals did not train women doctors. As late as the 1930s, an average of 250 women who had graduated from medical school competed for 185 internships that were open to them. With the outbreak of WWII, only 105 of 712 approved internship hospitals accepted applications from women. At the same time, 4,844 male medical graduates could choose from among 6,154 internship opportunities. Almost all of the seventy-six women doctors who were commissioned in the Army during 1943 and 1944 attended medical school between World Wars—which means during a period when entry levels for women were low but competition was keen.[28]

Who then were these women who chose to study medicine at a time when competing for entrance was a challenge for the most determined and persistent individuals? Initially the Army's preference was for women doctors who were single and between the ages of thirty-five and forty-five. Once the bill for commissioning passed, however, the requirements changed somewhat as women were to have the same rights and privileges as men, and like men, be assigned where they were the most needed. Applications were preferred from women physicians under age 45. Those under age 38 were to be commissioned as lieutenants; over 38, as captains or majors, depending upon their qualifications and the existence of appropriate position vacancies. For consideration above the rank of lieutenant, special training was required in a recognized specialty as well as further study and experience in the specialty. As it turned out, only two

women were over the age of fifty but there were at least seventeen under thirty-five, depending on the date that the count was taken. As expected, most of the women were in their thirties and forties and most were single although a few were divorced or widowed. Only a handful of the married women claimed dependent children, but roughly a dozen claimed a dependent parent, usually a mother.[29]

Dr. Margaret D. Craighill.
Courtesy National Library of Medicine.

Women Army doctors represented 43 medical schools from all over the United States and ten foreign schools. At the top was the WMCP having eight, Johns Hopkins having five, and four from The College of Physicians and Surgeons of Columbia University and the University of Wisconsin. Two other schools were represented by three women each: Long Island College of Medicine and the University of Texas. Several schools sent two women forward from their respective medical schools. Among these were Tufts where in 1955

only 1 percent of the graduates were female, and the University of Michigan, where there were no women graduates in 1956. (See Appendix for a list of other schools that were represented).[30]

Once women became part of the military establishment, they encountered a new set of problems. One issue that plagued the enlisted women was the concern over a woman's morals and conduct as she performs her duty and serves her country. When we consider the Civil War, we know there were definite assumptions about the proper role of the "lady volunteers". Dorothea Dix had stringent standards for government nurses, and applicants needed to produce two letters of reference testifying to their "morality, integrity, seriousness, and capacity for the care of the sick."[31] In considering what made a good nurse in the Spanish-American War, Dr. Anita Newcomb McGee required that they be judged in three areas: professional ability, character, and health.[32] When Irene Toland, a physician working on contract as a nurse, died of typhoid fever while in service during the Spanish-American War, the attending physician wrote: "She died loved by all who knew her, for her zeal and true moral worth as well as her skill."[33] Again, the inclusion of the phrase "true moral worth," emphasizes the qualities to be valued in a refined woman and nurse.

In May 1941, Congresswoman Edith Nourse Rogers from Massachusetts introduced H.R. 4906 which established the Women's Army Auxiliary Corps (WAAC), but it was not until a year later that the bill was established as law with a separate set of rules for women who would serve with the Army. One of the characteristics established by this legislation was that WAACS were required to be of high moral character and technical competence, which was not required of the men who were being inducted into the Armed Forces with the compulsory draft.[34] The changeover from WAAC to full military status as the Women's Army Corps (WAC) took place in the late summer of 1943.

WWII was also the first time that large numbers of women other than nurses were brought into the armed services, which historian

D'Ann Campbell maintains, "constituted a radical—arguably the most radical—break in the history of gender… as women in uniform challenged the centuries-old association of men with warfare, that is, challenged the most deeply anchored preconceptions of gender identity."[35] One of the most important tasks then that Oveta Culp Hobby, the Women's Corps Director, faced was promoting women as soldiers as she needed to create a new category which would proclaim female soldiers as feminine and sexually respectable.[36]

As the Women's Army Auxiliary Corps, later Women's Army Corps (WAAC/WAC) forces began to expand, there were false and exaggerated rumors about the immorality of women. One of the major themes for such rumors was "that Waacs were issued prophylactics or were required to take such items with them when they left the barracks, so that they could fulfill the 'morale purposes' for which the Army had really recruited them." It was this story in a nationally syndicated newspaper column that brought the slander campaign out in the open. Of course, there were concerns over recruiting the best female applicants, but problems were often with the screening process itself, which was often not thorough enough to wean out those women who were not prepared for the physical and mental strain of military life.[37] Clearly there were identified problems that needed attention if the WACs were to survive as a Corps, and it became the job of Dr. Margaret Craighill as the first Consultant for Women's Health and Welfare to make recommendations concerning the health of Army women including the nurses.[38]

When it came to the women medical officers in WWII, they were spared the kind of slander that had been directed at the Army servicewomen. The seventy-six women were all graduates of medical schools, they were considerably older than the WAC recruits, and many had family responsibilities in terms of dependent parents, children, or other family members. When these factors were taken as a whole, it was highly unlikely that such women had left successful practices to find husbands. Of course, it is also true that since there

were so few of them, women doctors were generally overlooked as a group by the public and even the Army itself.

The war did little to change prevailing stereotypes regarding the proper social identities of men and women in the Army.[39] And neither the outbreak of WWI or WWII, with their shortage of male doctors, created any serious reconsideration of the role of women doctors in wartime by the end of 1945.[40] It was not until 1952 that permanent legislation to enable women physicians to enter the service with the same rights and privileges afforded their male colleagues was passed. By the late 1980s, one historian observed that, "virtually all liberal women's advocacy organizations were linking military participation to first-class citizenship." There was no doubt that women had formed an increasing proportion of America's military strength "and that they have been placed in positions which erode simple distinctions between *combat* and *noncombat*."[41] By the 1990s, there was also a growing interest in women's war work and a new realization that unless the public acknowledges women's experiences and contributions, the processes involved in war will not be completely understood.

This book is about WWII American women Army doctors with a focus on who they were and what they did. Once they entered the Army (Navy women physicians are not treated here), their experiences were intertwined with the WAAC/WAC. Thus, it was important to discuss the history of the WAAC/WAC as it intersected with the lives of these women throughout their wartime careers. Margaret D. Craighill's accomplishments, in particular, are considered because of her vast influence on WAC medical care and health. Craighill also pointed out that many of the women medical officers were assigned to the care of WAC personnel exclusively or at various times, the very situation that the AMWA was opposed to as this would limit the kinds of experiences women doctors could acquire from being in the Army. Craighill further indicated that there were few specialists among the women doctors in the Army. This research, however,

found that while there were few specialty areas, roughly 75% of the women were in them out of the total number of 76. This brings up two questions: What were these specialties and who were assigned to them?

Commissions were given according to age and experience, and by the end of 1945 about one-third of the women Army medical officers had received promotions. In analyzing the professional classifications for each Army doctor, only a very few women were found in fields such as radiology, pathology, tropical medicine, plastic surgery and urology. This reinforces what was clear in civilian practice: gender issues played a key role in determining the choices of women doctors as most specialists were drawn to pediatrics, obstetrics/gynecology, anesthesiology, and psychiatry—fields that were consistent with "feminine" areas of endeavor.

Major Theresa Ting Woo, 1951.
Courtesy private collection.

For some other women doctors, the Army gave them opportunities they might not have had in civilian life. A few of them, for

example, got special training once they were in the Army. Theresa T. Woo was a pediatrician who was sent to study tropical medicine. In addition, "her knowledge of Chinese was "of inestimable value to the military intelligence."[42] Jean Dunham, among others, was sent for training in anesthesiology, and Machteld Sano of Belgium passed her Board examinations in pathology after being commissioned. Many women doctors clamored to serve abroad and Margaret Janeway was the first to be sent overseas with the WAAC/WAC. She also worked alongside Craighill as Assistant, Women's Health & Welfare Unit.[43] By the end of the war about one-third of the total women medical officers served overseas. Some of the women were stationed in England while others went to Germany or were on duty in the Pacific area and even in South America.

Dr. Margaret Janeway.
Courtesy private collection.

Women doctors also had to take on a new set of problems never encountered before in civilian life. They had to become accustomed to military protocol and red tape in the form of administrative duties and paperwork. They were frequently given duty assignments that were unrelated to their background and training, there were issues over rank and promotions, there were concerns about overseas duty,

treating exclusively or mostly women patients, and pay dependency allowances. Such matters, among others, needed to be considered here as they add to an understanding of the struggles and triumphs of this first group of women medical officers in the Army. And as Mattie Treadwell aptly put it in her classic study of the WAC: They "had passed through the natural evolution of any new cultural phenomenon [with] the mistakes and experiments…"[44]

The work of WWII women doctors has never been treated in depth before, and it is felt that the telling of their stories is long overdue. Since commissioning was not granted until April of 1943, their Army service was relatively short, and for the majority of the women medical officers, it was only an interlude in their professional lives. This brings up several questions. What were their lives like before they volunteered? What did they do when they were in the Army? Did crossing gender lines affect their wartime military experiences? What career paths did they follow in postwar years? I have tried to weave answers to these questions in various chapters throughout the book. In doing so, I have uncovered stories that testified both to the character and the convictions of these women as individuals, as doctors, and as pioneer medical officers. And the stories are as varied and sometimes as incredible as the women themselves: From a Chinese psychiatrist to a Jewish plastic surgeon who fled Nazi Germany; from the author of the first important German textbook in anesthesiology to a pioneer in the research of Sudden Infant Death Syndrome (SIDS); from a medical missionary to an expert in the Manhattan Project, from a pathologist who was married to a member of the French Resistance to a sculptor turned physician, and so forth.

As might be expected, the accounts of some doctors are more detailed than others, depending on how public their lives were and what they accomplished. In cases where there was less information available, readers are referred to the tables and Appendix which summarize important facts about these women and their Army service.

While there are many pictures of these women, it was not always possible to find them wearing their Army uniforms.

Finally, like any good history, it is the author's hope that this is an accurate picture of the experiences and lives of these uncommon women—all Army doctors and all volunteers who proved that combat is not the sum total of war.

~ NOTES ~

1. For the definitive work on women soldiers, see Blanton, DeAnne and Cook, Lauren M. *They Fought Like Demons: Women Soldiers in the Civil War* (New York: Vintage Books, 2002). Also see Hall, Richard. *Patriots in Disguise: Women Warriors of the Civil War* (New York: Paragon House, 1993). For a general treatment of women in war, see DePauw, Linda Grant. *Battle Cries and Lullabies: Women in War from Prehistory to the Present* (Norman: University of Oklahoma Press, 1998). Quote is from Blanton and Cook, 205.

2. See Graf, Mercedes, *On the Field of Mercy* where she identified eight women who served on the battlefield; but only two of them were later recognized for being contract surgeons, Dr. Mary E. Walker and Dr. Sarah Chadwick Clapp.

3. Morantz-Sanchez, Regina, 11-15. She also points out the "subtle and insidious" fear of male physicians that the influx of women would alter the image of the profession by feminizing it in unacceptable ways. For more on the connection between health reform and advances in 19th century medicine, see "Making Women Modern: Middle Class Women and Health Reform in 19th Century America," *Journal of Social History* (10) June 1977.

4. For a discussion of women in medicine from ancient healers to their status in the U.S. up to the 1870s, see Marks, Geoffrey and Beatty, William K. *Women in White* (New York: Charles Scribner's Sons, 1972); also see the monumental work of Hurd-Mead, Kate Campbell. *History of Women in Medicine from the Earliest Times to the Beginning of the Nineteenth Century* (Haddam Conn.: Haddam Press, 1938). Also see Hurd-Mead, Kate Campbell 1867-1941 Papers, Arthur and Elizabeth Schlesinger Library on the History of Women in America, Radcliffe College.

5. See Kerber, Linda K., *No Constitutional Right to be Ladies: Women and the Obligations of Citizenship* (New York: Hill and Wang, 1998). She emphasizes that rights and obligations are reciprocal elements of citizenship.

6. Morantz-Sanchez, *Sympathy and Science*, 88-89. Leigh Marlowe believed that "Sexism cannot be explained on an individual basis. Its roots are cultural, though it works out on a personal and interpersonal level. Consequently, sexism has to be treated institutionally." See "Commentary," *International Journal of Group Tensions* 4, No. 1, March 1974, Special Issue: Who Discriminates Against Women? 136-37.

7. Walsh, *Doctors Wanted: No Women Need Apply*, 272. Gender discrimination was also true in European medical schools where the first ones to open their doors to women were in Switzerland and France. Even the medical school in Paris, which

admitted women from the early 1870s, had strong "opposition from the medical faculty and general public on the grounds that a medical education would affect women's moral purity." See Le-May Sheffield, Suzanne. Women in Science: Social Impact and interaction (Santa Barbara, CA: ABC-CLIUO, 2004), 116.

8. Blackwell, Elizabeth. *Pioneer Work in Opening the Medical Profession to Women* (New York: Humanity Books, 2005), reprinted from London and New York: Longmans, Green and Co., 1895; quote 219. Also see Blackwell Family Papers 1835-1960, Arthur and Elizabeth Schlesinger Library on the History of Women in America, Radcliffe College; and the Blackwell Family Papers, Library of Congress, Washington, D. C. When Dr. Marie Zakrzewska, who established the New England Hospital for Women and Children, could not find office space early in her career, Blackwell let her open an office in her back parlor.

9. Blackwell, *Pioneer Work*, 260-61.

10. Massey, Mary Elizabeth. *Women in the Civil War* (Lincoln: University of Nebraska Press, 1994), 46; reprinted from *Bonnet Brigades* (New York: A. A. Knopf, 1966).

11. Since being referred to as a nurse was such a sore point with Walker, two years after the war she felt compelled to write to the Judge Advocate General's Office for a statement verifying her official Army service. "I am worn out by our great government that has made no appropriation for me," she declared. It was her sincere hope that no one would be allowed "to carry the idea that I had never done any service in the U. S. as surgeon or Physician, but only as nurse, but admitting that I was paid as a contract Surgeon (only) while a prisoner." She ended by asking: "Will you kindly loose no time in stating that Official papers have passed through this office showing that Mary E. Walker, M.D. graduated as Doctor of Medicine in a regularly Chartered Medical College in the state of N. Y. In the year 1855, and was serving as Contract surgeon in the U. S. A. at the time our war closed?" See "Letter of Dr. Mary E. Walker to the Judge Advocate General, April 14, 1867," Entry 6, Letters Received, RG 153, *Records of the Office of the Judge Advocate General*, National Archives and Records Administration (NARA). Also see for "Walker's Relief": Report No. 1671 to accompany H. R. 7153, April 23, 1890, in *Walker's Pension File*, SC 142 715. Whenever she was in the field, she tied the green surgeon's sash around her waist as further proof she was not a nurse. For more on Walker, see Leonard, Elizabeth D. (*Yankee Women: Gender Battles in the Civil War*. New York: W.W. Norton & Co., 1994); Schultz, Jane E. *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill: The University of North Carolina Press, 2004); Graf, Mercedes. *A Woman of Honor: Dr. Mary E. Walker and the Civil War* (Gettysburg, PA: Thomas Publications, 2001).

12. Quote in Van Hoosen, Bertha. *Petticoat Surgeon* (New York: Pellegrini & Gudahy, 1947), 58-59. (This is her autobiography). Also see Schultz, Rima Lunin and Adele Hast, eds. *Women Building Chicago, 1790-1990: A Biographical Dictionary* (Bloomington: Indiana University Press, 2001). In addition, she was the only woman of her time, other than Madame Marie Curie, elected an honorary member of the International Association of Medical Women. For more information, see *Bertha Van Hoosen Papers 1931-1960*, University of Illinois-Chicago. In 1918 Van Hoosen went to Loyola University as professor and head of obstetrics, becoming the first woman to head a medical division at a coeducational university.

13. Autobiography of Morton, Rosalie Slaughter. *A Woman Surgeon: The Life and Work of Rosalie Slaughter Morton* (New York: Grosset & Dunlap, 1937); quotes on 14-15; end of life quote, 396. For more information, see the *Papers of Rosalie Slaughter Morton, M.D.* at the Hoover Presidential Library. More details her struggles in *Restoring the Balance*, 134-140, 146-147. Woman's Medical College went through several name changes from WMC to Woman's Medical College of Pennsylvania (WMCP); and was also known as Allegheny University of the Health Sciences, Hahnemann School of Medicine, and Drexel University College of Medicine. Generally this school is referred to here as WMCP unless reference is made to current archives and materials housed currently at DUCM.

14. "Untitled Manuscript by Anita Newcomb McGee" p. 25, (probably intended as a history of the Army Nurse Corps); in Anita Newcomb McGee Correspondence/ Office Files, RG 112, Entry 230, Box 1, (NARA). For a brief biography, see Dearing, Mary A. "Anita Newcomb McGee," in *Notable American Women, 1607-1950, Vol. 2* (Harvard: Belknap Press, 1971), 465; and Oblensky, Florence E., "Anita Newcomb McGee, MD," *Military Medicine* (May 1968), 398. See also Anita Newcomb McGee Papers at the Library of Congress, Washington, D.C.

15. "Testimony of Dr. Anita Newcomb McGee," *Conduct of the War Department with Spain*, Vol. 1 (Washington: Government Printing Office, 1900), 725; no threat quote in Walsh, 142.

16. For more on Dr. Mary E. Green, see Mary Elizabeth Korstad, *One to Follow: A Tale of Two Women* (New York: Carlton Press Inc., 1990). Mary (Mamie) Green Korstad, M.D. tells about her mother in the SAW; and see, B. L. Selmon, "A Woman of the Century," *Medical Woman's Journal*, Vol. 54, No. 12, December 1947, 42-43. Green's "Thesis on Medical Jurisprudence," submitted for the degree of Doctor of Medicine in the Woman's Medical College, PA., Session 1867-68, housed at (DUCM). The thesis is 17 pages long and it was her hope that "the legal and medical professions will be intelligently brought together, so that medical and surgical practitioners shall thoroughly understand their legal rights and liabilities, and the lawyers be prepared to properly examine medical men as witnesses in courts of

justice…" A Copy of Dr. Green's "Commencement" [Program] on March 14, 1868, is also housed at DUCM.

17. Sometimes there is confusion over Lovejoy's name. She was married twice; and after her first husband, Dr. Emil Pohl died, she remarried Lovejoy in a marriage that lasted seven years. The summary here of AWH is taken from her book about her experiences in France, *Certain Samaritans* (New York: The Macmillan Co., 1927). Space does not permit a discussion of her public health activism and medical relief work: reader is referred to the Oregon Health and Science University (OHSU) Historical Collections and Archives which has correspondence, speeches, and other records related to her work; Archives and Special Collections on Women in Medicine DUCM, Philadelphia. For more on AWH, see American Women's Hospitals Collection, Medical College of Pennsylvania Archives and Special Collections on Women in Medicine, Philadelphia. Also see Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana and Chicago: University of Illinois Press, 2008); Kimberley Jensen has a Blog on-line which contains numerous references to her work.

18. Van Hoosen quote in More, *Restoring the Balance*, 125. Morton end of life quote in her autobiography, *A Woman Surgeon: The Life and Work of Rosalie Slaughter Morton* (New York: Grosset & Dunlap, 1937), 396. More offers a comprehensive account of the MWNA in WWI as well as contrast of the lives of Morton, Lovejoy and Van Hoosen.

19. Treadwell, Mattie E. *United States Army in World War II, Special Studies: The Women's Army Corps* (Washington DC: Center of Military History United States Army), 8.

20. Moore, *Restoring the Balance*, 126. Also see Jensen, Kimberly. *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008). She also discusses nurses and women physicians who she feels embraced military service during World War I as a route to personal, professional, and political advancement.

21. These women contract surgeons served at the Army's pleasure and did not get the military rank, pay, and benefits of commissioned male officers; and the contracts could be abolished at any time.

22. McGee pointed out that there could be consequences for women doctors as the latter step 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." See Ellen More, "Rochester Over There," Ruth Rosenberg-Narparsteck, Ed., *Rochester History*, Vol. LI, summer 1989, No. 3. 20. List of 55 contract surgeons in "Women Contract Surgeons, U.S. Army, Who Served during the War

with Germany," undated, author unknown, American Medical Women's Association Collection, DUCM. The number is actually 56 if the work of another doctor is considered. Dr. Anne Tjomsland, a 1914 graduate of Cornell Medical School, served as an anesthetist overseas with the Bellevue Base Hospital unit.

23. Dr. Anna Putnam Jacobi was the first woman to be admitted to the New York Academy of Medicine. "She repeatedly prescribed grit and hard work in the face of discrimination," see Morantz-Sanchez, *Sympathy and Science*, 199; so she was an excellent role model for Barringer.

24. See Barringer's autobiography, *Bowery to Bellevue: The Story of New York's First Woman Ambulance Surgeon* (New York: W. W. Norton, 1950), 105-106; 121-123. Also see Noble, Iris. *First Woman Ambulance Surgeon, Emily Barringer* (New York: Julian Messner, Inc.), 1962. Noble notes that she raised money to buy ambulances in WWI by driving up and down the streets of New York in an ambulance herself.

25. All quotes regarding Barringer in "Woman Doctors Seek Officer Status in Medical Corps," *Medical Economics,* September 1943; supplied by Drexel University College Medicine (DUCM). Also see Barringer's editorial, "Women Physicians and the Medical Reserve Corps," *Norfolk Medical News*, January 1943, Volume III, No. 3. Jensen, in *Mobilizing Minerva*, points out that WWI "women physicians who made claims for wartime service in the military medical corps based their campaign on a vision of women's citizenship that included economic and professional equality," p. 97. Women who joined in this effort included those who served as contract surgeons and with voluntary organizations, those who registered for wartime service, members of the Colorado Medial Women's War Service League, the four Oregon women who took direct action to apply for service, the hundreds of women who sent in applications and inquiries, and thousands of others who signed petitions to Washington officials.

26. See Hearings before Subcommittee No. 3 of the Committee on Military Affairs, House of Representatives, 78th Congress, lst Session on H.R. 824, March 10, 11, 18, 1943; printed for the use of the Committee on Military Affairs (no publisher: Washington, D.C., 1943), 69. "Kleegman's Statement" in Hearings before Subcommittee No. 3, 67; "Craighill's Statement" in Hearings, 71. Medical officers quote in Jensen, *Mobilizing Minerva*, 97.

27. McMinn, John H. and Levin, Max, *Medical Department, United States Army: Personnel in World War II* (Washington, D.C.: Office of the Surgeon General, Department of the Army, 1963), 155. The numbers vary slightly if a count is taken at the end of 1945.

28. Walsh, Mary Roth. *"Doctors Wanted: No Women Need Apply," Sexual Barriers in the Medical Profession, 1835-1975* (New Haven: Yale University Press, 1977); 192, 224-225.

29. See "Requirements for Army Commissions", *Women in Medicine*, October 1943; 9. Statistics were based on the 63 questionnaires that were returned to Dr. Craighill, including hers, in Box 30. The two oldest women doctors (both commissioned captains) were Dr. Catherine Gordon McGregor, assigned to General Duty at a VA facility, and Dr. Mary Jane Walters, a neuropsychiatrist. Seventy-six women medical officers are named in *Medical Department, United States Army: Personnel in World War II* (Washington, DC: Office of the Surgeon General Department of the Army, 1963), 155. This list includes Cornelia Motley who was deferred for residency to 1 July 1945. Only the names of 75 women appear on Craighill's Official Army list, but not Motley's name, which would make it 76. See "Status of Women Commissioned in Army Medical Corps According to Initial Appointment and Present Rank," Histories of the Women's Health and Welfare Unit and Women's Army Corps Activities, Box 29, Margaret D. Craighill Collection, U. S. Army Military History Institute, Carlisle, Pennsylvania; hereafter referred to as Histories, MDC Coll. Differences in statistics are probably due to date when lists were compiled.

30. Craighill's list mistakenly noted that Dr. Agnes Hoeger graduated from medical school at the University of Michigan, but she graduated from the University of Minnesota. Only one woman doctor, Lt. Cornelia Ann Wyckoff, died in service. Obituary for Cornelia Ann Wyckoff in *JAMA,* 23 June 1945, Vol. 128, No. 8, 611. She began active duty as a first lieutenant (there were no 2nd lieutenants) on March 3, 1944; had been stationed at Foster General Hospital in Jackson, Miss.; died in the Touro Infirmary, New Orleans, 27 March, aged 28, of Clostridium welchi infection and heart disease. The only other doctor to die in service, but of disease contracted while in service, was Dr. Irene Toland in the Spanish-American War which is discussed below.

31. Schultz, *Women at the Front,* 15.

32. In choosing applicants, McGee preferred those who had come well endorsed with good hospital records. First preference went to those who had endorsements from the Daughters of the American Revolution (DAR) members who knew them, followed by those recommended by the schools from which they graduated. McGee went so far as to establish a regular method of writing to the superintendents of every school to get all possible information about candidates.

33. See Personal Data Card of Irene Toland in Personal Data Cards of Spanish-American War Contract Nurses, 1898-1939, Record Group (RG) 112, Entry 149, National Archives and Records Administration, Washington D.C.

34. Linda Strite Murnane, "Legal Impediments to Service: Women in the Military and the Rule of Law," *Duke Journal of Gender Law & Policy*, Vol. 14, 2007, 1065.

35. Campbell, "The Regimented Women of World War II," in *Women, Militarism, and War, 107*. Women scientists also had their share of problems in getting entrance into doctoral programs at the turn of the twentieth century and in being accepted in their professions as late as the 1940s. In Women and Science, Le-May Sheffield points out that "many scientists were responsible for the design and construction of the atomic-bomb "although the majority of publications recounting the story of the creation of the bomb do not mention women's scientific participation," 147. Also see Howes, Ruth and Herzenberg, Caroline, *Their day in the Sun: Women of the Manhattan Project* (Philadelphia: Temple University Press), 1999.

36. Noted in Meyer, Leisa D., *Creating G.I. Jane: Sexuality and Power in the Women's Army Corps*. For more on Hobby, see Directors and Division Under the Commanding General, 160.8; Office of the Chief of Staff, 165.5; and Records of the Dir. Of Personnel and Administration (G-1) 165.10, NARA, Washington D.C.

37. Rumors in Treadwell, *The Women's Army Corps,* 201; 604. For more on women in the Army, also see Morden, Betty J., *The Women's Army Corps 1945-1978* (Washington, DC: Center for Military History, 2000); Holm, Jeanne, *Women in the Military an Unfinished Revolution* (Novato, CA.: Presidio Press, 1982). For more on the image of the woman soldier and sexuality and homosexuality, see Meyer in preceding note and Hampf, M. Michaela, *Release a Man for Combat: The Women's Army Corps during World War II* (Koln Weimar Wien: Bohlan Verlag BmbH & Cie, 2012).

38. See Craighill's "Military Record and Report of Separation Certificate of Service," Personal Papers, Box 1, MDC Coll.

39. Campbell, "The Regimented Women of World War II," in *Women, Militarism, and War* 107.

40. When women doctors talked publicly about their role in the military in WWI and WWII, they were referring to the Army Reserve Corps with its limited term of service.

41. Quotes are from Kerber, *No Constitutional Right to Be Ladies*, 299. It would take the Supreme Court until 1980 to make the point that the court regarded gender discrimination as a "badge of inferiority". See *Goldberg v. Rostker*, 509 F. Supp. 586, 594, 596, 603; also noted in *No Constitutional Right to Be Ladies*, 291.

42. "Women Physicians in the Army of the United States," *Women in Medicine*, No. 90, October 1945.

43. Ibid, 9.

44. Treadwell, *The Women's Army Corps,* 763.