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“A Certain Restless Ambition”: Women Physicians and World War I

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FOR TEDDY ROOSEVELT, WORLD WAR I WAS THE “GREAT ADVENTURE.” Author Mary Austin called it “an exhibition of masculinity run amuck.”¹ Many physicians saw it as a little of both. Despite its horrors, the war beckoned with the triple enticements of adventure, service, and professional advancement. To women physicians, however, the outbreak of war deepened a crisis of professional culture dating at least from the turn of the century.²

During the late nineteenth century, women doctors won wide acceptance caring for women and children. They owed their success, they often claimed, to a fruitful combination of medical science and womanly tenderness. But by World War I, the institutions of medicine’s “separate sphere”—all-women’s medical schools, hospitals, and medical societies—were in decline.³ The very idea of a woman’s sphere, the cultural matrix for Victorian professional women, was under attack.⁴ Scientific, impersonal, and bureaucratic ideals were beginning to crowd out the altruistic, heroic model of nineteenth-century professionalism.⁵

Nevertheless, the transition to the culture of modern professionalism was far from smooth for women doctors. They wished to be identified with the rising prestige of modern medicine. Yet they were unwilling to abandon their

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Victorian claim to a distinctively feminine gift for healing and primary devotion to the care of women and children. Further, the shift in professional style outpaced the transformation of actual work. Women physicians continued to work in medicine's separate sphere at least until World War I, and possibly much longer. Thus, as the following account of the American Women's Hospitals will show, women physicians went to great lengths to assuage their ambivalence about the traditional "woman's sphere" in medicine.⁶

To many medical women, World War I initially represented an opportunity for professional assimilation. Effective management of overseas military hospitals depended on efficient, streamlined, and depersonalized care. In this respect it foreshadowed the evolution of medical institutions in the twentieth century.⁷ Many women doctors, especially leaders of women's medical organizations, were eager to join their male colleagues in the military medical corps. Wartime conditions seemed an ideal setting for women to take their places beside their medical brethren and leave their Victorian manners behind. Yet, their claims to equality went unheeded whenever they failed to invoke the traditional womanly values of self-sacrifice and service.⁸

The outbreak of war thus coincided with a period of intense stress for female physicians. Historians today, like feminists at the time, are divided over whether the war furthered or retarded modern feminism. What seems clear, however, is that the cultural conflation of masculinity, aggression, impersonality, and technological efficiency—so characteristic of wartime—made this a particularly problematic time for women physicians to assume the mantle of assimilated professionalism. In short, World War I forced women physicians to acknowledge the tensions between the demands of professional assimilation, on the one hand, and an older code of woman-as-healer.⁹

Leaders of the Medical Women's National Association (MWNA), founded in 1915 and today known as the American Medical Women's Association, worked hard to reconcile these two cultures of professionalism. They urged, first of all, inclusion of women in the Army Medical Reserve Corps. Yet they were reluctant to break ties with their Victorian past. For this reason they also claimed responsibility for the care of civilian wartime victims, primarily women and children. In an effort to accomplish both goals, the MWNA created a voluntary, overseas service eventually known as the American Women's Hospitals (AWH).

The early leaders of the AWH, particularly its first "chairman," Dr. Rosalie Slaughter Morton and (to a lesser degree) her eventual successor, Dr. Esther Pohl Lovejoy, were women caught in the middle. Their struggles—with the military, the Red Cross, and with each other—illuminate the tensions implicit in the culture of post-Victorian female professionals. Educated in the 1880s and 1890s, Morton and Lovejoy worked hard to fulfill both the ideals of nurturance and of scientific efficiency. Morton in particular, through her

organizational goals, rhetoric, visual symbols, and leadership style, attempted to reconcile the objectivity, expertise, and efficient organization, of the modern professional ideal with the nurturance and personal heroism of the traditional woman physician. As history will suggest, the adaptation to professional modernism cost many women physicians more than they knew.

Professional Heroines

Women physicians—like their male colleagues—appreciated the professional opportunities offered by overseas war work. Although America did not enter the war until April 1917, many Americans served the Allies from the outbreak of fighting in August 1914. They volunteered to work as ambulance drivers, orderlies, nurses, and physicians with the British, French, Belgian, and Serbian agencies of the Red Cross. The war held a special attraction for physicians, beyond its patriotic appeal. It served as a unique training ground for the newest surgical techniques and bacteriological research.¹⁰ As the Seattle surgeon, Dr. Mabel Seagrave, told a reporter for *The Woman Citizen* before her departure for France, “[War surgery] will give the surgeon a chance to demonstrate things which have heretofore been more or less experimental . . . military surgery in France today is . . . an opportunity all surgeons must covet.”¹¹

When America entered the war many female physicians were determined not to be left out. Yet once America joined the combatants, women physicians found it harder to work overseas than before. Physicians were primarily recruited through the Army Medical Reserve Corps, from which, as it turned out, women were legally excluded. Directly after President Woodrow Wilson’s declaration of war, women’s associations in California and Colorado began petitioning and lobbying to convince Secretary of War Newton D. Baker to reinterpret the rules of eligibility for the Medical Reserves. Bertha Van Hoosen, first president of the Medical Women’s National Association, immediately cabled President Wilson to offer the services of women physicians.¹²

Unfortunately, Secretary Baker, a peacetime supporter of women reformers, upheld the Army’s opposition to women physicians in the Medical Reserve Corps.¹³ Only two paths were open for women doctors who wished to work directly for the government. They could apply for positions as bacteriologists and sanitarians for the Public Health Service, or, they could sign on with the Army as “contract surgeons” for a specified salary and length of service.¹⁴ The Surgeon General envisioned women contract surgeons as “Anaesthetists, Radiographers, Laboratory Workers, and Sanitarians,” primarily to substitute for male physicians on overseas duty. To become contract surgeons, however, would have entailed “sacrificing their practices, performing the same services as their brothers, but with no rank, no promotions, no standing; when dis-

charged, no bonuses or pensions, and, if injured, no disability provisions for themselves or their dependents."¹⁵

Only the Red Cross would hire women for medical duty overseas. If women doctors were to contribute to wartime medical service at all, they would have to work within the institutions of philanthropy, not the military.¹⁶ Thus they obtained opportunities for overseas war service either through privately funded women's organizations or the civilian relief agencies of the Red Cross. With the exception of the few women physicians working in French military hospitals, women doctors primarily treated civilians, especially women and children.¹⁷

From the outset, the MWNA found itself caught between potentially conflicting goals: ambitious professionalism and feminine altruism. Through its agent, the American Women's Hospitals, it attempted both to enhance the prestige of women physicians and to maintain their traditional claim to a gender-based, distinctive, moral superiority. The early history of the AWH demonstrated just how difficult it was for women to satisfy these competing obligations. Advancement and prestige could be won, but at the expense of feminist claims to integration and equality. Ironically, the very successes of the American Women's Hospitals overseas served to reinforce separation more than equality.

This irony was present from the beginning. In 1915, at the initial meeting in Chicago to found the MWNA, the founders correctly believed that the number of women choosing medicine as a career was down, that scholarships were scarce, and that finding good internships for women graduates was nearly as difficult as it had been in the 1890s. They intended that the MWNA (often referred to as the "National") push women into the medical mainstream *and* uphold the distinctiveness of the woman physician.¹⁸

The War Department's refusal to accept women physicians gave the MWNA its *raison d'être*. Optimistic forecasts of full equality for women physicians had proved premature. California women physicians, initially suspicious of an all-women's medical association, requested that the MWNA petition the government to commission women doctors for the Medical Reserve Corps. The issue of commissions gave the MWNA a chance to justify its claim to the loyalties of all women doctors.

Van Hoosen, MWNA president, took action early in June 1917, at the MWNA annual meeting in New York. She fully realized that this meeting would make or break the organization. Van Hoosen needed a powerful speaker for the keynote address on war work. As she later recalled, "I had been drawn at some of the AMA's women's banquets to a charming young doctor whose personal appearance, ability as a toastmistress, wide acquaintance with important people, and a certain restless ambition made her outstanding."¹⁹ She chose the Virginia born, New York surgeon, Rosalie Slaughter Morton. By

the end of the meeting Morton had agreed to chair the National's newly formed War Service Committee. Within weeks, under her leadership, the committee reconstituted itself as the American Women's Hospitals.

The choice of Morton proved momentous for the MWNH. Morton, a widow, was an aggressive and well-known surgeon. Yet she also reflected the remnants of the genteel, romantic, chivalric, culture of postbellum Virginia.²⁰ Morton had recently returned from a tour of the Salonica front where she had investigated ways to lead an American women's hospital unit of her own. Years of personal and professional experience lay behind her interest in war work.

Born into an old Virginia family, the Slaughters of Lynchburg, Rosalie Slaughter had defied her father's wish that she become a southern "lady." Instead she attended the Woman's Medical College of Pennsylvania. At her graduation in 1897, she won prizes both for the best invention of surgical equipment and the best clinical case report (on pernicious anemia).²¹ For the next two years she did postgraduate work in Philadelphia, first as an intern at Philadelphia City Hospital and then as Resident Physician at the Alumni Hospital and Dispensary. Like her grandfather and brothers before her, Slaughter set aside two more years to attend clinics in surgery, internal medicine, and nervous diseases in Berlin, Vienna, and Paris. She returned to the United States in 1902. Later that year she settled in Washington, D.C., opening a private practice specializing in gynecology.²²

Slaughter became an immediate success. She credited her good fortune both to having inherited "a small income" and to a "hereditary urge" to practice medicine. More to the point, Slaughter relied on a wide circle of influential friends and relatives from her Virginia days who were settled in Washington. After her marriage to George Morton, a lawyer, in 1906, however, she moved to New York where she lacked the ready-made professional network so beneficial to her in Washington. Nevertheless, she achieved an even greater professional success. Morton soon became active in the state and local medical societies. In 1909 she persuaded the American Medical Association to form a temporary Public Health Education Committee to organize lectures by women physicians across the country. In 1912 she joined the faculty of the New York Polyclinic as a part-time instructor of surgery and gynecology. In 1916 she became Attending Surgeon in General Surgery at the Vanderbilt Clinic of Columbia University's Physicians and Surgeons, the first woman to do so. By 1916, when she left for six months' volunteer work in Serbia, she had built a successful practice in surgery and gynecology with a wealthy and devoted female clientele.²³

Despite her professional success in these years, Morton's personal life was in disarray. In 1913 Morton had been profoundly shocked by the sudden death of her husband. She was thirty-seven at the time. They had been married only seven years. As she later acknowledged, "If my parents had been living, if

we had had children, if there had been domestic duties, I would have found palliative comfort in them; but with [my husband's] going my domestic life was . . . absolutely demolished." Morton sought refuge in her work and filled her time with socially useful, "motherly diversion," such as the leadership of a boys' History Club.²⁴

In 1915 Morton assumed the role of "social housekeeper" in earnest. She spent the entire summer on the coast of Labrador, operating on poor fishermen in the charity hospitals of Dr. Wilfred Grenfell. Before her trip to Labrador, she had been drawn to war work by the example of the Scottish Women's Hospitals and the British Women's Hospital Corps, voluntary units run by suffragist women physicians. After her return, she learned of the Red Cross Sanitary Commission's work in Serbia to control a typhus epidemic. Within a few months she, too, volunteered to travel to Serbia for the Red Cross.

A volatile mix of personal and professional motives fueled Morton's decision. She identified deeply with the fate of Serbia. "Perhaps I felt that Serbia might be congenial," she later wrote, "for like the Virginia in which I grew up, it had been fought over from end to end." She believed, "Serbia had been made the scapegoat to receive the calumny of the world. My sympathy for the under-dog flared up . . . I had no parents, husband or children. I had everything to give."²⁵

More than altruism motivated Morton. She dearly wanted to be heroic. Admiring the leaders of the British and Scottish women's hospitals, she hoped to equal their achievements. Nearly forty years old, Morton saw no reason to sit on the sidelines while others grasped glory. Although her ostensible assignment was to deliver sixty cases of Red Cross supplies to the Serbian army, her intentions were far more ambitious: to survey and compare the hospital organization of the British, Scottish, Canadian and French units. She planned to volunteer her services at the Salonica front for the summer.²⁶

At the front, Morton inquired at the Scottish Women's Hospitals unit in Macedonia about equipment, supplies, and organization. Her three notebooks "filled with condensed details" became the basis for the plans she would sketch out before the MWNH in 1917. When she landed in New York in the fall of 1916, she was determined to head an ambitious Serbian expedition, an American women's hospital unit "complete . . . from admission cards to ambulances."²⁷

Morton immediately gained the interest of other women. Aided by a growing national interest in "war readiness," she lectured widely on the plight of Serbian soldiers and civilians. If America remained neutral, Morton intended to organize her own volunteer unit for the Serbians. She also helped plan a Women's Army General Hospital, approved in principle by Surgeon General William Gorgas, for wounded American soldiers sent back to America.²⁸

At the MWNH's annual meeting in 1917, Morton was a smashing success.

She wore the uniform and medals received from the French government for her summer's work in Serbia. She discussed exotic subjects—gas gangrene, facial surgery, treatment of burns—as well as the work of women's hospital units abroad. She also answered many questions from the floor. The meeting ran overtime and was adjourned until the next day without having decided the “part that women physicians will take in the war.” At its second meeting, however, the group adopted the “California” petition urging commissions for medical women and voted to form a War Service Committee, placing responsibility for the petition in its hands.

Offered the chair of the new committee, Morton first declined. At heart, she was no bureaucrat. Efficient in her surgical art, she had no stomach for impersonal organizing. She feared that her administrative duties would force her to “set aside any hope of returning to the front.” Recalling her decision twenty years later, Morton acknowledged wistfully, “Staying home to do organization work would be harder than going back to the front.” Finally bowing to the persuasion of her friends, she decided she could not be “selfish” about the privileges of overseas service. When Van Hoosen publicly offered her “carte blanche” to lead the committee, she reluctantly agreed to take it on.²⁹

In spite of the tension between her personal ambitions and the needs of a modern enterprise, Morton accomplished a great deal. Her situation can be better appreciated when compared with the career choices and values of the AWH's other important early leader, Dr. Esther Pohl Lovejoy. Lovejoy, who led the AWH for over forty years, was implacably hostile to Morton's personal and professional values. While Morton conveyed the lingering impression of the traditional woman physician, the pure-but-heroic “new woman” of the 1890s, Lovejoy's “new woman” stepped smartly to the rhythms of a more modern America.

Lovejoy's background, organizational experience, and professional style present a striking contrast to Morton's.³⁰ Born in a logging camp in 1869 in Washington Territory, she neither knew, nor seems to have missed, the genteel comforts of the Victorian home. She was brought up like a boy. Adventure, not respectability, colored all of Lovejoy's career. After a haphazard early education and a year's work in a Portland department store, she entered medical school at the University of Oregon in 1890. Like Morton, she won an award for academic excellence. She graduated in 1894. After some postgraduate obstetrical training in Chicago she married a former classmate, Dr. Emil Pohl. They set up practice in Alaska, often visiting patients on dogsleds.

Always independent, Esther Pohl soon returned to Portland. She visited her husband during summers. In 1901 they had a son who was cared for by Esther Pohl's mother. Within a few years she joined the Portland Board of Health. Appointed its director in 1907, she was the first woman to run a major



Figure 1. Rosalie Slaughter Morton, c. 1937. Archives and Special Collection on Women in Medicine, Medical College of Pennsylvania, Philadelphia, Pa.

municipal health department. She also became active in the woman suffrage movement in Oregon. Pohl reacted forcefully to the death of her son in 1908 and, like Morton, to the death of her husband in 1911. She threw herself completely into her work, particularly her work for woman suffrage. Her efforts gave the campaign an "extra push which helped put over woman suffrage" in Oregon in 1912.³¹ She also married again, this time to a businessman, George Lovejoy, but divorced him several years later. Lovejoy was forging her public self. She spent little energy on the personal and private.

With America's entry into the war, Lovejoy's interests began to shift. Leaving Portland, she came East to work with the MWNNA on medical war work. Bertha Van Hoosen appointed her the National's liaison to the Women's Committee of the Council of National Defense. As an unpaid delegate of the MWNNA, she traveled to France in the fall of 1918, where she simultaneously worked for the Red Cross and scouted the medical scene for the National. She returned early in 1918. For the next year and a half she lectured, wrote a book about her experiences in France (*The House of the Good Neighbor*, 1919), and performed occasional services for the MWNNA.

Lovejoy formed her low opinion of Morton's leadership after her return from France. Accustomed to taking personal and political risks, comfortable subordinating the private to the public self in her political and professional life, always an efficient administrator, she had little patience either for Morton's ambivalence or for the polite diplomacy of home front organizing. A committed "team player," she found equally distasteful Morton's romanticism and her assiduous self-promotion. After a one-year stint, in 1919-1920, as AWH Chairman, Lovejoy returned to Portland to run unsuccessfully for Congress. Following that loss, when the National needed her to take over the AWH, she found her true vocation, a position combining medicine and politics: from 1920 until her death in 1967, she headed the AWH.

Lovejoy and Morton both wrote memoirs of their wartime and postwar relief work. Both works, Lovejoy's *Certain Samaritans* (1927) and Morton's *A Woman Surgeon* (1937), reflect the transformation of women's professional culture between the 1890s, when both women became physicians, and the new century in which they came to professional maturity.³²

Lovejoy shunned romantic self-reflection. She braced her description of AWH relief work in Serbia, Greece, and Armenia, with brusque self-confidence and a not-so-gentle irony. In contrast to Morton's sentimentality toward Serbia, Lovejoy's memoir began, "The Balkan Peninsula lies between the Devil and the deep blue sea." Further on she wrote, "This service has not been a bed of roses . . . Sometimes it has been a bed of straw in a box car . . . or a cot in a typhus camp." Lovejoy wholly approved of the twentieth century-style "new woman": "The chauffeuses were the youngest group in the unit, and manifestly ladies of the new school. They were not sitting in balconies gazing



Figure 2. Ester Pohl Lovejoy, c. 1920s. Archives and Special Collection on Women in Medicine, Medical College of Pennsylvania, Philadelphia, Pa.

at the sympathetic stars and longing for the hero to return. No, indeed, they were following him in a motor car.” Lovejoy’s wisecracking never faltered. She scorned the elevated rhetoric of the Victorian woman, employing the underinflated, no-nonsense prose of a woman used to getting results. She was angered not by injustice—she had come to expect that—but, by inefficiency.³³

Morton, in contrast, was a woman of both the old and the new school. She was caught between the older idealization of spiritual womanhood and the new culture of expertise and efficiency. In a late Victorian mode, Morton began her autobiography with classical allusion, filial piety, and social-Darwinist determinism: “Since the day in 1620 when my father’s ancestors came from England to settle in Virginia, seventeen of their direct, and fifty-two of

their collateral descendants had followed in the footsteps of Aesculapius.”³⁴

By becoming a physician, Morton had bravely defied the conventions of her Virginia girlhood. Yet her memoir consistently invoked the influences of heredity and social class on her accomplishments. Without the presumption of such factors, Morton could not make sense of her own achievement. As she wrote an old friend in 1922:

I must confess I enjoy the social world. It seems natural to live the sort of life I did as a girl and I can now see why my parents did not want me to study medicine, for they realized that having been born in a circle which gave me the opportunity [for] comradeship . . . with the best products of evolution, both from a social and intellectual standpoint, . . . they could not understand their daughter wishing to push it all aside to become a self-supporting woman and to [choose] the hardest profession.³⁵

Rather than acknowledge the cold realities of modern professionalism, Morton interpreted her life through a veil of romanticized, feminine gentility. The clash of two cultures took its toll.³⁶

Morton and the AWH: Year One

When Morton took on the War Service Committee in June 1917, the MWNA was determined to pursue two distinct goals: to change the law barring women from the Army Medical Reserve Corps, and to send women physicians overseas as volunteers. It directed Morton's committee to do both.³⁷

Morton was unsuccessful in the campaign to change the law. From the beginning the California petition faced key opposition both from the War Department and from the Red Cross. When Morton presented it to Dr. William Lucas, head of the Red Cross Bureau of Women and Children in France, he disapprovingly called it a piece of “local [that is, feminist] propaganda.” Nevertheless, about five hundred signatures were gathered for a modified version of the petition which was presented to Dr. Franklin Martin, Chairman of General Medical Board, in Washington in late summer or early fall, 1917. When Martin declined to present it to the Surgeon General, Morton backed off. She attempted nothing more in the campaign for women's commissions.³⁸

Only an all-women's volunteer hospital would enable the MWNA to send women overseas and reap the credit for women physicians. That was probably Morton's intention all along. On June 28, at Morton's urging, the committee created a new entity, the “American Women's Hospitals, *organized by* the War Service Committee of the Medical Women's National Association.” The committee's officers were then reconvened as the Executive Board of the AWH.³⁹

Morton faced many obstacles in her first year. The gravest, perhaps, was the reluctance of the American Red Cross to affiliate with the AWH. Sending

voluntary hospitals overseas required Red Cross consent. Furthermore, their support also was crucial for fund-raising.

Initially, however, the future looked bright. In July, Morton was appointed to the General Medical Board of the Council of National Defense. Probably at the suggestion of the Army Surgeon General, William Gorgas, her ally in forming the AMA public health lectures in 1909, Morton was invited to Washington on June 24 to describe the War Service Committee's plans before the General Medical Board.⁴⁰ Gorgas himself was present. A copy of her remarks was left with Colonel Jefferson Randolph Kean, a fellow Virginian on leave from the Medical Corps to direct the Red Cross Department of Military Relief. Thus began Morton's negotiations with the Red Cross. Two weeks later Franklin Martin invited her to join the General Medical Board. She was to chair the subcommittee on women physicians and, more particularly, to register all women physicians and catalog those willing to volunteer their services to the government.⁴¹

Morton now found herself caught in a whirlwind of committee work both in Washington and New York. For the General Medical Board she oversaw the compilation of a complete census of women physicians, actually compiled by Marion Craig Potter and completed by the end of November 1917. (Approximately six thousand women physicians were recorded in the census, of whom about one-third agreed to register with the committee for possible government service.)⁴²

The key to the success of the AWH, however, was not the General Medical Board, but the American Red Cross. Morton hoped to send out four hospital units to France, one to Serbia, and possibly one to Russia. The French units were to comprise one large, central hospital surrounded by mobile dispensaries. Moreover, ever mindful of its professional prerogatives, the AWH insisted on control of its own personnel. To accomplish all this, Morton had to find a way to raise sufficient money. Yet until the Red Cross gave public backing to AWH overseas units—staffed by the AWH and bearing the insignia of the AWH—Morton knew her fund-raising efforts would attract scant public interest.⁴³

Lack of Red Cross support constrained Morton for months from appealing for public support. Instead she appealed privately to wealthy laywomen such as Mrs. Andrew Carnegie whom she recruited for an auxiliary board of the AWH. She also organized women physicians into state committees for fund-raising among medical men and women.⁴⁴

Unfortunately, these methods produced only about \$11,000 by the end of 1917, far too little to support Morton's ambitious goals. Thus after the first six months the organization's only tangible contribution to women's medical war work consisted of the outfitting of two women physicians for work with an American Red Cross unit at Vodena, Greece. As matters stood at the end

of 1917, the AWH could not even contribute to the women's salaries. If the impasse could not be broken, the AWH and the MWNA, its parent body, would soon have to admit failure.⁴⁵

One commentator has suggested that Morton herself was the primary obstacle to AWH success. For one thing, her loyalty, energies, and time were divided between the AWH in New York and the Committee on Women Physicians of the General Medical Board in Washington.⁴⁶ In addition, Morton's involvement with the AWH was an emotional, deeply personal matter, her image of the woman physician an essentially romantic one. Her chief desire was for heroic service and self-sacrifice.⁴⁷ Once she had renounced her plan to create her own Serbian hospital, her need to give tangible aid to war victims (and to appear heroic herself) began competing with the MWNA's need to take credit for the advancement of women physicians.

For example, many of Morton's early decisions as chairman tended to dissociate the AWH from the Medical Women's National Association, both in the public mind and in her own. Consciously or not, she began disengaging the AWH from its mission of professional advancement; instead, she aligned it with the "overwhelming impulse for service and sacrifice" with which she personally identified so strongly. It was Morton, after all, who disavowed the California petition to Dr. Lucas of the Red Cross with the reassurance that the AWH was "not interested in any [feminist] propaganda; that we stood purely for war-service for the relief of suffering."⁴⁸

In this vein Morton frequently invoked images of chivalric romance. For example, at an early meeting she proudly unfurled an American flag flown during the Boxer Uprising in China. According to Morton, the flag had been raised to protect American women and children seeking shelter from the rebellion. She offered the flag for the AWH headquarters, to symbolize "our movement which stands for the care of women and children." In another symbolic attempt to harmonize ambition and altruism, Morton helped design (with some assistance from Abercrombie and Fitch) the AWH insignia. Its design captured the genuine complexity of the organization's self-image and intentions. Discussing the design at an Executive Committee meeting in July, Morton urged the use of wings, "suggestive of soaring and protection," two potentially conflicting images. The insignia displayed the staff of Aesculapius with wings on either side. These were not the soaring, outstretched wings of a militant symbol such as the American eagle. On the contrary, the wings were partially folded, or "sheltering," as Morton wrote, "to typify comfort, protection," the traditionally protective and nurturing mission of women physicians.⁴⁹

The "platform" adopted by the Executive Committee in July 1917, clearly articulated the tension between Morton's underlying premises and those of the Medical Women's National Association. It virtually abandoned the Na-



Figure 3. Staff, insignia, and ceremonial flag of American Women's Hospitals, c. 1917. Morton, standing next to the French Counsel-General, is fifth from left. *Woman's Medical Journal*, November 1917.

tional's California petition. Instead it "requested" that women physicians be accepted into the Medical Reserve Corps, but did not "make it a condition of service, for we realize that by so doing we handicap our opportunity for immediate service, at home and abroad, which is our main desire in volunteering."⁵⁰

Finally, Morton's highly personalized leadership may have exacerbated the organization's external difficulties. Overidentifying with "the life and growth of my child," as she later described the AWH, she was swept up in a frantic effort to nurture and protect it. As a sympathetic friend acknowledged, "No one loves [the AWH] as much as Dr. Morton,—it is her war baby in truth."⁵¹ Reluctant to delegate authority, unable to yield the spotlight, she alienated valuable supporters.⁵² Frustrated and impatient with Morton's apparent ineffectiveness, some members of the Executive Committee grew restive under her leadership.⁵³

Yet the solution lay beyond Morton's control, with the Red Cross. Ultimately the AWH's insistence on control over its own personnel, in its view a matter of professional prerogative, proved the sticking point for any

agreement with the Red Cross. World War I was the first major conflict involving the United States in which the Red Cross could exercise its exclusive right to coordinate nonmilitary medical assistance. It was in no hurry to give untested organizations the right to share this responsibility. As an official of the Red Cross Medical Advisory Board explained to Dr. Purnell of the AWH early in August 1917, "it would be impossible for the Red Cross to send out units of other organizations or to recognize officially the existence of other organizations." Beneath the surface lay another source of Red Cross reluctance to affiliate with the AWH. As Dr. Gertrude Walker, Chairman of the AWH Finance Committee later wrote, the Red Cross balked at supporting AWH units because, she had been privately informed, "the ideals of the American medical women's organization were parallel to those of the Scottish Women's Hospitals." The latter group was firmly identified with woman suffrage. This comment could have only one meaning: the suspicions of women's rights "propaganda"—first evident in the Red Cross reaction to the "California" Petition—made them hesitant to affiliate with the AWH.⁵⁴

The Red Cross did, however, use the AWH as a clearinghouse for women physicians willing to work directly for the Red Cross. As early as July the Red Cross had written to Morton requesting such assistance. By May 1918, according to the estimate of Dr. William Lucas, Director of the Red Cross Bureau for Women and Children in France, nearly 50 percent of all Red Cross physicians in France were women, many of them affiliated with the AWH.⁵⁵

For the AWH, such cooperation hardly seemed worth the effort. The visibility and authority of women employed in Red Cross units were bound to be diminished if they were scattered all along the Western front with no other recognition than their Red Cross insignias. The whole point of the American Women's Hospitals was to demonstrate the medical and administrative abilities of women physicians, and particularly those of the MWNA. Hence the frustration felt by Morton's colleagues when, by the end of 1917, they had little to show for their labor.

Unfortunately their frustration was directed not at the Red Cross but at Morton herself. She was by this time undoubtedly overextended and overtired from fourteen-hour days of private and clinical practice, teaching, and war work. Her efforts for the General Medical Board in Washington also caused her to miss AWH meetings in New York. Word began to spread from members of the AWH Executive Committee to Van Hoosen, President of the MWNA, that Morton was suffering from overwork. Perhaps, it was implied, she was not well enough to be an effective chairman. In March, Morton herself wrote privately to Marion Craig Potter that, "The long strain is being very seriously felt by me."⁵⁶

To make matters worse, communication between Morton and leaders of the MWNA had all but evaporated. In a letter inquiring about Morton's health,

Van Hoosen gently took her to task for not keeping her informed of AWH business. The AWH legal counsel had urged strongly that the AWH be legally incorporated under its own name as a distinct entity, to protect against misrepresentations by others. The following February, on the eve of their first large fund-raising campaign, the AWH even drew up a separate constitution. Van Hoosen squelched both these plans, reminding Morton that the American Women's Hospitals was not an independent agency but a part of the Medical Women's National Association. Morton replied humbly enough that, "We have no idea of separation, but emphasize daily M.W.N.A."⁵⁷ Nevertheless, Morton was inviting the distrust of the MWNA leadership. Whatever the state of Dr. Morton's health and the character of her motives in the early months of 1918, the fortunes of the AWH and its chairman began to diverge. The AWH finally achieved some success, while Morton saw her accomplishments turn into wrenching, personal failure.⁵⁸

How did the Executive Committee turn failure into success? From the perspective of twenty years later, Esther Lovejoy bitinglly noted that "it was clear to . . . straight-thinking women, that nothing worth-while could be done without adequate funds." To that end, early in 1918 the Executive Committee voted to hire a professional fund-raiser, Mrs. Elizabeth Currier, without waiting for Red Cross approval. They hoped to raise about \$300,000. Despite Morton's fatigue, the Executive Committee insisted she devote two full weeks of her time to the campaign. She wearily agreed.⁵⁹

The campaign was held from March 26 until April 6. In preparation, photographs of Morton decked out in her uniform with hat, medals, and AWH insignia appeared in major newspapers alongside public relations puff pieces. The drive opened, according to one account, "with a dinner at the Biltmore Hotel." Fifty "teams of doctors and laywomen" canvassed for funds. Pennants were awarded to the leading teams each day. Morton spoke at Town Hall and India House and solicited contributions from as many of her private patients as she could collar.⁶⁰

In keeping with the organization's diverse objectives and ideological roots—one part each social feminism, suffragism, and professionalism—the campaign organizers played upon several distinct themes. The "teams" were exhorted to do their utmost for the "little boys you are going to save over there." Harriet Stanton Blatch, on the other hand, assured them that their efforts would help to win "complete enfranchisement" for the women of America. Dr. William Polk, Dean of the medical school at Cornell, encouraged them to demonstrate the equal abilities of male and female physicians. Finally, they were reminded of the desperate need of the women and children of France. On that note they were sent forth to collect what they could.⁶¹

By April 6, the last day of the campaign, \$95,937 in cash and \$140,795 in pledges were collected. Unfortunately, only a small portion of the pledges

were made good. Nevertheless, including money donated apart from the campaign, they took in a total of \$192,800 by June 1918, enough to send a unit overseas.⁶²

Ironically, money had become less of an issue for the AWH by the time of the campaign. Behind the scenes negotiations had resumed with the Red Cross early in 1918. By mid-February they were beginning to pay off. In the first place, official Washington was beginning to change its mind about suffrage.⁶³ More crucially, the Red Cross had had sufficient time to evaluate both the enormous need for medical personnel at the front and the high caliber of the women physicians already overseas.⁶⁴ Finally, by February of 1918, America's allies appeared to be in peril. Revolutionary Russia had dropped out of the fighting. The Allies expected a major German offensive as part of a final campaign to win the war. In March it began, at the Somme.⁶⁵ American physicians, like American soldiers, were sorely needed at the front.

All these factors made the Red Cross much more receptive to affiliating with the AWH.⁶⁶ On February 17, the Executive Committee secretary reported as "definite" but "confidential" that the Red Cross was considering an affiliation. Almost as important, they would allow the AWH to keep its name and thereby "retain its identity." A well-timed announcement of the imminent agreement came during the campaign at the Biltmore.⁶⁷

According to the agreement signed by the AWH and the American Red Cross in April, the AWH was to finance its own administrative expenses in America, while the Red Cross would equip, maintain, and pay for the staffs of all AWH hospital units requested for overseas duty. They would be known as the American Women's Hospitals Unit No.—of the American Red Cross. AWH personnel would be allowed to wear the AWH uniform. Although the Red Cross retained the right to transfer personnel from one unit to another as needed, only physicians acceptable to the AWH would be employed in its units or wear its uniform. Thus the agreement acceded to virtually all important demands by the AWH.⁶⁸ For its part, the AWH donated \$30,000 to the Red Cross for a children's hospital and dispensary at Blois.⁶⁹

At the same time the AWH forged another alliance, this time with the American Committee for Devastated France, founded by Mrs. Anne M. Dike and Anne Morgan, youngest daughter of financier J. P. Morgan. Since 1917 the ACDF had raised money to restore the devastated Aisne region northeast of Paris. The ACDF would continue with its planned work of reconstruction and replanting, while the AWH would provide the medical and surgical services.

In June the first of two hospital units was ready. Its all-female staff consisted of ten physicians, one dentist, six nurses, five "chauffeuses" (ambulance drivers), and three volunteer aides.⁷⁰ In July 1918, they arrived at Neufmou-

tiers, moving later during the Allied counteroffensive to a chateau at Luzancy in the Aisne district near the Marne. They were in business, at last.

Epilogue

In June 1918, on the eve of the departure of the AWH's first overseas unit, Dr. Morton completed her first year as chairman. Despite her committee's success, the incoming president of the MWNA, Dr. Angenette Parry, did not reappoint her. The AWH clearly needed a full-time manager who—unlike Morton—would be neither too busy nor too unbusinesslike to run a full-scale charitable enterprise. Morton's supporters tried to force her reappointment from the floor of the MWNA's annual meeting, but to no avail. Humiliation and exhaustion took their toll. The next day Morton suffered a serious nervous collapse. Confined to a sanatorium for the summer, forbidden to see professional friends, Morton attempted to save face. She resigned from the chairmanship for reasons of ill health. Dr. Mary Walker became interim chairman.⁷¹ Then in 1919, also, initially, as an interim measure, the post was given to Esther Pohl Lovejoy.⁷²

What needs explaining was not Morton's removal from the chairmanship in 1918, but her permanent exclusion from the leadership of both the AWH and the MWNA. Charges that her health and competing commitments kept her from giving time to the AWH were valid, up to a point. Fund-raising and efficient management were too important to be taken lightly.⁷³ Yet under Morton's leadership the AWH did make enormous progress. From its origins as the vague dream of a handful of women, the AWH was financed and organized in less than a year. Nevertheless, for the rest of Morton's life, her quest for recognition as the AWH's shaping influence was persistently rebuffed. For example, at the 1922 meeting of the MWNA, a member of the original AWH Executive Committee moved to designate Morton the "Founder" of the AWH on its official stationery, a purely honorific gesture. The motion was referred to a committee for further study. A year later it was denied on the grounds that the AWH was created by the War Services Committee of the MWNA, not solely by one individual.

Morton certainly thought otherwise. In her 1922 entry in *Who's Who*, she credited herself with founding the AWH.⁷⁴ During the 1934 meeting of the American Medical Association in Cleveland, a few old friends arranged for a private dinner for Morton, presenting her with a silver "loving cup" for her work as the first chairman of the War Service Committee. However, in her 1936 *Who's Who* entry, Morton described the event as a tribute by the American Medical Association for founding the AWH. Both the AWH and its parent body, the MWNA, wrote letters of inquiry and protest, first to the secretary of the American Medical Association, then to the editor of *Who's Who*, and finally to Morton, asking her to correct the "errors" in her account.⁷⁵

In the AWH's own official account of its founding, written primarily by Lovejoy, Morton was identified merely as the organization's first "chairman," her term lasting for one year. In deliberate contrast, the less visible early leaders won praise for their selflessness and tireless service.⁷⁶

Morton's troubles can be traced to several sources. Initially, she was forced to pursue inharmonious, if not incompatible, goals: gender-blind, professional equality and gender-linked, socio-medical service. Having jettisoned the cause of military commissions, she concentrated her energies on the voluntaristic mission of the AWH. Unfortunately her leadership suffered from self-aggrandizement, ambivalence, and divided attention. Her Victorian, romantic temperament proved unsuited to the managerial style and goals of modern professional institutions.

Unexpectedly the AWH had outgrown its mandate. In the years following the war it became an oversized jewel in a very fragile crown. Throughout the 1920s and 1930s the MWNA struggled to maintain its constituency, its revenues, and its sense of purpose. The AWH possessed all three in abundance. In 1924, for instance, the AWH raised more than two million dollars for nine AWH hospitals in Greece, the Balkans, and the Near East. The same year an editorial in the *New York Times* praised AWH relief work alongside that of the Red Cross and the Rockefeller Foundation.⁷⁷ But Lovejoy, who was also elected President of the MWNA in 1932–33, was always careful to give the MWNA its full measure of publicity and credit in her annual report. And, more important to the evolving professional image of women physicians, her clear-eyed, under-inflated style could never be mistaken for the unprofessional, emotional heroics of an earlier era.

More fundamentally, however, women physicians had little incentive to make Morton their symbol. The experiences of the war demonstrated a double truth about the modern role and status of women physicians in America: as a group, society still held them responsible for much of the nurturance modern medicine could be called on to deliver. Yet, as individuals they were held accountable to a modern standard of professional values and demeanor. To the extent that professional ideals diverged from professional reality, maintaining the appearance of modern professionalism became ever more significant.

As the repudiation of Morton revealed, women physicians internalized these conflicting standards. By the 1920s they resisted representation by a figure as flamboyant and old-fashioned as Morton. She saw herself symbolizing the work of the AWH as its "founder." But by the 1920s she was the *wrong* symbol for women in medicine, an unwelcome reminder of an outmoded model of female professionalism. Women physicians painfully cast off the grandly maternal, Victorian model of womanly caregiving typified by Rosalie Slaughter Morton. Under leaders like Esther Pohl Lovejoy, they assumed the

modern ideal of the woman professional: cool, crisp, efficient, and impersonal. The day of the prophetess was past; the era of the organization was at hand.

NOTES

1. Roosevelt and Austin are quoted by David Kennedy, *Over Here: American Society and World War I* (New York, 1980), 178–85, 224–30; Peter Filene, *Him/Her/Self: Sex Roles in Modern America*, 2d ed. (Baltimore, 1986), 96, 97, 111. Also see Sandra M. Gilbert, “Soldier’s Heart: Literary Men, Literary Women, and the Great War,” *Signs* 8 (1983): 422–50; and Eric Leed, *No Man’s Land: Combat and Identity in World War I* (New York, 1979).

2. See Nancy Cott, *The Grounding of Modern Feminism* (New Haven, 1987), 215–39; for women and the scientific professions, see Margaret W. Rossiter, *Women Scientists in America: Struggles and Strategies to 1940* (Baltimore, 1982), 51–99.

3. Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians and American Medicine* (New York, 1985); Ellen More, “The Blackwell Medical Society and the Professionalization of Women Physicians,” *Bulletin of the History of Medicine* 61 (1987): 603–28; Virginia Drachman, *Hospital With a Heart: Women Doctors and the Paradox of Separatism* (Ithaca, N.Y., 1984); Mary Roth Walsh, *Doctors Wanted: No Women Need Apply* (New Haven, 1977); and Gloria Moldow, *Women Doctors in Gilded Age Washington: Race, Gender, and Professionalization* (Chicago, 1987).

4. For the transformation of gender norms, see Cott, *The Grounding of Modern Feminism*, 3–43; Filene, 6–112; Carroll Smith-Rosenberg, “The New Woman as Androgyne,” in Carroll Smith-Rosenberg, ed., *Disorderly Conduct* (New York, 1985), 285–96; Rosalind Rosenberg, *Beyond Separate Spheres: Intellectual Roots of Modern Feminism* (New Haven, 1982), 108–10; Dorothy M. Brown, *Setting a Course: American Women in the 1920s* (Boston, 1987), 29–47. For “professionalism” see Martin Pernick, “Medical Professionalism,” in *Encyclopedia of Bioethics*, vol. 3, ed. Warren T. Reich (New York, 1978), 1028–34; Margaret Rossiter, *Women and Science in America*, esp. 73–99; Charles Rosenberg, “Martin Arrowsmith: The Scientist as Hero,” in *No Other Gods: On Science and American Social Thought*, ed. Charles E. Rosenberg (Baltimore, 1976), 123–31; and JoAnne Brown, “Professional Language: Words that Succeed,” *Radical History Review* 34 (1986): 33–51.

5. Penina Migdal Glazer and Miriam Slater, *Unequal Colleagues: The Entrance of Women into the Professions, 1890–1940* (New Brunswick, N.J., 1987), esp. 1 and 6. Lynn Gordon, “Katharine Bement Davis,” in *The Biographical Dictionary of Social Welfare Reform*, ed. Walter Trattner (Westport, 1986); Jill Conway, “Women Reformers and American Culture, 1870–1930,” *Journal of Social History* 5 (1972): 167–77. Jill K. Conway, Susan C. Bourque, and Joan W. Scott, “Introduction: The Concept of Gender,” in *Daedalus* 116 (1987): xxi–xxiv; G. J. Barker-Benfield, “‘Mother-Emancipator’: The Meaning of Jane Addams’ Sickness and Cure,” *Journal of Family History*, 1979 (Winter), following Jill Conway, interprets the Addams typology as maternal heroism. See 395–420, and esp. 396–99.

6. More, “The Blackwell Medical Society,” 625–28; Virginia G. Drachman, “The Limits of Progress: The Professional Lives of Women Doctors, 1881–1926,” *Bulletin of the History of Medicine* 60 (1986): 58–72; idem., *Hospital with a Heart*, 151–95; Walsh, *Doctors Wanted*, 263–67; Morantz-Sanchez, *Sympathy and Science*, Ch. 10 and 279–80 and 336–39.

7. Arthur Dean Bevan, M.D., “The Problem of Hospital Organization, with Special Reference to the Coordination of General Surgery and the Surgical Specialties,” *The Military Surgeon* 45 (1919): 150–59; Rosemary Stevens, *American Medicine and the Public Interest* (New Haven, 1971; 1978), 85–92, 124–28. Major General M. W. Ireland, M.D., ed., *The Medical Department of the United States Army in the World War*, vol. 1, by Col. Charles Lynch et al. (Washington, D.C., 1923), 84.

8. Ellen More, "Rochester 'Over There': Gender and Medicine in World War I," *Rochester History* 51 (1989): forthcoming.

9. For example, Barbara J. Steinson, *American Women's Activism in World War I* (New York, 1982), 299; Peter G. Filene, *Him/Her/Self*, 111; and David Kennedy, *Over Here*, 30, all comment on the divisive effects of the war on the woman movement. An earlier view was represented by J. Stanley Lemons, *The Woman Citizen: Social Feminism in the 1920s* (Chicago, 1973), 14, 15: "World War I was not just a boon to suffrage; the entire feminist movement received a boost." Cf. Jean Bethke Elstain, *Women and War* (New York, 1987), x-xiv.

10. Harvey Cushing, *From a Surgeon's Journal, 1915-1918* (Boston, 1937), 258, 267; George Washington Crile, *An Autobiography*, vol. 2, ed. Grace Crile (Philadelphia, 1947), 359. National Archives Research Center, Suitland, Maryland, General Medical Board, *Minutes*, vol. 1 and 2, Record Group 62, Box 462, 2-4 (hereafter cited as G.M.B. *Minutes*/N.A.R.C.).

11. Seagrave was interviewed on her way to one of the National American Woman Suffrage Association's Women's Overseas Hospital units in France. *The Woman Citizen*, 6 July 1918, 114.

12. "Report of the American Women's Hospitals, June 6th to October 6th, 1917," 14, American Women's Hospitals Collection, Medical College of Pennsylvania Archives and Special Collections on Women in Medicine, Philadelphia, Pennsylvania (hereafter cited as AWH/MCP), Box 1, folder 2. "The Brown-Gilmore Resolution," *Woman's Medical Journal* 27 (1917): 149-50; "California Medical Women Urge Federal Recognition," *ibid.*, 27 (1917): 227-28; "A Most Interesting Report of Work of Colorado Women's War Service League," *ibid.* 28 (1918): 39. Women, of course, were not the only group to suffer from exclusionary practices by the military; black recruits, for example, were routinely segregated. William Rothstein, *American Medical Schools and the Practice of Medicine* (New York, 1987), 153, 363, n.42.

13. Baker's ruling was not overturned until 1943. For Secretary Baker, see Daniel R. Beaver, *Newton D. Baker and the American War Effort, 1917-1919* (Lincoln, Nebr., 1966), 4-15; Kennedy, *Over Here*, 96, 97; Frederick Palmer, *Newton D. Baker, America at War*, vol. 2 (New York, 1981), 34-35.

14. Letter from R. H. Frost to Eliza Mosher, 25 Sept. 1917, reprinted in the *Woman's Medical Journal* 27 (1917): 226-27. A precedent did exist for the hiring of women physicians as contract surgeons. See Anita Newcomb McGee, M.D., "Can Women Physicians Serve in the Army?" *ibid.* 28 (1918): 26, 27.

15. Mabel E. Gardner, "Bertha Van Hoosen," *Journal of the American Medical Women's Association* 5 (1950): 413, 14; Anita Newcomb McGee, M.D., "Can Women Physicians Serve in the Army?" *Woman's Medical Journal* 28 (1918): 26-28. "Opinion by Surgeon General Blue," *ibid.*, 41.

16. The American Red Cross was long dominated by formidable women, namely its founder, Clara Barton, and Barton's successor (after a bitter power struggle), philanthropist Mabel T. Boardman. On the eve of American participation in World War I, however, Boardman was supplanted by an all-male War Council drawn from the highest circles of business and finance to facilitate more effective fund-raising for the war effort. See Foster Rhea Dulles, *The American Red Cross: A History* (New York, 1950), 63-86, 138-41. I am also grateful to Prof. John Hutchinson for discussing with me some of his research on the International Red Cross.

17. The National American Woman Suffrage Association (NAWSA) was the only other independent women's group to send a hospital unit, the Women's Overseas Hospitals, abroad. Although the medical war work of the two organizations was similar, the NAWSA unit was more concerned with the promotion of woman suffrage than with professional advancement. Cf. *The Woman Citizen*, 4 May 1918, 449, 50. In *The Woman Citizen: Social Feminism in the 1920s*, J. Stanley Lemons conflated the AWH and NAWSA hospitals (9). The two organizations began separately and felt intensely competitive toward one another. [Esther Pohl Lovejoy], "Notes taken from 'The Woman Citizen,'" AWH/MCP, Box 1, folder 4; "Letter from Dr. Laura Hunt to AWH Executive Committee, 27 May 1918, AWH/MCP, Box 22, folder 217. Also see *idem*, 14 July 1917, 121; 2 Feb. 1918, 197; 10 Aug. 1918, 213; 21 Sept. 1918, 329; 9 Nov. 1918, 491.

18. In fact, the percentage of female students, having declined between 1899 and 1910 from 5 percent to 2.9 percent, rose again to 4.5 percent in 1918. MWNA *Minutes*, Box 1, folder 2, 18 Nov. 1915, American Medical Women's Association Collection, Medical Archives, The New

York Hospital-Cornell Medical Center, New York City (hereafter cited as AMWA/Cornell); Bertha Van Hoosen, "The Medical Women's National Association," typescript, Box 5, folder 14, Medical Archives, AMWA/Cornell; idem, *Petticoat Surgeon*, 210; *Woman's Medical Journal* 23 (1913): 157; "National Association of Medical Women," *ibid.*, 26 (1916): 15; *ibid.*, 23 (1918): 157; Morantz-Sanchez, *Sympathy and Science*, 248–49, 274–80; *American College of Surgeons, Third Year Book* (Chicago, 1915).

19. Van Hoosen, "Looking Backward," 408; idem, *Petticoat Surgeon*, 202.

20. For a good description of the tension between late Victorian and early twentieth-century romanticism in southern culture, see Dan Joseph Singal, *The War Within: From Victorian to Modernist Thought in the South, 1919–1945* (Chapel Hill, 1982), 1–36; for the decay of the "genteel tradition" overall and "southern romanticism" in particular, see Jackson Lears, *No Place of Grace: Antimodernism and the Formation of Modern Culture, 1880–1920* (New York, 1981); and Henry F. May, *The End of American Innocence: A Study of the First Years of Our Own Time, 1912–1917* (1959; reprint, New York, 1979), esp. 6–30, 84, 108–10.

21. A curious anticipation of her later troubles occurred in connection with her prize for design of the best surgical instrument. In 1898, at the end of her third year, Morton had been awarded a cash prize for invention of the best surgical equipment of her class. Yet no formal announcement of the award was made. To silence the skeptics among her classmates, Morton finally wrote Dean Marshall for proof of her claims. Rosalie Slaughter Morton to Dean Clara Marshall, 30 Apr. 1898, Alumnae Archives and Special Collections on Women in Medicine, Philadelphia, Pa.

22. *Curriculum vitae* for Rosalie Slaughter Morton, in the Marion Craig Potter papers, Archive and Special Collections on Women in Medicine, Medical College of Pennsylvania, Envelope 2 (hereafter, Morton CV); Rosalie Slaughter Morton, *A Woman Surgeon* (New York, 1937), 42–45, 50, 107–17, 144.

23. Morton, 23, 130–31, 178–91; Morton CV; Morantz-Sanchez, 146–47.

24. Morton, *A Woman Surgeon*, 177–81, 197–213; Morton CV.

25. Morton, *A Woman Surgeon*, 214–15.

26. *Ibid.*, 222–32.

27. *Ibid.*, 215–25, 228–29, 269–70.

28. The plan for a Women's Army General Hospital was never carried out. Morton, *A Woman Surgeon*, 269. Also see Barbara J. Steinson, *American Women's Activism*, especially Ch. 7.

29. "Report of the Medical Women's National Association, Second Annual Meeting, New York City, June 5th and 6th," *Woman's Medical Journal* 27 (1917): 140–42, 147–48. Morton, *A Woman Surgeon*, 271–72; idem., "War Work," in *75th Anniversary Volume* (Philadelphia, 1925), 365.

30. The brief account of Lovejoy's career contained in this and the following paragraphs is based on the following sources: AWH/MCP, Box 2a, folder 19, Passport application for Esther Pohl Lovejoy, 1946, and letter from Ernestine Strandborg to Esther Pohl Lovejoy, 1 Mar. 1946; "Esther Pohl Lovejoy," entry in *Notable American Women: The Modern Period*, 424–26; telephone interview with Mrs. Estelle Fraade, 1 Apr. 1987; Esther Pohl Lovejoy, *Certain Samaritans* (New York, 1927), 8, 9.

31. Letter of Ernestine Strandborg to Esther Pohl Lovejoy, 1 Mar. 1946, in AWH/MCP, Box 2a, folder 19. Strandborg also teased Lovejoy for claiming to use a German helmet for her dirty linens on the voyage home from the war.

32. Morton, *A Woman Surgeon*, 268; Lovejoy, *Certain Samaritans*, 16, 36. See Kennedy, *Over Here*, 178–225, for a nice discussion of the growing division between the elevated style of the genteel tradition, the language of chivalric romance, and the low, flat, iconoclastic style of America modernist idiom.

33. *Certain Samaritans*, 1, 6, 29.

34. *A Woman Surgeon*, 1. In 1935 Morton had portions of her mother's diary, describing her parents' Virginia courtship, published in the *Virginia Quarterly Review* 11 (1935 Winter): 61–81.

35. Letter of Rosalie Slaughter Morton to Marion Craig Potter, 26 Aug. 1922, in Potter/MCP, envelope 3.

36. Singal has described the ideology of professionalism among southern post-Victorians as

a combination of noblesse oblige and heroic struggle. Part of Morton's struggle was to reshape this typology to fit a woman. She did not, therefore, repudiate the genteel, "over-civilized" class pretensions of her parents. Rather, she strove to find a place for herself in its heroic mythology. See Singal, *The War Within*, 27–32; Lears, *No Place of Grace*, 80; Christopher Lasch, *The New Radicalism in America: The Intellectual as a Social Type* (New York, 1965), 62.

37. Van Hoosen, "Looking Backward," *Journal of the American Medical Women's Association* 5 (1950): 408; Morton, *A Woman Surgeon*, 188–89, 270.

38. AWH Executive Committee Minutes, 12 July 1917, AWH/MCP, Box 1, folder 2; "The Brown-Gilmore Resolution," *Woman's Medical Journal* 27 (1917): 149, 50; "Report of the American Women's Hospitals, June 6th to October 6th, 1917," 4, AWH/MCP, Box 1, folder 2.

39. War Service Committee, Executive Committee *Minutes*, 9, 20, 21, 28 June 1917, AWH/MCP, Box 1, folder 2. Cf. AWH letterheads for Sept. and Nov., 1917.

40. G.M.B. *Minutes/N.A.R.C.*, 29 July 1917, Record Group 62, Box 426, 1: 151. Morton, *A Woman Surgeon*, 134, 167–75, 269, 270; John M. Swan, *A History of . . . Army Base Hospital No. 19*, 3, 4.

41. Morton proposed twelve names, from whom Dr. Martin selected the following: Drs. Marion Craig Potter, Caroline Purnell, Emma Culbertson, Caroline Towles, Adelaide Brown, Mary Lapham, Louise Strobel, Mary Parsons, Florence Ward, and Cornelia Brant. "Report of the American Women's Hospitals, June 6th to October 6th, 1917," 13, 14, AWH/MCP Box 1, folder 2. G.M.B. *Minutes/N.A.R.C.*, 24 June 1917, Record Group 62, Box 426, 1:129–133. Morton, *A Woman Surgeon*, 279–80; Rosalie Slaughter Morton to Marion Craig Potter, 21 Mar. 1918, Marion Craig Potter Collection, University of Rochester School of Medicine and Dentistry, Edward G. Miner Library, Rochester, N.Y. (hereafter cited as MCP/UR), Box 2, folder 1; Van Hoosen, *Petticoat Surgeon*, 133–34.

42. M. Louise Strobel to Marion Craig Potter, 24 Nov. 1917, MCP/UR, Box 1, folder 21; *Minutes*, Committee on Women Physicians, 12 Nov. 1918, 15 May 1918, MCP/UR, Box 1, folder 21; G.M.B. *Minutes*, N.A.R.C., 9 June 1918, 2: 11, 12; Morton, *A Woman Surgeon*, 284, 85.

43. "[AWH] Meeting of January 3, 1918," *Woman's Medical Journal* 28 (1918): 30; *Minutes*, AWH Executive Committee Meeting, 26 July 1917, AWH/MCP, Box 1, folder 2.

44. *Minutes*, Open Meetings, Executive Committee, 19 and 26 July 1917, AWH/MCP, Box 23.

45. *Woman's Medical Journal* 27 (1917): 164; Esther Pohl Lovejoy, *Women Physicians and Surgeons* (n.p., 1939), 47; AWH "Treasurer's Report for October to December, 1917," *Woman's Medical Journal* 28 (1918): 34, 35. Cf. Morton, *A Woman Surgeon*, 286, for a somewhat rosier interpretation of those early months.

46. Cf. Jayne C. DeFiore, "Rosalie Slaughter Morton: Founder of American Women's Hospitals?" *Collections, Newsletter of the Archives and Special Collections on Women in Medicine*, 1987, Issue 16, 1, 2. Cf. Barker-Benfield, "Mother Emancipator," 396, and Jill Conway, "Women Reformers," 167–77, cited above in n. 5.

47. See, for example, her description of the bas relief she commissioned for display at her alma mater, the Woman's Medical College of Pennsylvania. *Woman's Medical Journal* 26 (1916): 204.

48. *Minutes*, Executive Committee of the War Service Committee, MWNA, 28 June and 12 July 1917, AWH/MCP, Box 1, folder 2; Morton, "War Work," 262. *Woman's Medical Journal*, 27 (1917): 147; Rosalie Slaughter Morton, "The Battalion of Life," *The Forum*, Apr. 1918, 3, 6. Located in Potter/MCP, envelope no. 2. Esther Pohl Lovejoy, *Women Physicians and Surgeons* (n.p., 1939), 35, 49. *Minutes*, AWH Executive Committee, 19 July 1917, AWH/MCP, Box 1, folder 2; Morton, "War Work," 366; idem, *A Woman Surgeon*, 274.

49. According to the first AWH "Report," the Committee merely sent the platform to Van Hoosen and generally kept "in touch" with her on an occasional basis. "Report of the American Women's Hospitals, June 6th to October 6th, 1917," 10–11, AWH/MCP, Box 1, folder 2.

51. After the war, Morton personally brought sixty Serbian students to the United States to receive a college education. As the founder of the Serbian Education Committee, Morton was *in loco parentis* to them all. Morton, *A Woman Surgeon*, 170–74, 283; Emily Dunning Barringer to Marion Craig Potter, 1 June 1918, MCP/UR, Box 2, folder 1.

52. One particularly nasty misunderstanding arose during Nov. and Dec., 1917, over the credit and expenses incurred for the registration of women physicians. Executive Committee Minutes, AWH/MCP, Box 22, folder 218.

53. Lovejoy, *Women Physicians*, 35, 38; AWH, "Annual Report," June 1917 to June 1918, 8, AWH/MCP, Box 1, folder 3. In fact, the NAWSA unit raised less money than the AWH. Cf. n. 62 below.

54. Records of the American Red Cross, National Archives Trust, Washington, D.C., Box 44, folder 1, unsigned memos dated 1917 and 13 Mar. 1918. Cf. Gertrude A. Walker, M.D., "The American Women's Hospitals," pamphlet (Report, *New York Evening Post*, 4 May 1918, n.p., MCP/UR, Box 2, folder 1; Dr. Caroline Towles to Dr. Marion Craig Potter, 7 Aug. 1917, MCP/UR, Box 2, folder 1.

55. It is not clear whether he was referring to physicians under the direction of his own Bureau for Women and Children or if he was referring to the total number of Red Cross physicians in France. *Woman's Medical Journal* 28 (1918): 140, 41.

56. Rosalie Slaughter Morton to Marion Craig Potter, 21 Mar. 1918, MCP/UR, Box 2, folder 1; Morton, *A Woman Surgeon*, 274; Dr. Belle Thomas to Dr. Bertha Van Hoosen, 4 Aug. 1917, AWH/MCP, Box 2, folder 14. Also cf. Van Hoosen to Rosalie Slaughter Morton, 10 Sept. 1917, AWH/MCP, Box 2, folder 14, where she writes that she hopes that Morton "can hold out."

57. In June, rather than a constitution, a revised set of "Rules" for the War Service Committee was drawn up. *Minutes*, AWH Executive Committee, 3 June 1918, AWH/MCP, Box 22, folder 217; *Woman's Medical Journal*, 27 (1917): 224; AWH Executive Committee *Minutes*, 17 (Feb. 1918, AWH/MCP, Box 22, folder 217; Van Hoosen to Morton, 10 Sept. 1917, AWH/MCP, Box 2, folder 14; Rosalie Slaughter Morton to Bertha Van Hoosen, telegram, n.d., AWH/MCP, Box 1, folder 2.

58. Morton's leadership also produced a measure of disagreement and internal squabbling within the Executive Committee. In 1924, veteran Eliza Mosher commented forcefully that since Esther Pohl Lovejoy had taken over, the Committee worked in complete harmony. *Minutes*, MWNA Council and Board of Directors meeting, 10 June 1924, 29–30, in AMWA/Cornell, Box 1, folder 6.

59. Morantz-Sanchez, 260; Lovejoy, *Women Physicians*, 38–41; Morton, *A Woman Surgeon*, 288.

60. AWH campaign pamphlet, n.p., AWH/MCP, Box 1, folder 2. Also see, for example, "6000 Women Physicians Engage in Tremendous Task to Help Uncle Sam," *The Washington Times*, 20 Jan. 1918; "Drive to Create a Medical Corps of Women Begins," *New York Times*, 24 Mar. 1918; and other miscellaneous clippings, MCP/UR, Box 1, folder 3; "THE CAMPAIGN IS ON!" *Woman's Medical Journal* 28 (1918): 25; *op. cit.* 28 (1918): 610–62; Morton, *A Woman Surgeon*, 288–91.

61. *Woman's Medical Journal* 28 (1918): 70–79.

62. AWH, "Annual Report, June 1917 to June 1918," 10, AWH/MCP, Box 1, folder 3; NAWSA, also in March, raised only about \$75,000 for its hospitals, plus approximately \$12,000 more later that year. See *The Woman Citizen*, 16 Mar. 1918, 309; *idem*, 24 Aug. 1918, 250–51. In her autobiography Morton claimed, "Within ten days we had raised \$300,000 in cash and in pledges promptly paid." *A Woman Surgeon*, 291.

63. Steinson, 319–22.

64. By June 1918, the total number of AWH physicians with the Red Cross in France had climbed to 52. AWH, "Annual Report, June 1917 to June 1918, 4, AWH/MCP, Box 1, folder 3; *Woman's Medical Journal* 28 (1918): 83.

65. A. J. P. Taylor, *The First World War* (London, 1963), 164–170; Kennedy, *Over Here*, 169, 170, 176, 177, 190.

66. In the same month the Red Cross also agreed to donate \$35,000 worth of equipment to the NAWSA hospital. See above, n. 17.

67. AWH Executive Committee, *Minutes*, 18 Feb. 1918, AWH/MCP, Box 22, folder 218; *Woman's Medical Journal* 28 (1918): 83.

68. National Archives Trust, Washington, D.C., Records of the American Red Cross, unsigned memorandum, 13 Mar. 1918, Box 44, folder 1.

69. AWH Executive Committee, *Minutes*, 17 Feb., 11 Apr., and 18 May 1918, AWH/MCP,

Box 22, folder 218; Elizabeth S. Hoyt to Mrs. C. M. Conger, 8 Apr. 1919, Potter/MCP, Box 2, folder 1; *Woman's Medical Journal* 28 (1918): 162; "Report of Chairman," *ibid.* 29 (1919): 164.

70. Esther Pohl Lovejoy, *Certain Samaritans*, 177.

71. Belle Thomas to Marion Craig Potter, 13 July 1918, Potter/MCP, Box 2, folder 1; AWH Executive Committee Minutes, 3 June 1918, AWH/MCP, Box 22; *Minutes* MWNA Annual Meeting, 10, 11 June 1918, Cornell-NY, Box 1, folder 3; Van Hoosen, *Looking Backward*, 408.

72. Telephone interview, 1 Apr. 1987, with Mrs. Estelle Fraade, assistant to Esther Pohl Lovejoy from 1937 to 1967 and executive director of the AWH from 1967 to 1979.

73. Emily Dunning Barringer to Marion Craig Potter, 1 June 1918, Potter/MCP, Box 2, folder 1.

74. DeFiore, "Rosalie Slaughter Morton," 1.

75. Morton refused to change her story. Catharine MacFarlane to Mr. Albert Marquis, Editor, 28 Apr. 1937; Catharine MacFarlane to Rosalie Slaughter Morton, 3 May 1937; Catherine MacFarlane to Rosalie Slaughter Morton, 21 May 1937, all in AMWA/Cornell, Box 5, folder 11. Lovejoy, *Women Physicians*, 50; *Medical Review of Reviews*, (1934): 436; *American Women, 1935-1940: A Composite Biographical Dictionary, II*, ed. Durwood Howes (Detroit, 1940), 198.

76. Lovejoy, *Women Physicians*, 50. As late as 1938, Lovejoy was still trying to defend the AWH from a possible comeback by some of Morton's chief backers. Cf. Letter of Dr. Esther Pohl Lovejoy to Dr. Louise Taylor-Jones, 8 Oct. 1938, AMWA/Cornell, Box 5, folder 14; Dr. Mary McKibbin Hooper to Dr. Louise Taylor-Jones, 13 Nov. 1938, AMWA/Cornell, Box 5, folder 14. Also see the photo of Dr. Marion Craig Potter in the *Medical Woman's Journal* 38 (1938), No. 8, cover page.

77. MWNA *Minutes*, 10th Annual Meeting, 9 June 1924, AMWA/Cornell, Box 1, folder 6.