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Rochester 'Over There': Gender and Medicine in World War I

Ellen S. More

University of Massachusetts Medical School

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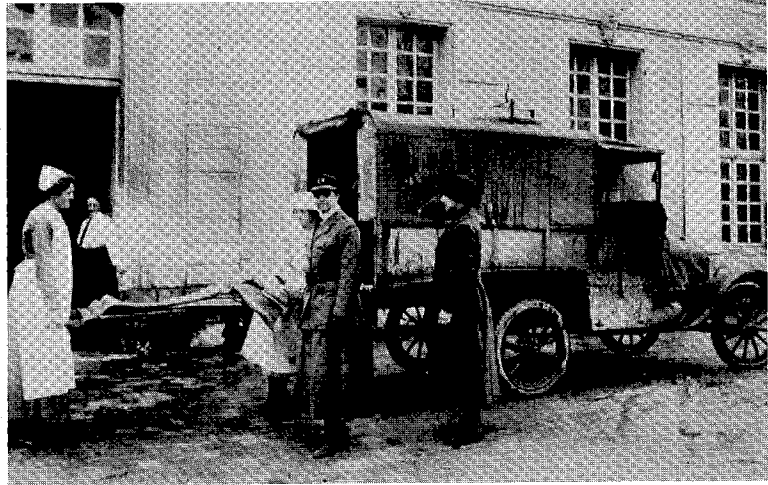


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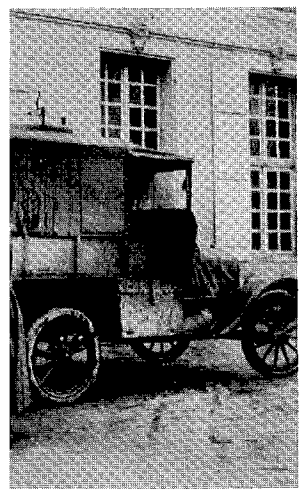


Ambulance Corps for Unit No. 1 at Luzancy, France. Archives and Special Collections on Women and Medicine, Medical College of Pennsylvania, Phila.

Rochester "Over There"

by Dr. Ellen More

During the final months of World War I, Rochester physicians played a surprisingly large role in America's overseas hospitals. The experiences of the all-male Base Hospital No. 19 at Vichy, staffed and directed by physicians from Rochester General Hospital, have been well recognized. Less well known, however, is the part played by Rochester women physicians in the organization, funding, and direction of the American Women's Hospitals Unit No. 1 at Luzancy in France. All hospitals, as the historian Charles Rosenberg has noted, are social institutions, microcosms of the societies they serve.¹ The histories of these two gender-specific hospitals reveal a general truth about gender and medicine in the early twentieth century; that is, the part played by women doctors differed markedly in structure and function from that of their male colleagues. These differences accurately reflected the different structures of professional opportunity available to male and female physicians on the home front as well as "over there."



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Dr. M. Louise Hurrell of Rochester, Director of American Women's Hospital Unit No. 1 in her office at Luzancy, France. Archives and Special Collections on Women and Medicine, Medical College of Pennsylvania, Phila.

From the outset of the war, the mobilization of American medical men struck a nerve among America's women physicians. The government's rejection of their offers to serve in the military caught them completely unprepared. And with good reason. Between 1850 and the turn of the century, the number of women physicians had increased from a mere handful to nearly 7,000. The majority were educated in women's medical colleges. Mostly, they lived up to the Victorian expectation that they would care for women and children. But, by 1917, when America officially entered the war, coeducational medical schools had become the norm for women students; gender-integration of the profession, too, was at least an ideal, if not yet a reality, for many women in practice. Women's hospitals and medical societies seemed on the wane. Even the American Medical Association, in 1915, seated its first official female delegate. Thus when the Medical Women's National Association (forerunner of the American Medical Women's Association) held its first meeting in 1915, some women physicians protested against the new group's gender-separatism.²

Whatever the effects of coeducation, despite the rhetoric of professional equality women physicians continued to practice in the "woman's sphere." The great majority continued to serve their traditional constituency of women and children through general practice, public health, pediatrics, obstetrics, and gynecology. Prestigious internships, research, and medical school teaching eluded most female practitioners. Yet many had come to believe that the issue of gender no longer mattered to the professional woman.³

World War I forced women physicians to acknowledge the tensions between their two ideals: professional assimilation and the older code of woman-as-healer. Leaders of the newly formed Medical Women's National Association (referred to as "the National" or the MWNNA), struggled to modernize and enhance the reputation of women doctors without alienating their Victorian legacy. They hoped to share in the rigors and opportunities of war service as commissioned officers of the Army Medical Corps. Yet they also urged women physicians, in the traditional manner, to care for civilian women and children left sick and homeless by the misfortunes of war. As they were about to discover, it would not be easy to do both.

Medical Volunteers, 1914-1917

Male and female physicians alike appreciated the professional opportunities offered by war service. Although America remained a noncombatant from the outbreak of war in August, 1914, until

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April, 1917, many American physicians—including some women—served the allies as volunteers for the French, British, Belgian, and Serbian Red Cross societies.⁴ Women physicians in England and Scotland, veterans of the campaign for woman suffrage, created all-women's voluntary hospitals to serve in France, Serbia and even in London at the Endell Street military hospital.⁵

Volunteering required courage, endurance, and a willingness to sacrifice professional and personal security. It also offered something in return. War work afforded not only an unparalleled chance for adventure and heroics, but a supreme opportunity to undertake innovative techniques and world class research.⁶

The first voluntary, American hospital in France was established in the fall of 1914 by the American ambassador, Myron Herrick, and the prominent Cleveland surgeon, George Washington Crile. Since America was a neutral power at the time, American volunteers worked for the International Red Cross. Located at Neuilly-sur-Seine just outside Paris, the hospital was a magnet for American ambulance drivers, stretcher bearers, nurses, and physicians, including a future officer of the American Women's Hospitals, Brooklyn surgeon Dr. Mary Crawford.⁷

Back in Cleveland, Crile then pioneered what became the prototype for American base hospitals in 1917. He organized his own Lakeside hospital into a self-contained surgical unit, raised money and supplies, and arranged for its personnel—as a unit—to be transported overseas. The idea of top-notch, prearranged teams had so much appeal, that other hospital units affiliated with Harvard, the University of Pennsylvania, Washington University, Northwestern, and Columbia soon followed.

Mobilization and Military Hospitals

Meanwhile, in Washington, Surgeon General William Gorgas had begun planning for American entry into the war. In 1915, he sought advice from leading American physicians about organizing the military's overseas base hospitals. Adopting the Crile plan, he invited a small number of carefully chosen hospitals to put together their own teams well in advance of American entry into the war. In addition, the National Defense Act of 1916 drastically expanded the Army Medical Reserve Corps through which physicians were to be commissioned into the Army as medical officers.⁸

The allies' early medical plans were loosely based on the three-tiered medical evacuation network pioneered by Jonathan Letterman, chief medical officer of the Army of the Potomac during the

American Civil War. Letterman's system relied on a field ambulance corps, field hospitals close to the battle for emergency surgery, and base hospitals at a secure distance from the fighting for nonemergencies and prolonged recuperation.⁹ By the end of the century, military officials were seeking better evacuation procedures between field and base hospitals. The unprecedented carnage of World War I and the baffling immobility of trench warfare led military leaders to incorporate additional stages into evacuation procedures.¹⁰

By 1918, the American system consisted of ambulance companies moving between the forward lines and battalion aid stations for first aid, then bringing the wounded as soon as possible to mobile field hospitals a few miles from the front for triage or emergency care. The wounded not requiring immediate surgery were transported ten miles or more back of the line to evacuation hospitals for surgical or medical care. The rest, judged able to stand several days' transport by rail or ship, were sent on to the larger, more permanent base hospitals located many miles away from the fighting. In addition, several locations remote from the fighting were designated hospital centers. Base hospitals were expected to accommodate 500 patients; frequently, at the height of the fighting, they held more than twice this number. The larger hospital centers, such as the one located at Vichy, were designed to cluster base hospitals together for the sake of economy and efficiency. At the height of the allied counter-offensive in the spring and summer of 1918, they swelled to a capacity of approximately twenty thousand.¹¹

The experiences of Base Hospital No. 19, a unit drawn from Rochester General Hospital, give some idea of how the system worked. In September, 1915, Surgeon General Gorgas attended the annual meeting of the American Public Health Association. That year, the Association met in Rochester. During the meeting, Dr. John Swan, an internist associated with Rochester General, a venerable, voluntary hospital formerly known as the Rochester City Hospital, questioned him about American preparedness for war. Gorgas replied by describing the Crile-Cushing plan of "base hospital groups for quick mobilization." As Swan later recalled, Gorgas was seeking out "groups of physicians and surgeons who were accustomed to cooperative endeavor and who might be expected to work well together under the trying circumstances of war."¹²

As a direct result of their conversation, Gorgas authorized Swan

to organize one such group from Rochester General. Swan mustered the names of eleven other doctors, all with ties to Rochester General.¹³ By the winter of 1916, all twelve (counting Swan) received commissions in the Army Medical Reserve Corps. Swan was designated director of the unit.

About the same time, Jefferson Randolph Kean, an officer of the Army Medical Corps on temporary assignment as Director General of the American Red Cross Department of Military Relief, arrived in Rochester on a tour of some fifty potential base hospitals. Kean was the primary liaison officer from the Medical Corps to the Red Cross. In accordance with a War Department ordinance of 1912, the Red Cross had been given sole responsibility for medical assistance to the military in time of war. Kean's job was to coordinate the efforts of the Red Cross with the actual manpower needs of the Army. His suggestions to Dr. Swan were quite specific: he urged the appointment of fourteen more physicians, a staff of registered nurses and enlisted men, and about \$25,000 worth of supplies and equipment. Swan then recruited an additional eleven physicians, two dentists, and one minister to serve as chaplain. About the same time, Miss Jane Delano, Director of Nursing for the American Red Cross, visited Rochester to begin enrolling qualified nurses.¹⁴

Thus in the spring of 1916 the personnel of Hospital No. 19 began the nerve-wracking process of training, fund raising, gathering supplies, and waiting. For the enlisted men, "training" consisted of classes at the local Armory in hospital ward routine, first aid and bandaging, elementary anatomy and physiology, military drill, and personal hygiene. The officers met every three weeks to discuss the correspondence course for medical reserves sent out from Fort Leavenworth. About \$9,000 were donated to the unit by the Rochester citizenry. The rest of their supplies were either donated directly or were paid from money collected in citywide "War Chest" drives. (Local donations also produced a Ford touring car and a motorcycle, which were later appropriated for general use by the Army, something that seemed like "highway robbery" to the donors at home.)¹⁵

On December 20, 1917, the unit was officially mobilized. Colonel George Skinner, an officer of the regular Medical Corps arrived to relieve Swan of his command.¹⁶ Yet, because of U-boats and a shortage of ships, it was another five months—until June, 1918—before their embarkation for France. These months were spent in drilling. As Swan later wrote, "This period was very trying

on nearly all, as every person was anxious to be on the way." In the meantime, to maintain their fitness the enlisted men marched for miles even in the midst of an upstate winter. Throughout their extended wait, both enlisted men and officers received generous shows of support from the people of Rochester. They were entertained with dances and concerts, and school children even planted a tree in their honor.¹⁷

On June 3 they sailed. Not until June 19, however, did they learn their precise destination: Vichy, the luxurious spa in central France. Incongruously, many Europeans were still coming to the popular resort for their summer "cures." Thus, as Col. Swan observed, the soldiers were set down in the midst of a "cosmopolitan watering place," complete with large hotels, golf, opera, and concerts in the park.¹⁸

Ultimately, Vichy was to be a center for five base hospitals comprising 10,000 hospital beds. When they arrived, only Unit No. 1, from Bellevue Hospital, was already settled in. The Rochester unit was given the choice of nine hotels as possible sites for their medical and surgical headquarters. Within a few months they were utilizing seven hotels for patients. The Hotel du Havre et New York became their chief medical building; the Hotel International, their surgical center. The unit also had its own x-ray department. After a therapeutic application of "scrub brushes, soap, mops, brooms, and dust pans" (de rigueur for all World War I hospital facilities), Base Hospital No. 19 was ready for business.

Initially, No. 19 was intended as a special hospital for contagious diseases, respiratory infections, and care of wounded Germans. That plan never had a chance. With the delivery of the first patients only nine days after the Rochester unit's arrival, the hospital abandoned that idea and functioned as a general hospital. By August 6, 1,200 patients were being housed in seven hotels. After the allies' climactic counter-offensives of the summer of 1918 at the Marne, the Aisne, and the Somme, the Unit reached its peak capacity of 3,500 patients. In a single, twenty-four-hour period in October, it admitted 822 patients. Between the middle of June and the middle of December, 1918, a total of 11,071 patients were admitted, of whom seventy-eight died, a mortality rate of .7 percent.¹⁹ In December the hospital slowly began to close down. On February 18, its personnel left for home.

Women Physicians and the Army

The road to overseas service was far less direct for women physicians. Immediately after President Wilson's Declaration of War in

April, 1917, Bertha Van Hoosen, president of the MWNA, volunteered the services for her organization. Unfortunately, the 1916 legislation expanding the Army Medical Corps was silent on the question of commissioning women. Women's organizations around the country began petition drives and intense lobbying to convince Secretary of War Newton D. Baker to interpret the rules of eligibility in favor of women physicians. Indeed, partly out of fear of insufficient male physician recruits, the General Medical Board's Committee on Legislation considered a bill for a medical corps draft that explicitly included "medical men and women."²⁰

Thus key opposition seems to have come not from within the medical profession, but from the military and the War Department. Secretary Baker, a supporter of women reformers in peacetime, refused to reinterpret the rules. As Acting Judge Advocate General S. T. Ansell, chief counsel to the Department of War, opined in August, 1917, the Act "should be construed in connection with other legislation on the subject, which contemplates that officers and soldiers of the military service should be males who are physically fit for the varying duties incident to the military service. I think women physicians would not have the physical qualifications."²¹

The views of career military officers speak even more plainly in a letter written by Colonel G. E. Bushnell, an officer on the staff of Surgeon General William Gorgas. Explaining why women physicians were unqualified for positions as medical examiners of new recruits, he elaborated:

Such a position, in my judgment, is not befitting a woman. There are obvious reasons why it is not desirable that they should be called upon to examine large numbers of men stripped to the skin. [It] is not expedient that more or less isolated women should come into contact with large numbers of men drawn from all classes of society, many of whom would not understand the precise position of the woman and think of her only as a woman. Furthermore, there are few women who are physically qualified to endure the fatigues and vicissitudes of a campaign.²²

The War Department did foresee some use of women physicians as substitutes for men called up for overseas duty. Thus women could sign on as contract surgeons in the Army to serve at American army bases as bacteriologists, anaesthetists and radiologists, or as sanitarians in the United States Public Health Service. (Contract surgeons were civilian physicians under short-

term contract to the army for a specific job at a specified salary.) But as contract surgeons, however, they would be ineligible for all the benefits—financial and otherwise—of military commissions. Becoming contract surgeons would mean, “sacrificing their practices, performing the same services as their brothers, but with no rank, no promotions, no standing; when discharged, no bonuses or pensions, and, if injured, no disability provisions for themselves or their dependents.” This was an offer few women could afford to accept.²³

The American Women's Hospitals

Despite these setbacks, when America joined the Allies, women physicians were determined not to be left out. Yet, only through the Red Cross and privately funded, women's volunteer agencies could they hope to be sent overseas. Most, though not all, of their patients would be civilians or refugees, especially women, children, and the elderly. Rather than treating head wounds and gas gangrene, they would be performing tonsillectomies and immunizing civilians against epidemic disease. Thus, ironically, whatever the ambitions of women physicians in seeking to serve at the front, their actual experiences reinforced the traditional idea that women practiced in a “separate sphere.”²⁴

The experiences of the Medical Women's National Association illustrate the constraints under which women physicians labored. From the beginning, the organization was caught between potentially conflicting forces. Founded as an instrument to secure professional equality for women physicians, it also tried to uphold its members' traditional moral claims as guardians of the health of women and children. Thus, with the outbreak of war, it publicly committed itself to two divergent objectives: winning women doctors the right to military commissions in the Army Medical Corps; and volunteering to provide care for noncombatants.²⁵

As noted already, the National met with no success at all in its first objective. But without even waiting for a reply from the War Department, the organization moved ahead with plans for all-women's voluntary hospital units. At its annual meeting in June, 1917, it voted to create a War Service Committee. President Van Hoosen named a prominent New York surgeon recently returned from volunteer duty for the Red Cross in Serbia, Rosalie Slaughter Morton, the Committee's chairman. A few weeks later at a meeting in New York, the War Service Committee voted to reconstitute itself as the “American Women's Hospitals, *organized* by the War Service Committee of the Medical Women's National Association.”

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As their name suggested, they deliberately modeled themselves after the Scottish and British women's hospitals to capitalize on their predecessors' popularity with the public.²⁶

Under Morton's leadership, the AWH hoped to send out four hospital units to the devastated regions of northern France, plus one to Serbia, and possibly one to Russia. The French units were to comprise one large, central hospital surrounded by mobile dispensaries for residents of the outlying regions who were unable to travel to the hospital themselves.²⁷ Costs for this ambitious plan were estimated at about \$300,000, with dispensaries alone estimated at about \$50,000 each.

Two obstacles prevented the AWH from making headway toward these goals: the need for permission from the American Red Cross to send volunteers overseas; and the difficulty of raising the necessary funding without Red Cross backing. As an official of the Red Cross Medical Advisory Board explained to an AWH official in August, 1917, "It would be impossible for the Red Cross to send out units of other organizations."²⁸ By the end of 1917, six months after its creation, the AWH had raised only \$11,000.

Yet, by March, 1918, success seemed assured. Several factors made this possible. First, in January the Executive Committee hired a professional fund raiser and began preparing for a large public campaign for support. Their goal was \$300,000. From March 26 till April 6 they rented a hall at the Biltmore Hotel in New York, printed up pledge cards, and, according to one publicity story, unleashed 250 laywomen and physicians to canvass the city in teams. At a luncheon each day the teams announced their results, to much cheering and the awarding of pennants to the leaders. Dr. Morton made an appeal at Town Hall, while Emily Dunning Barringer, the first woman ambulance surgeon in New York, rode an ambulance down to Wall Street to collect contributions from the financial district. By the end of the campaign, the organization had received \$9,600 in cash and \$140,000 in pledges. By their first anniversary in June, 1918, their bank account held a total of \$171,000 in donations, a quite respectable start.²⁹

Second, negotiations with the Red Cross were beginning to pay off. For a variety of reasons, Red Cross officials dropped their reservations toward the AWH. Almost from the beginning they had relied on the AWH to provide names of qualified women physicians to send out as part of Red Cross teams establishing hospitals, infirmaries, and dispensaries in Europe.³⁰ The only sticking point to an agreement of affiliation between the two organizations was the women physicians' insistence on retaining the name

of their organization and the power to hire and fire their own medical personnel.

On February 18, the AWH learned that the Red Cross would agree to the AWH's conditions. A well-timed announcement of their imminent affiliation was made during the March campaign. According to the agreement signed in May, the AWH would finance its own administrative expenses, while the Red Cross would equip, maintain, and pay salaries for all AWH hospital units. The AWH also agreed not to use the Red Cross name in any future fund raising campaigns. Although AWH personnel were to be under the "general control and direction of the Red Cross division to which they were attached," they were allowed to wear the AWH uniform and insignia. Most important, only physicians acceptable to the AWH would be hired for their units. Their hospitals would be known as the American Women's Hospitals unit No. ____ of the American Red Cross.³¹

The Red Cross was no longer establishing large general hospitals, but it was willing to sponsor dispensaries for civilian relief. Luckily the AWH (possibly with Red Cross encouragement) forged another alliance, this time with the American Committee for Devastated France (ACDF), founded by Mrs. Anne Dike and philanthropist Miss Anne Morgan, daughter of financier J. P. Morgan. Since 1917, the ACDF had worked with French officials to restore the desolated Aisne region northeast of Paris near the Aisne and the Marne. It agreed to help the AWH cut through French military red tape to establish two small hospitals for noncombatants in the Aisne district. The ACDF also contributed money to this joint venture.³² Between June, 1918, and the Armistice in November, the American Women's Hospitals sent out two units to northern France in addition to the approximately fifty individual women doctors who joined Red Cross hospital installations in the first year of the war. At the war's conclusion, several AWH doctors, drawn from their own French units and from the Red Cross's, signed on to establish new AWH units, in Serbia, Turkey, and Russia. (The AWH, an affiliate of the American Medical Women's Association, is still in existence today, with its major efforts directed at maternal and child health in Latin America.)

AWH Unit No. 1 at Neufmontiers, Luzancy, and Blerancourt

By June, 1918, the AWH was ready to send its first unit overseas. (The second unit left for France in September; this article, however, will only detail the work of Hospital No. 1.) AWH files contained

the names of hundreds of women physicians canvassed in the first few months of the war for potential volunteers. From these names the Executive Committee chose an all-female staff consisting of ten physicians, one dentist, six nurses, five "robust" chauffeuses (ambulance drivers), three nurses' aides, and a general factotum, Mrs. Lehman, who served as an administrative assistant, purchasing agent, and liaison to the ACDF and the French.³³

Hospital No. 1 evolved through three distinct incarnations, first at Neufmontiers, then at Luzancy, and finally at Blerancourt. Neufmontiers, a hospital for "summer illnesses," was open from July 28 to August 17, 1918. Under the Unit's first director, Dr. Barbara Hunt, a general surgeon from Bangor, Maine, the unit got off to a slow start. Although AWH publicity described Hunt's work in glowing terms, a letter from Dr. M. May Allen, a visiting Rochester physician on her way to the refugee hospital at Dinard, told a different story. "It seems Dr. Hunt was simply not competent to take charge of the *work*. There was great criticism and lack of harmony among the women doctors." Apparently, Hunt was unable to mobilize her resources for the trying conditions surrounding her. The figures bear out that charge. At the end of her three months as Director, the staff had completed only fourteen surgical operations; of those, nine were tonsillectomies performed by a temporary member of the staff. After three months, Hunt resigned as Director to work in French military hospitals.³⁴

Although Hunt officially was replaced in October by Dr. M. Louise Hurrell, a general practitioner from Rochester, Hurrell had taken charge as Assistant Director even before Hunt resigned. Almost from the first, Hurrell was the real heart of the hospital. After overcoming polio as a child, Hurrell graduated from the University of Buffalo School of Medicine in 1902 and did postgraduate study at the Mayo Clinic and the University of London. In 1904, after a brief practice in Buffalo, she began a medical career in Rochester until her retirement in 1941. Although Hurrell claimed never to "tie" herself to any single principle of treatment, she did hold fast to one idea: "I myself feel," she told a reporter at retirement, "and I must make my patient feel . . . that nothing is impossible."³⁵

As Director of Unit No. 1, Hurrell had ample occasion to test her philosophy. In August, during heavy fighting, the unit moved to a chateau at Luzancy in the Aisne district on the River Marne. The Unit remained there from August until the end of March, 1919. Under Dr. Hurrell's leadership, the staff finally hit their stride. As

described by M. May Allen, the lovely, old chateau had "stone floors, cold and damp and down by the water where fogs collect . . . The house is pretty well established, the big room of the chateau—high as a church—with two long tables—where they eat . . . was full of shadows from the kerosene lamp. One fine oil painting was left on the walls . . . The big open windows were barred . . . They've been bombed all the time." Comparing the women's unit to the Rochester and Bellevue base hospitals at Vichy, she continued, "All I could say was praise for [the AWH's] fine establishment. . . . I think it compares very favorably, in a small way." She noted, however, the absence of the laboratory equipment available to the military physicians.³⁶

Supplies and equipment were constant concerns for the AWH. Despite the Red Cross's pledge to supply all AWH units, the strain on their own resources must have been extreme. It generously allotted \$50,000 for the operation of Unit No. 1, but this could not keep it going without reinfusions of cash or supplies. (In fact, the total expenditures for AWH Unit No. 1's three hospitals and more than twenty dispensaries from July, 1918, to January, 1920—including salaries, equipment, food, barracks, and publicity—eventually amounted to more than a million dollars.)³⁷ Competition for continued Red Cross support must have been keen. Thus Dr. Hurrell was unstinting in her praise of her assistant, Dr. Inez Bentley, for her successful extraction of supplies from the Red Cross in Paris. After the unit had moved on to its third and last location, Hurrell wrote the Executive Committee about the three badly needed automobiles allotted to the unit; after waiting for them for months, she had finally dispatched Mrs. Lehman to find them. Find them she did, in two feet of water in the harbor at Bordeaux, still in crates.³⁸

As Dr. Hurrell quickly learned, Luzancy would be where "the epidemics of dysentery, typhoid, grippe, and pneumonia were fought and where the neglected surgery of the Aisne received attention." The people of the surrounding region had been literally devastated by the war. Cottages and fields, (in the words of a village *maire*, "only fourteen kilometers from the enemy, constantly under the menace of bombardment"), were destroyed in the fighting. Husbands, sons, and fathers were all gone, either dead, wounded, or, at least, still stationed far from home. The native physicians were gone, too, many of them casualties of the war. The earlier, military hospital in Luzancy had been the only medical installation in the region prior to the arrival of Hurrell and her staff,

and it had been off limits to civilians.³⁸ Thus the staff quickly had its hands full running medical and surgical wards as well as thirteen different dispensary routes.³⁹

Patients ranged from newborns and young children to aged men and women close to death from starvation, illness, or grief. Constantly, care was given to soldiers wounded nearby and brought to the hospital as emergencies, as when a soldier in a railroad accident was brought in for extensive repairs to his hand. During seven months at Luzancy, 420 medical, 254 surgical, and 472 dental cases were cared for. At the same time, 3,344 dispensary calls were made to a total of 1,552 different patients, while 3,626 house calls were made to 1,218 different patients. Surgery, however, was a very different matter among civilians from what confronted the staff of a large military base hospital. More than one-quarter of the surgical cases (sixty-seven), following the accepted medical wisdom of the time, involved removal of tonsils and adenoids. Herniotomies accounted for the second largest number of procedures (eleven). The remainder were a miscellaneous collection of procedures including trepanning, appendectomy, Caesarean section, hysterectomy, and removal of a toenail.⁴⁰

House calls and dispensary routes, however, were the real heart of the work. Twice a week the dispensary ambulances were sent out with a doctor, a nurse, a chauffeuse, a sterilizer, a stove, and all necessary medicines. Patients either left word for the doctors at the local *maire's* office or traveled to one of the satellite examining stations set up in the region for dispensary care. In this way, a relationship of trust between the villagers and *les dames Americaines* was established. And none too soon. In September, just after Dr. Hurrell assumed the directorship, twin epidemics of typhoid and influenza broke out in the Aisne district. Although Hurrell and her staff could do little to counter the influenza, they responded with vigor to the threat of typhoid, immunizing nearly everyone in the region. After sending out an announcement through local officials, the dispensary physicians arrived in the villages. All villagers consenting to the procedure then lined up in the square for the great event. According to one account, a record was set at the village of Viels-Maisons where seventy-five immunizations were given in twenty-five minutes.⁴¹

Hurrell's prompt response to the crisis proved effective. On March 30, 1919, the Unit's last day in Luzancy before moving on to its final hospital site at the village of Blerancourt, the *maire* and villagers gathered to honor Dr. Hurrell and her staff. All eighteen

of the staff members still stationed at Luzancy received gold medals from the French government, the *Medaille the Reconnaissance Francaise*, with Palms, for stamping out the typhoid epidemic. Along with Miss Morgan and Mrs. Dike, the directors of the American Committee for Devastated France, they were also made honorary citizens of Luzancy.⁴²

Beneath a surface of apparent bonhomie, however, lay the roots of a thorny ethical dilemma. In truth, the AWH physicians may have worn out their welcome. The armistice of November 11, 1918, occurred about midway through their residence at Luzancy. By the beginning of 1919, demobilized French physicians were slowly making their way back home. The sight of American physicians (and women, at that) poaching on their practices did nothing to sweeten their homecoming. As Dr. Hurrell wrote to the Executive Committee in New York explaining her decision to leave Luzancy and move on to Blerancourt, "We can say that if the French in some matters are slow, in the matter of their clientele they are particularly swift." On the other hand, she understood their position. As she wrote the Committee a few months later, this was a matter of professional ethics. "You will comprehend . . . that your AWH in France did not come to take the work of French physicians, nor to be their competitors."⁴³

The AWH's co-sponsors in the ACDF, did not appreciate the issue of professional ethics or etiquette. Well-to-do, philanthropic-minded laywomen, they were most interested in seeing results for their money. They insisted that the AWH keep its agreement to run two French hospitals at least until December 31, 1919, despite Dr. Hurrell's ethical discomfort. In fact, ethics and economics were commingled in Dr. Hurrell's analysis of the situation at Blerancourt. To her experienced eye, there was simply not enough surgical work to justify the expense of maintaining the unit's surgical ward. Hurrell's solution was to reorganize the tent-and-barracks hospital at Blerancourt for preventive, rather than acute, care. In Hurrell's words, "Preventive medical care has been the primary object —vaccination for typhoid and smallpox, isolation for scarlet fever and measles, examination of schoolchildren, dental work, and removal of adenoids and tonsils."⁴⁴ The AWH continued the Blerancourt unit from April, 1919, to January, 1920, although Dr. Hurrell left for home in September, 1919.

It is quite clear that little good could have been accomplished by the American Women's Hospitals without the presence of a few extraordinary leaders. Seventy years later, Dr. Hurrell's vigor, self-

possession, competence, and humor still speak out through the lines of her reports home. For one thing, she loved the work. As she wrote to Marion Craig Potter in Rochester at the end of the typhoid epidemic, "This unit is made up of a collection of the most wonderful women ever assembled, and we're a happy harmonious crowd." Her staff repaid her affection in full. As a visiting AWH Commissioner reported back to the Executive Committee in New York, "The spirit of the group here has been remarkable. Dr. Hurrell is an efficient and beloved leader, and she and her whole staff have conducted the work of the hospital with the greatest efficiency and foresight."⁴⁵

Hurrell was replaced by the equally competent Dr. Hazel Bonness, who later served the AWH in a postwar unit in Serbia. Even after curtailing services at the hospital, the Blerancourt unit saw a total of 1,145 patients, performed 161 major operations, and 614 tonsillectomies. In one quarter alone (from July 1 to September 1, 1919) its physicians averaged about 150 house calls and dispensary visits a week. They also opened a maternity ward where "prophylactic work and the teaching of hygiene became a part of the routine care of each mother."⁴⁶ When in January, 1920, the AWH completed its work in France, the hospital and most of its supplies were turned over to the ACDF to be run by French physicians.⁴⁷ A few of the AWH physicians, such as Dr. Bonness moved on to a new unit in Serbia. The rest went home to civilian life.

Conclusion

It would be fair to say that World War I left as great an impact on women physicians as they left on the populations under their care. The AWH had been organized by the Medical Women's National Association both to bolster the professional esteem of its members and to serve the women and children of Europe. Yet as their work opened before them, AWH staffers such as Dr. Hurrell, gave little thought to personal or professional advantage. What began as an exercise in compensatory professionalism emerged as a distinctive health care mission for women physicians.

Thus, by the end of the war, the AWH physicians accepted their unique contribution to medicine: medical care (defined in the broadest way possible) to the needy, and particularly to women and children. In France, and later in Serbia, Russia, Turkey, Latin America and in remote regions of the Carolinas and Kentucky, public health and preventive medicine were central to their mission, essential to their success.⁴⁸ At her retirement, Dr. Hurrell was

praised for her "calm courage and wise advice," and as a source of "inspiration and courage." As these testimonials suggest, the belief that "nothing is impossible" served her and others like her well.⁴⁹ Perhaps it is ironic that their very successes were proof of the vitality of the "woman's sphere" in medicine, precisely what they had hoped to abolish. In the end, however, they were probably too busy to notice.

Copy edited by Hans Munsch.

Lea Kemp, librarian at Rochester Museum and Science Center contributed to "Women on the Homefront".

This paper has benefited from the comments of Drs. Robert Joy and Chester Burns, Professors John Hutchinson, Dan Fox, and Mary Winkler, Megan Seaholm, Ph.D., John Swann, Ph.D. and Inci Bowman, Ph.D. I am also grateful to Archivists Christopher Hoolihan of the Edward G. Miner Library at the University of Rochester School of Medicine and Dentistry, Philip Maples of Rochester General Hospital and Margaret Jerrido, Jill Gates Smith, and Sandra Chaff of the Archives and Special Collections on Women in Medicine of the Medical College of Philadelphia.

ENDNOTES

Rochester Hospitals

1. Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, Inc., 1987), pp. 3-9.
2. The best general history of women in American medicine is Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians and American Medicine* (New York, Oxford University Press, 1985); also Virginia Drachman, "The Limits of Progress: The Professional Lives of Women Doctors, 1881-1926," *Bull. Hist. Med.*, 1986, 60:1, 58-72.
3. Drachman, "The Limits"; Bertha Van Hoosen, "Looking Backward," *J. American Medical Women's Association*, 1950, 5:10, 406-408.
4. My thanks to Professor John Hutchinson for clarifying this point. Perhaps the most detailed and widely read memoir of volunteer medical work is Harvey Cushing, *From a Surgeon's Journal, 1915-1918* (Boston: Little, Brown, and Co., 1937). Also see Grace Crile, ed., *George Crile, An Autobiography*, Vols. I and II (Philadelphia: J. B. Lippincott Co., 1947).
5. "Medical Women in Great Britain are given the Rank and Pay of Officers," and "Letter" from Dr. Flora Murray, both in the *Woman's Medical Journal*, 1917, 27:11, 241-42. Also see Flora Murray, *Women as Army Surgeons* (London, Hodder and Stoughton, 1920), pp. 3-5, 13-19, 114-20; Barbara McLaren, *Women of the War* (London, Hodder and Stoughton, 1917), pp. 1-4.
6. On New Year's Eve, 1918, weeks after the Armistice, Cleveland surgeon George Washington Crile reflected in his journal, "I'm glad [the old year] is gone and hope never to think of it again . . . And yet the World War has been my outstanding experience. It has given me a new impetus in research . . . and more particularly of surgery and its organization for efficiency." Crile, *Autobiography*, Vol. I, p. 359.
7. Cushing, *From a Surgeon's Journal*, p. 3; Peter C. English, *Shock, Physiological Surgery, and George Washington Crile* (Westport, CT: Greenwood Press, 1980), pp. 192-94; Frederick C. Pottle, *Stretchers. The Story of a Hospital Unit on the Western Front* (New Haven, CT: Yale University Press, 1929), pp. 124-26; *Woman's Medical Journal*, 1914, 24:1, 233-34.
8. The Medical Reserve Corps was founded in 1908 as part of the Army Medical Reorganization Act. Officers were to be appointed "in such numbers as are required." At the time of America's declaration of war, the Army Medical Corps contained 491 officers; the Medical Reserve Corps consisted of 342 in active service. By the end of the war the number of officers in the Medical Corps had increased to 30,591. "The Army Medical Reorganization Act," *The Military Surgeon*, XXII, no. 6 (June 1908), pp. 480-82; Maj. Gen. M. W. Ireland, M.D., ed., *The Medical Department of the United States Army in the World War*, Vol. I, by Col. Charles Lynch, M. C., et al (Washington, D. C.: Government Printing Office, 1923), pp. 3-6; Fielding H. Garrison, Lieut. Col., M. C., U. S. A., *Notes on the History of Military Medicine* (Washington, D.C.; Association of Military Surgeons, 1922), p. 196. Also see P. M. Ashburn, Col. M. C., U. S. A., *A History of the Medical Department of the United States Army* (Boston: Houghton Mifflin Company, 1929), pp. 326-29.

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Regina Morantz-Sanchez, *Sympathy*
New York, Oxford University Press,
Professional Lives of Women Doc-

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t. Garrison, Lieut. Col., M. C., U. S. A.,
C.; Association of Military Surgeons,
History of the Medical Department of
ny, 1929), pp. 326-29.

9. Stationary base hospitals were no new feature to military medical care. Letterman's contribution was the creation of a distinct ambulance corps for each division and intermediate, or field, hospitals for emergency care just to the rear of the army. He was not, however, able to solve the problem of transport between field and base hospitals, one of the critical problems for military surgeons of World War I. Jonathan Letterman, M.D., *Medical Recollections of the Army of the Potomac* (New York: D. Appleton and Co., 1866), pp. 24-26, 51-62. Cf. Lynch et al, *Medical Department*, Vol. I, pp. 37-40.
10. Garrison, p. 192; Lynch, et al, p. 65; Col. T. H. Goodwin, "The Collection and Evacuation of Sick and Wounded from Front to Base," *The Military Surgeon*, XL, No. 6 (June 1917), 612-15; Crile, Vol. I, pp. 283-85.
11. Brig. Gen. J. R. Kean, "Note," in Maj. Gen. George de Tarnowsky, "Advance Surgical Formations—Modifications Which Seem Necessary in Light of the German Offensive of March-July, 1918," *The Military Surgeon*, XLIII, No. 9 (March 1919), pp. 256-57. For base hospitals, see Maj. Gen. M. W. Ireland, ed., *The Medical Department of the United States Army in the World War*, Vol. II, *Administration, American Expeditionary Forces*, by Col. Joseph H. Ford, M. C. (Washington, D. C.: U. S. Government Printing Office, 1927), p. 618.
12. John M. Swan and Mark Heath, *A History of United States Army Base Hospital No. 19* (Rochester, NY: Wegman Publishing Co., 1922), p. 3.
13. These included Drs. McDowell, Hennington, Ewers, Haskell, Hoyt, Bowen, Fowler, Almy, Reed, Hincher, and Sutter. For their medical backgrounds, see *NYS Medical Directories, 1900-1920*.
14. Ireland, ed., Vol. I, p. 102; Swan, pp. 4-6.
15. Sylvia R. Black and Harriet Julia Naylor, "Rochester and World War I," *Rochester History*, 1943, 4:1-24; Swan, pp. 4-6.
16. With a certain "hesitation," Swan resumed his command in France when the regular medical commander, Col. Skinner, was called to another base hospital. Swan, p. 32.
17. Swan, pp. 6-13. He recounts some of the drills: January 29, 4.5 miles with 22 lb. packs; February 14, 8 miles with 25 lb. packs; April 8, 12.5 miles with 16 lb. packs. Also see Swan, "Appendix," for names of the eleven enlisted men from Rochester.
18. Swan, p. 25.
19. Among these patients, about 4,700 required surgery, 4,100 were medical; about 1,500 were gas victims. Swan, pp. 38-46.
20. The legislation committee was chaired by Dr. Victor Vaughn who presented, and apparently authored, the proposed bill. The minutes of the General Medical Board meeting where the issue was discussed make it clear that the problem of "slackers"—not the question of gender equality—was behind this progressive proposal. Nevertheless, Vaughn himself had been a longtime leader at the University of Michigan Medical School at Ann Arbor, one of the pioneers in coeducational medical training. (The bill seems to have died in committee.) Interestingly, five weeks earlier, Surgeon General William Gorgas, "presented for discussion the question of admitting female physicians to the Medical Corps." According to the minutes, "It was decided to leave this question open" for a week. Suitland, Maryland, National Archives Research Center, Records of the General Medical Board of the Council of National Defense, Record Group 62, Box 426, meetings of April 29 and May 27, 1917, pp. 11, 114-118.
21. Quoted in Anita Newcomb McGee, M.D., "Can Women Physicians Serve in the Army?" *Woman's Medical Journal*, 1918, 28(2):26, 27. Evidently such constraints did not apply to the Army Nurse Corps. The Navy, on the other hand, enlisted about 13,000 women as clerks with the rank of "yeomanettes." After the War they were demobilized. As with the Army, the only females in the Navy were in its nurse corps. See Martin Binkin and Shirley J. Bach, *Women and the Military* (Washington, D.C.: The Brookings Institution, 1977), p. 5. My thanks to Dr. Robert Joy for calling my attention to the differing policies of these two branches of the military.
22. G. E. Bushnell, Colonel, Medical Corps, to Senator John Shafroth, Washington, D.C., University of Rochester School of Medicine and Dentistry, Edward G. Miner Library, Marion Craig Potter Papers, Box 1, folder 21, October 19, 1917.
23. "Opinion by [U.S. Public Health Service] Surgeon General Blue," *Woman's Medical Journal*, 1918, 28(2):41. According to a report of the subcommittee on women physicians to the General Medical Board, fewer than one-quarter of the approximately 800 women physicians offering their services to the military, were willing to accept positions as contract surgeons. Suitland, Maryland, National Archives Research Center, Records of the General Medical Board of the Council of National Defense, Record Group 62, Box 426, meetings of May 5 and June 9, 1918, pp. 373, 409, 410.
24. A very few women physicians, employed as contract surgeons for the U. S. Army, saw service overseas at military base hospitals. This appears to have been the result of their prior connection to one of the original hospitals designated a base hospital by William Gorgas in 1915 or 1916. See, eg. Anne Tjomsland, M.D., *Bellevue in France: Anecdotal History of Base Hospital No. 1* (New York: Froben Press, 1941), pp. 18-20, 246. Tjomsland, a contract surgeon stationed with

- the Bellevue unit as an anesthetist during the war, was an anesthetist on the Bellevue staff prior to the unit's mobilization. Her war experience may have helped her medical career; after her return she became the Resident Surgeon of the Children's Surgical Division at Bellevue.
25. "Report of the Medical Women's National Association Second Annual Meeting, New York City, June 5th and 6th," **Woman's Medical Journal**, 1917, 27(6):140-42; Rosalie Slaughter Morton, **A Woman Surgeon** (New York, 1937), pp. 188-89, 270-72; Bertha Van Hoosen, "Looking Backward," **Journal of American Medical Women's Association**, 1950, 5(10):408.
 26. Philadelphia, Pennsylvania, Medical College of Pennsylvania Archives and Special Collections on Women in Medicine, American Women's Hospitals collection [hereafter cited as AWH/MCP], War Service Committee, Executive Committee Minutes, Box 1, folder 2, June 9, 20, 21, 28. Also cf. AWH stationery letterheads for September and November, 1917.
 27. AWH/MCP, **Minutes**, Executive Committee Meeting, Box 1, folder 2, July 26, 1917; "[AWH] Meeting of January 3, 1918," **Woman's Medical Journal**, 1918, 28:2, 30.
 28. Rochester, N.Y., University of Rochester School of Medicine and Dentistry, Edward G. Miner Library, Marion Craig Potter Collection [hereafter cited as MCP/UR], Letter of Dr. Caroline Towles to Dr. Marion Craig Potter, Box 2, folder 1, August 7, 1917. Even with Red Cross support, fundraising wasn't easy. In Rochester, noted physician Marion Craig Potter was promised a \$5000 share of the Rochester War Chest fund for the American Women's Hospitals. Yet, the AWH link to the Red Cross did not prevent the War Chest from renegeing on the agreement. According to U. R. President Rush Rhees, the Red Cross claimed the AWH needed only enough money to run its American offices. See Letter of Marion Craig Potter to Mr. George W. Todd, August 6, 1918; and Letter of C. M. Cruger to Marion Craig Potter, October 3, 1918, both in MCP/UR, Box 1, folder 3.
 29. [AWH campaign pamphlet], n.p., AWH/MCP, Box 1, folder 2; "Drive to Create a Medical Service Corps of Womens Begins," **The New York Times**, March 24, 1918, and other miscellaneous clippings in MCP/UR, Box 1, folder 3. Also see AWH "Annual Report, June 1917 to June, 1918," AWH/MCP, Box 1, folder 3.
 30. By the end of the war the Red Cross and the American army were jointly operating 24 military hospitals, 12 convalescent homes, 8 infirmaries, and 13 dispensaries in France alone. They also established 67 hospitals and dispensaries for civilians, 5 tuberculosis hospitals, and 124 hospitals, convalescent homes, dispensaries and clinics exclusively for children. H. P. Davison, **The Work of the American Red Cross During the War . . . for the Period July 1, 1917 to February 28, 1919** (Washington, D. C.: The American Red Cross, October 1919), pp. 51-53, 62-64. American Women's Hospitals, "Annual Report, June 1917-June 1918," p. 4; Charles Hurd, **The Compact History of the American Red Cross** (New York: Hawthorne Books, 1959), p. 169; Lavinia Dock et al, **History of American Red Cross Nursing** (New York: The Macmillan Company, 1922), 769-70.
 31. Washington, D.C., National Archives Trust, Records of the American Red Cross, Typescript memo, Box 44, folder 1, March 13, 1918. For its part, the AWH agreed to donate \$30,000 to a Red Cross children's hospital at Blois. The American Women's Hospitals, "Bulletin" I, No. 2 (January 1919), n. p.
 32. Letter of Miss Anne Morgan to Mrs. Charlotte Conger, Executive Secretary of the AWH, AWH/MCP, Box 8, folder 58, March 27, 1918. It was not always easy for professional women to affiliate with philanthropic laywomen. Anne Morgan assumed, for example, that "exclusive naturally of medical and professional control," the hospitals would be entirely under the direction of Mrs. Dike. The staff of the AWH seem to have ignored this proviso from the beginning since, from their point of view (and that of increasing numbers of hospital-affiliated physicians in America), there was no meaningful control of a hospital apart from "medical and professional" control. See below, n. 36 for subsequent disputation between the AWH and the ACDF over issues of "professionalism."
 33. American Women's Hospitals, "Annual Report, June 1917-June 1918," pp. 3, 9, 30. Unit No. 2 was established in the fall of 1918 at the town of La Ferte-Milon, a few miles north of the Marne, and halfway between Luzaney and Blerancourt. Dr. Ethel Fraser of Denver, Colorado directed the twenty-five bed unit. It was established in a partially demolished building which, before the war, housed the hospital known as the Hotel de Dieu. American Women's Hospitals, "Bulletin," I, No. 3 (April 1919), p. 15; "Official Report of Dr. Caroline Purnell to [AWH] Executive Committee, **Woman's Medical Journal**, 1919, 29:3, 46, 47, 49. I have found no direct references to its closing, but it seems safe to assume that, like the Blerancourt hospital, it was either closed down or turned over to the French by the middle of 1920. Cf. letters of Dr. Frances Cohen to AWH Executive Committee and Dr. Hazel Bonness to AWH Executive Committee, AWH/MCP, Box 8, fo. 60, August 28, 1919 and January 12, 1920, respectively.
 34. Letter of M. May Allen to Marion Craig Potter, MCP/UR, Box 1, December 3, 1918; Letter of Barbara Hunt to the Executive Committee of the AWH, AWH/MCP, Box 8, folder 61, n. d.; Hunt to Executive Committee, AWH/MCP, Box 8, folder 61, November 10, 1918. The rest of Hunt's partial inventory included: 150 beds plus sheets, drawsheets, and blankets; in the laboratory, a small incubator, some tubes of agar, and some cultures of typhoid bacillus.
 35. "Dr. M. Louise Hurrell, Physician for 39 Years, Ends Practice in Favor of Retirement to Log Cabin in Catskills," **Rochester Democrat and Chronicle**, May 25, 1941; "M. Louise Hurrell Passes; Physician in City 40 Years," **Rochester Democrat and Chronicle**, August 15, 1958.

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25, 1941; "M. Louise Hurrell Passes;
ronicle, August 15, 1958.

36. Dr. M. May Allen to Dr. Marion Craig Potter, MCP/UR, Box 1, folder 6, December 3, 1918. It is worth noting that Drs. Hurrell and Allen were longtime associates through the Blackwell Medical Society of Rochester. Dr. Inez Bentley, a psychiatrist and Hurrell's assistant director at Luzancy, was a member of the Blackwell Society earlier in her career and knew Allen and Hurrell very well. Marion Craig Potter, to whom both Allen and Hurrell corresponded during the war, was not only one of the earliest members of the Blackwell Society, but was a close friend and organizer for Dr. Morton and the AWH. These personal networks should be seen as the functional equivalent of the staffing patterns of the original base hospitals under Gorgas's plan. Prior personal acquaintance was seen as an advantage, facilitating cooperative work under difficult circumstances. Cf. Ellen More, "The Blackwell Medical Society and the Professionalization of Women Physicians," *Bull. Hist. Med.*, 1987, 61:4 (Winter), 603-628; MCP/UR, Blackwell Medical Society Minutes, Book III, September 13, 1906; *Report of the Red Cross Commission to France, July-December, 1918* (Washington, D.C.: The American Red Cross, 1919), p. 21; "Dr. M. Mae [sic] Allen," *Rochester Times-Union*, March 13, 1918.
37. Dr. Hazel Bonness, "Financial Report, July 1, 1918, to February 19, 1920," AWH/MCP, Box 8, folder 60; American Women's Hospitals, "Bulletin," I, No. 2 (April 1919), n. p.
38. Hurrell to AWH Executive Committee, AWH/MCP, Box 8, folder 59, February 10, May 3, and May 7, 1919.
39. M. Louise Hurrell, *The Doctor's Duffel Bag* (East Aurora, New York: The Roycrofters, 1920); Hurrell to Executive Committee, AWH/MCP, Box 8, folder 69, August 20, 1919; American Women's Hospitals, "Bulletin," I, No. 3, p. 8.
40. Hurrell to Executive Committee, AWH/MCP, Box 8, folder 59, February 13, 1919; American Women's Hospitals, "Bulletin," I, No. 3, pp. 10-11.
41. Hurrell to Executive Committee, "Report for April-June, 1919," AWH/MCP, Box 8, folder 59; American Women's Hospitals, "Bulletin," I, No. 2, n. p.
42. Typescript AWH press release, AWH/MCP, Box 2, folder 15, no date.
43. Hurrell to AWH Executive Committee, AWH/MCP, Box 8, folder 59, February 22, 1919, and May 25, 1919.
44. M. Louise Hurrell to AWH Executive Committee, AWH/MCP, Box 8, folder 60, August 20, 1919; Frances Cohen, AWH Commissioner, to AWH Executive Committee, AWH/MCP, Box 8, folder 60, August 7, 1919.
45. M. Louise Hurrell to Marion Craig Potter, MCP/UR, Box 11, March 14, 1919; Frances Cohen to AWH Executive Committee, AWH/MCP, Box 8, folder 60, August 7, 1919. As an example of Hurrell's humor, here is an excerpt from her letter to the AWH Executive Committee, a *mise-en-scene* from Luzancy: One evening a doctor returned from her dispensary route and, "as she seated herself for dinner, said she had just brought in a wretched old man for operation. The Director [Hurrell], aghast, said, 'But there are no more beds in the men's ward!' The doctor replied, as she began to eat, famishedly, 'Oh, that's all right. I had him put in the women's ward—he's blind.'" On the chauffeurs, she wrote, they "are the doctors to these old autos, and better doctors than we are to our own old patients." Letter to the AWH Executive Committee, AWH/MCP, Box 8, folder 59, n. d.
46. Hurrell to AWH Executive Committee, AWH/MCP, Box 8, folder 59, May 25, 1919; Dr. Caroline Purnell, AWH Commissioner to AWH Executive Committee, AWH/MCP, Box 8, folder 60, August 7, 27, 1919. Hazel Bonness to AWH Executive Committee, "Quarterly Report, July-September, 1919," AWH/MCP, Box 8, folder 60; Bonness to Esther Pohl Lovejoy, Chairman AWH Executive Committee, "Final Report," AWH/MCP, Box 8, folder 60, July 28, 1918, to January 31, 1920. Purnell and Hurrell both agreed that the real problem was a lack of sufficient surgical work to justify the expense of keeping the surgical ward at Blerancourt open.
47. In a comment revealing American views of French women physicians, Dr. Bonness wrote to Dr. Esther Pohl Lovejoy, AWH Director, that she was having difficulty finding a French woman physician to take over the Blerancourt hospital when the AWH turned it over to the ACDF. "The great difficulty, Dr. Lovejoy, is to find the right sort . . . They are not as forceful as our American women and they are not so willing to undergo discomforts even for their own people." Bonness to Lovejoy, AWH/MCP, Box 8, folder 60, January 12, 1920.
48. See, for example, "American Women's Hospitals," *Medical Review of Reviews*, 1933, 39: 5, 204-214.
49. "Dr. M. Louise Hurrell," *Democrat and Chronicle*, May 25, 1941.

Back Cover:

Georgianna Jeffreys drove the Jewel Tea Company horse-drawn wagon while her sweetheart was in the service. Civilian women often wore uniforms in "service to their country." Stone Collection. Rochester Museum and Science Center.