

Helen Brenton Pryor, M.D. — Pediatrician. (1898-1972)

Hulda E. Thelander, M.D.

For half a century, Helen Pryor was one of my closest friends. We met in Minneapolis in the early 1920's, when she registered at the Minnesota Medical School. Helen's mother, Dr. Brenton, was a pioneer physician whose practice of medicine was of necessity sporadic as her engineer husband's work moved the family back and forth across the country.

Helen was born near Green Mountain Falls, Colorado. She had a twin brother, Elmer, and two older brothers but Helen was the only one of the children who selected medicine for a career. She took her A.B. degree at Oregon University and then registered at The University of Minnesota for her medical training. Her father died shortly after her matriculation at Minnesota, and her mother joined Helen in Minneapolis. They rented an apartment near the Medical School and invited me to live with them. I did so until Helen's work at Minnesota was completed. Helen was a member of the Student Volunteer group, an organization of college students planning to practice in a foreign or under-privileged country. She obtained an internship at the Rockefeller Institute and Medical Center in Peking. She married her high school sweetheart, Roy Pryor, before she left. He stayed to get his M.A. degree at Stanford, and then he and Dr. Brenton joined Helen in China. She wrote in the *Old Oregon*, "My first year was spent in that most fascinating of cities, Peking . . . who wouldn't revel in the opportunity to explore the Forbidden City, the wonderful wall of Peking, the Great Wall of China, the Summer Palace, the Ming tombs, the beautiful Temple of Heaven and numberless other interesting places."

When the intern year was completed, Roy and Helen settled in Nanking, where Roy became the principal of the Methodist School for Boys and Helen worked at the Nanking University Hospital.

In September of 1926, Helen met me at the dock in Shanghai. We called at the Margaret Williams Hospital to see another Minnesota graduate, Dr. Francis King. Then we went on to Nanking where I spent a week before proceeding to the language school in Peking. Dr. Brenton, Helen's mother, and a new addition to the family, daughter Dorothy, had been acquired. The week's visit in Nanking was a fascinating experience. Most of the Americans were veterans of five to 20 years or



more; many had not been back to the United States for several years. There were no radios or TV's, and news was sporadic. It was interesting to find that every one you met was curious about your clothes and your looks. I wore a tailored blue suit and the most frequent comment I got was that it was too small for me. In turn I was astounded at their retrogression in dress. They looked out of the ark.

Less than a year later, in March of 1927, the peace and quiet of Nanking was interrupted by the warring forces — the Southerners against the Nationalists of the North. The Pryors, along with many other Americans, passed some perilous days and nights when Chinese soldiers, out of control, ransacked, looted and killed. Helen and Roy were separated for almost 24 hours; her mother was ill; little Dorothy was frightened and cried; Helen in her second pregnancy was accused of hiding loot

in her clothes, and was stripped and beaten. Roy had been compelled to go to the bank and write checks for the bandits and then was held for ransom. Finally, under military guard, the group escaped to American and British gunboats on the Yangtze and was taken to Shanghai.

In Peking we heard rumors of the war in the South and some letters came through. As the condition worsened, the missionaries in the interior were asked to move to coastal cities for possible evacuation. I got word from the South that the Pryors were on a boat heading for the U.S.A. via Tientsin and I went on to that city hoping to travel home with them. In Tientsin I learned that they were on a Japanese boat that was not stopping locally. A group of us "refugees" were then sent by train through Korea, by sea to Japan and again by train to Yokohama where we were scheduled to sail on a Dollar Liner. I had a short visit with Helen before her ship sailed but was not able to transfer to her liner, much as I wanted to. Many of the Nanking refugees were on our boat in the steerage compartment. Since some had been taken aboard at Shanghai, they had improvised certain accommodations. The married folks and their children were assigned to one section, the single women to another and the single men to a third. Separation was by sheets hung from the ceiling. Most of them had fared badly, many were ill with malaria, dysentery or the flu. There were about 100 children aboard, and since I was the only pediatrician, I was assigned to care for the children. It was a full-time job, and kept me from personal worries. We arrived in Seattle without any casualties.

Upon return to the United States, the Pryors made their home in Palo Alto. Roy was made Dean of the nearby Menlo School for Boys. Their son, Richard, arrived in three weeks, none the worse for his hectic intra-uterine experience. The fetus is well protected!!

When he was old enough to be left to grandma's care (and how many women physicians have a grandmother physician to take care of their children when they return to resume their professional duties?), Helen started work in the clinic at UC Medical School in San Francisco. Before long she was asked by William Palmer Lucas, the chief of the Pediatric Department, to join him in his private practice. By this time I was back in San Francisco in practice with Dr. Ed Shaw. Our office was only a block from Dr. Lucas', and Helen and I had the opportunity again to see each other often.

One of Helen's major interests through the years has been child growth and development. She started her research in this field when in private practice. Anthropometric measurements were made on 6000 boys and 6000 girls from one to 15 years of age in the San Francisco area. These statistics were utilized to form height-weight tables, among the first such published. These tables were extensively used in California and elsewhere. Helen

revised these tables in 1966 in a new graphic form published in *Journal of Pediatrics*, Volume 68, April 1966. She cooperated with the staff of the Communicable Disease Department at Children's Hospital in San Francisco studying a group of polio patients for comparison. These studies tended to refute a paper then published indicating that polio victims had a certain characteristics build. Another study was made of institutionalized children, comparing their development with the normal. These studies were published.

After eight years of private practice in San Francisco, Helen accepted the position of Director of Women's Health Services at Stanford in Palo Alto, in order to be closer to her children and to have more time with them and her aging mother. While at Stanford she continued her research and also taught a course in child development. Their beautiful large home on Middlefield Road was open house for the neighborhood children, for students and friends at the University, and for the Boys' School in Menlo Park. It was a busy loving household.

In 1942 when World War II broke out, the fact that many doctors entered the military services, plus the influx of both military and non-military people to the Bay Area, made the demand for civilian doctors very great. Helen then joined a group of physicians in Redwood City, just outside of Palo Alto. Roy joined the Red Cross. While in practice at Redwood City Helen was made Chief of the Pediatric Department at Sequoia Hospital in that city. She continued in practice until her retirement in 1964.

After retirement, Helen returned to her major interest, the study of human development. At the Child Development Center at Children's Hospital in San Francisco, we cooperated in extensive studies on children with defects. Several joint papers were published on our findings. Of special interest were the findings on Mongoloids, or Trisomy 23, and the intelligence of children with varying degrees of microcephaly. When the Birth Defect Center opened at Stanford, Helen became associated with it and pursued her research there also. During this period, Helen and I went to Oaxaca, Mexico, at the invitation of the doctors at the hospital in that city, to do studies on Mexican and Indian school children. Our last paper published together on these studies appeared in *Clinical Pediatrics* on the day that Helen died.

In addition to medical practice, teaching, research and family responsibilities, Helen found time for many civic duties. Her accomplishments outside of her profession would stagger most people. One of her friends, Mildred Martin, writing in the journal, *Peninsula Living*, puts it this way: "While she weaves a rare thread of single purpose — making life better for people — she lives several lives concurrently." Helen and Roy remained active members of the First Methodist Church in Palo Alto. At various times, Helen was president of the



Dr. Hulda E. Thelander was graduated from the University of Minnesota Medical School, cum laude, in 1923. After an internship at the Children's Hospital, a year in China and apprenticeship with Drs. E.C. Fleschner and E.B. Shaw, she served in the U.S. Navy, retiring as a Commander in 1946. Dr. Thelander is chief of the Department of Pediatrics at the Children's Hospital, is an associate clinical professor at the University of California Medical School and a chief consultant to the Veteran's Administration.

Palo Alto Quota Club, the County Volunteer Bureau, Neighbors Abroad, the Mid Peninsula Y.W.C.A., and the San Mateo County Heart Association. She served as Board Member for the Community Welfare Council and the Community Association for the Retarded.

In Neighbors Abroad Sister City projects, she learned that the doctors in Oaxaca, Mexico needed equipment for their hospital. From her own supplies and by publicizing the need among her medical friends, she amassed a tremendous collection of microscopes, surgical instruments and other

supplies, taking them personally to Oaxaca. When a second Sister City in the Philippines needed shoes for their children in order to protect them against schistosomiasis and hookworm disease, she collected 8000 pairs under "Project Shoes." When invited by the U.S. Public Health Service, she went to Puerto Rico to report on the Birth Defects Clinics there.

For her numerous contributions, Helen received many awards. She was given an Honorary Life Membership in the PTA; she received the Medalion of Distinguished Service from the American Heart Association; the A.A.U.W. Award for Contributions to Better Health for the World's Children. Her accomplishments are listed in several issues of Who's Who.

Helen was meticulous in her work and in her writings. She had taken journalism in her undergraduate days at Oregon, but took another course in scientific writing later. When she started her work with the handicapped, she took a course in dermatoglyphics, a subject that had been relegated to superstition and palmistry until its significance was noted in conditions like the trisomies. In addition to her numerous contributions to medical journals, Helen co-authored The American Health Series with a book for every elementary school grade. The section under "Baby" in the World Book is hers. She wrote "As the Child Grows" in 1943 as a text for students interested in child development. She did not limit her writings to medical subjects, but also contributed to many lay journals. When working for the new Y.W.C.A. building in Palo Alto, to be dedicated to Lou Henry Hoover, she felt that some of the published works on Herbert Hoover overlooked the contributions of Mrs. Hoover and, as a result, she published the book, Lou Henry Hoover, A Gallant First Lady. The nursery in that building is now named in honor of Helen Pryor.

Helen Pryor died of cancer at the Sequoia Hospital on July 7, 1972 at the age of 74 years. She is survived by her high school sweetheart, later her devoted husband for nearly 50 years. Her daughter, Dorothy Bartlett, lives in Naples, Italy. Her son, Richard Pryor, lives in Long Beach. She had five grandchildren. All of these, and her twin brother, Elmer, attended the services along with her host of friends.

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the doctor in the house

Second Time Around

Dr. Hulda Thelander probably is the only doctor in the United States to graduate a second time from medical school.

She went back at age 65 after a long and successful practice and took the whole course over again. Why did she do it?

Dr. Thelander was appointed to the Curriculum Committee at the University of California Medical School. When asked about what big changes are needed in medical education, she replied, "I won't offer any suggestions until after I've had an inside look."

The second-time-around medical student has received wide recognition for her past contributions toward better care for handicapped children.

After pediatrics "rounds" at University of California Hospital, as we walked down the hall Dr. Thelander opened her bulging handbag and gave me a long official envelope from the Dean's office.

"What do you think of that?" she asked.

"You are appointed to the Curriculum Committee for the Medical School!" I exclaimed, after reading the letter. "How exciting! And appropriate, too. I know that you have attended some international conferences on medical education. What big changes do you think are needed?"

"I have decided to re-enter medical school as a freshman and take the full four year course over again," she said with determination, "to get a perspective on the present curriculum. I won't offer suggestions until after I have had an inside look."

With characteristic thoroughness and an honest desire to learn, she re-entered medical school in 1967 when she retired from active staff status.

Dr. Hulda Thelander graduated summa cum laude from the medical school at the University of Minnesota 40-odd years ago, built a large private pediatric practice in San Francisco, and held staff positions at both University of California and Stanford medical schools. She is a certified specialist in pediatrics, belongs to many medical societies and has published numerous articles in medical journals.

Freshmen medical students at the University of California — black, white and oriental, gathered in Room 300 for a lecture. Four young men argued, unsmiling, about their heavy reading assignments and long laboratory hours. Two

animated women students with three men, all very casually dressed, stood by the entrance as a slender gray-haired woman approached with a friendly greeting.

"Tell us, Dr. Thelander, did the faculty lay on a work load like ours when you were a student before?"

"Yes, they certainly did. I think faculties are always overwhelmed with the tremendous amount of material to be covered in medical courses and students are always overwhelmed with the amount to be learned," she said, expressing amusement with a lift of her eyebrows.

Her friends were astonished and some were incredulous when they heard that she was a freshman again. While eating lunch with a group of doctors at the student union, she explained "There are many reasons why I want to take the course over again. Medical knowledge has increased rapidly during the past two or three decades. Also there is now great interest in the delivery of health services, a subject which has always intrigued me. However, my main reason is that for the past 16 years I have worked with children who have chronic defects, usually present at birth, such as congenital anomalies or birth injuries. I am therefore very much interested in trying to see what we can do to prevent such occurrences."

In 1964 she was given the Humanitarian Award from the International Variety Club for her work with handicapped children.

Dr. Thelander's passion for truth and ardent desire to learn dates back to her childhood. Born on a farm in northern Minnesota, her parents were immigrants from Sweden. She entered school when she was eight instead of six years old because the school was so far away and the winters were bitter cold. No snow plows or automobiles cleared a path but when she saw her older brothers start out each morning on their long walk, she was filled with envy. Even after she had started to school herself, she was obliged to stay home many days in the winter time. She recalls, "In spite of my weeping and wailing to go to school, Mother would simply say that the weather wasn't fit for man or beast and I must stay home. I would watch the clock and wonder what was going on each hour, who was there and why I wasn't there. I don't think any child ever loved school more than I did. That is probably the reason why I am back at it."

Dr. Thelander enjoys her present day student friends and entertains them in her lovely Tiburon home, where she lives alone. She has never married and has devoted herself wholeheartedly to her profession. She lived at the Woman's Athletic Club in San Francisco for more than 20 years before she built her own home with its private beach on San Francisco Bay and installed playground equipment in the yard for the many young friends who visit her.

One day she entertained a group of her classmates there and asked ten of them, one Chinese, one black, and eight white, why they entered medicine. Almost all of them were from affluent homes, all announced they were "A" students and free to pursue any line of study. Their home training reflected great permissiveness and most were ambivalent about their choice of medicine, but all had great confidence in their own ability.

"I was surprised at their frankness," commented Dr. Thelander later. "As a student, if I brought home good grades or boasted about them, my parents reminded me that pride goes before a fall and that it is unbecoming and indiscreet to boast."

Dr. Thelander herself maintained an enviable scholastic record through school and was elected to A.O.A. and Sigma Xi, the honorary societies for medical scholarship and research. To help support herself she worked part time in the hospital and also received scholarships. She had only two years of pre-medical training, devoted almost entirely to the basic sciences.

A student sat on the porch rail at Dr. Thelander's house and gazed out toward the Richmond Bridge as he complained to her about the great volume of materials in the basic science courses, with new research adding more all of the time.

"When new knowledge is added by research," she answered, "it should be integrated into existing courses and displace old subject matter. For example, new knowledge of the cell as chromosomes and the heritable material, DNA and RNA, should be part of modern histology. Biochemistry must update organic chemistry. Increased knowledge clarifies and simplifies both teaching and learning. But sometimes a teacher finds it difficult to modify his lectures as when old diseases like polio and diphtheria have almost vanished. Also, a teacher may have an emotional involvement with the old diseases or with his prepared lectures."

Student "gripe sessions" held at noon interested Dr. Thelander. She was an attentive observer at various times when students and staff gave and took criticism. Approximately one fourth of the 130 students in the class attended these sessions. Their most consistent gripe was about long hours and heavy assignments. Some wanted to do away with compulsory courses and

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compulsory attendance, too many laboratories and with the grade system. Many complained about duplication of subject material in different departments. Some wanted to be assigned to see patients in the clinics before finishing their basic sciences.

During her sophomore year, Dr. Thelander sympathized with the students who were struggling to find the "hard core" of medicine necessary for every student to know, and what lay beyond it for individual choices.

Health of the students gave her concern. "The medical school exists to teach health," she once told me, "but people in it do not practice what they preach. Students are put under terrific stresses, they lack sleep and rest, they eat improperly and have little chance for recreation. The medical school curriculum should leave some room for imagination and creativity so that students could look back on the medical course as a pleasurable, even if strenuous, experience."

Dr. Thelander is no stranger to strenuous living. During World War II she spent two years in the Marine Corps with the rank of Lieutenant Commander. She found that eight hours a day in sick bay was far more fatiguing than private practice. She thinks that this is largely due to the change in routine in practice, part of the time in house calls, part in office, part in hospital rounds and maybe, if lucky, some part in laboratory or library. "In this changing routine," she said, "I was not as tired at the end of 15-16 hours as I was in eight hours confined to one room doing the same thing all day long. We must apply this principle to the medical school curriculum."

As results of the "gripe sessions" Dr. Thelander thinks that the faculty is more concerned about their teaching and the students push harder to get their own way.

"I am not sure that modern youth, especially freshmen and sophomores," she said, "are very good judges of medical school teaching. Some of the hard facts in medicine, just as in the music scale, must be learned no matter how tiresome or difficult to master."

"After 40 years of delivering health services, and 20 years conducting an ecology seminar, I find myself vociferously defending the basic sciences as pre-requisite to clinical medicine."

Beginning with the junior year, medical students work in the various out-patient clinics and a little later see the in-patients at the hospital. One of the women students in an out-patient clinic, dressed in a professional white coat with a stethoscope protruding from her pocket, con-

fided to Dr. Thelander, "I really go for this part of medical training — it is so relevant."

"Yes, clinical teaching is immediately applicable to the patient being examined," explained Dr. Thelander, "but would be meaningless without the hard core medicine of those basic science courses."

Later she told me "This generation of students wants so desperately to be involved that they are rather unaware of the limitations of "human material" to work with. As a practicing physician, I became very sensitive to the *rights* of patients who are sick. People want a personal physician for a sick child or for themselves.

"The current study of the delivery of medical care places great emphasis upon the *consumer* and his needs and wishes. The role of the patient or consumer needs prominence in medical education. Sometimes patients in a big general hos-

pital are on the receiving end of too many examinations and have to repeat their histories to too many students with no one to answer their questions or to give them explanations."

At a dinner party with friends, Dr. Thelander was asked "What will you recommend to the Curriculum Committee after your second time around?"

She checked on her fingers: "Keep the basic sciences as required foundations for clinical practice. Give more emphasis to human development as the precursor to birth defects and major health problems. Listen to legitimate gripes of students. Promote good communication between all the inter-related parts of the medical school.

"When the goals of the chancellor, faculty, administration and students are the same, the result should be a wonderful institution."

Helen B. Pryor, M.D.

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Aesculapius Beckoning

SOME THOUGHTS ON MEDICAL EDUCATION FOR WOMEN

H. E. Thelander, M.D.

THE PROPER study of mankind is still the study of man. When medicine has more nearly reached its potential it will be the basic science of man: his growth, development, structure, function, chemistry, biology, genetic make-up, and his intellectual, emotional, and spiritual capacity. Any portion of this field will have a great appeal to many superior college students. Furthermore, man cannot be fully understood unless this study is a co-operative venture of men and women. Medicine should be increasingly appealing as a field for intellectual women interested in the sciences and humanities. It offers unlimited opportunities.

WHAT ARE SOME OF THESE OPPORTUNITIES?

For those who want to serve the sick directly, private practice is the field of choice. Such service may be rendered as a general practitioner or in any one of the specialties: medicine, surgery, obstetrics and gynecology, or pediatrics. In each of these specialties there are subspecialties, for instance, such as cardiology, neurology, allergy, dermatology, ophthalmology, urology, and so on, with additional even narrower subspecialties.

For those who prefer or must select some field less demanding on one's day and night time, there are many and varied opportunities in the field of public health. For those academically minded, research and teaching offer a number of interesting positions. This by no means exhausts the choices. There are positions

in college health services, in the military, in industry, in foreign service, and a host of other areas.

WHAT MOTIVATES PEOPLE TO ENTER MEDICINE?

Several analyses of people's motivations have been made. It has been found that if one or both parents are physicians, this field may be entered without giving it much consideration or, more correctly, without giving other fields much consideration. Children reared in a religious or missionary family may wish to stay in the service field and find medicine the most attractive. Sometimes fondness for a family physician or a relative who is a doctor may be the inspiration. If the thought of being a physician is a passing fancy, or a selfish one, or if it is considered because it is a well-paying profession, or if a girl contemplates entering it only to be different, to invade a man's field, or to show that she can do it, the chances of a gratifying career are very remote.

WHAT THEN ARE THE QUALIFICATIONS?

Medicine is a long course and it requires hard study. It is desirable that students have "A" and "B" ratings in college. Although in this nuclear age physics and mathematics are playing a greater role than formerly, the medical course is not so esoteric that those with a stronger leaning toward the humanities need be discouraged.

A demanding profession such as medicine calls for people with firm convictions but at the same time with tolerance and willingness to learn from others. One should be able to accept criticism without rancor, and, as in

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every other field, a sense of humor stands one in good stead.

A woman in medicine should never be too proud to do any job. When it comes to work she should carry her part of the load uncomplainingly and without falling back on her "femininity." She should, however, never lose her femininity. It is important for a physician who must help others in distress to have his or her own emotional problems fairly well resolved.

A great love for science and a capacity for hard work are assets that may be substitutes for some of the other attributes.

WHAT IS THE COST?

The cost of medical training is considerable. This, however, should not deter the well-motivated and capable girl. There are scholarships available from several sources. After the first 4 years, internships, residencies, and fellowships now pay enough so that a person does not need to live on borrowed money. Unfortunately it is often the well-motivated, idealistic person who finds herself in conflict between the cost of medical training and responsibility toward a working mother, an ill father, or younger siblings needing help. The decision may be very difficult to make and it is wise under these conditions to seek counseling. A look into the future may convince such an individual that a few more years of sacrifice will be repaid later not only by a better income and greater gratification in the chosen field but by enhanced appreciation from the dependents.

YOUR ROLE AS A WOMAN

The organization of one's life pattern for the 5 to 7 years of medical preparation after college needs to be given serious thought, especially by girls. The basic difference between men and women is the respective roles in childbearing and rearing. There are married women with young children who have entered medicine. There are others who waited until they were through the medical course before getting married and rearing children. There are still others who have married early and had their babies anytime in between college and graduation. Some have never married and some have dropped out and never practiced medicine.

Women describe varied experiences in combining medicine with marriage and family rearing. It is noteworthy that medicine is an extremely gratifying profession and very few women, regardless of whether they practice medicine afterward or not, regret having studied it. Most women feel that the study itself has been rewarding.

Ideally, women contemplating the study of medicine should enter medical school as early as possible in order to finish the 4 basic years of study plus internship and residency training before having children. With proper planning this can be accomplished by 25 or 26 years of age. Such planning not only avoids jeopardizing the study of medicine but also avoids jeopardizing the offspring by waiting until past the optimum period of childbearing. Married women who have studied medicine after the first years of child-rearing are over describe husbands who have aided and abetted their work. They have husbands who recognize the intellectual urge that is inborn in some women as it is in some men, and they are husbands who like to live with a learned companion.

Interspersing babies with medical classes, internships, and residencies is difficult. It is done because of age, ignorance, or sometimes by accident. Although the problem for the children is never completely solved it can be eased by considerate grandmothers, faithful servants, and plenty of money to pay for help.

If children are not involved the married woman physician can have about the same freedom for her work as a man has. She usually makes more adjustments. If her husband is also a physician, the selection of his position generally takes precedence, and the wife then finds a place for herself. With co-operation and forethought satisfactory work for both partners can often be found. This is aptly illustrated by husband and wife teams in research, practice, education, and publications. The combined income will help provide for household help.

Many physicians, men and women, choose to remain single. The desire to give dedicated exclusive time to the sick is as appealing to many as religious dedication is to others. Remaining single solves many problems and exclusive devotion to the practice of medicine can be exceedingly rewarding. Marriage is a partnership. The woman has a role to play

in this partnership as well as the man. Some women find that they can play that role best by not practicing medicine. One senses a certain ruefulness in most of the women who have made this decision.

The cultural pattern in the United States is largely responsible for the necessity at times for a woman to discontinue her medical work. In most countries it is taken for granted by men and women alike that time out for child-rearing on the part of a woman physician is necessary. There are many part-time positions available for these years, and part-time work at this period is approved by both men and women. In our country there is a much greater tendency to hold an "all or none" attitude. A woman not in full-time work is

often considered as ineffectual or as having "wasted" her time in studying medicine. A change of attitude and the willingness to employ part-time physicians will decrease the "drop-outs" and also interest more women in the field. There is evidence that such a change of attitude is in progress.

The study of man as the unit of mankind is a great adventure; it is never completed; new facets open up with the physician's own maturation; it extends back to the beginning of time and encompasses the universe. Even though the undergraduate work is grueling and the practicing physician often feels like Atlas shouldering the burdens of humanity, both the study and the practice of medicine are exceedingly rewarding.

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When reviewing the Historical background of Day Care Centers in San Francisco, I was impressed by the role women physicians had played in introducing new health services in the city, — the Well baby Centers, planned parenthood, Public Health nurses, Medical Social workers, a Commission to provide safe milk supply and a first cardiac clinic.

Childrens Hospital was started in 1875 by Dr. Charlotte Blake Brown and a Board of women Directors. This Board is still a womans Board.

The purpose of the early organization was defined as, "To provide for women the medical aid of competent women physicians and to assist in educating women for nurses and in the practice of medicine and kindred professions." Childrens was the first Hospital for women and children and the first training school for nurses on the west coast.

When I took my internship at Childrens the house staff was limited to women and all but two of the Departments had women physicians as chiefs, — Drs. Florence Holsclaw in Pediatrics, Emma K. Willets in Surgery, Rachel Ash in Medicine, Elizabeth Keys in Obstetrics. Drs. George McChesney and E. C. Fleischer were chiefs of Orthopedics and Communicable Diseases respectively. When World War II called for large numbers of young medical graduates for the Service many Hospitals

found it difficult to fill their house office positions and began taking more women graduates. Curiously this made it necessary for Childrens to start taking men as internes and residents.

With the end of the war, the door remained open to men both at the house staff level and as heads of Departments. The "feminine touch" is still apparent in the comfortable library, the attractive Doctors lounge and the cozy nooks at the end of corridors for patients who wish to escape temporarily from the confines of their rooms.

Women are still a minority group in medicine and often in the past have been an unwell-

cine. They need to help interpret medical problems in those areas where men biologically can not have personal experience, — pregnancy, childbirth, abortions, lactation, breastfeeding, menstruation and "maternal instinct" a faculty not peculiar to the human species. Personal experience can add new dimensions to a specialty; there are numerous examples of this: Dr. Carlson, a victim of Cerebral Palsy, was largely responsible for arousing interest in starting a nation wide movement to help the victims of this affliction.

Similar instances can be cited in tuberculosis, heart disease and poliomyelitis, to mention only a few. This should

some thoughts on women in medicine

come one. The image portrayed has not always been favorable — as note the appellation "Hen Medics." This atmosphere rubbed off on the victims with variable results; some reacted with bitterness and resentment, some faded into rather obscure positions, a few, usually on the insistence of a medic husband, dropped out. But most went on to successful careers and feminine names occur very frequently in Medical literature. And now California has done it again, electing to its highest Medical office the "best man" for the job who happens to be a woman, Roberta Fenlon.

Women are needed in Medi-

not be construed to mean that ONLY the personally involved person can understand or contribute to knowledge in a given field.

Others are needed to avoid excessive emotional involvement and for a more objective viewpoint. There should be less polarization, more sharing, and greater mutual trust.

The last few years has witnessed a trend to look at all minority groups with greater understanding and this is having a wholesome effect on the oldest minority group — women. Lets hope it leads to new incentives for study and investigation in all fields of medicine.

Synapse - Apr-17/71

Women medical students, as the oldest minority group in the profession have profitted from the protestations and confrontations of the newere minorities. Women students for the past couple of decades have not wished to be set apart , they have sought to identify with their male classmates and to please their male faculty members and they have tended to avoid identification with women medical groups. Added to the above characteristics, the past several years, has been the increased generation gap for all youth and the critical view of the Establishment . Along with dress, grooming and manners has been a spurning of fraternities and sororities , in fact all classifications. They do not want grades, they do not want selection for honorary societies or other distinctions.

At UCSF, the past four years, the Administration has not only listened to the protestors with great patience, but they have also taken special cognizance of the women as a minority group,- and they have done this without any protestations from the women. During our freshman year, Dr. Lillian Cartwright as a subject for her PHd thesis, interviewed all the girls in the four classes and some of the house staff. After her graduation in Educational Psychology, she was hired by the Medical School to study the educational material, its presentation and the reaction of the students to the Medical curriculum. She was also asked to pay special attention to the women students and any problems they might have because of their sex, particularly any prejudice experienced. Prior to this even, when the Conference on Medical Manpower was held in Washington, D.C. I was given the Monograph from there devoted to Women in Medicine to review and comment on.

I invited the women in the class and Dr. Cartwright to my house for an afternoon of swimming and fun, and to give the girls a chance to talk or gripe if they so desired. Following this meeting, we tried a larger group, representative of all the classes at the Milberry Union. The Dean of the School and the Chief of Student affairs attended and again gave the girls a chance to talk. There was no real

criticism forth coming; one girl thought it was an advantage to have some difficulties to overcome as it strengthened your determination and improved your work. A third attempt to rally the girls was an invitation to hear the report of Dr. Cartwrights findings from the interviews the previous year. This meeting was somewhat better attended and the girls did bring up more questions than at previous meetings.

The results of these meetings as well as some luncheons with individual students may be summarized as follows: 1) Women are discouraged from entering medicine all along the way- by High School teachers and Counselors, by college teachers and Counselors, usually by parents, often by other physicians, and almost always by husbands who are doctors or medicals students. 2) They agreed that some prejudice still existed and this was more apparent in some departments than others and more apparent in the clinical department than in the basic sciences. 3) Concern was expressed over future problems that might be encountered and listed among these were marriage and a career, interne and residencies that might be taken together, refresher courses if time is taken out for babies, specialties best suited for women contemplating marriage and a career.

Dr. Cartwright then drew up two sets of questionnaires aimed at determining any basic differences between male and female medical students. One of these, the " Adjective Check List" consisted of 300 adjectives and the students were asked to underscore the ones most applicable to themselves. As a normal control, Dr. Cartwright had a similar study of College women in general. Women medical students endorsed 46 of the adjectives more frequently than the men and on 39 of these they showed no significant differences from the control sample of College women. These adjectives could be grouped into 3 types,- Those expressing feelings,(affectionate, sympathetic, warm, understanding); those related to femininity (sexy, feminine, flirtatious, fickle) those relating to admission of personal weaknesses(Confused, immature, meek, timid).

In contrast, the males were more apt to endorse words like aggressive, dominant, arrogant, opportunistic, stern, masculine, handsome.

The second questionnaire known as California Psychological Inventory, is related to life attitudes, achievement, effectiveness, control, moral and social issues. Both men and women scored high on many or most of these questions but the women came out a little more tolerant, less judgemental, and more concerned with social and moral issues, a little more conscientious and idealistic.

For the coming year an attempt will be made to meet the needs of the girls in answering some of the questions peculiar to them because they are women. This will be done by talks, seminars and by providing a list of consultants that the girls may talk to individually or if desired, husband and wife may want to consult.

We hope to gather additional information on internships and residencies for men and women in the same hospital to accommodate married couples; there will be some talks or seminars on choice of specialties; on part-time jobs available, on refresher courses given; and the need to educate the communities, teachers and counselors regarding the need for more women physicians.

To return to the attitudes of the Administration and some of the faculty members, In a recent issue of Synapse, the student news paper, it was noted that between 1964 and 1970 the number of women admitted had increased only from 13.3% to 14.6%, (17 to 19). In 1971 the percentage jumped to 20%. Only 11 women were at UCSF as internes or residents and there were only 8 women on the full time faculty as compared with 250 men. A directive has gone out from the Administration asking that there be no discrimination because of sex.

The 1971 graduating class had three women at the head of the class and for the first time in the history of the school, the Gold Cane was presented to a woman.

In a recent study of Day Care Centers and Nursery Schools in San Francisco, I was impressed by the number of health services in the city had been initiated and , at first conducted by women,- Well Baby Clinics, Day Care Centers, Public Health Nursing, Medical Social Work, Planned Parenthood and the first Cardiac Center.

With more women entering the medical profession, hopefully, they will no longer feel obliged to imitate men in order to succeed but instead will release their suppressed talents and bring to medicine those traits which the test revealed they had in abundance, namely- compassion, warmth, understanding and humility, as well as knowledge and experience in those fields in which men biologically can not have experience,- childbirth, lactation, menstruation, abortion and motherhood.

Cat 1977

II. ON THE SELECTION OF WOMEN FOR MEDICAL CAREERS

H. E. Thelander, M. D.

The usual objection raised to admitting women on a par with men as medical students is that the percentage who fall by the wayside and never practice the expensive profession they have learned is too high. Although statistics collected by women during the war in the main refuted this, the fact remains that with maternity so often demanding a much greater share of the mother's than the father's time, it is difficult for women to be as free in their choice of work as are men. As women we should be realistic about this. Does woman's role in reproduction mean that women should be barred from certain professions? Does it mean they, like the religious sisters, should remain celibate? On the other hand, does it mean they have a right to take the course and do as they please after they have their training, even if this means doing nothing? Or, finally, can women work out a realistic program which will solve the problem for themselves and their immediate environment satisfactorily?

In answer to these queries I shall give briefly my own opinions and also extend an invitation to readers to send me their comments.

(1) Women should not be barred from certain professions because of motherhood. It is undemocratic to do so in the first place, but even more important, very valuable contributions to professions would thereby be lost, not only directly but indirectly by the influence professional mothers have on their children--this latter might be an interesting subject for study.

(2) Medicine is so time-consuming for many scientist men and women that the percentage who devote their entire time to it and refrain from marrying is relatively high, both among men and women. The choice to do so certainly should be voluntary and neither condemned nor necessarily urged as a pattern for women any more than for men.

(3) A greater effort should be made to select women for the study of medicine who have the mental, physical and emotional capacity and whatever else

it takes to make use of the training obtained. Here is another field for study. How many medical schools have a woman scientist on the admission board to help select the women students? If this predominantly male profession criticises the women it selects, why not ask for help from the women in making selections? Is it not the girl who ogles her way through medicine who is most apt to do nothing with the training once it is obtained? Women examiners should be on those specialty branches also where the number of women who apply for certification is considerable.

(4) Properly selected women should have a right to study medicine, marry or not as they choose and have children or not as they choose. It may mean, as it has in the past, that the girl who chooses to be wife, mother and physician does two or three jobs to one masculine job and must do all better to get equal credit, but more power to those who do it!

H. E. Thelander, M. D.

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RAG CONTENT

During World War II the U. S. Marine Corps headquarters of the Pacific and the depot of supply were located in San Francisco. At the height of the war there were approximately 4,000 Marines stationed in this area. Of this number 1,100 were women Marines. Their duties ^{ranged} ~~varied~~ from truck driving and watch repairing to secretarial work. A great many of them worked in open warehouses where the damp, cold fog of the bay area was unusually severe for people who had been reared in the South or countries of a warmer climate. There were no barracks in San Francisco and the girls lived in rooms in private homes almost exclusively. In most instances meals were not furnished along with the rooms and the girls ate out. The rooms were scattered over an area of 30 miles so that a great many of the girls had at least an hour to and from work to travel. The days were long. During the actual war the day was eight hours six days a week. Sometimes this was extended to ten hours and on such shifts as the Fleet Post Office during the rush season there were shifts that worked the clock round. The long hours, strenuous work and ~~particularly~~ the travel time to and from work with often unsatisfactory living quarters and meals made these girls particularly susceptible to illness. The dispensary was set up in the main building. Most of the time there were four doctors and two nurses in charge, plus the hospital corpsmen and women. There were no facilities for bed patient for overnight stay. Any patients that required such care had to be hospitalized at one of the nearby Naval hospitals. Very few homes ^{calls} could be made by doctors because of the distance away from the dispensary to where these people lived and the limited number of medical personnel. Ambulance was available and at times it was necessary to send the ambulance to bring patients in. In general, however, the personnel had to report to the dispensary for an excuse to be absent from duty.

The dispensary was so arranged that the women Marines had their separate waitingroom and separate medical offices from the men. In general there was one doctor in charge of the dispensary and one in charge of the women's division and two in charge of the men's

During World War II headquarters for the Pacific of the U. S. Marine Corps was at San Francisco. The depot of supply was also located

division. The work consisted of routine sick call and in addition to this routine immunization , promotion examination , overseas examination and public health inspection, etc.

The generally voiced impression in the military, I think, was that the girls were absent more frequently than the men because of illness, that they could not stand up and take military work as well as men could. For this reason a record was kept of the sick calls daily in the entire dispensary and graphs were made to indicate the number of visits, the number on the sick list and the total number in the area served by the dispensary. These figures are shown in the graph. In a study of this it will be noted that absenteeism among the girls was quite comparable of that among the men. The men may have been at somewhat a disadvantage because many of these were returned servicemen from overseas that were put on shore duty because of convalescence from malaria or filariasis or other tropical illness and were not fit for further overseas duty. On the other hand, the marriage rate was very high among the girls and absenteeism while awaiting discharge for pregnancy accounted for a fair proportion of the girls' sick list number.

A comparison with the civil service personnel also working for the organization was quite revealing. At several times the absenteeism of the Marine Corps and military personnel was 2% or 3% when the civil service absenteeism was 14% and 15%.

Respiratory infections and gastro-intestinal disease were the two most common causes of illness. Other illnesses ran about the same as ⁱⁿ any young adult group selected for good health and physical and mental fitness should run. The strain of military life, the long hours, the unfavorable living conditions aggravated a certain amount of emotional disturbances. The actual number that gave trouble on this score, however, is small. Probably less than 5% accounted for the greatest number of visits. Another 5% needed more or less reassurance in order to maintain morale and continue work. ~~With the time necessary to study various fronts~~

It was at times necessary to study various "fronts"; at times a particularly hard taskmaster would lower the morale of a group and the casualties from that "front" for absenteeism would run high. It was particularly difficult to keep the morale of the Post Office high because of the routine drudgery of the work. The living conditions were not ideal, the general atmosphere and cooperation from the Marine Corps and the

(went off cylinder)

1946-48

MEDICAL WOMEN AND STATISTICS

The September 4 number of the JAMA has the latest figures on women and medical education. Table 10, page 33, lists the students and graduates by sex in the medical and basic science schools of United States and Canada. Of a total of 23,447 students in 1947-48 2,392 were women and of 5,734 graduates, 411 were women. Woman's Medical College, the only exclusively woman's medical school, had 158 students and 35 graduates. It is one of seven medical schools with less than 200 students and numbers under 50 graduates in any one class. University of Toronto, with a total of 525 students, had 88 women and the University of Illinois, with 553 students, had 81 women. Jefferson Medical with the largest number of students, 621, has no women. However the University of Michigan graduated the largest number of women in 1948 (exclusive of Woman's Medical College), namely 21. University of Illinois and Marquette University each graduated 17. In 1947-48 women totaled 2,159 or 9.5% of the medical students in this country, which represents the highest percentage of women medical students recorded in U.S.A. The percentage in the freshman class, however, decreased from 11.1% the preceding year to 7.9%. The actual number declined from 708 to 514.

St. Louis, Jefferson, Dartmouth and North Dakota had no women medical students. Georgetown admitted them for the first time and St. Louis reported that it will admit women beginning 1948-49. Canada's women numbered 262 or 7.8% of total enrolment.

There were 13,837 veterans, 75 of which number were women.

It is estimated that 6,407 freshmen students will enroll 1948-49.

By June 5, 907 had been selected. This group included 68% veterans, 49 of 441 women were veterans.

Average Incomes of Independent Physicians
According to Sex 1947 (Medical Economics)

	<u>Gross</u>	<u>Net</u>
Both Sexes	\$18,500	\$11,300
Men	17,588	11,036
Women	12,868	7,929

The preliminary report of the Study of Child Health Services reveals that at the time of the Study (1946) there were 4,000 women in private practice, 3.5% of the total number of physicians in practice. 5% were located in the greater metropolitan counties in comparison with 1.4% in isolated rural counties. A relatively high percentage specialize in pediatrics. There were 460 women pediatricians, somewhat over 13% of all pediatricians. 1/5 of these women pediatricians were located in the Pacific region.

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Recently a book entitled "What Comes of Training Women for War" has appeared which should arrest the attention of women physicians particularly. The book is one of several on investigation of the educational methods used in the army and the application of these to civilian life. The work was sponsored by the American Council on Education. The author of the above named book is Dr. Dorothy Schaffter who was formerly Professor of Political Science at Vassar College and at one time President of the Connecticut College for Women. She is now Research Counsel, Legislative Reference Service, Library of Congress.

The subject was attacked from three points of view, namely the over-view, women in military aviation, and women in medical, nursing and related services. The entrance of women into the military services is of interest to medical women partly because they long fought to enter the same field and also partly because having been in a minority group in medicine, they would be interested in the reaction of the world at large to the entrance of women into another predominantly masculine field. The study answers some of these questions. It is pointed out, for instance, that when women were at first admitted to the military services it was believed they should serve a minor role in a very limited area. It was found, however, that the number and variety of duties which they could perform had been underestimated and that a great many branches of the service and occupations in those branches were open to women after the preliminary trial.

The possibility of placing women over men was given considerable thought and up to the end of the war this was still a problem. However men took instruction from women in gunnery. Link training was done to a great extent by women and at least four control towers are manned entirely by women. At one station Waves control the traffic in the block of air in which night fighters train.

One commanding officer stated that women could not be used in strategic command because in many instances, especially in emergency situations, the command must be instantly recognized and accepted without reservation by the crew. Only in rare instances can women pilots win this reaction. This crew prejudice, though admittedly irrational, must be acknowledged and reckoned with. It was also considered bad psychologically for an aviation cadet if a Wasp and not a male Air Corp graduate were his instructor. These prejudices, therefore, carried over through the war. I cannot help but feel, however, that much prejudice against women leadership was broken down by situations as they arose and as they were handled in the military service for I am sure practically everyone in the services felt that the statement was true when it was made that women in the military service and in nurse's corp were treated as members of a military service in every respect and it was required that they be extended all the rights and courtesies due their positions.

Many of the women who went into the military were teachers. Part of this study consisted of questionnaires to such teachers on the problem of the application of training methods used by the military to civilian life. As a physician it was very interesting to me to find that a great deal of emphasis was placed on health, recreation and physical fitness programs. To quote from one reply: "Several officers stressed the need for education in first-aid, personal hygiene, venereal disease control and sex education as parts of civilian educational program." And a second quotation: "The goal should be to so integrate physical and mental training that the student would recognize them as of equal value in producing well adjusted adults." Other teachers were apparently most impressed by the discipline of the military. They named motivation, morale, discipline and leadership as matters which should be more generally introduced into civilian education. One stated: "School children simply exhaust themselves with disorder and noise and discipline would be beneficial to them." Another quotation: "It could be that civilian education with its namby pamby purpose of keeping the student happy might conceivably be improved by a shot in the arm of military directness."

The conclusions drawn or the general implications of the training programs were:

1. Equality in military service. Under this it was found that irrelevant sex distinctions tended to disappear and women's field of usefulness tended to broaden.
2. Service women advanced in military occupations new and old as in aviation and nursing.

The implications of this for women in civilian life were:

1. Social attitudes and employment prospects will continue to affect educational opportunities for women.
2. The educational women must take some account of contemporary cultural conditions.
3. The trend toward co-education was continued by the war experience.
4. The war experience produced permanent gains in the status of freedom and capacities of American women.
5. Various aspects of women's services can yield information of great social value, particularly group living, discipline, leadership and command, adaptability, motivation, indoctrination, and health and recreation.

Part II deals with women in aviation. In this particular attention was paid to women's physical, mental and emotional fitness for flying. In general women equaled men in learning ability. The Wasp usually averaged a little higher, probably due to greater effort on her part. School authorities had no adverse criticism. Physiological handicaps were less than had been anticipated. Although women were excluded from flying, many women flew successfully for a long time after they were pregnant before reporting for discharge. Menstruation caused much less trouble than had been anticipated. In one field Wasps lost less than one-tenth day per girl per month. At another field six women instructors lost less flying time than did male instructors. Women endured emotional strain, fatigue, risk as well as the men and had no more accidents or fatalities under

similar circumstances. In general it was accepted that a woman for man replacement was feasible. Implications of these findings for education and training for the future of women in aviation are listed as:

1. Women in military aviation were relatively few but the results of their pioneering are nevertheless far-reaching.
2. Traditional attitudes towards women's limitations have been changed by experience.
3. There are many non-pilot jobs in aviation in which women have demonstrated capacity.
4. Not only attitudes but also economic conditions and employment prospects must be considered in women's opportunities in the field of aviation.
5. Sex distinction need not be over-stressed in the planning and organization of training programs.

Part III, dealing with women in the medical department, nursing and corpsmen deals with a field more traditionally feminine. Valuable knowledge regarding training for care of the sick resulted from this study. The apparent implications for its educational practices were:

1. The recruitment of the first trainees is a fundamental part of all teaching programs.
2. There was a continual effort to adapt courses to the needs and capacities of students with varying amounts of education and experience.
3. Particular attention was devoted to curriculum revision, especially that sufficient time was given to those subjects which were judged to be of prime importance, that relatively unimportant materials receive less emphasis, that unnecessary repetitions were eliminated, and that materials of slight importance were omitted.
4. There was considerable training of groups intended to function as a permanent unit.
5. Intensive programs for instructor training preceded the initial operation of new training programs.

6. Teaching the significance of the job has implications for civilian education.

7. Evaluation of student performance was specific and continuous.

8. Nurses in training could undertake professional responsibility earlier than had been previously realized.

9. It was found that specific provision must be made for a health program for the young women in training.

Many other things pertinent to nursing education and training of nurses aides and other aides to the nursing profession were learned from this experience. For those people who are interested in the present nursing shortage and the improvement of nursing care for the patients, this chapter should be studied in detail. In general one feels on reading this summary of the military services that women have gained one more rung in the ladder which should eventually give women the personal individual dignity that a woman deserves.

H. E. Thelander, M.D.

1946 48

WOMEN AND WAR

The recent book "What Comes of Training Women for War" should arrest the attention of women physicians. The book is one of several on investigation of the educational methods used in the military and the application of these to civilian life. The work was sponsored by the American Council on Education. The author of the above named book is Dr. Dorothy Schaffter who was formerly Professor of Political Science at Vassar College and at one time President of the Connecticut College for Women. She is now research counsel, Legislative Reference Service, Library of Congress.

The subject was approached from three points of view, namely the over-view, women in military aviation, and women in medical, nursing and related services. The entry of women into the military services is of interest to medical women partly because they have had a long struggle to enter the field of military medicine and also because having been in a minority group in medicine, they can understand the reaction of the world at large to the entrance of women into another predominantly masculine field. The study answers some of these questions. It is pointed out, for instance, that when women were at first admitted to the military services it was believed they should serve a minor role in a very limited area. It was found, however, that the number and variety of duties which they could perform had been underestimated and that a great many branches of the service and occupations in those branches were opened to women as the war progressed.

The possibility of placing women over men was given considerable thought and up to the end of the war this problem was still only partly solved. However men took instructions from women in gunnery. Link training was done to a great extent by women and at least four control towers were manned entirely by women. At one station Waves controlled the traffic in the block of air in which night fighters trained. One commanding officer stated that women could not be used in

strategic command because in many instances, especially in emergency situations, the command must be instantly recognized and accepted without reservation by the crew. Only in rare instances did women pilots win this reaction. This crew prejudice, though admittedly irrational, had to be acknowledged and reckoned with. It was also considered psychologically bad for an aviation cadet to have a Wasp and not a male Air Corps graduate as his instructor. These prejudices, at least in part, carried over through the war. Much prejudice against women leadership, however, was broken down and in general the experience of women in the services was that they were treated as members of a military service in every respect and were extended all the rights and courtesies due their positions. A quotation from Margaret Mead in "And Keep Your Powder Dry" is appropriate here: "Can you bring boys up sneering at them for behaving like girls and then expect them to tolerate women who copy and out distance men?"

Many of the women who went into the military were teachers. Part of this study consisted of questionnaires to such teachers on the problem of the application of training methods used by the military to civilian life. This section also has its implications for physicians. It was interesting to find that a great deal of emphasis was placed on health, recreation and physical fitness programs. To quote from one reply: "Several officers stressed the need for education in first-aid, personal hygiene, venereal disease control and sex education as parts of civilian educational program." And a second quotation: "The goal should be to so integrate physical and mental training that the student would recognize them as of equal value in producing well adjusted adults." Other teachers were apparently most impressed by the discipline of the military (touching the medical field in the area of mental hygiene and guidance). They named motivation, morale, discipline and leadership as matters which should be more generally introduced into civilian education. One stated: "School children simply exhaust themselves with disorder and noise and discipline would be beneficial to them." Another quotation: "It could be that civilian education with its namby pamby purpose of keeping the student happy might conceivably be improved by

a shot in the arm of military directness."

The conclusions drawn or the general implications of the training programs were:

That irrelevant sex distinctions tended to disappear and women's field of usefulness tended to broaden.

Service women advanced in military occupations new and old as in aviation and nursing.

The implications of this for women in civilian life, however, were in part influenced by other factors and the conclusions reached were that:

Social attitudes and employment prospects will continue to affect educational opportunities for women.

The educational women must take some account of contemporary cultural conditions.

The war experience produced permanent gains in the status of freedom and capacities of American women.

Various aspects of women's services can yield information of great social value, particularly group living, discipline, leadership and command, adaptability, motivation, indoctrination, and health and recreation.

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endured emotional strain, fatigue, and risk as well as the men and had no more accidents or fatalities under similar circumstances than did men. In general it was accepted that woman for man replacement was feasible. A summary of these findings and conclusions was as follows:

Although women in military aviation were relatively few, the results of their pioneering were nevertheless far-reaching.

Traditional attitudes towards women's limitations have been changed by experience.

Not only attitudes but also economic conditions and employment prospects must be considered in women's opportunities in the field of aviation.

Sex distinction need not be over-stressed in the planning and organization of training programs.

Part III of the study is concerned with women in the medical department, nursing and corpsmen, fields more traditionally feminine. Valuable knowledge regarding training for care of the sick resulted from this study. The apparent implications for its educational practices were:

The recruitment of the best trainees is a fundamental part of all teaching programs.

There was a continual effort to adapt courses to the needs and capacities of students with varying amounts of education and experience.

Particular attention was devoted to curriculum revision, especially that sufficient time was given to those subjects which were judged to be of prime importance; that relatively unimportant materials received less emphasis; that unnecessary repetitions were eliminated; and that materials of slight importance were omitted.

There was considerable training of groups intended to function as a permanent unit.

Intensive programs for instructor training preceded the initial operation of new training programs.

FOREIGN EDUCATIONAL OPPORTUNITIES.

A number of inquiries have been received regarding opportunities for the study of medicine in foreign universities. The program under the Fulbright Act makes such studies available to more students than any other facilities have in the past.

The Fulbright Act authorizes the Secretary of State to set aside a portion of the foreign currencies resulting from the sale of surplus government property abroad for educational exchange programs with foreign countries. Agreements providing for such educational exchanges have been signed with Belgium and Luxembourg, Burma, China, France, Greece, Italy, New Zealand, The Philippines, and The United Kingdom. It is expected that similar agreements will be made in the future with Australia, Austria, Egypt, India, Iran, The Netherlands, The Netherlands East Indies, Norway, Pakistan, Siam, and Turkey.

Candidates for awards must be American citizens, have a college degree or its equivalent, and a knowledge of the language of the country sufficient to carry on the proposed studies. Candidates are selected on the basis of academic records, the value of the proposed project, and personal qualifications of the individual.

Research scholars and professors interested in these opportunities may obtain additional information from The Conference Board of Associated Research Councils, 2101 Constitution Avenue N.W., Washington 25, D.C.

H. E. Thalandor, M.D.

1946-48

OPPORTUNITIES FOR WOMEN IN MEDICINE

Another book of particular challenge to women and their role in the health program has appeared, this time from England. It is called "Child and Adolescent Life in Health and Disease", a title which does not adequately convey the contents of the book. The book was unquestionably inspired by the same feeling as prompted the Study of Child Health Services by the Academy of Pediatrics in this country. In the preface the author states: "Study of the past reveals how at first the community was less concerned with affording children protection than with safeguarding itself from the excesses of vagrant and homeless youth". The author then gives a brief history of the development of child care in England. It covers legislation, medical education, public and private education, and the welfare agencies. It even has a chapter on the child in war which deals with evacuation and how this was handled.

The book should be of particular interest to women, for with their humanistic viewpoint they can add a very great deal to bringing about the fruition of the work with children. Again quoting from the book: "Success in this will be achieved only if sectional interests are discarded and that all who are in any way concerned with child life and health pool their experience and endeavor."....."The present day picture of the provision for the care of child life and health can be compared to an unfinished jig saw puzzle. Each piece of the puzzle has its own historical background. Many have been pieced together to form a recognizable part of the picture. The puzzle has not, however, been completed. Isolated pieces remain to be properly placed. Others have been dubiously inserted. Some are missing." (What applies to children might equally well apply to adults.) In every community of considerable size will be found medical women whose time is in greater or lesser part devoted to homemaking, rearing children, or other tasks which prevent them

from a fulltime medical appointment or private practice. Such a medical woman with her training and background of experience has a unique opportunity to help develop and integrate the health and welfare work at a local level. This is an opportunity that is often not grasped, yet every community needs such an experienced person to aid in health programs for institutions, for health development in the schools, to help in selecting library books on health, to speak to lay groups on health problems and innumerable other related problems. In other words, she can help complete the jig saw puzzle in her own community.

OPPORTUNITIES FOR WOMEN IN MEDICINE

The recent visit to Europe produced many new and strengthened many old ideas on opportunities for women in medicine. It was interesting to note that in all countries there are women who do not wish to belong to the Women's Medical Association and generally the same reason is given, namely that women should partake of all the things men do without setting themselves apart or in competition with men; consequently there is no need for a separate organization for women. This argument was very well and characteristically met by one of our British colleagues who made the statement that minority groups everywhere and always needed to organize to present their own wishes and needs. It was interesting on the other hand that the male colleagues in Europe seemed not only to assume that the meeting of women physicians was natural but expressed most sincerely the feeling that women had a contribution which was desirable to add to medicine and that their point of view could best be formulated and expressed by women meeting in separate conference. This idea, of course, has been presented by psychiatrists for some time, namely that men and women complement each other and the optimum situation is found when they work in unison. Our organization also has tried to emphasize that primarily scientific meetings can be attended jointly with men in other organizations and should be so attended but women physicians need to meet not only as a minority group in order to express their own point of view and defend if necessary and when necessary their position but also to develop their own talents and make their own contributions to medicine along natural feminine thinking and not by a forceful imitation of the male.

There were several other interesting things that came up. One of these was the possibility of exchange of interns and residents. This should be further explored and should be done on a basis which would make the training acceptable to the school of graduation or to the board for which the person is preparing for certification. It would offer an excellent opportunity for more people to become acquainted with other countries.

Another possibility for our organization is to have the benefit of visits and talks to the membership by physicians from other countries, either visiting in or merely passing through a city. A few such speakers have already partaken in our program.

It was also suggested that exchange of case reports and discussions by letter writing might prove stimulating. This is an idea that could be developed by individuals and also by groups with members of one or several countries. An extremely interesting correspondence could be expected and might serve as a beneficial stimulus for colleagues on both sides of the water or on opposite sides of national boundaries.

Other women's organizations, especially the American Association of University Women, have been very generous with scholarships for visiting university people. In many countries the percentage of membership in this organization is largely professional. Medical women are often selected for the scholarship and some expressed disappointment in finding so few medical contacts in our organization of A.A.U.W. Thereby we also have lost valuable contacts. It is important that medical women establish a close cooperation with other women's organizations for exchange of professional women guests or fellows.

OPPORTUNITIES FOR WOMEN IN MEDICINE

The recent visit to Europe produced many new and strengthened many old ideas on opportunities for women in medicine. It was interesting to note that in all countries there are women who do not wish to belong to the Women's Medical Association and generally the same reason is given, namely that women should partake of all the things men do without setting themselves apart or in competition with men; consequently there is no need for a separate organization for women. This argument was very well and characteristically met by one of our British colleagues who made the statement that minority groups everywhere and always needed to organize to present their own wishes and needs. It was interesting on the other hand that the male colleagues in Europe seemed not only to assume that the meeting of women physicians was natural but expressed most sincerely the feeling that women had a contribution which was desirable to add to medicine and that their point of view could best be formulated and expressed by women meeting in separate conference. This idea, of course, has been presented by psychiatrists for some time, namely that men and women complement each other and the optimum situation is found when they work in unison. Our organization also has tried to emphasize that primarily scientific meetings can be attended jointly with men in other organizations and should be so attended but women physicians need to meet not only as a minority group in order to express their own point of view and defend if necessary and when necessary their position but also to develop their own talents and make their own contributions to medicine along natural feminine thinking and not by a forceful imitation of the male.

There were several other interesting things that came up. One of these was the possibility of exchange of interns and residents. This should be further explored and should be done on a basis which would make the training acceptable to the school of graduation or to the board for which the person is preparing for certification. It would offer an excellent opportunity for more people to become acquainted with other countries.

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V. OPPORTUNITIES FOR WOMEN IN MEDICINE

There have been several requests for information regarding opportunities for medical women of foreign countries and a letter therefore was addressed to the National Committee for Resettlement of Foreign Physicians, 15 Park Row, New York 7, N. Y., requesting a summary of the activities of this committee. The following interesting reply has been received from Mrs. Laura G. Rubin, Case Supervisor of the committee:

"Your request to Miss Gross for further information has been turned over to me for answer. I am very pleased at your interest and will try to give you a short history of the Committee, what it has done in the past and what it hopes to accomplish in the future.

"The Physicians' Committee of United Service for New Americans was set up in 1939 with the help and under the guidance of a group of prominent American physicians. At that time, the late Dr. David L. Edsall of Boston became National Chairman. On our Committee, we have such men as Dr. Tracy J. Putnam, Dr. Ernst P. Boas, Dr. Jacob Fine, Dr. M. C. Winternitz and Dr. George Piness. This Committee has been set up to help refugee doctors and dentists re-establish themselves in their profession in the United States in a manner most acceptable to American Medicine. We give service to all these men and women, regardless of creed, and cooperate with the American Friends Service Committee, American Christian Committee for Refugees and the Catholic Committee for Refugees. We set as our goal the guidance of these men to some plan which offers them an opportunity for a professional and personal American adjustment. To accomplish this end, the following services have been developed by us:

1. The evaluation of the individual emigre doctor's education, training and medical experience by well known American physicians, in order to establish his eligibility and competence to eventually practice in the United States.

2. Assistance is given in securing internships and hospital jobs, with emphasis on

- A. Securing the kind of medical experience which will improve and/or round out the individual's European training.
- B. Orienting them to American methods, practices and medical ethics.
- C. Securing a hospital's opinion of their work in order to help the Physicians' Committee evaluate the emigre's competence for practice or other fields of medicine.

3. Assistance in helping those found competent to prepare for the necessary State Board examinations. This includes translation of documents, job placement and coaching courses.

4. Cooperation with government, medical and local agencies in establishing doctors in practice, and placing doctors in hospitals where medical services are most needed. During the war period, a great many of our men were not eligible for commissions in the army because of their alien background, but with the cooperation of Procurement & Assignment Service, we supplied men to distant hospitals, to small rural communities, often at great personal sacrifice on the part of the foreign physician. Our record with Procurement & Assignment Service is an enviable one.

It is the aim of this Committee to disseminate our foreign medical personnel throughout the country wherever medical shortages exist.

5. We grant loans on an eligibility basis to cover needs for rehabilitation in the medical professional. These loans cover the following:

- A. Fees for State Board examinations
- B. Refresher courses
- C. Money for establishing medical practices.

6. Our interest in physicians placed in practice in the small communities is a continuing one until they have established themselves. We help them through the cooperation of local agencies with their personal and family problems.

7. Refugee dentists are given orientation to American regulations as to their professional adjustment to the field of dentistry. As you know, foreign graduation is not recognized in the United States, and these men must be reschooled in approved American dental schools. The foreign dentist has the responsibility of earning enough money to meet his expenses for all but his tuition for the last year at dental school. If he is able, he is also asked to pay for this too, but if not, he is given a loan to meet the final tuition. Loans for dentists' practices are given on the same basis as for medical practices.

All our loans are given interest free and repayment is arranged when the physician or dentist has made a fair adjustment in this country, at a rate worked out by the foreign doctor and the Committee. It is amazing how many of these men have already paid in full, and how anxious they are to do so.

8. This Committee serves as the eyes and ears of foreign medical groups in matters relative to legislation, regulations and interpretation of State and Federal laws relative to their professional practice.

9. It is responsible for a public relations program.

You will be interested to know that the most recent group of doctors coming to us are coming, by and large, from the Displaced Persons camps in the American Zone of Occupation in Germany and Austria. These men, whose medical credentials were destroyed by the Nazis, or in some instances by the physicians themselves, come to us for assistance. It was the policy in the concentration camps to destroy all intellectuals and these credentials served as death warrants in the eyes of the Nazis. At the present time, we are trying to evolve ways and means of securing substitute documents for these physicians. Our panel of evaluating physicians has the additional job now of giving these people an oral medical examination in order to determine whether they fit into the category of physicians.

As you can see, we have a difficult and extensive program and welcome the help of American physicians who sympathize with this diversified program.

Again let me thank you for your kind interest."

In the universal effort put forth in the battle against cancer, women physicians have a unique responsibility and opportunity. In many instances the delay in diagnosis of uterine cancer can be attributed to woman's reluctance to submit to a medical examination. Part of this reluctance is overcome if well trained and well recognized women specialists serve in clinics as well as private practice where women patients may make appointments freely with them. It should, therefore, be the aim of all such centers to have a woman physician in attendance.

Much of the education in regard to symptoms, early examination and treatment can be done by women physicians. This is a field in which women physicians engaged in raising a family could give some time as it can be done on an hourly basis and usually at the doctor's convenience. Talks to women's clubs or other women's groups would eliminate much of the fear and place the subject on a more realistic basis.

Finally there are available to men and women a large number of research grants and fellowships such as are granted by The American Cancer Society, The Donner Foundation, The National Institute of Health at Bethesda, Maryland, The Childs Foundation, The Finney Fellowship for Cancer Research, and The John and Mary Markle Fellowship. In order to obtain such a fellowship the physician should first find the place or associates with whom she desires to work and then with their approval apply for a grant or fellowship.

H. E. Thelander, M.D.

Opportunities for Women in Medicine.

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"Medical Education and the Changing Order" by Raymond B. Allen is a small volume giving the results of the studies by the committee of the New York Academy of Medicine appointed to survey medical education and its application to a changing world. The book was published by the Commonwealth Fund in 1946. The Author, Raymond B. Allen, M.D., Ph.D., then the Executive Dean of the College of Dentistry, Medicine, and Pharmacy, University of Illinois, is now the President of the University of Washington State.

The book, in separate chapters deals with such subjects as "The Challenge to Medical Education", "Medical Education and the Contemporary Social Process", "American Medicine in Tomorrow's World". The full impact of the volume, however, can be felt only by reading it, which is not a tedious process since its 136 pages are crammed with interesting facts and philosophy. A few quotations from its pages (the general theme of which is "It takes a man, not a machine, to understand a man") will illustrate the tone of the book. "It should be the aim of medical education to prepare him to fill this broader role as a responsible leader in the community, one who thoroughly understands the social, industrial, and economical patterns of which he is a part". "It (the medical profession) is under obligation, however, to cooperate fully with voluntary and public agencies so that together they may create the economical and social conditions which make possible an adequate medical service for all". "Physicians as a group appear to have been too preoccupied, too busy, or possibly lacking in sufficient educational preparation to approach with any vigor or social insight the broader problems creating those conditions within which people may enjoy the benefits of truly healthful living."

The book is reviewed in these pages partly because its contents should become familiar to every physician in United States and partly because if its significance is wholly grasped every woman physician should feel a resurgence of enthusiasm for what she might contribute to this changing order.

The science of medicine in health and disease has reached a stage not only where the best of scientific achievements should be made available to all, but positive health. The full enjoyment of a healthy body and a well integrated personality should be our birthright. The interpretation of the achievements of science to the public and the application of our knowledge for the improvement of our culture should be of particular interest to women physicians. If there is any fundamental difference between the two sexes it is in woman's intuitive grasp of human relations in contrast to man's aggressive, creative instincts. In this country medical men have clung more tenaciously to the point of view that medicine was a man's field than in any other nation or in any other field of endeavor. Women in medicine even today do not enjoy the mental comfort and ease of full acceptance on the basis of merit that they do, for instance, in the fields of penmanship, theatre, or art.

In the medical sciences, even though phenomenal advancement has been made and no other country enjoys as good medical care as our citizens, the anomalous situation occurs that physicians are severely criticized by the lay public; magazines, newspapers, books and movies are trying to interpret medical concepts to an avid population; and politicians are trying to change the entire medical framework by means of which this phenomenal progress has been made. Is it possible that our medical science has been too heavily weighted with masculinity? Possibly it needs the feminine intuitive understanding to fully apply and disseminate the accumulated knowledge.

The woman physician who marries and has a family has always been the butt of severe criticism for "wasting" her medical training. If she marries a male physician, she often has been encouraged to be ultra non-medical. Instead of this antiquated attitude, women physicians themselves, as well as their male confreres, should capitalize on the medically trained wife and mother and encourage her particularly to contribute of her experience and training to the welfare of her community. Every agency in a community directly or indirectly has a health angle. One needs only to mention a few examples such as school health, education of

girls and boys for parenthood, health problems in children's institutions, camp regulations, movies, books, etc. If men and women would cease competing in medicine and instead recognize the peculiar contribution each might make to the whole picture, this nation could witness a renaissance in the field of physical and mental health.

H. E. Thelander, M. D.

OUR OPPORTUNITY IN THE NURSING PROFESSION.

There is an interesting little book published just a few months ago entitled "Nursing for the Future". It is a report prepared for the National Nursing Council by Esther Lucile Brown, Ph.D. Dr. Brown is a social anthropologist who at present is Director of the Department of Studies in the Professions of the Russell Sage Foundation. The book is priced at \$2.00 and there are 198 pages. It may be procured through the Russell Sage Foundation or through any of the medical book stores.

The fact that this book is an objective study by a non-member of the nursing profession has distinct advantages. (It may have some disadvantages.) The book orients the nursing profession to other professions medical and otherwise. The first chapter gives in brief review the trend in the health services and the type of expansion that is taking place. This is done as background for the role of the nurse in the expanding field of health services. To quote from the book: "The pendulum has begun to swing farther in the direction of health; of emphasis upon the "normal" person, and sickness as a deviation from the normal; of an understanding of the emotional factors which are a component--if not the cause--of disease; of the responsibility of the health professions in aiding persons, individually and groupwise, to maintain positive health." From here the author develops the future demands for nursing care. As a background for the present shortage of nurses the author not only mentions such factors as remuneration and working conditions but stresses a point that is generally omitted. She calls attention to the anomalous position of the nurse in the health field. "Hospitals predominantly are operated on the authoritarian principle rather than of a cooperative team relationship. The nursing service is caught between the authority

exercised by the medical administration, on the one hand, and the hospital administration, on the other. Rarely, in fact, is she accorded so much as the prestige of being considered the colleague of the physician. She is primarily a person who takes and carries out orders." "Can anyone calculate the damage to a more sturdy development of the nursing profession than has come from that one little symbolic act of men physicians permitting or expecting women nurses to hold doors open for them to pass through. If the reader ~~thinks~~ such matters unimportant he should see the emotional satisfaction of nurses in a hospital where a particular physician habitually opens the door, turns to the nurse with a charming smile and says 'After you, my dear'; and where another doctor attempts to overtake a nurse with a heavy tray in order to carry it down the corridor for her. Just because doctors have been so badly conditioned that they are often unaware of those who work in closest contact with them as human beings, it is not surprising that they have largely overlooked the significant role that nurses might play in psychotherapy."

In contrast to this the author notes that "Anyone who has sat observantly in the office of the director of nursing service of a five-hundred-bed general hospital, let us say, can scarcely fail to be impressed with the size of the job of operating such a service. The director occupies a position that a well-administered industrial plant or department store would rank very high in salary, prestige, and amount of attached professional and clerical assistance. Rarely has the director of nursing service achieved comparable recognition."

In another chapter the author compares the nursing services to that of engineering services in their differentiated functions. She notes that there are professional engineers, engineering technicians, trade schools and technical schools to provide ~~artisans~~ artisans in engineering, etc. and she suggests that nursing be developed more along these lines than along the traditionally professional lines. Thus it should be possible to have only the professional nurse but the practical nurse and other personnel, all of whom in different capacities serve the well-being of the patient in the hospital.

The final half of the book is devoted to the professional nurse, the development of nursing school as a profession on a par with other departments of the university rather than apprentice work in hospitals. Considerable space is given to this aspect of the nursing problem. I am sure in this struggle of the nurses the women physicians can take an intermediate stand and help the women in the nursing field to obtain a final deserved status. Why should not the staff of a hospital when meeting to discuss policies include all of the heads of departments, administration, nursing, professional, social workers, rehabilitation and the like. Only when we thus work together can we hope to give the complete adequate services to the patient. Physicians have been entirely too exclusive.

H. E. Thelander, M.D.

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OPPORTUNITIES FOR WOMEN IN MEDICINE.

As evidence of women's interest in the child and mother are the large number of women in medicine who have entered the field of Maternal and Child Health. It has been interesting to analyze the reports from the Federal Security Agency of the state agencies administering the services of the Social Security Act. In the Maternal and Child Health field the position of director in 21 instances is filled by a woman physician. 24 positions are held by men, with 8 vacancies at the time of the report; thus almost 50% of these positions are filled by women doctors who constitute on an average of about 5% of all doctors. This percentage is not quite as favorable in the Crippled Children's Services where 12 positions are filled by women physicians as compared with a total of 24 positions filled by men and 11 positions filled by persons other than physicians. There were 6 unfilled vacancies at the time of the report. Although it might be interesting to speculate on factors influencing this predominance of women in these services, probably the eventual reason would resolve itself to women's primary interest in the child, the rearing of healthy children, and the role that the mother plays in such rearing. The opportunities in the field of public health, especially health related to children and mothers, are numerous at all levels, local, state, and national.

Opportunities are also available in the field of mental health. Information regarding these positions may be obtained by writing to the Federal Security Agency, Public Health Service, Washington 25, D.C. Mental Health Series No. 2 entitled "Training and Research Opportunities under the National Mental Health Act."

H.E. Thelander, M.D.

The Study of Child Health Services and
Pediatric Education is Completed.

On April 2 at the Roosevelt Hotel in New York was released the national report on the "Studies of the Child Health Services and Pediatric Education". This volume of 270 pages is the compiled work of practically every physician and dentist in the United States. The numerous maps, graphs and charts depict graphically the status of health services and pediatric education in this country. It represents a herculean piece of work and should point the way to the next great advance in American medicine, namely the distribution in the most rapid manner possible of what is known at the large research centers into practice in the remote areas of our nation.

The original promoters of the move in the Academy to study the needs premised that four main situations were responsible for the lack of adequate child care: 1) Lack of money to pay for it; 2) lack of education to the use of available facilities; 3) lack of essential services in areas where needed; and 4) lack of trained medical personnel in these areas.

The Study provides the graphic answers to the posed problems. There is a definite correlation between income and service. There is a mal-distribution both of facilities and personnel. There are discrepancies in training and work required of physicians. There are also many surprising revelations: The supposedly vanishing general practitioners constitute two-thirds of the practicing physicians, the family physicians carry three-fourths of the total burden of child care, and one-third of the family physician's practice is devoted to children. With this amount of pediatric practice thrust upon the general practitioner, the Study reveals that 52% have one month or more hospital training in pediatrics, 21% have less than one year of hospital training in pediatrics, and 27% have less than one month of such training.

Another surprising revelation is the extremely small volume of work provided by community health clinics. Furthermore, although government public health clinics should fill the economic gaps in health, these services in general follow the same pattern of aggregation in heavily populated areas as the rest of medical practice.

Official comments and plans are not yet ready for release. The dinner addresses on April 2, however pointed to two things of interest. One of these, especially emphasized by the President of the AMA, Dr. Roscoe L. Sensenich, was the importance of action at the local level, the formation of community health councils or committees to acquaint themselves and their neighbors with available facilities, resources and inadequacies, thus stimulation need not wait for either overall recommendations or financial support; it requires only local interest.

Neighborhood health councils offer a peculiar opportunity for women physicians, especially for those women physicians who are occupied with home responsibilities and the rearing of a family. No one is so busy that some time cannot be given to aiding in the health planning of the neighborhood.

The other line of interest was expressed in continued education. Of greatest significance here was the recurrent emphasis on fluidity, freedom for communities and areas to expand and try out various methods of approach as opposed to regimentation or frozen patterns. Here again is a big field in which women can participate and contribute even though their time may be somewhat limited by duties outside of the medical field.

This book should be in the hands of every physician and dentist in order that each one may study the chart and plan for herself that phase of the work toward which she can make a contribution. It is published by the Commonwealth Fund and may be had by writing the Foundation or may be obtained through local medical book stores.

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OPPORTUNITIES FOR WOMEN IN MEDICINE

Rochester Child Health Institute
Fellowships and Assistantships
are Announced.

The Rochester Child Health Institute, Rochester, Minn., has arranged for two fellowships, recipients of which will be called Assistants of the Institute. These assistantships last for one year, one beginning January 1, and one July 1, each year. The service is in preventive medicine in pediatrics and facilities, including prenatal, newborn, infant, preschool and school care.

Considerable emphasis is placed on psychiatric, psychologic, developmental and nutritional, as well as the more purely medical, supervision. The service can be arranged to allow time for research activities. The American Board of Pediatrics gives credit for one year for training on this service.

A stipend can be arranged for, ranging from \$1,600 up to \$3,600, according to previous training and dependents of applicant. Preference will be given to those anticipating teaching as their final goal.

Applications will be sent on request and should be submitted not later than nine months prior to beginning of service, to Dr. Edith Hewitt, Chairman, Admissions Committee, Rochester Child Health Institute, City Hall, Rochester, Minn.

The Rochester Child Health Institute, Rochester, Minn., announces two assistantships of one year each, one beginning January 1 and one July 1 of each year.

These services include preventive medicine in pediatrics, with the opportunity for study of normal growth and development, care of the newborn,

well child care, psychologic problems in young children and school examinations. These are equivalent to fellowships in the sense that opportunities for both service and research are given.

The stipend of \$1,620 is offered to suitable candidates. The first available fellowship will begin Jan. 1, 1950.

H. E. Thelander, M.D.

PREPARATION FOR A PUBLIC HEALTH CAREER.

The field of public health has not only had an especial appeal for women physicians but it in turn has given significant recognition to women. Thus Dr. Martha Eliot has been Chief of the Children's Bureau for many years and in 1947 was elected President of the American Public Health Association. More recently Dr. Eliot has been made Associate Director General of the World Health Organization. In her absence Dr. Leona Baumgartner has been appointed as Assistant Chief of Children's Bureau.

In the February issue of "Pediatrics" Dr. Baumgartner reviews public health schools of training and the qualifications that are now necessary for such training. She states that physicians trained in the clinical branches of medicine who wish to enter a public health sphere must acquire competence in public health administration, epidemiology, vital statistics, community organization and health education; they must have a knowledge of the social and economic factors influencing health, the various environmental factors and their control, the principles of sound industrial hygiene, and the current practices in the control of specific diseases.

At present there are ten schools of public health accredited in the United States and Canada. It is believed that there are at present no graduates with the master's degree in public health (M.P.H.) or the doctorate (Dr. P.H.) now coming from other credited schools in this country. The admission requirements of students of all accredited schools are very strict and for the majority of students the M.P.H. is a second graduate or post-graduate degree frequently following a doctor's degree in medicine, dentistry, veterinarian medicine or philosophy. Trained administrators now in office are generally insistent on obtaining young staff members with public health degrees as their associates. Dr. W. P. Shepard has stated

that this is the first occasion in modern times that a learned profession has kept its educational house in order as it develops. The public health profession has been spared the blight of having its ranks flooded with pseudo trained people.

Dr. Baumgartner in her article lists the following schools as accredited institutions offering graduate degrees in public health other than in engineering and public health nursing: California uses the University of School of Public Health, Berkeley 4, California, M.P.H., Dr. P.H.; Columbia University School of Public Health, 600 West 168th Street, New York 32, N. Y., M.P.H., Dr. P.H.; Harvard University School of Public Health, 55 Shattuck Street, Boston 15, Massachusetts, M.P.H., Dr. P.H.; Johns Hopkins University School of Hygiene and Public Health, 615 North Wolfe Street, Baltimore, Maryland, M.P.H., Dr. P.H.; Michigan, School of Public Health, Ann Arbor, Michigan, M.P.H., Dr. P.H.; Minnesota University School of Public Health, Minneapolis 14, Minnesota, M.P.H.; North Carolina University School of Public Health, Chapel Hill, North Carolina, M.P.H., Dr. P.H.; Toronto University School of Hygiene, Toronto 5, Ontario, Canada, Dr. P.H.; Tulane University School of Medicine, Department of Public Health, New Orleans, 13, Louisiana, M.P.H.; Yale University School of Medicine, Department of Public Health, New Haven, Connecticut, M.P.H., Dr. P.H.

H. E. Thelander, M.D.

VI. OPPORTUNITIES FOR WOMEN IN MEDICINE

Opportunities are as dependent upon the individual as upon the environment.

When a person belongs to a minority group, as a woman does in medicine, the grooming for work in the field becomes of utmost importance. This grooming involves not only training in the profession or specialty but such secondary matters as appearance, deportment and even morale. In a field traditionally masculine, a woman must know more than her male confreres to get equal credit or confidence. She not only needs to know her subject but she should analyze, tabulate and classify her knowledge so that her information is always lucid. She should never give the impression of having her subject matter muddled or confused. Clarity and precision aids in establishing confidence. Statements should always be based on facts. If the answer is not known a frank statement to that effect is far better than evasion. Intellectual honesty, negative as well as positive, inspires trust.

When called upon to perform technical procedures such as spinal punctures, intra-theccal therapy and other manual procedures the woman student or resident is inclined to turn to a male member of the group for help. It is, therefore, necessary for a woman to discipline herself to use every opportunity to develop dexterity in these techniques. This discipline should be practiced so diligently that it becomes habitual for her to rely upon herself and to have complete confidence in herself in the manual part of medical work.

After graduation, although applicable to all physicians, it particularly behooves the woman in medicine to keep medical information up to date. Medicine is such a rapidly expanding field that only those who are constantly vigilant will be able to keep abreast of the newer knowledge. To keep informed requires not only reading but also attendance at medical meetings and constant hob-nobbing with doctors. Since there are so few women in medicine it becomes more difficult for them to have this more or less daily shop talk which is so characteristic among the men. Nor is it desirable that women limit their contacts to other women in the field. She needs to establish a good working relationship with her male confreres.

Women in medicine, not only must establish themselves in a field traditionally masculine which means they must gain the confidence of the public still in the habit of thinking of doctors as "men", but very often they must also overcome within themselves the early conditioning of most girls to be dependent upon man and to yield to his leadership. In almost every home boys are reared in an atmosphere that encourages them to independence and manliness by words like these: "You are the man of the house", or when brother and sister are stepping out together: "Take care of your sister". Little girls, on the other hand, are admonished: "Little girls don't do that" or "Let your brother do that for you".

Even though a woman is brilliant and is so recognized there is no reason for her not to be well dressed and present a pleasing appearance. Unfortunately,

or possibly fortunately, the dress of women allows for such variation that it is easier for woman to fail in appropriate dress than it is for man. In the past particularly women in the professions were often criticized for imitating the men in dress and habits or for dressing quaintly, the latter being credited chiefly to the fact that women were so absorbed in the work that they neglected to dress appropriately. The present tendency is to go to the other extreme. There is no advantage for a young doctor to look like a "bobby soxer". Women in hospital work either as clerks or as interns and residents should be careful of their dress. It is no more expensive for them to be dressed appropriately than it is for the men to be so clothed. A little care in the selection and wearing of clothes will avoid much of the disorderliness that is apparent in viewing women house staff as compared with men. This grooming should include the hair, the uniform, the length of the skirt, hose and shoes. The slovenly appearance of one medical student, intern or resident detracts from the entire group and destroys confidence in the individual as well as the group. Dress should be appropriate, inconspicuous but modish. Fashion dictates are now so well established that there is no reason for anyone not to be appropriately costumed for any occasion.

The physician is the servant of the public and in this position is constantly under the scrutiny of that public. If success is an aim, then the criticism of the public must be taken into consideration. Dress has already been

mentioned. It may be carried a bit farther. A person who is sick and distressed, in other words ill enough to call a doctor, does not for the moment appreciate that a doctor also has a social life and social requirements. Making a professional call in an evening gown may offend. An ill patient or a distressed parent may react adversely, feeling that the physician is more interested in her social life than in her medical duties. It takes very little extra thought and consideration of patients' feelings to avoid such criticism. If circumstances make it necessary to attend a formal function when subject to "call", the hostess will usually be more considerate than the patient and accept your excuse for coming in less formal attire. It is not necessary on the other hand to use this excuse for never appearing appropriately dressed at social functions. The use of pressing medical duties as an excuse for repeatedly appearing late at functions has also been worn threadbare. The well groomed physician should indulge in it seldom. It is also inappropriate to make a sick call with an alcoholic breath. It is not a great hardship to refrain from partaking of alcoholic drinks when on duty. Even if not on call a doctor should know her capacity. Her conduct may be criticized if she is seen too often at public bars where she may be under the critical scrutiny of a fair share of the population.

The private life of the physician should be above reproach. Many a man has jeopardized his practice by a divorce or family scandal that reaches the press.

A woman in practice needs to watch her conduct even more carefully and should certainly avoid any entanglements, triangles, divorce, attachments to members of her own or the opposite sex open to criticism.

A great factor in inspiring confidence and trust is morale. The woman in medical practice, whether married or single, needs to have a satisfactory social, mental and economic existence which gratifies all her faculties and makes her a desirable asset to any group and to the community. These assets do not come to one without effort and the effort which might be put into working out such an existence is often wasted on emotions tied up with frustrations in her chosen profession. Many a woman has become bitter because of prejudice against her in the field of medicine. Frustration, bitterness, and envy must never be permitted to get entrenched; no woman can succeed if she yields to these moods. It is impossible to keep up a good morale if she does so yield. Very soon prejudice is confused with other factors and opportunities dwindle because the person seeking them is undesirable. A woman in medicine must be very sure that failure is not due to herself, her training, knowledge and personality rather than due to her sex. There has been too great a tendency in the past for girls who are seeking careers in medicine to ignore all or many of their own qualifications and then when failure ensues to put the blame on prejudice against her sex. It is essential that women assume responsibility for their training, appearance, deportment and morale before they blame failure upon prejudice.

It can probably be safely stated that the world is tending toward an era of more nearly equal opportunities for all regardless of race, religion or sex; that era for women in medicine can be hastened best by the individual diligence on the part of the woman medical student in perfecting herself and developing her own talents; less energy being devoted to either aping the male or nursing her injuries.