

CHAPTER 1

“The Call”

It was almost nine years since I had made my commitment to become a medical missionary. A chance encounter had led to that decision. A chance conversation smoothed the way for me. Another chance conversation opened a door for me. I think it was Divine Guidance rather than chance.

I had wanted to serve in India. Never in my wildest dreams had I thought of living and working in New Mexico. I knew where it was on the map and had once met a student at the University of Iowa who lived there, but I never thought I would. How did I end up here?

I made the trip to New Mexico from Iowa by train. As the Santa Fe Railroad's California Limited sped over the snow covered Kansas prairies, I had plenty of time to reflect on the various events in my life which had brought me to this point in time and to recall Miss Anna Scott's long letter and ominous descriptions of the primitive conditions I would find at my new home. Miss Scott was in charge of personnel for the Presbyterian Women's National Missions Board.

It was through a chance encounter that “the call” to become a medical missionary had come to me. In the summer of 1930, just after graduating from high school, I

went to Winona Lake, Indiana, to visit my aunt and grandparents at their hotel, the Garfield. On Sunday morning I was directed to a particular Sunday School class which I failed to locate. I went to a different one instead, where an unscheduled visitor spoke about the appalling medical need that she and her husband had observed as they travelled through Persia. As she spoke, I felt a compelling urge to become a doctor and go to help these people. As I made this decision about what to do with my life, I was suffused with a marvelous sense of joy and excitement.

Still in my wonderful glow, I left the church and started walking to the Garfield. On the way, I met a friend and excitedly told her of my decision.

She said, "Good heavens, Virginia! Be a doctor if you want to, but for heaven's sake, don't be a missionary!"

Her response dampened my exuberance but did not change my resolve.

Many things had worked together to bring me to this commitment. I was a minister's child, the second of three daughters born to Rev. Gilbert Voorhies and Edna VanNuys Voorhies. I had met many missionaries who were entertained in our home and had been fascinated to hear accounts of their work. One of my childhood friends, Bobby Schafer, had been hospitalized many times for surgery and treatment of a brain tumor. Our favorite game was playing hospital and doctor. Nearly all of my dolls had had appendectomies. Unfortunately, even though carefully stitched, their incisions

never healed, and they wore black sutures to the end of their days.

My first exposure to science was in my last year of high school, and I had “eaten it up” and wanted more. One of the fellows in my group of friends was taking pre-med, and I had frequently told him that if I were a man, I would study medicine. I did not know any women doctors and had never met any women medical missionaries, but as I felt the call to serve in this capacity, I suddenly knew that my gender did not matter. I knew without any doubt that this was the right career for me and that there would be a place for me to serve. I wanted that place to be on the Foreign Mission field.

When I told my parents of my plans, they shook their heads and said I had better choose a career with a less expensive and shorter training period. It was the time of the Depression. My college fund savings account had been lost with the closing of our bank. Dad’s salary had been cut. Church members were bringing us produce in lieu of cash payments on their church pledges. Nevertheless, when I registered as a freshman at Parsons College that Fall, I signed up for the pre-med course.

Fortunately, we lived in Fairfield, Iowa, the home of Parsons College, a Presbyterian church-related school, at that time fully accredited and highly regarded. The college was having its financial problems too, but it continued its policy of substantially reducing tuition for ministers’ children. I earned some more of my tuition by playing piano accompaniments for vocal and instrumental students in the

Music Department, playing for both lessons and recitals. I also earned a little money by playing at funerals in nearby small towns.

It was a busy time in my life. I lived at home and walked the mile from home to campus and home again twice every day and sometimes three times. I sang in the Presbyterian church choir and in the college Philharmonic choir. I took pipe organ lessons one year, and voice lessons another. I also acted in several plays, danced in the May Fete, was an officer in several college organizations, and took an active part in the "Campus for Christ Crusade" organization.

Each Sunday, at my dad's church, I attended Sunday School class, morning church service, evening Christian Endeavor Society meeting, and evening church service. On Wednesday evening I went to Prayer meeting.

Realizing that I might have to stay out of school and earn some money for medical school, I took a few education courses and majored in chemistry so that I could go either into industry or teaching. The minimum pre-med requirement for admission to medical school was two years, and there was a list of required subjects. I needed eight semesters of Chemistry for my major but did not want to spend four years in pre-med. The head of the Chemistry Department, Dr. Robert MacKenzie, agreed to let me take two chemistry courses simultaneously. I took one with the regular class and one privately.

One time when I went to find Dr. MacKenzie to ask a question he looked at me over the top of his glasses and with a twinkle in his eye said,

“Is this Mahomet coming to the mountain, or the mountain coming to Mahomet?”

He was a wonderful gentleman, and I was very fond of him. He was Chairman of a committee which decided that my first year of medical school could count as my fourth year of undergraduate study. Thus I was able to participate with my class in the Parsons College graduating ceremonies of 1934 and was awarded a Bachelor of Science degree magna cum laude. I planned to apply in the spring of 1933 for fall admission to the State University of Iowa, College of Medicine.

It was through a chance conversation that I found I had to pass a Medical Aptitude Test before my application would be considered. A classmate happened to mention that he would be busy all afternoon taking a test. I was unaware that we had any test scheduled, and I asked what test he was talking about.

He said, “The Medical Aptitude Test. You can’t apply for admission to Medical School until after you have taken and passed the test.”

Further questioning revealed that a prospective student must apply to take the test. The test papers were then mailed in a sealed envelope to a designated professor at

each college who administered the test at an appointed time. I was stunned and sick at heart. I had not known about the test, and there was no way I could arrange to take it.

Then my classmate, Charles Stephenson, said, "I am not applying until next year. I have plenty of time; you take the test in my place."

So it was arranged. I did well on the aptitude test and was accepted for the 1933 freshman Medical School class beginning in September.

There was still the question of money. Through Presbytery, I applied to the Presbyterian Board of Christian Education for a student loan. I had to appear before a committee of Presbytery and answer many questions about my beliefs, my life, and my plans. They made sure that I would use the loan for its intended purpose and that I really needed it. After a fairly long time of prayerful waiting, word came that the loan had been granted. The loan was enough to cover about half my expenses as estimated in a carefully planned budget. Under the terms of the loan, each year of mission service would repay one year's loan. If a recipient dropped out of school, left mission service, or married, the balance of the loan became due immediately. I could not have borrowed money otherwise, for a medical missionary's salary would never be big enough to pay off debts. I was taken under the care of Presbytery and also under the supervision of Dr. Edward M. Dodd, Director of the Medical Department of the Presbyterian Board of Foreign Missions.

For a number of years Dad had been Secretary-Treasurer of the Iowa Presbyterian Board of National Missions. About this time the Board decided that that officer should receive a salary. It was not a very big salary but it would cover the cost of my room and board, and Dad unselfishly made it available to me even though he really could have used it. I made it a practice to pay my room rent and buy a month's meal ticket the first of each month when his check came. In that way I did not have to worry about shelter or food even though many times I was down to my last nickel by the end of the month. Everyone walked everywhere, so I had no transportation expenses except for train fare when I went home for vacation. Sometimes I would have a chance to earn a little money by selling blood for a transfusion or playing an accompaniment on the piano.

The first year in Iowa City I lived in Currier Hall, a women's dormitory more than a mile away from the medical school. The hall was only a few blocks from the First Presbyterian Church where I made myself known to Dr. Ilion T. Jones, the minister, and to Miss Harriet Otto, the Director of Christian Education. The church was pleased to have a flesh-and-blood Christian Education Board loan recipient in its midst and adopted me as their project. Part of the money they sent to the Board of Education for student aid was designated for me. Many years later I found out that some of the church women had taken it upon themselves to keep me under their scrutiny. They were prepared to report me had I ever strayed from the straight and narrow path of virtue, failed to attend church, or been suspected of smoking. It was easy for them to monitor my church attendance

because I sang in the choir. I was also active in the Westminster Fellowship, serving on committees, providing music for various activities, and helping with the Sunday night suppers.

Medical school classes began about the middle of September. There were six women in my class of one hundred and six students. That year, Dr. Ewen McEwen became Dean of the Medical College. He had a deep, rich baritone voice, and when he shouted "Good morning," it always startled me and made me shudder. He was not particularly charmed by having women in the class, but he treated us fairly and exactly the same way he treated the men. That suited us just fine. The recently retired Dean had hated women in medicine and had done everything he could to humiliate and embarrass them.

Dr. McEwen was an Elder in the church I attended. At first it was difficult for me to equate this benevolent looking gentleman who served me communion with the "ogre" who terrorized me at medical school. No! Really, I exaggerate. He intimidated all of us, but underneath the gruff exterior was a kind and caring man.

The course load was heavy and required many hours of study. In the beginning, much of it was pure memorization. Each student was given a box of bones to study as we learned anatomy. My roommate, a freshman music major from Fairfield, was disbelieving when I told her that the wooden box I kept under my bed contained bones. At first she entertained some thought of changing rooms, but before

the year was out she had become accustomed to the bones and even took a little interest in them.

The most disturbing thing to me that first year was being introduced to my cadaver in the anatomy dissecting room. My partner and I each put on a brave face, but I think each of the students felt a reluctance to begin the dissection. I named my cadaver "Henry" and tried to not think too much about who he was and how his body came to be in an anatomy laboratory. We wore rubber aprons and dissecting gowns and thus protected our clothes, but we were expected to do our work with bare hands. In spite of showering and lots of hand scrubbing, it was almost impossible to rid ourselves of the odor of the dissecting room preservatives that clung to us.

One of the girls dropped out of school entirely at the end of the first year. Another flunked the first year and had to repeat, but four of us survived to graduate in 1937 with our class, by then reduced to eighty. The professors took their cue from Dr. McEwen, and there was only one instance of discrimination.

We had four semesters of surgery, two in our junior year and two in our senior year. Each semester, Dr. Peterson, head of the Surgery Department, singled out one of our four to receive a grade of D or F. The first one of us to be so honored went to complain and was told that "on the curve this was the way it came out." Of course, that was ridiculous! Third and fourth year graduate students were not graded on a curve. We understood that this was his protest

against women doctors and meekly accepted the bad grades while knowing that we did not deserve them.

When it came time for our graduating class to apply for internships, we four women found that we had very few choices. All the hospitals claimed to take women interns but very few actually did. I chose to go to Passavant Hospital in Pittsburgh, Pennsylvania. It turned out to be an excellent place to prepare for service on the mission field. The hospital had 120 beds and operated on a very limited budget with no frills. There were five interns and no residents. We rotated through the various areas of medicine—surgery; pediatrics; obstetrics and gynecology; eye, ear, nose, and throat; urology; and outpatient.

There were six wards, each containing 16 beds. The ward patients were cared for by the interns under the direct supervision of the chiefs of the various services. The patients in private and semi-private rooms were cared for by their own personal physicians. Often, but not always, the interns were involved to some extent in their care as well. Each of us worked in the hospital laboratory for ten weeks and each of us did our every other day, 24-hour stint in the emergency room in addition to our other duties. My training in the laboratory later proved to be invaluable.

Passavant Hospital, the first Protestant hospital established in this country, was founded by Dr. Passavant who came to the United States from Germany with four Lutheran sisters. The hospital had been built out in the country on a bluff overlooking the river valley. Eventually

the city engulfed the hospital, first with big homes of the wealthy and then smaller homes. By the time I arrived in 1937 it was on the edge of a slum inhabited by Negroes and poor Jews.

The area had the reputation of being the toughest in the whole of the United States and was called "The Hill." The hospital had no ambulance. Emergency cases were brought in by the police wagon. The cab driver who took me up from the train station upon my arrival shook his head in dismay and warned me of the many dangers that lurked in the neighborhood. Policemen walked by twos up the middle of the street, even in the daytime.

One morning about 6:45, one of the Passavant Hospital nurses was walking up the hill to work. A man darted out of an alleyway and grabbed her purse. She was absolutely furious! She hung on to her purse, hauled back, and delivered a vicious punch to the man's chest. He fell and she ran. Later in the day, the man was admitted to Passavant Hospital with some broken ribs. He got pneumonia and died. In Pittsburgh, with its terrible smog, pneumonia nearly always led to death.

Part of the hospital, including my room, was in the original 1800s building, but what Passavant lacked in glamour and frills it made up for with the wealth of clinical material and the excellence of its staff. I learned a great deal, but the more I learned the more I wanted to learn, and I was particularly interested in surgery. As my internship drew to a close, I wrote to Dr. Dodd that I felt I needed more

training before being sent out to “the Field” and that I was sending out applications for a residency in surgery. He supported me in this endeavor, as did the surgeons on the Passavant staff who wrote wonderful recommendations to the many hospitals where I applied. It was wasted effort. In 1938, no hospital was about to appoint a woman doctor to a surgical residency—pediatrics or psychiatry, yes—surgery, no.

A chance conversation between Dr. Dodd and Dr. A. A. Aldredge, Medical Director of Woman’s Hospital in New York City, opened a door for me. Dr. Aldredge said he was opening a new wing and would be hiring another Resident. Dr. Dodd put in a good word for me and suggested that in addition to applying by letter I travel to New York for a personal interview. I did this and was accepted as the Third Assistant Resident in Obstetrics. I was disappointed about failing to get a surgical residency but I was glad for the opportunity in obstetrics.

Woman’s Hospital was founded by Dr. J. Marion Simms, the “father” of modern gynecology. It was located a few blocks east of the Hudson River and Riverside Drive and right across the street from St. John’s Cathedral and Rectory. From my room I looked out on the Rectory and its grounds. It seemed very beautiful, quiet, peaceful, and calm compared to “The Hill” in Pittsburgh. It was hard to take seriously the warning of my fellow residents about the dangers of being on the streets or subways at night, but I did heed their advice and confined my excursions to early evening.

Woman's Hospital had a two-year residency training program for doctors in Obstetrics and Gynecology and a post-graduate training program for nurses in the same two fields. My appointment began July 1 and originally was only for three months, but I got it extended to six. As the Third Assistant Resident, I was certainly "low man on the totem pole" and at first was not allowed to do very much. As my fellow residents realized that I was capable and very anxious to learn all I could, they gave me more and more responsibility. I assisted at several hundred deliveries and conducted almost as many on my own.

When I first arrived at the hospital, the fellows tried to embarrass me with their dining table topics such as accounts of the happenings on their dates and detailed descriptions of what they had found when examining the patients. They soon quit this when they found I was unflappable. They also teased me by calling me "the Voorhees Bag" (after my maiden name, Voorhies). The Voorhees bag was a very useful obstetrical tool which had been developed several years earlier by a distant cousin of mine who was a prominent New York obstetrician.

When my six months ended I left the hospital very reluctantly. Dr. Aldredge encouraged me to apply for the full training program to begin July 1, 1939 and led me to believe that I almost certainly would be given the appointment. I knew that I would enhance my chances by applying in person. I also knew that I needed to keep busy for those six months and that I needed a rest. I obtained a position at a tuberculosis hospital in upper New York State,

at Ray Brook. It was about 300 miles north of New York City but still close enough to make it fairly easy to go for an interview. I arranged to start on February 1 and journeyed home to Iowa to rest, relax, and enjoy my family.