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CALLED TO SERVE
American Nurses Go To War, 1914-1918

By
Katherine Burger Johnson
B.L.S., University of Louisville, 1983

A Thesis
Submitted to the Faculty of the
Graduate School of the University of Louisville
in Partial Fulfillment of the Requirements
for the Degree of

Master of Arts

Department of History
University of Louisville
Louisville, Kentucky

August 1993

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A Thesis Approved on

10 August 1983

by the following Reading Committee:

Thesis Director

ABSTRACT

World War I resulted in the deaths of over 8,500,000 military personnel and in addition, millions of civilians. There were not enough doctors to provide the necessary medical care for the masses of seriously sick and wounded, and other than in Great Britain, there was little in the way of an organized nursing profession in Europe.

Over ten thousand American women served overseas as nurses and nurses' aides from 1914 to 1918, caring for soldiers and civilians of diverse nationalities and proving to be a mainstay in the medical treatment provided for victims of "The Great War." Little has been written about the efforts of these women which were of vital importance during wartime. Standard history texts and even womens' history sources have by-passed the contribution of American women to World War I. However, there exists a multitude of letters, diaries, memoirs, as well as official reports and histories of medical units that tell the story of the women, their motivation and expectations, their day-to-day life at the front, and their attitudes toward the war, the wounded, and each other.

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INTRODUCTION

World War I, "The Great War," "The War to End All Wars," was fought mainly on European soil. Yet, before the fighting was over, nations around the globe, including the United States, were involved. When the hostilities began in the summer of 1914, they had all the appearances of a small local squabble, limited to the countries of the Balkan Peninsula. Then the German Empire threw the weight of its military power behind Austria-Hungary, and France supported its ally, Russia. With the entry of England into the war came the pulling of resources from the entire British Empire. From the combined population of Russia, France, Great Britain, Serbia, Belgium, Germany, and Austria-Hungary, the original belligerents, 49,088,000 men were mobilized to fight. Of these, over 7,000,000 died. With the addition of Turkey, Italy, Bulgaria, Roumania, and the United States to the conflict, another 14,000,000 men were mobilized, almost 4,500,000 of whom were Americans. Of this group, an additional 1,500,000 soldiers died, raising the number of mortalities to 8,500,000. Total military casualties reached over 22,000,000. The United States sent 2,000,000 men to fight and lost 126,000 of those during what was originally thought of as a European War. These numbers do not reflect the millions of European and Middle Eastern

civilians, mainly women, children, and elderly persons, whose health was affected by the fighting and terrible economic conditions of the war.¹

Who cared for the millions of ill and injured? Who staffed the military and civilian hospitals where surgery was performed and care given to the sick and wounded? In the European countries, which had few, if any, organized nursing programs, who was trained and experienced enough to care for severely wounded and seriously ill soldiers, to say nothing of the millions of malnourished and unhealthy civilians?²

American women had always nursed the wounded during wartime. During the Revolutionary War, General George Washington declared a need for female nurses. With no real profession of nursing developed as yet, the women who volunteered and were labeled "nurses" mainly cooked and cleaned in the military hospitals. Washington also tried to organize the hospital system and get decent pay for the nurses, with little success. During the Civil War, Abraham Lincoln called upon Roman Catholic nuns to care for the wounded, and they served admirably along with thousands of lay volunteers, including such women as Mother Bickerdyke, Clara Barton, and Louisa May Alcott. Many of these women wrote about their experiences with the soldiers, as did Walt Whitman, who used his nursing experiences as a basis for some of his poetry. In all, about 7,000 women served as nurses during the Civil War. The famed Dr. Elizabeth

Blackwell organized a group to train battlefield nurses. The United States Sanitary Commission, the civilian agency that assisted the medical bureau of the War Department, became the organizational center for northern women working in health care and sanitation. The Secretary of War even appointed a Superintendent of Women Nurses for the Union army to head up the six thousand women who nursed the Union casualties.³

The need for trained nurses was acknowledged by the United States military during the Spanish-American war as well, but no plan for recruiting, enlisting, or sending them to the hospitals existed. The Surgeon General found it necessary to hire civilian nurses. The Daughters of the American Revolution (DAR) became involved in organizing nurses for the war and one of its vice-presidents, Dr. Anita Newcomb McGee, was appointed head of an Army Nursing Service. In that "splendid little war," sixteen hundred nurses served and sixteen died. That experience convinced Dr. McGee that the United States Army needed a Nurse Corps, and in 1901, after a great deal of lobbying by Dr. McGee and the DAR, the United States Congress signed into being the Army Nurse Corps, with the creation of the Navy Nurse Corps following in 1909.⁴

From the very outset of World War I, American women were involved in the care of the sick and wounded. In early 1914, wealthy Americans living in Paris established the American Hospital in Paris as a hospital to serve the

American community in France. When the war began, it was converted to an ambulance, or French military hospital, and moved into the Lycee Pasteur in Neuilly, a suburb of Paris. Many American women and men, living in France, trained nurses and lay people alike, volunteered to nurse the sick and wounded at Neuilly, and it became the centerpiece of American medical assistance to France in the early years of the war.

American women married to European nobles and diplomats often were the first to bring aid from the United States to the warring countries. Lady Randolph Churchill, the former Jennie Jerome of New York, mother of Winston Churchill, helped organized the American Women's Hospital at Paighton, England. Mabel Grouitch, American-born wife of the Serbian permanent undersecretary of foreign affairs, had already requested Red Cross assistance to build a nursing school in Belgrade before the war began. In the fall of 1914, that assistance was shifted into medical care for the wounded. Other Americans, such as Mrs. William K. Vanderbilt and Mrs. Whitelaw Reid, widow of the United States ambassador to the Court of St. James, worked throughout the war establishing hospitals, often nursing in them until adequate medical staff could be obtained.⁵

Although it is difficult to determine the exact number of American women who nursed overseas during World War I, various sources place the number of nurses officially serving with the American Red Cross at approximately 20,000,

with 11,000 of those in the Army and Navy Nurse Corps, and about 10,000 serving outside of the United States. About 80,000 other American women served overseas with United States forces in other capacities, such as canteen workers, secretaries, telegraph operators, entertainers, translators, relief workers, dieticians, and ambulance drivers. These numbers do not include the hundreds or thousands of women who served "unofficially," either because they were already living in Europe or because they traveled to the front on their own without the recognized sanction of the United States government.⁶

Books about World War I rarely mention the role of nurses, and frequently omit reference to medical care altogether. Nurses are not usually mentioned in autobiographies of American soldiers, even those who were wounded, and physicians who served at the front seldom discuss the role of nurses in the care of the sick and injured. If one were to pick up a history of women in the United States which included this time period, it is unlikely that one would find any information about American women serving during the First World War. A survey of such works shows that research into the women of the time period from 1900 to 1920 has concentrated on women's political activism in the suffrage and temperance movements, the development of feminist political parties, the anti-war and peace activities of women like Jane Addams, and the birth control campaigns of Margaret Sanger. There has been

research on women in literature and academics; women in the workforce; and the activities of women on the homefront in support of the war. It is even difficult to find information about World War I nursing activities in standard reference books. The only women listed in the Index to the National Cyclopedia of American Biography in connection with medical care during World War I are Elisabeth Mills Reid (Mrs. Whitelaw Reid,); Dr. Rosalie Slaughter Morton, founder of the American Women's Hospital; and Jane A. Delano, superintendent of the Army Nurse Corps from 1909 to 1912 and director of the Department of Nursing of the American Red Cross from 1917 until her death in 1919. Even under the topic heading of "first female in the United States Army," in the Index, the name listed is Dr. George Bolling Lee, the male physician who suggested that the army use female nurses during the Spanish-American War rather than the name of the first female nurse. The Dictionary of American Biography does not do much better, having only one entry: Julia C. Stimson, Chief Nurse for the American Red Cross in France from April through November 1918 and dean of the Army School of Nursing from 1919 to 1933, the first woman to hold the rank of major in the United States Army.⁷

Little can be found in the way of secondary sources about nursing during World War I. A few books have been written on the subject, but they almost exclusively center on life at the front for women who served there, ignoring the obvious questions of who went, why they volunteered, and

how they felt about their unique experiences. Journal articles tend to concentrate on specific hospital units or individual women. In Monstrous Regiment: The Story of the Women of the First World War, David Mitchell writes about the contribution of the English women to the war effort and sets a fine example for historians in American women's history. Lyn MacDonald writes about British and American nurses in The Roses of No Man's Land, with the bulk of the research focusing on the British. American women's roles at the front are examined by Carl Schneider and Dorothy Schneider in their recent book, Into The Breach: American Women Overseas in World War I, but only one chapter of this volume is devoted to the work of medical women (doctors, nurses and ambulance drivers.) Besides containing some glaring errors and not using the most obvious primary sources, this book looks only at the women's experiences while they were in Europe. The most comprehensive look at nurses during World War I is The History of Red Cross Nursing published in 1922. Lavinia Dock and the five other authors of this massive volume explore all aspects of World War I nursing in depth and rely heavily on writings by the nurses themselves. Its weakness lies in the lack of historical analysis, as well as the lack of information about nurses who served either on their own or with organizations other than the American Red Cross. Another history of Red Cross nursing, The Red Cross Nurse in Action, 1882-1948, shares these problems. Most books and articles

on the history of nursing mention World War I, but these are usually written as surveys and do not have the space to cover any one period in detail.

The women who served in World War I wrote extensively of their experiences. Their diaries, memoirs, and collections of letters exist in manuscript as well as in published form. It was not uncommon for American periodicals to send journalists to the front to report on medical and relief work. Their reports provide a third-person view of nursing activities. Medical and nursing journals kept their readers up-to-date on healthcare in the war zone. Many hospital units and nursing schools wrote their own in-house narratives about the experiences of their personnel at the front. Last, but not least, the American Red Cross, and other relief organizations, as well as the United States government, kept records of personnel and activities of officially recognized medical units.

All of these sources present problems which the historian must acknowledge. Anything written during wartime is colored by the particular political view of the writer. As can probably be assumed, American women wrote with great support for the cause of the Allied nations and in opposition to the "enemies" of their home. Even before the United States entered the war in April 1917, and while it was claiming neutrality, most published works were sympathetic to the Allies and critical of the Germans and Austro-Hungarians. The vast majority of the nurses were

serving in France, England, or Belgium, so their biases are not unexpected. Works that were published during wartime served as both entertainment reading for the popular audience and propaganda. For example, the unnamed writer of the letters published in My Beloved Poilus most likely had no political agenda, but there is no doubt that the Canadian clergyman who wrote the preface to the collection was aware of the possible effect of her words on the readers:

Amidst the incessant roar of mighty guns; surrounded by the wounded and the dying; shivering at times with cold, and wearied almost to the point of exhaustion, these letters were hurriedly penned. . . . The simple statements appeal more to the heart than most eloquent words. . . .

How these letters bring home to us the terrible tragedy that is going on far across the ocean. And yet mingled with the feeling of sadness is the spirit of inspiration which comes from the thought of those brave men who are offering themselves to maintain the right, and the devoted women who are ministering to their needs. . . . we must do our part in supporting them and upholding their hands. They can do no more, and dare we do less?⁸

The United States government was not against censoring published work, and one nurse's negative account of her war-time experiences in 1914-1915 was banned once the United States entered the war. Letters that were sent home from the front after April 1917 were also censored, which affected the contents. The nurses resented this invasion of privacy and wanted to have the same privileges as military officers, whose mail was sent on without first passing by the prying eyes of the censor. Women and men alike were not supposed to reveal troop locations or movements, the moral

or physical conditions of the troops, any information about supplies, the effects of hostile fire, or make any criticism of Allies forces. This does limit the acceptable subjects that may be covered in a letter. The primary duty of Americans in the war zone was to at all times represent the United States and support an Allied victory. Official reports paint a glowing picture of the work of the various agencies as well as the United States government.⁹

Fortunately for the researcher, there are enough records, both published and unpublished, official and personal, written contemporarily and in retrospect, to provide a good cross section and give a well-balanced view of the experiences of the women who served. The personal diaries and letters tell basically the same story as the official reports and regulations. The memoirs written ten to twenty years after the fact verify the accounts that were written on the spot and visa versa. Even the negative writings, with one exception, do not totally contradict the blatant propaganda. The motivation of these women, their experiences, their attitudes toward the war and the soldiers, as well as toward the civilians and their co-workers is very evident from the available resources. Their story is just waiting to be told.

For the purposes of this paper, the word nurse is being used to describe any trained or graduate nurse. Nurses' aide is the term used when discussing volunteers with little or no medical background who served in hospitals or other

medical facilities and assisted the professional nurses and doctors. Other women also worked in the hospitals as translators, dieticians, rehabilitation workers, searchers (persons who helped identify patients) and letter writers. Many times, women serving in other capacities got pulled into nursing duties and ended up doing the same work as trained nurses. If these women were then designated as nurses, they will also be referred to as nurses in this paper. This usage in no way indicates a lack of respect for the professional nurses, nor does it imply that untrained individuals have the same abilities as those who have graduated from nursing schools. It is simply an indication of the type of work that was done at the front by these women and the great need that existed for nurses during World War I.

NOTES FOR INTRODUCTION

¹Martin Gilbert, The Atlas of the First World War (n.l.: Dorset Press, 1984), 158; Louis L. Snyder, The World in the Twentieth Century (Princeton, NJ: D. Van Nostrand Co., 1955), 35; Quincy Wright, A Study of War, vol. 1 (Chicago: University of Chicago Press, 1942), 664. Various sources list differing casualty and mortality rates. Record keeping was difficult and thus the differences in numbers. In actuality, the differences are slight, when viewed as a whole.

²European countries other than England had little if any established nursing profession in the early twentieth century. Nursing was almost exclusively the province of Roman Catholic nuns and was considered an unfit occupation for well-bred young women. Most countries had no nursing schools or training programs.

³J.A. Willenz, Women Veterans: America's Forgotten Heroines (New York: Continuum, 1983), 9-13.

⁴"Nurses in War," RN Magazine 33(February 1970) 48-51; "American Nurses in Five Wars," Clinical Excerpts 18 (1944): 163-69; Willenz, 13-14.

⁵Ralph B. Martin, Jennie: The Life of Lady Randolph Churchill, The Dramatic Years 1895-1921, vol II (New York: Signet Book, 1971), 336; American Journal of Nursing 16 (October 1915) 36; National Cyclopedia of American Biography; Dictionary of American Biography.

⁶Helene M. Sillia, Lest We Forget: A History of the Women's Overseas Service League (Privately printed, 1978), 1.

⁷The writer has examined surveys on women's history by such noted historians as Mary P. Ryan, Lois W. Banner, Linda Kerber, Sara Evans, William Chafe, and Gerda Lerner.

⁸My Beloved Poilus (St. John, NB, Canada: Barnes, 1917), iiv-iv.

⁹Sara Landau Papers, University Archives and Records Center, Ekstrom Library, University of Louisville, Louisville, KY.

CHAPTER I

READY, WILLING AND ABLE: ANSWERING THE CALL TO SERVE

Why would American women volunteer to travel across the Atlantic Ocean and become involved in a conflict in which the United States had no part? Who were these American women, members of the "gentler sex," who defied the cultural definition of womanhood, as helpless and fragile, to travel thousands of miles from home, to live and work in uncomfortable and often unsanitary conditions, and to expose themselves to the threat of injury, illness, and possibly death? What factor or factors motivated them to leave their families and homes and take on uncertain jobs with uncertain futures? How were thousands of women recruited to fill the nursing positions at the front, and how were they transported once they volunteered to serve? Thousands of women nursed at the front during World War I and it is possible, by examining their lives and reading their own words, to assemble a picture of who they were and why they chose this kind of service. Their writings, along with news articles and official reports, also describe how they were encouraged to volunteer and what it was like to journey to the war.

In the early part of the twentieth century middle- and upper-class Americans felt a connection with Europe that we

might not understand today. In 1914, the American upper-classes still looked to Europe as the model for fashion, behavior, and respectability. People of status frequently spent extensive time abroad or at least had traveled in England and on the Continent with their families or as a necessary part of their education. Many were fluent in at least one European language, most commonly French.

The first American volunteer nurses to Europe were either society women who gave of their time and money to assist the war effort or well-trained, experienced nurses sent by the American Red Cross (ARC) to offer assistance to any who required it. Well-bred American women volunteered for the same reasons that their male counterparts did. They felt an emotional tie to Europe through their time spent there or through family and friends. They knew of the Voluntary Aid Detachment (VAD) which provided an opportunity for upper-class British women to serve in hospitals in England and at the front. Those women who were trained nurses wanted to use their abilities where they were most needed. The ideals of the founder of modern nursing, Florence Nightingale, were still fresh in their minds, and Clara Barton, originator of the American Red Cross, had been dead only two years. Many of the young women had a sense of adventure and the desire to be wherever there was a lot of action. Nursing and relief work in a war zone was certainly exciting and fell outside the normal ideas of woman as passive and weak that were still held for and by most

American women, yet these actions could at the same time be socially acceptable because they fit the conventional role of woman as caretaker and nurturer.

Although the United States did not send troops to the front until 1917, American women were involved with nursing the wounded from the very beginning of the hostilities in 1914. The American Ambulance at Neuilly, France, and the American Women's Hospital at Paignton, England, are just two examples of the many medical facilities organized and staffed by Americans living and visiting abroad. American women throughout Europe volunteered to serve their European hosts as nurses and nurses' aides as well as ambulance drivers, canteen workers, secretaries, translators, and entertainers.¹

One such woman, known to us only as "Mademoiselle Miss," was living in France in 1914. She immediately volunteered to serve as a nursing aide at a small hospital on the Riviera and later worked in an English hospital. She applied to take the nursing diploma examination given by the French Red Cross. "Mademoiselle Miss" passed this two-and-a-half hour oral questioning by nine doctors and was commissioned as a lieutenant in the French army. In September, she began her military nursing career in a French army hospital near the Marne River in northern France.²

Glenna Bigelow was living directly in the path of war in the summer of 1914. She was staying with a wealthy Belgian family at the Château d'Angleur, located near Liège,

site of one of the earliest battles of the war. A convent within walking distance of the chateau was converted to a Red Cross hospital and by 13 August, Bigelow was assisting at the hospital, dressing wounds and caring for the injured. An example of the dedication of American nurses, Bigelow was still nursing in Europe at the time of the Armistice in November 1918.³

The unknown writer of the letters published as My Beloved Poilus was a graduate nurse traveling with a patient in France, near the Swiss border, when the war broke out. She volunteered immediately to assist the Red Cross. After returning with her patient to New York, she made a quick visit to her home and then traveled back to France to nurse again. Elizabeth Dewey was touring Europe in the summer of 1914 and was in Switzerland when hostilities began. She and her companions immediately volunteered to assemble dressings for the Red Cross and spent some of their vacation time making compresses, sponges, bandages, and packings for wounds. Another nurse, a graduate of Roosevelt Hospital in New York City, was vacationing in England when the war broke out. She immediately volunteered and was sent to Serbia, just two days after British troops crossed the English Channel into France.⁴

Other women had friends or family in Europe and joined the war effort at their request. Ellen LaMotte, an experienced and highly respected public health nurse in Baltimore, wrote to a friend in Paris asking what she could

do to help. In response to a cable from her friend that simply said: "Come--American Ambulance," she sailed for Europe. Even though she had no medical or hospital experience, Maud Mortimer received a cable from the American director of a field hospital in France offering her a VAD position.⁵

American interior decorator Elsie de Wolfe had shared a home with theatrical agent Elizabeth Marbury in Versailles since 1906, and the well-known American author Marie Van Vorst had called France home for twenty-five years when their adopted country became involved in the Great War. Van Vorst had cousins living in Belgium and was proud of her French and Belgian ancestry. She escaped to England for the sole purpose of getting her invalid mother out of France. By 4 August 1914, Van Vorst was attending Red Cross lectures for five hours each day in preparation for work as a nurses' aide. When the British Red Cross refused her services because she was an American citizen and therefore officially a neutral, she was bitter but undeterred. She signed up with a group of French and Belgian volunteers.⁶

De Wolfe's first duty as a volunteer in the French war effort was to tour the battlefield immediately after the First Battle of the Marne and report on conditions. She then returned to the United States and worked with American socialite Anne Morgan to raise money for relief work in France. She and Marbury had turned their home over to the French government to be used as a hospital, and she felt

compelled to return to France to assist in the medical care of the French soldiers, affectionately referred to as poilus. In her memoirs she wrote: "I was miserable, for I could not forget the misery I had seen and my desire to go to France ate into me day and night."⁷

In 1915, Mary Master Needham and her husband, American war correspondent Henry Beach Needham, had been living in France for three years when he was killed while covering the fighting. She prepared to return to the United States but instead decided to stay in France, inspired by her admiration for the fortitude of the French women who daily sent their husbands, sons, brothers, and fathers off to war: "For three years I had lived in France. For three years this country had been my friend. And now I would be its friend. I would offer my services as a nurse."⁸ She volunteered at the American Ambulance in Neuilly. She worked as an assistant to the trained nurses, but very quickly was called upon to perform duties usually reserved for experienced nurses.

Another volunteer nurses' aide at Neuilly was journalist Madeleine Zabriskie Doty, who had come to Europe in the spring of 1915 to report on the Women's International Peace Conference at The Hague. While overseas she wanted to visit France, to see first hand the effects of the war on the people of that country. Doty was overwhelmed by the response of the French to the war and felt compelled to assist in some way. Her offer to work at the American

Ambulance was quickly accepted. Her first day brought shock at the sight of the wounds; the second day she was dressing them.⁹

Many of the society women had no experience working in hospitals or dealing with the sick and wounded. Mary Dexter volunteered for service when the war broke out and she was living in England. In September 1914, she was assigned to the American Women's War Hospital, located in "Oldway House" in Paignton, Devonshire, England, although her only medical experience was working with babies at a dispensary in Boston. Dexter was not unique. Neither Marie Van Vorst nor Isabel Coolidge had ever been in a hospital prior to their volunteer service. Coolidge volunteered to work as an aide at the American Ambulance in June 1916. Six weeks later she joined the Association des dames françaises, a branch of the French Red Cross, and was sent to a hospital where she did everything from scrubbing floors to dressing serious wounds.¹⁰

Elsie de Wolfe had a great fear of dealing with people in pain, and Anne Haddon was afraid to look at an open wound when she began her duty as a British VAD. De Wolfe studied the revolutionary ambrine cure, developed by Dr. Barthe de Sandfort for the treatment of burns, and became an expert in this treatment while administering it at her own hospital, achieving very good results.¹¹ Shirley Millard came to France after United States entry into the war and was sent to a French Evacuation Hospital at a converted chateau near

the frontlines at Soissons. She also had no hospital experience and wrote in her diary, "How on earth did one give a hypodermic? I'd never even had one."¹² Maud Mortimer traveled to the front with some nervousness about her inexperience, "I am no trained nurse and my V.A.D.[sic] official tag was too new to carry much self-confidence."¹³

The upper-class women who volunteered were not even accustomed to doing housework, much less more strenuous activities which might have helped prepare them for the strain of nursing in war time. Mary Dexter's upbringing is reflected in a letter to her mother in which she describes the living quarters of the seventeen nurses who shared a house and the fact that they had "only a cook, parlor maid, and housemaid." The nurses were expected to make their own beds, so Dexter hired a local girl to make her bed, bring her hot water in the morning, and provide her with a hot water bottle for her bed in the evening, yet she went to the hospital and worked a strenuous schedule everyday. Before the war, her social life had included gatherings in the throne room at Buckingham Palace; Dexter's first duty was to manage a ward kitchen, a job which involved preparing meals for a 67-bed ward. By October 1914, she was listed as Nurse Dexter on hospital rosters, and by June 1915 she was in Belgium nursing at the large hospital at La Panne. Elsie de Wolfe was also familiar with royalty, having been presented to Queen Victoria's court as a young woman. Her circle of friends included people like socialite Anne Morgan, daughter

of J.P. Morgan, actress Sarah Bernhardt, and writer Oscar Wilde.¹⁴

Other American women who had recently lived in Europe and felt compelled to return and offer assistance also traveled in high society. Isabel Anderson spoke fondly of Paris in earlier days. In her position, as wife of American diplomat Larz Anderson, she had met the Queen of Belgium when they had lived in Brussels before the war. She also had enough status to dine with General John J. Pershing at the front. Her family ties included a cousin who was married to the Count de Chambron, descendent of Lafayette and liaison officer to the staff of General Pershing. Some of the women, including Katharine Foote, Shirley Millard, and Maud Mortimer, wrote home about the war-time conditions in France and Belgium as compared to those of their previous visits.¹⁵

Many of the nurses who served during the Great War did so for the very same reasons that they had gone into nursing in the first place. Some were members of well-to-do families, and their choice of a career in nursing had already been a departure from their expected role in life. Alice Fitzgerald was born into a socially prominent Baltimore family. She was raised and educated in Europe for a genteel lifestyle. At age twenty-seven, without telling anyone in her family, she enrolled in the Johns Hopkins School of Nursing. She went on to a forty-one-year nursing career which included being chosen as the first Edith Cavell

nurse, an honorary position with the British Expeditionary Forces funded by Americans.¹⁶

Katherine Olmsted, originally from Iowa, had studied in Chicago, Buffalo, London and Paris before turning down an Art Institute of Chicago scholarship to attend Johns Hopkins School of Nursing. After five years of public health nursing, she joined the Red Cross and was sent to Roumania with a team of doctors and nurses to help fight typhus.¹⁷

Amelia Greenwald, from a well-to-do Alabama family, went to nursing school in New Orleans against her parents' wishes. She did post-graduate work at Johns Hopkins and Columbia University and became chief nurse with the American Expeditionary Forces (AEF) at several evacuation hospitals. She was also with the First Army of Occupation in Germany after the Armistice and helped establish the first post-war hospital in Coblenz.¹⁸

Many of the women who volunteered wrote about the motivation that comes from feeling needed. Nurses knew that their abilities were needed, and they got to do real medical work. Here was a situation where a nurse could really use her training and be involved with what was perceived as a once in a lifetime opportunity. A public health nurse called in to work at a military hospital in Paris wrote to the American Journal of Nursing in 1918 that the nurses were happy, "because they are working where they were most needed."¹⁹

Stories of the men from the Ivy League universities who formed medical units to help the British and the French and of the young aviators, known as the Lafayette Escadrille, are almost legendary. Many were searching for the same kind of adventure that attracted the young, and as yet unknown, writer, Ernest Hemingway, to Italy. These wealthy young men, who dropped out of school to become ambulance drivers, medics, soldiers, and pilots, were following the example of the educated young English men who volunteered in units made up of members from their respective universities. The first group to go to war from the United States was the Harvard Unit, which volunteered to join the British Expeditionary Forces in June 1915. The images of young men as surgeons, medics, and ambulance drivers, leaving behind their comfortable existence in Boston, abounds. Yet few people know that the Harvard Unit also included seventy-five nurses.²⁰

Many women possessed the same sense of adventure as the young men of the time. There was a sense of romance that accompanied the desire to serve in the war zone. It was not difficult for a young woman's thoughts to get carried away:

My imagination had caught fire. I visualized myself driving an ambulance along the line of battle, aiding and comforting the wounded, or kneeling beside dying men in shell-torn No Man's Land. Or better still, gliding silently among hospital cots, placing a cool hand on fevered brows, lifting bound heads to moisten pain-parched lips with water.²¹

The writer, Shirley Millard, got her wish when she was sent to a French Evacuation Hospital near the battlefield.

One nurse who had lived in France for three years stayed on when the war broke out was surprised that her friends in the United States did not understand her reasons:

You ask me why I don't come back, Is it because you do not know me? All of my life I've waited for just this opportunity and now I'm not going to miss it for anything in the world, and neither starvation nor cholera nor anything else will drive me away. . . .

Oh, we are having a wonderful experience! It fires ones' blood like iron. . . . I can't imagine how any nurse can sit by when she is so badly needed over here.²²

Another unidentified nurse in Serbia wrote home that the experiences of nurses in the Balkans could parallel those of their idol, Florence Nightingale, in some small way.²³

Although the United States military was not involved in the war until 1917, the American Red Cross (ARC) geared up immediately after fighting began in Europe and sent its first humanitarian aid to the war zone in September 1914. On 5 August 1914, both the International and the War Relief Boards of the ARC met in the office of the Surgeon General of the United States. They decided to offer assistance to each of the European countries involved in the war in the form of medical units. Requests were sent out for ARC nurses to volunteer for this service. Mobilized through the Central Club for Nurses in New York City, twelve units, consisting of twelve nurses and three doctors each, sailed for Europe, two each to England, France, Germany, Serbia,

and Russia, and one each to Belgium and Austria, in September 1914. These units, except those destined for Serbia, sailed on what was known as the "Mercy Ship," a ship taken from the Hamburg American Line, equipped with \$10,000 worth of medical supplies, and renamed the Red Cross. In the winter of 1914-1915 three additional units were sent to Belgium and France. Between August 1914 and December 1915, 250 ARC nurses were sent to nurse the soldiers and civilians in Europe.²⁴

The American National Red Cross had reorganized in 1905 and at that time developed a nursing service. Nurses were enrolled directly through their local chapters, ready to be mobilized in case of emergency. In May 1909, the American Nurses' Association (ANA) affiliated with the ARC to develop a full nursing service. In 1911, President William Howard Taft issued a proclamation designating the ARC as the only volunteer relief organization allowed to give aid to the military in times of war. The Secretary of War then issued regulations making the ARC Nursing Service the reserve for the Army Nurse Corps (ANC) and the Navy Nurse Corps (NNC). An Act of Congress, dated 24 April 1912, further supported this relationship between the ARC and the United States Army.²⁵

In 1916, Congress passed the National Defense Act, creating the Council of National Defense to coordinate military, industrial, and business efforts for the defense of the United States. In December 1916, the Council

reaffirmed that the ARC would serve as the reserve organization for the Army Nurse Corps. At about the same time, the ARC came up with the idea of creating reserve units, to be called base hospital units. These units would be based at specific hospitals and completely staffed and supplied by local Red Cross chapters. A doctor would be named the head surgeon, and he or she would recruit the medical staff, including a chief nurse. The chief nurse, in turn, would fill the nurses' roster with those qualified to meet ARC requirements. The base hospitals were to work as 500 bed facilities with the staff normally numbering 18-20 doctors, 50-65 nurses, and 150 enlisted support personnel. Local chapters of the ARC raised the money to provide all the necessary equipment, supplies and sometimes uniforms for these base hospital units. By April 1917, 25 base hospital units had been organized at a cost of \$25,000-\$72,000 each. In 1918, the size of base hospital units was increased to 1,000 beds, requiring 100 nurses and 35 doctors as well as 200 enlisted men. Eventually 162 base hospital units were formed, and 121 sent overseas. Even this large number could not meet the recommended hospital strength of 15 percent of the number of troops serving abroad, or 300,000 beds.²⁶

Early in the war, nurses were recruited for war work by many relief agencies. The British Red Cross and the French Wounded Emergency Fund were only two of the many European organizations that actively requested aid from the Americans. In June 1915, the well-known medical unit from

Harvard went to serve with the British Expeditionary Forces. Nurses serving with the French and the British wrote of the tremendous need that existed for trained medical personnel. Marie Van Vorst, at the American Ambulance, Neuilly, wrote in October 1914 that there were many women helpers, but more nurses were needed.

The women who are nursing the wounded everywhere, and yet, enormous as that response is, it is not great enough; the need, the call, is far reaching and tremendous.²⁷

In August 1914, Caroline E. Robinson, superintendent of the American Hospital in Paris, called upon nurses with the American registry there to volunteer at the American Ambulance. Several responded immediately including Glenna Bigelow, who came to work as soon as she returned from Belgium. Several nurses from the English registry volunteered as well.²⁸

Once the United States entered the war in April 1917, the need for nurses was officially recognized by the federal government. Although the ANC had been in existence since 1901, there were only 403 nurses in its ranks on 6 April 1917. That number jumped to 21,480 over the next 18 months. The main conduit for nurses into the military remained the ARC. In fact, the ARC had mobilized nurses in 1916 and had one unit ready to depart as soon as the United States declared war. During the next 7 months, 16 more units were sent over.²⁹

As the ARC began actively recruiting nursing personnel for military hospitals both at home and abroad, it developed specific criteria for these volunteer positions. There were general requirements for all female applicants and special requirements for nurses and aides. All applicants had to be between the ages of twenty-five and thirty-five, unmarried, in good health, and capable of hard physical labor. There were height and weight restrictions. The applicants could have no German or Austrian relationships by birth or marriage and could not be the daughters, mothers, or wives of anyone serving in the United States Army or Navy, stateside or abroad. Vaccinations against smallpox along with inoculations against typhoid and paratyphoid were required. The volunteers had to be willing to sign a one-year contract and go wherever they were assigned. Nurses were required to have graduated from an accredited training school with a two-year residency in a hospital of at least 100 beds that had male patients. They also needed to hold a membership in any of the organizations affiliated with the ANA. Nursing aides had to have graduated from, or be willing to take, a specific ARC course in elementary hygiene and home care of the sick. Knowledge of French and previous hospital experience were considered pluses. These were rigid criteria for volunteer positions.³⁰

"Mademoiselle Miss," the young American woman who nursed in French military hospitals for several months, developed her own criteria for volunteers:

Send the finest, most versatile [woman] that America . . . can produce, . . . she should combine a glacial calm with the unfailing gayety [sic] of springtime, and a sense of humor always; she should possess law and order, and arrangement, the powers of construction and invention, a touch as light as a watchmaker's, and strength to carry a man alone on occasion; she should combine tremendous initiative with excessive caution, firmness with tenderness, authority with courtesy, fearlessness with awe, and she ought to be a psychologist, and deeply learned in the profession, and ready to read the riot act when called for.³¹

In December 1917, the War Department began a campaign to inform the public of the need for nurses. Articles appeared in newspapers and magazines around the country. A letter was sent to all schools of nursing, all nursing associations, and central directories, stating that the Army would need 20,000 nurses in 1918. Less than a month later, there were already 2,000 replies. In January 1918, the projected need was raised to 30,000. The recruitment campaign was carried on through various means. Posters portrayed nurses as saints and mother figures. Films were produced with stars such as Mary Pickford, Lillian Gish, and Theda Bara playing nurses. The grim reality of nursing during war was rarely shown.³²

Nurses were bombarded with ads, posters, and articles asking them to enlist. The American Journal of Nursing was filled with stories about nursing in time of war. Editorials commented on mothers' sons dying at the front for lack of medical care, the wonderful opportunity this presented for nurses to serve their country, and the chance

to give of self for humankind. Katherine B. McMahon and Dorothy Foster, both of whom served with the Harvard Unit in 1915-16, are only two of the many nurses who wrote to the nursing journal about their experiences at the front, urging others to volunteer. McMahon appealed to a nurse's sense of duty:

Now that our own country is at war fighting for democracy against tyrannical Germany, we need all who can give their services. Men gladly give up their lives without question because they know it is their duty and no American man hesitates. The nurses are needed to help care for our own boys, and everyone who has any knowledge or training in nursing should do "her bit" in winning this war. It is the men's place to do the fighting, but it is the nurses of America who are needed to nurse the men back to health. . . . The time has arrived when every woman is just as important as the man who goes off to Flanders to fight.³³

Foster appealed to a nurse's sense of caring:

To go on duty in a large tent and find strange, haggard, unshaven faces, to know that you alone are responsible for the well-being of a certain number and to see the change in their general condition and the improvement in their wounds after a few days care is reward for your work which no other work in the world can give.³⁴

In October 1918, another nurse wrote from France how it upset her that nurses had to be recruited at all. With men volunteering by the thousands, she wrote, women should be equally committed. She said that the need was so great that every nurse, unless looking for a vacation or a husband, should volunteer.³⁵

The Committee on Nursing of the General Medical Board of the Council of National Defense began its own campaign to

encourage young women to enroll in nurses' training, and by April 1918, 7,000 more women than usual had entered training schools.³⁶ The United States' Surgeon General William Gorgas called the need "urgent" and claimed that good nursing care was the main factor in the winning of the war:

No more urgent need exists to-day and no factor can be more important in the winning of this war than adequate care of our sick and wounded. Nurses who respond will have the infinite satisfaction of knowing that they are lessening the suffering of the men of their own country; those bound by ties of blood, friendship, and brotherhood. Nurses of America, your country calls you.³⁷

By May 1918, there were 8,000 nurses serving in the military, doing both hospital nursing and civilian relief work. The ARC wanted all non-active nurses to re-enter their career field in the United States to free available, experienced nurses for duty in Europe. The number of nurses and aides that would be needed was raised to 25,000 by the end of 1918, or 5,000 a month. There were only 98,000 trained nurses in the United States at that time, so the ARC was asking for one-quarter of all the nurses, active and inactive, in the country to serve during the war.³⁸ The press took up the cause and urged all trained nurses to volunteer for service:

Without a significant number of trained nurses, America's young men will languish and die. This will have the effect of prolonging the war, and thus robbing the country of thousands of men who otherwise might not have to be sacrificed.

It is believed that when the need is known, trained nurses will gladly volunteer for this most honorable, patriotic duty. The responsibility lies directly upon the registered nurses to enroll

themselves, and upon the graduate nurses to make themselves eligible for enrolment [sic]! It is a privilege offered to women greater than any that has ever been offered.³⁹

This type of plea frequently appeared in newspapers such as the New York Times and magazines such as the Literary Digest, while statistics to show the success of this recruitment campaign were reported just as often.⁴⁰

A Nurse Drive was conducted through the local ARC chapters from 3 June through 17 July 1918 . Each division was assigned a quota to meet. Also, in the summer of 1918, the United States Student Nurse Reserve was developed. To serve in this reserve, women were asked to volunteer to remain available until April 1919 and to begin studies at a hospital training school or the Army Nursing School. The goal was to enroll 25,000 women between July 29 and August 11, 1918. When that goal was not met, the campaign was continued beyond the original dates.⁴¹

Courses were developed to train nurses' aides to take the place of graduate nurses in stateside hospitals. To enlarge the pool of potential volunteers, some restrictions were removed so that wives of soldiers could serve. Due to the extreme need, the age limits were lowered to 21 and women over 40 were also being accepted in some circumstances. The Army opened the School of Nursing at Walter Reed Army Medical Center. The requirements for admission were only that a woman be aged nineteen to thirty-five and have a high school diploma.⁴²

The ARC, along with the Council for National Defense, conducted a training camp for college graduates who wanted to serve as nurses. In the summer of 1918, Vassar College in Plattsburg, New York, was the site of this camp. The planners hoped for one thousand participants from the Vassar classes of 1908-1918, women ages twenty-one to thirty-one. For three months these volunteers would take normal nursing courses and reconstructive therapy courses, while observing at nearby hospitals. This school was endorsed by the National Emergency Nursing Commission and financed by the ARC. Unfortunately, the real problem was not the lack of willing volunteers but problems with transporting the nurses to Europe and housing them once they arrived.⁴³

The first challenge faced by women serving as nurses and aides was that of in-processing, travel, and the accompanying paperwork. If the women were with ARC units, there was a check-list of necessary procedures to go through and paperwork to fill out. Once the ARC nurses were attached officially to the Army Nurse Corps, there was also United States Army procedure to follow. Even those nurses serving independently or volunteering while in Europe had official papers to fill out.

The nurses who served with the units sent out on the "Mercy Ship" in the fall of 1914 were given two days notice to mobilize in New York City on 2 September. Before leaving their homes, they had anti-typhoid treatment and vaccination for smallpox. Once in New York, they exchanged U.S.

currency for gold, had pictures taken, and were given instructions which included a ban on any mention of the war in correspondence and the prohibition of card playing and dancing on board the ship. They were issued all of the necessary uniforms along with a brown canvas duffel bag. That, along with one piece of luggage, was all they were allowed to take with them.⁴⁴

The travel from England to the final assignment could be filled with more adventure. Unit C of the Mercy Ship went to Kiev, Russia. From London, the unit traveled through Scotland, to Sweden by steamer, two days of crossing a very rough North Sea. Next the unit crossed Sweden by train, a trip of three days. An overnight trip by boat to Finland followed; then they got on a train for a twelve-hour ride to Petrograd where they boarded a troop train for a four-day journey to Kiev.⁴⁵

For women serving with the ARC or military units after American entry into the war, the first step was mobilization. Even though many of the base hospital units had been organized for several months, and the nurses enrolled with the ARC knew that their status was that of reserve for the ANC, most were surprised to have only a few days for final preparation when mobilization orders came through. Base Hospital No. 4 in Cleveland received orders to mobilize on 29 April 1917 and left for New York on 6 May. Nurses were assembled from their various locations, inoculated against disease, supplied with the necessary

uniforms and equipment, and provided with a myriad of paperwork such as pay records, insurance and allotment, passports, and identification cards. Mobilization stations were opened in New York, the first one on Ellis Island in June 1917. Because they never knew when their orders to sail might be issued, the nurses could leave the mobilization center for only a few hours at a time and never overnight.⁴⁶

Except for those women already residing in Europe, most of the women traveled from their homes to New York City, and then on to Europe by ship, with a stop in England. This journey was not a restful cruise experience. If they had already been issued, Red Cross nurses were required to wear their uniform, a one-piece navy-blue wool dress, coat and cape with red lining, black velour hat, and armband with a red cross whenever they were out of their cabins. This became their standard attire, as it was common for the passengers to sleep in their clothing due to the frequent submarine sightings and lifeboat drills. Blackouts were rigidly enforced on board ship. No light, not even a match or a flashlight, was allowed on deck, and the port holes were securely covered.⁴⁷

Seasickness was common among the travelers. Katherine Volk was traveling on the Red Cross with the first units sent to Europe by the ARC in 1914. Her memories of the voyage included a parody of the song "My Bonnie Lies Over

the Ocean," with words that describe the situation very well:

My breakfast lies over the ocean,
My dinner lies over the sea,
My supper is all in commotion;
Oh, bring back the dry land to me!⁴⁸

Most accounts of travel to the front include mention of the seasickness that afflicted so many on the rough waters of the north Atlantic.

The ARC made sure that the time spent on board was not wasted for the nurses traveling in organized groups. Even with the first units sent on the "Mercy Ship" in 1914, the daily schedule resembled a training school rather than a vacation cruise. Breakfast was served at 8:00 A.M., followed by lectures until 11:30. There was free time until lunch was served at 1:00 P.M. For an hour after lunch there were quizzes and lessons in practical nursing, then language instruction. Dinner was served at 7 P.M., prayers at 8:30 and quiet time at 10 P.M. The nurses were cautioned about being too friendly with the male passengers and warned not to promenade on the decks when the wind was blowing, as it would blow their skirts.⁴⁹ It appears that the cultural definition of acceptable behavior for a lady overpowered the knowledge that most of these were professional women, not young flirts on a frivolous outing.

Upon arriving in England, everyone had to be examined and approved, a process that could, and often did, take hours. For many, a stop in London, with its blackouts, was

the first time they felt the reality of war. Travel across the English Channel would be on a hospital ship, supposedly immune from attack, but the nurses knew that this precaution did not guarantee safety.⁵⁰

Travel to the front included a strange combination of discomfort and strain intermingled with celebrations and fun. Music, dancing, and other forms of entertainment took place onboard ship, between drills, and safely inside quarters with blackened portholes. Sometimes the women were feted by the local Red Cross organization and provided with luxurious accommodations after a rough and crowded Atlantic crossing. The nurses of Base Hospital No. 4 were received by royalty and the diplomatic corps in London.⁵¹

Katherine Olmsted joined the ARC in 1917 and was sent with a unit of twelve doctors and twelve nurses to Roumania. They traveled across the Pacific Ocean to avoid the threat of submarine attack in the Atlantic. Their baggage included eight carloads of medical supplies. They spent a week in Japan before proceeding on to Vladivostock where they boarded a special train sent by the Russian government. They traveled in luxury, riding in the imperial cars of the deposed Czar, for a five week journey across Russia. These Americans had a unique experience, as that train was destroyed the day after they arrived in Petrograd. The next leg of the trip was taken by Roumanian train to the town of Jassy, where they established a make-shift hospital in a monastery.⁵²

For others, travel was rough and lodgings were primitive and uncomfortable. Elizabeth J. Miller had been serving 1,600 miles in the interior of China when she received orders from the ARC in April 1914 to join a unit leaving Shanghai for Siberia. She traveled four days by large row boat, three days by launch, and three days by steamer just to reach Shanghai. She met with the rest of the unit, and they proceeded to travel four days by ship to Vladivostok, Russia, then 3,500 miles inland by train to Tiumen, a trip that took thirty days due to the amount of damaged track. (Her return trip in 1919, caring for wounded soldiers on their way home, totaled 23,000 miles, and took her from Tiumen to Vladivostock, on to Kobe, Japan, then to Hawaii, San Diego, Virginia, France, ending in Prague, Czechoslovakia.)⁵³

Arrival on the Continent meant more in-processing for the nurses. In Paris, they were required to register with the United States Army Headquarters and with the French Police. Travel outside Paris was not allowed without a pass called the Order of Mission which took anywhere from one to four days to process. Even those women living in Europe soon discovered that as medical care got more organized and the war lengthened, they needed special identification to allow them to work and travel in the war zone. The paperwork that Elizabeth Black needed to work in a French hospital unit included a permis de sejour, permit to stay in France; immatriculation, from the register of all

foreigners; an ARC card; a military nurse's Livret which needed to be signed at each duty station; a carte d'identité; a carnet d'étranger, allowing a foreigner to travel in the war zone; and a bon de transport, allowing her free travel, just as if she were in the military. All these papers were in addition to her passport, and if on leave, official military leave papers.⁵⁴

The nurses were forced to travel light. Usually they were allowed one piece of luggage along with the duffel bag they were assigned. The nurses who went to the front with the British before 1917 were issued a complete kit bag in England. Alice Fitzgerald and Katherine McMahon both described theirs as containing everything necessary to set up living quarters, including a bed, mattress, pillow, sleeping bag, wash stand, bath, chair, table, lantern, plus eating utensils.⁵⁵

Even though many of the trained nurses came from privileged backgrounds, there is no indication that they were inexperienced in the field of nursing. The ARC instituted very rigid criteria for those whom they accepted as suitable for European assignment. The ARC nurses, especially those who went over with the first units in 1914, were invariably professionals with years of experience.

Mary Gladwin was fifty-three years old when she was sent to Belgrade as chief nurse in 1914. In her thirties, after earning a college degree and spending many years as a teacher, she chose nursing as a career. She wrote in her

diary that the desire to be a Red Cross Nurse "may be mixed or cloaked by a love of adventure, longing for fame, a driving wish to escape monotony . . . in doing something worthwhile."⁵⁶ Before her World War I service, she had been decorated by the Japanese government for her service during the Russo-Japanese War and she had commanded a unit of one-hundred nurses doing relief work in Dayton, Ohio, during the 1913 flood.⁵⁷

Katharine Olmsted was the state supervising nurse of the Wisconsin Health Department when she joined the Red Cross in 1917 and went to Roumania. Maude Essig, age thirty-three, superintendent of nurses at Elkhart Indiana General Hospital, "considered it an honor" when she was invited to join Base Hospital No. 32 in June 1917. Julia Stimson was superintendent of nurses and head of the training school for nurses at Barnes Hospital, Washington University, St. Louis, Missouri, in May 1917 when she was asked to take an assignment with the ARC in Europe.⁵⁸

The nurses chosen for leadership positions had served in supervisory and executive posts at such institutions as Johns Hopkins Hospital and Presbyterian Hospital of New York. Many of the women had post-graduate study in nursing, especially in the areas of psychiatric nursing and public health. The trained nurses who volunteered to go to the front and were accepted by the ARC were rarely novices just out of nursing school. Of the sixty-five nurses assigned to Base Hospital No. 1 of the Bellevue Hospital Training

School, all were graduates of that school, thirty-seven had been nursing for five years or more, ten held supervisory or teaching positions, and one had already served in Germany and Russia in 1915.⁵⁹ Most of the chief nurses were women with ten to twenty years of nursing experience.

Problems existed throughout the war in adequately determining the nursing needs at various hospitals and clinics scattered throughout the war zone. Sometimes there were too many volunteers with nothing to do or there were untrained volunteers whose presence was more of a hindrance than a help. As a professional nurse, Ellen LaMotte found this particularly difficult to cope with. In 1914, Lavinia Dock expressed her opinion of some of the nurses' aides in the American Journal of Nursing in less than flattering terms: "snobbish, amateur, untrained force of Red Cross society lady-nurses."⁶⁰ But nurses actually serving with the aides or auxiliaries often had high praise for them. Two nurses serving at the American Ambulance in the early years of the war stated that the majority were "very splendid and that without their good, honest, hard work the hospital could not have been run."⁶¹ With a sense of humor, they wrote that even the ones that were of little help did provide the nurses with a good laugh.

The question of auxiliary nurses or aides would be a problem for the American Red Cross throughout the war. Professional nurses could not agree on whether to allow nurses aides to serve in the war zone or not, and if so, how

to determine if they were adequately trained. In 1916, the American Journal of Nursing endorsed the idea of using aides for work in linen rooms, kitchens, laundries, and to assist graduate nurses, if they were trained by the ARC. The fear was that if the professional nurses, along with the ARC, did not keep control of nurses' aides, then somehow they would "become a menace to nursing standards."⁶²

Jane Delano, president of the American Red Cross, had vehemently opposed a plan for a British-style Voluntary Aid Detachment system when it was first proposed in 1912, but in 1917 and 1918, she saw the need for additional workers in the hospitals in Europe and argued, supported by the American Hospital Association (AHA), for the training and use of aides. Annie Goodrich and members of the Committee on Nursing of the Council on National Defense were opposed to nurses' aides and instead pushed for an Army School of Nursing.⁶³

There must have been other trained nurses who welcomed the use of volunteer aides. One such nurse, Minnie Goodnow, a nurse with the Harvard Unit and the ARC in Paris, published a manual for aides, War Nursing: A Text-Book for the Auxiliary Nurse, in December 1917. In the introduction she wrote: "It is not meant for the graduate nurse, but for the auxiliary, the Nurse's [*sic*] Aide, who has had little or no previous training, but who wishes to learn the fundamental things which will be of use to her in war service."⁶⁴ The manual begins with chapters on such duties

as bedmaking and bathing and ends with instruction in dressing wounds and dealing with emergencies. Having served in France, it appears that Goodnow was realistic enough to know that aides needed information for tasks beyond cleaning wards and serving food.

The disagreement over the use of aides continued throughout the war, with the Surgeon General telling the Secretary of War in January 1918 that only graduate nurses would be acceptable, and the commander-in-chief of the AEF requesting 1250 aides in September of the same year. The impasse was decided in favor of aides when the Surgeon General asked the ARC to recruit 1500 unmarried women, ages 30 to 45, in November 1918. The Armistice was signed, however, before this first group of official ARC nurses aides could be trained to serve at the front.³¹

The problem that existed more often than having excess help was that of having more wounded than the assigned staff could handle. Women serving at the front in capacities other than nursing often became nurses' aides out of sheer necessity. When all of the available nurses were assigned and there was a large influx of wounded, women such as journalists, canteen workers, entertainers, and relief workers were drawn into the role of nurse or aide. Any American woman who spoke a European language was considered to be especially useful. There often were so many sick and wounded that any woman on the spot, trained or untrained, became a nurse.

Clara Savage was in France reporting on the war for Good Housekeeping magazine in the fall of 1918 at the time of a major Franco-American offensive. A call was sent out from the American Hospital at Neuilly for female assistants. Savage reported for duty the next morning at eight o'clock. Without any medical background or training, she was sent directly to a ward for assignment. Isabel Anderson was serving as a canteen worker when she requested a transfer to the Hospital Department of the ARC. She was assigned to a mobile hospital which moved about on short notice and in turn was attached to a French evacuation hospital of 1500 beds. Katherine Mayo, writer and canteen worker, ended up doing nursing at hospitals in Bonvillers and Froissy, France. Esther Hayden Stanton volunteered as an aide, figuring that she could help by sweeping floors, making beds, and doing dishes. When an influx of wounded arrived, she was forced by sheer necessity into the role of nurse, and one year later was sent to work at a Parisian hospital with all the duties of a graduate nurse. Elizabeth Black went to France intending to start a supply room. She was put to work in a canteen, and then asked to work in a French hospital run by an American woman and staffed by mostly American and British women. With no previous experience, she gave injections, changed dressings, and was left alone on the wards with seriously ill and injured men. These experiences were not unique in a situation where everyone was put to work wherever and whenever the need arose.⁶⁶

Even with the rigid rules established by the ARC, other volunteers made it to the front, both before and after United States entry into the war. Many women were anxious to help in any way possible, but would not have been considered acceptable candidates by the ARC under the criteria it established for nurses and aides. At the front, need became the overriding decision maker of who would and could be a nurse. Maud Mortimer, with no training in the field of medicine, was offered a position as a VAD at a French Field Hospital in December 1915.⁶⁷ In early 1918, when Shirley Millard decided that she wanted to nurse in France, she found a way to do it without going through the ARC.

I wanted to go overseas! In spite of refusals, advice and even ridicule on the part of elders and betters, I plagued and persisted. I soon discovered that among the French nurses were badly needed; their long-drawn-out siege of war had depleted the ranks of helpers to an alarming degree. From then on, nothing could stop me. I had two valuable assets--a fair knowledge of French, and the determination that goes with red hair.⁶⁸

Millard was afraid to let the others in her unit know of her inexperience but years later noted that most of the others in her unit were equally unprepared for nursing or war: "Like myself most of them had got through on their enthusiasm and their exuberant health."⁶⁹

Besides the many motivated individuals who served abroad during World War I, there were many more very willing volunteers who were assigned duty in hospitals in the United

States. When Base Hospital Units were organized and nurses recruited, they did not know whether they would be assigned to state-side or European duty. The ARC operated much like the military in deciding which units to call up for duty and where to assign the units that were activated. Over 12,500 dedicated and courageous women served as nurses at make-shift camp hospitals and military bases around the United States.⁷⁰

Other volunteers were deemed unacceptable for one reason or another. Writer Mary Roberts Rinehart, herself a trained nurse, was offered a position with Military Intelligence which she turned down because she wanted to go to France as a nurse. She was accepted by the Red Cross but then was not allowed to travel to the front because of a rule preventing overseas service by any woman with a family member at the front; she had two sons serving there. She appealed to the Secretary of War and to General Pershing to no avail. Her service in Europe consisted of writing about the war. Experienced public health nurse Elizabeth Ashe of San Francisco volunteered for service in Europe in October 1914, and was told that she was not needed. In April 1917, when she tried to join the National Red Cross Nursing Service she was again rejected, this time due to her advanced age. She then signed on with Base Hospital No. 30, being organized at University of California Hospital, San Francisco and awaited orders. Base Hospital 30 was never activated for service in Europe. Her ticket to the front

was through another channel. She was chosen by Dr. William Palmer Lucas to be the head nurse of his medical team being sent to France to survey the health of children living there. She worked long and strenuous hours in that position, then used her vacation days to nurse injured soldiers. Political reasons were also used to keep nurses from the front. Isabel O'Donovan-Ross was denied travel overseas due to rumors that she was sympathetic to Irish revolutionaries and held strong anti-British feelings.⁷¹

A large group of motivated but unused woman-power during the Great War was the African-American nurses of the United States. They volunteered in great numbers to serve but were rejected by the ANC and the ARC. By December 1917, various officials in the ARC were discussing the possibility of enrolling black nurses, although it was unlikely that they would be called for duty. Finally in July 1918, the War Department issued orders to the Surgeon General that black nurses be registered with the ARC to give care to black soldiers. General Pershing was asked if black nurses were needed in France. It was not until the influenza epidemic in the fall of 1918, that a small contingent of black nurses were called up to serve at camps in the United States, including Camp Taylor in Louisville, Kentucky. None were sent to Europe even though the United States had thousands of Black soldiers fighting there.⁷²

All types of American women volunteered as nurses and nurses' aides during World War I. Although most were

single, many were married, with husbands and occasionally children to be considered. The majority of the women were young, ages twenty-five to thirty-five, although there were some younger women and others well over age fifty working at the front as well. The similarities are more striking than the differences among these women. Almost all of them came from middle-class to upper-class backgrounds. They were educated women, in a time when most women did not even graduate from high school. Their motivation for serving was basically the same: they felt needed and knew that they could help. A large number were trained health professionals, a commodity that was desperately needed at the front. Even those without a background in nursing wanted to be of service in some way. Those who were living or working near the front lines in other capacities realized the tremendous need for medical workers and were transformed into nurses' aides, and even nurses, literally overnight.

Some of the women had no trouble getting to the front, while others spent months, sometimes working through a variety of channels, trying to get assigned to the war zone. Those already living in or having contacts in Europe, Asia, and the Middle East found it easy to get a job in a front line hospital or clinic. Others faced lengthy in-processing and travel under distressing circumstances.

The women were recruited by individual nurses and society women involved in hospital care, by nursing organizations such as the American Nursing Association, by

relief organizations like the American Red Cross, and by the United States government. What we find out from their writings and the writings of others is that no matter why these women went to war, how they were recruited, or how they managed to travel to the front, their day-to-day living and working experiences were extraordinary and something that affected them for the rest of their lives.

NOTES FOR CHAPTER I

¹Numerous references can be found to medical assistance donated by Americans living in Europe at the outbreak of the war in popular periodicals, nursing journals, and newspapers from August 1914 to April 1917.

²Mademoiselle Miss: Letters from an American Girl Serving with the Rank of Lieutenant in a French Army Hospital at the Front (Boston: W.A. Butterfield, 1916), 9.

³Glenna Lindsley Bigelow, Liege on the Line of March (New York: John Lane, 1918), 7, 45-48; Glenna L. Bigelow, "Before and After the Armistice," American Journal of Nursing 19 (May 1919): 752.

⁴My Beloved Poilus (St. John, NB, Canada: Barnes, 1917), 3; "Narratives from the War," AJN 15 (January 1915): 293-95; "The Red Cross," 15 (April 1915): 580.

⁵Ellen N. Lamotte, "An American Nurse in Paris," Survey, 10 July 1915, 333; Maud Mortimer, Green Tent in Flanders (New York: Doubleday, 1917), 4, 60.

⁶Marie Van Vorst, War Letters of an American Woman (New York, John Lane, 1916), 21-23, 35-37.

⁷Elsie de Wolfe, After All (New York: Harper & Bros., 1935), 179-80. The First Battle of the Marne was a major German offensive which took place about 35 miles from Paris on 5-14 September 1914. It was immediately followed by the Battle of the Aisne, 14-18 September.

⁸Mary Master Needham, "What a War Nurse Saw," Independent, 23 August 1915, 258.

⁹Madeleine Zabriskie Doty, Short Rations: An American Woman in Germany 1915...1916 (New York: The Century Company, 1917), 1917, 55-56.

¹⁰Mary Dexter, In the Soldier's Service: War Experiences of Mary Dexter; England Belgium, France, 1914-1918, edit. her mother (Boston: Houghton Mifflin, 1918), 3; Van Vorst, 61; Winsor School Graduate Club, The Overseas Record of the Winsor School, 1914-1919 ([Boston]: privately published, [1919]), 4, 31-32.

¹¹de Wolfe, 180-82.

¹²Shirley Millard, I Saw Them Die: Diary and Recollections of Shirley Millard, edit. Adele Comandini (New York: Harcourt, Brace and Co., 1936), 13.

¹³Mortimer, 4.

¹⁴Dexter, 3-4, 12, 68; de Wolfe, 99-109.

¹⁵Isabel Anderson, Zigzagging (Boston: Houghton Mifflin, 1918), 66, 165; [Katharine Foote], 88 Bis and V.I.H.: Letters from Two Hospitals (Boston: Atlantic Monthly Press, 1919), 2; Millard, 3; Mortimer, 39.

¹⁶The Nightingale Collection, History of Medicine Collection, William H. Welch Medical Library, The Johns Hopkins University, Baltimore, MD; Alice Fitzgerald, The Edith Cavell Nurse from Massachusetts: A Record of One Year's Personal Service with the British Expeditionary Force in France, Boulange--The Somme, 1916-1917 (Boston: W.A. Butterfield, 1917). Edith Cavell was a British nurse serving in Belgium in 1914-1915. She was accused by the Germans of being a spy, after evidence was found that she was smuggling English soldiers to safety. She was put to death by firing squad in 1915. A group of citizens of Massachusetts, sympathetic to the Allied cause, raised the money to fund the sending of one nurse to work in a British military hospital at the front as a gesture of good will and support.

¹⁷Anna Wetherill Olmsted, The Story of An American Red Cross Nurse (privately printed, n.d.), found in the Nightingale Collection, History of Medicine Collection, William H. Welch Medical Library, Johns Hopkins University, Baltimore, MD.

¹⁸Leo E. Turitz, "Amelia Greenwald: The Jewish Florence Nightingale," American Jewish Archives 37 (November 1985): 291.

¹⁹"A Public Health Nurse in Active Service," AJN, 19 (October 1918): 15.

²⁰Portia B. Kernodle, The Red Cross Nurse in Action, 1882-1948 (New York: Harper & Bros., 1949), 105.

²¹Millard 4.

²²"Narratives from the War," AJN 15 (January 1915): 297.

²³"Narratives from the War," AJN 15 (April 1915): 580.

²⁴"Editorial," AJN 14 (September 1914): 1039-42; Lavinia L. Dock and others, A History of American Red Cross Nursing (New York: Macmillan, 1922), 4, 194; Kernodle, 95. A complete discussion on the organization and experiences of the ARC units that sailed on the "Mercy Ship" can be found in Dock, chapter IV, pages 139-228.

²⁵Julia C. Stimson, History and Manual of the Army Nurse Corps (Carlisle, PA: Medical Field Service School, 1937), 79; Surgeon General's Office, Medical Department of the United States Army in the World War (Washington, D.C.: GPO, 1936), vol.1, 541-44.

²⁶Kernodle, 109; Surgeon General's Office, vol. 1, 324-29, 344-56.

²⁷Van Vorst, 76-77.

²⁸"Caroline E. Robinson, "Work Done by the American Nurses in Paris," AJN 18 (January 1918): 298-301

²⁹Stimson, Army Nurse Corps, 64; Fisher Ames Jr., American Red Cross Work Among the French People (New York: Macmillan, 1920, 19; Henry P. Davison, The American Red Cross in the Great War (New York: Macmillan, 1920), 83.

³⁰Surgeon General's Office, vol. 1, 776-83.

³¹Mademoiselle Miss, 68.

³²Surgeon General's Office, vol. 13, 290; Philip A. Kalisch & Margaret Scobey, "Female Nurses in American Wars, Helplessness Suspended for the Duration," Armed Forces and Society 9 (Winter 1983): 222-23.

³³Katherine B. McMahon, "A War Nurse in the Fighting Fields of Europe," AJN 18 (May 1918): 609-10.

³⁴Ibid., 610.

³⁵AJN 19 (October 1918): 39.

³⁶Surgeon General's Office, vol. 13, 290-93.

³⁷"A Call for Women to Volunteer," Literary Digest, 22 June 1918, 30.

³⁸Ibid.; "Summary of Nursing Events in 1918," Modern Hospital 12 (January 1919): 29;

³⁹"A Call for Women to Volunteer," 30.

⁴⁰See the New York Times, June-August 1918 and the Literary Digest, 27 April 1918, 33; 22 June 1918, 30; 3 August 1918, 38, for examples.

⁴¹Kernodle, 142; Surgeon General's Office, vol. 7, 444.

⁴²New York Times, 23 July 1918, 7; "The Red Cross," AJN 18 (December 1917): 225; Surgeon General's Office, vol. 7, 441-44.

⁴³Literary Digest, 27 April, 22 June, 3 August 1918; New York Times, 20 January, 12 May, 2, 18 June, 23 July, 4, 8, 18 August 1918; Surgeon General's Office, vol. 7, 446.

⁴⁴Dock, 142-44.

⁴⁵Lucy Minnegerode, "Experiences of Unit C, at Kief, Russia," AJN 16 (December 1915): 220-22; Sophie Kiel, "Experiences in Russia," AJN 18 (August 1918): 1036-37.

⁴⁶Grace E. Allison, "Some Experiences in Active Service--France," Part I, AJN 19 (January 1919): 268-69; Surgeon General's Office, vol. 13, 307-308; vol. 4, 319.

⁴⁷Black, 25-26; Julia C. Stimson, Finding Themselves: The Letters of an American Army Nurse in a British Hospital in France (New York: Macmillan, 1918): 5-12; Merle Wright Carter and Dale Gabbert, "Hospital Unit R in World War I: Fairfield to France," Palimpsest (1986): 149; The History of Base Hospital No. 18, AEF (Johns Hopkins Unit) (Baltimore: Base Hospital 18 Association, 1919), 11-12.

⁴⁸Katherine Volk, Buddies in Budapest (Los Angeles: Kellaway-Ide., 1936), 37.

⁴⁹"The Red Cross," AJN 15 (November 1914): 130-31; Carter and Gabbert, 149; Volk, 39.

⁵⁰"The Red Cross," AJN 15 (December 1914): 205.

⁵¹Allison, 270.

⁵²Olmsted, 1-5.

⁵³Helene M. Sillia, Lest We Forget: A History of the Women's Overseas Service League (privately printed, 1978), 249-51.

⁵⁴Elizabeth Walker Black, Hospital Heroes (New York: Scribner's, 1919), 37-38.

⁵⁵Fitzgerald, 3; McMahon, 603.

⁵⁶quoted in Priscilla M. Harding, "A Red Cross Nurse in Belgrade," American History Illustrated 17 (March 1982): 41.

⁵⁷James H. Rodabaugh and Mary Jane Rodabaugh, Nursing in Ohio: A History (Columbus: The Ohio State Nurses' Association, 1951), 110-11.

⁵⁸Olmsted; Alma S. Woolley, "A Hoosier Nurse in France: The World War I Diary of Maude Frances Essig," Indiana Magazine of History 82 (March 1986): 41; Julia C. Stimson, Finding Themselves, 4.

⁵⁹Anne Tjomsland, Bellevue in France: Anecdotal History of Base Hospital No. 1 (New York: Froben Press, 1941), 244-45.

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⁶¹"Experiences in the American Ambulance Hospital, Neuilly, France," AJN 15 (April 1915): 550.

⁶²"Editorial," AJN 16 (May 1916): 683.

⁶³Nancy Tomes, "A Collision of Nursing's Two Worlds: Volunteer and Professional Nurses in World War I," paper given at the Fifth Berkshire Conference on the History of Women, Vassar College, Poughkeepsie, NY, 18 June 1981. Paper in possession of the author. This paper presents a complete picture of the conflict between the nursing profession and volunteer aides.

⁶⁴Minnie Goodnow, War Nursing: A Textbook for the Auxiliary Nurse (Philadelphia: W.B. Sanders, 1917), 7.

⁶⁵Surgeon General's Office, vol. 13, 293-94.

⁶⁶Clara Savage, "Helping Out in France," Good Housekeeping, November 1918, 22; Anderson, 49; Katherine Mayo, "That Damn Y": A Record of Overseas Service (Boston: Houghton Mifflin, 1920), 124; Winsor School, 90-91; Black, 36-47, 82-83; Elizabeth Shepley Sergeant, "American Women in France," New Republic, 19 October 1918, 334-35.

⁶⁷Mortimer, 4.

⁶⁸Millard, 5.

⁶⁹Ibid, 7.

⁷⁰Dock, 412.

⁷¹Mary Roberts Rinehart, My Story (New York: Farrar & Rinehart, 1931), 242-49; Elizabeth H. Ashe, Intimate Letters from France During America's First Year of War (San Francisco: Philipolis Press, 1918), 3; Ellen D. Baer, "Letters to Miss Sanborn: St. Vincent's Hospital Nurses' Accounts of World War I," Journal of Nursing History 2 (1987) 24.

⁷²Dock, 407-409; Darlene Clark Hine, "The Call That Never Came: Black Women Nurses and World War I, An Historical Note," Indiana Military History Journal 15 (January 1983): 23-24; Mary Elizabeth Carnegie, The Path We Tread: Blacks in Nursing, 1854-1984 (Philadelphia: J.B. Lippincott, 1986), 162-168; New York Times, 23 July 1918.

CHAPTER II

HELL ON EARTH: LIVING AND WORKING AT THE FRONT

No matter what type of experience an American woman had prior to her arrival in the war zone, nursing the soldiers was a new one. Professional nurses were accustomed to modern American hospitals with sanitary conditions, abundant supplies and adequate staffing. Working conditions in the war zone were unlike anything they had ever seen before. For the nurses' aides, conditions in the military hospitals were even more shocking. Most of these volunteers had spent their entire lives in a culture which considered women delicate creatures in need of protection from the ugly side of life. Their backgrounds could not have prepared them for the horrors of war.

Nurse Glenna Bigelow viewed the wounded early in August 1914 at a hospital converted from a convent near Liège, Belgium. The injured were charred beyond recognition with limbs burned to the bone. The stench from the burned flesh stayed in her mouth, hair, and clothes long after she left at the end of the day. Writer Marie Van Vorst commented that on her first day as a volunteer aide at the American Ambulance at Neuilly in 1914, the odors on the wards were so overpowering that they lingered in her nostrils long after she left the hospital. Maude Essig found the stench of pus

and sweat in the hospital ward, added to the odor of the lysol used for disinfecting, to be so overpowering that it affected even experienced medical personnel.¹ Katharine Foote wrote home about her first impression of the war zone in January 1917:

No amount of reading or imagination prepares one for the sight of wounded from the front. One cannot describe it; one must see it to feel it. Apart from the suffering, one's principal impression is that one has never seen so much mud caked on to human beings! And then one wonders at their great, enduring patience.²

Hospitals were frequently overcrowded. It was difficult to plan for the large influx of patients after major battles. Due to the huge number of sick and injured, and the severity of the wounds, nurses were called upon to put in long hours, often in cramped and disagreeable surroundings. If this was not bad enough, they were frequently faced with a lack of basic medical supplies and sometimes even necessities, such as running water and sanitary waste disposal. Along with these difficulties, the battle lines frequently changed and put hospitals within range of firing.

Although there were slack periods when the workloads were light and the nurses had more free time than they wanted, any quiet periods were more than made up for when fighting was heavy and the wounded poured into the hospitals in huge numbers. Working long hours became the norm rather than the exception. It was not uncommon for a hospital to open with the nurses working standard eight-hour shifts. As

more wounded arrived from the front, schedules would change to ten hours a day, with the day nurses working split shifts. A big drive would mean twelve-hour shifts which usually extended to fourteen or sixteen hours, and working round the clock was not unheard of. Elizabeth Black talked about being on duty for twenty-four hour in triage and in the receiving room. She commented that "every other night is enough for sleep." She then spent her off-duty time helping to unpack boxes or doing other odd jobs as needed. In August 1918, Helen Boylston went forty-five hours without sleep and was upset when she was taken off duty, since she was not putting in any more time than others on the staff.³

In July 1917, the nurses of Base Hospital No. 12 stationed in Rouen, France, were routinely putting in fourteen-hour of duty, and the doctors were getting by on two or three hours of sleep nightly. By September, Julia Stimson, the chief nurse, was on a schedule of sixteen hours on, eight hours off. At the hospital in Hamadan, Persia, where Eleanor Soukup McClintic served with an ARC unit in 1916, night duty was 8:00 P.M. to 8:00 A.M. Since the night nurse also had to work the next day, she was allowed to rest on a cot in a room adjoining the ward. Whether she really got much rest during the night remains a question.⁴ In Belgrade, Mary Gladwin's unit was so busy that there was not even time to remove the dead. Bodies had to be left where they were, and many days she "literally walked over dead men whom nobody had the time to carry out."⁵

Canteen worker Isabel Anderson volunteered for hospital duty in France. Having no medical experience, she was assigned to a barrack hospital at Cugny, only seven miles from the trenches. The first two weeks, she was on duty from eight in the morning until late at night taking care of severely wounded men. Later she worked in a post-surgical ward with "only" fifteen to twenty cases at a time. Her duties included giving salt and morphine injections, handling blood transfusions, making bandages, mixing drinks, and giving alcohol and powder rubdowns. A transfer took her to a ward with fifty recovering patients where she took temperatures and pulses, assisted the French doctors with dressings, did bandaging, and scrubbed patients. Night shifts were only five hours, but the patient load rose to several hundred sick and wounded.⁶

Elizabeth Ashe, an experienced public health nurse, was in France doing civilian relief work with the Children's Bureau of the ARC. She described her vacation in June 1918, spent volunteering at the American Ambulance in Neuilly, as a "week of horror." Many of the twenty-six men in her tent were still disoriented from the effects of ether. Until Ashe arrived, there had been no nurse to care for them.⁷

One evening, during that same June, ARC nurse Maude Essig had 130 patients on her floor at Base Hospital No. 32 in eastern France. Fourteen of them were just out of surgery in which they had been given anesthesia on full stomachs, a situation which can cause vomiting and the

possibility of asphyxiation due to aspiration of vomit. The evening was very busy until the meals had been "eliminated." In July there was another large influx of patients, and Essig was working seventeen-hour shifts. By October the patient load was down to one hundred and sixty, but forty of these were suffering from the flu in addition to their wounds.⁸

Mademoiselle Miss, nursing in France in 1914, wrote to her friends of her efforts to save the wounded men while the hospital was burying dozens every week. Her normal day in a French military hospital consisted of fourteen hours of endless duties: boiling instruments, taking temperatures, with two thermometers for thirty-four patients, and washing faces before the doctor's rounds at eight-thirty in the morning. At nine o'clock, she began dressing wounds. Individual dressings could take as long as an hour and a half, so she might only complete three or four before it was time to feed the patients. Some of the men were so weak that they needed to be fed drop by drop. The only break came when she stopped to eat at midday. After her meal, dressings were finished, massages given, drinks distributed, and injections administered (with only one needle for fifteen shots daily). The men were then made comfortable for the night. Mademoiselle Miss' shift was not over until she polished the instruments and cleaned the surgical dressing room. By the fall of 1915, her hospital was

averaging twenty-five operations a day, and she was leaving the ward for only six hours out of every twenty-four.⁹

In 1914, Matild Krueger served in Serbia. Along with twelve other nurses and six doctors in an ARC unit, Krueger cared for over 1200 patients daily. She wrote in her notes about the "unspeakable unsanitary conditions, inadequate food, lack of supplies and facilities." Krueger's unit converted a tobacco factory into a makeshift hospital, but calling it a hospital may be a bit of a misnomer, since it merely provided shelter from the elements. There were none of the normal conveniences available. All water had to be carried in and all waste had to be carried out to a nearby cesspool.¹⁰

Krueger's situation was not unique. Most of the hospitals were either buildings converted from other uses or temporary structures hastily erected for medical use. Either way, the environment was difficult to work in and presented problems to nurses trying to offer quality care to the soldiers. Elizabeth Black wrote about the setting of the French military hospital at Cugny, where she was working in the fall of 1917:

Let no one trained in a big New York hospital suppose we had a furnace to heat the wards or our rooms or running water and bathrooms. We had barely the necessities for a hospital. Our buildings, being temporarily constructed, were little protection against the snowy weather of December.¹¹

In Budapest, the ARC unit was put to work in a modern building that had served as a boarding school for the blind;

that is, modern except that it lacked heat. A majority of the hospitals in Eastern Europe and the Middle East had no beds, only straw mattresses and pillows on slats or on the floor. Before the war, the mud structure used as a hospital in Khoi, Persia, had been a stopover for camel caravans. Fumigation was necessary to make the building usable, and the doctors had to dig sanitary trenches since there were no other toilet facilities available.¹² Few women commented on the hardship caused by a lack of bathrooms, though mention was made about lack of running water or sanitary waste disposal. Most likely, the subject of personal inconvenience due to lack of modern plumbing was just too delicate to mention in a letter or even a diary; but this had to be a hardship for individuals who were accustomed to modern facilities and fairly high standards of personal hygiene.

After major battles, the hospital facilities and the already overworked staff were strained beyond belief. Along with Krueger, the staff at the Serbian hospital felt overwhelmed in the face of so many wounded:

For four days the staff spent its entire time in dressing wounds and getting all the seriously wounded into one ward, averaging four hundred dressings per day; many of the patients had not had their wounds dressed since the temporary first-aid dressings on the field, from ten days to two weeks previous. Badly infected wounds were the rule, not the exception. Each day we realized more and more how pitifully inadequate our force was for the proper care of the wounded soldiers, and each day the conditions grew worse and more disheartening.¹³

By mid-February 1915 most of the medical personnel were suffering from typhus, and there were only three nurses and two doctors left to care for the wounded soldiers and the afflicted medical staff.¹⁴

Like Krueger, Agnes Gardner went with the ARC to serve in Serbia, but she was assigned to the modern and well-equipped Military Hospital in Belgrade. Constant overcrowding made nursing difficult even in a clean and up-to-date facility. During Gardner's first seventeen days in Belgrade, the staff cared for a thousand men within sight and sound of the fighting:

We were so near the firing line that we could watch the shelling from the windows of one of the pavilions. The walls of the hospital constantly shook with the reverberation and the glass in the windows often was shattered.¹⁵

The Austrians captured Belgrade on 2 December and then brought their wounded to the Serbian hospital, stretching its capacity to 9,000.¹⁶ Another American nurse who went to Serbia with the British wrote of conditions in the hospital where she was assigned:

The hospital consisted of two low white-washed buildings which in ordinary times would be used as a barracks, in which over a thousand rough iron cots had been placed with sacks stuffed with straw for mattresses, one small pillow also of straw, one sheet and one thick army blanket to each. We had none of the equipment or conveniences of an ordinary hospital, not even running water. The number of patients was always twelve or thirteen hundred.¹⁷

In April 1918, after a major German offensive, three hundred patients arrived daily at the La Panne Hospital,

located in Belgium, on the coast of the English Channel. Extra beds were added to every ward and new wards were created so that each ward then had half the number of staff to handle twice the workload. Beds were made up as often as five times a day, and all nurses worked twelve hour shifts.¹⁸

The hospital where Helen Boylston worked received a large influx of wounded directly from the front in March 1918. There were three nurses to clean up five hundred wounded, coming in so fast that the men waited in line twenty deep and the nurses worked through the night. During a ten-day period that same month, the hospital admitted over forty-eight hundred wounded. On 13 April, eleven hundred were admitted and the staff in the operating room was doing ninety surgeries a night.¹⁹

In March 1918, Shirley Millard was in a French evacuation hospital with 3,500 wounded and more arriving all the time, so that "hundreds of wounded men lay out there in the cold and rain, sometimes for three days and three nights, without blankets, before we could make room for them inside."²⁰ By the 30th, she had worked three days and nights without stopping and she left the hospital only because she was sent to get some sleep. In early April, Millard commented that twelve-hour shifts felt like nothing after the grueling schedule of the previous week.²¹

The chronic shortage of supplies made the nurses' job more difficult and lowered the quality of patient care. The

women frequently wrote to the United States asking for supplies and money. There was a continual need for gauze, cotton, needles, thermometers, ether, rubber gloves, bandages, antiseptics, and all types of surgical supplies. An entire ward or hospital might share a single thermometer or a set of syringes. Nurses would waste precious time running around the hospital looking for a necessary item that any hospital in the United States would have had readily available. Ann Spedden Rogers, a nurse with the Johns Hopkins Unit in France, wrote home in gratitude for any type of contributions. She told her parents about using burnt matchsticks for cotton swabs and packing boxes for medicine chests and tables. Gauze dressings were washed over and over for reuse. In Mesopotamia, supplies were sent up the Tigris River from India, but the Tigris was often so low that ships became stuck in the mud while hospitals waited in desperate need for necessary items. At the Hunan-Yale Hospital in Changsa, China, where Nina Gage was nursing, it was necessary to keep a six month supply of medical goods in stock because the nearest source of supplies was five days away.²²

Donna Bugar went to Gleiwitz, Germany, with one of the first ARC units sent to Europe in September 1914. The city theater was quickly converted into a hospital. Everything that was done to provide medical care required creativity and improvisation. The operating table was made of wide boards laid across carpenter horses and padded with a

blanket. Instruments were sterilized on a field alcohol stove. A hat tree was converted to an irrigating stand. Newspaper was the replacement for rubber bed sheets, as well as all other necessary types of padding.²³

A hospital near the Argonne, where soldiers with influenza and pneumonia were being treated, had only cots and blankets, six medicine glasses, and no cups or bowls. All the water had to be chlorinated, and at one point there was no water at all for two days. The six nurses there had complete responsibility, twenty-four hours a day, for two hundred and eighty patients.²⁴

At one of the hospitals where Elizabeth Black worked simple things such as water and matches were not readily available. Time that should have been spent in patient care had to be spent looking for needed items and re-sterilizing instruments. At another of her hospitals, laundry was such a problem that sheets were only changed in case of great emergency, not just when they were dirty. Weeks would go by without clean bedding.²⁵ This lack of water contributed to a serious sanitary problem in dealing with patients and providing clean laundry. Diseases that could be spread by contact with contaminated linens, like typhus, reached epidemic stages. The professional nurses had to be appalled at this violation of a basic rule of hospital cleanliness, but they had no choice but to work around this serious disadvantage.

Lack of water was an overwhelming and universal problem, and where water was available, it was usually unheated and polluted. Some hospitals had no piped water, so this commodity had to be hauled in from outside. The nurses would keep a bathtub filled and heat what they needed on a sterno burner. In Mesopotamia, the water came straight from the river and had to be chlorinated to be potable. Frequently the wards had only small field stoves to heat water for all uses, including the sterilization of instruments. In the three-story, converted hospital in Kiev, Russia, there was no running water available after 10:00 A.M. each morning, and all hot water had to be carried up from the basement. Large tanks on each floor would be filled for use when the water was off, and small tanks of boiled water in each corridor were available for drinking. In Kermanshah, Persia, the nearest source of water was a spring two miles from the hospital.²⁶ Even if the orderlies were the persons in charge of hauling water, this would still mean more work for the nurses, as it took the men away from their duties on the ward, and there was usually no one else to fill in except the nurses. Having enough water and the facilities to do laundry presented another immense problem. It was impossible to keep white uniforms clean. Eventually the Red Cross issued gray uniforms with white collars and cuffs.²⁷

Many hospitals were in the line of fire, and staffs worked right through shellings and the threat of injury and

death. There were frequent stories about nurses who refused to leave their patients when ordered to seek protection. While the United States government and the ARC were claiming that nurses only served far behind the lines and out of danger, the reality was that battle lines could and did change, and nurses were often needed at evacuation hospitals and casualty clearing stations near the front lines. The concern of the nurses for their patients overcame any fear they had for their own health and safety. Although official reports state that no American nurses were killed by enemy fire, nurses of other nationalities were fatally injured, and there is no source of information about American women nursing through channels other than the ARC and ANC. Almost every nurse had a story to recount about living and working during the many bombing raids that took place in the course of her time in service.²⁸

Bertha M. Cornwall and Ida Ferguson, with the United States Army Nurse Corps in France, received citations for remaining on duty at Field Hospital No. 12 through twelve hours of shelling in October 1918. Surgery continued while shell fragments showered the operating room. Eva Parmelee was on duty with Base Hospital No. 5 in Picardy and lower Flanders when her uniform was penetrated by shrapnel. She continued to work throughout the night. The next morning she needed surgery to remove a shell fragment from her eyelid. Her clothing was filled with holes and her watch had been torn off by other pieces of shells. Parmelee was lauded by

one of the surgeons and later decorated by King George V of England for her service.²⁹ Elsie de Wolfe was awarded the Croix de Guerre by the French government for her bravery under fire. She explained in her memoirs what made it possible for her to face the danger of working in the midst of the bombing:

At Chemin-des-Dames, during the last German offensive, we often administered the Ambrine cure in tents while the shells shrieked over our heads. I wonder sometimes, when I think of those days, at my own courage, for I never felt fear of any kind, and I have come to the conclusion that in such moments the human ego loses all consciousness of itself as an entity and is concerned only with the need of relieving the pain of those around it.³⁰

Shirley Millard described the air raids as "a constant and nerve-racking peril." She was amazed that the large red cross on the roof of the hospital did not serve as protection from the enemy fire. In April 1918, she ran outside to view the damage from the third bombing in one week to find bedding, furniture, hospital equipment, and body parts grotesquely hanging in a nearby tree. Alice Fitzgerald commented that she was amazed that more nurses did not suffer from shell shock.³¹

Weather contributed greatly to the problems encountered by the nurses. The majority of the women served in France and Belgium where long, damp, cold winters compounded all the difficulties the nurses already faced. The weather was equally bad in Serbia, Austria, Germany, and Russia. The nurses who served in the Middle East suffered from the other

extreme, hot desert conditions with no fans or ice to help cool either them or the patients.

Nearly every nurse who wrote commented on the weather. Alice Fitzgerald kept a detailed diary about her experiences in France and Belgium. Her frequent entries about the weather detail the rain and cold, and she has twice as many comments about bad weather as about good. The only time that weather is not mentioned is when the hospital is exceptionally busy; at this point it appears that the weather became a secondary concern.³²

In June and July it could be so cold in northern France that the women needed to wear long underwear, sweaters, and capes while on night duty. The entire fall of 1917 was cold and rainy; in fact it rained almost every day for months so that the hospital huts or tents sat in the middle of a sea of mud. Temperatures inside the wards would stay below 55° degrees, frequently hovering right at freezing. Intravenous solutions would freeze in the bottles and dressings would freeze onto the patients. The nurses needed special rain gear with heavy slickers, hats, and boots just to get from their quarters to the wards or to walk from ward to ward. The rain created a sea of mud, often more slippery than ice, which made even walking difficult.³³ The effects of Alice Fitzgerald's crippling frostbite was exacerbated by the heavy boots that she needed to wear to move about out-of-doors. She wrote about the difficulties in her diary.

Mud is indescribable. We are all developing a curious way of walking which might be called the "mud waddle" as we try to stay on our feet in the slippery, sloppy mud.³⁴

At Elizabeth Black's hospital in northern France, the wind would blow down the stovepipe and put out the fire, while snow would drift in between the cracks in the ceilings and in around the windows. Black's hands cracked and bled from the cold. Katharine Volk claimed that she would have frozen inside the hospital if she had not been so busy running up and down stairs. Anne Hardon could see her breath inside the hospital where the warmest spot, right next to the stove, only reached 51° Fahrenheit. Hardon was chosen to assist one of the nurses who could not use her hands; they were so swollen from chilblains. Elizabeth Miller served with the Cleveland Unit of the ARC from September 1918 to October 1919 in Tiumen, Siberia, where temperatures normally ranged from -25° to -30° and sometimes went as low as -65°. The nurses had to tie a rope from the their quarters to the hospital to guide them during severe blizzards.³⁵

Muriel Galt nursed on the Tigris River at Basra and Amara in Mesopotamia. Cold was not the problem there, but heat was. In Basra temperatures rarely went below 110° at night and ranged from 120° to 126° in the shade during the day. The climate was better in Amara, but there Galt had to deal with invaders in the wards: birds, snakes, ants, scorpions, mosquitos, sandflies, bats, and jackals.³⁶

Trained nurses had dealt with illness and injury in the past, but nothing like the devastating wounds due to shrapnel complicated by infection caused by days of lying in fertile, manure-filled fields before receiving medical treatment. Shrapnel wounds were filled with fragments of metal scattered throughout the surrounding tissue, almost impossible to completely remove. This in turn meant pockets of infection all around the original injury. Gas bacillus in the wet ground would get into open wounds, causing gaseous gangrene. A horrible smelling pus formed at the site and the gas filled the tiny spaces under the skin causing it to crackle when touched. These putrid areas needed to be incised and drained and then dressed and irrigated daily.³⁷ The comments of one nurse at the American Ambulance early in war were true for all: "Infection was the rule, there were no clean wounds in the hospital."³⁸

Along with the seriously injured, hospitals were filled with patients suffering from diphtheria, mumps, tuberculosis, pneumonia, enteritis (intestinal problems), rheumatic fever, malaria, tonsillitis, arthritis, encephalitis, trench fever, and trench foot. Particularly bad were the epidemics: typhus in 1915 and influenza in 1918. Typhus is a bacterial infection, usually contracted from infected water or food, but also transferable to humans through the handling of infected clothes and bedding. Influenza is an acute, contagious viral infection which can

lead to pneumonia, heart problems, and death. Nurses were vaccinated against typhus but were also taught to protect themselves by thoroughly washing and disinfecting their hands after handling each patient and before eating. The most effective preventive measures are use of separate thermometers, cups, and bedding, or disinfecting of such items between every use. This was hardly practical when supplies were so limited and the nurses were surrounded by hundreds of seriously ill and injured soldiers, all needing care. Thousands died from these dread diseases as well as from pneumonia in these days before the discovery of antibiotics. Dealing with these serious illnesses, along with the huge numbers of wounded, created a horrible, frightening experience for trained and untrained alike.³⁹

Katharine Volk very graphically described the day that the first patients arrived at her Budapest hospital in 1914:

We puddled in Pus [sic]. The wounds were reeking with stench, because they had only first aid dressings applied, and had not been changed for days. There was no evidence of antiseptics having been used, and there was rotten sloughing skin, or gangrene, in nearly every case.

. . . Lung tissue exposed to the naked eye, where inhalation and expiration could be watched with fearful awe. Parts of faces blown off, leaving jawbones to hang as best they could, the mouth drooling saliva from its gaping position. Feet frozen black, parts gone and toes long since dropped off. The nose of one poor fellow partly gone, his eyesight impaired from the infection. Another man blinded. Still another with a leg shot off, the bone protruding two or three inches beyond the flesh.⁴⁰

One of her patients had a wound in his hip large enough to enclose an entire hand. It was necessary to anesthetize him just to dress the injury.⁴¹

Elizabeth Black described the injured at her location: "Swollen faces full of bits of shrapnel mouths were full of blood, and the eyes of one man had to be pushed in again now and then."⁴² Even after months of nursing in which she had grown accustomed to the most horrible wounds, one injury was so awful that it almost made Helen Boylston cry:

Frightful arm; elbow joint smashed and the whole arm stiff and swollen, and full of gas gangrene. In getting off the dressing I had to move it some, and though I was as careful as I could be, I could hear the bones crunching and grating inside. Then I had to pull off hard, dry sponges, and haul out yards of packing that kept catching on the splintered bone.⁴³

In September 1914, after the First Battle of the Marne, Mary Needham, a volunteer nurse with only two weeks of medical experience, was left to care for ten seriously wounded men. Among the patients, she had a delirious casualty whose brains were protruding from a hole in his skull the size of a silver dollar. Another semi-conscious patient had a broken arm, a third had stitches in his jugular vein to repair a bullet wound, and yet another new patient had just had his leg amputated. Needham was alone on the ward when one patient began to hemorrhage from a back wound:

"I had to think fast, I knew. I sat down by him and thrust my hand into that wound--it was that

large--at the same time sending . . . for the doctor. I was covered with blood to my elbow but we saved Antoine's life."⁴⁴

Mademoiselle Miss was nursing in March 1916, when the French lost 250,000 lives at the Battle of Verdun. In her words, the wounded began arriving at the hospital "in such conditions as beggars description, and pales all my former experiences. . . . They were dumped right into their beds with all manner of blood and mud caked to their shivering bodies."⁴⁵ Even if their wounds had been treated at the front, the dressings were five days old and infection had set in. Mademoiselle Miss wrote to her family and friends in the United States:

I think you would sicken with fright if you could see the operations that a poor nurse is called upon to perform--the putting in of drains, the washing of wounds so huge and ghastly as to make one marvel at the endurance that is man's, the digging about for bits of shrapnel.⁴⁶

A team of trained and experienced nurses from one base hospital unit were sent to a casualty clearing station near the front in October 1917, where the odor in the operating room was so bad that it made them nauseous. Besides assisting the doctors with surgery, the nurses were sewing up and putting in drain tubes so the doctors could move along to the next patient. All of this for fourteen hours at a time, in wet and cold tents, followed by a meal of bread with jam and tea, and sleep, if possible, in a damp bed.⁴⁷

Shirley Millard went to France to nurse in March 1918, armed only with enthusiasm and a knowledge of French.

Before the month was out, she was working in a French hospital removing old dressings from a young man whose "stomach is blown wide open, and only held together by a few bands of sopping gauze."⁴⁸ The sight and smell of the gangrene made her nauseous. Her next patient was unconscious, with his head completely bandaged:

The gauze is stiff with blood and dirt. I cut carefully and remove it, glad he is unconscious; much easier to work when they cannot feel the pain. As the last band comes off, a sickening mass spills out of the wide gash at the side of his skull. Brains! I am stunned. . . . Boldly I wrap my hand in sterile gauze and thrust the slippery mass back as best I can, holding the wound closed while I awkwardly tie a clean bandage around the head.⁴⁹

Millard learned to deal with a myriad of medical situations. Her first sight of a maggot-infested wound shocked her, but soon she welcomed the healing nature of these organisms that ate away decay and prevented infection from entering the blood stream.⁵⁰ For those working in tropical areas, caring for men suffering from heat delirium was especially trying:

From one to five in the afternoon was always the worst time in the wards, for then the men's temperatures started to go up, soaring sometimes as high as one hundred and eight and one hundred and nine, which meant working without cessation [sic] with ice packs and sponging, till they were reduced.⁵¹

A huge number of men suffered from the effects of the new and devastating gas warfare. The Germans began using chlorine gas early in the war. Chlorine gas, at high enough concentrations, destroys the alveoli of the lungs and the small bronchial tubes causing inability to absorb oxygen,

thus the patient drowns in fluid accumulated in the lung. Another gas, phosgene, does not have an immediate effect on its victims, but a few hours after exposure, the heart rate becomes elevated, vomiting commences, and the lungs discharge as much as twenty-eight gallons of fluid before the patient dies. The infamous mustard gas was introduced in July 1917. With an odor not unlike onions or garlic, a small amount could disable a soldier for days. Two to three hours after exposure, sneezing and discharge of mucus would begin. Eyelids would swell; the throat would burn. If the skin was exposed, red patches which turned into blisters developed. Next would come headaches, fever, increased heart rate, and pneumonia. Severe cases could be burned right through to the bone or lose the membranes of the respiratory tract.⁵² Treating the men suffering from the effects of the gas warfare was a wrenching experience.

Shirley Millard remembered:

Gas cases are terrible. They cannot breathe lying down or sitting up. They just struggle for breath, but nothing can be done . . . their lungs are gone . . . literally burnt out. Some with their eyes and faces entirely eaten away by gas, and their bodies covered with first degree burns. We must try to relieve them by pouring oil on them. They cannot be bandaged or touched. . . . Gas burns must be agonizing because usually the other cases do not complain even with the worst of wounds. But gas cases invariably are beyond endurance and they cannot help crying out.

One boy today, screaming to die. The entire top layer of skin burned from his face and body. I gave him an injection of morphine. He was wheeled out just before I came off duty.

. . . When will it end?⁵³

In July 1917, the nurses at Base Hospital No. 12 began seeing patients suffering from the new and mysterious mustard gas poisoning. The mustard gas did not even scorch clothing, yet the skin underneath the uniforms would be badly burned. Men would go into coughing spasms which were anguishing for the nurses to watch. Base Hospital No. 32 treated six thousand gas cases from March to November 1918, twenty-eight hundred of which were considered severe. Base Hospital No. 4 admitted seven hundred gassed patients in a single day, suffering with swollen and runny eyes, blistered bodies and damaged respiratory tracts which caused expectoration of blood and loss of voice. Most of the deaths were caused by the effects of the gases on the respiratory system, although mustard gas also caused painful burns to the eyes and skin. Nurses would get burned or gassed from the residue on the clothes of the patients. Standing over the incoming wounded in a warm room and inhaling the fumes off their uniforms, caused breathing problems for the medical staff.⁵⁴

The nurses who served nearest to the front had to be prepared for gas attacks in the same fashion as the soldiers. Some were sent for gas training where they received lectures on the effects of gas and the treatment of patients suffering from gas exposure. They also learned how to apply and adjust their own gas masks. This complicated respirator, complete with a breathing piece and nose clamps, had to be put on in six seconds. Then came the difficult

task of learning to breathe with the mask in place, trying not to choke or drool.⁵⁵

Nurses and aides were called upon to perform a variety of duties in the hospital beyond normal nursing care. Along with expected activities such as taking temperatures, irrigating and dressing wounds, giving sponge baths, giving injections, making bandages, and changing bed linens, nurses might be called upon to write letters home, help with problems through the Red Cross, or bring books and magazines, toilet articles, pajamas, or American-style food to the patients. Writer Elizabeth Shepley Sergeant was injured and spent several months recovering in a French hospital. She told of a nurse who walked over a mile to her quarters to bring her patient a nightgown and toilet articles, items that were otherwise unavailable.⁵⁶

The ARC unit in Kiev, Russia, was ordered to evacuate the hospital in summer 1915 as German troops approached the city. While preparing the eight hundred patients for transfer, the nurses had to help dismantle any and everything that could be used by the enemy. Five of the nurses volunteered their services to the Russian Red Cross and were put to work making one thousand masks made out of gauze, dipped in a solution to repel poisonous gases.⁵⁷

Mary Needham worked with a crew of women to develop a hospital where none had existed. They were assigned to a newly completed building that was ankle deep in plaster and mortar debris. The women cleaned it up and were ready to

serve the wounded in just over a week. They cared for the injured from the First Battle of the Marne even though they did not yet have bedding or blankets.⁵⁸

Besides her nursing duties, Mademoiselle Miss made washclothes for each patient and privacy screens to be placed between beds. Like nurses all over France, she brightened the holidays for her patients with gifts and parties. On Easter Saturday, after she got off duty, she made thirty-three nests with chocolate eggs and sugar hens for the men on her ward. At Christmas, she turned down leave time so that she could throw a party for her patients. The nurses at Mobile Hospital No.1 in Belgium decorated the wards for Christmas with flags, holly, and mistletoe. They put up a tree in each ward and provided a stocking filled with oranges, sweets, nuts, raisins, and small items like combs, toothbrushes, and pencils. After entertaining their patients, they threw a party for over three hundred local children.⁵⁹

Death was no stranger to the nurses and aides, sometimes assaulting them before they had much experience. In 1918, journalist Clara Savage was in her second day as a volunteer aide at the American Hospital at Neuilly. She was asked to assist with the care of an unconscious patient. The man had no back at all. She told her readers in Good Housekeeping magazine: "I was left alone behind the screen with this shattered man who must die and didn't know he was dying. The minutes between those gulping breaths seemed

like hours."⁶⁰ Savage was so overcome that she almost passed out. After being sent out for fresh air, she was reassured by the experienced nurses that even trained medical personnel had similar reactions to the horrible sights and sounds.

Shirley Millard was on night duty alone in June 1918, after only three months in France, when she noticed that the chart of a new patients said: "Internal hemorrhage. Sinking. Watch." The young man begged Millard to save him from death, but she could do nothing but hold his hand. The experience affected her deeply. "My hand shook the rest of the night and I spilled medicines and botched hypos. Pierre's childish terror of death had unnerved me." Two days later she had to break the news of the death to Pierre's parents, an experience almost as nerve-racking as witnessing his dying moments: "I shall never forget their faces, changing from hopeful anticipation to ghastly understanding. . . . Their innocent grief was heartbreaking."⁶¹ Another of her patients died on 10 November 1918, just one day before the Armistice. As she held his hand and cried, he tried to comfort her. She wrote in her diary, "He took part of my heart with him. Everybody around the place was in tears."⁶²

Mary Needham and Mademoiselle Miss both wrote of dealing with death and how it affected them. They felt that they had learned how to die from the soldiers and lost some of the fear of death that they had held before the war.

Mademoiselle Miss was impressed by the serenity of one soldier: "if ever I doubted how to die, my black pearl fisher from Guadelope [sic] has shown me the way."⁶³

Needham became closely attached to a dying young man as she sat with him:

For three hours I sat by his side and watched death creep up. They were the longest hours I have ever spent. . . . As he listened [to the rector] he held out his hand toward mine, reaching out at the end for some touch. It almost overpowered me, that groping at the last for a human touch. I had never seen him before. He had never seen me. But we drew together in that hour, and so we stayed until his hand relaxed.⁶⁴

Katherine Volk felt compelled to stay with a dying patient, "to render whatever last, little, human service might be afforded him."⁶⁵ She noted that he was just one of the many that had died in that hospital as a result of the fighting.

Agnes von Kurowsky (the model for Catherine Barkley in Ernest Hemingway's A Farewell to Arms) was an experienced nurse when she went to Italy with an ARC unit. The hospital where she worked was well-equipped and spacious compared to other military hospitals, and the location, on the Mediterranean, was beautiful, much like a resort. But the patients still came in with serious injuries and illnesses, and some of them died. Death affected her much as it affected the nurses in locations closer to the fighting:

the Lieut. [sic] died at 11.30 [sic] almost in my arms. We worked over him like fiends & did everything we could think of but, it was no use. I cried for the first time over losing a patient, but it seemed so dreadful to die off in a strange land with none of his people near & he was so sweet!⁶⁶

Conditions for the nurses and aides were usually no better off-duty than they were in the hospital wards. Besides working long shifts in chaotic situations, dealing with horrendous illnesses and injuries, often doing medical procedures for which they had no training, the women frequently lived in cramped quarters with little provided to meet even their most basic needs. Their rooms might be in unheated tents or huts, or in ornate chateaus or hotels. Even in luxurious surroundings there was often a lack of heat and running water. They were usually billeted in groups, with little or no privacy. Bathing and toilet facilities were makeshift at best, non-existent at worst. There was no way to escape the cold and the rain of northern Europe, or the blazing heat of the Middle East. Although a few places had a constant supply of good and nourishing food, the general level of nutrition was barely adequate. Bombing raids, usually at night, meant that sleep was frequently disrupted.

When newly widowed Mary Needham volunteered to work at the American Ambulance at Neuilly in 1914, she had to bring her own bed, as there was no furniture for the nurses. She shared a room with eight other women, and they used their suitcases for chairs, tables, and bureaus. When the nurses' quarters were finally completed, the most appreciated feature was a bathtub. In the area where she had first lived, there had been sixty women sharing five tin basins for all washing and bathing.⁶⁷

The water situation in Paris was a popular topic in letters, diaries, and memoirs. Hot water was only available two days a week and sometimes those days were in succession. Many of the nurses, including Anderson, would wash in the mornings with the water from their hot water bottles since it was so much warmer than what was otherwise available.⁶⁸

Glenna Bigelow was with Mobile Hospital No. 9 at Staden, Belgium, in the fall of 1918. The nearest water supply was two blocks away from their tents, and the nurses were often too busy to get a fresh supply. One rainstorm blew down a tent and rainwater collected in all of the indentations in the canvas. The innovative nurses quickly made a fire, gathered the water into a large kettle, and everyone got the refreshing opportunity to wash with warm water.⁶⁹

At Base Hospital No. 12, there were two small tanks of water kept warm over small coal fires to provide all the available water for cooking, bathing, and washing dishes for 104 women. The nurses of Base Hospital No. 36 were billeted in French villas that did not have bathing facilities. They used basins and pitchers of water, as well as an unwieldy collapsible rubber bath tub, which two of the nurses had brought from New York, for all washing. The bathing facilities for the nurses of Base Hospital No. 32 at Contrexeville, France, consisted of a sheet strung across the corner of a utility room, the only room which contained

a stove and was also large enough for the nurses to congregate.⁷⁰

When Katharine Foote was assigned to a hospital in England after three months in France, her comment was "it's a joy to have a bathroom again, even though there are several of us to share it."⁷¹ A nurse at another evacuation hospital summed up the feelings of many American women about water and bathing when she wrote, "If I ever get into an American bathtub again I shall refuse to leave it."⁷²

Frieda Damm's accommodations in a tiny room with a chair, cot, washstand, and table were the norm. It rained often in France and her feet were constantly soaked, yet she wrote home that there was "plenty of good nourishing food, a very comfortable bed, and a nice warm sleeping bag."⁷³ Glenna Bigelow commented on the little streams of water that ran through the middle of the unheated tents where she was working.⁷⁴

It was not unusual for a nurse to work a twelve-hour day and then walk, in the pitch dark, through all kinds of weather, a mile or so to her living quarters, which may have been a room with no windows or source of heat. If the nurses were billeted at the hospital complex, the living arrangements were dormitory style, often in tents or wooden barracks with curtains hung as dividers and furniture limited to a cot and whatever travel trunks each woman had

brought with her.⁷⁵ Elizabeth Black described both the good and bad aspects of her living quarters:

We are billeted in a hut like the ward, with paper ceilings (full of mice) instead of wood, and windows of yellow paper instead of glass. No one opened these windows at night. There was no need with wind blowing up through the cracks in the floor.

. . . Our rooms were quite cheerful with bright-colored chintz concealing trunks, shelves, and rows of hooks, and a blanket on the floor for a rug. After the war I shall never want to see a trunk, after living without unpacking ever since I got on the steamer.⁷⁶

Julia Stimson described her 11 by 15 foot chief nurse's quarters in a hut made of thin wood and tar paper as "far more luxury than I ever dreamed of." In fact, she complained that American women should not be so accustomed to living in luxury.

We shall probably have mattresses issued to us when we can get them, but in the meantime the canvas cot is not so bad when it has a folded blanket in it. We have no business to bring ourselves up to be so finicky.⁷⁷

Sophia Kiel went to Khoi, Persia, in 1915, where the nurses slept on straw mattresses and pillows placed on wooden slats. As far as she was concerned, it was better than nothing, and could even be considered comfortable, compared to the alternative of sleeping on bare wood or on the stone floor. Because there were only two women assigned to each room, and they had large airy rooms and toilet facilities, the nurses at Base Hospital No. 3 considered their accommodations comfortable. The absence of a bath house and the lack of baths since their arrival was

considered a small inconvenience. As a substitute for a traditional bath, many of the nurses swam in the river whenever weather permitted. Five nurses at St. Quentin called their make-shift quarters the best they ever had, simply because the roof was intact.⁷⁸ The nurses of Evacuation Hospital No. 2 were chosen to go to Coblenz, Germany, in December 1918. Priscilla Josephine Hughs, chief nurse, declared that she hardly knew how to act when she saw their accommodations at the Park Hotel, which included "a real bed and dressing table with drawers and full length mirrors, and last but not least, plenty of water, drinkable and washable."⁷⁹

The cold and rainy weather of northern France that made the work of the nurses more difficult also made it hard for them to get the kind of rest that was necessary to keep up their rigorous schedules. At Mobile Hospital No. 1 in Belgium, it would rain so hard that the nurses' barracks had to be propped up and the nurses would take umbrellas to bed. In August 1917, it was so damp in Rouen that the mattresses inside the nurses' huts of Base Hospital No. 12 were moldy.⁸⁰

Elizabeth Black and the other nurses at her French army hospital would get up and make hot chocolate in the middle of the night, or the directrice would provide something more potent to help them sleep when it was too cold to get to sleep. Black would stow her clothes under the covers to keep them warm enough to don in the morning. When the

weather was extreme she would move her bed to keep it out of the way of the drifting snow. At Helen Boylston's hospital in France, coal was rationed. Two small lumps per person were distributed daily. The colonel found it necessary to post extra sentries to guard the coal supply, just to keep the nurses out of it. Fortunately for the nurses, the sentries frequently looked the other way, and the coal pile continued to dwindle.⁸¹

Alice Fitzgerald wrote in March 1916: "I never suffered as much from persistent cold in my life!! My room is like a refrigerator."⁸² At one of the mobile hospitals near the front lines in Belgium, moisture would freeze overnight on the floors of the nurses' quarters, turning the room into a virtual ice rink, while the water in their pitchers would be frozen solid as well. Julia Stimson, a chief nurse, was sleeping with a hot water bottle, in woolen stockings with knitted bed socks, woolen pajamas, a sweater, a sleeping bag, three blankets, and a heavy robe in October 1917. By December, her nurses would wake to frozen water in their pitchers, as well as frozen ink in their fountain pens.⁸³

The weather in France in the summer can get very hot, making everyone uncomfortable, especially without the benefit of fans or any type of air cooling system. Sigrid Jorgensen was stationed at Coincy, France, in the summer of 1918. Her predominant memory was of flies, bees, and the smell of dead bodies, both human and animal.⁸⁴

Arranging for meals presented another challenge. Food was often sparse and very basic. Finding someone to do the cooking for an entire hospital of nurses might not be a simple chore. When Base Hospital No. 4 arrived at Rouen, France, to replace the British medical staff, there was no one to cook for the over sixty nurses in the unit. British orderlies moved on with their units, and according to United States Army regulations, American orderlies could only cook for the officers and men. The nurses had to scout around the area and hire their own cook.⁸⁵

A common breakfast consisted of coffee and coarse brown bread. Some of the women had sugar available, but it was rationed. Luxuries like eggs and butter were expensive. Of course, the water frequently had to be boiled to be potable. The nurses at Royalieu had to drive to the only local hotel for their meals, where on one occasion the cook was drunk and used kerosene to flavor his cooking.⁸⁶ But the work made the nurses so hungry that there were few complaints. Elizabeth Black described the repetitious diet in the French mobile hospital in Cugny:

Work and the open air that penetrates our walls as if we were living outdoors make us hungry even for the monotonous diet of a military hospital. Tinned food, horse-meat, red wine that tastes like vinegar, mouse-trap cheese--we are so hungry we eat it all. If the soup is even more tasteless than usual, we grate cheese into it or make it snappy with a touch of Worcestershire sauce. If the pudding is the same we have been eating for two meals a day, week after week, month after month, we dress it up with a cover of jam. What would we do without jam? Three times a day we spread it over uneatable bread and forget that

it is gray instead of white, and that we noticed sawdust in the crust.⁸⁷

The nurses at the front not only worked in a dangerous environment, but lived in one as well. There was always the threat of German shelling, and the women learned to sleep with the sound of guns in the background. The Casualty Clearing Station where Alice Fitzgerald was working was located near the front in the center of a horseshoe configuration with firing going on three sides. The shelling was almost continuous. She commented on the noise:

If noises could kill, we should all be corpses. It is roar, roar, roar, day and night,--guns nearer by with their louder reports, aircraft fights, anti-air-craft guns, bombs exploding, German shells whizzing over our camp. And with it all, it is a blessing to be busy.⁸⁸

One night the force was so great that she was knocked out of her bed as she slept. Her diary of October 1916 contains eight references to night bombings, and on the 29th she writes that she finally had two full nights sleep.⁸⁹

Bombing raids soon became just another factor of the war, sometimes entertaining, sometimes annoying, seldom frightening. Glenna Bigelow was in Belgium in the summer of 1914 and was one of the first Americans to be affected by the fighting.

It is true that one gets inured to danger (particularly if one has not so far been hit) and after a week of the bombardment, we have a distinct feeling of annoyance at being disturbed at an un-earthly hour every morning by the screeching and bursting of shells.⁹⁰

For many, before it happened, the thought of experiencing a bombing raid was exciting, even romantic.

That idea quickly changed under the reality of enemy fire. Helen Boylston wrote, "Once I wanted, yes, actually wanted to be in an air-raid. I thought it would be thrilling."⁹¹ Boylston described the bombing as, "horrible, and yet it had a kind of dreadful beauty."⁹² Alice Fitzgerald also felt the semi-excitement of waiting for a bomb to fall, a feeling half-way between thrill and fear. Mary Gladwin remembered arriving amidst shelling in Belgrade, Serbia, in the fall of 1914. The nurses had to exit their train eight miles from the depot, because it had already been destroyed. Once they were settled, they could not even go for a short walk because shell fragments began falling down around them.⁹³ Many nurses, including Elizabeth Black, wrote about the exciting nature of living under fire.

The realization that any minute may be the last, that each crash may mean the end of life, makes one full of a desire to work hard with a final burst of energy to make up for past years of idleness There is even a gladness and pride that one's own courage and skill are being used at such a time of danger and need.⁹⁴

In fact, when the bombing stopped, the quiet could be just as disconcerting. One nurse wrote home in May 1916 that when the fighting had moved away from the area where she was working, she was unable to sleep due to the quiet. Mary Keller, the night nurse in Belgrade in 1914, said after a long bombing siege, that the silence made her lonely.⁹⁵

A full moon meant bombing raids nightly. There was usually some type of bomb shelter, either a basement or a cave. It was not unusual to spend many nights in the

shelter or even to drag mattresses down there ahead of time so as not to be constantly routed out of bed by the alerts. Priscilla Hughes served at Evacuation Hospital No. 2 in Lorraine, southeast of Nancy, six kilometers from the front lines. Nurses on day duty there spent their nights jumping out of bed, putting on trench coats, helmets and gas masks and running to the first floor to sit or lie on the floor until the raid was over. One night the French barracks, only 1/4 kilometer away, was shelled, and a few nights before the Armistice, a bomb landed in a field across from the hospital, killing one person. Only twenty-five percent of the nurses at Base Hospital No. 4 had been issued helmets; the majority of women processed to the trenches wearing water pails, wash basins, or other similar metal head coverings.⁹⁶

Many of the nurses had close calls and some from the other Allied countries were killed. In April 1918, La Panne, Belgium, was bombarded every night and five nurses were killed. Three bombs were dropped on the hospital at Royalieu in June 1918, but luckily no one was injured. The Germans bombed one hospital the night after all of the American patients and staff were evacuated. The Americans were safe but they knew that their European colleagues and the other wounded were still at the site. The hospital staff at Nesle frequently went to the cellar for the night during bombings in March 1918, and medical personnel on a train to Toul were shelled. A nurse on night duty with Base

Hospital No. 4 found her cot demolished from a bomb when she returned from duty.⁹⁷

Even nurses doing civilian relief work were not out of danger. The lines of fighting might suddenly change, and the nurses could find themselves in the midst of the war while delivering babies or taking care of orphans. Isabel Anderson was out walking along the beach in Wimereux in the moonlight one night when suddenly searchlights appeared and the shrapnel from anti-aircraft guns fell all about. By staying under the eaves of buildings all along the way, she got back to the hospital safely. Another time, Anderson took refuge under a wagon to escape shrapnel from German planes and Allied anti-aircraft fire. At one point during her stay in France, Anderson lived in an attic bedroom. After she moved out, that room was demolished during a raid.⁹⁸

As dreary as it all may sound, the nurses did not seem to mind the problems, and they found ways to have fun and forget about the war for short periods of time. They seemed to recognize the need for relief from the relentless horrors that they dealt with daily in the wards and the operating rooms. Elizabeth Black put it very well when she wrote,

We are always looking for entertainment, not so much as a rest and change from the physical strain, but from the nervous tension. . . .

We could not endure our existence if we did not have the precious gift of forgetting ourselves in laughter.⁹⁹

Julia Stimson described the recreational activities of her nurses at Base Hospital No. 12. They had simple entertainment between the various hospital camps in the area: teas, concerts, tennis parties, baseball and softball games. These activities helped everyone forget, for just a short time, the awful things they had to deal with, both on and off duty. "It does not look much like war. It does everybody the best possible good, for it has them all roaring with laughter."¹⁰⁰

The nurses went for walks in the surrounding area and to nearby villages, particularly enjoying the beauty of the picturesque villages of France and Belgium. They entertained doctors and nurses from other nearby hospital units; they held dances and parties; they acquired pets; and they celebrated American holidays with as much enthusiasm as possible. The fall and winter of 1917-18 was damp and rainy in northern France. It rained just about every day from September to January, affecting morale for all of the medical staff. But when the weather turned cold and dry, moods improved and sledding was the outdoor activity of choice. Katherine Volk and her friends bought ice skates and joined the local skaters on the frozen ponds and lakes of Budapest.¹⁰¹

The ARC and the YMCA, among others, provided entertainment and recreation activities for the soldiers and the medical personnel. The ARC sent a movie projector to Base Hospital No. 5 in early 1918, and the two or three

movies a week helped pass the long cold evenings. Many of the recreation huts, like the YWCA hut at Vittel, France, provided tea and coffee every afternoon for officers and nurses. This was greatly appreciated and utilized by the nurses as they often had no sitting rooms in their quarters where they could gather. Surprisingly, the nurses of Base Hospitals No. 53 and No. 61 had enough energy left after their long and tiring work day to enjoy the twice-a-week dances held for their enjoyment.¹⁰²

The personnel from Base Hospital No. 18 celebrated their first Fourth of July abroad in traditional American style, quite a spectacle for the local civilians of Savenay, France. Part of the fun included three-legged and wheelbarrow races. The Americans were serenaded by the local school children and then the nurses and officers were invited to the city hall for a banquet which lasted until time for fireworks. The personnel of Base Hospital No. 19 celebrated the Fourth with a program in the morning and an afternoon of track events and a baseball game, followed by a gala in the Vichy casino theater in the evening. Ten days later the hospital staff helped their French hosts celebrate Bastille Day in much the same fashion. The celebration at Base Hospital No. 21 was so exciting and had such an at-home feeling that Frieda Damm reported, "It took days and days to come down to earth again."¹⁰³

Thanksgiving and Christmas could have been lonely and difficult times for the medical personnel overseas, but the

nurses and doctors did whatever they needed to do to have a traditional holiday. Katherine Volk promised her friends at the hospital in Budapest pumpkin pies for Thanksgiving 1914. She had never worked in a large commercial kitchen, none of the cooks spoke English, and there were no round pie pans to be found, but she persevered and served square pumpkin pies that were greatly appreciated by the rest of the homesick Americans. Her sister Rose found table linens and silverware. The doctors had menu cards printed and provided the nurses with corsages. The turkey dinner was followed by music by a Gypsy band.¹⁰⁴

The most common Christmas celebrations were done primarily for the patients and the local children. The nurses enjoyed caroling on the wards, throwing parties for the wounded and children, and giving gifts. The writer of My Beloved Poilus spent Christmas 1915 at a mobile hospital in Belgium where the nurses and orderlies decorated each ward, put up a tree, hung up a stocking for each patient, which she filled with items and money sent from the United States. An empty ward was fixed up to be a chapel, and the staff and any mobile patients were welcomed at a midnight mass. At a convalescent hospital for children in southern France, the nurses had two parties, one for the local children who lived in the village, and another for the children that were being cared for in the home. Doing such things helped them forget about being homesick and also helped push the ugliness of war out of their minds for a

short time. Traditional Christmas dinners and packages from home helped the Americans celebrate and feel that they were not really quite so far away.¹⁰⁵

Working and living in a war zone were experiences that no American woman could have been prepared for. Even with extensive medical training and previous disaster work with the Red Cross, nothing was as intense nor of the duration of the European War. The women worked long hours, sometimes for months on end. Conditions in the hospitals were frequently so crowded, the nurses could barely move between the beds. At night they had to cover all windows and doors and use as little light as possible due to the threat of bombing. They had to improvise on a regular basis due to lack of medical supplies, bed linens, and even running water. When their duty ended, they often retired to cramped quarters which were cold and damp, or wakeful nights spent in cellars or caves used as bomb shelters. The weather was often just as much as an enemy as the bullets and bombs. Food was very basic, sometimes not even nutritious enough to prevent illness. Fatigue and ill health plagued the nurses continually. But through it all, time and again, the nurses expressed contentment and satisfaction with the role they were playing in the middle of all the horror of war. They were happy to be contributing, they felt needed and they loved the soldiers and civilians they were sent to care for.

NOTES CHAPTER II

¹Glenna Lindsley, Liège on the Line of March: An American Girl's Experiences When the Germans Came Through Belgium (New York: John Lane, 1918), 46-53; Marie Van Vorst, War Letters of an American Woman (New York: John Lane, 1916), 43-44; Alma S. Woolley, "A Hoosier Nurse in France: The World War I Diary of Maude Frances Essig," Indiana Magazine of History 82 (March 1986): 58.

²[Katharine Foote], 88 bis and V.I.H.: Letters from Two Hospitals (Boston: Atlantic Monthly Press, 1919), 1-2.

³"Letters to the Editor," AJN 19 (January 1919): 300-1; Elizabeth Walker Black, Hospital Heroes (New York: Charles Scribner's Sons, 1919), 209; Helen Dore Boylston, "Sister": The War Diary of a Nurse (New York: I. Washburn, 1927), 142-45.

⁴Julia C. Stimson, Finding Themselves: The Letters of an American Army Nurse in a British Hospital in France (New York: Macmillan, 1918), 78-79; 119-27; Eleanor Soukup McClintic, "With the Russians in Persia," AJN 18 (October 1917): 34-40.

⁵Mary E. Gladwin, "Experiences of a Red Cross Nurse in Servia," AJN 16 (June 1916): 908.

⁶Isabel Anderson, Zigzagging (Boston: Houghton Mifflin, 1918), 252-60.

⁷Elizabeth Ashe, Intimate Letters from France During America's First Year of War (San Francisco: Philopolis Press, 1918), 97-115. The Battle of Chateau Thierry was a major German offensive followed by an Allied counter-offensive which took place in June 1918. Both sides suffered heavy casualties.

⁸Woolley, 58.

⁹Mademoiselle Miss: Letters from an American Girl Serving with the Rank of Lieutenant in a French Army Hospital at the Front (Boston: W.A. Butterfield, 1916), 21-34.

¹⁰Matild Krueger, "Personal Experiences in Servia," AJN 15 (August 1915), 1015; Grace Fay Schryver, A History of the Illinois Training School for Nurses, 1880-1929 (Chicago: The Board of Directors of the Illinois Training School for Nurses, 1930), 134.

¹¹Black, 75.

¹²Katherine Volk, Buddies in Budapest (Los Angeles: Kellaway-Ide, 1936), 72; McClintic, 34-40; "The Red Cross," AJN 15 (April 1915): 580-81; Sophie Kiel, "Experiences in Russia," AJN 18 (August 1918): 1036-44.

¹³Krueger, 1015.

¹⁴Ibid., 1012-17.

¹⁵Lena Dufton, History of Nursing at the New York Post Graduate Medical School and Hospital (New York: The Alumnae Association, 1944), 93.

¹⁶Ibid.

¹⁷"The Red Cross," AJN 15 (April 1915): 581.

¹⁸Anderson, 259.

¹⁹Boylston, 60-67, 81.

²⁰Shirley Millard, I Saw Them Die: Diary and Recollections of Shirley Millard, ed. Adele Comandini (New York: Harcourt, Brace and Co., 1936), 11.

²¹Ibid., 16-22.

²²Mary Masters Needham, "What a War Nurse Saw," Independent, 23 August 1915, 258; Mademoiselle Miss, 23-28; Louise Yale Scrapbook, Nightingale Collection, History of Medicine Collection, Welch Medical Library, Johns Hopkins University; Outlook, 15 March 1916, 637; ibid., 2 August 1916, 795; Nina D. Gage, "The War in China," AJN 19 (February 1919): 347-49.

²³Donna Burgar, "In Gleiwitz: Unit I, American Red Cross, at Work," AJN 15 (September 1915): 1093-99.

²⁴"Letters to the Editor," AJN 19 (March 1919): 469-70.

²⁵Black, 204-5, 109.

²⁶Woolley, 54; Parsons, 137-39; The Johns Hopkins Nurses Alumnae Magazine, 15 (February 1916): 40-42; Lucy Minnegerode, "Experiences of Unit C., at Kief, Russia," AJN 16 (December 1915): 222; McClintic, 102-6.

²⁷United States Surgeon General's Office, The Medical Department of the United States Army in the World War (Washington D.C.: GPO, 1927), vol. 13, 320-22.

²⁸For examples see letters written from nurses serving near the front to the American Journal of Nursing, all issues, 1914-1919.

²⁹Dufton, 105; J. Philip Hatch and others, eds., Concerning Base Hospital No. 5; A Book Published for the Personnel of Base Hospital No. 5, France 1917-18-19 (Boston: Barta Books, [1920]), 25; Harvey Cushing, From a Surgeon's Journal, 1915-1918 (Boston: Little, Brown & Co., 1941), 204.

³⁰Elsie de Wolfe, After All (New York: Harper and Bros., 1935), 194-95. The Ambrine cure was a innovative treatment for burn victims which gave relief from the excruciating pain they suffered and speeded the recovery process.

³¹Millard, 20-21; Alice Fitzgerald, "Diary," 142, Alice Fitzgerald Papers, Maryland Historical Society, Baltimore, MD.

³²Fitzgerald, "Diary."

³³For examples see: Boylston, 29; Hardon, 20-21; Black, 76-77; Volk, 117; Stimson, Finding Themselves, 46-49; Fitzgerald, "Diary"; "Letters to the Editor," AJN 18 (March 1918), 485; The History of Base Hospital No. 18, AEF (Johns Hopkins Unit) (Baltimore: Base Hospital 18 Association, 1919), 17-18.

³⁴Fitzgerald, "Diary," 128.

³⁵Black, 75-77; Volk, 124; Anne Frances Hardon, 43 bis: War Letters of an American VAD (New York: Privately printed, 1927), 20-27; Helene M. Sillia, Lest We Forget: A History of the Women's Overseas Service League (Privately printed, 1978), 250.

³⁶Sara E. Parsons, History of the Massachusetts General Hospital Training School for Nurses (Boston: Whitcomb & Barrows, 1922), 137-39.

³⁷Katherine Kerr, "War Treatment of Wounds and Illnesses," AJN 15 (June 1915): 714.

³⁸"Experiences in the American Ambulance Hospital, Neuilly, France," AJN 15 (April 1915): 551.

³⁹Charles Field Mason, A Complete Handbook for the Sanitary Troops of the U.S. Army and Navy and National Guard and Naval Militia, 4th ed., (New York: William Wood and Co., 1917), 253-54.

⁴⁰Volk, 112-13.

⁴¹Ibid., 115.

⁴²Black, 102.

⁴³Boylston, 149.

⁴⁴Needham, 259.

⁴⁵Mademoiselle Miss, 74. The Battle of Verdun began in February 1916 with a German attack which continued until July. When the Germans decided to fall back, the French went on the offensive, fighting back through the rest of the year. An estimated 650,000 men were killed on both sides.

⁴⁶*Ibid.*, 33.

⁴⁷Stimson, Finding Themselves, 142. Surgical teams sent to Casualty Clearing Stations usually consisted of one surgeon, one anesthetist, one nurse and one orderly. Two or three teams were sent out from a Base Hospital for anywhere from a few days to several weeks.

⁴⁸Millard, 15.

⁴⁹*Ibid.*, 16.

⁵⁰*Ibid.*, 80.

⁵¹Parsons, 137.

⁵²Denis Winter, Death's Men: Soldiers of the Great War (n.l.: Allen Lane, 1978; reprint, Middlesex, England: Penguin Books, 1987), 121 (page reference is to reprint edition).

⁵³Millard, 108-9.

⁵⁴Boylston, 137; Stimson, Finding Themselves, 80; Grace E. Allison, "Some Experiences in Active Service--France," Part III, AJN 19 (March 1919): 432.

⁵⁵Stimson, Finding Themselves, 52-53.

⁵⁶Elizabeth Shepley Sergeant, Shadow-Shapes: The Journal of a Wounded Woman, October 1918-May 1919 (Boston: Houghton Mifflin, 1920), 10, 67.

⁵⁷Kiel, AJN 18 (August 1918): 1039-40.

⁵⁸Needham, 258-59.

⁵⁹Mademoiselle Miss, 17, 98; My Beloved Poilus (St. John, N.B., Canada: Barnes & Co., Ltd, 1917), 121-22.

⁶⁰Clara Savage, "Helping Out in France," Good Housekeeping, (November 1918), 119.

⁶¹Millard, 58-60.

⁶²Ibid., 109.

⁶³Mademoiselle Miss, 63.

⁶⁴Needham, 259.

⁶⁵Volk, 204.

⁶⁶Henry Serrano Villard and James Nagel, Hemingway in Love and War: The Lost Diary of Agnes von Kurowsky, Her Letters, and Correspondence of Ernest Hemingway (Boston: Northeastern University Press, 1989), 85.

⁶⁷Needham, 258.

⁶⁸Black, 35; Savage, 22; Allison, Part II, AJN 19 (February 1919): 354; Anderson, 24-5.

⁶⁹Glenna L. Bigelow, "Before and After the Armistice," AJN 19 (May 1919): 754.

⁷⁰Stimson, Finding Themselves, 67; A History of United States Army Base Hospital No. 36 (Detroit College of Medicine and Surgery Unit) ([Detroit]: Privately printed, [1922]), 142-43; Woolley, 53.

⁷¹Foote, 42.

⁷²"A Public Health Nurse in Active Service," AJN 19 (October 1918): 15.

⁷³Gertrude Hahn and Naomi Hahn, "Frieda M. Damm: Red Cross Nurse-1917-1919," Concordia Historical Institute Quarterly 57 (1984): 56.

⁷⁴Bigelow, AJN 19 (May 1919): 754.

⁷⁵Anderson, 54; Elizabeth Shepley Sergeant, "American Women in France," New Republic, 19 October 1918, 333-36.

⁷⁶Black, 91-92.

⁷⁷Stimson, Finding Themselves, 29, 45.

⁷⁸Kiel, 1042; "Letters to the Editor," AJN 18 (September 1918): 1180; *ibid.*, 19 (March 1919): 467.

⁷⁹"Personal Experiences of World War I Nurses," Carry On 35 (November 1956): 62.

⁸⁰My Beloved Poilus, 74-80; Stimson, Finding Themselves, 95.

⁸¹Black, 97, 116; Boylston, 70.

⁸²Fitzgerald, "Diary," 18.

⁸³Stimson, Finding Themselves, 144-46, 182; My Beloved Poilus, 72.

⁸⁴Carry On 36 (May 1957): 7.

⁸⁵Allison, Part II, AJN 19 (February 1919): 355.

⁸⁶Anderson, 182.

⁸⁷Black, 90.

⁸⁸Alice Fitzgerald, The Edith Cavell Nurse from Massachusetts: A Record of One Year's Personal Service with the British Expeditionary Force in France, Boulogne--The Somme, 1916-1917 (Boston: W.A. Butterfield, 1917), 30.

⁸⁹Fitzgerald, "Diary," 136.

⁹⁰Bigelow, Liège, 44.

⁹¹Boylston, 106.

⁹²Ibid., 99.

⁹³Gladwin, 904; Fitzgerald, "Diary," 48.

⁹⁴Black, 119.

⁹⁵My Beloved Poilus, 105; Priscilla Harding, "A Red Cross Nurse in Belgrade," American History Illustrated 17 (March 1982): 43.

⁹⁶Anderson, 54-55; Carry On 35 (November 1956): 4-5; Allison, Part IV, AJN 19 (April 1919): 514.

⁹⁷Allison, Part III, AJN 19 (March 1919): 431.

⁹⁸Anderson, 97, 259-67.

⁹⁹Black, 128.

¹⁰⁰Stimson, Finding Themselves, 74.

¹⁰¹The History of Base Hospital No. 18, 17-18; Volk, 154-55.

¹⁰²Hatch, 29; Base Hospital No. 36, 146; Katherine B. McMahon, "A War Nurse in the Fighting Fields of France," AJN 18 (May 1918): 608; Col. W. Lee Hart, comp., History of Base Hospital Number Fifty-Three, Advance Section, Service of Supply (n.l.: The Base Printing Plant, 29th Engineers, U.S. Army, 1919), 13; Maj. Royale H. Fowler, ed., The War History

of United States Army Base Hospital No. 61 A.E.F. (privately printed, [1920]), 88.

¹⁰³Base Hospital No. 18, 49; Stimson, Finding Themselves, 60; Hahn, 57.

¹⁰⁴Volk, 151-55.

¹⁰⁵Laura E. Coleman, "Experiences of the Justice Hospital Group, Base Hospital 51," AJN 19 (September 1919): 938; My Beloved Poilus, 75-79; Lucas, 79-83. The mention of the Christian holidays, Easter and Christmas, are because most of the nurses wrote about these in their diaries and letters. Although I did find Jewish nurses that served during World War I, the only evidence I found of Jewish celebrations (a dinner menu for a Passover in spring of 1919 at St. Nazaire, France) was in the papers of Sara Landau, a Louisville woman who went to Europe as a ARC canteen worker.

CHAPTER III

C'EST LA GUERRE: ATTITUDES AND ADJUSTMENTS

Even though the American nurses and aides were overworked, usually lived in hardship, and faced danger almost constantly, most of their writings show a cheerful attitude toward their work and patients, both military and civilian. They viewed their service as a privilege, not a obligation and they felt called to serve their fellow human beings and their country. They expressed feelings comparable to those expressed by their male counterparts in the military service. In reading the writings of the nurses, one senses a positive outlook, a sense of fulfillment, and even a feeling of joy at the knowledge that their contributions were not only accepted but vitally needed. Rarely do the nurses make negative comments in their personal writings except about the concept of war in general or about the horrible illness and injuries that they dealt with on a daily basis.

For some nurses, one tour of duty was not enough. Many volunteered to return to the front or to serve with another unit once their initial period of service ended. One nurse arrived to work for the ARC Children's Bureau at Evian, France, after spending three years nursing in Serbia and Macedonia and suffering two bouts of typhus. Glenna Bigelow

began nursing in Belgium in August 1914 and was still working near the front in November 1918. She was there for the very beginning and the very end of the hostilities, a period covering fifty-two months, of which the United States was only officially involved for nineteen. Mary Dexter nursed at Paignton in England and La Panne in Belgium in 1915-1916. While recovering from scarlet fever in the fall of 1916, she studied applied psychology and began working with shell-shock patients. In September 1917, she signed up for a three-month tour of duty as an ambulance driver, a job which she kept until May 1918. While recovering from a back problem in 1918, Dexter expressed her plans to return to France and work again with men who were suffering from shell-shock.¹

When the ARC medical units that were sent to the war zone in the fall of 1914 were recalled in 1915, more than one-third of the nurses continued to work in Europe, Asia or the Middle East. Thirty-seven of the nurses who had been serving in Austria, Hungary, and Germany, volunteered to travel to Russia and Siberia to care for German prisoners of war. All of the nurses with one of the hospitals sent to France by the National Suffrage Association signed up for an additional six months of service when their first volunteer tour of duty was over.² Sophia Kiel, who served at Kiev, Russia, from November 1914 to July 1915, labeled her recall as "the greatest blow I ever received." She felt a commitment to the Russian people from her eight months of

service, and she wanted desperately to stay longer.³ Esther Hayden, a young woman who went to France in September 1914, offering whatever services were needed, was soon put to work as a nurses' aide. She stayed in France and served at four different hospitals over the next fifty-three months, a fairly good indication that she was happy and content in her work. Several of the women cited previously signed up for six- or twelve-month assignments and then requested extensions when they could not bear to leave.⁴

The nurses wanted to do everything that they possibly could to help with the war effort and care for the wounded soldiers. Some did not take leave when it was offered or took less than was allotted. Others stayed on duty when they were very ill, endangering their own health rather than asking someone else to do their work or causing the patients to suffer from lack of care. Many used their time off to volunteer at other hospitals, canteens, or relief centers. The nurses frequently spent their own money to purchase small items, like candy or cigarettes, for their patients. They wrote home and begged family and friends for bedclothes and supplies, while spending money that was sent to them for their own personal use on parties for the soldiers or local civilians.

Mademoiselle Miss refused to take her six days of leave when it came at Christmas 1914. Instead she stayed and threw a Christmas party for her patients. Later, when she was offered unlimited leave to recover from an illness, she

would only stay away for ten days. She was ecstatic about returning to work, claiming that vacation and civilian life were too much of a strain. When her collection of letters was published, she donated the profits from the book's sale to relief work for the French.⁵

Elizabeth Ashe, chief nurse with the ARC Children's Bureau, was determined to be of more direct assistance to the United States war effort than simply caring for French children: "If I am shot down for deserting I intend to look after our wounded instead of well baby clinics."⁶ After working long hours in her position with the Children's Bureau, Ashe spent her free days volunteering at the American Ambulance. When Helen Boylston was hospitalized with flu and trench fever, her main concern was getting back to work because of the shortage of nurses and the overwhelming needs of the patients. Alice Fitzgerald was due leave in November 1916, but would not ask for it because the hospital was so busy.⁷

The ARC and United States Army publicity claimed that women were not allowed to work near the front lines. While that may have been the official policy, most of the nurses wanted to travel and work as close to the lines as possible, and they often did. Rarely did the nurses indicate any fear about being within range of the guns. They felt their presence in the hospitals was vital, and any risk was an unimportant detail. Nora Saltonstall was at Royalieu in June 1918 and lamented her lack of medical skills which

meant that she was working further away from the front lines:

I have been kicking my heels and frothing at the mouth because I am so untrained and can help so little. Of course it means that those who are experienced are called upon to do everything and work long overtime. No one cares what menial work they do so long as it helps to keep things going.

. . . . Once having been at the front you cannot bear to be in the second line. You hate to think of all the work to be done and all the suffering and not to be able to try and help out.⁸

At the time of a major German offensive in March 1918, an urgent call for nurses came into the ARC headquarters in Paris. Elizabeth Ashe had no trouble finding forty-three volunteers out of her Children's Bureau nurses, ready to go to the front. She even found some nurses who were not in the ARC and sent them as well.⁹

The nurses viewed the injured soldiers as courageous, positive, and usually very cheerful. They admired this type of bravery, the eagerness to return to the trenches, the concern for their comrades, the ability to smile through pain, and face death without regret. Diaries and letters home are virtually unanimous in their praise and respect for the soldiers. Clara Savage wrote in praise of the fighting men from the perspective of a journalist suddenly thrust into the role of nurses' aide:

For that is the quality of their courage--the kind that goes singing to meet shell-fire, nights of pain, and even death, unconquerable, unquenchable, steadfast.[sic] Their bodies may be broken but never their spirit.¹⁰

Alice Fitzgerald was a trained nurse sent to France before United States entry into the war. She appeared to be very content and proud of the soldiers:

I am just as happy as the day is long, working in my little tent-ward, and trying to help the poor fellows. Soldiers are really wonderful. They go to fight with a smile. They come back half dead with a smile. . . . Nothing is too good for them.¹¹

Frieda Damm wrote home that she was alive and well and that she had "the best patients you can imagine."¹² Elizabeth Black stated that it was all worthwhile due to the injured soldiers:

The blessés [wounded] make it all worth while Luxuries seem contemptible when men are dying. One cannot be homesick when looking back is like seeing a view through the wrong end of opera-glasses, so small and insignificant. . . . Here, there is a wonderful "camaraderie," There is regeneration in knowing you can meet the worst and survive. I am happier here than I have ever been before because I am doing something where history is being made among people who have a contempt for anything not the bravest. We are doing a work into which no selfishness enters, and in which there is no restless wondering what to do next.¹³

Helen Boylston showed real compassion for an orderly who was too drunk to do his work and in turn made her job more difficult. She felt that he had paid his dues by serving three years in the Ypres salient and that he was entitled to some foolishness and fun. Anne Hardon wrote of her increasing admiration for the perseverance of the common French soldiers who kept recovering in ways that astounded the medical staff. Julia Stimson commented on the

tenderness shown by the men for each other and the ways that the ambulatory patients would help out around the ward.¹⁴

There is almost a religious or spiritual fervor in the women's writings about their patients. Maude Crawford wrote that "the devotion of the doughboys is one of the most beautiful things in this world of war."¹⁵ The appreciation that the patients showed for the work of the nurses made Elizabeth Black feel guilty. She wanted to do so much more but could not due to time constraints. An attachment, almost a bonding, formed between the nurses and their patients, even those who were only in their care for a short time. Esther Hayden and Elizabeth Lazenby both wrote retrospectively about their experiences, and in both women's writings, the memory of the soldiers was primary. Hayden was thankful for the example they set for her, while Lazenby commented that "the glory of their spirit . . . stands out now in my memory." Helen Scott Hay called it a "blessed privilege" to care for the Russian soldiers in Kiev.¹⁶ All of the nurses expressed admiration for the fighting men, but Mary Needham summed it up best:

When I see the fineness and the courage of "my" soldiers I wonder how I could ever have lacked faith in humankind--in the godliness of the most simple, yes, even sometimes the most evil--of men who are purifying themselves in this war. . . . Did I ever regret that I--an American girl came to the French wounded? No, never. For it is by such bravery--such spirit--that we catch enough light to rise.¹⁷

The nurses also commented on the civilian population with which they invariably came in contact. They viewed the

Belgians, French and English as heroic, and were sympathetic toward the innocent people who were caught in the war and suffered greatly because of it. Glenna Bigelow had been trapped in Belgium in August 1914 and should have been happy to finally be allowed to leave in November, but instead, she "was heartbroken to part from the dear people with whom I had experienced so much." Katharine Foote's words express the feelings of many of the nurses: "The heroism of these people is simply beyond words."¹⁸ Others wrote in the same manner about working with the Russians, the Serbs, or the many other civilian groups with which the nurses interacted.

Most of the time, medical staffs, both female and male, seemed to work and live together with little difficulty. Few nurses complained about their co-workers, even when forced to live together in close quarters, under conditions that would try anyone's patience. Occasionally one would express dissatisfaction with the habits of a roommate or the routine and expectations of the head nurse, particularly if she had been trained differently, but the general tone is one of cooperation and shared experience. Alice Fitzgerald wrote of her unhappiness with the treatment she received from the commanding officer at one hospital and the British matron at another, but that dissatisfaction showed up only in her diary, not in her letters home. Katherine McMahon wrote of her experiences with the Harvard Unit while working at the American Ambulance, Neuilly. She felt that the wealthy American women and the members of royalty who served

as aides worked along side the trained medical staff in a cooperative manner which contributed to the success of the hospital.¹⁹

The nurses even seemed to get along with the doctors, for the most part, expressing a great deal of respect for the physicians themselves, their dedication, and their willingness to sacrifice themselves for the patients. Understandably, remarks indicating disgruntled feelings may have been censored from letters home, and memoirs may have been written with a hindsight that was affected by the years, but even diary entries show that the nurses were rarely unhappy with the people around them. The main complaint of the nurses was not being accepted as professional and capable by the military officials. Some Army officers seemed to think that women did not belong anywhere near the front, even in hospitals, and they could make life difficult. Even though the nurses had the support of the majority of their colleagues, male and female, the problem of having no rank in a system which was based on chain of command caused some difficulties, particularly when dealing with the orderlies.²⁰

And as could be expected, when putting together large numbers of single young men and women, romance will win out. Some women actually did go to war looking for a husband. Others just enjoyed the romance that inevitably bloomed here and there. The most famous romantic character, of course, is Catherine Barkley, the woman in Ernest Hemingway's semi-

autobiographical A Farewell to Arms. In reality, Catherine was Agnes von Kurowsky, an ARC nurse who cared for Hemingway in Italy and who herself viewed their relationship as only a minor flirtation.²¹ Other nurses, like von Kurowsky, spoke of their various "affairs" with patients, doctors, French, English, and American officers, but the word affair might designate anything from flirting to a serious sexual relationship. Conducting liaisons would have been very difficult with the nurses' schedules, the lack of privacy in any camp hospital, and the Army rules against fraternizing.

Since a majority of the patients were enlisted men, and the nurses were considered to be officers, even though they did not have the rank, the nurses were ordered not to spend time with any non-officer who was not a relative. Despite all of this, there were marriages with members of the same unit, there were relationships between patients and nurses, and there were women who wanted to leave and get married. There seems to be no basis in fact to support some rumors about large numbers of pregnant nurses returning from the front. These rumors caused such a stir in spring and summer of 1918 that a New York Grand Jury was called to investigate the charges. It was held that future statements of the same sort would be viewed as "wilful[sic] violations of the law." What law and who would enforce such a law were not spelled out.²²

The nurses maintained a fairly optimistic and cheerful outlook, considering the conditions under which they were

working and living. In fact, many commented on the benefits of the lifestyle; working long hours, eating plain food, and getting plenty of exercise seemed to agree with the women rather than undermine their health.²³ Alice S. Kelley remembered forty years later: "We nurses lived quite comfortably, though we slept in damp tents, wallowed in mud, and ate things we never ate before or intended to eat again. As for cooties, we still have the scars!"²⁴ If they were in a negative mood, the nurses worked very hard to hide any sense of fatalism or depression from their patients. They tried to emphasize the good over the bad, the positive over the negative, the happy over the sad.

Even if they felt discouraged, the nurses wanted to put on a good face for the soldiers. They understood the emotional benefit to the patients of a positive attitude on the part of the staff. Katherine Volk was astounded when a local woman criticized the nurses at the hospital in Budapest for smiling and being cheerful, calling it, "almost a sacrilege." Volk felt that grimness on the part of the nurses would just remind the soldiers of war and suffering, and that smiling was a better response for them.²⁵ The nurses tried to match the disposition of the wounded men and contribute to their recovery with cheerful attitudes:

You will think, I know that your dear little
fickle, jolly Adelyne has become quite serious.
You dear, dear people--How can one live with Death
on every side and not be serious? Yet, I have
never ceased to smile, and my boys call me
"Louisiana the Southern Smile" wherever I go.²⁶

It would be a mistake to portray everyone as thrilled with the idea of American nurses working at the front. Many members of the military thought that women had no place anywhere near the fighting, even though female nurses had proven themselves in every American war from the Revolution through the Spanish-American. Some doctors and other officers made life difficult for the women, and having orderlies refuse to do what was asked of them was a common complaint. Some important nurses in the United States thought any involvement in the European conflict was wrong. Lavinia L. Dock, editor of the Foreign Department of the American Journal of Nursing, and later one of the authors of a book on the history of American Red Cross nursing, complained throughout 1914 and 1915 about American nurses being sent to the war zone. She questioned the assistance by asking if it was, "a tacit giving of a moral support to war which every human being should refuse to give?" She did not see the nursing work as humanitarian but as an interference with other relief work that had already been taking place in Europe. Months later she declared that her department of the AJN was boycotting the war, denouncing it as an example of "man's stupidity" and claiming that the US was equally guilty by sentimentalizing war.²⁷ Though Dock took this position early in the war, when the United States became involved, and in the post-war years when she wrote her book about Red Cross nursing, she was a strong advocate of the nurses who served.

Ellen LaMotte, who was nursing in Paris in 1914, wrote the only book, which, from a nurse's point of view, was completely and definitively critical of the war, the people involved in the fighting, and the medical care of the wounded. That book, The Backwash of War, published in 1916, was prohibited from being sold in France and England, and was banned in the United States after April 1917. LaMotte claimed to be revealing the baser side of war to her readers in order to dispel the romanticizing of war that was commonplace. To this end, she criticized everything and everyone. She thought that the society matrons who volunteered at the hospitals were only in the way, that the workload was no worse than in American civilian hospitals, that the soldiers would do just about anything to get out of going to the front, and that the civilians were coarse and common. She went as far as to call the wives of the injured French soldiers, "stupid, ordinary wives"²⁸ and commented that all of the men visited the local prostitutes. Her writings are so contrary to most other accounts that they are difficult to reconcile. Her experience probably differed little from the many other nurses and aides who served overseas, but her attitude was certainly negative and uncompromising. LaMotte could have portrayed war as a miserable situation without being so critical of the people who were trying to work for good.

Of course, other nurses had periods of depression when the hardships they were living and working under or the

magnitude of the job they were doing would overwhelm them. They wrote about their discouragement, sadness, and fatigue. A few times there was tension exhibited among the nurses or between the nurses and the doctors. But for the most part, everyone seemed to realize that petty differences were inconsequential in relationship to what they were facing together. What is amazing is that negative comments are so few and far between and that periods of depression did not seem to last long. Alice Fitzgerald started out the month of May 1917 by writing in her diary that she was depressed by the "overwhelming loss of life and the utter futility of it all." By 16 May, she was homesick but cheered by the news from the United States. The month ends with an entry telling of her excitement about the arrival of the Harvard Unit and its two hundred personnel.²⁹ Diary entries, portions of letters, or segments of memoirs which point out negative situations, other than the constant complaints about the weather, are usually preceded and followed by much happier entries.

The Red Cross hospital in Budapest, where Katherine and Rose Volk were nursing in 1914, faced problems dealing with local American-born women who wanted to obtain control of the administration. The situation became severe enough to necessitate a visit from a doctor in Vienna. While he was in Budapest, Katherine and a friend met with him to discuss the concerns of the professional nurses, and they felt that he was sympathetic. In a few weeks, a new director for the

hospital arrived. He was faced with what appeared to be theft by a staff member from the food budget. Food was becoming scarce and tempers short, but Volk, rather than blaming the nurses themselves, blamed the problems on vitamin and mineral deficiencies. Someone wrote a letter of complaint to headquarters from the hospital where Maud Mortimer was working. The commanding general personally came to reprimand the staff for such an action, and Mortimer acknowledged in her writings that under military rule, silence and obedience appeared to be synonymous.³⁰

Usually any depression was the result of overwork, fatigue, and hunger. The women were worn down by the weather, especially in northern France where the winters were long and severe. Months of cold and rain could take their toll. Sleep deprivation was common. There were not enough nurses to care for the huge number of patients, and many felt guilty for not providing the quality of care they were accustomed to giving. The nurses also hated to see the men that they had worked so hard to restore to health sent back to face a probable death.

Rarely did the women make political statements in their letters or diaries, other than expressing support for the Allied cause or condemnation of Germany for alleged atrocities. Letters written both before and after the imposition of censorship showed hatred for the damage done by the Germans. Glenna Bigelow wrote home in August 1914 from Belgium where she was trapped after German the

invasion: "My revulsion for it all is so great that the words fairly scorch my fingers as I write them." Amy Gordon Grant was nursing in Rheims in November 1914, when she wrote: "It is no longer a battle, but a slaughter. What brutes the Germans are and how I hope the 'Kaiser' will be made to pay for his crimes inch by inch!" Julia Stimson wrote her opinion of the Germans in 1918: "It is diabolical the things they do, simply fiendish, and like the things that would be expected from precocious degenerates."³¹ Although letters from nurses serving with United States forces were censored, and they were not supposed to write anything about the conduct of the war, it appears that such comments about the enemy were deemed acceptable.

A few American women had definite ideas about what the United States should have been doing, particularly before the entry of the United States into the war in April 1917. Marie Van Vorst, having lived in France for years, was obviously not neutral, but in May 1915 she felt that President Wilson's policy was still the best for the time being:

We are thinking of nothing but the situation caused by the Lusitania horror. Our President's calm waiting and his apparent unwillingness to force an issue, whilst no doubt best for the country, has filled a vast majority with impatience and something like fury in many people's hearts. I think he is wise and that he will handle the affair in the best way.³²

On the other hand, Katharine Foote was obviously upset with American foreign policy in January 1917 and not afraid to let her family at home know it:

Wilson's last pipe-dream exasperates Helen and me. Why doesn't he come over and see what he is talking about? He writes as if we were still dealing with the world as it was before the war. We are not--it's gone, over, and before the United States tries to make any further progress, that fact must be registered once and for all.³³

Other nurses expressed similar sentiments. Anne Hardon wrote that at her hospital everyone was so happy the United States was coming into the war that when they heard the news, they hung an American flag out with the other emblems of the Allied countries and then threw a party to celebrate.³⁴

Since many of the letters were censored, they may not really give us a true picture of how the nurses felt, but diary entries also rarely expressed negative feelings about the situation except for occasional personality conflicts among members of the staff. Some of the nurses resented the censorship; they thought that they deserved the respect accorded the officers, whose mail went through unchecked. A small point, perhaps, but one that clearly demeaned the women and the role they were playing in the war.

Even though the nurses almost uniformly admired the fortitude of the soldiers and civilians of the countries at war and many felt that the Allied nations were justified in their cause, the sights at the hospitals were enough to convince them that war was no answer to the problems of the

world. Katharine Foote, working as a VAD with the British medical system, saw service in France and England. She hated caring for patients just to prepare them to return to the trenches: "It's so sickening, patching up people to go back to the horror of the front." Katherine Volk expressed the same horror: "The emaciated, torn bodies, with their pain-racked nerve, were so grewsome [sic] that I was greatly affected. How could man do this to his fellowman!"³⁵ Volk was not the only nurse who wrote her memoirs in the late 1930s as a message to avoid the horrors of war to a world on the brink of another catastrophic encounter. One unnamed nurse, serving before United States entry into the war, thought that this war was worse than any previous one, a sentiment with which many historians agree. She wrote home that:

War never was better than the uttermost horror of barbarism, and this war today is more brutal than any that has gone before it. We are sadly perfected in machinery to mutilate our men en masse.³⁶

Helen Boylston viewed war as a ridiculous way to solve problems:

Neither side really wants the silly muddy ditch, yet they kill each other persistently, wearily, ferociously, patiently, in order to gain possession of it. And whoever wins, it has won nothing. It's so futile. . . . How ridiculous human beings are! It's well for the war that everybody doesn't feel as I do. or they would, every one, sit down comfortably, saying 'What th' hell,' and the war would stop because nobody would take the trouble to continue it.³⁷

June Lucas was assisting her husband in his work with the ARC Children's Bureau in France in 1917 and 1918. Her concern was for the effect of war on children. After dealing with so many children who had lost both parents in the war, she recorded in her journal:

I don't see how the lads survive such shocks. I should think the future medical specialty would be hearts--broken, smashed, bleeding hearts to be mended out of the wreck of this awful war.³⁸

Most of the nurses realized that if they stopped to think about the big picture, they would feel hopeless. It was necessary just to do as much as one could do and not spend too much time worrying about the future. Katharine Foote often commented on the need to work without thinking.

Indeed, if one did not have plenty of work to do, the contemplation of such suffering and the problems which the nations must deal with after the war would drive one mad.

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Oh, the appalling, futile horror of it all! It has to be, but the longer one is in it, the more one is oppressed by the terrible waste of everything, from life downward, and to think of it constantly would drive one mad.³⁹

Katharine Kerr was at the American Ambulance in June 1915, when she decided that she could no longer support the concept of war except as an action of self-defense:

During the two months that I spent nursing these men in Paris, I completely recovered from any idea that an offensive war is ever justified. Self defense is its only possible justification, because there never could exist conditions of personal abuse, or injustice, or cruelty so limitless and so intense as the injustice, the cruelty and the abuse of person that exist as a necessary part of any kind of warfare. The more "civilized" it is, the worse it is.⁴⁰

A common theme in the writings of these women is the discovery of abilities that they did not know they possessed, and the joy that they felt even when exhausted from overwork. The women also found new strength in themselves due to their strenuous duties. Elizabeth Black felt regenerated; she had met the worst and she had survived. Helen Boylston was so busy that she forgot her own birthday. On that day, she commented in her diary that she felt like a different person, and that she could not even remember the previous one. Mademoiselle Miss declared that her role as nurse and mother to the patients, plus the fourteen hour days, gave her new life and vigor.

Actually for the first time in my life I begin to feel as a normal being should, in spite of the blood and anguish in which I move. I really am useful, that is all, and too busy to remember myself, past, present, or future.⁴¹

Many of the nurses wrote of being happier than ever before in their lives. Sigrid Jorgensen was a member of an operating team attached to Base Hospital No. 15. In memoirs published in 1957, she wrote that when looking back it was not the hardships that were remembered but the joy that came from serving where one was needed.⁴²

Living in a war zone became the norm, the point from which the women measured other life-styles. Alice Fitzgerald wrote in her diary after serving in France for fifteen months:

I sometimes wonder if there ever was a time "before the war" or will there ever be a time "after the war". War seems to have become the

master of everything concerning people and controls everyone's destiny in a most cruel way. We are saturated with the war; we live it, we hear it, we see its results, we dream of it and it is always with us; it has dislodged every other interest in life and we absorb it by every pore and with every breath.⁴³

Katharine Foote discovered that working in the war zone affected her outlook very quickly.

Yet nothing seems strange to us now in one way; the war seems to have gotten into us as it has into everyone else, and become a normal state of life. One accepts it, one works, one takes all the pleasure that comes, and one hopes. There is nothing else one can do.

.
It is only two weeks to-day since we went to work, yet I have grave doubts whether I have ever lived any other way; so quickly have we become a part of our picturesque clerico-military environment.⁴⁴

And while they were surrounded with horror, they found themselves too busy to contemplate the situation:

I have come to the conclusion that even in the very small part I play, each day makes me a week older. I cannot quite explain it. It is not only the hard work, but the whole situation and atmosphere in which we live.⁴⁵

Mary Dexter and Alice Fitzgerald verbalized the same feelings a year apart: "Terrible news on every side--one simply would go mad, if one were not working--too tired to think," Dexter wrote. Months later Fitzgerald commented, "It is best not to stop and think too much; one could never do the work." Helen Boylston wrote that life in the hospital was the only thing that seemed real to her; her life in the United States seemed like a dream.⁴⁶

The women also knew that they were affected by their wartime experiences forever. This was not a temporary duty

that they could forget once they had returned to their homes and families. Julia Stimson recognized that the time spent at war would change her thinking. She saw that the European countries had been dealing with loss of life since the beginning of the war, but to the newly arrived Americans, the situation was completely fresh. Katherine Volk commented on the behavior of the nurses, and how standards had changed due to the circumstances. Swearing was not uncommon inside the nurses' quarters, even for her, a minister's daughter. Alice Fitzgerald wrote in her diary that even though she was very glad that she had come and was working as hard as she could, she felt that she could never be the same person again.⁴⁷

Some of what they learned was that when living in a crisis situation, one may not know how to act when the crisis is over. Helen Boylston stated, rather cynically, that she had learned that nothing in life really mattered, not people or places or things, and she asked a universal question when the fighting ceased on 11 November 1918: "What are we all to do now? How can we go home to civilian life, to the never ending, never varying routine?" Elizabeth Lazenby recorded a similar reaction, stating that when the Armistice was announced, there was dead quiet, no one knew what to do.⁴⁸

The nurses and aides received many commendations, from the government of the United States as well as from almost every nation in which they served. The nurses were cited or

decorated by the following countries: England, France, Germany, Austria, Serbia, Belgium, Greece, Russia, Montenegro, Japan, Roumania, and the United States. They received such awards as the French Chevalier of the Legion of Honor, the Medaille s'Honneur des Epidemies, and the Croix de Guerre; the Belgian Order of Queen Elizabeth, the British Royal Red Cross, the Serbian Cross of Mercy, and the American Silver and Bronze medals.⁴⁹ They were praised by the doctors they worked with, the civilians they assisted, and the soldiers they cared for. Relatives of the wounded from various countries wrote to the nurses thanking them for the care that they had provided for their loved ones. Journalist Rheta Childe Dorr spent three months traveling around France visiting military camps. In the book published relating her travels she reassured the people at home while highly complimenting the American medical personnel working at the front. She claimed that the quality of American medical care in Europe was so good that French and British soldiers asked to be sent to American hospitals. The American nurses were highly regarded.

When the word comes, "He is wounded," just remember that he is also being taken care of by the most tender and humane means any government in the world devised for its soldiers.⁵⁰

After interviewing a member of an operating team, journalist Clara Savage wrote about the nurse, describing her as:

One of the American girls who has been closest to the horrors of this war, one of those who has done the bravest and most necessary work-absolutely unafraid, absolutely dependable, capable, ready

for anything--the kind of girl of whom America is proud!⁵¹

An American general was referring to one specific group detailed to a hospital when he spoke these words, but they apply to all who served:

The conduct of these self-sacrificing and brave men and women, who have so unhesitatingly given their services to their country, establishes a standard of prestige, exceptional courage, devotion and resource, which the commanding General particularly commends.⁵²

General Pershing officially reported:

Our Medical Corps is especially entitled to praise for the general effectiveness of its work both in hospitals and at the front. Embracing men of high professional attainments, and splendid women devoted to their calling and untiring in their efforts, this department has made a new record for medical and sanitary proficiency.⁵³

Officials of the ARC and the individuals who chronicled the work of the organization described the type of life faced by nurse and had words of praise for these women who served in war-torn Europe:

The Red Cross nurse looks on agony day and night, yet she holds fast to sanity and cheerfulness that she may rekindle spirits snuffed out by too much horror. She denies herself the luxury of emotion because lives depend on the steadiness of her hand. The stuff of her days is woven of the two great realities--life and death; yet those she tends must not suspect that she is a woman of many sorrows and acquainted with grief.⁵⁴

The proving of the mental and physical stamina of the women who enlisted in this and similar forms of Red Cross service was one of the striking facts demonstrated by the war.⁵⁵

What happened to these brave women? Where did they go after the war ended. Many of them recognized that their lives were changed forever, there was no going back. The

course of their lives was different due to their war-time experiences. Many stayed in Europe, de-mobilization took several months, and there were literally millions of Americans to transport across the Atlantic Ocean. The hospitals were still filled with patients on 12 November 1918. Even though the threat of bombing had ended, and the influx of wounded slowed, there were still hundreds of thousands of soldiers that needed medical care. The life of the nurse in war does not change just because the fighting has ended. As Henry Davison, chairman of the War Council of the ARC, so succinctly put it, "the nurse must hold her battleline, long after the guns have stilled."⁵⁶

But beyond the immediate future, many stayed on in Europe even longer. They were involved with relief work which would go on for years. They were involved with helping the development of nursing education in the European countries. But mainly, they realized that they were different people, that they could not go back to the life they had known before the war. No matter what course their lives took from 1919 on, it was indelibly marked by the events of 1914-1918 and their experiences of working and living in the midst of war.

Many of the nurses realized early on that the world for them, as well as many others, has been changed forever. They realized that their war time experiences would affect everything they did and color how they viewed themselves, other people, and life in general. They did not ever expect

to feel as needed or as vitally alive again. One nurse looked ahead in 1918:

I wonder if we nurses shall not be home-sick when the war is over, when no one needs us any more! I wonder if we shall not want to go back to the heroic time when we thought of nothing but those others.⁵⁷

Agnes von Kurowsky, Hemingway's Catherine, was still serving with the ARC in Italy in February 1919. She was not sure whether she should stay in Rome or go to work in the Balkans. She expressed a fear that if she stayed away from home any longer than another year, she would never want to go back to the United States.⁵⁸ Julia Stimson, chief nurse at Base Hospital No. 12, also expressed concern about the post-war situation and how the war had affected all people, not just nurses:

Women in England are coming into their own. What is to happen after the war when the men come back can well fill the minds of those who are given to prophecy changes, for a change is taking place here that can never be undone. In addition to women taking a new place in the working world, class distinctions are being broken down in a way that is making itself felt to those who a few years ago could never have dreamt that such a change was possible.⁵⁹

Many of the nurses continued to do work much like what they had been doing during the war. They traveled all around the world as Red Cross relief nurses. Katherine Olmsted returned to the United States after service in Roumania in 1917-1918. She stayed in New York for six months. In 1921 she was appointed the Director of the Nursing Division of the League of Red Cross Societies. From

her offices in Paris and Geneva, she spent ten years traveling to fifty-two countries helping in the establishment of nursing schools and recruiting students for these schools. She received awards for her work from many European countries including Hungary, Roumania, Serbia, Italy, Norway and Belgium.⁶⁰

Helen Scott Hay, who had organized the nurses for the Mercy Ship expedition in 1914, moved on at the request of Queen Eleanora, to help establish a nursing school in Bulgaria in 1915, then went to work in a refugee colony in Philippopolis where she was located when the United States entered the war and she was called home. She then worked as Director of the Department of Home Hygiene and Care of the Sick of the ARC Nursing Service. In October 1918, she was appointed chief nurse for the ARC Commission to the Balkans, and she sailed to that part of eastern Europe soon after the Armistice. She worked in the Balkans for one year before being sent to Paris to serve as Director of the American Nursing Service in Europe, a job she held until 1922.⁶¹

Alice Fitzgerald, sent in 1916 by Massachusetts as the Edith Cavell Memorial nurse to assist the British, transferred to the ARC in 1917 when the United States entered the war. In 1918 she was put in charge of all ARC nurses serving with the French Service de Santé. Later she was appointed Director of Red Cross Nursing, based in Paris; she oversaw work throughout Europe. Louise Yale spent almost two years in the Army Nurse Corps and was forced to

leave in 1919 due to illness and a need for rest. She later returned to Johns Hopkins Hospital School of Nursing, where she had taken post-graduate courses in psychiatry, to be an instructor until retiring in 1936.⁶²

Elsie de Wolfe had already been living in France for many years, and she stayed on after the war ended. She shared a home with Anne Morgan in Versailles and entertained such personalities as British Prime Minister Arthur Balfour and Consuelo, the Duchess of Marlborough, during the Peace Treaty Conference.⁶³

In January 1919, Helen Boylston knew that she could not be happy working as she had before the war:

I've tried to settle down, but I'm not happy, either in my work or otherwise. I am Major Crabtree's office nurse. He is wonderful to work for, and I like the work itself, but it isn't enough. I'm so homesick for the old days. Everybody is scattered. . . . Mary Parsons is the only one of us with sense. She has gone to Siberia with the Red Cross. . . .

I can't stand it here much longer, in this place where nothing ever happens and every day is like every other day.⁶⁴

Her prayers were answered in December 1919 when an old friend from the war days asked her if she wanted to join the Red Cross and go to the Balkans. Boylston sailed on 22 February 1920 for Paris, and then on to more challenging nursing than she was experiencing back home in the United States.

Of the sixty-five nurses from Bellevue Hospital Training School who served at the front, there were fifty-eight still living in 1941. Of these, twenty-one were

married and thirty-seven remained single. Over twenty of them were working as private duty nurses, fifteen were working in administration, in nursing education, or for the health department.⁶⁵ A great number of these women remained in nursing, making it a lifelong career.

Other women reacted in the opposite way to their war-time experiences. Nursing in the war was enough: they never wanted to see illness or injury again. The writer of the letters in My Beloved Poilus summed up the feelings of many nurses and aides: "I think I shall have to find a new job when the war is over, for I don't think I shall ever do any more nursing."⁶⁶

The nurses continued to band together to fight for rank for nurses in the Army Nurse Corps. This battle was supported by most of the surgeons with whom they served as well as the Commander-in-Chief of the American Expeditionary Forces, General John J. Pershing. Former President William Howard Taft also endorsed the concept of rank for military nurses, stating that many others who had served in the military had faced less danger and served a less vital need. In 1921, when Congress finally passed the bill granting rank, the nurses had to settle for relative rank, a status which gave them title and insignia, but none of the other benefits of being an officer. The nurses also worked to raise money for a memorial to the 296 American nurses who had died in the World War, 100 of whom were buried in France. American nurses donated \$51,000 to complete the

Florence Nightingale School of Nursing in Bordeaux, France, and the cornerstone was laid in 1921. A second campaign in 1928 raised an additional \$25,000 for the school.⁶⁷

The nurses also kept their contact with each other and with the other women who had served overseas through the organization known as the Women's Overseas Service League (WOSL). The organization, formed in 1921, boasted thousands of members and maintained active communication between women through their monthly publication Carry On. This organization continues today, representing women who have served in all United States wars abroad as well as women who have served overseas in peacetime.

The American women who served as nurses and nurses' aides at the front in World War I did their duty cheerfully and without complaint. They left comfortable homes to travel to the unknown. They worked long hours without stopping to be concerned with the pay or the benefits. They were happy to be contributing because they felt needed and useful. They did not allow themselves to be overcome by the magnitude of the job they were doing. They were professional in everyway, at the same time showing compassion for their patients at all times. They realized that serving in war was a life-altering experience, something that would affect their thoughts and actions forever. The women were recognized at the time for their special role in the war, but then they had to depend on each other to be remembered over the years.

NOTES CHAPTER III

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CONCLUSION

Over ten thousand American nurses and nurses' aides served abroad during World War I. At a time in history when women had not yet escaped the confines of the pedestal, and were still, for the most part, regarded as fragile and helpless, these women, some professionally trained, some just willing novices, gave of themselves totally for a cause in which they believed. Many of the women felt a personal allegiance to France, Great Britain, or Belgium, due to having lived or traveled in those countries, or having friends or family living there. Mostly middle- and upper-class and well-educated, the women who served as nurses and aides went to war because they saw a need and knew that they could help meet it.

At the time, the need for their services was urgent. Of all of the countries involved in the war, only Great Britain had a well-organized system of professional nursing to provide the much needed care for the sick and wounded soldiers. There were nowhere near enough doctors in any of the countries to care for the millions of casualties. American nurses and aides answered the call to serve from September 1914 through the Armistice in November 1918, even though the United States was not officially involved in this war until April 1917.

Although young American men were drafted to fight in the Great War, all of these women were volunteers. They were actively recruited to serve at the front by the United States government, at a time that the federal government had not yet even allowed women the basic right of the vote. They made themselves available with little if any knowledge of where and when they might be asked to serve. They left their homes, families, and careers, to travel into the unknown. From the moment they left the port of New York, their lives were endangered. They often lived and worked under miserable conditions, with in range of firing, putting in long hours, sometimes when they themselves were ill and should have been bedridden. They spent their personal money on gifts and food for both the soldiers and the local civilians.

The women who nursed at and near the front not only did so under the worst of conditions, they did so with surprisingly little complaint and a remarkably positive outlook. Although they did not ignore the bad, they made an effort to emphasize the good. They were rarely critical of individuals and saved their anger and disillusionment for the concept of war and killing. As anxious as they may have been to return to their homes in the United States, they felt compelled to stay and help until their services were no longer needed.

It would not be an exaggeration to state that there would have been hundreds of thousands, if not millions more

deaths of military and civilians in World War I if it had not been for the efforts of American nurses and nurses' aides. While the American military's efforts in the war are sometimes labeled insignificant, and American losses miniscule compared to those of the other belligerents, the contribution of American doctors and nurses through their care of the sick and wounded was vital to the Allied victory. The Surgeon General of the United States lauded the work of the medical personnel, including the nurses. The Commanding General of the United States Army, along with most other military officials, highly praised their work. Foreign governments decorated many of the nurses for their service. The doctors they worked with and the patients they cared for had nothing but good things to say about the care that they provided. Their service was as necessary to winning the war as manpower, airpower, tanks, guns, and ammunition.

The Great War was not just trench fighting and new air combat, it was suffering and injuries unheard of in the past. It was infection worse than the wounds themselves; it was epidemics of typhus and influenza; it was shell-shock and the effects of chemical warfare. It was men fighting a human enemy and women fighting a less tangible but equally deadly one. It was not just women rolling bandages or working in canteens in the United States; it was women doing front-line nursing near the trenches and in every area of the world affected by the war.

These women were lauded and then gradually forgotten. Their efforts are not discussed in standard history texts and academic journals have few articles about this aspect of World War I. Research done on this era of women's history concentrates on feminism and the movement for women's suffrage. The nurses and nurses' aides who served their country deserve to be remembered by the present, and all future, generations. Their efforts should be recognized; they should be added to the annals of history.

BIBLIOGRAPHIC ESSAY

The main sources that were used for this paper were the writings of the nurses and nurses' aides themselves. Sixteen published volumes that were diaries or collections of letters of women who served as nurses or aides and wrote about their experiences were available and easily accessed. All of these, with one exception, are identified in the footnotes. Most of these women wrote about their day-to-day experiences at the front, and since they were written with no thought of publication, they give an insightful view into war on a personal level. Especially helpful were Glenna Lindsley Bigelow's Liège on the Line of March (New York: John Lane, 1918); Elizabeth Walker Black's Hospital Heroes (New York: Scribner's Sons, 1919); Mary Dexter's In The Soldier's Service (Boston: Houghton Mifflin, 1918); Katharine Foote's 88 Bis and V.I.H.: Letters from Two Hospitals by an American V.A.D. (Boston: Atlantic Monthly Press, 1919); and Julia C. Stimson's Finding Themselves: The Letters of an American Army Chief Nurse in a British Hospital in France (New York: Macmillan, 1918). Two volumes published anonymously were also informative: Mademoiselle Miss: Letters from an American Girl Serving with the Rank of Lieutenant in a French Army Hospital at the Front (Boston:

W.A. Butterfield, 1916) and My Beloved Poilus (St. John, NB, Canada: Barnes & Co., 1917).

One important manuscript source was the diary of Alice Fitzgerald located at the Maryland Historical Society in Baltimore. Fitzgerald's writings mirror those of the other diarists to compliment and support their observations. There are other such manuscripts at repositories all over the country, some of which has been discovered by other scholars and used as the basis for articles about specific nurses. I found such articles in Journal of Nursing History, Palimpsest, Concordia Historical Institute Quarterly, American History Illustrated, and Indiana Magazine of History, and all of these are listed in the footnotes.

Women also wrote memoirs and autobiographies that were either specifically about or included chapters about their wartime service. Although these were written for publication and had the benefit of hindsight and editing to aid the authors in the writing process, they tell remarkably the same story as the diaries and letters. These later publications include: Helen Dore Boylston's "Sister": The War Diary of a Nurse (New York, Ives Washburn, 1927); Elsie de Wolfe's After All (New York: Harper & Bros., 1935); Anne Francis Haddon's 43 bis: War Letters of an American VAD (New York, privately printed, 1927); Shirley Millard's I Saw Them Die: Diary and Recollections (New York: Harcourt, Brace & Co., 1936); Mary Roberts Rinehart's My Story (New York:

Farrar & Rinehart, 1931); and Katherine Volk's Buddies in Budapest (Los Angeles: Kellaway-Ide, 1936).

Besides books published about the women's experiences, magazines and professional journals of the time period were filled with letters from the front as well as articles written by various nurses and aides. The women's magazines, such as Good Housekeeping and Ladies Home Journal ran stories by female journalists about women in the war effort in Europe, complete with interviews. Professional journals like Journal of the American Nurses' Association, Nurse, and the Johns Hopkins Nurses Alumnae Magazine are literally filled with letters and articles from the front. Other periodicals, like Literary Digest, Outlook, Independent, Survey, Current Opinion, and New Republic, also ran stories about American women's involvement on a regular basis. A survey of the Reader's Guide to Periodicals for 1914-1919 shows many articles on this subject over the almost four-and-a-half year period of the war and the aftermath.

One resource that I could not have done without was The History of Red Cross Nursing (New York: Macmillan, 1922) written by Lavinia L. Dock and five others. Since this over 1,400 page book covered ARC nursing from its inception in the late 1800s to 1922, it is easy to see that a large majority of it covers the years 1914 through 1918, when the ARC Nursing Bureau was at its busiest. Dock quotes the nurses extensively, giving the reader an inside view into the experiences of nurses all over the globe during wartime.

Other valuable histories of the Red Cross include: Mabel T. Boardman's Under the Red Cross Flag at Home and Abroad (Philadelphia: J.B. Lippincott, 2nd edition, 1917) and Portia Kernodle's The Red Cross Nurse in Action, 1882-1948 (New York: Harper & Brothers, 1948)

The next important source for research of this kind is published reports by agencies involved in the war such as the American Red Cross, official United States government reports, and surveys written by people involved in some aspect of medical care or relief work. The ARC published many books and pamphlets outlining its accomplishments during the war including: The First Year of the American Red Cross in France--Activities for the Year ended July 1, 1918; An International Adventure: What the American Red Cross is Doing for the Civilians of France, July 1917--May 1918; Report of the Red Cross Commission to France, July--December 1918; and The Work of the American Red Cross During the Great War: A Statement of Finances and Accomplishments for the period July 1, 1917 to February 28, 1919. After the war, Fisher Ames, Jr. wrote American Red Cross Work Among the French People, Charles M. Bakewell wrote The Story of the American Red Cross in Italy, and Henry P. Davison authored The American Red Cross in the Great War, all published by Macmillan in 1920. Also important is volume IV, The American National Red Cross in World War I, 1917-1918, of G.R. Gaeddert's The History of the American

National Red Cross (Washington, D.C.: American National Red Cross, 1950).

An invaluable resource for any and all research on American medical care in World War I is the fifteen volume report of the Surgeon General, The Medical Department of the United States Army in the World War, published by the Government Printing Office in 1925. This massive report covers just about anything anyone could want to know about medical care of the soldiers.

Another important source for research on any aspect of medical care during World War I is the myriad of published reports by various hospital units that served abroad. The author was able to find fifteen accounts of various units published in book form. Almost every account had an extensive section on the nurses that served with the unit, frequently written by the chief nurse herself. These writings give a wonderful overview of how a hospital was run, and how the staff members interacted with each other and the patients. They also fill in valuable information that was left out of diaries and letters. Following is a list of some of those reports: Boston University World War Record (Boston: Trustees of the University, [1920]); Raymond Shiland Brown, Base Hospital No. 9 AEF: A History of the Work of the New York Hospital Unit During Two Years of Active Service (New York: privately published, 1920); Julian M. Cabell, A Brief Sketch of Base Hospital No. 41 by the Commanding Officer (Washington, D.C.: privately published,

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Froben Press, 1941). Historians are also writing the histories of individual medical units and these articles appear in various professional journals.

Last but not least are histories of World War I and survey histories of nursing which helped the author place everything in context. Most valuable of these are Frank Friedel's Over There: The Story of America's First Great Overseas Crusade (New York, McGraw-Hill, 1990); Minnie Goodnow's Outlines of Nursing History (Philadelphia: W.B. Saunders, 1933); Philip A. Kalisch and Beatrice J. Kalisch's The Advance of American Nursing (Boston: Little, Brown, & Co., 1978); and James L. Stokesbury's A Short History of World War I (New York: William Morrow, 1981).

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She attended Winona State College (now Winona State University) in Winona, Minnesota, from 1968 to 1970. She attended the University of Louisville from 1978 through 1983, graduating with a Bachelor of Liberal Studies with High Honors. She attended the University of Louisville School of Law from 1984 to 1985.

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