When he could stand it no longer, he fired a revolver up through the roof of his mouth, but he made a mess of it. The ball tore out his left eye, and then lodged somewhere under his skull, so they bundled him into an ambulance and carried him, cursing and screaming, to the nearest field hospital. The journey was made in double-quick time, over rough Belgian roads. To save his life, he must reach the hospital without delay, and if he was bounced to death jolting along at breakneck speed, it did not matter. That was understood. He was a deserter, and discipline must be maintained. Since he had failed in the job, his life must be saved, he must be nursed back to health, until he was well enough to be stood up against a wall and shot. This is War.

An American nurse described this harsh, illogical reality of war, and she is one of thousands of women whose experience in World War I has been forgotten. Scholars of history, English, nursing, and gender studies have addressed gaps in history and memory, devoting increasing attention to the writing and experiences of World War I nurses. Much work remains to integrate female voices into the cultural memory of the Great War, and it will be challenging. Indeed, researching this article proved more difficult than I anticipated. The diaries nurses kept, the letters home they wrote, and the accounts they published of their experiences tend to be rare, hard to find, and out of print.

More than 21,000 females served in the U.S. Army Nurse Corps alone. Women like Irma Tuell were eager to contribute to the war. Tuell recalled that she "jumped at the chance" to join the Red Cross Nursing Service after graduating from nursing school at Seattle General Hospital. "Nobody had to recruit me," she said. But red tape, regulations, and resistance from the military, the government, and civilians hindered women's efforts to serve and undermined campaigns to recruit women for a variety of organizations.

American women exasperated with endless delays often joined foreign organizations such as the Scottish Women's Hospitals and the French Red Cross. Some women of means formed and deployed units of female medical personnel. One such individual was Mary Borden, who received for her service British medals of distinction and the French Legion of Honor. A Chicago native and Vassar
graduate, Borden was living abroad when the war began. She financed and staffed a mobile field hospital at the Western front and worked there as a nurse from 1915 until armistice. In *The Forbidden Zone* (1929), a book drawn from her time in the mobile unit and at a hospital in Dunkirk, Borden reveals the conflicted feelings of a nurse in the paradoxical situation of rehabilitating soldiers for return to harm’s way.

A section of *The Forbidden Zone* entitled “Conspiracy” depicts nurses and doctors as war conspirators who perpetuated destruction and dehumanization. Borden felt that medical personnel obstructed humane death by intruding into combat-ravaged bodies. She writes that: “[W]e add the insult of our curiosity … sending men to the war again and again, just as long as they will stand it; just until they are dead, and then we throw them in the ground.”

Ellen La Motte, a professional American nurse who served in a French field hospital in Belgium, described similar feelings of conflict in her account *The Backwash of War* (1916). La Motte’s haunting description of a “surgical triumph”—a young French soldier brought back from death after losing his arms, legs, nose, mouth, teeth, and eyes—juxtaposes the seeming miracle of the boy’s survival with his longing for death. In La Motte’s view, these interventions reduce the soldier, and the medical personnel who treat him, to a state less than human; the civilized thing to do would be to kill the boy or let him die. Instead, he becomes trapped “in a stagnant place” of “much ugliness … churned up in the wake of mighty, moving forces” that La Motte calls “the Backwash of War.” The French soldier imprisoned in a broken body, his heartbroken father, and the agonized nurse are just three of the “many little lives foaming up in the backwash.”

Mixed feelings about their work represent just one of the challenges World War I nurses faced. Military nurses occupied an auxiliary position of uncertain status and frequently experienced gender-based workplace hostility. Specific examples of this are rare since many were afraid to speak. For instance, Canadian Army Medical Corps nurse Clare Gass criticized her military superiors as “fearful,” incompetent, and ruinous to soldiers’ morale, but she kept these thoughts to herself, recording them in her diary. In a 1915 diary entry Gass wrote, “The OC is a doting old idiot & the Matron is surely mentally unbalanced. The good men are disgusted & the poor men are lazy & won’t do their work.” But Gass could do or say nothing about this because institutional practices made clear nurses’ second-class status in the military: they received less pay and benefits than men, and they possessed rank in name only.

African American nurses faced prejudice against their race as well as their sex. Despite repeated requests for nurses from the Army Surgeon General, they were not called up until the influenza epidemic of 1918. Even then, African American nurses were kept behind the scenes and out of sight. Professional nurses like Aileen Bertha Cole requested to serve in the Army Nurse Corps, hoping to go overseas, but were offered positions in the Red Cross instead.
Cole recalls, “Some of us were asked to go to West Virginia to work among the coal miners … We were told, ‘We’ve got to save the miners’ lives to keep the transports moving.’” She did not receive an invitation to join the Army Nurse Corps until after armistice.

Things were no better in the Navy. U.S. Secretary of the Navy Josephus Daniels’s efforts to enlist women met with resistance from the Navy’s legal advisors, who called the idea of female yeomen not only “ridiculous” but a “Damn’d outrage! Helluva mess!” Meanwhile, civilians sent enraged letters to newspapers, local recruiting offices attempted to avoid accepting females, and women’s family members refused to support their decision to enlist. Some naval bases did not provide housing for female yeomen. Their uniforms were poorly made, few received training, and many were assigned to mind-numbingly menial tasks. When Yeoman Nell Weston Halstead of Chicago looked back on her assignment in the file room at the Bureau of Engineering, she said the monotony “got my goat so completely” one day that she went to her captain’s office and “told him we didn’t like our jobs and we wanted to go to France.” The captain’s reply—“What the hell could a girl do on a battleship? Get back to your job”—clearly reflects the prevailing assumption that gender limited women’s ability to contribute to the war.

In spite of the perception that being female was a handicap, women proved crucial to the Allied cause. And contrary to their assigned role as “protected,” nurses like Borden and La Motte often found themselves at the front lines. A 1918 edition of *The Stars and Stripes* reported: “Nurses, smack up in the combat zone, will hold the ‘frontest front’ record for American women.”

The saying that “War is long periods of boredom punctuated by moments of sheer terror” proved true for nurses of the Great War, and Clare Gass’ diary reflects these sentiments—long stretches of waiting in a semblance of normalcy until a convoy arrived with fresh casualties. On June 7, 1915, she wrote:

One young boy with part of his face shot away both arms gone & great wounds in both legs. Surely Death were merciful. Many head cases which are heartbreaking, & many many others … These are the horrors of war, but they are too horrible. Can it be God’s will or only man’s devilishness. It is too awful.

Holding the “frontest front” took its toll on women and other noncombatants, just as it did on soldiers. Front-line nurse Marie van Vorst found herself able to bear more than she ever imagined, from treating gangrenous wounds to staying calm. Mildred Brown was hit with shrapnel from a German plane flying low over Evacuation Hospital No. 7. Jane Rignel, one of three army nurses awarded the Citation Star for gallantry in action, related that a fellow nurse reported working “under continuous shell fire,” and that “operations continued until the operating theatre was hit.”

Experiences like these have been written out of the history of the war. If nurses are remembered at all, it is as an archetype from war propaganda. Recruitment materials for organizations like the Red Cross featured idealized nurses that drew upon stereotypes. Gender-specific ideas permeated North American culture. World War I recruitment and propaganda posters portrayed men as strong, daring, and ready for action and women as ethereal angels who seemed passive even at work. The model nurse is often depicted paradoxically: wholesome and alluring, simultaneously virginal and sexy, inaccessible yet available. We see her in posters such as Harrison Fisher’s December 1917 “Christmas Roll Call,” (opening photo, pg. 26) where an attractive young white woman wears a uniform reminiscent of a nun’s habit, her painful expression enhanced by red lipstick. She beseeches the viewer for aid with her outstretched right hand and with her left points to her lapel and the poppy commemorating the dead.

This image reflects conventional ideas that war means military and military means male soldiers. The military’s institutional culture reinforced rigid, discrete gender roles through assigning men the role of “protectors” and women the role of “protected.” The Army Nurse Corps and Canadian Army Medical Corps emphasized not clinical nursing skills but the feminine ideal of “selfless service” associated with Florence Nightingale, linking nursing to motherhood. This popular understanding defined wartime nursing as “natural” for women because it resembled caring and nurturing duties associated with domestic roles in the home.

Romanticized images like “Christmas Roll Call” surely influenced the prominent status of volunteer nurses. In England, nurses in the Voluntary Aid Detachments (VAD) received more public recognition than professional nurses in the organizations they supported, such as Queen Alexandra’s Imperial Military Nursing Service and the Territorial Force Nursing Service. The visibility of the VAD at the expense of other women working in professional capacities demonstrates how preconceived ideas about femininity and the “proper place” for women work together to obscure full scope of women’s voices and experiences.

Why have nurses of the Great War been forgotten? Longstanding gender expectations and cultural memory (or collective understanding of the past) have allowed the dominance of a single “official” narrative of the war that focuses on male
participants. We typically regard the past as fixed and stable, but history and memory are constantly changing in response to the culture and attitudes of the present. This phenomenon is easy to see when we consider how popular culture from a range of eras informs current understandings of World War I. Plays, films, and novels such as A Farewell to Arms, War Horse, Flyboys, Johnny Got His Gun, Paths of Glory, and What Price Glory serve as many Americans’ primary sources of information about the Great War. These popular titles tend not to include women’s experiences. Because memory is filtered through and continuously shaped by gender expectations, even as those expectations change, women’s contributions are diminished.

The shifting nature of cultural memory also shapes scholarly research. Some historians have misremembered women’s service, perhaps attempting to make it fit into a preconceived box. For example, the work of the Red Cross, YMCA, and other relief organizations in WWI has been characterized by scholars as “cheering up the troops”—although more than 20,000 women in those organizations shared the horrors of frontline combat as they served alongside the U.S. military. Early studies of Great War nurses overlook the broad responsibilities, duties, and contributions made by professional nurses and the variety of additional women’s roles, such as hospital administrators, ambulance drivers, and Red Cross volunteers.

By rediscovering the voices of World War I nurses, we can continue to learn more about them and forge a more comprehensive, multi-voiced understanding of the past.

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Silent War—The Spanish Flu

REACTIONS TO THE “SPANISH FLU” pandemic of 1918-1919 were framed within the context of the biggest concern of the day—the First World War. As wartime flu deaths accelerated, many viewed it as an extension of the dying to which they were already accustomed.

Influenza pandemics have been occurring for thousands of years. In 1918 there was no worldwide monitoring system and you could only know if there was a pandemic after reports of multiple deaths had begun to circulate. One of the first places to notice this outbreak was Camp Funston in Kansas in the spring of 1918, where American soldiers were being readied for overseas duty.

European imperial dominance and expanded trade ensured that the entire world experienced this flu to some extent. But what influenced perceptions of the pandemic more than anything else (at least in the West) was the Great War. Americans, having fought for a shorter period, tended to have far greater and more exaggerated responses to the pandemic. People were told to wear masks and there was widespread compliance. Britons, who had been in the war since the beginning, had a more relaxed attitude. Officials in the U.K. rightly advised that masks were completely ineffective. And when British war poet Robert Graves arrived in London, another couple eagerly shared a cab with him, even though he warned them he was ill with influenza.

Flu Facts

- Why the label of “Spanish Flu”? Some point to the long tradition of labeling pandemics after places that were deemed “backwards,” as in 1889 with the “Russian Flu.” Others argue that Spain, neutral in WWI, had no press censorship and released some of the first news of the disease—first news of flu from Spain, thus, Spanish Flu.
- Hand washing, avoidance of touching the face, and covering coughs and sneezes was the prescribed protocol to prevent the spread of flu in 1918 and 1919—the same advice used today.
- Doctors at the time noted that, due to the loss of oxygen, when someone was about to die their skin would darken so that differences in race could not be detected between blacks and whites. No one that got to that dire point recovered.
- Scholars believe that 40-100 million people died in this influenza pandemic.

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