

Ellen N. LaMotte, 1873–1961: Gender and Race in Nursing

*Keiko SUGIYAMA**

INTRODUCTION

Reviewing recent scholarship on gender and women's history, Nancy F. Cott and Drew Gilpin Faust have noted the way in which the concept of gender has extended the scope of women's history to all areas of historical study, from family relationships to political history and even to foreign relations. The initial intent in women's history was to make women visible. It was to correct the omission of women as historical agents. This endeavor has broadened the study of socially constructed gender identity. Through the prism of gender, as Cott and Faust contend, the narrative of mainstream American history has taken on different and deeper perspectives.¹ In this paper I hope to contribute to the ongoing study of gender and women's history by focusing on the life and work of Ellen N. LaMotte, a nurse. LaMotte has been marginalized and forgotten in the mainstream of nursing history partly because there are no archival collections of her papers. The only known unpublished papers by LaMotte, on opium, are held by her great niece and have not been made available for research. On the basis of her published works alone, however, it is possible to restore LaMotte's life to the mainstream of history, thereby illuminating and deepening our understanding of the

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*Professor, Keisen University

social construction of gender and race surrounding white women in turn-of-the-century America.

LaMotte stood at a crossroads in the histories of women, of professionalism, of nationalism and imperialism. Her career as a nurse at home and in Europe and later as a journalist and author in Europe and “the Orient,” exemplifies the opportunities opening up for women at this crossroads. She is representative of those women from her generation who somehow were able to seek out these opportunities and to carve out new gender roles for themselves. In a certain sense all of these women were exceptional, since as female professionals they were a tiny minority in their time. Nonetheless, even within that minority LaMotte, as we will see, expressed an exceptional nonconforming voice.

Nursing in turn-of-the-century America was not simply the field of caring, nor was its practice confined to the hospital ward. Nursing was a field committed to protecting the health of the entire nation as it faced an influx of immigrants. It was also the arena in which for the first time a woman, albeit mostly women from privileged families, could establish her own identity as a woman, a white woman, as a nurse and as a citizen of the nation that was emerging as a world power.

Nurses, working daily in the streets and neighborhoods of immigrants, were trying to establish their own professional role. They came to define this role as that of “community mother” protecting the nation’s health. Their new identity clustered around the idea of “home care” in which the responsibilities of motherhood were central. They regarded themselves as best equipped to Americanize the country’s huge immigrant population.²

Nurses thus were busy establishing their own gender-specific identity and at the same time readying themselves to spread its ideal beyond national boundaries.³ During this period the popular definition of manliness was expanding to incorporate support of the new nationalism in the United States. Expansion overseas was legitimized as an expression of the nation’s “manliness.” No one exemplified this sentiment more than Theodore Roosevelt.⁴ Nursing, in other words, was at the forefront of the nation’s search for its new identity.

We will witness LaMotte’s struggle to define her new identity as a nurse and her ultimate rejection of its gender-specific role. Yet we come to see that her status as a nurse was crucial throughout her career. It enabled her to challenge taboos dealing with the physical body and with sex. It also gave her the strength to openly question and attack the man-

liness of soldiers and to reject the concept of the white man's and the white woman's burden. Her criticism of imperialism, although exceptional for her time, did not go beyond her notion of white racial superiority. I hope to show that this nonconforming white woman from the United States gave us a far more complex picture than her contemporaries did of the role of white women at home and in "the Orient," her final destination.

TUBERCULOSIS NURSE

Ellen N. LaMotte was born in 1873 into a comfortable family in Louisville, Kentucky. She died in 1961. In 1902, she graduated from the Training School of Johns Hopkins Hospital, one of the three leading schools in the United States based on the Nightingale method of training and the center of professionalization of nursing. Upon graduation she became a member of the Instructive Visiting Nurse Association of Baltimore. Visiting Nursing was one of the most promising branches of nursing at that time. It gave nurses independence through freedom from doctors' constant supervision. LaMotte organized the Public Health Nursing Staff of Baltimore and served as superintendent of the Tuberculosis Division of the Health Department from 1910–1913. Clearly, she climbed to the top of the career ladder available to a nurse.⁵

LaMotte was the first to grasp the importance of segregating tuberculosis patients. This meant placing and treating them in hospitals occupied only by those with the disease. She advocated this measure strongly and unequivocally. *The Tuberculosis Nurse: Her Function and Her Qualifications: A Handbook for Practical Workers in the Tuberculosis Campaign*, based on her work in those years, was published in 1914.

Her most significant contribution to nursing from today's point of view was her strong support for an independent nurse who could survey, inspect, supervise and decide on a course of action. Because the fear of tuberculosis was so great and doctors were so scarce, the public health nurse was respected as the professional caregiver who could personally examine patients in their homes to determine their needs. She could justifiably proclaim her power to protect the community. LaMotte's strong position as a nurse and a woman professional was praised by some other nurses, including Lavinia Dock, who was most prominent in their struggle against doctors' control.⁶

LaMotte's advocacy of isolating tuberculosis patients caused her to

oppose treating them in either their homes or in sanatoriums. Convinced that tuberculosis was much more serious than people wanted to believe, she insisted that patients should be sent immediately after diagnosis to a segregated hospital. She wrote, "In no other branch of nursing is there so much misunderstanding, so much placing of the cart before the horse, and so much emphasis on the wrong thing."⁷ By "wrong thing" she meant treatment and attempts to cure through home care. The sanatorium was equally a target. It was nothing but an "accessory,"⁸ appealing only to the sentimentalism of the public who fervently wanted to believe that tuberculosis could be cured. She criticized camps in the country for young patients by the same reasoning.⁹ LaMotte also was critical of educating tuberculosis patients about the disease as a preventive strategy. It was "barren of results," she said.¹⁰ Since most patients were immigrants, she even went on to say that they were "unteachable."¹¹

LaMotte's conviction concerning segregated hospitals for tuberculosis patients, controversial in itself, came with her equally strong advocacy of local control for managing these hospitals. In her *Handbook* she proposed segregated hospitals under local control as the sole answer to the spread and control of tuberculosis.¹² Since doctors were also on their way to professionalization at that time and were eager to enjoy their individual private practices, her proposal demanding local control received little support from them.

LaMotte also had an enemy within her own camp. Institutionalization, which she consistently advocated, threatened the autonomy of her own profession. Nurses were eager to establish their own sphere of activity in advocating "home care" as the best preventive medicine. The Public Health Nurse Association was founded in 1912 precisely on that principle. These nurses marched "into the homes, minds, and lives of the poor."¹³ By calling home care inadequate LaMotte was challenging the very idea that had compelled nurses to consolidate and fight for their autonomy. In addition, the Tuberculosis Association, another large organization fighting the disease, was advocating a campaign of education as a main strategy for prevention.¹⁴ LaMotte's strong position against the core strategies of two leading groups made her uncomfortable with their members. It is not surprising that in a debate about tuberculosis in 1908 her strong position of advocating segregation of patients was not well received.¹⁵

LaMotte put hospital segregation above home care, city above country, and local control above education. She was challenging the very

ideals that nineteenth-century America cherished. And nothing separated her more from other nurses than her response to the outbreak of the First World War. LaMotte, who may have felt the tie between her family and its French origins, became a volunteer nurse in the battlefield before the United States entered the war. In contrast to her direct involvement, leading nurses like Lillian Wald, head of the Public Health Nurse Association, and Lavinia Dock, Secretary of the International Nurses Organization, who once had praised LaMotte, were setting up the Peace Party with other prominent nurses and Jane Addams, the prominent social worker, in January, 1915.¹⁶

VOLUNTEER NURSE

It was as if LaMotte were running from her minority status in the controversies about the treatment of tuberculosis. She separated herself from mainstream nursing and seized the opportunity of war to venture into a new career opening up for women, journalism. It was a call from Gertrude Stein in Paris that made LaMotte decide to join her in Europe when the war broke out. LaMotte had met Gertrude Stein when Stein had graduated from Radcliffe and was studying medicine. In the *Autobiography of Alice B. Toklas*, LaMotte was portrayed as “gun shy.”¹⁷ She did not seem to have left a strong impression on Stein. LaMotte, however, was determined to work as a nurse. She first went to the American Hospital at Neuilly only to find that it already had more than enough volunteers. She then was introduced to Mary Borden, the daughter of a wealthy American businessman and wife of an English merchant, who was running a field hospital in Belgium.¹⁸ LaMotte joined her and served as a nurse with the French Army from 1915 to 1916.

LaMotte’s wartime experience launched her career as a journalist and writer. As a nurse, she was able to go near the front, where journalists were not allowed. Her war sketches found immediate publication in the *Atlantic Monthly* and she became a regular contributor afterwards. Her writings were collected and published in the autumn of 1916 under the title *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse*. Her book penetrated the superficial glamour of war and challenged wartime taboos, revealing the hideous cataclysm into which the world had been plunged. The U. S. entered the war in April 1917; in the summer of 1918, the government banned her book.¹⁹

Among all the memoirs of the First World War, many admit that hers was considered the most depressing, and the most controversial in its frankness.²⁰ For example, in “Heroes,” she called a soldier who killed himself, holding his gun in his mouth, a hero.²¹ Nursing care would have been useless, she wrote. He had run away from the battlefield and so, even if his wounds had been treated successfully, he would have been shot as a deserter. She depicted the decaying bodies of soldiers with their smells and described the moans, sobs and cries of the survivors. In “A Surgical Triumph” she wrote about soldiers who had artificial noses and arms surgically attached. She related how one young maimed and desperate soldier begged his father to kill him. The father was not allowed to, because he was “civilized,” she wrote critically.²²

Just as she had walked through the streets of immigrants at home, LaMotte walked at night in the army hospital, as if she were Nightingale. Holding a lamp in her hand, she stopped at every bedside, not to heal but to reveal the reality of the war. “How pitiful they were, these little soldiers, asleep. How irritating they were, these little soldiers, awake. Yet how sternly they contrasted with the man who had attempted suicide. Yet did they contrast, after all? Were they finer, nobler, than he? The night nurse, given to reflection, continued her rounds,” wrote LaMotte.²³

Another taboo she was challenging was the presence of prostitutes. In “Women and Wives,” she mocked the wives waiting at home. They were fragile, innocent and did not know what was happening to their husbands at the front.²⁴ Their cherished value of “home” was nothing but an illusion. She sounded as if she were ridiculing the very idea that these wives were protecting the core of their husbands’ identity and the nation’s well-being. Since prostitution was believed to pose both a moral and physical threat to the health of soldiers, disclosing its presence again shed devastating light on the picture of soldiers fighting the war.

LaMotte’s frankness included accusations of doctors who were taking advantage of the war. In “Citation,” doctors were eager to prolong the lives and sufferings of their patients in order to enhance their own reputations and also that of the field hospital.²⁵

Throughout her wartime service, LaMotte was the same nurse who had written the book on tuberculosis, insisting on her professional ability to survey, manage, control and make independent judgments. It was her business to sort out the nearly dying from the dying. This was not the nurse from Hemingway’s *A Farewell to Arms*. She was not a healer. Rather, she was an independent, self-directed professional. Despite this

autonomy, in the end she left the field of nursing. In her words, nursing at the battlefield was nothing but a dead-end job.²⁶ The war was an international avenue to heroism for nurses but her experiences had shattered her.

Her more personal accounts of the war, however, add a different perspective to her reactions. She once expressed the feeling of being “bored” when there was no bombing.²⁷ In the same vein, she related in another essay that when soldiers brought her to the war zone, she could not hide her excitement. She wrote that she drew laughter from the soldiers when she innocently insisted on taking a lamb with her; it was abandoned in the debris after an explosion. The title of that essay was appropriately—or inappropriately—named, “A Joy Ride.”²⁸ Her excitement in entering the forbidden zone is reminiscent of a comment made by Barbara Hardy in her introduction to “Not So Quiet: Stepdaughters of War,” a book written by a volunteer nurse. Hardy wrote that even painful war experiences were a temporary liberation for women from the dangerous shelter of wealth and gentility.²⁹ There is no denying that this aspect was present in LaMotte’s writings.

Frustrated, disillusioned, saturated, or searching for another setting of “tragic raw materials,”³⁰ LaMotte chose to go to China with her fellow nurse, Emily Chadbourne.

NURSE IN THE ORIENT

China was LaMotte’s base for two years. During those years she traveled to Japan, French Indo-China, Siam and the Straits Settlements. Her experiences produced six books altogether. They included *Peking Dust* (1919), sketches of everyday life in the form of letters sent to a friend in the United States; *Civilization: Tales of the Orient* (1919); and *Snuffs and Butters* (1925). Three books focused on the opium trade in China, which became her new concern: *Opium Monopoly* (1920), *Ethics of Opium* (1922), and *Opium in Geneva: Or How the Opium Problem is Handled by the League of Nations* (1929). Much has been written on travelers’ accounts in “the Orient,”³¹ in particular on the question of how they consistently served to reinforce colonial rule. LaMotte’s writings were full of stereotyped characters, but taken altogether her depictions were very different from most other accounts of the age. Unusually, she was very critical of the Western foreigners who came to rule, reform and help “uplift” the natives.

LaMotte's principal characters were white men and women who were reformers, missionaries, and government officials displaced from Britain, France, and the United States. The most typical were white men whom she described as marginalized reformers in their own countries, seeking unsuccessfully to make up for previous career failures at home. Their home life was also a failure. In many cases their wives were the cause of their unhappy lives. Reminiscent of her ridicule of "home" in her earlier writings, she now portrays wives as sickly, ignorant, and dependent. In her narrative about "the Orient, she adds that while the wives are not sexually attracted to their husbands, they are aroused at the sight of the naked bodies of Chinese men.

She concluded that these Western couples were unable to establish stable relationships. Some of the negative consequences of this inability are described in two of her books. In the 1910 publication, "Civilization," LaMotte presents a white man who was excused from conscription because his wife is pregnant. He is grateful. Subsequently he learns that the father of his wife's child is Chinese.³² In "The Yellow Streak" an adult of mixed blood looks for his Western father, seeking his love and acceptance. The father rejects the son, who is then driven to kill his father.³³

LaMotte decried the hypocrisy of Western men and women, who, under the banner of civilization and Christianity, were taking advantage of the natives and victimizing them. In the only work she wrote about Japan, "Cholera," she observed that the first people to flee the cities when cholera broke out were Christian missionaries from Europe and the United States.³⁴ In "Snuffs and Butters," a Chinese boy is recommended by a missionary for study abroad. When the youth arrives in London, the expected help does not appear. To survive, he becomes a servant and eventually falls seriously ill. His father leaves China to rescue his son, taking along a package of opium as a ready source of cash in an emergency. He did not know that it was illegal to bring opium into England and so is arrested and detained upon arrival. Consequently, and tragically, he could not be with his son when the youth died.³⁵

In these two books LaMotte drew attention to deep flaws in Western society. Yet she conventionally juxtaposed an uncivilized East with a civilized West, as many Western travelers' accounts did at that time.³⁶ She was also in the traditional mainstream with her prejudiced viewpoint of miscegenation. In spite of her sympathy toward native people, she never presented a mixed marriage as any kind of a solution.³⁷ Her books

depicted the white male as weak, maladjusted, and immoral, indeed almost pathological in these respects. She concluded that miscegenation was a consequence of the weakness in character of white men, chiefly, but also of white women. The same weakness of the white male in other stories results in opium addiction. Her accusation of white males in this peculiar way assumes an intrinsic relationship between the phenomenon of opium addiction and the existence of the yellow race. This raises the strong possibility that her fight against opium traffic was influenced and reinforced by her latent fear of miscegenation.

No other story depicts this fear more directly than the story “The Malay Girl,” which deals with a Malay girl who was the possession of a white businessman. When he fell in love with a white woman from Europe, he left the Malay girl. She then tried to kill him by giving him opium as an act of revenge. The writer showed no sympathy toward the girl nor was there any hint of a gender bond felt with native women deceived by males. In depicting the Malay girl as the ugly symbol of opium seduction,³⁸ LaMotte presents miscegenation as a major cause of white male opium addiction.

Fueled by the fears bred by her conclusions, LaMotte walked through Peking’s streets observing the many opium dens and their users just as she had walked through the streets of Baltimore in her young days, searching for victims of tuberculosis. Now she saw many opium users, both men and women, who were white. Deeply disturbed by these conditions, she became a fighter in supporting nations that were struggling to extricate themselves from the vicious net of opium traffic. She accused Great Britain of monopolizing opium supplies and benefiting from their sale, and thus gravely victimizing the native populations. She sounded like those advocating independence from England centuries ago. She urged the United States to take a leadership role and “not to be afraid to endanger the feeling between two countries—The time has now come to speak.”³⁹ The method of control that she advocated, demanding opium-free areas, even sounded similar to her method of segregating tuberculosis patients.

LaMotte must have been disappointed that she was not received seriously at home, but she persevered and succeeded in bringing the issue to the attention of the League of Nations. This was her last effort to solve a problem with such extreme negative effects on society.⁴⁰ Her trust in the League of Nations was unusual at a time of growing nationalism. Seeking an international body to deal with the issue symbolized the way

she lived, the cause she chose, and her gradual shift in scale from local to national and to international arenas.

CONCLUSION

LaMotte's life's work was significant both in its direct impact on public health nursing and more broadly in the way it challenged and criticized certain nationally-held values and traditional practices. Her accomplishments as a nurse and the recognition her journalism and writing received were representative of her generation's new opportunities and their fulfillment. Many of the view she expressed, however, were contrary to those traditionally held and commonly unchallenged. In this way her voice was exceptional and that, perhaps, has contributed to her marginalization in the narrative of women's history.

LaMotte started out as a nurse trying to protect a local community against the spread of tuberculosis by surveying and supervising the attempts to control the disease. Then, when she became a fighter against opium use, she used the same methods. She was impressively persistent in her search for the best strategies of control and in exercising her newly-gained power. It resulted in a steady progression in the scale of her work, from local community sites to the national stage and from there on to international spheres. She criticized the world of Christian white men and women at home and abroad. While most saw missionary work and nursing as benevolent, she saw it as hypocritical. To her, the work of the religious missionaries and nurses was nothing more than domesticity moved to a slightly more elevated status. Her unconventional attitude toward the role of sex in the marital relations of white couples made her stand out almost as an aberration.

LaMotte was outgoing and adventurous, ready to explore beyond her boundaries. Through this exploration she found a new channel to express herself. Her pursuit of every possible opportunity, no matter how unpleasant or even dangerous, and her urge to be heard were phenomena of that era's generation of women. Her work and her independent voice were expressions of the opportunities given to women of her time. Yet her voice was exceptional by choice. And precisely in being exceptional, LaMotte helps deepen our understanding of the era. She never praised motherhood and home care, as her colleagues did. Nor did she worship the seeming manliness represented by territorial expansion at a time when many women were playing supporting roles in colonizing activi-

ties. She was an avowed anti-imperialist. Her attack on manliness was exceptional. And in raising the question of miscegenation, avoided in mainstream coverage, she was exceptional. Yet she never accepted miscegenation and never went beyond her prejudices in her concept of race.

Her life demands a closer and more nuanced reading of her written accounts. They will help us realize the diversity that existed among white women of that period as they searched for their own and their nation's identity. Her unconventional criticism of motherhood, her firm anti-imperialism, her perception and harsh criticism of Christian hypocrisy, her strategy of preventive segregation, and her deep-rooted fear of miscegenation—these key elements in her thinking help us comprehend the complexity of American society at the time when the United States was emerging as an international power at the beginning of the twentieth century.

NOTES

¹ Nancy F. Cott and Drew Gilpin Faust, "Recent Directions in Gender and Women's History," *Magazine of History: Organization of American Historians* 19 (March 2005): 4–5.

² C.E. Winslow coined the phrase "community mother" in "The training of nurses for Public Health Inspection," *Public Health Nurse Quarterly* 5 (April 1913): 43–49. The best spokesperson for the idea of "home care" by nurses was Lillian D. Wald, the head of Nurses' Settlement. See Lillian D. Wald, *The House on Henry Street* (New York: Dover, 1970; repr. New York: Henry Hold and Co., 1915) and Lillian D. Wald, *Windows on Henry Street* (Boston: Little Brown and Co., 1934). See Karen Buhler-Wilkerson, *No Place Like Home: A History of American Nursing and Home Care in the United States* (Baltimore: Johns Hopkins University Press, 2001); and Theda Skocpol, *Protecting Soldiers and Mothers: the Political Origins of Social Policy in the United States* (Cambridge: Harvard University Press, 1992). Critical works on nurses helping immigrants are Alan M. Kraut, *Silent Travelers: Germs, Genes and "Immigrant Menace"* (Baltimore: Johns Hopkins University Press, 1994); and Matthew Frye Jacobson, *Barbarian Virtues: The United States Encounters Foreign Peoples at Home and Abroad, 1876–1917* (New York: Hill and Wang, 2000).

³ Barbara L. Brush and Joan E. Lynaugh, *Nurses of All Nations: A History of the International Council of Nurses, 1889–1999* (Philadelphia: Lippincott, 1999); and Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Durham: Duke University Press, 2003).

⁴ The most notable work is Gail Bederman, *Manliness & Civilization: A Cultural History of Gender and Race in the United States, 1880–1917* (Chicago: University of Chicago Press, 1995).

⁵ Her brief biography is found in M. R. Pennock, *Makers of Nursing History* (New York: Lakeside Press, 1940), 136–137. On the history of visiting nursing, see Barbara Melosh, *The Physician's Hand: Work, Culture, and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982); and Karen Buhler-Wilkerson, "False

Dawn: The Rise and Decline of Public Health Nursing 1900–1930,” in *Nursing History: New Perspectives, New Possibilities*, ed. Ellen Condliffe Langemann (New York: Teachers College Press, 1981), 89–106. On visiting nursing in Maryland, Jane Eliot Sewell, *Medicine in Maryland: The Practice and the Profession, 1799–1999* (Baltimore and London: Johns Hopkins University Press, 1999).

⁶ Ellen N. LaMotte, *The Tuberculosis Nurse: Her Function and Her Qualifications: A Handbook for Practical Workers in the Tuberculosis Campaign* (New York: G.P. Putman’s Sons, 1915); LaMotte, “Tuberculosis Work of the Instructive Visiting Nurse Association of Baltimore,” *American Journal of Nursing* 6 (1905–1906): 141–148; LaMotte, “The American Tuberculosis Exhibition,” *American Journal of Nursing* 6 (1905–1906): 305–311; and LaMotte, “Some Phases of the Tuberculosis Question,” *American Journal of Nursing* 8 (1907–1908): 430–434. Lavinia Dock on LaMotte see “International Congress on Tuberculosis in Washington,” *American Journal of Nursing* 9 (November 1908): 97. General works on tuberculosis during this period are Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876–1938* (Philadelphia: University of Pennsylvania Press, 1992); and Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick: Rutgers University Press, 1995).

⁷ *Tuberculosis Nurse*, 117; and LaMotte, quoted in Elsie M. Courrier, “Some Aspects of the Tuberculosis Problem: Report of the Twelfth Annual Convention,” *American Journal of Nursing* 9 (September 1909): 931.

⁸ LaMotte, “Municipal Care of Tuberculosis,” *American Journal of Nursing* (1912): 935–943.

⁹ *Tuberculosis Nurse*, 165–167.

¹⁰ LaMotte, quoted in “Some Aspects of the Tuberculosis Problem,” 931.

¹¹ LaMotte, “Some Phases of the Tuberculosis Question,” 431.

¹² *Tuberculosis Nurse*, Chapter 17 passim.

¹³ Bates, *Bargaining for Life*, Chapter 13, 231–249.

¹⁴ Michael E. Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988); and Bates, 243–249.

¹⁵ Jessica M. Robbins, “‘Barren of Results?’ The Tuberculosis Nurses’ Debate, 1908–1914,” *Nursing History Review* 9 (2001): 35–50.

¹⁶ Kathryn Kish Sklar ed., *Social Justice Feminists: a Dialogue in Documents, 1885–1933* (Ithaca: Cornell University Press, 1998); and Nitza Berkovitch, *From Motherhood to Citizenship: Women’s Rights and International Organizations* (Baltimore: Johns Hopkins University Press, 1999).

¹⁷ Gertrude Stein, *Autobiography of Alice B. Toklas* (New York: Harcourt, Brace and Co. 1933; repr. New York: Vintage, 1970), 170.

¹⁸ “Introduction,” in Margaret R. Higgonnet ed., *Nurses at the Front: Writing the Wounds of the Great War* (Boston: Northeastern University Press, 2001), vii–xxxviii. General works on women at war during this period are Dorothy and Carl J. Schneider, *Into the Breach: American Women Overseas in World War I* (Lincoln: toExcel Press 1991), which introduces LaMotte under “the Reporter” and “the Novelist”; Jean Gallagher, *The World Wars through the Female Gaze* (Carbondale: Southern Illinois University Press, 1998); and Judith S. Graham ed. “*Out Here at the Front*” *The World War I Letters of Nora Saltonstall* (Boston: Northeastern University Press, 2004).

¹⁹ Schneider, *Into the Breach*, 198; and Charles V. Genthe, *American War Narratives, 1917–1918* (New York: D. Lewis, 1969). The other book banned was *War, Peace and the Future: A Consideration of the Relation of Women to War* by Ellen Key.

²⁰ Genthe, *American War Narratives*, 101.

²¹ LaMotte, "Heroes," in *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (New York: G.P. Putnam's Sons 1916), 3–13. This was originally published in the *Atlantic Monthly* 118 (Oct.1916): 482–490.

²² LaMotte, "A Surgical Triumph," in *The Backwash of War*, 155.

²³ LaMotte, "Heroes," in *The Backwash of War*, 8.

²⁴ LaMotte, "Women and Wives," in *The Backwash of War*, 95–111.

²⁵ LaMotte, "Citation," in *The Backwash of War*, 167–178.

²⁶ LaMotte, "Heroes," in *The Backwash of War*, 7.

²⁷ LaMotte, "Under Shell-Fire at Dunkirk," *Atlantic Monthly* 116 (Nov. 1915): 694.

²⁸ LaMotte, "A Joy Ride," *Atlantic Monthly* 118 (Oct. 1916): 481–490.

²⁹ Barbara Hardy, "Introduction" in *Not So Quiet: Stepdaughter of War* (1930) by Evadne Price (Helen Zenna Smith) (London: Virago Press, 1988), 12.

³⁰ Ibid.

³¹ Edward W. Said, *Orientalism* (Harmondsworth, Penguin, 1978); Lisa Lowe, *Critical Terrains: French and British Orientalisms* (Ithaca: Cornell University Press, 1991); Sara Mills, *Discourses of Difference: An Analysis of Women's Travel Writing and Colonialism* (London: Routledge, 1991); and Nupur Chaudhuri and Margaret Strobel eds. *Western Women and Imperialism: Complicity and Resistance* (Urbana: Indiana University Press, 1992).

³² LaMotte, "Civilization," in *Civilization: Tales of the Orient* (New York: Books for Libraries Press.1919): 93–117.

³³ LaMotte, "The Yellow Streak," in *Civilization*, 11–29.

³⁴ LaMotte, "Cholera," in *Civilization*, 235–244.

³⁵ LaMotte, "Snuffs and Butters" in *Snuffs and Butters and Other Stories* (New York: The Century Co., 1925): 3–29.

³⁶ LaMotte, "Misunderstanding," in *Civilization*, 121–137; and "The Middle-Class Mind" in *Snuffs and Butters*, 87–118.

³⁷ LaMotte, "Prisoners," in *Civilization*, 141–173; "The Middle-Class Mind," in *Snuffs and Butters*; and "Homesick," in *Civilization*, 65–90. For general discussion on intermarriage and miscegenation see Werner Sollors ed. *Interracialism: Black and White Intermarriage in American History, Literature, and Law* (Oxford University Press, 2000).

³⁸ "The Malay Girl," in *Snuffs and Butters*, 33–53.

³⁹ LaMotte, *The Opium Monopoly* (New York: The MacMillan Co., 1920), xiv–xvii.

⁴⁰ LaMotte, "America and the Opium Trade," *Atlantic Monthly* 129 (June 1922): 732–739; "Opium and England," *Nation* 119 (September 3, 1924): 232–234; "Deadlock at Geneva," *Nation* 120 (February 4, 1925): 113–114; and "Manchuko and the Opium trade," *Nation* 138 (February 28, 1934): 246–247.