

Professional Angels at War: The United States Army Nursing Service and Changing Ideals of Nursing at the Turn of the Twentieth Century

*Yoshiya MAKITA**

I. INTRODUCTION

In 1898, Lillian Kratz spent the whole summer at an army field hospital in Santiago, Cuba. Since April 24, when the United States Congress declared a state of war with Spain, US forces had been fighting continuous battles with Spanish troops in Cuba. The outbreak of the war stirred up patriotic fervor in the United States and drew vast human resources into the war effort.¹ With a contract as an army nurse, Kratz got on a battleship in New York harbor and traveled to Cuba. When the ship anchored in Santiago harbor, Kratz later recalled, the horrific sight of the foreign battlefield provoked a spiritual feeling in her heart: “To the right of us was the desolate battle field, and as the sun gradually sank behind the horizon, casting the reflection of its rays in purple and gold on San Juan hill where our dead and dying still lay, and as the sun’s glow became fainter and fainter, it seemed to cast a benediction over all.”²

Copyright © 2013 Yoshiya Makita. All rights reserved. This work may be used, with this notice included, for noncommercial purposes. No copies of this work may be distributed, electronically or otherwise, in whole or in part, without permission from the author.

*Research Fellow, Japan Society for the Promotion of Science

The reality of the war, however, soon shattered her naïve sentimentality. Heavy rains intermittently soaked the nurses' tents. An ever-present cloud of flies annoyed nurses throughout their service and carried the risk of typhoid fever. After she was transferred to a yellow fever hospital, Kratz herself became ill and was forced into a sick bed. Despite all these hardships, she reflected, "We adapted ourselves to the conditions as sensibly as we could and as they confronted us each day."³ When the fierce battles were over and the bulk of army soldiers returned to the United States, Kratz decided to further volunteer for the nursing service in the Philippines and joined a contingent going to the islands. They sailed from New York and entered the Mediterranean, then passed through the Suez Canal to the Red Sea, and finally headed to the Pacific islands across the Indian Ocean. The long voyage around the world and her subsequent service in the Philippine islands bestowed on Kratz a wide range of experience, which she "possibly could not have acquired any other way."⁴ The voyage of Lillian Kratz from Cuba to the Philippines exemplifies the emergence of a new type of army nurse who worked overseas in the age of imperialism.

This essay examines the changing ideals of female nursing in the United States through an analysis of the organization of the army nursing service at the turn of the twentieth century. With the rapid growth of training schools in major cities on the East Coast after the 1870s, American women steadily consolidated a system for the education of female nurses with higher standards of nursing skills.⁵ The women superintendents of these training schools advocated independence, self-discipline, and autonomy in the field of nursing education, free from the intervention of male physicians and hospital administrators. Reformist nurses inherited these ideals of nursing education from the preceding British nursing reform intricately linked with the work of the nursing icon Florence Nightingale.⁶ While divorced from her original philosophy, the icon of Nightingale still foreshadowed one crucial aspect of the subsequent development of the nursing profession in the United States: The myth of "the lady with the lamp," which represented Nightingale as a nursing angel in the battlefield of the Crimean War, indicated a critical conjuncture of war with the status advancement of women nurses. In the late nineteenth century, in parallel with the domestic institutionalization of nursing education, wartime emergencies provided the thrust to propel the professionalization of American women nurses. During the American Civil War in 1861–65, both the Union and Confederate armies depended on a large number of female

nurses to care for sick and wounded soldiers. The army nursing service offered an opportunity for women to prove their usefulness in national affairs and laid the basis for the postwar development of professional nursing education.⁷ When the army again opened up its doors to the military nursing service for women during the war of 1898, American women nurses rushed back to army hospitals as professional caregivers.⁸ This essay illuminates the ways in which armed conflicts promoted the advancement of the nursing enterprise as a female profession.

During the Spanish-American War in 1898, the battlefield became an arena of contestation among women themselves. In the last decades of the nineteenth century, as Susan Reverby demonstrates, internal frictions caused by class differences rather than gendered solidarity of women increasingly came to characterize the nursing field in the United States.⁹ The war sharpened ordinary divisions among nurses and exacerbated already heightened tensions between factions by mobilizing an assortment of women, including untrained volunteers as well as trained graduates, under the single category of “nurse.” Mary Sarnecky points out that the wartime mobilization of women nurses from diverse backgrounds caused intense power struggles among nursing leaders.¹⁰ In addition to strained relationships with male surgeons at army hospitals, women nurses faced off against each other in the army service. But these power struggles were not simply political battles for leadership in the nursing corps. This essay argues that bitter disputes among women nurses reflected a deep-seated ideological conflict, which consequently prompted a conceptual rearticulation of the nursing service as a gendered “profession.” The feud among women army nurses mirrored competing visions on the nature of nursing. While volunteers believed their innate womanhood to be a natural source of their qualification as nurses, the leadership of trained nurses considered it insufficient and instead insisted on professional credentials for participating in the nursing service. At the center of this controversy was Nightingale’s own conception of nursing as womanly devotion to the holistic care of the sick and wounded.¹¹ A detailed analysis of the nursing service during the war of 1898 reveals a critical trajectory in which modern professional nursing emerged through modifying, resisting, and overcoming Nightingalean ideas of nursing.

The war in 1898 facilitated overseas ventures of American women nurses. After the war, quite a few nurses decided to continue their work in the Caribbean and Pacific areas, which had become part of an expanded American empire. The previous historiography has long tracked the

progress of the American nursing enterprise within the national borders.¹² But some historians now point to the importance of understanding the US history of nursing as part of global history. The international activities of American women nurses constituted a crucial part of what Warwick Anderson calls the global circulation of modern ideas on health and medicine at the turn of the twentieth century.¹³ Julia Irwin indicates that American nurses transmitted a distinctly American idea of professional nursing overseas through their international involvement and that nurses' border crossings played a principal role in expanding American influence abroad in the early twentieth century.¹⁴ Yet, the "American idea" of nursing itself was not monolithic and involved differing trends of thought at the moment of its exportation. The global circulation of nursing ideas in fact brought on ideological discord and dissension, in which Nightingalean ideals again became a focal point of contention. By inquiring actual experiences of American women nurses in their overseas service, this essay demonstrates that the professional ideal of American nurses was not just transmitted outside the United States but rather nurtured and consolidated through confrontations with competing ideas on nursing in transnational milieus.

In this transnational history of American nurses, this essay focuses on the ideas and practice of Anita Newcomb McGee, a woman physician who headed associations of female nurses during the Spanish-American War in 1898 and the Russo-Japanese War in 1904–05. Born into the respectable Newcomb family in Washington, D.C., in 1864, McGee devoted the early years of her career to scientific research in anthropology and medicine.¹⁵ While conducting anthropological research on religious communities, McGee entered the medical school of Columbian (now George Washington) University and earned a degree in medicine in 1892.¹⁶ During her senior year, the medical school decided to abolish its coeducation policy and discontinue admission of female students. This decision deeply shocked McGee, and thenceforth gender-biased discrimination against women within the medical profession became her long-standing central concern.¹⁷ The outbreak of the war in Cuba offered McGee an opportunity to show the professional usefulness of women to medical circles. To establish the military nursing service as a professional undertaking of competent women, she organized a female nurse corps in the US Army with strict standards for enlistment. When the Russo-Japanese War later broke out in the Far East, McGee herself traveled to Japan and attempted to transplant her standards of the profession into Japanese army hospitals. Through an analysis of Anita McGee's venture of military nursing, this essay unveils the process through which American women nurses forged an ideal of a gendered profession through their wartime service abroad. The development of the army nursing service illustrates a transnational momentum in the professionalization of American women at work at the

turn of the twentieth century

II. ORGANIZATION OF THE US ARMY NURSING SERVICE IN 1898

The war of 1898 inspired Anita McGee with the idea of launching a unit of trained nurses in the army. Soon after the battle began in Cuba, McGee suggested to the National Society of the Daughters of the American Revolution (DAR), a patriotic organization for women of which she was a vice-president general at that time, that the society should establish a special board to recruit trained women nurses for the army as a part of their patriotic commitment.¹⁸ After winning the approval from the national board of the DAR, McGee got in contact with George M. Sternberg, the Surgeon General of the US Army, whose wife was also a member of the DAR. Even before the official declaration of war, numerous letters from women offering their service as army nurses had already flooded the office of the surgeon general, and Sternberg decided there was merit in McGee's proposal to sift through the applications to form a pool of competent nurses for the army.¹⁹ As one of the leading bacteriologists in the country, Sternberg foresaw the future need for a large force of assistants at army hospitals and applied to Congress for authority to employ additional women nurses by contract on April 28. Sternberg then authorized McGee's plan with the reservation that women nurses should be dispatched to homeland hospitals that sheltered army soldiers and not to field hospitals abroad.²⁰ McGee immediately set up the DAR Hospital Corps, an examining board of which she became the director. With its headquarters in Washington, D.C., the DARHC sorted through the applications for army nurses that had arrived from across the nation and judged the eligibility of each applicant under the supervision of the Surgeon General of the US Army.²¹

McGee set up strict standards in screening for the army nurses and attempted to exclude untrained women. "The necessity for the establishment of a standard which should give only to graduate nurses the official recognition of the Government" appealed to McGee.²² Her eligibility criteria included requiring applicants to be graduates of established training schools for nurses and to be between thirty and fifty years of age. In addition, applicants had to present endorsements of their moral character and nursing ability from the superintendents of their respective schools, and preferably a recommendation from a member of their local DAR chapter. Women nurses who met these requirements and

accepted appointments in the US Army received railroad fare to their place of duty and thirty dollars a month along with free accommodations. To secure the administrative autonomy of trained nurses from male surgeons, McGee also created the new position of “chief nurse.” As an equivalent position to a superintendent of nurses at a civil hospital in peacetime, a chief nurse was to assume full responsibility for the direction of all women nurses at each army hospital. Control of the female nursing workforce was thus to be kept away from male medical staff.²³ Meanwhile, McGee flatly refused applicants below her standards in order to dispel the image of women army nurses as amateur volunteers. The rejection letter from the DARHC bluntly stated, “It is not anticipated that the services of anyone who is without hospital training will be required.”²⁴

In the preceding Civil War of the 1860s, women nurses often publicized and socially justified their engagement in military nursing as a wartime extension of their domestic service buttressed by their innate feminine virtues.²⁵ These Civil War nurses earnestly desired to follow Florence Nightingale’s example in the Crimean War. Herself an ardent opponent of slavery, Nightingale continuously sent her moral and practical support to Union nurses who were engaged in “a good baptism of fire for a country and a great regenerator of the national character.”²⁶ Dorothea L. Dix, a philanthropist renowned for her insane asylum reform, aspired to be an American Nightingale and worked as the superintendent of nurses in the Union Army in an effort to emulate her British predecessor.²⁷ The same aspiration filled the minds of Southern women as well. Kate Cumming, a Scottish-born Alabamian who joined the nursing service of the Confederate Army, expressed it in her journal: “Is the noble example of Miss Nightingale to pass for nothing? I trust not. What one woman has done, another may do.”²⁸ Nightingale’s assertion that any woman who had some experience in the care of someone, including family and relatives, could potentially become a nurse inspired these women.²⁹ As Jane Schultz points out, this equation of nursing with domesticity facilitated the participation of women in military nursing during the Civil War. But the emphasis on womanhood as the basis for nursing practice blurred the differences between nurses, cooks, and laundresses, and consequently impeded the establishment of professional authority of female nurses.³⁰ It was this image of army nurses as a rank of housekeepers that McGee endeavored to break down and replace with the idea of professional nursing during the Spanish-American War.

The first call for nurses came from the Army Surgeon General to serve

in Key West on May 7, 1898. By July 15, the DARHC had sent out a total of forty-seven trained nurses to homeland hospitals.³¹ The number of women nurses dispatched by the DARHC remained relatively small during the early months of the war. But the circumstances surrounding army nurses changed drastically during the summer months when rampant infectious diseases seriously undermined the physical strength of US soldiers. Typhoid fever raged virulently from August to September, striking army soldiers at camps and in hospitals.³² One historian estimates that 20,738 US soldiers out of a total of 274,717 contracted typhoid fever and that 1,590 died of the disease during the war. The epidemic accounted for 87 percent of the total deaths from disease in the US assembly camps.³³ Surgeon Nicholas Senn stated that “the outbreak and spread of typhoid fever in our home camps, so early during the campaign, is responsible for more deaths and suffering than any other cause. Many of our soldiers carried the infection with them to Cuba and Porto Rico, and were taken ill on the transports or soon after landing.”³⁴

The war in the Caribbean increasingly took on the character of a fight against disease, which accordingly generated a huge demand for nurses at army hospitals. The extensive prevalence of typhoid fever forced the army medical department to reinforce its medical workforce by employing additional surgeons, and the number of contract surgeons more than tripled from 151 on June 30 to 512 on August 31.³⁵ Yellow fever further debilitated the regiments in Cuba and Puerto Rico. “In less than two weeks after our army landed in Cuba,” observed surgeon Senn, “yellow fever made its appearance. . . . In less than two weeks from its appearance nearly 500 fever cases, most of them yellow fever, impaired the fighting force and seriously taxed the limited resources of the medical department.”³⁶ In tandem with the spread of infectious diseases among army soldiers, demand for army nurses skyrocketed. The number of female nurses working at army hospitals grew rapidly from 326 on August 15 to almost 1,000 by the end of the month.³⁷ As the shortage of medical staff and facilities gradually became apparent, female trained nurses extended their field of service from homeland hospitals to camp and field hospitals abroad. Female nurses consequently increased their presence in army hospitals, which forced the US Army to incorporate the activities of these nurses more fully into its organization. On August 29, Anita McGee got appointed to the position of Acting Assistant Surgeon General of the Army and became the first woman to hold that post in the US military history. As a result, the DARHC was disbanded and women nurses came under the

supervision of McGee's new military office.³⁸

III. TOWARD THE BOND OF GENDERED PROFESSION

While the rampancy of infectious diseases among US soldiers led to an increase in the number of army nurses, the epidemics caused a severe setback, in the eyes of Anita McGee, to the maintenance of professional standards of nurses. In the summer months, the workload at army hospitals far exceeded the nursing capacity of caregivers. Florence M. Kelly, a graduate nurse dispatched to Sternberg Hospital in Chickamauga, Georgia, described the extreme conditions surrounding army nurses: "Sometimes upwards of 300 patients would be admitted in a day, most of them coming a long distance over rough roads and under a broiling sun in heavy, horse-drawn ambulances ... and perhaps would have to lie, four in an ambulance, for many hours, a feast for the flies, before they could be removed to the beds which were being vacated by patients almost as ill, in order to give the newcomers a chance."³⁹ In the face of the acute growth in the demand for nurses, McGee found it increasingly difficult to secure enough trained nurses for army hospitals.⁴⁰

The large demand for women nurses at army hospitals gradually eroded McGee's standards of professional army nursing. At army hospitals where yellow fever raged most severely, the nursing service required caregivers to be immune to the disease through previous experience of infection. But McGee was not always able to secure enough immune nurses for these hospitals. When yellow fever appeared among US soldiers in Santiago, McGee failed to provide the required number of immune nurses. To meet the urgent need, Surgeon General Sternberg hired Namahyoke Sockum Curtis, an African American nurse, to recruit immune nurses in the South. On July 13, Curtis began her search for immune nurses in New Orleans and other Southern cities that had previously experienced outbreaks of yellow fever, and finally secured thirty-two African American nurses who were immune to the disease for army service. Eventually, a total of eighty African American women joined the army nursing service throughout the war.⁴¹ Yet, probably with her latent racial prejudice, McGee critically viewed these "colored women without hospital training" as below her professional standards.⁴²

In the wartime emergency, McGee had to compromise her professional ideals. The shortage of trained nurses in the army forced her to relax the eligibility criteria for army nurses to include female nurses who graduated

from small training schools without hospital residence, institutions specializing in certain illnesses, and schools attached to insane asylums.⁴³ Under the pressure of the enormous labor demand, McGee also came to accept the offers of nursing service from Catholic nuns of the Sisters of Charity in Emmitsburg, Maryland.⁴⁴ Even with making these concessions, the demand for nurses still exceeded the supply, and Sternberg finally decided to authorize chief surgeons at understaffed hospitals to make on-site contracts with volunteer women at their discretion, regardless of the official qualification standards.⁴⁵ These volunteer nurses employed by surgeons at their respective hospitals “proved not to be of the same class as their companions in the service,” McGee complained, adding that “irregular nurses are not subject to control and discipline and do not hold the same honorable position as do women who have Governmental authority for their presence with the army.”⁴⁶

To maintain the caliber of army nurses in these adverse circumstances, McGee often had to pit herself against other organizations that sent volunteer nurses to army hospitals without official contracts. The most prominent among these organizations was the Society for the Maintenance of Trained Nurses in New York, commonly known as Auxiliary No. 3 of the American Red Cross. McGee distrusted the nursing ability of the volunteer women offered by the Auxiliary and insisted that “these nurses were to be *selected by herself*; a proviso which gave the permission a distinctly personal [character].”⁴⁷ Auxiliary officials in return publicly expressed their opinion that they “do not attach any importance to the report published to the effect that the military authorities will not allow women nurses to attend the sick and wounded” and that their “nurses will go wherever they can do good, and that when it becomes apparent that they can render assistance in the hospitals, their services will be gladly accepted.”⁴⁸ At the actual sites of nursing, frictions recurrently arose between trained nurses and volunteer women. Margaret Berry, a graduate nurse dispatched to Tampa, Florida, bitterly reported to McGee “a great lack of harmony between the two sets of nurses” at the workplace and condemned the “open partiality and favoritism” accorded to volunteer nurses of the Auxiliary.⁴⁹ The volunteer service of Auxiliary women seemed far from McGee’s professional ideals. Even a volunteer who got an Auxiliary appointment complained that her duties as “assistant nurse” were “menial work only,” including “washing of floors” and “cooking.”⁵⁰ Keenly aware of the necessity to prevent the intrusion of untrained volunteers into the army nursing service, McGee visited New York

and persuaded Auxiliary officials to select nurses following her official standards and to file the applications with her central office for review. Yet the adversary relationship between the two groups of women continued until the end of the war.⁵¹

The tension between volunteers and trained nurses in part reflected their conflicting visions on the nature of nursing. While volunteers perceived nursing service as an expression of the feminine virtues in caregiving with which all women were innately endowed, McGee and the trained nurses under her supervision considered nursing a profession involving special skills and knowledge. Referring to Florence Nightingale's philosophy on the development of nursing, McGee maintained that the nursing service had developed through four distinct stages in its history.⁵² Nightingale explained that nursing the sick had its origin in *charity*, typified through the service of religious orders. Nursing then gradually degenerated into a *trade*, which midwives and disreputable nurses practiced for pecuniary benefits. The reform efforts by Nightingale and her followers in Britain changed this disgraceful situation and brought in the new notion of nursing as a *calling*, a divine mission of women nurses to the world. For Nightingale, "every woman is a nurse,"⁵³ when care is provided with a religious sense of calling. Nightingale taught her nurses to do every chore and "drudgery" with religious earnestness, "whether in having a drain cleaned out, or in ventilating a hospital ward."⁵⁴ To this Nightingalean idea of nursing as a sacred calling, which ideologically endorsed amateur efforts of private volunteer agencies during the war, McGee counterposed the concept of *profession* as the final form of nursing in its historical development, and insisted that the vocational status of women nurses as a profession should derive exclusively from their expert knowledge and skill.⁵⁵ If a female nurse "did anything she could, including dishwashing," insisted McGee, the woman was more of "a servant than [she] was a nurse."⁵⁶

In theory, the professional ideal of nursing could have fostered a gender-free association of caregivers who fulfilled the requirements of the profession. But in practice, the frequent confrontation with male medical staff resentful of the female service in the army inevitably attached gendered nuances to McGee's conception of the nursing profession. At Fort Hamilton, surgeon L. M. Maus acidly reported that "the [male] hospital private takes no interest in his duties as a nurse, nor can he be expected to, so long as he is brought in contact with the female nurse."⁵⁷ To countervail the opposition from male surgeons and attendants, women nurses needed

to maintain solidarity along gender lines. Yet McGee envisaged the profession, even though gendered in practice, as consolidated behind professional standards, and expected her nurses to convince army surgeons of their efficiency as a profession by demonstrating physical fitness, expertise, and moral discipline in their daily work.⁵⁸ When a surgeon at Fort Meyer, who had “violently objected to having any women nurses,” changed his mind and finally attempted to retain the women nurses at his hospital, McGee stated with satisfaction that “his conversion was complete.”⁵⁹ By establishing professional standards in the army nursing service and differentiating trained nurses from the untrained, McGee broke up the cohesion of sisterhood that united nurses solely as women and replaced it with a new bond of the gendered profession for the expert status of women army nurses.

IV. NURSING BEYOND BORDERS

While the nursing service in the Spanish-American War enhanced the professional status of female army nurses, the war also marked the beginning of international activities by these women nurses. Although the number of women nurses in active service gradually decreased after the middle of September 1898, 686 women nurses were still in service at the close of 1899, and the number of women who served as army nurses prior to July 1899 reached 1,563 on aggregate.⁶⁰ Consequently, the US Army finally reached a decision to absorb the female nurse units as a permanent constituent of the military organization. Section 19 of the Army Reorganization Act in 1901, drafted by Anita McGee, conferred the status of regular military organization on the US Army Nurse Corps and thus institutionalized the activities of women nurses under a female superintendent. After the enactment of this bill, McGee resigned from her governmental post and launched the Society of Spanish American War Nurses (SAWN) to claim veterans’ benefits for women army nurses.⁶¹ Integrated into the national military organization, women army nurses extended their field of service beyond the territorial borders along the imperial expansion of the United States. After the Spanish-American War, the US Army continued to send women nurses to hospitals in Cuba, Puerto Rico, Hawaii, and the Philippines. During the Boxer Rebellion in 1900–1901, these American nurses also engaged in the nursing service in China.⁶²

In the course of this rapid growth of the military nursing service

outside the US mainland, Anita McGee herself decided to visit Japan in order to support Japanese nurses during the Russo-Japanese War in 1904. When war appeared unavoidable between Japan and Russia, McGee approached the Japanese government and asked for permission to join the nursing service for Japanese soldiers at army hospitals in Japan. At first, the Japanese government was reluctant to accept her offer of service.⁶³ In February 1904, however, Takahira Kogorou, the Japanese minister in Washington, D.C., received a telegram from the Japanese Ministry of Foreign Affairs that the Red Cross Society of Japan (RCSJ, Nihon-Sekijujisha) would make arrangements to receive McGee and some other nurses as its guests.⁶⁴ Leaders of the RCSJ anticipated that the expedition of American women nurses would have the effect of raising the morale of Japanese Red Cross nurses during the war.⁶⁵ The Associate Society of the Red Cross in Philadelphia also supported McGee's nursing expedition by serving as a liaison with the RCSJ.⁶⁶ Having secured support from these Red Cross societies, on April 1, McGee left Seattle with a small team of graduate nurses on the steamship *Shawmut* and arrived at the port of Yokohama three weeks later.⁶⁷

The professional careers of the American nurses who accompanied McGee to Japan reflected the growth of the army nursing service that had expanded overseas after the war of 1898. For her service in Japan, McGee selected nine women nurses who were veterans of the Spanish-American War: Mary E. Gladwin, Genevieve Russell, Sophia E. Newell, Alice Kemmer, Minnie Cooke, Adelaide Mackareth, Adele Neeb, Ella B. King, and Elizabeth R. Katz. According to the nursing records of these nine women nurses, all but Sophie Newell had experience in the overseas nursing service in Cuba, Puerto Rico, or the Philippines during and after 1898.⁶⁸ Alice Kemmer, for example, worked at army hospitals from August 1898 to June 1900, initially in Chickamauga, Jacksonville, and Savannah in the South, then in Havana and later in Santa Monica and Presidio in California. On July 1, 1900, Kemmer left San Francisco to join the nursing service in the Philippines. Yet, on August 4, she found herself landing on the Chinese shore, due to a change of order during the voyage, and engaged in the nursing service at Tianjin and Beijing during the Boxer Rebellion. In late May 1901, Kemmer finally reached the Philippines and worked at Santa Mesa Hospital, Manila, until June 1902.⁶⁹ For these women nurses who had previously worked overseas, the expedition to Japan was only an extension of their already internationalized service.

While the nursing careers of these American women represented the

expansion of the US Army nursing service overseas, Japanese nursing practices reflected international currents of contemporary nursing thought. In the Asian island far away from her home country, McGee encountered Japanese physicians and nurses imbued with Western ideas of modern nursing, with which she was definitely familiar in the United States. Soon after she arrived in Tokyo, McGee must have learned that Takagi Kanehiro, her attendant in Japan, was a graduate of the medical school of St. Thomas Hospital in London and was the founder of the first training school for nurses in Japan. Oyama Sutematsu, the director of the Ladies' Patriotic Association that entertained McGee's nurses in Tokyo, studied nursing at the Connecticut Training School for Nurses in the United States.⁷⁰ With support from foreign missionary societies, Japanese nursing education had already developed under the strong influence of Nightingalean thought.⁷¹ At some training schools, missionary nurses, such as Linda Richards who graduated from a training school in London and became one of the first formally trained nurses in the United States, taught Nightingalean ideas of nursing to Japanese women. Aside from these private training schools, the RCSJ opened its central hospital in Tokyo and started training of women nurses in 1890 by introducing Western methods of nursing.⁷² During her stay in Japan, McGee witnessed the rapid transplantation of Western nursing ideas, which in truth mirrored a certain ideological section of American nursing enterprises.⁷³

The ongoing westernization of the nursing service in Japan, or the spread of Nightingalean methods in effect, posed the same problem for McGee as she had previously faced during the Spanish-American War. On May 1, 1904, the Japanese army headquarters ordered McGee to become the superintendent of nurses at the army reserve hospital in Hiroshima, the chief military base in the western region of Japan. In late May, McGee and her nurses began their actual service with Japanese Red Cross nurses at the first division in the hospital.⁷⁴ Through the daily supervision of Japanese women nurses at the wards, McGee made critical observations for the nursing service in the Japanese army and described the expertise of Japanese Red Cross nurses as "much less than that of our army nurses."⁷⁵ Although admitting to the devotion and sincerity of Japanese nurses, McGee considered the nursing service by Japanese women who did any menial chore and worked nearly thirty hours at a time as deviated from her standards of professional nursing.⁷⁶ In her report to the RCSJ, McGee articulated her observations on Japanese nurses by referring again to the competing concepts of calling and profession. In Japan, where "the ideas

of Miss Nightingale are more closely followed,” the ideal of “calling” stood as the leading principle of nursing with special emphasis on the “ethical aspect” of the service. In contrast, McGee allegedly declared that the notion of “profession” dominated the nursing service in the United States, where “skill and knowledge” were the only objects to be attained in the training.⁷⁷ Projecting her experience during the Spanish-American War onto the Japanese army nursing service, McGee opposed here again the Nightingalean idea of nursing as a calling, and attempted to proselytize Japanese women nurses to her ideal of profession.

The actual hospital work brought ample opportunities for McGee to inculcate her professional ideals into Japanese women nurses. On the hospital wards, McGee introduced a three-shift system in the nursing service. She also prohibited her nurses from doing laundry and other domestic chores and instead asked the chief surgeon to employ additional attendants for these routine services.⁷⁸ A Red Cross official consequently came to avow that “driving trained women nurses to do drudgery such as hauling and cleaning, which requires no training and skill but physical strength, is not only a serious disadvantage for the whole economy but a blatant waste.”⁷⁹ The daily service of American nurses itself exerted considerable influence on their Japanese coworkers. On July 11, Genevieve Russell boarded the hospital ship *Hakuaimaru* at the port of Ujina and departed for the battlefield in northeast China to bring sick and wounded soldiers back to homeland hospitals. Throughout the voyage, heavy storms assailed the hospital ship and exhausted medical staff on board. During this tough mission, Russell cared for as many as sixteen severe patients on her own and surprised Japanese nurses with her professional skills.⁸⁰ With the approval of Red Cross officials and the practical examples of American nurses, McGee arduously attempted to inculcate her ideal of professional nursing into the nursing service of the Japanese army.

The nursing service in the Far East resulted in elevating the sense of profession among American nurses themselves as well. Under the auspices of Japanese Red Cross officials, McGee and her nurses attained supervisory power as “model nurses” for Japanese women and had responsibilities over the daily operation of hospital work, which otherwise they would not have been able to acquire at male-dominated hospitals in the United States.⁸¹ Adelaide Mackareth wrote with delight that the service in Japan “is quite stimulating and very much rewarding, especially when I am continually assigned a number of duties which critically affect the fate of patients.”⁸² The overseas service emancipated American women nurses

from the subordinate position to male physicians that they had in their homeland.⁸³ Their increasing authority as instructors for Japanese women nurses accordingly strengthened their self-awareness as professionals. When McGee fixed the date of return to the United States as early October 1904 in order to attend the SAWN annual meeting in St. Louis, five American nurses opposed her decision and directly solicited Japanese officials to extend their term in Japan for another six months.⁸⁴ Ella King deemed it irresponsible to “go home now when the work is hardest and we are just beginning to be of some slight use.”⁸⁵ By reasoning it as a professional obligation to prioritize their service for Japanese patients at hand over political concern for veteran army nurses, these American women insisted on an extension of their stay in Japan. Far remote from the hierarchical constraints of medical circles in the US mainland, the overseas activities nurtured the professional identity of American women nurses.

V. CONCLUSION

At the turn of the twentieth century, armed conflicts prompted rearticulation of nursing as a gendered profession. With the Spanish-American War in 1898 and the consequent acquisition of overseas colonies, the United States emerged on the global stage of imperial rivalry. This outward expansion of the state as a world power triggered the rapid growth of the US Army nursing service. Anita McGee played a pivotal role in this development. Though herself not a trained nurse, McGee climbed the ladder of the military caste system as a physician and contributed as the Acting Assistant Surgeon General to enhancing the status of women nurses in the army.⁸⁶ Through repeatedly confronting Nightingalean ideas about nursing, first in the Spanish-American War and later during the Russo-Japanese War, McGee created a new bond of women nurses as a profession.

McGee’s ideal of nursing reflected and indeed forwarded an ideological shift toward professionalization in the American nursing field. As Patricia D’Antonio points out, American women nurses at major hospitals gradually departed from the old Nightingalean notion of womanly care and put more value on professional skills and knowledge in the late nineteenth century.⁸⁷ Yet political rivalries within the nursing field, between trained nurses and the untrained, or between those affiliated with large institutions and those working at small and specialty hospitals, seriously hampered this shift.⁸⁸ The emergencies caused by war provided McGee with the

opportunity to promote professionalism in foreign battlefields. By setting the foundation for professional army nursing, McGee opened the door for American women nurses to work overseas. When they were in Japan and away from domestic quarrels, McGee and her nurses were able to build their identity as professional caretakers. The overseas growth of army service helped advance the professionalization of American nursing. When McGee and her nurses finally ended their service in Japan in October 1904, many of these American nurses chose to continue their overseas activities. Kemmer returned to Manila directly from Japan, while Cooke, King, Mackareth, and Russell went on to Panama to join the nursing service in the Canal Zone.⁸⁹ Deeply intertwined with international conflicts, modern professional nursing spread beyond borders.

NOTES

¹ For the progress of the war in 1898, see Joseph Smith, *The Spanish-American War: Conflict in the Caribbean and the Pacific* (New York: Longman, 1994); Sebastian Balfour, *The End of the Spanish Empire* (Oxford: Clarendon Press, 1997), 11–63; Louis A. Pérez, *The War of 1898: The United States and Cuba in History and Historiography* (Chapel Hill: University of North Carolina Press, 1998).

² Memoir of Lillian Kratz Kuehn, typescript, RG 112, Records of the Office of the Surgeon General, Entry 230, Anita Newcomb McGee's Office Files, 1898–1936, National Archives and Records Administration, Washington, DC (hereafter, NARA).

³ Memoir of Lillian Kratz Kuehn.

⁴ Ibid.

⁵ Jane E. Mottus, *New York Nightingales: The Emergence of the Nursing Profession at Bellevue and New York Hospital, 1850–1920* (Ann Arbor: UMI Research Press, 1981).

⁶ For the ideas and activities of Florence Nightingale, see Mark Bostridge, *Florence Nightingale: The Making of an Icon* (New York: Farr, Straus and Giroux, 2008); Edward Cook, *The Life of Florence Nightingale* (London: Macmillan, 1913); Irene Sabelberg Palmer, "Florence Nightingale: Reformer, Reactionary, Researcher," in *Nursing Issues in the Twenty-first Century: Perspectives from the Literature*, ed. Eleanor C. Hein (Philadelphia: Lippincott Williams & Wilkins, 2001), 26–38; Brian Abel-Smith, *A History of the Nursing Profession* (London: Heinemann, 1960), 17–35, 61–80.

⁷ Jane E. Schultz, *Women at the Front: Hospital Workers in Civil War America* (Chapel Hill: University of North Carolina Press, 2004).

⁸ Mercedes H. Graf, "Women Nurses in the Spanish-American War," *Minerva: Quarterly Report on Women and the Military* 19, no. 1 (Spring 2001): 3–38; Philip A. Kalisch, "Heroines of '98: Female Army Nurses in the Spanish-American War," *Nursing Research* 24, no. 6 (November/December, 1975): 411–29.

⁹ Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (New York: Cambridge University Press, 1987).

¹⁰ Mary T. Sarnecky, *A History of the US Army Nurse Corps* (Philadelphia: University of Pennsylvania Press, 1999), 33–34.

¹¹ Lauren M. E. Goodlad, “‘A Middle Class Cut into Two’: Historiography and Victorian National Character,” *ELH* 67, no. 1 (Spring 2000): 143–78; Charles E. Rosenberg, “Florence Nightingale on Contagion: The Hospital as Moral Universe,” in *Explaining Epidemics: And Other Studies in the History of Medicine*, ed. Rosenberg (New York: Cambridge University Press, 1992), 90–108.

¹² See, for example, Mottus, *New York Nightingales*; Reverby, *Ordered to Care*; Barbara Melosh, “*The Physician’s Hand*”: *Work Culture and Conflict in American Nursing* (Philadelphia: Temple University Press, 1982); Jo Ann Ashley, *Hospitals, Paternalism, and the Role of the Nurse* (New York: Teachers’ College Press, 1976).

¹³ Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006), 7; “Where Is the Post-Colonial History of Medicine?,” *Bulletin of the History of Medicine* 72, no. 3 (1998): 522–30.

¹⁴ Julia F. Irwin, “Nurses without Borders: The History of Nursing as US International History,” *Nursing History Review* 19 (2011): 78–102. See also Irwin, “Humanitarian Occupations: Foreign Relief and Assistance in the Formation of American International Identities, 1898–1928” (PhD diss., Yale University, 2009); and “Nation Building and Rebuilding: The American Red Cross in Italy during the Great War,” *Journal of the Gilded Age and Progressive Era* 8, no. 3 (July 2009): 407–39.

¹⁵ In 1888, McGee married William John McGee, the chief geologist of the Atlantic coastal plain division at the United States Geological Survey. See Yoshiya Makita, “McGee, Anita Newcomb (1864–1940),” in *An Encyclopedia of American Women at War: From the Home Front to the Battlefields*, ed. Lisa Tendrich Frank (Santa Barbara: ABC-Clio, 2013), 380–82.

¹⁶ For the early years of Anita Newcomb McGee’s career, see Cindy Gurney and Dolores J. Haritos, “Anita Newcomb McGee, 1864–1940,” in *American Nursing: A Biographical Dictionary*, ed. Vern L. Bullough, Olga Maranjian Church, and Alice P. Stein (New York: Garland, 1988), 217–20; Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois Press, 1987), 33–35, 122, 127; Sandra A. Yerkes, “Anita Newcomb McGee, MD” (July 1977), typescript. Anita Newcomb McGee Collection, Bio File, Otis Historical Archives, National Museum of Health and Medicine, Silver Spring, MD.

¹⁷ Moldow, *Women Doctors in Gilded-Age Washington*, 60–70.

¹⁸ McGee’s Journal, entry 26 April 1898; Resolution of the National Society of the Daughters of the American Revolution, 26 April 1898, RG 112, Entry 229, Journal of Dr. Anita Newcomb McGee, 1898–1936, NARA. As to McGee’s early commitment to the activities of the DAR, see Moldow, *Women Doctors in Gilded-Age Washington*, 145–47.

¹⁹ George M. Sternberg to Anita Newcomb McGee, 28 April 1898, RG 112, Entry 229, NARA.

²⁰ McGee’s Journal, entry 28 April 1898; Report of Committee to Obtain Information from the Surgeons General of the Army and Navy; W. K. Van Reypen to McGee, 28 April 1898; and Sternberg to McGee, 28 April 1898, RG 112, Entry 229, NARA; *Report of the Surgeon General of the Army to the Secretary of War for the Fiscal Year Ended June 30, 1898* (Washington, DC: Government Printing Office, 1898), 102.

²¹ Memorandum of Alice Pickett Akers, 30 April 1898, RG 112, Entry 229, NARA; McGee, “Women Nurses in the American Army,” paper read at the Eighth Annual Proceedings of the Association of Military Surgeons of the United States, September 1899, typescript, 1, RG 112, Entry 230, NARA.

²² McGee, “Standard for Army Nurses,” pamphlet, 1, RG 112, Entry 230, NARA.

²³ Circular letter, April 1898; Circular letters “F” and “N,” no date, RG 112, Entry 229, NARA; McGee, “Women Nurses in the American Army,” 1, 4.

²⁴ Circular “E,” no date, RG 112, Entry 229, NARA.

²⁵ Alice Fahs, “The Feminized Civil War: Gender, Northern Popular Literature, and the Memory of the War, 1861–1900,” *Journal of American History* 85, no. 4 (March 1999): 1461–94; Kristie Ross, “Arranging a Doll’s House: Refined Women as Union Nurses,” in *Divided Houses: Gender and Civil War*, ed. Catherine Clinton and Nina Silber (New York: Oxford University Press, 1992), 97–113.

²⁶ Nightingale to Harriet Martineau, 30 September 1861; and quotation from Nightingale to Dennis R. Alward, 22 February 1865, in *The Collected Works of Florence Nightingale*, vol. 15, ed. Lynn McDonald (Waterloo: Wilfrid Laurier University Press, 2011), 598, 601.

²⁷ Thomas J. Brown, *Dorothea Dix: New England Reformer* (Cambridge: Harvard University Press, 1998), 280–323; Louisa May Alcott, *Hospital Sketches* (Boston: James Redpath, 1863), 77.

²⁸ Kate Cumming, *A Journal of Hospital Life in the Confederate Army of Tennessee from the Battle of Shiloh to the End of the War* (Louisville, KY: John P. Morton & Co., 1866), 11.

²⁹ Florence Nightingale, *Notes on Nursing: What It Is, and What It Is Not* (London: Harrison, 1860), 79.

³⁰ Schultz, *Women at the Front*, 3.

³¹ McGee’s Journal, entry 7 May 1898, RG 112, Entry 229, NARA. See also “To Nurse the Wounded,” *Washington Evening Star*, 14 May 1898; “Nurses Off for Key West,” *Washington Post*, 15 May 1898; and “New Hospital Corps,” *Washington Times*, 17 May 1898.

³² Vincent J. Cirillo, *Bullets and Bacilli: The Spanish-American War and Military Medicine* (New Brunswick, NJ: Rutgers University Press, 1999); Walter Reed, Victor C. Vaughan, and Edward O. Shakespeare, *Abstract of Report on the Origin and Spread of Typhoid Fever in US Military Camps during the Spanish War of 1898* (Washington, DC: Government Printing Office, 1900). See also Cirillo, “Houseflies as Carriers of Typhoid Fever in 19th- and Early 20th-Century Military Camps,” *Perspectives in Biology and Medicine* 49, no. 1 (Winter 2006): 52–63; Matthew Smallman-Raynor and Andrew D. Cliff, “Epidemic Diffusion Processes in a System of US Military Camps: Transfer Diffusion and the Spread of Typhoid Fever in the Spanish-American War, 1898,” *Annals of the Association of American Geographers* 91, no. 1 (March 2001): 71–91.

³³ Cirillo, “Fever and Reform: The Typhoid Epidemic in the Spanish-American War,” *Journal of the History of Medicine and Allied Sciences* 55, no. 4 (October 2000): 363.

³⁴ Nicholas Senn, *Medico-Surgical Aspects of the Spanish American War* (Chicago: American Medical Association Press, 1900), 173.

³⁵ Reed, Vaughan, and Shakespeare, *Abstract of Report on the Origin and Spread of Typhoid Fever*, 3.

³⁶ Senn, *Medico-Surgical Aspects of the Spanish American War*, 155.

³⁷ McGee, “Standard for Army Nurses,” pamphlet, 2, RG 112, Entry 230, NARA.

³⁸ “Lieut. Anita N. McGee,” *Washington Post*, 30 August 1898; McGee, “Standard for Army Nurses,” 2; McGee, “Women Nurses in the American Army,” 1.

³⁹ Florence M. Kelly, “A Spanish War Nurse Remembers,” *Alumnae Journal of New York City Hospital School of Nursing* 37 (July 1926): 24.

⁴⁰ McGee, “Women Nurses in the American Army,” 1–2; McGee, “Standard for Army Nurses,” 2–3.

⁴¹ Sarnecky, *A History of the US Army Nurse Corps*, 31. See also Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890–1950* (Bloomington: Indiana University Press, 1989); and Mary Elizabeth Carnegie, *The Path We Tread: Blacks in Nursing Worldwide, 1854–1994*, 3rd ed. (New York: National League for Nursing Press, 1995).

⁴² McGee, “Women Nurses in the American Army,” 2.

⁴³ McGee, “Standard for Army Nurses,” 2–3.

⁴⁴ McGee, “Women Nurses in the American Army,” 2; McGee, “Standard for Army Nurses,” 3; Mercedes H. Graf, “Band of Angels: Sister Nurses in the Spanish-American War,” *Prologue* 34, no. 3 (Fall 2002): 197–209.

⁴⁵ McGee, “Women Nurses in the American Army,” 2.

⁴⁶ McGee, “Standard for Army Nurses,” 3; McGee, “Women Nurses in the American Army,” 2.

⁴⁷ McGee, “The Status of the Army Nurse of 1898,” pamphlet, 3, RG 112, Entry 230, NARA.

⁴⁸ *New York Times*, 8 July 1898.

⁴⁹ Margaret M. Berry to McGee, 9 August 1898, RG 112, Entry 230, NARA.

⁵⁰ *New York Times*, 13 August 1898.

⁵¹ McGee, “The Army Nurse Corps and Auxiliary No. 3,” typescript, RG 112, Entry 230, NARA.

⁵² Florence Nightingale, “Sick Nursing and Health Nursing,” in *Hospitals, Dispensaries, and Nursing: Papers and Discussions in the International Congress of Charities, Correction and Philanthropy, June 12th to 17th, 1893*, ed. John S. Billings and Henry M. Hurd (Baltimore: Johns Hopkins Press, 1894), 444–63.

⁵³ Nightingale, *Notes on Nursing*, 3.

⁵⁴ Elizabeth Robinson Scovil, “Florence Nightingale and Her Nurses,” *American Journal of Nursing* 15, no. 1 (October 1914): 13–14. See also *Florence Nightingale to Her Nurses: A Selection from Miss Nightingale’s Addresses to Probationers and Nurses of the Nightingale School at St. Thomas’s Hospital* (London: McMillan & Co., 1914).

⁵⁵ McGee, “The Growth of the Nursing Profession in the United States,” pamphlet, RG 112, Entry 230, NARA.

⁵⁶ McGee, “The Army Nurse Corps and Auxiliary No. 3.”

⁵⁷ Record No. SGO 58529: Extract from letter of Major, L. M. Maus, Fort Hamilton, 3 June 1899, RG 112, Entry 230, NARA.

⁵⁸ McGee, “Standard for Army Nurses,” 3–4.

⁵⁹ McGee, “Fort Meyer. 4th Story,” typescript, RG 112, Entry 230, NARA.

⁶⁰ McGee, “Women Nurses in the American Army,” 3.

⁶¹ McGee, “Official Status of Spanish War Nurses Prior to the Economy Act of March, 1933,” typescript, RG 112, Entry 230, NARA.

⁶² Committee of the Spanish American War Nurses, “Nursing in the Spanish American War,” pamphlet, 3–4; McGee, “The Nurse Corps of the Army,” pamphlet, 3, RG 112, Entry 230, NARA.

⁶³ Kogorou Takahira to McGee, 31 October 1903, RG 112, Entry 230, NARA.

⁶⁴ Takahira to McGee, 15 February 1904, RG 112, Entry 230, NARA.

⁶⁵ *Nihon-Sekijuji*, no. 135 (15 April 1904), 18.

⁶⁶ J. Wilks O’Neil to Masayoshi Matsukata, 4 March 1904, file B-329: S-250, Nihon-Sekijujisha Bunsho (Records of the Japanese Red Cross Society), Japanese Red Cross Toyota College of Nursing (hereafter, NS).

⁶⁷ McGee’s Journal, entries April 1 and 22, RG 112, Entry 229, NARA.

⁶⁸ Nursing Records of Mary E. Gladwin, Genevieve Russell, Minnie Cooke, Adelaide Mackareth, Sophia E. Newell, Adele Neeb, Ella B. King, Alice Kemmer, and Elizabeth R. Kratz, file B-329: S-250, NS.

⁶⁹ Nursing Record of Alice Kemmer, file B-329: S-250, NS.

⁷⁰ Fuki Koba, "Takagi Kanehiro to Eikoku Ryugaku: Eikoku no Iryou, Kango no Eikyuu," *Shin-Satsumagaku: Satsuma to Ryugakusei*, ed. Center for International Cultural Studies (Kagoshima: Nanpou-Shinsha, 2006), 97–153; Akiko Kuno, *Rokumeikan no Kifujin Oyama Suteatsu: Nihonhatsu no Joshi Ryugakusei* (Tokyo: Chuoukouron, 1993), 138–42.

⁷¹ Aya Takahashi, *The Development of the Japanese Nursing Profession: Adopting and Adapting Western Influences* (London: Routledge Curzon, 2004), esp. 36–53.

⁷² Michiko Kameyama, *Nihon-Sekijujisha to Kangofu* (Tokyo: Domesu-shuppan, 1983).

⁷³ See, for example, memorandum concerning the reception of Mrs. McGee and her nurses, 14 March 1904, file B-328: S-249, NS.

⁷⁴ Terms of service, Japanese Ministry of War, 1 May 1904, RG 112, Entry 230, NARA; Takeo Ozawa to Narinobu Hirayama, 1 June 1904, file B-328: S-249, NS.

⁷⁵ McGee, "Work at the Army Reserve Hospital of Hiroshima," 15 July 1904, typescript, 4, RG 112, Entry 230, NARA.

⁷⁶ Report of Anita McGee on the Japanese Red Cross nursing, file B-330: S-251, NS; *Chunichi Shinbun*, 19 July 1904.

⁷⁷ Report of Anita McGee on the Japanese Red Cross nursing.

⁷⁸ The Second Relief Squad, Monthly Administrative Report (June 1904), file B-453: S-374, NS; McGee's Journal, entry 10 October 1904, RG 112, Entry 229, NARA.

⁷⁹ Memorandum on the method of nursing under Dr. McGee, n.d., file B-328: S-249, NS.

⁸⁰ The Second Relief Squad, Monthly Administrative Report (July 1904).

⁸¹ *Nihon-Sekijuji*, no. 139 (15 June 1904), 12; Emergency relief memorandum, no. 1670, 4 June 1904, file B-329: S-250, NS. Quotation from *Nihon-Sekijuji*, no. 135 (15 April 1904), 18.

⁸² Adelaide Mackareth to Takeo Ozawa, 14 July 1904, file B-328: S-249, NS.

⁸³ The similar effect of overseas service on nurses' vocational status could be found in the colonial Philippines. See, for example, Mabel E. McCalmont, "Hospitals and Nursing in the Philippines," *American Journal of Nursing* 10, no. 2 (November 1909): 94; and Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Durham, NC: Duke University Press, 2003), 23.

⁸⁴ McGee to Takagi, 28 June 1904; Ozawa to McGee, 4 July 1904; Memorandum no. 2348, 25 July 1904; Gladwin, Russell, Mackareth, King, and Katz to the RCSJ headquarters, 29 July 1904; Mackareth to Ozawa, 1 September 1904, all in file B-328: S-249, NS.

⁸⁵ King to Ozawa, 6 August 1904, file B-328: S-249, NS.

⁸⁶ Judith Bellafaire and Mercedes Graf, *Women Doctors in War* (College Station: Texas A & M University Press, 2009), 28.

⁸⁷ Patricia D'Antonio, *American Nursing: A History of Knowledge, Authority, and the Meaning of Work* (Baltimore: Johns Hopkins University Press, 2010), 3.

⁸⁸ Reverby, *Ordered to Care*, 121–42.

⁸⁹ Minnie Cooke to the headquarters of the RCSJ, 7 February 1905; Russell to Ozawa, 5 May 1905; memorandum no. 1, 27 June 1905, file B-330: S-251, NS.