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1 Introduction

¹ Despite the devastating consequences and the loss of countless lives that accompany war, its impact as a catalyst for social change and the promotion of race and gender issues seems a given. The reciprocal and often ambiguous relationship between nursing and war has not only improved the social status of women and the professional development of nursing and the medical profession for women, but it has also changed the national environment of health care (Brunk 217). Historian Quincealea Brunk points out that “[t]hroughout history, there has existed a basic conflict between the carnage and devastation of war and the basic essence of healing and humanity attributed to nursing activities” (Brunk 232).

² Nursing care has been provided by men and women for the U.S. armed forces during wartime since the Revolutionary War (Sarnecky, “Nursing” 49). During the Civil War, 3,214 women actually served as contract nurses with the Union forces. The number is based on the pension commission report and disregards Confederate nurses, as well as contraband and free black women who also provided nursing services; therefore, the actual number is commonly estimated to be from ten to twenty thousand (Schultz, *Women*; Schultz, “Are We Not All Soldiers?” 40; Massey 52; Stewart and Austin 132; Maher 2; Kalisch and Kalisch, *Advance* 79). Released from their duties upon war’s end, women remained absent from military service until the Spanish-

American War. After the Civil War, charitable agitation led to the establishment of the first nurse’s training programs (in 1873) which quickly spread until almost every respectable hospital also had an affiliated nurses’ training school (D’Antonio 8). In other words, the Civil War was the last war that American nurses entered “untrained but undaunted” (Kalisch and Kalisch, “Untrained” 4).

³ The Spanish-American War began on April 25, 1898, after Spanish warships had sunk the U.S.S. *Maine* in Havana harbor in February of that year and after the Pulitzer and Hearst “yellow press” had strongly argued for military retaliation. The actual fighting lasted until Spain signed the armistice on August 12, 1898. Nurses in this conflict clearly operated in a male-identified military medical system that promoted the maintenance of a model of separate spheres. In a context of equal danger, they were confronted with sex-based inequality in the areas of compensation and accommodation and were denied pension benefits. Nevertheless, the Spanish-American War confirmed the competence of women in military service as nurses and doctors (cf. also Beeber 37, with regard to World War I). Their service instigated a change in the Army Medical Department from an initial reluctance to employ women nurses and doctors to the establishment of the permanent Army Reserve Nurse Corps by Congress in 1901.

Figure 1

Anita Newcomb McGee. Images from the History of Medicine. Courtesy US National Library of Medicine.

Figure 2

Nurse Clara Louise Maass, U.S.A. Images from the History of Medicine. Courtesy US National Library of Medicine.

⁴ Drawing on historical documents and examples from material commemorative culture I propose to examine the textual, cultural, and rhetorical representation of the experiences of Dr. Anita Newcomb McGee and Clara Louise Maass. Dr. McGee served as Acting Assistant Surgeon during the war, organized the Army's contract nurses, and wrote the Army Reorganization Act of 1901, which established the Army Nurse Corps as a permanent unit. Due to her status as a contract surgeon Dr. McGee was the second woman after the Civil War doctor Mary Edwards Walker (1832-1919) to be authorized to wear an officer's uniform in the U.S. Army (Kalisch 425). Clara Maass, an Army nurse during the war, served at camps in Florida, Georgia, the Philippines, and Cuba. At Las Animas Hospital in Havana she volunteered to participate in yellow fever experiments and died of the disease.

⁵ The experiences of McGee and Maass and the practices of commemorating their lives demonstrate processes of representation, successful emancipation, and power formation during and after wartime. By actively participating in the Spanish-American War, McGee worked to change the patriarchal military organization from the inside, speaking out against the hegemonic rhetoric that preferred the continuance of a male military and medical system. Her story shows the successful intervention for a professional female representation in war and healthcare. The story of Clara Maass's short but virtuous and self-sacrificing life exemplifies the kind of female nurse experience McGee

wanted to be equally recognized and represented in the Spanish-American War. It furthermore shows that women, like men, consciously entered dangerous situations when called to duty.

2 The Spanish-American War's Health Care Environment

⁶ While wars often enable positive social changes, wars also mean social disruption. The large migrations of humans—both as soldiers and refugees—often provide the setting for infections and epidemic diseases. During the Spanish-American War death from infectious diseases caused seven times the number of fatalities as battle wounds. In other words, from the 2,910 American military personnel who died during the war, just 345 were combat deaths (Dyal, Carpenter, and Thomas 67). Illness had already decimated the U.S.-American military force before the fighting began; only about thirty-five to fifty-five thousand out of 230,000 were healthy enough to engage in combat (Cohen). Typhoid fever, a food-borne disease that manifests itself in unsanitary conditions and has a mortality rate of up to 30 percent, was the major cause of death, with one in five soldiers contracting the disease. Only after the war the Typhoid Commission was able to make recommendations based on the data collected in 1898, such as camp sanitation and control of flies in areas of food preparation (Nelson, Sledzik, and Mullick 130). Another major cause of death was yellow fever. Not known at the time, it is transmitted to humans by the bite of the female *Aedes aegypti* mosquito and has a mortality rate of up to 50 percent. Besides typhoid and yellow fever, dysentery and tropical diseases like malaria took their toll on soldiers stationed in training camps in the American South as well as in Cuba. The camps were set up in the southeastern United States—e.g., Camp Thomas in Georgia; Camp Alger in Virginia—in order to acclimatize the troops for the tropics, but the rationale proved counter-productive as seasonal diseases spread through the camps.

⁷ Influenced by the rhetoric of the late 1890s that emphasized Spanish weakness many young Americans eagerly volunteered to fight for Cuban independence from Spain. The future Secretary of State John Hay captured the public mood when he spoke of the Spanish-American war as "a splendid little war" in a letter to Theodore Roosevelt. The nationalistic and often xenophobic rhetoric of the Pulitzer and Hearst newspapers helped to spread this view of the war. In addition, the Spanish-American War provided an opportunity for many young men to follow in the footsteps of their fathers, who had fought in the Civil War. About 230,000 men were recruited in April and May of 1898, of which no more than 35,000 actually left the country. The rest of the men stayed or suffered from diseases in camp.

⁸ At the outbreak of the Spanish-American War, American military officials—"firmly grounded in remnants of Victorian standards"

(Brunk 223)—strongly preferred to staff their hospitals with male nurses. Despite examples to the contrary, war nursing remained a masculine profession until the end of the nineteenth century. When Congress suggested authorizing the employment of trained women nurses in Army Hospitals Surgeon General George Miller Sternberg explicitly downplayed the potential usefulness of female nurses in military hospitals, except for the preparation and serving of hospital diets (War Investigating Commission 3: 725):

In my opinion this would be very unwise legislation. Trained female nurses are out of place as regular attendants of sick and wounded soldiers in the ward of a general hospital. They may be very useful for certain cases and especially in preparation and serving of special diet, etc. It is my intention to employ trained female nurses to such an extent as may be necessary and desirable, but the passage of this bill greatly embarrass [sic] me in the administration of our general hospitals. (Sternberg qtd. in Kalisch 413)

⁹ Sternberg believed that the Hospital Corps would be able to cope with the demand for nursing. Yet, although the Army Medical Department had begun to enlist men for a Hospital Corps as early as 1887, the corps consisted of merely 192 officers at the outbreak of the war (Kalisch 411). The army, however, was larger than expected, and efforts to expand the Hospital Corps to the strength needed failed. Especially the lack of a military rank and inadequate compensation made it hard to recruit male nurses. Furthermore, the constant contact with infectious diseases posed a greater danger to the nurses than actual combat. Nurse historian Philip A. Kalisch describes the men, that were recruited, as the "dregs of their units" who proved useless if not dangerous in caring for their patients as their neglect of basic "sanitary precautions helped spread diseases through the camps" (Kalisch 413). The epidemic extent and rising mortality rates from typhoid fever soon necessitated the recruitment of trained women to serve as nurses in military hospitals. Against the still prevalent attitude of many medical officers Sternberg changed his mind to support the hiring of women nurses for military hospitals (Sarnecky, *A History* 30).

3 Anita Newcomb McGee, M.D.

¹⁰ When Anita Newcomb McGee, M.D., heard that Army Surgeon General Sternberg intended to use women nurses at military hospitals for the first time since the Civil War, she seized her chance of promoting the equal if not preferred employment of qualified women nurses. Anita Newcomb had studied at Cambridge, England, and Geneva, Switzerland, before marrying W. J. McGee, a geologist and ethnographer. After the birth of their second child she began the study of medicine at Columbian University (later George Washington University), taking her degree in 1892 at the age of 28 and supplementing it with a postgraduate course in gynecology at the Johns Hopkins University School of Medicine. She built up a large practice in Washington, D.C. (Kalisch 412). Serving as one of its vice presidents,

McGee created a special committee of the Daughters of the American Revolution to screen nurses and offered their services to Sternberg. Instead of making monetary contributions, the D.A.R. handled the applications of women nurse volunteers, which the Army received by the hundreds daily. A typical letter of reply would read as follows:

Dear Madam:

Your application of recent date has been received. All applications from women for hospital positions, whether addressed to the Surgeon-General or to the director of the DAR hospital corps, are placed on file in this office. The reserve list is composed, however, only of those who have had hospital training and who answer satisfactorily to the inclosed questions. Nurses who receive appointment in the army must be between 30 and 50 years of age. They will be paid railroad fare to the place of duty and \$30 a month with board. If practicable, lodging will be given, but other expenses must be met by the nurse. Women may later be appointed to shore duty in the Navy, but no provision has yet been made therefor. Indorsements as to good character and general ability should accompany the application, and it is requested that, if possible, such indorsements should include one from some Daughter of the American Revolution.

ANITA NEWCOMB MCGEE, M.D.

Vice-president General

D.A.R. Hospital Corps

(Daughters of the American Revolution

Hospital Corps, N.D.)

(qtd. in Kalisch 412)

¹¹ McGee and her team screened the approximately five thousand applications for three requirements: qualification, character, and health (cf. Sarnecky, *A History* 31). In order to offer contracts to qualified, trained nurses, only graduates from training schools or from medical colleges were considered eligible. Good moral character was to be proven through endorsement letters. The potential Army nurses were furthermore asked: "Have you had yellow fever?" and "Are you strong and healthy, and have you always been so?" (qtd. in Kalisch 412). Eventually, about 1,600 women nurses were employed, at first at the general hospitals and later at the field division hospitals.¹

Figure 3

Contract Nurses Serving with the U.S. Army in Cuba, 1898. Display at the Women in Military Service for America Memorial, Arlington National Cemetery, Virginia. 2013. Photo by the author.

¹² It required constant effort by administrators like McGee to organize the smooth deployment in times of great need for nurses as well as ensure even minimal living and pay conditions. For example, in a letter Major J.W. Bayne, M.D., thanks Dr. McGee for sending a nurse, but he also describes the distress and urgent need for more nurses at Camp Thomas in Georgia:

Miss Dunrise the nurse I recommended arrived this A.M. much to our delight & I am much obliged for sending her so promptly.

We are in terrible distress for nurses and cant [sic] understand the delay in sending them—there ought to be 50 good nurses in Washington willing & glad to come here. We have now in the hospital 150 cases of typhoid fever & and six trained nurses to take care of these & and there are 100 more cases waiting to come.

We need 30 trained nurses & cannot do with less.

I understand from the Surgeon General that the matter has been turned over to you & I trust you will at once relieve our distress.

¹³ Especially the typhoid fever epidemics that continued to ravage after the official end of the fighting in August 1898 resulted in the wider acceptance of the employment of women in the Army hospitals. Yellow fever also continued to plague thousands of men still stationed in Cuba. A report on the employment of nurses at Fort Monroe, Virginia, commends their professional competence as well as the emotional care they provided:

The corps of Army surgeons in charge were men of ability, and it is only fair to say that they worked hard, and gave their skill and attention as far as they were able. But the physicians themselves have said that without the nurses, the record would have contained many more fatalities, and the mortality might have reached as high as 30 or 40 per cent. This seems almost incredible, but it is true. [...] Everywhere the nurses gave evidence of a womanly sympathy in connection with their professional skill, and possibly the effect of these restoratives, if they can be called such, assisted in the ultimate recovery of many cases considered hopeless. (Hale 12)

Figure 4

U.S. Army. Sternberg General Hospital, Camp Thomas, Chickamauga, Georgia. Pavilion (ward) D. Images from the History of Medicine. Courtesy US National Library of Medicine.

¹⁴ The wide appreciation of the nurses' professional service was not met with an equal appreciation regarding pay, board, and working conditions. At the camps the nurses faced inconvenient and unhealthy conditions. For example, the Sternberg Field Hospital (named after the Surgeon General) at Camp Thomas in Chickamauga consisted of nothing more than thirteen rough board huts with holes in them instead of windows that offered no protection from the extreme weather conditions or from mosquitoes. Nurses Helen B. Schuler and Florence M. Kelly describe the conditions at Sternberg Field Hospital as unsanitary and primitive:

We had no disinfectant whatsoever to use. There was not even one wash basin in these wards for the nurses to wash their hands. At one time when there was a shortage of water for several days, we were requested “not wash at all.” The three toilets which were supposed to be adequate for the needs of the 200 nurses, were over 500 feet away from their sleeping quarters. Every one of the nurses had contracted dysentery and under these fearfully unsanitary conditions, consider how inevitable it was, that the majority of the nurses left Sternberg Hospital Service with an intestinal condition which soon became chronic and which we shall suffer from the effects of, until the end of our life. (qtd. in Kalisch 415)

¹⁵ Barbara U. Austin's description gives information on the crowded and almost unlighted nurse quarters as well as her duties at Sternberg Hospital in August 1898:

Our beds were filled with typhoid cases, and all desperately sick. Carrying ice and nourishment up and down the hillside. Rain failed to dampen our ardor if it did our

uniforms and frequently left us soaked all day. How grateful the boys were for these services. It made no difference to us that we were 40 to 50 in a shack when off duty, just room enough to stand between the cots. One lantern banging in the middle of the building for light. (Austin, n.d., qtd. in Kalisch 416)

Figure 5

U.S. Army. Sternberg General Hospital, Camp Thomas, Chickamauga, Georgia, Dormitory C. Furnished by Red Cross. Images from the History of Medicine. Courtesy US National Library of Medicine.

¹⁶ The camp settings posed a great challenge but were also an opportunity for the nurses to prove their ability. Many nurses worked until their complete exhaustion and sometimes death and acquired chronic illnesses. In a letter to Dr. McGee, surgeon E.C. Carter of Camp Thomas, Georgia, writes:

I am sorry to trouble you again. Your nurses arrived and are hard at work. Owing to the large percentage of sickness among the nurses I felt obliged to keep all six that arrived here. Unless some are able to return to duty I shall be obliged to telegraph on Sunday morning for six or perhaps 10 more. [...] These nurses are very zealous—they over-work themselves from the highest and best motives and many of them take it awfully to heart when they are stopped and to be invalided is very bitter to them. (qtd. in Kalisch 415).

¹⁷ While the women nurses served under equal if not greater danger of infection than the soldiers, they received less compensation for it than the men as they also had to furnish their own clothing (U.S. Congress, House of Representatives 21).

¹⁸ In 1900 President William McKinley appointed the Dodge Commission to investigate the conduct of the War Department. During the hearings, the value and ability of women nurses and the quality of care they provided was generally testified. Dr. McGee was asked by the

Commission why women nurses had not been contracted earlier and in greater numbers. She referred the Commission to the field surgeons who simply did not ask for women nurses and explained that "the Surgeon-General, believing that the surgeons in charge of the hospitals knew the situation better than he did, in most cases delayed sending nurses until these surgeons asked for them" (McGee qtd. in Kalisch 425). As one major result, the Dodge Commission acknowledged the need of the Medical Department to install a reserve corps of selected trained nurses (Kalisch 425). The recommendation was echoed by a wide popular acceptance of women nurses as the ideal caregivers in military hospitals (Brunk 224).

¹⁹ It should, however, be noted that the status of women in the Army Nurse Corps remained unclarified and that some military surgeons still took a conservative stance on the matter. The attitude—ranging between condescension and contempt—is reflected in a doctor's joke of the time. Upon receipt of a telegram from the Surgeon General that informed him of the arrival of ten trained nurses, the doctor replied: "I've a mind to tell him to change it to ten Bengal tigers, for the sake of quiet and peace" (qtd. in Sarnecky, *A History* 30). In another instance, Major L. M. Maus, surgeon in charge of the U.S. Hospital at Fort Hamilton, New York, makes clear in a letter to Surgeon General Sternberg that he is only willing to accept the employment of women nurses because of the extreme conditions prevalent during the war (June 3, 1899):

I believe, as a rule, that the female nurse should never be employed in military hospitals, except under conditions, such as existed during the Spanish-American War, when an enormous army was placed in the field, and overwhelmed with sickness, there being at the time scarcely sufficient trained hospital corps men in service to attend to the needs of one army corps. (Maus 1899 qtd. in Kalisch 425)

²⁰ Dr. McGee marked the other side of the spectrum with her opinion. She was greatly disturbed by the precarious situation of women in the male-dominated environment of the army and the hospital. In her journal entry for June 22, 1899, she takes side with the nurses and speaks out against their abuse by surgeons: "[I]f the surgeon cannot treat them [the nurses] properly, he should be transferred, as surely he would also treat his patients badly. Mad! Told Alden I wanted to resign before nurses were forced out of [sic] Army" (McGee qtd. in Kalisch 425).

²¹ After initial setbacks, continued agitation to introduce a permanent Nurse Corps eventually convinced the once-reluctant Surgeon General. Sternberg assigned McGee to create the Army Nurse Corps by drafting the respective section of the Army Reorganization Act (see Sarnecky, *A History* 50). The first permanent women Army Nurse Corps was established on February 2, 1901. Yet, it took another 30 years before these nurses' efforts during the Spanish-American War were fully acknowledged by the army. McGee managed to secure pensions for contract nurses who were not entitled to pensions for service-connected disabilities under general law. An act of September 1, 1922, only partly

rectified the unequal situation because it demanded a minimum service period of 90 days. Most of the nurses were excluded through this provision. Dr. McGee testified before Congress in 1926 and made a passionate plea regarding the nurses' sacrifices:

I will only point out that there were 1,700 women, [...] who served as nurses in the Spanish War period. Of that number [...] only 184 are drawing pension. [...] Hundreds of nurses are not eligible because they served only in the greatest emergency: hence less than 90 days. Of course, many have died. The Spanish War nurses are veterans in every sense of the word. [...] They fought the enemy of disease, which was the real enemy in the Spanish-American War, and they took the medicine of death and illness, just as the soldiers did. Thirteen of my nurses died in the service.

- 22 The historical legacy of the nurses' professional service and their military and medical preparedness for World War I is McGee's most forceful argument:

[A]nd ever since 1898 we have had trained nurses as a regular part of the Army. The consequence was that when the World War began the Nurse Corps was ready for service. [...] All the work that was done by the Army Nurse Corps then was the result of the organization that was made in 1898. (U.S. Congress, House of Representatives 20–21)

23 The Spanish-American War nurses received full military recognition in 1926, and in 1930 benefits were extended to nurses who had served at least 70 days (Kalisch 427). When McGee died in 1937 she was interred at Arlington National Cemetery with full military honors. Besides her simple gravestone, the Spanish-American War Nurses Memorial "to our comrades," i.e., "to the women who gave their lives as Army nurses in 1898," is a physical reminder of the experience of female medical service during the war. A rather unobtrusive 7-foot grey granite slab in section 21 of the extensive areal of Arlington National Cemetery, it was erected by the Society of the Spanish-American War Nurses and dedicated on May 2, 1905. The society had been organized by 600 nurses and was co-founded by McGee, who served as its president in June 1899 in order to commemorate the nurses' service, but also—much in the vein of McGee's later activism—to serve as advocate for military nurses (cf. Kalisch 426).

Figure 6

Tombstone of Anita Newcomb McGee next to that of her father, Simon Newcomb, Arlington National Cemetery, Virginia. 2013. Photo by the author.

Figure 7

Spanish-American War Nurses Memorial (1905), Arlington National Cemetery, Virginia. 2013. Photo by the author.

Figure 8

Spanish-American War Nurses Memorial Plaque (1905), Arlington National Cemetery, Virginia. 2013. Photo by the author.

4 Clara Louise Maass

²⁴ Clara Louise Maass was born as the first of nine children to a Dutch immigrant father (Robert) and a German mother (Hedwig) in East Orange, New Jersey. She had to quit school to provide for her poor family (Herrmann 51). In 1893 she applied and was admitted to the school of nursing at the Newark German Hospital, where courses were conducted primarily in German. She graduated two years later when she was nineteen years old and continued to work at the Newark Hospital. Although she volunteered for service as Army nurse when the Spanish-American War broke out, the prejudice against women nurses and possibly also her relatively young age prevented her recruitment until after the official end of the war when infectious diseases, particularly typhoid fever, spread ever more rapidly and the need for nurses peaked. Maass became an Army contract nurse in October 1898 and was sent to the field hospital in Jacksonville, Florida, then to Savannah, Georgia, and later to Santiago, Cuba. After her honorable discharge on February 5, 1899, she was reappointed as a contract nurse to the Philippines on November 20, 1899, where she worked in the Field Reserve Hospital in Manila (Herrmann 52). Nurse historian Eleanor K. Herrmann points out that we can safely assume that Maass was neither ignorant nor naïve with regard to the risks that such an appointment entailed (Herrmann 53). She had experienced the vulnerability of the nurses who cared for fever-stricken soldiers in the southern field hospitals and in Cuba and was probably also familiar with the very popular contemporary textbook *Fever Nursing* (Wilson). By the end of the nineteenth century, Pasteurian germ theory (Pasteur gave his famous lecture at the Sorbonne on April 7, 1864) had superseded the earlier miasma theory and a new era of biomedical understanding and insistence on concepts of sanitation and hygiene had set in. Trained nurses, such as Maass, were familiar with these concepts. However,

while caring for yellow fever patients in Manila, Maass was stricken with dengue fever, which—like yellow fever—is transmitted by an *Aedes* mosquito species and causes severe muscle and joint pain.

²⁵ Army officials realized that the true enemies that needed to be battled during and after the Spanish-American War as well as in future wars were infectious diseases. Money was poured into the investigation and prevention of yellow fever, which marks the beginning of a military-medical complex. The disease's direct impact on military power and performance resulted in the establishment of a U.S. Army Yellow Fever Board chaired by Major Walter Reed, M.D, in 1900. Together with Acting Assistant Surgeons James Carroll, Aristides Agramonte, and Jesse Lazear, Reed was able to prove Carlos Juan Finlay's earlier hypothesis that yellow fever was transmitted through the female *Aedes aegypti* mosquito. Yellow fever was the first of many viral diseases shown to be arthropod-borne, that is non-contagious and transmitted by insects.

Figure 9

Yellow fever ward, Las Animas, Cuba. Images from the History of Medicine. Courtesy US National Library of Medicine.

²⁶ Around the time of Reed's discovery, Maass recovered from dengue and responded to a call by Dr. William Gorgas, Havana's sanitary officer. She became a nurse at the Las Animas Hospital in Cuba in October 1900. There she volunteered to participate in an experiment that was intended to show that a mild case of yellow fever—transmitted by a mosquito that had fed upon a patient with a slight bout of yellow fever—would give a patient immunity to the disease. Maass and other volunteers allowed themselves to be bitten by a yellow fever-carrying *Aedes aegypti* mosquito and suffered minor symptoms. To prove the subsequent immunity of the volunteers, further exposure was necessary. Unexpectedly, the disease struck with full force after the seventh controlled mosquito bite Maass received. She could not be

cured and died on August 24, 1901; she was one of three persons to die in the experiments, but the only American (Herrmann 55). The experiments were discontinued afterwards by order of the U.S. War Department. As the only nurse to have participated in the trials and the only American to die, Maass's death received some attention in the press, for example the *Boston Globe* stylized her as a battlefield veteran and martyr:

Yellow Fever Experiments Have Deadly Results. Clara Maass, the Girl Martyr, Buried In Colon Cemetery. She Was the Third to Die Out of Eight Bitten – Hers Was a Pathetic Case, a Trained Nurse, Who Had Served on the Battlefields of Santiago and About Manila, Often Exposed to Fever Infection. ("Yellow Fever Experiments")

²⁷ Her martyrdom was conjured up again years later. In August 1951, the Cuban government issued a scarlet two-centavo commemorative postage stamp on the occasion of the fiftieth anniversary of Maass's death (Knollmueller 178). Notably the stamp was issued before the Cuban Revolution became a crucial turning point in U.S.-Cuban relations. Maass's profile is pictured between the New Jersey hospital of her initial training and the Las Animas Hospital where she died: "Por la ciencia y la humanidad, en la paz y en la Guerra / For science and humanity, in peace and in war."

²⁸ More importantly, in the U.S. context, Leopoldine Guinther, the superintendent of nurses at Newark Memorial Hospital, the former Newark German Hospital, publicized Maass's life story and lobbied for the renaming of her former hospital training school. In 1952, the Newark Memorial Hospital became the Clara Maass Medical Center. However, the belated commemoration speaks more about the immediate aftermath of World War II and the re-appreciation of military nurses due to their contribution to the "Good War" than about the true plight of contract nurses during the Spanish-American War.

Figure 10

Commemorative postage stamp, Clara Louise Maass. Cuba, August 1951.

Figure 11

Commemorative postage stamp, Clara Maass. USA, August 1976.

²⁹ More than twenty-five years after Cuba, the U.S. government also accorded Maass the honor of a commemorative thirteen-cent stamp on the 100th anniversary of her birth in August 1976. The light blue stamp displays her profile and original attire including the pin of the Newark

German Hospital on her collar. The inscription highlights her sacrifice: "She gave her life." Also in 1976, the American Nurses Association inducted Maass into their newly established Hall of Fame.

³⁰ The commemorative U.S. postage stamp of Maass and her induction into the Nurses' Hall of Fame coincided with the aftermath of the Vietnam War, during which between 7,500 and 11,000 women nurses served. The fact that Maass's life (and sacrificial death) is used as the major commemorative projection screen of the ideal nurse reveals the still prevalent gendered discourse of women and health in war. The foregrounding of the sentimentality of Maass's story over the equally heroic political activism of McGee only shows that more stories need to be told of the medical women of the Spanish-American War to represent women's diverse experiences. For example, little is known about the history of black women who were hired as nurses to take care of yellow fever patients during war because of their supposed immunity.² Besides hiring African American contract nurses locally at several camps, the Surgeon General specifically sent Namahyoke ("Namah") Curtis, the wife of Dr. Austin M. Curtis of Washington, superintendent of D.C.'s Freedman's Hospital to New Orleans and other Southern cities to hire immune black women as nurses to care for yellow fever patients in Santiago, Cuba, where the disease had acquired epidemic proportions (Kalisch 412). The thirty-two women hired by Curtis are largely absent from the official records and archival material; their history remains to be told. The same holds true for about 250 nuns from different religious orders who also served as contract nurses during the Spanish-American War (cf. Sarnecky, *A History* 31).

5 Concluding Remarks

³¹ Wars are crystallizing points in the history of nursing. Historian P.N. Palmer sums up the ambivalent relationship between war and nursing:

War leaves permanent scars on everything it touches. For nursing, those scars have been mixed. Along with the loss of life, it raised public consciousness about the contributions of nurses, opened new fields of specialization, enhanced education, and accelerated nursing's growth as a profession. (Palmer 658)

³² Although a patriarchal military system initially preferred male medical personnel, the "splendid little war" of 1898 proved the benefits to many initially hostile or at least doubtful male officers to employ trained women nurses. As a result, Congress established the Army Nurse Corps in 1901 and the Navy Nurse Corps in 1908, realizing that a reserve of trained women nurses was necessary in case of future war activities (Brunk 225). With regard to gender and racial equality however, it needs to be noted that while the army had eagerly offered contracts to nuns, men, and African Americans to provide nursing service during the war, the act to establish the Army Nurse Corps excluded those groups. It was not until the 1950s that men regained the right to nurse soldiers. Race inequality was rectified on paper—while

not in practice—when African American nurses were integrated into the military nursing corps during World War II and into the full profession in 1954 (cf. D'Antonio 8).

³³ While Dr. Anita Newcomb McGee served as active agent in the political lobbying for women's involvement in the medical profession and in the military, Clara Maass's short but virtuous and self-sacrificing life exemplifies the contribution of Spanish-American War nurses. In this vein, the continuing military importance of trained nursing throughout the twentieth century also enabled new ways of celebrating and commemorating female heroism (cf. D'Antonio 8).

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NOTES

1. The number of women Army nurses serving in the United States, Cuba, Puerto Rico, Manila, and Honolulu was at a maximum of 1,158 in September 1898 and decreased thereafter. Between the first appointments on May 10 and December 31, 1898, 1,563 Army contract nurses had been enrolled (Kalisch 423; Sarnecky, "Nursing" 59).
2. Survivors of yellow fever were rightly considered immune to the disease. Yet, this has nothing to do with the still commonly held, but false assumption of general black immunity. In fact, two supposedly immune African American nurses, Isabella T.R. Bradford and Minerva Turnbull, died of the disease in the course of their service (Sarnecky, "Nursing" 69n64).

ABSTRACTS

The Spanish-American War, dubbed the "splendid little war" by John Hay, began on April 25, 1898, and lasted until Spain signed the armistice on August 12, 1898. During the war death from infectious diseases caused seven times the number of fatalities as battle wounds. Although a patriarchal military system initially preferred male medical personnel, the Spanish-American War confirmed the competence of women in military service as nurses and doctors and led to the establishment of the permanent Army Reserve Nurse Corps in 1901. Drawing on historical documents and examples from material commemorative culture this article examines the textual, cultural, and rhetorical representation of the experiences of Acting Assistant Surgeon Anita Newcomb McGee and Army contract nurse Clara Louise Maass, who volunteered to participate in yellow fever experiments and died of the disease. The article argues that the experiences of McGee and Maass as active agents during the war exemplify struggles for successful emancipation during and after wartime and enable new ways of celebrating and commemorating female heroism.

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