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‘Mentally broken, physically a wreck...’: Violence in War Accounts of Nurses in Austro-Hungarian Service

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In the early 1960s Marianne Jarka, who had been a Red-Cross surgery nurse during the First World War in the Austro-Hungarian Army and later emigrated to the United States, started writing her autobiography. A remarkably large part of her memoirs deals with the time between early 1916 and the end of war, when Jarka was stationed at two mobile military hospitals on the Southwestern Front. Here, she witnessed the consequences of industrial warfare for soldiers with all their horrors – an experience she apparently could never overcome: ‘Today, I am 72 years old. Until I draw my last breath, the torn bodies will haunt me’, she wrote. Towards the end of her autobiographical text, Jarka also discussed the issue of war remembrance during the difficult post-war years. As a single mother of two illegitimate children, one from her relationship with a medical student who used to be her colleague at the Isonzo Front, she had to scrape through life during these years. Impoverished, she was forced to do menial jobs. Her former war commitment, her medical expertise as a nurse, and the war decorations she had received no longer counted. Laconically, Jarka recollects the public absence of praise for her war mission: ‘I gave my war decorations to the milk woman for a litre of milk; she gave them to her boys to play with.’¹

These two passages from an unpublished autobiographical text written by a former Austrian war nurse, as short as they are, insistently hint at what will be elaborated in this chapter. It discusses the history of those women who in the First World War were confronted with the following contradiction: on the one hand, they experienced the cruelty and barbarity of the Great War in close vicinity to the centres of violence and witnessed the suffering and dying of hundreds of thousands of soldiers with severe, incurable injuries. In so doing, war nurses often worked under very difficult and even dangerous circumstances, as we will see later. During the war, propaganda idealized the image of nurses and emphasized their strongly feminized self-sacrificing roles as ‘white angels’, ‘sisters’, or ‘mothers’ of the male warriors² and their importance as

'comrades' and 'soldiers'.³ Yet after 1918, nurses' wartime experiences were publicly remembered and appreciated in hardly any belligerent country,⁴ apart from only a few exceptions in some Allied States, where some war nurses were acknowledged as 'war heroines'.⁵ This is especially true for Austria-Hungary, where officers' war experiences dominated the official and hegemonic war narratives during the entire interwar period.⁶ Accordingly, war accounts not only of common soldiers but also of all women who had participated in the war as trained, or untrained, nurses were rarely published and distributed after 1918. Within the German-speaking countries, only a few of them are available today. Marianne Jarka's manuscript found its way into the hands of historians only because her son sent it to an archive specialized in the collection of lower-class autobiographical texts. Other sometimes more, sometimes less voluminous accounts of former Austrian war nurses were self-published (and probably self-financed) after 1918.⁷ They include a remarkable book written by Maria Pöll-Naepflin, who together with a group of other young women came from Switzerland to serve in the Austro-Hungarian Army throughout the entire war.⁸ Additionally to this corpus, there are some volumes of nurses' war narratives printed by normal publishers. It is striking that these texts appeared during two different periods. The first group was published during the war years themselves and were often accompanied by a flood of propaganda articles on this very popular form of female war commitment; they will not be discussed in what follows. The second group of accounts came out in the warmongering atmosphere of the 1930s, when Austro-fascism and re-militarization had begun to shape retrospection on the First World War.⁹

For obvious reasons, these various autobiographical texts include – some more than others – ideologizing and patriotic or tendentious and apologetic passages, which is especially true for those published in the 1930s.¹⁰ Yet they demonstrate that these very women also experienced psychological problems and trauma as a consequence of their attempts to cope with violence and horror, and that they criticized the war. All in all, their writings represent 'a many-layered and rich corpus of texts'.¹¹ Even the most glorifying ones – if read across the grain – can be analysed in line with those which were not written or revised for the public, such as the one by Marianne Jarka, who wrote her autobiography merely for her son, and those which could only be self-published after the end of the war. The latter accounted for the majority of all published nurses' memoirs, and it is primarily these texts, which will be discussed in this chapter. The fact that they could not find a publisher indicates all the more the ambivalence between the probably life-long, troubling repercussions of the war experiences of these women and the public or familial indifference towards what they achieved and suffered in the Great War. Against this backdrop, I will focus on the multifaceted experiences of violence which shaped their war perceptions and memories – experiences similar to those of male soldiers, yet at the same time different in terms of gender. Thus, the history of war nurses has to be situated within the context of dissolving gender boundaries linked to

the perpetual intersection of front lines/'home front' as one of the main characteristics of the First World War. As these women in many ways transgressed what was (re-)defined as women's sphere in wartime, we must discuss their narratives by emphasizing the tension of prescribed gender norms and antagonistic experiences.¹² This becomes all the more clear given the fact that many of them were stationed directly behind or even in the midst of the battlefields, so that research has rightly labelled their work as 'front-line nursing'.¹³

The nurse in historical research

Likewise, there is no doubt that in all belligerent, and even in neutral countries, which in some cases were far away from the main theatres of war, nurses were engaged on a large scale. Only a minority of them were fully skilled professionals, as institutionalized training of nurses had not started until some decades before the war.¹⁴ The majority volunteered immediately, in summer 1914, when many appeals were published. They, as well as those who signed up later, enjoyed only a short training. Available figures impressively underline their irreplaceable importance. In the German Empire, nurses and assistant nurses of all religious and non-religious organizations, ranging from the Red Cross, the Order of Malta, and the Knights Hospitallers to diaconal institutions, reached at least approximately 92,000 (two-fifths of the whole medical staff).¹⁵ In France, the three branches of the French Red Cross reached their peak with 63,000 fully qualified nurses and, from 1916 onwards, their workforce grew with a new category of around 30,000 lower-class salaried women.¹⁶ For Great Britain, where 'military nursing had powerful antecedents in the myth (and work) of Florence Nightingale'¹⁷ and thus was professionalized quite early and extensively before the war, the number of women who enrolled as nurses was similarly high: The Voluntary Aid Detachments (VAD), founded in 1909, could provide 47,196 nurses in August 1914, a figure that grew to 82,857 by April 1920.¹⁸ In addition, there were more than 23,500 trained, partially trained or untrained nurses of the Queen Alexandra's Imperial Military Nursing Service and Territorial Force Nursing Services.¹⁹ All these were complemented by approximately 25,000 American,²⁰ 650 New Zealand and 2,500 Australian nurses²¹ – haunting figures indicating the global character of First World War nursing. These women not only originated from countries all over the world, but were also present at every theatre of war in and outside of Europe.

Thus, it is hardly surprising that the war nurse, whose commitment was also huge in the Second World War became an 'iconic figure of the twentieth century', as Christine E. Hallett has argued.²² From the late nineteenth century onwards, nursing had been considered a genuinely female task. During the First World War, it became the ultimate proof of women's patriotism advocated even by contemporary feminists. More or less dense research, which at least in some national historiographies goes back to the early

stages of women's history and has developed to a great extent since then, has examined the related gendered discourses of social motherhood and femininity for several belligerent countries. According to their findings mainly upper- and middle-class women volunteered for nursing.²³ They were often enthusiastic at the beginning of their war deployment and convinced that they had left their homes for doing exactly the right thing to support their nation in war. In this respect, nursing was often seen as the equivalent of male soldiering with which women identified to a high degree. Nurses partly developed similar narratives in their war accounts which framed their experiences in official or semi-official discourses on war and war remembrance²⁴ – again, this is only one side of the coin.

Most of the (already cited) studies also show that the image of war nurses was rather ambivalent and point to some contradictions in this respect, be it regarding the devaluation and sexualization of these women even in mainstream media during the First World War, or be it in the context of their self-perceptions, experiences, and memories. The 'bad nurse' and the attitude of denouncing women who had entered the field of military and war has attracted the interest of gender historians for a long time.²⁵ Yet researchers have only recently addressed all the horrors and traumatization nursing meant or resulted in – although this is an extremely important topic. Historians have introduced the term the 'second battlefield', for medical staff's place of deployment in war hospitals, a term coined by the American novelist Mary Borden who was a war nurse herself. With this notion, she described her and other nurses' work in the 'Forbidden Zone' of the Western Front. Here, they fought a continuous battle against the 'real' enemies death and pain – often in vain. In this context, Borden later published her literary sketches under the title 'fragments of a great confusion'.²⁶

Against this backdrop, Margaret Higonnet has pleaded for a further 'alternate history of World War I traumas'. She has investigated 'traumatic stress' suffered by nurses and orderlies, as they often worked 'under conditions similar to those faced by combatants' and repeatedly had to face 'men's mutilated bodies'. Thus, Higonnet suggests to examine a variety of texts written by these non-combatants, from diaries and letters to written memoirs and fictionalized autobiographies. These 'trauma narratives' with their rhetorical imagery and a fragmented and even surrealistic language of modernism are closely linked to the writings of shell-shocked soldiers.²⁷ Likewise, the literary scholar Santanu Das has found a close connection between the medical condition of trauma and literary patterns in nurses' war accounts. In his psychoanalytically orientated analysis of a sample of such texts, he looks into their 'fraught relation to traumatic witnessing and the limits of empathy'.²⁸ In contrast, Christine E. Hallett argues that nurses found meaning in their stressful work by 'containing trauma'. She foregrounds the 'real and profoundly positive effects on the health and well-being of patients' by drawing on women from several allied countries.²⁹

The Austrian context and nurses' desire to write

How do war accounts of nurses of the Austro-Hungarian Army fit into these findings? In what ways do they refer to war violence and traumatization and what are the specifics of these narratives? As already mentioned, there is only a small amount of published sources available, whereas most of these accounts were self-published or remained undisclosed. This might be one reason for their being often ignored by First World War historians; another is probably the fact that in Austria, this field of research has been largely dominated by traditional military and political history and is still lagging behind international standards, developments, and debates.³⁰ Within this context, research literature on the medical system of the Austro-Hungarian army, with its complex structure and its several reorganizations, has mentioned or cited war nurses only rarely and casually.³¹ The current state of research is thus insufficient. Besides, women's and gender history has so far focused on several aspects of the professionalization or 'feminization' process of nursing in former Austria, but not on the specific history of war nurses in the First World War.³² We do not even have any reliable figures on their numbers, although there must have been at least tens of thousands of women.³³ They not only served under the Red Cross and its Patriotic Female Society, but also as nurses of the Order of Malta and the Order of Knighthood, the three pillars of the Austro-Hungarian Supporting Medical Corps Organization,³⁴ complemented by some other voluntary associations such as the German diaconal institutions. As in other countries, all of them provided experienced as well as quickly trained nurses. At the beginning of the war, the latter were the majority due to the belated start of professionalized female nursing in Austria.³⁵

It was, in fact, only after the Balkan Wars of 1912/13 that the Habsburg authorities accelerated the preparations of the medical service for a future war. This led to its reorganization, triggering a law in June 1914 that for the first time regulated female nursing on a larger scale. Needless to say that it also defined nursing as a woman's natural vocation; that is, as the ideal female profession, in particular in times of war.³⁶ Yet at the beginning of the First World War, Austria faced a dramatic shortage of trained nurses. As a result, a great amount of professional nurses from Switzerland and Germany were recruited, which consequently improved payment regulations for all trained nurses. They were provided with a poor, but at least guaranteed income that was also supposed to attract women from the lower middle classes.³⁷ By contrast, not all of the untrained, mostly bourgeois and aristocratic women who immediately volunteered in summer 1914 were employed during the early stage of the war, as military authorities and the society were sceptical about them.³⁸

This situation changed as quickly as the area of deployment of nurses was expanding, including both clerical and vocational nurses as well as those

graduated from a standard biennial training and those with only short-term training. Again, as in the other belligerent countries, it was initially planned to deploy all these women in the rear areas or in hospitals of the hinterland – fully in line with the gender ideology of ‘separate spheres’. Yet this objective could not be realized at all. It took only a short time to allow and organize ‘army nurses’ in mobile sanitary and surgical units in front areas, sometimes situated only in tents.³⁹ Others worked on military hospital ships or trains, and in specific epidemic facilities again stationed close to the Eastern or Southeastern and Southwestern front lines, in Serbia and Palestine, Syria, Galicia, Russia, and so on. Many of them moved several times from one area of deployment to another. They could not easily terminate their contracts, which usually covered at least three years up to the entire duration of the war.⁴⁰ And not all of them survived. Nurses, too, came under shelling and were killed or died due to infection and illness during their war commitment. Therefore, these women have to be included in the statistics of war victims based on estimates. According to official figures, Austria-Hungary at the end of the war registered at least between 1.3 and 1.5 million ‘military death cases’ and around 4.15 million injuries, which were ‘treated and healed’ by sanitary institutions during the war.⁴¹ In many cases soldiers were wounded twice or more times, as according to another statistic, 85 out of 100 injured soldiers were made ‘fit for action’ again⁴² – not least with the help of the many nurses and their ‘competing ethical and patriotic responsibilities’.⁴³

Nevertheless, at the beginning of the war, many women were driven by ‘enthusiasm’ or the patriotic wish to actively participate in these ‘great times’. They were convinced of the importance of their war mission, all the more when they decided to move towards the front lines. Thus, they wanted to document the hardships and efforts, sacrifices and challenges they had to bear – as women who, just like men, were ‘mobilized’ or ‘enlisted’, ‘moving to the field’ or ‘staying in the field’, according to ‘marching orders’ and ‘lines of approach’ they had received. These terms similar to those used by male soldiers can be found frequently in nurses’ war accounts. They signify their affiliation to the military and the front line community, where they gave what they could, and even more. In addition, they longed to witness what war – and in particular the Great War – was like. Their motives to write down their war experiences might differ in detail, overall they are the result of what researchers have characterized as the personal need of those who were directly involved in total warfare. Just like soldiers, nurses felt ‘the immense urge for self-expression’ and tended to ‘recount their experiences of war, describe its violence or at least try to say something about it’.⁴⁴ For some, however, this urge could also result in a failure to express themselves or in the (conscious or unconscious) silencing of their experiences.

Researchers focusing on other countries have frequently mentioned that many of these women, who volunteered for front-line nursing, started to

pen their war experiences from the beginning of their war commitment onwards. This is also true for Austrian nurses who wrote down their war accounts in diaries or notebooks. One of them was R. M. Konrad, who initially worked in hospitals in the hinterland. In late 1915, she decided to move towards the battlefronts, because she 'wanted to directly participate in caring for the wounded afield', to 'search' for them immediately 'after the battle', and to 'apply the first emergency dressing, accompany those in need of help under a protecting roof'. Konrad therefore was delighted when she received her 'marching order' for the 'much embattled town Gorizia' at the Isonzo Front. On her way she even left the train because she wanted to buy a diary for her and her future patients' notes on 'little war episodes'.⁴⁵ In her, and many other nurses', view, experiencing 'front-line nursing' and writing down these experiences apparently belonged together. They added entries to their diaries whenever they had time or felt the inner need to do so – a practice that is frequently mentioned in the sources, together with a widespread practice of letter writing.⁴⁶ These women went to war not only with their nurses' clothing or uniforms, Red Cross armbands, bags, and books, but also armed with paper and pen. One of them even noted that she regularly took photographs in these years and compiled a 'big war album' with 'hundreds of such pictures', from which she later drew her written memories.⁴⁷

From 'enthusiasm' to the baptism of fire: nurses' disillusionment

It goes without saying that Konrad did not only note 'little war episodes' which could easily be integrated into the tidy frame of popular war narratives. All war accounts examined here are oscillating between two opposite poles: There was, on the one hand, the aim to put their experiences to order and transform them into a coherent story realized by the process of writing and by adopting official or hegemonic (post-)war discourses in regard to content and interpretation. On the other hand, total war and violence, disorder, chaos, and the inability to give meaning to these experiences break through this surface of seeming order time and again.⁴⁸ This immediately becomes clear by comparing the ceremonial departures in military order and the representation of neat womanhood and female tidiness at the beginning of the war, similar to the white nurses on propaganda photographs, with the rapid dissolution of this idealization after the nurses had arrived at their area of deployment. The majority of these women were eager to 'serve their beloved fatherland',⁴⁹ as Agathe Fessler from Bregenz, who in October 1914 travelled to Sanok/Sjanik on the Eastern Front, put it. In this respect, their statements were similar to those of male soldiers, for whom historians have already investigated the complex process of disillusionment.⁵⁰ According to the patterns they have found, an initial willingness or even much-cited

'enthusiasm' to fulfil their war mission clashed with their experiences of industrial warfare. This polarity often constitutes the structure of an autobiographical text or leads to double-bind narratives, which idealize their own or their own nation's war engagement and, at the same time, refer to various situations of disillusionment, chaos, despair, and disorientation.

This also applies to a text written by an Austrian nurse and released by an acknowledged publishing house in 1935; that is, in the era of Austro-Fascism. Unsurprisingly, it contains a lot of propagandistic pro-war references, including the initial lamentation of its author Eveline Hrouda that she regretted being 'only a girl' who could not 'go to the field too'.⁵¹ Thus she volunteered for nursing immediately after the outbreak of the war – first in secret, because she feared the protest of her wealthy parents.⁵² After her training, when news about the first wounded soldiers arrived and Hrouda, in her own words, again felt unhappy that she 'was not yet at the front!!!',⁵³ she tried everything to get there, although her parents told her that front hospitals could be 'attacked by the enemy'.⁵⁴ Her wish finally came true in October 1914. Quite in line with the hegemonic gender order of the wartime society she wrote:

[...] I went there, following an irresistible inner drive, with huge enthusiasm, fully aware of the severity of this step, with the holy resolution to dedicate all my strength to the service of the brave warriors who give their life and blood to protect our hearth and home. That seemed to me to be such a great duty [...] – the more so as I was entirely free and therefore wanted to leave nursing in the hinterland to those who could not go away from home.⁵⁵

Shortly after, Hrouda and her female comrades had their first encounter with death when they witnessed a nurse dying of cholera, a 'heavy stroke of fate' as she described.⁵⁶ She then experienced her first dangerous situation, due to the rushed retreat of the Austro-Hungarian Army from Przemyśl/Peremyśl' which also caused the chaotic flight of the local civilians. At the railway station, the nurses were confronted with soldiers' corpses and felt 'horror-stricken'.⁵⁷ Incidents like this, however, happened again and again during the following years. Hrouda switched from the Red Cross to the Maltese Order, travelled from Galicia to the Russian part of Poland and Opava/Troppau, and from Bulgaria to the Isonzo Front, where battles were as bloody as the industrialized mass killing at the Western Front.⁵⁸

And let us once again turn to the previously cited R. M. Konrad. In late 1915, she and ten other nurses travelled to the North Italian town Gorizia/Görz/Gorica. Already at the beginning of her text it becomes evident that they could easily come under fire in the field hospitals to which they were deployed. When they arrived in Gorizia, the women heard the 'heavy roaring of the guns' for the first time and quickly had to nurse many

seriously injured soldiers. Konrad felt real 'horror'.⁵⁹ Afterwards the group was moved to Ljubljana, where their hospital came under heavy fire, as she describes in an entry dated 16 December 1915:

I almost want to believe that it is a dream, but it is bitter reality! [...] First I could hardly believe it, although I heard a muffled bang, followed by people scurrying about; a nurse, looking completely scared, approached me and said that the surgery had been bombed, two men were dead. The surgery was a heap of rubble. [...] Then, another bang! I got weak in the knees, a chill came over me. [...] I felt as if the angel of death had touched me with its wing.⁶⁰

In her recollections, Konrad referred to this incident as her 'baptism of fire'.⁶¹ The fact that she used military vocabulary is again characteristic of the rhetoric of these women's accounts.

Our next example is the Swiss nurse Maria Pöll-Naepflin.⁶² Together with a group of 11 young trained nurses from this neutral country, she started working for the Austro-Hungarian Army in summer 1914. In her self-published book, she wrote that even she and her female companions felt something like patriotism. On their train journey from the border town Feldkirch near Lake Constance across Austria, they observed the officially staged 'enthusiastic salutation in each city', that 'raised our courage and even evoked patriotic feelings for "our" Austria'.⁶³ The old Austrian emperor, Franz Joseph, personally welcomed the Swiss 'foreign nurses' at his residence in Schönbrunn in Vienna. Shortly thereafter, Pöll-Naepflin experienced her 'baptism of fire' – only a few kilometres behind the Serbian front, where she was stationed when the November offensive of the Austrian Army started. At that point, her 'disillusionment' began. The nurse, who continued to refer to the Austro-Hungarian Army as 'we' and 'our', remembered this incident with the following words: 'Outside the guns howled without ceasing and the noise of the exploding missiles sounded like infernal laughter. But despite all of that we had to go to work, we had our hands full.'⁶⁴ Or, even more dramatically:

Outside at the Sava we saw the entrenchments for the first time, where days ago the battle had raged. In the trenches there were still guns and cartridges, pieces of shrapnel, linen and rags of clothes, and cadavers of animals. We stared into the brown water of the Sava and heard the thundering and echoing of the guns in the distance – horrible! We, the Swiss nurses, had already been completely cured of our enthusiasm for war: devastation, mutilated limbs and blood – oh, it was misery, wherever you looked! [...] Day by day the casualties came from the height of the Kolubra. In the slaughterhouse – as we named the surgery – the bloody work went on without cease.⁶⁵

Horror, destruction, suffering – and the limits of language

With this quote, we come to the topic of war cruelty, which these nurses describe extensively in their texts. Pöll-Naepflin's further writing refers to killed or injured and invalidated soldiers, epidemics, conflicts among nurses, gender disorder, extramarital sex and the spread of syphilis, war atrocities, and military despotism. Her account has to be read as a permanent attempt to survive, not to give up, to cope with despair and exhaustion, with the human chaos and tragedy that the war had brought about. Despite all the 'shocking and criminal things'⁶⁶ she saw, this trained nurse functioned until the end of the war – not least because of her use of morphine. Pöll-Naepflin describes in detail how she became a morphine addict and regularly used the drug, like many other nurses and doctors of the Great War did.⁶⁷ In addition, she had to witness the consequences of an abortion that led to the death of a pregnant young nurse. A number of times Pöll-Naepflin became seriously ill, physically as well as emotionally: 'Mentally broken, physically a wreck, I came back to Vienna in the days of March 1916.'⁶⁸

Jarka, the nurse quoted at the beginning of this chapter, describes similar conditions. She writes about the horrors of war as frankly as Pöll-Naepflin, be it in respect of evacuations and the destruction of entire villages, constant air raids, gas attacks against the enemy, plundering Austrian soldiers after the twelfth battle at the Isonzo,⁶⁹ or be it regarding the helplessness of operating surgeons when confronted with masses of injured bodies, the horror of dying in front hospitals, physical and mental exhaustion, illnesses, and diseases. Jarka describes the brutal rhythm of the positional warfare, with its unceasing series of offensives resulting in only slight changes in the front line. Every offensive, whether from the Austro-Hungarian or from the Italian side, meant hundreds of thousands of wounded people, dead bodies, and prisoners of war. Thus, the nurses' experiences were inextricably linked to this rhythm of battle:

And then the wagons with injured soldiers arrived, harnessed with four poor horses. Four wounded men in each wagon. What a sad burden that was. Friend and supposed enemy side by side tormented with pain [...]. And they were all young, so young. The churchyard, farmyards, the dairy farm with its corridors and open spaces, overcrowded in no time. The doctors in front of me chose the cases which had to go on the operating table immediately. I went around with the syringe of morphine. And then there was stitching up, amputations. Skull and abdominal operations during the whole night, one after another, throughout the day and again at night, until all of them had been cared for or poorly and hastily buried under debris.⁷⁰

Jarka's description reminds us of what has been said before about field hospitals and surgery units as 'second battlefields', where nurses, orderlies, and

doctors had to fight – and all too often were defeated. Deciding on whom to help first and whom to count as a hopeless case must have been traumatizing and surely evoked feelings of helplessness and guilt, all the more so in light of the 'absoluteness' of physical pain. This, as Elaine Scarry has argued, is non-communicable and due to its 'unshareability' erects an insurmountable wall between the person who suffers from pain and the others. According to Scarry's important study, physical pain also destroys language and only leaves anguished cries and noises.⁷¹ 'There was pain and ache and screaming which drowned out everything', Fessler wrote.⁷² And Hrouda, the enthusiastic nurse from Bohemia, in August 1917 after the beginning of the eleventh Isonzo battle, witnessed: 'Big transports with badly wounded persons had arrived overnight. In the course of 24 hours we had taken in over 200 severely injured soldiers. The entire hospital, all officers' rooms, were filled to capacity; they lay head to foot in the corridors. We could hear groaning and clamour from all sides; an unspeakable misery!'⁷³

By focusing on the 'unspeakable misery' of suffering and injuries, the narratives more or less continuously absolutize the soldiers' victimization. They often use medical terminology which, as a professional discourse, connected members of the medical staff. Very rarely, they remember wounded and treated soldiers as individuals by their names and life stories. Propaganda in wartime media, in contrast, disseminated stories about the personal bond between nurses and the injured, sometimes even of dying soldiers to communicate the wounded warrior's heroism.⁷⁴ Yet nurses' war accounts tend to abstract from the individual and keep a distance between themselves and the masses of 'badly wounded' or 'slightly wounded', 'headshots', 'amputated', and those who were 'shot in the lungs'. This terminology dominates even in war accounts which continuously use the leitmotif of the motherly white angel, as Mary Gasch from Bielitz did, who had passed only a three-day course with the Red Cross and some evening classes at the beginning of the war. In her short war account she writes: 'We mainly got slightly wounded and sick soldiers, later also many cases of typhus and dysentery. [...] Already in the first winter we got many with third-degree frostbite. I had to look after two rooms with eight frostbite sufferers.'⁷⁵ Industrial warfare even led to the tragedy that there were no corpses left to identify, as Eveline Hrouda describes in haunting words for the months of August and September 1917 at the Isonzo Front:

At dawn I distinguished two wagons which unloaded something in front of the hospital. When I got closer I realized that the terrible smell came from there. 'What's that?' I shouted across. '37 corpses, which we're unloading here', was the answer. But they weren't corpses; arms and legs were scattered about, heads without eyes, torsos without heads and without limbs, half rotted, totally black relics of men as well as pieces of bodies full of worms [...]. The sight was horrible. But we live in the age of humanity.'⁷⁶

This striking example shows, firstly, that nurses of the Austro-Hungarian Army tended to use an elliptic, impressionistic, and staccato-like language in their war accounts to represent war images and experiences, as Higonnet and Das have examined for those of other belligerent countries.⁷⁷ It also demonstrates how these narratives were suddenly interrupted by short passages of accusation and harsh critique, which intensify the dramatic rhetoric that seems to correspond with the character of modern warfare. Fessler, in her self-published booklet, strings single episodes together, as this example from early on in her time at the Eastern theatre of war shows:

Falling in! Provision! Bread, sausage, and – booze. It was on the eve of an assault. Everybody got a water bottle filled with booze (schnapps) – and what kind of booze! It was enough to drive a stone insane. How this horrified me. Poison, pure poison the fatherland gives to his sons! Stupefaction, so that they blindly storm into the hail of bullets! The following night was so horrendous that hell can offer nothing more terrible. How many poor people with shell-shock we had at the first-aid station the next morning!⁷⁸

These passages may explain why we can frequently find both explicit and implicit pacifistic statements in nurses' accounts, statements against the war in general or – albeit only vaguely formulated – severe indictments against those who were accused of being responsible for its outbreak and long duration. This includes Pöll-Naepflin's comment that she, though only a 'certainly ignorant' woman, 'condemned' every war and could not see that the warring nations of the First World War really honoured the fallen soldier heroes. If they had, 'no new weapons would have been allowed to be forged' and 'a permanent peace between all nations, as an honouring legacy, would have been established'.⁷⁹ Hrouda, on the other hand, uses sarcasm when she mentions the 'age of humanity', and Jarka points out that she lost her faith forever during the war as an obvious consequence of her experiences in those years.⁸⁰ Fessler maintained her Christian faith and frequently refers to it in her war accounts, which in many ways can be seen as an attempt to inscribe her experiences on the hegemonic interpretation and legitimization of the war. In contrast to this tendency and her man-like 'standing' during her entire war deployment, which allegedly led to a 'steeled heart',⁸¹ she raises accusations as in the description of an episode of brutal behaviour against POWs she witnessed: '[...] when I remember the poor prisoners of war who have been stripped of everything, everything. And then I am so disgusted at the human race which has incited the war.'⁸² And at the very end of her booklet, in its last passage on her 'return home', she extraordinarily accuses the effects of modern nationalism and capitalism, including

their 'right hand' – alcohol – of being responsible for what had happened in Europe:

The four years of service for the fatherland passed by over many a night. Was it possible? In the twentieth century? To force so many millions to take up weapons and to set them at each other like mindless animals? To force them to kill? And what was the driving force of the horrible world war? It was the stock exchange; the bloodthirsty greed for money: the currency trade with its fabulous, effortless profits, benefiting from the confusion of different European languages with which peoples can easily be divided, but most of all it was the alcohol, capitalism's right hand, which is not only most profitable, but can turn people into mere puppets ready to commit cruelty and outrage.⁸³

Outlook

In conclusion we can outline some striking, and strong, ambivalences: The women whose texts I have examined in this chapter participated in totalized modern warfare by applying (and transgressing) their ascribed gender role. As shown in their writings and the hegemonic war narratives they used, they were involved in the complex process of 'societalization of violence'.⁸⁴ Yet their war accounts also indicate several different tensions. The first, caused by the asymmetry of the hegemonic gender order, was the growing ambivalence between the normative image of nurses' femininity and female or motherly duties (including the opposite; that is, the alleged immorality and mere love of adventure of those women who went to war) and their actual war commitment. A second tension emerged between the nurses' patriotism and their belief that Austria-Hungary was involved in necessary and defensive warfare against reckless enemies, and their growing ethical resentment against the war based on 'transnationalism' and border-crossing humanity. This explains why some nurses even (and secretly) helped soldiers with self-inflicted injuries or wrote about their empathy with the enemy. The last point in particular, which could not be examined here in depth, again seems to be an important and promising topic for future research. The preliminary findings that these tendencies seem to be stronger in unpublished or self-published war accounts should be investigated more closely by comparing various forms, dates of origin, and commemorative contexts of these texts.

What I intended to show is that nursing in the First World War could indeed turn into a nightmare. War violence, with its many dimensions, shaped and influenced nurses' bodies, emotions, and their mental condition as their war accounts prove. Some nurses expressed these experiences more frankly than others, sometimes their accounts have to be read across the grain. These women witnessed the horrible consequences of industrialized

warfare with its continuous shelling, the million-fold killing and mutilating, gas attacks, and other war crimes. Nurses themselves became ill, had to bear deprivation, cold, lice, lack of sleep, extreme fatigue, and – in many cases – the all-pervading feeling of helplessness. All this must surely have been traumatizing and affected their lives after the war, especially for those who could not or did not want to continue professional nursing later on. This applies not only to Jarka, with whom this chapter started, but – as far as we know – also to Fessler, who failed to get back into her former, well-acknowledged social work in her home town and went to the United States several times before she finally emigrated to Brazil,⁸⁵ and to Pöll-Naepflin, who remained a morphine addict and led a troubled life for many years.⁸⁶ In summary it can be said that the nurses' war accounts tell us more about the traumatization they developed during the war than about the permanent work of 'containing trauma' which 'literally "held people together"' and 'permit[ted] their patients to heal', as Hallett has put it.⁸⁷ They are indeed similar to the experiences of soldiers, not least in respect to their 'returning home' and related aspects of dis/integration or silencing of what they had had to witness and suffer during war – a topic that further research is called to look for in detail.

This was probably all the more true for former Austria, which together with Germany was defeated and held responsible for the outbreak of the war, since the accounts of nurses not only from Austria but also from Switzerland and the German Empire were more or less completely repressed after 1918. Although their commitment was officially acknowledged during the war,⁸⁸ there was no public interest whatsoever in their experiences in the post-war period. Consequently, war nurses never turned into war heroines. Commemorative culture took notice of at most single (and more or less convenient) voices representing the nurses only after many years had passed, as we have seen. One might ask whether the nurses' statements on war violence and their criticism of the war, as well as the war-related gender disorder which they carefully observed, had anything to do with this development. The latter, in particular, clearly did not fit into those interpretations of the war which, after a short period of pacifism, soon became hegemonic in the re-militarized political climate of interwar Austria. To answer this would open a further chapter of the history of the First World War so often forgotten in the European context.

Notes

1. M. Jarka (undated) *Erinnerungen 1889–1934*, typescript of the Dokumentation lebensgeschichtlicher Aufzeichnungen (Department of Economic and Social History, University of Vienna, 111 pp.), pp. 82 and 106. All quotes from German texts analysed in this chapter are translated by the author.
2. See, for example, R. Schulte (1996) 'The Sick Warrior's Sister: Nursing during the First World War', in L. Abrams and E. Harvey (eds) *Gender Relations in German*

- History: Power, Agency and Experience from the Sixteenth to the Twentieth Century* (London: UCL Press), pp. 121–41; M. H. Darrow (1996) 'French Volunteer Nursing and the Myth of War Experience in World War I', *American Historical Review*, 101:1, pp. 80–106; M. H. Darrow (2000) *French Women and the First World War: War Stories of the Home Front* (Oxford: Berg), pp. 133–68.
3. See the striking example of a high-ranking Austrian officer who in 1936 published a short text on war nurses written during the First World War. In this text, he not only defined these women as 'honest brave sisters, our sisters, our comrades', but also as 'female soldiers' – by stating that the 'proud' term 'soldier' was the highest 'honorary title' to be assigned. H. Kerchnawe (1936) 'Die Schwester', in B. Breitner (ed.) *Ärzte und ihre Helfer im Weltkrieg 1914–1918* (Vienna: Verlag Amon Franz Göth), p. 246.
 4. For France, see Darrow, *French Women*, pp. 1–20.
 5. See also A. Fell 'Remembering French and British First World War Heroines', Chapter 7 in this volume.
 6. O. Überegger (2011) *Erinnerungskriege: Der Erste Weltkrieg, Österreich und die Tiroler Kriegserinnerung in der Zwischenkriegszeit* (Innsbruck: Universitätsverlag Wagner).
 7. A. Fessler (1919) *Aus der Mappe einer ehemaligen Armeeschwester* (self-published pamphlet, Stadtarchiv Bregenz, papers of Agathe Fessler); R. M. Konrad (probably 1922) *Schwester als Menschen: Aus den Aufzeichnungen einer Armeeschwester*, vol. 1 (Innsbruck: self-published), vol. 2 (Vienna: self-published); M. Gasch (1978) *Im Dienste des Nächsten: Oberschwester Mary Gasch berichtet über ihre Tätigkeit an allen Fronten des 1. Weltkrieges* (Vienna: self-published).
 8. M. Pöll-Naepflin (1st edn probably 1933, 3rd edn 1935) *Fortgerungen, Durchgedrungen: Ein erschütterndes Lebensbild einer Krankenschwester aus der Zeit des großen Krieges, der Revolution und der Arbeitslosigkeit* (Constance: self-published). On the inside front page, this book is presented as the 'single oeuvre from a Swiss nurse of the First World War'.
 9. H. von Sonnenthal (1918) (ed.) *Ein Frauenschicksal im Kriege: Briefe und Tagebuch-Aufzeichnungen von Schwester Maria Sonnenthal-Scherer. Eingeleitet und nach den Handschriften herausgegeben von Hermine von Sonnenthal* (Berlin: Ullstein); E. Hrouda (1935) *Barmherzigkeit: Als freiwillige Malterschwester im Weltkrieg* (Graz: Leykam).
 10. See, for Germany, Schulte, 'The Sick Warrior's Sister', p. 123.
 11. Schulte, 'The Sick Warrior's Sister', p. 123.
 12. See the introduction given by C. Hämmerle, O. Überegger and B. Bader Zaar in Chapter 1 in this volume.
 13. M. R. Higonnet (ed.) (2001) *Nurses at the Front: Writing the Wounds of the Great War* (Boston: Northeastern University Press), p. x; Darrow, *French Women*, p. 139.
 14. This also meant its 'secularization' as nursing for centuries had been the domain of religious congregations. The development towards professionalization was closely connected to activities for a prospective modern war; units of nurses were especially trained for a future war commitment. In France, the first 'école d'infirmières' was opened in Paris in 1907, see Darrow, *French Women*, p. 48; Y. Knibiehler (2004) 'Les anges blancs: naissance difficile d'une profession féminine' in E. Morin-Rotureau (ed.) *1914–1918: Combats de femmes. Les femmes, pilier de l'effort de guerre* (Paris: Éditions Autrement), pp. 47–63, here 48; for the very important case of Britain, see A. Summers (1988) *Angels and Citizens: British Women as Military Nurses 1854–1914* (London: Routledge & Kegan); for other countries such as Australia, New Zealand, and Canada, C. E. Hallett (2009)

- Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press), p. 7; for Germany Schulte, 'The Sick Warrior's Sister', pp. 123–6.
15. Schulte, 'The Sick Warrior's Sister', p. 123; B. Panke-Kochinke and M. Schaidhammer-Placke (2002) *Frontschwester und Friedensengel: Kriegskrankenpflege im Ersten und Zweiten Weltkrieg. Ein Quellen- und Fotoband* (Frankfurt am Main: Mabuse), p. 14, mentions 25,000 professional nurses as an official figure of the Red Cross.
 16. Darrow, *French Women*, pp. 140–1 and 163, refers to an estimate of even 500,000 French women in all who volunteered for hospital work during the war.
 17. S. R. Grayzel (2002) *Women and the First World War* (London: Pearson Education), p. 39.
 18. S. Das (2005) *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press), p. 185.
 19. Grayzel, *Women*, p. 39.
 20. Higonnet, *Nurses at the Front*, p. viii.
 21. Grayzel, *Women*, p. 40.
 22. Hallett, *Containing Trauma*, p. 1.
 23. Though class antagonism did occur among different groups of nurses, for example between paid and unpaid nurses, payment could make nursing jobs attractive also for lower-middle-class and lower-class women, as was the case for example in France until 1916; see Darrow, *French Women*, p. 140–1; Das, *Touch and Intimacy*, p. 186.
 24. For the French case this again is convincingly pointed out by Darrow, *French Women*, especially pp. 151–8. In respect to the (albeit not consistent) reproduction of dominant gender and imperialist discourses of nurses involved in colonial enterprises, see A. S. Fell (2011) 'Nursing the Other: The Representation of Colonial Troops in French and British First World War Nursing Memoirs', in S. Das (ed.) *Race, Empire and First World War Writing* (Cambridge: Cambridge University Press), pp. 158–74.
 25. See, for example, the trendsetting, psychoanalytically orientated work of K. Theweleit (1978) *Männerphantasien*, 2 vols (Frankfurt am Main: Rowohlt).
 26. Mary Borden, a wealthy woman and novelist, worked as a Red Cross nurse at the Western Front and established her own front-line surgical unit under French military authority. For her publication *The Forbidden Zone* from 1929, in which she used this much-cited term in her sketch 'Blind', see Das, *Touch and Intimacy*, pp. 187 and 204, and Higonnet, *Nurses at the Front*, pp. vii–xxxviii and 79–161 (reprint), quote on p. 79.
 27. M. R. Higonnet (2002) 'Authenticity and Art in Trauma Narratives of World War I', *Modernism/Modernity*, 9:1, pp. 91–107, quotes on pp. 92–3.
 28. Das, *Touch and Intimacy*, pp. 177–228; S. Das (2005) 'The Impotence of Sympathy: Touch and Trauma in the Memoirs of First World War Nurses', *Textual Practice*, 19:2, pp. 239–62.
 29. Hallett, *Containing Trauma*, p. 13.
 30. O. Überegger (2004) 'Vom militärischen Paradigma zur "Kulturgeschichte des Krieges"? Entwicklungslinien der österreichischen Weltkriegsgeschichtsschreibung im Spannungsfeld militärisch-politischer Instrumentalisierung und universitärer Verwissenschaftlichung', in O. Überegger (ed.) *Zwischen Nation und Region: Weltkriegsforschung im interregionalen Vergleich. Ergebnisse und Perspektiven* (Innsbruck: Studienverlag), pp. 179–96; in respect to women's and gender history C. Hämmerle (2013) 'Gendered Narratives of the First World War: The Example of Former Austria', in M. Mondini and M. Rospocher (eds) *Narrating War: XVIth–XXth Century Perspectives* (Berlin: Duncker & Humblot; Bologna: Il Mulino), pp. 173–87.

31. D. C. Angetter (1995) *Dem Tod geweiht und doch gerettet: Die Sanitätsversorgung am Isonzo und in den Dolomiten 1915–18* (Frankfurt am Main: Peter Lang), pp. 231–8; B. Biwald (2000) *Von Helden und Krüppeln: Das österreichisch-ungarische Militärsanitätswesen im Ersten Weltkrieg* (Vienna: ÖBV & hpt), pp. 89–94.
32. See, for example, E. Malleier (1998) 'Jüdische Krankenpflegerinnen im Rudolfinerhaus 1882–1906: Eine In(tro)spektion', in E. Seidl and I. Walter (eds) *Rückblicke für die Zukunft: Beiträge zur historischen Pflegeforschung* (Vienna: Wilhelm Maudrich), pp. 180–207; I. Walter (2004) *Pflege als Beruf oder aus Nächstenliebe? Die Wärterinnen und Wärter in den Krankenhäusern im 'langen 19. Jahrhundert'* (Frankfurt am Main: Mabuse).
33. Research literature only provides figures for minor or special groups of nurses. According to estimates, the Women's Auxiliary Labour Force, which was organized throughout the Habsburg Monarchy from spring 1917 onwards, employed between 33,000 and 50,000 women, ranging from female clerical workers in military units to (auxiliary) nurses; another 107,000 women were engaged in the 'hinterland'; see M. Healey (2004) *Vienna and the Fall of the Habsburg Empire: Total War and Everyday Life in World War I* (Cambridge: Cambridge University Press), p. 204.
34. Angetter, *Dem Tod geweiht*, pp. 190–213.
35. A first nursing school (*Krankenpflegeschule*) was founded in 1882 as part of the 'Rudolfinerhaus', a private hospital with religious affiliation. It was not until 1913 that the main public hospital in Vienna (AKH) and the Red Cross also opened nursing schools – not least due to the dramatic shortage of nursing staff during the Balkan Wars; see B. Bolognese-Leuchtenmüller (1997) 'Imagination "Schwester": Zur Entwicklung des Berufsbildes der Krankenschwester in Österreich seit dem 19. Jahrhundert', *L'Homme: Zeitschrift für Feministische Geschichtswissenschaft*, 8:1, pp. 155–77.
36. See G. Dorffner and V. Kozon (2004) 'Die "Verordnung des Ministeriums des Innern vom 25. Juni 1914, betreffend die berufsmäßige Krankenpflege"', in I. Walter, E. Seidl and V. Kozon (eds) *Wider die Geschichtslosigkeit der Pflege* (Wien: ÖGVP Verlag), pp. 45–65.
37. Angetter, *Dem Tod geweiht*, pp. 190–213; Biwald, *Von Helden*, pp. 153–6.
38. Biwald, *Von Helden*, p. 91.
39. Biwald, *Von Helden*, p. 91; Angetter, *Dem Tod geweiht*, p. 136.
40. Dorffner and Kozon, "'Verordnung'", p. 53.
41. In addition there were also approximately 350,000 wounded POWs. Angetter, *Dem Tod geweiht*, p. 186; Biwald, *Von Helden*, p. 626; G. Hirschfeld, G. Krumeich and I. Renz (eds) (2003) *Enzyklopädie Erster Weltkrieg* (Paderborn: Schöningh), p. 664.
42. Angetter, *Dem Tod geweiht*, p. 186; see also S. Audoin-Rouzeau and A. Becker (2002) *14–18: Understanding the Great War* (New York: Hill & Wang), p. 24.
43. Higonnet, 'Authenticity', p. 98.
44. Audoin-Rouzeau and Becker, *Understanding the Great War*, p. 16.
45. Konrad, *Schwestern*, pp. 4–5.
46. For a broader view on the 'explosion' of auto/biographical writing in both World Wars, see C. Hämmerle (2013) 'Between Instrumentalization and Self-Governing: (Female) Ego-Documents in The European Age of Total War', in F.-J. Ruggiu (ed.) *The Uses of First Person Writings: Africa, America, Asia, Europe* (Oxford: Peter Lang), pp. 163–284.
47. Pöll-Naepflin, *Fortgerungen*, p. 139.

48. See for such an approach originating from theories of the sociology of knowledge, esp. K. Latzel (1999) 'Kriegsbriefe und Kriegserfahrung: Wie können Feldpostbriefe zu einer erfahrungsgeschichtlichen Quelle werden?', *Werkstatt Geschichte*, 22, pp. 7–23.
49. Fessler, *Armeemappe*, p. 4.
50. See, for example, O. Überegger (2002) *Der andere Krieg: Die Tiroler Militärgerichtsbarkeit im Ersten Weltkrieg* (Innsbruck: Universitätsverlag Wagner), especially pp. 256–311; B. Ziemann (2007) *War Experiences in Rural Germany 1914–1923* (Oxford: Berg), especially pp. 82–110.
51. Hrouda, *Barmherzigkeit*, p. 6. Such lamentations on the part of girls and women were apparently quite common.
52. Hrouda, born in 1892 near Lovosice/Lobositz in Bohemia, was the daughter of the director of the Herberstein estate in Pohořelice/Pohrlitz.
53. Hrouda, *Barmherzigkeit*, p. 7.
54. Hrouda, *Barmherzigkeit*, pp. 11–12, where Hrouda quotes a letter from her father.
55. Hrouda, *Barmherzigkeit*, p. 12.
56. Hrouda, *Barmherzigkeit*, p. 20.
57. Hrouda, *Barmherzigkeit*, p. 23.
58. See, for example, L. Musner (2011) 'The Myriad Faces of Battlefield Dynamics', *Recherche - Zeitung für Wissenschaft*, <http://www.recherche-online.net/lutz-musner-english.html>.
59. Konrad, *Schwestern*, p. 10.
60. Konrad, *Schwestern*, p. 15.
61. Konrad, *Schwestern*, p. 20.
62. See also Pöll-Naepflin, *Fortgerungen*, pp. 34–46 (chapter on her 'fire test': 'Feuerprobe').
63. Pöll-Naepflin, *Fortgerungen*, pp. 12–13.
64. Pöll-Naepflin, *Fortgerungen*, p. 39.
65. Pöll-Naepflin, *Fortgerungen*, p. 41.
66. Pöll-Naepflin, *Fortgerungen*, p. 79.
67. Pöll-Naepflin, *Fortgerungen*, frequently mentions the common use of morphine amongst doctors and nurses; see, for example, pp. 85 and 129; see also Konrad, *Schwestern*, p. 61. Such practice was also widespread at the Western Front.
68. Pöll-Naepflin, *Fortgerungen*, p. 80.
69. Both sides suffered heavy losses in this battle (24 October–2 December 1917). Austrian and German troops were able to break into Italian front lines causing lootings on a massive scale.
70. Jarka, *Erinnerungen*, pp. 71–2.
71. E. Scarry (1985) *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press), especially pp. 3–8; see also Das, *Touch and Intimacy*, p. 189.
72. Fessler, *Armeemappe*, p. 20.
73. Hrouda, *Barmherzigkeit*, p. 143.
74. See, for example, Kriegshilfsbüro des k. k. Ministeriums des Innern (no date) (ed.) *Wahre Soldatengeschichten: Erzählt von Roten-Kreuz-Schwestern u. freiwilligen Pflegerinnen 1914–1916* (Vienna: Hermes Buch- und Kunstdruckerei).
75. Gasch, *Im Dienste*, p. 3.
76. Hrouda, *Barmherzigkeit*, pp. 147–8.
77. See notes 27 and 28.
78. Fessler, *Armeemappe*, p. 13.

79. Pöll-Naepflin, *Fortgerungen*, p. 5.
80. Jarka, *Erinnerungen*, p. 77: 'After all the horrible suffering I saw in those years, nobody can tell me that an all-knowing, all-bountiful, all-mighty, and just God exists.'
81. Fessler, *Armeemappe*, p. 61.
82. Fessler, *Armeemappe*, p. 11.
83. Fessler, *Armeemappe*, p. 64.
84. B. Ziemann (2002) "'Vergesellschaftung von Gewalt" als Thema der Kriegsgesellschaft seit 1914: Perspektiven und Desiderate eines Konzepts', in B. Thoß and H.-E. Volkmann (eds) *Erster Weltkrieg – Zweiter Weltkrieg: Ein Vergleich. Krieg, Kriegserlebnis, Kriegserfahrung in Deutschland* (Paderborn: Ferdinand Schöningh), pp. 735–58. The concept of 'socialization of violence' was originally developed by M. Geyer (1986) 'Krieg als Gesellschaftspolitik: Anmerkungen zu neueren Arbeiten über das Dritte Reich im Zweiten Weltkrieg', *Archiv für Sozialgeschichte*, 26, pp. 557–601.
85. M. Pichler (2007) 'Selbstverwirklichung im Dienst an Anderen: Leben und Werk der Bregenzer Sozialarbeiterin Agathe Fessler (1870–1941)', in M. Pichler *Quergänge, Vorarlberger Geschichte in Lebensläufen* (Hohenems: Bucher), pp. 160–87.
86. Pöll-Naepflin, *Fortgerungen*, pp. 161–89.
87. Hallett, *Containing Trauma*, p. 228.
88. See the list in R. Rutkowski (1983) 'Ein leuchtendes Beispiel von Pflichttreue: Frauen im Kriegseinsatz 1914–1918', *Scrinium*, 28, pp. 343–53, here 349–52.