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DAUGHTERS *of* VALOR

A SALUTE TO OUR COMRADES, THE 21,896 WOMEN WHO SERVED IN THE ARMY DURING THE WORLD WAR

BY ROBERT GINSBURGH



American nurses, led by Julia Stimson, in the great parade in Paris of July 4, 1918. Miss Stimson was Director of Nursing Service of the A.E.F. and Superintendent of the Army Nurse Corps from 1919 until her retirement in 1937. Under the National Defense Act of 1920 that position carried with it the rank of major.

WHILE women have played an important rôle in all of the major armed conflicts of this country even to the point of taking up the duties of soldiers in the front lines, it was not until the World War that a general call was issued by the United States Government for a mobilization of the nation's woman power for service in the Army and Navy.

In numbers alone, American women who served in 1917-18 attained the aggregate combat strength of a wartime Infantry Division—a force larger than the whole Regular Army at the time hostilities were opened with Spain in 1898. During the World War the Army carried on its active military rolls 21,896 women. Of this number 21,480 served as nurses and the rest as field clerks, and they were carried on the rolls just as were officers and enlisted men and were subjected to the same army regulations and military discipline. The Navy, too, had its women—401 of them in the enlisted category, and 11,880 on an enrolled status.

These numbers include only those women who were actually a part of the



**Major Julia Stimson
U.S.A. Retired**

Army and Navy, and not those, equally patriotic, who served as members of welfare and service organizations.

It was in the nursing field that American womanhood played the dominant rôle during the World War. Their special aptitude for such work had been called to the attention of the military profession during the Crimean War, when Florence Nightingale and her corps of patriotic women performed such valiant service in caring for the sick and wounded at Scutari. However, neither the North nor the South was prepared in 1861 to recruit women for a nursing corps in the modern sense. There were nurses in the Civil War on both sides, many of them, but their work in general was confined to diet or to the linen closet. The nursing profession was in its infancy and the doctors were not prepared to try innovations at such a critical period. Even as late as the War with Spain military doctors, in general, shared a certain scepticism concerning the value to the Army of women nurses.

"I do not approve of sending female nurses with troops in the field," said George M. Sternberg, Surgeon General of the Army during the War with Spain, a man who was regarded generally as one of the leaders in military medicine. "But I do recognize the value of trained female nurses in general hospitals," he added by way of compromise. The Government, nevertheless, made contracts with nurses for military service without any stipulation as to their assignment and field of work, and soon Surgeon General Sternberg had a number of them on the way to Cuba.

And it was in Cuba that the first of the modern nurses became a martyr not alone to her country but to all humanity. Clara L. Maas was a young Army nurse who had volunteered to be bitten by an infected mosquito to prove to the satisfaction of the medical authorities the method of yellow fever transmission. Twelve other nurses died of typhoid fever during the War with Spain. This



Jane A. Delano
1862-1919

disease at one time had on the sick list 140 of the 1563 nurses who served with the Army during that period.

Despite the hostility, indifference and even amusement with which these pioneer military nurses were greeted at first, they proved their value to the Army by the practical demonstration of their capabilities in the field, and when the military establishment was reorganized in 1901 Congress provided for a Nurse Corps directed by a superintendent. Shortly thereafter there were nurses in all of the far-flung garrisons of the United States Army from Portland, Maine, to Tientsin, China, from Cuba to the Philippine Islands, and from Alaska to the Mexican Border.

The Nurse Corps was never very large in that era. After the pacification of Cuba and the Philippine Islands its numbers dwindled to almost nothing. There were only 160 nurses on the rolls when the mobilization of more than 200,000 Regular and National Guard troops on the Mexican Border necessitated a proportionate increase in the corps. The membership grew during the border troubles to 450. Most of the recruits were supplied by the Red Cross, which had been enrolling a reserve nurse organization for just such emergencies. Following the short period of demobilization only 403 nurses still remained in the Army on April 6, 1917, when war was declared with Germany. Of this number 180 were Regulars and the other 223 Reserves.

Around this small nucleus a force of more than 20,000 was developed during the World War. Their procurement, training and mobilization reflect the genius of the Red Cross even more than that of the War Department, and particularly that of Miss Jane A. Delano, Director of the Department of Nursing in the latter service and a veteran of the Army as well. Miss Delano had "joined" the

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Army during the War with Spain and held the position of Superintendent of the Nurse Corps from 1909 to 1912, when she resigned from the military service to devote all her energies to the nursing department of the American Red Cross. She conceived the idea of a reserve corps for military and relief crises and when the call for nurses came in 1917 the Medical Department turned to her for assistance.

More than 87 percent of the nurses in the Army—18,732 of the 21,480 enrolled—were recruited directly through the efforts of Miss Delano. Almost one-half of them—10,061—served overseas, and their work under the most trying conditions presents a brilliant chapter in the annals of American womanhood. Miss Delano was doing brilliant work as Director of the Department of Nursing of The American Red Cross when she died at Savenay, France, on April 15, 1919. Seven all-nurses' Posts of The American Legion keep green the memory of her devotion to her country.

Two fatalities accompanied the transportation of the more than 10,000 nurses overseas. The victims were both members of Base Hospital No. 12, which sailed May 19, 1917, on the *Mongolia*. On the second day out a gun drill was to take place and all the passengers were invited to watch. Practically all those aboard, including the nurses, came out for the demonstration. A target was thrown overboard. The members of the gun crew rushed to their places. A projectile was shoved into the breech. The block was slammed tight. Suddenly a loud explosion followed—prematurely, before the lanyard was pulled, and a number of spectators were thrown into a heap. When the decks were cleared it was discovered that Nurses Edith Ayres and Helen B. Wood had been killed instantly and Emma Matzen had received serious flesh wounds. The ship received orders to return to New York to exchange the faulty ammunition and the nurse casualties were taken ashore. Miss Matzen was admitted to a New York hospital and recovered sufficiently to rejoin her outfit in France two months later.

Overseas, nurses served wherever there were American soldiers, not only on the Western Front and in the leave and mobilization areas of the British Isles but also in Italy, Siberia and North Russia as well.

The first of the nurses to see active service were the members of the six hospital units which sailed between May 8th and 24th of 1917 for duty with the British.

Despite the many hazards, there was only one Army nurse casualty at a base hospital—Eva Jean Parmelee. She was a member of Base Hospital No. 5, and was on duty the night of September 4, 1917, when her outfit was subjected to its first air raid, at Dannes Camiers. The siren at the nearby cement factory had hardly shrieked its warning when the lights, controlled by a central switchboard,

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were extinguished, and the loud report of an exploding bomb followed. The tent shook for a moment and seemed to collapse. Miss Parmelee was tossed into a nearby ditch and knocked unconscious. Four more explosions followed even louder than the (Continued on page 48) first and the dazed nurse awakened to hear the woeful groans of the helpless patients and to follow the shadows of the doctors, nurses and enlisted men of the Medical Department, scurrying about feverishly in the dark. A whole tent section had been blown to pieces, scattering patients and to follow the shadows of the doctors, nurses and enlisted men of the Medical Department, scurrying about feverishly in the dark. A whole tent section had been blown to pieces, scattering patients, beds, lockers and floors in all directions. Seven were dead and many more injured. Miss Parmelee was badly shaken up but escaped with two face wounds and a black-eye.

The nurses had hardly accustomed themselves to the rigors of base hospital service when urgent calls came from the front lines. Mobile units with a complete 500-bed hospital, sterilizing plant, X-ray, and laundry were being organized to be mounted on trucks, and transported to vital evacuation areas, sometimes to function as supplementary hospitals, at other times as independent institutions near the front lines, and the British army asked for twenty nurses for each of these organizations. The American women at the base hospitals volunteered and those who could not be spared remained behind for the greater drudgery and less spectacular service, doing not only their own work but that of the nurses who were selected for the mobile units.

As soon as these nurses proved their capabilities in this work, the British called for details to the Casualty Clearing Stations. Operating teams consisting of two medical officers, a nurse, two orderlies and an officer's batman, each, had to be trained and sent to these forward evacuation points. Again, the chief nurses had more volunteers than they could assign without crippling their base forces but the British requests were met. On some of the teams there were two nurses, one of them acting as anesthetist.

Only the most competent and dependable nurses were detailed on these detached jobs and most of them received intensive training in the wearing and the use of the gas mask before they were assigned duties with the operating teams.

Duty in a casualty clearing station was one of the most arduous that American nurses were called upon to perform. Here came only the worst cases. Others were taken to the ambulance train to be sent to the base, or tagged and directed to walk toward the rear, but the serious cases, dropped off at the station, had to be sorted and separated, operatives to one tent, shock to another, chest cases to a



third. No time could be lost, for many of the patients were bleeding profusely.

Into the operating tents, patients seemed to pour without a halt, and there the most delicate work had to be performed under the most trying conditions, in cramped quarters, during gas attacks, often to the accompaniment of an aerial bombardment, under small lights, dim at best, flickering on and off. The surgical teams usually went up to the casualty clearing station for a tour of duty lasting about 48 hours. They cared for the casualties in a particular drive and then returned to their base.

Once near the front, however, they often found that they could not get away in the normal two days. Late in July, 1917, one team of Helen Fairchild and Helen Grace McClelland, members of Base Hospital No. 10, a Philadelphia organization, for instance, went forward to the British lines and remained on duty with a casualty clearing station for more than five weeks, closing their arduous tours of duty in the operating tents with scrubbing and washing their own clothes in the early hours of their brief rests.

There were two casualties among the American Army nurses serving with these operating teams. The first was Beatrice Mary MacDonald, a member of Base Hospital No. 2, organized at the Presbyterian Hospital, New York. She had been sent forward as a member of a detached team to No. 61 Casualty Clearing Station, near St. Sixte's Convent, Belgium. There she was joined by Miss McClelland, who was on duty with another American team. Besides the Americans, there were five British teams, in addition to the regular staff on duty at the station. It was arranged at first that one-half of the force would work by day, the other by night, but when casualties began to multiply, the teams went on shifts of twelve hours on and eight hours off. The work still increased and the duty hours had to be made to correspond. Occasionally the American nurses worked 24 hours at a stretch, stopping merely long enough to get a bite to eat.

The two nurses had been relieved from their shift on the afternoon of August 17th, and were asleep in their tent that night when the casualty clearing station was attacked from the air. They reached for their helmets and covered their

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heads. Miss MacDonald tilted her head-gear slightly and raised herself on her elbows. She began to gaze around when two bombs crashed into the roof of the cook shack nearby and scattered shrapnel fragments throughout the tent. One piece penetrated Miss MacDonald's eye and another cut a gash in her cheek. She lost the sight of one eye completely and was evacuated to Boulogne, the A. E. F. ophthalmic center. Later she was returned to duty and remained with her unit until two months after the Armistice.

After the war, both Miss MacDonald and Miss McClelland were awarded the Distinguished Service Cross.

There were only three Distinguished Service Crosses awarded the nurses of the United States Army during the World War. The third decoration was won by Isabelle Stambaugh, also of Base Hospital No. 10.

Miss Stambaugh went forward with her team on March 21, 1918, for duty with the British Casualty Clearing Station No. 32 at Marcheipot, near Peronne, during the great German drive of that spring.

She therefore arrived at her destination when the station was receiving more than its due share of the enemy's attention. The bombardment from the air became too terrific for the team to do any work, so the British ordered a retreat. Miss Stambaugh and the other members of the party rushed back to Amiens, where they were assigned to duty with No. 42 Stationary Hospital, but here, too, there was no respite.

Despite the heavy bombardment, the doctors and nurses tried to go about their duties, ministering to the wounded, giving anesthetics and operating on the emergency cases. While in the midst of her work in the operating room, Miss Stambaugh was struck down with a deep flesh wound in her leg. She was evacuated but returned to duty later in July.

It was during this same spring drive, too, that many nurses found themselves in full retreat, often abandoning all their possessions to keep up with the evacuation and to take charge of their wounded patients.

The presence of American troops in France was beginning to make itself felt on the Western Front at

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this time, but now, when the nurses would be most needed to minister to American casualties, the A. E. F. suddenly found itself facing a great dearth of them. Instead of the quota of one nurse per ten beds, which the military authorities laid down as highly desirable, these women often found themselves handling as many as 50 patients apiece. Hundreds of casuals were rushed overseas but the ideal quota was never realized. Influenza and other sicknesses were taking their toll, too, among the nurses as well as among the soldiers, and those who remained to carry on, assumed their added responsibilities faithfully and, under the conditions, most cheerfully, despite overwork and the inevitable exhaustion.

And at the Base Hospitals greater and greater demands from the front were being made on the nurses serving with the American Expeditionary Forces, for operating teams, evacuation and mobile hospital units, and detachments for the hospital trains.

The hospital trains, as originally organized in the United States, provided for no nurses. The train's function was merely to evacuate the wounded from the front lines to the base hospital. Not until July 13, 1918, were nurses called for such work, and even then, the medical authorities in the Army watched the experiment very carefully. Great professional skill and the ability to meet every kind of emergency were required on this work, but the first teams functioned so smoothly, that it became the general practice to assign three nurses to every hospital train.

In going to the front, their work was rather pleasant. They had a chance to see the countryside and relax in the quarters that had been set up for them in one of the staff coaches, but on their return they worked under most difficult conditions.

The constant motion of the train, the restricted space, the great irregularity of hours, the close association of officers and nurses, the isolation from other groups of nurses, called for women of the greatest tact, adaptability and character as well as professional ability.

These "moving hospitals" had a total capacity of 400 beds with every possible comfort provided the patients—electric lights, steam heat and electric fans—but when the train began to move, the constant jolting, the noise and the dirt made travel disagreeable even for the most patient of the wounded. Besides, the hospital train, returning from the front, did not have the right of way when fighting men and munitions were going forward and it was sidetracked often for hours. Instead of spending 40 hours to get back to the base from the Front, nurses often found themselves on active duty for four days at a time, with little or no rest, and instead of the capacity of 400, they often had to crowd as many as 600 into the train.

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The patients returning on these trains to the base were usually the wounded who had received some first aid. If the train took longer than the normal time to get back, all bandages had to be changed often, not only during the day but at night with all lights out, while shells from the air burst around the tracks.

Despite the arduousness of this service, nurses were ever ready to volunteer and on November 11, 1918, there were sixty-three of them on duty with hospital trains.

In addition to the hospital trains which evacuated the wounded from the front lines to the base, the Army established evacuation hospitals, intermediary stations, several miles behind the forward moving lines, to which nurses were assigned. In general, there was little difference between service here and in the base further to the rear, except that the evacuation hospital was more temporary, hence with fewer conveniences and less equipment and with the added zest accompanying the frequent changes of position.

Closer to the front lines marched the mobile hospital units, with their quota of twenty nurses each. They were usually established in tents, so that the nurses had to be skilled in performing their duties under rather primitive conditions. The whole equipment had to be taken down, packed into trucks, transported a considerable distance and set up again several times during a drive.

The most coveted assignment of the nurses was duty with the forward teams. They had to be ready to go to the front at any moment to serve with surgical, shock or gas teams, and only those of outstanding professional attainments could even be considered. On the other hand, many a well-trained nurse, anxious to go forward, had to remain behind with the forces that were being constantly depleted to fill up the professional teams.

More than three hundred operating teams were organized for duty with the American forces and more than two-thirds of them saw active service.

The organization of the operating team followed closely the British pattern, with two nurses in each unit. At the evacuation hospitals, during the big drives, they worked incessantly. Shivering during the cold nights, their hands constantly in wet gloves, standing in small cramped corners for hours handing out sterile supplies and setting up instrument tables, these nurses worked until they were almost numb.

On the "shock" teams, the strain was even greater. Frenzied patients suffering from excessive loss of blood, exposure and shock, would be brought into the tent, some of them shortly after they had been wounded, but any number of them after they had lain on the battlefield for hours and perhaps days, clinging des-

perately to life, crawling from shell hole to shell hole, drinking their stale waters, and munching bits of discarded food. In these cases the greatest kindness, firmness and patience as well as professional skill had to be displayed.

Of the 10,061 nurses in the A. E. F., the Army had sent 2,662 forward for duty with the professional teams.

In addition to the three Distinguished Service Crosses that the War Department conferred on the Misses MacDonald, McClelland and Stambaugh, a Distinguished Service Medal was awarded Edna M. Coughlin, another member of a professional team.

The Allies awarded the American nurses many decorations, including not only those singled out by the War Department, but a number of others for meritorious service in the advanced zones. The British honored about 90 nurses and the French more than 100 of those in the A. E. F.; Rumania, Belgium, Greece and Russia also decorated a few. Some like Miss MacDonald were decorated by several of the Allies. There were also a great number of Base Hospital and Division citations for nurses, both from the Allies and from American commanders.

Besides answering persistent calls from the British and American lines, a number of them were called upon to serve on the French front as well. When American troops were brigaded with the French, in the early phases of our participation, particularly, General Pershing saw the need for American women to look after the American casualties immediately. Because the French had their own evacuation and hospitalization system behind their own lines, it was not considered politic to set up American Army hospitals in the same sector. The military authorities felt, however, that there could be no objection to a civilian, purely humanitarian organization taking up such work, and consequently called upon the Red Cross to take care of the American wounded on the French Front; and the Red Cross did.

The American Red Cross was in the position of the "pinch hitter" in the nursing emergency. If General Pershing called for nurses for a "military" hospital, the Red Cross nurses became "militarized"; if he preferred their services in a civilian status, they went forward to do the same work just as cheerfully. Since the fighting of American soldiers in the early phases came principally in the sectors where our troops were brigaded with the Allies, the *(Continued on page 52)* Red Cross hospitals were called upon to handle more than two-thirds of the battle casualties of the A. E. F.

The only battle casualty among the Red Cross nurses as distinguished from their Army sisters took place July 15, 1918, when Jane Jeffery, on night duty at the hospital at Jouysur-Morin, was struck by shell fragments of an airplane bomb while attending her patients and

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was severely wounded.

Miss Jeffery was awarded a Distinguished Service Cross by the War Department.

The only nurses on duty with the American troops in Northern Russia were Alma E. Foerster and Beatrice M. Gosling, both of whom served in their Red Cross capacity. There were only nine American women in Archangel and the nurses served a social as well as a military need. Their nursing work was entirely in the base hospital, and their patients medical and slightly wounded surgical cases.

For service in Siberia, the Army sent twenty-seven nurses to Vladivostok in the summer of 1918.

In Italy, United States Base Hospital No. 102, including 100 nurses, was attached to the 322d Infantry, an Ohio outfit, and operated the most forward base hospital on the Italian Front, at Vicenza.

There were 102 deaths overseas and 134 in the United States, among the Army nurses.

Behind the lines in France and England, and on this side in Washington and New York, the master minds of the Army Nurse Corps were at work, perfecting their organization, looking after the many needs of the women, training, organizing and equipping them for service in the cantonments as well as for overseas. In many ways it called for just as much genius, leadership, and military ability to handle this constantly growing army of fighting women as it did to manage the great bodies of men, which were being organized for the more obvious military duties.

Back in the United States was Dora E. Thompson, the Superintendent of the Nurse Corps, "to whose accuracy, good judgment and untiring devotion to duty was due the splendid management of the Army Nurse Corps," to use the exact words of the War Department in the citation accompanying her Distinguished Service Medal.

Miss Thompson was a veteran in the Army. Her service began in 1902 and took her to the far corners of the world. She helped the doctors during the San Francisco earthquake in 1906, and the dysentery epidemics among the troops in the Philippine Islands later. Her services were recognized in 1914 when she was elevated to the highest position in her corps. She served as superintendent during the most trying periods of the mobilization on the Mexican Border and the World War but in 1919 gave up her position to return to the field and sailed for Manila shortly thereafter.

Her successor, Major Julia C. Stimson—Army nurses have become entitled to military rank since 1920—performed the

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duties of chief nurse of the corps overseas with equal distinction. She was among the first of the American nurses overseas, having sailed with Base Hospital No. 21, a St. Louis unit, in May, 1917, to assume her duties as chief nurse of her unit.

"She displayed marked organizing and administering ability while that unit was on active service with the British Forces," according to her Distinguished Service Medal citation.

When the nursing problems in the A. E. F. were at their peak, she was selected from among all of the nurses overseas to take over the job of becoming their chief. And it was an administrative job of great magnitude. She had to keep track of every nurse and know about her capabilities, for every day new demands were being made for specially qualified women. She had to keep in touch with all of the hospitals to recognize and understand their needs. She had to maintain a high esprit de corps among the nurses themselves, for they were scattered all over France, and to win and hold their confidence in her ability to take care of them. Their morale, looking after them when they were sick, and providing convalescent areas when they were recovering, were some of the problems that beset her office. In addition she had to make a number of inspections in the field personally, to get first-hand information from the nurses themselves and to build up the essential close contact between the staff and field forces—so necessary to mutual trust and efficiency.

In England, Grace E. Leonard, as assistant director of the nursing service, was performing a job similar to Miss Stimson's with equal efficiency. She, too, was awarded a Distinguished Service Medal.

Many other nurses could be mentioned who performed administrative duties to the satisfaction of their superiors and subordinates, too. Not only near the top of the organization, but at the base hospitals, where thousands upon thousands of patients had to be treated, was there a great need for women of more than average executive ability.

To cite but one example, there was Mrs. Alice H. Flash, Chief Nurse of the Mesves hospital center, who "commanded" an army of more than 20,000 patients at one time.

All sorts of administrative problems beset the heads of the nurse corps but they were usually met and overcome. When the influenza epidemic broke out and thousands of nurses were needed for the cantonments as well as in the civilian

communities, every effort continued to keep up the flow of nurse power overseas. When not enough trained nurses could be found that could be spared, Annie W. Goodrich, Chief Nurse, organized an Army School of Nursing and in a short time placed 1800 qualified women at the disposal of the Medical Department. Today, the Army School of Nursing still stands as a result of her efforts.

The equipment problem was another that seemed to keep just one pace ahead of preparations. When the first units went overseas, no tables of equipment had been worked up, and there was no uniformity even within the units themselves. As soon as the overseas equipment became standardized, calls came from the front for professional teams and new items had to be added. It did not matter quite so much on this side or even at the base hospitals, but when a nurse went forward she had to carry her full accoutrement like a soldier going into battle.

The front-line equipment problem was solved in France by Marie B. Rhodes, who came upon her duties in an accidental manner and without any preparation, offering one of the best examples in the A. E. F. of a person rising to new responsibilities. She had reported April 22, 1918, to the Chief Nurse of the Red Cross Commission in Paris, stating that her unit had been broken up on arrival in France and asking for an active service assignment. She was told how to apply and made out her papers. While waiting for action, she volunteered to do any needed work in the office, and the chief nurse turned over to her all the reports on the subject of nurses' clothing and equipment. Miss Rhodes remained on that job until the end of the war.

Methodically she went to work, drew up tables of equipment, prepared cost charts and proceeded to contract for the manufacture and assembly of the various items. When a nurse went forward to the lines, Miss Rhodes was able to furnish her with a trench coat, two jersey uniforms, two suits of all-woolen underwear, rain hat, rubber boots, sweater, mittens with wristlets, black jersey tights, hose, woolen kimono, trench cap, set of dishes, cot, pillow, four blankets, bed socks, wash cloths, bath and hand towels, duffle bag with padlock, and sleeping bag.

When the demand came from the front for items not included in her tables, she jumped into a camion, and went forward in person to satisfy the need. Not all of the nurses could come through her office. Some were rushed forward almost immediately after disembarkation. Just a word to Miss Rhodes and the necessary equipment was sent forward. She, too, was awarded a Distinguished Service Medal.

Not all of the nurses who performed especially conspicuous and meritorious service can be mentioned. Not all of them had the same opportunity, but wherever assigned, with very few excep-

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tions, they performed their duties in a satisfactory manner. A total of 24 of them in the more conspicuous rôles were awarded the Distinguished Service Medal. Nor were the nurses in the Navy outdone by their sisters in the land service. Many of them, too, had to brave the submarine infested waters of the Atlantic for overseas service. If they did not have the more spectacular work of looking after casualties fresh from the front line trenches, they performed equally valuable service in resuscitating sailors, whose ships had been wrecked or sunk by submarines, after they had been exposed for hours and even days to the vicissitudes of the open sea. And some of the Navy nurses actually got to the Western Front as members of professional teams.

Navy Base Hospitals Nos. 1 and 5 were called upon to furnish nurses for the operating teams at a time when they could be spared least. They were the only hospitals in Brest, and were taking care of more soldiers *(Continued on page 54)* than of marines or sailors. In June, 1918, when the greatest demands were coming from the Front, there were more than 40,000 soldiers in the seaport but the situation did not interfere with the Navy's response. And the nurses who went forward shared the privations of the Army women at the mobile hospitals and with the operating teams.

On November 11, 1918, the Navy had 290 nurses in Great Britain and France. In addition to the two base hospitals in Brest, the Navy established one at Bordeaux and a number throughout Great Britain.

It may be interesting to note that a number of colored women applied for such service. Not many were called to duty, however. Delay in the provision of separate quarters and mess for them accounts for the failure of the Government to use more of them. During the influenza epidemic both Camp Sevier, South Carolina, and Camp Pike, Arkansas, had some colored nurses and after the Armistice, the War Department assigned nine each to Camp Sherman and Camp Grant, where a number of colored troops were stationed. The work of the colored nurses seemed entirely satisfactory and all but one of them remained in the Army until the summer of 1919, when a reduction in the size of the military forces necessitated their release.

