

practitioners started in 1930, and their number was almost same as that of the medical doctors. As Donzé describes, the healthcare market in Japan was hardly regulated at that time and thus the boundary of legal and illegal healthcare was more blurred than we might now realise. The broader field of the Japanese healthcare market emerges when we pay attention to these private practitioners as well as to linkages between Western medicine and folk remedies.

The industrial history of Japan during the first part of the twentieth century, a period of important conflicts, including the Russo–Japanese war (1904–5), the First World War and the Second World War, is inseparable from the Japanese ambition to become a world power. Within this context, medical equipment travelled and was used in a wide variety of contexts. The industry expanded with general needs and demands but also due to personal ambitions. For example, Genzo Shimadzu, the second-generation president of the Shimadzu company, who played a significant role in developing X-ray equipment, aspired to contribute to the Japanese academy. These ambitions drove the development of new equipment. How each individual who lived in that period thought and how these ideas contributed to the medical industry is another big question that arises from Donzé’s stimulating study.

Maika Nakao

Nagasaki University/University of Vienna,
Nagasaki/Vienna, Japan/Austria

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Ellen N. La Motte, *The Backwash of War: An Extraordinary American Nurse in World War I*, ed. by Cynthia Wachtell (Baltimore, MD: Johns Hopkins University Press, 2019), pp. x + 209, \$18.50, paperback, ISBN: 9781421426716.

American nurse Ellen Newbold La Motte wanted to give a different view of the First World War, one she called ‘the backwash’, in a frame of human suffering and an underscore of antiwar sentiment. She was not alone in this task, but her effort came early, and government censors shut her down when the United States entered the war. In editing this volume, Cynthia Wachtell, associate professor at Yeshiva University in New York City, has brought back to the light La Motte’s writing, an introduction of context and comparison, a biography of La Motte’s life, a dozen photographs, and an annexed chronology.

Fourteen stories (thirteen from the 1916 edition, one from the 1934 edition) plus three essays make up the bulk of La Motte’s war writing. Before the war, she had published on tuberculosis, as she led the Tuberculosis Division of the Baltimore Health Department, the first woman to direct a city department there. Postwar, she continued her career in writing as a campaigner against the opium trade. She and her partner, industrial heiress Emily Crane Chadbourne, lived and travelled extensively in Asia, and in opium La Motte found a new war to fight.

The Backwash stories recount La Motte’s months as a volunteer nurse in a field hospital in Belgium, about ten miles behind the front lines of the war. She tries to bring home to readers the horrible experience of the war wounded: a soldier who fails in an attempt to commit suicide, and then suffers terribly as doctors try to save him for his execution as a deserter; the stink of gas gangrene consuming the flesh until it kills; raving and delirium from those who would not go gentle. Worse, though, are the reactions of the caretakers: the general who pins medals on dying men in a perfunctory manner; the orderlies who

let a man die alone while they sit drinking wine; the doctors who show photographs of their wives and talk about how much they are missed, and then visit the village girls at night.

No one, in La Motte's view, does the right thing. Not even Esmeralda the goat, who has the advantage of charm in a charmless world. As a writer, La Motte seems to be reaching for an ironic, distanced tone, but it too often falls flat. 'War is so clean. Peace is so dirty. There are so many foul diseases in peace times. They drag on over so many years, too. No, war's clean! I'd rather see a man die in prime of life, in war time, than see him doddering along in a peace time, broken hearted, broken spirited, life broken [. . .]', the narrator says in 'Pour la Patrie'. Yet in the last two essays, on two brief encounters with artillery, as La Motte readily admits the terror she experienced under fire, the reader starts to feel a bit of sympathy for her.

Wachtell notes that hers is the first biography of La Motte, and it brings interesting perspective to the context of her character. La Motte, while declaring herself an anarchist and socialist in her articles and essays, did not say that she was raised by her cousin Alfred I. DuPont, one of the era's top fortunes, largely built on improvements in manufacturing gunpowder. Her depictions of frivolous society ladies 'helping' at the American Ambulance Hospital are meant to be amusing, but those women whom she mocks were certainly from her own class and background. That essay, 'An American Nurse in Paris', which first appeared in the July 1915 issue of *The Survey: A Journal of Constructive Philanthropy*, failed to mention the enormous contributions made by Americans both rich and poor to equip and run the hospital, as a gesture of support for the French from the start of the war.¹

Some of the anecdotes she cites in the essay were borrowed from an article by other nurses in *The American Journal of Nursing* in April 1915. Along with the other nurses, La Motte was among a dozen women who wrote in English about their experiences in the First World War, from Edith Wharton and Anne Harriman Vanderbilt to Mary Butts and Vera Brittain. All of them reached to express the pathos and horror of the war, the destruction of body and soul left in its wake. Many were more successful in achieving it than was La Motte, despite her evident ambition to convey 'the sum total of suffering'.

In Katherine Burger Johnson's 1993 doctoral dissertation on the writing of American nurses abroad during the First World War, she notes that La Motte was the only one to focus squarely on the negative aspects of hospital work during the war. 'Her writings are so contrary to other accounts that they are difficult to reconcile. Her experience probably differed little from the many other nurses and aides who served overseas, but her attitude was certainly negative and uncompromising.'²

The backwash, La Motte would no doubt say, is just that.

Ellen Hampton

¹ In the interest of transparency, I have worked with The American Hospital of Paris on its First World War history. Given all the aspects that La Motte could have chosen to address in the article, her choice of subject is an odd one. Needless to say, the hospital board at the time hated the piece, referring to it as 'malignant'.

² Katherine Burger Johnson, *Called to Serve: American Nurses Go To War, 1914–18* (University of Louisville, 1993). Electronic Theses and Dissertations, Paper 701, <http://dx.doi.org/10.18297/etd/701>.