

Ellen N. LaMotte

A Nurse in the ‘Orient’

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Introduction

Nursing in turn-of-the-century America was not simply the field of caring, nor was its practice confined to the hospital ward. Nursing was a field committed to protecting the health of the entire nation when it was facing an influx of immigrants. It was also the arena in which for the first time a woman, albeit mostly women from privileged families, could establish her own identity as a woman, a white woman, as a nurse and as a citizen of the nation that was emerging as a world power.

Nurses, working daily in the streets and neighborhoods of immigrants, were trying to establish their own professional role. They came to define this role as that of “community mother” protecting the nation’s health. Their new identity clustered around the idea of “home care” in which the responsibilities of motherhood were central. They regarded themselves as best equipped to Americanize the country’s huge immigrant population.⁽¹⁾

During this period also, nurses were busy establishing their own gender-specific identity and readying themselves to spread its ideal beyond national boundaries. During this period also the popular definition of manliness was expanding to incorporate support of the new national-

ism in the United States. Expansion overseas was legitimized as an expression of the nation's "manliness." No one exemplified this sentiment more than Theodore Roosevelt.⁽²⁾Nursing, in other words, was at the forefront of the nation's search for its new identity. Nursing stood at the cross roads of history of women, of professionalism, of nationalism and imperialism.

In this paper I will focus on the pioneering and controversial career of Ellen N. LaMotte, nurse, journalist and author. Though marginalized and forgotten, her career overseas, first in Europe and then in the 'Orient', will show us the opportunities opening up for women at the turn of the century and how they sought out these opportunities. We witness LaMotte' struggle to define her role as an American and as an internationalist. We come to see that her status as a nurse was crucial. It enabled her to challenge taboos dealing with the physical body and with sex. I hope to show that this unconforming white woman from the United States, who did not fit in well at home, came to reject the concept of both the white man's and the white woman's burden, and subsequently gave us a far more complex picture than her contemporaries did of the role of white women in the 'Orient'.

Tuberculosis Nurse

Ellen N. LaMotte was born in 1873 and died in 1961. She was born into a comfortable family in Louisville, Kentucky. She graduated from the Training School of Johns Hopkins Hospital in 1902. It was one of the three leading schools in the United States based on the Nightingale method of training and the center of professionalization of nursing. Upon graduation she became a member of the Instructive Visiting Nurse Association of Baltimore. Visiting Nursing was one of the most promising branches of nursing at that time. It gave nurses independ-

ence through freedom from doctors' constant supervision. LaMotte organized the Public Health Nursing Staff of Baltimore and served as superintendent of the Tuberculosis Division of the Health Department from 1910–1913. Clearly, she climbed to the top of the career ladder available to a nurse.⁽³⁾

LaMotte was the first to grasp the importance of segregation of tuberculosis patients. This meant placing and treating them in hospitals occupied only by those with the disease. She advocated this measure strongly and unequivocally. *The Tuberculosis Nurse: Her Function and Her Qualifications: A Handbook for Practical Workers in the Tuberculosis Campaign*, based on her work in those years, was published in 1914.

Her most significant contribution to nursing from today's point of view was her strong support for an independent nurse who can survey, inspect, supervise and decide on a course of action. Because the fear of tuberculosis was so great and doctors were so scarce, the public health nurse was respected as the professional caregiver who could personally examine patients in their homes to determine their needs. She could justifiably proclaim her power to protect the community. LaMotte's strong position as a nurse and a woman professional was praised by some other nurses. Lavinia Dock, who was most prominent in their struggle against doctors' control, was one of them.⁽⁴⁾

LaMotte's advocacy of isolating tuberculosis patients caused her to oppose treating them in either their homes or in sanatoriums. Believing that tuberculosis was much more serious than people wanted to believe, she insisted that patients should be sent immediately after diagnosis to a segregated hospital. She wrote, "In no other branch of nursing is there so much misunderstanding, so much placing of the cart before the horse, and so much emphasis on the wrong thing."⁽⁵⁾ By "wrong thing" she meant treatment and attempts to cure through home care. The sanato-

rium was equally a target. It was nothing but an “accessory”⁽⁶⁾, appealing only to the sentimentalism of the public who fervently wanted to believe that tuberculosis could be cured. She criticized camps in the country for young patients by the same reasoning.⁽⁷⁾ LaMotte also was critical of the education of tuberculosis patients as a preventive strategy. It was “barren of results,” she wrote.⁽⁸⁾ Since most patients were immigrants, she even went on to say that they were “unteachable.”⁽⁹⁾

LaMotte’s conviction concerning segregated hospitals for tuberculosis patients, controversial in itself, came with her equally strong advocacy of local control for managing these hospitals. In her Handbook she proposed the segregated hospitals under local control as the sole answer to the spread and control of tuberculosis.⁽¹⁰⁾ Since doctors were also on their way to professionalization at that time and were eager to enjoy their individual private practices, her proposal demanding local control received little support from them.

LaMotte also had an enemy within her own camp. Institutionalization, which she consistently advocated, threatened the autonomy of her own profession. Nurses were eager to establish their own sphere of activity advocating “home care” as the best preventive medicine. The Public Health Nurse Association was founded in 1912 precisely on that principle. These nurses marched “into the homes, minds, and lives of the poor.”⁽¹¹⁾ By calling home care inadequate LaMotte was challenging the very idea that had compelled nurses to consolidate and fight for their autonomy. In addition, the Tuberculosis Association, another large organization fighting the disease, was advocating a campaign of education as a main strategy for prevention.⁽¹²⁾ LaMotte’s strong position against the core strategies of two leading groups made her uncomfortable with their members. It is not surprising that in a debate about tuberculosis in 1908 her strong position of advocating segregation of patients was not

received well.⁽¹³⁾

She put hospital segregation above home care, city above country, and local control above education. She was challenging the very ideal that the nineteenth century cherished. And nothing separated her more from other nurses than how they responded to the outbreak of the First World War. LaMotte, who may have felt the tie between her family and its French origin, volunteered to work as a nurse in the battlefield. In contrast to her direct involvement, the leading nurses like Lillian Wald, head of the Public Health Nurse Association, and Lavinia Dock, Secretary of the International Nurses Organization, who once had praised LaMotte, along with other prominent nurses, were setting up the Peace Party with Jane Adams, the prominent social worker, in January, 1915.⁽¹⁴⁾

Volunteer Nurse

Whether LaMotte was running from her minority status in the controversies about the treatment of tuberculosis, or venturing into a new career opening up for women, we do not know. But it was a call from Gertrude Stein in Paris that made LaMotte decide to join her in Europe when the war broke out. LaMotte had met Gertrude Stein when Stein was a medical student after graduating from Radcliff. In *Autobiography of Alice B. Toklas*, LaMotte was portrayed as “gun shy.”⁽¹⁵⁾ She did not seem to have left strong impression on Stein. LaMotte, however, was determined to work as a nurse. She first went to the American Hospital at Neuilly only to find that it had more than enough volunteers. She then was introduced to Mary Borden, the daughter of a wealthy American businessman, and wife of an English merchant, who was running a field hospital in Belgium.⁽¹⁶⁾ LaMotte joined her and served as a nurse with the French Army from 1915 to 1916.

LaMotte's wartime experience launched her career as a journalist and writer. As a nurse, she was able to go near the front, where journalists were not allowed. Her sketches of the war found immediate publication in the *Atlantic Monthly* and she became a regular contributor afterwards. Her writings were collected and published in the autumn of 1916 under the title of *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse*. Her book penetrated the superficial glamour of war and challenged war-time taboos to reveal the hideous cataclysm into which the world was plunged. In April 1917, the U. S. entered the war. And the summer of 1918, the government banned her book.⁽¹⁷⁾

Among all memoirs of the First World War, many admit hers was considered most depressing, and most controversial in its frankness.⁽¹⁸⁾ For example, in "Heroes," she called a soldier who killed himself holding his gun in his mouth a hero.⁽¹⁹⁾ Nursing care would have been useless, she wrote. He had run away from the battlefield and so, even if his wounds were treated successfully, he would have been shot as a deserter. She depicted decaying bodies of soldiers with their smells and described the moans, sobs and cries of the survivors. In "A Surgical Triumph" she wrote about soldiers who surgically attached artificial noses and arms. She related how one young soldier begged his father to kill him. The father was not allowed to because he was "civilized," she wrote critically.⁽²⁰⁾

Just as she had walked in the streets of immigrants at home, LaMotte walked at night in the army hospital, as if she were Nightingale. Holding a lamp in her hand, she stopped at every bedside, not to heal but to reveal the reality of the war. "How pitiful they were, these little soldiers, asleep. How irritating they were, these little soldiers, awake. Yet how sternly they contrasted with the man who had at-

tempted suicide. Yet did they contrast, after all? Were they finer, nobler, than he? The night nurse, given to reflection, continued her rounds,” wrote LaMotte.⁽²¹⁾

Another taboo she was challenging was the presence of prostitutes. In “Women and Wives”, wives waiting at home were mocked. They were fragile, innocent and did not know what was happening to their husband at the front.⁽²²⁾ Their cherished value of “home” was nothing but an illusion. She sounded as if she were ridiculing the very idea that these wives were protecting the core of their husbands’ identity and the nation’s well being. Since prostitution was believed to pose both a moral and physical threat to the health of soldiers, disclosing its presence again shed devastating light on the picture of soldiers fighting the war. LaMotte’s frankness included accusations of doctors who were taking advantage of the war. In “Citation,” doctors were eager to prolong patients’ lives and suffering to enhance their own reputations and also that of the field hospital.⁽²³⁾

Throughout her wartime service, LaMotte was the same nurse who was insisting on her professional ability to survey, manage, control and make independent judgments, as she had wanted to be in her book of tuberculosis. It was her business to sort out the nearly dying from the dying. This was not the nurse who appears in the book of Hemingway. She was not a healer. Rather, she was an independent, self-directed professional. Despite this autonomy, she left nursing. In her words nursing at the battlefield was nothing but a dead end job.⁽²⁴⁾ The war was an international avenue for nurses to heroism but her experiences had shattered her.

Her more personal accounts of the war, however, add a different picture. She once expressed that she was “bored” when there was no bombing.⁽²⁵⁾ In the same vein she related in another essay, that when

soldiers brought her to the war zone, she could not hide her excitement. She wrote that she drew laughter from the soldiers when she innocently insisted on taking a lamb with her ; it was abandoned in the debris after an explosion. The title of that essay was appropriately---or inappropriately---named, “A Joy Ride.”⁽²⁶⁾ The excitement of entering the forbidden zone is reminiscent of a commentary by Barbara Hardy in “*Not So Quiet*” written by a volunteer nurse, Evadne Price. Hardy wrote, even painful war experiences were a temporary liberation for women from the dangerous shelter of wealth and gentility.⁽²⁷⁾ There was no denying this aspect was present in LaMotte’s writings.

Frustrated, disillusioned, saturated or searching for another setting of “tragic raw materials”⁽²⁸⁾, LaMotte chose to go to China with her fellow nurse, Emily Chadbourne.

Nurse in the ‘Orient’

China was LaMotte’s base for two years. During those years she traveled to Japan, French Indo-China, Siam and the Straits Settlements. Her experience produced six books all together. They included *Peking Dust* (1919), sketches of everyday life in the form of letter sent to a friend in the United States ; *Civilization : Tales of the Orient* (1919) ; and *Snuffs and Butters* (1925). Three books focused on the opium trade in China, which became her new cause for fighting : *Opium Monopoly* (1920), *Ethics of Opium* (1922), and *Opium in Geneva : Or How the Opium Problem is Handled by the League of Nations* (1929). Much has been written on travelers’ accounts in the ‘Orient’⁽²⁹⁾, e. g., how they consistently served to reinforce colonial rule. LaMotte’s writings also were full of stereotyped characters, but taken altogether her depictions were very different from most other accounts of the age. In contrast to them, she was very critical of the Western foreigners who

came to rule, reform and help “uplift” the natives.

LaMotte’s principal characters were white men and women who were reformers, missionaries, and government officials displaced from Britain, France, and the United States. The most typical were white men whom she described as marginalized reformers in their own countries seeking unsuccessfully to make up for career failures at home. Their home life was also a failure. In many cases their wives were the cause of their unhappy lives. Reminiscent of her ridicule of “home” in her earlier writings, she now portrays wives as sickly, ignorant, and dependent. In her narrative about the ‘Orient’, she adds that while the wives are not sexually attracted to their husbands, they are aroused at the sight of the naked body of a Chinese man.

She concluded that these Western couples were never able to establish stable relationships. Some negative consequences of this inability are described in two of her books. In the 1910 publication, “Civilization,” LaMotte presents a white man who was excused from conscription because his wife is pregnant. He is grateful. Subsequently he learns that the father of his wife’s child is Chinese.⁽³⁰⁾ In “The Yellow Streak” an adult of mixed blood looks for his Western father, seeking his love and acceptance. The father rejects the son, who is then driven to kill his father.⁽³¹⁾

LaMotte decried the hypocrisy of these Western men and women, who, under the banner of civilization and Christianity, were taking advantage of the natives and victimizing them. In the only work she wrote about Japan, “Cholera,” she observed that the first people to flee the cities when cholera broke out were Christian missionaries from Europe and the United States.⁽³²⁾ In “Snuffs and Butters,” a Chinese boy was recommended by a missionary for study abroad. When the youth arrived in London, the expected help did not appear. To survive, he became a

servant and eventually fell seriously ill. His father left China to rescue his son, taking along a package of opium as a ready source of cash in an emergency. He did not know that it was illegal to bring opium into England and so was arrested and detained upon arrival. Consequently, and tragically, he could not be with his son when the youth died.⁽³³⁾

In these two books LaMotte drew attention to deep flaws in Western society. Yet she juxtaposed the uncivilized East with the civilized West, as many Western travelers' accounts did at that time.⁽³⁴⁾ She was also in the mainstream of commentary with her prejudiced viewpoint of miscegenation. In spite of her sympathy toward native people, she never presented a mixed marriage as a solution.⁽³⁵⁾ Her books depicted the white male as weak, maladjusted, and immoral and indeed he was almost pathological in these respects. His weakness of character was responsible for miscegenation. The same weakness of a white male in other stories results in his opium addiction. Her accusation of white males in this peculiar way assumes an intrinsic relationship between the phenomenon of opium addiction and the existence of the yellow race.

This raises the strong possibility that her fight against opium traffic was influenced and reinforced by her latent fear of miscegenation.

She walked through Peking's streets as she had walked through the streets of Baltimore in her young days, searching for victims of tuberculosis. She was observing the many opium dens and their users. She saw many users both men and women, who were white. Deeply disturbed by these conditions, she became a fighter in supporting nations that were struggling to extricate themselves from the vicious net of opium traffic. She accused Great Britain of monopolizing opium supplies and benefiting from their sale, and thus gravely victimizing the native populations. She sounded like those advocating independence from England centuries ago. She urged the United States to take a leadership role and "not

to be afraid to endanger the feeling between two countries----The time has now come to speak.³⁶ The method of control that she advocated, demanding opium-free areas, sounded similar to her method of segregating tuberculosis patients.

LaMotte must have been disappointed that she was not received seriously at home. Her study was introductory but she persevered and succeeded in bringing the issue to the attention of the League of Nations. This was her last effort to solve a problem with such negative effects on society. Seeking an international body to deal with the issue symbolized the way she lived, the way she had approached all issues in going from local to national and to international arenas.³⁷

Conclusion

LaMotte started out as a nurse trying to protect a local community against the spread of tuberculosis by surveying and supervising the attempts to control. Then when she became a fighter against opium use, she used the same methods. She was impressively persistent in her search for the best strategies of control. Her search resulted in her emergence from local community sites to the national and on to the international sphere. She criticized the world of Christian white men and women, popularly deemed decent and sentimental in the best sense, as a world filled nevertheless, with hypocrisy. Her unconventional attitude toward sex made her stand out almost as an aberration. While most saw missionary work and nursing as benevolent, she saw them as hypocritical, in the case of the work of the religious missionaries, and, regarding nursing, as nothing more than domesticity on the move to a slightly more elevated status.

LaMotte was outgoing and adventurous, ready to explore beyond her country's boundaries. Through this exploration she found a new

channel to express herself. Her trust in the League of Nations was unusual at a time of growing nationalism.

Her appetite to consume every possible opportunity, no matter how unpleasant or even dangerous, and her urge to be heard were phenomena of that era's generation of women. She never praised motherhood and home care as her colleagues did. Nor did she worship the seeming manliness represented by territorial expansion at a time when many women were playing supporting roles in colonizing activities. She was an avowed anti-imperialist. Yet she never accepted miscegenation. Her stories were awarded prizes, which means she gained an audience and responded to its expectations. Her unconventional criticism of motherhood, her firm anti-imperialism, her perception and harsh criticism of Christian hypocrisy, her strategy of preventive segregation, and her deep-rooted fear of miscegenation---these key elements in her life help us comprehend the United States when it emerges as an international power at the beginning of the twentieth century.

LaMotte was an exception by choice. Her life demands a closer and more nuanced reading of her written accounts. They help us realize the diversity that existed among white women of that period as they searched for their own and their nation's identity. That search continues today---obviously not only for white women in America---and one wonders what LaMotte's observation on it and contemporary notions of nationalism and internationalism, for example, would be.

Notes

- (1) C. E. Winslow coined the phrase "community mother" in "The Training of Nurses for Public Health Inspection," *Public Health Nurse Quarterly*. Vol. V. April 1913, pp. 43-49. The best spokesperson for the idea of "home care" by nurses was Lillian D. Wald,

the head of Nurses' Settlement. Lillian D. Wald, *The House on Henry Street* (1915). New York : Dover, 1970, and *Windows on Henry Street* (1934). Little Brown Co. Critical works on nurses helping immigrants are Alan M. Kraut, *Silent Travelers : Germs, Genes and "Immigrant Menace."* Baltimore : The Johns Hopkins University Press. 1994, and Matthew Frye Jacobson, *Barbarian Virtues : The United States Encounters Foreign Peoples at Home and Abroad, 1876–1917.* New York : Hill and Wang, 2000.

- (2) The most notable work is Gail Bederman, *Manliness & Civilization : A Cultural History of Gender and Race in the United States, 1880–1917.* Chicago : The University of Chicago Press, 1995.
- (3) There is no collection of papers on LaMotte. (Her niece has her papers on opium but was not available for present research.) Her brief biography is found in M. R. Pennock, *Makers of Nursing History.* New York : Lakeside Press, 1940. On history of visiting nursing, see Barbara Melosh, *The Physician's Hand : Work, Culture, and Conflict in American Nursing.* Philadelphia : Temple University Press, 1982, and Karen Buhler–Wilkerson, "False Dawn : The Rise and Decline of Public Health Nursing 1900–1930" in Ellen Condliffe Langemann ed., *Nursing History : New Perspectives, New Possibilities.* New York : Teachers College Press, 1981, pp. 89–106.
- (4) Ellen N. LaMotte, *The Tuberculosis Nurse : Her Function and Her Qualifications : A Hand book for Practical Workers in the Tuberculosis Campaign.* New York : G. P. Putman's Sons, 1915 ; LaMotte, "Tuberculosis Work of the Instructive Visiting Nurse Association of Baltimore" in *American Journal of Nursing* Vol. 6. 1905–1906, pp. 141–148 ; LaMotte, "The American Tuberculosis Exhibition" in *American Journal of Nursing* Vol. 6. 1905–1906, pp. 305–311 ; LaMotte, "Some Phases of the Tuberculosis Question",

- in *American Journal of Nursing* vol. 8. 1907–1908, pp. 430–434. Lavinia Dock on LaMotte, see “International Congress on Tuberculosis in Washington,” in *American Journal of Nursing* Vol. 9. November 1908, p. 97. General works on tuberculosis during this period are Barbara Bates, *Bargaining for Life : A Social History of Tuberculosis, 1876–1938*. Philadelphia : University of Pennsylvania Press, 1992, and Georgina D. Feldberg, *Disease and Class : Tuberculosis and the Shaping of Modern North American Society*. New Brunswick : Rutgers University Press, 1995.
- (5) *Tuberculosis Nurse*, p. 117 ; LaMotte, “Some Aspects of the Tuberculosis Problem : Report of the Twelfth Annual Convention” in *American Journal of Nursing* vol. 9. September 1909, p. 931.
- (6) LaMotte, “Municipal Care of Tuberculosis” in *American Journal of Nursing* 1912, pp. 935–943.
- (7) *Tuberculosis Nurse*, p. 165–167.
- (8) Ibid.
- (9) LaMotte, “Some Phases of the Tuberculosis Question”, p. 431.
- (10) *Tuberculosis Nurse*, Chapter 17 passim.
- (11) Bates, pp. 231–249.
- (12) Micael E. Teller, *The Tuberculosis Movement : A Public Health Campaign in the Progressive Era*. New York : Greenwood Press. 1988. Bates, pp. 243–249.
- (13) Jessica M. Robbins, “Barren of Results?” The Tuberculosis Nurses’ Debate, 1908–1914 in *Nursing History Review* 9, 2001, pp. 35–50.
- (14) Kathryn Kish Sklar ed., *Social Justice Feminists : a Dialogue in Documents, 1885–1933*. Ithaca : Cornell University Press, 1998.
- (15) Gertrude Stein, *Autobiography of Alice B. Toklas* (1933) reprint. New York : Vintage, 1970, p. 170.
- (16) “Introduction”, in Margaret R. Higonnet ed., *Nurses at the Front :*

Writing the Wounds of the Great War. Boston : Northeastern University Press, 2001, pp. vii–xxxviii. General works on women at war during this period are Dorothy and Carl J. Schneider, *Into the Breach : American Women Overseas in World War I*. Lincoln : Excel Press 1991, which introduces LaMotte under “the Reporter” and “the Novelist”, and Jean Gallagher, *The World Wars through the Female Gaze*. Carbondale : Southern Illinois University Press, 1998.

- (17) Charles V. Genthe, *American War Narratives, 1917–1918*. New York : D. Lewis, 1969. The other book banned was *War, Peace and the Future* by Ellen Key.
- (18) Genthe, p. 101.
- (19) LaMotte, “Heroes” in *The Backwash of War : The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse*. New York : G. P. Putnam’s Sons 1916. pp. 3–13. “Heroes” was originally published in *Atlantic Monthly* 118 Oct. 1916. pp. 482–490.
- (20) LaMotte, “A Surgical Triumph” in *The Back wash of War*, p. 155.
- (21) LaMotte, “Heroes”, p. 8.
- (22) LaMotte, “Women and Wives” in *The Back wash of War*, pp. 95–111.
- (23) LaMotte, “Citation” in *The Back wash of War*, pp. 167–178.
- (24) LaMotte, “Heroes”, p. 7.
- (25) LaMotte, “Under Shell–Fire at Dunkirk” in *Atlantic Monthly* 116 Nov. 1915, p. 694.
- (26) LaMotte, “A Joy Ride“ in *Atlantic Monthly* 118 Oct. 1916, pp. 481–490.
- (27) Barbara Hardy, “Introduction” in *Not So Quiet* (1930) by Evadne Price (Helen Zenna Smith) London : Virago Press, 1988, p. 12.

- (28) Ibid.
- (29) Edward Said, *Orientalism*, Lisa Lowe, *Critical Terrains : French and British Orientalisms*. Ithaca : Cornell University Press, 1991. Sara Mills, *Discourses of Difference : An Analysis of Women's Travel Writing and Colonialism* London : Routledge, 1991.
- (30) LaMotte, "Civilization", in *Civilization : Tales of the A Orient*. New York : Books for Libraries Press, 1919, reprint 1970, pp. 93–117.
- (31) LaMotte, "The Yellow Streak" in *Civilization*, pp. 11–29.
- (32) LaMotte, "Cholera" in *Civilization*, pp. 235–244.
- (33) LaMotte, "Snuffs and Butters" in *Snuffs and Butters and Other Stories*. New York : The Century Co., 1925, pp. 3–29
- (34) LaMotte, "Misunderstanding" in *Civilization* ; "The Middle-Class Mind" in *Snuffs and Butters*.
- (35) LaMotte, "Prisoners" in *Civilization* ; "The Middle-Class Mind" in *Snuffs and Butters* ; "Homesick" in *Civilization* ; "The Malay Girl" in *Snuffs and Butters*.
- (36) LaMotte, *The Opium Monopoly*. New York : The MacMillan Co., 1920, pp. xiv–xvii.
- (37) LaMotte, "America and the Opium Trade." *Atlantic Monthly* 129 June 1922, pp. 732–739 ; "Opium and England." *Nation* 119 September 3, 1924, pp. 232–234 ; "Deadlock at Geneva." *Nation* 120 February 4, 1925, pp. 113–114 ; "Manchuko and the Opium trade." *Nation* 138 February 28, 1934, pp. 246–247.