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The Submerged Scope of the Spanish Flu: Negotiating Representational Challenges in Willa Cather's *One of Ours*

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Abstract- The pandemic of 1918, or more famously the Spanish flu remains a dark and disruptive phenomenon, a scourge in the face of time and history. But what makes it most intriguing is its own oxymoronic entity-its own absent-presence, an experience that was simultaneously ubiquitous and hidden. Such exclusion, when understood as deliberate, remains at the heart of discourses of power and domination. Human civilization is rife with many such practices; be it indiscriminate exploitation of the environment, or the discrimination on grounds of race, caste, colour, gender, sexuality, et al- all based on a systemic delegitimization of “discarded negatives” (Butler). Representation, when empowered with a disruptive force that can push through state sanctioned borders and mainstream interpretive constructs, can emerge as alternative frames that can “see” through the suppressed. Lifting the veil of the archival dust ambient upon long forgotten stories will enable us to excavate narrative possibilities from all that has been silenced, granting them a voice that is long due. This article will be structured into two cluster of materials: the first part will briefly document the extent and spread of the contagion, tracing its evolution from a miasmatic atmospheric entity, shifting in waves, towards becoming a horrifying, visible reality.

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The Submerged Scope of the Spanish Flu: Negotiating Representational Challenges in Willa Cather's *One of Ours*

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Abstract- The pandemic of 1918, or more famously the Spanish flu remains a dark and disruptive phenomenon, a scourge in the face of time and history. But what makes it most intriguing is its own oxymoronic entity-its own absence-presence, an experience that was simultaneously ubiquitous and hidden. Such exclusion, when understood as deliberate, remains at the heart of discourses of power and domination. Human civilization is rife with many such practices; be it indiscriminate exploitation of the environment, or the discrimination on grounds of race, caste, colour, gender, sexuality, et al- all based on a systemic delegitimization of "discarded negatives" (Butler). Representation, when empowered with a disruptive force that can push through state sanctioned borders and mainstream interpretive constructs, can emerge as alternative frames that can "see" through the suppressed. Lifting the veil of the archival dust ambient upon long forgotten stories will enable us to excavate narrative possibilities from all that has been silenced, granting them a voice that is long due. This article will be structured into two clusters of materials: the first part will briefly document the extent and spread of the contagion, tracing its evolution from a miasmatic atmospheric entity, shifting in waves, towards becoming a horrifying, visible reality. And the second part will analyse the text of Willa Cather's, *One of Ours* (1922), which probably best represents the intriguing overlap of the two coeval events, voicing the milieu's collective bias and prejudice, while retaining an authorial objectivity and distinctness of vision.

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I. INTRODUCTION

The 1918-1919 influenza pandemic globally killed between 50 and 100 million people, and the United States suffered more deaths in the pandemic than in World War I, World War II, and the conflicts in Korea, Vietnam, Afghanistan and Iraq- combined. Ireland lost 23,000 people, surpassing the 5000 deaths that happened in the more famous political-civil uprising between 1916 and 1923. In Britain out of 10 million people that caught the flu, at least 2,28000 died, making it "the greatest disease holocaust ...the Britain has ever witnessed."¹ But in spite of the millions of flu deaths, the influenza pandemic makes few (or passing) appearances in British, Irish, and American literature of the period, and did not count as part of history in ways

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the war casualties did. Now when we read into factors (micro and macro) responsible behind such erasure, examining the conspicuous historical and literary silencing of this phenomenon, we must admittedly confess our part in age-long traditions that relegate disease and illness to a disgraceful, even sinful origin, where the consequent deaths are a fatalistic and inevitable outcome. The same tradition that reifies military deaths as valiant and masculine constructs plague and pandemics as feminine and cowardly forms of death. Consequently, the last era's viral catastrophe got omitted and drowned since its arrival, completely submerged under the overwhelming dimension and scope of the world war, which blocked and overshadowed the viral devastation with its domineering, praise-worthy, and visible constructs. Other factors lying at the heart of such erasures may be broadly categorized in two aspects; first, the spectral quality of the viral attack where the microscopic enemy invades the realm of the affective, the atmospheric, and the sensory, whose experiences get infused into memory as traumatic fragments. Some theorists have argued that a traumatic event exists in a different memory centre of the brain, becoming unreported and unrepresentable because not fully recorded; while some have dismissed this characterization as unsupported by scientific evidence.² Contemporary psychiatrist, Judith Herman, in her critical study *Trauma and Recovery* notes: "The knowledge of horrible events periodically intrudes into public awareness but is rarely retained for long...denial, depression, and dissociation operate on a social as well as individual level."³ The 1918 influenza pandemic was a mammoth historical trauma whose details were amorphous and disturbing for cultural and literary historians to engage with. Second, it is the general difficulty of representing illness that led to the mass suppression of the flu pandemic in the post-war years. Critics like Priscilla Wald and Rita Charon have offered compelling accounts of how illness may be translated into narratives but also how difficult illness maybe to represent.⁴ The diffuse quality of illness creates an ineffable horror, as Charon notes, "pain, suffering, worry, anguish, and the sense of something not being right are conditions very difficult, if not impossible, to put into words." It arouses a feeling "that something of value has abandoned the family, that a deep and nameless



sadness has settled in at home...the jarring, jolting, inarticulate presence of dread.”⁵ The borders of the body getting violated by an invisible, nameless, microbial threat creates a sense of nameless fear, that is indeed very hard to capture. This representational challenge gets dramatically compounded when an individual instance of illness is also part of a global outbreak.

But however much these factors exerted their respective and collective impact the disappearance of the pandemic from the literary and cultural accounts was more apparent than real. The traces of the pandemic were strewn everywhere in much of the literature that followed. Core literary forms such as novels, poems; documentaries such as memoir, autobiography, diary entry, archives, medical records, government reports contained the pandemic's details in factual and fictional forms. Subterranean echoes of the pandemic's horrors got captured in the symbolic gaps, silences, fragments, atmosphere, and the concrete motifs of corpse, bells, funerals in much modernist literature that came in the immediate aftermath. References to the pandemic became explicit over time and overt, visible representations were produced in the late 1920s and 1930s. As the immediate threat of the pandemic lessened with the passage of time, with the fear of its return receding, the authors could process its meaning better, engaging with explicit imaginative reconstruction of the event, confronting it from the safety of a distance. With the turn of the century, confronting and surviving a similar viral pandemic (SARS/Cov-2), a new interpretive landscape has emerged that has given us fresh insights and new critical paradigms to understand the Spanish Flu's (un)hidden force both in literature and memory/culture. Lifting the veil of cultural amnesia that mystified a large part of the pandemic memory, authors like Willa Cather, Katherine Ann Porter, William Maxwell, and Thomas Wolfe were the pioneers who presented the pandemic's fatal invasion in vivid accounts. The textual frameworks of some of these authors have no doubt kept the war narrative as the dominant one, but nonetheless, the pandemic was incorporated as a lethal twin, at times emerging a more potent threat. This article will be structured into two cluster of materials: the first part will briefly document the extent and spread of the contagion, tracing its evolution from a miasmatic atmospheric entity, shifting in waves, towards becoming a horrifying, visible reality. And the second part will analyse the text of Willa Cather, *One of Ours* (1922), which probably best represents the intriguing overlap of the two coeval events, voicing the milieu's collective bias and prejudice, while retaining an authorial objectivity and distinctness of vision.

II. THE SPREAD AND EXTENT OF THE CONTAGION

The 1918 influenza came in three waves, attracting little attention initially, with the first wave concentrated between the months of spring and summer of the first year. It was wartime and Spain, having less press censorship, was the first country to report cases of the flu leading to the belief that it originated in Spain, getting the nickname Spanish flu. In the first wave tens of thousands died including 5500 British soldiers but beyond a handful of doctors, few people paid importance to the pandemic in these war years.⁶ In 1918 the Times noted: “The man in the street cheerfully anticipated its arrival here...”, reporters confidently wrote it off as “epidemic diseases lose force with each successive visitation.”⁷ The second wave, which was most deadly killing millions, came between September and December 1918, producing “the most vicious type of pneumonia that has ever been seen.”⁸ In August 1918, outbreaks erupted in three port cities on three continents: Freetown, Sierra Leone; Brest, France; and Boston, Massachusetts.⁹ In France the flu “swept through the lives so suddenly and with such ferocity that it startled even doctors who served in Gallipoli and Salonika and (had) witnessed (hospital) wards overflowing with amoebic dysentery and malaria cases.”¹⁰ One doctor lamented that watching men “dropping out like flies was worse than “any sight they ever had in France after a battle.”¹¹ The third and final wave, that came between January and May 1919, was not as vicious as the preceding one, caused significant numbers of deaths until it finally disappeared after a few sporadic outbreaks.

Historian John. M. Barry estimated that more than 5% of the world's population died in the terrible twelve weeks of the second wave. It was the deadliest pandemic in history in terms of numbers, though the Bubonic plague killed a higher percentage of the much smaller existing population.¹² Scientists, then were mystified by the anomaly of targets as fatalities were highest among healthy men and women, between 20 and 40 years of age. Research has now shown that a stronger immune response leading to a cytokine storm led to the lethality of the virus among the younger population. The tragedy of this death toll was deepened by the fact that parents of most young children lay in this age group.¹³ In his 1920 report on the flu, George Newman, a chief medical officer in Britain noted about the pandemic, “one of the great historic scourges of our time, a pestilence which affected the wellbeing of millions of men and women and destroyed more human lives in a few months than did the European war in five years.”¹⁴

III. SYMPTOMS, MANIFESTATIONS AND AFTER-EFFECTS

The 1918 virus produced an unusual and memorable constellation of symptoms.¹⁵ Typical flu symptoms like fever, headache and cough misled the doctors initially to take it lightly. The more alarming symptoms gradually emerged with conditions like a deadly form of pneumonia resulting in total lung damage with profuse bleeding from nose, mouth, and ears. A survivor recounted, "Blood would shoot out of orifices as though kept under high pressure and spray till the end of the bed; and this happened for about thirty times a day for about 8-9 days until I thought I could have no blood left."¹⁶ The severity of cough was sufficient to produce a sensation of bone-breaking and a rattling of rib cages, with an accompanying body odour, made the experience haunting for the survivors. In fatal cases patients mostly developed heliotrope cyanosis, a condition where the lungs were filled with fluid, turning the body blue or purple in the last stages of the illness.

The pandemic was strongly associated with sensory markers as aural and visual manifestations in the form of bells and corpses-funerals have overwhelmed the suffering population, intensifying the associated horror and gloom. The American and European survivors have talked about how their loss reverberated through the continuous sounds of tolling bells as they sounded like laments for the dead victims: "The Church bells(the Dead Bells) were almost continuously tolling"; "the bells tolling all the daylong"¹⁷ One American documentary on the pandemic is even titled "We Heard the Bells".¹⁸ The visual manifestations included a constant array of funerals-(coffins and bodies) that the roads and graveyards held up: "There were so many dead that the funeral processions from the hospital mortuary... were like a long Lord Major's show."¹⁹ One of the many laments of the survivor accounts have been on the scarcity of coffins and the gravediggers' never-ending task. An English witness remembered: "They just could not make coffins quickly enough so the bodies were collected and taken somewhere...and buried in a communal grave."²⁰ A gravedigger noted that: "at one time we had 500 bodies waiting for burials and no coffins...so we got the Territorials to help us to dig mass graves."²¹

Lingering legacies of the pandemic were many and diverse. The most immediate aftereffect seen in many survivors was a hallucinatory disorientation plunging slowly into permanent madness. Several historical and literary accounts have spoken of a delirium in recovered patients, whose nervous system seemed to be affected by the virus generated neurotoxin resulting eventually in confusion, depression, even schizophrenia. Karl Meninger in a widely cited study published in 1919, examined the dramatic links between

psychoses of various kind and the 1918 virus.²² Research even suggested that the flu, more than the war, was behind the rash of suicides after 1918.²³ Since the virus was airborne, its contagious quality being both miasmatic as well as spreading from person to person; doctors, nurses and volunteers who sought to alleviate suffering frequently caught the virus and also brought it home.²⁴ People in their attempts to care and administer, unknowingly gave it to one another. This produced a widespread and inexplicable sense of guilt that haunted survivors even long after the pandemic was over. The survivors battled against this oppressive sense of guilt, more so, because it was difficult to express it through confession or narration. Hallucination, delirium, fragmented memories served as (in)visible markers of this lingering trauma. Scholars like Dorothy Ann Pettit and Janice Bailie have listed some other physiological aftereffects: "the virus left a train of ailing victims with...cardiac irregularities, vascular problems, pulmonary tuberculosis, and a host of nervous and paralytic afflictions."²⁵ But the deepest and saddest aftereffect left by the pandemic was the grief and hardships caused by the loss of parents and other family members; "by November 8(1918), it produced millions of orphans;...31,000 children from 7,200 families had lost one or both of their parents."²⁶ The pandemic, as recollected by a medical officer, "left widows and orphans and dependent old people. It has reduced many of these families to poverty and acute distress. This havoc is widespread, reaching all parts of the United States and all classes of people."²⁷ Innumerable letters of survivors have contained a constant refrain of their never-forgotten trauma, and how they as (un)lucky survivors were left to lead a life of eternal lament. Despite the larger cultural silence, the pandemic as a trauma was never forgotten and got inscribed in peoples' memories and existences as a permanent scar.

The pandemic may not have had sufficient representation in literature, but historians in the past few decades have offered detailed explanation of the event. Alfred. W. Crosby's classic text *America's Forgotten Pandemic* and Nancy k. Bristow's *American Pandemic* explore the outbreak and its diverse facets with respect to United States. Whereas, Niell Johnson's *Britain and the 1918-1919 Influenza Pandemic* and Honigsbaum's *Living with Enza* offer the British scenario. But it is John. M. Barry's bestseller *The Great Influenza* that takes a more wider and cosmopolitan perspective providing central accounts of the struggle undertaken by the scientists and the doctors as they battled the virus and its overwhelming spread. The journalist Laura Spinney's *Pale Rider* examines the broad historical effects of the pandemic, from its effect on the first and second world wars, to its shaping of the Indian independence.²⁸ But however much the pandemic might have been a marginal presence in twentieth century Anglophone

literature, its spectral and pervasive presence cannot be elided or denied. And now, that we have just crossed its centennial, living through, and witnessing its power to repeat itself, re-evaluating its cultural/literary remnants carries a special urgency. And this attempt of bringing the pandemic in the focus of literary scholarship would require a significant reframing of some of our critical/theoretical assumptions about the role of illness and anxiety, death and mourning, corpse and consolation, violence, and visibility. As stated in the structural premise this part of the study will concentrate on one inter-war text, Willa Cather's *One of Ours* (1922), appreciating and understanding its relevance from multiple standpoints. Placed as it is in the thick of the World War I this novel captures the situation caught in the double bind of the war and the pandemic, ambient upon each other in their respective quotients of damage and impact. Both, in literary accounts and within history, the pandemic's sudden arrival disrupted the dominant narrative of the war, which for a substantive part of the first half of the twentieth century remained the major determining and structuring agent. But the pandemic's stealthy yet steady invasion precipitated the crisis, dramatically re-framing its setting, actors, action, and evaluation. Victims and enemies were recast, setting of the battle re-located. The actor's role and significance got drastically re-defined as the male soldiers' heroic participation in the war-front was rendered complicated and usurped by the female warriors (doctors, nurses, caregivers) services in the home-front. It is this moment of transition, when the war in all its grandeur gets overlapped by a second(ary) threat, that this novel encapsulates and this paper seeks to analyse. During analysis, the aim of this paper will be to establish three central facets of the pandemic's representational possibilities. First, the novel incorporates within its narrative arc the two gigantic historical tragedies enabling a complex dynamic between them. Second, the text with its explicit detailing of the damaged and mutilated bodies, the death-bed scenes and corpses, the bodily pain, granted a visibility and legitimization to the pandemic victims, which for larger political reasons were repressed and silenced to make room for the valiant war martyrs whose deaths were deemed as supreme sacrifice carrying a gravity of meaning and purpose. And third, how Cather's text weaves in the intangible registers of pain, fear, guilt, blame within its narrative atmosphere, subtly yet surely evoking an invisible miasmatic menace. The narrative resurrection of so much havoc wreaked in by the two coeval events posed an immense representational challenge no doubt; but Cather overcame this by deftly combining her own embedded experience of the pandemic and the war, and her artistic prowess, forging a fruitful melange of history and story.

One of Ours (1922) by Willa Cather is one of the earliest accounts of the interwar period that explores the

tangle of the war and the pandemic, whose language and plot iterates and emphasizes the war's overlordship over the viral outbreak. Cather's own experience of both the events inspires her artistic vision and forms the basis of this novel, which she wrote as a tribute to her cousin who died fighting in the frontline. Cather, no doubt, viewed the war as a noble conflict as evidenced in her letter written to the mother of this cousin on the Armistice Day: "...brave boys...who went so far to fight for an ideal...God's soldiers, with a glorious part in whatever the afterlife may be." An aside in the same letter read: "This is not meant to be a letter - I have so many letters to write to friends who have been bereaved by this terrible scourge of influenza- but I must send you a 'greeting' on this great day when old things are passing away forever."²⁹ Her tone clearly suggests that soldiers have died for higher cause, whereas flu deaths are pitiful, the former deserves greeting, the latter, only consolation. She drew some of her material from a first-hand account written by an army doctor, Dr. Frederic C. Sweeney, who treated Cather when she caught the influenza in 1919, and also lent her his diary describing his grim experiences on a war transport ship during the pandemic."³⁰ Her other sources include the many interviews that she conducted with soldiers who survived the war and the flu - as she notes in a letter, "the sick ones often talked like men in a dream, softly remembering dead lives."³¹

The novel follows the life and adventures of Claude Wheeler, a young farmer from Nebraska, whose personal life was frustrating, caught up in a sexless marriage. He enlists himself in the army with the belief that it would impart both meaning and purpose to his life. Steeped in a romantic view of war, which was rather common in those days, he dies with his faith intact, fighting in the war. The novel's plot is divided into two main sections; the first part concerning Claude's early life trapped in a loveless marriage, and the second part deals with how he redeems himself from the situation by becoming a combatant in France, earning martyrdom through his final act. It is in between these two sections that the ravage of the pandemic is presented in detail, as the ship, the fictional "Anchises" containing Claude and other soldiers in its journey to the war site, is turned into a floating hospital almost overnight. Such military transport, which took place mainly through ships, provided the most conducive environment for the virus to spread. As "Anchises" is about to set sail Cather ominously notes: "every inch of the deck was covered by a boot. The whole superstructure was coated with brown uniforms; they clung the boat's davits, the winches, the railings, the ventilators, like bees in a swarm."³² No sooner than the influenza virus struck, that the 2500 soldiers aboard, fell one after another, transforming the ship into an appalling death bed scenario. The able-bodied soldiers reduced into emasculated and pathetic versions of their former

uniformed selves. One soldier “had such an attack of nose-bleed during the night that the sergeant thought that he might die before they got it stopped.” - “There was almost no ventilation, and the air was fetid with sickness and swat and vomit.” - “Medical supplies are wholly inadequate, there are no nurses, and of the three doctors on board, one won’t see soldiers, one falls ill, and one is run ragged trying to attend to patients he can do little to help.”³³ Cather’s language is searing in its detail, as she depicts the last stages of one of Claude’s flu-afflicted men.³⁴

The echo of Wilfred Owen’s famous poem “Dulcet Decorum Est” (1920) that depicts the ghastly death of a soldier from a sudden effusion of poisonous gas is evident. Like Tannhauser, Owen’s soldier, with “white eyes writhing in his face,” is “guttering, choking, drowning,” while “the blood/Come(S) gargling from the froth-corrupted lungs.”³⁵ Though one man is killed from a weaponized, human-inflicted gas, and the other from a non-human virus, the sensory details are strikingly similar- and doctors were, in fact, startled by the eerie similarities between the lung damage produced by the virus and by poisonous gas.³⁶

One of the many cultural assumptions in that period regarding the virus was that it could be resisted with willpower and martial virtues like courage and bravery. Claude naively articulates such a belief as he says: “Vigorous, clean-blooded young fellows of nineteen and twenty turned over and died because they had lost their courage, because other people were dying, - because death was in the air.”³⁷ And his own unaffected health was an outcome of his will power rather than luck. Susan Sontag has pointed out the dangers of this sort of met- aphorizing, when character traits rather than microbes are thought to control illness.³⁸ In fact Claude thought that the situation granted him a new purpose as his persistent and patient caregiving could save some of his boys’ lives - with constant doses of eggs and orange juices he could defeat the virus’ damaging effects. He felt triumphant as he emerged as a heroic figure on board, “...enjoying himself all the while.”³⁹ He ruefully notes on Tannhauser’s flu death: “he only wanted to serve” but instead he ended up ill, emasculated, crying for his mother before finally getting wrapped up in a sack and vanishing into “a lead-coloured chasm in the sea. There was not even a splash”, as the ship “streamed without him-already forgotten within a few hours.”⁴⁰ Tannhauser’s pathetic and feeble end missed the higher ideal for Claude, falling outside the masculine, martial scope: “they were never to have any life at all, or even a soldiers’ death. They were merely waste in a great enterprise.” Claude voices the pandemic’s cultural denial as he plans to “forget this voyage like a bad dream.”⁴¹ Eager to be a part of the grand combat, Claude marches ahead with the troops and reflects: “They were bound for the big show, and on every hand

were reassuring signs: long lines of gaunt, dead trees, charred and torn; big holes gashed out in fields and hillsides...winding depressions in the earth, bodies of wrecked motor-trucks and automobiles lying on the road, and everywhere endless struggling lines of rusty barbed wire.” Cather’s use of language in this passage depicting a war-ravaged wasteland, through Claude’s point of view, masterfully critiques his overtly romanticized views of war, indicts his naïveté at an individual level while implicating a whole generation living with similar ideology. However, Cather herself could not wholly escape from this ideological construct as she once declared that the female writers will be taken seriously only if they wrote; “a story of adventure, a stout Sea tale or a manly battle yarn.”⁴² As the critic Sharon O’Brien has noted, Cather associated, “maleness with the power and autonomy she wanted for herself... finding in war and combat... the apotheosis of masculinity, a temporary refuge from social definitions of feminine identity, linked in her mind with passivity and victimization.”⁴³ So, not surprisingly, her narrative telos incorporated the sense that a soldiers’ death from the flu was a sad travesty of his expected role; so Claude, is accorded a manly death, and his final moments are in striking contrast to Tannhauser’s death : “The blood dripped down his coat,...but they were unconquerable.”⁴⁴ Willa Cather’s *One of Ours* is firmly set in the then cultural rubric when the momentum defined “war service as proof of manliness.”⁴⁵ Yet her vivid and graphic description of the viral spread along with its ghastly manifestations make her novel a valuable part of the early pandemic literature. Her novel’s emphasis makes amply clear the period’s dominant cultural ethic that constructed the war as a grand narrative, whose sovereign claim to nobility and purpose was tainted and frustrated by the arrival of a miasmatic phantom which robbed men of their rightful chance of dying in duty, vindicating an encoded justification of the pandemic’s cultural denial and dismissal.

The pandemic of 1918, or more famously the Spanish flu remains a dark and disruptive phenomenon, a scourge in the face of time and history. But what makes it most intriguing is its own oxymoronic entity- its own absent-presence, an experience that was simultaneously ubiquitous and hidden. Such exclusion, when understood as deliberate, remains at the heart of discourses of power and domination. Human civilization is rife with many such practices; be it indiscriminate exploitation of the environment, or the discrimination based on race, caste, colour, gender, sexuality, et al- all based on a systemic delegitimization of “discarded negatives” (Butler). Representation, when empowered with a disruptive force that can push through state sanctioned borders and mainstream interpretive constructs, can emerge as alternative frames that can “see” through the suppressed. Lifting the veil of the archival dust ambient upon long forgotten stories will



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30. See Dr. Frederick C. Sweeney, *Diary of Dr. Frederick C. Sweeney, Captain in the United States Army Medical Corps, 1918– 1919*, typewritten copy presented to the University of California-Davis Library, prepared by Margaret C. Bean, October 1990. Original diary held at the Jaffrey-Gilmore Foundation in Jaffrey, NH.



31. Letter from Cather to Dorothy Canfield Fisher, probably late March 1922, discussing the novel's sources, in *Selected Letters*, 316.
32. Willa Cather, *One of Ours* (New York: Knopf, 1922), 273. Hereafter cited by page numbers in endnotes in clusters, if multiple quotations.
33. Cather, *One of Ours*, 285, 297, 296. 15.
34. Cather, *One of Ours*, 299.
35. Wilfred Owen, "Dulce et Decorum Est" (1920; written 1917), in *The Penguin Book of First World War Poetry*, ed. George Walter (New York: Penguin, 2004), 141–42, ll. 19, 16, 20–21.
36. John M. Barry, *The Great Influenza: The Story of the Deadliest Pandemic in History* (New York: Penguin, 2004), 241.
37. Cather, *One of Ours*, 268, 294, 310. 21.
38. Susan Sontag, *Illness as Metaphor* (1977), in *Illness as Metaphor and AIDS and Its Metaphors* (New York: Picador, 1990). 22.
39. Cather, *One of Ours*, 311. 23.
40. Cather, *One of Ours*, 301.
41. Cather, *One of Ours*, 319, 319, 318.
42. Quoted in Sharon O'Brien, "Combat Envy and Survivor Guilt: Willa Cather's 'Manly Battle Yarn,'" in *Arms and the Woman: War, Gender, and Literary Representation*, ed. Helen M. Cooper, Adrienne Auslander Munich, and Susan Merrill Squier (Chapel Hill: University of North Carolina Press, 1989), 184; from Willa Cather, *The Kingdom of Art*, ed. Bernice Slotte (Lincoln: University of Nebraska Press, 1966), 409.
43. O'Brien, "Combat Envy," 184, 185.
44. Cather, *One of Ours*, 453.
45. Grayzel and Proctor, "Introduction," in *Gender and the Great War*, 5, 7.