War and revolution wreak havoc on society, and Russia saw its fair share of both in the nineteenth and twentieth centuries. With war came violence and a desperate need for personnel to care for the wounded. The development of Russia’s nursing profession corresponded with the outbreak of war and calls for medical workers. Aristocratic and religious women became involved in establishing communities of nurses, or Sisters of Mercy, in the nineteenth century, building on a model of care and charity established a hundred years before.¹ The rise in radical and revolutionary politics in the nineteenth century together with increased urbanization and industrialization led to changes in how imperial Russian society viewed women; it was within this context that Sisters of Mercy communities expanded and developed.

This chapter introduces Russian nursing before the revolution and foregrounds the many challenges confronting nurses. During war and revolution nurses had to navigate gender boundaries, lack of professional regulation, and a changing society. The key figures responsible for shaping the nursing profession in Russia were Grand Duchess Elena Pavlovna (1807–1873), Ekaterina Mikhailovna Bakunina (1812–1894), Nikolai Ivanovich Pirogov (1810–1881), and, on a more symbolic level, Dasha Sevastopolskaia.² These protagonists arrived in Russian nursing at about the same time as the march of modernity and the demands of war.
Almost twenty years after the Crimean War, in 1876, the eminent surgeon and pioneer of Russian nursing Nikolai Pirogov wrote that nursing would be neither tethered to the conservative Russian Orthodox Church nor developed along Western lines. Russian nurses would be women with a “practical mind,” “good technical education,” and a “sympathetic heart.” In placing professionalism above religion, Pirogov shared the view of other international pioneers of nursing such as Florence Nightingale. But such a process was far from complete by the time the Bolsheviks came to power, and a hard-fought battle over the future of nursing took place in 1918 and into the bitter civil war years. This endeavor was long and arduous, highlighting the incredible difficulties that nurses faced as both professionals and women. The early history of Russian nursing also shows that war was a crucial factor in its development, by forcing nursing work to become more organized and vitally molding public and state perceptions of nurses. Above all, we see that women were active agents who identified problems and sought ways to address them, even if that brought them into direct conflict with authority figures.

The Saint Troitsky community (*obshchina*), established in 1844 by the Grand Duchesses Aleksandra Nikolaevna and Maria Nikolaevna and Princess Teresa Oldenburgkaia, was Russia’s first Sisters of Mercy community. The English Quaker Sarah Biller (1794–1851) was at its helm, overseeing the community’s Sisters of Mercy, probationers, a medical and educational department, and a women’s school. One historian of Russian nursing notes that it resembled convent life “in form and spirit.” The Saint Troitsky community’s first charter in 1848 stipulated its goal to “care for the poor sick, comfort the grieving, direct fallen people along the right path, raise homeless children, and correct children with bad habits.” Pirogov, N. F. Arendt, E. P. Pavlov, B. E. Ekk, and the first female physician in Russia, N. P. Suslova, were some of the luminaries who taught and worked in the community. From its outset, nursing was infused with a spirit of compassion and humanity as a tight-knit group of devoted medical professionals and philanthropists steered its development.

The desire to care flourished in the late nineteenth century, a time when monasteries and the Red Cross established nursing courses and new Sisters of Mercy communities. Two of the most well-known communities were Duchess Shakovskaia’s Soothe My Sorrows community (*Utoli moi pechali obshchina*), founded in 1866, and the Order of the Exaltation of the Cross community (*Krestovozdvizhenskaia obshchina*), founded by the Grand Duchess Elena Pavlovna at the beginning of the Crimean War in 1854. The former, numbering 250 Sisters of Mercy by 1877, was the largest community. Some attribute to the latter the first formation of female medical aid to the wounded
during war; others argue that this accolade belongs to Nightingale.\textsuperscript{11} Irrespective of who got there first, by the end of the nineteenth century, the groundwork for a philanthropic form of nursing, present in western Europe and the United States, was being laid in Russia. The work was not yet systematically coordinated or centralized but depended on communities and their patrons.

Despite the lack of centralization at this point, the number of Sisters of Mercy grew as the communities expanded across the Russian Empire. The women in the communities often represented a cross-section of society and had some level of “elementary education.”\textsuperscript{12} The beginning of nursing in late imperial Russia depended on the goodwill of a host of individuals: those who established and funded the communities, the physicians who taught there, and the women who joined them to help take care of those in need. But when the Crimean War broke out, a new context was given to nursing care.

**War and Peace**

When Elena Pavlovna established the Exaltation of the Cross community, the Grand Duchess “called on all Russian women to serve for one year as military hospital nurses” and to wear a brown habit and serve without pay to identify their work with religion.\textsuperscript{13} Their reward would be the fulfillment of their patriotic duty through “self-sacrifice and spiritual devotion.”\textsuperscript{14} The language of both patriotism and religion no doubt caught the attention of those fearing the threat of war. Mother Superior Ekaterina Bakunina pressed for permanent deployment of Sisters of Mercy in military hospitals, and the Ministry of Defense passed a decree to this effect in 1863.\textsuperscript{15} This decree also instituted a pension for Sisters of Mercy, and some scholars of Russian nursing history consider it to be “the birth of the professional nurse in Russia.”\textsuperscript{16} While this claim depends on one’s definition of professionalization, the move contributed to formalizing nursing.

The success of the Sisters of Mercy in Crimea was central to a growing recognition of nurses’ important role during times of peace and war. Sisters of Mercy actions in Crimea brought the nursing communities to the attention of soldiers and the wider public. Terrible wartime conditions also tested the Sisters of Mercy. Although the over one hundred Sisters of Mercy serving in the Crimean War had won soldiers’ respect, internal squabbling forced Bakunina to stop nurses “spreading rumors and malicious gossip.”\textsuperscript{17} The challenging experience of Crimea proved to be formative for the Sisters of Mercy. Increased organization, recognition, and development helped to professionalize Russian nursing.\textsuperscript{18} Indeed, the outstanding work of Sisters of Mercy in
Crimea served to show that women could make important contributions to Russian society—an achievement that led to calls for nurses to have access to university education.\textsuperscript{19} One need only look to Florence Nightingale to appreciate how the Crimean factor also played a role outside of the Russian Empire.

And it was not only the Crimean War that widened the sphere of Russian nursing activities. The Russo-Turkish War of 1877–1878 again exposed Sisters of Mercy to military nursing. This time, 1,288 Sisters of Mercy went to the front to nurse the sick and wounded.\textsuperscript{20} By the outbreak of the Russo-Japanese War in 1904 about twenty-four Sisters of Mercy communities existed.\textsuperscript{21} Indeed, as the twentieth century dawned in Russia, war became an important influence in shaping the Sisters of Mercy communities. It functioned as a rallying call, and volunteer numbers swelled as female interest in playing an active role in military conflict increased. Women’s growing interest in serving at the front lines during war also endowed them with “new professional and social status.”\textsuperscript{22}

As the Russian Sisters of Mercy presence extended to the war between Serbia and Turkey in 1876, the role of women became a point of discussion. The Russian Society of the Red Cross (ROKK) forerunner, the Russian Society for the Care of Injured and Sick Troops during War, had organized medical help to the wounded in Serbia.\textsuperscript{23} Although the society included a large number of women among its members, its governing synod only agreed to allow “women’s committees” following public pressure. Noblewomen drove these committees that ensured the society’s liquidity, curriculum development, and nurse training.\textsuperscript{24} Their involvement was testament to the intense interest in women’s medical education and wider discussion of women in Russian society post-Crimea.\textsuperscript{25}

Women’s position in Russian public healthcare distinguished both Russian and later Soviet medicine.\textsuperscript{26} Russian women entered medical courses in universities in “unprecedented numbers,” demonstrating a thirst for education and independence and a desire to help people that lasted long into the twentieth century. Changing political and social conditions as well as the desperate need for doctors, especially in rural areas, helped to convince people of the need for women physicians.\textsuperscript{27} Women’s involvement in Russian medicine was “unrivaled in any other country.”\textsuperscript{28}

Shortages of medical workers in general posed a problem. Care was frequently left in the hands of the sindelki and Sisters of Mercy becausefeldshers were “too preoccupied with statistics, prescriptions and other work not concerned with patient care.”\textsuperscript{29} This was also a criticism of women who “were illiterate and from different professions, temporarily staying in the hospital
while searching for better work.” The feldsher-midwife was often fused together, despite the fact that the “povival’nye babki,” or midwives, were generally “known to be illiterate and without qualifications, familiar only with a very limited knowledge of childbirth and care for newborns.” Concern about medical personnel and qualifications cast a shadow that followed public health leaders and educators deep into the twentieth century. But this was an issue already identified in the nineteenth century as nursing pioneers set their sights on improving standards of care and establishing nursing as a respectable profession.

Just as Florence Nightingale organized a nurse training school at St. Thomas’s Hospital on her return to London, Bakunina set about making Sisters of Mercy a more prevalent feature of Russian society during peacetime. After the Crimean War, Bakunina’s Order of the Exaltation of the Cross community expanded its activities in healthcare and education, opening a women’s hospital and a school in 1860. As the Sisters of Mercy communities increased in the second half of the nineteenth century, so too did medical institutes for feldshers and midwives. Those entering a school for women feldshers were to have a certificate of middle-level education, and competition for places was so fierce that “medalists often made up a large portion of the intake.” Efforts to develop medical education for nurses reflect broader developments in late imperial Russia, when women became a real force in Russian medicine.

The last decades of the nineteenth century saw a great deal of change in the structure and organization of the nursing communities. Much of this was owed to Pavlovna, Bakunina, and Pirogov, who made the Sisters of Mercy indispensable during times of war and peace. But with the imperial powers showing little interest or direction, the communities were not a unified or centralized force—until the formation of ROKK in 1867.

**A New Era**

Some historians herald the establishment of ROKK as “a new era in female care for the sick in Russia.” It oversaw the work of the communities, but a degree of independence continued as each community had its own goals and study programs. Some 232 committees and sixty-two Sisters of Mercy communities and their hospitals came under the remit of ROKK. Not only did the ROKK play a greater role in the Sisters of Mercy communities, but it was also involved in broader social endeavors that included first aid courses for the general population.
At this point, it is important to note the role of the Brothers of Mercy. Officially established by ROKK in 1897, Brothers of Mercy played their part in the Russo-Japanese War in 1904–1905. They had the same two-year program of study as the Sisters of Mercy. Broth- ers of Mercy, and indeedfeldshers, did not leave a particularly good impression. Some nurses and physicians claimed that Brothers of Mercy were drunk much of the time, had little medical knowledge, and “discredited their title.” Relations between the Sisters of Mercy and both the Brothers of Mercy andfeldshers (male and female) were often strained. Feldshers, for example, might respond “with indignation” (nedovol- nia) to ROKK orders if nurses were not in a “subordinate position to them.” Class, education, and gender already played an important role in the medical world. Nurses—the main protagonists of this story—had to contend with colleagues’ superiority complexes from the outset. There were occasions when men did not seem to take too kindly to women giving them orders.

By 1903 ROKK had drawn up a set of regulations (ustavy). The head doc- tor, priest, mother superior, treasurer, and representatives from ROKK formed the Council of Patrons. This council and a committee were at the top of the new structure, ahead of the mother superior, senior nurse, and Sisters of Mercy. Under ROKK regulations, training and education included theory and practice and took place over a one-and-a-half- to two-year period. A doctor or mother superior supervised students as they undertook practical work in a medical institution. The new regulations imparted a greater structure and coherence on the nursing communities—another important move toward some form of professionalization. The increasing organization and the rise in demand for nurses and other medical workers were part of a more expansive shift in late nineteenth- and early twentieth-century Russia that saw the rise of workers and professionals to support the growth in Russian industry and government services.

Writing in the American Journal of Nursing in 1946, US nurse Ellen Albin asserted that the ROKK schools “made a great step forward in developing nursing as a profession,” were completely secular, and had a much more advanced curriculum that required passing an exam “before the title ‘nurse’ could be bestowed.” This move toward greater secularization, Albin claims, allowed women to become nurses rather than nuns. While religion and priests were an important part of community life in the nineteenth century, the twentieth century saw the ROKK and the physician play more prominent roles. The increased secularization of nursing became even more pronounced during the First World War. By the time of the October Revolution in 1917, Russian nursing’s reach had spread beyond its religious influences.
Conditions for Change

The move toward increased secularization might also have resulted from the difficult life for women in a Sisters of Mercy community. Those who entered had to conform to strict codes of behavior and assume a life of subservience. Young Sisters of Mercy struggled the most with the harsh conditions and feared for their future; some women “ran from the communities.” Growing problems in the communities and generally awful living conditions meant that the beginning of the twentieth century was a trying time for Russian nursing. Sisters of Mercy were often women with limited options and little or no education. Only war seemed to rejuvenate the profession by drawing women volunteers.

Although the Russo-Japanese War was another example of mobilization, the women who served in it endured terrible conditions. As one Sister of Mercy from the St. George community (Georgievskii obshchina), O. A. Baumgarten, wrote in her published diary, In Besieged Port Arthur: “With the help of God, nobody will ever see or live through what we have seen and lived through. It was so awful that at times it seemed the world was coming to an end.” Such conditions seemed either distant or unknown to women interested in training as Sisters of Mercy and joining the war effort. A doctor working in the military hospital noted that many of the women drawn to nursing in the Russo-Japanese War were “young, educated women who wanted to experience the world, widows who wanted to escape the boredom of life, married women who were unhappy, officers’ wives who wanted to be near their spouse, and aristocratic ladies who often did not have much interest in nursing work per se.” And they continued to come from an array of social and educational backgrounds. The reputation of volunteer nurses as “little sisters,” wearing silk skirts and perfume, and fraternizing with the opposite sex began to emerge in 1905 and was not all that dissimilar to the First World War narrative of Russian nursing. One volunteer nurse recalled her shock at the wedding of a nurse and a military officer in the hospital. War reshaped the contours of Russian nursing in different ways.

Notwithstanding the increasing diversification of nursing personnel, the Sisters of Mercy experience of war in the nineteenth and early twentieth centuries was traumatic; the exposure to the dangers of war, disease, and generally dreadful living, working, and travel conditions not only helped to shape these women into nurses but also meant that they had a shared experience of the horrors of war, theretofore an exclusively male domain. Given the demands and strain of the Russo-Japanese War, those involved in the upper echelons of the ROKK and Sisters of Mercy communities realized that Sisters of Mercy
and volunteers needed additional medical training to prepare for what awaited them near the front lines.

The Red Cross thus continued to train limited numbers of reserve nurses between 1905 and 1912. Similar peacetime moves for war service were undertaken in the United States at around the same time; indeed, a meeting about ROKK work discussed this very issue in April 1909. Nurses around the world mobilized. Delegates at the International Council of Nurses (ICN) congress in France in 1907 and Cologne in 1912 discussed state registration and nurse involvement in social work, although only a handful of Russian nurses, from Madame Mannerheim’s organization in Helsingfors, were present. Still, lack of presence did not signal stagnation.

By 1913 ROKK had an impressive 109 communities with 2,438 Sisters of Mercy, 1,004 probationers, and 750 reserve nurses. This compared to 27 feldsher schools in the Russian Empire in 1911, 12 of which were for men only, 8 for women only, and 7 mixed sex. The figure had risen to 80 feldsher and feldsher-midwifery schools in 1915, with some 9,500 students enrolled. The prospect of war and ROKK coordination boosted the number of Sisters of Mercy communities to 150 and 10,000 trained nurses in 1914. This growth in the number of communities led to increasing demands for organization and pushed nurses closer to professionalization.

As Russia endured rebellions, riots, revolution, and war in the first decade of the twentieth century, modernization and challenges to the political status quo rocked the empire and its tsar, Nicholas II. Russian nursing was changing too, although the communities generally remained conservative. The greater liberalization in relations between men and women went against the strict moral standards of community life. The Red Cross influence saw priests, and ipso facto religion, play a less important role in the life of the communities; instead, medical doctors assumed more influence and authority as nursing professionalized. Developments in the seeming binary of science and religion had led to changing dynamics in medicine and nursing in Russia and abroad.

Whether the revolutionary foment in Russian society radicalized Sisters of Mercy is not clear. Examples of female physicians who were also revolutionaries are well known, but the matter is harder to assess in relation to nurses at the beginning of the twentieth century. While many of these women—who straddled the border of professional and worker—might not have had the time for revolutionary activity, they might have engaged in low-level revolutionary activity in the hospital or community.

By the early twentieth century, people in the Russian Empire had begun to see themselves as independent from monarchy and church. Nurses and other medical workers, especially those who had been through a wartime experi-
ence, developed new worldviews that were not exclusively defined by religion and the sphere of the Sisters of Mercy community. War, professional independence, and the rise of revolutionary sentiment—exemplified by the formation of medical unions—now competed with religion as a way of life within the community. Sisters of Mercy were not cut off from society; they trained, treated patients, and worked alongside doctors. They saw the changes that marked Russian politics, society, and culture.

The First World War

When World War I broke out, Sisters of Mercy and thousands of volunteers demonstrated a great urge to help the wounded. These “white angels”—inspired by the example of Empress Aleksandra Feodorovna, her two eldest daughters, and the tsar’s sister, Olga Aleksandrovna—became popular in the media. At the war’s outset the severe shortage of nurses led to the introduction of short-term Red Cross courses for nurse volunteers, as was the case in other European countries that also called on women to fulfill their “patriotic duty.” In 1916 17,436 nurses went to the front, with “2,000 of these serving in field hospitals and at the rear.” Red Cross volunteer nurses continued to represent a cross-section of society, from well-to-do ladies swayed by press appeals to volunteers, ordinary working women, and young girls seeking adventure. The sight of these volunteer nurses created different impressions on those whom they encountered.

Nurse memoirs of the First World War illuminate how women perceived themselves as nurses and how others perceived them. Although ego documents are largely romantic and heroic in style, they nevertheless provide a window into the nursing war experience and the nature of Russian nursing. While nursing work is often depicted as the “romantic ideal,” some accounts portray a more variegated perspective of nursing at the Russian front that suggests underlying tensions and divisions. One drawback of nursing memoirs is that they can be “unconvincing either as literature or as historical records,” with few of them resolving the “tension between the rhetoric of noble suffering and heroic sacrifice and the reality of dirt, pain, fear, and fatigue.” Many memoirs of Russian nursing also evince signs of this problem, with the rhetoric of noble suffering and heroic sacrifice usually dominating the narratives. Nonetheless, the accounts of nursing offered in these memoirs provide important insights into the nursing war experience in Russia.

Among the most informative accounts of the Russian nursing experience of the First World War are those of two British nurses (Florence Farmborough
and Violetta Thurston), two Anglo-Russian nurses (Mary Britnieva and Sophie Botcharsky), and three Russian nurses (Lidiia Zakharova, Tatiana Alexinsky, and Tatiana Varnek). Of these women, three received medical training prior to the outbreak of war: Thurston; Alexinsky, a trained physician; and Varnek, who trained in the Kaufmanskaia Sisters of Mercy community for a few weeks in 1912 and then continued her training in a short course after the war broke out. Alexinsky’s, Zakharova’s, and Thurston’s accounts were published in 1915 and 1916; Botcharsky’s and Britnieva’s in the 1930s; and Farmborough’s in 1974. Varnek’s account was published in 2001 as part of Aleksandr Solzhenitsyn’s All-Russian Memoir Library series.

The diaries and memoirs of the volunteer nurses in Russia are very much expressive of the sheer enthusiasm and willingness to help in the war effort. What the women might have lacked in medical knowledge, they compensated for in compassion and self-sacrifice. Initial doubts and fears appear to have been overcome on encountering their first wounded soldiers. Sophie Botcharsky recalled terrifying initial encounters with surgery—one friend exclaimed in the operating room: “But we haven’t ever seen operations, nothing, just little ones!” To that the doctor replied: “Ah, you just came to wear the pretty caps. Eh? Six weeks training in Petrograd, I suppose, and before that, High School? Well, you must have some sense!” The frightened recruits were then made to pass instruments, administer anesthetic, and hold ligaments.

For those volunteer nurses who had never worked in a hospital or medical environment, their first encounter with surgery was often frightening, sometimes involving extreme cases such as amputation. They had to learn on the job and overcome their fears. Not only does the above recollection show the nervous state of the new recruits, who in this instance did not even attempt to disguise their anxiety, but it is also suggestive of the skeptical and sometimes misogynistic attitude of male doctors toward volunteer nurses. Would the doctor have remarked on the pretty caps and taken the new workers more seriously had they been men? The dynamics of the relationship established between the medical personnel was important. Nurses discussing the surgeons and physicians with whom they worked valued their professional competence over their personalities. They saw this as crucial in establishing a trusting working relationship. For those with considerable medical experience who disagreed with or challenged physicians, the relationships were not so harmonious. When physician Tatiana Alexinsky questioned the decision to keep two critically ill patients on a train instead of leaving them at a station for transfer to a nearby hospital, the male doctor told her, “I know better than you.” Gender and power dynamics shaped
the relationship between male and female doctors as well as between doctors and nurses.

The Good Nurse

The qualities of a “good” nurse were often ambiguous and enmeshed in ideas of “feminine care” and “kindness.” Some patients showed pride in the fact that the nurses in their unit were good-looking as opposed to skilled medical workers. A patient showed his gratitude to Botcharsky by saying: “Our sisters are beautiful. Look how tall they are, some units have short sisters.” The dual narrative of femininity and competence seemed characteristic of European nursing discourse of this period. In some of the military hospitals in France doctors demanded “thoroughly professional staffs” but also accepted that “a nurse’s womanly qualities were as important as her technical training,” with “women’s voices, their way of moving, bending over, or sitting at the bedside” a comfort to patients. In the harshness of war, some men seemed to value the physical characteristics of women over their professional competence.

The nurse narratives usually do not elaborate on the vision of what a nurse should be or touch on feminist or emancipationist issues—the memoirist’s main concern was with her personal journeys or caring for the patient. There were some exceptions. Alexinsky, as a socialist and feminist, referred to her transport train as a “feminist train” because the majority of medical personnel on board were women. Botcharsky portrays herself as a fast learner who adapted well to the conditions of war and medicine. She endeared herself to patients, including German patients whom she could comfort in their own language. Likewise, Florence Farmborough focused on her personal development, which she tied very closely to her ability to adapt to nursing in Russia. In their outlook many of the nurses show that war acted as a leveling device for those at the front.

Nonetheless, class and status mattered. Sanitary personnel such as orderlies were delineated from other medical personnel. The Red Cross identified these women workers by their uniforms, a plain gray cotton dress with a white apron and headscarf, and a bandage with a cross that they wore on their left arm while on duty. The uniform made it clear that they were not Sisters of Mercy. Divisions were especially evident in the writings of nurses whose memoirs were not in the romantic mold. Trained Russian medical workers, such as socialist Tatiana Alexinsky, who was about thirty years old in 1916, did not take to some of the volunteer nurses. On seeing the “society benefactresses,”
she admitted: “I don’t know why, but I felt a certain feeling of irritation against these ladies and all their kind.”

Swedish Red Cross nurse Elsa Brandström expressed similar sentiments based on her experience in Petrograd. She wrote that little-trained “society women” were “often a parody on the sister of mercy.”

This attitude is somewhat reminiscent of the class antagonisms that arose among British nurses who reported tension between the privileged but relatively untrained Voluntary Aid Detachments and the professional nurses who worked for a living. Brandström wrote that the primary duty of the “society women” was “to shake pillows, dry the foreheads and comb the hair of the wounded,” but “when the novelty wore off they fled back to their dinners, bridge-parties, and dances.” After they left, only the genuine nurses—“simple, kindly women”—remained.

This description draws into sharp relief the existence of two types of nurses, as called in the French context, the “true” nurse and the “false” nurse. True nurses, as depicted in the French press and volunteer nurse memoirs, were maternal, feminine, and professional, whereas false nurses, if referred to in memoirs, were socially ambitious, self-interested, and lacking in true devotion. This delineation is not so straightforward or clear-cut in the case of the image or perception of Russian nursing, but such differences existed. It is also clear that this was not limited to nursing in the First World War. In her memoir written in 1909, Sister of Mercy M. I. Deviz recalled the negative impressions left by society women volunteering in hospitals after the Russo-Japanese War. Soldiers had informed her that these society ladies sat and talked with the healthy officers, leaving the sick and wounded soldiers alone.

Like the British nurses who “resented any kind of ‘playing at nurses’ by amateurs” during times of war, the Russian nurses similarly resented some of the volunteers who entered their field. The anger elicited by the volunteer nurses indicates that Sisters of Mercy were demarcating their professional territory.

The diaries and memoirs of trained Russian nurses show levels of resentment that seem largely absent in the narratives of the volunteer nurses. Perhaps this is because they did not encounter such “society ladies.” But the distinctions between Sisters of Mercy, wartime-trained reserve Sisters of Mercy, and volunteers were not clear, especially as the last two categories assumed more responsibilities over the course of the First World War. As a result, they came to perceive themselves differently and as no less qualified. In an interview conducted by the Imperial War Museum years after the war and the publication of her memoir, wartime nurse Florence Farmborough, when asked, “Were you treated as though you were a qualified sister with several years of training?,” replied, “We were qualified.” The interviewer pressed further, “But some sisters [had] a few years rather than a few months,” to which Farmbor-
ough replied: “That [was] in England. But in Russia if we passed our exams and had six months of training with the wounded and dying soldiers—not with the ordinary sick people—we were qualified. I was made a Town Sister once—Goradskaya sestra. And that was a great compliment and that meant that I could be really at the head of the profession in the town and go to any of the hospitals as a Town Sister.”

Farmborough considered herself a trained nurse, in spite of having had no formal nursing education or training aside from the six months’ prewar training course she attended. But she was not alone in holding this view, and after the war there were wartime nurses who considered themselves fully qualified. Many of them went on to work in the Soviet healthcare system.

By 1917 an effort was made to closely monitor volunteer nurses—those with no training as opposed to wartime-trained nurses. Sisters of Mercy communities would provide only a “moral” recommendation to voluntary nurses that allowed them to work at the front or in military hospitals. Nurses completing short-term nurse training courses were assigned a Sisters of Mercy community, and representatives from that community (or ROKK) were to be present at exams. Those nurses who had completed a three-month course but had not received a recommendation from the community were now threatened with expulsion from the rural and urban unions. These changing perceptions of the nurse were perhaps informed by mixed appraisals of nurses earlier in the war.

Volunteer nurses were criticized as early as 1915, when contrasts drawn between Sisters of Mercy and volunteer nurses highlighted the perceived ignorance and carelessness of the latter. Readers of Ladies World (Damskii mir) were left in no doubt about the superiority of the “genuine” community-trained Sister of Mercy after the publication of an article describing nurse uniforms and conduct. Readers learned that Sisters of Mercy wore only linen or cotton dresses, which collected less dirt than woolen or silk dresses, and that they wore headscarves and aprons for hygienic purposes. Experienced nurses kept their uniforms clean by leaving them in the hospital, but volunteer nurses “flaunted” their new uniforms on the street, where they became covered with dirt. On streetcars volunteer nurses were in close quarters with people whose clothes had not been washed since the “day they were made,” and so the volunteers walked among patients wearing uniforms “covered in microbes.” Such horror captured a mood that was current in some circles at the time. But it also showed that there was no singular nursing experience. Nurses could elicit any number of emotions from others as they went about their work.

To be sure, the diaries and memoirs are not wholly representative of the wartime experience, and they do not explain the full history of Russian wartime
nursing, but they do shed light on many aspects of nursing. For one, they insert the Russian nursing experience into the wider European experience, showing that Russian wartime nurses shared many commonalities with their nursing counterparts in Britain and France. They also show the different self-perceptions among the nurses and how these varied according to training and class. Finally, they confirm the importance of the female contribution to the war and the immense sacrifice of women in war, as well as point to the significance attached to more traditional notions of “womanhood” as perceived by men at war. Positive press reports of women at the front galvanized the image of nurses as patriotic and hardworking. In 1915, for example, an article titled “Women and War,” published in Women's Herald (Zhenskii vestnik), celebrated women awarded medals for their work and acknowledged those who had died in the line of duty. Positive accounts featured in Women's Affairs (Zhenskoe delo) that same year, highlighting the sacrifices and efforts of women at the front. But press recognition of their sacrifice did not seem to lead to improvements in their professional status. At one nurse congress organized at the Minsk front, as reported in a 1955 publication about ROKK, Sisters of Mercy proclaimed: “Many speak lately of freedom; for some this is already happening, but not for us Sisters of Mercy.” Not for the first or last time, nurses found themselves on the margins and in need of greater material support and recognition.

Even though the image of the Sister of Mercy became modish, some historians argue that the widespread dissemination of the fashionable nurse also served to partly diminish the traditional sense of respect and moral authority associated with Sisters of Mercy. This seemed to be the case with nurses or nurse volunteers irrespective of political affiliation. The moral standing and reputation of nurses was in an apparent state of decline. Such perceptions remained long after World War I ended. In her book on Soviet healthcare published in 1928, the American Quaker Anna Haines noted that the “general attitude toward nursing . . . was not such that would induce women to undertake the work unless under some religious motivation.” She added that “nurses who did not wear the uniform of some order were not apt to receive very courteous treatment from the hospital staff or the public at large, and it is true that they were often not the type of women to command much respect.” This ambiguity created different images of the Russian nurse during the First World War—the religious nurse, maternal nurse, prostitute nurse, and patriotic nurse. Wartime experiences transformed the demands on nurses as well as the public perception of the nurse, and women, whether for good or bad.
Nursing Revolution: The All-Russian Union of the Society of the Sisters of Mercy

The First World War accelerated much of the change that had been under way in the first part of the twentieth century. During the chaos of war, and particularly after the abdication of Tsar Nicholas II in March 1917, a host of professional organizations and unions sprang up across the former Russian Empire. Nursing was no exception, and unions of nurses formed in Russian towns and cities. In the uncertain political times, nurses—like those in other countries during and after the war—were keen to assert their professional rights and defend their interests. While Sisters of Mercy and wartime nurses took care of the injured near the front and across the country, in Petrograd moves were being made toward professionalization. In August 1917 the All-Russian Society of the Union of Sisters of Mercy (Vserossiiskii soiuz obshchestva sester miloserdiia), or for brevity, the Union of Sisters of Mercy, emerged from the First All-Russian Congress of Sisters of Mercy. Nurses thus joined a host of other recently formed local medical unions—a sign of the times. According to the onetime head of the Soviet medical union, A. Aluf, the over one hundred delegates were predominantly wartime nurses, but there were also many representatives from the Sisters of Mercy communities. The journal publication following the congress, as well as archival transcripts of union discussions, shows that the Sisters of Mercy communities, not the military nurses, dominated proceedings and later the organization of the union.

Nurses at the congress remained politically neutral but agreed to work with the Provisional Government. The Petrograd-based communities had two overarching aims: first, to organize nursing along professional and secular lines and, second, to help improve conditions for nurses. In these uncertain times the nursing communities were in such a precarious financial position that they recruited no new students. Nursing and medicine reflected the chaos of war and revolution.

Some of the nurses in the Union of Sisters of Mercy claimed the communities did not want to join their union because its members included wartime nurses, whom they apparently did not consider to be bona fide community nurses. In January 1918, in discussions about the role of the union and the reorganization of the Red Cross, one union nurse underlined the importance of finding a “common language” that included the different interests of full-time (staff/community) and temporary (wartime) nurses. Other nurses agreed with this position. One of them was Sister Bazilevskaia, who argued against such a divide between “genuine and not genuine sisters.” In her words,
“All worked well and the same.” She wanted nurses to show a united front so that “midwives and orderlies would not replace them in hospitals.”  

But six months after these discussions, in July 1918, those in the Union of Sisters were unsure about who would be in control of the nursing schools. In spite of their efforts to organize nursing, the union nurses seemed to be fighting a losing battle against the rising tide of Bolshevism. Sister Arkhipova-Khilkova, the chief editor of *Pervyi vestnik sestry miloserdiia*, complained: “We do not have in our hands a decree from the Bolsheviks that outlines a program for the reorganization of the Main Administration [of the Red Cross]; they have said nothing about the Sisters of Mercy.” The Sisters of Mercy felt an acute awareness of their responsibility to their members, having “a whole army of sisters who without them would go hungry and cold.” But at the same time, they felt their control lessen and feared losing their links to the Red Cross since its reorganization by the Bolsheviks in August 1918. Although rights and freedoms were terms often used in Russia during war and revolution, attaining these seemed to constantly elude nurses. The Sisters of Mercy communities had made great advancements in delivering a nursing service since the middle of the nineteenth century, but now a core group of nurses was leading their fight for survival.

### The Bolshevik Way

The establishment of the Commissariat of Health (Narodnyi komissariat zdravookhraneniia) in July 1918 signaled Bolshevik intent to push ahead with plans for a socialist form of public health. Meanwhile, the Union of Sisters was faltering. Diminishing influence in light of the commissariat’s increasing grip over public health combined with continued internal divisions threatened the union’s existence. Despite its initial hopes, the Union of Sisters never managed to attract all the community nurses; as a result, there was an uneasy relationship between the Union of Sisters (claiming to represent all nurses) and the communities (which were still also under ROKK). The situation was not helped by the Union of Sisters’ stipulation that the communities join wholesale, as opposed to nurses joining on an individual basis.

In October 1918 the Union of Sisters, the Commissariat of Health, and the Committee for the Reorganization of the Red Cross approved the nursing schools. All three authorities agreed that the goal of nursing schools was to “train experienced cadres of nurses to care for the sick” and help junior personnel whenever possible. Training nurses was a “state concern” and based on the principle of a “free school system with one common lecture program
ratified by the Commissariat of Health.”125 ROKK reorganization required the Union of Sisters to furnish information about the possibility of reorganizing the communities as schools.126 At this point, it seemed as though the nurses and the Bolsheviks might find some common ground—perhaps the Sisters of Mercy could develop a program that would be acceptable to all parties. But that was not the case. The Bolshevik health authority was happy to have the nurses develop a program, but not happy for this relationship to be publicly acknowledged. Needless to say, the nurses, having fought so hard to be in this position, did not want to be sidelined.

But sidelined they were. The Commissariat of Health and the Red Cross committee deleted the phrase “and the regulations on schools, accepted by the Union of Sisters” in the proposal for schools, and this amendment irked the nurses, who feared that it might lead to future “misunderstanding.”127 The Union of Sisters of Mercy considered the schools “one of the most important questions for the existence of the entire nursing organization” and thus took immense interest in their future development.128 For now, the nurses were able to maintain a presence, but their future still seemed uncertain.

Further disappointment prevailed on the Union of Sisters in November 1918 when their position again became unclear after the conference of medical workers convened to discuss the merger of all medical unions.129 The Sisters of Mercy seemed to be dependent on the decisions of other groups, with little say in determining the fate of their own organization and profession (in spite of their best efforts). With the Commissariat of Health taking control and with the Union of Sisters divided, the demise of the All-Russian Union of the Society of Sisters of Mercy appeared imminent. By March 1919 the nurses joined the newly formed union for middle medical personnel (All-Russian Medical Sanitary Work [Vsemedikosantrud], organized in March 1919; renamed Medical Sanitary Work [Medsantrud], in 1924), based on the understanding that there would be nurse representation.130 That was not to be—the Bolsheviks disbanded the union and nurses lost leadership autonomy.

The committee for the reorganization of the ROKK and the Commissariat of Health held discussions about the reorganization of the Sisters of Mercy communities. A small group of Sisters of Mercy joined Y. M. Sverdlov, Z. P. Soloviev, and Nikolai Semashko in attempts to work out a system of nursing.131 Semashko wanted graduates of the new nursing schools to be “qualified workers.” He also wanted to reconsider the plan to merge the hospital and the school for practical classes and argued that it would be “no harm for students to gain practical experience in a range of medical institutions, because remaining in one institution could not guarantee enough practical experience.” Soloviev considered a three-year course to be sufficient to produce nurses who
would specialize in “the nature of care” in special medical institutes, not “confining the school to the community.” The nurses also supported the three-year course but favored specialization in the third year. Ultimately, the commissariat established a commission that included Popov, Soloviev, representatives of the Sisters of Mercy, and representatives of the Military-Sanitary Administration to work out a detailed project for the schools. I examine these Bolshevik approaches to nursing education and organization in chapter 2.

Despite having established a seemingly good working relationship with the new health authority and continuing to contribute to the development of nursing in Russia, the tumultuous nature of power and politics in postrevolutionary Russia provided no guarantees of safety. Nurses who had worked in tsarist institutions occupied a precarious position, and in 1921 the new government incarcerated the Commissariat of Health–employed nurses. Sisters of Mercy struggled to gain a foothold in the corridors of power after this brief period in the immediate postrevolutionary years. Still, their medical training and strong work ethic made Sisters of Mercy ideal candidates to help with the public healthcare crisis unfolding in Russia.

Many women continued their nursing work after the war and revolution. The patriotic and humanist calling that had drawn women and men to work in public healthcare remained in spite of who was in power. Motivations were also largely secular, and irrespective of their religious title—Sisters of Mercy—Russian nurses had already started down the road of secularization many years before the Bolshevik revolution. Russian society nonetheless associated them with the “old way of life.” The battle between the old and the new continued long after the revolution. War and revolution did not end in 1918. Nurses and medical workers continued to fight for their rights and lives during the terrible years of civil war. At the same time, the new Bolshevik government busied itself with consolidating power and setting up a socialist state.