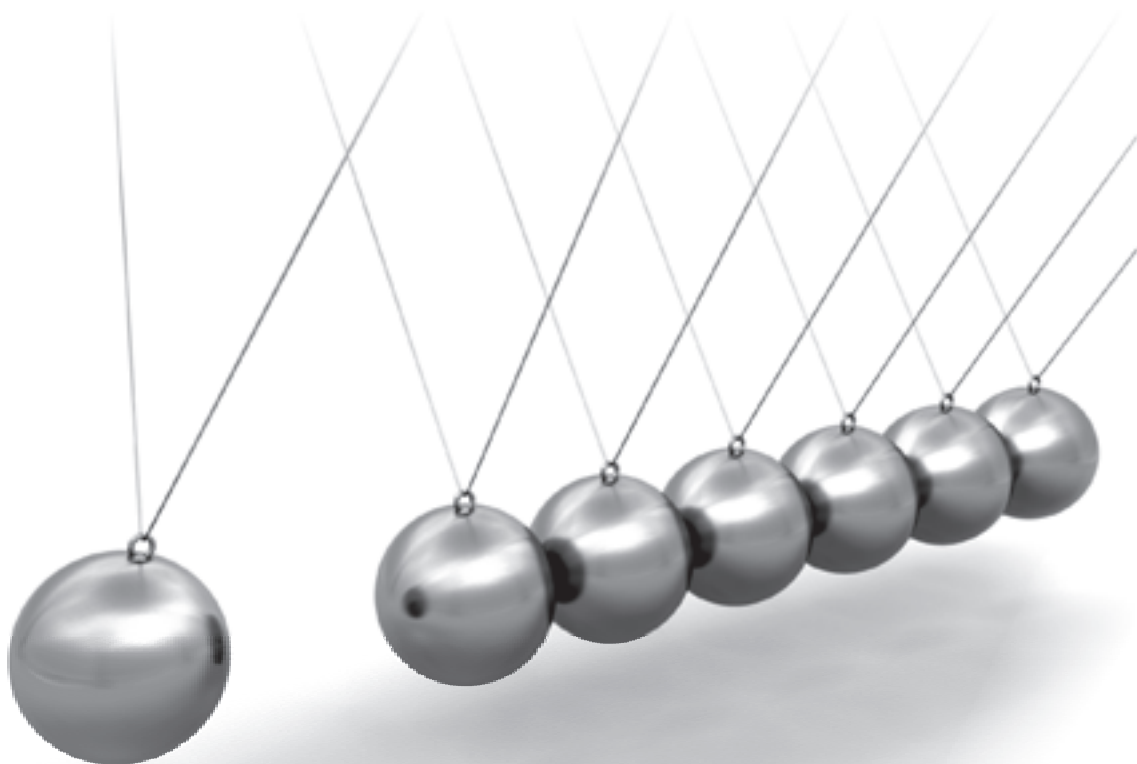


Women in Times of Crisis

Edited by Irina Deretić



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W

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Melina Rokai*

THE BALKAN SANITARY CRISIS IN THE BRITISH WOMEN'S NARRATIVES DURING WWI

Abstract: This essay investigates how British women in the Balkan military zone of WWI wrote on the sanitary crisis, which demonstrated itself in epidemics. It researches how these narratives figured in developing and strengthening their agendas which were part of their cultural and personal background. The military crisis was a way for the British women to prove their worth in the theatres of war, as a prerequisite for obtaining suffrage. The health crisis in the war-stricken Balkans was the main danger of life for these women, and dying in an epidemic was viewed as the closest thing to dying in a battle, which in turn endorsed the possibility of obtaining suffrage.

Keywords: WWI, British women, suffragists, epidemics

With the entrance of the United Kingdom in the theatres of the First World War, an exceptional number of women doctors, nurses and non-qualified volunteers expressed their desire to participate in their homeland's war efforts and offered their knowledge and skills to be employed in the British military zones. The vast majority of them faced rebuke by the Imperial government, but soon enough found their posts in Belgium, France, and Serbia through the national Red Crosses, the Scottish Women's Hospitals, and the Serbian Relief Fund.

Some names stayed longer in the collective memory than the others. Dr. Elsie Inglis, the founder of the Scottish Women's Hospitals, Dr. Evelina Haverfield, Dr. Katherine MacPhail, or nurse turned soldier Flora Sandes, Lady Leila Paget the organizer of a medical unit and the wife of a British minister to Serbia could be considered as renowned.

When women set out for the Balkans and Serbia, they were aware of the epicenter of a sanitary crisis heralded by the epidemic of typhus. The

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sanitary crisis was not the only one they experienced, as it was caused by the existing global military crisis which had the war as its continuation. Moreover, it was the age ripe with the crises of social order, politics, diplomacy, and finally gender identities.

The women do not belong to a clear category of professional or incessant writers; the majority of them had no published work before setting out for the Balkan adventure. Nonetheless, they added this detail to their careers when their letters, diaries, and memoirs of their wartime experience were recorded and made available to the general public. Moreover, British women did not operate in a social and cultural vacuum. Before they left for this humanitarian adventure, they had been existing and functioning within a familial and professional network, which impacted their ideals and aims that they brought with them.

This essay aims to investigate how British women in the Balkan military zone wrote on the sanitary crisis, which demonstrated itself in epidemics, most notably that of typhus that had raged in the winter of 1914–1915, but also in several smaller-scale ones: typhoid (enteric), malaria, dysentery, etc. It will consider why some narratives gloss over this essential experience. The essay will investigate how writings on sanitary crisis influenced the perception of other crises simultaneously occurring around them, and whether afore-mentioned ongoing predicaments impacted in turn the writers' view of the epidemics in the Balkans. It will explore in what way the cultural baggage women brought with them manipulated their observations, rationalization of the events, as well as their writing. Finally, it will be looked at how the narratives on sanitary crisis and epidemics figured in developing and strengthening the agenda that they ultimately brought with them to the region.

If the topic of women's wartime narratives in WWI is rarely tackled, it is even more true for those that concerned about experiences in the Eastern Front. This condition is mirrored in the treatment of the Eastern Front, including the Salonica Front, in the historiography of WWI, which consequently marginalized study of the larger part of the British women's wartime narratives, since this front was predominantly their destination. In Serbian historiography, the theme is considered mostly, but not only, under the history of medicine (Marinković et al., 2014; Petrović, 2010; Popović-Filipović, 2012; etc.), whilst assessments of the narratives from the point of the literary studies are less frequent (Spremić Končar, 2020). Studies on women's war narratives commenced earlier in the international context, so now several works exist that treats women medical narratives in the Eastern Front either as a part of a larger research that includes wartime narrative of medical female personnel in the Western

Front (Smith, 2007; Smith, 2013) or is dedicated solely to Russia and the Balkans (Halett, 2016; Ouditt, 2005; Smith, 2016).

Feminism and Pacifism: Crisis of the Social Order

Mrs. Mabel St. Clair Stobart (1862–1954), *The Tatler* 'girl', featured riding a black stallion on the cover page of this gossip magazine's issue of 1915, proclaimed "an English heroine," wrote of the sanitary crisis and epidemics she had encountered as the administrator of the Third Serbian Relief unit, the experience that she described in *The Flaming Sword in Serbia and Elsewhere* (Stobart, 1916).

Having arrived in Serbia in April 1915, when the epidemic of typhus was viewed as under control, Stobart's unit witnessed the outbreak of the typhoid (enteric) epidemic. Stobart's account of diseases starts with contemplation upon the death and funeral of nurse Ferris. A dramatic description of the moment of Ferris' death aimed to evoke the wrath of nature, but the mention of "a rainbow—in the mythology of our Scandinavian ancestors, the bridge which led heroes, fallen in battle, to their heavenly Valhalla" (Stobart, 1916, p. 55) intended to compare the death of a young woman by a disease in a military zone to the honors of men's death on battlefields. It is a testimony of her agenda to make women's war efforts worthy of acquiring citizenship – the right to vote, since it had been alleged women's inability to defend their homeland that had been used against suffrage for women. The portrayal of the funeral arrangements is presented to create an indisputable link between military and sanitary crisis and the demand for votes for women as a demonstration of the crisis of the social order in Great Britain. Stobart (1916) offers a detailed account of the funeral arrangements and funeral procession: "The Kragujevatz authorities [gave] a public military funeral," with "the British, French, Italian and Russian Attaches, medical and military officials, and representatives of the Crown Prince and the town, members of other units, and friends of the hospital" assembled and "the streets were lined with townsfolk" (p. 57). Stobart reflected on the fickleness of fate in mentioning the death of a young woman about to get married instead of her, a middle-aged widow with grown-up sons. The guilt of the survivor, well-known among the soldiers is articulated here and its purpose in the narrative is to equate the rituals through which gendered masculinity is expressed to those among the women functioning in a military zone. Describing her reaction to the event, Stobart did not deny her feelings, which rendered her feminine and human; however, her ability to control them and keep her composure

without indulging in histrionics, which was a charge against Victorian and Edwardian women's capability for exercising any public role, was there to prove the worth of a professional and a university-educated woman in a theatre of war. Stobart (1916) built her argument further by emphasizing another detail of nurse Ferris' life – she had been engaged to her fiancé, a man, who together with her mother had been waiting for her return, planning their future together in the very moment her body was interred into the foreign soil to rest there forever (p. 57). Stobart's selection of these details of Ferris' life and death were chosen thoughtfully to draw the undoubted resemblance between the life, death, and posthumous honors bestowed upon a nurse, a professional woman, and a man and a soldier. Stobart (1916) noticed the existing difference between the two cases and wondered why "Now that she was dead, she was saluted by passing officers and soldiers" and "whether it would always be necessary to reserve honors for women till after they are dead" (p. 57).

Stobart's radical agency was an outcome of her independent personality, genteel background, and previous experiences. She had a reputation in fighting for suffrage in this manner. In 1909 Stobart established the *Women's Sick and Wounded Convoy Corps* and served in Bulgaria in the First Balkan War. What made her idea "radical is that an entire hospital unit could be staffed by women, not just nurses but doctors too, with women taking all the other supporting roles" (Smith, 2007, p. 159). She understood the concept of self-promotion, and the necessity for media coverage which played the part in it, and advertised her work endorsing feminism: *War and Women, from Experience in the Balkans and Elsewhere* (Stobart, 1913). As a daughter of a baronet, she was well-connected and well-versed in the works of media and its power over the British public, particularly at times of military crisis. She had surely been aware of the media hype and its influence during the Eastern Crisis (1875–1878). As WWI started, Stobart raised a hospital with her funds and set off to help Belgium, risking death in front of a firing squad, as she was arrested by the Germans. With this experience, she wrote of the epidemics in Serbia and the tragic outcome.

The next death was Mrs. Mabel Dearmer's – an orderly, and the wife of the Chaplain in the unit, Dr. Dearmer. Its description follows the pattern set in the previous example: mention of nature's response, presence of the high-ranking representatives at the funeral, and the fact that "the representative of the Crown Prince expressed to me his condolences," (Stobart, 1916, p. 67) although the deceased was married and her husband was present. Interestingly, Mabel Dearmer herself left an account of the same events before her death in the form of letters to her friend.

Throughout the Summer of 1915, there was a lull in military activities in the Balkans. As “the typhus epidemic was diminishing” whilst “a serious epidemic of typhus, diphtheria, typhoid, and other diseases” (Stobart, 1916, 68) were raging among the civilians, Stobart (1916) was “determined to extend the work and to establish a series of roadside tent dispensaries, within an average radius of thirty miles around Kragujevatz,” (p. 73) demonstrating her superb leadership and managerial capacity with the flare for innovation as proof of women’s capability in the war zone. In her words: “this dispensary work brought clearly to light the fact that war [...] maims and kills, by slow torture, the women and children who are responsible for the life, health, and vigor of future generations” (Stobart, 1916, p. 69). Thus, she stressed that women died equally in war – if not in fighting then from a sanitary crisis caused by a military crisis.

In autumn 1915, the Central Powers attacked Serbia and Stobart was given the rank of major in the Serbian army: “the first time in history that such an appointment has been offered to a woman” to command “*The First Serbian-English Field Hospital (Front)*–Commandant Madame Stobart” (Stobart, 1916, p. 123). It was to accompany the troops to the front and as it happened followed them in the retreat through Montenegro and Albania. In this, she decided “to ride at the head of the convoy always” on a black stallion in men’s saddle, “determined to share with the men the practical difficulties of the road” (Stobart, 1916, p. 130). As Smith (2007) says it is “testament to Stobart’s reputation,” but also “an opportunity for publicity” (p. 168). She was to be known as *The Lady of the Black Horse* immortalized on a painting showing her astride the stallion, followed by the troops in a mountain gorge, with dead soldiers on the sides of the path (Hallett, 2016, p. 39).

On her tour in the US in 1917, Stobart used her varied experience in the medical corps in war-stricken Serbia to promote women’s rights. Stobart (1916) admitted openly that the purpose of her writing was suffrage and feminist and pacifist in nature: “it should show, without the need of further proof, that women can be of service, not only in base hospitals of war, both in subsidiary positions, and in positions of command” and “in the eyes of woman, the war also means the negation of civilization and progress” (pp. 311–312). As several maternalistic feminist pacifists of the time (Ouditt, 2005, pp. 4, 131–135, 140–142), Stobart exploited the image of a life-giving mother in her writing to advance her plea for suffrage, which would allow women to influence men-centered wars that destroyed the very lives women gave birth to. In her talk, she said: “there is no path of achievement impossible to women” (Stobart, 1917; Smith, 2007, p. 172).

Mrs. Mabel Dearmer (1872–1915) was an orderly in Stobart's Hospital, the wife of Dr. Dearmer, the Chaplain of the unit, the mother of two conscripted sons, and back in England, she was a published novelist, dramatist, and illustrator of children's books. Her friend and the editor of her letter stressed her pacifism and feminism that brought her to Serbia: "she thought that for all countries war was unrighteous, yet she went. She went on active service not because she was an Englishwoman, but because she was a woman" (Dearmer, 1915, p. 2).

It is her sensitivity coupled with Christian pacifism and feminism that colors Dearmer's narrative of her sojourn cut-short, including references to the sanitary crisis. Her letters are filled with obsessive remarks on the possibility of contracting typhus: "If I get it, [...] there is every chance of my pulling through." The cheerful: "It would be such a maddening way to die —before anything had been done at all" appears forcefully upbeat and saturated with a premonition: "One has to stop someday, and I would rather "stop" here, doing this work [...]. There is nothing terrifying or agonizing in typhus [...] just drift away into the unknown quite quietly" (Dearmer, 1915, pp. 128, 149–150).

For Dearmer pacifism was sexless: had she been a man, she would have not fought in a war; to one of her sons, she could not offer a blessing to join the Allies' army. Dearmer's piety encapsulated forgiveness for the enemy who would kill her sons, as they could not see that "the only way to see war is from a hospital." Her pacifism was ecumenical, it erased patriotism and strife for a nation-state, which she viewed as the root cause of all wars (Dearmer, 1915, pp. 144–145, 159).

Her upbeat tone can be understood as the consequence of feminism and the result of her freedom of choice – the choice to face death by a contagious disease. This was evident to her friend who stated that "she stood for freedom, above all for woman's freedom [...] a woman no less than a man must be free to follow her work and her ideal wherever these might lead" (Dearmer, 1915, p. 70). An Edwardian lady forfeiting her life in a war zone seems as striving for heroism usually accessible to men (Smith, 2016, p. 120), but to her contemporary, it was a desire for adventure, in which she found complete happiness (Dearmer, 1915, pp. 71, 133).

For Dr. Caroline Matthews, on the other hand, pacifism was not a choice, and serving the Serbians simply meant serving the British war cause prompted by the culture of imperialism she was raised in (Smith, 2013, p. 36). Matthews refused to leave the Hospital in Užice when the Serbian Army started to retreat and when she faced the Austro-Hungarian invasion. It was "this realization of my nationality that upheld me." Even though the British government did not want women in army medical

corps, for Matthews (1916) “all the pain of Life seemed worth the price if I might be of service [...] though, beneath an alien Flag, it would be for Britain” (pp. 109, 64).

Monica M. Stanley was an experienced nurse in Stobart's Hospital, who left the account of her work between April and November 1915 in the form of a war journal with entries detailing events of certain days. Nurse Stanley did not contemplate the interconnectedness between military and sanitary crises and a larger ideal.

Stanley (1916) mentioned the deaths in their unit – that of Nurse Ferris, also described in Stobart and Dearmer's accounts, and of Mrs. Dearmer. Talking of Nurse Ferris and Mrs. Dearmer's illness and deaths, Stanley methodically lists the stages leading to her funeral, including the day and hour of her death, the military funeral, and its attendants (pp. 63–68).

Stanley's (1916) descriptions of the human suffering in the Stobart's dispensaries due to the neglect caused by the disruption of the state infrastructure were employed to promote the need for the aid among the British: “People in dear old England cannot imagine the state of this part of the world [...] We are trying to stop some of the dreadful diseases spreading” (pp. 33, 39).

Her narrative of the sanitary crisis was not linked to the resolution of another type of crisis. It seemed purely humanitarian. Her even account is explained as a subconscious strategy for the preservation of their mental health where “a flat narrative tone” is juxtaposed “with its hideous subject matter” (Ouditt, 2005, p. 38).

Femininity in Crisis

Dr. Isabel Emslie Hutton (1886–1960) joined the Scottish Women's Hospitals in 1915, served in France, then with the French Army in Salonika, accompanied the Serbian Army during the war, led the hospital in Ostrovo, and, after the liberation of Serbia, the one in Vranje. Dr. Louise MacIlroy (1917), the surgeon in charge of the unit in Salonika, praised the success of the hospital on female surgeons among which “Dr. Isobel Emslie, bacteriologist” is singled out (p. 287). Her experiences in the Balkans and later in Sebastopol, Emslie Hutton published a decade after the events: *With a Woman's Unit in Serbia, Salonika and Sebastopol* (Emslie Hutton, 1928). She aimed to tell of sacrifices and work done by female medics and the “lack of antagonism between the sexes” (Emzli Haton, 2018, p. 8). Emslie's well-structured narrative reveals her feminist stance evident in the description of the work in the crisis-affected area, and her

leadership and managerial skills. By representing skillful women, Emslie also qualified other women her to obtain the right to vote. Most interestingly it exposes her gendered view on the issue, apparent in her constant reprise of the concept of femininity.

Emslie (2018) promised her mother she would go anywhere but to Serbia, yet three months later the Unit was there despite their better judgment (p. 11). If her mother's view was the accepted one on the matter, then working in a multiple-crisis zone meant a greater and more dangerous sacrifice to which a woman exposed herself, which consequently should have promoted her suffrage rights, since a woman placed herself in the region with the degree of danger exceeding that of the falling bombs and may have been only inferior to the horrors of the trench war. She struggled with atrocious hygienic conditions in Djevdjelij, she fought outbreaks of malaria fever and cerebral malaria, dysentery, sandfly fever, contagious jaundice, and scurvy in Salonika between 1916 and 1918. When Serbia was liberated, the returned epidemic of typhus of 1919 and the notorious 'Spanish flu' became Emslie Hutton's new enemies in her Hospital in Vranje (Emzli Haton, 2018, pp. 39, 40, 69, 70, 72, 98, 156, 160). In her work, she pointed out her achievement of becoming the manager of the hospital in Ostrovo before turning thirty, of creating a typhus ward in Vranje, and demonstrated the authority a professional woman held when she declined the orders of a military official (Emzli Haton, 2018, pp. 133–34, 177).

Emslie's expression of her war experience was naturally filtered through Victorian and Edwardian cultural and social paradigms – particularly that of gender roles (Smith, 2016, p. 14). There was no need in her opinion in changing gender so that the female sex could be deemed appropriate for acquiring honors i.e. women did not need to resemble men in outward appearance (clothes, behavior) and rituals. Thus, she was proud of her new hat with the pink feather that she wore when she gave the news of her leaving to her boss in Edinburgh, stressing that nothing gives self-confidence to a woman as a new hat. When she met Olive Kelso King, the Australian volunteer driver in the Unit, Emslie was reminded of "a boy," successfully contrasting her femininity with Kelso King's undeveloped masculinity, disclosing in the process the variety of motivations that led different women to experience the war-zone. Out of many fellow medical workers that she encountered again in Belgrade in 1920, Emslie (2018) mentioned only Olive Kelso King and Flora Sandes (p. 223) – two women who chose a gendered approach to construct their roles in WWI and post-war Serbia. Emslie (2018) described Mrs. Harley, the director as "fragile and lovely" despite her adoration for "everything military," whilst Miss Stouny the X-ray operator "looked like a reed (but) her physical

endurance was wonderful” (pp. 18–19). Here is evident the changing notion of femininity that became more prominent in wartime, as Stobart pointed out, which accepted “strength and resilience” in women, but shunned the outward sign of gendered masculinity. Emslie expressed her idea of femininity explicitly in the writing declaring that her wartime experience thought her that a feminine woman, proud of her look, was always the best worker. She further repudiates the notion of the masculine-looking woman as the strongest and the ablest one, explaining that such a type of woman allegedly was not the enduring one (Emzli Haton, 2018, p. 20). It seems that Emslie attempted to show that capacity for heroism existed in a common-looking British woman as in any man, without the need for masculinization, so that the majority of the British women's war efforts was to be viewed as worthy of suffrage.

Dr. Helen Hanson (1874–1926) from Stobart's Hospital, a militant suffragist with an interest in the position of women in Church and State, wrote letters to her family, which constitute a memoir of her life. Whilst it mentioned the hardship of her daily work in a region stricken by war and sanitary crisis, it draws the image of her femininity similar to the one approved by Emslie, another female doctor. Although a woman confident, dauntlessly fearless, capable of leadership in danger, who “worried the War Office for permission to wear uniform,” yet wore “her long skirts and her red hat and flowing red veil,” (Acres, 1928, pp. 50–69) Hanson does not show a desire for masculinity per se but demonstrates liberated femininity of an educated woman.

Famous Flora Sandes (1876–1956), a volunteer-turned-soldier is one of a few British women who witnessed the outbreak of the epidemic of typhus in Kragujevac in 1914. However, she neither talked of these times nor employed the sanitary crisis trope to resolve the crisis of her gender identity (Hazen, 2006, p. 61), which featured in her autobiography (Sandes, 1916), but she chose to resolve it through the theme of the military crisis and her involvement in the arms conflict. Risking the death by typhus may have not been a heroic enough choice of demise for her to be mentioned in her autobiography, and her nursing days would have been a testament to the repetitiveness of rituals of femininity. As it was pointed out not making a political point in her narrative did not aid the suffragette movement (Hallet, 2016, p. 43), despite Sandes' pre-war involvement in it.

As it is deduced not all medical staff mentioned epidemics in the accounts of their stay in the war zone in Serbia. Olive Aldridge, a nurse in Stobart's Hospital arrived on the eve of the retreat of the Serbian Army in

the fall of 1915. Although her narrative contains detailed descriptions of Serbian life, she paid attention to the fortitude of the British women during the evacuation through Montenegro and Albania (Hallet, 2016, p. 41).

Conclusion

The connection between the British women's writing of their experiences in the Balkan war-zone and the suffrage movement was known even to their Serbian contemporaries. Milan Ćurčin (1916), literal critique, and poet who stayed in London between 1916 and 1918, published a pamphlet stating that he did not "believe in Women's Suffrage—except for the women of Great Britain," since "this War made [him] see that British women must have the public privileges of men when their work and services are accepted for the public good like those of men" (p. 3). The 'otherness' of *Orientalism* and *Balkanism* is echoed in their position in the region that allowed them less structured experience, where they could prove their worth in the war-zone independently from the men-organized, imperial medical corps.

The Balkan experience facilitated the opportunity to prove themselves, just as the British men had been doing for the past century – e.g., Lord Byron and the archaeologist Sir Arthur Evans – the Balkans was a place "for men to build themselves through the challenges of life" (Rokai, 2017, pp. 84–86). The deaths of British women serving in the war zone was a shock that facilitated the success of their suffrage struggle, since it constituted their rights to function as contributors to the governmental decision-making that might lead a military crisis into a war.

Notwithstanding their deeply humanitarian response to a total crisis of WWI in the Balkans, the British women's narratives aspired to show the world their experiences of the military and sanitary crises, where they equaled the men in resilience, resourcefulness, cool-headedness, leadership, and human sacrifice. Some used it as a political manifesto to further their aims in resolving the crisis of the social order through suffrage and pacifism, others employed it for resolving personal, but a very social crisis of feminine identity that, whilst an ideal, also impacted suffrage – if all not pacifists, all of them were feminists. Finally, the British women's narratives on the sanitary crisis in the Balkan war zone during WWI were influenced by their ideals and by those of the social group they identified with, in regard to another crisis occurring around or within them.

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Мелина Рокаи*

БАЛКАНСКА САНИТАРНА КРИЗА У НАРАТИВИМА БРИТАНСКИХ ЖЕНА ТОКОМ ПРВОГ СВЕТСКОГ РАТА

Апстракт: У раду се анализирају писани наративи, сведочанства Британки о санитарној кризи, пре свега о епидемијама у балканској војној зони Првог светског рата. При томе је узета у обзир међусобна повезаност плеторе криза које су биле актуелне у овом периоду и које су значиле и постојање идеолошких агенди међу Британкама, које су утицале на решавање проблема. Војна криза, која је кулминирала ратом, представљала је начин да Британке докажу своју вредност у зонама војне агресије, као предуслов за добијање бирачког права. Здравствена криза на ратом погођеном Балкану била је главна опасност по живот за ове жене, а смрт у епидемији сматрана је најсличнијом смрћу у бици, што је утицало на добијања бирачког права.

Кључне речи: Први светски рат, Британке, суфражеткиње, епидемија

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