

Ellen N. La Motte: The Making of a Nurse, Writer, and Activist

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Abstract. This article examines the early career of Ellen N. La Motte (1873–1961) to trace how her training at the Johns Hopkins Training School for Nurses and years spent as a tuberculosis nurse in Baltimore shaped her perception of tuberculosis prevention and women’s suffrage. Although studies of tuberculosis have frequently alluded to her work, no sustained biocritical discussion of her development as a nurse and scholar exists. Between 1902, when she graduated from nursing school, and 1914, the start of the Great War, La Motte published a textbook and dozens of articles in journals devoted to nursing and social reform and delivered many speeches at local, regional, and national meetings. In addition, as her reputation as an expert in the field of tuberculosis nursing grew, her advocacy for the vote for women increased, and she used her writing and speaking skills on behalf of the suffrage cause. This article assesses how the skills La Motte acquired during these years helped mold her into a successful and respected nurse, writer, and activist.

At the end of September 1913, Ellen N. La Motte, reporting as a special correspondent from London for Baltimore’s *The Sun*, published the fifth of six reports about the tactics, meetings, and trials of militant suffragettes. In it, she described standing on a London street selling copies of the *Suffragette*, the weekly journal of the Women’s Social and Political Union (WSPU).¹ She commented that

there is nothing more enlightening than paper selling For the opinions of those who pass by are not self-contained. On the contrary, their opinions and their antagonism are so strong and so bitter that they wreak them on the person who is quietly offering for sale a paper which stands for justice and equality.²

La Motte's decision to stand her ground and sell the paper despite the abuse hurled in her direction marked a continuation of her interest in and dedication to campaigning on behalf of causes concerned with political justice and the public good.

Prior to embarking for London in summer 1913, La Motte had spent 8 years working as a tuberculosis nurse in Baltimore, where she developed a reputation as an expert in the field, being named nurse in charge of the Tuberculosis Division of the Health Department of Baltimore in 1910.³ As she earned a name for herself regionally, nationally, and even internationally as an antituberculosis crusader, giving frequent talks and publishing often, she increased her participation in the suffrage cause, drawing on the skills she had acquired through her nursing career to speak and write on behalf of votes for women and connecting the power of the vote to the possibility of bringing about the social changes needed to eradicate tuberculosis and other public health threats.

Like many women of her period, La Motte found her way into the public eye through participation in "caring causes," shaping her professional self by speaking, writing, and advocating on behalf of others while using what she learned to build a career and an independent existence for herself. By examining her writings about nursing, published between 1901 and 1914, it is possible to trace her intellectual evolution from a newly minted nurse to a seasoned executive. The only female executive in the Baltimore Health Department when she was hired in 1910, she was able to speak with authority on the national level about tuberculosis and public health policy. By the time she resigned that position in 1913, her nursing experiences had developed and refined her skills as a writer and activist. She eventually drew on that knowledge and experience in her textbook for nurses, *The Tuberculosis Nurse*, published in 1915, her only book devoted to nursing instruction.

After years of accumulating hard-won expertise in the field of tuberculosis eradication, La Motte followed the advice offered in her book that "in the interest both of the nurse and of her work, it does not seem wise to offer inducements for prolonged service."⁴ In a letter to her wealthy cousin, industrialist Alfred I. du Pont, she thanked him for his financial assistance over the years:

I shall never forget that it is owing to you entirely that I was able to give up my work in Baltimore and to have the leisure to undertake the work that I had always wanted to do, that is, write. Without you[r] help all these years that would have been impossible. I should have just had to go on doing work which finally grew to be dull and mechanical.⁵

Although nursing became “dull and mechanical,” activism and reform did not, and La Motte took with her the skills as a speaker and writer she had nurtured during her years as a nurse and continued to employ them on behalf of other public health-related issues.

Before Johns Hopkins

Ellen Newbold La Motte was born in Louisville, Kentucky, in 1873 and was brought up in Kentucky and Virginia.⁶ Her parents were transplants from Pennsylvania and Delaware. Her father, Ferdinand Lammot,⁷ or Ferd as he was known to his family, was orphaned by age 5 years and left to the care of his father’s sister, Mary Augusta Lammot Hounsfield. Another sister, Margaretta Elizabeth Lammot du Pont, had married Alfred V. du Pont in 1824. With the growing gunpowder business and other enterprises, the du Pont family was an important resource for Ferd as he sought career options outside Delaware. Ferd’s grandfather Daniel Lammot, father of Mary and Margaretta, was involved in manufacturing in southeastern Pennsylvania and was a business associate and friend of the du Ponts, indicating that the ties between the Lammots and du Ponts were long-standing.⁸ In fall 1865, Ferd wrote to his cousin Alfred asking for some kind of position “in a house in the West.”⁹

This network between the Lammot and du Pont families served Ferd well, eventually landing him in the paper business with the du Ponts and Edgar Hounsfield, Mary Augusta’s son, in Louisville. Shortly after Ferd’s arrival in Louisville, Bidermann du Pont, Margaretta’s son, reported in a letter to his mother that he was “much pleased” with the young man and was certain that “henceforth he can take care of himself.”¹⁰ The degree to which Lammot lived up to Bidermann’s expectations is not entirely clear. Records show the family moving frequently in Louisville, perhaps for financial reasons or perhaps to accommodate the births of their three children.¹¹ Eventually, Ferd left Louisville, spending some time in Minnesota before settling in New York State in the early 1890s, where he and his son went into business manufacturing boxes. At this time, Ellen moved to the Brandywine Valley in Delaware to live with her cousin, Alfred I. du Pont, and his first wife until her departure for nursing school in the late 1890s.¹²

As La Motte was coming into adulthood, she presumably lived a life typical of middle-class women of the late 19th century, perhaps devoting time to domestic affairs, family life, and civic causes. Whatever that life consisted of, it must have been insufficient for her in economic and personal terms, for when

the thread of her story is picked up in 1898, she is applying to the Johns Hopkins Training School for Nurses. Notes by Georgina Caird Ross, second assistant in the school at the time of La Motte's application, comment that La Motte was "most attractive, very handsome & ladylike."¹³ Johns Hopkins was distinct from many training schools in the late 19th century in that it attracted women who tended to be well-educated and from families with some social status.¹⁴ La Motte was undoubtedly very much the kind of woman the school was eager to admit: She was White, middle-class, and with important family connections.

Like many women applying to Johns Hopkins,¹⁵ La Motte experienced conflict with her family over her decision. She had to defer her entrance, explaining in a letter that "my family objects bitterly to my going to the hospital, and have demanded of me that I wait six months before going."¹⁶ In her entreaty to be allowed the deferral, La Motte clarified that if she did not wait, she was in danger of having "an utter and absolute break in all my relations with my people—a complete burning of ships."¹⁷ Whatever pressure her family brought to bear during this period, she did indeed begin the training course 6 months later, determined, as Ross recorded in their initial interview, to "make something out of her life."¹⁸

In her formal letter of application, La Motte stated that she had "never had any occupation at all,"¹⁹ a situation she was willing to take dramatic action to correct, even at the risk of inciting serious disagreements with her family. The prospect of familial discord was worth it, for she chose well when she decided on the training school at Johns Hopkins. By the late 19th century, the professionalization of nursing was well under way, and it offered her the opportunity to learn patient care while being exposed to the legacy of influential women who were elevating the status of nursing and carving out careers as activists and reformers.

Johns Hopkins and After

An examination of La Motte's movements and early writings (1901–1906) reveals that she was keen to establish her professional footing by sharing her scholarly interests through publication and developing her career in dynamic ways. Apparently free of obligations, she moved and changed jobs several times after graduation in May 1902. A supervising nurse for the 1902–1903 year²⁰ at Johns Hopkins, she left for Italy in January 1904, where she took a break before assuming charge of a private patient.²¹ On her return to the United States, she moved to St. Louis in 1904, taking a position at St. Luke's

Hospital²² before returning to Baltimore in June 1905 to commence the work that would occupy her for the next 8 years.²³ Developing her public voice throughout this period, La Motte produced multiple articles exploring the history of various European hospitals and nursing practices abroad. These fledgling efforts furnish a glimpse of the intellectual and professional interests that absorbed La Motte and shaped her future scholarly concerns as she began wage earning for the first time in her late 20s.

La Motte began publishing as early as 1901, when “Early Struggles With Contagion” appeared in the *American Journal of Nursing*. The article documents La Motte’s interest in medical history, particularly the origins of diseases. To open, she describes how virulent diseases such as leprosy and the plague “were combated only by the religious rites and impotent methods of ignorance.”²⁴ Published 4 years before she would embark on a career in tuberculosis nursing, the statement points to an issue on behalf of which La Motte would spend much of her professional life as a nurse: fighting ignorance and disease through education. Her faith in science combined with the forces of education led her to declare at the end of the article that “the natural growth of better sanitation and hygiene [are] bringing us within sight of the day when those diseases which for centuries have held humanity in subjection shall themselves be brought into subjection and under control.”²⁵

This optimistic view of humanity’s power to subdue and manage threatening diseases would eventually be tested and tempered by her experiences with the urban poor in Baltimore, yet her last written statement on tuberculosis, *The Tuberculosis Nurse*, echoed this position 14 years later; in it she theorized that “the sole way of overcoming it [tuberculosis] is to overcome the ignorance concerning its nature, its transmissibility, and the means by which it is spread.”²⁶ Although the methods she promoted to eradicate ignorance would undergo permutations during her career, she steadfastly perceived her goal as a nurse to be combating and curing ignorance.

Before La Motte became intensely focused on the tuberculosis problem between 1905 and 1912, she sought opportunities to share her research interests. Her articles published between 1904 and 1906 are concerned with describing hospitals and nursing practices in France and Italy. Her attention in these pieces tended to be on evaluating hospitals and nursing staffs according to the standards she learned at Johns Hopkins, revealing the degree to which she had internalized the professionalism espoused there. These concerns demonstrate that she was well-schooled in the debates about the professionalization of nursing and that she viewed her writings as an opportunity to make the case for the value of a trained nurse. Her overview of the Galliera Hospital in “A Modern Italian Hospital” reveals some of her professional preoccupations. At one point,

while describing the layout of the hospital, about which she was generally positive, she incredulously explained that in the head sister's office, there was a window from which the sister could see all that happened in the main ward. She remarked, "One could imagine the glances that might be fired through this little port-hole—also having to work with such a veiled, omniscient eye fixed constantly upon one."²⁷ Clearly, the idea of being under invisible supervision was something against which La Motte chafed and an indication of her thirst for independence, something she would seek by going into public health nursing, recognized as the type of nursing that allowed the most autonomy.²⁸

La Motte's subsequent remarks, however, clarify why such a window might be necessary when she explained that the "actual nursing care" was left to "men and women of the lower classes."²⁹ These "infirmarists" received some minimal training by doctors, "a beginning step in the right direction" and "a recognition on the physician's part of a requirement for nursing skill and efficiency that has hitherto never been felt."³⁰ However, it was questionable whether potential patients would value any effort to train such amateurs. "Private Nursing in Italy" described a female patient who used nurses as servants, ignorant of the medical knowledge they could employ to assist her. La Motte analyzed the patient's behavior by explaining, "A nurse of my caliber she could not understand and had no use for—she preferred to order a servant and to ask of a medical man."³¹ La Motte saw this woman as an example of "a type—a type of the public here which is yet uneducated as to what offices and intelligences may be combined in the person of a *trained* nurse."³² The effort to introduce trained nursing into this environment would necessarily fail unless the patient too was trained to understand and use the abilities of experts such as La Motte, discarding the perception of the nurse as a "domestic servant."³³

La Motte further distanced the nurse from this image of a domestic drudge when she praised the "directress" of the Hôpital Général in Rheims, France, whom she described as "a woman of great executive ability."³⁴ She applauded the woman for organizing "as a first step in the reform [of the hospital] a violent crusade against dirt."³⁵ Having visited the hospital 2 years earlier, La Motte gave it high marks for having made enormous progress, in large part because of the organizational skills of the aforementioned woman. Her attention to this aspect of hospital management is telling. La Motte, intelligent and ambitious, had plans for her own career that would combine the practical training she received as a student at Johns Hopkins and the executive ability she saw in the leading women in nursing, many of them at one time associated with Johns Hopkins, such as Isabel Hampton Robb, Lavinia Dock, and Adelaide Nutting, whose writings and advocacy in the realm of public health undoubtedly affected the trajectory of La Motte's career.³⁶

Another primary concern in these early articles was to offer advice to those wishing to work in Europe, reporting on the practicalities nurses would need to think about before embarking on such an endeavor. La Motte emerges as a credible professional who had the authority bestowed on her by her Johns Hopkins credentials as well as those of a hands-on practitioner. She explained her decision to nurse in Italy, commenting that

there are those of us . . . who get tired of working in our own particular town, and who think that nursing in a foreign country, in a different atmosphere, and amid novel surroundings would be equally profitable and perhaps more diverting.³⁷

This passage communicates the restlessness that marked La Motte's life, a quality that pushed her to leave Baltimore, where undoubtedly she could have found work with her education and connections. It also suggests that having graduated at most only 2 years earlier, she already had tired of the professional opportunities afforded by that community, preferring to strike out on her own to fashion a life that would expose her to the unfamiliar. In the event other women were seeking similar opportunities, La Motte methodically took the reader through the challenges of finding patients, ideally American tourists willing to pay "twenty-one to twenty-five dollars a week."³⁸ She enumerated other challenges, both financial and linguistic, to the American nurse, stripping the prospects of nursing abroad of any unmitigated glamor and presenting the realities of finding patients, paying for necessities, and negotiating language barriers. All these obstacles were worth overcoming according to her final enthusiastic remarks, in which she explained, "The hours off duty or between cases I shall make no effort to describe. They are the hours that make everything worthwhile—they are the hours for which one comes abroad!"³⁹ Although La Motte took great pleasure in employing her professional skills in this foreign locale, she did leave Italy, perhaps because of the financial realities she outlined, and returned to the United States, where a year later, she embarked on the next stage of her career, ultimately creating a name for herself as an expert in the tuberculosis crusade and a strong advocate for women's suffrage.

Baltimore and the Crusade against Tuberculosis

La Motte's first step was accepting a position with the Baltimore Instructive Visiting Nurse Association (IVNA) in 1905. Grace Osler, the wife of Dr. William Osler, a physician at Johns Hopkins Hospital and member of the

faculty of the school of medicine from 1888 to 1905, was inspired by the Tuberculosis Exposition held in Baltimore in 1904 to raise funds to support a nurse dedicated to tuberculosis nursing for the IVNA.⁴⁰ La Motte took the position more than a year after the first nurse specializing in tuberculosis care had started taking charge of such patients. She immediately began writing about the work being done in this area, publishing articles in medical journals as well as those devoted to philanthropy and reform. In so doing, she entered into conversations with other nurses who were similarly engaged in efforts to combat disease and carry out sweeping social reforms.⁴¹ These articles trace the arc followed by her positions regarding the prevention of tuberculosis. She initially promoted the promise of education as the most important tool in the campaign against the disease, then rejected the belief that most patients could be educated, thus necessitating the intervention of the state and implementation of a system of surveillance that would oversee and put under its control the tubercular bodies of Baltimore.

In a 1905 article, the first devoted to her new area of concern, La Motte explained that for those stricken with the disease, “very little real nursing care . . . may be given.”⁴² She qualified her statement by explaining that “consumption is a chronic rather than an acute disease, and until the last very few patients are confined to bed,” in which case, the little nursing that could be done for them, such as “a bed bath [and] alcohol rub,” could be provided by a family member.⁴³ At first glance, La Motte appeared to be undermining the highly trained professional nurse’s importance by arguing that the kind of care required by tuberculosis patients could be administered by the untrained. However, she described a more elevated task the nurse had to carry out: “The greater part of the work . . . is instructive and preventive, and means carrying the campaign of education and enlightenment directly into those households in which the disease originates and from which it is disseminated.”⁴⁴ In this comment, La Motte aligned herself with the vision of the visiting nurse as a “missionary of health” who would “translate the knowledge of scientific medicine into concepts of disease prevention and personal responsibility for health.”⁴⁵

The targets of her educational campaign were those living “in unsanitary, overcrowded, and poverty-stricken households,” including “domestic servants, laundresses, [and] dressmakers.”⁴⁶ Her language revealed the crusading spirit that characterized the approach to eradicating tuberculosis taken by many health care professionals. She explained that “the visits of the nurse to these households means [*sic*] bringing the knowledge of sanitary living and preventive care directly into the homes of the people most in need of such knowledge.”⁴⁷ La Motte expressed faith in the power of education carefully transmitted from the individual nurse to her patients, one household at a

time, to produce the desired end: “a neat, well-trained consumptive.”⁴⁸ Her perspective assumed that the ideal nurse was an effective teacher and that the ideal patient was a willing student with the power to effect change in his or her environment, a doubtful possibility given the rigorous discipline La Motte expected patients to exercise following the nurse’s recommendations. Access to fresh air, even in the cold months of winter, resting for long periods of time, eating wholesome and nourishing food, and practicing a careful hygienic regimen to avoid the spread of the disease through sputum demanded resources, in both finances and time, which most of her patients did not possess.

In one article, La Motte included a sketch of a model of Dr. Knopf’s “window tent” on display at the American Tuberculosis Exhibition in New York City in fall 1908. This tent was a popular attraction because of “its extreme simplicity and excellence.”⁴⁹ La Motte spent roughly a third of the article documenting the mechanism of the tent and praising its attributes. Although she found much to admire about it from the nurse’s perspective, it must have been a tremendous hardship for patients to have their faces constantly exposed to frigid or humid air.

Her fascination with restoring health and order to her patients’ environments through the latest innovations was also manifest in her great appreciation for the “exhibit . . . of Miss Damer . . . of the Bellevue [Hospital].”⁵⁰ The exhibit reproduced a tenement room, unclean and in a state of disarray before the nurse’s arrival, alongside a “remodelled” room with “everything neat, clean, and in order, after the visits of the nurse.” In La Motte’s vision, the individual nurse wielded potentially great transformative power. She could reorder her patients’ worlds, removing filth and illness through her educative efforts. La Motte did give some attention to structural issues that came into play in this remaking of the tenement. She mentioned that in the “after” version of the room, there was “a window . . . in accordance with new tenement-house laws,” acknowledging that the nurses’ efforts needed to work in accordance with legislation to improve the living conditions of the poor.

However, in her early writings, La Motte did little more than allude to the broader economic and social issues that needed to be addressed to eradicate the disease; instead, she expected the individual nurse’s efforts to bear fruit, even advocating for coercive measures such as exploiting food to compel patients to follow the prescribed regimen. Charity agencies in Baltimore often provided milk and eggs, at the time the foods best believed to boost the weight and health of tubercular patients, to those who could not afford them. La Motte saw such organizations and nurses working in conjunction so nurses could control the stream of food to needy patients. She observed that the supply of milk and eggs “renders it possible for the nurse to bring about changes in his mode of life

which she could not otherwise accomplish.”⁵¹ For example, when a patient did not follow the nurse’s advice regarding hygiene and access to fresh air, she might “hint that they [milk and eggs] will be withdrawn if he is not able or willing to fulfil his share of the compact.” Although admitting in this sentence that there were patients who could not exercise sufficient control over their environment to comply with the recommendations, she did not follow up with analysis of the conditions that formed the obstacle; rather, she commented blithely, “It is unfortunately true that there are numbers of patients who can only be reached by this means.” For La Motte, then, coercion and even actual withdrawal of nutritious food from patients whose bodies in the ideal nurse–patient relationship are of primary concern was a legitimate form of “care.”

The concept of care in La Motte’s writings defies the stereotype of the nurse as an “angel at the bedside,” expressing her maternal instinct through careful nurturing of her patient’s body and spirit. La Motte’s writing makes clear that her tubercular patients were obstacles to the health of her real concern: the larger community, in this case, Baltimore. At the end of the 1905 article, she observed that with few exceptions, most of the patients with tuberculosis were “doomed,” yet the public should continue to have faith in the labor of the tuberculosis nurse because “the benefits of this work are not for him, but for the community.”⁵² Most of the tuberculosis patients were among the working poor, many of them immigrants and African Americans clustered in the slums. From La Motte’s perspective, these individuals were not part of the community that needed protection but a source of contagion to be controlled and neutralized. In many ways, her language regarding the working poor and African Americans mirrored that used by many reformers of the period who saw these “others” as a menace to White middle-class society.⁵³

La Motte’s view of the poor with whom she worked was also reflected in another kind of writing she was doing during this period that emerged from her nursing experiences. In “Humor of the Districts,”⁵⁴ she mined her interactions with the urban poor for a series of sketches featuring a nurse and her patients. Published in the “Stray Bits” section near the end of the alumnae magazine and in the “Loose Threads in a Skein” section of *Charities and the Commons*—also near the end of that week’s publication—the sketches intended to provide a bit of entertainment for readers who perhaps, like La Motte, were in need of a humorous respite from the rigors and fatigue of their professions. She explained in a prefatory remark to the first set of sketches published that

all of the following little stories are true and have come within the experience of the district nurse, in her rounds among the patients. These little incidents have done much to lessen the tension of difficult days and to brighten those which seemed rather

too full of the sufferings of these “district people.” In all cases, the humor was unconscious on the part of the people themselves, and therein lies its greatest charm—the quaint and ingenious manner of thinking and feeling, which it is the nurse’s privilege to come closely in contact with and to appreciate.⁵⁵

Although La Motte claimed she cherished her relationship with the poor of “the district,” the sketches themselves belie that idea; La Motte mocked her patients, imitating their accents and exaggerating the informalities of their speech. African Americans appeared frequently, men such as “Big Aleck,” described as “a fine old negro of the old type” who was perplexed when the nurse asks his age. He responded, “I don’ know ’m, I wuz bo’n in slavery, but once when our church got afire, ’bout twenty years ago, ma age done got burnt up.”⁵⁶ La Motte intended for his response to communicate a folksy humor, inviting the reader to laugh at the simple response of the patient. It is unsurprising that she would possess the prejudices of so many of her class and race. However, given her rising status in the field and frequent participation in public conversations about public health approaches to tuberculosis, it is important to consider how her perceptions of class and race were brought to bear on her understanding of the disease and how they affected her understanding of the causes and prevention of tuberculosis.

It is evident that after “three years’ experience among the poor of Baltimore,” her faith in education was eroding.⁵⁷ In her 1908 presentation at the Sixth International Congress on Tuberculosis, she essentially proclaimed the failure of education as a tool to reach the vast majority of tubercular patients. Always blunt in style, she wrote her speech to provoke her audience, using stronger language than in her earlier writings to describe those she claimed could not benefit from education because “their moral as well as their physical resistance is low—a fatal combination.”⁵⁸ She proclaimed that “the day-laborer, the shop-girl, the drunken negro . . . are by nature weak, shiftless, and lacking in initiative and perseverance.”⁵⁹ She clearly brought her class and race assumptions to bear in her interpretation of the behavior of the poor, but she also acknowledged the problem of the environment, pointing out that “the crowded quarters in which these people live mean inevitable contamination of the patient’s household.”⁶⁰ While considering how individuals and social conditions intersect to spread tuberculosis, she concluded that education is “a method that depends on its usefulness on the possession of certain mental and moral qualities, combined with the financial means of maintaining a certain standard of living.”⁶¹

Because so few people had this golden combination, education, something she had spent 3 years promoting, was of extremely limited use. Rather

than extending her analysis to examine the root problems of crowded and unsanitary living conditions, a logical target of her zeal for reform, La Motte instead advocated in the last brief paragraph of her presentation for a different approach. She suggested that “the homes of the poor should be regularly and competently inspected,” and when a case of tuberculosis was detected, “the State should step in and protect the community by removing from it the source of contagion.”⁶² The energy of her writing and activism from this point forward was directed at pointing out the shortcomings of her earlier position, arguing for stringent forms of social control aimed at rooting out tubercular patients and putting them under the surveillance of the state in sanatoria. She again favored coercive measures, this time, those that could be implemented on a wider scale. Recognizing the failure of attempting to prevent the spread of tuberculosis through individual efforts, she began advocating more frequently and vocally for structural changes involving local and state agencies to legitimize and legalize coercive measures, enabling health care professionals to better control patients’ diseased bodies.

Not all her peers in the antituberculosis crusade agreed with her position. As historian Jessica Robbins observes, La Motte “called for an approach that radically deemphasized traditional nursing values of providing compassionate care for individual patients in favor of a single-minded focus on containing infection in the population as a whole.”⁶³ This distancing of the nurse from her patient clearly made some of La Motte’s peers uneasy. Robbins traces how at the Twelfth Annual Convention of the Nurses’ Associated Alumnae of the United States in Minneapolis in 1909, other responders suggested that education still had a role to play in prevention and could be used to keep patients in their homes,⁶⁴ although their protestations were often fueled by a practical recognition that there were not enough beds in institutions. Although Robbins correctly suggests that these nurses maintained their faith in education as a useful tool, some nurses were not advocating for the continued teaching of preventive measures to people in their homes; rather, they were suggesting that education be put to a larger use. Nutting, for example, stated that “we want better housing conditions and we want better wages for our children. When children receive this instruction they are going to demand better homes and higher wages.”⁶⁵ She saw educating the next generation of reformers and advocates as one way to change the structural conditions undermining the fight against the spread of tuberculosis.

The discussion over the efficacy of education and the need to segregate patients in sanatoria continued in the *Journal of the Outdoor Life (JOL)*, the monthly publication of the National Association for the Study and Prevention of Tuberculosis. La Motte’s talk at the 1908 International Congress on

Tuberculosis was printed in the April 1909 edition of *JOL*, and the presentation of Mary E. Lent, La Motte's coauthor, long-time friend, and head of the IVNA of Baltimore, appeared in the journal in September. Lent's position echoed La Motte's; she proposed that many patients could not apply what they learned about preventing the spread of their disease because of a "lack of sufficient moral strength" and a "lack of the material necessities and requisite surroundings."⁶⁶ She ultimately argued that "the true function" of the nurse was to reveal to "the general public . . . the conditions that render futile the present efforts to eliminate the disease" and to convince patients that "removal to a comfortable and attractive hospital" was a necessary and beneficial step.⁶⁷

Mabel Jacques, the first woman in Philadelphia to serve as a tuberculosis nurse for the Visiting Nurse Society, also presented at the International Congress. As historian Barbara Bates notes, Jacques later critiqued Lent, and La Motte implicitly, for neglecting to consider the happiness of the families she attended and advocating for institutionalization of advanced cases, even when it meant separating family members.⁶⁸ In the November 1909 issue of *JOL*, Jacques wrote an explicit reply to Lent's position, chiding her for believing it was possible to alter the "habits and customs of generations . . . in four years."⁶⁹ She urged her to be more patient and to persist in the effort to educate patients; the payoff would be doing away with tuberculosis and "promoting happiness, that great factor of health, which cannot too often be brought to mind."⁷⁰

Jacques's position took for granted the importance of the family and the concept of happiness, yet, in her writings about tuberculosis, La Motte never prioritized the welfare of the individual, a move that would have contradicted her insistent demand that the nurse's only object of concern was the public's health. In fact, when she discussed the parent-child relationship, she attacked the affection parents show their children, which ultimately spread the disease through cuddling, calling it "the sheer brute affection of the ignorant and selfish."⁷¹

It is evident in subsequent articles that La Motte was not swayed by arguments by Jacques and others that individual rights and familial relationships needed to be safeguarded during the fight against tuberculosis; rather, in subsequent publications, she returned in full force to her articulation of the failure of education. To bolster her arguments about the dangers posed by the uneducated poor, she employed a rhetorical strategy common to reformist writings: documentary photographs. In a coauthored article, La Motte and Lent explained the role of photographs: They "are herewith reproduced in the hope that they will serve without further comment to demonstrate fully the facts which lead us to the conclusions stated above."⁷² The people pictured,

primarily African Americans or immigrant Whites, were supposed to convey by their racial and ethnic otherness their danger to the larger community, yet the photographs revealed nothing about the subjects' supposed ignorance and inability to manage the symptoms of their disease. They were often carefully dressed, clustered in posed group shots, and faced the camera, indicating their clear intention to cooperate with the photographer's wishes.

With their choice to include these kinds of photographs, Lent and La Motte were aligning themselves with the work of photographer Lewis Hine. Hine was famous for his social documentary photography, particularly his series taken for the National Child Labor Committee from 1906 to 1918. His photos were printed in *Charities and the Commons* and its successor *The Survey*, publications with which La Motte was familiar and in which her own work appeared. As a reader of these publications, she would have learned the typical characteristics of the photodocumentary essay. It is clear that she was interested in employing the form to buttress her argument regarding the need for more drastic action to curb tuberculosis.

According to historian George Dimrock, critics understand Hine's tendency to photograph his subjects, child laborers, in the forward-facing positions "as evidence of Hine's sensitivity toward and respect for those whom he photographed."⁷³ Dimrock, however, argues against this interpretation by situating the subjects of the photographs, the working poor, in relation to the photographer, a representative of the middle class. Because of this class dynamic, he asserts, "The family members look back at the camera because they have been told to do so. Their gazes remain unproblematic because they do not have the power to contest the authority and presuppositions of the man behind the camera."⁷⁴

La Motte did not possess the authority granted to middle-class males such as Hine, but she had the authority derived from her nurse's uniform—a uniform that granted her access to people's homes where she could ask questions about their private lives and economic situations and make recommendations about how they should change their lives to curb the disease. She was aware of the authority she and other nurses possessed in relation to their patients and urged them to exercise it:

Authority is a term somewhat subtle in its definition—it means that hint of power, or sureness, of knowledge, which enables one to speak with a confidence which transmits itself to others, and compels them to accept one's point of view.⁷⁵

That authority came to bear on her patients/subjects in these photographs. In his work, Hine represented people on whose behalf he was advocating,

although, as Dimrock argues, within a specific power dynamic. Nonetheless, the children featured in his photographs were supposed to arouse compassion and anger in viewers and to prompt them to advocate against child labor. La Motte, on the other hand, used the images of the people on whose behalf she was theoretically advocating to arouse fear and anger against these same people. It is hard to imagine a scenario in which any of these people would have wished to cooperate, had they known that their images were destined to be used as a visual representation of the menace they posed to society. Using this visual appeal, La Motte and Lent vigorously argued that

in no other instance today is the safety, well-being and happiness of thousands of the strong, intelligent and competent members of the community made to depend upon the weak, ignorant and helpless—a reversal of the proper order of things that reduces the situation to an absurdity.⁷⁶

These photographs worked to restore the proper social order with her White middle-class contemporaries exercising forms of control over those socially, racially, and economically inferior to them.

La Motte and Lent articulated the role of the nurse in this process as follows: “to discover and bring before the public the conditions which hinder the effectiveness of her work and prove the necessity of its being supplanted by more radical measures.”⁷⁷ If the nurse was an optimistic educator in La Motte’s earlier formulations of her professional role in the fight against tuberculosis, she was now a mediator of social control, a representative of her class and race interests who could use her position to coerce those who threatened the rest of the community.

La Motte also explored the power of the camera in “Strawberries—Strawberries,” published in *The Survey* in 1909. In this piece, she fully took on the role of investigative journalist as she documented the living conditions of migrant workers, primarily poor immigrant Whites and African Americans who left Baltimore to earn extra money during the spring strawberry harvest. La Motte’s position as a tuberculosis nurse acquainted her with this annual migration of “a large number of the consumptives under her observation,”⁷⁸ but she did not trek to the country to document the conditions there or to provide care for patients. Rather, her advocacy was brought to the pages of *The Survey*, where readers could witness the conditions for themselves and then mobilize to bring about change if so motivated.⁷⁹ Her approach to instilling a sense of outrage in her readers was to detail the living conditions of these temporary workers. She described huts constructed like “stable[s]”⁸⁰ where people were housed like animals in cramped and filthy conditions. Photographs of

the exteriors and interiors of the huts and people clustered in groups in front of them appeared on every page of the article, visually reinforcing the terrible living conditions so conducive to spreading tuberculosis.

La Motte explained that some of her White subjects objected to these photographic intrusions because they “were ashamed”; they would only allow La Motte and her unnamed companion(s) to enter after “constant urging” and “flatly refused to let them [their quarters] be photographed.”⁸¹ Although this hesitation was inconvenient to La Motte’s purpose, she grudgingly admired this pride, in contrast to “colored people” who possessed “no consciousness of their demoralized living conditions. They showed us their quarters with alacrity, good-naturedly laughing at their shortcomings, and were only too glad to be photographed.”⁸² For La Motte, the power of the camera served to reinforce her existing prejudices and became a tool to gauge the morality of her subjects.

The end of the article picked up energy as she summed up her main points of concern, highlighting the fact that poor living conditions were encouraging the spread of tuberculosis and undermining any benefit of being outdoors in fresh air. She returned to her concern for the larger community by pointing to the danger of having consumptives pick berries that would be consumed raw by customers, potentially providing a source of contagion. She issued a familiar warning: “The welfare, therefore, not only of those who actually engage in this occupation, but also of the rest of the community demands that some method be adopted of improving the conditions.”⁸³ The urgency to act is communicated by the final two photographs, in which groups of White pickers were assembled in larger numbers than in the previous photographs, instilling in the reader, through their sheer number, a sense of urgency to act against this menace.

La Motte’s ability to advocate against tuberculosis, and for her particular solution of removing patients to sanatoria, was augmented when she joined the Baltimore Health Department in 1909. Her first report to the department dates from that year, when she submitted a report to James Bosley, the commissioner of health, detailing the work she and another nurse had done since April. Their job “was to arrange for fumigation of houses in which there had been tuberculosis, the houses having become vacant either by the death or removal of the patient.”⁸⁴ In 1910, the department expanded the tuberculosis division, and La Motte began work as the nurse in charge, overseeing the work of the 15 special nurses whose job was to ferret out, report, and manage tubercular patients.

La Motte’s wish for a better organized system of surveillance came to fruition with the creation of this division. In one of her last published articles about

tuberculosis, she took a more conciliatory tone than in articles published in 1908–1911. Rather than using the strong tones of a crusader, La Motte wrote as a confident administrator. Although still taking the position that advanced tubercular patients should be removed from their homes, she acknowledged more thoroughly the role of social conditions in the production and control of the disease. For the first time, too, she admitted that poverty did not determine the carefulness of a patient and that municipal nurses cared for patients from all economic classes who exhibited varying degrees of conscientiousness in the management of their illnesses.⁸⁵

The reason for her measured tone was perhaps that from her administrative position, she saw less of the patients and more of a broad view of the forces at work in the spread of tuberculosis. She was now writing as a voice for the municipality and focused on “those measures instituted by a city or community by which it attempts to rid itself of tuberculosis.”⁸⁶ Given her new position, she was no longer as concerned with the care an individual nurse could extend to a patient; rather, she was preoccupied with creating and managing a system with which the disease and patients in its various stages could be methodically overseen. She argued for the three things a community needed to combat tuberculosis: nurses, dispensaries, and hospitals. The nurse in particular had a unique role to play as “the great go-between between the physician and the patient, the patient and the institution.”⁸⁷ She emphasized the need to hire “strong, intelligent, and well-trained women”⁸⁸ for this particular kind of nursing. They had to have not only the expected medical skills but also a “strong personality . . . to combat opposing and frequently hostile opinions, and to bring those opinions into co-operation.”⁸⁹

Toward the end of her tuberculosis nursing career, La Motte came to see the tuberculosis nurse as someone who also needed to be an effective social worker. She argued that it was a waste of money and resources to have both nurses and social workers visiting the homes of tubercular patients and that the skills of the two could and should be combined in the person of the tuberculosis nurse. She could easily receive training through a course or field experience to supplement her medical knowledge.⁹⁰ La Motte envisioned the tuberculosis nurse becoming a highly skilled organizer who could coordinate fulfilling a patient’s medical and social needs with working for the betterment of the community’s health. In *The Tuberculosis Nurse*, she also recognized that because of the complexities involved in working with social agencies, charities, and the medical establishment, the experienced tuberculosis nurse would be well-prepared to assume executive positions in other realms,⁹¹ drawing attention to the way she was imagining new professional opportunities for herself and other women both in and outside nursing.

La Motte was clear that the career of the tuberculosis nurse must be a short one. She believed that the demands, both physical and mental, of the job meant that it was “not good as a steady occupation.”⁹² Rather, she advocated for accumulating knowledge and experience and using them as a springboard for other kinds of jobs. La Motte chose to exercise her organizational and executive skills outside nursing by using her writing and speaking abilities to advocate for women’s suffrage. From 1910 until her departure from Baltimore in 1913, she became increasingly engaged in the fight for the vote and entered into very public and sometimes controversial debates about granting women voting rights.

Nursing the Suffrage Cause

By early 1910, La Motte was involved in a suffrage organization in Baltimore, the Just Government League of Maryland. At the time, Mary Lent was president of the organization and Florence Sabin, a 1900 graduate of the Johns Hopkins Medical School and the first woman to serve as a faculty member at the university, was the corresponding secretary.⁹³ Baltimore had a vibrant activist community devoted to the suffrage cause, and Johns Hopkins women were an important part of it, lending their speaking and writing skills to raise awareness of the importance of recognizing women as political equals. Intelligent, articulate, accustomed to public speaking, and familiar with organizing and advocating on behalf of health-related causes, women such as La Motte used the skills they had acquired and sharpened through nursing to advocate for change in the public sphere by fighting for women’s right to vote.

La Motte’s involvement with suffrage coincided with her maturing career in tuberculosis nursing, particularly her executive position with the city health department. Between 1910 and 1913, she was an active speaker for the cause, frequently giving lectures and helping to organize events and using her writings skills on behalf of suffrage. *The New Voter: A State Periodical of Fundamental Democracy and a Narrative of the Evolution of Woman Suffrage*, published by the Equal Suffrage League of Baltimore, was launched on November 15, 1910, with Mary Bartlett Dixon, a 1903 graduate of the Johns Hopkins Training School,⁹⁴ its assistant editor. Several suffrage organizations, including the Just Franchise League of Talbot County, the Political Equality League of Baltimore County, and the Just Government League of Maryland, had representatives on the advisory and editorial boards of *The New Voter*, with La Motte representing the Just Government League.

The purpose of the publication was straightforward. Elizabeth King Ellicott, a wealthy suffragist who gave financial support to the cause, explained the goals as follows: “to promote the enfranchisement of women in this State, and to give the latest suffrage news throughout the world.”⁹⁵ The writers and editors wished to promote work at the local and state levels but tied that activity to the international movement by making an appeal to “universal sisterhood.”

The periodical, like many of the efforts of middle-class White women in the suffrage movement, understood suffrage as a way to empower women of their class and race to make changes in society, often perceived as “social housekeeping.”⁹⁶ The women involved in the *New Voter* saw their role as such articulated in the first issue, in which Mayor J. Barry Mahool of Baltimore was praised because he “thinks women’s votes will be of practical assistance in keeping the city clean.”⁹⁷ Embracing a nonthreatening role as defenders of the city’s moral, social, and physical hygiene, the suffragists made no radical challenges to the way race and class affected women’s lives, promoting instead their own middle-class reformist concerns and objectives for society.⁹⁸

Baltimore suffragists refuted the militant tactics, such as window smashing and arson, used by the WSPU in Great Britain. On her 1909 visit to the United States, Emmeline Pankhurst gave a speech in Baltimore. According to the coverage in *The Sun*, in contrast to the upset in Great Britain caused by Pankhurst’s organization, “the agitation in the United States has been marked by no turbulence, and our suffragists have been content to conduct their campaign decorously and with due deference to the judgment of enlightened and discriminating public opinion.”⁹⁹ The writer remarked about the women of Baltimore in particular that “the fair sex . . . is not crying out for the ballot. Most of our women have no ambition to rush to the polls. They dominate domestic politics and household legislation, and that is all they desire.” Although it is impossible to document how women such as La Motte reacted on a personal level to these patronizing assessments of their political aspirations, their actions speak for them. They began organizing and advocating for the vote with renewed energy, speaking, writing, and marching with increasing frequency in hopes of pressuring legislators to take action on their demands.

The suffrage community was energized by the end of 1909. Perhaps Pankhurst’s visit was a galvanizing force; undoubtedly, her speech and the many other suffrage-related activities in the United States and around the world were discussed and debated by people in Baltimore. During the winter of 1909–1910, several large meetings devoted to recruiting supporters took place, and La Motte and Lent were mentioned in relation to all of them. In December 1909, Lent was elected president of the Wage Earners’ Equal

Suffrage League.¹⁰⁰ In January 1910, La Motte was a lecturer at a meeting of the Equal Suffrage League, which was convening to discuss a proposal it was bringing to the Maryland legislature to allow women the right to vote in Baltimore.¹⁰¹ Lent and La Motte's colleagues were also becoming more enthusiastic about the vote: At the seventh annual meeting of the Maryland State Association of Graduate Nurses, many women pledged to join forces to support the proposal being brought before the legislature through the efforts of the Equal Suffrage League and Just Government League.¹⁰²

On February 16, 1910, hundreds of supporters went to the capital, where they presented the Woman's Municipal Suffrage Bill before the Committee on Elections.¹⁰³ Key speakers were allowed 10 minutes each to make their pitches. Many of the appeals evoked women's traditional roles and qualities such as Julia Rogers' assertion that "we do not wish to 'agitate'—we are Southern women . . . and many of us tremble at the sound of our own voices in public." Lent and La Motte, women who undoubtedly did not tremble at the sound of their own voices, given their extensive experience with public speaking and writing in published venues, also spoke. Lent wisely appealed to the sensibilities of her audience toward nurses, stating, "You men all know nurses, and I think you all like us," a statement that, according to the columnist, "established a cordial entente" as she began making her argument for why working women needed the vote. La Motte too spoke, bringing her knowledge of tuberculosis to the fore in a speech titled "Tuberculosis and Improved Sanitation." Notwithstanding this well-organized and well-supported effort—the petitioners brought more than 173,000 signatures to the committee—the bill was tabled and no action taken.¹⁰⁴

Despite this setback, La Motte's involvement continued in the following years. She gave a speech to the Men's Guild of Garrett Park Episcopal Church in which her primary purpose was to make a case for why women needed a political voice to combat the corruption of judges in Baltimore City courts. She attested that, as she observed having frequently attended trials, "when a man is accused of having wronged a young girl almost invariably he is acquitted or else the punishment inflicted is very slight."¹⁰⁵ She brought her awareness of the way gender affected justice to her column, "Court Proceedings" or "Justice," initiated in the second issue of the *New Voter*. Its stated purpose was "to review, issue by issue, all cases of a certain class that come up for trial in the Criminal Courts of our city."¹⁰⁶ Although no author was listed, the first issue advertised that La Motte would be writing such a future column.¹⁰⁷ The article analyzed the law and its evolution, explaining that "we may find upon the statute books laws which are not the expression of the will of the whole people, but which are merely the expression of the will of a certain group or class of people. Such legislation is called class legislation."¹⁰⁸ La Motte explained that

she was “not concerned so much with the punishment of the criminal as with the protection of the community.” This position echoed that expressed in *The Tuberculosis Nurse*, where she unequivocally argued that

nurses . . . fail to recognize the real issue, and think that it is the actual care of the patient which is the thing to be considered. This is totally wrong—we work through the patient to gain our ends, but he himself is not the main object.¹⁰⁹

From her perspective, the patient was only a means of ensuring the health of the community. In the case of the courts, she asserted that safeguarding the community could be carried out by examining one class of crimes in particular: those in which “the aggressor is always a man and the victim is always a woman or child.”¹¹⁰ Such cases involved “bastardy” and “carnal knowledge,” with the male offenders receiving light sentences or none at all. She highlighted the absurdity of a professed criminal being declared not guilty, as in the case of “Geo. Proper . . . accused of selling liquor to minors. He confessed to being guilty. Verdict rendered, *not guilty*.”¹¹¹ In addition to analyzing gender inequality in the court system, she also questioned the role of race in determining sentencing when she invited the reader “to see how it fares when a White man is accused of a similar charge,” after discussing several cases involving African American men who received sentences longer than those typically awarded for “felonious assault.” Whether attempting to rectify gender or racial inequality in the justice system, La Motte believed, like many of her generation, that enfranchising women would provide the “cure” for these social justice ills.

The supporters of suffrage continued their legislative fight, banding together to present a bill to the Committee on Constitutional Amendments in early 1912. Members of the Just Government League of Maryland, the Equal Suffrage League, the Maryland State Woman Suffrage Association, the Men’s League for Woman Suffrage, and the College Equal Suffrage League traveled to Annapolis en masse to give speeches, including one by Lent, and to draw attention to the bill.¹¹² Despite this united effort, the bill did not receive committee support and was voted down when it was presented to the House of Delegates the next month, the delegates making familiar and patronizing arguments about how “woman . . . should be permitted to remain the pure, loving, noble gentle creature that she is.”¹¹³ Voting would potentially have led to women entering public life more frequently, resulting in their going to “bar-rooms and similar resorts” where they would have been coarsened by exposure to “insults” by men. William T. Warburton, “Republican floor leader,” even gave as an example of this coarsening an incident in which the president of the Just Government League refused to shake his hand because she judged him

“a coward.” Women such as Lent and La Motte were undoubtedly familiar with the way the femininity of politically engaged women was put into question, particularly that of childless working women like them. One delegate even suggested that the logical explanation for why a woman would have the time and interest to attend a legislative hearing had to be that she did not have children.

At the same time that their femininity was cast into doubt, their professional lives were also potentially affected by their political activities. When the Instructive District Nursing Association of Boston (IDNA) was looking to hire a nurse to take charge of the organization, Ellen Phillips Crandall, after turning down the job, highly recommended that Mrs. Katharine B. Codman, the president of the organization, hire La Motte, explaining that she “is well educated, writes ably and speaks with ease and force.”¹¹⁴

Although Crandall admired La Motte’s ability to speak forcefully, others, especially the society women involved with public health nursing and reform efforts, such as Elizabeth King Ellicott, were more hesitant about her strong personality even as they praised her nursing and executive skills.¹¹⁵ One writer, Gertrude W. Peabody, cautioned that La Motte “is a rabid suffragist as is Miss Lent who was so carried away by the cause that she had to be spoken to by the V. N. [Visiting Nurse] authorities.”¹¹⁶ Peabody, however, reassured Codman that since then, Lent “has been subdued.”¹¹⁷ The subduing of Lent may have been overstated; an examination of her activities in fall and winter 1911 and later reveals that she continued to speak about public health issues and to stump for suffrage in public ways, although she did not look to militant activity as La Motte eventually did in 1913.

La Motte did not accept the IDNA offer but opted to stay in Baltimore to continue her tuberculosis work and advocate for women’s political rights, increasing her activities in 1912 and 1913. In summer 1912, she served as chief marshal of a large suffrage parade in Baltimore, directing participants and marching alongside Dr. Anna Howard Shaw, president of the National American Woman Suffrage Association (NAWSA).¹¹⁸ The parade was hailed as “the greatest suffrage parade in Maryland.” Thousands of people marched and watched as a woman dressed as Joan of Arc and mounted on horseback led other women on horses, in chariots, and on foot to the convention hall where the 1912 Democratic National Convention was taking place. La Motte’s interest in participating in such mass demonstrations of women’s political will was evident in her volunteering to participate in a suffrage hike from Baltimore to Washington, DC.¹¹⁹ It is unclear whether in the end, La Motte made the journey, but by June, she had turned her attention to England and to the tactics of the militants there.¹²⁰

La Motte managed to combine her political and writing interests by serving as a “special correspondent” to *The Sun* in a series of articles written to inform both sides of the suffrage debate about the activities of militant suffragettes in England.¹²¹ In an interview, she discussed her reasons for taking “an indefinite furlough” from nursing work: She was “stale” and needed a break from the routine.¹²² Prodded by the interviewer about possibly embracing militant tactics herself, she clarified that she intended “to go there and watch from the side lines” and to become more familiar with these women she much admired for having “shaken off the conventionalities which have bound them down for years.” Although looking for a break from her work and a change of scenery, La Motte was also clearly unsatisfied with the conservative approach to suffrage favored by her Baltimore colleagues. In 1913, Alice Paul and Lucy Burns, both of whom had worked with the Pankhursts in England where they learned militant tactics, were revitalizing the activities of NAWSA via its Congressional Committee, including organizing the suffrage parade held the day before President Wilson’s inauguration. La Motte was aware of their robust efforts, as evidenced by her interest in participating in this parade, yet their activities were not enough to keep her attention. On June 20, 1913, she left Baltimore, sailing for England, where she spent the summer watching, but also participating in, a series of militant actions.

The articles La Motte wrote for *The Sun* document her attendance at numerous suffrage events. She moved from observer to active participant as she got caught up in scuffles when police arrested prominent militant speakers such as Sylvia Pankhurst¹²³ and Annie Kenney. She even struck a man who was hitting an old woman in the face during the melee after Kenney’s arrest and testified in court against police brutality.¹²⁴

La Motte also wrote about more prosaic subjects, such as selling copies of the *Suffragette*.¹²⁵ From her street-level perspective, she had the chance to observe the depth of negative feeling many felt toward the suffragettes: “scorn, hatred, opposition of the most determined character.” She received more than insults when several men stopped to deliver death threats to her, inducing her to ponder the root of the rage ignited by the movement in some men and women. She ended her article with a description of “a swaggering soldier, wearing the king’s red uniform” who sent a “sneer” her way as he passed by, hitting her poster with “his little cane” because he “couldn’t bear militancy.” This brief interaction led La Motte to suggest that

militancy, when one wears his Majesty’s uniform, and is paid for the taking of human life, is a different enterprise from militancy of a guerilla type, practiced by women, and having for its object the destruction of a system in which human life ranks low.

She followed this acute observation with the following cogent question: “Can it be that destruction of property, for the preservation of human life, is a less noble thing than destruction of human life incident to the acquirement of property? So much depends on the viewpoint.” Her questioning of the meaning and purpose of militancy as engendered by male military service and (predominantly) female suffrage activities reveals the degree to which her understanding of the importance of suffrage was not limited to seeing the vote as a way to enact “social housekeeping.” In this piece, she focused not on the use of the vote but on the ideas about authority and power that perpetuated resistance to it.

La Motte continued to be involved with the militant suffrage movement after summer 1913, although in a more distant way. She hosted Mary Richardson—in her *Sun* articles, she mentioned meeting Richardson and attending various rallies with her—in Paris for a week while she was recovering from imprisonment. Richardson was regularly involved in militant activities and eventually became infamous for slashing the “Rokeby” *Venus* by Diego Velázquez in the National Gallery in London in March 1914.¹²⁶ If Richardson was a guide to militant suffrage activities for La Motte, La Motte took up her professional role as tuberculosis nurse to advocate on behalf of Richardson’s health. In a letter to Christabel Pankhurst, La Motte described her suspicion that Richardson was suffering from pulmonary tuberculosis made worse by the forced feedings to which she was subjected during several imprisonments at Holloway.¹²⁷ In this capacity, La Motte was able to draw on her professional abilities to advocate for Richardson and by extension the suffrage cause. Her appeal received notice in *Votes for Women*, a British suffrage publication, although in it La Motte had become “Dr. Ellen La Motte, Mary Richardson’s own medical attendant,” and her letter was credited with launching an investigation into Richardson’s health.¹²⁸

Although the actions of women such as Richardson were heavily criticized by the British and Americans, La Motte perceived them as the logical outcome of being a member of a “fighting race.”¹²⁹ In one of her final public statements on the subject, she returned to the examination of the connection between militancy and its incarnation in the actions of suffragettes. In her assessment, England’s long history of warring and imperialism logically resulted in women too possessing “courage, daring, and endurance.”¹³⁰ That some women should choose to employ those characteristics in the service of the vote was a natural consequence of their heredity. This conceptualization of suffrage situated La Motte some distance from the position taken by Julia Rogers in 1910 regarding the “natural” timidity of southern women, and although La Motte was a southerner by birth, it is clear that her sympathies evolved to be with those

women unafraid of raising their voices and even their fists if need be. Her ultimate assessment of militancy, however, was more qualified.

On her return to Baltimore in August 1914, after 14 months abroad, La Motte posited militancy a failure, not because of its methods but because it had lost force because of the intimidation of the government. With dwindling numbers, militants “can no longer intimidate, but, on the contrary, simply irritate the nation.”¹³¹ In addition, the impending war in Europe was shifting people’s focus from strife at home to conflict abroad with the war ultimately reordering the priorities of militants and “antis” alike. For La Motte, the war marked the end of her intense engagement with suffrage, initiated her career as a war nurse, and helped her refine her analysis of militancy in the context of soldiering during the Great War.

Conclusion: Nursing and Beyond

La Motte nursed again but not in connection with tuberculosis or Baltimore. Having returned to Baltimore right after the beginning of hostilities in August 1914, she was eager to go back to Europe to put her nursing skills to use.¹³² Although initially planning to work for the American Ambulance in Paris, she found it much more difficult to find meaningful war work than she had anticipated,¹³³ and it was only in May 1915 that she found employment as a nurse with Mary Borden’s privately funded mobile hospital.¹³⁴ She left for the front in June 1915 and spent approximately the next year nursing in the hospital before leaving in fall 1916 to travel in Asia.¹³⁵ During this time, she wrote several articles about her war experiences and published a series of sketches, *The Backwash of War*, in 1916.¹³⁶ That text was her final engagement with nursing; she then turned her attention to documenting and combating the opium trade after traveling extensively in Asia in 1916 and 1917 and witnessing its effects for herself.

That work, to which La Motte devoted several decades, taking up residence in England to ease traveling to Switzerland to observe discussions of the League of Nations and publishing frequently in national magazines about the crusade against opium, was in large part possible because of her nursing years.¹³⁷ Her training at Johns Hopkins, her years of nursing tuberculosis patients, her experience as an executive, and her many publications helped her develop the skills she employed on behalf of another public health cause. She found her footing as a trained nurse and constructed a professional identity for herself, one that afforded her the opportunity to engage in scholarly

research and in conversations with amateurs and experts about issues related to the protection of public health. At the time of her enrollment at Johns Hopkins, nursing was one of the few professions open to women of her background. She seized on every opportunity afforded her and flourished in her chosen profession, acquiring valuable skills and experiences that helped her become a successful and respected nurse, writer, and activist.

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Notes

1. Founded in 1903 by Emmeline Pankhurst, the WSPU employed militant tactics such as window smashing and arson in the effort to win the vote. For an overview of the WSPU, see Elizabeth Crawford, *The Women's Suffrage Movement: A Reference Guide 1866–1928* (London: University College Press, 1999), 2013–2089.

2. Ellen N. La Motte, “Ellen La Motte Insulted on Crowded London Street,” *The Sun*, September 28, 1913, M1.

3. Baltimore City Health Department, *Annual Report of the Sub-Department of Health, Department of Public Safety, 1910*, Baltimore City Archives, RG19, Health Department, Annual Reports. In the 1912 report, her position is listed as chief tuberculosis nurse.

4. Ellen N. La Motte, *The Tuberculosis Nurse*, *History of American Nursing* (1915; repr., New York: Garland, 1985), 24.

5. Ellen La Motte to Alfred I. du Pont, January 22, 1919, Alfred I. du Pont Papers, Box 18, Washington and Lee University. Robert S. Nelson first discusses this letter in “The Art Collecting of Emily Crane Chadbourne and the Absence of Byzantine Art in Chicago,” in *To Inspire and Instruct: A History of Medieval Art in Midwestern Museums*, ed. Christina Nielsen (Newcastle: Cambridge Scholars Publishing, 2008), 144 n71.

6. 1951 Alumni Questionnaire, Biographical Files, Ellen N. La Motte, The Alan Mason Chesney Medical Archives of The Johns Hopkins Medical Institutions (hereafter cited as JHMI).

7. The family began using a different spelling for their last name, changing it from Lammot to the original French La Motte, at some point, probably in the late 19th century. See Ednah C. Silver, *Sketches of the New Church in America on a Background of Civic and Social Life* (Boston: Massachusetts New Church Union, 1920), 311.

8. Anthony F. C. Wallace, *Rockdale: The Growth of an American Village in the Early Industrial Revolution* (1978; repr., Lincoln: University of Nebraska Press, 2005), 94.

9. Ferdinand Lammot to Alfred V. du Pont, August 11, 1865, Margaretta E. du Pont Coleman Papers (hereafter cited as MDPC), Box 13, Hagley Museum and Library. Some of the history of the du Pont family in Louisville is fleshed out in Timothy J. Mullin, “The

du Ponts in Kentucky: Louisville's Central Park, the Southern Exposition, and an Entrepreneurial Spirit," *TopSCHOLAR*, DLSC Faculty Publications Paper 18, last modified 2009, accessed September 19, 2012, http://digitalcommons.wku.edu/dlsc_fac_pub/18.

10. Bidermann du Pont to Margaretta E. Lamot du Pont, December 17, 1865, MDPC, Box 7.

11. Between 1873, the year of Ellen La Motte's birth, and 1891, when *Caron's Annual Directory of the City of Louisville* lists Ferdinand Lamot as having moved to Little Falls, Minnesota, Lamot lived at eight different addresses.

12. Marquis James, *Alfred I. du Pont: The Family Rebel* (Indianapolis: Bobbs-Merrill, 1941), 96.

13. Ellen La Motte, interview by Georgina Caird Ross, July 19, 1898, Student Applications, JHMI.

14. Karen Buhler-Wilkerson, *False Dawn: The Rise and Decline of Public Health Nursing, 1900–1930* (New York: Garland, 1989), 77 n42.

15. Janet Wilson James, "Isabel Hampton and the Professionalization of Nursing in the 1890s," in *The Therapeutic Revolution: Essays in the Social History of American Medicine*, ed. Morris J. Vogel and Charles Rosenberg (Philadelphia: University of Pennsylvania Press, 1979), 214–15.

16. Ellen La Motte to Adelaide Nutting, September 23, 1898, Student Applications, JHMI.

17. *Ibid.*

18. La Motte, interview, JHMI.

19. Ellen La Motte to Adelaide Nutting, July 28, 1898, Student Applications, JHMI.

20. "The Hospital and Training School News," *Johns Hopkins Nurses Alumnae Magazine* (hereafter cited as *JHNA*), December 1902, 119.

21. "News Notes," *JHNA*, March 1904, 42. She is listed as having an address in Florence, Italy in "Twelfth Annual Report of the Alumnae Association of the Johns Hopkins Hospital Training School for Nurses, 1903–1904," *JHNA*, August 1904, 191.

22. "News Notes," *JHNA*, November 1904, 228; "Hospital and Training-School Items," *American Journal of Nursing* (hereafter cited as *AJN*) 5 (December 1904): 215.

23. "News Notes," *JHNA*, 4 (August 1905): 111; "Hospital and Training-School Items," *AJN* 6 (October 1905): 63.

24. Ellen La Motte, "Early Struggles with Contagion," *AJN* 1 (May 1901): 541.

25. *Ibid.*, 545.

26. La Motte, *The Tuberculosis Nurse*, 2.

27. Ellen N. La Motte, "A Modern Italian Hospital," *AJN* 4 (September 1904): 934.

28. Buhler-Wilkerson, *False Dawn*, 30.

29. La Motte, "A Modern Italian Hospital," 937.

30. *Ibid.*, 938.

31. Ellen N. La Motte, "Private Nursing in Italy," *AJN* 5 (November 1904): 106.

32. *Ibid.*, 106, emphasis in the original.

33. Susan B. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge: Cambridge University Press, 1987), 21.

34. Ellen N. La Motte, "Hôpital Général, Rheims," *AJN* 5 (March 1905): 368.

35. *Ibid.*, 368–69.

36. Isabel Hampton Robb (1860–1910) was the first superintendent of nurses and principal of the Training School at Johns Hopkins in 1889–1894. Lavinia Dock (1858–1956) was Hampton's assistant superintendent for 3 years beginning in 1890.

Adelaide Nutting (1858–1948) was in the first class to graduate from Johns Hopkins in 1891 and was named superintendent after Hampton's departure in 1894. She left in 1907 to take a position at Columbia Teachers College. Although Robb and Dock left before La Motte's arrival, she presumably knew their legacies at the school and heard about their post-Hopkins endeavors through journals, conferences, and word of mouth.

37. La Motte, "Private Nursing," 103.

38. *Ibid.*, 106.

39. *Ibid.*, 108.

40. Ellen N. La Motte, "Tuberculosis Work of the Instructive Visiting Nurse Association of Baltimore," *AJN* 6, no. 3 (1905): 141.

41. Jessica M. Robbins, "Class Struggles in the Tubercular World: Nurses, Patients, and Physicians, 1903–1915," *Bulletin of the History of Medicine* 71, no. 3 (1997): 429.

42. La Motte, "Tuberculosis Work," 141.

43. *Ibid.*, 141, 142.

44. *Ibid.*, 142.

45. Buhler-Wilkerson, *False Dawn*, ix.

46. La Motte, "Tuberculosis Work," 142.

47. *Ibid.*, 142.

48. *Ibid.*, 145.

49. Ellen N. La Motte, "The American Tuberculosis Exhibition," *AJN* 6 (February 1906): 307.

50. *Ibid.*, 310.

51. La Motte, "Tuberculosis Work," 143.

52. *Ibid.*, 147.

53. For a discussion of nativists' fears of immigrants and their threat to public health, see Alan M. Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (New York: Basic Books, 1994), especially 78–104. For an analysis of race theory, African Americans, and tuberculosis, see Samuel Kelton Roberts, Jr., *Infectious Fear: Politics, Disease, and the Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009), especially 41–66.

54. La Motte's "Humor of the Districts" appeared twice in *JHNAME*, in 1905 and 1906. In 1906, *Charities and the Commons* reprinted some of the 1905 *JHNAME* material in its "Loose Threads in a Skein" column.

55. La Motte, "Humor of the Districts," *JHNAME* 4 (November 1905): 220.

56. *Ibid.*

57. Ellen N. La Motte, "The Unteachable Consumptive," *Transactions of the Sixth International Congress on Tuberculosis* (Philadelphia: William F. Fell, 1908), 257.

58. *Ibid.*, 258.

59. *Ibid.*, 257, 258.

60. *Ibid.*, 259.

61. *Ibid.*, 260.

62. *Ibid.*

63. Jessica M. Robbins, "'Barren of Results?': The Tuberculosis Nurses' Debate, 1908–1914," *Nursing History Review* 9 (2001): 39.

64. *Ibid.*, 39–40.

65. "Report of the Twelfth Annual Convention," *AJN* 9 (September 1909): 934.

66. Mary E. Lent, "The True Function of the Tuberculosis Nurse," *Journal of the Outdoor Life* (hereafter cited as *JOL*) 6 (September 1909): 268.
67. *Ibid.*, 268–69.
68. Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876–1938* (Philadelphia: University of Pennsylvania Press, 1992), 245.
69. Mabel Jacques, "Saving the Home," *JOL* 6 (November 1909): 324.
70. *Ibid.*, 324.
71. Ellen N. La Motte, "The Neglected Tuberculous Child," *JOL* 7 (March 1910): 67.
72. Mary E. Lent and Ellen N. La Motte, "The Present Status of Tuberculosis Work among the Poor," *Maryland Medical Journal* 52 (April 1909): 155–57.
73. George Dimrock, "Children of the Mills: Re-Reading Lewis Hine's Child Labour Photographs," *Oxford Art Journal* 16 (January 1993): 48.
74. *Ibid.*
75. La Motte, *The Tuberculosis Nurse*, 18.
76. Lent and La Motte, "The Present Status," 154.
77. *Ibid.*, 157.
78. Ellen N. La Motte, "Strawberries—Strawberries," *The Survey* 22 (July 1909): 632.
79. La Motte's article is cited by *The Sun* as the catalyst for an amendment to the Food Products Inspection bill. See "For New Health Laws," *The Sun*, March 3, 1914, 7.
80. *Ibid.*, 633.
81. *Ibid.*, 636–37.
82. *Ibid.*, 637.
83. *Ibid.*, 639.
84. Ellen N. La Motte, "Report of Tuberculosis Nurses' Division," *Annual Report of the Sub-Department of Health, Department of Public Safety, 1909*, Baltimore City Archives, RG19, Health Department, Annual Reports.
85. Ellen N. La Motte, "Municipal Care of Tuberculosis," *AJN* 12 (August 1912): 940.
86. *Ibid.*, 935.
87. *Ibid.*, 938.
88. *Ibid.*
89. *Ibid.*, 941.
90. Ellen La Motte, "The Nurse as Social Worker," *Visiting Nurse Quarterly* 3 (October 1911): 79.
91. La Motte, *The Tuberculosis Nurse*, 23.
92. La Motte, "Municipal Care," 941.
93. "Praise for Judge Moses," *The Sun*, January 7, 1910, 14.
94. "Eleventh Annual Report of the Alumnae Association of the Johns Hopkins Hospital Training School for Nurses, 1902–1903," *JHNSAM* 2 (August 1903): 131.
95. Elizabeth King Ellicott, "Editorial," *New Voter* 1 (November 1910): 1.
96. Nurses in favor of suffrage often employed similar arguments. See Sandra Beth Lewenson, *Taking Charge: Nursing, Suffrage and Feminism in America, 1873–1920* (New York: NLN Press, 1996), especially 138–78.
97. "The Undercurrent of the Woman's Movement," *New Voter* 1 (November 1910): 2.
98. Nancy F. Cott discusses related issues in *The Grounding of Modern Feminism* (New Haven: Yale University Press, 1987), 9.
99. "Mrs. Pankhurst's Address to Our Fair Suffragists," *The Sun*, November 8, 1909, 4.

100. "Women for the Ballot," *The Sun*, December 6, 1909, 14. Presumably, this organization became The Just Government League because all subsequent references to Lent's serving as president of a suffrage league are in relation to it.
101. "To Plan Suffrage Fight," *The Sun*, January 7, 1910, 14.
102. "Nurses Become Suffragists," *The Sun*, February 12, 1910, 7.
103. "'Give Us Votes!' the Cry," *The Sun*, February 17, 1910, 9.
104. Robert J. Brugger, *Maryland: A Middle Temperament, 1634–1980* (Baltimore: Johns Hopkins University Press, 1988), 451.
105. "Says Politics Sways Courts," *The Sun*, October 28, 1910, 14.
106. "Court Proceedings," *New Voter* 1 (December 1910): 9.
107. "Announcements," *New Voter* 1 (November 1910): 8. Ida Husted Harper explains that Elizabeth King Ellicott chaired a committee that attended trials of the kind mentioned in the column. One woman kept track of decisions, presumably La Motte. Ida Husted Harper, *The History of Woman Suffrage* (New York: NAWSA, 1922), 6: 264.
108. "Court Proceedings," 9.
109. La Motte, *The Tuberculosis Nurse*, 117–18, emphasis in the original.
110. "Court Proceedings," 10.
111. "Justice," *New Voter* 1 (December 1910): 27, emphasis in the original.
112. "'Tis Suffragists' Great Day," *The Sun*, February 13, 1912, 12.
113. "Suffrage Bill Dead," *The Sun*, March 1, 1912, 11.
114. Ella Phillips Crandall to Katharine B. Codman, August 31, 1911, Instructive District Nursing Association of Boston Collection, Howard Godlieb Archival Research Center, Boston University (hereafter cited as IDNA), Box 1, Folder 3. Buhler-Wilkerson discusses the IDNA's attempts to hire La Motte. See *False Dawn*, 55n42, 59–60.
115. For an example, see Elizabeth King Ellicott to Katharine B. Codman, undated, IDNA.
116. Gertrude W. Peabody to Katharine B. Codman, September 8, 1911, IDNA.
117. Peabody to Codman, IDNA.
118. "March like Men," *The Sun*, June 29, 1912, 20.
119. "Baltimoreans to March," *The Sun*, January 21, 1913, 5.
120. "To Join Suffragettes," *The Sun*, June 8, 1913, 12.
121. "Ellen La Motte on London's Suffragette Problems," *The Sun*, July 20, 1913, SOS1.
122. "Miss La Motte Plans to Nurse Militancy," *The Sun*, June 15, 1913, SO8.
123. Ellen N. La Motte, "While Britain Prays, Her Militants Sing Their Hymns of War," *The Sun*, July 27, 1913, LS1.
124. Ellen N. La Motte, "Wherein Miss La Motte Forces Man to Assume Silly Position," *The Sun*, August 31, 1913, B5; Ellen N. La Motte, "Caught in Suffragette Riot, Ellen N. La Motte, of Baltimore, Is Knocked Down and Then—Well, She Writes About It," *The Sun*, September 7, 1913, MA3.
125. La Motte, "Ellen La Motte Insulted," M1.
126. Rowena Fowler, "Why Did Suffragettes Attack Works of Art?" *Journal of Women's History* 2 (Winter 1991): 110.
127. Ellen N. La Motte to Christabel Pankhurst, October 19, 1913, Henry Devenish Harben, Manuscripts Department, The British Library.
128. "Released after a Fortnight's Torture," *Votes for Women* 7 (October 1913): 67.

129. Ellen N. La Motte, "Miss La Motte Sees Reason in Blood," *The Sun*, October 26, 1913, C16.

130. Ibid.

131. "No Faith in Militancy," *The Sun*, August 12, 1914, 3.

132. "Miss La Motte Off for War," *The Sun*, October 24, 1914, 8.

133. Ellen N. La Motte, "An American Nurse in Paris," *The Survey* 34 (July 1915): 333–36. This article discusses the waste and frivolity she found in the American Ambulance.

134. Ellen N. La Motte, May 20, 1915, unpublished diary, private collection. Mary Borden, a wealthy American from Chicago, married a British citizen and settled in London. She funded a mobile field hospital for the French military, served as its director, and wrote about her experiences in *The Forbidden Zone* (London: Heinemann, 1929).

135. The stamps in her passport show that she was in Asia by November 1916. The passport is in a private collection.

136. Ellen N. La Motte, *The Backwash of War: The Human Wreckage of the Battlefield as Witnessed by an American Hospital Nurse* (New York: G.P. Putnam's Son, 1916). The collection stayed in print until it was censored in the summer of 1918. It was eventually republished in 1934.

137. La Motte devoted herself to the antiopium cause until the mid-1930s. She spent the last several decades of her life selling real estate in Washington, DC and spending time in New York state with her long-time friend Emily Chadbourne.

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