



Author's Afterword
An American Nurse in Paris

This is a work of fiction. All of the characters are fictional or fictionalized. The historical context is as accurate as possible. This is my chance to provide some true historical context and confess my sins of fictional license.

The American Expeditionary Forces (AEF) had an uneasy relationship with the press. It attempted to control the messages going home with briefings, to 'guide' reporters, and overt censorship. Journalists, on the other hand, wanted the real story. Conflict and tension between the two were constant then as they are today. Many reporters created 'backchannels' to get uncensored stories out.

One point of agreement between the press corps and AEF was that women didn't belong. Henrietta "Peggy" Hull from the *El Paso Morning Times* was the only American female reporter to file stories from France. She had become acquainted with General Pershing during his actions against Pancho Villa some years before. She managed to get a few stories out before General Pershing sent her packing back to the US after other (male) American reporters howled their protest to her presence. I used her story as the basis of Alice's frosty reception by the AEF and press corps. However, the story of Alice's sexual assault is fictional as are Major Martel and Captain Buck. I am not aware of any AEF officers accused or convicted of the type of despicable behavior of those two fictional characters.

Floyd Gibbons was a flamboyant journalist prone to hyperbole in his writing. I used his memoir of the war as the basis for the creation of his character. I made up Ira's comment about "Front-page Floyd", though the characterization is true. The description of his wounds is accurate, but I do not know which Red Cross Military Hospital treated him.

I use some real people as characters in this novel for authenticity. However, the thoughts, feelings, conversations, and most of the events are fictional. General Ireland was in charge of the AEF Medical Corps in France at the time. Brigadier General Harbord was the 4th Brigade commander; Colonel Wadhams was in charge of the American Paris area medical assets; Colonel Catlin was 6th Marine Regiment commander and Colonel Neville was 5th Marine commander;

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Commander Paul Dessez was the 5th Regiment Medical Officer; Major Richard Derby was the 4th Brigade Medical Officer; Major Benjamin Berry was the battalion commander of the USMC 3/5; and Captain Holland Smith was on the 4th Brigade Intelligence staff. I relied on memoirs and other material written by, or speeches given by, Harbord, Catlin, and Derby to help form their characters. However, there were many gaps I simply filled in with fiction. I apologize to their descendants if I got anything wrong. Battle-related stories and timelines are accurate to the best of my ability.

Wounded officers and enlisted men were treated in separate wards in most hospitals, and colonels would have been given private rooms most of the time. I chose to mix things up a bit for the sake of the story. I would like to think Colonel Catlin would approve.

The other characters and events are fictional. My description of the wards and rooms within the ARCMC Number One Annex are the best I could conger from the few photos I could find.

Alice is based on a many people I have known over the years—female nurses and physicians who I admire and respect. I will not name names other than the fact my wife, Susan M. Piechowski, M.D. approved my characterization of Alice. I would be remiss to not thank the nurses I worked with at Beaumont Hospital in Royal Oak, Michigan, Virginia Regional Medical Center in Virginia, Minnesota, and St. Vincent Hospital, St. Mary's Hospital, and Bellin Hospital, all in Green Bay, Wisconsin. My Wordpardner critique group member, Marilee Aufdenkamp, RN, kept me on the straight and narrow.

Medical readers might suspect wonder about some of the medical care I describe. They need to understand that WWI was early in what might be described as the era of modern medicine. The Thomas traction leg splint was used routinely for femoral and tibial fractures in WWI. It led to a dramatic reduction in femoral fracture-related deaths during the war. We now only use traction splints on thigh injuries. The Carrel-Dakin method of wound irrigation was the state-of-the-art at the time. Intravenous therapy was rarely used and very cumbersome, as were transfusions. Thoracic surgery was rare, though it can trace its modern birth to that era. Colonel Catlin's case did not require full thoracic surgery. Chest tubes were used only to treat suppurative pleural space infections and would not have been used in the Colonel's case. Repeated thoracentesis was the standard of care for hemothorax treatment at the time. I could not identify the American Red Cross Military Hospital where Catlin received his care, though I suspect it was ARCMH-2 on the east side of Paris. I invoked my writer's prerogative and transferred him.