

A sample of Italian Fascist colonialism: nursing and medical records in the Imperial War in Ethiopia (1935–36)¹

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Introduction: historical background

The Italo-Ethiopian War (also known as the Abyssinian War or the Second Italo-Ethiopian War) refers to an armed conflict waged by Italy during Mussolini's regime against the Empire of Ethiopia in 1935, which led to the proclamation of Africa Orientale Italiana (Italian East Africa) in 1936.² The history of Italian colonialism started approximately fifty years earlier, in 1882, with the conquest of Assad and Massaua in Eritrea, by Crispi's government and can be divided into two periods.³ The first, called 'Liberal colonialism', includes the First Italo-Ethiopian War (1894–96) and the acquisition of Libya and Somalia, which took place in 1922.⁴ It can be described as a 'soft colonialism', in which the foreign policy of Minister Giolitti promoted a mild approach to local authorities.⁵ The second period is the so-called period of 'Fascist colonialism', which lasted from 1922 to 1943, when racial policy became more explicit and extreme; the main characteristics of this period being its limited geographical extent, the lack of economic productivity and the chronological short term.⁶

During the Fascist dictatorship there was a strong nationalistic component as Italian foreign policy began to take on a highly ideological resonance. Mussolini's purpose in the conquest of Ethiopia incorporated both an economic and propaganda nature.⁷ On one hand, he wanted to find an outlet for a growing Italian population, forcing the

migration of the most poor families to other countries, whilst on the other he was looking forward to ‘training’ the Italians for a great war in which he would establish the supremacy of the Roman people.⁸

In 1934, a political border incident in Wal-Wal between Somalia and Ethiopia pushed Mussolini to invade Ethiopia, backed by a strong propaganda campaign from the regime and, on 3 October 1935, the Italian Army invaded Ethiopia. The League of Nations immediately reacted: it accused the Fascist government of aggression against a neutral country and adopted a series of economic sanctions against Italy. While these measures had no serious effect on the economy of the country, they served to fuel Italian people’s resentment, which was further stoked by Mussolini’s propaganda. One of the most poignant examples of the effectiveness of the propaganda against the League of Nations’ economic sanctions was the success of the ‘Day of the Wedding Ring’, on 18 December 1935, when married Italian women offered up their wedding rings to support the economy of the colonial war in Africa.⁹

The Ethiopians fought valiantly for more than seven months, but their army, poorly organised and even worse equipped, could do nothing against an expeditionary force that came to commit around 400,000 men and made extensive use of armoured vehicles, air force and poison gas.¹⁰ On 31 March 1936, the Ethiopian Army was defeated and on 5 May Italian troops occupied the capital, Addis Ababa. In 1936, fascism reached its peak in terms of support from the Italian people and, at the same time, fostered intolerance against anything that dared to challenge the regime. During his proclamation of the empire speech in Rome on 9 May, Mussolini’s rhetoric inflamed the crowds: ‘The Italian people have created the Empire with their blood’, he professed; and ‘That commits you in front of God and in front of men for life and death.’¹¹ Such speeches have been considered by historians as a prelude to the Second World War.

The organisation of Army healthcare during the campaign, 1935–36

The main official documents relating to health in the Italian Empire are *L'importanza dell'organizzazione sanitaria nella Guerra d'Etiopia* (The

importance of health organisation during the Ethiopian Campaign), published by the Institute of Military Public Health, on 30 August 1936;¹² and *L'organizzazione sanitaria e la salute delle truppe durante la Guerra d'Etiopia* (The health organisation and the health of the Army during the Ethiopian Campaign) by Professor Aldo Castellani, General-Lieutenant Inspector of the military and civil health services, published in May 1936.¹³ In Castellani's introductory paragraph the spirit of the Fascist regime can immediately be recognised: 'The war began on 3 October 1935 and ended on 9 May 1936, with the proclamation of the Empire. During this period, the national troops of the north front and the south rose to approximately 500,000 men and more than 100,000 "white" workers were added.'¹⁴ The numbers involved were certainly huge, but Castellani's claim that this was 'the first time in the history of the world that such an important mass of "white" troops was brought to, and fought in, the tropical zone'¹⁵ can surely be disputed, and is yet another example of the Fascist regime's propaganda.

These documents provide details about the organisation of the extensive healthcare facilities imported to Ethiopia by the invading Italian forces. The Army alone was in possession of 135 hospitals and field hospitals (each with their own bacteriological and radiological laboratories), fifty-five portable field hospitals and thirteen portable surgical hospitals. It also possessed eleven ambulances for dentistry, fifteen for radiology, four central laboratories, twelve disinfection stations, 139 water purification units and four depots. The Italian Royal Navy had twenty hospitals and field hospitals on the coast at its disposal, and six hospital ships, while their Royal Air Force had twenty-two field hospitals. In addition, the Colonial Service ran thirty hospitals, each with a bacteriological laboratory and a radiology department.

All health services in Ethiopia were coordinated by a General Health Directorate directed by the Colonial Ministry created by the Fascist government; and services were provided by a range of health specialists including, surgeons, physicians, veterinarians, pharmacists and nursing staff. Among the causes of death during the military campaign, only 64 per cent were due to the consequences of war wounds; the remaining 36 per cent were due to diseases including malaria, dysentery, typhoid fever and scurvy and the effects of the climate such as heatstroke and physical exhaustion.

Through the study of these documents, it is possible to evaluate the main prophylactic measures implemented during those years, including the use of mosquito nets and quinine to protect against malaria, 'From the beginning, doctors insisted on quinine prophylaxis: every soldier received three tablets per day [provided] by the State, and took them before every meal.'¹⁶ Dysentery was also often quoted as 'one of the worst scourges of armies at war',¹⁷ in fact dysentery, both amoebic and bacillary, was considered endemic and almost impossible to contain.

Typhoid was included within the vaccination requirement for 'vaccines mixed very well, prepared in the laboratories of the Institute of Public Health, and in some private establishments.'¹⁸ Other diseases they had to contend with included typical tropical diseases such as beriberi, dengue fever, skin-penetrating fleas and tropical lichen, while injuries by wild animals were reported as special cases. There were also cases of heatstroke, which turned deadly, as a result of the extreme weather conditions and exhausting marches.

Some of the precautions soldiers were instructed to take against the harshness of the climate included, 'The use of helmets by every soldier, no alcoholic drinks, not even a glass of wine, except after sunset, and whenever possible troops should move in motorised columns and avoid marches.'¹⁹ The medical inspector concluded his observations in the typical fascist style by comparing the marvels of Italian medical science to the inferiority of healthcare of the Ethiopians: 'It also might be observed that medical science made possible whatever could be done for people to thrive in unhealthful climates under adverse conditions, and to remain in better health than the natives acclimatised by hundreds of years of continuous abode.'²⁰ In other words, Italian knowledge and Italian character were considered to be superior and made it possible to quickly overcome adverse conditions which indigenous peoples had struggled with and failed to overcome for centuries.

Protagonists of nursing during the war

Fascist ideology and social policy radically changed the historical path of the Italian nursing profession when compared with the previous

courses of nursing studies established in 1906 together with the first training course for nurses of the Red Cross in Milan, and in 1908 with the first psychiatric nurses' school. In 1925 only women were allowed to attend nursing schools and it was compulsory for students to live together in a boarding-school system for the entire duration of their training. The approach Fascism took towards women in nursing was characterised by its ambiguity: on the one hand, the regime continued to relegate them to a secondary role in relation to men, whilst on the other it 'enlisted' them into their organisations, increasing their involvement in a whole range of activities. Like German Nazis and Spanish Francoists, Italian Fascists used nurses to apparently place women within the system, although in reality this was a facade since it didn't effectively alter the social balance, which was based on the predominance of male authority.²¹

From 1925, the Fascist regime also changed the educational path of Italian Red Cross nurses by inserting the typical elements of fascist propaganda into their training courses. By 1927, the Corps had three different nursing roles: Family Fascist Nurses, Fascist Hospital Nurses and Public Health Nurses. The Family Fascist Nurse was responsible for educating women in the culture of hygiene and preparing them for their high mission in the family. The Fascist Hospital Nurses meanwhile were to co-operate with the government for the enhancement of hospital services and the Public Health Nurses were to be devoted to monitoring the sanitary condition of the neighbourhood, which to some extent might be compared to the work of health visitors these days. The training course duration was two years and included both theory and practice and there was an optional third year of specialisation. Subjects of the basic course of study were: hygiene, basic human physiology and anatomy, general medical and surgical knowledge, emergency procedures, basic knowledge of paediatrics, nursing techniques and the 'inevitable' fascist culture, for a total of fifty lectures and 100 days of practice in hospital. After attending the course, students had to pass a final examination to receive a certificate.

In 1929, with Fascist self-sufficiency laws, all foreign directors of nursing schools, for example Grace Baxter, were dismissed and the autonomy of all nursing schools was drastically limited.²² In addition to being the only teachers, doctors became directors and were the

only ones who could decide on the programmes, while the matrons had to supervise the moral education of students and the observance of discipline, to monitor order, cleanliness and hygiene in schools and in the boarding schools.

During the colonial war, the Italian Red Cross sent 384 volunteer nurses to support the Army and to work in hospitals and in the 'white' ships, far away from the firing lines.²³ The nurses were lay women from Italian nobility or the upper class, and were officially called 'volunteer nurses', although the definition had nothing to do with being volunteers who worked without a salary: it was the name that identified Italian trained nurses coming from the Red Cross, who from time to time were also called 'lady nurses' or 'sisters'. In addition to the main training course, all volunteer nurses who were to be sent to East Africa attended a course on tropical diseases.²⁴ Female participation in the colonial war was an important element of Fascist policy, it fuelled propaganda for Italian Fascist regime that celebrated its own vision of woman in service of the war, of the regime and of men. The fact that Princess Maria Jose of Savoy, the last Italian Queen, was an Italian Red Cross nurse turned out to be very useful to Fascist propaganda.²⁵ She was the wife of Umberto II, the Prince of Italy who became King, but only ruled for a month (from the end of May to the end of June 1946).²⁶ In 1936, on 26 March, she boarded a hospital ship in Oriental Italian Africa, and from the same year until 1941 she was President of the Italian Red Cross.

Participation in the war gave these women an opportunity for female involvement in a male affair, even if Fascism did not allow the nurses to be real fighters. As one wrote, 'I feel moved by the vision of a world of soldiers on the move, ready to face, almost suddenly, a colonial war, and to find out I am an active part of it.'²⁷ The volunteer nurses often worked far away from battlefields and in addition to caring for wounded soldiers also assisted the settlers. 'To the bed of a worker suffering from heat exhaustion, attacked by fever or exhausted, I approach humbly', wrote another nurse, 'yes, humbly, because I recognise the superiority of the brave fighters. They give their lives for the Empire: by their sacrifice and from their pain has risen the power of Rome.'²⁸

On the other hand, in apparently less fascist writings, the services of nurses are represented as humanitarian gestures and a service to

A sample of Italian Fascist colonialism



8.1 Princess Maria Jose of Italy on a 'white boat', 1935

the nation. From a quick glance at surviving memoirs by lady nurses, we learn that their main concern was not necessarily the medical care of the sick, but to ensure the environment they were in was contributing to their recovery, undertaking tasks typical of a woman in a family: 'I have forty sick persons that I would like to see at least washed and cleaned up in their beds. I would also pick up their clothes scattered in disorder everywhere. Moreover, I would like to give to the floor a little of its original colour. An undefined smell circulates in the environment.'²⁹

Most of the nurses' diaries are filled with openly nationalistic feelings, as one records:

A deep emotion comes over me, a desire to cry, to shout, to sing. Victory is great The glorious breasts of our soldiers, the strong spirit of all Italians have become the great shield to adversities. Today, glory is magnified by *il*

Duce and his and his people's constancy, strong arm and iron will. God has protected justice and civilisation I'm happy I've never lost the faith of a true Italian. Now even the lazy and the indolent will understand what we have earned, thanks to the indomitable will of *il Duce*.³⁰

In the diaries of the lady nurses we also find clear examples of racism: 'I have never seen coloured people and this is interesting and eerie. All the doctors keep advising me to be very careful, to put on my usual uniform of the guards, a shirt well tightened at the wrists and neck.'³¹ Another nurse comments on one of the ward maids, 'The maid Zaitù is fun in her manners and in her curious clothes: she is cute, but she is very slow. These people are idle. Even the cook boasts about everything and you have to reprimand him badly.'³²

Nurses were provided with a guide book, 'What to do if you meet a black,' which they were expected to read and learn before they set out for Ethiopia. The following abstract clearly demonstrates the extreme degree of racism:

The natives are like children: they must be treated gently, but firmly corrected. It is appropriate whenever entering into a conversation with them to always keep calm, it's something they really appreciate and, in truth, always apply in all circumstances. They are much more impressed by those that never raise their voice and keep a serious demeanour, rather than by those who are carried away by their indignation. Anyone who deals with them must always keep in mind that prestige is the strongest and most effective defence, and it implies less effort both for the external and internal security of the occupied territories. ... It is necessary to take into consideration their religious beliefs and never hinder their religious worship, indeed you should facilitate them and foster all external manifestations of respect to what is above, to which they are accustomed. You must always respect women. You should not get too familiar with the natives, but always treat them with the same character, severely punishing any attempt, however slight, to teach them European respect.³³

The 384 volunteer nurses, despite being part of the Italian Red Cross, were providing help and assistance to the Italian Army, as if they were part of the Army.³⁴ Military reports show charts of personnel involved in the field, mentioning the presence of 15,500 military male nurses, but there is no evidence of their preparation and their tasks are never mentioned.

The male nurses were classified as 'nurses' and 'health soldiers,' but it is not clear if they had different duties and care responsibilities,

or if they occupied different positions of rank within the military hierarchy. The available literature suggests the male nurses were trained within the Army, because after 1929 there was no male nursing school. Little is known about the 'soldiers of health', the reports do not mention whether they had been educated in nursing or not. They were described as: 'good and talented, always ready not only to care for the sick but also to fulfil their duty as soldiers. They often volunteered to build roads, forts and trenches.'³⁵ This leads us to suppose that they joined the Army as soldiers and that they were primarily involved in other military activities, and only from time to time were they employed as health assistants. Some reports support this, for example stating they 'were inexperienced [and] we have experienced a crisis due to lack of nurses and this happens very often.'³⁶

When the Italo-Ethiopian War was about to break out, Italian Catholic missionary fathers and nuns of the *Consolata* missions of Turin were based in Ethiopia. Thanks to the good relationship established with Empress Zauditù and Ras Tafari (the future Emperor Haile Selassie), they were supported by the National Association for the Assistance of Italian Catholic Missionaries and the Anti-Slavery Society in Italy, and managed to establish ten mission stations, thirty-six schools, ten orphanages, a professional school, four 'Villages of Freedom' (places where slaves who had been freed by religious groups lived), three hospitals, three homes for the elderly and, from 1922, a seminary for the education of the local clergy.³⁷ On the eve of the war, the local health organisation was managed by thirty-three medical doctor priests and fifty-three nurse nuns. Although local missionaries and local clergy were opposing Fascist occupation, in May 1935 the Ethiopian government banned all Catholics from the country. The decision proved to be disastrous, since it hit local public health institutions for the indigenous population hard, because all nun nurses working in local mission hospitals and in ambulances were forced to leave the country, all the missionaries were removed also from local Catholic hospitals or clinics. Their political position embarrassed the imperial Fascist policy. Only a few remained in Ethiopia as chaplains and as spiritual support for Italian soldiers or as nurse nuns in Italian hospitals, staying even after the war was over.³⁸

During the war, the International Red Cross sent foreign operators from several countries in defence of Ethiopia against the Italian occupation. About a hundred actively contributed as doctors and nurses. Among them, the Swedish Count Carl Gustav von Rosen should be mentioned.³⁹ He left Stockholm with an air ambulance, landing in Addis Ababa, and took part in several missions (up to fifty-five flights and eighty-one serious injuries transported), ‘evacuating the wounded and transporting drugs on both sides, until an Italian aircraft destroyed the device in the field of Quoram, although it clearly displayed the insignia of the Red Cross.’⁴⁰

Immediately after the outbreak of the war in October 1935, the ICRC offered its services to the two conflicting parties, in line with the Statutes of the International Red Cross. Italy, as the aggressor condemned by the League of Nations, rejected any assistance outright, while Ethiopia, poorly prepared as it was, accepted the offer of help without hesitation. For the first time ever, an international medical relief operation, supported by twenty-eight National Red Cross Societies, got under way.⁴¹ At the beginning of the conflict, the International Red Cross from the United States of America, Greece and from Poland⁴² equipped five ambulances helping the local population.

Approximately twelve European doctors and nurses⁴³ worked in the hospitals of Harar Dessie and Addis Ababa. Many of them already lived in Ethiopia before the war, and by deciding to remain in service they openly demonstrated the extent of their attachment to that country. Ethiopian women, like their predecessors, provided support to the men in battles by cleaning rifles and shields and sharpening their swords. They packed provisions and supplies on an individual basis as was the custom. Indeed the bulk of the Ethiopian Army was still traditional despite the government’s attempts to modernise it and therefore it was in need of the service of women camp-followers.⁴⁴ As an extension of this role, therefore, they also assisted members of the International Red Cross, involved in helping the local population, in carrying the wounded as well as giving first aid or a full nursing service using native traditional medicines which they prepared from roots, barks, fruits and leaves of various trees. A British transport officer, Captain Brophil, wrote of their service, ‘They are fairly good at nursing and are often very

successful with their native herbs. After the doctors have dressed the injured the women will take them away to relatives.⁴⁵ Yet a very small number of women were reported to have rendered services in modern nursing. The most popular was Woizero Senedu Gebru, who was educated in Switzerland and was married to H. E. Lorenzo Teezaz, Ethiopian Minister of Foreign Affairs.⁴⁶

A special mention should be given to a military corps, the Askaris. Askaris, from the Arabic word 'askar' meaning soldiers, were indigenous soldiers, classified as regular members of the Italian Royal Colonial Corps Troops. The name 'Askari' was extended not only to the Army, but also to the Italian Royal Navy, the Royal Indigenous Police, the Italian Royal Air Force and the Militia of Forestry. Most of the Askaris were from Eritrea. Fascist racial laws did not allow Askari and Italian soldiers to fight together, even though Askaris were sub-components of the same army. The Askaris served in the Ethiopian War, with some being employed in health units devoted to treating 'coloured people' until the Second World War, and also in National divisions operating in the colonies. They wore the International Health bracelet and had a Medical Corps frieze consisting of a star crowned with the red cross in the centre. The distinctive band and bow were white. Healthcare in the Fascist army operated a system of apartheid. Therefore the Askari cared for themselves. Their own soldiers were assigned to a nursing service and to field hospitals, separated from white troops. While colonial physicians served in the departments of Askari companies, it was absolutely forbidden for Red Cross volunteer nurses to approach them.⁴⁷

Healthcare during the Empire, 1936–41

Italian East Africa was divided into five regions and each region had its own governor. The regions were what we now know as Eritrea and Somalia, and three which together make up modern Ethiopia, Harar, Galla and Sidamo and Amhara. Shoa, the region with Addis Ababa as capital, was under the direct control of a viceroy, who was also General Governor of the Empire.⁴⁸ In the six years of Italian domination, the Empire was governed by the Ministry of Italian Africa who reported to the Ministry of the Interior.

The Inspectorate of African Health was part of the Ministry of Italian Africa. Its duties were to promote hygiene and public health in the colonies, to propose measures and to set rules. Italo-Ethiopian territories were divided into health districts, each headed by a competent doctor called *Medico di Circostrizione* (colonial district surgeon).⁴⁹ The district surgeon assisted the chief of the political-administrative district in business relating to public health, reporting on the progress of all medical services and nursing in the district. It was his responsibility to propose urgent measures in order to protect public health in the case of emergencies such as a cholera epidemic and he was required to submit an annual report on the health of his district.⁵⁰ He was also responsible, through his network of local doctors, for the containment and monitoring of infectious diseases: each local doctor was required to report an outbreak of infectious disease immediately to the district surgeon and the district chief. The only compulsory vaccine was that against smallpox for children, within the first months of life and then again after six years, and typhoid inoculation for the Army.⁵¹ Many mobile clinics were sent into the interior to provide general medical and surgical services. There were also mobile clinics which specialised in venereal diseases.

As far as their 'civilising mission', or the duty of bringing what was perceived as the great culture of ancient Rome to the African people, was concerned their only legacy was an apartheid system. The propaganda strongly emphasised the construction of roads, schools and hospitals, but even then the practice belied the propaganda. There was a strict regime of separation between the black population and white people. Local population could not attend schools and hospitals for white Italians. All the major cities, from the capital to Asmara, Massawa and Agordat had both civilian and military hospitals, where respectively colonial and military doctors worked. In smaller towns there were infirmaries, which worked also as pharmacy dispensaries and points for obtaining medication. Segregation between whites and blacks was rigorous and the division in nursing also respected these rules. Nursing care at military hospitals was guaranteed by military male nurses, while Askari assistants and Ethiopian indigenous nurses took care of African soldiers. Civilian hospitals had the same divisions: volunteer Italian Red Cross nurses and nuns who had been reintegrated after the war attended Italian

residents, while Ethiopian women servants performed auxiliary work such as cleaning of the premises; Italian doctors attended locals and, according to Italian Fascist literature, were assisted by Ethiopian male nurses.

There was also a form of district nursing, with doctors visiting patients at home, and although there is no clear evidence, we may suppose they were assisted by Ethiopian nurses when visiting natives, and by white nurses when visiting Italians. The texts of the time do not mention the training, roles or the work skills of Ethiopian nurses, while, on the other hand, they give prominence to those of female colonial Fascist nurses.

As during the colonial war, all nurses assigned to service in Africa compulsorily attended a course on colonial diseases held in Rome by the Ministry of East Africa. The texts we have examined do not mention if they were trained in specific subjects other than those that were part of the regular course. They do, however, focus on the nurses' strong character and moral decency:

The nurse who left had to possess courage, perseverance and selflessness, requirements to which each woman should aspire. A doctor's duty is to decide what the right drug is, prescribe injections, cataplasms, massages and any other kind of treatment. A nurse's duty is to assist the patient, to clean him, air his bedroom, provide moral comfort, administer medicines, apply the treatments and take care of the diet. A nurse must be clean, honest and simple.⁵²

As with other totalitarian regimes of the time, Fascism implemented a policy relating to reproduction, which is undoubtedly key to the construction of the new vision Fascism had towards women: they were particularly aware of being mothers to the generation of future Italians. Even in Italian Oriental Africa, a number of initiatives were created ranging between reform and repression, such as: economic incentives for large families, the persecution of abortion as a crime against the state, censorship of sex education and a tax on bachelors. As in Nazi Germany, the Fascist Party had a strong belief in improving birth rates and raising the standard of national health in general.⁵³ There were clinics for motherhood and childhood and specialised clinics for pregnant women and weaned infants, as well as family counselling, where nurses were integrated with midwives and social workers.

One of the fundamental tasks of nurses within these specialised structures was to promote children's and women's health, first of all as mothers. There were dedicated nurses with a particular professional duty, who took care of mothers, instructed them on how to raise their children, and when the mothers were breast feeding their babies, measured their milk output, since it was considered the duty of every good mother to provide enough food to bring up a good, strong Italian.⁵⁴ Fascism took the Ancient Roman motto *Mens sana in corpore sano* (A sound mind in a sound body) and made it its own – and in order to spread and reinforce this belief several activities were added to nurses' regular tasks, such as: organising courses in schools with exercise classes designed to fortify the constitution of future Italians, providing family counselling on personal hygiene and women's work, with hints on house cleaning and cooking. However, these services were supplied only in white Italian neighbourhoods and were free of charge for poor Italian mothers.⁵⁵

Never before had women been called on to participate *en masse* to such an extent in the name of the Italian race, particularly in the sanitary and educational fields. The colonial postcards, comics, novels and pamphlets that were created concerning health and hygiene promotion did nothing but increase the sad stereotypical image of the 'black' African who appeared dirty and unfit to work. In the Royal Decree of 1935⁵⁶ 'Italy abrogates slavery' but 'the Ethiopian savages could be convicted and sentenced to hard labour'. In 1937 the new word *razza* (race) was introduced, together with the new racial laws that aimed at avoiding contact in neighbourhoods, public services, buses, etc. between 'blacks' and 'whites'.⁵⁷ The colonial race laws hit those classed as 'half-caste' and (a detail that is not often noted) local women hard. Children of 'mixed blood' could not be legally recognised by their Italian fathers. A later provision penalised Italian citizens who lived in the colonies and maintained relations 'of a conjugal character' – that is, stable relations of an intimate nature – with native women (in fact, the decree referred generically to 'subjects').⁵⁸ Therefore according to this new racist vision, African women could, at best, be considered as providing a sexual outlet for Italian men.⁵⁹ Furthermore we should note here that in Italy in 1938 the Fascist government issued the *leggi per la difesa della razza* (Laws to defend the

race), a set of legislative and administrative measures (laws, orders, circulars, etc.) against Jews.⁶⁰

Conclusion

The Italian Fascist war and the few years of colonialism in Ethiopia proved to be a terrible waste of human lives without any real benefit to any of the participating nations. Approximately 275,000 soldiers and civilians were killed. Many towns were destroyed. The conventional war which ended in May 1936 was followed by guerrilla operations, carried out by a few remnants of Selassie's army. The resistance was sporadic, unorganised and resulted in the slaughter of 300,000–400,000 more Ethiopians for little gain and was soon eliminated. Even though the occupation of Ethiopia continued to require a large commitment of Italian resources, only the beginning of the Second World War and the intervention of British forces would allow Haile Selassie to return to his throne.

At the end of 1941, during the Second World War, the British Army freed Ethiopia. At the beginning of the conflict, the Italian resident forces were of about 90,000 Army and about 200,000 colonial soldiers. It was definitely a remarkable force, but Italian troops were spread out in different fields and this caused great difficulties because of poor logistics in the country. Despite the research of historians in recent decades, there are still several gaps that remain in the reconstruction of what really happened during these years; the few survivors are reluctant to provide testimony, because their words might lead to a reappraisal of the positive image of Italian colonisation, and because they might be less proud of their acts of repression. Access to ministerial and military archives is seldom granted and many documents and reports are still off-limits. Nowadays it is still not easy to talk about those years in Italy. For example, the Italian government officially only recently acknowledged the use of gas by the Fascist Army during the war (2 February 1996), when General Corcione,⁶¹ Minister of Defence during Dini's government,⁶² made a speech in Parliament and admitted Fascist Army guilt.⁶³ We also have encountered similar obstacles in examining the documents that remain in confidential dossiers, even after eighty years, and in trying to talk to

veterans, taking into consideration that only a few are still alive. With reference to the data examined, the outcomes show that, in spite of what official chronicles report, the real protagonists of nursing were male nurses. This is an interesting subject that we are sure requires further investigation. Nevertheless, we have been able to detect the presence and distribution of nurses (volunteer sisters of the Italian Red Cross, religious missionary nuns and male nurses), and the main health problems they encountered.

The documents analysed remain a fundamental witness of Fascist colonialism. The study of nursing protagonists through the regime booklets, the direct evidence, the propaganda of the Italian Red Cross volunteer nurses, with the participation of members of the Italian royal family, taken together show how Italian nursing history is directly related to the history of social policy. The ongoing research seeks to further clarify the evolution of Italian nursing through the period of Italian fascist colonialism and the continuing impact of these historical and political influences, which can still be perceived in problems faced by nursing in Italy today.

Notes

- 1 With special thanks to Maria Cristina Bertoni and Sue Hawkins.
- 2 Benito Amilcare Andrea Mussolini (1883–1945), Italian politician, journalist and dictator. He was called *Duce* from the Latin *dux* as ‘leader’ of the people.
- 3 Francesco Crispi (1818–1901) was an Italian patriot and politician.
- 4 G. Ottolenghi, *Gli italiani e il colonialismo* (Milan: Sugarco Edizioni, 1997), pp. 24–5.
- 5 Giovanni Giolitti (1842–1928) was an Italian politician, who held the post of Prime Minister in several governments.
- 6 F. Medard, ‘The Second Ethiopian War, 1935–36’, *Historiens et Géographes*, 98:396 (2006), 181–90.
- 7 Medard, ‘The Second Ethiopian War, 1935–36’, 184.
- 8 G. Sabbatucci and V. Vidotto, *Il mondo contemporaneo dal 1848 a oggi* (Milan: Editori Laterza, 2004), pp. 68–69.
- 9 In Italian *Giornata della fede*. The word *fede* means wedding ring and faith, so it could be translate as ‘Day of the wedding ring’ or ‘Day of faith’.
- 10 A. Molinari, *La conquista dell’impero: 1935–1941. La guerra in Africa orientale* (Bresso: Hobby and Work Publishing, 2007), pp. 78–82.
- 11 Archivio storico Istituto Luce, Rome.

- 12 Ispettorato Superiore Generale Servizi Militari, Navali, Civili dell'Africa Orientale, *L'organizzazione sanitaria e la salute delle truppe durante la Guerra d'Etiopia* (Rome: Archivio Storico Policlinico Sezione Pratica, 1936), Fasciculus X–XI.
- 13 A. Castellani, *L'importanza dell'organizzazione sanitaria nella Guerra d'Etiopia, 3 ottobre 1935–XIII–10 maggio 1936–XIV* (Rome: Archivio Storico Istituto della Sanità Pubblica, 1936), Fasciculus XIV.
- 14 Castellani, *L'importanza dell'organizzazione sanitaria*.
- 15 Castellani, *L'importanza dell'organizzazione sanitaria*.
- 16 Ispettorato Superiore Generale Servizi Militari, *L'organizzazione sanitaria e la salute delle truppe*.
- 17 Ispettorato Superiore Generale Servizi Militari, *L'organizzazione sanitaria e la salute delle truppe*.
- 18 Ispettorato Superiore Generale Servizi Militari, *L'organizzazione sanitaria e la salute delle truppe*, X.
- 19 Ispettorato Superiore Generale Servizi Militari, *L'organizzazione sanitaria e la salute delle truppe*, XI.
- 20 Ispettorato Superiore Generale Servizi Militari, *L'organizzazione sanitaria e la salute delle truppe*, XI.
- 21 M. E. Galiana-Sanchez, J. Bernabeu-Mestre and P. García-Paramio, 'Nurses for a new fatherland: gender and ideology in the health policies of the early Franco regime in Spain (1938–1942)', *Women's History Magazine*, 68 (2012), 33–41.
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