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Monarchism with a Human Face: Balkan Queens and the Social Politics of Nursing in the Late Nineteenth and Early Twentieth Centuries

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The nursing of the wounded was, throughout Bulgaria, being supervised by Queen Eleonora—a Princess of the House of Reuss, a trained nurse who had been a sister in the Russo-Japanese War, and who not only understood the work, but was devoting herself heroically night and day to the organization of the hospitals.

———St. Clair Stobart, *War and Women*, 34

It is true that I knew nothing about sickness, but I did not pretend that I came as a nurse; but what I could be was a leader, unupholder, one to whom everybody could turn for help.

———Marie, Queen of Roumania, *The Story of My Life*,
vol. I, 553

The first epigraph is an excerpt from Mabel St. Clair Stobart's account of the First Balkan War (1912). As the leader of the British "Women's Convoy Corps," she was invited by Queen Eleonore,¹ the Bulgarian Red Cross, and the Bulgarian military authorities to provide nursing assistance during the war. The second

Acknowledgments: I would like to thank Maria Bucur and the other two anonymous *CSSH* reviewers and the editors of *CSSH*, who provided insightful comments on the manuscript. Research for this article was assisted in part by a grant from the Rockefeller Archive Center.

¹ Most regal names have several spellings. For consistency, I use the most common form, unless it is part of a quote.

quote is from another memoir, penned by the Romanian Crown Princess Marie during the Second Balkan War (1913). Both citations capture the key themes that this article addresses: war, gender, and royal “soft power,” which were all interlinked by nursing. The subject of nursing provides a useful lens through which to explore in gendered terms the evolving relationship between state building, warfare, welfare, and civic voluntary organizations. I argue that queens’ interventions in nursing successfully contributed to the “naturalization” of ruling foreign dynasties as well as to the militarization of charity.² Such royal involvement not only visibly linked the monarchy and the philanthropic sector but also discreetly expanded the power of the nationalizing state. Queens’ promotion of a gendered culture of sacrifice also reinforced neo-traditionalist patriarchal regimes and weakened women’s capacity to demand political and economic rights.³ In line with this, in the interwar period ordinary women’s wartime sacrifices, including those of volunteer and professional nurses, were ignored in national commemorations.⁴

Nursing by women gained prominence during the Crimean War (1853–1856) and thus from its outset it was intimately related to military purposes. The story of Florence Nightingale’s efforts is well known, but Russian military nursing was also pioneered in 1854 by the combined endeavors of Grand Duchess Elena Pavlovna and the renowned surgeon Nikolai Pirogov. Nursing, constituted as a women’s occupation, did not initially attract governmental attention, and nurses’ training depended upon charitable societies, some of them religious in nature. Whereas the case of the French Catholic sisters as nurses is well researched, Orthodox charity and nuns were also involved in care for the sick.⁵ However, both the quantity and quality of nurse training were unsatisfactory, as several wars revealed. Within half a century the Balkans saw eight wars, in tandem with the spread of epidemics.

Nursing’s significance was also reinforced by the establishment of the Red Cross in Geneva. Five out of the ten articles adopted in the conference of 1863 dealt with voluntary nurses’ training in peacetime and their service on the “battlefield where they shall be placed under military command.”⁶ Initially, the impact of the International Red Cross Societies, a non-governmental organization, seems to have been mostly inspirational. Yet, beginning in the late 1860s, nursing became a social cause that appealed to middle-class and aristocratic women. These emerging networks also attracted royal women’s interest, which they expressed through honorific leadership, membership, and

² On the interplay between the military, monarchy, and society, see Cole 2014.

³ Several scholars have addressed these issues: Bock, 2002; Offen 2000; Melman 1998; Daskalova 2012. On royal involvement, see Bucur 2019, 77–104; Quataert 2001.

⁴ “Introduction,” in Wingfield and Bucur 2006: 10; Bucur 2009.

⁵ Kanner 2016, 120–23; Beliaikov 2005, 60–194.

⁶ Hutchinson 1996, 36–37.

generous support. Because most Balkan dynasties were of foreign origin, they followed this well-established model of encouraging care for the wounded, and some even donned a nurse's uniform. The Rockefeller Foundation (hereafter RF), another powerful international organization that took a similar role to the early International Red Cross Societies, contributed most to the expansion and professionalization of nursing after World War I. We will see that the RF also collaborated with royal women.

To my knowledge, there is no comprehensive study of the social history of nursing within either national or regional Balkan frameworks. While women doctors and midwives have attracted researchers' attention, nursing is usually discreetly treated within works on the Red Cross and barely mentioned in general histories of medicine. Despite the importance of nursing to both the history of military interventions and postwar public health policies in this region, it has received little scholarly attention. This contrasts sharply with a wealth of available research in Britain, the United States, France, and Russia, where multiple publications have addressed a variety of themes, including women's labor and citizenship, the nursing profession, specialized nursing education, military service, women's charities, the Red Cross and other international philanthropies, and public health.⁷

Even more striking is the scarcity of literature on modern royal women in the Balkans. The exceptions are several memoirs and autobiographies, most intended for publication, biographies by family members and court servants, and a scattered set of scholarly works.⁸ Notwithstanding a sustained interest in Balkan royal authoritarianism, one rarely comes across comments about the regal consorts. In collections dedicated to the history of European female royalties, the Balkan examples are usually ignored.⁹ This article seeks to address the lacunae in comparative studies on the history of nursing and on the roles of royal women by offering critical insights into the neglected aspect of the legitimization of imported monarchs (*xenocratie* in contemporary critics' lexicon)¹⁰ within the national arena.

The position of the modern queen in Southeastern Europe was not just an import from the West European royal tradition. Though the Byzantine Empire exhibited a patriarchal culture and the female marginalization common in premodern societies, the empress' power was inserted into most aspects of the

⁷ The literature is voluminous. I am citing here just a few selected works: Vicinus 1985; Knibiehler 1984; Schultheiss 2001; Rafferty 1996; Hallett 2014; Higonnet 2001; Summers 1988; Thébaud 2014, 157–82; Farley 2004; Weindling 1995.

⁸ This is surprising when compared to the robust scholarly interest in medieval princesses. Except for Queen Marie, the other royal women are mostly researched from a specific angle: Pakula 1984; Bucur 2000, 30–56; 2019, 77–104; Borozan 2011, 75–143; Ignatidou 2019, 1042–64; Sokolovskaia 2016; Stolić 2009; Parusheva 2012, 97–111.

⁹ Schulte 2006a. The same is true for nursing; see D'Antonio, Fairman, and Whelan 2013.

¹⁰ D'Istria 1865, 124.

court ceremonial.¹¹ This legacy established a model that was emulated by her modern counterparts. For instance, Queen Elisabeth (using the penname Carmen Sylva) wrote literary texts that depicted Romanian female rulers and establishing links with her medieval foremothers.¹² Royal families also pleased their subjects by choosing historic names of medieval rulers for their male progeny.

The constitutional monarchy that was established in the modern Balkans, though, searched for broader means of royal legitimation, including nursing. Here, I borrow from Jean Quataert the concepts of the “caring state,” rooted in Christian traditions and civic charity, and the “curing state,” shaped by modern medical science.¹³ The double image of the queen-benefactor and queen-nurse personified both aspects of the modernizing state’s interventions. Because these were poor agrarian states with underdeveloped economies and low levels of literacy and urbanization, they had a particular need of “soft power” to epitomize the imported modernizing institutions. Within these contexts, that queens’ embodiment of women, understood to be caring “by their nature,” reinforced the existing gender roles. Many consorts came from German states, yet the maternalistic portrayal of the queen as *Landesmutter* (Mother of the People), a model established there,¹⁴ was not overtly adopted in the Balkans. However, in wartime the queen in some cases became the “Mother of the Wounded,”¹⁵ a populist gender symbol intended to unify the nation.

Through detailed contextualization of selected case studies—two generations of royal women in four countries: Bulgaria, Greece, Romania, and Serbia/Yugoslavia—this article employs a comparative method at three levels: national, intra-Balkan, and European. I seek to highlight interrelated developments by addressing the following set of questions: What was the role of the Balkan dynasties in state-building? How did governmental and voluntary organizations participate in the process of militarization of healthcare? How were monarchy, gender, and nationalism entwined? I engage the literature in dialog with primary sources, including correspondence, diaries, nursing school materials, Red Cross documents, RF reports, and memoirs. Chronologically, the period under consideration has two distinctive parts: the latter half of the nineteenth century, and the interwar period. The Balkan Wars and the Great War constitute a liminal time that both produced ruptures and reproduced continuities. I will first provide a brief historical context for the Balkan political changes, and then short descriptions of the national ruling dynasties and the trans-European royal networks they belonged to. Then I will trace three forms of royal interventions: serving as, or supporting, nurses during war time;

¹¹ Herrin 2013, 2–3.

¹² Alexandrova 2020, 223.

¹³ Quataert 2001, 212.

¹⁴ *Ibid.*, 5.

¹⁵ The term was widely employed throughout the region. Bucur 2019, 94.

improving nurses' training and education; and sponsoring voluntary women's organizations and Red Cross societies in preparation for war. I will conclude by analyzing how nursing, in tandem with other strategies, helped to "normalize" foreign dynastic rule.

HISTORICAL CONTEXT

Deep political and social transformations marked modern Balkan history. This period was characterized by state-led centralization and institutional responses to Southeastern Europe's incorporation into the world economy, systems of nation-states, webs of transnational communications, and cultures of modern sensibility. The Russo-Ottoman War (1877–1878) and the Berlin Congress (1878) redrew the map of the Balkan peninsula, creating a mosaic of independent and semi-autonomous states. The Great Powers enforced the formation of the truncated Balkan states, and also initiated a lasting trend of external intervention in their domestic affairs. Inevitably, these changes created begrudging neighbors with claims on the shrinking Ottoman territories and plans for challenging the new borders. The successor states relied heavily on nationalist rhetoric and wars served as the main instrument for pursuing irredentist demands. The early introduction of military conscription contributed to a growing attention to soldiers' health at this time of "'medicalization' of warfare and the 'militarization' of medicine."¹⁶

The four countries under study shared several features, though to varying degrees: constitutional monarchy; political instability; a significant role for the military; an agrarian economy; low levels of literacy, especially among women; attempts at intense industrialization; and "Europeanization." The new elites, the conventional narrative goes, launched a process of state modernization, adopting a centrist model while seeking to introduce standards from other societies with more advanced political structures and capitalist economies. As a result, the states, and especially their monarchs, expanded their functions and espoused an ideology of bureaucratic paternalism. Various authors have recently challenged this mimetic model. While state building in Southeastern Europe meant adopting European ideas and systems of governance, the Balkan states also participated in the shared process of intra-regional and "transnational learning."¹⁷ Internationally, the foreign dynastic network was instrumental for the integration of the new kingdoms into the European political system. Accordingly, within the framework of such complex trans-European interactions, the monarchy, including the role of queens, became more significant.

¹⁶ Harrison 1999, 4–5.

¹⁷ Binder-Iijima and Kraft 2010, 2–5; Iordachi 2010, 179–221.

Following the model of constitutional monarchy prevalent in Europe since the mid-nineteenth century, modern Balkan states established similar systems of governance. In theory, the constitutional monarch, having both executive and legislative prerogatives, would ensure the preservation of social stability by arbitrating political conflicts. In practice, though, the political skill of the king played a major role in stabilizing or destabilizing state institutions. Some of the Balkan royalties were brought up in the military tradition of German aristocracy and regarded the new constitutions as too liberal for such backward societies.¹⁸ The first generation of foreign monarchs were neither prepared for their position nor did they know much about the countries they were to rule. In each country, it was common for kings to dissolve parliaments. Queens' authority was mobilized in a different manner, mostly through philanthropic establishments.

These were some of the institutional developments in the latter half of the nineteenth century, but the protracted wars from 1912–1918 shaped the socioeconomic and political landscape of the 1920s. After the wars' economic devastation, territorial changes, population exchanges, social unrest, and agrarian reforms, the Great Depression exacerbated the region's political instability. In the mid-to-late 1930s there was a visible trend toward establishing royal dictatorships. The vulnerable liberal political institutions, formed in the short period of post-Ottoman rule, vanished almost simultaneously throughout the region. The process was pioneered in Yugoslavia wherein King Alexander Karadjordjević promoted integral Yugoslav identity and renamed the state the Kingdom of Serbs, Croats, and Slovenes, a label it retained until 1929 (for consistency, I will refer to it herein as Yugoslavia). It was followed by Bulgaria in 1935, Greece in 1936, and Romania in 1938. Yet the royal and military dictatorships did not follow totalitarian ideologies, but rather "paternalistic notions of governance" built on an alliance of the old elites, the bureaucracy, the military, and the wealthy bourgeoisie.¹⁹ This "authoritarian turn" also displayed a growing tendency toward cooptation of the voluntary sector. Hence, by exploring the queens' role in nursing we can illuminate royal-military-civic relations. I now turn to the dynastic practices of each country, with a focus on queenship.

GREEK ROYALTIES

The first independent state in the Balkans was the Greek kingdom. Its formation, under the protection of the Great Powers, began with the imposition of King Otto of the Bavarian House of Wittelsbach (r. 1832–1862) and his wife Amalia of Oldenburg (r. 1836–1862). The Bavarian court and Greek bourgeoisie of the diaspora promoted cultural and institutional

¹⁸ Binder-Iijima and Kraft 2010, 3–13.

¹⁹ Calic 2019, 408–10.

modernization. Such “Westernizing” policies created a deep alienation between the Greeks and their foreign royalties, and after several uprisings with active participation of the army the king was overthrown.²⁰

Against these dramatic events, the new house of Schleswig-Holstein-Sonderburg-Glücksburg was a welcome change. King George I (r. 1863–1913) enhanced his position by marrying Orthodox princess Olga Konstantinovna (r. 1867–1913), niece of Tsar Alexander II. In contrast to her Protestant predecessor, Queen Olga was a model royal woman: she had seven children and involved herself in charity.²¹ And yet, the consort’s foreignness led to a different type of discontent, involving the Orthodox church. For example, in the mid-1870s she introduced polyphonic music in the Athens Cathedral, and she later commissioned a translation of the New Testament into vernacular Greek. In doing so, the queen intervened in discourses about modern Greece’s construction of its Hellenized historical continuity. Olga was seen to be motivated by her support of pan-Slavism, which made her politically unpopular.²² Both “incidents” were clear illustrations of the intricate relations between the process of nation-building and importing foreign dynasties, on one hand, and gender limits that “required” the queen to be politically neutral, on the other.

While the new Greek Constitution of 1864 curtailed some of the monarch’s powers, foreign policy remained a royal prerogative, and this allowed King George to control Greek diplomacy. Through arranging careful marriages for his scions, he established connections to all of the major royal dynasties in Europe. He was succeeded by his son, King Constantine I (r. 1913–1917, 1920–1922), who married Princess Sophie of Prussia (r. 1913–1917, 1920–1922), granddaughter of Queen Victoria and daughter of Emperor Frederick III. Her origin as well as the king’s German leanings led to a conflict with the prime minister, known as the “National Schism.” After the disastrous Greek-Ottoman War of 1920–1922, King Constantine was forced to abdicate, replaced by his eldest son King George II (r. 1922–1923, 1935–1947).²³ King George married Princess Elisabeth of Romania in 1921, which contributed to inter-Balkan royal networking. Greek dynastic history was punctuated by frequent ruptures. Any involvement by royal women outside of the gendered charity sphere was closely observed and “corrected” by the male-dominated institutions of the army and church.

SERBIAN ROYALTIES

Unlike the other successor states, Serbia/Yugoslavia had two native dynasties, the Karadjordjevićs and the Obrenovićs, who originated from the military

²⁰ Varikas 1993, 270–71.

²¹ Sokolovskaia 2016, 9.

²² Ignatidou 2019, 1044–45; Gallant 2015, 304.

²³ Clogg 1992, 61, 89, 210–12.

leaders of the two anti-Ottoman uprisings. Whereas in the other three countries the foreign dynasties tried to stabilize the throne through compromise with the local elites, the Serbian inter-dynastic hostility, wherein political violence became a legitimate and recurrent practice, created institutional uncertainty. Between 1804 and 1945, four of the nine Serbian rulers were assassinated and another four went into exile.²⁴

While the kings were Serbian, half of the queens came from foreign countries. The case of Natalija Obrenović (r. 1875–1889), of Russian-Romanian noble origin, is instructive. She was the consort of Milan Obrenović (r. 1868–1889). Later they divorced, which put her in a difficult position: the patriarchal Serbian elite criticized her for disobeying her husband, because she had also acquired more political agency.²⁵ Like in the case of Queen Olga in Greece, the female consorts were closely scrutinized by the local elites, church, and army. It seems that most Serbian royal women were directly involved in domestic and diplomatic decisions. Natalija's husband also accused her of orchestrating his ouster and plotting to become a regent.²⁶ A similar attempt was later made by the dowager Queen Marija of Yugoslavia.²⁷

Almost every monarch's rule was marked by private scandals, which led to political instability and empowered the army. For instance, in 1900, King Alexander Obrenović (r. 1889–1903) married a former dame-in-waiting to his mother Natalija. Queen Draga (r. 1900–1903) was vilified by her contemporaries and modern historians alike as a woman “with a past” who was unable to produce an heir.²⁸ Nonetheless, she carefully positioned herself as the “Serbian Queen” and established an ideological unity between the dynasty and the people.²⁹ And yet her significant political influence triggered a military coup in 1903 that ended the dynastic competition through a double royal murder. The throne was succeeded by Peter Karadjordjević (r. 1903–1914), whose rule was construed as Serbia's “golden age” of functioning democracy. Whereas in the earlier years there was conflict between the army and the crown, the war period transformed that relationship and led to their alliance, which in the long term contributed to the decline of parliamentarism in Yugoslavia. As mentioned, King Alexander Karadjordjević (r. 1921–1934) dissolved the parliament in 1929 and established a “Yugoslavizing dictatorship.”³⁰ He married Princess Marija (r. 1922–1934) of Romania and thus expanded Serbia's trans-Balkan and trans-European regal kinship.³¹

²⁴ Binder-Iijima and Kraft 2010, 15–18.

²⁵ Borozan 2011, 86, 117–18.

²⁶ Kraljica Natalija Obrenović 1999, 35, 169, 190.

²⁷ Djokić 2007, 112–13.

²⁸ Pavlowitch 2002, 72–73.

²⁹ Stolić 2009, 88–86, 128–37, 203–6.

³⁰ Pavlowitch 2002, 91, 108, 127–29.

³¹ Farley 2007, 69.

ROMANIAN ROYALTIES

Within the Balkan royal framework, Romania offers another type of exception: King Charles I Hohenzollern-Sigmaringen (r. 1866–1914), unlike the first rulers in Greece and Bulgaria, succeeded in legitimizing the dynasty. His consort, Elisabeth of Wied (r. 1869–1914), as noted, was interested in painting and writing. After the loss of their child, Charles' nephew Ferdinand I (r. 1914–1927) was designated as heir, though the king remained the country's key political figure until his death.³² Ferdinand's wife and next Romanian Queen, Marie (r. 1914–1927), was the granddaughter of Queen Victoria and niece of Tsar Alexander III. When she moved to Bucharest, her mother instructed her that garments “play a great part all over the world and more especially in Southern countries.”³³ Apart from its Orientalist overtones, this lesson was not lost on Marie, and she was very successful in constructing her public image by various means, including her choices of attire.

Queen Marie became arguably the “most conspicuous female presence in the media” of the World War I period and was instrumental both for morale boosting and for mobilizing support for the monarchy. By donning a nurse's uniform, she transformed herself from an “icon of elegance to one of patriotism and selfless devotion.” Marie also contributed to diverting public attention from the link between the German soldiers' cruelty and King Charles' German origin by reinforcing connections with the British royal house. Her activities also epitomized the foreign royal family's dedication to the national war effort.³⁴ Besides, her conversion to Eastern Orthodoxy and the rearing of her children as Orthodox Christians both enhanced her moral authority and placed her endeavors within the framework of traditional Christian charity.³⁵ Romanian media used the queen's image in propaganda and promoted her as “the Mother of the Wounded.” However, it was her links to the military, the prime minister, and her husband that allowed her to have an input in important decision making.³⁶ When Romania switched sides from the Central Powers to the Allies in 1916, German newspapers criticized Queen Marie's influence as the “evil spirit of the always weak King.”³⁷ Ironically, this German propaganda, based on a gendered critique, helped the queen represent herself as a contributor to Romania's postwar territorial expansion, a role she later unabashedly portrayed in her memoir.

³² Hitchins 1994, 21.

³³ Marie 1971, vol. I, 279.

³⁴ Bucur 2000, 41–43.

³⁵ I am grateful to Maria Bucur for bringing this aspect of Marie's status to my attention.

³⁶ Bucur 2019, 87.

³⁷ Hamlin 2010, 426–27.

BULGARIAN ROYALTIES

Bulgaria, like Greece, saw two foreign dynasties on the throne. The country was a latecomer to the Balkan political map, gaining its autonomy in 1878. It became a constitutional monarchy and its short-term first ruler was chosen from a European dynasty. Bulgaria's second prince, Ferdinand of Saxe-Coburg-Gotha (r. 1887–1918) married first to Marie Louise of Bourbon-Parma (r. 1893–1899), but her brief rule left no traces of interest in nursing. This may be because the 1890s were relatively peaceful.

By contrast, King Ferdinand's second wife, Eleonore (r. 1908–1917), princess Reuss of Köstritz, was deeply involved in charity and contributed much to the establishment of professional nursing in Bulgaria. Unlike most royal women, she was a trained nurse, and she had volunteered during the Russo-Japanese War (1904–1905). Royal memoirs describe her as a “vigorous and independent woman” who served “her people with generous abnegation” as a nurse during the Balkan Wars and World War I.³⁸ Her Bulgarian subjects were less appreciative. For instance, Ekaterina Karavelova, the wife of a prime minister as well as a journalist and feminist activist, resented that the queen was avoiding the field hospitals with Bulgarian doctors and socialized instead with the Austrian and German physicians.³⁹

To some extent, negative perceptions of foreign queens were nothing new; they were rooted in the iconic text of Bulgarian nationalism, *Istoria Slavenobolgarskaia* (1762), by Father Paisii of the Hilandar Monastery. He castigated the Bulgarian-Byzantine “marital diplomacy” by rebuking Byzantine princesses for what he called their “perfidious beauty,” on two counts: gender and loyalty.⁴⁰ Giovanna (r. 1930–1943), princess of the House of Savoy, was the last in the short string of modern Bulgarian queens. As the consort of Ferdinand's son King Boris III (r. 1918–1943), she continued the active royal involvement in nursing and charity, both within national and European contexts, since the nobility exhibited a strong international orientation.

GENDERED ROYAL NETWORKS

We have seen that Europe had a large stock of suppliers of “dynastic personnel” for a “cross-border marriage market.” While dynastic marriages had been instrumentalized since the Middle Ages, gender-sensitive research has highlighted that the women involved were not mere passive tools of political influence.⁴¹ Royal members knew of one another (often as relatives), understood tacit signs of the ranking order, and shared a series of behavioral norms and

³⁸ Marie 1971, vol. I, 503.

³⁹ Drenkova 1984, 150–55.

⁴⁰ Davidova 2012.

⁴¹ Herrin 2013; Schulte 2006b.

cultural ideas of entitlement. Ironically, such internationalized performance was also “nationalized,”⁴² especially with the rise of nationalism and as wars became a litmus test of royal loyalty. The pressure on foreign monarchs to espouse national causes was particularly strong in the Balkans. Most of the queens examined here exercised “soft power” by embedding the dynasty within nationalist claims and promoting social stability. The legitimation of this kind of benevolent xenocracy often relied on royal and other networks, webs that operated on several direct and indirect levels: diplomatic and social occasions, informal personal relations, participation in regional and international events, and involvement in local branches of international philanthropic organizations such as the Red Cross and the RF.

There were multiple channels for transmitting uniform standards of behavior for queenship. For instance, Queen Victoria, the archetypal trans-imperial mother and grandmother, provided political instruction in her correspondence with her royal daughters, which subsequently was adopted by her multiple female heirs. Her advice was customized to meet the needs of constitutional monarchy in a time of building nation-states.⁴³ Birthdays, funerals, and weddings were occasions to exchange news and affirm of a transnational sense of belonging to a world of privilege. Thus, Queen Marie of Romania noted that she met her future husband Ferdinand at age sixteen at a gathering Kaiser Wilhelm organized in an eighteenth-century chateau. Since it was an arranged marriage of one Queen Victoria’s granddaughters, a princess whose uncles and cousins sat on many thrones, this was “*un beau mariage*” that opened new venues in a “still rather unknown country ‘somewhere in the near East.’”⁴⁴ Her memoir’s boastful and Orientalist tone aside, royal kinship helped in diplomatic relations. On a Balkan scale, Queen Marie was a replica of her famous grandmother, since two of her daughters also became queens: Elisabeth of Greece and her sister Marija of Yugoslavia. The three together formed a near family monopoly on the Balkan thrones.⁴⁵ Nonetheless, women in the upper echelons of power still faced gender disparities, and for them charity and nursing were useful tools for both asserting their national visibility and expanding their international networks.

Meetings with other royal representatives are mentioned casually in queens’ accounts, but often they went hand in hand with political arrangements. For example, in 1881, Princess Natalija and Prince Milan met with Princess Sophia and Crown Prince Rudolf in Prague on their way to a spa in Franzensbad. Later they visited Kaiser Franz Josef in his summer resort Ischl, where Milan was negotiating the secret treaty of that year.⁴⁶ Natalija’s memoir

⁴² Osterhammel 2014, 586, 751.

⁴³ Schulte 2006c, 183.

⁴⁴ Marie 1971, vol. I, 202–11.

⁴⁵ Pakula 1984, 317.

⁴⁶ Kraljica Natalija Obrenović 1999, 105–6.

does not detail the importance of this combination of formal (male) events and informal communications between royal women, but the meeting seems to have served as an international endorsement of their upgrading to kingship the next year.

Apart from the mergers with the European dynastic houses, a second level of Balkan royal communication involved both formal visits and queens' informal trips. For instance, Queen Marie mentioned Queen Eleonore's and King Ferdinand's separate stays in Bucharest. The two royal women even exchanged letters during the First Balkan War in a futile attempt to avoid military conflict between the two states due to territorial claims over Dobruja.⁴⁷ Princess Irene of Greece provides another example. She insisted that Canadian nurses be invited to Greece. Elizabeth Crowell from the RF said this was suggested by Irene's sister Helen, wife of Carol II, during Irene's visit in Bucharest, when both princesses inspected plans for a nursing school.⁴⁸ These two instances suggest that informal contacts were a fairly common practice that is sometimes invisible in the sources.

Official regional events were also staged in the interwar period, often sponsored by the Balkan royal ladies, such as children's congresses in the 1920s and women's artists and writer events in the 1930s. Some of those arranged activities illustrated a simultaneous process of nationalization and embourgeoisement of the royal houses achieved through patronage and charitable work, including interventions in nursing.

QUEEN-NURSES

The turn of the nineteenth century proved to be a tumultuous period for Southeastern Europe's newly established states. Multiple wars punctuated the region's history, and they revealed that all Balkan states, to varying degrees, were inadequately prepared for military actions. Subsequently, providing wartime medical care appealed to women by offering a compromise between barbaric destruction and humanitarian impulses.⁴⁹ Female royal members, as well as middle-class women, served as wartime nurses, and by embracing a culture of gendered sacrifice they provided a visible link between the home front and the front lines.

One of the earliest examples comes from Greece, where Queen Olga, like Eleonore, had a nursing diploma and often attended surgeries. While she did not serve as nurse, the queen did visit hospitals and establish lazarettos during the Russo-Ottoman War (1877–1878), the Greek-Ottoman War (1897), and the two Balkan Wars (1912–1913). She maintained an almost thirty-year-long

⁴⁷ Tsendralen dŕrzhaven arkhiv, f. 3k., op. 8, a.e. 36/5.

⁴⁸ Rockefeller Archive Center, Frances Elizabeth Crowell, Diary, 1938, 17–22.

⁴⁹ Harrison 2010, 1.

correspondence with her brother the Grand Duke Konstantin about her care for soldiers and hospital visits, which the queen called the “lazaretto chronicle.”⁵⁰ The two sisters-in-law—Crown Princess Sophie and Princess Alice, the wife of Prince Andrew—competed over tending wounded soldiers. The latter was removed because Crown Prince Constantine thought that Alice’s engagement with hospitals and nursing was damaging Sophie’s charitable work.⁵¹ This case is important because it shows that nursing was a powerful way to construct a public image and lay claim to the moniker the “Mother of the Wounded,” and especially for royal women of foreign origin. It also reveals a gender disparity: what on the surface looks like a competition between two princesses was actually one between the heir to the throne and his brother.

Similarly, Queen Natalija, who was half-Russian and half-Romanian, needed to publicly display her Serbian patriotism, especially during wartime. She organized help for the wounded during the war of 1885 and became quite popular, and was represented in the magazine “*Domačice*” as the “Serbian mother” and a paragon of “female virtues.”⁵² This was another instance of modeling the culture of gendered sacrifice. Though nursing was conceived as women’s analog to combatants’ service, such palpable royal “sacrifice” also obscured the experience and worth of women who worked farms and cared for children and elderly relatives.

Other royal women, like Queen Marie, funded hospitals for wounded soldiers and “Regina Maria” ambulances. She made regular visits to the Red Cross hospitals and camps and brought cigarettes to combatants and thus inspired many women to volunteer. During the Second Balkan War, Marie even crossed the Danube River to where cholera ravaged. When advised to protect her safety with gloves, she remarked, “I really cannot ask them [soldiers] to kiss India rubber!” According to her self-promoting memoir, she felt an urge “to sacrifice myself if necessary, to put myself entirely at the disposal of my people.” The “sacrifice” had its limits, though—she did not deprive herself of riding, because it remained the “one thing I really passionately enjoy.”⁵³ Marie did not serve as a nurse (despite wearing the nurse uniform almost everywhere during the Great War), but instead supported sisters of charity and other volunteers to do the actual nursing.⁵⁴ To bolster national morale and perceptions of the royal family’s patriotism, she also wrote articles for the newspaper most popular among the troops, and took her children to hospitals to deliver food to soldiers. The queen’s idealized image as the “Mother of the

⁵⁰ Sokolovskaia 2016, 59–71.

⁵¹ Hall 2014, 50–55.

⁵² Kraljica Natalija Obrenović 1999, 36–37.

⁵³ Marie 1971, vol. I, 551–52, vol. II, 61, 127–29, 177; Bucur 2019, 92–94.

⁵⁴ Pakula 1984, 166–67.

Wounded” offered solace to combatants but, again, also overshadowed other women’s heroic actions.⁵⁵

We see this also in war portraits, where those of nurses were group pictures while most images of royal nurses showed them alone. They frequently tended to wounded soldiers, bandaged wounds, or assisted in (often staged) surgeries. Pro-war propaganda used such imagery especially when the queen was of foreign origin, to affirm her loyalty and promote her as a national paragon for women. These models did not, however, support women activists in their demands for enfranchisement, and associations’ activities were mostly channeled into middle-class voluntarism. Most images show queens or other nurses providing, not medical care, but emotional and “motherly” care.⁵⁶

A more authentic instance of wartime royal nursing is found in Queen Eleonore. She was a professionally trained nurse at the Rudolfiner House in Vienna and enlisted during the Russo-Japanese War. For this service she was in 1907 awarded a medal by Dowager Empress Maria Feodorovna, the wife of Tsar Alexander III who acted as the titular head of the Russian Red Cross from the late 1870s until 1917.⁵⁷ In Bulgaria, Queen Eleonore supervised the nursing of the wounded soldiers and even earned the sobriquet the “German Florence Nightingale.”⁵⁸ Her two stepdaughters, Princess Eudoxie and Princess Nadezhda, like their Romanian counterparts, prepared bread daily for the hospitals. Mabel St. Clair Stobart, who volunteered at different wartime locations and met other royalty, highly respected Queen Eleonore because she “was not a royal automaton, but a real live woman.”⁵⁹ Such firsthand war experiences help explain why these royal women developed an interest in professionalizing nurse education.

ROYAL PATRONAGE FOR NURSE TRAINING

The idea of volunteer nurses serving in international wars was introduced at the Genevan conference of 1863. And yet most training happened on a national level in times of peace. Research on British, German, and Russian members of the royal houses shows an early insertion of queens into both charity and nursing, often mediated through an honorific leadership of the respective Red Cross societies.⁶⁰ These aristocratic acts were also consonant with the burgeoning middle-class women’s associational culture in the late nineteenth century, and nurse training quickly became an important element of association activities. There were instances of male soldiers providing medical help, but nursing was

⁵⁵ Bucur 2000, 41–44.

⁵⁶ Stoff 2015, 213–30.

⁵⁷ Tsendralen dūrzhaven arkhiv, f. 3k, op. 15, a.e. 6.

⁵⁸ Hall 2014, 47.

⁵⁹ Stobart 1913, 57–58, 63–68.

⁶⁰ Prochaska 1995; Quataert 2001; Stoff 2015.

established as a vocation for women in both Europe and the United States. Multiple factors coalesced to produce this development: patriarchal perceptions of women's nurturing "nature"; physicians' anxieties about competition and expectations of women's obedience and self-abnegation; middle-class women's push for a paid profession; and a post-World War I political use of nursing as women's equivalent to patriotic war service.

The damage the protracted wars had caused, even in the victorious Allied countries, brought opportunities for reforming public health across Europe. In the 1920s, both governments and national Red Cross branches were economically weakened, which opened up a new arena for public health involvement by international organizations, such as the RF, the American Red Cross (ARC), and the newly formed League of Red Cross Societies (1919). The latter promoted the establishment of educational programs for public health nursing.⁶¹ Not surprisingly, the U.S. government instrumentalized some medical interventions to maintain stable political order that blocked the resurgence of German militarism and expansion of Bolshevism by creating a "sanitary buffer zone."⁶² Consequently, during and after the Great War, U.S. nurses, under the auspices of the ARC, promoted the U.S. political agenda.⁶³ For instance, the ARC started and supported nursing schools in Eastern Europe (Romania, Yugoslavia, Poland, and Bulgaria). By and large, these U.S. agencies were interested not only in promoting public health but also in obtaining the royal imprimatur of credibility.

Such female dynastic sponsorship had a long regional tradition. An early Greek example comes from Queen Olga, who partnered with the "Ladies' Association for Women's Education," a middle-class organization established with multiple goals of developing schools for the poor, girls' schools, book-distribution programs, nursing courses, training for domestic servants, and workshops for underprivileged women. In 1875, encouraged by the queen, the Association launched a Nursing School in Athens.⁶⁴ Soon the need for a hospital to practice in became apparent, so the queen set up a committee headed by the Athenian Metropolitan to raise money for it. With substantial donations from Greek merchant families in Russia, the building of the hospital "Evangelismos" began.⁶⁵ Following in Olga's steps, Crown Princess Sophie established the first Greek School of Certified Nurses at the Saint Sophia's Children Hospital in Athens. Meanwhile, the Greek-Ottoman War (1897), supported by King George I, led to disaster, and many Greeks blamed him for the debacle. The monarchy needed to repair its reputation with a more benign and visible

⁶¹ Rafferty 1995, 266–69.

⁶² Weindling 1993, 253–54.

⁶³ Irwin 2011, 78–81.

⁶⁴ Kanner 2013, 85–86.

⁶⁵ Korasidou 2002, 86–87; Sokolovskaia 2016, 59.

presence, and this hospital and nursing school fit the bill. As in the other three countries, the princess awarded the graduates both diplomas and medals. She also invited three prominent nurses from England to educate the Greek trainees. Queen Olga's initiative was influenced by the Orthodox religion and its nurses dressed conservatively and considered their service a Christian duty, but this second school had a more secular agenda. In both cases, the royal initiatives tapped the Greek diaspora for financial support.⁶⁶

Between the wars the RF provided some external funding. In 1937 its representatives sought Princess Irene's endorsement to open a School for Public Health Nurses in Athens. Dr. George Strode wrote in his diary: "It seems that it is a hereditary characteristic of the ladies of the royal family to interest themselves in nursing and the present princess wishes to carry on." Later he added that the building of the school was advancing mainly due to the patronage of Madame Metaxia [*sic*] and one of the princesses, and the school opened in 1938.⁶⁷ Therefore, the Greek case exhibits not only a long-term tradition of female royal involvement in nursing but also a successful attraction for external funding.

In Bulgaria, the nursing school run by the Bulgarian Red Cross (BRC) was established in 1900 with the help of Russian nurses. The Russian model was complex in that secular communities coexisted with "semi-religious" female societies called "Sisters of Mercy." Russian nursing remained a "charitable and quasi-religious activity," and was not professionalized. The BRC borrowed from this hybrid model. To offset it, Queen Eleonore initiated another project for school training to professionalize nurses' education in accordance with the best international standards. Initially, she sent four Bulgarian students to Bucharest to study nursing in the institute St. Elisabeth, which was founded and funded by the Romanian Queen Elisabeth. The latter was supportive and awarded the Bulgarians a badge with her image at their graduation.⁶⁸ When Queen Eleonore visited her royal counterpart in Bucharest, as well as the future Queen Marie, she used these contacts to promote a "study abroad" agenda.

In 1913, in order to establish a robust institutional framework, Queen Eleonore asked the ARC to help organize a modern school in Sofia and implement the American system. A 1916 letter exchange between Mabel Boardman, Director of the ARC Nursing Service, and Jerome Green from the RF confirms that before the war the queen, a German princess and a "most excellent woman who is wrapped in this work," had made arrangements with the ARC. The queen had also sent a personal letter to John Rockefeller on

⁶⁶ Tsoucalas et al. 2011, 102–6.

⁶⁷ Rockefeller Archive Center, RF Records, field offices, Paris, RG 6, SG 1, Series 1: Pre-war, FA 395, box 25, folder Athens, School of Nursing, 1936–1939.

⁶⁸ Tsendralen düzhaven arkhiv, f. 3k. op. 8, a.e. 1628.

the subject.⁶⁹ This correspondence suggests that she was a woman of many talents and knew how to seek international sponsors, but also that the U.S. establishments were interested in royal support, as in the Greek and Yugoslav cases. In her efforts to develop a professional nursing service, Queen Eleonore was motivated by the many casualties during the Balkan Wars. This line of thinking was common at the time, especially after World War I, as a total war, changed the ratio between the wounded and killed soldiers. This also shifted the relationship between the state and its soldiers, and medical care for the injured became part of a “tacit contract” between them. In this way, healthcare became not only a medical matter but also a political one, which made explicit the connection between patriotism, soldiers’ morale, and medical provisions for the wounded.⁷⁰ Within this context nursing, too, became a political issue with gendered dimensions: nursing would constitute women’s share in national wartime sacrifice.

Queen Eleonore’s efforts materialized in 1915 when two American nurses launched the so called “Queen’s School” in Sofia, which lasted just three years. The queen donated from her private funds for pupils’ uniforms, furniture, and textbooks. Because she was also a generous donor to the BRC, it did not directly oppose her involvement, but it did perceive this royal intervention as a threat to its school. Once Bulgaria joined the Central Powers, the American instructors left the country and nurse training was taken over by the German Red Cross.⁷¹ Unfortunately, when the queen died in 1917 the project faded away. The subsequent history of nurse education in Bulgaria between 1920–1935 revolved around attempts to reopen the Queen’s School as a state school, which involved various local and international stakeholders, including the RF.

Queen Giovanna, however, was not engaged in plans of institutional change, and the BRC managed to retain its monopoly over nursing training in Bulgaria until 1953. She became simply a generous sponsor to the Nursing School and, starting in 1933, she regularly attended the graduation ceremonies and awarded diplomas. The queen often donated money for textbooks also, as well as for a gramophone and disks to learn English. The school reciprocated by sending the queen telegrams on her birthdays.⁷² Such peacetime relations became more stylized, and the dramatic figure of the queen-nurse dissipated, replaced now by the queen-benefactor.

In Romania, short training courses were provided by hospitals and women’s associations, some of which were established by Queen Elisabeth, especially

⁶⁹ Rockefeller Archive Center, RF Records, projects, SG 1.1, Series 711, Bulgaria, FA 386b, box 1, folder 1, Nursing, 1916, 1926–1928.

⁷⁰ Harrison 2010, 10–12, 300.

⁷¹ Dürzhaven arkhiv Sofia, f. 360k, op. 2, a.e. 3, 3; Tsendralen dürzhaven arkhiv, f. 156, op. 1, a.e. 17, 28–29; Davidova 2018, 119–20.

⁷² Tsendralen dürzhaven arkhiv, f. 372, op. 1, a.e. 933; f. 3k, op. 12, a.e. 2577; Dürzhaven arkhiv Sofia, f. 360k, op. 1, a.e. 11, 4; a.e. 13, 4; a.e. 61, 7–8.

around the war of 1877–1878, but there were no accredited schools for nurses until 1913. Between 1913–1916, the certified school graduated one hundred nurses, and it was later named after Queen Marie, yet there is no evidence that she became directly involved in the way Queen Eleonore had.⁷³ In 1919, a nursing school was opened in Cluj, and two other schools were established in the early 1920s with a focus on public health nursing.⁷⁴

Similarly, in Serbia/Yugoslavia, various organizations and hospitals offered short courses with limited curricula. The three state schools of nursing in Zagreb, Belgrade, and Skopje were opened in the early 1920s, with both the ARC and the RF involved in their initial funding. For example, in 1921, the Red Cross School of Nursing was established in Belgrade. Its modern new building, finished in 1922, was visited by Queen Marija. She also regularly donated money.⁷⁵ Nursing and philanthropic work went hand in hand, then, and the next section further explores this interweaving of gendered effort, patriotism, and war.

QUEEN-BENEFACTORS OF THE GENDERED PHILANTHROPIC SPHERE

Philanthropy was a social arena in which diverse strata intermingled, and it allowed elites to demonstrate concern with public affairs and patriotism. Queens embodied this humanitarian trajectory and were again at the forefront of benevolent work in fighting poverty and social diseases in Western Europe.⁷⁶ The regal offshoots in the Balkans continued to follow this model. Royal women enthusiastically promoted such a culture of women's societies. For example, Serbian associations manifested a strong connection to the royal family, and some were named after female members of the Karadjordjević dynasty. Another common aspect was close connections with the Serbian Orthodox Church.⁷⁷ This intermingling of the state and the voluntary sector created ambivalence and fluidity.⁷⁸ The partnerships often involved royal honorific membership, bountiful subsidies, and ceremonial participation, in tandem with nationalist rhetoric.⁷⁹

Charity, however, was also the main domain of middle-class women's religious and secular associations. The century's turn was marked by a dynamic rise of not only women's societies but also their commitment to nurse training. Attempts to coordinate their activities led to the establishment

⁷³ Bucur 2019, 89; 2020.

⁷⁴ Gule 2011, 175–76.

⁷⁵ Konstantinović 1927, 13–17.

⁷⁶ Quataert 2001, 151–52.

⁷⁷ Lilly 2003, 106–7.

⁷⁸ For examples of multilateral cooperation among various voluntary associations, the army, members of the royal family, and the Red Cross in interwar Yugoslavia, see the special issue of the *European Review of History: Revue européenne d'histoire* 26, 1 (2019).

⁷⁹ Giomi and Petrunaro 2019, 6.

of mass and/or umbrella organizations in Greece (1896, 1908), Bulgaria (1901), Serbia (1903, 1906), and Romania (1910, 1913).⁸⁰ While educated urban women grew more visible in these associations, the royal institutions wove themselves into the civil society's tapestry. The analysis of benefactors' intentions reveals some common motivations across various contexts, such as manifesting paternalism, building consensus, rendering the poor dependable, establishing social control, or educating, relieving, and moralizing the needy. In addition, charitable initiatives were vehicles for power negotiations and instruments of political strategy, and offered an "alternative ceremonial space to a broad range of elites excluded from civic rituals."⁸¹ This quote helps us understand the ways in which the queens sought to insert themselves into both the national and transnational philanthropic spheres so as to gain an autonomous means of representation. This was particularly relevant to the Balkan context, where female consorts needed to assert their political and ethnic presence.

In Greece, Queen Olga and Princess Sophie were supportive of the "Ladies' Association for Women's Education" and its charitable activities for prisoners, blind people, and the poor. Their regal authority added weight to their exhibitions and other fundraising activities. The royal women also supported the "Union of Greek Women" (1896): Queen Olga was its honorary head and the princess its vice-president.⁸² In Greece, the pivotal moment for mobilization of gender, voluntary associations, and the crown was the 1897 War against the Ottoman Empire. The Union provided nursing courses in collaboration with the Red Cross, and organized humanitarian work and fundraising. Both royal women not only attended the lectures but also sat on the final examinations of the Red Cross nurses.⁸³ By and large, the war rendered women's charitable organizations and nursing groups more visible, which allowed Greek feminists to use their contribution to the national cause as a platform to demand legal emancipation of women.⁸⁴ That said, such claims that undermined women's traditional roles were not upheld by any of the Balkan royal ladies. For example, Queen Marie did not support change for women's "systemic gender inequalities" and voting rights, educational opportunities, or feminist demands for professional recognition in Romania.⁸⁵ Princess Eudoxie, sister of King Boris, told an American journalist that she did not believe in women's enfranchisement because "Bulgaria is not ready for this [right]."⁸⁶ These two cases are not outliers in the European context, but on the contrary manifest the broader class limitations of gender solidarity.

⁸⁰ Daskalova 2012, 181–95; Emmert 1999, 35.

⁸¹ Cavallo 1991, 50–55.

⁸² Kanner 2013, 247–56.

⁸³ Hall 2014, 43–45; Sokolovskaia 2016, 59.

⁸⁴ Avdela and Psarra 2005, 71–74.

⁸⁵ Bucur 2019, 95–96.

⁸⁶ Cited in Daskalova 2012, 318.

In Serbia/Yugoslavia, all royal women were also patrons of women's associations. For instance, the "Women's Society" (1875) in Belgrade had charitable goals and opened a school of crafts for poor girls, with Queen Natalija Obrenović acting as its *visoka zaštitnica* (high protector).⁸⁷ During the Serbo-Bulgarian War of 1885, the members of the "Women's Society" served as volunteer nurses in Belgrade hospitals and the queen turned one palace hall into a workshop for sewing shirts and preparing bandages for soldiers.⁸⁸ The Karadjordjević dynasty continued the patriotic patronage. The growing activism of various women's associations was best epitomized by the "Kolo srpskih sestara" (The Circle of Serbian Sisters, 1903). Its philanthropic work was intimately intertwined with a nationalist agenda while it at the same time promoted patriarchal values and failed to support demands for women's rights and gender equality. Even though it provided the Ministry of War with a list of 1,500 women nurses in 1914, the Circle reinforced the myth of men alone sacrificing for war while women were mere caregivers. From 1912 until 1918, the organization not only recruited volunteer nurses but also supplied the means for their training. The royal family supported this conservative direction, as illustrated by Princess Helena, daughter of King Peter I Karadjordjević, who nursed wounded soldiers alongside other volunteers and thus bolstered the traditional roles of women as caregivers and nurturers.⁸⁹ After the Great War, the focus changed and most organizations provided for disabled veterans, war widows, and orphans, established homes for invalids, and raised money for displaced families and war monuments. Nevertheless, they upheld the "mission of nationalism,"⁹⁰ and the dynasty was a vocal participant.

The Yugoslav case illustrates some broader postwar trends that shifted charity from voluntary, middle-class activities to the state as urban social issues dramatically increased. In this way, in the aftermath of World War I the monarchy inserted itself more deeply into the non-governmental structures. For example, both the king and his consort became patrons of "Prehrana," a major private organization in Zagreb that provided meals for the urban poor. Queen Marija even visited the main dining room in 1931.⁹¹ After King Alexander's 1934 assassination, the King's Humanitarian Fund was renamed "Chancellery of Queen Marija," and through these funds she sustained around fifty associations, exercising her preference for causes concerning children, veterans, and victims of tuberculosis.⁹² Still, such interactions were not just top-down but also

⁸⁷ Borozan 2011, 88, 113.

⁸⁸ Milanović 2015; Kraljica Natalija Obrenović 1999, 163.

⁸⁹ Newman 2015, 86–91; Stolić 2015, 154.

⁹⁰ Bokovoy 2006, 165–68.

⁹¹ Petrunaro 2019, 143–45.

⁹² Pavlović 2000, 42–59.

benefitted local elites and had a symbiotic character that linked royalty with local elites.⁹³

In Romania, Queen Elisabeth was regarded as an enthusiastic philanthropist and financed societies with a focus on aiding women and blind people.⁹⁴ Queen Marie also patronized traditional charitable institutions such as bazaars, exhibitions, and humanitarian projects. Immediately after World War I, she remained involved in social charity by supporting disabled veterans, widows, and orphans. Queen Marie worked hard as a leader of the Refugee Workers, and was honorific president of the War Invalids Society and a voluntary inspector of all hospitals and camps.⁹⁵ Nursing, though, was no longer her priority as it had been during the wars.

In Bulgaria, in anticipation of a war against the Ottoman Empire, nurses' training was provided by the association "Samarianka" (Samaritan Women Society), founded in Sofia (1910), under the patronage of Queen Eleonore. The training courses followed the model of the "Dames de France."⁹⁶ The queen awarded the graduates' diplomas at a formal event attended by the BRC's Board and other high officials. More significantly, the graduation was held at the Military Club, which again blended the crown, the army, and the voluntary sector. To some extent, *samarianka's* higher education and social standing, in contrast to the BRC's Sisters of Mercy, could be compared to the Voluntary Aid Detachments in Britain, the volunteer sisters in Russia, and the "Dames" in France. Likewise, trained nurses resented their amateurish training and higher class.⁹⁷

In the 1920s and 1930s, Queen Giovanna and Princess Eudoxie also donated generously to children's welfare centers and kitchens for the poor. The queen funded a tuberculosis preventorium, built with a gift from her wedding.⁹⁸ The attention to social diseases, children's health, and motherhood followed a general trend during the interwar period.⁹⁹ Such regal intervention was not a coincidence: the mid-1930s were marked by increased anxiety about demographic collapse, expansion of puericulture, and adoption of various eugenic projects, which easily dovetailed with nationalist propaganda.¹⁰⁰ At the same time, such associational life and social engagement reproduced not only traditional gender hierarchies but also labor divisions and class distinctions.

In sum, gift giving, patronage, and personal visitations were dynastic practices adopted from earlier centuries, which linked warfare and welfare.

⁹³ Tchoukarine 2019, 124.

⁹⁴ Marie 1971, vol. I, 536.

⁹⁵ Pakula 1984, 146, 265; Hall 2014, 119.

⁹⁶ Tsendralen dŭrzhaven arkhiv, f. 156k, op. 1, a.e. 16, 14–15.

⁹⁷ Stoff 2015, 51; Summers 1988, 261; Knibiehler 1984, 92.

⁹⁸ Ioanna 1991, 130–31.

⁹⁹ Weindling 1995; Cabanes 2014.

¹⁰⁰ Promitzer, Trubeta, and Turda 2011.

Their coupling legitimized royal political power but also decoupled it from unwanted associations, such as with foreign origins. To be sure, these activities were also supported by the civic establishment because the dynasty was providing it with a sense of identity and respectability.¹⁰¹ This symbiosis between the royal diadem and the voluntary sector combined responsibilities of both the “curing” and the “caring” state, and in this way easily transmitted them to the philanthropic sphere. Additionally, this intricate mix of various and fluid interests was often articulated in the traditional language of Christian charity along with a rhetoric of medical modernization. Yet, the emphasis on women’s nurturing and caregiving potentials sidelined the issues of women’s political rights and asserted neo-traditionalism, which was a right-wing project.¹⁰² Although women’s associations were vital in linking traditional gender roles and royal patriotism through nursing, and as such facilitated the militarization of health provision and society at large, it was the national Red Cross societies that institutionally reiterated this osmosis.

ROYAL TITULAR HEADS OF THE RED CROSS

The deep connection between warfare and healthcare developed from the origins of the Red Cross. Established in 1864 in Geneva, the International Committee of the Red Cross required the national branches to provide neutral aid to the wounded and to act independently from national authorities. Still, most chapters were connected to their governments and royal houses. For instance, patronage of the Russian Red Cross provided legitimacy for the Romanovs: domestically, it helped to promote the idea of the dynasty’s benevolence for the welfare of its subjects; and internationally, it sent humanitarian aid to selected countries. Empresses acted as nominal heads of the Red Cross and, because the dynasty was also a major donor, it often interfered in Red Cross activities.¹⁰³ Other royal members also became the titular heads of national Red Cross societies, such as Queen Augusta, who encouraged national branches to expand their peacetime nurse training and preparation for service during war. Even though the Red Cross was founded as a universalist organization with the task of mobilizing civil resources for wars, its national branches gradually became auxiliaries to armies’ medical services and were militarized, nationalized, and patronized by the state.¹⁰⁴ Thus, the Russian Red Cross may be characterized as a “quasi-state” agency with a philanthropic mission.” The German Red Cross was also closely

¹⁰¹ Quataert 2001, 3–7, 212; Prochaska 1995, 47.

¹⁰² Daskalova 2012, 102–5.

¹⁰³ Ringlee 2016, 2–9, 107, 343–47.

¹⁰⁴ Hutchinson 1996, 119–21, 176.

aligned with its monarchy and military. Even the ARC became a “quasi-governmental body under the War Department.”¹⁰⁵

Most Balkan states also adopted laws that privileged their national Red Cross societies, such as with exemptions from taxes and duties, property ownership, and contracts with the military.¹⁰⁶ Yet research has shown that the picture was more nuanced and during the long wars the International Committee of the Red Cross continued to espouse humanitarian neutrality despite rising nationalism within the belligerent countries. And, while “national” implies a single national chapter, there were more internal divisions, especially at the junction of politics of laicization and politics of gender. France, for instance, had three different Red Cross societies. These tensions had a significant gender impact: Red Cross societies successfully mobilized women by highlighting traditional roles and diminishing class distinctions, yet, by promoting the “heroic” face of nurses, the Red Cross made women publicly visible.¹⁰⁷

Indeed, the link between the sacrificing role played by the Red Cross and the patronages offered by the royal women ensured the nobility of the cause. Many Balkan queens were notable for their “caring” dimension as honorary heads of the respective Red Cross branches, as exemplified by Queen Marija of the Yugoslav Red Cross and her mother Queen Marie of the Romanian Red Cross. Even after moving back to Russia, dowager Queen Olga served as liaison between the Greek Red Cross and the Russian Red Cross.¹⁰⁸ Women of the royal family also exercised “soft power” in coopting the Red Cross in military events, which were also attended by Orthodox prelates. Such was the case of the royal military maneuvers in Bulgaria (1937), in which the BRC participated with a sanitary train and a field hospital that were inspected by the king and queen and members of the diplomatic corps. The nursing school was also integrated into military drills that included four instructors, two nurses, and fourteen students.¹⁰⁹ This close and visible relationship between dynasty, military, and the Red Cross became a Bulgarian iteration of a typical European trait, which started in Germany.¹¹⁰

The Red Cross established a transnational network for local expressions of charity and humanitarianism against the backdrop of war. Accordingly, the International Committee of the Red Cross awarded Florence Nightingale Certificates, decorated with a symbol of the Pietà, for “The Greatest Mother of the World.”¹¹¹ Queen Victoria also began granting a Royal Red Cross medal

¹⁰⁵ Stoff 2015, 50; Quataert 2001; Irwin 2013, 4.

¹⁰⁶ For instance, in Romania (1895), Bulgaria (1904), and Serbia (1906). Hutchinson 1996, 381.

¹⁰⁷ Jones 2009, 699–703; Schultheiss 2001, 21; Knibiehler 1984, 178.

¹⁰⁸ Sokolovskaia 2016, 182–87.

¹⁰⁹ Dürzhaven arkhiv Sofia, f. 360k, op. 1, a.e. 15, 5.

¹¹⁰ Hutchinson 1996, 177.

¹¹¹ Bock 2002, 176.

(1883) for women in the Military Nursing Service. The Balkan rulers instituted similar awards for the medical personnel who served during wars: Queen Natalija created gold and silver medals for women who volunteered in the wars of 1876–1878. Romania established a Decoration of the Cross of Queen Elisabeth in 1878, and in 1917, the Regina Maria Red Cross Order, which was conferred on ladies, nurses, and orderlies who worked in the hospitals.¹¹²

This last order deserves special mention because it speaks to the larger issue of social hierarchy. From a gender perspective, the decorations were granted by the king rather than the queen even though she contributed to founding the award and to choosing the candidates. And women received only 41 percent of the awards. As Henriette Donner has demonstrated, “bourgeois notions of respectability” prevented middle-class women from entering the job market and occupations considered to be “paid work.” Instead, the Red Cross provided them with “non-material, emotional rewards” and thus combined the principles of both political and moral economy under the public sponsorship of royal and titled personages.¹¹³ The opportunity for status and belonging predisposed middle-class women to work with the national Red Cross branches, often under the patronage of their female royals, and made this service both patriotic and respectable. Their work highlighted the moral imperative of sacrifice, traditional roles of nurturing women, and depoliticization of demands for job equity and suffrage. Yet Red Cross humanitarianism also provided a popular platform for the royal houses to engage in nationalist endeavors.

REGAL LEGITIMATION THROUGH NATIONALISM

The population in the Balkans, as elsewhere in Europe, underwent a gradual politicization beginning in the 1890s. Despite a high level of illiteracy, patriotic associations and newspapers spread broadly. The public embraced the use of national flags, symbols, holidays, cuisine, and other expressions of collective identity.¹¹⁴ Nationalist fervor inflamed discourses and stimulated the emergence of national societies with irredentist agendas. Dynasties did not shy away from such popular sensibilities, and indeed all foreign rulers were keen to wage “patriotic” wars, and the two generations of royal “mothers of the wounded” were active and visible in all four countries.

Philanthropic activism as well as nursing services performed by the queens during the Balkan Wars and the Great War contributed to “normalizing” the interventionist and nationalizing states’ policies with reference to new territorial gains (as in Romania and Yugoslavia) or to an influx of immigrants (as in Greece

¹¹² Milanović 2015; Marie 1971, vol. II, 174, 243; Bucur 2019, 99–100; 2009, 30.

¹¹³ Donner 1997, 687–91.

¹¹⁴ Calic 2019, 336–37.

and Bulgaria). Yet there were differences in how royal women's interventions played out: during the war periods they were promoting a "culture of [anticipated] victory," while in the interwar period they had two options. The victorious countries (Romania, Greece) chose to consolidate the acquired territories and populations; the vanquished states (Bulgaria) to promote the "culture of [unfair] defeat"; and in other cases (Yugoslavia, and partly Romania) the former conflicted with the latter because their post-1918 territorial expansion included regions from Austria-Hungary.¹¹⁵ A striking example comes from post-World War I Romania, which emerged with the biggest territorial acquisitions (Transylvania, Bukovina, Bessarabia, and northern Dobruja), but at a price. The new territory consisted of roughly a 30 percent non-Romanian population, as opposed to the country's 8 percent before the war.¹¹⁶ The monarchy was active in mapping out the new Greater Romania, beginning with a pompous coronation ceremony in Transylvania in 1922 and continuing with other symbolic acts. In one, Queen Marie was made doctor honoris causa of Cluj University in 1930 to celebrate the tenth anniversary of the school's Romanization. Similarly, in 1925, Yugoslavia held millennial celebrations of the medieval Croatian kingdom.¹¹⁷

Although it was common for women to don a nurse's uniform during the wars, almost all foreign royalty in the Balkans also used national costume as a performative tool. For example, Queen Giovanna mentioned in her memoirs that society in Sofia in the mid-1930s had changed from the time of the Princess Marie Louise. The latter had to attend public events in a Bulgarian national dress, while in Giovanna's time ladies dressed in the latest fashions from Paris, Rome, and London, spoke French, and played bridge. "Even though Boris encouraged me to support this change, which I also believed was a good one, he preferred not to go to excesses but to keep alive the local and wonderful traditions. Hence, I also put on the outstanding Bulgarian costumes, and I liked to go to public places with these magnificent and vibrant garments."¹¹⁸

The quote reveals how carefully, after so many years in power, the members of the royal family were still choreographing a balance between being perceived as traditional and as modern. In a similar vein, Queen Marie was dressing in regional attire and organizing food and medical help for villagers while living in Bicaz. However, during the coronation in Transylvania, she wore a "golden mantle embroidered with oats and sheaves of wheat" with an extravagant chain of diamonds ending in a gigantic sapphire from Cartier.¹¹⁹ These examples

¹¹⁵ On the clash of "culture of defeat" and "culture of victory," with reference to Yugoslavia, see Newman 2015, 7–12.

¹¹⁶ Hitchins 1994, 290.

¹¹⁷ Livezeanu 1995, 218–25; Djokić 2007, 63–64.

¹¹⁸ Ioanna 1991, 87.

¹¹⁹ Pakula 1984, 246, 318–19.

illustrate another aspect of the consorts' "soft power": by showcasing a broad range of attire in various national contexts, they appropriated both ethnic and class identities. This was consonant with the way they assumed the identity of professional nurses' experience during wartime.

CONCLUSIONS

I have shown how two generations of queens in two distinguished chronological periods of modern Balkan history instrumentalized nursing in different ways to carve out an autonomous space for royal, gendered representation. Wars helped to establish professional nurse training and also reinforced the stereotypical role of nurses as substitute mothers, thereby expressing the "maternal side of a patriarchal regime."¹²⁰ When attached to the military needs of the state, nursing also became a conspicuous arena for performing a gendered culture of sacrifice in support of patriotic wars. Even though women became more visible as nurses and doctors, blurring the boundaries between home front and battleground, class distinctions continued to exclude women of humble origin. The dramatic image of the queen-nurses loomed large and came to embody both the "caring" and intruding state and the "curing" and medicalizing state.

Queen-benefactors, on the other hand, contributed to a further militarization of the voluntary establishment by the centralizing state. This "philanthropization" went hand in hand with a broader incorporation of women's associational culture. This osmosis was complex, though, involving incipient urban elites, the army, the state, and domestic and international non-governmental players. The study of queens' involvement in nursing thus unveils a broader social change. Initially, nursing was a feminized volunteer institution at the margins, which contributed to spawning women's associations and to mobilizing their activities. Yet queens' involvement did not support women activists in their demands for enfranchisement, and the energy of associations was channeled mostly into middle-class voluntarism.

The aftermath of World War I saw a wide range of welfare legislation and a much more visible insertion of the centralizing state. Under these conditions, the integration of the consorts within the gendered philanthropic sphere refocused queens' attention from direct involvement in nursing to keen support of social projects, such as enhancing veterans' wellbeing, fighting social diseases, and making employment available to women. They continued to encourage professional nursing education through funding schools and awarding diplomas, but these events were more promotional in intent and less newsworthy. More significantly, these domestic occasions not

¹²⁰ Rachmaninov 2006, 25.

only perpetuated collaboration between the military, the church, and the national Red Cross societies, but also mobilized loyalty in gendered terms.

In the interwar period nursing was professionalized and its focus shifted from healing wounded soldiers to improving the nation's maternal and child healthcare. This shift toward preventive medicine and pro-natalism gave rise to the new figure of the public health nurse.¹²¹ Queens shifted their support to promoting healthcare more generally. This new interest in childcare and public health was also stimulated by the RF, which had easy access to all Balkan regal families and maintained the transnational dimension and visibility of royal benevolence. Queens' interventions in all those transitions were consistent and successful in legitimating and "naturalizing" a humanized dimension of foreign dynasties into the social fabric.

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¹²¹ Davidova 2018: 111–32.

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Abstract: How were monarchy, gender, and nationalism entwined? Through contextualized comparisons of selected case studies (two generations of royal women in four countries: Bulgaria, Greece, Romania, and Serbia/Yugoslavia), this article explores, in gendered terms, the instrumentalization of nursing as an evolving relationship between state building, warfare, welfare, and voluntary organizations. It argues that certain queens' interventions in nursing successfully contributed to the "naturalization" of the ruling foreign dynasties in the Balkans and to the militarization of charity. Through such "soft power" they mobilized nursing in different ways to carve out an autonomous space and visibility in wartime as queen-nurses and in peacetime as queen-benefactors. In both cases, royal women personified the "curing" and "caring" dimensions of the modernizing state. Queens' honorific leadership clearly linked the monarchy and the philanthropic sector but also discreetly expanded the power of the nationalizing state. Queens skillfully promoted a gendered culture of sacrifice, by representing women as caring "by nature," and thus reinforced neo-traditionalist patriarchal regimes and weakened women's effectiveness in pursuing their political and economic demands.

Key words: Balkans, charity, gender, monarchy, nationalism, nursing, queens, philanthropy, Southeastern Europe