

Nursing presence

Somehow it's more than just good nursing that's required of us, it's endless donkey work and then it's endless interest in the boys and encouragement and jokes, and endless sense of humour, and then there's the job of amusing them when they are getting better and then there's the inevitable letters afterwards!¹

Military success in war was contingent on men sustaining a determination to fight. Persuading men to continue fighting or returning them to combat after illness or injury depended on maintaining their morale. On active service overseas in the Second World War, the use of female nurses in upholding this resolve was integral to the war effort.² Military commanders, particularly General Montgomery,³ appreciated and heralded the placement of female nurses in hospitals in forward areas as a means of 'lifting the lonely soldier's morale'.⁴ Military authorities were aware of female nurses as a powerful tool and used their presence as women, especially women from the same nation as the soldiers, as a weapon to encourage the continued participation of men in battle. Nursing sisters' testimonies acknowledge the importance that they, the nurses themselves and their patients, placed on their presence as women, and specifically as 'white women' in the hostile environment of front-line duty. Yet this understanding is on occasion tempered by an acknowledgement that some men saw them as a composite of 'woman', rather than being interested in them 'as an individual'.⁵

War is a gender-destabilising event and, as active participants in it, nurses were caught between wanting to be part of the war effort and to be seen as professional women, and having these aspects of themselves subsumed into that of 'being female'.⁶ This led to the precarious

image in which nurses' chief contribution to the war effort could be seen in terms of their gender.⁷ Nursing sisters in the Second World War were aware of their gendered position as morale boosters, but they did not always see this as a denigration of their professional and clinical skills. They openly used themselves therapeutically within their clinical routines and understood the essential nature of their presence 'when technology reached its limits'.⁸

As British women, nursing sisters acted as constant reminders of wives, daughters and mothers at home, thus ostensibly emulating the traditional family structure supported by politicians and social commentators.⁹ This image of domesticity was complicated by the reality that nursing sisters were young women in front-line duties with minimal moral supervision. In order for nurses to be posted into the highly masculine spaces of war, collusion in which both they and their male colleagues exaggerated their femininity was needed,¹⁰ but paradoxically, it was their womanhood that gave rise to anxieties. The presence of women in the masculine world of battle with intimate knowledge of the naked male body intensified fears of moral laxity.¹¹ Long-standing attitudes towards men's susceptibility to women's sexuality were difficult to erode.¹²

In order to avoid accusations of improper behaviour, the nursing profession had demanded a professional, that is, 'impersonal', relationship with patients.¹³ The development of a more human response to the soldiers' sufferings to promote recovery contravened this policy. This chapter examines the nurses' 'use of self' to recover their combatant patients whilst negotiating the realm between the non-sexualised nurse-patient relationship and their presence as women who bolstered men's resolve to fight.¹⁴ The chapter begins with a discussion of the value of the presence of women in hospital wards on active service overseas. It considers the occasional antipathy of military authorities and male colleagues to their location in war zones. However, it is argued that through the provision of expert clinical care, domestic acumen and the use of their 'female selves', nurses were able to salvage men in readiness to return to battle. Nursing sisters thus created a space for themselves in front-line duties. The chapter demonstrates that the use of humour to support healing helped to dispel anxieties about impropriety in the encounter between young single women and vulnerable male

soldiers and to further support nurses' presence in the masculine world of war.

The chapter then examines the morale-boosting presence of nurses outside the hospital ward as they became dance partners, dinner guests and potential wives for healthy male members of the allied military. However, inherent in this social 'availability' in a war zone were contraventions of gender, class and racial beliefs of the correct space for white women. Thus, as with their predecessors in the colonial nursing service,¹⁵ the chapter explores their position as single white women in far-flung places. This position situated nurses on active service overseas in a liminal place between the respectable European colonial wife and the 'biohazardous' local women.¹⁶ The chapter acknowledges these difficulties, but also demonstrates how the nurses attempted to use these attributes to their advantage and for those in their care. The final section examines the ramifications of these social relationships on their interactions with their medical officer colleagues. It argues that war required doctors to rethink their understanding of the worth of the nursing staff.

Engaging in caring relationships with very ill patients is highly stressful for nurses.¹⁷ Writing about wars at either end of the twentieth century, Charlotte Dale and Kara Dixon Vuic suggest that sometimes nurses were concerned that acting as female companions potentially denigrated their worth as professional women.¹⁸ The testimonies of nurses for this book suggest that attending parties and social events was a welcome distraction to the arduous work of war nursing and that they enjoyed freedoms that had not been allowed in Britain.¹⁹ Although some nurses came from the same social class as their male officer colleagues, as more and more nurses were needed and thus integrated into the military, the class basis of the army nurse necessarily expanded. In *Creating Rosie the Riveter*, gender historian Maureen Honey argues that women's magazines in the USA, cognisant of the limited opportunities for women's professional success, sold upward mobility through the marriage market, usually by marrying the boss.²⁰ Many nursing sisters were not blind to the social contract that they could make on active service overseas, but it was not without its difficulties. As an Irish Catholic, Sister Mary Morris was honest in her reflections on her impending marriage to Malcolm, with his Church of England and middle-class roots. She wrote of the

difference in their social and religious backgrounds, 'Will we be able to overcome the problems of our different cultures?'²¹ The contract, however, generally benefitted both parties; male officer gained a useful wife and the nurse gained social mobility, 'or at least alleviation from the monotony of military life'.²² Nurses used this social aspect of their presence not only to negotiate their relationships with male officers in general, but to renegotiate their relationships with male medical officers in particular.

Nursing presence on hospital wards

Penny Summerfield identifies the complexities in the delineation of 'woman' as a feminine ideal, where 'femininity' itself is 'unstable and problematic'.²³ The position of women in war heightens the multiple discourses of femininity, especially for nurses on active service overseas. Nurses were involved in a complex interplay in which they were the epitome of the feminised worker, located in the least female of spaces and where the exigencies of war placed numerous demands on them as professional workers, soldiers, mothers, lovers and daughters.²⁴ It was never entirely possible to harmonise these various demands that had been placed on them by military commanders and society in general.²⁵ Even in a highly mobile war the expectation was that nurses, as women, would be kept away from combat, yet as nurses their skills were needed close to the front line. Ultimately, whatever the political rhetoric about the safety of women in war, trained nurses' skills were essential in combat zones to salvage soldiers.²⁶ Despite this, they still needed to broker careful gender negotiations on active service overseas to ensure their place at the front.

In July 1943 Sister Agnes Morgan wrote to her mother that although she felt 'so altogether helpless in the face of this tide of human suffering',²⁷ she begged her not to ask her to return home: 'I wish that you could just see "my boys" for one minute. You wouldn't want me to leave them for 1 minute or 1 hour, let alone altogether! How would I know that anybody else had remembered to feed my poor "broken backs", how would I know that the poor crippled legs had their pillows just "fixed"'.²⁸ In the autumn of 1944 Sister Penny Salter and her colleagues were posted to a rapidly created field

hospital on the Burma Road to care for soldiers in the middle of an outbreak of scrub typhus.²⁹ When they were within the vicinity of the hospital, but at this point quite lost, they were met by members of the Military Police, who clearly did not believe their story:

‘Then, who do you think we are?’ I [Salter] repeated. ‘You could be anyone’ he mumbled under his breath, ‘and as for a hospital in this area – impossible’. ‘Very well, have it your own way,’ I replied, ‘But first of all explain why you say it is impossible’. ‘For one thing’, he said, ‘It is inconceivable to have a hospital in this area with Q/As. Secondly, we would have been the first to have been informed had there been a front line hospital set up – ‘But why no Q/As’, I insisted – he paused, and then grunting said, ‘It is far too forward and dangerous for any Q/As to be working here at the moment.’ ‘But surely someone has to nurse the troops, and who better than us?’³⁰

When they eventually arrived on the hospital wards they found, ‘just boys, nothing but skin and bone, physically and mentally sick’.³¹ Salter continued that on seeing the nurses enter the ward with the colonel, the soldier-patients:

Whisper in hushed and muted tones, ‘White sisters, Q/As from home. Are they real?’. Yes we were real, very real, so real that even we were moved to tears. Three days later there was laughter and wise cracks heard in the ward; the moral [*sic*] of the men on the mend, and all because of a handful of nursing sisters from home flitted around the wards. Having finished our round with the colonel we went off and met the doctors who were far too few and grossly overworked. Not being au fait with scrub typhus we were eager to obtain some knowledge of this disease.³²

The recovery work of nurses on active service overseas in CCSs, field units – such as the one to which Salter was posted – and base hospitals was a combination of clinical skill and their use of self, most particularly the use of their female self. In the mid-twentieth century, nurses did not see their position as women as a devaluation of their worth, but rather as part of their importance in a war zone. Nurses were keen to demonstrate their skills as professional women and officers and to raise their status in the armed forces; critical to these ambitions was their placement on the front line. They were also aware that in order to have access to this privileged male domain, they needed to accept that their body and presence would be used as part of any acknowledged litany of their skills.³³ When the nurses



6 An older nurse during a quiet moment with a patient.

wrote of the helplessness of their combatant patients and that they are just 'boys', the reader is drawn both to the youth of the soldier, their need for a mother figure and the potential of impropriety that the proximity of young men to young single women raises. In using themselves as part of the recovery process, the complexity of the position of female nurses in war zones was intensified.

'War is a man's business'

The belief that nurses should be in forward areas was 'proven' in the First World War. Authorities were not blind to the improvement in the troops' morale because of the presence of nurses, partly through nurses simply 'being there'³⁴ and partly through the soon recognised 'indispensability'³⁵ of their skills in 'supportive care'.³⁶ By the Second World War, nurses were considered essential participants in war. According to Sister Brenda McBryde, General Montgomery was more than aware of the advantages to the men in having female nursing sisters caring for them, even if that meant having women in forward areas.³⁷ As one nurse maintained, the morale of the troops was raised 'the moment they saw the nursing sisters'.³⁸ However, there were many male members of the military who were not convinced that

female nurses should be in forward areas. Lucy Noakes argues that women in combat positions in war are of particular concern, as ‘combat is “naturally” a male occupation’ and the ‘presence of women threatens the masculine cohesion and efficiency of combat units’.³⁹ She refers to John Laffin’s ideology that ‘war is a man’s business’.⁴⁰ Nurses may not have been in combat positions, but by posting them en masse to forward areas the authorities placed them in danger.

Both PMRAFNS Sister Iris Bower and QA Sister Mary Morris recalled the antipathy towards the nursing sisters going to Normandy in June 1944. However, in both cases the irritation that women had the ‘temerity [to enter] ... this “man’s” world’⁴¹ was tempered with more prosaic issues than the presence of female nurses in a war zone. In Bower’s case the issue seemed to be one of lack of lavatories for her and her colleague Mollie.⁴² In some instances the antipathy carried with it more serious undertones of what it was acceptable for women to do in war and when they could do it.⁴³ Not all medical officers were unequivocal in their praise of nurses.⁴⁴ Dr George Feggetter, RAMC, wrote in his diary that following his arrival in Algiers in October 1942 as part of Operation Torch, ‘There is no doubt that the presence of female nurses on the day of the landing and for three or four weeks afterwards would have been a handicap in the immediate treatment and care of the wounded.’⁴⁵ Occasionally the hostility towards the nurses created a situation where instead of respecting the accepted trope that women should be protected, male military colleagues left the nurses to fend for themselves. When Germany invaded Greece in April 1941, the hospital in which Sister Jessie Wilson was working was forced to evacuate: ‘At 4.0pm, one of the Sisters came over and said that the Colonel and Registrar had gone with the men ... We could not believe it, – a handful of M.O.s and orderlies and 40 women left alone, – and I think for the first time we felt a bit scared.’⁴⁶

The nursing sisters of the Second World War were nevertheless determined to be part of the war effort. They knew that they had the requisite clinical skills that they believed would be invaluable in forward areas supporting the recovery of troops. Whilst it was their gender that could stymie their access to front-line duties, they soon realised that it was also their ticket. Sister Evelyn Cottrell recalled a colonel telling them that the battle for Monte Cassino would be a brutal one and they did not have to go, ‘but of course everybody went,

you couldn't imagine us saying we wouldn't go'.⁴⁷ In the absence of sufficient medical officers, nurses were needed to give blood transfusions, remove shrapnel from wounds and perform minor surgery.⁴⁸ Sister Elsie Driver was with a contingent of nurses posted from North Africa to Italy following the Salerno landings in September 1943. She and her colleagues expressed indignation when they were initially prevented from going ashore because the officers were unhappy about women entering a war zone.⁴⁹ According to Jean Bowden, the matron spoke for all of them when she maintained that 'we all feel that it would be wasteful to have brought us this far and not use us'. The next morning they landed on Italian soil and within one hour were setting up a hospital in a ruined school building and admitting convoys of men: 'The men on stretchers, desperately wounded though they were, heaved themselves up on an elbow to see the truth of the shout that went up: "Women! English sisters – here already"'.⁵⁰ In such cases the benefit to the sick and injured troops of British nursing sisters simply being there seemed to be greater than any treatment



7 Field Hospital, Italy. A nurse demonstrates her clinical nursing skills. Note the compassion with which they were performed and the avid interest of the watching soldiers.

that could be offered. Butland admitted in her unpublished memoir that often men did not really need treatment at all, they just needed to talk to a woman.⁵¹

The nurses thus parlayed both their clinical skills and their gendered identity to pursue war careers on the front line, in spaces that had hitherto been essentially male places. Their presence in war zones, if veiled from the public at home, developed into an accepted and acceptable nursing space. Butland and Wilson even believed that despite front-line postings potentially usurping the work of orderlies, even they began to view having female nurses as beneficial to patient care.⁵²

The patients were amazed to see us'

Margarete Sandelowski argues that, into the twentieth century, the 'body of the nurse was still the most important tool in her growing armamentarium',⁵³ thus her very physical being was a central aspect to her nursing work. In August 1944 the *Nursing Times* reprinted a letter from one officer patient to his wife: 'I have been deeply moved at the tenderness of a man [RAMC orderly] to a man, but the QAs bring more than tenderness. No more strategically intelligent order was ever given than to send the QAs to the beachhead. The morale of a desperate venture was injected with a new vitality.'⁵⁴ The nurses' presence both calmed the men who were too ill to fight and also created an environment in which men's morale was raised. In a letter to her mother, Sister Pat Moody stated that 'one feels that one is really doing something for the poor devils. I don't think they would be nearly so comfortable if we weren't here, which is some consolation.'⁵⁵ Sister Francie E. Brown recalled one particularly nervous patient who 'depended on me absolutely'.⁵⁶ Morris marvelled at the delight of the family atmosphere on her ward,⁵⁷ and several sisters recalled the joy and 'wonder' the troops expressed when they were cared for by female sisters in forward hospitals.⁵⁸ Sister L.K. Allen wrote to Dame Katharine Jones of the build-up to the battle of El Alamein, which began on 23 October 1942:

Field Marshall Montgomery was all set with plans laid out, not only for the men to fight but for the sick and wounded to be cared for just behind the lines, so for the first time in history Army Sisters were allowed to go deep into the Desert following close behind the advancing 8th Army ... when

the men first encountered the Sisters in the Desert it was so amusing to see their goggle eyed, open mouthed expressions, which suddenly changed into a broad grin and then – A loud cheer.⁵⁹

One nursing sister on the Anzio beachhead wrote of the responsiveness of the troops, ‘possibly more so because one and all they seemed amazed to find sisters so far forward. I remember going into a tent one day, dressed as usual in battledress and tin hat, trouser-legs tucked into gum boots. As I was talking to a patient, I heard a husky whisper behind – “Gorblimey! It’s a nurse”.’⁶⁰ When Butland made her morning round on her first day at a hospital near Benghazi:

The patients were amazed to see us ... We heard comments to the effect that all would now be well. That the Army couldn’t retreat now it had its Sisters up in the forward areas ... The next morning when I did a hospital round the patients all said how much better they felt from only just seeing Sisters about the hospital.⁶¹

It is highly probable that nurses’ testimonies would identify the criticality of their presence as part of the war effort, given the prospects for their professional status that could come from such encounters. However, it was not only the nurses themselves who wrote of the importance of their placement in hospital wards across the globe. An American medical officer who had been a patient with the 99th General Hospital, British North African campaign wrote that ‘they [British nurses] are kind, efficient, and goodhearted. Gosh, nothing is too much trouble.’⁶² In his memoir, *My Moving Tent: Diary of a Desert Rat*, A.A. Nicol described the nursing sisters moving ‘quietly between beds where lay the helpless wounded’. He continued by stating that ‘it was particularly soothing to see their dim figures moving about in the shadows while the building shook and shuddered to the fall of bombs and the rage of guns outside’.⁶³

Although physicians on active service overseas were aware that the male orderlies were in many ways willing and able nurses, there was a belief that ‘the patients seem to do better practically and psychologically when sisters were there’.⁶⁴ The chief commendation of Dr Feggetter went to the work of orderlies, whom he described as doing the work ‘to the best of their ability with great solicitude’. However, even he admitted that when the sisters arrived, although he did not think that ‘a single man had been adversely affected in any way by

the absence of the QAs ... the art of nursing was not so evident'.⁶⁵ Arguably it was this art, or artistry of the female nurses' work and their presence at the bedside that acted as a supporter of healing and recovery.⁶⁶ Their expert nursing and compassionate care also brought gratitude from mothers, fathers and wives at home, engendering a confidence in the management of the sick and injured on the home front as well as the front line.⁶⁷ Such was the importance of the location of nurses in war zones that it stayed with patients even until after the war.

'Fun, and honest interest'

In September 1945, David Emery wrote to Butland, reminiscing about his time in a desert hospital: 'An injured man is often a very weak creature. He feels very alone and quite sorry for himself ... You folks, however, with your scolding, fun, and honest interest, give the patient the feeling somebody cares about him, is expecting him to get well.'⁶⁸ Notwithstanding Feggetter's commendation that nursing sisters demonstrated art in their work, he also maintained that the nurses' presence created stricter discipline and a less easy atmosphere.⁶⁹ The majority of the nurses' personal testimonies, whilst acknowledging that their matrons may have expected more formal care practices, do not suggest a strict discipline on their wards; in fact the opposite seems to have been the case. Their writings and those of their patients, like David Emery's above, point to the use of humour both as a method of recovery work and to dispel the spectre of impropriety. The use of humour and fun took a number of different guises. Sometimes the nurses themselves promoted the fun, sometimes they accepted that it was they who were the object of fun and sometimes they simply allowed it to happen. In some instances relationships with their patients should have been built before humour could be used to good effect. Where relationships were presumed, the comedy could backfire. Sister P.M. Dyer wrote in her diary of a practical joke they played on one 'handsome blond young officer' patient on whom, whilst he was still unconscious from the anaesthetic, they 'set to with all the aids required for female vanity, gave his face a "New Look"'. When he awoke he was apparently not at all amused, although Dyer admits that they became firm friends.⁷⁰ Thus, even when the humour was not initially welcome, it could act as a part of the method that

creates a valuable nurse–patient relationship and therefore one that could support recovery and enable nurses to conduct emotionally challenging work.⁷¹

In her oral history interview Marion Cash maintains that in hospitals on the home front the nurses enjoyed the company of their combatant patients, but were not allowed to be frivolous with them and had to always call them by their surnames.⁷² It seems as if even on the home front, by the end of the war this had changed in some hospitals.⁷³ As early as the First World War, the use of humour, and especially laughter, was openly supported. Staff and patients saw its importance for crossing class and gender boundaries and therefore dissipating the potential difficulties present in a military hospital.⁷⁴ There was a general acceptance that it created cohesiveness between patients and nurses, alleviating stressful situations,⁷⁵ enhancing well-being, reducing pain and assisting patients to manage the fears of illness.⁷⁶

One nursing sister at the Anzio beachhead wrote that, despite the pain, ‘there were lots of smiling faces and jokes passed’.⁷⁷ Morgan wrote of the ‘great jokes’ she had with her patients, ‘and plenty of cheerful conversation’.⁷⁸ Morris in her multinational ward in Normandy in July 1944 wrote that she ‘could never run this ward without the lovely spirit of warm friendliness which exists between all of us. They like to tease me and I like to encourage their involvement with each other.’⁷⁹ Much of this cheerfulness apparently came from ‘a game called “Housey Housey” that they played for hours. ‘It is noisy and cheerful and hilariously funny because of the language barriers ... It is lovely to see how the players try to involve the [shell] shocked ones like Lt Martin with encouraging remarks of “have a go mate”, “pulling rank” is not “on” here.’⁸⁰ Fortunately for Morris, her matron, Miss Wade, ‘turned a blind eye to the chaos. We do all we can to make the boys happy as possible.’⁸¹ Sister Mary Bond recalled one improvised concert for the sick troops during which their matron and commanding officer (CO) joined in with the singing and actions to the songs.⁸²

Not all matrons were so amenable to such levels of fraternisation. Bower’s matron was not at all amused when she heard the troops calling out to Bower using her nickname ‘Fluffy’.⁸³ There was a clear rationale for a non-fraternisation policy. Ana Carden-Coyne notes

the extreme difficulties in the First World War when doctors became too close to troops and then were required to make triage decisions.⁸⁴ Nevertheless, it seems that the nurses and their medical colleagues, including those in senior positions, were aware of the value of fun and supported their soldier-patients' amusing themselves and laughing as much as possible.⁸⁵ Roberta Love Tayloe, an America nurse with the 9th Evacuation Hospital (field hospital) described her tent of 'lively officers' who decided to write a film: 'I was delighted with the movie project. It kept them amused. The story went, "this beautiful nurse was kidnapped by a German. He just grabbed her up screaming, tucked her under his arm and sped away in his tank".'⁸⁶ Sister Betty Parkin's memoirs recall her 'ballet' performance in a hospital in Egypt on Boxing Day 1940, an event which she clearly believed was excellent respite for the patients:

'The sisters will dance for us' ... in response to this announcement, shouts and whistles broke out ... Regardless that the opening bars of 'The Skaters' Waltz' had yet to be played, the first of my *corps de ballet* bounded onto the stage – the rest followed, their steps badly mixed as they tried to pick up the music. The 'counter' coming last, gasped between her '1, 2, 3': 'You're all going the wrong way. You're doing the wrong steps'. The audience roared with laughter ... After entering the first ward that evening I decided to leave the rest to the orderlies until all were settled. Men had leapt forward to strike ballet poses, and a trio perched precariously on a bed were using a mosquito net as a stage curtain. Next morning one of the wards presented me with a silver paper crown and wand.⁸⁷

One of Morgan's letters in August 1944 exemplifies the importance placed on the soldier-patients' ability to maintain good cheer. Despite being 'still dazed from the Battle, they are cheerful and joky [*sic*] and full of marvellous spirit. I think the thing I like the best is the way they help each other.'⁸⁸ Wilson recalled the men on her ward in Egypt teasing her mercilessly: 'I walked down the ward to the sterilising room, when the men started to whistle in time to my footsteps – they knew this infuriated me. When I changed my step, they changed their tempo, until the whole ward was whistling, and I was almost dancing with rage. Soon the men were rocking with laughter, and so was I.'⁸⁹ The farewell letter of a Tank Major to Sister Kitty O'Connor sums up the benefits of humour. He had only made it, he said, because of the 'marvellous musical-comedy atmosphere of the ward'.⁹⁰ Even when

the fun was inappropriate, the nurses wrote of the jokes with amusement. Sister Anne Radloff's soldier-patients took great amusement in teaching the Flemish 'peasant girls' who were acting as nursing assistants vulgar English words, until the hospital authorities put an end to the behaviour.⁹¹ Given the highly stressful and difficult situation of a war zone it is not surprising that the nurses used humour not only to cope with the present, but also to encourage hope in the future. Humour was used as a tool to maintain their patients' sense of personhood.⁹² As civilians became soldiers they were subsumed into the machinery of war.⁹³ The preservation of being human could support their belief in how life would be after war and enable those involved in war to carry on. Nurses were therefore important to maintaining humanity not only in the hospital wards, but also in the wider war community.

Nurses' presence outside the hospital wards

The use of nurses as 'political tools' – emblems for a just war – may not have been a conscious decision. However, the authorities realised that whether they were patients in a hospital ward or fit men awaiting battle, even seeing women in a war zone could remind the men of why they were fighting. The placing of nurses in the most hostile environments of the Second World War therefore worked as fuel to enable the soldiers to continue the battle. Even if the nurses did not understand their presence in this way, they were aware of their power as women from the men's home nation, realising that in some circumstances they were the first women whom the men 'had seen for many months'.⁹⁴

'Pardon me ... I haven't seen a woman for over ten months'

The vision of the female nurse in all theatres of war raised the spirits of the men, and the nurses used this to their advantage. If the men were thrilled to see them, then the nursing sisters should be in forward areas to maintain morale. In a report for the BBC on 20 June 1944, correspondent Colin Wells described the arrival of British nurses in Normandy: "There are", he said, "two days in this war which the British Tommy will never forget. The day he landed and the day 'the ladies' landed. And the ladies were the first nursing officers

to come to France. The effect of the nurses' arrival on the *morale* of the troops has been superb".⁹⁵ Sister Emily Soper recalled arriving in Normandy that same summer, 'so we came down onto the beach, we walked up the beach and there were lorries waiting for us, and er, so we went up to the lorries and we were going along and there were soldiers standing around and they cheered us, so that was really quite exciting for us, 'cause we were all just young women'.⁹⁶ Butland recalled the surprise of the soldiers when meeting nursing sisters so far forward and maintained that it was with a sense of pride that she and her colleagues happily removed their scarves so 'the men would believe we really were women'.⁹⁷

Being women, and therefore active reminders of home and the reasons why the men were fighting, was a significant aspect to managing the well-being of the men with whom the nurses worked.⁹⁸ Radloff maintained that 'Monty thought that the men needed "a little femininity [*sic*]"'.⁹⁹ Nurses were arguably complicit in the importance placed on their gender, seeing it as a method of promoting the well-being of the troops. They understood that the benefits of their presence in war zones moved beyond the walls of hospital wards.¹⁰⁰ One nursing sister described the troops making a 'great fuss of us and whenever we wished to travel, we had only to walk along the road and the first Military vehicle that came along would be sure to offer a lift'.¹⁰¹ An acting matron wrote to Dame Katharine Jones recalling, 'he [the soldier] then stepped back and saluted, saying, "Pardon me, but I thought I must have had one over the eight last night; I haven't seen a woman for over ten months" ... Several lorries, armoured cars, etc., were slowed down in order that the occupants could satisfy themselves that we were really women'.¹⁰² Sister Vera Jones recalled the 'great stir when we all arrived [in Palestine] from England, or "Blighty" as the boys call it'.¹⁰³ A sister arriving in Tobruk with her colleagues recalled how they were 'enthusiastically entertained by the Brigadier and headquarters' staff of the South African Army'.¹⁰⁴ Another wrote of the wonderful treatment they had received from everyone since they had landed in Durban: 'no one seems able to do enough for us here'.¹⁰⁵ When Salter arrived in Madras with her nurse colleagues on their way to Burma, one high-ranking officer was so keen for their company that he ordered a lunch party for them with chilled wine, liqueurs and coffee and, on their exit, 'the

whole restaurant of guests rose to their feet and gave us a standing ovation'.¹⁰⁶ In one of her early letters to her mother, Morgan wrote of the 'necessity' of their presence in war zones. Whether the men arrived at the hospital simply for female company, because they needed treatment for injury or illness, or just on their way to a new posting, the nurses, she wrote, were obligated to always 'make ourselves adequate for the task'.¹⁰⁷

Army nursing sisters were therefore not blind to the difficulties that arose from this role. Many of the testimonies offer the reader a gilded version of life on active service overseas, with parties and fun and often glorious weather. But, occasionally, letters and diaries provide a darker side to the social life of military nurses. Sister Betty Evans felt that the war was both an adventure and a great cause of sadness when men whom the nurses had travelled with arrived at a hospital or CCS in the dreadful state they so often did.¹⁰⁸ Morgan wrote:

'Monty' [General Montgomery] says, 'I hope that the sisters will co-operate in helping to entertain the Victorious 8th Army during their short periods of rest'!! And 'they' certainly did their best – ten of us turned up to the first dance, and had one of the most enjoyable times we've ever had in our lives! Not that it was all pure enjoyment, far from it, very often my eyes filled with tears and my heart near to breaking when I think of the tragedy of War. – all these splendid men and boys who two years ago (or three) were the flower of England's manhood, are now hard-bitten, often bitter, weary-eyed men, going patiently on from day to day, from month to month, seeing no end.¹⁰⁹

The discussions of the devil-may-care attitude of pilots and their need for the company of nurses invoke a particular sense of pathos. Salter wrote of an encounter with the RAF in Karachi and the squadron leader's decision to give a party for the sisters, despite the duty officer forbidding it: "Who did they think they were these young airmen"... but these men could not have cared less, they had nothing to lose, except maybe their lives shortly when being shot up over the jungles of Burma.¹¹⁰ Wilson was posted to a hospital near Piraeus and noted that the RAF was stationed close by: 'They were just young boys, eager and enthusiastic. One by one they went on flights and never returned.'¹¹¹ Although they were near to the fighting in Creully, on 21 June 1944 Morris's matron agreed that the nursing sisters could all go to an RAF dance:

The boys in blue looked very dashing, particularly ‘fighter command’ with their long moustaches and top tunic button undone (memories of the Battle of Britain). Such studied nonchalance, very impressive. They had to work hard to impress us actually as there were at least ten of them to each one of us. It is quite exciting to be surrounded by so many men who obviously feel the need for female company. They spoiled us beautifully and we danced and laughed with all of them. Transient fleeting friendships are a part of war. There is never enough time to get to know anybody, and for some there may not be a tomorrow.¹¹²

Female nurses as ‘fair game’

War is alleged to be a highly erotic and exciting time that ‘compromise[s] the norms of both femininity and masculinity’.¹¹³ In reality, before the advent of the contraceptive pill, despite the increased freedoms experienced by young single women it was perhaps more a time of romance than sex.¹¹⁴ In her analysis of the hospital environment in the First World War, Carden-Coyne argues that ‘sexual fantasies were part of the ward culture’.¹¹⁵ Volunteer nurses from middle- and upper-class backgrounds who had been imbued with the ideal of romanticism were perhaps more prone to the draw of the romantic ideal of the injured soldier,¹¹⁶ as they, the “weaker sex” dealt with helpless male patients’.¹¹⁷ Carden-Coyne does not identify any complaints of actual unwanted sexual advances, although this may have been out of embarrassment rather than lack of incidents; nevertheless, military hospitals could be sexually electric places.¹¹⁸ In *Containing Trauma*, Christine Hallett maintains that the professional nurses were more alert to the ‘dangers of “flirtation”’ between patients and themselves.¹¹⁹ By the Second World War, 20 years later, nurses were armed with both registered nurse status and equality of franchise, moves which helped to vindicate their professional position. Sister Nell Jarrett’s Second World War diary demonstrated this less guileless and more professional response when she acknowledged the problem of ‘sex starvation in the M.E.F. I may be hard but maybe they dwell too much on the situation. At present at any rate I feel no way inclined to do anything to alleviate the situation.’¹²⁰

If girls were generally ‘protected’ prior to the commencement of the Second World War, the challenges to life caused by bombs and the requirement for young single women to take on roles such as fire watching and anti-aircraft duties altered the attitudes towards risky

behaviour.¹²¹ Despite the appreciation of the freedoms this brought young women, the changes in attitudes to sexualised behaviour could promote a more 'dangerous' atmosphere for hospital nurses, rather than sexual equality. Emily Mayhew, Liz Byrski and Julie Anderson demonstrate that whilst nurses increased the range and complexity of their technical nursing work on the home front in Second World War, this did not carry with it an attendant alteration in attitudes and behaviour to the treatment of nurses as women.¹²² Byrski examines the position of the nursing staff on the burns ward at East Grinstead Hospital. She maintains that Archibald McIndoe was a misogynist and that there was general acquiescence that female nurses could be sacrificed for the greater good of the men.¹²³ According to Anderson, it was not only McIndoe who believed this. She argues that the War Office and Winston Churchill himself considered 'the burned pilots behaviour at East Grinstead was to be tolerated and indulged', even if this ignored the sexual harassment of the nurses.¹²⁴ The nurses were therefore expected to accept sexual advances and harassment from the doctors and patients alike.

Although few nurses wished to discuss this less savoury aspect of the utility of their female selves as part of the war effort, it is clear that there were members of the military of all ranks who considered them 'fair game'.¹²⁵ In her wartime memoir, American nurse LaVonne Telshaw Camp wrote of the 'philandering men in the military and a few impudent officers who felt that the nurses were sent overseas for their own personal comfort and pleasure, and were indignant when these women let them know otherwise'.¹²⁶

Although many nurses' testimonies suggest that they were happy to be considered morale boosters for the troops and many did enjoy the parties, the constant demand to be dance partners for the officers, with or without unwanted sexual advances, could be exhausting.¹²⁷ Sister Jane Forrest recollected: 'The officers in the surrounding district tried to keep us lively by entertaining for [*sic*] us. Nearly every Mess gave a Dance and Supper and I have spent some enjoyable evenings in that way.' However, eventually, Forrest admits, they became bored with the endless parties and the one hotel available for supper and stopped going out so much – for which they accrued the name the 'Shaiba snobs'.¹²⁸ Jarrett was unequivocal in her views of the demands made by some officers. On 6 September 1942 her diary

states that she went out one evening with fellow nursing colleagues as guests of a major and two captains: 'I'd no wish to drink and they thought me sticky. They were so obviously out for all they could get.'¹²⁹ Betty Crisp and Margaret Parkes, nurses working on the home front during the war, described difficulties in Britain with both British and US forces' personnel. Crisp recalled an unpleasant situation with some drunken US soldiers in Exeter.¹³⁰ Parkes described her vivid memories of a party at an airbase. The soldiers, she said, 'tried to get you up against the wall, they considered you "fair game"'.¹³¹ Parkes argued that although this treatment was meted out to nurses in the UK, troops on active service overseas had only the highest regard for the nursing sisters. She believed that she and her colleagues in Britain were treated like cannon fodder, the sisters on active service overseas as professionals and officers. The distinctions in reality were not so stark, and it is likely that Parkes' and Crisp's memories of the treatment that they experienced were coloured by anxieties about the correct way young women should behave.¹³²

Nurses experienced the full range of men's attitudes and behaviour towards them both at home and on active service overseas, from what Telshaw Camp described as 'certain rapacious military men'¹³³ to the respect and collegiality described by Salter.¹³⁴ It is not clear whether Telshaw Camp's comments reflect more on North American servicemen as compared their British counterparts, or whether they simply reflect the differences in men's attitudes to nurses and women more generally. Parkes' shock at the behaviour of servicemen at parties on the airbase for both the RAF and US Air Force made no comment about whether this conduct applied to men from the USA or Britain or both.¹³⁵

Despite these testimonies to less welcome attentions, most nurses on active service overseas appear to have experienced camaraderie with officer colleagues. They appreciated the respite from emotionally charged work that parties with them offered. Thus, whilst some of the personal testimonies do allude to inappropriate sexual expectations both on and off duty, mostly their relationships with male colleagues seem to have been a positive experience. Given the ratio of women to men overseas, and nurses being able to choose between any number of available male officers, a more judicious and less predatory approach from the men was perhaps to be expected. Nurses as officers

and, until 1943, often the only single women in far-flung war zones, could pick and choose their partners. Male officers who did not treat the nursing sisters with respect would find themselves without female company, or worse. One doctor, who Sister Catherine Hutchinson felt had touched her inappropriately, was posted elsewhere.¹³⁶ But such unsupervised proximity to men in places such as the Far East or Middle Eastern desert, long understood as redolent with romance and potentially unrestrained sexuality, created yet a further layer of complexity for the position of the female nurse.

'The angel in the house'

In one of her letters home from Sierra Leone, Sister Barbara Collins remarked that 'It really is pathetic how eager the batchelors [*sic*] of the Civil Service are for our company & I guess this has gone to the girls' heads a bit!'.¹³⁷ The placing of white nurses in the tropics had been a key strategy of colonialism, 'to support the health of white colonists'.¹³⁸ The Colonial Nursing Association had been sending its members to Africa, the West Indies and the Indian subcontinent since the later years of the nineteenth century.¹³⁹ The desire for the presence of European women in colonised lands as 'the angel in the house', to act as the arbiter of all that was modest, was crucial to the colonial project.¹⁴⁰ They were the 'bearers of racialised heteronormative traditions and feminine respectability'.¹⁴¹ However, the presence of women in these faraway places was contradictory: 'The colonial nurse, though ostensibly employed to create an ordered hygienic and traditionally "British" treatment environment within the colony, was also a potentially transgressive figure – a single woman travelling to the outposts of empire and encountering unusual challenges and trials due to her situation'.¹⁴² Placing 'British women on the frontiers of the empire', whether as colonial or war nurse, required qualities in them that were frequently 'far from feminine'.¹⁴³ Just as their gender was crucial to the colonial project, the criticality of the nurse as woman was retained as they became agents in war. Their womanhood may have been the attribute that raised concerns about their presence, especially anxieties in relation to 'the control of white women's sexuality',¹⁴⁴ but it was also the reason for their presence: 'Gender thus functioned as a form of power for women who relied on feminine ideals to justify their place as wartime nurses.'¹⁴⁵

In far-flung theatres of war, fears that troops would turn to local women for pleasure further promoted calls for the presence of the civilising effect of white women. On overseas duty many men contracted venereal disease (VD) from ‘amateur prostitutes’ in the cities of North Africa.¹⁴⁶ Figures for the contraction of VD in that area were recorded as being as high as 30 out of every 1,000 soldiers.¹⁴⁷ VDs in some theatres of war were ‘almost inexorable’, high rates being noted in India in 1943 during the Bengal famine, and in Italy as the allied troops moved up to Rome in 1944.¹⁴⁸ Concerns over the numbers of troops accessing sexual encounters with local women were therefore understandable, especially before the widespread availability of penicillin. The desire to control such high rates of infection, which removed men from duty, was logical. Providing allied soldiers with the vision of the pure white woman, in contrast to the ‘unrestrained African female sexuality’,¹⁴⁹ would, it was believed, have a civilising effect on men’s potential sexual transgressions.¹⁵⁰ Ironically, however, nursing sisters, as officers in the British Army, were not allowed to consort with enlisted men¹⁵¹ and, although there were occasional romances, enlisted men knew that the nurses were out of bounds.¹⁵² There is evidence that dances were organised between non-commissioned officers and nursing sisters, but relationships outside that highly circumscribed arena were forbidden.¹⁵³ Thus, any desires that the military may have had to create ‘some wholesome forms of recreation’,¹⁵⁴ were made obsolete in practice.

Nursing sisters had a place in far-flung war zones partly to occupy the military and colonial officers and provide, if nothing else, at least an image of pure womanhood to the troops. Yasmin Khan argues that “‘Supplying” nurses and Red Cross workers from the USA, Britain, Canada and other white dominions was central to the comforting and healing of men stationed for a long time in an imperial war zone far from home.”¹⁵⁵ But such practices only opened up a realm of inconsistencies for nurses. As young single women who had precocious knowledge of the male body, they were open to criticisms that they were part of the potentially corruptible youth rather than the professional class, whose role it was to curtail and manage sexual profligacy. Such contradictions were essentially bound in the female nurses’ use of self. Was her use of self about her as a woman, or as a professional being who healed the wounded and provided expert clinical care

and management of the sick? The nurses appear to have understood their place as a combination of woman and clinical expert, but the ambiguities of their position necessitated careful gender and professional brokery. Nevertheless, as Lucy Noakes acknowledges, nursing was considered an acceptable manner in which women could become involved in war.¹⁵⁶ Important for this narrative was the use the female nurses made of the ambiguities of their position. They promoted themselves as 'healthcare professionals and ranking officers, as well as white women', to gain access to ill and injured troops in dangerous places.¹⁵⁷

In the early years of the twentieth century, the location of nurses in far-flung spaces of the empire 'to carry out the work of healing' was acceptable, so long as it was done 'at a discreet distance' from the war itself. By the Second World War, such geographic demarcations were neither desirable nor possible.¹⁵⁸ The professional nurses of the Second World War had no such notions of ethereal beauty about their work, nor ideas of 'sacrifice',¹⁵⁹ but a belief in the reality of the work they could do and that their position in forward areas was of benefit to the troops. Yet there remained areas in which they could never justify their presence. When Salter was posted to India, she wrote that they worked from eight in the morning till sunset, 'and then handed over to the doctor or ward master on duty as it was taboo for us to be on the wards during the hours of darkness, apart from a quick visit to tend an exceptionally ill patient'.¹⁶⁰ At the end of the war, Radloff was posted to the Indian Medical Services to nurse Indian POWs returned from Japanese camps. Instead of wearing the khaki battle-dress in which she had spent her previous posting, she and her colleagues now 'swanned around in white dresses and shoes. It wasn't done for white women to be seen to be working physically hard'.¹⁶¹

Despite the largely racially motivated prohibitions over certain areas of work, the presence of British nurses in war zones was important for both sick and healthy troops, but it was also important for the nurses as professionals. The rapid mobility of the Second World War gave rise to the constant shifting of battle lines. The nature of injury, illness and the importance of the troops' morale meant that female nurses moved ever closer to the front line and were seen more and more as essential to the war effort. Furthermore, as the only female

officers available for socialising, they were very much in demand. The medical officers needed to stop considering nursing staff as their servants and to treat them as equals if they wanted any of the attention for themselves. This necessarily altered the nurses' relationships with doctors.

Nursing sisters and medical officers

Attitudes towards the mixing of nursing and medical staff were highly circumscribed in the late nineteenth and early twentieth centuries.¹⁶² However, during the Second World War attitudes appear to have softened and depended much more upon the hospital and its senior staff than upon any absolute rules. June Hamilton, who trained at a West London hospital from 1943, said that medical students were barred from the nursing students and that if you were caught talking to one, 'it was bad luck'.¹⁶³ Elizabeth Morris, who trained at The London, Whitechapel from 1944, recalled that junior nurses were not allowed to look the consultants in the eye.¹⁶⁴ Yet Salter's memories of her training school at St Mary's Paddington in London were of much more mixing and socialising together, with nursing and medical staff receiving free tickets to attend West End shows and trips to Twickenham to watch the medics play rugby.¹⁶⁵ According to Kevin Brown, Miss Milne, the matron of St Mary's, decided to relax the fraternisation rules between nurses and medical staff during the war, arguing that 'if her nurses had to work with medical students, they should be allowed to play with them too'.¹⁶⁶ This attitude worked in favour of improved relations on active service overseas. When Salter arrived at her posting at Ramree Island in the Bay of Bengal several weeks after she was expected, she promptly bumped into a naval officer who had been a medical student at St Mary's. They were both looking for the colonel and, when they found him, he had also been at St Mary's.¹⁶⁷ Such associations enabled the smooth running of hospitals and, in Salter's case, meant that she was not re-posted.

Before Sister Leeming was posted to Palestine she spent six weeks at Tidworth, a country mansion in the South of England. Apart from shopping trips and preparations for overseas service, 'We were also able to meet our M.O.'s who were mobilised in some distant place and parties were arranged to make our acquaintance.'¹⁶⁸ Relationships

between medical officers and nursing sisters are discussed across all of the personal testimonies. Although some of the older medical staff treated the nurses in a more paternalistic manner, in the main, the testimonies describe congenial and respectful friendships. Dorothy Bartlett's memoir recalled a dinner at which the nurses and doctors were seated together, which she remarked made for interesting conversation because 'all the nurses seemed to have been placed next to the doctors or surgeons whose patients they were nursing'.¹⁶⁹ Whilst nursing sisters were likely to want to highlight developing collegiality in their testimonies, discussions of these friendships can also be found in recollections written by the doctors. McDonald wrote of his admiration for the sisters and the matrons, describing Miss Pike, the Principal Matron for Cairo, as a 'very alert and sensible person'.¹⁷⁰ Furthermore, he clearly saw the nursing sisters as social equals, as he and his MO colleagues spent much of their leisure time mixing with nursing sisters, especially playing bridge.¹⁷¹ Such incidences would not only have broken professional and gender boundaries, but also enabled the two professions to learn more about each other's work. Significantly, the respect and friendship between McDonald and the nursing sisters of his unit extended into their professional lives; the matron of the unit, Miss Woolerton was present at the daily conference in McDonald's office along with his four medical colleagues.

Conclusion

The nursing sisters of the Second World War considered their presence in war zones as critical to the clinical encounter and the recovery of men. First, in the absence of strict hierarchies and in an environment in which the needs of the soldier as part of the machine of war were paramount, nursing sisters developed their use of self as part of the corporeal armoury of their work. Second, they developed a confidence in their use of humour to encourage recovery and to alleviate pain and promote well-being. Third, they used their newly formed, more collaborative relationships with medical staff to create greater autonomy of practice.

The use of self as an ideological tool of European femaleness and a way of encouraging continuation with fighting is more complex and creates a layer of ambiguity for the modern reader. These dif-

faculties are partly related to mid-twentieth-century ideas of race and are partly to do with gender and the place and worth of women in society. Nevertheless, whether the nurses wholly accepted these notions, or whether it was a pragmatic recognition based on a desire to be on active service alongside fighting men, their personal testimonies do suggest an appreciation of their worth as being related to their gender and, to a lesser extent, their European ethnicity. As often the only female officers in far-flung war zones, overseas duty offered nurses new opportunities for social freedom. The negotiations based on gender, and sometimes crossing class boundaries, worked to the benefit of both men and women. However, they also had an additional benefit for nurses' professional standing. If their medical officers had continued to consider them as 'servants of the hospital' they, the doctors, would have lost out on valuable female company. In developing friendships, they also created a sense of collegiality that played into the professional environment and increased their understanding and respect of the nurses' clinical and recovery skills. These renegotiated relationships enabled a more fluid set of professional boundaries and a greater sense of trust. Nurses and doctors developed new therapeutic methods to recover men together, as colleagues bound by the exigencies of a highly mobile and technological war. It is these extended, expanded and new nursing roles that will be examined in the following chapter.

Notes

- 1 Agnes Kathleen Dunbar Morgan, 'My dearest mother', letter 87 (September 1944), CMF, 2, IWM Documents 16686.
- 2 Penny Starns, *Nurses at War: Women on the Frontline, 1939–45* (Stroud: Sutton Publishing, 2000), 37.
- 3 Morgan, letter 50, 'Obeying our General's orders'; Brenda McBryde, *Quiet Heroines: Nurses of the Second World War* (London: Chatto and Windus, 1985), 126. See also the various quotations in Crew, 'The Army medical services', from medical military men on the value of having female nurses in forward areas. F.A.E. Crew, 'The Army medical services', in Arthur Salusbury MacNalty and W. Franklin Mellor (eds), *Medical Services in War: The Principal Medical Lessons of the Second World War* (London: HMSO, 1968), 77–81. It should be noted that not all the quotations provided do support the front-line posting of nursing sisters.

- 4 Marsha L. Burris, *Paradox of Professionalism: American Nurses in World War II* (Charlotte: Spiral Publications, 2007), 96.
- 5 Pamela Bright, *Life in Our Hands: Nursing Sister's War Experiences* (London: Pan Books, 1955), 90.
- 6 The acknowledgement of gender as critical to the opportunities for women in war is explored by a number of historians in relation to work of all types. Women were never able to be simply workers, but always women workers, thus their femaleness was always more important than maleness for the men.
- 7 Cynthia Toman, *An Officer and a Lady: Canadian Military Nursing and the Second World War* (Vancouver: University of British Columbia Press, 2007), 100.
- 8 Toman, *An Officer and a Lady*, 10.
- 9 Barbara Caine, *English Feminism, 1780–1980* (Oxford: Oxford University Press, 2001), 176.
- 10 This performance of arch-femininity can be seen most coherently in Juliette Pattinson's work on women of the SOE negotiating their position as agents engaged in 'para-military' activity. Juliette Pattinson, "'Playing the daft lassie with them": Gender, captivity and the Special Operations Executive during the Second World War', *European Review of History* 13, 2 (2006): 276. See also Louise Willmot, 'Women and resistance', in Gilly Carr, Paul Sanders and Louise Willmot (eds), *Protest, Defiance and Resistance in the Channel Islands: German Occupation, 1940–45* (London: Bloomsbury, 2014).
- 11 Lucy Noakes, *Women in the British Army: War and the Gentle Sex, 1907–1948* (London: Routledge, Kindle edition, 2006), loc. 127.
- 12 Adrian Bingham, 'Enfranchisement, feminism and the modern woman: Debates in the British popular press, 1918–1939', in Julie V. Gottlieb and Richard Toye (eds), *The Aftermath of Suffrage: Women, Gender, and Politics in Britain 1918–1945* (Basingstoke: Palgrave Macmillan, 2013), 101.
- 13 Beth Linker, *War's Waste: Rehabilitation in World War I America* (Chicago: University of Chicago Press, 2011).
- 14 The origins of the concept of 'use of self' are found in nurse theorists' work on the therapeutic engagement of nurses with their patients. North American nurse-theorists Joyce Travelbee and Virginia Henderson and British nurse Richard McMahan argue that it is the nurse–patient relationship that is at the centre of their therapeutic engagement; that 'being with' the patient can make the difference. As Travelbee argued, the idea of the 'therapeutic use of self' is central to the nurse's engagement with their patient. Whilst these ideas were articulated after the Second World War, the chapter maintains that nurses in that conflict were aware that their presence and use of their 'nursing and female-selves', supported the healing and recovery of their soldier-patients. Joyce Travelbee, *Interpersonal Aspects of Nursing* (Philadelphia, PA: F.A. Davis, 1971); Virginia Henderson, *The Nature of*

- Nursing: Reflections after 25 Years* (New York: National League for Nursing Press, 1991), 24; Richard McMahon, 'Therapeutic nursing: Theory, issues and practice', in Richard McMahon and Alan Pearson, *Nursing as Therapy* (Cheltenham: Stanley Thornes, 1998), 6.
- 15 See, for example, Sheryl Nestel, '(Ad)ministering angels: Colonial Nursing and the extension of empire in Africa', *Journal of Medical Humanities* 19, 4 (1998): 257–77; Christina Twomey, "'Double displacement": Western nurses return home from Japanese internment camps in Second World War', *Gender and History* 21, 3 (2009): 670–84; Roland Sintos Coloma, "'White gazes, brown breasts": Imperial feminism and disciplining desires and bodies in colonial encounters', *Paedagogica Historica: International Journal of the History of Education* 48, 2 (2012): 243–61; Angharad Fletcher, 'Sisters behind the wire: Reappraising Australian military nursing and internment in the Pacific during World War II', *Medical History* 55 (2011): 419–24; Jessica Howell, Anne Marie Rafferty, Rosemary Wall and Anna Snaith, 'Nursing the tropics: Nurses as agents of imperial hygiene', *Journal of Public Health* 35, 2 (2013): 338–41.
 - 16 Emma Newlands, *Civilians into Soldiers: War, the Body and British Army Recruits, 1939–45* (Manchester: Manchester University Press, 2014), 146 .
 - 17 Deeb Canning, John P. Rosenberg and Patsy Yates, 'Therapeutic relationships in specialist palliative care nursing practice', *International Journal of Palliative Nursing* 13, 5 (2007): 222–9.
 - 18 Kara Dixon Vuic, *Officer, Nurse, Woman: The Army Nurse Corps in the Vietnam War* (Baltimore, MD: Johns Hopkins University Press, 2010, Kindle edition), loc. 146; Charlotte Dale, 'The social exploits and behaviour of nurses during the Anglo-Boer War, 1899–1902', in Helen Sweet and Sue Hawkins (eds), *Colonial Caring: A History of Colonial and Post-Colonial Nursing* (Manchester: Manchester University Press, 2015).
 - 19 H.E. Whittingham, 'D.G.M.S. suggests the following reply to Dr Henderson's criticisms', MED/HIST/16: Items of historical interest, years 1940–41. Princess Mary's Royal Air Force Nursing Service Archive.
 - 20 Maureen Honey, *Creating Rosie the Riveter: Class, Gender, and Propaganda during World War II* (Amherst, MA: University of Massachusetts Press, 1984), 202.
 - 21 Mary Morris, *A Very Private Diary* (7 October, 1945), 265, IWM Documents 4850; Mary Morris, *A Very Private Diary: A Nurse in Wartime*, ed. Carol Acton (London: Weidenfeld and Nicolson, 2014), 265. For a wider discussion of Morris's marriage to an English officer, see Carol Acton, "'Stepping into history": Reading the Second World War through Irish women's diaries', *Irish Studies Review* 18, 1 (2010): 39–56.
 - 22 Yasmin Khan, 'Sex in an imperial war zone: Transnational encounters in Second World War India', *History Workshop Journal* 73 (2012): 250.
 - 23 Penny Summerfield, *Reconstructing Women's Wartime Lives: Discourse*

- and Subjectivity in Oral Histories of the Second World War* (Manchester: Manchester University Press, 1998), 13.
- 24 Summerfield, *Reconstructing Women's Wartime Lives*, 14.
- 25 Cynthia Enloe, *Does Khaki Become You? The Militarization of Women's Lives* (London: Pandora, 1988), 213.
- 26 Enloe, *Does Khaki Become You?*, 106.
- 27 Morgan, 'My dearest mums', letter 55 (July 1943), MEF, 1.
- 28 Morgan, 'My dearest mums', letter 55 (July 1943), MEF, 2.
- 29 Scrub typhus had been differentiated from its rickettsial disease 'cousin' in the 1930s and research into it was accelerated during the 1939–45 conflict in response to the frequent epidemics in North Burma. According to Cornelius B. Philip, principal entomologist with the US Public Health Service in an article in 1948, 'the Americans' total of 695 cases for the entire campaign in that area, was exceeded by British casualties in each of 4 consecutive months, August to November inclusive, 1944, particularly along the Imphal jungle tracks and in the Kabaw and Chindwin Valleys to the east, including foci of major consequence in those areas'. One single battalion of the 2nd West Yorks had an infection rate of 18% in two months and a mortality of 5% of their total strength. Cornelius B. Philip, 'Tsutsugamushi disease (scrub typhus) in World War II', *The Journal of Parasitology* 34, 3 (1948): 169. From Salter's description, it appears that it was into this epidemic that she and her colleagues were sent. What is not known it whether it was the 2nd West Yorks that they nursed. Penny Salter, 'Long ago and far away: A distant memory': A diary, c. 1938–1970, 119–20, UKCHN archive, University of Manchester and IWM Documents 17649.
- 30 Salter, 'Long ago and far away', 119–20. The presence of nurses in the Burma campaign may have been a particular moment in their access to the front line. It is the only time that Mark Harrison mentions their presence as improving efficiency and boosting the morale of the combatant patients, 'despite some misgivings on the part of the male orderlies'. Mark Harrison, *Medicine and Victory: British Military Medicine in the Second World War* (Oxford: Oxford University Press, 2004), 219.
- 31 Salter, 'Long ago and far away', 122.
- 32 Salter, 'Long ago and far away', 122–3.
- 33 According to Kara Dixon Vuic, even in the mid-1960s, during the Vietnam War, recruitment campaigns for military nursing used the femininity of the nurse rather than her clinical skills as the method of patient healing. Kara Dixon Vuic, "Officer, nurse, woman": Army Nurse Corps recruitment for the Vietnam War', *Nursing History Review* 14 (2006): 135.
- 34 Christine E. Hallett, *Containing Trauma: Nursing Work in the First World War* (Manchester: Manchester University Press, 2009), 158.
- 35 Santanu Das, *Touch and Intimacy in First World War Literature* (Cambridge: Cambridge University Press, 2005), 188.

- 36 Christine E. Hallett, ‘“This fiendish mode of warfare”: Nursing the victims of gas poisoning in the First World War’, in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester: Manchester University Press, 2015), 82.
- 37 McBryde, *Quiet Heroines*, 126.
- 38 Anonymous, ‘Frontline Females’, BBC Radio 4, 11 April 1998, British Library Sound Archive H9872/2.
- 39 Noakes, *Women in the British Army*, 1.
- 40 Noakes, *Women in the British Army*, 7. See John Laffin, ‘Epilogue’, *Women in Battle* (London: Abelard-Schuman, 1967), 184–5.
- 41 Morris, ‘The diary of a wartime nurse’ (19 June 1944), 94; Morris, *A Very Private Diary*, 83.
- 42 Iris Bower, ‘From Normandy to the Baltic’ (1985), 11, Princess Mary’s Royal Air Force Nursing Service Archive.
- 43 Canadian Nursing Sister Nicholson remarked to Cynthia Toman in her oral history that the troops were horrified when the nurses landed with them at Sicily, but the nurses thought it was all rather exciting. Toman, *An Officer and a Lady*, 78.
- 44 Harrison, *Medicine and Victory*, 33.
- 45 George Feggetter, ‘Diary of an R.A.M.C. surgeon at war, 1942–1946’, 37, Wellcome Library, London, RAMC 1776.
- 46 Jessie Sarah Catherine Wilson, ‘We also served’, 19, UKCHN Archive, University of Manchester.
- 47 Evelyn Alma Cottrell, Spears Unit, reel 3. Oral history interview by Lyn E. Smith, 9 July 1990, IWM interview 12180.
- 48 Cottrell, reel 3, 9 July 1990.
- 49 Elsie Driver, ‘Dear Miss Soutar’ (9 July 1944), MMM QARANC uncatalogued archive.
- 50 Jean Bowden, *Grey Touched with Scarlet: The War Experiences of Army Nursing Sisters* (London: Robert Hale, 1959), 142. In the correspondence with Miss Soutar, Driver does not mention the involvement of the matron, and her description of the soldiers seeing the nurses ashore is slightly different: ‘We were I must admit, highly gratified when the troops showed such amazement and stood aghast, saying, “Golly, Sisters!!” and cheered us heartily’. Driver, ‘Dear Miss Soutar’.
- 51 Catherine M. Butland, ‘Army Sisters in Battledress or the Chosen Few or Follow Fate’, 25, MMM QARANC/PE/1/74/BUTL Box 8.
- 52 Butland, ‘Army Sisters in Battledress’, 37; Wilson, ‘We also served’, 20.
- 53 Margarete Sandelowski, *Devices and Desires: Gender, Technology and American Nursing* (Chapel Hill, NC: University of North Carolina Press, 2000), 45.
- 54 Anonymous, ‘In Step with the QAs. 1. – An officer writes to his wife from the Anzio beachhead’, *The Nursing Times* 40, 32 (5 August 1944): 538.

- 55 Patricia Moody, 'My darling mums' (4 August 1943), 1, Royal College of Nursing (RCN) Archives, Edinburgh.
- 56 Francie E. Brown, 'My dearest Win and Moll', 59th British General Hospital, CMF (4 August 1944), IWM Documents 12472.
- 57 Morris, 'The diary of a wartime nurse' (19 December 1944), 163; Morris, *A Very Private Diary*, 142.
- 58 Butland, 'Army Sisters in Battledress', 74; Bower, 'From Normandy to the Baltic', 2.
- 59 L.K. Allen, 'A nursing sister's desert experience with the 8th Army', MMM QARANC uncatalogued archive.
- 60 Anonymous Sister, 'The Anzio beachhead', MMM QARANC uncatalogued archive, CMF file.
- 61 Butland, 'Army Sisters in Battledress', 47.
- 62 American officer, 99th General Hospital, B.N.A.F., MMM QARANC uncatalogued archive, British North Africa Campaign.
- 63 A.A. Nicol, *My Moving Tent: Diary of a Desert Rat* (Edinburgh: Pentland Press, 1994), 169.
- 64 Toman, *An Officer and a Lady*, 137. J.R. McDonald's diary is replete with high praise for the vast majority of nurses with whom he worked. J.R. McDonald (RAMC), 'A doctor goes to war', Wellcome Library, London, RAMC 944. Colonel C.R. Croft, RAMC, who was the O.C. for the desert hospital at which Sister Catherine Butland was the sister-in-charge, described her as 'an ideal type for a field unit and understands the requirements'. C.R. Croft, 'War diary, Alexandria, Egypt, No. 1 Mobile Military Hospital' (November 1942), TNA Medical Diaries, No. 1 Gen Hospital, WO 177/1093.
- 65 Feggetter, 'Diary of an R.A.M.C. surgeon at war', 37.
- 66 The nature of nursing as an art is discussed by Hallett, who identifies the artistry of nursing both in the engagement in fundamental nursing care and also in the improvisations that make patients feel better. Hallett, *Containing Trauma*, 13–15, 158. The complexity for nursing is that it may be an art, but in order to gain recognition and maintain itself next to the medical profession, it also demands that it is seen as a science. However, it seems that, despite this movement, it was the art of nursing that set it apart from the procedural, but no less considerate care of the orderly. Jane Brooks and Christine E. Hallett, 'Introduction: The practice of nursing and the exigencies of war', in Jane Brooks and Christine E. Hallett (eds), *One Hundred Years of Wartime Nursing Practices, 1854–1953* (Manchester: Manchester University Press, 2015), 6.
- 67 G.Q. Hunt, Lieutenant-Colonel, Grenadier Guards, 'Dear Sir' (11 May 1943). Letter to the Officer Commanding, General Hospital, M.E.F., MMM QARANC uncatalogued archive.
- 68 David Emery, 'Dear Sister Butland' (15 September 1945), MMM QARANC uncatalogued archive, MEF memoirs.

- 69 Feggetter, 'Diary of an R.A.M.C. surgeon at war', 37.
- 70 P.M. Dyer, 'When life was grey and scarlet: A recollection of life as an Army Nursing Sister', 22, MMM QARANC/PE/1/151/DYER Box 8.
- 71 Mary Anne Lagmay Tanay, Julia Roberts and Emma Ream, 'Humour in adult cancer care: A concept analysis', *Journal of Advanced Nursing* 69, 9 (2012): 2137.
- 72 Marion Cash, oral history interview via telephone by Jane Brooks, 23 October 2013.
- 73 Jean Clarke, oral history interview via telephone by Jane Brooks, 20 November 2013.
- 74 Ana Carden-Coyne, *The Politics of Wounds: Military Patients and Medical Power in the First World War* (Oxford: Oxford University Press, 2014), 321.
- 75 Cheryl Tatano Beck, 'Humor in nursing practice: A phenomenological study', *International Journal of Nursing Studies* 34, 5 (1997): 349; M. Greenberg, 'Therapeutic play: Developing humor in the nurse-patient relationship', *Journal of the New York State Nurses Association* 34, 1 (2003): 27.
- 76 Greenberg, 'Therapeutic play'; Ann D. Sumners, 'Professional nurses attitudes towards humour', *Journal of Advanced Nursing* 15 (1999): 200; Paivi Astedt-Kurki and Arja Isola, 'Humour between nurses and patient, and among staff: Analysis of nurses' diaries', *Journal of Advanced Nursing* 35, 3 (2001): 452.
- 77 Anonymous Sister, 'The Anzio beachhead'.
- 78 Morgan, 'My dearest mums', letter 61 (September 1943), CMF, 1.
- 79 Morris, 'The diary of a wartime nurse' (4 July 1944); Morris, *A Very Private Diary*, 102.
- 80 Morris, 'The diary of a wartime nurse' (2 July 1944); Morris, *A Very Private Diary*, 101.
- 81 Morris, 'The diary of a wartime nurse' (29 June 1944); Morris, *A Very Private Diary*, 101.
- 82 Mary Bond, *Wartime Experiences from the Midnight Sun to Belsen* (Cardigan: E.L. Jones and Son, 1994), 41.
- 83 Bower, 'From Normandy to the Baltic', 59.
- 84 Carden-Coyne, *The Politics of Wounds*, 183.
- 85 Sylvia Skimming, *Sand in My Shoes: The Tale of a Red Cross Welfare Officer with British Hospitals Overseas in the Second World War* (Edinburgh: Oliver and Boyd, 1948), 26.
- 86 Roberta Love Tayloe, *Combat Nurse: A Journal of World War II* (Santa Barbara, CA: Fithian Press, 1988), 46.
- 87 Betty C. Parkin, *Desert Nurse: A World War II Memoir* (London: Robert Hale, 1990), 92.
- 88 Morgan, 'My dearest mums', letter 85 (August 1944), CMF, 2.
- 89 Wilson, 'We also served'.
- 90 McBryde, *Quiet Heroines*, 127.

- 91 Ann Radloff, 'Going to Gooseberry Beach: Travels and adventures of a nursing sister', 16, IWM Documents 147.
- 92 Summers, 'Professional nurses attitudes towards humour', 197.
- 93 Newlands, *Civilians into Soldiers*.
- 94 Butland, 'Army Sisters in Battledress'.
- 95 Anonymous, 'Topical notes – Normandy broadcast', *The Nursing Times* (1 July 1944): 430.
- 96 Emily Soper, oral history interview via telephone by Jane Brooks, 6 September 2013, UKCHN Archive, University of Manchester.
- 97 Butland, 'Army Sisters in Battledress', 74.
- 98 Eric Taylor, *Women Who Went to War, 1938–46* (London: Robert Hale, 1988), 127.
- 99 Radloff, 'Going to Gooseberry Beach', 17.
- 100 McBryde, *Quiet Heroines*, 127
- 101 Anonymous, 'December 1939–October 1942', 3, MMM QARANC uncatalogued archive.
- 102 Acting matron, 'A hospital ship at Tobruk, December 1941 to March 1942', in Ada Harrison (ed.), *Grey and Scarlet: Letters from the War Areas by Army Sisters on Active Service* (London: Hodder and Stoughton, 1944), 109.
- 103 Vera Jones, *A Time to Remember: A Record of Nursing Experiences, Impressions and Travels During World War II Contained in Letters Sent Home from The East* (London: Athena Press, 2005), 24.
- 104 Anonymous, 'Middle East and the hospital at Tobruk, December 1939–October 1942', MMM QARANC uncatalogued archive.
- 105 Anonymous, 'Dear Miss Wilkinson, H.M. Hospital Ship, Dorsetshire' (28 June 1941), MMM QARANC uncatalogued archive.
- 106 Salter, 'Long ago and far away', 114–15.
- 107 Morgan, 'My dearest mother', letter 23 (written and sent at a much later date for reasons of security), 1.
- 108 Betty Evans, oral history interview by Jane Brooks via telephone, 10 January 2014, UKCHN Archive, University of Manchester.
- 109 Morgan, letter 50, 'Obeying our General's orders', 1.
- 110 Salter, 'Long ago and far away', 62.
- 111 Wilson, 'We also served', 15.
- 112 Morris, 'The diary of a wartime nurse' (21 June 1944), 105; Morris, *A Very Private Diary*, 90.
- 113 Christina Twomey, 'Australian nurse POWs: Gender, war and captivity', *Australian Historical Studies* 36, 124 (204): 255–74.
- 114 John Costello, *Love, Sex and War: Changing Values, 1939–45* (London: Collins, 1985); Paul Fussell, *Wartime: Understanding and Behavior in the Second World War* (New York: Oxford University Press, 1989), 96–114; Gerard J. DeGroot, "'Lipstick on her nipples, cordite in her hair": Sex and

- romance among British servicewomen during the Second World War', in Gerard J. DeGroot and Corinna Peniston-Bird, *A Soldier and a Woman* (Abingdon: Taylor and Francis, 2014).
- 115 Carden-Coyne, *The Politics of Wounds*, 245.
- 116 Christine E. Hallett, *Nurse Writers of the Great War* (Manchester: Manchester University Press, 2016), 212.
- 117 Costello, *Love, Sex and War: Changing Values*, 91.
- 118 Carden-Coyne, *The Politics of Wounds*, 191.
- 119 Hallett, *Containing Trauma*, 178.
- 120 Nell Jarrett, 'Diary of her desert experiences, 21 June 1942–13 January 1943' (30 July 1942).
- 121 Margaret Parkes, oral history interview by Jane Brooks at her home in the North West of England, 12 December 2012, UKCHN Archive, University of Manchester.
- 122 Emily Mayhew, *The Reconstruction of Warriors: Archibald McIndoe, The Royal Air Force and the Guinea Pig Club* (Barnsley: Greenhill Books, 2010, Kindle edition); Julie Anderson, *War, Disability and Rehabilitation in Britain: 'Soul of a Nation'* (Manchester: Manchester University Press, 2011); Liz Byrski, 'Emotional labour as war work: Women up close and personal with McIndoe's Guinea Pigs', *Women's History Review* 21, 3 (July 2012): 341–61.
- 123 Byrski, 'Emotional labour as war work', 353.
- 124 Anderson, *War, Disability and Rehabilitation in Britain*, 115.
- 125 According to Toman, several nurses that she interviewed were clear that there were some topics that they would not discuss. Key to this list were relationships between the medical and nursing staff on active service overseas, but which one nurse described as going 'a little bit beyond family'. Toman, *An Officer and a Lady*, 74.
- 126 LaVonne Telshaw Camp, *Lingering Fever: A World War II Nurse's Memoir* (Jefferson, NC: McFarland, 1997), 19.
- 127 The matter of British nurses being encouraged to attend dances was a novel departure for the Second World War. In the 1880s Catherine Grace Loch, the Superintendent of the Indian Army Nursing Service, forbade nurses from attending balls and dancing with officers, although Anne Summers states that this was over-ruled. Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854–1914* (Newbury: Threshold Press, 2000), 253. The prohibition against dancing was clearly reasserted in the First World War, as Christine Hallett provides an extensive quotation from the Matron-in-Chief Dame Maud McCarthy honouring the matrons for upholding the rule against dancing throughout the conflict and offering her permission that nurses should be allowed to dance to celebrate the Armistice. Christine E. Hallett, *Veiled Warriors: Allied Nurses of the First World War* (Oxford: Oxford University Press, 2014), 249.

- 128 Jane L. Forrest, 'Dear madam' (20 April 1943), MMM QARANC/PE/1/297/ Jones, collections and accounts 1943. Shaiba is in present-day Iraq – near Basra.
- 129 Jarrett, 'Diary of her desert experiences' (6 September 1942).
- 130 Betty Crisp, oral history interview via telephone by Jane Brooks, 13 January 2014. Crisp started nursing at the age of 16½ years at a cottage hospital on the south coast of England. UKCHN Archive University of Manchester.
- 131 Parkes, oral history interview, 12 December 2012.
- 132 For a full and detailed discussion on the discourse of morality and sexual propriety, see Sonya O. Rose, *Which People's War? National Identity and Citizenship in Britain, 1939–1945* (Oxford: Oxford University Press, Kindle edition, 2003).
- 133 Telshaw Camp, *Lingering Fever*, 90.
- 134 Salter, 'Long ago and far away', 125.
- 135 Parkes, oral history interview, 12 December 2012.
- 136 Catherine Hutchinson, 'My war and welcome to it', 22, IWM PP 02/36/1.
- 137 Barbara Collins, 'My dearest mummy and daddy', No. 51 General Hospital RAMC, Sierra Leone, British West Africa (26 August 1940), 2, UKCHN Archive, University of Manchester.
- 138 Howell et al., 'Nursing the tropics', 338.
- 139 Myra Valley, 'The training of "Agents of Empire": Educational and early career patterns for Scottish nurses of the Colonial and Overseas Nursing Associations, 1899–1939', *The Bulletin of the UK Association for the History of Nursing*, 3 (2014): 57–72.
- 140 Christina Twomey argues that although there was an increase in women professionals in colonial spaces, the vast majority of women in the tropics were colonial wives and daughters of male colonial officers. Furthermore, the Colonial Office encouraged marriage between Europeans in order to circumvent the possibility of 'sexual liaisons between British men and women of colour' (p. 672). For further discussions of the colonial project and Western women, see Sintos Coloma, 'White gazes, brown breasts', 245. For further discussion of American imperialism, see Winifred Connerton, 'American nurses in colonial settings', in Patricia D'Antonio, Julie A. Fairman and Jean C. Whelan (eds), *Routledge Handbook on the Global History of Nursing* (London: Routledge, 2013), 11–21.
- 141 Nestel, '(Ad)ministering angels', 258; Howell et al., 'Nursing the tropics', 338–41.
- 142 Jessica Howell, Anne Marie Rafferty and Anna Snaith, '(Author)ity abroad: The life writing of colonial nurses', *International Journal of Nursing Studies* 48 (2011): 1162.
- 143 Summers, *Angels and Citizens*, 150.
- 144 Lucy Bland, 'White women and men of colour: Miscegenation fears in Britain after the Great War,' *Gender and History* 17, 1 (April 2005): 29–61.

- Bland argues that if sexual relations between white men and black women were 'unacceptable', those between black men and white women were 'totally reprehensible'. Bland, 'White women and men of colour', 31.
- 145 Kara Dixon Vuic, 'Wartime nursing and power', in Patricia D'Antonio, Julie A. Fairman and Jean C. Whelan (eds), *Routledge Handbook on the Global History of Nursing* (London: Routledge, 2013), 23.
- 146 Harrison, *Medicine and Victory*, 103.
- 147 Kevin Brown, *Fighting Fit: Medicine and War in the Twentieth Century* (Stroud: The History Press, 2008, Kindle edition), loc. 3494.
- 148 Khan, 'Sex in an imperial war zone', 245; Harrison, *Medicine and Victory*, 102.
- 149 Nestel, '(Ad)ministering angels', 258.
- 150 Sintos Coloma, 'White gazes, brown breasts', 250.
- 151 Wilson, 'We also served', 33.
- 152 John Cheetham, oral history interview by Jane Brooks, 8 September 2012. UKCHN Archive, University of Manchester. In his oral history interview, Cheetham, who had been in the tank corps in the desert, maintained that although when on leave in cities such as Cairo he did see nursing sisters, as an enlisted man, nursing sisters were 'out of bounds'.
- 153 Nell Jarrett's war diary remarks on the restrictions placed on them on the ship to Sierra Leone, 'we must not speak to the rough and licentious soldiery'. Jarrett, 'Diary of her desert experiences – England to Freetown' (2–13 June 1942).
- 154 Harrison, *Medicine and Victory*, 98.
- 155 Khan, 'Sex in an imperial war zone', 250.
- 156 Noakes, *Women in the British Army*, 35.
- 157 Fletcher, 'Sisters behind the wire', 420.
- 158 Summers, *Angels and Citizens*, 159.
- 159 Joanne Reilly, 'Cleaner, carer, and occasional dance partner? Writing women back into the liberation of Bergen-Belsen', in Jo Reilly, David Cesarani, Tony Kushner and Colin Richmond (eds), *Belsen in History and Memory* (London: Frank Cass, 1997), 156. Reilly in particular decries the 'glib' use of the word 'sacrifice', intoned in a narrative which, she argues, denies women's war efforts.
- 160 Salter, 'Long ago and far away', 124.
- 161 Radloff, 'Going to Gooseberry Beach', 23.
- 162 Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London: Routledge, 1996), 29; Sue Hawkins, *Nursing and Women's Labour in the Nineteenth Century: The Quest for Independence* (London: Routledge, 2010), 25.
- 163 June Hamilton, oral history interview by Jane Brooks at her home in the south of England, 19 October 2011, UKCHN Archive University of Manchester.
- 164 Elizabeth Morris, oral history interview via telephone by Jane Brooks,

8 October 2013, UKCHN Archive University of Manchester. It is acknowledged that the position of consultants was quite different to that of all other professionals in the hospital. As honorary physicians and surgeons they gave their time in voluntary hospitals for free and were therefore treated with much greater deference. According to Mayhew, for example, McIndoe was known as either 'The Boss' or 'God' at East Grinstead. Mayhew, *The Reconstruction of Warriors*, loc. 1162.

- 165 Salter, 'Long ago and far away', 7.
166 Brown, *Fighting Fit*, loc. 4295.
167 Salter, 'Long ago and far away', 131.
168 E.M. Leeming, 'My war years, 1939–1945', 1, Wellcome Library, London, PP/LEE.
169 Dorothy A. Bartlett, *Nurse in War* (London: P.R. Macmillan, 1961), 108.
170 McDonald, 'A doctor goes to war', 198.
171 McDonald, 'A doctor goes to war', 166. Bridge appears to have been a particularly popular pastime on active service overseas, with nurses' testimonies also identifying it as an activity enjoyed by medical and nursing staff. Anonymous, 'In step with the QAs. 9. – Hospital ship (part II)', *The Nursing Times* (7 October 1944): 698.