This essay analyses colonial nurses’ travel letters, written from West Africa and the Caribbean between the turn of the century and 1920, in order to better understand the role of nurses in forming satellite versions of home. Though their primary function was to ‘nurse empire’ by helping to repair and maintain the bodies needed for imperial labour, nurses also contributed to written discourses supporting Britain’s economic interests and political goals. Through careful consideration of primary archival material, this essay analyses the rhetorical modes that may have helped nurses gain professional and personal authority abroad. It considers nurses as moving within several kinds of imperial networks – geographical, institutional and discursive – and traces the shifts in their written self-representation according to these different contexts. In order to reform nursing, in the mid-nineteenth century Florence Nightingale defined the ‘New Nurse’s’ ideal personality as well as her duties. Ever since, the nurse’s ‘character’ has often been essentialised in literature and culture. As Julia Hallam observes in Nursing the Image (2000), the nurse is commonly portrayed as ministering angel, potential seductress, battleaxe or doctor’s helpmate. The goal of this essay is to resist simplifying nurses’ cultural significance, motivations or experiences by studying the multiple influences to which colonial nurses were subject and the shifting registers in their writing.

Keywords: colonial medicine; overseas nursing; travel letters; health and nation; identity; networks of empire

Upon arriving in Jamaica in 1913, a matron named Miss Mona E. Thompson wrote a letter to her employer, the Colonial Nursing Association, describing her new surroundings as ‘the land of sunshine, rivers + mountains’. She continues, ‘I do not find it too hot – it seems more like a good English summer. The Dr. of the Hospital (Dr. Grabham) is English + a St. Thomas man’. The Jamaica Tourist Association’s 1911 guide was titled ‘The Land of Stream and Woods.’ This guide also quotes Dr. Grabham attesting to the Jamaican climate’s healthfulness. Either the tour guide or her supervisor may have inspired Miss Thompson to term Jamaica the ‘land of sunshine, river and mountains’. Ironically, although this description is derived from the native Arawak meaning for ‘Xaymaca’, ‘land of wood and water’, both Miss Thompson and Dr. Grabham use it to frame Jamaica as similar to Britain. Miss Thompson equates the climate with a ‘good English summer’, implies Dr. Grabham is of reputable character based on his status as ‘English + a St. Thomas man’, and uses the unlikely example of growing roses – the quintessential English flower – to indicate Jamaica’s tropical abundance. In the tour guide, Dr. Grabham attributes a comforting regularity to the seasons of Jamaica, assuring readers that their search for health-giving exercise and activity will be uninterrupted by adverse conditions. Though their intended readership differs – the nurse updates the Colonial Nursing

*Email: jessica.howell@kcl.ac.uk
Association (or CNA) Secretary on her work, and the doctor writes for potential leisure tourists – both descriptions support the rebranding of Jamaica that was occurring during this time, from a place of strife and financial opportunity for colonists to a place of health and relaxation for families from Britain and America.³

The conceptual links between nursing and empire run very deep. The profession of modern nursing was defined in the context of the Crimean war, as a tool to support soldiers and thereby Britain’s national interests. Afterwards, through both her publications and social reforms, Florence Nightingale attempted to train nurses and middle-class housewives to be agents of sanitation and hygiene, in both public and private spheres respectively. As Mary Poovey claims, ‘The crusade that Nightingale originated… was explicitly colonial. With the complacency of an imperialist, Nightingale assumed that bourgeois domesticity and cleanliness were universally desired.’⁴ The affiliation of nursing with hygiene was pragmatic and tactical, according to Poovey, as it created for nurses a ‘separate sphere of expertise’, not perceived as threatening to the fields of medicine and surgery (186).

Nightingale’s association of nursing with hygiene may seem to have relegated nurses to the domestic realm. However, as the colonial project depends upon the successful establishment of ‘outposts of progress’, and as these outposts are often written as spaces of domestic order, propriety and civilised behaviour and practice, then the nurse’s purview becomes much wider and her ideological role more complex. She becomes central to the project of building and reinforcing health values both at home and abroad. In fact, nurses’ affiliation with hygiene makes them ideal agents of biopower. As defined by Michel Foucault in his March 1976 lecture, ‘Society Must be Defended’, biopower is the state regulation of health, the power to ‘make live and let die’.⁵ Foucault pinpoints a shift towards biopolitics at the end of the nineteenth century, claiming that medicine’s ‘main function’ became ‘public hygiene, with institutions to coordinate medicine care, centralize power, and normalize knowledge.’ This often ‘takes the form of campaigns to teach hygiene and medicalize the population’.⁶ Biopower works to define what is normal and abnormal, desirable and undesirable, in the population. The state then attempts to improve its subjects, first by studying them through demographics and statistics, birth rates and death rates, and then by re-educating and treating them through ‘medical institutions, welfare funds, insurance, and so on.’⁷ Colonial nurses were necessary, both to protect British citizens from the degenerating influences of life abroad, and to deliver the greater health and quality of life promised indigenous peoples by the civilising mission of imperialism. Therefore, nursing associations and professional nursing societies such as the Colonial Nursing Association can and should be read as healthcare institutions supporting the wellbeing of the British race, not just individual bodies.

In order to help repair and maintain the bodies needed for imperial labour, nurses needed to recreate ‘civilised’ standards of medical care for the British population abroad. To this end, they imported to the colonies material symbols of Britishness such as medical supplies, uniforms, food and books. Nurses also bolstered colonial societies by reinforcing the racial and gender hierarchies associated with Western value systems. Finally, they played a key role in rehabilitating, or nursing, the image of those places previously perceived as dangerous to the health of white Europeans. For example, in 1905 the CNA published an article in the professional journal Nursing Notes that read, ‘If the work of Major Ross and his colleagues has “made West Africa healthy”… No small part of [the decrease in white mortality] is undoubtedly due to the permanent employment of European nurses in the government hospitals’.⁸ If the success of empire depends on scientific discoveries and medical interventions that open previously inaccessible areas to
further exploration and development, then nurses are cast as crucial to this progress. In
order to best observe the role nurses played in ameliorating the reputations of places seen
as especially challenging for white Britons’ health, this essay analyses nurses’ travel letters
written between the turn of the century and 1920 from West Africa and the Caribbean.

Colonial nurses occupied a liminal space between traditionally masculine and feminine
duties, public and private spheres, home and away. In the course of their employment they
were called upon to occupy many roles, sometimes simultaneously. Therefore, this
research considers nurses’ very identities as travelling, or in flux, undergoing continual
self-formation and self-revision within the colonial environment. Their writing draws upon
multiple discourses, including those of health and medicine, travel, gender and race. As
will be demonstrated, this turns their letters into a hybrid genre, influenced by travel and
tourism guides, the medical case study, women’s autobiography, and adventure and
exploration literature. In addition to drawing evidence from several nurses’ letters
published in the professional journal Nursing Notes, this essay cites original letters held at
the Bodleian Library of Commonwealth & African Studies, University of Oxford, in a
substantial archive relating to the Colonial Nursing Association (later named the Overseas
Nursing Association). This underexplored archive offers a unique insight into ways in
which discourses of femininity, disease and health travelled in this period. By studying the
figure of the colonial nurse, one is well positioned to observe the interdiscursivity of the
colonial project itself – how the divisions between systems of knowledge and textual genres
used in support of empire were permeable and shifting rather than fixed.

In order to trace these multiple influences, I will focus upon several networks within
which nurses moved – material, geographical, ideological and textual. First, by travelling
between different sites of empire for their employment, nurses’ life geographies engaged
with colonial routes of travel and trade. For example, the nurses under study here moved
within networks established by the Atlantic slave trade and African Diaspora. Furthermore, colonial nurses were part of imperial organisational networks through
their affiliation to the CNA and the Colonial Office, and thereby placed under certain
pressures to conform to appropriate discourse as defined by their employer. By
considering nurses’ published and unpublished letters side by side, one is also able to
trace the process of editing and censorship through which their private experiences became
public, which gives insight into the cultural values nurses were encouraged to support.
Also, this essay will consider the textual networks of which nurses were a part – the
possible influences upon their work of famous colonial travel writing and the process by
which they were able to see their own writing in print.

What they carried
The role of the colonial nurse was framed initially in tandem with discourses depicting
empire as ‘the white man’s burden’. A recruitment pamphlet for the CNA appeals to
nurses’ sense of duty and heroism by stating that a nurse who answers the call to serve in
the colonies ‘can feel that she is not only fulfilling the highest aim of her career in helping
the sick and suffering, but also doing her share as a citizen of a great empire in preserving
the health of the pioneers and patient lonely workers’. If British colonists could selflessly
dedicate themselves to the betterment of indigenous cultures and peoples, it was thought,
so too could British nurses selflessly leave hearth and home to heal these same colonists
when they fell prey to disease or injury. The links between overseas nursing and colonial
power networks are made evident by the CNA’s roster of supporters, which included at
different times Joseph Chamberlain, Colonial Secretary; Sir George Goldie, head of the Royal Niger Company; and Winston Churchill.

An article claims, ‘In Mauritius, prior to the establishment of two nurses, there were constant deaths of young Englishmen on sugar estates, and such deaths were directly attributable to the utter lack of any nursing, save that afforded by native servants.’ This excerpt implies that the successful production of goods for imperial profit is dependent, not only on a supply of healthy young Englishmen, but on replacing the native carers, whose presence might sabotage progress, with well-trained, British women. In fact, the Association goes so far as to assert, ‘Once possessed of capable, suitable women…[any place may avoid] much of the deplorable loss of valuable life, misery and suffering, which has hitherto added a terror to existence in many of our far-away colonies’.

The CNA sent over 8400 nurses abroad between its initiation in 1896 and termination in 1966. Though the nurses’ primary role had been framed initially as caring for white male colonists, many of them quickly became responsible for training and supervising indigenous nurses, as well as nursing ill indigenous peoples. Nurses were selected carefully for service in the CNA, as it was understood that their performance affected not only their personal reputations but also the reputation of the Association and of British colonialism itself. Most fell between the ages of 25 and 40 and were from the middle or ‘new skilled working’ classes. Spinster and ‘ladies’ were sought who would likely benefit from opportunities beyond the domestic realm, and would (it was hoped) enhance the reputation of the CNA through good behaviour. The Association also sought certain personality characteristics in its nurses: as one of the early recruitment pamphlets states, ‘The greatest qualifications for nursing abroad are cheerfulness and tact.’ Cheerfulness was considered necessary in the face of the challenges of climate, cultural difference and travel, and tact in the face of awkward or unexpected incidents. Once they were employed, the CNA brought pressure to bear on nurses to continue to demonstrate these characteristics and to put a cheerful face on colonial nursing. The system of feedback and supervision by which this behaviour was reinforced included memoranda from the CNA Committee, printed guidelines and pamphlets, doctors’ reviews of nurses’ performance, nurses’ written judgment of each other, and personal letters from the Secretary. The professional journal Nursing Notes not only was used as a venue to reproduce excerpts from colonial nurses’ letters and thereby attract new employees; it was also circulated to nurses holding posts abroad, so that they might read and perhaps model themselves on their colleagues’ adventuresome spirit and professional accomplishments.

The Association distributed pamphlets to apprise nurses of details relevant to their posts, including working hours, duties and salaries, as well as what equipment and clothing they should bring. These documents provide useful insight into the material items thought necessary to reproduce civilised standards abroad, as well as into the ideals nurses were expected to embody. For example, a document titled ‘Information regarding appointments for nurses in West Africa’, produced by the Colonial Office in May 1902, gave suggestions to nurses bound for Sierra Leone, the Gold Coast, Lagos, Southern and Northern Nigeria. Out of a set allowance, nurses were required to provision for themselves

- 6 or 8 white skirts; 6 or 8 white blouses; 12 linen aprons; 1 waist belt (navy blue petersham); 1 hat ribbon (same); 1 navy blue silk or alpaca dress; 1 pair mackintosh over-shoes; 3 white sailor-hats; 1 blue bonnet (for full dress); 12 collars (turn-down); 12 pair cuffs; 12 caps (Sister Dora or Indian Army); 1 helmet (optional); 1 mackintosh cloak (long); 1 white umbrella.

They were instructed, ‘Duty uniform (to be worn on duty at any time of the day or night) consists of white dress, apron, collar and cuffs, blue waist belt, and cap or white
sailor hat with blue hat band. Full dress uniform (to be worn at all official functions) consists of navy blue silk or alpaca dress, collar and cuffs, waistbelt, and bonnet or cap. N.B. all dresses to be made quite plain’ (10). This list privileges clothes that will demonstrate cleanliness, such as white blouses and skirts, as well as modesty. The colonial nursing style of dress seems to draw upon both military and maritime traditions, from the ‘Indian Army’ style cap to sailor hats and mackintoshes. Most significant, however, is the manual labour encoded in this list: fold-down collars and white aprons take effort to maintain, effort that likely will be provided by African servants rather than by the nurses themselves. These outward signs of Britishness are not only labour-intensive but also of questionable practicality, as full-length alpaca dresses are unlikely to be comfortable in a tropical climate. Rather, the formal and complete coverage of the nurse’s body in ‘quite plain’ clothes seems meant to both emphasise her decorum, as a female subject and as a professional, as well as to protect her and keep her separate from both the physical and cultural West African environment.

As nurses could be placed in government or private hospitals, long established or newly started, supplies and accommodations were not standardised. For example, while nurses’ lodgings in Sierra Leone were ‘fully furnished in every way’ in 1902 (10), those on the Gold Coast were much less complete. If bound for the Gold Coast, nurses were encouraged to take with them a long list of items including a ‘Small dinner service; small tea service; knives and forks; Cruet stand; Glasses, various sizes, at least six of each; Scrub brushes; Bucket; Glass jugs, two; Pictures; Cushions; Ornaments; Muslin, 36 yards, for curtains’ (11). The nurse would not often wield certain of these household items – instead, paid help would most likely use the scrub brushes and bucket. Certain other items on this list, however, are clearly intended for receiving guests and engaging in ceremonial dining rituals – the tea service, for example, and cruets. The suggestion that she bring pictures, ornaments and cushions implies that the nurse is expected to arrange her accommodations into a model of British domesticity. Further, as with the clothing, some of these household supplies are impractical for the tropics. It would be a challenge allocated to porters and servants to keep the six glasses and two glass jugs intact through the nurse’s journey to her new home.

**Nursing empire**

Once she arrived at her post, the colonial nurse’s professional duties varied according to the era in which she worked, the endemic diseases or injuries common to her particular location, and her rank within the hospital hierarchy. Mining injuries, dysentery and malaria were common in turn-of-the-century West African colonial hospitals, while nurses might treat typhoid, yellow fever and injuries from labour uprisings in the West Indies. Nurses in all areas were expected to have training and experience in midwifery, with maternity cases common at most posts. Colonial nurses often recount their ‘cases’ with a sense of pride. They also express the common belief that one of the duties of colonial intervention is training indigenous populations in better hygiene and health practices.¹⁷

Nurses also helped rehabilitate the reputation of notoriously unhealthy colonies, both by providing healthcare in previously understaffed areas and by emphasising the novelty, adventure and aesthetic appeal of their lives abroad. Even the challenges and frustrations they encounter are often cast as part of the heroic mission of imperial progress. Their letters to the CNA Secretary help ‘rebrand’ West Africa and the West Indies, depicting
these areas not as potentially fatal for whites but as lush and tropical, as well as rich in natural resources, whether gold or agriculture.

The first example is drawn from the letter of a nurse travelling to Costa Rica in 1904. Though Costa Rica was not a British colony, nurses could be assigned to British-owned private concerns and travel the same colonial routes as their colleagues in order to arrive at their posts. The following excerpt was later selected for publication in *Nursing Notes*, perhaps due to its engaging tone and the idyllic scenery. This nurse enjoys the Caribbean environment, noting that during their stop in Jamaica ‘We had a delightfully cool room and pineapples for breakfast, and we took back some lovely flowers to the boat. There were hummingbirds in the garden and clouds of butterflies.’ This tropical Eden continues ‘all the way up’ to the post, as she passes ‘first bananas and then coffee plantations; rivers and waterfalls on either side and trees growing close to the line with all kinds of wonderful creepers hanging from them’.\(^\text{18}\)

This nurse describes the natural landscape as luxuriant and sensual. As critics of Caribbean literature have long observed, invocations of natural fecundity are not merely poetic but practical, as they indicate the land may be productive under colonial cultivation (in the case of the West Indies, producing goods such as sugar, coffee and fruit especially).\(^\text{19}\) ‘This nurse’s letter also depicts agricultural colonialism as thriving, by linking the succession of plantations she passes with the natural productivity of the region. In fact, while some island colonists were enjoying financial success during the early 1900s, certain other post-slavery West Indian colonies such as Jamaica were decreasing in sugar production, struggling on the world market to make their goods pay.\(^\text{20}\) However, the nurse’s letter helps to paint a rosy glow over the whole region.

This tendency is not uncommon when one compares the foregoing nurse’s letter to other travel narratives from the early twentieth-century: for example, in 1915 American traveller A. Hyatt Verrill writes in *Isles of Spices and Palm* that the West Indies are ‘islands of perpetual summer, lands where luscious fruits and gorgeous flowers may be gathered throughout the year, where feathery palms wave in the trade wind above surf-washed, coral beaches; where lofty mountains rise, forest-clad, to the drifting clouds, and where worry, care and hurry are unknown’.\(^\text{21}\) As demonstrated by the writing of Nurse Thompson and Dr. Grabham, white visitors of this time often participated in recasting the West Indies as a place of health and wellbeing. Not only British but also American authors were involved in this process, as both nations had significant financial investment in the region that could be jeopardised by the decreasing profitability of plantation economies.

Verrill reinforces the shift towards tourism and travel discourses when he says, ‘To many, the West Indies are synonymous with sweltering heat, venomous serpents, noxious insects and dangerous maladies; but nothing could be further from the truth.’ Instead, he claims, ‘With reasonable care, no Northerner need fear disease in the West Indies.’\(^\text{22}\) While this was an oversimplification, it is true that by the time Verrill was writing, the Caribbean had seen uneven improvements in health care and gradual but steady decrease in disease: for example, Governor Grant created a public medical service in Jamaica in 1868.\(^\text{23}\) By 1910, there had been dramatic progress in health through the establishment of new sanitation infrastructure.\(^\text{24}\) The rhetoric of the Colonial Nursing Association positioned nurses as a key part of this progress.

Though the most striking rebranding of the West Indies as a potential tourist destination may have occurred in the early twentieth century, it was building on much earlier depictions of the region as a destination for those who sought health and financial opportunity. Charles Kingsley wrote *At Last: Christmas in the West Indies* in 1871 after he and his wife made a visit to the region in the hopes that the tropical climate and
surroundings would improve her wellbeing. He recounts the success of the excursion thus: ‘If safety and returning health, in an atmosphere in which the mere act of breathing is a pleasure, be things for which to be thankful, then we had reason to say in our hearts that which is sometimes best unsaid on paper.’

Kingsley’s text shows a hyperawareness of past famous sea travellers and adventurers who had made the journey before his party, including Drake, Raleigh and Preston. He also writes the West Indies as ‘Fairy-land’, or an ‘Earthly Paradise’, fitting neatly into a tradition of writers who rhapsodise about ‘such a climate, such a soil, such vegetation, such fruits’. He sympathises with earlier explorers who imagined ‘luxury’, ‘gold and jewels hidden among those forest-shrouded glens and peaks’ and uses this to excuse the colonial exploitation that followed. Kingsley sees the risks and trials associated with colonialism as an undertaking needed to prove British national vigour. More than 20 years later, to support this endeavour when it faltered through workers’ ill health became the stated purpose of the colonial nurse.

Nowhere, perhaps, more than the west coast of Africa, did the reputedly fatal environment pose a threat to the white constitution. In his two-volume work Wanderings in West Africa (1863), Richard Francis Burton opines, ‘How much better is the heart of Africa than its epidermis’. His comment reflects the common nineteenth-century association of West Africa with high rates of white mortality. Colonial nurses were needed to help ameliorate the reputation of the ‘white man’s grave’ in order for the project of empire to succeed. For those posted along the Gold Coast, this often meant supporting mining concerns by treating the workers and managers. Letters from nurses stationed at government hospitals in Nigeria and at the private hospital in Prestea form useful points of comparison. As in letters from the West Indies, letters from West Africa focus on the aesthetic and productive qualities of the landscape, but nurses also depict their work as pioneering and full of adventure, drawing upon a long tradition of African exploration literature.

Nurses travelling to Prestea arrived by boat to Sekondi, took a train and then were carried in hammocks up the hill to their posts. They stress the remoteness of their location and the great responsibility placed upon their shoulders. For example, Alice Drewe, who arrived in December 1913, wrote to the Secretary, ‘You will be surprised to hear that I am the only white woman in the place. When I arrived there was one lady living on the next mine but now she has gone home for four months leave + I shall be alone. It seems strange to be the only woman amongst about 200 men’. Seven years later, Margaret Roxburgh took the same journey to Prestea and wrote that Dr. Church, the Medical Officer, accompanied her part way on her journey. When he saw her onto her train, Miss Roxburgh felt she ‘had lost the last link with England for a short time knowing I was plunging into the “unknown!” everybody strange + wondering what they would be like!’

As Maria Frawley observes in A Wider Range: Travel Writing by Victorian Women, female travellers to Africa often depict their adventures as ‘a step in the darkest dark’, taking place where ‘no English woman yet has gone’, despite well-established colonial trade routes already existing. In the case of the Gold Coast, colonial nurses move within the context of economic infrastructures that had been there for decades, established by travel and trade and the work of organisations such as the Royal Niger Company. That women travellers ‘continued, despite widespread activity in these regions, to represent them as if they had hitherto been “unknown”’ was a myth they perpetuated in order to ‘marshal evidence of their own contributions’ and importance – whether to ‘geographic knowledge’ or, in the case of CNA nurses, to maintaining the health of empire (Frawley 106).
In the 1907 edition of *Nursing Notes*, the CNA writes, ‘The climate in the northern district [of Nigeria] is healthy, and even farther south, with the experience gained during the last few years, it is now found quite possible to do the ‘tour of service’ and return home looking as if Lokoja and Zungeru were health resorts’. This passage seeks to rescript readers’ associations with West Africa, stressing the improvements in health made possible by infrastructure such as the medical service and railway routes. In a letter published the next month, a nurse posted to the region says, ‘I like the West Coast exceedingly, and am as happy as when I was training, and that is saying a good deal’. In fact, the first volume of the CNA’s Register of Appointments shows a sadly different story: of 68 nurses assigned to Northern Nigeria between the years of 1905–1913, 11 were invalided home and two died abroad.

The nurses’ letters seem to support a positive vision of West Africa, however, depicting it as park-like and lush. Alice Drewe writes:

> The scenery is very pretty on the way especially just before we arrived at Prestea where there are many hills covered in beautiful tropical foliage... There are such lovely butterflies + moths in Prestea. I don’t think I ever saw so many fine ones together. Some of the moths are huge – the size of a bat + such lovely colours. I shall try + make a collection.

Margaret Roxburgh writes of the same location seven years later, ‘The view from this hill is very beautiful especially where it is all undulating ground covered with bush – quite wild looking scenery.’

Similarly, a nurse posted to Nigeria in 1901 emphasises both camaraderie with her colleague as well as the picturesque quality of her location:

> I thought Lokoja lovely, but Jebba is beautiful. It is an island and all round are mountains with the river flowing between, just valley and hill, but the hills are thickly covered with palms and bananas and long grass, and in the distance they look so soft. We are very happy together. The hospital is quite near. We divide the hours of duty, day and night, between us. We have each a black boy to do things for us, and they are very quaint.

The first person plural pronouns in the foregoing excerpt indicate that this nurse worked with an Anglo British colleague. Throughout CNA nurses’ letters, one finds a striking correlation between good working relationships and overall job satisfaction. As part of an Anglo minority, nurses are invested in co-creating a version of home – not only in terms of medical treatment standards, but also in terms of lodgings, food and social relationships. This creates a sense of ‘rightness’ and security in the face of the foreignness of one’s environment. Thus, the nurses stress a spic and span home, local cooks who are able to master British culinary stand-bys, tennis, special events and parties, raising chickens and other signifiers of domestic and social order.

To require that servants cook traditional meals for them and launder their clothing correctly is a rhetorically significant move – a method by which the traveller can reinscribe her superiority, demanding that certain civilised standards and privileges be provided her (Frawley 20). On the other hand, however, women travellers also commonly emphasised the physical hardships they endured in order to underscore their competence as explorers and representatives of empire: as nurses cite their long and arduous journeys through the jungle and up mountainsides, so too did writers such as Isabella Bird, Florence Dixie and Mary Kingsley recount their ‘physical fortitude and success’, as well as ‘successful encounters with danger.’ Climbing peaks, horseback riding, wading through swamps, and participating in ostrich hunts are just some examples of these authors’ qualifications as ‘conquerors of nature’ (Frawley 108). If anything, nurses’ experiences of the African jungle are more mediated than these other women travellers, perhaps because their goal is not...
primarily to recount their adventures but to arrive safely at an outpost of empire and discharge their professional duties.

Nurses often invoke the picturesque when describing Africa – a final tracing of colonial discourse. As Mary Louise Pratt and others have shown, writers such as Richard Burton and Henry Morton Stanley assume the perspective of mastery when depicting the African landscape and aestheticise their surroundings. The previously cited nurse posted to Nigeria admires the beauty of her surroundings from a distance: ‘the hills are thickly covered with palms and bananas and long grass, and in the distance they look so soft’. Such description echoes earlier exploration literature, such as John Speke’s *Journey of the Discovery of the Source of the Nile* (1863): ‘The valley was clothed with fine trees and luxuriant vegetation of all descriptions ... in the far background were the rich grassy hills of Karague and Kishakka.’

Both Speke’s text and the nurse’s letters demonstrate a ‘mixture of moral and economic justification’ for the colonial project and also layer foreground and background into a painterly landscape.

Nurses are not unique amongst women travellers in claiming morality as a rationale for their presence abroad. In fact, Mary Poovey argues in her book *Uneven Developments* that the ‘new’ nursing discourse blended altruism with nationalism from the time of Florence Nightingale (169). Nursing fitted quite well into the project of empire, which often masked its economic underpinnings with the discourse of altruism. Supporting health abroad allowed many women, not only nurses, to validate their work outside the home (Frawley 115). This was especially easy to do in Africa, a continent often portrayed as riddled with disease, both real and imagined. This depiction dates back to Livingstone and other missionaries, who suggested that Africa ‘required examination, diagnosis, cure’. Specifically, to reform indigenous health practices was in line with the purpose of colonial rule, which sought to change those ‘customs, traditions and institutions that the British deemed harmful to Nigerian progress’, instead educating native populations on European concepts of ‘hygiene and cleanliness’.

Florence Dixie’s South African travelogue *In the Land of Misfortune* (1882) justifies women’s presence in Africa through their role as healers. The author writes, ‘In many cases the mortally stricken soldier is left to his last agony on the spot whereon he fell ... and the one who might bring relief is not always by.’ Such discourse works to legitimise not only women’s presence in the colonial setting but also to support the ‘general presence of Britain’. The initial justification for the Colonial Nursing Association, as outlined by Mrs. Frances Piggott in her 1895 letter to the Colonial Office, echoes Dixie’s rhetoric. However, the planter replaces the soldier. Mrs. Pigott says, ‘It frequently occurs that young men on remote sugar plantations are struck down by malarial or typhoid fever. No help of any sort can be got, and they must literally die for the want of the most elementary sick nursing.’ So began the institutionalisation of sending trained nurses abroad.

Nursing empire also entailed reinforcing the economic and racial hierarchies upon which colonial societies were based. Before serving at Prestea hospital in 1920, Margaret Roxburgh was matron at Holbeton Hospital in Antigua between 1915 and 1918. In her letter of March 13th, 1918, Miss Roxburgh reports having nursed men wounded while resisting arrest for ‘breach of martial law’ during earlier labour unrest. She writes, ‘we are suffering from a drought + the cattle have not enough food so just imagine how wicked it is to burn the fodder to say nothing of the sugar – the labourers like to burn the cane as it is easier to cut but we hear as a result of the Commission they are to cut the burnt cane for less wages now’. It is striking that in her letter Miss Roxburgh recounts the labourers’ actions as ‘wicked’ because it deprives already hungry cattle of their fodder, ‘to say nothing of the sugar’. She depicts the agitation as childish and shortsighted, not
only in its effects on the cattle but because labourers will still be required to cut the burnt cane, but for lower wages. Though her job is to assist in healing those who are wounded and suffering, it is clear where her sympathies lie – as much or more with hungry animals as with hungry workers.

Through their work abroad, nurses often reinforced the racial as well as political hierarchies embedded in colonial society. For example, Miss Mona E. Thompson, quoted in this essay’s opening paragraphs, was the matron of Jubilee Maternity Hospital in Kingston Jamaica from 1912 to 1917. She seems to have held one long-term post in Jamaica, after which no others are indicated. The staff nurses she supervised were for the most part black West Indians, and her sense of racial and cultural superiority plays a crucial role in the formation of her professional identity. Her comments on indigenous nurses echo many other CNA nurses. She says, ‘they are lazy + untrustworthy. One can never release their vigil for one moment’. Though Evelyn O’Callaghan argues in her book *Women Writing the West Indies, 1804–1939* that certain texts demonstrate ‘mutual concern for young children’ uniting ‘women of different races and classes’, any affection for the mixed race children born on her maternity ward is problematic in Miss Thompson’s letters. She states, ‘the babies are perfect. The greater number are born white but the ultimate colour is easy to see around the fingers – their nails are dark – and behind the ears. Still they are little darlings.’ This passage strongly reflects nineteenth and early-twentieth century discourses of racial mixing and racial determinism, which often showed a deep concern with identifying an individual’s heritage through physiological analysis and comparison. Here, Miss Thompson decodes the infants’ race by examining their fingers and ears, and concludes that they are ‘ultimately’ black – ultimate in terms of eventuality and ultimate in terms of finality as well. However, she partly rescues the babies from common stereotypes of malformation associated with mixed race by saying they are ‘perfect’ and ‘little darlings’ in spite of their colour. Her statements also have a slight overtone of maternalism and possessiveness – as many mothers express love for their babies no matter their appearance or the circumstances of their birth, so too this ‘matron’ seems to take under her wing the babies born in ‘her’ hospital, despite what she may consider their racial inequality. Miss Thompson offers a fascinating case study in terms of how nurses reinforced colonial value systems, including racial hierarchies, often in order to reinforce their own sense of accomplishment and mastery. This suggests that the nurses deployed certain common colonialist tropes as a method of gaining professional as well as personal confidence.

### Networks of influence

Nurses defined their identities through distinction from native staff, camaraderie or sometimes competition with their fellow expatriate workers, and loyalty to England and its political causes. These personal and national affiliations formed one kind of network within which the nurses moved. As previously demonstrated, nurses’ descriptions also echo traditional travel narrative structures, or what one might term a network of stories. They also engaged with material and geographic networks through what they carried, where and how. Their geographical networks belie any narrative of coherent colonial progress. Letters go awry, train lines are washed out and nurses are stranded for months at a distance from any hospital at all. Voyages that should take one month take three, and once she finally reaches her destination, a nurse might be transferred to a new post if a colleague becomes ill. Nurses sometimes carried impractical and ineffective goods, poorly
suited for the environments in which they worked. Their life writing therefore highlights the interplay between physical and ideological networks of empire.

Further, as the nurses take up different roles according to the needs of each situation, their written narratives demonstrate how identity ‘travels’. Studies of women’s autobiography stress that identity is ‘performatively constituted rather than pre-discursive’. This may be especially true of nurses, who historically have been defined in terms of the societal needs that they fill. As Julie Fairman and Patricia D’Antonio argue, ‘Nurses’…class and gendered, structural place and authority has always made it necessary…to negotiate and form alliances to achieve ends, necessitating a positionality that is always shifting in response to the needs of patients and nurses themselves.’ This dynamic is no doubt heightened by the shifting political and economic power structures of the colonial setting.

Finally, one must take into account networks of reading and writing within the CNA itself and how these networks cultivated in the nurses certain values and behaviours. Nurses were encouraged to write letters to the CNA Secretary describing their work and experiences; the Secretary then responded with approbation or disapproval, edited and sent selected letters to be published in *Nursing Notes*. Not only did this journal receive wide circulation in Britain and function as a key method of recruitment, but copies were also sent to colonial nurses abroad. This meant that nurses could read about one another’s triumphs and challenges, but only filtered through the lens of what was considered by the Association of publishable quality and professional interest. The CNA Secretary encouraged positive or adventurous letters. For example, in response to Nurse Thompson’s description of Christmas at her maternity hospital, the then Secretary, Miss Middleton, wrote:

> Your description of Xmas in the Hospital is so fascinating and delightful that it is appearing in this month’s issue of *Nursing Notes* which you may receive along with this! I do hope it will not be long before we receive something more of equal interest from your pen for publication… I hope you will find time to write again some time. Letters from our nurses abroad are always welcome.”

Nurses write repeatedly about the significance of receiving official publications and copies of *Nursing Notes* while abroad. Their comments indicate that they consider themselves part of a dispersed community of fellow nurses, about whose experiences they enjoy reading. One writes, ‘thank you for the Annual Report which I always look forward with pleasure to receiving – its (sic) interesting to see where one’s old friends are working’. The perception that the Association cares about its nurses seems to be a sustaining motivation, as another nurse writes to the Secretary ‘I know what interest you take in all your flock overseas.’ Yet another nurse thanks the Secretary ‘for your nice cheery letter I received last mail – it’s very surprising how it helps to buck one up to know that we are not forgotten.’

The CNA Secretary did not function only to encourage and support the colonial nurses, however. She also wrote letters meant to change their language and behaviour. If these were still not to her liking, or in keeping with the Association’s goals, the Secretary censored the nurses’ writing extensively before it was published. The Bodleian Library of Commonwealth & African Studies, University of Oxford archive makes it possible to compare successive versions of these women’s letters, allowing one to observe in hard copy how a written identity evolves in response to readership. For example, editorial marks of the CNA Secretary show that she excised some of Miss Thompson’s most problematic statements before publication, but allowed some race-based caricatures (‘my dusky beauties’) to remain. By noting which of the nurse’s comments were censored, one may
form hypotheses regarding the values that the Association wished to uphold and the vision of colonial nursing that it sought to create.

This censorship of nurses’ letters demonstrates how strongly the Association campaigned to promote colonial nursing. One must take these circumstances – namely, the pressure placed on nurses to advocate values in line with the Association’s goals – into account when reading any portrayals of their experiences abroad. In fact, upon further archival investigation it seems as though the Association actively encouraged nurses to represent their work positively. When they deviated from supporting the ideals and goals of the Association, strong pressure was brought to bear by the Secretary to get them back in line.

For example, during World War One, when Alice E. Drewe was stationed in British East Africa, she wrote a letter bemoaning the fact that she would not be contributing to the war effort by nursing wounded soldiers. Much of the Secretary’s 1916 reply seems phrased to inspire guilt and compunction, as she says the tone of the nurse’s letter was ‘disappointing’. The Secretary uses phrases such as ‘I fear you had made up your mind’ and ‘no one could have told you’ to shift blame for any dissatisfaction that the nurse feels with her post onto her own shoulders. The letter’s tone then becomes quite officious, as the Secretary says, ‘you quite understood’ and ‘you cannot complain’, culminating with a stark reminder of the nurse’s inferior status and lack of clout or influence: ‘you must realize that in spite of your long record and previous experience, you went out as a junior member of the Nursing Staff’. The Secretary encourages the nurse to express herself in a different manner, strongly hinted at by the repeated words ‘cheered’ and ‘cheerful’ and ‘happiness’. She then suggests the nurse should draw upon her professional pride in order to motivate a change in outlook – she should feel a sense of accomplishment when her patients thrive and feel competence due to her previous posts.58

In Language and Power, Andrea Mayr claims that institutions ‘have the power to foster particular kinds of identities to suit their own purposes’.59 One can and should read the Colonial Nursing Association as not only an institution of biopower in its own right, with codes of practice, governing bodies, employees and traditions, but also as part of an overarching colonial infrastructure through its links to the Colonial Office. Further, if ‘institutions, their employees and others with whom they interact (e.g. the public) – are being constructed and reconstructed in discourse practices’,60 then both the circulation of Nursing Notes and written prompts from the Secretary help enforce a system of propriety for nurses, in response to which they construct both their written identities and behaviour.

The relationship between writers and readers often reflects ‘unequal relationships of power’. This is perhaps nowhere more apparent than in an employee’s letter of appeal and an employer’s response of reprimand. However, there is also a gendered component to the epistolary genre as a form of social control, as letters have been the preferred mode of ‘moral instruction for women’ since the eighteenth century.61 As Mary Poovey and others have demonstrated, however, the rhetoric of the ‘New Nurse’ has blended domestic with martial discourses since the time of Nightingale. The Secretary invokes both ideals by suggesting that the nurse conform to the ideals of a ‘stiff upper lip’ and gallantry in the face of adversity but also take pride in the positive effects of her nurturing.

The Secretary ends her reply by reinforcing the ‘hope that your next letter will be more cheerful’, which indeed it is. In fact, Miss Drewe’s shift in register is so striking that by the next letter available in the archive, which was written about her voyage on personal leave through what is now Kenya and Uganda, she adopts a tone strongly flavoured by that of classic adventure and travel literature and emphasises the novelty and pleasure of her experiences. Her train journey to Nairobi takes on the overtones of a safari, as she lists
'wild animals' such as zebra, gazelles and ostriches. However, she views the panorama at a certain remove allowed by being on a train rather than on foot, describing it as ‘interesting’ rather than a stronger word like ‘thrilling’ and like ‘passing through a huge zoo’. Other common tropes of African adventure are invoked here, such as the search for the source of the Nile, and a sublime encounter with a waterfall. Perhaps unsurprisingly, the Secretary selected this letter for submission to Nursing Notes, though it did not appear until April 1918, when letters about nurses’ experiences in the war were winding down. The letter was published anonymously ‘from a correspondent’, with the byline ‘A trip round Lake Victoria Nyanza’, further underscoring its connection to traditions of African colonial travel. Tracing this interchange between the nurse and her employer gives us insight into how certain modes of colonial rhetoric were encouraged and enforced through written discourse.

Colonial nurses not only moved within geographical and cultural networks; their modes of expression were affected by institutional pressures and common colonial tropes, varied according to their audience, and blurred the boundaries between travel and adventure narrative, reportage and letter writing. In her interdiscursive identity and writing, therefore, the figure of the colonial nurse holds especially rich potential for interdisciplinary scholarship of travel and empire.

Though there are three published memoirs by former overseas nurses in addition to the Bodleian Library of Commonwealth & African Studies, University of Oxford archive, very little research has been done beyond the current project at King’s College London to address the significance of these women’s lives within the fields of history, gender and medicine, and travel writing. Those studies that do treat overseas nurses tend to depict them as either looking for a good time or as imperial mouthpieces. However, as the Foreword to Bridget Robertson’s memoir Angels in Africa asserts, many colonial nurses were ‘prepared to meet unknown challenges and carry heavy responsibilities’. Speaking of the nurses who served after World War II, Dr. J.K. Craig attests that many felt ‘privileged and rewarded to have the opportunity to make a long-lasting contribution to the care of African patients through their work and teaching’. One should hold this perspective in tandem with observations about earlier nurses’ support of Empire, allowing for complexity in their motivations and evolution of their roles over time. To understand the nurse as a figure moving within and changing in response to the different networks of empire supports a model of analysis for colonial travel writing that takes into account the myriad influences to which writers were subject, and the resulting hybridity in genre and style.

Notes
1. Colonial Nursing Association Archive (CNAA), 140/5, f 8. Archival material will be cited as follows: box number/number within series of boxes, then folio page number such as ‘f 8’ with ‘verso’ or ‘recto’ indicated by ‘v’ or ‘r’ if the page is double-sided, or simply 8 if the material is printed. All materials are from the Colonial Nursing Association Archive, Mss Brit Emp s400 (CNAA), Bodleian Library of Commonwealth & African Studies, University of Oxford.
2. Great Britain Foreign and Commonwealth Office, Commonwealth Secretariat, The Commonwealth Yearbook (H.M.S.O., 1996), 207.
3. See Frank Taylor, “To hell with paradise”: A History of the Jamaican Tourist Industry (Pittsburgh, PA: University of Pittsburgh Press, 2003), 4–5.
4. Mary Poovey, ‘A Housewifely Woman: The Social Construction of Florence Nightingale’ in Uneven Developments: The Ideological Work of Gender in Mid-Victorian England
(Chicago: University of Chicago Press, 1988), 191. Further page references will be given parenthetically in the text.

5. Michel Foucault, ‘Society must be defended’: Lectures at the Collège de France, 1975–76, Mauro Bertani and Alessandro Fontana, eds; trans. David Macey (London: Allen Lane, 2003), 241.

6. Michel Foucault, ‘Society must be defended’, 244. At its extreme, biopolitics can lead to an ‘absolutely racist State’ (260), which attempts to cleanse parts of the population, not through benevolent sanitation measures but by eliminating them altogether, whether this is the poor, the insane or those of different skin colour. Though these measures are often taken to fight against the perceived threat of racial degeneration, they can devolve into the chaos of an ‘absolutely suicidal’ state that kills its own subjects at will. I do not contend that individual nurses condoned or supported this extreme form of biopower – their commitment to patient health is clear from their letters and memoirs. Rather it is to establish a continuum and demonstrate the extreme forms of biopower that I introduce these examples.

7. Michel Foucault, ‘Society must be defended’, 250.

8. Colonial Nursing Association, Nursing Notes (April 1905), 58.

9. These three are H.P. Dickson, Badge of Britannia (Edinburgh: Pentland Press, 1990); Dorothy Park Pirkis and Jane Christine Napier Bax, eds, Variations on a Theme: Memories from Members of the Queen Elizabeth’s Overseas Nursing Service Association ([np]: Queen Elizabeth’s Overseas Nursing Service Association, 2000); and Bridget Robertson, Angels in Africa: A Memoir of Nursing with the Colonial Service (London: Radcliffe Press, 1993). Though engaging and quite readable, none of these have had wide circulation or printing, which highlights the need for further scholarship on colonial nursing.

10. For concepts of colonial professional networks, my argument is indebted to David Lambert and Alan Lester’s edited volume Colonial Lives Across the British Empire: Imperial Careering in the Long Nineteenth Century (Cambridge: Cambridge University Press, 2006).

11. CNAA 120/1, f 137.

12. Colonial Nursing Association, Nursing Notes (August 1898), 103.

13. Colonial Nursing Association, Nursing Notes (February 1897), 16.

14. Anne Marie Rafferty, ‘The Seductions of History and the Nursing Diaspora’ Health and History 7 (2005): 4.

15. CNAA 120/1, f 137.

16. CNAA 123, Item 3, 9. Further page references will be given parenthetically in the text.

17. Richard J. Reid, History of Modern Africa: 1800 to the Present (Oxford: Wiley-Blackwell, 2009), 218. Indeed, many of the sanitation methods introduced in this region did lead to an increase in health: as Reid states, the ‘Rapid growth of urban population’ during the early twentieth century was made possible by ‘substantial increase in fertility, reduced infant mortality, improved health conditions’ such as ‘improved nutrition and hygiene’. Further key developments included piped water, better sanitation and public education on personal cleanliness. These led to reduced cholera, smallpox and typhoid. A public health campaign against malaria also led to fewer incidents of malaria and yellow fever (218).

18. Anonymous, Nursing Notes (February 1904), 29.

19. For example, see Evelyn O’Callaghan’s Women Writing the West Indies, 1804–1939: ‘A Hot Place, Belonging to Us’ (London: Routledge, 2004).

20. B.W. Higman, A Concise History of the Caribbean (Cambridge: Cambridge University Press, 2011), 225.

21. Alpheus Hyatt Verill, Isles of Spice and Palm (the Lesser Antilles) (New York & London: D. Appleton & Co., 1915), v.

22. Verill, Isles of Spice and Palm, v.

23. Frank Taylor, ‘To hell with paradise’, 21.

24. Frank Taylor, ‘To hell with paradise’, 22.

25. Charles Kingsley, At Last: A Christmas in the West Indies (London: Macmillan & Co., 1890), 14.

26. Charles Kingsley, At Last, 5.

27. Charles Kingsley, At Last, 26.

28. Sir Richard Francis Burton, Wanderings in West Africa from Liverpool to Fernando Po (London: Tinsley Brothers, 1863), 163.

29. CNAA 128/1, f 11 v.

30. CNAA 128/1, f 78.
31. Maria H. Frawley, *A Wider Range: Travel Writing by Women in Victorian England* (Rutherford, NJ: Fairleigh Dickinson University Press, 1994), 13. Further page references will be given parenthetically in the text.

32. As Toyin Falola and Matthew M. Heaton explain in *A History of Nigeria* (Cambridge: Cambridge University Press, 2008), ‘By 1903 British predominance had been extended at the barrel of a gun to create the Colony and protectorate of Lagos, the Protectorate of Southern Nigeria, and the Protectorate of Northern Nigeria where previously had existed autonomous independent states under indigenous leadership’ (86).

33. Anonymous, *Nursing Notes* (1907), 107.

34. Anonymous, *Nursing Notes* (April 1908), 82.

35. CNAA bound volume 95, alphabetical pages under ‘G’ for ‘Gold Coast’, list ‘Niger.’

36. CNAA 128/1 f 12.

37. CNAA 128/1 ff 82–83.

38. CNAA 128/1 f 100.

39. Quoted in Tim Youngs, *Travellers in Africa: British Travelogues, 1850–1900* (Manchester: Manchester University Press, 1994), 89.

40. Tim Youngs, *Travellers in Africa*, 103.

41. Reid, *History of Modern Africa*, 129.

42. Falola, *A History of Nigeria*, 110 and 112.

43. Florence Dixie, *In the Land of Misfortune* (London: Richard Bentley and Son, 1882), 2.

44. CNAA 120/1, f 3.

45. Susan Lowes, “The 1918 Riots: ‘‘Them Planters Got Well Shook Up’’” (Brooklyn, NY: 1995). During World War One, conflict grew between West Indian plantation workers and their employers. Many islands, such as Antigua, depended for sustenance on imported goods, the price of which increased exponentially during wartime. Instead of sympathising with the privation and scarcity of goods suffered by workers, the Antiguan plantocracy attempted to force labourers to work longer hours, and for a lower wage: this campaign was ‘accompanied by threats of increasingly harsh punishment for acts – such as praedial larceny, or stealing foodcrops – that the planters saw as lawless.’ In June 1917, the planters suggested larceny be punished by flogging – this practice was made law in February 1918 (Lowes 2). As Miss Roxburgh’s letter recounts, droughts during the latter half of 1917 caused further deprivation and lack of food, followed by an increase in workers’ protest through cane field burning. Unrest culminated in 1918, when an urban labour riot broke out over the attempted arrest of agitators. Fifteen protesters were injured and two subsequently died (Lowes 9).

46. CNAA 128/1, ff 36–39.

47. The note on her file says ‘Lost trace 5.4.37’. Genealogical research is further complicated by the fact that she also went by E.M. Thompson or sometimes E. Thompson, which may indicate that she was named after a female relative with the same first name – Mona – and so called herself by her middle name or initials.

48. The wording of nurses’ complaints regarding their staff nurses reflects common tropes left over from slavery. For example, female white ‘superiors’ during slave times often deployed the stereotype of the West Indian ‘native’ women as lazy and recalcitrant. Eliza Fenwick, the head of a girls’ secondary school in Barbados, wrote letters to her friend Mary Hays between 1814 and 1821 bemoaning ‘The superintendence of all domestic concerns’, which she calls a ‘labor so great, so constant, so oppressive in this country, where every order must be executed under the eye of the mistress’ (quoted in O’Callaghan, *Women Writing the West Indies*, 45). In fact, Fenwick and many of her contemporaries blamed the ‘horrid system’ of slavery for black women’s poor work ethic (45). The tradition of infantilising their female workers and treating them as incompetent is a legacy found in colonial nurses’ writing from the West Indies almost 100 years later.

49. O’Callaghan, *Women Writing the West Indies*, 54.

50. CNAA 140/5, f 8.

51. Laura Marcus, *Auto/biographical Discourses: Theory, Criticism, Practice* (Manchester: Manchester University Press, 1994), 287.

52. Julie Fairman and Patricia D’Antonio, ‘Reimagining Nursing’s Place in the History of Clinical Practice’ Journal of the History of Medicine and Allied Sciences 63, no. 4 (October 2008): 446.

53. Nursing Notes was ‘launched independently by editor and proprietor, Emma Brierly’ in 1888. The Royal College of Midwives (formally known as the Midwives Institute) then edited the
journal in-house. It was produced by the Women’s Printing Society Ltd, which also printed such items as the Women’s Liberal Federation annual reports. At the beginning of the twentieth century, ‘Nursing Notes’ was ‘the principle [sic] means the organisation employed to communicate with nurses and midwives across the country’ (National Archives, ‘Notes on the Records of the Executive Committee of the Royal College of Midwives’, Reference number GB 1538 RCM/C4, http://archiveshub.ac.uk/data/gb1538rcm?page=3). The journal had a distinct political persuasion – for example, other articles appearing in the same editions as those cited in this essay argued for women’s suffrage and worker’s rights. In 1908 the journal’s name was changed to ‘Nursing Notes and Midwives Chronicle’, ‘signifying how it had become increasingly concerned with issues primarily concerning the midwifery profession’.

54. CNAA 140/5, ff 17–18.
55. CNAA 128/1, f 26.
56. CNAA 140/5, f 21.
57. CNAA 140/5, f 39.
58. CNAA 128/1, ff 30–2.
59. Andrea Mayr, Language and Power: An Introduction to Institutional Discourse (London: Continuum, 2008), 1.
60. Andrea Mayr, Language and Power, 5.
61. Amanda Gilroy and W.M. Verhoeven, Introduction to Epistolary Histories: Letters, Fiction, Culture (Charlottesville: University Press of Virginia, 2000), 7.
62. CNAA 128/1, f 33 v and f 34 r.
63. This interdisciplinary research initiative is through the Centre for Humanities and Health and the Florence Nightingale School of Nursing and Midwifery. More information can be found at http://kingsblogs.co.uk/colonial-nursing/.
64. See Dea Birkett’s chapter “‘In the “White Man’s Grave”: The Introduction of Colonial Nurses in British West Africa’ in Western Women and Imperialism: Complicity and Resistance, ed. Nupur Chaudhuri and Margaret Strobel (New York: Pergamon, 1990) and Sheryl Nestel’s article ‘(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa’, Journal of Medical Humanities 19, no. 4 (1998): 257–77.
65. Robertson, Angels in Africa, xii.