Male Nurses in England and Europe before 1820: Beyond the Madhouse

Alannah Tomkins DPhil, Professor of Social History, Keele University, Staffordshire, UK

a.e.tomkins@keele.ac.uk

Introduction

Histories of male nursing before 1820 have taken the male keepers of eighteenth- and early-nineteenth-century madhouses as a starting point. This was a fair way to begin, given that asylums provided employment for significant numbers of men. There were over one hundred public and private asylums in England by the second decade of the nineteenth century, for instance, and asylum work underpinned the formation of the first proto-professional grouping to which male nurses could belong, namely the Asylum Worker’s Association.[[1]](#endnote-1) This paper, in contrast, aims to address the virtual absence of men in histories of general nursing, and of nursing in considerations of masculinity, with a concentration on the period 1790-1820.[[2]](#endnote-2) It chiefly draws on personal papers such as diaries, letters, and memoirs, plus British Parliamentary Papers, to establish patterns of activity by or about men which can be teased out from the fragmentary evidence. These sources are not simple or unproblematic, because individuals were engaged in self-fashioning, while collective accounts or reports were composed with political or medical agendas in mind. A person’s view of themself was unlikely to tally in every point with another person’s view from the outside. Even so, it is possible to find congruence between multiple sources of the same type. A baseline of nursing activity by men emerges which yields an array of detail, with points of coherence across texts and by different authors. By collating accounts of nursing by men we may at least be able to see the parameters of acceptable stories about care given by men, and at best might gain insight into the nature of men’s real-world actions.

Mackintosh, Evans, and others have recognised the historical precedents for men to undertake nursing work, and the factors which have conspired to hide such work from historians.[[3]](#endnote-3) Some evidence from medieval England and monastic houses is relatively easy to find; for example, the Alexian brotherhood devoted to nursing and burying the dead has its own historian and archives. [[4]](#endnote-4) Nonetheless, there is generally very little commentary on the practical dimensions of nursing by men in the period 1540-1800. Smith has written extensively on the male asylum ‘keeper’ in the early nineteenth century, chiefly in terms of those who managed a ‘madhouse’ but also in relation to the men employed to control or care for the patients.[[5]](#endnote-5) He has countered a contemporary stereotype, the brutal keeper, by contextualising their *de facto* job description and their conditions of service. The work of a male keeper was physically taxing and emotionally draining.[[6]](#endnote-6) If men were recruited for their bodily strength yet urged to behave towards patients with gentleness, they were receiving ‘mixed messages’ about how best to perform their tasks and secure approval from employers.[[7]](#endnote-7)

Nursing by men in contexts other than diagnoses of insanity were not so much anomalous as they were under-reported. This has been somewhat owing to the ideological construction of nurses as inherently female, a legacy from the Victorian era of nursing reform and concurrent assumptions about normative masculinity, but there are other factors to consider. In the late eighteenth century, masculinity came under the influence of ‘sensibility’ with the result that manliness could feasibly be consistent with personal sympathy and emotional display.[[8]](#endnote-8) This shift might have provided a pathway for the performance of tender nursing as an accepted feature of masculine behaviour, yet it did not. Historians may disagree about the infusion of Christian ideals and religiosity in manliness in the eighteenth and nineteenth centuries, but none of them have found that piety or the example of Christ led men into vocational nursing.[[9]](#endnote-9) Instead nursing and medicine became very strongly gendered as female and male respectively by the second half of the nineteenth century, giving rise to (for example) a telling role-reversal cartoon in *Punch* in 1870, where an attractive female medical practitioner receives applications for nursing posts from a trio of thick-set labouring men.[[10]](#endnote-10)

This article draws on a model of nursing activity which tries to typify the contexts in which care was demanded in the pre-professional era, and the constraints on care being offered (table 1). It assumes that any form of care, whether inside the home or beyond it, whether remunerated or unpaid, ‘counts’ as nursing.[[11]](#endnote-11) Only the act of prioritising care over both location and personnel allows us to appreciate the full range of men’s nursing. It also allows us to get beyond the separation between medical attention and nursing, because it is entirely possible to perceive nursing work by men with medical credentials. Eminent physician Robert Waring Darwin apparently helped his wife Susannah to nurse their numerous children during illness, for example, because Susannah mentioned nursing alone during Robert’s absence from home.[[12]](#endnote-12) Similarly, before nursing reform, there were low-level medical jobs held by men which required the performance of work (such as changing dressings) that in other contexts was performed by women.[[13]](#endnote-13)

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This table of necessity simplifies the context of nursing, given that (for example) one-to-many nursing could look rather like many-to-many nursing in a large urban institution. Nonetheless this stylised model enables us to differentiate normal from emergency activity, and household from institutional arrangements, in the pre-professional era. One-to-one nursing comprised the status quo. Nursing in this context was sub-professional and to some extent ahistorical given norms of human behaviour between close relations. Such nursing took place at all periods in recorded human history before 1820 and thus far in all decades afterwards. Many-to-one nursing was and is the elite ideal, being supra-professional in the sense that nursing reform made little difference to the balance of multiple practitioners for one patient. While not entirely ahistorical, this activity has been resistant to change and seems likely to persist wherever social superiority (however gauged) promotes a concentration of nursing personnel around a high-status individual. One-to many nursing involves one nurse being responsible for multiple patients, typified by the nurse working on an infirmary or hospital ward. This generated the environment in which proto-professional nursing emerged, both a little before 1820 and after, to meet the demands of a new therapeutic approach.[[14]](#endnote-14) Many-to-many nursing saw large patient cohorts such as multitudinous soldiers being attended by numerous formal or informal nurses, and it was coincidentally warfare in the 1850s which accelerated the movement for professional nursing by women.[[15]](#endnote-15)

Each of these scenarios yields proof of nursing by men in the eighteenth and early-nineteenth centuries. In this article, the source material is most abundant for the ‘many to many’ circumstances owing to the proliferation of memoirs about warfare from the 1790s onwards. This emphasis is predictable, given Evans’s judgement that ‘At extraordinary times such as war and acute nursing shortages, gender boundaries are negotiable’.[[16]](#endnote-16) What is new here is the detail given to men’s background as routinely engaged in nursing, in a period wholly before calls for nursing reform. The examples given below also indicate the reasons why recognition of male nursing was so readily submerged in the face of norms for male and female behaviour.

One-to-One Nursing: servants, John Keats and pulmonary tuberculosis

There is relatively slight evidence to document *ad hoc* nursing by the male relations, servants, neighbours and friends of the sick.[[17]](#endnote-17) As one memoirist put it, ‘The details of a sick bed are not interesting’, and accounts in men’s personal documents of nursing or being nursed tend to be reserved for moments of high emotion or extensive commitment.[[18]](#endnote-18) The diary of Isaac Archer of Mildenhall in Essex, for example, gave a heart-rending account of his attendance on his small daughter when she lay dying in 1679. He and his father-in-law tended the child and her mother, ill at the same time and in the same room, where they ‘helpt all night’ and ‘used all the meanes’ they could, such as when the little girl ‘slept with my arme under her’.[[19]](#endnote-19) A century later, John Macdonald gave a generally upbeat account of his life as a footman, but recalled the illness of his employer Colonel Keating in the early 1770s with feeling: ‘He was so extremely ill that for twelve nights I never went to bed nor pulled off my clothes: he had no nurse but me’.[[20]](#endnote-20) It may have been that female nurses were unavailable, given that Keating fell ill during duty in India. The Colonel’s life had been given up by the attending medical men, yet following Macdonald’s ministrations his employer recovered, allegedly to widespread astonishment. MacDonald probably overplayed his role in saving Keating’s life, as the hero of his own narrative, but he certainly includes authentic details about the care he offered, including wetting the lips of his patient with a feather. Coincidentally, this illustrates that issues of intimacy between male servants and their employers need not be wholly concerned with sexuality.[[21]](#endnote-21)

It is a shibboleth of nursing histories that pre-reform female nurses were ‘just servants’.[[22]](#endnote-22) Yet we can reverse this assumption to good effect by speculating that servants, and particularly body-servants, were automatically required by employers to turn their hand to nursing. If both employers and servants shared the same impression, namely of a servant’s potentially pivotal role in nursing the sick, this may help to explain the bitter complaints about servants which were perennial in the eighteenth century and earlier.[[23]](#endnote-23) A servant’s application of care, or any tendency of theirs to be careless, might literally become a matter of life and death. If this was a concern for employers, it admittedly lurked in the back of their minds rather than being drawn to the forefront: Defoe’s extended consideration of bad behaviour among servants did not apparently incorporate the dangers of servants as flawed nurses and generalised complaints focussed on insubordination and self-interest.[[24]](#endnote-24) From the available examples apparently depicting actual nursing relationships we can assume that personal nursing from either duty (by servants) or affection (by relations) spanned all social groups.[[25]](#endnote-25) Even the poorest families without servants who turned to parish relief during illness might receive welfare in the form of a nurse, paid only for the duration of their complaint.[[26]](#endnote-26) We might also deduce that, given the higher status of male servants than female domestics, nursing by manservants would have carried higher social approval than nursing by otherwise-equivalent women.

The poet John Keats is known for his beautiful verse and his very early death.[[27]](#endnote-27) This combination has made Keats one of the most biographized subjects in literary history. What is less often remarked is his experience of nursing tuberculosis, as both a supplier and a receiver of care. Keats nursed his younger brother Tom ‘intensively’ between August and December 1818 (when Tom died).[[28]](#endnote-28) Keats’s letters to family members during these months chiefly refer to Tom as either better or worse, and his own social life as curtailed by the need to remain in attendance given that Tom ‘looks on me as his only comfort’.[[29]](#endnote-29) His most revealing comment among this correspondence, however, offers a startling characterisation of the emotional penalties of nursing for a young man in his early twenties. He struggled to maintain a sense of self, writing of Tom:

His identity presses upon me so all day that I am obliged to go out…I am obliged to write and plunge into abstract images to ease myself of his countenance, his voice, and feebleness – so that I live now in a continual fever…if I think of fame, of poetry, it seems a crime to me, and yet I must do so or suffer[[30]](#endnote-30)

In this way Keats was somewhat shame-facedly expressing perhaps a perennial problem for the emotionally invested nurse, the embarrassment of having any wants beyond those of the patient.

Keats’s own health deteriorated in the following two years, such that by September 1820 he was travelling to Italy for his health. He was accompanied by Joseph Severn, a friend and painter also in his twenties. The two men settled in Rome, and Keats died there in February 1821.

Severn’s letters from Rome dated November 1820 to February 1821 were much more detailed about the care offered to a terminal tubercular patient than Keats’s own letters had been, in both practical and emotional terms.[[31]](#endnote-31) He was tied to the patient’s bedside: ‘I sit by his bed and read all day and at night I humour him in all his wanderings’, for Keats would not accept any substitute carers. The symptoms were grim, and unrelenting: for example ‘in an instant a cough seized him and he vomited near two cupfuls of blood’. Severn’s response to the physical symptoms was kindly and ameliorative: ‘I cool his burning forehead’. [[32]](#endnote-32) He found the daily routine hard work, however, since it involved carrying and dressing Keats, making beds, lighting fires and sweeping, plus cooking and washing up, namely ‘all the menial offices’ plus regulating the poet’s intake of food on the instructions of Keats’s physician.[[33]](#endnote-33)

The frustrations of a sole attendance were described vividly in a letter of January 1821 to Mrs Brawne, mother of Keats’s fiancée Fanny:

What enrages me most is making a fire. I blow, blow, for an hour. The smoke comes fuming out. My kettle falls over on the burning sticks – no stove – Keats calling me to be with him, the fire catching my hands and the door bell ringing. All these to one quite unused and not [at] all capable[[34]](#endnote-34)

These material features of attendance were exacerbated by the anxieties Severn suffered over his friend’s mental state, which he described as acute. On a particularly distressing day in December 1820, he recalled:

What an awful day I had with him! He rush’d out of bed and said “this day shall be my last”, and but for me most certainly it would. At the risk of losing his confidence I took destroying means from his reach, nor let him be from my sight one minute.

In other words, in addition to nursing, Severn had to prevent Keats from achieving suicide, combating his ‘despair in every shape…I tremble through every vein in concealing my tears from his staring glassy eyes…how can he be Keats again…You cannot think how dreadful this is for me’. Severn too was concerned with identity, his patient’s and his own, promising that if he [Severn] can receive good news from his family in England ‘I shall take upon myself to be myself again’.[[35]](#endnote-35) Emotional investment in nursing by these two young men challenged them in ways that threatened or distorted their sense of self. This feature of the correspondence by or about Keats gives us a hint of the resistances to nursing that might arise from contemporary masculinity, an unwillingness to surrender self except under threat of losing loved ones. In turn this observation provides an echo of the nursing vocation which Nightingale was to promote a generation later, ie not to resist the loss of self but willingly surrender one’s identity to the role of nurse in a form of professional selflessness, whoever the patient or patients might be.

Many-to-One Nursing: Admiral Lord Nelson and an elite experience

Many-to-one nursing was the experience of high-status patients surrounded by willing attendants and involved both men and women as nurses. The phenomenon is best documented for exceptionally wealthy and politically significant individuals, such as monarchs. The death of Queen Mary from smallpox in 1694, for instance, was recounted as a rapidly unfolding tragedy with care being delivered by courtiers and officials at the royal bedside.[[36]](#endnote-36) It is possible to find examples of individuals of lower standing nursed by multiple people, but these are rarer and suggest a level of charisma or other cause of localised devotion. Joseph Alleine, for example, was a seventeenth-century divine ejected from his living at the Restoration whose biography was written by his wife Theodosia. His powerful religiosity and poor health claimed and apparently received a willing array of nurses. During a stay at Dorchester in 1667 Alleine’s wife could call on the four young women who lived in the same house who ‘were ready night and day to help me’, and a further ten young woman who lived elsewhere ‘that took their turns to watch with him constantly’.[[37]](#endnote-37) Joseph’s spiritual greatness was evident in part via the plenitude of devoted nursing he received.[[38]](#endnote-38)

A notable account of nursing by multiple *men* of a single male patient is found in the death of Admiral Horatio Nelson in 1805, as described by William Beatty (the surgeon on the ship Victory).[[39]](#endnote-39) The poignancy of Nelson’s success at the naval Battle of Trafalgar coinciding with his own death, and subsequently a lavish state funeral, ensured national interest in the minute circumstances of his demise. Beatty’s narrative was first published in 1807 and ensured that the surgeon’s name would be linked with that of the national hero in perpetuity.[[40]](#endnote-40) The self-serving aspects of Beatty’s account need to be acknowledged because they might tend to influence the way he depicted Nelson’s final hours of life. A plethora of attention following a fatal wound from a stray musket ball was probably the minimum which was expected for a man of Nelson’s standing, regardless of the fact that the battle continued (and other men were wounded) after Nelson was taken below decks to die. A period of national mourning in 1805 can only have augmented expectations of fulsome attention. Yet the literal deployment of male carers around Nelson’s dying body may not matter so much as the coherence of the tale told by the surgeon about the men’s identities and behaviours.

Beatty’s was a description of end-of-life care for a naval leader, performed on the lower deck of a warship during the latter parts of a sea battle. This required palliative attention in the form of making the patient as comfortable as possible in the approximately two hours and forty-five minutes it took for him to die. According to Beatty this included propping Nelson up into a semi-recumbent position, rubbing his chest, offering drinks of lemonade wine or water, and fanning his face. Nelson’s high status was reflected in both the number and occupation of people attending him. Two named men, Alexander Scott and Walter Burke, were with him continuously, along with ‘two of his lordship’s domestics’ (subsequently identified as William Chevalier Nelson’s steward and Gaetano Spedillo Nelson’s valet) while others made periodic visits to Nelson’s side to offer consolation.[[41]](#endnote-41) Scott was a naval chaplain with a facility for languages in his thirties in 1805, who had been appointed by Nelson as his foreign secretary. Burke was the purser on the Victory and in his late sixties at the time. The role of both as Nelson’s final attendants was immortalised and idealised by painter Benjamin West, whose *The Death of Nelson* (1806) was viewed by thousands when first shown and remains a standard illustration of the event despite the fact that West was not present at the death.

In Beatty’s account (and West’s oil painting), Nelson’s male attendants are not so much practical figures (despite their apparent delivery of practical service) as they are emblematic. Scott and Burke were perhaps the highest-status available non-combatants who could be spared for the constant care of Nelson. Furthermore, according to Beatty, they were the only two men on board who were aware of the hopeless nature of Nelson’s injury aside from the surgeon and his two assistants. Therefore, the significance of these men lies in their allegedly single-minded devotion to Nelson, their exclusive knowledge of his fatal wound, and reportage of their demeanour and actions after life was extinct. Scott for example attended Nelson’s remains when they were transported from the Victory to Greenwich Hospital in December 1805. Nelson’s nurses were prominent players in the magnification of his glory, and their voluntary offering of tender masculinity augmented their role in this respect. The activity of the two domestics is less prominent for these ideological purposes, although they were both given mourning by the Lord Chamberlain’s office to attend Nelson’s funeral.[[42]](#endnote-42) A multitude of afflicted male attendants was merely the due mark of respect following the death of a pre-eminent national hero and nursing one’s betters allowed men to nurse while actively gaining prestige.

One-to-Many Nursing: care for prisoners

One-to-many nursing by men, which has so far been demonstrated only in asylum contexts, will here be illustrated by evidence from gaols. In the seventeenth and eighteenth centuries, prisoners awaiting trial, or long-term prisoners for debt, were heavily dependent on serendipity and context if they happened to fall ill. Nursing might feasibly be undertaken by employees like turnkeys or paid female nurses, or by relatives permitted to enter the walls.[[43]](#endnote-43) In the absence of any of these options, prisoners of necessity relied on each other for care into the nineteenth century (where prostration and the need for care overrode any preferences by gender). A series of Parliamentary reports on prisons published in the 1810s, designed to investigate the adequacy of infrastructure, offer shreds of insight into the unreliable world of prison nursing, if always from the point of view of medical men (and not the prisoners or nurses themselves).

Whitecross Street prison, for example, was built 1813-15. It had an infirmary and a convalescent ward, sleeping ten and nine patients respectively. Dietary treatments including alcohol were allowed as a weekly bill paid by the prison keeper to the female ‘nurse’ (singular, serving both wards), whereas bandages and medicines were paid for by the surgeon from his annual salary. Parliamentary questioning raised the issue of institutional dampness, and the deleterious effects of the damp on prisoners’ health and mortality, while the surgeon mentioned coincidentally a comment from the nurse that the smell of the necessaries (or privies) was offensive to her.[[44]](#endnote-44) In respect of the ratio of nursing staff to patients, therefore, the lone woman at Whitecross had more patients under her care than her equivalents at the ancient London hospital of St Barts, but her workload was on a par with that of women serving in the larger wards of Guy’s hospital.[[45]](#endnote-45)

Both female and male nurses appointed to London’s prisons were drawn from among the prisoners. The surgeon of Newgate, testifying in 1814, reported that ‘a decent woman’ from among the female prisoners was given the management of the sick and convalescent wards in the female infirmary, with the support of a subordinate helper. A similar structure was observed in the male infirmary, managed by a wardsman and helper because ‘it would be impossible amongst such a set [of prisoners], to have women to attend them’.[[46]](#endnote-46) This distinction between male and female nursing was not observed in all prisons, though, because there was one female nurse for both male and female patients during the same year in Giltspur Street prison.[[47]](#endnote-47) The nurses or wardsmen received modest remuneration for their work, such as the four shillings per week paid to a nurse on the felon’s side at Newgate prison, or the extra rations given to the female nurse at Clerkenwell prison.[[48]](#endnote-48) This ensured that, where they were given money, prison nurses received payment on a par with the women employed by provincial infirmaries at this date.[[49]](#endnote-49)

If the sole stated criterion for a female appointment was decency, no equivalent characteristic was made clear for men. Nonetheless, the need to attend ‘such a set’ of men heavily implies that stereotypical masculine characteristics of physical strength and moral authority were required: a wardsman needed to manage the sick male prisoners in terms of both their bodies and their demeanour. An extreme interpretation of this assumption would be that wardsmen needed to be able to meet violence among male prisoner patients with superior strength. This evidence from prisons aligns with Smith’s findings about recruitment of keepers to madhouses, that male nurses or keepers were designedly capable of throwing their weight around. Any brutality which may have been ascribed to wardsmen was perhaps the consequence of their recruitment to a quasi-policing role.

Prisoners had different priorities to those in authority over them, and we can gain shreds of insight into the motives of men and women who offered themselves as nurses for their fellow prisoners. Sir John Ackland, Chair of the Somerset Quarter Sessions, thought they acted initially from self-interest in the hopes of remitting part of their sentence, albeit his Parliamentary testimony implied that compassion might overtake them in the performance of their duties:

When we had typhus fever, two years ago, prisoners volunteered their services, at the hazard of their lives, to nurse the infected prisoners, and perform all the dangerous offices required of them, in hopes that they might meet with favour; they behaved extremely well; we were obliged to hire a house two miles distant from the prison, and our chief reliance for the security of our prisoners was from those men, because we had not servants enough for the different services required; those men knew it was not worth their while to try to escape; their better dependence for their liberation from prison was on the expectation that their good conduct and services would obtain them a pardon[[50]](#endnote-50)

Acland’s observations were in fact illustrative of a long-standing tradition of mutual support between prisoners which was not wholly determined by the chance of judicial favour. In the Marshalsea prison for debtors, for example, there was no regular nurse in 1815 but one was employed occasionally ‘when they are seriously unwell, *and have no wife or friend that can pay attention to them* [italics mine], such as from taking care of the fire in the night, and giving them their medicines’.[[51]](#endnote-51) The same witness, the surgeon at the Marshalsea, elaborated on his evidence in the following year: ‘In common cases of illness…they depend for assistance upon their fellow prisoners, and I have never found a want of attendance’.[[52]](#endnote-52) Medical witnesses to Parliament might be supposed to have had an agenda of their own, to defend their actions in the light of potential complaints about care for sick prisoners. Even so, a consistent picture emerges of some shared acceptance of responsibility for nursing among male prisoners.

Many-to-Many Nursing: warfare in Europe and beyond

Armies and navies in the late eighteenth and early nineteenth centuries were ostensibly male-only environments. In fact, women were routinely present as camp followers and on hospital ships, with a capacity for nursing in either piecemeal or organised forms.[[53]](#endnote-53) The immediate demands of those wounded in battle were not always met by either male or female attendants, as multiple accounts by soldiers include reference to the men trampled underfoot, or left on the field, as a consequence of attack or retreat. Nonetheless the men whose memoirs of army service during the period 1793-1815 described their own or others’ calls for help characterised a variety of ways that *men* offered first aid (a phrase first coined as premier secours, after 1820) or rudimentary nursing to each other.[[54]](#endnote-54) They shared water, wine and brandy (including with the enemy), applied tourniquets or dressings, fabricated slings, offered companionship as comfort, and carried or dragged one another to places of greater safety.[[55]](#endnote-55)

The orderlies appointed to the make-shift hospitals of a military campaign, such as in Portugal and Spain 1807-15, were the predecessors of the men whose behaviour was to horrify Florence Nightingale forty years later. Orderlies were stereotyped as neglectful, self-serving, actively cruel or even murderous.[[56]](#endnote-56) William Brown’s experience of the hospital at Coimbra c.1809-10 therefore followed this pattern in describing the orderlies as inattentive to the medical superintendent’s orders ‘so that the sick were often left to shift from themselves. I have known it midnight before dinner was served…they whose duty it was to administer to our comfort, were as callous to our sufferings as if they had been enemies’.[[57]](#endnote-57) Worse was reported by the men who suffered specific loses to orderlies, as when clothes and haversacks were stolen.[[58]](#endnote-58) Close inspection of multiple memoirs, however, offers a more variegated picture of hospital care, with scope to justify or at least contextualise the perspective of the men chosen as orderlies. Stephen Morley was taken to the hospital at Vila Real and spent four weeks in a delirious state, but when he regained awareness ‘I shall never forget the solicitude expressed, both by the doctors and attendants. Owing to their generous care, my strength returned rapidly.’[[59]](#endnote-59) If orderlies were among Morley’s ‘attendants’ they came in for a share of his generalised gratitude. A Spanish orderly at a hospital at Valladolid was singled out by Johann Maempel for specific praise, since he ‘nursed me with the greatest care…he often made my bed five times in a day’.[[60]](#endnote-60) Attention was not necessarily automatic; it could, however, be made contingent on shared history. An anonymous Scotsman treated at the hospital in Deal in 1809 discovered a fellow Glaswegian in the hospital orderly, who went on to display ‘the utmost kindness and solicitude…because I drew my breath first among a certain heap of stones’.[[61]](#endnote-61)

There were never enough men to treat the high numbers of wounded after each major battle, and some of the injured were sufficiently objective to attribute slow attention to the number of men who were in a worse condition.[[62]](#endnote-62) William Swabey estimated ‘two hundred probably having only one hospital mate to dress their wounds or minister to their diseases’, a situation he ascribed to the highest authorities: ‘Pity and humanity are, I fear, neither allied to the modern hero nor his regulations. Lord Wellington, when the sick of his army are mentioned, hastily replies that he wishes never to hear but of effective men’.[[63]](#endnote-63)

Orderlies were accused of customary neglect and periodic abandonment of their charges, but they were not the only ones to take flight under the threat of enemy occupation. Following the battle of Talavera in July 1809 the British wounded were fearful of being overrun by the French army: commissary August Schaumann reported that people doing duty in the hospitals ‘sneaked hurriedly away in secret’ for fear of capture or worse, but then by the same account so did the ‘chief physicians’.[[64]](#endnote-64)

The men selected for orderly duties were not necessarily suitable for the work, by their own admission. Private Adam Reed returned to England from France in 1814 and was chosen as a ‘surgeryman’ at Liverpool, ‘to wait upon the sick and give them the medicine that was ordered’. Being only a young man of about twenty-four and having ‘got acquainted with bad company’ he absconded.[[65]](#endnote-65) Men who were capable of attentive care may not have been capable, in other contexts, of disinterested responsibility. An attendant at the hospital in Breda in the latter months of 1799, for example, was found guilty of stealing the clothes from one of the deceased patients. The man faced dismissal, but the English and French officers on the ward petitioned on his behalf, on the grounds that his nursing work had proved very good.[[66]](#endnote-66)

There was a widespread assumption among soldiers 1790-1820 that hospital orderlies were ‘shirkers’ who took the post to avoid battle. Yet this seems improbable as a blanket criticism because firstly service as an orderly was not a guarantee that a man would not come under fire, and secondly the conditions of service in a hospital (whether near to or distant from the battlefield) were grim.[[67]](#endnote-67) Memoirists and diarists referred with horror to the pile of limbs which built up outside a hospital, and the cries of the patients for amputation, characterised as worse than the mutilation encountered during the heat of battle.[[68]](#endnote-68) The sight and smell of infected wounds was revolting.[[69]](#endnote-69) Furthermore, the work was arduous. Friedrich Lindau worked in the hospital at Hamelin alongside his father and mother following the town’s surrender to the French in November 1806. They attended Prussians and French wounded alike. Lindau’s self-approval for attentive care is not to be relied upon, but his narrative is notable for the authenticity of detail by which he characterised ‘the horrors of the hospital’.[[70]](#endnote-70) He worked among the dying, who gasped, prayed, and screamed while he tried to dispense medicine, tea, and restraint for the feverish.

Against these immediate penalties of hospital service were the longer-term risks of constant exposure to illness and injury. Colour Serjeant George Calladine was made an orderly to a hospital in Ceylon in 1817, a situation he found quite profitable in financial terms but which took its toll on his health: ‘I was getting completely wearied of my situation…I found my health continually declining by being so much among the sick and having such bad sores to dress. I began to lose my appetite’.[[71]](#endnote-71) But he found he could not simply declare an intention to resign the duty. He had to be caught doing something categorically wrong so, after a ten-month stint in the hospital, he intentionally got drunk and refused to attend when the doctor summoned him. This earned his discharge to guard duty. This suggests that the ‘bad’ behaviour of other orderlies or in different hospitals might be attributed to their desire to get away from the hospital environment and return to active service.

There is also some evidence that, while patients were inclined to value care in their attendants, medical men preferred strength and stamina among orderlies (in an echo of the literature relating to asylum keepers). Surgeon Walter Henry made little mention of hospital orderlies in war-torn Spain 1811-14 except when he required muscular assistance to restrain patients who were undergoing amputation or in an extra-mural capacity to punish the opponents of his (Henry’s) romantic peccadillos with a drubbing![[72]](#endnote-72) When it came to medical procedures, orderlies might also prove more competent than the medical men on occasion. A ‘drunken old file’ called Frazer, who was only supposed to dress wounds and serve out prescriptions, took out the bullet from the knee of a wounded Corporal when the doctor refused to operate. Frazer pursued an idiosyncratic method, by making a deep incision, removing the ball and then sucking the wound clear of bone fragments. The Corporal reputedly recovered so quickly he was turned to active duty within a fortnight.[[73]](#endnote-73) The distinction between orderlies and hospital mates (possessing or aspiring to medical training) is necessarily blurred in military memoirs.[[74]](#endnote-74)

The stereotype of the neglectful or brutal orderly must also be read in the context of a literature which lionised the *voluntary* care of one soldier for another. Memoirs of military hospitals mention ‘kindnesses’ which, like those in the field, involved the enemy as well as allies.[[75]](#endnote-75) Moyle Sherer’s recollections of the hospital at Elvas is infused with the same ‘poetic quality’ as the rest of his account.[[76]](#endnote-76) This means that our reception of his report of English and French soldiers ‘performing little kind offices for each other’ might be qualified, as a part of his broader project to appeal to a middle-class and female readership.[[77]](#endnote-77) Yet reference to nursing can properly be seen as tangential to his core task of applying the picturesque to military writing, with a focus on ‘the landscapes, architecture and people of Portugal and Spain’.[[78]](#endnote-78) Furthermore, evidence of mutual supports between hospitalised soldiers appear across narratives. There was an explicit acknowledgement of the femininity that was entailed in ‘kind offices’ by at least one writer who claimed, ‘you will often see a rough but kind-hearted soldier, seated for hours by the bedside of a wounded comrade, administering to his wants, smoothing his pillow, and tending him with all the gentleness and affection of a woman’.[[79]](#endnote-79)

The critical distinction between the men who offered practical or even tender support, and those who were neglectful, lies in whether the men were acting spontaneously, or whether nursing activity was essentially the job for which they were paid. In this respect, male nurses were in some respects no different to their female counterparts at the same time, who suffered negative stereotyping for paid nursing and enjoyed praise for voluntary attendance.[[80]](#endnote-80) Yet masculinity offered an additional challenge to men who were paid, because formal employment in a role demanding care meant either that post-holders must show tenderness to other men who were not their relations, or must find a way to counter suspicions of effeminacy (or potentially homosexuality) in willingly performing close bodily tasks for male patients.[[81]](#endnote-81) This latter point may go some way to explain the stereotype of the asylum keeper as guilty of unrestrained brutality: a fierce and physically rough approach to work with the sick might have had the advantage of signalling distance between the individual employee and any apprehensions of their displaying willing kindness to their charges. Women were expected to fit roles as nurses, whether paid or unpaid, whereas men who were paid as nurses risked their masculine identity if they looked like they enjoyed the job.

Conclusion

Historians of men in nursing have regretted their need to begin with men who were typically recruited for their physical strength rather than their caring capabilities. This paper modifies the picture, to emphasise the scope for care, and the pressures felt by men who were required to care, in the period immediately before calls for nursing reform. The comradeship of prison inmates was so tangible that men’s nursing of one another was apparently the default position before any statutory requirements around prison infirmaries and their staffing. That said, the concentration required in the one-to-one nursing of a close friend or relation could prove highly taxing, such that it challenged men’s sense of identity

Men who took employment as nurses or keepers had either to accept that their work ran counter to norms for manliness or (as is implied above) take energetic steps to repudiate perceptions of their effeminacy. Appreciating this point helps to explain popular generalisations about orderlies in the army as lazy or abusive, and to point up the quiet authenticity of alternative stories. Men who nursed were only valorised in rare contexts, such as Nelson’s death, meaning that most such work went unremarked and left the way open for the wholesale feminisation of nursing in the Victorian era.

**Table 1: categories of pre-professional nursing activity**

|  |  |  |
| --- | --- | --- |
|  | TYPICAL | ATYPICAL |
| Patient is priority | One to one care, offered by (for example) adult children to elderly parents, employees to employers, etc). | Many to one, offered when there is an excess of resource or a high-status patient (for example, royal or aristocratic households, during crisis such as death-bed illness, etc). |
| Staffing is priority | One to many, offered in institutions (for example hospitals, workhouses, gaols or asylums divisible by ward). | Many to many, offered in large-scale emergencies (for example, during riot, war, epidemic, famine, etc). |

<original to the author>

Endnotes

1. P.P. *A Return of the Number of Lunatics Confined in the different Gaols, Hospitals, and Lunatic Asylums* (1819), 1-3; P.P. *A Return of the Number of Houses Licensed for the Reception of Lunatics* (1819), 1-5; M. Arton, ‘The rise and fall of the Asylum Worker’s Association: the history of a ‘company union’, *International History of Nursing Journal* 7: 3 (2003), 41-9. [↑](#endnote-ref-1)
2. For notable exceptions see L. Smith, ‘The relative duties of man: domestic medicine in England and France, ca. 1685-1740’, *Journal of Family History* 31:3 (2006) which focusses on men’s medical decision-making about selves and families; L. Culvert, ‘ “A more careful tender nurse cannot be than my dear husband”: reassessing the role of men in pregnancy and childbirth in Ulster, 1780-1838’, *Journal of Family History* 42:1 (2017), where the evidence of men’s care generally falls after 1820; C. Schwamm, ‘Hegemonic Masculinity and the Gender Gap in Caregiving: the contentious presence of West German men in nursing since around 1970’, in P. Pfutsch (ed.), *Marketplace, Power, Prestige. The healthcare professions’ struggle for recognition (19th-20th century)* (Stuttgart: Franz Steiner, 2019). [↑](#endnote-ref-2)
3. C. Mackintosh, ‘A historical study of men in nursing’, *Journal of Advanced Nursing* 26: (1997), 232-36.; J. Evans, ‘Men nurses: a historical and feminist perspective’, *Journal of Advanced Nursing* 47: 3 (2004), 321-28. [↑](#endnote-ref-3)
4. C.J. Kauffman, *Tamers of Death. The History of the Alexian Brothers from 1300 to 1789* (New York: Seabury Press, 1976); C.J. Kauffman, *The Ministry of Healing. The History of the Alexian Brothers from 1789 to the present* (New York: Seabury, 1978). [↑](#endnote-ref-4)
5. L.D. Smith, ‘Behind Closed Doors; Lunatic Asylum Keepers, 1800-60’, *Social History of Medicine* 1: 3 (1988), 301-27. [↑](#endnote-ref-5)
6. Smith, ‘Behind Closed Doors’, 312. [↑](#endnote-ref-6)
7. Smith, ‘Behind Closed Doors’, 326. [↑](#endnote-ref-7)
8. P. Carter, *Men and the Emergence of Polite Society, Britain 1660-1800* (Harlow: Longman, 2001), 209-11. [↑](#endnote-ref-8)
9. W. Van Reyk, ‘Christian ideals of manliness in the eighteenth and early nineteenth centuries’, *Historical Journal* 52: 4 (2009), 1053-73. [↑](#endnote-ref-9)
10. ‘Our Pretty Doctor’, *Punch,* 13 August 1870, 68. [↑](#endnote-ref-10)
11. A question raised but not decisively answered by C.E. O’Lynn, ‘History of Men in Nursing: A Review’, in C.E. O’Lynn and R.E. Tranbarger (eds), *Men in Nursing. History, Challenges and Opportunities* (New York, 2007), 6-7. [↑](#endnote-ref-11)
12. Wedgwood Collection, Wedgwood manuscripts, personal correspondence, letter of 21 November 1815 from Susannah Darwin to Josiah Wedgwood II. [↑](#endnote-ref-12)
13. H. Bradley, ‘Across the Great Divide: the entry of men into “women’s jobs” ‘, in C.L. Williams (ed.), *Doing “Women’s Work”. Men in Nontraditional Occupations* (Newbury Park, Calif: Sage, 1993), 23. [↑](#endnote-ref-13)
14. C. Helmstadter and J. Godden, *Nursing Before Nightingale 1815-1899* (Farnham: Ashgate, 2011), 4 and *passim*. [↑](#endnote-ref-14)
15. See among many B. Abel-Smith, *A History of the Nursing Profession* (London: Heinemann, 1960). [↑](#endnote-ref-15)
16. Evans, ‘Men Nurses’, 321. [↑](#endnote-ref-16)
17. S. Teedon, *The Diary of Samuel Teedon, 17 October 1791 to 2 February 1794* (London: 1902), 7 for Teedon attending his adult female cousin in company with Teedon’s co-resident nephew ‘doing what we could to relieve her’; S. Markham, *A Testimony of her Times. Based on Penelope Hind’s diaries and correspondence 1787-1838* (Salisbury: Michael Russell, 1990), 22 for tender restraint offered by a gardener and neighbouring farmers to a minor clergyman during his final illness in 1796. W. Branch-Johnson (ed.), *The Carrington Diary (1797-1810)* (London: Christopher Johnson, 1956), 19 for a man nursing a former employee. [↑](#endnote-ref-17)
18. J. Malcolm, *Reminiscences of a Campaign in the Pyrenees and South of France in 1814* (Cambridge: Ken Trotman, 1999), 305. [↑](#endnote-ref-18)
19. M. Storey (ed.), *Two East Anglian Diaries* (Suffolk Record Society, 1994), 160. [↑](#endnote-ref-19)
20. J. Beresford (ed.), *John MacDonald. Memoirs of an XVIII Century Footman* (New York: Harper and Brothers, 1927), 134. [↑](#endnote-ref-20)
21. K. Straub, *Domestic Affairs. Intimacy, eroticism and violence between servants and masters in eighteenth-century Britain* (Baltimore, MA: Johns Hopkins University Press, 2009) chapters 5 and 6. [↑](#endnote-ref-21)
22. C. Helmstadter, *Beyond Nightingale. Nursing on the Crimean War battlefields* (Manchester, 2020), 31. [↑](#endnote-ref-22)
23. J.J. Hecht, *The Domestic Servant in Eighteenth-Century England* (London: Routledge and Kegan Paul, 1980), 77-87; T. Meldrum, *Domestic Service and Gender 1660-1750* (Harlow: Longman, 2000), 61-3. [↑](#endnote-ref-23)
24. D. Defoe, *The Behaviour of Servants in England Inquired into* (London: Whittridge, [1726]); Hecht, *Domestic Servant*, 80. Conversely, older women in Italy are presumed to have strengthened their ties with female servants in expectation of the servants’ support in late life; S. Cavallo, ‘Family obligations and inequalities in access to care in Northern Italy, seventeenth to eighteenth centuries’ in P. Hordern and R. Smith (eds), *The Locus of Care. Families, communities, institutions and the provision of welfare since antiquity*, (London: Routledge, 1998). [↑](#endnote-ref-24)
25. In a French example relating to the social elite, Louise Comtesse de Polastron was nursed in her final, tubercular illness by her lover Comte d’Artois: E. Vigée-Le Brun, *Memoirs*, (London: Camden, 1989), 256. [↑](#endnote-ref-25)
26. S. King, *Sickness, medical welfare, and the English poor, 1750-1834* (Manchester: Manchester University Press, 2018), 162. [↑](#endnote-ref-26)
27. K. Everest, ‘Keats, John’, *Oxford Dictionary of National Biography* (2004), <https://doi.org/10.1093/ref:odnb/15229> viewed 17 August 2021. [↑](#endnote-ref-27)
28. *Ibid*. [↑](#endnote-ref-28)
29. The letters written by John Keats are available full-text online: see [https://www.gutenberg.org/files/35698/35698-h/35698-h.htm viewed 24 November 2021](https://www.gutenberg.org/files/35698/35698-h/35698-h.htm%20viewed%2024%20November%202021); for quote, see letter from John Keats to George and Georgiana Keats 13 or 14 October 1818. [↑](#endnote-ref-29)
30. Letter from John Keats to Charles Wentworth Dilke 21 September 1818. [↑](#endnote-ref-30)
31. The letters written by Joseph Severn are available full-text online: see <https://englishhistory.net/keats/joseph-severns-letters-from-rome/> viewed 24 November 2021. [↑](#endnote-ref-31)
32. Letter from Joseph Severn to John Brown 14-17 December 1820. [↑](#endnote-ref-32)
33. Letter from Joseph Severn to William Haslam 15 January 1821. [↑](#endnote-ref-33)
34. Letter from Joseph Severn to Mrs Brawne 11 January 1821. [↑](#endnote-ref-34)
35. Letter from Joseph Severn to John Brown 14-17 December 1820. [↑](#endnote-ref-35)
36. Multiple attendants including the Archbishop of Canterbury are implied but not enumerated in J.H. Jesse, *Memoirs of the Court of England from the Revolution in 1688 to the death of George the Second* (1846), 210-14. [↑](#endnote-ref-36)
37. T. Alleine et al, *Life and Death of the Rev Joseph Alleine* (New York: Robert Carter, 1840), 91. [↑](#endnote-ref-37)
38. E. Hobby, *Virtue of Necessity. English Women’s Writing 1649-1688* (London: Virago 1988), 80-1 for Theodosia’s room for manoeuvre as the wife of a ‘great man’. [↑](#endnote-ref-38)
39. W. Beatty, *Authentic Narrative of the Death of Lord Nelson* (London: T. Davison, 1807), available full-text online at <https://www.gutenberg.org/files/15233/15233-h/15233-h.htm> viewed 3 September 2021. [↑](#endnote-ref-39)
40. L. Brockliss, J. Cardwell and M. Moss, *Nelson's Surgeon. William Beatty, Naval Medicine, and the Battle of Trafalgar* (Oxford: Oxford University Press, 2005), 156. [↑](#endnote-ref-40)
41. Chevalier was mentioned only once by Beatty, as helping to turn Nelson on to his right side. [↑](#endnote-ref-41)
42. Bonham’s Auction House website, manuscript list of Lord Nelson’s servants sold 2005 and auction-house commentary, <https://www.bonhams.com/auctions/11430/lot/209/> viewed 26 August 2021. [↑](#endnote-ref-42)
43. P. McRorie Higgins, *Punish or Treat? Medical care in English prisons 1770-1850* (Victoria, B.C.: Trafford, 2007), 56-61; P.P. *Report from the Commissioners on the Cold Bath Fields Prison* (1809), 23 for a turnkey acting as doctor’s mate and nurse of the men’s infirmary. [↑](#endnote-ref-43)
44. P.P. *Report from the Committee on the Prisons within the City of London and Borough of Southwark 1. Newgate* (1818), 103. [↑](#endnote-ref-44)
45. *Some Account of St Bartholomew’s Hospital London* (London: J. Smeeton, 1800), 12 claims there was one sister, one nurse and one night nurse for each ward of around fourteen patients at Barts; London Metropolitan Archives H9/GY/T/01/019 Guy’s Hospital archive memorandum book of John Hollister 1738-65. [↑](#endnote-ref-45)
46. P.P. *Report from the Committee on the Sate of the Gaols of the City of London* (1814), 55. [↑](#endnote-ref-46)
47. P.P. *Second Report from the Committee on the Prisons within the City of London and Borough of Southwark 2. Giltspur-Street Prison. 3. Whitecross-Street Prison. 4. Borough Compter. 5. Bridewell.* (1818), 250. [↑](#endnote-ref-47)
48. P.P. *Report from the Committee on the King’s Bench, Fleet, and Marshalsea Prisons* (1815), 234; J. Neild, *State of the Prisons in England, Scotland and Wales* (London: J. Nichols and Son, 1812), 137. [↑](#endnote-ref-48)
49. A. Tomkins, ‘Stafford Infirmary and the ‘unreformed’ nurse, 1765-1820’, I. Atherton, M. Blake, A. Sargent and A. Tomkins (eds), *Staffordshire Histories: essays in honour of Nigel Tringham* (Staffordshire Record Series, forthcoming). [↑](#endnote-ref-49)
50. P.P., *Select Committee on State of Gaols, and best method of providing for reformation of offenders* (1819), 371. [↑](#endnote-ref-50)
51. P.P. *Report from the Committee on the* *King’s Bench, Fleet, and Marshalsea Prisons* (1815), 189, 197. [↑](#endnote-ref-51)
52. P.P. *Royal Commission on State, Conduct, and Management of Fleet, Westminster and Marshalsea Prisons* (1819), 71. [↑](#endnote-ref-52)
53. E. Spinney, ‘Naval and Military Nursing in the British Empire c. 1763-1830’ (Unpublished PhD thesis, University of Saskatchewen, 2018); A. Venning, *Following the Drum. The lives of army wives and daughters* (London: Headline, 2006); N. Williams, *Judy O’Grady and the Colonel’s Lady. The army wife and camp follower since 1660* (London: Brassey’s Defence Publishers, 1988). [↑](#endnote-ref-53)
54. This was also a feature of earlier conflicts: see P. Kopperman (ed.), *‘Regimental Practice’ by John Buchanan M.D.. An eighteenth-century medical diary and manual* (Abingdon: Routledge, 2012), 158 for soldiers obliged to nurse each other after the battle of Dettingen in 1743 because the people appointed as nurses were dying so quickly. [↑](#endnote-ref-54)
55. G. Glover (ed.), *Ensign Carter’s Journal 1812* (Ken Trotman, 2006), 17 [when Carter was taught by his friend Doctor Evans how to apply a tourniquet]. S. Morley, *Memoirs of a Sergeant of the 5th Regiment of Foot* (Ken Trotman, 1999), 67 as a prisoner of war had his wounded arm bound by an old French soldier, and 75 treated kindly when exhausted. G. Glover (ed.), *Adventurous Pursuits of a Peninsular War & Waterloo Veteran. The Story of Private James Smithies 1st (Royal) Dragoons, 1807-15* (Ken Trotman: Godmanchester, 2011), 60 [for sharing brandy with a wounded Frenchman]. Brown 161 for making a sling torn from a shirt. A.L.F. Schaumann, *On The Road With Wellington* (London: Greenhill, 1999), 191 for allegedly offering wine and comfort to a wounded enemy soldier, and 329 making a first dressing and sling from the spine and cover of an eviscerated book. *Memoirs of a Sergeant Late in the 43rd Light Infantry Regiment* (London: John Mason, 1835), 93 for carrying a comrade to beyond the range of gunfire and 159 for applying a tourniquet to the thigh of a man whose leg had been lost. C. Hibbert (ed.), *The Wheatley Diary. A journal and sketchbook kept during the Peninsular War and the Waterloo Campaign* (Moreton-in-Marsh: Windrush Press, 1997), 79 for the use of saliva to wash blood from a wounded hand and binding it with a piece of torn shirt. Simmons, *A British Rifle Man*, 78 for a tourniquet applied to the author’s leg by the combined efforts of a Captain and Serjeant (NB this same injury and treatment appears to be repeated at page 93), 82 for poulticing a fellow patient’s gunshot wound, and 292-3 dragging injured French soldiers to dryer ground and sharing wine with them. [↑](#endnote-ref-55)
56. J.S. Cooper, *Rough Notes of Seven Campaigns: 1809-1815* (Staplehurst: Spellmount, 1996), 34; J.C. Maempel, *Adventures of a Young Rifleman, in the French and English Armies, during the War in Spain and Portugal, from 1806 to 1816*. (Leonaur, 2008), 128. [↑](#endnote-ref-56)
57. W. Brown, *The Autobiography or Narrative of a Soldier. The Peninsular War Memoirs of William Brown of the 45th Foot*, (Solihull: Helion, 2017), 42-3. He wrote a more favourable account of the hospital he was sent to at a former convent in Lisbon, 58-9, and served as a ward orderly in his turn at Moimenta da Beira, 119. [↑](#endnote-ref-57)
58. *Memoirs of a Sergeant Late in the 43rd Light Infantry Regiment* (London: John Mason, 1835), 172; T. Garretty, *Memoirs of a Sergeant Late in the Forty-third Light Infantry Regiment previous to and during the Peninsular War* (Cambridge: Ken Trotman; 1998), 172-3. [↑](#endnote-ref-58)
59. S. Morley, *Memoirs of a Sergeant of the 5th Regiment of Foot, containing an Account of His Service, in Hanover, South America, and the Peninsula* (Cambridge: Ken Trotman, 1999), 83. [↑](#endnote-ref-59)
60. Maempel, *Adventures*, 87-8. [↑](#endnote-ref-60)
61. Anon., *Vicissitudes in the life of a Scottish Soldier* (London: Henry Colburn, 1827), 103. [↑](#endnote-ref-61)
62. G. Simmons, *A British Rifle Man* (London: A.C. Black, 1899),36; *Memoirs of a Sergeant Late in the 43rd Light Infantry Regiment* (London: John Mason, 1835), 170. [↑](#endnote-ref-62)
63. W. Swabey, *Diary of Campaigns in the Peninsula for the Years 1811, 12 and 13*. (London: Ken Trotman, 1984), 151. [↑](#endnote-ref-63)
64. Schaumann, *On The Road*, 195. [↑](#endnote-ref-64)
65. G. Glover (ed.), *Seven Years on the Peninsula. The Memoirs of Private Adam Reed, 47th Foot 1806-1817* (Ken Trotman: Godmanchester, 2012), 94. [↑](#endnote-ref-65)
66. C. Steevens, *Reminiscences of My Military Life from 1795 to 1818* (Winchester, 1878), 16. [↑](#endnote-ref-66)
67. W. Surtees, *Twenty-five Years in the Rifle Brigade,* (Edinburgh: Ballantyne and Company, 1833), 255-6. [↑](#endnote-ref-67)
68. Schaumann, *On The Road*, 193; G. Glover (ed.), *An Eloquent Soldier. The Peninsular War Journals of Lieutenant Charles Crowe of the Inniskillings, 1812-1824* (Barnsley: Frontline, 2011), 264. [↑](#endnote-ref-68)
69. Maempel, *Adventures*, 127; Cooper, *Rough Notes*, 14. [↑](#endnote-ref-69)
70. J. Bogle and A. Uffindell (eds), *A Waterloo Hero. The Reminiscences of Freidrich Lindau* (London: Frontline, 2009), 21. [↑](#endnote-ref-70)
71. M.L. Ferrar (ed.), *The Diary of Colour-Serjeant George Calladine 19th Foot 1793-1837* (London: Eden Fisher & Co, 1922), 60. [↑](#endnote-ref-71)
72. P. Hayward (ed.), *Surgeon Henry's Trifles: Events of a Military Life* (London: Chatto & Windus; 1970), 29, 56. [↑](#endnote-ref-72)
73. Monick, *Tale of the Peninsula*, 95-6. [↑](#endnote-ref-73)
74. This article omits mates where it is clear that authors thought them different to orderlies: see for example Glover, *An Eloquent Soldier*, 202-204 for sour comments on a hospital mate, dressing Crowe’s wounds while in lodgings rather than a hospital. [↑](#endnote-ref-74)
75. Simmons, *A British Rifle Man*, 80; H. Jones, ‘Seven Weeks Captivity in ST. Sebastian, in 1813’, in W. Maxwell, *Peninsular Sketches; by Actors on the Scene* (Cambridge: Ken Trotman, 1998) volume two, 307. [↑](#endnote-ref-75)
76. N. Ramsey, *The Military Memoir and Romantic Literary Culture, 1780-1835* (Farnham: Ashgate, 2011), 62. [↑](#endnote-ref-76)
77. M. Sherer, *Recollections of the Peninsula* (London: Longman, 1824), p. 168; Ramsey, *Military Memoir*, 141. [↑](#endnote-ref-77)
78. Ramsey, *Military Memoir*, 141-2. [↑](#endnote-ref-78)
79. W. Maxwell, *Peninsular Sketches; by Actors on the Scene* (Cambridge: Ken Trotman; 1998), volume 2, 356. [↑](#endnote-ref-79)
80. Tomkins, ‘Stafford Infirmary’. [↑](#endnote-ref-80)
81. Stereotyping male nurses as gay is an observed phenomenon of the early-twenty-first century and may have long roots: T. Harding, ‘The construction of men who are nurses as gay’, *Journal of Advanced Nursing* 60: 6 (2007), 636-44. [↑](#endnote-ref-81)