

Racing Pulses: Gender, Professionalism and Health Care in Medical Romance Fiction

by *Agnes Arnold-Forster*  *

Mills & Boon were the most prolific publishers of romantic fiction in twentieth-century Britain. Founded in 1908 as a publisher of general fiction, etiquette guides and manuals for modern living, their romances soon outsold all else. One hundred years later they had 3.2 million devoted readers in the United Kingdom and 50 million worldwide, they sold 200 million novels every year, and a Mills & Boon paperback was sold in a UK bookshop on average every 6.6 seconds.¹ Following the foundation of the National Health Service in 1948, a new sub-genre of romantic fiction emerged: ‘Doctor–Nurse’ romances, which usually involved a love affair between a male doctor and a female nurse, were set in NHS hospitals. The substantial Mills & Boon archive, held in Reading University Library, contains over 50,000 letters between publishers, authors, literary agents, and women’s magazine editors from around 1930 well into the 1970s. Drawing on this archive and the novels themselves, this article will explore representations of the health service and notions of gendered healthcare professionalism in postwar Britain.

Popular romance fiction is often dismissed as conservative, traditional, even regressive in its portrayals of society, relationships, working lives, and gender identities. Attracting criticism from traditional and feminist writers alike, books published by Mills & Boon are scorned as both ‘light-weight’, self-indulgent trash, and as harmful, sexist literature. Perhaps because of this widespread dismissal, and despite the wide readership of medical romance fiction both past and present, studies of modern British history have only partially addressed this rich and wide-ranging source material.² Indeed, while scholars like Jay Dixon have worked to rehabilitate and critically assess the form, function, and reputation of romantic fiction, their efforts have not crossed over into mainstream historical scholarship.³ There is also very little in the history of British medicine or the medical humanities that attends to this genre of writing.⁴ I suggest, however, that we can use this rich source material to shed new light on questions fundamental to the social, political, and cultural landscape of mid-century Britain. Indeed, I argue that in contrast to ‘retrograde’ and ‘limited’ views of women’s lives, medical Mills & Boon novels frequently put forward nuanced versions of womanhood,

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professional identity, clinical labour, and the effective functioning of the welfare state.⁵

By 1957 ‘Doctor-Nurse’ romances constituted a quarter of Mills & Boon’s sales.⁶ The authors of these texts were all trained healthcare professionals. Thus, in both the novels and the archive, we see a complex interplay of fictional representations of women’s clinical labour with ‘real-life’ accounts of female healthcare professionals’ experiences of work. In this article, I make two main arguments. First, I suggest that these novels gave both authors and readers an opportunity to engage with and shape public discourses about medical and nursing professionalism, subvert standard expectations, and inform discussions about the role of women in the clinical workplace. Despite the importance of their implications for laypeople, debates over what doctors and nurses are and should be tend to take place primarily within organized medicine, in medical schools, conferences and journals. Medical romance novels were, therefore, a form of public intervention in these otherwise ‘insular debates’.⁷ They drew on as well as shaped powerful tropes of the ideal healthcare practitioner, patient, and clinical setting; and in doing so participated in that ‘complex web of interactions that sustain culturally potent symbols of medicine’, in this case, the symbol of the good doctor, the good nurse, and the happy and functioning hospital.⁸

Second, I argue that authors and publishers used romantic fiction to advocate change and champion progressive elements of British healthcare. While Mills & Boon had a global readership, their primary intended audience was women living in the United Kingdom and Doctor–Nurse romances always took place in British hospitals. Due to the social and economic make-up of their readers, stories were set in state-funded rather than private institutions and while the novels and their authors make infrequent mention of the new National Health Service, they emerged only after its foundation in 1948 and they engage explicitly and repeatedly with healthcare innovations and policies and the day-to-day functioning of state-funded hospitals. Mills & Boon romances represented and attempted to remake the medical world – demonstrating their authors’ investment both in the health service and in the image and identity of its constituent professionals.

This article is divided into four sections. The first, ‘Readers, Writers, and Editors’, looks at who bought, wrote, edited, and published medical romance fiction in postwar Britain. In the second, ‘The Medical Setting’, I examine the popularity of ‘Doctor–Nurse’ romances and investigate why healthcare environments were thought to be so appropriate for romance. The third section, ‘Making Medical Professionals’, will argue that while some novels portrayed male love-interests as clinical caricatures, tied their heroines to restrictive gender roles, and narrated conventional romantic trajectories, many others crafted subtle and emotionally engaged men and equipped their female protagonists with the freedom to find affective and intellectual satisfaction in their work. Finally, in ‘Romance and Reforming the NHS’, I explore the deliberate and explicit attempts by writers and

editors to shape readers' perceptions of, and attitudes towards, the health service and its staff. I argue that some Mills & Boon authors styled themselves as reformers of both public opinion and clinical practice and that they thus constitute an unusual point of interaction between British citizens and the welfare state.

READERS, WRITERS, AND EDITORS

Mills & Boon novels were widely read. They were sold in ubiquitous high-street shops like Woolworths and WH Smith and circulated through public and private lending libraries. In 1972 they sold 26,800,000 English language novels globally, and by 1973 sales exceeded 30 million. In 1968, Sheffield University sociologist Peter H. Mann conducted a survey of Mills & Boon readers. He analysed the more than 3,000 responses and published the results in 1974. According to his research, romantic novels were read by women of all ages.⁹ Nearly two-thirds of readers were married women, only a third were single, and the rest were widowed or divorced. Forty-five percent of readers were married women with children at home.¹⁰ One-third were full-time housewives, thirty percent were housewives with either full-time or part-time jobs, and twenty-two percent were unmarried and in employment. The remainder were either retired or were still in full-time education.¹¹ Over half of those in paid employment had office or clerical jobs and ten percent had jobs at a professional or higher technical level.¹²

Mann did not ask respondents about their ethnicity. However, Mills & Boon heroines from the mid twentieth century were invariably white. While this might not be all that surprising given the nature of popular culture in postwar Britain, the clinical setting of these novels means that the absence of black and minority ethnic protagonists requires further explanation. Just as the foundation of the NHS saw an expansion of female participation in the labour market, it also saw a diversification of the healthcare workforce. Indeed, the advent of the health service in 1948 coincided almost exactly with the postwar mass movement to Britain of once-colonial populations. Against this backdrop, the absence of non-white Mills & Boon heroines is more surprising. As Hsu-Ming Teo has observed, 'white women – primarily of British heritage – were naturalised as the heroines of romance', because historically, 'white women function as emblematic objects of heterosexual desire'.¹³ Even in novels with a so-called 'foreign background', the heroine was always white and always British. This is because the publishers imagined a white British readership who could only relate to white British women, 'We are not too keen on our heroines not having British blood because this reduces the empathy with our readers'.¹⁴ The first Harlequin-Mills & Boon romance to feature a black heroine was Elsie B. Washington's (pseudonym Rosalind Welles) *Entwined Destinies*, published in 1980. However, both author and protagonist were African-American, not British.¹⁵

The publishers also assumed that Mills & Boon had a broadly working-class readership and their books were perceived as ‘light-weight’ reading. Mann reflected on this perception: ‘When we think of *books* we so often think of “literature”, and I am sure this is a dangerously narrow point of view. Books are not all literature. Literature in the sense of “high culture” literature, classics and so on, is only a part of books’. He described how he thought this ‘narrow point of view’ framed romantic fiction. People dismissive of Mills & Boon might think of their books as ‘The escapist or distraction type . . . which offers an escape from a dull world, a vicarious love affair or sexual experience, but no serious challenge to accepted values’.¹⁶ He suggested that this stereotype was a product not just of the books’ association with female readers, but their class connotations: ‘I think one reason for this interesting form of discrimination is that the Mills & Boon Romances carry with them an image of the working-class woman reader who reads these novels but no other books, whilst the Fontanas, Four Squares, the Panthers, with their sexy covers, are regarded as the light-weight reading of the more “literary” middle classes’.¹⁷ However, Mann’s own survey suggested that most of his readers in paid employment had office or clerical jobs so were not straightforwardly ‘working class’.

Compounding this ‘light-weight’ reputation in the eyes of the sceptics, Mills & Boon novels were frequently serialized in women’s magazines before being published in book form. In a letter to Editor and Co-Director, Alan W. Boon, author Hilda Nickson wrote, ‘This morning, I received a letter from [my] agent . . . saying that he has an editor who is *frantically* looking for a hospital romance for pre-publication serialisation, and asking me if I have something on hand’.¹⁸ Serialization was attractive to authors because magazines paid well and ensured a wider readership for their stories. The circulation of women’s magazines was enormous. From January to June 1968, *Woman’s* circulation was 2,760,455, with an average of 2.8 women readers per copy. *Woman’s Weekly* had a circulation of 1,673,128 and 3.7 women readers per copy.¹⁹ *Woman* had an average issue readership of 9,817,000 men and women. Of all women aged sixteen to twenty-four surveyed by Mann in Britain in 1968, fifty-one percent read *Woman* and fifteen percent read *Woman’s Own*. According to Mann and much like Mills & Boon novels, *Woman’s Weekly* and other similar magazines were popular with ‘all social classes’ but particularly ‘the lower middle class and upper working class’.²⁰

Alan W. Boon took an active role in the lives of his writers. He communicated with them by letter sometimes daily and the correspondence is warm and personal. Boon often invited authors to meet him for meals in London: ‘I hope that you will be able to have lunch with me . . . Unless I hear from you to the contrary I will look forward to seeing you at Bellometti’s (South side of Leicester Square) about 12.30 on December 14’.²¹ Letters were familiar and friendly, and Boon built up long and seemingly affectionate relationships with his authors. Elizabeth Gilzean wrote to him in March 1957,

I am hurt, deeply hurt. On Wednesday evening, Olive leaned across the coffee bar and said to me: ‘How long have you been calling him Alan?’ In true Mills & Boon fashion I sighed deeply and said sadly: ‘Never. He hasn’t asked me to.’ There was a gleam of pride in Olive’s eyes when she replied: ‘He asked me to call him Alan the last time I was in London.’ ‘T’aint fair. What’s she got that I haven’t got? I shall certainly have to put you in my next book and I doubt very much if you will be allowed to get the girl!’²²

However, these were not just personal relationships, but professional ones too. Much of the correspondence was devoted to discussing editorial questions about proposed stories, the content of novels in progress, and publicity for existing books. Some of the authors depended on their advances and sales to survive and support their families, particularly if they had given up clinical work. For example, while she had previously worked as a nurse, writing became Elizabeth Gilzean’s sole source of income in the late 1950s. She was constantly writing to Boon about money, payment, and her finances, ‘Could I have a partial advance on the serial money, please? A hundred and fifty would round off my earnings nicely for income tax purposes! . . . I think perhaps the bank manager might appreciate a reminder that he’s not carrying a dead loss!’²³

Boon was evidently deeply invested in the success of his authors and their novels and his commitment paid off. All Mills & Boon novels were widely sold, but Doctor–Nurse romances were particularly sought-after. The most popular type of story was one with a ‘foreign background’ (in Mann’s survey, 48% of people listed those as their first choice); Doctor–Nurse romances were the people’s second favourite (21%).²⁴ His research confirmed what the publishers had long known – that stories set in hospitals were particularly meaningful settings for romance and appealed to readers. Boon wrote to author Margaret Baumann (who used the pseudonym ‘Marguerite Lees’) in 1954: ‘It is our feeling that if you concentrate as much as possible on Nurse–Doctor–Hospital stories under the Marguerite Lees name it would be a powerful help in establishing Marguerite Lees’ popularity’.²⁵ Baumann took this advice on board, responding a month later: ‘I do know that a medical flavour in the title will appeal very much to woman readers’.²⁶ To another author, Marjorie Coburn, Boon wrote in 1953: ‘You have never yet let us have a hospital flavour in the title, and I know it is something rather difficult to achieve. If you can achieve this, however, it is a definite asset to sales’.²⁷ The publishers clearly saw novels with medical themes as commercially appealing.

THE MEDICAL SETTING

By 1957, medical romances constituted a quarter of the publisher’s sales.²⁸ Over the next fifteen years, interest in the sub-genre continued. In 1973, Alan W. Boon admitted in a letter that, ‘[while] things in the book trade are

particularly difficult just now . . . the nursing titles are a better proposition commercially'.²⁹ Indeed, while there was a dip in their popularity in the 1980s and 1990s, Harlequin-Mills & Boon (renamed after merger in 1971) still publish medical romances today.³⁰ Over seventeen hundred medical romance books are now in print, and six new titles are published each month.³¹ Mills & Boon were committed to authenticity – they wanted to make their stories and heroines relatable and believable: 'We're in the business of providing entertainment . . . We're talking about escapism. But escapism must be based on reality'.³² This dual function – romance and realism – was encapsulated in a letter from Baumann to Boon in 1955, "'Secret Star" [her latest novel] is, of course, first and foremost a love story, but I have taken care that all details of the background are as accurate and true as possible'.³³ While Mills & Boon did not require its authors to have relevant expertise, the 'Doctor–Nurse' romances were invariably written by women with clinical experience. Elizabeth Gilzean trained as a nurse in Canada in 1930 and nursed in Bermuda for fourteen months, before moving to Scotland and then Birmingham after her husband was killed in the Second World War; she continued to work as a nurse there while she launched her writing career.³⁴ Hilda Nickson trained as a nurse at Nottingham City Hospital and worked there as a staff nurse for twelve years.³⁵ Vivian Mann (who wrote under various pseudonyms including 'Alex Stuart') was a pathologist; while Marjorie Coburn ('Marjorie Moore') was a 'Radiographer not a Radiologist'.³⁶

Authors were occasionally chastised for not drawing enough on their medical or nursing background. In 1957 Boon wrote to Gilzean asking her please to include more hospital details in her romances:

We have now given our careful attention to the Breton story and consider that this has possibilities . . . It seems to us, however, that in writing it you may not be making full use of one of your greatest assets, which is your knowledge of hospital life.³⁷

Similarly, he wrote to Hilda Nickson in 1960 with comments on her new manuscript, *Love the Physician*: 'We like the synopsis of the new opus, and would like you to . . . work in some technical stuff, rather along the lines of *Theatre Sister*. We feel that from your own experiences as a nurse this should not present many difficulties to you'.³⁸ Today, publishers of medical romance fiction place appeals for authors in nursing journals such as the *Nursing Standard* and many authors still have medical backgrounds or significant personal connections to medicine.³⁹

This emphasis on healthcare experience led to a sometimes bizarre degree of clinical detail. In a letter sent in 1964, Nickson wrote about her latest novel:

Even in this book – not aimed at the medical profession – I dealt pretty thoroughly with both the nursing and medical treatment of quite a

number of subjects including: epistaxis, sugar diabetes, bleeding tooth socket from a previous extraction, heart attack, anaphylactic shock as the result of a wasp bite, tonsillitis, otitis media (inflammation of the middle ear) as well as simple things like septic fingers and minor cuts and bruises – all ailments with which the nurses could have had to deal.⁴⁰

In *Surgeons in Love* (1962), Nickson described surgical procedures in detail:

Sister Norman handed her clips and towels, then the retractors followed by the vulsella forceps and the uterine sound. It was a simple operation, one she had done many times before. Feeling that there was no stricture anywhere in the cervix, she asked for the dilators, and one by one inserted the graduated instruments until the required amount of dilation had been acquired. After this the curette went in easily, scraping out the retained products which had been causing the haemorrhage.⁴¹

In her companion novel, *Staff Nurses in Love* (1962), Nickson repeatedly uses complex medical terms: 'The patient was an elderly, scholarly-looking man, his breathing shallow now, his face cyanosed. Tendon and corneal reflexes were absent and there was flaccidity of the limbs. Plantar reflexes were extensor.'⁴²

Authors frequently supplemented their own experiences of clinical practice by undertaking dedicated research. Baumann wrote to Boon to reassure him about the veracity of her new novel's background and prove that she had kept abreast of developments since her own experiences during the Second World War, 'I have already made sure from the local authority of the up-to-date regulations about nursing homes, which are very different from those of wartime'.⁴³ Authors sometimes used their own illnesses and experiences as patients as material for medical romance fiction. Betty Meijer wrote to Boon in 1971, 'I'm going to the Cardio-Thoracic Unit in Southampton and shall be there six weeks, during which time I shall write the next story – it's too good a chance to miss with all that background'.⁴⁴

Gilzean was a particularly conscientious author. In January 1958, she went on a tour of psychiatric hospitals to research the latest treatments for mental illness as background for a future book.⁴⁵ She ended up spending nearly ten days 'observing life in mental hospitals, treatments, staff, and so on'.⁴⁶ She hoped that this research would ensure that her proposed book would be 'steeped in the proper background' and have 'the authenticity' that would appeal to editors and readers alike.⁴⁷ On her return she wrote to Boon, 'I want to get the mental hospital book started while I'm still steeped in the atmosphere of the place and my impressions are fresh and sharp. I think I may get it over better that way. I hope so, anyway'.⁴⁸ She was as interested as her publishers were in conveying an authentic 'atmosphere'.

Authenticity and accuracy were also highly prized by readers who appreciated the technical details. Jane Madders, who compered the Midlands BBC Woman's Hour, wrote Gilzean a letter, 'I much enjoy the way you present medical facts in your story. There is never any talking down to the average reader, but the kind of information which most people – and especially women – are hungry for'.⁴⁹ A reviewer of Alex Stuart's *Bachelor of Medicine* commented in the *Yorkshire Observer* in 1956:

A 'deglamourised' hospital novel, with considerable amount of authentic medical detail which by no means detracts from the book's interest. It contains a full quota of romance with its attendant emotions of fear and hope, ambition, and professional and personal jealousies.⁵⁰

The reviewer also complimented the author's credentials, drawing attention to her status as a 'qualified pathologist' as accounting for the book's 'realistic background'.⁵¹ There was evidently something about authenticity and the medical 'background' that appealed to readers. As Madders observed, readers might have appreciated the implicit flattery – the assumption that they were intelligent and able to comprehend the complex subject matter. Romance fiction was, and continues to be, denigrated as intellectual and unsubstantial. Authenticity, therefore, offered a way to establish the value of romantic fiction in the face of such dismissal.

Survey data and reviews proved to publishers and authors that medical themed romances were popular with readers. They did not, however, explain *why* stories set in hospitals so appealed to the postwar British public. There are several reasons why medical settings might have been attractive backgrounds for romantic narratives. First, hospitals had become the cornerstone of a modern healthy society. In the mid twentieth century, they were increasingly symbolic of social progress, the triumph of science, and the role of modernist architecture in promoting the good health of the nation. This process was accelerated by the new National Health Service, which more closely tied the project of good health to British national identity and the state. Second, while the foundation of the NHS might have helped to establish the hospital as something everyone had a stake in, they remained closed-off places – only some healthcare practitioners had access to 'behind the scenes' of the hospital ward. These novels, then, offered readers the chance to look behind the (operating) theatre curtain. Third, hospitals were highly emotional places with plenty of opportunities for intense and incidental romantic interactions.⁵² Gilzean wrote in a letter to Boon, 'The whole hospital is a turmoil of emotion'.⁵³ Because it is 'cut off from the outside world', a 'distorted sense of values... can exist'.⁵⁴ In a later letter, she mused on the emotional landscape of the hospital more fully:

I've really enjoyed writing this last book. It's brought back all the excitement and emotion of those hospital days... It's an odd sort of life

because everything is out of proportion and twice as large as life. A word of reproof, a word of praise, a pat on the back, or a quarrel at 3 a.m. when you've been called out for the third time that night can mean so much more than the same happening in some peaceful suburban home. If I manage to make you and the readers feel that then I have succeeded.⁵⁵

As many of its doctors and nurses lived on site in hospital residences, the institution absorbed its staff's entire lives. The movement in and out of people and feelings was restricted; the boundaries between love, life, and labour were blurred and emotions were intensified. Thus authors exploited the affective richness of their past and current clinical working environments and reflected on the contribution of their clinical experiences to the development of their abilities as writers. In an autobiographical note, nurse Elizabeth Hoy wrote, '[My] two years of hospital training . . . were a valuable education in human values'.⁵⁶ Writers like Hoy were keen to represent workplace and romantic feelings in ways that felt true to life and tried to cultivate a version of social and emotional authenticity alongside clinical accuracy.

Fourth, hospitals were populated by stereotypical figures who embodied romantic ideals and gendered extremes. Thus, despite their commitment to 'authenticity', medical romance fiction writers were not impervious to the allure of professional stereotypes when crafting their heroes and heroines. Surgeons, and to a lesser extent doctors, were notorious for their authoritarian and emotionally detached attitudes. The stereotypical surgeon was male, volatile, and insistent. He cut first, asked questions later, and was never in doubt. He was good at 'hard' surgeries and tricky diagnoses, but bad at 'soft' skills like compassion and communication. This trope was best embodied by the fictional surgeon Sir Lancelot Spratt, played by James Robertson Justice, star of the 1954 film *Doctor in the House* and its six sequels. Spratt, a detached, dispassionate demagogue, strode down hospital corridors with a team of frightened trainees hurrying along behind him.⁵⁷

While many of these qualities might be considered unappealing, some of them were used by Mills & Boon authors to emphasize doctors and surgeons as ideal male romantic leads. Indeed, stereotypes of virile masculinity and clinical professionalism frequently overlapped. Men in Mills & Boon novels were repeatedly described as being emotionally detached or restrained – characteristics that applied both to their medical or surgical practice and to their romantic affairs. Take for example the hero in 'Love Unspoken', a romantic novel serialized in the magazine *Woman's Own*; 'At thirty Philip Redwood was nearing the peak of his profession. There were some who said he was ruthless in his determination to get to the top, but he was oblivious of the criticism levelled against him, oblivious too, of the idolatry of the younger nurses in the hospital'.⁵⁸ Redwood's professional peak aligned with his emotional invulnerability. Completely focused on his work and professional advancement, he represented the ideal man to the hospital's female staff members (and by implication, the readers of *Woman's Own*).

Emotional detachment from patients was mirrored by a disinterest in love and female affection. In Hilda Pressley's *Staff Nurses in Love* (1962), the heroine ruminates anxiously about the unobtainable hero: 'She thought of Dr Kendal, that rather forbidding, taciturn physician. She could not imagine any woman, nurse or not, finding her way to his heart'.⁵⁹ Gilzean described the hero of her new novel in a letter to Boon as 'detachedly cold-blooded', adding that he exploits the nurse-heroine's affections 'quite shamelessly'.⁶⁰ To craft these characters, authors drew on their own clinical experiences. Gilzean wrote in a letter to Boon in 1958, 'Most surgeons have the knack of shutting out their personal lives as if while on duty they are playing a part that has no link with real life'.⁶¹ Professional stereotypes of this kind were not unique or new to the Doctor–Nurse romance, but they were reinforced by Mills & Boon authors. Revealing or demonstrating the impact – 'the weight or significance'⁶² – of popular culture on its consumers is an unresolved challenge to the cultural historian. Doctors and other healthcare workers should be aware that their patients often come to see them with years of dramatic, comedic, and romantic stories about the medical system 'swimming in their heads', as Lesley Scanlon put it.⁶³ These fictional portrayals may affect the 'mental scripts' patients bring to medical encounters and novels, films, and television create public expectations of similar behaviours, attitudes, values and practices in real-life interactions with their healthcare professionals.⁶⁴

To emphasize the romantic narrative of their female leads, some authors articulated restrictive or regressive ideas about the social and professional role of women and about the image of female healthcare workers in postwar Britain. They tended to endorse the widespread cultural trope that nursing was a route to marriage for working-class women; Mills & Boon hospitals were populated by women actively seeking romance and using their clinical careers to secure a husband. In Hilda Nickson's 1962 novel, *Staff Nurses in Love*, (written under the pseudonym Hilda Pressley), the heroine's best friend Brenda says, 'For every one Florence Nightingale in nursing... there are dozens more like me who take up nursing because they think they might be able to hook a famous doctor or surgeon'.⁶⁵ According to Nickianne Moody, the doctor was the ideal for the 'class-based fantasies of social mobility in Mills and Boon novels'.⁶⁶ For many reasons, therefore, nursing was an attractive career for working and middle-class women seeking work, love, or an upward social trajectory.⁶⁷

While male medical professionals were portrayed as single-minded in their determination to succeed, women had other things on their minds. In a letter to Boon, Gilzean describes how one of her characters must come to terms with what she sees as predetermined female wants and desires: 'Anne will soon have to face realistically at last up to the fact that for a woman a medical career alone is not enough'.⁶⁸ In 1980, one book's blurb described its heroine's unmarried status in the following terms, 'Her success as a nurse is undoubted – but as a woman? Isn't she, at the age of twenty-five, in danger

of waking up to find that life has passed her by?’⁶⁹ Formal bars to the employment of married women persisted across multiple professions into the mid twentieth century. They still operated in 1966 in Scottish Local Government, and were abandoned at Barclay’s Bank only in 1962 and in the Foreign Office as late as the early 1970s.⁷⁰ As Claire Langhamer argues, in postwar Britain marriage became increasingly ‘difficult to avoid and, alongside motherhood, continued to be conceptualised as a woman’s primary “career”’.⁷¹ In *Surgeons in Love*, the heroine Madeline Keys resigns when she becomes engaged to another surgeon.

MAKING MEDICAL PROFESSIONALS

Hospitals and other healthcare environments held mystery, intrigue and emotional intensity, and were inhabited by gendered stereotypes that lent themselves well to the standard plotlines of romantic fiction. If readers were to judge the books by their covers, then they might be forgiven for assuming they contained straightforward romances replete with conventional gender stereotypes. Helen Upshall’s 1979 novel, *Surgeon, R.N.* has a demure female nurse on the front cover, with a tall, dark, and handsome surgeon stood behind her looking pensive. (Fig. 1) Similarly, *The Gentle Surgeon* (1963), by Hilda Pressley, has a cover illustration by Jack M. Faulks which depicts a young, blonde, female nurse with a dashing, dark-haired surgeon looking over her shoulder. (Fig. 2) The illustrated covers of ‘Doctor-Nurse’ romances – many of them by Faulks – almost always included young, conventionally attractive, white, heterosexual couples. However, these novels also gave authors and readers an opportunity to participate in discussions about medical and nursing professionalism, subvert standard expectations, and inform debates about the role of women in the clinical workplace. As I have argued, despite the importance of their implications for laypeople, debates over what doctors and nurses are and should be tended to take place primarily within organized medicine.⁷² In contrast, these novels offered a more public arena in which these conversations could circulate. Thus, while some novels articulated restrictive or regressive ideas about the social and professional role of women in postwar Britain and portrayed gruff, emotionally-restricted romantic heroes, many authors also subverted the stereotypical medical, nursing, and surgical identities and engaged in a process of creative re-fashioning.

For example, just as the novels constructed stereotypes and caricatures of masculinity, they also portrayed male healthcare professionals who were capable of care and compassion. This complicates claims by scholars who suggest that in these novels medicine was exclusively ‘a heroic and interventional enterprise practiced by granite-jawed young surgeons’.⁷³ Care and compassion could be presented not only as essential to the hero’s appeal as a potential lover or husband, but also as a crucial facet of their professional identity. Gilzean was well aware of the need to balance her surgical hero’s tendencies towards detachment, dispassion, even cruelty, against his

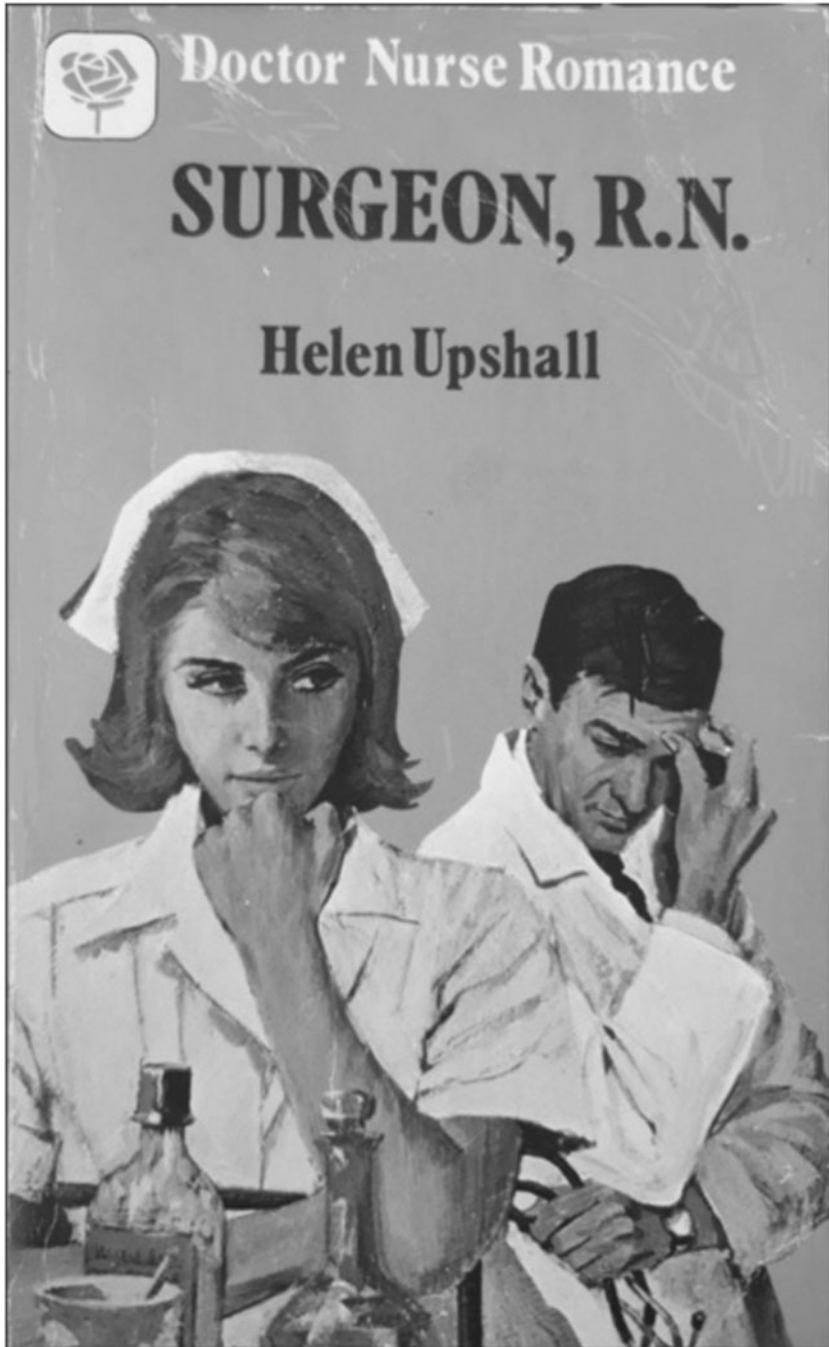


Fig. 1. Cover, Helen Upshall, *Surgeon, R. N.*, *Mills & Boon*, London, 1979. Artist not known.

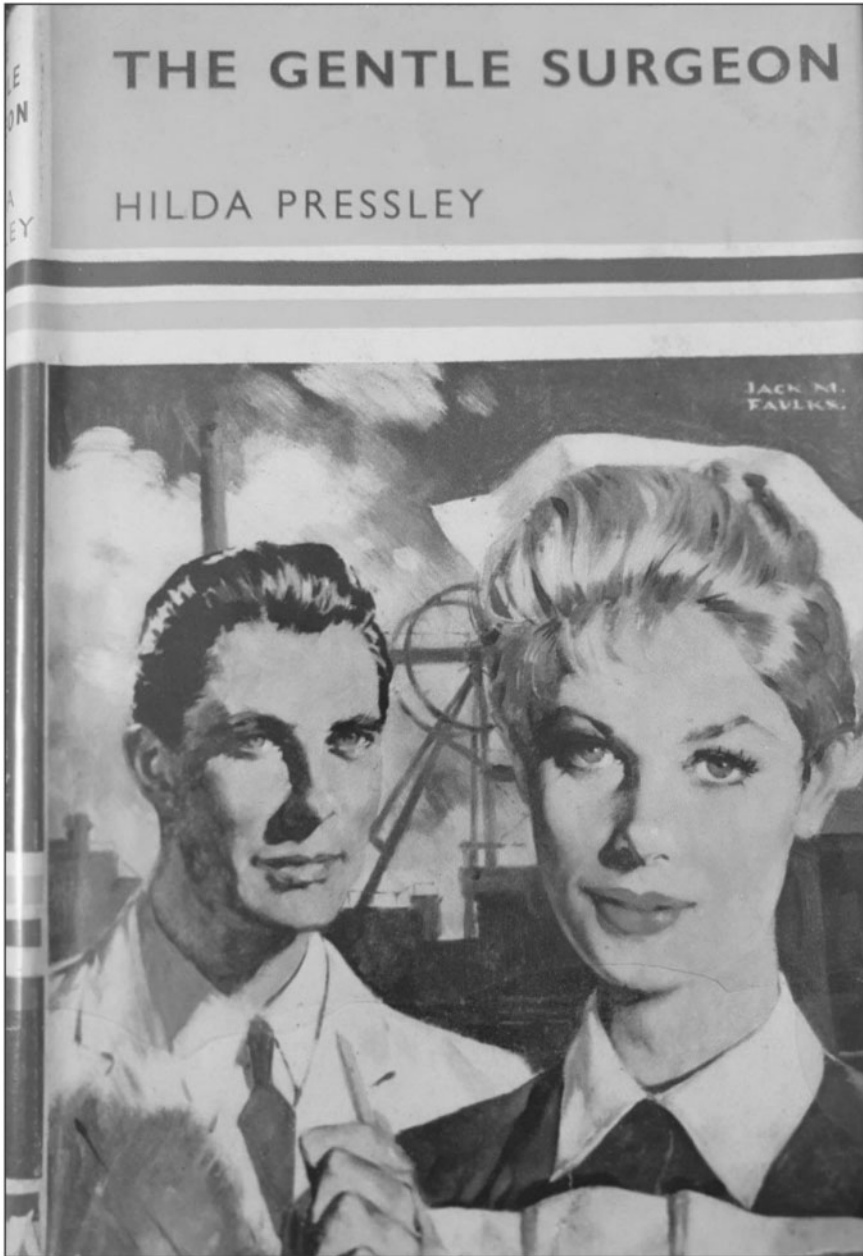


Fig. 2. Cover, Hilda Pressley, *The Gentle Surgeon*, Mills & Boon, London, 1963, Artist: Jack M. Faulks.

capacity to love and care for any future wife. She wrote to Boon in 1957 articulating this dilemma, 'I have to find that tender scene to counteract the hero's apparent brutality'.⁷⁴ Tenderness was also, however, a valued professional characteristic. In the Mills & Boon emotional landscape, the best male healthcare practitioners – including surgeons – had to be emotionally literate as well as technically brilliant. This portrayal of medical and surgical men subtly contradicted pervasive and contemporaneous professional stereotypes that represented the surgeon in particular as masculine, overconfident, and unfeeling. In contrast, the heroine of *Surgeons in Love*, Madeline Keys, described her love interest as 'a good surgeon, kind and considerate', implying that to be a 'good surgeon' you must also be 'kind and considerate'.⁷⁵ Doctor–Nurse romances did, therefore, attempt to shape people's expectations of doctors and offered an alternative portrayal of the surgeon to that presented by Sir Lancelot Spratt in the *Doctor in the House* films.

Moreover, while many of the novels abound with conventional accounts of femininity that denigrate the value of women's work and elevate love, romance, and marriage above all else, 'Doctor–Nurse' romances also presented competing visions of professional femininity and different authors had divergent perspectives on the social issues they explored. Throughout, various Mills & Boon heroines found value in work and their professional identities. Indeed, as Dixon argued, 'Mills & Boon heroines have always worked; the romances have consistently had a work-ethic for both male and female characters'.⁷⁶ Thus, while some medical Mills & Boon heroines – especially early ones – gave up their paid work for married life, many did not.⁷⁷ The novels also reflected and confirmed a professional reality for many women. For despite implicit barriers to married women's employment, in postwar Britain married women continued to work outside the home.⁷⁸ By 1951, they made up a third of nursing staff and by 1971, half of all married women of working age were in paid employment.⁷⁹ Of Mills & Boon readers thirty percent were married but also held either full-time or part-time paying jobs.

Romance fiction tried to inspire women to either return to work or remain regardless of marital status. The 'Doctor–Nurse' sub-genre also made specific interventions into the professional identities of working medical women who in Mills & Boon novels were ambitious and eager for knowledge, and found meaning in their careers and professional success. Romantic fiction frequently portrayed nurses as devoted to their jobs not just because they found intellectual value in their work, but also because it was a vocation or calling. Just like men, they could be dedicated to their work and committed to their labour. The dust jacket of Hillary Preston's *Night Sister in Love* (1959) described how the heroine was 'oddly attracted to Simon Le Feure, that taciturn physician, in whose almost single-minded devotion to his work she recognised an echo of her own dedicated outlook'.⁸⁰ Nurses were also ambitious. The heroine in Rachel Lindsay's 1954

story 'Love Unspoken' is a nurse, but as the story progresses she dreams of retraining as a physician:

But gradually she began to take more stock of the things that went on about her and looked with a curiosity, not untinged by envy, at the doctors making their rounds, faithfully followed by a group of medical students. If only she could be one of them, to listen as each patient's case was carefully diagnosed or outlined!⁸¹

She yearns for what she sees as a more robust education, and laments, 'She would willingly have forsaken any work in the wards for more comprehensive lectures than those given by the Sister Tutor'.⁸²

Female surgeons, physicians, and nurses were also consistently portrayed as highly skilled and technically excellent clinicians. In Gilzean's *No Time for Love* the heroine Noel Aston is 'tall and slender':

...[and her] quiet grey eyes... give little hint of the brilliance that has brought her through her medical exams with honours, seen her through her eighteen months of walking the hospital wards, got her past the obstacle of the Primary Examination for her F.R.C.S., and has obtained for her the coveted post in the Surgical Research Unit at St Almonds Hospital.⁸³

Madeline Keys from *Surgeons in Love* is described as a talented and devoted surgeon, 'A love of surgery was in her bones and in her blood as well as in her fingers'.⁸⁴ She is compassionate as well as technically brilliant: 'The scalpel poised, Madeline paused for a brief second... to allow the fact that the patient really was anesthetized to seep into her brain. The incision was the part of operating she liked least, and only by pausing and telling herself that the patient would feel no pain... could she begin with confidence'.⁸⁵ She is repeatedly complimented by her male colleagues. Her anaesthetist 'told her it was the neatest incision he had ever seen and that her coolness and aplomb filled him with admiration'. Her fellow surgeon, Francis Meyland, remarks on one of her operations, 'That was well done indeed'. Moreover, while she was compassionate she was also capable of appropriate levels of emotional detachment: 'Sister, we only let ourselves down when we give way to our feelings and let our emotions run away with us'.⁸⁶ Nurses were also invariably framed as talented and capable. In 'With You Beside Me' (a medical romance story serialized in *Woman's Own* in 1954) a nurse reflects wryly, 'Surgeons like to think they are the ones who get people well'.⁸⁷

Some of the novels surveyed here were written against the backdrop of the women's liberation and health movements, which sought to politicize sexuality, reproduction, and the body. From the 1960s onwards, medical Mills & Boon featured more women as surgeons and physicians, engaged explicitly with these social questions, and referred approvingly to feminism. In 1962,

Madeline Keys was ‘obviously a feminist’ and she ‘believed wholeheartedly in women and felt they had a much greater potential than they gave themselves credit for’.⁸⁸ It is possible, therefore, to read medical romance fiction and see the *characters* as the agents of restriction and conservatism, rather than the authors or editors. Mills & Boon writers were recreating realistic professional environments in which medical women were constantly doubted and undermined in the working world by male and female colleagues alike. Dixon argues that Mills & Boon fiction recognized the challenges posed to women living in a male-dominated society, and allowed readers to work through those difficulties in a way that made sense to them.⁸⁹

Medical romance heroines are frequently confronted by men who have little faith in their professional or emotional expertise. In ‘Love Unspoken’, a crotchety surgeon exclaims, ‘The trouble with women is they think they know everything. And they know nothing!’.⁹⁰ While the emotional resilience of women is repeatedly questioned by male characters in *Surgeons in Love*, Madeline robustly rebuffs any suggestion that women are inherently less fit for medical work and peaceful professional co-existence. The anaesthetist tells her, ‘From my observation women are nearly always catty towards each other and jealous as can be. It’s you yourself who’s the exception’.⁹¹ She is clear in her disagreement,

‘No, Peter, I won’t have it. I’m sure you’re wrong. That idea – that women are jealous of each other and catty towards each other, can’t work together amicably and hate working for another woman – is three-parts myth... Women are capable of great things, just as men are’.⁹²

A male surgeon in a serialized novel says about his female colleague, ‘Well don’t be surprised if she goes weepy on you. Women are women no matter what their profession!’. He is, however, proven wrong, ‘for Miss Roberts was as crisp and unemotional as ever as Lesley entered her consulting room’.⁹³

Gilzean was explicit about the frustrating part sometimes played by male characters in her novels. One of her heroines, Noel Aston, must work with Bill, who ‘makes no secret of his belief that women have no place in research’ and ‘has no use for clever women’.⁹⁴ Gilzean wrote to Boon in 1958, ‘Noel has the handicap of brains and an intelligence that matches and exceeds that of some of the male colleagues with which she works. They fall for her loveliness but are afraid of her brilliance’.⁹⁵ At the end of the novel, Noel and Bill fall in love. However, their romance does not jeopardize Noel’s career. Rather, they enter a companionate marriage of equals. Instead of ‘striving one against the other’, they ‘combine love and marriage and their jobs by doing it in partnership’.⁹⁶

The authors of these novels – for all their conventional narratives about marriage, love, and the emotional vulnerability of female professionals – were working women with their own clinical experiences, whose romantic

and marital lives often followed unconventional trajectories.⁹⁷ Gilzean, following her husband's death, was a single parent to two children, returned to work as a nurse, and remarried later in life. Vivian Mann married four times and bore five children to three different men. They were also freelance authors who depended on their writing for income. Much of the correspondence in the archive is devoted to requests for payment, submissions of invoices, and discussions about royalties owed. Written by women with complex and unconventional personal and professional lives, it is hardly surprising that medical Mills & Boon novels articulate the value of women's work and call for female health professionals to be taken seriously. Gilzean wrote to her copyeditor in 1958 asking for her latest book to be dedicated 'To all Women Surgeons'.⁹⁸

Indeed, the correspondence between writers and editors provides further evidence that the authors valued their own medical or nursing professional identities and used accuracy and authenticity in their writing to evidence their professional qualifications. In 1955, Stuart wrote a stern letter to Boon:

The medical details are all carefully checked... Please could you warn him tactfully that, whatever he cuts, I should be grateful if he would NOT cut or alter medical terms as I've gone to a hell of a lot of trouble to fit them in so that (a) a lay-woman will understand them and (b) a professional woman will know that I know what I'm talking about. And I shall be overwhelmed with critical letters from nurses and doctors who read the story if these bits are cut or altered.⁹⁹

Stuart was here performing her professional identity and authenticity to two imagined readerships. She wanted her writing to be accessible for some, but still familiar to others. Thus, women's work and professional identities were key themes in medical Mills & Boon romances – themes that were borne out in both the writing process and the final published product.

ROMANCE AND REFORMING THE NHS

The hospital setting also provided an opportunity for authors and publishers to express opinions about medicine and advocate change in the health service. The history of the Doctor–Nurse romance is intertwined with that of the NHS and Mills & Boon's editorial policy was designed to shape its readers' perceptions of, and attitudes towards, the health service and its employees.¹⁰⁰ Editors maintained a positive portrayal of the NHS and insisted that their main characters uphold the highest standards of the healing professions.¹⁰¹ Authors and publishers supported the health service in two key ways: they emphasized the benevolent, devoted, and respectable conduct of its staff – and insisted upon the technically advanced nature of its interventions and institutions.

Authors and publishers alike believed that readers took what they read seriously and could be informed, swayed, and provoked by romantic fiction.

This power could have negative consequences. In 1957 Gilzean cautioned Boon about the contents of another prospective romance, *Come Hither, Nurse*: ‘The only line I didn’t like was the one where her mental patients hated the electric shock treatment. This is only partly true and could have an unfortunate effect at a time when we are trying to persuade such patients to attend as out-patients’.¹⁰² In 1960, Gilzean proposed a novel in which the heroine dies from cancer but is never told her diagnosis. She got the idea from Arthur Hailey’s 1959 novel, *The Final Diagnosis*, and thought the ethical dilemma of whether healthcare professionals should inform patients of terminal prognoses well suited to the romance genre. This was, indeed, a live debate among surgeons and physicians in the 1950s and 1960s who were reconsidering questions about patient autonomy and professional paternalism. Gilzean’s publishers were not so certain that this question would make for thrilling escapism. Their concerns did, however, acknowledge the powerful influence romance fiction could exert on the attitudes and behaviours of readers. The editor of *Woman’s Day* ‘felt that the idea might give anxieties to many patients in hospital’.¹⁰³

In 1950s medical romance fiction hospital staff were idealized. In a letter from Gilzean to Boon in 1958 she wrote, ‘At least I now know that... any villain or “bitchy” character must be outside the nursing or medical profession’.¹⁰⁴ That same year, Mr Davidson, managing editor of a women’s magazine, agreed. He rejected one of Gilzean’s stories for serialization by arguing: ‘I have a theory that fiction must never disturb the faith and trust a woman feels for doctors and/or nurses’.¹⁰⁵ He implied that romance had the capacity to undo readers’ devotion to the health service and that authors must endeavour to do the opposite – to inculcate belief in the value of medicine and the positive moral character of healthcare professionals. Boon, in a letter to Marjorie Coburn, quoted some advice from one of the in-house editors about her new novel: ‘I should suggest that the author made the two girls step-sisters and that the younger one was really leaving the hospital because of her step-sister’s bossiness – not because she dislikes hospital life. I don’t think readers would find a heroine who so disliked hospitals sympathetic’.¹⁰⁶ Fictional healthcare professionals must always be devoted to their work, lest readers imagine that real doctors and nurses might not be so committed. Mills & Boon authors, therefore, were expected to uphold not just an emotional commitment to the health service, but an ideological one as well. This suggests that romantic fiction was part of the process by which the NHS became a new patriotic institution – an element of the welfare state beyond reproach.

Indeed, the technical detail included in the novels was used as a tool to convince readers of the advanced nature of British medicine and the modern healthcare it provided. In Marguerite Lees’s 1955 novel, *A Case for Nurse Clare*, the heroine is delighted with her hospital’s sterilizing unit:

The steriliser was combined with a wash-basin and towel-rail, with foot pedals to operate the taps and the steriliser-lid, all wondrously done in

stainless steel and dove-grey enamel. Kathie couldn't keep a quiver of pride out of her voice. 'It's the very latest.'¹⁰⁷

Gilzean consistently expressed interest in the latest medical research and saw a range of possibilities for potential romantic storylines,

I went to see Birmingham's 'mechanical heart' from the Queen Elizabeth Hospital's Surgical Unit which was on exhibition at the Midland Institute. Sometime I would like to write a novel covering all the work and the heartbreak and the wonderful thrill that accompanies success in a surgical research unit.¹⁰⁸

Evidently interested in providing accurate accounts of modern medicine, Gilzean's trip to see the 'mechanical heart' demonstrated her efforts to present the latest scientific discoveries and advances in healthcare to her readers and engage them in her enthusiasm for medical research.

While it may be that the medical romances published in the 1950s served as 'unqualified endorsements' of the NHS, by the 1960s and 1970s, authors were covering new ground and working in dialogue with developments in the welfare state.¹⁰⁹ Not all those developments were changes for the better. In her 1962 novel, *Kate of Outpatients*, Gilzean claimed, 'all too often an Outpatients Department is a target for much well-founded criticism. The appointment system is in chaos, busy nurses and doctors have too little time to treat patients with the consideration they need'.¹¹⁰ However, rather than just critiquing this chaos, Gilzean and her heroine, Kate, were keen to improve the system. Throughout the novel, Kate makes recommendations demonstrating Gilzean's commitment to health-service reform and to the romantic fiction genre as a conduit for change. For example, she recommends halving the list of patients seen in clinic 'in order to give them proper attention'. This policy proves successful: patients in the novel reappeared 'far less frequently than the ones who are rushed through too efficiently'.¹¹¹ Similarly, in a 1962 letter to Alan W. Boon, Hilda Nickson promoted her most recent novel, *Staff Nurses in Love*, arguing that 'the book deals a good bit with the current question of hospital routine. You may remember the recent report "The Pattern of the In-Patient's Day" complaining about waking patients up at 5am etc.'.¹¹² Like Gilzean, Nickson was alert to 'current questions' about healthcare circulating in the public sphere and wanted her novel to be of relevance and interest to informed and engaged readers.

In a letter to Boon on 5 December 1957, Gilzean proposed a novel that would be explicitly designed to shift her readers' views on mental health care. She took this novel very seriously – it was the one that she researched by touring British mental hospitals. In *The Troubled Heart* (1959) she recommended the 'open ward system' in mental health hospitals, where doors were kept unlocked and patients were free to come and go as they pleased: 'The medical superintendent is new and very keen on the open ward system and

clashes with older men on the staff'. Gilzean tells Boon that there will be 'strong emphasis on the preventive aspect and mention of the eventual hope that thousands of patients can receive adequate treatment from their G.P.s before they are ever bad enough to require mental hospital care'. She reflected on the potential reach of her 'campaign' and suggested that, 'it might well be a hit because the number of families in this country who either have a relative or a close friend undergoing treatment is colossal'. She dedicated the book 'To all those troubled in mind and especially to their families' and heralded the designation of 1960 as 'World Mental Health Year'.¹¹³

Once published, the novel's reception was ambivalent. Boon wrote to Gilzean in 1959 to say that the deputy head of script services at ITV was unsure about the book's suitability for television, 'the feeling there is **THE TROUBLED HEART** as it stands is not right for them'. Boon, however, defended the novel in his letters both to Gilzean herself and to other editors and peer reviewers employed by Mills & Boon (all novels went through two rounds of peer review before being published by the company). To do so, he referenced the 1959 Mental Health Act, which abolished the distinction between psychiatric and other types of hospitals. The Act also deinstitutionalized mental health patients and moved towards treatment by community care. He wrote:

You will remember that the attitude we put to them, was that mental illness is not a social disgrace and is something that could happen to any of us. This of course is the attitude which the new Act is underlining, and I thought myself that you had stressed this pretty thoroughly in **THE TROUBLED HEART**.¹¹⁴

Gilzean styled herself and her writing as progressive and as promoting societal change. With wry irony, she put herself in the company of 'Charles Dickens, Warwick Deeping, John Steinbeck, Frank Slaughter, and a few others who have striven through fictionalised documentaries to oil the wheels of progress a little!'¹¹⁵

Gilzean was one of the most vocal of Mills & Boon's mid-century authors about the reforming potential of her books, but she was not alone in engaging with contemporary social issues or considering the effects of her writing on her readers and their interactions with the welfare state. In 1955, Alan Moncrieff from the Home Office Children's Department wrote a letter to the editor of *Woman's Weekly*, which had recently serialized a Mills & Boon novel by Marguerite Lees:

As the training of child care officers is one of the matters coming within the purview of the Council, they have asked me to let you know of their interest in the serial and to express to you and to the author their appreciation of the accuracy of detail in regard to the work of a child care officer as illustrated in this story. They also appreciate the writer's

sympathetic understanding of the need for good foster homes for children who are in public care.¹¹⁶

Some editors and authors took a more paternalistic approach. In 1972, Mills & Boon copyeditor Patricia Cowley wrote to writer Betty Meijer explaining that she had reduced the number of a heroine's children from four to two because 'I am one of the growing number of people who are desperately worried about over-population'. She believed that 'Mills & Boon are in a unique position in that there is something we can do about it. We know that our readers pay great attention to what they read in our novels, and identify very much with the attitudes expressed by our authors through their characters – especially the heroines'. She thought the suggestion 'that every nice girl ought to want as large a family as possible' was 'as irresponsible as suggesting that there's no harm in soft drugs'.¹¹⁷ Meijer replied in agreement, 'The population explosion is a serious matter and I agree with you that Mills and Boon books are so widely read that they must to some extent influence their readers'.¹¹⁸

CONCLUSION

This article has argued that Mills & Boon writers and editors wanted to create authentic portrayals of love and romance, authentic portrayals of healthcare and its professionals, and authentic portrayals of women and their work. They crafted emotionally rich worlds where women found meaning in both romantic relationships and their jobs, and attended to the blurred lines between personal and professional lives. They tried to represent authentic, if not always realistic, visions of women's experiences and in doing so, worked to shape their readers' perceptions of love, work, the hospital, and medical care in postwar Britain. The novels had a very large readership and offered an alternative and unexpected medium through which women could engage with questions about gender roles, women's work, and state intervention into people's lives.

Rather than presenting static or conservative visions of British society and culture, medical romance fiction offered up a range of alternative narratives of meaningful life, love, and work. They did so deliberately, partly to cultivate a set of attitudes about continuing employment after marriage and the positive influence of the health service on people's lives; and partly because Mills & Boon were commercially savvy and rightly presumed that such narratives would chime with readers' experiences and prompt women to buy their books. The archive is full of letters from women asserting their claims towards professional clinical status. Authors cared about how their former or current co-professionals might perceive them, their work, and their knowledge. Nickson wanted her novels brought to the attention of nurses and wondered whether Mills & Boon ever sent review copies to either the *Nursing Mirror* or *Nursing Times*. She thought that her most recent

book, *World of Nurse M*, might be ‘of particular interest to the nursing papers and their readers’.¹¹⁹

The history of the Doctor–Nurse romance is intertwined with that of the NHS and Mills & Boon’s editorial policy was designed to shape its readers’ perceptions of, and attitudes towards, the health service and its employees.¹²⁰ If in the 1950s the hospital staff in ‘Doctor–Nurse’ novels were unimpeachable heroes and heroines, and the hospitals in which they worked were modern, idealized institutions, by the 1960s and 70s the books offered authors and publishers opportunities to advocate for change in the health service. Writers saw themselves as able to alter readers’ attitudes towards healthcare and support some of the progressive elements of British medical practice. The obvious exception here is the race and ethnicity of the hospital workforce. The fictional doctors and nurses of mid-century Mills & Boon novels were always white and their heroines were always British. This did not align with the reality of the early NHS which was increasingly diverse and staffed by men and women from British colonies and the Commonwealth. For all their insistence on ‘authenticity’, the portrayal of hospitals in the medical romance fiction of the 1950s, 60s and 70s was deliberately inaccurate, and probably contributed to the cultural memory of this very British institution in which nostalgic images prevail of white matrons in their 1950s uniforms.

These novels did, however, provide a rare chance for lay engagement with the functioning of the National Health Service and a rare opportunity for ‘ordinary’ workers to comment on its professional identities, demands, and daily practices.¹²¹ The novels and the letters written by their authors and editors demonstrate their investment in the future of the health service and their commitment to refashioning the welfare state. Since the publication of the first ‘Doctor–Nurse’ romances, the NHS has become deeply embedded in the British psyche and is a powerful symbol of national good. During the 2020 novel coronavirus pandemic, British people – from across the political spectrum – went into the streets every Thursday evening to applaud the NHS and its workforce. This relationship between a population and its health service is a historical phenomenon – and one that has been made and maintained. Mills & Boon, its authors and editors, tried to cultivate attachment to the NHS amongst its many millions of readers, and if the current political climate is anything to go by, they were successful.

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