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Matron Knows Best

Written by Joan Woodcock

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Matron Knows Best

The true story of a 1960s NHS nurse

JOAN WOODCOCK

headline
review

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1

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Introduction

This book is a true recollection of events since my first day as a naïve sixteen-year-old standing nervously outside Matron's office at Blackburn Royal Infirmary in September 1966. It recalls the struggles and fears of coping not only with the fierce expectations of Matron and the senior nursing staff, but also the battle to deal with the unfamiliar sights and sounds of hospital life in the raw. The memories span forty-one vastly interesting and enjoyable years spent working in numerous busy wards and casualty departments, as well as working in the community as a practice nurse and a Marie Curie nurse. They include two years looking after the inmates of an all-male prison and ending my career working for Lancashire Police in an acute unit dealing with cases of sexual assault. Some sad memories are interspersed with many amusing ones, but my main reason for writing this book was to highlight the very high standards of patient care demanded under the now-defunct, old-fashioned matron system. During my working life there have been undreamed of advances in medical science, but I remain intensely proud of the training I received all those years ago and the obligation which was instilled in me to maintain the highest levels of professionalism when caring for my patients.

My stories are as accurate as memory will allow. All patient names have been changed to protect confidentiality, although a number of staff names have been included as a mark of my respect for their outstanding ability and professional qualities.

Chapter 1

It was September 1966 when I found myself standing outside Matron's office at Blackburn Royal Infirmary (BRI) with about twenty other girls, all sixteen or seventeen years of age, anxious and giggling nervously, waiting to start our first day as cadet nurses. This had been my sole ambition since having my tonsils removed at the age of four. The nurses who had looked after me had been so kind and caring that they had held a complete fascination for me from then on. By the time I was sixteen I couldn't wait to start work at the hospital. I had been interviewed by Matron some eight weeks earlier and she had asked why I wanted to become a nurse. She carefully noted my answer, and occasionally nodded and smiled encouragingly as the short interview proceeded. I was then directed to a room down the corridor to take both a maths and an English test. On their completion, I was informed that I would receive a letter in due course advising me whether I had been accepted. Two weeks later I received the confirmation that I had indeed been successful and should attend my induction at the end of summer. A list of essential items which I was expected to provide and bring with me on my first day was included with the letter and consisted of: a navy blue cardigan, flat black

shoes, a fob watch, a pen, a small torch and a pair of round-ended scissors. I was elated; terrified but elated. Flippin' 'eck, I was going to be a real nurse!

How hard could it be, though? I could see little problem in holding the hands of a few sickly people and mopping an occasional brow. Yes – I was definitely going to be a great nurse, second only to Miss Nightingale herself! Matron had seemed reasonably friendly during my interview, quite human really. Mind you, I wasn't enamoured with the navy blue Crimplene uniform she wore, though I quite fancied the crispy, little, white ensemble propped on top of her head. Mmm, when I become matron the Crimplene would have to go, but the hat would definitely stay!

I remember the butterflies in my stomach as I stood with the other girls outside the office. My heart was pounding and my mouth was so dry that my lips stuck to my teeth. Looking around it was comforting to see that I wasn't the only nervous person there. Indeed, one girl who had short, bright red hair was looking decidedly iffy.

It was 9.15am and everyone was getting restless as we waited for something to happen. The hospital was already a hive of activity, though, with people rushing around like headless chickens: porters pushing trolleys and wheelchairs with nurses accompanying them; office staff dashing to and fro with files and case notes; doctors striding along purposefully with stethoscopes dangling around their necks; and members of the public milling around, obviously lost, carefully scrutinising the numerous overhead signs. Suddenly I saw, bearing down on us at high speed, a very thin, sour-faced woman in a dark green uniform and white frilly cap carrying an armful of files,

looking particularly fierce and extremely agitated. She scowled at us and barked an order to wait in silence as she knocked on Matron's door and hurried inside. Seconds later she came back out and demanded instant attention.

'Listen carefully and answer your names when called.'

She read out all the names on her list and appeared satisfied that we were all present and correct. I couldn't help thinking how pinched and miserable she looked, not at all welcoming. It beggared belief that this woman could be a member of the caring profession. I swear she could have turned milk sour with a single glance. We were ordered to line up in twos and follow her. It took a minute or so for everyone to organise themselves and then we were off down the corridor, marching like soldiers behind a Regimental Sergeant Major.

One or two brave souls mimicked the nurse and only just avoided getting caught when she unexpectedly turned around to demand complete silence. There was some muffled tittering in the ranks but another smouldering look quickly quelled the indiscipline. When we reached the end of the corridor we were led down a wide, tiled stairwell that led to the nurses' quarters (lovingly referred to by the doctors as 'The Virgins' Retreat'). The whole area was tiled in drab green, brown and white and looked not unlike a public convenience. Eventually we were ushered into a cold, dark basement, which was to be our changing room for the next two years. The only objects in the room were dozens of lockers and several very large cardboard boxes. Some of the lockers were already occupied and displayed stickers with names on, while others had keys hanging from their locks awaiting new owners. The nurse in green (who was soon identified as Miss Hanlon, one of Matron's assistants)

proceeded to open the cardboard boxes, which were full of freshly laundered but obviously pre-owned mauve uniforms. Gathering us around, she made it very clear that it was strictly forbidden (apparently on pain of death) for any cadet to go out of the hospital grounds wearing their uniform. She then called out our names once again and, on being summoned, we stepped forward. Eyeing us up and down, she rummaged in the boxes and threw four uniforms at each new recruit. Never once did I hear her ask anyone their size; and I don't think she really cared. When it came to my turn she threw me two size 14s and two size 18s; the fact that I was a size 12 seemed to be quite irrelevant to her. She then left the room, giving us ten minutes to find ourselves a locker, change into uniform, put on our cardigans and work shoes and be ready for her inspection.

There was an immediate scrum to find a vacant locker. Civvies were discarded and everyone hurriedly changed into uniform. One or two cadets exchanged their ill-fitting dresses with each other. There was a lot of laughter, although I was more than a little put out because most of the girls were shorter than my five feet ten and no one was willing to swap with me – I looked like an advert for Oxfam or an escapee from an institution. In point of fact, we must have been a sorry sight but there was nothing we could do about it. Miss Hanlon came back precisely ten minutes later and we lined up for inspection. Anyone who had the audacity to complain was sent to the sewing room with a note saying that their uniform had to be lengthened; no matter that it was already touching the floor. This was the punishment for making waves. I made a mental note to avoid this woman at all costs.

The inspection didn't go well. Two girls had forgotten to

bring black shoes and two others had shoes that weren't flat. They were warned, in no uncertain terms, to bring the correct footwear the next day or be sent home. Our cardigans also created problems; one cadet had brought a black one, and another girl paraded a beige, hand-knitted creation. Miss Hanlon tut-tutted and sighed in irritation; it was navy blue or nothing. Hair had to be off the collar, no wispy bits were allowed, no shiny slides and only navy blue hair ribbons were permitted. Make-up was definitely out of the question and anyone found wearing eye shadow, eyeliner, lipstick or nail varnish had to remove it immediately. A plain wedding ring would be the only jewellery allowed and a fob watch the only timepiece permitted. Anyone not obeying these basic rules would be reprimanded and sent to Matron. I was beginning to wonder if I had strayed into an army barracks instead of a hospital but, as we all were in those days, I had been brought up to respect my elders and accept instructions without argument, whether I agreed or not, so I held my tongue. With uniform inspection over, Miss Hanlon ordered us to line up in twos once again. We were to have a medical.

Our letters of confirmation hadn't mentioned this at all, but we lined up as instructed and were again ordered to follow our new RSM in silence as she led us further down another long, lonely corridor into the bowels of the nurses' quarters. We were shown into a cold, musty room that, apart from six large upright wooden chairs along one wall, was completely empty. A door at the far end led to a block of toilets and opposite these was the room where we were to have our medical. We were abruptly instructed to strip down to our bra and knickers and provide a urine specimen in the containers which were handed

out. I was mortified. Did this woman not realise that, apart from my family doctor, no one had ever seen me undressed before? If I had known in advance I would have asked Mum to buy me some new underwear, instead of having to stand there feeling very embarrassed in tatty school knickers and a greying M&S bra. Holding a container of wee and trying to cover up at the same time was no easy task. We weren't even allowed the luxury of a gown to hide our blushes. But at least I could see I wasn't the only one wearing school drawers.

When it was my turn, Miss Hanlon shouted my name and I made my way into the medical room. She took my specimen, handling it as though it was an explosive device, and dipped a multicoloured strip from a bottle into the urine, checked it against a chart and wrote something in a file. Not a word was spoken. I had to be weighed and measured before I clambered on to the examination couch – a huge, dark brown leather bed, which necessitated standing on a footstool in order to reach it. How all the shorter girls managed the climb I could only imagine. The head end of the couch tilted forward like a deck-chair, the bedcover was a rough paper sheet and there was no blanket or pillow. I felt exposed and vulnerable. An elderly, white-haired doctor was sitting at a desk near my feet still scribbling notes on the previous victim. He didn't look up or speak until he had finished writing, but eventually came over to me with a friendly smile on his face. He seemed perfectly amiable and down to earth; until he asked if I had ever been pregnant! I felt myself blushing to the roots of my hair and couldn't speak. I simply shook my head. (Periods, pregnancy and boys were never discussed in our house. I even remember Dad switching off wildlife programmes on the telly, especially if

there was a risk of seeing naked people or copulating animals.) He then asked me when my last period was. The man was obsessed; it was all he seemed to be concerned about. And I felt myself getting hotter by the minute. Having acknowledged my answers he listened to my heart, checked my blood pressure, prodded my stomach, looked into my eyes and my ears and then bawled, 'Right, off you go.' I couldn't get out of there fast enough. Damn cheek of the man! Several remaining cadets had yet to be seen but those who had already been examined were allowed to go for coffee in an adjacent room, where some of the girls were muttering and complaining. One or two had been told off for being overweight and those cadets who smoked were positively glowered at and had 'SMOKER' emblazoned in large red letters across the top of their notes. (Quite funny really, as I was sure that I saw a pipe and an ashtray on the doctor's desk and he wasn't exactly sylph-like either!)

After everyone had been tapped, poked, pummelled and insulted, Miss Hanlon offered us a tour of the hospital. This was to be followed by lunch and then we were to find out our work placements.

Our first port of call was the pathology laboratory. This department was situated on the ground floor just around the corner from Matron's office. Now dressed in our tasteful mauve uniforms and feeling very excited and proud of ourselves, we followed Miss Hanlon into the laboratory. Passing through the double swing doors we came across a solitary domestic, heavily laden with mops, buckets and all manner of cleaning materials. She was totally engaged in the scrubbing and polishing of an already spotlessly clean corridor and was less than pleased when she realised we were all about to venture on to her newly

mopped floor. She had dutifully put out a sign warning people about the wet surface but, when she saw all of us bearing down on her, she grudgingly pointed at her sign and barked at us to be careful where we walked. Miss Hanlon sniffed haughtily and completely ignored her, before proceeding through a narrow door marked 'Reception Office'. All patients attending the laboratory for an appointment (whether it was to have a blood sample taken or to go to a specialised clinic) had to book in at the reception window before being shown through to where they had to wait. Similarly, permission had to be sought before we could enter the department. After a quick telephone call made by the office receptionist, a tall, thin, middle-aged lady dressed in a white coat appeared from down the corridor and introduced herself as the supervisor who had been designated to show us around.

Starting at the end of the corridor, the first room we entered was Bacteriology. We all shuffled en masse into this untidy-looking section of the laboratory and were instantly transfixed at the scene that greeted us: men and women in surgical masks, white coats and surgical gloves were surrounded by dozens of samples of sputum, urine, stools, blood and heaven knows what else. Individual plastic containers were being examined, dipped into and their contents spread on to small glass culture dishes, which were then placed in incubators to see if they grew any of the myriad types of germs that could be causing a particular patient's ill health. The process could sometimes take several days to complete; during which each specimen was meticulously and regularly checked by laboratory staff to see if any organisms had begun to grow. If so, a sample was taken and placed under a microscope which would then hopefully identify the culprit,

after which an appropriate antibiotic could be recommended to the doctor who was responsible for that patient.

We were allowed to look down a number of microscopes while a laboratory technician explained in detail what each specimen showed and what symptoms a patient would be likely to present with, if they were unlucky enough to catch one of them. I have to say that they all looked very similar to me, but the technician assured us that some were bacteria or fungi, which needed treating with antibiotics or antifungal medication, others were viruses, for which no amount of antibiotics would be of any value because they went through pre-defined stages and caused unpleasant symptoms but once they had run their natural course would disappear and the patient would recover naturally. It was simply fascinating, but the one thing that was stomach churning was the smell: a mixture of disinfectant, cleaning materials, open specimen containers and the general heat within the department all seemed to mingle together to result in a nauseating stink. It was no wonder they had to wear masks. As well as protecting the wearer from germs, perfume sprayed inside the mask made the job a little more bearable. Air fresheners were in evidence on a number of window ledges but were virtually ineffective and, before too long, a number of cadets were pinching their noses and groaning in discomfort. How anyone in their right mind could work in there was beyond my comprehension.

In the next part of the laboratory designated Histology, there were seemingly endless shelves laden with different-sized jars filled with formaldehyde (a preservative of formic acid), each containing a different organ of the body. We were shown an appendix (which we were assured had been removed from a

patient that very morning), together with a cancerous lung, which could only be described as gruesome and came with a stern lecture from Miss Hanlon to all the smokers present. There were stomachs and diseased wombs and a wide variety of other organs, some of which had been there for many years and were now used solely for teaching purposes.

One specimen that caught my eye was a jar containing an aborted foetus. I was fascinated to see the tiny arms, legs and face, all in the early stages of development. It made me feel quite humble knowing that I could have been in that jar. My sister had been born two years earlier than me and Mum had endured a very difficult pregnancy due to an underlying heart condition and had spent many weeks on hospital bed rest prior to the birth. She had been warned by her doctors at the time never to have any more children as there was a high risk of mortality for both her and any subsequent baby. However, two years later Mum had an unplanned pregnancy and she was strongly advised to terminate as soon as possible. She refused and thankfully the pregnancy went well before I emerged fit and healthy.

One of the other cadets called Kathleen had to choke back tears when she saw the foetus because she found the reality of abortion so difficult to come to terms with. There was a reflective silence within the group, but we realised that inevitably we were going to come across such sights time and time again. We all needed to deal with it as best we could and not make judgements, although it certainly affected Anne as well (the redhead who had looked uncomfortable outside Matron's office), who had turned white as a sheet and almost fainted. A chair appeared as if by magic and her head was

unceremoniously pushed between her knees. There were nervous giggles from one or two of the other girls but Anne looked pretty ghastly. Without further ado we were told to continue with the tour and leave our fellow cadet to recover. Much later Anne was to confide in me that she had absolutely no wish or vocation to train as a nurse, but it was a tradition in her family dating back several generations that all first-born daughters become nurses and, like them, she was expected to continue this unreasonable expectation regardless of her own wishes. I wondered how on earth she would ever cope.

The last area we were allowed to see within the laboratory before moving on was Haematology. This was a department in itself and, apparently, was always chaotically busy. Every out-patient and in-patient's blood was dealt with here, whether it was for routine checks or for emergency transfusions. Specialised clinics were also held within Haematology to monitor people who had cardiac problems and were being treated with anti-coagulants (anti-blood-clotting tablets), or for people suffering with a variety of blood-borne cancers such as leukaemia, who were on chemotherapy and needed to be monitored regularly. The consultant haematologist would see literally dozens of people at every clinic at any one time, his work was frantically busy and, as we walked around the area, patients were already gathering at the receptionist's window waving their appointment cards in the air anxious to be seen promptly (it was a first-come, first-served basis). Considering how busy the department was, the haematology staff were very patient with us, trying their best to answer our questions without hurrying us, but it was soon very evident from the volume of grumbles coming from the growing number of waiting patients

that the natives were getting restless. Miss Hanlon felt it better that we moved on.

After leaving the laboratory, she advised us that she was going to show us two very different wards. The first was situated in the old part of the hospital, which had wards laid out in the traditional Nightingale fashion, and the second was in the newly built modern wing. To get to the old wing we came out of the laboratory on to the main corridor, heading back in the direction of the nurses' quarters, and turned to climb a wide, poorly lit flight of stairs on the left which brought us out on to the top corridor. Some cadets, already out of breath at the effort of climbing the stairs, stood mesmerised looking both right and left, awestruck at the sheer length of the corridor, which seemed to stretch for miles. Even though the whole area was obviously old and was decorated in the most miserable, drab colours, it was sparklingly clean, thanks to a team of domestics in their blue check overalls who were still in the process of mopping floors and washing down the old flaky paintwork, clearly proud of their efforts. In 1966 these workers were employed directly by the hospital to clean their own specific areas on a daily basis and, for many of them, it was a matter of pride that high standards were maintained. But they also knew that if anything was not up-to-scratch, Matron would be on to them like a ton of bricks.

Miss Hanlon urged us along and, as we neared the ward, a large cage-like lift to our right rattled and squeaked to a halt. Two porters in long grey coats emerged; both were pushing heavy trolleys bearing large, black-and-white metal cylinders that Miss Hanlon informed us contained oxygen. The sisters on the old wards had to request these cumbersome monstrosities

as and when they were needed, and they were then brought up from the basement and transported directly to the patient's bedside.

As we reached the end of the corridor it opened out into an atrium with a large central well in the floor, surrounded by an ornate metal and highly polished wooden railing, which fell some thirty feet to ground level where the surface was a beautiful and intricate mosaic tiled pattern. The whole area was wonderfully light due to large, stained-glass windows and a glass roof. The effect was stunning and the workmanship breathtaking. Two wards led off this atrium and we were shown into what we were told was a female medical ward.

The ward itself was spacious, light and airy, and metal-framed beds lined three sides of the ward with a large wooden writing desk in the centre. We were advised that this desk was for the nurses to write their patients' reports on, and was especially useful at night as the night nurses could see at a glance if any patient needed their help.

The ward sister, a tall slim redhead, quickly came over to greet us. She acknowledged Miss Hanlon with a smile and within seconds was taking us around the ward, introducing us to her patients and the nurses who were caring for them, giving us a short talk about the type of patients who were on her ward. They tended to be coronaries, asthmatics and chest patients, together with a diverse range of other medical conditions such as diabetes and anaemia. She spoke to us in simple terms so we could all understand but without being the least bit patronising, and it was evident that she was very proud of her ward and her staff.

The whole ward was immaculate and there was a military

precision to the way the beds were in complete alignment but, most importantly of all, the patients were smiling, comfortable and appeared content. The porters we had seen a few minutes earlier were now busy exchanging the empty oxygen cylinders for full ones and were making quite a din as they successfully attempted to unscrew a sticking valve that needed loosening in order to release the oxygen. A nurse immediately went to the patient's bedside and transferred the mask and tubing from the empty to the full cylinder and the flow was switched on with a distinctive whoosh. Once it was established that the exchange was satisfactory, the two porters apologised for the noise and trundled away with the now-empty cylinders, puffing and panting from the struggle.

Some patients had curtains around their beds and were being washed, changed and made comfortable; others were being helped to the dayroom (a small, comfortable room situated within the ward itself on the left-hand side as you entered). There was a large television for them to watch or an assortment of newspapers and out-of-date magazines to read. It was chaotically busy but seemed to run like clockwork. The thing that struck me most was the way the nurses were scurrying around doing umpteen jobs at the same time, while still managing to remain quiet, friendly and efficient. One nurse was responsible for taking temperatures, blood pressures and pulses, which she recorded on charts hanging from the foot of each bed, while two others were giving out medicines from a large trolley, making sure that each patient had actually swallowed them before moving on to the next. The ward cadet, who we recognised by her mauve uniform, was pushing a trolley around collecting water jugs and glasses, in order to wash and replace

them, as well as taking the flower vases that needed water changing. An auxiliary (nursing assistant) was helping one of the nurses behind a curtain and kept popping in and out for one thing or another. All in all I was very impressed and couldn't wait to start doing it all myself.

The thing that did confuse some of us was the number of different uniforms that the staff wore. One cadet plucked up the courage to ask the ward sister if she could explain why there were so many different types. Sister smiled and agreed that it did take some getting used to at first, but she was happy to describe the hierarchy of the nursing structure within the hospital for us. Matron was the senior nurse in every hospital, responsible for all nursing and domestic staff, patient care, general standards and the efficient running of all wards and departments. Usually career nurses, their entire lives were devoted to the care and interests of their staff and patients. Matron's uniform varied from hospital to hospital according to preference, but our own matron wore a long-sleeved, below-the-knee navy blue dress that sported a particularly frilly white broderie anglaise starched collar and matching cap. She had a deputy matron who wore dark green and who deputised for her when she was absent.

On every ward and in many of the departments, there were two sisters, one senior and one junior; both wore identical navy blue dresses with starched aprons, caps and cuffs. Staff nurses came next in the pecking order, the number depending on the size of the ward or the type of department but usually there were two of them and they wore royal blue. The staff nurses were expected to deputise for sister if she was absent on holiday or off the ward for whatever reason, and they were also

responsible for helping to train and support students and pupil nurses who were working on their ward.

In the 1960s, hospitals used an apprenticeship system for training nurses. The trainees attended lectures part-time and worked on the wards the remainder of the time. There were two types of training available; one was a reduced training that lasted only two years and enabled the nurse to attain the State Enrolled Nurse (SEN) qualification. During training these nurses were regarded as pupils rather than students and wore green-and-white striped uniforms with a plain white cap in their first year and a white cap with a green stripe across the front in their second year. This was for identity purposes only, so that other medical or nursing staff could tell at a glance what level of education they had reached. Once they had qualified they wore dark green and were addressed simply as nurse.

Student nurses, on the other hand, completed a three-year course and were expected to pass both theoretical and a series of hands-on practical assessments, as well as a practical examination set by the General Nursing Council, before qualifying as a State Registered Nurse (SRN) and being appointed to a staff nurse post. Promotion beyond the post of staff nurse was not generally open to anyone without the SRN qualification. All students, regardless of their year, wore sky blue and (like the pupils) their caps denoted their level of training. A first-year student wore a plain white cap, a second-year student had a tiny blue squiggle across their cap and the third years had a broad blue band across theirs.

And then there were the auxiliaries. Their job was to help the nurses wherever they were needed, whether it was making beds or helping to give bed baths to patients. They also carried

out many domestic duties such as cleaning lockers, washing and changing beds, and even mopping the floors after spillages. These untrained ladies (there were some male orderlies, but they were few and far between) were the backbone of the wards and some had worked on the same ward for many years. They wore green-and-white check dresses with a green apron.

Last but not least were the cadets. They could start work in the hospital at the age of sixteen but had to be at least eighteen before being considered for formal training. In my case, during the two years I would be a cadet, I could expect to be sent on day release to the local polytechnic college to study basic biology, chemistry and physics (as they had not necessarily been studied at school), along with anatomy and physiology, and we would also be taught the basics of invalid cookery (dealing with the various different dietary requirements for specific illnesses). This would culminate in my taking the NHS State Preliminary Examinations. Every hospital operated differently as far as cadets were concerned, but at Blackburn Royal the first-year cadets were never allowed to work on the wards. Instead they were allocated posts in the numerous departments, where they learned how these hives of activity played a vital role in the day-to-day running of the hospital. It was only when we had turned seventeen that we were allowed to go on the wards. Other hospitals sometimes worked differently, it was down to the individual matron and the number of candidates they had decided to take on. Cadets' uniforms were mauve and there was no distinction made between first and second year. Every single item of uniform was expected to be pristine at all times, regardless of position or title. The hospital laundry provided this essential service for every member of staff.