

"the suggestion of studying medicine was first presented to me by a friend, a lady who finally died of a painful disease, the delicate nature of which made the methods of treatment a constant suffering to her. She once said to me, "You are fond of study, have health and leisure, why not study medicine? If I could have been treated by a lady doctor my worst sufferings would have been spared me." Dr. Garrett Anderson was influenced by Dr. Blackwell, and so the movement grew, but it undoubtedly gained force through persecution.

We have ample evidence that the above case revealed no unusual feeling on the part of a woman. I will quote the testimony of one man which might be indefinitely extended. Dr. Mackenzie, of Inverness, said at the time of the struggle in Edinburgh in 1871, "Having been a physician and surgeon for nearly fifty years I state as a thoroughly well known and undeniable fact that great numbers of women are sickly for life, and die, simply because they shrink from speaking of their ailments to a man." I imagine that few doctors and nurses could say that they have not met with cases where avoidable suffering has been endured, or advice sought too late, from motives of personal delicacy.

Yet it is morbid delicacy and false shame which is carried to such lengths. I myself thoroughly endorse your principle, Madam, that the right attitude in which to approach the question is by considering that the sex element does not come in, in relation either to a medical attendant or a nurse, but that anything for the relief of the patient may be performed by one of either sex. Nevertheless, the instincts and prejudices exist (and within limits are right and pure) and we have to deal with them. Therefore I rejoice that there are women doctors, and confess also that, nurse though I am, and accustomed to regard the human body with its functions and disorders professionally, I would infinitely prefer to consult a woman for myself in anything of a private nature, but if there were no woman practitioner available I would not hesitate, of course, to go to a man. Like Dr. Wigglesworth, I would wish all patients to have the power of choice, but even with an increased number of women doctors this must be in many places impossible. Where, as in the case which gave rise to this discussion, a man may possibly have to consult a woman doctor against his will, I do not think he need, or probably will, suffer more pain and embarrassment than many women in equivalent circumstances. A medical man of my acquaintance has taken the unusual course of appointing a lady locum to his private practice during his absence for three months. I watch the experiment, which so far bids fair to be a success, with much interest!

In conclusion, I should like to ask Dr. Wigglesworth whether, admitting that doctors exist for the public, who have the first claim to consideration, he would refuse to admit also the individual claim to a free choice of a career? He has given it as his opinion that the question whether or not the admission of women to the profession of medicine is necessary, wise, or politic is an open one, but it is easy to read in which direction his own judgment inclines. We need not, however, anticipate any future attempt to exclude them. Medicine has proved strongly attractive as a calling to many women, encouraging them to persevere in the face of obstacles which might well have daunted the bravest spirits until they had won the day. It is

refreshing to read, in contradistinction to the hostility and persecution which the pioneers suffered at the hands of some men, of the noble assistance and generous sympathy afforded to them by others, without whom the women could have done nothing, politically helpless as they were and are. The latter policy was surely the more enlightened as well as generous, for "the woman's cause is man's."

MARY GARDNER,
Lady Superintendent.

Birmingham and Midland Counties Sanatorium,
October 6th, 1900.

NURSES AND THE PUBLIC.

To the Editor of the "Nursing Record."

DEAR MADAM,—In her letter appearing in your last issue "Observer" attempts to account for the dislike felt for the fully trained maternity nurse. It is very true that the quality of homeliness is generally absent in the trained nurse and that the manners of nurses generally call for much criticism. But is not this due in some measure to their training? In hospital life there is so much brusqueness of manner amongst both doctors and nurses, and to produce efficiency in the *private* nurse something more than the hospital training is necessary. Maternity nursing especially calls for the exercise of the highest breeding, the most perfect tact and judgment, and the widest culture and experience of life a nurse can bring to it. I cannot agree with "Observer" that in the case she sets forth the nurse is skilful. Surely the goal in each case is the speedy restoration of the patient to health. Every detail is or should be subservient to that one end. A nurse who needlessly upsets a patient for ten minutes is frustrating this end, and therefore displays a lack of skill. There are some points in every case in which she must be firm in spite of protest. But I have found that indulgence on all unimportant details goes far to reconcile a patient to occasional opposition when necessary. The upsetting of servants or any of the household reacts on the patient, and should therefore be regarded as falling short of skilful nursing. Happiness and personal comfort are powerful factors in aiding recovery, and the nurse who can keep her patient actively happy and interested will get the best results with fewest difficulties. But to ensure this the patient's individuality must be studied and sympathised with. However strong a character a patient may have I do not think she will protest against the nurse being brain as well as hands and feet for her, when she finds that the nurse arranges every little detail for her comfort, even better than she could do it herself.

Unfortunately the public has not realized that it owes much of its chronic ill health to the ministrations of incompetent homely women. Even when it has done so there will be more objections to the trained nurse to be overcome than that of her lack of homeliness. The low fees asked by the "homely woman" have a great deal to do with the preference for her: So has the fact that she is willing to manage without even a dressing-room, to sleep on a couch in the patient's room, and even in her bed! She will also take her meals with the servants, or in the sick room! And she will not require any of the appliances necessary for the proper nursing of such cases. Much misconception exists with regard to maternity nursing. Patients have too long had to regard their nurses on

[previous page](#)

[next page](#)