What is a male nurse ?

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I took my small son on the train the other day, for a birthday treat. On the journey I fell into conversation with a fellow traveller who told me she was a secretary at a big city hospital. After she had learnt that my husband was a nurse, she told me the trouble she had trying to convince her two children, a girl of 10 and a boy aged 12, that there were such people as male nurses. Only when her husband had been a patient in hospital, and she had asked the charge nurse to tell her children who he was, had they believed male nurses existed.

Only a few weeks previously, my six-year-old daughter had come home from school, almost in tears, because the boys at school had told her she was "daft", her daddy could not be a nurse, he must be a doctor ! All doctors were men, nurses were ladies.

Sixteen months ago, when we first moved to Cornwall, my husband went to open a bank account. Having filled in a form, he was surprised when, on being asked to sign a statement, he found himself described as a charge-hand. Explaining he was not a charge-hand but a charge-nurse, the man said he thought a hospital for mentally handicapped men was staffed by attendants !

Four years previously we lived in Devon, in the grounds of a chest hospital. We had only been there a few days when a butcher enquired if I would like him to call each week. In the course of conversion he said : "Your husband will be the new laundry man ?" When I told him no, he was a nurse, he implied that the house had always been for the laundry man, and surely a male nurse was not entitled to a house. After all, female nurses did the nursing, and none of them was entitled to a house—at that hospital any way !

After a while, I went to work as a part-time night nurse in the hospital, and one dear lady asked me where the nice porter "who brought me my night tablets and settled me for the night" had gone. After further conversation, I realised she was talking about my husband, who had been seconded to another hospital.

Working on a men's medical ward, I was about to help a new patient, a Major X, to wash, when he told me not to bother as he would ask "that orderly" to help him, and I could get on with a more important task. "That orderly" was the male nurse in charge of the ward !

Deflated ego

Ignorance about the role played by men in nursing can have its funny side. My husband, new to a certain small hospital, had been left in complete charge and was feeling quite pleased with himself. Walking past the entrance hall, he noticed two small boys in scout uniform. They explained that they were out on a test and one of the tasks they had been set was to obtain the signature of the matron of their local hospital. After explaining that the matron was away, my husband asked if his signature would do. One little boy turned to the other and said : "Do you think the hall porter's signature would do ?" My husband's ego was slightly deflated !

My own ignorance was displayed on entering the hospital classrooms for the first time. That night, after telling my mother about the male student nurses in my class, she replied, with a funny look on her face : "But do you think they are all right ?" Well if she were alive today, she could answer her own question. You see, I've been happily married to a male nurse for eight years and have three beautiful children to prove it !

(Courtesy Nursing Mirror)

Cancer—*(Contd. from page 50)*

plasma etc. W.B.C. is checked daily as it is liable to become very low.

At times we get patients with big cancerous ulcers. Cleaning and dressing these kinds of very smelly ulcers needs a lot of patience and we must not let the patient know if we do not like doing it.

Also we get patients in the terminal stage of the disease. The general aim is to make the patient as comfortable as possible during the days remaining. Even though the cancer is not paining in the beginning it is very very painful when advanced. Often the maximum of relief may also mean prolongation of life. Planned administration of sedatives, opium preparations etc. are capable of keeping the patient free of pain.

Psychological aspects

The faculty of putting oneself in the patient's place is the foundation of good nursing and medical practice. This faculty is natural to some people. The rest acquire it by training and experience. So far as cancer is concerned one can learn most from observing with sympathy and understanding as we handle our patients. Fear of cancer is real and widespread. There are patients who do not know that they have cancer—also do not wish to hear it spoken about openly. Some refuse a major operation or other serious treatment. Some others have a morbid interest and false idea about the disease. There are some patients with a well adjusted outlook or sound religious faith and they are best helped by a full objective discussion. Such patients often are less fearful than the others, because they are able to keep their emotions under control.

Patients often enter the hospital without having been prepared for the treatment which they have to undergo. The period of investigations during the first few days can also be used for orientation. This is particularly necessary when procedures such as Colostomy, Gastrostomy, laryngectomy, tracheostomy etc. may be required. It is a well established principle that no treatment is finished until the patient has been successfully returned to his home and community, his work and social life.

Bibliography :—Quientessence of Radiography—Dr. A. D. Singh.