

To finish the Conference Miss Goheen gave a cheerful view of Nursing and to put her theories into practice organised a game which we all enjoyed until some more refreshments were ready. During all meals we had singing between the courses and took the opportunity to make new acquaintances and to hear about each other's work.

We all thoroughly enjoyed ourselves and left full of inspiration. The Conference was most enjoyable and valuable from an educational point of view; we left knowing more about our work and responsibilities as members of the Trained Nurses' Association of India and carried away much useful information and more inspiration for our work.

We eagerly look forward to our next meeting, and the last song, "God be with you till we meet again", was most appropriate.

THE MALE NURSE AN IMPORTANT FACTOR IN THE CARE OF THE SICK

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Richard Cabot has said, "Nursing is a test of character." McEachern has written that in the nurse "kindness, consideration, forbearance and firmness are indispensable qualities". These qualities are the minimum. The ideal nurse will have patience, discretion, tact, efficiency, punctuality, adaptability; she will be hard-working, studious, gentle, good-humoured, if not actually jolly; she will have both neatness and charm. Above all she will have that indefinable touch that can in a moment turn a hot and lumpy pillow into a cool and smooth one, that indefinable presence that continually inspires confidence and hope in the heart of the patients. These are the qualities that every good nurse, at least, should seek to have if she is to approach our ideal or, should I say, what the doctor and patient, as I have had some experience along that line also, consider as ideal.

There was a little boy whom I once knew as a patient who had had his tonsils removed. That night he had a very zealous and attentive young nurse to special him. Towards morning, his mother in the next room awoke suddenly to hear him shouting "Go" at the top of his little, hoarse voice. Coming in, she found him sitting up in bed, pointing at the door, very apparently angry and disgusted, and, in no uncertain terms, ordering his nurse to leave. The poor nurse was quite astonished at this outburst because she had been trying to do everything she could to take good care of him and so also for a moment was his mother. The little boy burst forth with his explanation, "Every time I turned over she would turn on the light and open the mosquito curtains and ask if I was all right. She kept me awake all night." That is what happens when the nurse lacks tact, when she attempts to nurse a sick person, child or adult, without first trying to get an understanding of his psychology.

There is the other side of the picture. There is the patient who regards the nurse as being personally responsible for all his woes; there is the demanding doctor who blames the nurse for every bad night his patient has or every rise in temperature. It is often necessary to smile even when patience is taxed to the limit, and irritation should never be shown, no matter how unreasonable or irritating the patient or the doctor has been. When the strain becomes too great, a day off for mental rest is often as important as a day off for some physical ailment.

In both the medical and the nursing professions, the best interests of the patient must always come first, and anything that cheers the patient, makes him more comfortable, puts him in a frame of mind that promotes recovery, all these, within certain limits, are justifiable. It is an ideal nurse who can add these to the doctor's orders and carry them all out successfully. A famous English chest specialist was asked once what his criteria were for judging the quality of a tuberculosis sanatorium. His answer was unexpected to his listeners, as they had looked forward to a discussion of climate, altitude, equipment, professional qualifications of the staff, but his answer was simply this, "The character of the doctor in charge". In the final analysis, that is our criterion for judging the professional qualifications of any doctor; it also is our criterion for judging the ability of our nurses,—their character.

This leads up to our main discussion in that the success or failure of men in the nursing profession will also be, in the last analysis, but a question of character. Given those qualities that we have previously mentioned, there is no reason why men should not have an excellent opportunity in the nursing profession, though I realize fully that, in Western lands particularly, there is a prejudice against men becoming nurses. Why there are these prejudices, I do not know, but just as this prejudice exists so also is there a prejudice against women entering the medical profession. I have known many people, women as well as men, who regard all women doctors as inefficient misfits. The facts belie them, but it is notoriously difficult for a woman doctor to get an appointment in a general hospital or to make a success of private practice in Western lands. Prejudice has so broken down as to allot them, begrudgingly, a place in gynaecology and obstetrics and in paediatrics, research and laboratory work, but women surgeons and women internists are still very much frowned upon.

A very similar position has developed regarding men in the nursing profession. It is not so many years since men nurses were definitely regarded askance and with suspicion. The Nightingale tradition of the woman with the lamp was too strong. For many years here in Miraj, we did not have male nurses but rather "compounders" and such was their training that they were really compounders although nursing duties were required of them. With the improvement of their training, their abilities as nurses and their peculiar aptitudes have become more apparent, until now, in this hospital, their efficiency as nurses is fully recognized as being equal

to that of their sisters. And yet, in the articles that I read while preparing the background for this talk, I was struck by the fact that all sought to indicate certain fields of nursing in which the men might be granted a place. Psychiatry, genito-urinary nursing, industrial nursing, physiotherapy, combined public-health nursing and sanitary inspection, these are the fields that were pointed out to them. The situation is very similar to that facing the woman doctor in the west. "Opportunities for Men Nurses" is the heading of most of these articles. "Opportunities for Women in Medicine" was the title of a paragraph I read not long ago in *The Lancet*. In medicine, women are fighting a winning battle for equality of recognition; and in nursing, men will be able to do so the same.

The experiment with men nurses in Miraj has been a complete success, and in this, our School of Nursing has given a lead to all India. In a country where the impersonal, asexual relationship is so difficult to obtain between men and women, the male nurse is a necessity if nursing is to be an honoured profession. I believe that much of the discredit that has rested on nursing in the past, and the disinclination among non-Christian women to enter nursing, has been the failure of those leaders with Western backgrounds to recognize this fact. Those ideals of professional ethics and personal morality which we have gained, consciously or unconsciously, from our Christian philosophy of life, are not inherent in India, and that fact alone must modify our thought and our prejudices.

In consequence, I am convinced that, for many years to come at least, the male nurse has as prominent a part to play in the nursing profession as has the nursing sister, and that he can compete with her on equal terms, each having his or her own respective contribution to make to complete the whole. Not only are there open to him those special fields of nursing that the articles I mentioned have grudgingly conceded, but also private duty and general hospital duty on the male wards will be as available to him as they are now to women nurses. Besides this, genito-urinary nursing, and public-health nursing where travelling about from village to village is necessary, will be almost exclusively theirs. This is the future which I predict for our men nurses when prejudice against them has completely broken down.

To quote McEachern again, "In pre-Christian days, hospitals were really temples, dedicated to the gods of medicine and of disease, and the care of the sick was always accompanied by magical, mystical and religious rites. While it would not be correct to say that the existence of the hospital today is the direct result of Christianity, it is correct to say that the doctrines preached by Christ did intensify the emotions of love and pity and so gave new impetus to the establishment of hospitals and inspired the profession of nursing and kept it gentle and considerate." These are virtues that Christ inspires in men as well as in women, keeping them also gentle and considerate and capable of becoming our ideal in nursing.