

“My instructors spoke frequently about nursing traditions in a manner that made me think I had to genuflect at the mere mention of Florence Nightingale’s name. I was never told that there were men in nursing’s past [. . .] The foremost purpose of this book is to address the isolation men feel as nurses. Few nurses – men or women – have been taught anything about the historical role men have played in shaping the profession, and few men have received any acknowledgement or support for the unique talents and skills they bring to nursing.”

Available studies suggest that there are differences between gendered provisions of care. Men in nursing “described the expectation that they provide physical strength to move clients or control aggressive clients, and the expectation that, as men, they will gravitate towards technical and not emotional tasks.”

Chad O Lynn suggests rather that “Men develop emotional interpersonal relationships with their clients and significant others, but they display this relationship with caring behaviours more indicative of a friendship than of a maternal, nurturing relationship. Caring is viewed as competency in anticipating and meeting client needs through nursing tasks, teamwork, communication and advocacy.”

Chad O Lynn and Russell Tranbarger (eds), *Men in Nursing: History Challenges and Opportunities* (New York: Springer, 2007).

“A scientifically competent medicine alone cannot help a patient grapple with the loss of health and find meaning in illness and dying. Along with their growing scientific expertise, doctors need the expertise to listen to their patients, to understand as best they can the ordeals of illness, to honor the meanings of their patients’ narratives of illness, and to be moved by what they behold so that they can act on their patients’ behalf. Nurses and social workers have mastered these skills more fully than have physicians, but all can join in strengthening these capacities in health care.”

“Health professionals and patients are at a crossroads. Together we have to discover means of sustaining the tremendous capabilities of our biomedical sciences while trying to ease the suffering and loss occasioned by serious illness. The price for a technologically sophisticated medicine seems to be impersonal, calculating treatment from revolving sets of specialists who, because they are consumed with the scientific elements in health care, seem divided from the ordinary human experiences that surround pain, suffering, dying. Whether to protect themselves from the sadness of taking care of very sick people or to guarantee the objectivity of their clinical judgement, doctors seem to operate at a remove from the immediacy of sick and dying patients, divided from sick people by deep differences in how they conceptualise illness, what they think causes it, how they chose to treat it, and how they respond emotionally to its presence. Patients long for doctors who comprehend what they go through and who, as a result, stay the course with them through their illnesses. A medicine practiced without a genuine and obligating awareness of what patients go through may fulfil its technical goals, but is an empty medicine, or, at best, half a medicine.”

“It is charged that doctor’s innate empathy, respect for the suffering of others, and ethical discernment *diminish* in the course of medical training and that doctors become hardened against the suffering they witness through their education.”

Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (Oxford: Oxford UP, 2006).

Walt Whitman, *From Specimen Days*
SOME SPECIMEN CASES

June 18th.--In one of the hospitals I find Thomas Haley, company M, 4th New York cavalry--a regular Irish boy, a fine specimen of youthful physical manliness--shot through the lungs--inevitably dying--came over to this country from Ireland to enlist--has not a single friend or acquaintance here--is sleeping soundly at this moment, (but it is the sleep of death)--has a bullet-hole straight through the lung. I saw Tom when first brought here, three days since, and didn't suppose he could live twelve hours--(yet he looks well enough in the face to a casual observer.) He lies there with his frame exposed above the waist, all naked, for coolness, a fine built man, the tan not yet bleach'd from his cheeks and neck. It is useless to talk to him, as with his sad hurt, and the stimulants they give him, and the utter strangeness of every object, face, furniture, &c., the poor fellow, even when awake, is like some frighten'd, shy animal. Much of the time he sleeps, or half sleeps. (Sometimes I thought he knew more than he show'd.) I often come and sit by him in perfect silence; he will breathe for ten minutes as softly and evenly as a young babe asleep. Poor youth, so handsome, athletic, with profuse beautiful shining hair. One time as I sat looking at him while he lay asleep, he suddenly, without the least start, awaken'd, open'd his eyes, gave me a long steady look, turning his face very slightly to gaze easier--one long, clear, silent look--a slight sigh--then turn'd back and went into his doze again. Little he knew, poor death-stricken boy, the heart of the stranger that hover'd near.

[. . .]

MY PREPARATIONS FOR VISITS

In my visits to the hospitals I found it was in the simple matter of personal presence, and emanating ordinary cheer and magnetism, that I succeeded and help'd more than by medical nursing, or delicacies, or gifts of money, or anything else. During the war I possess'd the perfection of physical health. My habit, when practicable, was to prepare for starting out on one of those daily or nightly tours of from a couple to four or five hours, by fortifying myself with previous rest, the bath, clean clothes, a good meal, and as cheerful an appearance as possible.

[. . .]

SUMMER OF 1864

I am back again in Washington, on my regular daily and nightly rounds. Of course there are many specialties. Dotting a ward here and there are always cases of poor fellows, long-suffering under obstinate wounds, or weak and dishearten'd from typhoid fever, or the like; mark'd cases, needing special and sympathetic nourishment. These I sit down and either talk to, or silently cheer them up. They always like it hugely, (and so do I.) Each case has its peculiarities, and needs some new adaptation. I have learnt to thus conform--learnt a good deal of hospital wisdom. Some of the poor young chaps, away from home for the first time in their lives, hunger and thirst for affection; this is sometimes the only thing that will reach their condition. The men like to have a pencil, and something to write in. I have given them cheap pocket-diaries, and almanacs for 1864, interleav'd with blank paper. For reading I generally have some old pictorial magazines or story papers--they are always acceptable.

Also the morning or evening papers of the day. The best books I do not give, but lend to read through the wards, and then take them to others, and so on; they are very punctual about returning the books. In these wards, or on the field, as I thus continue to go round, I have come to adapt myself to each emergency, after its kind or call, however trivial, however solemn, every one justified and made real under its circumstances --not only visits and cheering talk and little gifts--not only washing and dressing wounds, (I have some cases where the patient is unwilling any one should do this but me)--but passages from the Bible, expounding them, prayer at the bedside, explanations of doctrine, &c. (I think I see my friends smiling at this confession, but I was never more in earnest in my life.) In camp and everywhere, I was in the habit of reading or giving recitations to the men. They were very fond of it, and liked declamatory poetical pieces. We would gather in a large group by ourselves, after supper, and spend the time in such readings, or in talking, and occasionally by an amusing game called the game of twenty questions.

[. . .]

BURIAL OF A LADY NURSE

Here is an incident just occur'd in one of the hospitals. A lady named Miss or Mrs. Billings, who has long been a practical friend of soldiers, and nurse in the army, and had become attached to it in a way that no one can realize but him or her who has had experience, was taken sick, early this winter, linger'd some time, and finally died in the hospital. It was her request that she should be buried among the soldiers, and after the military method. This request was fully carried out. Her coffin was carried to the grave by soldiers, with the usual escort, buried, and a salute fired over the grave. This was at Annapolis a few days since.

FEMALE NURSES FOR SOLDIERS

There are many women in one position or another, among the hospitals, mostly as nurses here in Washington, and among the military stations; quite a number of them young ladies acting as volunteers. They are a help in certain ways, and deserve to be mention'd with respect. Then it remains to be distinctly said that few or no young ladies, under the irresistible conventions of society, answer the practical requirements of nurses for soldiers. Middle-aged or healthy and good condition'd elderly women, mothers of children, are always best. Many of the wounded must be handled. A hundred things which cannot be gainsay'd, must occur and must be done. The presence of a good middle-aged or elderly woman, the magnetic touch of hands, the expressive features of the mother, the silent soothing of her presence, her words, her knowledge and privileges arrived at only through having had children, are precious and final qualifications. It is a natural faculty that is required; it is not merely having a genteel young woman at a table in a ward. One of the finest nurses I met was a red-faced illiterate old Irish woman; I have seen her take the poor wasted naked boys so tenderly up in her arms. There are plenty of excellent clean old black women that would make tip-top nurses.