7. Florence Nightingale, gender issues, and men in nursing

by Lynn McDonald, for the Nightingale Society

Women’s Rights: Given the great disabilities women suffered, as women, in Victorian society, it will come as no surprise that Nightingale was a keen supporter of women’s rights, in education, political life, employment and the professions.

The Vote: Nightingale was an advocate for the vote for women, signed the petitions, paid her dues, but did not make suffrage a major concern, in terms of time commitments. She did not join the executive of any suffrage organization, but did write a pamphlet for the cause. Suffrage organizations, in fact, had excellent leaders (one was a cousin of Nightingale’s, Barbara Bodichon, who also worked on education and employment for women). Nightingale, instead, gave her time to establishing a well-paying profession for women and safer childbirth. A midwifery nursing training school was the second project of the Nightingale Fund, based at King’s College Hospital.

The Contagious Diseases Acts: This legislation was aimed at reducing syphilis in the army and navy, by targeting women suspected of being prostitutes for inspection and compulsory treatment in “lock hospitals.” The men? Not a concern. Nightingale’s opposition probably delayed the passing of the first act, in 1862. She next led the opposition to it, documenting the lack of effect in reducing syphilis, and protesting its unfairness to women. The acts (two more were adopted to strengthen the measures) were repealed on only in 1886. Harriet Martineau was the next leader after Nightingale, then Josephine Butler took over (Nightingale assisted behind the scenes).

Men in Nursing: It is commonly said that Nightingale opposed the entry of men into nursing, and/or thought they could not be good nurses, but neither is accurate. Her training school took only women, but that was for practical reasons. At that time, women were not allowed in ANY profession—medicine, law, clergy, architecture, engineering, accounting, the armed forces, or civil service. They were not admitted into any university; nor could they sit in Parliament or hold any municipal office.

Nightingale never thought that being a woman was in any way a qualification for nursing—training and ongoing experience were. She knew men she considered to be good nurses. The famous Colonel Gordon, “Gordon of Khartoum” after his assassination there, is a prime example. Gordon told her that he won his men to him because of his care for them when sick or wounded, and continually visiting the hospitals. Nightingale considered that his “love for the sick made him of the same profession as I.” She was in touch with men who gave (untrained) nursing services to relatives, and complimented them on their skills of observation.

Nightingale also believed that army and navy nursing would have to be done by men, and wanted them to have better training, working conditions, and supervision.

In today’s circumstances, with women able to join (almost) every profession, and with nearly all occupations open to women as well as men, the situation is very different. Certainly Nightingale had no principled opposition to men in nursing.

Women in Medicine: Nightingale’s priority, of course, was the creation of the nursing profession, not medicine. She did give support to early women medical doctors, notably Elizabeth Blackwell, the first woman to qualify as a doctor (Blackwell credited Nightingale with acquainting her with sanitary issues). However, Nightingale did not believe that the entry of women into medicine would in any way improve or change the practice of medicine.

Women in India: Indian women, Hindu and Muslim, did not allow a man to see or touch their bodies; hence, many died untreated, or after treatment by an untrained woman. Queen Victoria took leadership on this issue, commissioning Lady Dufferin, vicereine of India, to organize the provision of medical aid for women in India. Nightingale gave considerable assistance in this work, also in the establishment of hospitals for women. She well aware, also, of the terrible burden Hindu women, especially women of high caste, suffered. A widow, even a child whose marriage was never consummated, was held morally responsible for the husband’s death. She was to atone for it by fasting (a diet of cold rice and water), giving up her jewellery and fine clothes, and leading a life of seclusion. Nightingale supported Indian nationals who opposed child marriage, but the problem remained. A complication: many leaders in the India independence movement supported child marriage.

Nightingale supported the opposition to enforced consummation of marriage by Rukhmabai, an Indian whose husband sued her for her refusal. Ironically, although the initial provision was Hindu, British law was available to men to coerce a wife who refused to comply. Rukhmabai later trained in medicine in England and practised for years in India.