

THE DOCTOR IN LITERATURE

Volume 4. Gender and Sex

Picture

(Science and Charity, Picasso)

SOLOMON POSEN

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Introduction

This book, the fourth and final volume of *The Doctor in Literature*, discusses the portrayal of gender and sex as these issues affect the doctor and medical practice. As in the previous three volumes, data acquisition involved a number of sources. A search was made for suitable fictional works in bibliographies such as those provided by West and Kreuz,¹ Wilbanks,² Trautmann and Pollard³ and Aull.⁴ Works cited in anthologies⁵⁻¹² were used if considered appropriate. A perusal of the 4000 odd entries in Medline under "Medicine in Literature" and eclectic reading provided additional material so that the primary database came to consist of some 600 novels, short stories, poems and plays.

The inclusion and exclusion criteria are the same as those employed in the previous 3 volumes. No distinction is made between fictional works portraying doctors and nurses as principal characters, and those that involve them in subsidiary plots. While efforts were made to include serious works, a lack of literary brilliance was not considered a criterion for exclusion. Similarly, no distinction was made between "best-sellers" and commercial failures. The included works therefore range in quality from the writings of Nobel Prize winners to material only just ahead of designated doctor-nurse romances (which were not generally used in this study), and from "blockbusters" to barely obtainable self-published material. Novels, plays and short stories not available in English have, with few exceptions,¹³⁻¹⁵ been omitted. Criminal doctors such as Agatha Christie's¹⁶ or Mignon Eberhart's¹⁷ medical murderers were also excluded. No claims are made for completeness, and no statistical analyses were attempted.

Throughout the book, emphasis is placed on the descriptions of doctors, nurses and patients, as they appear in works of fiction, with occasional comparisons between what is described in literature and what goes on in the real world. Semi-philosophical topics such as the definitions of "health" are not discussed. The medical histories of the authors, which may be reflected in their fictional works, do not form part of this work.

Some “Hippocratic” principles pervade the entire book. It is assumed that “proper” doctors observe, record, try to arrive at some sort of diagnosis, relieve the patients’ sufferings, and, above all, avoid doing harm. It concentrates on “genuine” physicians, who, unlike “alternative” practitioners, do not delude themselves or their patients into believing that “satisfaction is guaranteed.” Clinical skills, including the ability to communicate effectively, are considered desirable, while close personal contacts with patients, particularly sexual contacts, are not. With rare exceptions, no attempt is made to discuss what ought to have happened in particular situations, or how certain difficulties might have been avoided. The term “Healing” is used to encompass both cure and relief of symptoms.

In Volumes 1 and 2 of this work, historical and geographic factors were largely ignored. Medical behavior patterns transcend national boundaries,¹⁸ and while treatments have changed over the years, twenty-first century doctors who ask their patients to disrobe behave exactly like their predecessor of 2400 years ago who says to his patient: “Take off your shirt and let me have a look at your chest.”¹⁹ However the doctors described in Volumes 3 (“Career Choices”), and in the current volume, obviously function under conditions that differ profoundly from those of Classical, Medieval or Renaissance times. Women doctors, hospitals with their hierarchical structures and the modern nursing profession all date from the late 19th century. On a more trivial level, the institution of the boarding house,²⁰ which formed an important part of the lives of medical students in the early 20th century,²¹⁻²³ had virtually disappeared in Western countries 100 years later. There is therefore a greater attention to historical context in the later than in the earlier volumes of this work.

Chapter 1 of the current volume discusses the fictional portrayal of women doctors, their behavior in clinical practice and their personal lives. There is particular emphasis on the the representation of stereotypes and the perception of differences between male and female physicians. The interaction between doctors (mostly male) and nurses (mostly female) occupies three chapters. Chapter 2 contrasts the traditions and attitudes of the two professions, Chapter 3 discusses the power structure, while Chapter 4 deals with the

nurse as a sex object. The last chapter of the book describes sexual fantasies and encounters, as these involve doctors and their patients.

Three indices have been provided. The bibliography is based on authors' names listed in alphabetical order. It enables the reader to find what part of a particular work is quoted, where to find the relevant material in the original work, and where to look it up in this book. For instance, the reader searching for works by Tennessee Williams will find that material from *Summer and Smoke* is quoted on page 203 of this book. The name index provides a list of fictional physicians, such as Scott Fitzgerald's Richard Diver,²⁴ fictional nurses like Kafka's "Leni"²⁵ and fictional patients, like William Carlos Williams' Jean Beicke,²⁶ as well some indication where these characters appear in literature and where they are to be found in this book. The name index also contains place names such as Boston or Paris and names of institutions of higher learning where these are clearly identified. The subject index contains a list of medical diagnoses, aphorisms, such as Peter Goldsworthy's "more comfortable in the operating room than in the consulting room"²⁷ and other topics of potential interest to browsers.

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CHAPTER 1. THE FEMALE PHYSICIAN

"I don't want no women-folk to come here a doctoring o' me."¹

"The pretty ones always marry young and waste their training."²

"How do you manage with the kids? I don't. I neglect them.
I'm on the verge of a nervous breakdown, please help me.
I'm drinking heavily"³

Irrational Prejudices - Ancient and Modern

Fictional female physician reflect, to some extent, the status of women doctors in the real contemporary world. In Medieval, Renaissance and early modern times it is taken for granted that doctors, like soldiers and priests, are male. Women attend confinements and nurse the sick, they are familiar with secret potions and incantations,⁴ but they do not feel pulses or examine urines and, unless they are witches, they are not consulted by unfamiliar patients. The isolated women doctors of pre-nineteenth century Europe are treated as freaks. They may be attractive and intelligent but their medical activities are regarded as "unnatural" and likely to land them in serious trouble with their fellow citizens and the authorities.

One example of a "freakish" medieval woman doctor is to be found in Boccaccio's tales.⁵ The heroine, Gillette de Narbonne, has acquired such a store of medical knowledge from her late father, the personal physician of a French count, that the King of France allows her to examine and (successfully) treat a "fistula on his chest." This medical Joan of Arc is in no way devoted to her profession, which she regards merely as a means towards capturing a husband. She is infatuated with Bertrand de Roussillon, a childhood friend, and, after the king's recovery, asks for the young nobleman's hand in marriage as her reward. Bertrand finds Gilette's non-aristocratic ancestry and her medical pursuits highly objectionable and protests vigorously: "Surely, sire, you would not want me to marry a she-doctor. Heaven forbid that I should ever accept a woman of that sort for a wife." (The king insists on a wedding ceremony, Bertrand absconds immediately after the event, and

the marriage is consummated only through an elaborate scheme devised by the cunning Gillette.⁵⁾

Deep-seated, unreasonable bigotry against women doctors persists in fact and fiction long after the legal chicanery relating to their training and registration had been overcome.

When professionally trained female physicians first emerge in literature some years after appearing in the real world, conservatives like Weir Mitchell express their disapproval both of the reality and its storybook portrayal. Writing in 1888 Mitchell grumbles: "In the rage for novel characters, the lady doctor has of late assumed her place in fiction."⁶ Some of Weir Mitchell's contemporaries were of the same opinion. Herrick's Dr. Jarvis Thornton in *The Man Who Wins*⁷ is not at all impressed by his wife's suggestion that their intelligent but difficult daughter might consider a medical career: "I haven't any time for women doctors," he snaps back.⁷ Colonel James Ogden (formerly of the British-Indian army)⁸ explodes with rage when his daughter Joan informs her parents that she intends to study medicine.

'A doctor, my daughter! Good God! What next?' He turned on Joan: 'You must be mad,' he told her. 'It's positively indecent - an unsexing, indecent profession for any woman, and any woman who takes it up is indecent and unsexed. I say it without hesitation - indecent, positively immodest!'⁹

Sinclair Lewis, the 1930 Nobel Laureate, dismisses *Arrowsmith's* two female classmates, who have no relevance to the plot, as "virginal and unhappy."¹⁰ Dr Jeff Miller, the president of the American College of Surgeons, still finds the concept of women-doctors incongruous in 1931. In his presidential address,¹¹ Miller proclaims that "the women physicians of fiction are mercifully few, for they are most of them thoroughly unconvincing ladies."¹¹ Augusta Tucker's Johns Hopkins graduating class of 1916 consists entirely of white males.¹²

A.J. Cronin,¹³ who graduated in medicine in 1919, replaces the "indecenty"⁹ argument with a different but equally irrational prejudice. According to Cronin women lack both the necessary aptitude and the dedication required to become good doctors. His "Jean Law", an aspiring medical missionary, constitutes a rare exception.

"[Jean] was not like most of the young women who came in droves to the University presuming to 'go in' for medicine. Some of them came for a lark, others were pushed forward by aspiring middle-class parents, a few were merely seeking to get married to an eligible young man who would one day in some suburban community become a stodgily respectable practitioner more or less incompetent but financially secure. None had any real talent or capacity for the profession."¹⁴ (Jean graduates on the second attempt, and goes on to marry the hero of the novel, despite their religious differences.)

Fineman's Mary Shaw,¹⁵ a second year medical student, is physically attractive and sexually enchanting. She is kind by nature and at times almost maternal in her outlook. As a future doctor, she is hopeless.

"She was ...not very intelligent; her interest in medicine proved quite shallow ... She had come to Medical School riding on that wind of wartime feminism which was blowing around the world, opening for many girls the doors to new places and pursuits in which, could they apprehend their real impulses, they were happy, primarily, to find themselves one of a few women among men ... She would never be a doctor."¹⁶

Patrick White, Nobel Laureate and overt homosexual, (see also Chapter 2, p. 82) makes one of his "evil" women come up with dark insinuations against "unnatural" women-doctors, though the reader is not given any details. Mrs. Flack and Mrs. Jolley, the two harpies in *Riders in the Chariot*,¹⁷ after completing their discussion of lascivious male physicians (see Chapter 5, p. 202), turn their attention to female members of the profession.

" 'There are the lady doctors, of course.' 'Ah, the lady doctors!' 'Do you suppose the lady doctors ever attend to gentlemen?' 'I do not know. But they would not attend to me, never. I have my own ideas about the lady doctors'. Mrs. Jolley would have liked to hear but etiquette did not permit.' "¹⁸

Such mindless prejudices against women doctors continue to turn up in works of fiction throughout the twentieth century. The Chief of Anesthesiology in Robin Cook's *Coma*¹⁹ reiterates Cronin's view¹⁴ that women physicians do not take their profession seriously and that they are biologically unsuited to the practice of medicine: "[Women] treat [medicine] like a game, something to do for now. Something chic. ... Later who knows? It's a fad. And on top of that they are invariably, impossibly emotional."²⁰

As late as 1992, Claude Stuyvesant, the powerful tycoon in Denker's *Doctor on Trial*,²¹ noisily announces his loathing of all women doctors. Stuyvesant, an unreformed and unrepentant sexist, whose daughter had died the previous evening of a ruptured ectopic pregnancy, is now on the telephone to the hospital administrator. There is not the slightest sign of grief, remorse or shame. Instead, Stuyvesant is on the warpath, planning revenge against the "killer." He brushes aside the administrator's assurances that Dr Katherine Forrester's treatment had been correct at all times. "I suppose she's on your staff so that you can comply with those goddamned federal and state regulations that say you've got to have so many women on your staff, so many blacks, so many Hispanics." He remains unconvinced when the administrator cites Katherine's brilliant academic record. "I wouldn't let a woman doctor touch any member of my family with a ten-foot pole! And now you know why!"²²

Charles Reade's Women Doctors

Several women doctors are portrayed in the works of Charles Reade, a staunch advocate of gender equality in medical schools. In one of his earlier novels,²³ Julia Dodd, a teenager complaining of vague somatic symptoms, requires a woman doctor, but none is available. Julia has seen a variety of male physicians and has been given a number of diagnoses. Her doctors blame the liver, the heart, the lungs, the nerves or the mucous membranes, they prescribe "appropriate" treatment for different maladies in these organs, but Julia realizes that all of them are mistaken. She asks her mother to take her to a "she-doctor" who is bound to discover the root of the problem but, unfortunately, despite newspaper reports to the contrary, no female doctors are accessible in England at the time.²³

In *A Woman Hater*,²⁴ "Doctress," Rhoda Gale M.D. (Montpellier), appears as an intelligent, articulate, competent and decisive physician. She displays sufficient strength of personality to bully the local "bon vivant," who is eating and drinking himself to death, into accepting her dietary recommendations.²⁵ Her skills are recognized by "a few

mothers [who] are coming to their senses and sending for her to see their unmarried daughters."²⁵ However, Rhoda shows several “mannish” traits.* She lacks tact and physical charms, she detests “effeminate” men, and she is devoid of traditional feminine accomplishments such as the ability to appreciate music.³⁰ Her female acquaintances refer to her as an "irrelevant zealot" and a "virago."³¹ Moreover, Doctress Gale displays distinct Lesbian tendencies. She and her friend Ina Klosking "sat intertwined and rocking together" during a train journey and "these two friends slept together in each others arms."³² Towards the end of the book Rhoda declares "I must give up loving women ... they throw me over the moment a man comes."

By contrast, Margaret Brandt, the heroine of Reade's *The Cloister and the Hearth*,³³ who also practices as a physician, retains her femininity and her vulnerability. The book is set in the late Middle Ages so that Margaret is of course unlicensed. Having learnt the jargon and a few tricks of the trade from her father, a "real" physician, she deliberately deceives the local citizens by adulterating their medications and by writing nonsensical prescriptions. However, she does no more harm than the licensed fraternity, her practice flourishes and she becomes recognized for her skill in diagnosing and treating "women's troubles" (such as “love-sickness”). Unfortunately, Margaret does not "think with male intensity," she argues illogically, she bursts into tears on inappropriate occasions and she is inconveniently pregnant.

Four Negative Stereotypes.

When the obsession with the issue of whether or not women should enter the medical profession at all³⁴ had subsided to some extent, the emphasis altered, and new questions, implied or explicit, were asked: What kind of woman acquires a license to practice medicine?³⁵ Should female doctors be treating male patients? Why would an otherwise normal woman “under thirty and devoid of spectacles”³⁶ want to abandon her traditional role and engage in “loathsome“ activities? Would not medical training inevitably produce

*It has been alleged that the “unsexing” of Rhoda Gale²⁶⁻²⁹ was a deliberate effort by Reade to make her more acceptable to his publisher²⁸ who found the concept of female doctors “revolutionary.”

“hard and blunted” graduates at risk of losing “everything that makes womanhood fair and attractive?”³⁷ Would those women physicians who escaped becoming “hard and blunted,” practice effective medicine? Might women be tempted to use their natural charms to further their careers?

In answer to this type of questioning, most fictional women doctors emerge in four stereotypes, all of them negative: (1) Knowledgeable, competent and dedicated, but physically and emotionally unattractive, some suffering from severe sexual problems. A few, having abandoned feminine traits, want to be treated on terms of equality with men but do not succeed. On the contrary, they resemble the mutilated Amazons of classical mythology who lead totally “abnormal” family lives, and who generally lose their contests with male antagonists; (2) Charming and physically attractive, with considerable manual skills but a tendency to act irrationally. These individuals are shunted into relatively unimportant positions and serve as medical assistants or superior nurses. Those who occupy regular medical posts, especially in hospitals, remain nostalgic for a “normal” family life and are less dedicated than their male counterparts; (3) Seductresses with degrees in medicine, who use their sexuality to further their careers; (4) Victims of male tyrants, of physical and mental illnesses or of impossible work loads involving a combination of professional and domestic duties. Such individuals are presented as objects of pity rather than admiration.

The stereotypes are not absolute, and characters who begin life in one category may move into another, sometimes with considerable emotional trauma. Women doctors who turn up for work regularly and carry out their duties conscientiously are unmasked as representing one of the negative stereotypes as the story unfolds. The subject is discussed in some detail in a 1978 article by Mary Roth Walsh,³⁸ and the situation seems to have changed little since then.

The Competent Amazon.

Several skilled and knowledgeable women doctors, who appear in nineteenth century

novels, while not as “mannish” as Rhoda Gale,³⁵⁻³⁷ share her physical strength and her dedication to medical work. These women do not need a husband or children and when an offer of marriage comes up, they are apt to decline. Dr. Mary Prance in *The Bostonians*³⁹ typifies this genre. With her cropped hair and her spectacles,⁴⁰ Dr. Prance is unlikely to win any beauty contests, but from a professional point of view she is a great success. “Spare, dry, hard, without a curve, an inflection or a grace, she seemed to ask no odds in the battle of life and to be prepared to give none.”⁴¹ Predictably, Mary whose “own little revolution was a success” has no time for feminists en masse. “I don’t want any one to tell *me* what a lady can do,” she remarks.⁴¹

Anna (Nan) Prince in Sarah Orne Jewett’s *A Country Doctor*,⁴² more conventional than Rhoda Gale³⁰⁻³² and Mary Prance,^{40,41} nevertheless reveals (or is taught to develop) unfeminine characteristics at an early age. Nan, herself the product of an unhappy medical marriage, is uninterested in clothes.⁴³ Her “feeling towards her boy playmates is exactly the same as towards the girls she knows.” Her guardian, Dr. Leslie, encourages her to think of a medical career from a very early age, much to the astonishment of one of his colleagues who regards such a one-sided education a travesty, and remarks ironically: “I don’t doubt that you supplied her with Bell’s Anatomy for a picture book and made her [recite] the names of the eight little bones of her wrist instead of ‘this little pig went to market’.”⁴⁴ Dr. Leslie is unrepentant. “Nan is not the sort of girl who will be likely to marry ... She must live alone and work alone.”⁴³ His predictions come true: Nan, with her strong sense of “vocation,”⁴⁵ graduates in medicine and remains single. When George Gerry, a young lawyer, declares himself in love with Nan, and proposes to marry her, she turns him down very firmly. “I will always be your friend but if I married you I might seem by and by to be your enemy.”⁴⁶ She goes on to explain, apparently for the first time in literature, the difficulties confronting medical women who marry non-medical husbands. A female doctor has been altered to such a degree by her training and her work that “there will always remain a small corner of her mind” she cannot share with a non-medical husband. She declares: “I could not marry the whole of myself as most women can.”⁴⁶ Jewett does not spell out the contents of this “small corner” which presumably include the ability to view pathological processes dispassionately, and to distinguish

between the “organic” components of a disease and the patient’s emotional reaction.

Jewett suggests that if George had been a less insecure character he might not have felt threatened by Nan's profession and she might have found him more acceptable. "If he had been more earnest in his growth, it would have been a power which this girl of high ideals could have been held and mastered by."⁴⁶ As it is, Nan's skill in reducing a dislocated shoulder arouses in George "a good deal of admiration [mingled with] dissatisfaction. It is in human nature to respect power; but all his manliness was at stake and his natural right would be degraded and lost if he could not show his power to be greater than her own." ⁴⁷ Dr. Nan Prince evidently recognizes this attitude and decides it is not a good basis for a successful marriage.

Helen Brent,⁴⁸ a dedicated medical doctor with exceptional organizational abilities, comes closer to the altar than Nan Prince.⁴² Helen loves Harold Skidmore, her childhood playmate, and is prepared to marry him provided she can continue clinical work. She is willing to give up house calls and restrict her activities to office practice and gynecological surgery.⁴⁹ She will not bake bread for him but she will make sure that what he is served “will be of a fine and digestible quality.”⁴⁹ Harold, a lawyer with political ambitions, finds this plan unacceptable and breaks off the engagement. Helen remains “immaculate”⁵⁰ while Harold goes on to marry a shallow woman who feels neglected, and ultimately runs off with a syphilitic playboy.⁵¹ Harold writes Helen a remorseful letter promising to come back on his knees ⁵⁰ and the rest is left to the reader’s imagination.

Similarly, Conan Doyle's Dr Verrinder Smith,⁵² apart from her ambiguous first name, is not particularly “unfeminine”. On the contrary, she is an attractive person who treats her male rival's fractured leg competently and sympathetically. However, when the inevitable happens and he falls in love with her, she informs him that she is not interested in marriage, even to another doctor, and that she intends to devote her life "entirely to science."⁵²

The tendency to portray women doctors as “mannish” or at least as “unfeminine” and unattractive⁵³ continues throughout the twentieth century and persists to the present day. Mary McCarthy’s birth control pioneer⁵⁴ is said to present a “reassuring ... femininity” but, on closer inspection, the doctor is so outlandish as to almost belong to another species. Dorothy Renfrew, (“Dottie”) a member of *The Group*⁵⁴ (The Vassar Graduating Class of 1933), unmarried but sexually active, consults a female gynecologist for contraceptive advice. “The doctor’s femininity was a reassuring part of her professional aspect, like her white coat [and her] broad gold wedding ring which seemed to Dottie serene and ample like the doctor herself.”⁵⁴ The doctor neither laughs nor lectures during an embarrassing scene when Dorothy tries to insert her newly prescribed diaphragm which “jumped out of her hand and shot across the room.” McCarthy goes out of her way to “defeminize” the “dark, stately, olive-skinned woman with a big bun of black hair ... [who] moved among her instruments like a priestess in the temple ... [She] had been arrested only a few years before, in a raid on a birth-control clinic. To hear her talk on the subject of her lifelong mission was an honor, like touching the mantle of a prophet.”⁵⁴

Dr. Maitland in Cronin’s *Shannon’s Way*,⁵⁵ a forty-year old Lesbian,⁵⁶ is physically and emotionally so unattractive that she almost amounts to a caricature. She is

“extremely plain, with a mottled, shiny pink complexion and drab-colored hair untidily gathered into a knot at the back of her head. [She wears violet glasses to hide her] red and everted [eyelids]. As though deliberately to accent her lack of beauty, she was dowdily dressed.”

This unsightly woman is not even proficient as a doctor. She gives Dr. Robert Shannon a lecture,⁵⁷ advising him to end his affair with one of the nurses, but, in the process, she talks mostly about herself and, at the end, she is told to mind her own business.

One hundred years after Rhoda Gale,²⁹ Mary Prance³⁹ and Nan Prince,⁴² Dr. Mara Fox the “Spinster Professor” of Reproductive Biology in Goldsworthy’s *Honk If You Are Jesus*⁵⁸ is clearly developing in the tradition of the competent but unattractive female physician, much to her mother’s chagrin.

"[My mother] had never been entirely happy when my school reports came home: top of the class, invariably ... She wanted me to do well, she claimed, but not that well ... isolating myself from the girl world of domestic science, netball and average academic achievement ... The choice of medicine as a career had worried her even more. 'So much hard work, when will you have time to relax?' Meaning when will you have time to find a husband?⁵⁹ [As far as Mara's mother is concerned] ... not even a Nobel Prize for Medicine would have redeemed my unmarried and childless state or the fact that I was Not Like Other Little Girls."⁶⁰

Mara, physically unappealing,⁶¹ asthmatic⁶² and cynical⁶³ engages in pseudo-masturbatory activities, inserting an endoscopic instrument into herself on several occasions.⁶⁴ "Real" sex comes for the first time at the age of forty-eight⁶⁵ but the act is clearly as distasteful and unromantic as that of a bull mounting a trestle draped with a cow hide.⁶⁶ Mara's copulatory performance is somewhat more exciting during a second attempt,⁶⁷ but her "affair" dies a natural death after a few weeks. Despite her name⁶⁸ and her mother's statements to the contrary,⁶⁹ Mara is not embittered. She is resigned to her spinsterhood and her imminent menopause and she has enough insight to recognize that her lack of communication skills makes her feel more comfortable in the operating room than in the consulting room.⁷⁰ Apart from occasional outbursts of belligerence, she lives in reasonable harmony with her environment. Mara finishes up improbably pregnant (Goldsworthy leaves the reader in some doubt concerning the paternity and maternity of the fetus) but it is difficult to visualize Mara gossiping with a group of mothers at a child-minding center.

Jo, another "unsexed" female doctor, and the only woman amongst a group of male medical clowns in *The House of God*,⁷¹ fails both as a woman and as a physician.⁷² Having entered "medical school at a barely pubescent age," she is devoid of any talent as a homemaker. As a resident in internal medicine, she is full of theoretical knowledge, which she carries around with her either in her head or in her portable card index, but she lacks common sense and almost kills a demented old woman by subjecting her to meddlesome investigations.⁷²

Dr. Vera Mihalic, the chief psychiatric resident in Segal's *Doctors*⁷³ also belongs in this

category. “Straight-backed, intense ... with thick granny glasses,” Vera has a fear of men: “They’re either too phallic or too encephalic.”⁷⁴ In the hope of not turning thirty still a virgin, Vera decides to offer herself to one of the residents who, she discovers, does not appreciate her physical charms or her personality. When she overhears him talking on the phone, informing the person at the other end: “Vera Mihalic is to sex what ants are to a picnic,” she abandons her attempts at seduction and, instead, expresses her hostility by wrecking his bathroom.⁷⁵

Dr. Rachel Redpath and her Lesbian colleagues in *The Fourth Procedure*⁷⁶ are stereotyped Amazons fighting the good fight against pro-life males, and using improbable transplantation procedures to prove their point.⁷⁷ (See also Book 3, p. 260.)

All of Huyler’s women doctors belong in the “competent but repulsive” category. Rosa, the senior resident in *Jaw*⁷⁸ is “a terrific surgeon ... quick and careful in the OR, standing on a stool so that she could see into the field ... In the trauma room she was an absolute presence, curt as the events flowed and unfolded, making her choices.” As the years pass, Rosa begins to develop self-doubts. “It really makes me wonder why I’m doing this. I thought I’d be married with kids by now, like my sister.” (*See also* nostalgia, p. 24.) She compensates for her lack of success on the home front with obscene expletives and sexual wisecracks. When a young couple is brought into the accident and emergency room and the woman is found to have a broken jaw, Rosa announces that “blow-jobs” on “Bobby” (who is in an adjacent cubicle) will have to be deferred for the time being. “Rosa treated the men under her with a delicate combination of autocracy and desire. She would ... sit down uninvited next to us on the couch of the trauma call room [and] drape her legs over our laps.” Mostly, this pseudo-foreplay leads nowhere. Rosa’s evening with one of the junior residents ends after dinner when he fails to respond to her mating signals and she has to drive home to her empty house and her loneliness.⁷⁸

Ruth, a neurosurgeon⁷⁹ is worse. “Technically skilled ... quick and accurate,” she gives a most impressive demonstration of how a subdural hematoma is evacuated. Unfortunately, there are worrying signs. Ruth wears close-cropped hair (see footnote p. 17) and “a black

tie-dyed T-shirt under her scrubs.” A white triangular scar on her upper lip suggests past violence. She is revealed as a drug-addicted, promiscuous Lesbian, subject to bouts of violent rages during which she beats up her lovers or cuts the throats of live chickens. Her neurosurgical appointment is terminated and she disappears without a trace.⁷⁹

Dr. Carrie Wilson, yet another of Huyler’s woman doctors,⁸⁰ while not as weird (or as competent) as Rosa⁷⁸ and Ruth,⁷⁹ nonetheless fits readily into the category of physically and emotionally unattractive women-doctors. Carrie has “close-cropped* very blond hair and a long pale neck.”⁸¹ Indeed, she is repeatedly identified by this physical blemish (“the long-necked girl”⁸²) rather than by name or medical position. Dr. Wilson speaks in a “hard and clipped” voice and does not hesitate to pull rank on Melissa, a middle-aged nurse who queries one of her orders. “When you go to medical school,” she tells Melissa, “you can decide.”⁸¹ Dr. Wilson’s bedside manner is deplorable. When the semi-conscious Dr. Michael Grant, who has just had a massive hematemesis, makes an effort to tell her something, she does not listen. When there is a further hematemesis, Wilson seems more concerned with a few specks of blood on her white coat than with the patient’s life-threatening problems. Her therapeutic ability is also suboptimal. She panics when she has to intubate her doctor-patient, and while she manages to insert an endotracheal tube on the second attempt, the patient’s sedation is withdrawn too soon.⁸²

By contrast, a fourth fictional woman doctor in Huyler’s works,⁸³ is almost perfect. As a medical student Dr Ann Grant,⁸³ with her exceptionally good brain, is “restrained,” and “quietly serious. She graduates near the top of her class, glides effortlessly through her residency in internal medicine, and performs outstandingly as a cardiology fellow at prestigious institutions. Her husband, Dr. Michael Grant, has a much less distinguished career. At the age of thirty-five⁸⁴ he is an assistant in a private practice in a small North Carolina city, where he displays multiple symptoms of the early burn-out syndrome (see Book 2, p. 180). He abandons his controlled, dedicated, intelligent and attractive wife just before he finishes his training in infectious diseases,⁸³ providing scarcely a hint of a

* “Close cropped hair” as a badge of the female physician occurs in multiple works of fiction. ^{9, 39, 79, 80, 95, 239, 250, 262}

motive for this apparently capricious behavior. Between the lines, Huyler suggests that the "otherworldliness" of this "lovely alien"⁸³ which Michael initially finds attractive, fails, after a few years, to resonate sufficiently with his own narcissistic personality. In other words, Ann may be good-looking, athletic and a great professional achiever, but her aloofness makes Michael regard her as an emotional freak.

Douglas⁸⁵ restates the notion of an inverse correlation between physical attractiveness and clinical proficiency among female doctors: Dr Hamilton "turned out to be one of the cleverest, largest and ugliest female graduates Edinburgh had produced for some time."⁸⁶ Dr Jean Moray, on the other hand, an attractive and sensible woman, who rates only an average grading for her work as an intern,⁸⁷ performs well in bed, and is not unduly guilt-ridden about her marital infidelity.⁸⁸

"The pretty ones always marry young"²

The notion that good looks and other "desirable" female traits are incompatible with medical professionalism is perpetuated by multiple authors of fiction. Like Margaret Brandt³⁸ who has gender difficulties in medieval times (see p. 10), Grace Breen M.D.⁸⁹ serves as an example of a female doctor who is unable to survive in the harsh world of the nineteenth century. Grace, who tries "not to be impulsive"⁹⁰ retains traditional feminine characteristics but fails both as a doctor and as a wife. Her "practice" consists of one patient, a dependent and manipulative school friend (Louise Maynard) who is estranged from her husband and suffers from tuberculosis. Grace invites this woman to come on a vacation with her, pays her hotel expenses and assumes medical responsibility. She gives Mrs. Maynard conflicting instructions,⁹¹ she blames herself for a boating accident and it does not come as a surprise when Louise declares, after a slight hemoptysis, "I can't be trifled with any longer. I want a man doctor."⁹² Dr. Rufus Mulbridge, an excellent clinician,⁹³ takes over; Grace is reduced to the status of a nurse

and decides, after her experience with Louise, that medicine is not for her. * She marries an intellectual lightweight but, after her brief taste of independent professional work, “she is not infatuated with her husband.”⁹⁵ Grace’s emotional unsuitability for the medical profession does not make her exceptional. Many doctors (mostly males) are misfits (see Book 2, Chapter 5) but Grace is almost unique in her total rejection of the profession as the result of a single mishap.

Multiple fictional women doctors in the first half of the twentieth century are more competent than Grace Breen,⁸⁹ but accept relatively lowly positions in order to function as traditional wives and mothers.

Dr. Jean Gordon, a Scottish assistant in an English general practice (in 1929) displays many favorable traits. Her housekeeper disapproves “of her youth and sex” and persists in referring to her as “Miss” Gordon,⁹⁶ but Jean’s chief, old Dr. Luke Serocold, is impressed with her, particularly with her ability to distinguish precisely what she knows from what she does not know.

“[He] had never seen her hurried or anxious or out of countenance any more than he had ever seen her untidy or at a loss for an answer. She knew what she did not know with a prompt exactitude and when her knowledge gave out she never wasted any time in pretending that her memory had failed her.”⁹⁷

Dr. Gordon exhibits only mild traits of “mannishness.” She wears her hair “cropped,” (see footnote p. 17) she dresses in “leather breeches” and she rides a motor cycle when making house calls. She seems “more like a boy than a girl” to Dr. Serocold, who nevertheless wishes “she were my son or my daughter.”⁹⁷ However, she makes up for her leather breeches by covering the upper part of her body with a silk shirt and there is “something satisfying about her neat round ... head, her rosy, freckled, sensible face and the unwinking stare of her gray kitten’s eyes.”⁹⁷ All ambiguities concerning Jean Gordon’s gender role are resolved towards the end of the story when she reveals that she is engaged to be married.⁹⁸ Her future husband will perform the important, masculine

* Wegener⁹⁴ expresses the view that the unfortunate “Miss Breen” possesses considerable clinical skills, but to a medical reader such skills are not readily apparent.

tasks while she will act as his assistant and tidy up after him.

“ ‘Donald and I are going to set up in practice together. . . . We shall look out for a place where he can get some surgery.’ ‘And what are you going to do?’ Dr. Serocold enquired. ‘Oh, the anesthetics and the odd jobs and the mothers and babies.’ She seemed perfectly content with the second place. ‘It’s always useful for one doctor to marry another,’ she announced seriously. ‘They can fit in with one another’s work,’ “⁹⁸

Antoine and Marie Ricaud,⁹⁹ both of them students at Limoges University, and both from poor families, marry when Antoine is in his fourth year and she in her third. Within a few months, she is pregnant so that, as soon as he obtains his license to practice, she abandons her studies, and they move into a small country town in the Cantal Department. He becomes the local general practitioner while she assists with the “dispensary” side of the practice. For a variety of reasons, the entire scheme turns into a disaster though the family relationship remains good.

Wodehouse's Dr Sally Smith¹⁰⁰ starts off with the “right” attitude. She

"was always meeting men who exclaimed 'Good Lord' or its equivalent when informed of her profession and she disliked it. It seemed to her they said it in the voice a small boy would use in being introduced to a circus freak. The male mind did not appear to grasp immediately the fact that a woman doctor need not of necessity be a gargoyle with steel-rimmed spectacles and a wash-leather complexion."¹⁰⁰

Sally who is attractive, healthy and intelligent does not "droop and blush and giggle."¹⁰¹ She is an excellent golfer. She "had been called upon at fairly frequent intervals to reject the proffered hands and hearts" of inappropriate male suitors.¹⁰² Unfortunately, her nemesis comes when she is unable to resist the blandishments of Bill Bannister, a typical idle, rich English fool, who owns an ancestral mansion. A union with Bannister is highly unlikely to advance Sally’s medical career.

Angela Koldewey,¹⁰³ a German novel of the Nazi period,^{*} has as its heroine, a unidimensional, idealistic woman doctor who never outgrows the role of a “sweet little

^{*} *Angela Koldewey* which is not available in English, is discussed in detail in Phillip Scott’s book.¹⁰⁴

angel.”¹⁰⁵ Angela first conceives the idea of a medical career when, on a visit to South Asia¹⁰³ at the age 17, she becomes aware of the horrendous childbirth rituals in colonial India and decides to go back to Germany to study medicine and to take the “white woman’s burden” upon herself. She wants to be a gynecologist so as to help the poor “native” women, though, during her medical course, she is persuaded that she does not belong in India and that there is plenty of scope for altruistic activities amongst her “own people.”¹⁰⁷ She goes through a brief emotional crisis when one of her patients dies,¹⁰⁸ but her resolve to “fight the grim reaper” remains undiminished. This introspective woman, who can hardly bear the sight of dissected mice and guinea pigs¹⁰⁹ subsequently enters a fanciful research career, and discovers a cure for Hodgkin’s disease¹¹⁰ (see Book 3, Chapter 6). Angela’s more realistic contributions belong to the art rather than the science of medicine. She comforts frightened women patients, holds their hands¹¹¹ and wipes the tears from their eyes, tasks that make male doctors “impatient.”¹¹² When Angela herself develops Hodgkin’s lymphoma, she decides that she needs to get married and to become pregnant.¹¹³ Her wishes are gratified, she marries a medical colleague and delivers an apparently normal baby, but the child has to be raised by its grandparents.¹¹⁴

In *A Certain Doctor French*,¹¹⁵ which dates from the 1940’s, Elizabeth Seifert tells of the tribulations of a female physician whose future husband “generously” allows her to indulge her whim, and to tinker at the edges of medical practice. Dr Leslie Gilmore starts her career as a victim (see p. 32), when she fails to obtain a residency in a Children's Hospital

"not because I didn't do good work but because I was a woman ... I resigned from the hospital and opened my own office [but] I failed there too. People just wouldn't come to a woman doctor if they could find a man in the same building ... I could have got a job in some sort of female institute, but I didn't want that."¹¹⁶

Leslie considers herself a failure. She agrees to give up medicine so as to marry a lawyer who "didn't want to marry a career woman"¹¹⁷ but changes her mind on her marriage trip. She spends some months incognito in a small Missouri town, falls in love with a "huge, red-headed lawyer-farmer"¹¹⁴ and finally lets him into the secret of her background.¹¹⁶ Her lover is amazed. "Are you honestly a doctor, Leslie? You're so little and pretty."

When Leslie tells him of her vicissitudes, he comforts her. "Don't fret about being a failure ... you're going to marry me now and women succeed in marriage even if they don't in medicine."¹¹⁶ Leslie pleads with her future husband to let her do some "doctoring."

'What if I said no? What if I said like your friend Clemens that I didn't want a career-woman wife? Would you still marry me?' Leslie looked at him. He was big and he was strong - she smiled into his burning eyes. 'Yes.' she said softly ... 'I'm a woman and my marriage would come first. But - oh, could I do both?' [The big, strong, handsome man relents.] 'Of course I'll let you doctor.'¹¹⁸

Marianne Duriez, the sweet and innocent medical student in Soubiran's *The Doctors*,¹¹⁹ is highly appreciated by her patients,¹²⁰ especially by Old Monsieur Thury who is obviously better educated and more intelligent than the average inmate of a French public hospital.¹²¹ Thury does not as a rule appreciate female medical students whom he regards as "simpering scatterbrains or ... callous blue-stockings," but Marianne constitutes an exception. Despite her lack of interest in female company and her unrealizable wish to "have been born a boy,"¹²² he considers her "as fine morally as she is physically." Thury, who evidently believes that the best career for a "fine moral person" like Marianne is that of a wife and mother, fancies himself as a match-maker, and recommends the young lady's sterling qualities to one of the senior male medical students (Jean Nérac): "I tell you, the man who has the chance of winning that girl for his own is either a madman or a monster if he does not take it."¹²³

Marianne herself seems to be heading in a different direction. She spends endless hours in the wards, identifying with the patients, listening to their life histories, and trying to help them with their various problems. She declares that this kind of behavior reflects her basic personality: "When I was little and I saw another girl being punished and crying in a corner, I always wanted to run up and console her."¹²⁴ Marianne's over-involvement with her patients¹²⁵ constitutes both an asset and a liability. She predicts (correctly) that a woman with a phantom limb will kill herself, whereas her male colleagues fail to appreciate the seriousness of the situation.¹²⁵ On the other hand, her lack of detachment leads her into simplistic beliefs like "something must be done," and a "new" operation is

bound to succeed where the old procedure had failed. One of her friends warns: "Take care you don't overdo it. At this rate you're more likely to end up as a nun than a doctor."¹²⁶ (See also *Lack of Detachment*, p. 48.)

Dr Jane Langford,¹²⁷ an intern at a city hospital¹²⁸ during the mid-twentieth century, carries out her routine¹²⁹ and emergency¹³⁰ duties efficiently and conscientiously. She is not attracted to careers in "Pediatrics or Gynecology which had been suggested to her as fields more suitable [than surgery] for a woman physician."¹²⁸ Unfortunately, Jane's male colleagues are not impressed with her obvious clinical skills, and constantly advise her to abandon her medical career: "You could have a husband, and a couple of kids – half a dozen if you wanted them – but here you sit waiting to go chasing off on an ambulance."¹²⁸ Jane succumbs to peer pressure, abandons her ambitions to join the upper echelons of the profession and settles for a more modest medical career. She ends up marrying a small town preacher who is happy to let her practice medicine and to provide her patients with "charitable gifts." Through most of McElfresh's book "Jane Langford MD is Jane Langford, woman"¹³¹ and much the same can be said about Angela Koldewey,¹⁰³ Leslie Gilmore¹¹⁵ and Marianne Duriez.¹¹⁹ Not one of these good (almost saintly) women comes across as a professional medical person. They are concerned with the state of the world, rather than the illnesses of their patients.

CP Snow's Dr. Vicky Shaw,¹³² who displays no signs of saintliness, obtains little gratification from her degree in medicine. Although only in her late twenties, she has already abandoned any ambition of an intellectually rewarding career and thinks of herself almost entirely as a wife and a mother. Vicky, who believes she is "a bit too old to be sleeping alone," considers herself deeply in love with Pat Eliot, a university dropout and four years her junior. She proposes to work, while Pat, whose talent for philandering is well established, tries to demonstrate that he has artistic talent, too. She has enough insight to realize that Pat may lack ability or become bored or both,¹³² and that she may have to be the family breadwinner.

"There is a snag of course. You can't do a medical job with young children around. I'm too wrapped up in

him to think about children now ... I'm just the same as everybody else aren't I? I expect I shall turn into a pretty doting mother ... If we wanted to start a family in three or four years' time and we oughtn't to leave it much later ... then he mightn't be able to keep us, might he?"¹³³

Vicky has to cope with handicaps over and above those relating to her infatuation with Pat Eliot and her desire to bear children. Despite some superficial medical mannerisms such as "the touch of bossiness, the doctor's edge" in her voice,¹³² she lacks the vocation for clinical work. "It's a job," she declares. She also says that she might have enjoyed pediatrics. "Children," she declares "are going to get better, most of them,"¹³² suggesting that she cannot visualize herself functioning in an environment where many patients fail to get better.

Another example of the half-hearted woman doctor is to be found in Ursula Bloom's *The Woman Doctor*¹³⁴ written in 1978 but set in 1918. The principal character in this novel is Anna Thorpe, a well-trained, competent and apparently dedicated female general practitioner. However, there are no exciting medical adventures and as the readers turn the pages of this tedious and repetitive story, they wait for something "real" to happen. Will Anna fall in love with the gardening Anglican rector?¹³⁵ She declines an offer of marriage by a professional actor, on the grounds that her medical career and his theatre work are incompatible.¹³⁶ However, a romance with another doctor begins to blossom almost as soon as the actor has exited the stage.

Nostalgia for a "Normal" Family Life.

A subset of the "feminine" stereotype consists of women doctors more dedicated than Vicky Shaw¹³² (see p. 23), sufficiently competent to obtain and hold down prestigious and responsible clinical positions, but frustrated by the loss of their traditional roles. They crave a more "natural" life with children, a house in the suburbs, a Volvo station wagon and a dog.¹³⁷ Some of these women doctors revert to their traditional "bed and breakfast" functions.

The syndrome is discussed in detail by Tabitha Sparks¹³⁸ and an early example is

provided by Rebecca Davis' Dr Sarah Coyt,¹³⁹ who has given up regular medical practice to become a full-time campaigner for women's rights. She still treats occasional patients but "never had entire control of herself when she had a child in her arms." The day before she is to appear before a Congressional Committee as a representative of the Women's Rights movement, she ruminates about her only pregnancy, her dead baby and the various physiological alterations in the size of her breasts.¹³⁸ When, that night, an old friend dies as the result of a train accident, Sarah, on the spur of the moment, decides to abandon any pretence to a clinical or a political career, and, instead, to bring up the dead man's orphaned children.¹³⁸ "The Congressional committee met, according to appointment, and waited in vain for Doctor Sarah."

Similarly, Dr. Lucy Grainger in Hailey's *The Final Diagnosis*,¹⁴⁰ a sympathetically portrayed thirty-five year old female orthopedic surgeon, has previously turned down an offer of marriage, but is now having an improbable, belated romance with the Chief of Surgery. This Romeo, seven years older than Lucy and still unmarried, has an "athlete's bulk" and is "all man, every inch."¹⁴⁰ The romance prospers but the author is silent on Lucy's subsequent orthopedic activities.

On the other hand Dr. Joanna Marlowe¹⁴¹ accepts her spinsterhood and childlessness as the price that has to be paid for professional success. Joanna holds a high position in the World Health Organization. She is provided with a chauffeur-driven car, she flies all over the world to speak at conferences (subject: the tse-tse fly) and she enjoys the status of a national celebrity. Her colorless sister and her disappointed brother-in-law envy her professional success and her glamorous life-style. However, Joanna has never had a lover and is very conscious of the fact that she will never have a child. Before setting off on yet another trip to Africa she talks of "one more round in a losing battle" presumably with old age and loneliness.¹⁴²

The conflict between "career" and "family" runs a more tortuous course in Dr. Jane Everest,¹⁴³ a psychiatrist in an English mental institution. Jane begins her career in the masculine tradition. Trained for a "profession like her brothers ... she could ride, hunt,

climb, fence and swim as well as they could,"¹⁴⁴ making up for the lack of "manliness" in her late fiancé who was shot for cowardice during World War I.¹⁴⁵ Jane, despite her training in male pursuits, has retained some feminine charm, an asset to a psychiatrist caring for the disturbed, violent male inmates of an old-fashioned "asylum." She effortlessly calms an aggressive patient who had created a commotion the previous night.

"[Jane] smiled down at the great black paranoiac: 'If you disturb anyone tonight, Jerry,' she said good-humoredly, 'you won't be able to sing in church tomorrow. That would be a pity because you have such a nice voice.' Jerry's scowl faded."¹⁴⁶

Dr. Everest (aged thirty-three) is not physically repulsive and comes across as "immaculate" rather than mannish. Her effect on women is predictable. The Hospital Matron resents having "a woman over her head."¹⁴⁷ Myra Anderson, the "evil" seductress, declares "it would be too awful being ill and having to be told by another woman that it was all nerves."¹⁴⁸ Sally Macgregor, the brainless, gushing child-bride of a colleague is jealous of Jane's intellectual ability. "She decides him ... I only please him."¹⁴⁹

Jane's relationship with men is more complex. "Other women guessed when men were physically attracted to them, but Jane. ... never knew."¹⁵⁰ One of her male assistants detests her: "Every nerve of his masculine vanity had been stung by his three months' enforced subordination. He couldn't look at Jane without wanting to hit her."¹⁴⁴ Another male assistant adores her.

[He] "wanted to die for [her] even at the breakfast table. Being hindered from presenting her with this ultimate proof of his ardor, he had kept her toast warm ... 'Thank you, I never eat toast,' Jane said acidly."¹⁴⁴

Dr. Charles Drummond, the Medical Superintendent, seems her worst enemy. Almost a virgin at thirty-six, Drummond is portrayed as a Simon Stylites figure,"sitting on his platform, dangling his legs."¹⁵¹ He dislikes women in general, women doctors in particular, and Jane, whom he wants to dismiss, most of all,¹⁵² However, as the story unfolds he comes to recognize her medical and social talents, he descends from his tower and offers to marry her. After a long and convoluted discussion on the nature of marriage

and partnership, Jane accepts.

A more modern version of the medical career woman, who succumbs to her nostalgia for a “normal” family life, occurs in one of Frank Slaughter’s last novels.¹⁵³ The two principal characters, Drs. Elizabeth MacGowan and Ted Bronson are lovers. Both are Associate Professors at “Biscayne University” and both work at the University Hospital - he as head of transplant surgery, she as “an authority ... [on] ... amniocentesis.”¹⁵⁴ Initially Elizabeth “turned down his proposals of marriage [on the grounds] ... that her career was not yet ... established.” However Slaughter makes it clear almost from the opening page of *No Greater Love* that Elizabeth, despite her protestations, is more interested in motherhood than in a full chair in obstetrics and gynecology. When Bronson remarks “It’s a sin for anyone as beautiful as you are to be a doctor” and offers to impregnate her, Elizabeth counters with the high price of nannies.¹⁵⁴ When Elizabeth laughingly describes herself as “a very militant feminist,”¹⁵⁵ Ted promises to “mix the drinks before dinner and see that the children do their homework.” Elizabeth “forgets” to take the pill and discovers that “research was never my forte.”¹⁵⁶ The book ends with Ted marrying Elizabeth and turning her into “an honest woman.”

Ravin’s Dr. Ann Payson, a superb cardiothoracic surgeon, has been considered for the post of Chief of Surgery at “St George’s University Hospital” but “the morons in the dean’s office” appoint a search committee who proceed to select “an overstuffed honcho from the outside.”¹⁵⁷ The “honcho” turns out a surgical disaster¹⁵⁸ and members of the staff speculate why Ann “the obvious choice” has not been appointed. Did the committee consider her too young at thirty- seven? Did she not want the job? Were her obvious intelligence and competence resented “in a department full of Southern males?”¹⁵⁹ Ann herself supplies the reason for her non-appointment. Despite her diabetes, she has become wistful and clucky in the presence of babies.¹⁶⁰ She initially advises her lover to get himself “a nice healthy girl with a good pelvis and have some kids” but subsequently decides to assume the role of the brood-mare herself.¹³⁷ Unlike her male chief with his glaring faults, Ann will never be Departmental Head or edit a textbook of surgery.

When Havard's Dr Janet James ¹⁶¹ first appears, she holds out some promise of adding interest to the plot. Unlike the majority of doctors (see Book 2, Chapter 3), Janet is religious, and in answer to the question "What do you plan to do?" replies "Whatever the Good Lord has in mind for me."¹⁶¹ Janet's religious convictions do not seem to influence her medical behavior. At the decisive moment of the story, when medical mismanagement causes the death of a young man, Janet is as ineffective as the drunken head of the emergency department.¹⁶² When Jonathan Brookes, the surgical hero of the story, says goodbye to Janet at the end of his six-months' term, he asks her again what she is going to do.¹⁶³ This time there is no mention of the Almighty. "I can always stay on here," says Janet but her "fixed smile belied the sadness in the way she shrugged her shoulders." The reason for Janet's unhappiness is not revealed – indeed, she has actually been offered a promotion. One suspects that Jonathan's departure reminds Janet that the chances of finding an evangelical husband are fading into the distance.¹⁶³

Women Doctors with Non-Medical Partners

While marriages between two doctors both in the real world ¹⁶⁴ and in fiction ^{98, 99, 113, 143, 153} may be plagued by tensions relating to career conflicts, female doctors who answer the "call of nature" by marrying non-medical men, confront a different problem, particularly if they continue their clinical activities: They have to work irregular hours and be prepared for emergency calls, both sources of annoyance to their "domesticated" male partners. More importantly, as Drs. Anna Prince⁴² and Helen Brent⁴⁸ clearly recognize (see pp. 12-13), the physician's ability to view illnesses (including emotional disturbances) with analytical detachment, is difficult to share with lay persons.⁴⁶ Obviously, lay women married to medical husbands have similar problems (see Book 2, Chapter 1), but seem better at adapting to the situation. Lay husbands' attitudes towards their wives' clinical labors range from "quiet hostility"¹⁶⁵ to morbid jealousy.¹⁶⁶

The predicament of the medical wife with a lay husband is illustrated by Segal's Dr Laura Castellano¹⁶⁶ (see also p. 34) and the two women doctors in Conroy's *Prince of Tides*.¹⁶⁷ The three come from very different backgrounds but share a common ordeal:

they all experience severe marital tensions as the result of their profession. Dr Sallie Wingo, who grew up in a Southern mill town¹⁶⁸ studied medicine in Charleston, South Carolina,¹⁶⁹ trained in pediatrics and now works at the University Medical Center. Her husband, Tom Wingo, an unemployed teacher and football coach,¹⁶⁹ intensely aware of his inferior status, describes himself as “polishing the silver while his wife discovers a cure for cancer” and as “sad Tom Wingo making a perfect soufflé while his wife knocks down a hundred grand a year.”¹⁷⁰ He has become disinterested in Sallie though he reacts with outrage when he discovers that she is having an affair with one of the “cultured” doctors at the hospital. The gentleman in question is described (by Tom) as a “pompous, intolerable asshole” whose trappings include a British motor cycle and a meerschaum pipe. The layman’s suspicions of the secret life at the hospital and the beeper “that obnoxious symbol of the doctor” are never far from the surface. “When your little beeper goes off at night and you’re called to the hospital for one of those innumerable little emergencies, are you sometimes driving over to inspect the good doctor’s meerschaum?”¹⁷¹

Dr Susan Lowenstein, who comes from a wealthy New York family, presumably received her medical degree and her psychiatric training at more prestigious institutions than those attended by Dr Sallie Wingo. Unlike Sallie, who looks after poor and disadvantaged children, Susan treats “rich and famous” patients, but, like Sallie, she is trapped in a dysfunctional marriage. Her husband, a famous musician, is not only openly unfaithful but also uses a variety of tactics to humiliate her in public.¹⁷² “All of us know,” he tells Susan at a dinner party, “how proud you are of your literary clientele of scribbling psychotics.” He goes on to announce to the rest of the party: “My wife is the shrink of choice among artists of distinction in New York. She drops their names constantly, then pretends it’s accidental. All of us find it charming.”¹⁷²

Conroy’s women doctors both worry about their physical appearances. Sallie believes her breasts are too small¹⁷¹ whereas Susan is concerned about her weight.¹⁷³ Both are abandoned by their lovers and both return to their husbands in search of further punishment.¹⁷⁴ Neither of them acts like a “proper” doctor. Sallie’s medical degree is

almost irrelevant. Apart from her beeper, which annoys her unemployed husband,¹⁷¹ and her account of a rectal examination, which disgusts her daughter,¹⁷⁵ she might as well be an executive in an insurance company. Susan Lowenstein starts off as a plausible psychiatrist, trying to interview Tom Wingo, the brother of one of her suicidal patients,¹⁷⁶ but, within minutes, she is overwhelmed by his wisecracks and his apparent hostility. After one or two “consultations” the two go out together on dinner dates,¹⁷⁷⁻⁸ where he observes, “a slow abandonment of that resolute professionalism she wore in her office.”¹⁷² Dr Lowenstein involves Tom in her own family problems and the two become lovers.¹⁷⁹

Laura Castellano’s military husband is unable to believe that his wife, due home at midnight, is delayed by an emergency involving a set of premature twins. He accuses her of infidelity and after a few further lonesome nights he seeks consolation outside the marital bed¹⁸⁰ (see also p. 34).

These three female doctors, Susan and Laura, the convoluted New Yorkers, and Sallie, the straightforward Southerner, are all portrayed sympathetically. The reader can identify and suffer with these intelligent, capable, loveable and vulnerable representatives of late 20th century Western professional women. However, all three are too pre-occupied with their own tangled personal relationships to function as “complete” physicians.

The Seductress with a Medical Degree

Wilkie Collins’ Sophia Pillico M.D.¹⁸¹ represents the third unfavorable stereotype of the woman doctor – the medically qualified sex kitten. When Mr. Otto Fitzmark, an idle, hypochondriacal and rich young fool, first hears about this “She-Doctor” he naturally assumes that the lady in question “is a bony old wretch with a wig and spectacles.” He is quite wrong. Sophia, an exceptionally attractive young woman, “excites admiration (especially among men) for qualities other than those relating to her medical ability.” Dr. Pillico claims she does not desire or notice such admiration, that she looks forward to a time in her life when this distraction will no longer interfere with her clinical activities

but her behavior suggests otherwise. She advises Otto, (“purely on medical grounds”) not to attend a garden party where he will meet another eligible young woman. She tells him (“professionally”) his heart is so weak that he must never marry, but reverses this advice when she discovers that the other woman has given up her claims on him. When Sophia’s designs are thwarted, she declares that she found the affair “offensive” but Collins leaves his readers in no doubt that Sophia’s avowed impatience for the approach of old age is insincere and that she will continue to stalk susceptible male victims.¹⁸¹

Dr. Karen Fletcher in Slaughter's *Women in White*,¹⁸² whose successful career is attributable, at least in part, to her physical charms, provides a twentieth century example of this species. Karen has "a real ability and flair for the fields of pathology and toxicology" but her "meteoric rise" is due mainly to her "petite beauty" and her sexual skills, which she uses shamelessly to obtain promotions.¹⁸²

Ravin's Diana Hayes, Chief of Diagnostic Cardiology at "Manhattan" Hospital,¹⁸³ also belongs in this category. Diana, aged thirty-six, excels at everything she does. She pulls foreign bodies out of the heart,¹⁸⁴ she publishes multiple papers in prestigious journals,¹⁸⁵ and she is an excellent though somewhat sarcastic teacher.¹⁸⁶ Sexually, Diana, with her flawless body, is a hyena. She is married to a middle-aged economics professor,¹⁸⁷ she sleeps with the Chairman of Medicine,¹⁸⁸ and, as an additional diversion, she seduces William Ryan, an intern ten years younger than herself.¹⁸⁹ The affair, which disrupts Ryan’s career, is doomed from the start. The differences between their ages and their respective positions on the power pyramid are aggravated by their respective expectations: Ryan, the idealist, yearns for an "enduring fantasy,"¹⁹⁰ while Diana dislikes long-term commitments and "clinging" men. "Why couldn't men be men? Why did they not simply know when she wanted to be intruded upon and when she did not? If she wanted to be with a man, or to hear from him, she'd let him know. If not, why bother, as if whimpering could change her heart."¹⁹⁰ At the crucial committee meeting¹⁹¹ when the vindictive Departmental Chairman proposes not to re-appoint Ryan, two of the attending physicians speak up in his favor. Diana, who by this time is tired of him, says nothing and he is dumped, despite his publication in the *New England Journal of Medicine*. The book

ends with Ryan driving a U-Haul out of New York City leaving the "ice-maiden" at Manhattan Hospital, no doubt in search of further pubic scalps. (See also Book 3, pp. 340-2.)

Dr Betty Lou Taft ("Honey") in Sheldon's *Nothing Lasts Forever*¹⁹² is totally devoid of any kind of medical skills^{193, 194} and should never have graduated. Unlike Karen Fletcher¹⁸² and Diana Hayes¹⁸³⁻¹⁹⁰ who also advance their careers by the labial route, Dr Taft has no talents other than those associated with sexual activities. She fornicates her way into and through medical school¹⁹⁵ and, when threatened with expulsion for incompetence during her residency, she saves herself by seducing the hospital administrator.¹⁹⁶ At the end of the story, Betty Lou abandons her medical career and becomes, what she wanted to be in the first place, a nurse.¹⁹⁷ (See also p. 104 and p. 174.)

Not quite as ignorant of medicine or as conversant with the Kama Sutra as Dr. Taft,¹⁸⁸⁻¹⁹³ Dr. Clarissa Mason-Fraser¹⁹⁸ must nevertheless be classified as yet another seductress with a medical degree. She is "gorgeous, aware of it and not backward in using it to her advantage."¹⁹⁹ Despite her reputation for unreliability and laziness, she secures a place in the highly sought after "Physicians Training Scheme," possibly with the assistance of her current boy friend, a cardiologist. "Apparently, she fancied the idea of becoming a cardiologist herself, although no one knew why, since her ambitions seemed confined to partying often, travelling widely and marrying well."¹⁹⁹ Predictably, Clarissa fails her exams and "having decided that to pass required more than contacts and favors" she drops out of the training scheme, tries her hand at general practice but finds the work too hard. By the time we meet her, she has obtained a position with a malpractice insurance company where her father sits on the Board of Directors and where she continues her work-shy and shiftless career.

The Victim

The fourth stereotype portrays women doctors as unfortunate victims. The syndrome of the "suffering healer"²⁰⁰ was originally described in men, and multiple male wounded

healers are portrayed in fictional literature.²⁰¹⁻⁵ However, the condition is considerably more common in females. Despite their intelligence and competence, many fictional women doctors have to endure a range of indignities, misfortunes and catastrophes that reads like a catalog of women's sufferings through the ages.

An early example of the woman doctor as victim is Dr Janet Brownlow,²⁰⁶ a graduate of the University of Zurich, who believes herself in possession of a mysterious cure-all, ("Magnum Bonum") discovered by her late father. "Doctor" Demetrius Hermann, an unscrupulous adventurer, considers he can develop this elixir commercially, and tricks Janet into marrying him and into divulging some of its details.. The marriage is a disaster. Herman who bullies Janet, is an incompetent charlatan who has no idea of when and how to use the "*Magnum Bonum.*" When patients die as the result of his misuse of the new medication, and the angry citizens of a small Texas town threaten to lynch them, Hermann absconds and abandons his wife. Their baby dies and in the end, Janet herself dies, having traced her worthless husband and nursed him during a yellow fever epidemic.²⁰⁶

Edith Romney (M.D. Paris), a capable physician practicing at "Wanningster," in the English Midlands in the 1880's, is "taken up" by the "best" families of the town and it becomes fashionable to consult her medically.²⁰⁷ Unfortunately for Edith, fashions change, and when handsome young Dr Austin Fane becomes a partner of one of the established doctors, her practice disintegrates. Apart from his gender, Dr. Fane has another advantage over Dr. Romney. He is full of "humbug" (= an effective bedside manner), whereas she has not learnt to dissemble,²⁰⁸ so that most of her patients desert her and go over to Dr Fane. Worse is to come. The "lower classes" come to despise Edith and she is humiliated in public. Ill health strikes, she develops "brain fever" and, as a form of medical treatment, Dr Fane's senior partner cuts off her hair.²⁰⁹ Edith recovers. She receives an apology and an offer of marriage from Dr Fane, a confirmed believer in women's helplessness, but her subsequent personal life and her professional activities (if any) are not revealed.

Contemporary women doctors do not literally lose their hair,²⁰⁹ but different vicissitudes await them, especially in hospitals. Lewd and degrading remarks, anecdotes and propositions by male colleagues and patients are almost routine.²¹⁰ Senior members of the nursing or administrative staff harbor grudges against women doctors and make their lives difficult.¹⁴⁷ Involvement with married men leads to considerable emotional trauma. Some female doctors are or have been subjected to physical or sexual abuse and join the ranks of the traumatized members of the “sisterhood.” If they opt for a “normal” married life, the “Curse of Eve”²¹¹ strikes them and their children with exceptional ferocity.²¹²

Dr. Laura Castellano,⁷³ (see also p. 28 and p. 30) beautiful, brilliant and brittle, has the potential of occupying full chairs at half a dozen medical schools around the country.²¹³ However, despite her successful academic career, she is cast as the victim throughout most of Segal’s story. Laura who suffers from lifelong insecurity, has “a unique talent for always making ... [herself] the guilty party.”²¹⁴ She considers herself responsible for the conflicts in her first marriage, which is terminated by her military husband (see also pp. 30) after a separation followed by a brief reconciliation.²¹⁵ Her inability to behave diplomatically after a preventable death, results in the non-renewal of her appointment at a Canadian hospital.²¹⁶ A vindictive chief at the NIH blackmails her into withdrawing her application for re-appointment.²¹⁷ Laura, who wants children of her own, is frustrated with her married lover who refuses to divorce his sick wife. “One of these mornings I’m going to wake up and suddenly discover I’m over the hill and I might just want to have a baby before then.”²¹⁷ When she finally marries the “right” man, a childhood friend, Harvard Medical School classmate, and by now a distinguished psychiatrist, she manages to conceive, but she is not a great success in the reproductive department. Her only pregnancy, which is complicated by morbid fears, ends in an emergency Cesarean section²¹⁸ and an abnormal child.²¹⁹ Towards the end of the book, we find Laura, a former Professor of Neonatology at Columbia College of Physicians and Surgeons²²⁰ “laying down (her) ... new-fangled Western ideas” and submitting her dying child to the ministrations of a Chinese herbalist and acupuncturist.²²¹

Konsalik’s Dr. Erica Werner, another victim,²²² starts off as a promising surgical resident,²²³ but her position soon changes. Erica becomes emotionally and physically

attached to Dr. Alf Bornholm, the rising surgical star and Casanova of the University Hospital. Bornholm, who is engaged to the daughter of Dr Rathenau, the “God-Professor” and Head of Surgery, persuades Erica to help him perform an illegal abortion on another of his victims, whom he has seduced, impregnated, and discarded. During the bungled procedure he perforates the uterus and the patient dies. Erica is so besotted with Bornholm, that in order to protect him she declares to Professor Rathenau that she performed the operation and that the disaster occurred because she “lost her head.” When he hears this “admission,” the Professor, a thoroughgoing German chauvinist, explodes: “Trust a woman ... Doctors they may be but they still suffer from nerves. Go and take up some other profession, go and have ten children for all I care but keep clear of medicine if you're going to lose your head in an emergency.”²²⁴ As a result of her false confession, Erica is arrested and receives a lengthy jail sentence.²²⁵ When she is finally exonerated, she decides not to resume her surgical career at the University Hospital. Instead, she takes up a position as a prison medical officer, “a friend of society's outcasts.”²²⁶ Erica typifies the fictional twentieth century woman doctor: She has considerable manual dexterity (“stitching”) but her female virtues of decency and loyalty are stronger than her common sense.

Tepper’s “Doctor” Stavia ²²⁷ becomes a victim through her own faulty judgment. Stavia, who practices a primitive kind of medicine in a misogynistic, post-apocalyptic society, fancies herself in love with “Chernon” an immature, callous and totally selfish military man,²²⁸ who has been instructed by his superiors to befriend Stavia, so as to get her to reveal “women’s secrets.”²²⁹ Despite her medical training and despite multiple warning signs, she runs off with Chernon who rapes her²³⁰ and, when the two of them are captured, betrays her to their enemies.²³¹

Dr Hannah Garrison¹⁶⁵ tries to combine a medical career with marriage and fails at both. We first meet Dr Garrison as she efficiently directs resuscitation procedures at a cardiac arrest scene in the emergency room. The patient dies, leaving Dr Garrison “crushed by depression.”¹⁶⁵ In the meantime her son is abducted and, overnight, Hannah Garrison “doctor, wife, mother, woman of the year”²³² is converted into a weeping victim, barely

able to look after her baby daughter. Instead of supporting others, “Dr. Garrison, savior of the unwashed masses”²³³ becomes hysterical and totally dependent. Ultimately, her son is returned relatively unharmed, but the ordeal has been too great for her to take up her old life. Her marriage is over and her career is over.²³⁴

Yet another such victim is Dr Catherine Cordell in Gerritsen’s *The Surgeon*.²³⁵ Like Hannah Garrison^{165, 232} Dr. Cordell first appears performing heroic, life-saving procedures. However, the author soon reveals that Catherine has been raped in the past, and is now being stalked once again. Catherine “a little damaged, a little vulnerable”²³⁶ is rescued by Detective Thomas Moore of the Boston Police Department. Moore also provides emotional and physical comfort for Catherine, who becomes his lover and, in due course, his wife.

Dr. Julia Kent, the heroine of *Misconceptions*,¹⁹⁸ a competent, conscientious and attractive obstetrician, has to endure much pain and suffering before her life returns to normality. Her tribulations include the unexplained intrauterine death of her baby son at eight months,²³⁷ her husband’s infidelity,²³⁸ a divorce,²³⁹ and several unsuccessful attempts, over the years, to establish new relationships.^{240, 241} Furthermore, she is the defendant in a malpractice suit which threatens to destroy her career (see also Book 1, pp. 244-5). In the end, all turns out for the best. Julia wins her court case, she re-marries her ex-husband and she re-establishes herself as a wife, a mother and capable obstetrician. She becomes one of the few “normal” fictional women doctors who function both domestically and professionally.

Dr Kate Hunter, a black neurosurgical resident in *Nothing Lasts Forever*,¹⁹² does not fare so well. As a young teenager, Kate, a classical victim, is raped and impregnated by her stepfather.²⁴² As a resident, she is confronted by a criminal brother who attempts to blackmail her.²⁴³ Finally, she is murdered by a white male colleague who, after promising to marry Kate, finds another potential spouse from a more conventional background.²⁴⁴

Dr Mary Ingram²⁴⁵ a part-time anesthetist married to a suburban general practitioner,²⁴⁶

and mother of three children²⁴⁷ is not herself an obvious victim, but she strongly and inappropriately identifies with a victim she had barely known. An unpopular clinic administrator has been murdered and the staff members are having to stay behind to be interviewed by a police inspector. Unlike the other doctors, Dr Ingram is visibly distressed.

She had been crying spasmodically while waiting, to the embarrassment of her colleagues who had difficulty in comforting a grief which seemed to them unreasonable and ill-timed.²⁴⁷

The “sisterhood bond” between wronged or potentially wronged women may at times be stronger than medical collegiality. When Dr. Paige Taylor investigates a series of drug thefts at her hospital,²⁴⁸ she comes to suspect Harry Bowman, one of her male colleagues who lives in sumptuous style and claims to have inherited a lot of money from his father. She uses the “woman to woman” approach to trick the secretary in the personnel office into letting her see the suspect’s file.

“Do me a favor, will you, Karen? Just between us, Harry Bowman has asked me to go out with him and I’ve a feeling he’s married. Would you let me have a peek at his personnel file?” ‘Sure. Those horny bastards. They never get enough do they?’²⁴⁸

The file is duly handed over and Paige discovers that Bowman does not come from a wealthy family.²⁴⁸

Contrasting Stereotypes

One of the earliest and sharpest contrasts between “professional” and “feminine” women doctors is provided by Arabella Kenealy in her *Dr Janet of Harley Street*.²⁴⁹ Kenealy’s two principal characters are Dr. Janet Doyle, Senior Physician of the "Minerva Hospital for Women" and Dean of the attached Medical School, and a young medical student, who enrolls under the name of Phyllis Eve. Dr. Doyle, strong, dedicated and effective is

"a middle aged genial-looking woman of a height and figure whose ample proportions she made no ...

effort to disguise by dress. Her ... forehead was large and massive, the chin broad and resolute ... [A] deep voice issued from [the] feminine frame, if indeed, one may so style the stalwart shapelessness of Dr Janet."²⁵⁰

Phyllis, on the other hand, despite changing her surname from "Eve" to "Adam," is not only young and beautiful, but also continues to think like a charming, unsophisticated girl rather than a doctor-in-training. In the dissecting room, instead of getting on with the study of the "arterial and nervous systems," Phyllis fantasizes about the life history of her cadaver. She "touched with a pitying caress the brow of a dead girl whose white limbs she was dissecting ... while tears fell down her own cheeks on the shrunken pauper's breast."²⁵¹

Dr. Janet Doyle, who "conceived a violent affection ... for ... her protégée,"²⁵² expresses herself in terms, which would nowadays be considered typically Lesbian. When her cousin Dr Paul Liveing asks Janet about Phyllis, he is told, in no uncertain terms, to back off: "Paul look here ... The girl is beautiful and sweet. ... I will not have her interfered with. She is my adopted child - I mean, later on, to make her my partner. And I warn you ... to let her alone. I won't have you make love to her - I won't have any man make love to her. I want her for myself."

Dr. Doyle is ambivalent about her students' good looks and feminine charms, which she herself does not have and never had. When Phyllis, as a seventeen-year-old penniless runaway, first appears and asks whether there is a vacancy for a nurse, Dr Doyle, who is keen to recruit female medical students, suggests a medical career instead.²⁵³ The doctor's misgivings concerning Phyllis' aptitude for medicine relate to the girl's appearance rather than her lack of education or motivation. Dr Doyle believes that "good looks ... are the greatest of all obstacles to a woman's success. They attract men's attention to her. This takes her attention from her work."²⁵³

" 'You are too pretty,' ... the doctor mused gazing reflectively at the delicate fair face before her, 'but five years hard work tones a woman's looks down; close study spoils her complexion; ... stooping for ever over books ruins the figure; so that by the time you were qualified you might put in quite a presentable

professional appearance.' "²⁵³

Dr Doyle continues in this vein and declares repeatedly that good looks constitute a grave disadvantage to women trying to practice a profession. On the other hand, she is "vexed ... because a newly entered student, whom her critical eye had approved as being charmingly fresh-faced and feminine, had sacrificed her curls and coils ... shaved [her] pretty head ... and had hidden the delicate womanly curves of her figure under the stiff straitness of a starched shirt."²⁵⁰ She discourages Phyllis from "adopt[ing] the mannish tone of some of her companions." She is unfazed by the realization that Phyllis will "never think as men do and be essentially scientific." On the contrary, declares Dr. Doyle: "I do not wish her to think as men think ... She will never forget that human nature is not comprised by anatomy, physiology and chemistry." "²⁵¹ Dr Doyle evidently believes that a woman with a "tender heart, gentle tongue and soft hand" may have something special to bring to medical practice, and that these womanly gifts are not taught in the dissecting room.

Phyllis' "female urges" prove stronger than her dedication to medicine. She actually graduates ²⁵⁴ but the subsequent partnership between the two women does not materialize. "Cupid ... forestalled Oesculapius (sic),"²⁵⁵ and "Doctor Phyllis" becomes Mrs. Paul Liveing. Like several later fictional women doctors (see pp. 34-37), she turns into another stereotype – the victim, in this instance the victim of disease. Phyllis' medical training does not save her from a traumatic labor, puerperal sepsis, post-natal psychosis and the death of her premature infant.²⁵⁵

Attempts at Favourable Portrayals – Successful and Unsuccessful

Some of the most sympathetic descriptions of female doctors are to be found in nineteenth century novels that aim to show that a degree in medicine does not turn young women into freaks, and that "battles between the sexes" are not an inevitable consequence of women doctors joining a hospital staff.²⁵⁶ Margaret Todd ³⁵ goes to great lengths to show that female medical students are not "out and out blue-stockings,"²⁵⁷ and

that they discuss clothes, flirt, fall in love and act very much like other “girls” of their age group.²⁵⁸ Even the serious-minded and academically gifted Mona Maclean goes through a tortuous love affair and, having gained the gold medal for physiology (after two inexplicable failures), marries Dr. Ralph Dudley, the gold medalist for anatomy.³⁸⁹ Mona, unlike other early women-doctors, is not subjected to harassment by male members of the profession,³⁴ and she is certainly not a man-hater. When her friend Doris Colquhoun expresses outrage at the behavior of a horde of students who collectively examine young women in “The Infirmary,” Mona points out that amongst these exuberant youths some “are truly scientific and many have infinite kindness of heart.”²⁵⁹ In another argument with Doris, Mona vigorously defends male physicians: “The kindness I have met with at the hands of men-doctors is almost incredible. When I think how nice some of them are, I almost wonder that we women have any patients at all.”²⁶⁰ The author does not agree with the second of these statements and argues that female physicians are likely to be very much in demand, particularly when women patients’ sufferings are caused by selfish men. A medical encounter on the last page of the book is used to illustrate this point. Ralph and Mona have set up in a partnership practice, and a pregnant patient who is consulting Ralph, bursts into “hysterical tears” when he asks: “What can I do for you?”²⁶¹ He immediately refers her to his wife and partner, who has had previous experience comforting women with unwanted pregnancies.²⁶²

Dr. Zaidee Atalanta Lloyd, in Phelps’ *Doctor Zay*²⁶³ is another nineteenth century woman who successfully practices medicine without losing her physical and intellectual “curves of femininity.”²⁵² Like Mona Maclean,²⁵⁹⁻⁶⁰ Dr Lloyd has no anti-male axe to grind. During her years of study in New York, Zurich and Vienna, she “never saw a woman rudely treated but once, [and] that was her own fault.” Male fellow students “were very courteous to me. I never had anything to complain of.”²⁶⁵ Phelps repeatedly emphasizes Dr. Lloyd’s “glorious health”²⁶⁴ and her “magnificent” self-control.²⁶⁶ Her nerves are “her servant, not her tyrant.” Dysmenorrhea, premenstrual tension, chronic pain, chronic fatigue and other “female” disorders* may affect Dr Lloyd’s patients. She is

* Such disorders are obviously not listed individually in a book published in 1882.

totally free from such afflictions.

Unlike Mona Maclean,³⁵ Dr. Lloyd is actually observed in the act of treating patients. She resuscitates a drowning lumber-mill worker.²⁶⁷ She “etherizes” Bob Bailey, an injured farm laborer and repairs “one of his femoral muscles.”²⁶⁸ She sedates and disarms a violent drunk.²⁶⁹ She reduces Waldo Yorke’s ankle fracture and she takes care of him throughout the recovery phase. During each of these episodes she displays feminine characteristics, which, in a medical setting, constitute both her strength and her weakness. The half-drowned lumber-worker has barely regained consciousness when Dr. Lloyd intimidates him into marrying the girl he has “wronged.”²⁶⁷ Mrs. Bailey, a poor, slatternly woman, trying to cope with an injured husband, and grieving over the recent loss of a child, is allowed to cling to the doctor “with an uncouth, pathetic gesture, half reverence, half ... love.”²⁶⁸ Waldo Yorke, the star patient, a neurotic, whining mother’s boy from Boston, falls in love with the energetic, self-sufficient doctor, proposes to marry her and, in the end, is accepted, albeit somewhat reluctantly.

A few twentieth century women doctors, particularly in European settings, are also relatively free of gender-related blemishes. Dr Nosilewska,²⁷⁰ a Polish psychiatrist, whose first name and marital status are not revealed, is the only woman doctor on the staff of the *Hospital of the Transfiguration*.²⁷¹ From the professional point of view, she appears no more incompetent in dealing with severely psychotic patients (in 1940) than her male colleagues. Morally, she is clearly superior to them. Nosilewska never accepts the murder of the one hundred and eighty psychiatric inmates as a “necessity,” and she refuses to stay on in the former asylum, when it is converted into an “S.S. Hospital.”²⁷² Nosilewska’s physical charms and sexual activities are mentioned, but not over-emphasized.

“She was a perfect beauty. Her tranquility was tinged with the maternal touch that marked Aphrodite’s features.”²⁷¹ ... Her hand was surprisingly cold, narrow and muscular. The thought of being caressed by that hand was unpleasant and exciting at the same time.”²⁷¹

One of the doctors, hopelessly in love with Nosilewska, is rejected.²⁷³ On the other hand,

Dr. Stefan Trzyniecki, the main character in the novel, who originally finds her unattractive,²⁷⁴ is finally invited to engage in a sex act that is both carnal and protective.²⁷⁵ Both Stefan and Nosilewska finish up as homeless refugees.

Dr. Elena Aronovna, a female assistant surgeon in a feminist novel from the Soviet period,²⁷⁶ is also superior to her male colleagues. She is not beautiful, but at least she is normally proportioned whereas the male doctors are either obese giants²⁷⁷ or bizarre dwarfs.^{277, 278} Dr Aronovna's clinical competence is also well ahead of those of the men, who seem clueless when trying to examine or reassure a patient with breast cancer.^{277, 278} The men "pinch," "poke" and "squeeze" Nora Petrovna's breast, making the procedure a painful experience for her; Dr Aronovna "feels," and evidently causes no discomfort.²⁷⁹ The cheerful little surgeon with his large pink translucent ears tells Nora that her cancer is "a regular little beauty, not a tumor,"²⁷⁷ and then asks his nurse to find Nora a bed in a cancer hospital. Dr Aronovna is a little more subtle. She communicates her concerns by keeping quiet, but "not for so long that this silence ... might frighten the patient."²⁷⁹

Aronovna's skills become particularly impressive when she persuades Nora not to refuse the primitive radiotherapy and hormonal therapy employed in Russia at the time.²⁷⁹ She uses the "you're a sensible person" approach (see Book 1, p. 88) and threatens the patient with dire consequences if she will not submit to treatment. She mentions lymph node metastases. Her "pièce de resistance" consists of the argument that without radiotherapy "my work will have gone for nothing." This piece of logic is revealed "in a completely feminine tone of voice, with a note of injury," that makes Nora burst out laughing.²⁸⁰ (The doctor's advice is accepted.)

Dr Albertine Maddox²⁴⁵ who had been "highly successful" surgeon²⁴⁶ makes a unique career change to psychiatry and, remarkably, does well in her new specialty too.²⁴⁶ Judging by the car she drives (a battered Vauxhall") she is not a vigorous money-chaser (her male colleagues at the London clinic own "Rolls-Royces" and "Bentleys"), but her patients love her and despite her insignificant-looking husband, her family life is described as "comfortable." At committee meetings she defends the free-standing

psychiatric clinic “with a wit and vigor which made her respected and feared.”²⁴⁶ Dr Maddox is one of the few truly “successful” women doctors in fictional literature (see also p. 36).

Another competent woman doctor in harmony with herself and her environment, is Dr. Mariana Conceição Eça, a Lisbon ophthalmologist.²⁸¹ Like Dr Maddox,^{245,246} Dr Eça is not a typical practicing doctor. A middle-aged widow, she has been left independently wealthy, and evidently does not require seeing patients to earn an income. She has unlimited time at her disposal and takes over an hour to prescribe a new pair of glasses for Raimund Gregorius. The new spectacles turn out a significant improvement on the old pair.

Johanna von Haller, the 38-year old Zurich psychiatrist, whose conversations with David Staunton are reported in great detail, is almost flawless.²⁸² She is a fine-looking woman, but not a ravishing beauty. She dresses conservatively. She speaks almost perfect English and she treats her patients with exactly the right degree of detachment (see Book 1, p. 184). The men who fall in love with her are handled efficiently and ethically, without being subjected to significant psychological trauma. Johanna is married to a successful lawyer, and her adolescent sons apparently give no cause for concern.²⁸³ She succeeds (after many sessions) in giving Staunton, a successful, hostile, alcoholic, Canadian lawyer, some insight into his dysfunctional personality and transforming him from a heavy into a moderate drinker.²⁸³

Yvonne Stridner, Professor of Pathology in *Night Rounds*²⁸⁴ is respected for her efficiency and disliked for her arrogance in much the same way as a successful male professor might be respected and disliked. She bullies her students²⁸⁵ and her staff.²⁸⁶ She treats the police superintendent like an elderly, not very intelligent servant, addresses him by his surname,²⁸⁷ and makes derogatory remarks about his obesity.²⁸⁵ He is made to wait outside her office, and when he is finally admitted, he feels “like a student who’d just been caught sneaking around to steal ... an upcoming test” paper.²⁸⁵ Understandably, he avoids the professor as much as possible claiming “[she] sucks all the oxygen out of

the room."²⁸⁷ She makes no attempt to hide her contempt for a young policeman who vomits at the sight of a decayed corpse.²⁸⁶ Apart from the professor's frizzy red hair,^{286,287} her physical appearance is barely mentioned. Only once does a crude male detective allow himself to remark "that woman must be going through menopause."²⁸⁸

Surprisingly, such healthy, self-sufficient, competent, and emotionally stable women doctors are rare in nineteenth and twentieth century novels, regardless of whether the authors are male or female. Louisa Alcott, whose writings antedate the widespread availability of women doctors, implies that males are better than females at providing surgical treatment, but women are more "comfortable" in caring for and talking with patients, particularly with terminal patients.²⁸⁹ Several authors of contemporary popular fiction have taken up this theme and attempt to portray female physicians as heroines with communication skills superior to those of their male colleagues. However, these attempts are largely unsuccessful and, with few exceptions, the heroine, despite her clinical and social skills, is revealed to harbor deep-seated, peculiarly feminine flaws.

The woman doctor in O'Brien's *August is A Wicked Month*,²⁹⁰ behaves no better and no worse than an old-fashioned insensitive male gynecologist. The patient, Ellen Sage, has spent a "wicked month" in France where instead of finding love and affection, she acquires a sexually transmitted disease. On her return to London she discovers that her only child has been killed during her absence. When she seeks medical advice for symptoms of gonorrhea, the doctor turns out to be a "grim little fat-chested woman," who ascertains that Ellen acquired the infection from someone other than her husband and goes on to remark, judgmentally: "Well if you must be careless, you've got to pay."²⁹⁰ The doctor makes no attempt to establish any personal contact with her patient, so that none of the tragic circumstances emerge. Ellen is asked about "her age, her pregnancy [and] her present symptoms" and then examined "first with a rubber gloved finger then with a cold metal instrument." The examination is painful and the doctor provides no words of comfort or reassurance, except to say she will not know the bacteriological result for a few days. Astonishingly, Ellen, who regards the exercise as a penance, is satisfied with the doctor's inadequate approach. She had gone to visit the doctor

complaining of a vaginal discharge and did not expect to discuss the death of her seven-year old son. There is just one trace of womanliness about the “nice lady doctor: - She keeps a little fur mouse as a mascot on her desk.”²⁹⁰

Elvi Rhodes in *Doctor Rose*²⁹¹ has as her principal character a romanticized young woman doctor who provides medical care of a kind that only a woman can give or appreciate. Rose Stanton, the heroine of the story, and the first in her family to attend university, receives her “call” early in life (see also Book 3, p. 20). “She recalled her mother complaining to a neighbor: ‘Our Rose doesn’t play with her dolls properly ... She paints measles spots all over ‘em and puts ‘em to bed. Or puts their arms in slings and their legs in splints. It’s not natural in a little girl.’”²⁹² Rose, the daughter of simple, loving parents, graduates in medicine from the University of Leeds soon after World War I. After completing her internship, she is appointed as assistant physician in an Infant Welfare Center, despite the reservations of some committee members and the medical head of the establishment. She wastes little time in justifying the misgivings of these reactionary males. While attending conscientiously to her professional duties, she has, like a medical missionary, an additional item on her agenda. She wants to improve the living conditions of “lower class” women. (See *Social Reformers*, Book 3, p. 317). Dr Stanton develops a particular interest in Eva Denby, a poorly educated, “undernourished, badly dressed, dull-eyed,” woman whose husband relentlessly bullies and impregnates her.²⁹³ Rose arranges a holiday for Eva, pays her expenses and even sees her off at the railway station. Unfortunately Eva miscarries while on vacation and the doctor is blamed. Her “interfering” activities are denounced not only by Eva’s criminal husband, who tries to blackmail Rose, but also by her medical supervisor who had warned her against the entire scheme, and by some of the townspeople who suspect her motives.²⁹⁴

Most of *Doctor Rose* is devoted to the doctor’s sexual fantasies and relationships. Rose, a virgin,²⁹⁵ lusts after John Worthing, who is married. In order to remove herself from temptation, she enters into a doomed marriage with a man whom she finds sexually repulsive, and who, in turn, consoles himself with alcohol and, ultimately, with another woman. Luckily, Worthing’s wife, together with Rose’s unspeakable husband, are killed

in a car crash,²⁹⁶ allowing Rose and John to make fresh starts. Unlike the standard male medical hero, Dr. Rose Worthing, formerly Bairstow, formerly Stanton, performs no spectacular therapeutic feats and commits no major medical blunders. She befriends her poor patients, grieves over their empty lives, and experiences suffering similar to theirs. Like Grace Breen⁸⁹ Rose, though well endowed with compassion, does not understand the term professionalism.

The multiple achievements of Francis Roe's Dr Paula Cairns²⁹⁷ are discussed in detail in Book 3 (p. 204). This fairy-tale princess is not only a ravishing beauty, and a potential Nobel laureate,²⁹⁸ she is also a superb surgeon whose operative skills are sought after by numerous patients, including middle aged male colleagues. Scattered amongst the episodes of this romantic tale, are several realistic indications of how a feminine turn of mind may constitute an advantage in a clinical situation. Instead of prescribing additional narcotics for a post-operative patient, "Paula fluffed her pillows, pulled down her gown ... gently repositioned her leg and ... straightened the wrinkles out of the sheets ... Twenty minutes later [the patient] was asleep."²⁸⁸ When a junior resident gets into difficulties during a herniorrhaphy, Paula, who has to take over, is polite rather than abusive or sarcastic (see Book 2, pp. 84-5 and Book 3, p. 71), and spends some time teaching him how to avoid similar problems in future.³⁰⁰ Quite uncharacteristically for a surgeon, Paula displays some modesty when one of the senior professors asks her to resect his aortic aneurysm.

" 'Don't you think you should get somebody more senior to take care of you?' she asked, concerned about taking on such a responsibility."³⁰¹

Despite her obvious talents and her brilliant career, Paula feels "envious and excluded from the camaraderie of the male dominated world of surgery. However polite ... they were to her and however competent she might become ... she could never [be] a member of their inner circle."³⁰² She hankers after a "normal" family life and wonders "if she ... would ever have any children. She shook the thought away. There would be plenty of time to think about that. Wrong, said a little voice at the back of her head ... That clock is ticking ... and you'd better listen."³⁰³ She listens. (A fairy tale surgeon is waiting at the

castle gate.)

Sidney Sheldon's *Nothing Lasts Forever*¹⁹² tells the story of three women doctors, one of them a medically incompetent nymphomaniac, (see p. 32) and the second a classical victim (see pp. 36). Dr. Paige Taylor, the third member of the trio (see p. 37) and heroine of Sheldon's romance, while not of the same academic caliber as Roe's Paula Cairns,²⁹⁷ is nonetheless a promising cardio-thoracic surgeon, as well as an amateur detective who exposes a drug pusher²⁴⁸ and a murderer.³⁰⁴ Paige encounters several major setbacks, but, each time, she emerges relatively unscathed. After letting a terminal patient persuade her to speed his departure with a massive dose of insulin,³⁰⁵ she lands in court on a murder charge, but manages to have herself acquitted³⁰⁶ (see Book 3, p. 291). She is jilted by her medical childhood sweetheart,³⁰⁷ but finds herself a highly eligible non-medical substitute whom she marries before going into private practice.¹⁹⁷

Nothing Lasts Forever is not a great work, despite its huge commercial success. It contains multiple clichés, a collection of stale hospital jokes and a series of recycled plots. The women doctors perform magnificently in bed, they are compassionate towards patients and two of them have the potential to develop into skilled specialists. However, their vulnerability and their frustrations almost place them into the category of impaired doctors (see Book 2, Chapter 6). If the author intended to demonstrate that contemporary women doctors deserve to suffer from the handicaps and popular prejudices of their predecessors of the 1870's,³⁴ his book presents a very convincing case.

The principal medical character in Michael Palmer's *The Patient*³⁰⁸ is Dr. Jessie Copeland, a 41-year old Assistant Professor of Neurosurgery.³⁰⁹ Jessie has, thus far, resisted her mother's "shameless determination" to turn her into "a happy homemaker for some lucky guy."³¹⁰ Alex Bishop, the FBI agent masquerading as a hospital security officer, shares Mrs. Copeland's doubts concerning Jessie's neurosurgical career. To Alex, Jessie seems "too nice and too feminine to be earning a living cutting into people's brains."³¹¹ Jessie's mother and FBI agent Bishop are both wrong. Despite her attractive exterior, Jessie is highly suited to a career in Neurosurgery. She graduated from MIT in

biology and mechanical engineering before entering Boston University Medical School.³⁰⁹ During the interview for a neurosurgical training post she tells the chief that she wants “to play” with the robotic “toys” she has learnt to design during her engineering course. Throughout her residency days Jessie not only carries “a full clinical load” but also spends “a significant amount of time in [the] lab, resurrecting work on an intra-operative robot that a now departed researcher had abandoned.”³⁰⁹

Jessie’s hobbies include “Nintendo, poker, billiards, and ... bridge. She was something of a legend around the hospital for the Game Boy that she carried in her lab coat pocket. She used it whenever the hours and tensions of her job threatened to overwhelm her.”³⁰⁹ She has no friends, male or female, among the medical staff. Her social contacts include her patients,³¹² a nurse practitioner³⁰⁹ and the disguised FBI agent who turns out to be remarkably well-educated.³¹¹ Palmer tries desperately to feminize his heroine. When not playing Nintendo games or working with robots inside patients’ skulls, Jessie is a likeable, compassionate woman who agonizes over her “failures,”³¹³ takes the trouble to speak to hospital volunteers,³¹³ and rewards her patients with hugs when they improve.³¹¹ She is used and abused by her chief, a self-promoting egotist,³¹⁴ but unlike the chief, who comes across as a very credible, unpleasant neurosurgeon, (see Book 3 p. 347) Jessie Copeland is an improbable chimera.

Contrasts between Male and Female Shortcomings. Are Women Less Dedicated?

The usual male medical flaws – arrogance, cupidity, insensitivity and an inability to communicate – are replaced in women doctors by a lack of detachment and a failure to recognize the limits of a doctor’s capacity to help.

Margaret Drabble’s Dr. Elizabeth Headleand,³¹⁵ menopausal and twice divorced, is initially shown practicing "real" psychiatry.³¹⁶ She asks appropriate questions, she makes medical notes and at least some of her patients benefit from their consultations. However, something is wrong. "It's not that I don't find [the patients] as interesting as I always did" muses Dr. Headleand, who considers herself a "wounded healer" (see p. 32). In middle

age, with her second husband, an executive hot-shot, having given her the "sack," she suffers from "a sense of falseness, of faithlessness," and ruminates constantly about her dead father whom she barely remembers and who had disappeared some forty years previously. (He turns out to have been a child molester.³¹⁷) Elizabeth continues to see patients but, as the story moves through the early 1980's, the practice of medicine becomes progressively less important to her and she is increasingly pre-occupied with her own moods and her relationships. When her sister, Shirley,³¹⁸ complains about a "boil on her bum" Elizabeth is quite unable to cope.³¹⁹ "Surely Shirley will not ask her to look at the boil? The thought of looking at Shirley's bottom makes Liz feel quite faint."³¹⁹ Elizabeth's emotional response to her sister's simple request would be quite out of character for a male physician. There is no shortage of flawed male doctors. Their vices include alcoholism, (see Book 2, pp. 215-23) aggression, (see Book 3. p. 144), incompetence (see Book 1, p. 157) and, above all, greed (see Book 1, Chapter 1). Morbid introspection and inappropriate modesty are not male medical characteristics.

Havard contrasts two medical substance-abusers, Dr Robert Bannerman,³²⁹ a middle-aged male surgeon and Dr Susannah Ridgeway,³²¹ a twenty-eight year old female anesthetic resident (see also Book 2, p. 225). Bannerman, an inveterate alcoholic, begins his career as a promising orthopedic surgeon, but misses out on the crucial appointment at a major centre and is now in charge of the Hospital Emergency Department in a small British coal-mining town.³²² He becomes aggressive when inebriated and it is largely through his drunkenness that a young policeman with a knife wound in his neck, loses his life.³²³ Susannah who uses a variety of addictive drugs in her undergraduate days³²¹ has been through detoxification treatment and is currently holding down a position at a major hospital. With the exception of one lapse³²⁴ her problems appear under control and it is largely on account of her anesthetic skills that an elderly, unfit patient with a cancer of the ascending colon survives a hemicolectomy.³²⁵ At the end of the story she looks as if she may even turn into a suitable partner for Jonathan Brookes, the surgical hero of *Coming of Age*. Susannah does not aspire to scale the heights attempted by her unsuccessful male colleague (see also Book 3 pp. 83-4) but neither does she sink to his depths.³²⁶

The contrast between male and female doctors becomes particularly strong in the descriptions of two fictional forensic pathologists - Patricia Cornwell's Dr Kay Scarpetta,³²⁷ the chief medical examiner of Richmond³²⁸ and Lieberman's Dr Paul Konig,³²⁹ the chief medical examiner of New York City.³³⁰ Both are solitary individuals. Konig, aged sixty-three, is a widower whose only daughter is kidnapped and ultimately killed by a psychopath. Kay, forty, divorced and childless, tries to be a mother substitute to a niece who, at the age of ten, displays several anti-social tendencies.³³¹ Both Konig and Scarpetta are investigating apparently random killings. Both have political problems with their respective city administrations.

The two pathologists use different methods to deal with their paranoid tendencies. Konig puts on a show of arrogance and fearlessness.³³² (see also Book 3, pp. 167) Here he is describing his motivation and providing a list of his suspected detractors.

“ ‘I do what all your fancy pants Park Avenue sons of bitches with their fancy office hours won't do. I do the shit work. I clean up after the goddam party. And if they don't like it-’ ‘If who doesn't like it?’ ‘All of them. The Mayor. The Police Commissioner. The New York Times. You. The whole goddamned kit and caboodle of you. I do this work because I love it.’ ”³³²

Kay, whose paranoia is less aggressive, makes no attempt to hide her vulnerability.³¹⁴ She has to succeed in her chosen profession so as to revenge herself on her Johns Hopkins classmates (largely male)³³³ who, she fancies, used to humiliate and torment her.

"The sudden creaking of chairs and loud shuffling of papers when a professor would call on me were not a coincidence. It was not chance when old tests made the rounds [they] were never available to me ... I was a small insect faced with a formidable male network in which I might be ensnared."³³³

The greatest difference between these two forensic pathologists is to be found in their respective attitudes towards their chosen specialty. Konig, a tragic King Lear type figure,³³³ despite his arrogance, his prejudices, his foul moods, and his foul mouth, elevates forensic pathology into something of an ideal. Kay Scarpetta who ruminates extensively about her emotions and about the impression she believes she is making on

others,³³⁴ trivializes the subject and reduces it to the level of her "relationships,"³³⁵ her phobias,³³⁶ her Italian style cooking³³⁷ and the extraordinary accounts of her ablutions: "I took a long hot bath and washed my hair"³³⁸ or "I got into the shower where I stayed for a long time."³³⁹ The suggestion is made to Dr. Scarpetta that she "ought to forget cutting up dead bodies and open a restaurant."³⁴⁰ It is difficult to imagine anyone making such a recommendation to Dr. Konig. One might as well ask King Lear whether he would fancy taking up horticulture or becoming a horse dealer in his retirement.

The notion that women lack the capacity, the dedication and the stamina required to study and practice medicine recurs many times in twentieth century novels, including several works written by women.

Djuna Barnes' *Doctors Silverstaff*, Otto and Katrina, have been classmates since their "gymnasium" days.³⁴¹ Both aim to become specialist gynecologists but only Otto succeeds. Katrina, emotionally incapable of coping with the course, drops out. She is able to marry, to bear two children and to undertake general practice, but "she never recovered her gaiety" and in the end becomes overtly psychotic.

Solzhenitsyn³⁴² implies several times that women-physicians are not quite as capable as males. Ludmila Afanasyeva Dontsova, a female oncologist has "complete confidence" in her colleague Vera Gangart. However, when Ludmila herself develops gastro-intestinal symptoms she consults an old-fashioned male family physician, rather than Vera.³⁴³ Also in *Cancer Ward*, Dr Nikolai Ivanovich Kadmin, a general practitioner in a remote little town in the southern part of the former Soviet Union, discovers that a woman gynecologist has been exiled to his part of the world. Kadmin, evidently tired of gynecology, is pleased by the news. "Very good. Let her do the gynecology and the illegal abortions; Nikolai Ivanovich would take care of the general practice."³⁴⁴ He evidently assumes that while women might prefer a female physician for "women's troubles," they will continue to consult him rather than her for general medical problems.

Beneatha Younger in *A Raisin in the Sun*,³⁴⁵ a "young, gifted and black" student is

planning to go to medical school. The omens do not look auspicious, and, as the action proceeds, it becomes clear that a man in her position might have had to face fewer difficulties. Walter Younger, Beneatha's brother, entertains old-fashioned ideas about women doctors and resents the cost of a medical education. "Who the hell told you, you had to be a doctor? If you so crazy 'bout messing 'round with sick people - then go be a nurse like other women - or just get married and be quiet."³⁴⁶ A more important impediment consists of Beneatha's lack of dedication. Instead of concentrating on her studies, she spends time and money on various hobbies, losing interest in each of them within a few weeks.³⁴⁷ Even medicine loses its appeal when she realizes that it cannot cure all of mankind's ills.³⁴⁸ There is nothing particularly female about dropping out of a pre-medical course, but when Walter lets himself be swindled out of Beneatha's tuition money,³⁴⁹ she opts for the female alternative - two suitors are waiting to marry her.^{350, 351} The Younger family emerges from the crisis relatively unscathed, but the MD degree will have to wait for another generation.

Susan Wheeler, the third year medical student in *Coma*¹⁹ who combines the role of medical detective with that of an attractive woman in a male-dominated environment, succeeds in solving the mystery of a series of anesthetic disasters. Susan who possesses considerable manual dexterity manages, at her first attempt, to insert an intravenous line into a patient,³⁵² and may conceivably turn into a good surgeon some day. However, as a twenty-three year old student she is as aggressive as her male peers and somewhat more self-centered. At no stage in the book does she behave like a doctor, though it must be said in her defense that none of the other physicians in *Coma* exhibit normal medical behavior.¹⁹

Dr. Lucy Lipscomb in *The Thanatos Syndrome*³⁵³ is a more complex character than most of the stereotyped heroines in medical suspense novels. Lucy is physically and emotionally attractive "a large splendid big-assed girl ... [with] ... bossy nurturing mothering-daughtering ways."³⁵⁴ She is obviously intelligent "Vassar smart and Southern shrewd,"³⁵⁵ and supremely competent; "one of those women who can carry off being wife, doctoring and running a plantation - doing it all well albeit somewhat

abstractedly.³⁵⁴ Her clinical activities include a fecal disimpaction of an old lady who does not co-operate,³⁵⁵ a search for signs of sexual abuse in six children who co-operate only too well,³⁵⁶ and an ophthalmoscopic examination of a male colleague who finds the procedure sexually stimulating³⁵⁷ (see also Chapter 5, pp. 218-9). Her training in epidemiology and information technology enables her to uncover the details of a large scale medical crime.³⁵⁸ Despite her medical and epidemiological talents, Lucy harbors political ambitions and "would not in the least mind being First Lady of Louisiana and presiding over the great mansion at Baton Rouge,"³⁵⁴ so that at the end of the book the reader is left with the impression that the main vocation of this attractive, versatile woman does not entail the practice of medicine.

Nancy Fisher's Dr Kate Martin,³⁵⁹ another woman doctor who does not intend to make clinical medicine her life's work, begins her medical studies at the age of twenty-six after a master's degree in biochemistry and a failed marriage.³⁶⁰ With her background, one might have expected Kate to embark on a research career after graduation but she does no such thing. Instead, she accepts an appointment in the Emergency Room of the "New York General Hospital" because the position gives her the opportunity "to practice the kind of medicine she loved - fast, meaningful, make-a-difference-right-now medicine."³⁶¹

Unfortunately after some four years of emergency medicine, Kate feels disgruntled and burnt out. The readers are not informed what aspect of this formerly exciting type of medicine has made Kate unhappy, but she rationalizes that her social life would improve if she took a job with a pharmaceutical firm. "Being based in an office rather than a hospital meant no on-call nights ... [and] plenty of time to indulge her passion for the theatre and the ballet. ... She'd buy a new wardrobe ... it would be a whole new beginning." The pharmaceutical firm and its products turn out to be disasters, but the job provides an opportunity for Kate to meet a suitable mate in the form of an anthropology professor.³⁶²

Hellerstein's Dr Ellie McDonald,³⁶³ a second year resident in psychiatry, epitomizes the inadequate woman doctor of the late twentieth century. Ellie is lazy, unreliable and

flirtatious. “She’s blond, pale and very, very young even for twenty-five. Her notes are sloppy, her presentations are confused, she always tries to get someone else to do her admissions and you can never find her when you need her.” Ellie has a habit of touching her senior male colleagues when they reprimand her. “She leans forward, her knee against my knee and touches the back of my hand.” She bursts into tears. She complains to the head of the unit about her share of the workload, which she considers unfairly large. After a few months, Ellie manages to organize herself to some extent and comes to realize that flirtatious behavior does not necessarily work to her advantage. However, she still lacks the clinical skills one would expect in a second year resident. She changes medications erratically. She becomes emotionally attached to one of her teen-age patients and refuses to discharge her. At the residents’ farewell party, Ellen arrives late and spills wine all over the patients’ charts. “Her beeper goes off. The record room wants her stat.” Ellie has forgotten to sign a discharge order.³⁶³

During the 1960’s and 1970’s there appeared a number of fictional works³⁶⁴ written in the form of interns’ diaries and purporting to describe the experiences of newly graduated doctors during this crucial year of their development. In general, these books do little more than display the immaturity of the diarists, at least at that stage of their careers. Haseltine and Yaw’s *Woman Doctor*,³⁶⁵ the diary of a thirty-two-year old female intern, provides what appears the worst example of this genre.

“Dr Phyllis Donnan”, who stands out for her general ineptitude, has never seen a mastectomy scar during her medical course, and finds the sight “shocking.”³⁶⁶ She faints in the operating room during a vaginal hysterectomy,³⁶⁷ she vomits all over a resident after a disagreement,³⁶⁸ and she handles a patient (“Tom Foley”) with a degree of insensitivity that would have been remarkable even in an untrained receptionist.³⁶⁹ Foley, who has been admitted to hospital suffering from diabetes mellitus and a variety of diabetic complications, is in full denial mode and maintains there is nothing the matter with him. He also expresses profound dissatisfaction with the gender of his intern. Dr. Donnan chooses this inauspicious moment to inform Mr. Foley that his blood serology is positive for syphilis. Doctor and patient snarl at each other, with the patient informing the

doctor that his syphilis test, (which is quite irrelevant to his current troubles) is none of her business. Good doctor-patient relationships are not established and Foley subsequently signs himself out against medical advice.³⁷⁰ During the interrogation of a Type I diabetic, a thirty-year old woman in her fifth month of pregnancy, Dr. Donnan considers it appropriate to ask: “You must have been warned not to get pregnant ... since you’re a brittle diabetic?” The patient’s reply to this useless and mischievous question shows a degree of common sense, totally lacking in the doctor. “I don’t want any hassle about it. We’ll just treat it as a fact of life.”³⁷¹

Phyllis’ explicit and ultimately unsatisfactory sexual affairs³⁷² are even more tedious than those of the lascivious Roy Basch of *The House of God*,⁷¹ another inadequate intern who makes up for his poor performance in the wards with awesome powers of fornication. Phyllis becomes particularly exasperating when she attempts to humanize an intern’s experiences, and, instead, manages to trivialize them. She is intensely pre-occupied with her moods, her appearance and the impression she might be making on patients and staff members. Her mannerisms, which might be appropriate to the stage, interfere with the practice of good medicine. When a patient wants to be alone with her daughter, Phyllis departs “gracefully.”³⁷³ She feels “hypnotized” by the sounds of a renal dialysis machine.³⁷⁴ While squatting on a patient’s bed trying to pass an endotracheal tube into an unconscious patient, the thought occurs to her that he might wake up and look at her underpants.³⁷⁵ She puts on a yawn to make a point³⁷⁶ and she answers a patient’s very valid question “with poise.”³⁷⁰ All communications with patients involve an element of play-acting, but in Phyllis’ case the theatrical bit seems to constitute the end rather than the means. If this book is meant to show that female interns are as good as their male counterparts, it has exactly the opposite effect. At the close of the story we leave Phyllis with an old Gypsy woman who tells fortunes from tarot cards.³⁷⁷ Phyllis evidently feels more comfortable with this fortune teller than with her patients who expect her to concentrate on their troubles rather than her own.

A different type of inadequacy affects Rae Duprey, the principal woman doctor in Margaret Cuthbert’s *The Silent Cradle*.³⁷⁸ Rae, a black obstetrician, is lonely. Since her rejection by her boy friend who, quite unfairly, blames her for miscarrying their child,³⁷⁹

she has been unable to find a new partner. Her relations with medical colleagues are not close, and potential lay lovers are “intimidated” by her medical degree.”³⁸⁰ (See also p. 28, *Women Doctors and their Non-medical Partners*.) Instead of a male lover Rae has, as her best friend, Bernice Brown, a “veteran six-foot maternity nurse.” The two of them hug and cuddle a good deal, but there is no overt Lesbianism.³⁸¹

Rae’s principal handicap consists of her lack of detachment. She allows herself to be drawn into an emotional confrontation with a delusional inpatient, with the result that the nurses, who take the patient’s side, ask her to leave the ward.³⁸² When her friend requires a splenectomy, Rae’s behavior in the operating room³⁸³ and in the Intensive Care Ward³⁸⁴ is “feminine” rather than “medical.” When she sees Bernice’s resected spleen in a stainless steel container, she feels “her stomach lurching,”³⁸³ and, on two separate occasions,^{383,384} she asks her escort to “take me out of here” because she finds the scenes emotionally traumatic. It is hard to imagine a male doctor under similar circumstances, asking a friend to take him out of the operating room, even if the patient was his only child.

Perri Klass’ account of her medical student days³⁸⁵ constitutes yet another unfavorable portrayal of a female doctor by a female author. The young doctor in *A Not Entirely Benign Procedure*³⁸⁵ is not an improvement on Mona Maclean, her nineteenth century counterpart.³⁵ Mona who not only has to overcome the contemporary prejudices against women doctors, but also fails the examination in anatomy (twice), is deliriously happy to be finally admitted into the clinical part of the course after passing the examination with distinction on the third attempt. Perri, who is better at passing examinations (especially after intensive, last minute study), is less appreciative of her good fortune, and sets herself up as an expert on and a critic of all aspects of medical education. Like her unacknowledged mentor and fellow immature egotist from the Harvard Medical School,⁷¹ she lacks the intellectual curiosity to take an interest in “a rare and fascinating case of something or other”³⁸⁶ and expresses derision towards those students or interns who appreciate the opportunity to study this “great teaching case.”³⁸⁶ Klass becomes particularly obnoxious when she discusses her current clinical activities with lay friends

and family members.³⁸⁷ On such occasions, when modesty and understatement are called for, she has to show off like Dickens' Jack Hopkins.³⁸⁸ She tries to make an impression by "accidentally" using hospital abbreviations (such as O.R. for operating room) and she regales her appreciative audience with anecdotes like: "So we have this guy on the table and then it turns out no one knows which kidney it is." The story obviously impresses the listeners who protest in mock horror: "Not at the dinner table please."³⁸⁷

Klass' is not exceptionally complimentary about her male colleagues. However, despite their multiple flaws, they come across as more dedicated, more competent and better adapted to the "harsh environment"³⁸⁹ of the hospital, and its "macho" battlefield culture³⁹⁰ than the females. The men are anxious and they frequently grumble, but, unlike Perri, they do not burst into tears when subjected to a relatively mild barrage of questions. Matthew Baxter, a student who is resented for his "eager beaver" attitude³⁹¹ spends extra time in the hospital on Saturdays, and seems to enjoy routine chores like sputum examinations while Elizabeth, a fellow-student, complains of being on call over a sunny weekend. Phil Maxwell, a male intern, makes up for his insecurity with extreme conscientiousness and a clear mind; his "write ups on patients are marvels of logical organization."³⁹² By contrast, Karen Newton, Phil's female counterpart, who misdiagnosed a myocardial infarct the previous night,³⁹² has no intention of staying a moment longer than absolutely necessary. "Before anything can come up requiring her help she grabs her stethoscope and leaves."³⁹³ One particularly exhibitionist female "an outrageous dresser"³⁹⁴ says she decided to study medicine at Harvard "because I always wanted to dye my hair pink. I figure that if I come from Harvard Medical School I can have pink hair and people will still have to take me seriously."³⁹⁴

Klass devotes an entire chapter³⁹⁵ to the story of a dirty diaper: The neurology team has been called to see a little boy in consultation. The doctors and students are gathered around the cot in the infants' ward, when Perri, a female medical student with a child of her own, and the only woman on the team, sniffs, announces that the child needs changing and offers to do the job herself. She is told not to bother. "We'll just do our exam and then the nurses will take care of it." Klass ruminates endlessly on the

motivation of her colleagues who will not let her change the little boy. Do they want to protect her status as a future doctor? Are they concerned with her dignity as a woman? It does not occur to Klass that if a nurse had offered to change the child at that particular moment, the senior neurologist would have declined her services, too. He is keen to get on with the job and does not fancy waiting around, watching someone else's activities. Klass becomes so obsessed with the little boy's nether end that she fails to find out what is wrong with him. Fortunately, she has enough insight to recognize some of her failings, which puts her well ahead of that other Harvard Medical School misfit, Roy Basch.⁷¹

Summary

The major flaws of male physicians, their arrogance, their greed and their inability to communicate are largely absent from their female colleagues. However, women doctors are portrayed as afflicted by their own gender-specific blemishes and, despite the steady increase in the number of women doctors in the work-force, their portrayal in fictional literature has not improved over the last 130 years.

Paradoxically, during the last two decades of the nineteenth century, when female physicians are still widely regarded as freaks, several authors emphasize their health, their vitality, and their competence. At that stage, women are perceived as particularly suited to comfort "sisters" who have been wronged by the "bearded sex,"^{24, 263} though their talents are by no means confined to such activities. By the early twenty-first century, when the legal obstacles of medical women have long been overcome, and when such women are making enormous contributions to clinical and investigative medicine, they are portrayed by fiction writers (including women writers) as unimportant, unattractive, and pre-occupied with their own bodies and emotions. The role of the lonely, priestly³⁹⁶ doctor, does not seem to suit women except as Mother Theresa figures in hagiographies.

Writers of fiction who find it hard depicting a male physician in the role of a happily married individual (see Book 2, Chapter 1), have even greater difficulties with women. Husbands, children and good looks get in the way of professionalism. Traditional

feminine virtues like gentleness, helping, caring, sharing, have to be abandoned because they detract from the role of the physician who has to focus, probe, analyze and cut before the patient can improve. If female physicians retain feminine characteristics, they become trivializers and gossips who give inconsequential advice, performers of routine and unimportant chores, or, like Grace Breen,⁸⁹ a superior kind of nurse. If, like Mara,⁵⁸ Vera,⁷⁴ Rosa,⁷⁸ and Jo,⁷² they try to tough it out and to acquire "male" traits such as a Faustian quest for knowledge, power and sex, they are liable to turn into grotesque caricatures. The encapsulated negative stereotypes dating from the late nineteenth century persist to this day and "woman doctor" like "male nurse" remains a contradiction in terms.

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380. Ibid., p. 85.
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392. Ibid., p. 235.
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CHAPTER 2. DOCTORS AND NURSES .

“Nurses ... are sometimes careless and seldom accurate.”¹

“Doctors are all theory; nurses see the facts.”^{2*}

"They should shoot every one of the doctors and give their pay to the nurses. Give the money to the people who work for it, not the people whose parents paid their way through medical school."³

Traditions and perceptions.

Every child knows that hospitals are staffed by doctors and nurses. It is not so well recognized that the medical and nursing professions originate from entirely different traditions. Western physicians since the days of Hippocrates have been motivated, at least in part, by curiosity. They have been trained in the elicitation of symptoms and signs, in the establishment of diagnoses and, above all, in deciding whether and how to intervene. Despite major changes in the theory and practice of medicine over the millennia, the clinical approach to the patient, even in the 21st century, is recognizably similar to that employed by physicians in classical times.^{4,5}

The nursing profession originated in religious orders whose members and associates, motivated by piety and compassion, provided the sick poor with physical and spiritual care rather than treatment.⁶⁻⁹ While the functions of professional nurses[#] in the setting of the modern hospital were not clearly defined until the second half of the nineteenth century, some traditional nursing attitudes and behavior patterns, both saintly and vicious,¹⁰ date from earlier times, and have been retained to this day, particularly in fiction. Remarkably, the profound changes in medical practice and nursing education that

* The quotation comes from a discussion about the relative benefits of breast- and bottle-feeding. The nurses see the convenience of the bottle, whereas the doctors are more interested in the long term immunological effects of breast milk.²

Throughout this book the terms "nurse" and "nursing" refer to the care of strangers by hospital-trained professional staff. The care of family members goes back to pre-historic times.

have occurred since the days of Florence Nightingale seem to have made little difference to the perception of the two professions (see Table).

The Perception of Doctors and Nurses in Fictional Literature		
	Doctors	Nurses
Gender	Male	Female
Function	Healers	Carers
Motivation	Curiosity	Compassion
Organizational status	Independent	Team-Member
Decision-making	Flexible	Rigid
Beliefs	Cynical	Idealistic
Financial position	Rich	Poor
Handwriting	Illegible	Neat

Genders

The traditional genders of fictional physicians and nurses have altered very little in the last 150 years. The typical physician continues to be a male. Women doctors who, in 2009, made up 43.5% of American medical school graduates¹¹ are generally portrayed unfavorably, regardless of the writing skills of the authors (see Chapter 1). They appear as superior nurses, sex-objects or unattractive "mannish" creatures,¹² and even the most competent are pre-occupied with their appearance, their emotions and the impressions they believe they are making on others (see Chapter 1).

Male Nurses

Fictional nurses continue to be predominantly female. In a brilliant essay Fiedler¹³ makes the point that in literature the terms "Nurse" and "Woman" are almost synonymous. As a result, male nurses, who currently constitute between 6 and 8% of the nursing workforce in the USA,¹⁴ Canada¹⁵ and Australia¹⁶ are considered an even greater paradox than female physicians (see Chapter 1) and barely receive a mention in fiction except as

custodians in psychiatric institutions,^{17,18*} as muscular assistants^{19,20} or, Walt Whitman²¹ notwithstanding, as objects of ridicule.²²⁻³⁶

“Sol” who temporarily “takes care” of Fred MacCann,²⁰ the quadruple amputee, is a cheerful sadist who finds “a lewd pleasure in the performance of his loathsome duties.” He handles Fred “like an insensate object” flinging him about “like a sack” and feeding him “perfunctorily.” When, on Fred’s request, Sol is transferred back to the psychiatric ward he becomes very abusive. “I hope your lousy leg stumps gangrene on you up to your belly button. You broken-down, double crossing cripple.” Sol’s psychiatric charges are unlikely to be treated more professionally. He refers to them contemptuously as “the boys who see the rockets red glare, bombs bursting in air.”²⁰

“Gary,” one of Huyler’s male nurses,²² lacks Sol’s manifest brutality²⁰ but there are strong hints that this fat man would be more at home in a panel-beating shop than at a cardio-pulmonary resuscitation.²³

“A male nurse ... knelt on the bed ... He towered over the body, rhythmically driving the heels of his palms into Gass’s chest, again and again, the chest bending under the force of it, then springing back. The nurse was fat, wearing loose scrubs that let his pendulous belly fall out and swing, the white line of his underwear just beneath it. In that moment ... there was a faint sound, like green wood broken under water. ‘I’m popping ribs,’ the man said, to no one in particular. ‘Not so hard, Gary,’ a woman said.”²³

Pacing is unsuccessful, further cardiac massage by the “panting and sweating” fat male nurse produces only further rib fractures and finally, when the patient is obviously dead, the nurse gets off the bed “heavily, with an effort.”²³ Richard, another of Huyler’s male nurses²⁴ does not display Gary’s²³ obesity and brute strength. However, underneath his whimsical friendliness, he evidently enjoys teasing his patients, and occasionally exercising his power over them. “Look who’s awake,” he remarks to a patient who has been unconscious for ten days, but then unceremoniously administers another dose of midazolam because the patient is choking on his endotracheal tube.²⁴ Two days later,

* In the real world, the proportion of males among nurses in psychiatric institutions is greater than in acute hospitals. In Victoria, Australia, in 2004, some 30% of mental health nurses were males.¹⁶

when the tube has been removed, Richard's main contribution consists of telling the patient: "You're doing fine," and then: "You look like someone rescued off a desert island."²⁴

Léon, "the sergeant-majorish male nurse with the big biceps and the bluish chin"²⁵ in Simenon's *The Patient*¹⁹ works in a hospital for neurological and psychiatric disorders where he helps lift disabled patients in and out of bed. Léon "saluted [Maugras, the patient,] raising his hand to his cap in military fashion.²⁶ ... Maugras took an instant dislike to him.²⁶ ... He loathed ... all men of his sort ... triumphant he-men who always seemed to be proudly flaunting their male organs."²⁷

The male nurse in Duhamel's *Les Sept Dernières Plaies*²⁸ is also called Léon, but his personality is that of a lamb rather than a lion. He seems the first of a series of homosexual clowns, a stereotype that persists in the portrayal of male nurses to this day. Léon Bouin, a mathematics teacher before the 1914 war, has enlisted in the army and cheerfully performs all kinds of menial tasks.²⁹ His current location is a military hospital where he is assigned to the care of Colonel Piâtre, a tyrant, who subjects his nurse to a barrage of verbal and physical abuse. Bouin seems to relish his role of sacrificial victim and refuses an offer of a transfer.²⁹ However, one evening, the young surgeon who is telling the story finds Bouin in tears and inquires what happened.

" 'He hit me.' 'He hit you? Where?' Monsieur Bouin shivered slightly, more or less announcing by his body language, that his modesty had been violated. 'I can't possibly tell you,' he whispered." ("M. Bouin eut un léger frisson, presque un geste de pudeur effarouchée. ' Je ne peux, non, je ne peux dire,' souffla-t-il.")²⁹

Norman Fussell, the male nurse in Patrick White's *Riders in the Chariot*,³⁰ is another homosexual clown. Norman who

"had been arranging his waves in front of the glass ... was very brisk for one so round and soft. He began to prepare himself a meal of beans on toast, which ... he ate, holding his head on one side, half out of delicacy,

half because of a difficult denture. When he had finished, he informed: 'Nurse is feeling better now.'
 [Norman is described as a] "poofter," [who] "could not impress a woman even if he tried."³¹

We do not see Norman working as a nurse. Instead he performs as a female impersonator "wearing a bunch of feathers on his head, a bunch of feathers on his arse and a kind of diamond G string wherever else. Otherwise Norman was fairly naked, except that he had painted on a pair of formal nipples and was prinked and powdered in the right places."³¹

Robertson Davies' male nurse, "Mister Horne,"³² is also portrayed as a sexless buffoon. Whenever Mr. Horne's profession is mentioned in his presence, "he would shout 'Well, I sure's hell ain't a female nurse,' and this made him the wit of the establishment."³³ During a Rabelaisian scene when Mr. Horne and the other occupants of his boarding house are serenaded, he "burst out of his door in a fury. ... Mr. Horne ... slept in his pajama jacket only, so that his shriveled and unpleasing privy parts were offered to our view."³⁴ In a symbolic gesture, one member of the band "advanced upon Mr. Horne and flicked him sharply on the tip of his penis with one of the long supple hammers of his cimbalom. Mr. Horne danced and screamed," and as the band retreats down the stairs the proprietress remarks "in a voice pitched to reach the ear of Mr. Horne ... 'He is a man of low birth and I have him here out of pity.'"³⁴

One of the most vicious caricatures of a male nurse is to be found in Freedman's *Key Witness*.³⁵ Nurse Hopkins, a jail infirmary nurse, is "a pencil-mustached, prissy little twerp,"³⁶ "a geek"³⁷ who "worried a fever blister on the side of his mouth" while being interviewed by a lawyer. Hopkins is asked whether the *Key Witness* (Dwayne Thompson) and a female prison officer were having a sexual relationship. " 'Yes', the nurse answered in a whisper. 'Have you actually seen them having sex?' The nurse shook his head vigorously. 'No way, I wouldn't watch something that putrid.'"³⁷

*White, a Nobel laureate in literature and himself an overt homosexual, uses somewhat idiosyncratic spelling and syntax. He writes "pufter,"³¹ though the dictionary spelling of the word is "poofter" (a derogatory term for a male homosexual).

While giving evidence in court³⁸ Hopkins draws attention to himself with a variety of nervous tics:

“A hand going to his nostril with a vigorous scratch; a finger harshly rotor-rooting into an ear; the residue, wax or otherwise, wiped across his trousers; a constant blinking of the eyes and blinking of the forehead.”

He testifies that while not actually watching the “putrid” sex act between Dwayne and the female officer he “heard” it all. “How can someone *hear* the sound of sexual intercourse?” he is asked during cross-examination. After first declaring that he is “not going to make the sounds she was making,” he suddenly goes on to do just that. “ ‘Oh Dwayne!’ he mimicked in a hoarse falsetto, ‘Oh Dwayne! Yes! Yes! More! Yes, yes, yes!’ He sat back down flushed and out of breath. ‘Is that what you wanted to hear?’ he asked ... with delicious salaciousness.”³⁸

“Gull” in Elizabeth Stead’s *Fishcastle*³⁹ has been bitten on the penis and has to spend several days in hospital where he encounters a competent, somewhat sarcastic attending physician, and a compassionate, clownish male nurse. The doctor “had lectured him, while dressing his wounds ... on the dangers of playing sex games that get out of hand. ‘In your case literally!’ he had said and grinned. Very droll.”⁴⁰ The kindly middle-aged male nurse is more sympathetic ... “fluffing pillows with a feather duster hand and caring like a father hen.” He remarks: “ ‘Even with oral it should have a dress on, love.’ He waved a finger at him ... I hope he’s as healthy as you are, is he? ... He’s not one of our poor darlings, is he?’ ”⁴⁰

Poindexter may be the best nurse at Dooling’s University Medical Center⁴¹ but he is male and a sexless freak. “Poindexter was a wan bespectacled homunculus who often wore at least half his surgical scrubs inside out. His face was tufted with wisps of hair that fell short of forming a beard and his glasses were so thick he looked like an exophthalmic creature from the deep.”⁴² ... He was chronically morose, perking up only when he came to work and went into a roomful of machines hooked up to a patient.”⁴³

Among the colorless female nurses in *Night Rounds*⁴⁴ Niklas Alexandersson, the male homosexual nursing superintendent, stands out as the only memorable character. Niklas who wears a suntan in winter, a pony tail and multiple ear-rings⁴⁵ is aggressive rather than clownish. He “steals” the husband of one of the female nurses and becomes the dominant partner of the new relationship. He has a foul temper⁴⁶ and, on at least one occasion, he is unfaithful to his recently acquired partner.⁴⁷ Despite Niklas’ attractive exterior and aggressive personality, his homosexual behavior patterns are not far from the surface. When he quotes his current partner’s ex-wife, he puts on a falsetto voice and female body language.⁴⁵ He stomps out of a room when the conversation annoys him but then proceeds to listen at the door.⁴⁸ Like the gentle Norman Fussell³⁰⁻³¹ (see pp. 81-2) Niklas performs on stage as a “drag-queen,” wearing “a black G-string between ...[his] two firm buttocks.”⁴⁸

Tim Holbrook, the hero in Frede’s *The Nurses*⁴⁹ is neither a homosexual, nor a buffoon. On the contrary, the struggles of this earnest young man highlight the widespread prejudices against men who chose nursing as a profession. Tim’s wife leaves him on account of his career choice, and the judge in the subsequent custody trial pointedly and repeatedly questions his sexual preferences.

When Tim first announces to his wife Valerie (a nurse) that he wants to study nursing, she is enraged. “ ‘Why not a doctor? I can see you quitting a good job and all of us sacrificing so you can be a doctor, but a nurse? ... What will people think?’ ‘I don’t know. I always thought nursing was an honorable profession.’ ‘For a woman!’ There had been a considerable silence after that. Then, very quietly, Valerie had asked again, ‘Why not a doctor?’ ‘I don’t want to be a doctor ... I would like to help people. I would also like it to be an eight-hour job. I would like to be with you and Jason and have a garden.’ “⁵⁰

Tim implies that doctors, who do not work eight-hour shifts, spend insufficient time with their families (see Book 2, Chapter 1) and are unlikely to have many opportunities to work in their gardens. Unlike nurses, doctors have other items on their agenda apart from

“helping people.” Valerie is unconvinced. She walks out a few days before Tim’s graduation, because she cannot bear the thought of being married to a male nurse. “‘What does that make me?’ she had said.”⁵⁰

During the subsequent court battle for the custody of Jason,⁵¹ the judge makes no effort to disguise his prejudices. In his mind “male nurse” is synonymous with “homosexual” and he is not going to entrust a young boy to a father engaged in “immoral practices.” Nurse Audrey Rosenfeld, Tim’s current girlfriend, saves the situation. In answer to the judge’s direct questions, she testifies that during sexual activities Tim “acquitted himself as a man.” Her testimony proves decisive and Tim, despite his profession, is declared capable of bringing up a child.⁵¹ The principal of Jason’s school is less tolerant: He refuses to shake the hand of a male nurse.⁵²

Healers and Carers

The traditional functions of the two professions are described in multiple works of fiction. The physician is shown as investigator and healer. He determines the nature of the problem, he prescribes medications, and he performs surgical operations. The nurse cares for the patients when they are cold or in pain or when they need to move their bowels.⁵³ She tidies up when the patients vomit, urinate into their beds, bleed or die. The doctor feels the patient's pulse while the nurse holds her other hand to comfort her (see Cover). Three centuries before Florence Nightingale, Thomas More wrote: "In the case of permanent invalids the nurses try to make them better by sitting and talking to them and do all they can to relieve their symptoms."⁵⁴

Some treatments can only be provided by nurses.⁵⁵ After a surgeon has fashioned a colostomy, there arrives a nurse, preferably young and attractive, who changes the dressings "without a sign of revulsion," and who shows the patient that she does not regard him as mutilated or disgusting. The behavior of the nursing staff reassures the patient “that he can live very comfortably and almost normally” without an anus.⁵⁶

Only nurses would think of encouraging the family of a brain-dead patient who is being kept alive for her organs, to bring in photographs. "It will help us see her for what she is."⁵⁷ The selection of suitable photographs at home and the ritual of displaying them in the room of the dying girl makes the parents feel a little better "something that doesn't occur to ... the doctors."⁵⁷

Louisa Alcott in her semi-autobiographical *Hospital Sketches*⁵⁸ provides an excellent account of the functions of doctors and nurses working alongside one another in a military hospital. The members of the two professions display different attitudes but there are no overt tensions. "Nurse Periwinkle," despite her "amateur" status,⁵⁸ is a genuine carer. She visits her dying patients with "teapots, lullabies, consolation and sometimes a shroud." She is convinced that women are better carers than men and that her charges need "the gentler tendance of a woman's hands [and] the sympathetic magnetism of a woman's presence."⁵⁸ Nurse Periwinkle's particular favorite is John, a simple Virginian blacksmith with a fatal chest wound.

"The only time I saw his composure disturbed was when my surgeon brought another to examine John who scrutinized their faces with an anxious look, asking of the elder: 'Do you think I shall pull through, Sir?' 'I hope so, my man.' And as the two passed on, John's eye still followed them with an intentness which would have won a clearer answer from them, had they seen it. [The doctors are convinced that John's prognosis is hopeless, and one of them puts Nurse Periwinkle in the picture.] 'You don't mean he must die, doctor?' 'Bless you, there's not the slightest hope for him and you'd better tell him so before long; women have a way of doing such things comfortably, so I leave it to you. He won't last more than a day or two ... ' It was an easy thing for Dr P. to say 'tell him he must die,' but a cruelly hard thing to do ... and ... I ... privately indulged the hope that some change for the better might take place."⁵⁸

There is no change for the better. Nurse Periwinkle sits with John, brings him flowers, cries with him, arranges his pillow, writes a letter to his family and holds his hand until he dies. Even then the nurse's work continues. "When they had made him ready for the grave ... I cut some brown locks for his mother and [took] off the ring to send her ... " The "healers" have long since departed. The "carer" remains to the end and beyond.⁵⁸

In a more contemporary setting, Margaret Edson⁵⁹ presents another powerful contrast between “nursing” and “medical” behavior patterns. Susie Monahan R.N. and Jason Posner M.D, the representatives of their respective professions, are looking after Vivian Bearing, a professor of English literature, who is dying of metastatic ovarian cancer.⁵⁹ Susie is not particularly bright and her education has been so limited that she does not even know the meaning of the word “soporific.”⁶⁰ By contrast, Jason is not only a medical graduate, he is an original thinker and, during his pre-med course, he has had some exposure to English literature including metaphysical poetry (under the guidance of Professor Bearing).⁶¹ Neither Jason nor Susie spends much time speculating about “that meaning of life garbage”⁶²: He finds enzyme kinetics more interesting and less frustrating, while her intellect is too narrow to engage in philosophical exercises.

Professor Bearing is not “just a case” to Jason Posner. As an undergraduate he enjoyed both the content and the style of her lectures on John Donne. “No notes, not a word out of place ... I had a lot of respect for her which is more than I can say for the entire biochemistry department.”⁶⁰ Jason also admires Prof. Bearing’s fortitude during her massive course of cancer chemotherapy. “I wish they could all get through it at full throttle.”⁶⁰ What he cannot handle is her emotional breakdown at the end. When she becomes apprehensive and frightened, Jason assumes (incorrectly) that she suffers from a confusional state and asks (inappropriately) “Professor Bearing, who is the President of the United States?”⁶³

Edson stresses repeatedly that Susie lacks Jason’s intellectual and educational advantages. Had she strayed into Prof. Bearing’s Seventeenth Century English literature class it is likely that she would have been treated to the Professor’s standard insult: “You don’t know a sonnet from a steak sandwich.”⁶³ However, despite her intellectual limitations or, possibly because of them, she succeeds where Jason fails. She provides comfort for the dying professor who is ashamed of her weakness but allows Susie to call her “sweetheart” and accepts a “popsicle.”⁶³ At the end, it is Susie rather than Jason who shows common sense and activates the “Do Not Resuscitate” order.⁶⁴

The different functions of the two professions persist in caricatures⁴³ and allegories.⁶⁵ Arthur Kopit in *Wings*⁶⁵ contrasts the indignities inflicted on patients by doctors with those inflicted by nurses. Mrs. Emily Stilson who has been admitted to hospital suffering from a stroke, is terrified of the doctor's "routine" questions, which, to her, seem a form of torture. "Can you feel this? Can you feel this? Name something that grows on trees. Who fixes teeth? What room do you cook in? What year is this?" When the doctor asks her to repeat the simple phrase "We live across the street from the school," Mrs. Stilson, who has severe dysphasia, answers in nonsense poetry "Malacats on the forturay are the kesterfats of the romancers."⁶⁶

The nurses' "caring" efforts are seen as physical rather than mental assaults. "Don't worry, the water's warm. We're holding you, don't worry. In we go, that's a girl!" When Mrs. Stilson is not keen on the hospital food, the nurses spoon-feed her: "Okay, ups-a-girl, ups-a-baby, dinnertime! Open wide now, mustn't go dribble-dribble - at's a way."⁶⁷

George Garrett's *Wounded Soldier*⁶⁸ is an allegory involving a Vietnam veteran, a nurse and a plastic surgeon. The veteran whose face has been grossly disfigured as the result of a war injury, undergoes two plastic surgical procedures. The first leaves him as a circus freak while the second is a "success."

The doctor is embarrassed after the first operation and triumphant after the second. The reaction of the head nurse "a ... sexless ... fury, stiff with starch and smelling of strong soap" is more complicated. Unlike the doctor - "he of the waxed, theatrical, upswept mustache and the wet sad eyes of a beagle hound" who averts his eyes from the hideous sight after the bandages are removed, the nurse looks at the veteran's shattered face "unflinching and expressionless." She advises the veteran to remain in the hospital indefinitely ... " 'Human beings are the foulest things in all creation. They will smell your blood and go mad like sharks. They will kill you if they can ... ' 'I can see you have been deeply wounded too,' the Veteran said. At that, the Head Nurse laughed out loud. Her whole white mountainous body shook with laughter."⁶⁸

At the end of the second operation, when the face of "a handsome stranger" was uncovered, the roles of the doctor and the nurse are reversed. " 'You can not possibly imagine,' the doctor said 'what this moment means to me'. The Head Nurse turned away and would not speak to him."⁶⁸ To the doctor, the veteran is an object, a work of art to be restored. The nurse, in spite of her formidable exterior, wants to mother and protect this wounded and deformed creature, who, after the second operation, no longer requires her services. Indeed the veteran's appearance and personality have been restored so skillfully, that he considers rejoining the army.

Nurses without doctors

The independent caring role of the trained nurse, which tends to be ignored or de-emphasized in contemporary hospital novels, is described in great detail in Elizabeth Ellis' *Hey Nurse*.⁶⁹ The book is not a great literary work, but it provides a realistic account of the life of a trainee nurse in a rural Australian hospital in the 1940's. Ellis clearly makes the point that the "tough" nurses who manage to complete their grueling training course form the backbone of the hospital staff and that without them the institution would cease to exist. "Many girls didn't last any longer than the first six weeks. ... Some dainty lasses came in, hoping to walk around with a vase of flowers, look pretty and spend their time straightening beds and cheering up patients. They just didn't have the stomach for cleaning up fecal beds, mopping up vomitus or scrubbing out dirty pans by hand."⁶⁹

In this world of excreta, feverish patients and endless repetitive penances (some of them, like arranging the quilts on the beds⁶⁹, self-inflicted), the nurses retain their self-respect and show no signs of an identity crisis. The doctors are almost irrelevant. They examine patients periodically, they perform surgical operations and autopsies but it is the nurses who do the "real" work. It is they who keep order and decorum in the wards, provide patients with food and medication and, above all, attempt to make everyone feel comfortable.⁶⁹

Arthur Hailey's *The Final Diagnosis*⁷⁰ also contains sympathetic accounts of nurses who remain genuine carers with no desire to turn into psychiatrists or social workers. Hailey's nurses have acquired a good deal of experience without becoming disgruntled, and they are able to interact with the medical staff without turning into sycophants or rivals. When Baby Alexander dies through a combination of prematurity, Rh incompatibility and medical incompetence⁷⁰ the behavior of the nurses is exemplary:

The staff nurse in the neonatal intensive care unit explains the function of the various tubes to the father. When he asks, "Do you think he'll live?" she does not hide behind the doctors but replies truthfully, "This will be a hard fight."⁷¹ Mrs. Wilding, the elderly, motherly nurse whose feet "had been giving her a good deal of pain" and who "suspected that they would probably force her to quit nursing soon, whether she wanted to or not,"⁷² comforts the baby's mother by talking about her own estranged son. While the discussion of one's personal problems with patients might not constitute approved conduct, in this instance the approach is exactly right.⁷²

Similarly, the three female nurses who take care of Simenon's René Maugras¹⁹ are all portrayed favorably. Maugras, a socially prominent patient in a large public hospital, is recovering from a major stroke. The three women are of different ages and social backgrounds and roughly fit the three major nursing stereotypes - the young angel, the sex-pot and the cynical, middle-aged authority figure.^{73,74} All three of them behave credibly and perform their duties efficiently. The "angel" refrains from giggling and crying, the "sex-pot" keeps her hands to herself and the experienced Angèle shows no signs of disillusionment or hostility during her time with Maugras.

Blanche, about twenty-five,⁷⁵ "pretty and aware of her prettiness,"⁷⁶ is the youngest of the three. She "gave the impression of moral as well as physical cleanliness. Her whole personality was healthy and direct."⁷⁵ She organizes the barber's visits, she procures a transistor radio⁷⁷ and, despite her slender build, "turned him over without difficulty, washed him from head to foot and managed to change the sheet underneath him without disturbing him."⁷⁷

Maugras' night nurse, Joséfa is "neither so pretty nor so smiling as Mademoiselle Blanche⁷⁸ [but] ... more highly sexed ."^{79, 80} She is considered very capable by the medical staff and she is transferred to another case as soon as Maugras shows signs of recovery.⁸¹

Angèle, fat, middle-aged, coarse and garrulous is the most experienced of the three women who nurse Maugras back to health. "She handled him like a baby, took particular care about washing his genitals and made no bones about joking on the subject. 'We've got to look after this thing ... You'll be wanting to use it again.' "⁸² Angèle who makes her own decisions about Maugras' food, his exercises and the flower arrangements in his room expresses the view that Maugras' physician will not ignore her clinical observations. "I've had so many ... sick people ... pass through my hands! In our job we're with sick people from morning till night. ... We see more of them than the doctors who only spend a few minutes with each of them."⁸² Maugras regains his power of speech while Angèle is looking after him.

By contrast, some nurses' ventures into "medical" activities result in unfortunate outcomes. For instance, during a brief encounter between Johannes Pinneberg,⁸³ an expectant father, and one of the nurses in a Berlin Maternity Hospital, the nurse allows herself to provide an inaccurate prognosis, which causes a great deal of unnecessary anguish. Johannes, whose wife has gone into labor, stands outside the padded door of the delivery room and enquires about her progress. He is told that all is going well and that he is to come back in a few hours' time. Just at that moment a ghastly shriek of pain is heard, coming from behind the padded door.⁸⁴

"Pinneberg had grown white as chalk. The Sister looked at him. 'Is it' ... he stammered, 'is that my wife?' 'No,' said the Sister, 'that is not your wife. Your wife has not got to that stage yet.' 'Will my wife,' asked Pinneberg, and his lips quivered, 'will my wife shriek like this?' The sister looked at him again. Perhaps she thought it would be good for him to know; men weren't very nice to their wives these days. 'Yes,' she said, 'the first labor is usually difficult.' "⁸⁴

The information is of course incorrect and clinically mischievous. It is impossible to predict how much pain will be experienced during parturition so that the “correct” answer to Johannes’ question should have been “of course not,” “it’s highly unlikely” or at least “it’s hard to say.” The nurse’s motivation in giving the poor man a wrong answer is even more bizarre. Was she trying to punish him? To make him into a “better” husband? One thing is clear – no competent doctor would have thought or spoken like Fallada’s nurse.⁸⁴

In a 1973 article, C.P. Snow⁸⁵ describes nurses as “under-recognized and under-paid,” but, in the same paper, he tells the story of a good-natured but tactless nurse who, unintentionally, causes one of her patients a great deal of distress. The patient is a woman with multiple sclerosis and urinary incontinence. The nurse who is summoned to change the bed-linen after an accident, declares cheerfully: “Just like my old dog.” Doctors, with all their insensitivity, would not have made such an offensive and degrading remark. In the unlikely event of a doctor having been present in the patient’s room at the time, he would have either said nothing or muttered about an indwelling catheter. The nurse tries to make the patient feel at ease and, in the process, affronts her dignity.⁸⁵

Curiosity and Compassion

With the “healers” and “carers” in close proximity, there is obvious potential for conflict between members of the two professions, who arrive with different ideologies and different aims.⁷ The nurses see themselves as the patients’ protectors against incompetent, unsympathetic or even sadistic doctors.^{7, 86} The doctors regard the nurses as rigid and incapable of understanding scientific progress.⁸⁷

Coste in his *Life and Works of St. Vincent de Paul*⁷ provides an early example of the “nurse as protector - doctor as aggressor” theme. Monsieur Vincent is discussing the question of obedience with a Sister of Charity. “ ‘Am I to obey the doctor?’ ‘Yes, you must carry out all his instructions exactly.’ But, Sir, he tells me to bleed a person who is on the point of death.’ ‘Sister, he should be obeyed.’ ”⁷

Tennyson's Nurse "Annie" who comforts the sick children, sits up with them night after night and prays for them, presents a sharp contrast to the "merciless," irreligious, loudmouthed surgeon with his "ghastly tools."⁸⁶ One of the doctors terrifies little "Emmie" by announcing in front of the child, that she needs surgery even though "she'll never live through it."⁸⁶

"Never since I was a nurse had I been so grieved and so vexed!
 "Emmie had heard him. Softly she called from her cot to the next,
 "He says I shall never live through it, O Annie what shall I do?
 "Annie considered. 'If I' said the wise little Annie, 'was you
 "I should cry to the dear Lord Jesus to help me, for Emmie, you see,
 "It's all in the picture there: 'Little children should come to me' ...
 " 'Yes, and I will,' said Emmie, but then if I call to the Lord
 "How will he know that it's me? Such a lot of beds in the ward!
 "That was a puzzle for Annie. Again she considered and said:
 " 'Emmie you put out your arms and you leave them outside on the bed-
 "The Lord has so much to see to! but Emmie you tell him plain,
 "It's the little girl with her arms lying out on the counterpane.' "⁸⁶

Emmie dies with her arms on top of the blankets and without having to undergo the "torture" of the "dreadful knife."⁸⁶

Axel Munthe⁸⁷ takes the opposite point of view. According to him, doctors try to advance the course of science, whereas nurses, especially religious nurses, regard progress with suspicion. *The Story of San Michele*,⁸⁷ written in the 1920's, is set in the 1880's when the nursing nuns were great carers but did not understand the healing business. The nuns have "pure hearts" but their hands are surgically unclean.

"They were still there in their big white cornets, in all the hospitals of Paris, the gentle all-sacrificing sisters of St. Vincent de Paul ... No doubt they were more familiar with handling their rosaries than the nail brush, more used to dip their fingers in holy water than in carbolic acid solution ... But ... they ... were invariably cheerful and happy ... full of childish fun and laughter and it was wonderful to watch the way they knew how to communicate their happiness to others."⁸⁸

One old nun tells Dr Munthe (who gives morphine injections to dying patients) that "he was committing a terrible sin, that Almighty God in His inscrutable wisdom had willed it so that the more suffering he inflicted at the hour of death the more forgiving would He be on the Day of Judgment."⁸⁸

During the "Parents' Revolt" in Glasser's *Ward 402* the nurses and doctors are found on opposite sides.⁸⁹ Mary Berquam, a ten year-old girl, has acute lymphatic leukemia. Robert, her father, reluctantly accepts the doctors' advice that the child should be admitted to hospital and treated, rather than be allowed to die painlessly at home. Mary initially responds, but within days she develops meningitis, an intracranial hemorrhage and several other complications. Robert, a medical technologist who feels guilty about his daughter's illness, instigates a "blame the doctors" campaign. He makes the parents of other children on the ward mistrustful, and encourages them to question treatment details and to demand explanations for test results. What did that potassium level mean? Why was Freddy being given this particular dose of anti-lymphocytic globulin? Should another antibiotic be added to penicillin?⁹⁰ Why was the Head of Transplant Surgery not available when a rejected renal graft had to be removed?⁹¹

"Chris," the nurse taking care of Mary, remains friendly with the child's father⁹² despite his hostility towards the medical staff and his constant agitation amongst the parents of other children. She maintains that she is neutral "I'm not on any side ... I just listen"⁹³ but her sympathies (and those of the author) are clearly with the disgruntled parents. She dislikes the attitude of the interns and residents who look at X-ray films and obtain bone marrow specimens, but have no time to relieve the parents' worries and suspicions. She believes that even when the doctors spend time with the parents they fail to explore the most important problems.

"You talk to them about sodium, potassium, urine culture results and all the rest and they don't understand what you're talking about. You're all so smug and self-centered and unapproachable that most parents are just plain afraid to ask you about things that really bother them."⁰³

Chris discovers, what the resident staff and the famous head of the unit have missed, that Mary's mother is pregnant.⁹³ The intern claims that Mrs. Berquam's pregnancy is no concern of the medical staff but he is, of course, quite wrong. On the other hand, Chris, despite all her communication skills, would be quite incapable of making a major treatment decision concerning Mary Berquam or any other child, whereas the interns spend a great deal of time acquiring that particular skill.

Caroline Bates RN the nurse-heroine in Ravin's *Mere Mortals*⁹⁴ is one of the most likable nursing figures in late 20th century hospital novels. She is the epitome of the intelligent, sympathetic carer, ready with a tissue when a patient cries, with a wad of table napkins when a child vomits in the hospital cafeteria,⁹⁵ and with a kind word to Professor Patrick Toomey who has multiple myeloma and wants to kill himself. When the intern shouts at the potential suicide "You're fucking out of your mind Mr. Toomey," Caroline promptly rebukes him: "We don't talk to patients like that around here."⁹⁶

During a ward round, Caroline displays both the strengths and the limitations of a nursing background. Mrs. Roundtree, a patient with disseminated breast cancer, has developed aphasia and right hemianopia. The intern, Dr Ludvik Novotny, is in the process of demonstrating the relevant signs.⁹⁷ Dr. Brendan O'Brien, the senior resident, who is telling the story in the first person, has to adjudicate between Caroline and Ludvik :

"Ludvik stepped from his side ... towards the foot of the bed directly in front of her. He was interested - you could see the fascination in his face. ... Caroline caught my eye with the obvious question. Caroline did not know what Ludvik was ... [demonstrating], but she knew ... she did not like ... [it].⁹⁷ ... Ludvik ... showed ... Mrs. Roundtree a comb and asked her what it was. 'Well it's a ... ' her voice trailed off. Caroline said 'I think we're making Mrs. Roundtree uncomfortable.' Ludvik waved her off. 'It's you who is uncomfortable.' Caroline stood next to [the patient] staring hate at Ludvik."⁹⁷

Outside Mrs. Roundtree's room Caroline has the physical findings explained to her.

" 'Parietal lobe met,' said Ludvik without sympathy or triumph, just a statement of fact. 'What?' said Caroline." Ludvik explains the various neurological deficits and mentions

the possibility that Mrs. Roundtree may not recognize her children who are scheduled to visit their mother that day.⁹⁷

"Then Caroline ... started to cry. Tears coursed down her face ... She sniffed ... gained control and ... said 'I don't believe you.' She made me feel pretty small. Ira and Ludvik and I saw parietal lobe tumors and worse things a dozen times a day. All it meant was more work, more consults to call, more attendings to inform, more questions from relatives, more night awakenings. These ... things ... just ... happened. We had stopped reacting. But here was Caroline wiping her eyes and thinking about Mr. Roundtree and Mrs. Roundtree and how they looked the day she got admitted ... Ludvik eyed Caroline with a ... cool remove and said, 'you had better intercept the husband and kids. What she needs is a CT and some radiation therapy.' 'She is going to see her children,' said Caroline, back straightening. 'Today. No CT. No radiation therapy. Just kids. Today she is going to be a human being.' Ludvik looked to me for some rational intervention. I looked at Caroline and it was obvious there was going to be only one winner in this contest."⁹⁷

Caroline may have been "emotionally correct" but as the story unfolds it becomes clear that Dr Brendan O'Brien should have taken Ludvik's dispassionate advice. The children arrive but the visit is a disaster. Mrs. Roundtree "had no idea who all these small people were ... and started crying."⁹⁷

Independent Operators versus Team Members

The organizational structures involving doctors and nurses are generally taken for granted. From the earliest days of "Western" medicine doctors were largely independent (or at least hoped to become independent one day). In the contemporary hospital hierarchy, even junior members of the medical staff retain some degree of autonomy and the power to deviate from protocol. Good doctors are expected to possess, in addition to other attributes, intelligence and originality. By contrast, nurses are team members and subject to team discipline.

Isabel Archer, the heroine of Henry James' novel,⁹⁸ whose principal aim in life is to retain her ability to "make choices,"⁹⁹ evidently considers a nursing career at one stage, but abandons the idea when it is pointed out to her that independence and nursing are not

compatible. When her cousin remarks: "You ought to be a good nurse," Isabel replies "I don't think I am; I've been told I'm not; I'm said to have too many theories."¹⁰⁰

Dr Veber, the proprietor of a small French hospital,¹⁰¹ reminds his chief operating room nurse, that her duties do not include conducting independent investigations. "You are not a discoverer, you are a nurse, Eugénie, you often forget that."¹⁰² In a similar vein, PD James' Miss Rolfe¹⁰³ considers "imagination and intelligence ... dangerous in nursing if they aren't founded on discipline [and] ... obedience to rightful authority."¹⁰⁴ These are not the sentiments of St. Vincent de Paul⁷ or an arrogant male surgeon but those of a very British nurse in the second half of the twentieth century. Inspector Dalglish amplifies Miss Rolfe's remarks. "It is difficult to reconcile imagination which is individual, even iconoclastic, with the submission to authority of the good subordinate."¹⁰⁴

The difference between the "disciplined" nurses and the "individualistic" doctors is reflected in their handwriting. Doctors write (and are expected to write) in an illegible scrawl^{105,106} and to use an indecipherable signature. Nurses write neatly, in "schoolgirl backhand" or similar scripts.¹⁰⁷

As the "subordinates" become older, they tend to develop trade-union attitudes concerning working hours, regular coffee breaks and the exact definition of their duties. Such attitudes, whether justified or not, infuriate physicians. For instance, Miss Paget, one of the senior nurses in *Not As A Stranger*¹⁰⁸ is asked to fetch some blankets for a dying patient. She responds: " 'I'm sorry Doctor, I'm not on duty now.' 'I didn't ask you whether you were on duty,' " is the caustic reply of Dr. Lucas Marsh who goes on to lecture one of Miss Paget's colleagues that a nurse is more than "a glorified waitress and chambermaid."^{109, 110}

Francis Roe in *Doctors and Doctors' Wives*¹¹¹ tells the story of a doctor/nurse dispute concerning what does and what does not come under a nurse's job description. A young black man has been wheeled into the Emergency Room of a large New York Hospital

with a bullet wound in his abdomen. There is evidence of intra-abdominal bleeding and Bob Wesley, the resident, decides to take the patient straight to the operating room.¹¹²

" 'Get the OR to send somebody for this guy,' " Bob tells Aster Hicks [the nursing supervisor], then hesitates. By the time the transportation people got themselves organized, [the patient] could be in deep trouble. 'No, let's take him up ourselves,' he said ... 'We can't do that,' said Aster ... 'we're nurses not aides, and anyway it's against the regulations.' 'Oh for Christ's sake,' said Bob, going to the door and opening it wide. 'Call the OR and tell them we're coming ... and tell the blood bank to send up six units of whole blood directly to the OR. Or is that the secretary's job?' "¹¹² [Bob is reported to the hospital authorities, but the patient, who has a ruptured spleen, survives.¹¹²] (See also pp. 140-1.)

Robert Marion's intern¹¹³ who cannot make the nurses jump to attention whenever he needs help, displays the same exasperation about nurses' work habits, though in his case the nurses' conduct may well be correct. The young man declares: "Nurses are worthless, lazy, uncaring shitheads who spend most of their time sitting around on their fat asses in the back room, watching T.V."¹¹⁴ Translated into adult terms, this abusive tirade presumably refers to an episode that occurred during a regular coffee break, which the nurses did not want to interrupt because an ignorant intern was unable to cope.

Flexibility and Rigidity

Nurses, especially senior nurses, are portrayed as functionaries who enforce or try to enforce hospital regulations, even when these are manifestly inappropriate to a particular situation. Doctors, who are more flexible, become frustrated at this bureaucratic attitude and the ensuing delays, which, at times, may contribute to a patient's death. Dr William Carlos Williams¹¹⁵ who is looking after *Jean Beicke*

"wanted to incise the [ear] drums, especially the left and would have done it, but the [Nursing] Superintendent came along just then and made ... me call the ear man on service ... She also looked to see if ... I had an operation release from the parents."¹¹⁵

Williams leaves it to his readers to speculate whether the little girl's fatal cerebral abscess might have been prevented by a myringotomy, but he strongly implies that the delays imposed by the nursing staff did not help matters.

Mrs. Walker, an elderly nurse in Hemingway's *A Farewell to Arms*¹¹⁶ cannot bring herself to admit a wounded soldier into her hospital where all the rooms are fully furnished but empty. The facility has not been officially opened, and Mrs. Walker evidently feels that it would be unseemly for her to act before being told to do so by the "proper authorities." "There isn't any patient expected. I couldn't put you in just any room."¹¹⁷ The ambulance drivers do not suffer from the nurse's inhibitions or her inability to deal with unfamiliar situations, and deposit the soldier onto a bed.

Another of Hemingway's nurses, also in *A Farewell to Arms*¹¹⁶ tries to invoke a hospital regulation to prevent Frederic Henry from seeing the body of his partner Catherine, who has just died after a Cesarean section. Frederic takes no notice of this character, who obviously does not know when rules should be enforced and when they should be relaxed.¹¹⁸

Ashton's Doctor Luke Serocold¹¹⁹ is irritated by the rigid attitudes of the Matron at the local hospital. He has never come across anyone "quite so starched."¹²⁰ The two of them have been discussing rheumatic fever and the necessity of hospital admissions for children suffering from this disorder.

" 'The mothers always let them get up too soon,' said the matron, pronouncing her verdict on a class of persons to whom advice was useless ... He protested mildly, 'Well you can't expect a working woman with a large family to keep a kid in bed and wait on it hand and foot ... just because the doctor is fussy about a cardiac complication' ... 'Women who can't look after their children properly, don't deserve to have them,' declared the Matron, interrupting him with her accustomed energy."¹²⁰

Despite her rigidity and lack of insight, the Matron is popular with the patients and their relatives. Doctor Serocold reflects that "It's always, 'Matron's the one we like. Matron looks after us proper.' I suppose they really enjoy being bullied."¹²⁰ Serocold, like many

doctors before and since his time, fails to appreciate that some patients are happier with the nurses' firm attitudes (rheumatic fever = bed rest) than with the doctor's doubts.¹²⁰

Yet another rigid nurse, "Sister Watkins" in Margaret Drabble's *The Millstone*¹²¹ will not allow Rosamund Stacey to see "Octavia," her six-months-old daughter, after a cardiac operation.

"I'm afraid that for such small infants we don't allow any visiting time at all. ... Really Mrs. Stacey, you must understand that it is of no practical use to visit such a young child, she will settle much more happily if she doesn't see you.' I didn't like the sound of that word 'settle'. It suggested settling into lethargy and torpor. ... Octavia had never been settled in her life and I did not want her to begin now."¹²²

The arguments between the two women become more intense with the nurse trying to push Rosamund out of her office while Rosamund screams hysterically. The conflict is resolved by Octavia's surgeon (an old friend of Rosamund's father) who overrules Sister Watkins leaving her "sitting in a corner, crying into her handkerchief." He personally escorts Rosamund into the babies' surgical ward and, on the way, remarks gratuitously, "Our buildings here are old ... and our staff are old."¹²²

Another contrast between a doctor who can bend the rules and a nurse who cannot, is presented by Pauline Smith.¹²³ Juriaan and Deltje Van Royen, a simple elderly Afrikaans peasant couple have taken four days to make their way by ox cart from their home to the nearest hospital. Deltje suffers from abdominal pain and is hoping for some relief. The two encounter a doctor and a nurse, neither of whom understands the old people "with [their] unquestioning patience of poverty and old age."¹²³ Of the two, the doctor proves less troublesome.

When Juriaan asks whether he can camp in the hospital grounds so as to be near his wife, "the doctor turned to the matron and said briefly: 'Let him stay,' " even though this is almost certainly against the rules. The "young pleasant-faced nurse Robert" is less flexible.

"To her there still remained the bright hard self-confidence of youth, and in Juriaan and Deltje she saw only two aged innocents whose affairs it was her duty, and certainly her pleasure, to control. Her management of them, she was convinced, was for their good and in all she did for them there was a certain brusque kindness. It was she who answered for Deltje when the doctor made his daily round and though even to the doctor Deltje would timidly protest that she had now no pain in her side, her protests were drowned in the brisk common sense of the nurse ... [The two old people come to resent] this brisk bright personal interference and ... they came to fear the pleasant-faced nurse as they had never before feared any other human being. She stood between them and the doctor; between them and the matron; and by her refusal to allow ... Deltje's ... return ... home, between them and everything that made life dear." [They decide to leave without the benefit of the doctor's or the nurse's approval and abscond in the middle of one night.¹²³]

The starched uniform, symbol of rigidity, has largely disappeared but the nurses' inability to adapt to the particular circumstances persists in late twentieth century hospital novels. The members of the medical staff of the euthanasia facility at the "Northwest Regional Medical Center"¹²⁴ (see also, Book 3, Chapter 8) have decided to accept Duane Tanner, an AIDS patient, even though he is currently in remission. Tanner wants to remain "in control." He is not willing to wait for another bout of pneumonia, and the physicians have agreed to assist him to die now.¹²⁵ When Tanner walks into the "final procedure" room at the appointed time, the head nurse is scandalized, not because an apparently healthy man is about to have his life terminated, but because he did not arrive on a trolley.

"Mr. Tanner," she said, "we can't allow that. You have to be moved on a gurney, or in a wheelchair at the very least." "Why?" "Because of the insurance. If anything happened to you walking around like that..." "Happened?" "Yes, if you got hurt."¹²⁶

The nurse is not satisfied with the head physician's guarantee that the insurance company will not be bothering her in this case and returns to her desk "muttering balefully."¹²⁶

Cynicism and Idealism

The nurses' apparent "rigidity" is accompanied by a firm belief that their "caring" activities are beneficial, whereas the doctors are much more cynical about the ultimate

results of their therapeutic efforts. The different attitudes of the two professions, which do not necessarily result in disharmony, go back at least one hundred years.

Dr Dermot Fitzgerald, the surgical resident in *The Night Nurse*¹²⁷ and his favorite Nurse (Nora Townsend) are discussing a four-year old girl who is recovering from diphtheria and about to be discharged to her squalid home in the Dublin slums.¹²⁸ Fitzgerald is pessimistic. "You and I between us have pulled her back into life – I wonder what for. Probably to die of typhoid later on or, worse still, grow up a feeble-minded degenerate."¹²⁸ The nurse is more hopeful. She argues that "good food, fresh air and healthy surroundings" can make this little girl into a useful citizen. But the doctor remains unconvinced.

A very similar scenario is described, twenty years later, in William Carlos Williams' *Jean Beicke*¹¹⁵ (see also p. 98). The story is set in the pediatric unit of a New Jersey Charity Hospital during the depression of the 1930's and the doctor is telling the story is in one of his sardonic "what's the use of it all" moods. The children are brought in

"stinking dirty and I mean stinking. The poor brats are almost dead sometimes, just living skeletons ... wrapped in rags, their heads caked with dirt, their eyes stuck together with pus and their legs all excoriated from the dirty diapers no one has had the interest to take off them ... And sometimes the kids are not only dirty and neglected but sick and ready to die. You ought to see those nurses work. You'd think it was the brat of their best friend. They handle those kids as if they were worth a million dollars ... They break their hearts over those kids when I, for one, wish they'd never get well. ... I often kid the girls ... I look at some miserable specimen they've dolled up for me when I make the rounds in the morning and I tell them: Give it an enema, maybe it will get well and grow up into a cheap prostitute or something. The country needs you, brat."¹¹⁵

The nurses are not interested in black humor or in social engineering. They want to love and protect their little patients, and are hurt and angry when the children "come back in a week or so, sometimes in a terrible condition, full of impetigo, down in weight - everything we'd done for them to do over again."¹¹⁵

Ravin,⁹⁴ in a more contemporary setting, makes the same point: Nurses do not appreciate the type of medical black humor commonly found among resident staff. Dr Ira Bloomstein is telling his colleagues and Head Nurse Caroline Bates at morning rounds that it has not been a bad night.¹²⁹

" 'Just two ECU transfers.' 'ECU?' Caroline asked. ... 'Eternal Care Unit,' I explained. ... 'Cute', said Caroline with a look that conveyed her ire. 'Real cute'. Ira looked at her, uncomprehending. What Caroline hadn't liked was the ECU bit. That's the way we talked then. It seemed to help. 'Distancing' the shrinks called it. But Caroline was having none of it that morning. 'Just say he died. Okay?' she said. 'I can only take so much glibness in the morning.' "¹²⁹

Katherine Anne Porter's *Pale Horse, Pale Rider*¹³⁰ is a powerful account of a young woman ("Miranda") who almost dies during the 1918 influenza epidemic. There are not many details about the interaction between Doctor Hildesheim, Nurse Tanner and the patient, but one brief conversation is characteristic. After her ambulance trip to the hospital, Miranda expresses grave fears about the fate of her boyfriend (who dies a few days later).¹³⁰

" 'That young man? He's been here and left you a note ... ' said Doctor Hildesheim ... His tone was altogether too merry and flippant. 'I don't believe you,' said Miranda ... 'Miss Tanner,' said the doctor, 'have you got that note?' " Miss Tanner reads the reassuring note to Miranda who in her delirium only half understands its contents but evidently finds the nurse more trustworthy than the doctor.¹³⁰ Miranda becomes desperately ill but

"Cornelia Tanner, a nurse who knew her business ... snatched back from death with her own hands ... this patient the doctors had given up for lost. 'Nursing is nine tenths ... ' Miss Tanner would tell the other nurses; 'keep that in mind' ... and ... Miranda ... sat here, visible proof of Miss Tanner's theory."¹³⁰

Financial Status. Educational Background.

The notion that doctors have better academic training and a more thorough grasp of medicine than nurses, is widely distributed in literature and is probably in agreement with

the real life situation. Amadeu Prado, the child prodigy in *Night Train to Lisbon*,¹³¹ wants to turn his high school friend Maria João Avila into a good student so that she will be accepted into a medical school. Maria João is not keen on the idea. “I didn’t really want that. I said I wanted to be a nurse ... A simple nurse.”¹³²

Some of the discrepancy between the educational achievements of doctors and nurses may be due to their different social backgrounds. Fictional doctors tend to come from wealthy families, especially from medical families (see Book 3, p. 9). A few, like Philip Carey¹³³ and Lucas Marsh¹⁰⁸ are desperately poor during their student days, but even poor medical students may have access to money on the basis of the perception that they have the potential for acquiring wealth at some future stage. Physicians like Dr Adam Stanton in *All the King's Men*¹³⁴ who, despite their patrician background and their professional successes, choose to live frugally, are considered eccentric.¹³⁵ (See also Book 1, Chapter 1).

In contrast, while a few fictional nurses are endowed with fathers who are rich or medically qualified or both,^{136, 137} the typical nurse comes from a more humble background such as a small farm¹⁰⁸, a rural family business,¹³⁸ a migrant¹³⁹ or minority¹⁴⁰ community, or even "a squalid tenement."¹⁴¹ Some graduate nurses live in crowded apartments with poor or sick relatives¹⁴² whom they support.^{142, 143} Indeed, privileged families tend to discourage their daughters from entering a nursing career which they consider lacks “class.” For instance, in Harry Joy’s family¹⁴⁴ the son’s pretended medical aspirations are a source of pride. David Joy tells his father he wants to study medicine “because his father indicated it would please him.”¹⁴⁵ Harry tells his friends and business associates his son is “a good boy, going to be a doctor.”¹⁴⁵ Nurses, on the other hand, are looked down on “for their dreary ambitions and their dreary lives.”¹⁴⁶ Even Ben Cruikshank,¹⁴⁷ Robertson Davies’ poor, proud, self-employed carpenter,¹⁴⁸ is opposed to his daughter Leola becoming a nurse.¹⁴⁹ Leola, who is engaged to a rich young man, raises the suggestion that she might train as a nurse while he goes to law school.¹⁴⁹ The plan comes “to nothing because her parents thought the training would coarsen their darling – bedpans and urinals and washing naked men and all that sort of thing.”¹⁴⁹

When Betty Lou Taft (“Honey”), the under-achieving member of an over-achieving family,¹⁵⁰ (see also Chapter 1, p. 30) declares that she wants to be a nurse, “her father’s face reddened. ‘You mean a doctor.’ ‘No, Father, I ... ‘ ‘You’re a Taft. If you want to go into medicine, you’ll be a doctor. Is that understood?’ ‘Yes, Father.’ ”¹⁵¹ In addition, rich parents try to advise their sons against marrying nurses,¹⁵² who, they believe, may prove incapable of adjusting to the social and cultural values of their new relations.

The educational levels of nurses are therefore likely to be inferior to those of medical graduates (see also p. 87). As late as 1974 Dr. Joseph Womack, of the San Francisco County Hospital,¹⁵³ leafing through a patient’s chart, comes across a nurse’s progress note that reads: “real bad, don’t never eat rite.”¹⁵⁴ The reader does not discover whether this entry was made by the “gray nurse, past retirement age ... nodding over a copy of *True Romance*”¹⁵⁴ or by one of her younger colleagues.

On the other hand, the doctors’ privileged upbringing gives them the opportunity to acquire a broad education and to become familiar with or even competent in disciplines other than medicine. While many physicians neglect this aspect of their education or let it atrophy, (see Book 2, Chapter 4) it persists to a sufficient degree and in sufficient numbers of individuals to give rise to accounts of multi-faceted doctors, and their marriages to anti-intellectual nurses. Frederick Busch¹⁵² tells the story of Laurel, an emergency room nurse, Sid, her recently acquired internist second husband and Victor, Laurel’s teen-aged son from her previous marriage. The three are on their way to Sid’s parents where the two new family members are to be introduced. Sid, uneasy about the coming encounter, gives Laurel a lecture about Black Holes. “She said very patiently ‘I don’t do Black Holes, changes in foreign governments, national ethics or anything to do with the economy. I do little ideas.’ ” Laurel, the carer, is not interested in abstract concepts. She worries about her angry teenager and prays that he might reach adulthood without drugs, violence or motor vehicle accidents. She is also concerned with day-to-day problems such as body lice on the children three doors up from her house.¹⁵²

Josephine Pelligren R.N.,¹⁵⁵ more selfish than Laurel,¹⁵² is not married to a doctor but her interests are also limited to “small ideas” (principally those involving herself). Her mother-in-law is “on the Board of the Children’s Hospital, a sponsor of the Symphony, a faithful attendant at St Michael’s Episcopal Church,” and regularly visits museum exhibitions. Josephine finds these “high-brow” activities unspeakably dull. She manages to discover one kindred spirit in her husband’s “blue-blooded” family – a lecherous old uncle.

The social dynamics of doctor-nurse marriages are clearly and tactlessly spelt out at a wedding in Neil Ravin’s *Mere Mortals*.¹⁵⁶ Dr Forrest Fauquier who comes "from real money - the sort that gets passed on in trusts," is marrying a nurse from "Manhattan Hospital." Forrest's prep school roommate, an investment banker, explains to Dr Brendan O'Brien and Caroline Bates RN (see also pp. 95-6 and pp. 102-3) why Forrest's mother is not happy about the match. " 'She's just some nurse he met [and] ... they thought she'd trapped him and all that.' Caroline's eyes grew cold and slitty and [Brendan] wasn't sure if she'd had enough champagne to be a real threat for throwing her glass at him [so he] ... stepped between them and [remarked sarcastically] ... 'Those nurses are ... always wanting to pick off a doctor to marry. That's the only reason they go to nursing school.' 'Well, that's the way Forrest's parents looked at it,' said the roommate."¹⁵⁶

The differences between the attitudes, the work practices and the aims of the two professions are generally blurred in hospital settings, though occasionally they become sharply defined. Simone de Beauvoir¹⁵⁷ strongly resents the perceived aloofness and arrogance of the physicians who are taking care of her mother. "On the other hand, I did like the nurses; they were linked to their patient by the extreme closeness of those necessary tasks that were humiliating for her and revolting for them. ... The interest they took in Maman did at least have the appearance of friendship."¹⁵⁷

A generation later, in a different country, and in the setting of a totally different social and intellectual background, Buzacott's Lisa Pembroke³ expresses very similar sentiments. When this dying teenager declares angrily: "The nurses, they're great. It's the

doctors I hate"¹ she is not only focusing her resentment on the more prominent members of the hospital staff. Like de Beauvoir,¹⁵⁷ Lisa expresses the view that the unapproachable "healers" have had their chance, and what she needs now are "carers" who are intellectually and emotionally closer to her.

The theme of the ignorant nurse continues well into the twenty-first century. Much of the plot in *Back to Blood*¹⁵⁸ is taken up by the contrast between Dr Norman Lewis, the fashionable Miami psychiatrist, and his office nurse and current lover, Magdalena Otero. Lewis fancies himself as an art connoisseur, a literary scholar, an appreciator of music as well as a distinguished psychiatrist and a television personality. Magdalena, a daughter of Cuban migrants, has a nursing degree but no other education. When Lewis quotes "Vengeance is mine" from *Anna Karenina*, Magdalena becomes uncomfortable.

"She had no idea what an epigraph was. She had a vague notion of Anna Karenina... somebody in a book? ... Anything that had to do with writing, with literature, intimidated her most of all. It hit her sorest point, her lack of education in the books you were supposed to have read, the artists whose paintings you were supposed to be familiar with, the great composers – she knew *nothing* about any composer. She had heard of one name, Mozart, but knew absolutely zero about anything he might have composed."¹⁵⁸ [Despite her lack of education, Magdalena is essentially a decent and sensible person, whereas the scholarly Lewis is a dishonest money chaser, a social climber and a sexual predator.]

Summary

The attitudes and behavior patterns of fictional doctors and nurses may be traced to the origins of the two professions. Physicians are portrayed as individualistic, irreligious, cynical and interventionist. They are not bound to any particular institution. Nurses, the spiritual descendants of the nursing nuns, are disciplined and idealistic and form members of a team. They are motivated by compassion rather than curiosity and they act as "carers" rather than "healers".

Doctors, mostly male, are perceived to be more flexible than nurses who are almost all female. Male nurses are objects of ridicule. Doctors are shown to come from wealthy

families and to be rich themselves. Nurses come from humble backgrounds and remain poor. Patient resentment tends to focus on doctors rather than nurses.

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CHAPTER 3. THE NURSE AS THE DOCTOR'S SUBORDINATE

“All nurses think they know a lot about medicine.”¹

"No matter how little respect physicians show us, no matter how much they demean our intelligence or our judgment, we are still the ones who care for the patients."²

Historical Background

In the pre-Nightingale days there was no doubt concerning the chain of command in hospitals. In religious institutions, especially those staffed by the Sisters of Charity, absolute obedience to the physician "in all that pertains to the care of the sick"^{3, 4} was considered an act of submission to God. In hospitals staffed by lay persons, individuals bearing the title "nurse," had the status and education of domestic servants,⁵ and were obviously in no position to challenge the authority of the doctors.

When professional nurses and doctors came to share the responsibility for hospital patients during the second half of the nineteenth century⁶ it became inevitable that there would be clashes of ideas and ideals. However, despite Florence Nightingale's political skills and her ambivalence towards physicians,⁵ it seems to have been taken for granted from the earliest days of the modern hospital, that the nurses' obedience to the doctors would continue, that the requirements of the "healers" would take precedence over those of the "carers" and that the power structure of the new institutions would reflect this precedence. The "Rules for Nurses" in one of the early Canadian Hospitals⁷ state that "Nurses shall ... implicitly obey the orders of the physician in the management of patients"⁷ and there is no reason to believe that these rules differed significantly from those in force in other parts of the world.

Abraham Flexner, one of the Founding Fathers of American Medical Education, expressed these sentiments even more strongly.⁸ The nurse, Flexner argued,

"must possess knowledge, skill and power of judgment. ... However ... the responsibility of the trained nurse is neither original nor final. She ... may be described as another arm to the physician or surgeon. ... It is the physician who observes, reflects and decides. The trained nurse ... carries out his orders, summons

him like a sentinel in fresh emergencies; subordinates loyally her intelligence to his ... policy and is effective in precise proportion to her ability thus to second his efforts."⁸

Flexner goes further. In his scheme, the nurse is "an instrument to be utilized" by the doctor. The physician ... "utilizes various instruments - physical and human; microscope, stethoscope, sphygmograph, orderly, pharmacist, dietitian, nurse. But his is the commanding intelligence that brings these resources to bear; his the responsibility of decision as to the problem and how it is to be solved."⁸ Vogel in his history of the great Boston hospitals⁹ says virtually nothing about the nurses, presumably because they (like the orderlies and the kitchen staff) were considered of minor significance.

Remarkably, for many decades, the nurses accepted (not always without protest¹⁰) the role assigned to them by Flexner⁸ and like-minded individuals so that for most of the 20th century nurses were not independent carers but doctors' "underlings." Despite much talk about "communication" and "cooperation," the doctors remained dominant and the nurses deferential.¹¹ When a knowledgeable nurse wanted to make a contribution she had to play the "doctor-nurse game" which consisted of subtly suggesting a change of policy or treatment, while making the doctor believe the idea was his.¹² Nourse's very raw intern,¹³ who has not even considered a blood transfusion for an exsanguinated patient,¹⁴ is tactfully instructed by a nurse: "Doctor, if you're going to want to order any blood for this lady, maybe you could draw the blood for typing and cross-matching before you start the IV." The nurse gets no thanks for her life-saving suggestion. The intern merely grunts: "Yes, I'm going to want three units," he draws the blood for cross matching and he barks at an orderly to take the specimen to the blood bank in a hurry.¹⁴

Despite the inclusion of much theoretical material in their course-work ("define lymph, Miss Connors and state briefly the purpose it serves in the economy of the body"¹⁵) and despite their university degrees, nurses still see themselves and are seen by others as an "underclass" whose work consists of tedious and repetitive chores. As in Walt Whitman's day,¹⁶ the doctors perform the "exciting" part of medical treatment such as major operations, while the nurses carry out mundane chores such as "bearing the bandages,

water and sponge”¹⁶ and essentially unpleasant tasks like removing “the clotted lint ... from the stump of the arm.”

To this day, the nurses complain that they receive relatively low wages, that their work is trivialized by the doctors, that they lack the ability to make independent decisions,^{17, 18} and that they have to defer to doctors in all important matters including their personal problems.¹⁷ Autonomy for the nursing profession has not been achieved and may not be achievable in hospital settings. The “underlings” have imbibed and occasionally express rebellious notions but they remain in a subservient position.

Demarcation Disputes.

The demarcation between the duties of the two professions forms a recurrent source of resentment. Some nursing activities such as handing a patient a urine bottle¹⁹ do not generally need the approval of a doctor. On the other hand the "night nurse ... passing out the evening pills"²⁰ requires instructions from the medical staff as to who is to receive which pills and how many are to be given to each patient.

Between these extremes are to be found many uncertain areas such as problems relating to the patients' diet, their bedding or the behavior of their visitors.²¹ Fictional physicians may display indifference²² or irritation²³ when nurses ask them "trivial" questions about these subjects, but they may also become annoyed when such questions are not asked.¹⁷ Some doctors worry and meddle to a degree that denies the nurses even a vestige of discretion.²⁴

Professor Audoire, the neurologist, who is more at ease in "dealing with sickness" than in "dealing with a sick man,"²⁵ is one of those who cannot be bothered with “nursing trivialities.” When Mademoiselle Blanche, the competent and efficient nurse in Simenon’s *The Patient* (see Chapter 2, p. 90), hands him her carefully recorded observations concerning Monsieur Maugras, “he promptly handed [the chart] back to her as if there was nothing to be learnt from it.”²⁵ When the nurse asks the Professor whether

she can give the patient some orange juice for breakfast, she is not favored with a reply. "The doctor shrugged his shoulders ... which meant presumably that he saw no objection but that he thought it of no importance."²⁵ The doctor's refusal to answer this particular question is clearly reprehensible; the patient had sustained a profound stroke only a few days earlier,²⁶ and may well be suffering from swallowing difficulties.

Eric Ambler's Doctor Castillo²⁷ argues quite unnecessarily with a nurse, who has the temerity to ask whether she may give a patient a barbiturate tablet. The setting is a French colonial hospital, the nurse is black and the doctor is white. However, a conceited and tactless intern might have provoked a very similar confrontation in more familiar surroundings. The story is told by the young doctor writing in his diary in "Diarese". "Needlessly interrupted by new Sister with request I authorize phenobarb for cardiac patient in Ward B. On checking, found she had not consulted night staff instructions, which clearly authorize her use own discretion ... Challenged, she declared procedure in Pointe-à-Pitre different ... An absurd lie ... I could only be excessively polite ... She flounced out ... Good. Perhaps she will think twice before she again comes asking questions."²⁷

Conversely, some obsessive physicians take it upon themselves to interfere with the minutiae of nursing duties. Dr. Röstel in *The Fire and the Wood*²⁸ "with his intense shyness ... never looked a patient in the face. ... But as he passed through a ward ... (he) would ... pull up in a kind of panic distress ... 'Nurse, that man's head is too high. You must take one pillow away. No, that's too low now' ... 'That window is too far open, there's a draught along these beds.' "²⁸ Dr Josef Zeppichmann, Röstel's new assistant,²⁸ soon imitates (or pretends to imitate) the senior man's mania for tidiness. "Presently, the new doctor was calling ... 'Nurse, this medicine glass is empty.' "²⁸ The nurses are not amused by these medical fusspots.

Occasional nurses' suggestions are perceived as threats by insecure members of the medical profession. Kritek²⁹ tells the story of a three week old infant with multiple congenital anomalies who is being fed through a gastrostomy tube. The little boy, who

dies two weeks later, cries constantly and one of the nurses suggests to the parents that a pacifier may help. The attending physician resents both the suggestion itself and the fact that it has been communicated to the parents. His remark: "I have eight children. Not one ever used a pacifier,"²⁹ is totally irrelevant. In the end he gives in ungraciously, because of the nurse's persistence.

The Subservient Nurse

Independent thought, speech and actions are not encouraged among twentieth century nursing staff. On the contrary, fictional nurses have been thoroughly disciplined to carry out orders, especially doctors' orders, and to do so humbly and unquestioningly. They fetch and carry for the doctor, they anticipate his wishes by studying his facial expressions, and they laugh dutifully at his jokes regardless of whether these are funny or not. Even the definition of what constitutes nursing duties may be altered at the whim of a doctor.

Paradoxically, in old-fashioned hospitals controlled by religious orders, the nursing nuns retain some independence and are able not only to question the doctor's diagnosis but to openly disagree with it. Thomas Wolfe's senior Munich surgeon³⁰ (see Book 2, p. 38) is contemptuous when George ("Monk") Webber suggests there is a third laceration at the back of his head in addition to the two that have been sutured.³¹ The "Mother Superior of the Night ... her plain face pleated in her bonnet between enormous wings of starch" is not intimidated by what the "Herr Geheimrat" is alleged to have said. " 'There is a wound,' she said." Webber (and the reader) are convinced that the nun is right and that the doctor "the brutal scorners with his contemptuous tongue" is wrong.³¹ (See also Book 3, Chapter 3.)

Such independence is the exception in secular hospitals, where the subservient status of nurses persists throughout the twentieth century. Although sycophantic and cringing behavior of nurses in the presence of doctors diminishes as the century progresses, the professional independence of the nurse does not improve significantly.

Nora Townsend, the idealized, romanticized early 20th century nurse,³² stands “listening with the quiet deference of the perfectly trained nurse” as the surgical resident issues his “directions.”³³ When Arnold Bennett's Dr Heddle³⁴ enters the *Lord Raingo*'s room without knocking, "Nurse Kewley started up to rebuke the impudent intruder who would so unceremoniously enter; but as soon as she identified the doctor she was transformed into an obsequious slave and stood sharply to attention."³⁵

Martin Arrowsmith³⁶ (only a medical student at the time) is asking directions of Leora Tozer, who is on her hands and knees scrubbing the floor.³⁷ Martin is incensed when Leora, a pert probationer nurse, fails to alter her undignified position. “ ‘ I am Dr. Arrowsmith, ‘ he snorted, ‘and I’ve been informed that even probationers learn that the first duty of a nurse is to stand when addressing doctors!’ “³⁷ [The two subsequently marry.]

When arguments erupt between patients and nurses, the doctor may try to maintain a superior neutrality. One of the nurses in William Carlos Williams’ *The Build-Up*³⁸ complains to the doctor about a maternity patient who has been giving her a hard time. ” ‘She’s a terrible person,’ said the nurse to the doctor in the bathroom while he was scrubbing his hands. ‘I can’t do anything to make her listen. ‘ ” The obstetrician does not take sides and carries on patiently and efficiently.³⁹

Mary Kelley, one of the nurses at *Peyton Place* Community Hospital,⁴⁰ has been thoroughly indoctrinated with the principles governing "correct" doctor-nurse relationships.⁴¹ " 'What would you do?' the students had been fond of asking one another, ... 'if you saw a doctor make a mistake in the O.R.? A mistake that resulted in the death of a patient?' 'I'd never tell,' they assured each other. 'Nurses never tell,' they said. 'And they see mistakes every day ... It's ethics.' 'But what if it wasn't a mistake?' they asked one another. What if a doctor was drunk or did something deliberately?' ... 'I'd never tell,' they said solemnly. 'You just don't tell on doctors. That's ethics.' "⁴¹ Mary's "ethics" are put to

a severe test during the fateful night when she is told that Selena Cross is to have an “appendectomy” and, instead, Doctor Swain performs a dilatation and curettage.³⁵ (The year is 1939, abortions are strictly illegal, and Mary is a Catholic.) " 'Doc,' she had whispered, 'Doc, what're you doing?' ... 'I'm removing her appendix,' he said coldly [while proceeding with the curettage]. 'Do you understand that?' She could have said no ... and run out of the O.R. ... but she had done nothing of the kind." In fact, Mary is proud that "the Doc had chosen her"⁴¹ (see also Book 3, p. 253-4) .

Scott Fitzgerald's *Agency Nurse*,⁴² who is looking after an alcoholic cartoonist during his final illness, has learnt that the most important physical sign relating to a patient's prognosis is the doctor's facial expression. She has seen that "the doctor had shaken his head in a certain way and she knew that really it was a case that was beyond her."⁴²

Several twentieth century novels stress the nurses' propensity to weep frequently and copiously. In Sobel's *Hospital Makers*,⁴³ published in 1973 but set in the 1920's and 1930's, the "disciples of Florence Nightingale" are always in tears:

"The operating room nurses cried because surgeons shouted at them and hurled instruments at the walls. The head nurses cried because [the senior attending physicians] ... raked them with sarcastic broadsides. And the junior nurses cried because house physicians and surgeons ... upbraided them for their clumsiness. The news ... that Miss So-and-So was crying was accepted as an unfortunate but inevitable part of hospital life."⁴⁴

Richard Dooling⁴⁵ takes up this theme in the 1990's. Dr Werner Ernst has been particularly sarcastic towards a nurse, who had asked him a stupid question. He is now informed by another nurse that “Marie” is crying.⁴⁶

“ ‘Who’s Marie?’ Werner asked ... ‘You mean the liver in Bed Six?’ ‘No,’ the nurse said. ‘Marie. Bed One’s nurse.’ ‘Bed One’s nurse is crying.’ Werner said as if someone had just told him that trash was blowing across the highway at Waco, Texas. Apprehending that Werner was not about to inquire after the cause of Marie’s tears, the nurse with the square glasses offered, ‘She’s crying because she doesn’t like to get yelled at.’ ... ‘Oh,’ Werner said, ‘I see. Someone who doesn’t like to get yelled at went to nursing school of all places. Is this important information?’ “⁴⁶

Many "functions" normally carried out by nurses merely corroborate their subservient status. When Sobel's Dr Rintman⁴⁷ is about to perform a rectal examination he does not fetch his own equipment but "a student nurse was standing in front of him holding out the rubber gloves."⁴⁷ As it happens, Rintman prefers to perform the examination bare-fingered, so the nurse receives a reprimand for her lack of awareness of the great man's idiosyncrasies. Before examining a woman with breast carcinoma in one of the old-fashioned Nightingale wards the resident, instead of fetching a screen himself, "had a floor nurse move a screen around the bed."⁴⁸ In the operating room "the instrument nurse handed [Doctor] Emmerich the knife ... [but] this was no team effort. The personnel were merely the master surgeon's milieu."⁴⁹ Even the senior instrument nurse is distinguished mainly by her "remarkable flair for anticipating the desires of the surgeon and for being ready with the right instrument before it was demanded."⁵⁰ If for some reason the surgeon feels irritated, the nurses become the principal target for a stream of verbal or physical abuse. Richard Gordon's Sir Lancelot Spratt,⁵¹ (see also Book 3, p. 70) who has been entertaining his team with some anecdote during an operation, suddenly pounces on the instrument nurse.

" 'Do you expect me to operate with a jam spreader? This knife is a disgrace.' He threw it on the floor. Without looking at him she handed him another. 'That's better,' Sir Lancelot growled."⁵²

At the end of the operation "the nurses ... flutter up to the surgeon to remove his gown, mask and gloves."⁴⁹

Female doctors, who "used to be ... superior with the nurses in the old days,"⁵³ are still resented for "wearing a white coat instead of a white hat."⁵⁴ They imitate their male colleagues and use the nurses as servants. When Sheldon's Dr Kate Hunter⁵⁵ discovers that an ulcer patient "was eating an enormous lunch that he had had brought in from a delicatessen" she does not remove the offending articles herself but "rang for a nurse. 'Yes doctor?' 'Get this food out of here ... Didn't you read his chart?' 'Yes but he insisted on -' 'Remove it please.' "⁵⁶

During ward rounds the nurses form part of the supporting cast ("nymphs and swains"⁵⁷) for the prima donna performances of the senior physicians.^{47, 57, 58} (see also Book 1, pp. 204-11). When the doctors address inane remarks to patients, the nurses echo them or, at best, keep quiet. Here are Doctors Runkleman and Lucas Marsh in Thompson's *Not As A Stranger*⁵⁹ "reassuring" a patient who is about to have a cholecystectomy. Dr. Runkleman begins: " 'You just relax and take it easy ... Nothing's going to hurt you. You won't feel a thing.' 'Not a thing.' said Lucas." Kristina, the nurse, has to add her two cents' worth. "You'll be as right as rain," says Kristina.⁶⁰

When the doctor's humor is particularly inappropriate, the nurses may display token insubordination. Instead of "doctor and nurse glanc[ing] at each other with the glance of initiates at a mystery,"⁶¹ from which the patient has been excluded, the nurse may refuse to join in this charade. Sheed's Brian Casey,⁶² a 16-year old school student with severe poliomyelitis, asks his physician, during rounds, about his prognosis. "Doctor Samson looked at Nurse Withers as if this were a routine they'd done together before. 'These kids,' he said, 'always trying to pin you down.' Miss Withers looked back without expression, bless her."⁶³

A similarly weak display of rebelliousness occurs in Kellogg's *Tell Me That You Love Me Junie Moon*.⁵⁸ The central event in that story is the decision by three chronic invalids to leave hospital and to set up house together. The news is announced to the Senior Physicians during ward rounds. "At Warren's bed, the matter of the living arrangements was brought up. 'Warren and Arthur are planning to share an apartment when they leave the hospital,' the resident said, his mouth fixed in a tolerant smile. 'Is that so?' the diabetic doctor said. He winked at Miss Oxford (the chief nurse), who looked quickly at the linoleum."⁵⁸

Eric Ambler⁶⁴ ridicules the convention that forbids nurses to discuss clinical details with patients or patients' relatives. Dr Ernesto Castillo in *Doctor Frigo* tells his girlfriend Elizabeth a joke about "a patient who dies and goes to heaven. When he gets there ... he's a bit puzzled and uncertain of where he is. Then he sees a nurse standing beside him, so

he asks her: 'Nurse, am I dead?' And she replies: 'I'm afraid you'll have to ask your doctor about that.' 'I don't think that's funny,' Elizabeth said."⁶⁴ Most authors accept without comment the curtailment of the nurses' right to free speech. "It was the doctors' business to decide what the patient might or might not be told."⁶⁵

Do the Nurses “Deserve” Their Lowly Status?

Many fictional nurses are portrayed so unfavorably that their lowly status in the hospital hierarchy and their mistreatment by the higher echelons becomes almost inevitable (see also Chapter 2 pp. 91-2). Nurse Eleanor Lyons' dramatic monologues in Ring Lardner's *Zone of Quiet*⁶⁶ expose a degree of stupidity of such massive proportions that one can hardly blame Dr Holland for his sarcasm. Miss Lyons tells a post-operative patient of her encounter with this doctor:

“I was on a case with him last week. He treated me like I was a Mormon (sic) or something. Finally I told him. I said, ‘I’m not as dumb as I look. She died Friday night.’ ‘Who?’ asked the man in bed. ‘The woman; The case I was on,’ said Miss Lyons. ‘And what did the doctor say when you told him you weren’t as dumb as you look?’ ... ‘He said, “I hope not,” or something. What could he say?’ “⁶⁶

Dr. Charles Drummond, the superintendent of a psychiatric hospital ⁶⁷ is appalled when he discovers that a colleague's wife tried to kill herself as the result of nurses' gossip.

“ ‘Nurses,’ Charles said with a faint expression of disgust, ‘are sometimes careless and seldom accurate.’ ”⁶⁸

The two nurses in *A Lamp is Heavy*⁶⁹ who create havoc in the operating room, are worse than careless. One of them is congenitally uncoordinated while the other "couldn't forget that the hazel eyes of the anesthetist" were upon her.⁷⁰ As these two "Calamity Janes" slink out, one feels they have been let off lightly.⁷⁰ George Orwell ¹⁹ considers English nurses "dumb." "They ... tell fortunes with tea leaves, wear Union Jack badges and keep photographs of the Queen on their mantelpieces."¹⁹ French nurses (in 1929) are even worse. In addition to lacking political acumen (as defined by Orwell) they are slovenly

and undisciplined. The Spanish nurses (in 1936) "were almost too ignorant to take a temperature."¹⁹

Nurse's *Intern*¹³ implies that while there are exceptions, low I.Q.'s are the norm among nurses.⁷¹ Dr. Werner Ernst, the main character in Dooling's *Critical Care*⁷² who considers medical students and residents as "clones" of the senior staff⁷³ lacking any capacity for innovation, is even more disdainful of "dumb-ass" nurses.⁷⁴ "As a rule [he] ... acknowledged only older veteran nurses who knew their medicine inside out, or younger, nubile ones who made his penis hard." The rest are "nondescript wombats," unattractive, stupid and incompetent, and unable to make even the most elementary decisions. During his night shift on the ninth floor Ernst is summoned to the Intensive Care Unit on Level Eight where "Bed Four" has pulled out his endotracheal tube for the third time in forty-eight hours. The nursing staff, trying to be kind, have on each occasion untied "the goozer's hand because he made like he wanted to scratch his balls, and pop! He got the tube out again. How many times are these pig-ignorant drones [going to] fall for it? Someday, Werner thought, they will train rhesus monkeys to be respiratory therapists and nurses and then he wouldn't have all this interference."⁷⁴

Ernst's evident dislike of nurses extends to their eating habits.⁷⁴ At precisely 1.45 a.m. each morning the fat head nurse (the "Hippoblomp") dispatches one of her minions (a "Parablomp") to the hospital cafeteria and that when she returns the "big butted wombats" proceed to feed

"out of Styrofoam troughs in front of the cardiac monitors ... His nostrils filled with the smell of fried deep fat, as he watched them bolus themselves on beef tallow and chicken parts, fries and onion rings. He could see fat settling in their butts ... he could see globules of lard collecting in their coronary arteries and the yellow ... adipose tissue filling their ponderous rolls around their midriffs."⁷⁴

Marion in *The Intern Blues*⁷⁵ also complains about the nurses' junk food but his additional uncomplimentary comments are the hyperbolic remarks of an immature teenager⁷⁶ (see also Chapter 2, p. 98).

Rarely, the underlings are able to exact a mild form of revenge. When looking after a sick doctor, whose colleagues no longer regard him as a true member of the profession (see Book 2, pp. 235-6), the nurses may follow suit, and demote him to the role of an “ordinary” patient. Dr. Michael Grant,⁷⁷ who is ready to get out of bed for the first time after an almost fatal hematemesis, is encouraged by Mary, his middle-aged nurse: “Come on Michael,” she says, “Let’s go to the door and back.”⁷⁸

“So he was Michael now, he thought. She knew who he was, what he did for a living, but he was Michael now, because he could barely stand.”⁷⁸

The Stereotypes

In a scholarly and highly readable work, Kalisch and Kalisch⁷⁹ point out that Twentieth Century nurses are portrayed in several negative stereotypes: the young angel, the sex-pot and the disillusioned middle-aged martinet (see also Chapter 2, p. 90). Each of these designations disqualifies nurses from serving as independent professionals. The starry-eyed, innocent “angel” lacks experience and common sense, the sex-pot has her own agenda, while the frustrated, middle-aged spinster has become embittered and warped in her judgment. These stereotypes are recognizable in many works of fiction including the writings of Ernest Hemingway,⁸⁰⁻⁸² E.M.Remarque,⁸³⁻⁸⁵ Georges Simenon²⁴ and P.D. James.⁸⁶

The Sweet Young Thing.

The bright-eyed young probationer, frequently a recent high-school graduate, is white, beautiful, innocent and ignorant. She asks inappropriate questions and gives even more inappropriate answers. She is frequently in tears (see p. 122). However, the vulnerability and the childlike charm of these young women combine to make them attractive to the patients as well as the residents and attending physicians. The heroines of doctor-nurse romances⁸⁷ are largely drawn from this group. Hemingway's Miss Gage⁸¹ may still be classified in this category (just). She looked “young and pretty” though “in the bright

sunlight ... she looked a little older ... and not so pretty." ⁸² She performs her nursing functions skillfully. "She washed me, very gently and smoothly. The washing felt very good." ⁸¹

Remarque's *Arch of Triumph* ⁸³ contains a description of a friendly but insensitive twenty-three-year old nurse. The setting is Paris in 1939, so that differences between the behavior of this young woman and her contemporary American counterparts are to be expected. In particular, the roles of the emotionally "detached" physician and the "involved" nurse ⁸⁸ (see also Chapter 2, pp. 95-6) are reversed: In Remarque's novel it is the nurse who is detached. However, the general message of innocence and ignorance is the same:

"Ravic looked down at the nurse's parted black hair. ... 'Do you like your profession?' The nurse smiled all over her apple face. 'I like it very much,' she declared chattily. 'Of course some of the patients are trying but most of them are nice. Madame Brissot gave me an almost new silk dress as a present yesterday. And last week I got a pair of patent leather shoes from Madame Lerner. The one who later died at home. ... Madame Hegstroem too is always generous. She gives me money.' ⁸⁴ [Kate Hegstroem has ovarian cancer with peritoneal metastases and, in 1939, the condition is untreatable.] Ravic bent over Kate Hegstroem once more. She was breathing quietly ... Suddenly he could not stand it. She had confidence in him ... Sewn up without the possibility of doing anything. Confidence ... The chubby nurse sat down in a chair in a corner of the room ... and reached for a magazine. ... Beside her on a little table she had put an opened box of chocolate wafers. ⁸⁴ ... Her red-cheeked childish face was open and clear. She did not pay attention to what happened around her if it did not affect her small world. Dying people were naughty or helpless children. One took care of them until they were dead and then new ones came. Some of them became healthy and were grateful; others were not and some just died. That's how it was. Nothing to disquiet one. It was much more important whether the prices at the sale at Bon Marché were reduced or cousin Jean was to marry Anne Couturier." ⁸⁴

Jesse Vogel, the serious, single-minded medical student in Joyce Carol Oates' *Wonderland*, ⁸⁹ is initially irritated by

"these overgrown schoolgirls with their perpetual giggling out in the corridors ... their whispers and their muted laughter ... One of them had turned out to be Anne Marie. A fresh, stunning face, hair in loose rich waves, girlish and breathless ... He had fallen in love with her. She was melodic, her voice had a musical insincerity about it that charmed him. ... Listening to him, her face would go soft as if his words entered

her hearing and transformed her ... She nodded slowly ... She was always agreeing with him. But then she would reply with an odd question that showed she hadn't quite understood or hadn't been listening closely; or she would smile and switch to another subject. "⁹⁰

Arthur Hailey⁹¹ describes a group of student nurses attending an autopsy. The patient has died of ischemic heart disease but there is evidence of pulmonary tuberculosis also. "Any questions?" asks the pathologist. Vivian Loburton, the heroine of the book, puts up her hand. "The organs, those that you took out of the body, what happens to them please?"⁹² The question (which, in recent years, has acquired political overtones) is entirely appropriate for a young nurse with a tidy mind, but irrelevant from the point of view of medicine or pathology. A medical student would have been no more interested in the disposal of the deceased's heart and lungs than in the laundry arrangements for the mortuary attendant's uniform. Vivian's question does her no harm – indeed, one of the residents finds her "interesting" and takes her to a theatre a few days later. The two become lovers soon afterwards.

Richard Selzer⁹³ uses a naive young nurse to provide a Shakespearean type of comic relief after a surgical disaster. The patient has an invasive gastric carcinoma eroding the aorta. There is uncontrollable bleeding, and the surgeon, who has decided that the situation is hopeless, asks the anesthesiologist to turn off the oxygen and the blood transfusion (see also Book 3, p. 169). When the anesthesiologist refuses, the surgeon performs these "outlawed" tasks himself. The patient dies on the table, the floor and the walls of the operating room are covered in blood and the surgical team is totally "ravaged."⁹³ Into this bloody and emotionally charged silence bursts the penetrating voice of one of the nurses who "is ready with pen and paper ... 'May I have the name of the operation?' ... 'Exploratory laparotomy. Attempt to suture malignant aorto-gastric fistula.' 'Is he pronounced?' "⁹³

Palmer's *The Sisterhood*,² despite its criminal and conspiratorial plots, contains a good deal of information about "normal" nursing behavior. The various nursing stereotypes are portrayed in full, with Christine Beall representing the "sweet young thing". Christine is a good nurse; she discovers what the orthopedic surgeon has missed - that Harrison

Weller's "senility" is due to deafness.² Her approach to a distraught woman whose husband has just died is entirely appropriate. "Mrs. Chapman, I'm Christine Beall, one of the evening nurses. Can I do anything for you? Get you anything?"² Christine, the heroine of the book, helps to thwart a murderous conspiracy and is rewarded with a doctor, albeit a recycled alcoholic.⁹⁴

One of the most detailed accounts of a doctor-nurse relationship in 20th century literature is to be found in Thompson's *Not As A Stranger*,⁵⁹ which was published in 1955 but is set in the 1910's and 1920's. Kristina Hedvigsen has all the virtues of a good nurse. She is loyal, generous, and completely dedicated to her work. Unfortunately, her social and intellectual horizons are so narrow that despite her considerable experience in the operating room, she lets herself be seduced by Lucas Marsh, an impoverished and scheming first year medical student who plans to marry her for her savings.⁹⁵ Alfred Boone, Lucas' rich and cynical roommate, is horrified: "She's a nurse Luke! She'll always be a nurse, you'll be a doctor ... She's on a lower social level ... She can't speak a simple sentence ... there's not one thing in common between you ... Year after year the difference is going to widen ... My mother wouldn't hire her as a maid." The two former friends abuse and then assault one another but Luke's mind is made up and the marriage goes ahead.⁹⁶ The morning after a somewhat unsatisfactory night on the nuptial couch,⁹⁷ Luke discovers what attracted Kristina to a nursing career. "One day a girl two farms away comes home in white uniform, white cap, white cape. Comes home from graduating. Oh! That cape! I'll never forget it. From that time on nothing will do, I must be a nurse."⁹⁷

Kristina, who has "no head to study"⁹⁷ knows what instruments to lay out for different surgeons and what spare trays to have ready, but she is not particularly interested in anatomy or other esoteric sciences which are of no immediate concern to her nursing activities. Luke constantly humiliates Kristina who wants a home and a child and whose sensible but restricted mind is unable to follow his tortuous thought processes. He refuses to discuss his plans for the future with her and on several occasions when Kristina offers to help, he tells her "You just talk too goddamned much."^{98,99} The interaction between Dr Lucas Marsh and Nurse Kristina Hedvigsen, a major sub-plot of *Not as a Stranger*,

depends largely on the contrast between the doctor's arrogance and the nurse's simplicity.

Promotion of Intelligent and Competent Nurses into Non-Nursing Positions.

Several recent authors of fictional works seem to indicate, that intelligent young nurses are too good to serve as "mere" carers and doctors' assistants, and that they should be promoted into administrative or semi-medical positions. One such promotion is bestowed on Alexa McGillivray, the principal female character in Slaughter's *Doctors at Risk*.¹⁰⁰ Alexa is the epitome of the modern "nurse-practitioner," equal if not superior to her medical counterparts. She supports herself through her master's course by "scrubbing for operations"¹⁰¹ and teaching anatomy to first year nursing students.¹⁰² Her talents as operating room supervisor are so impressive that the Barrett Clinic surgeons promote her to the position of first assistant,¹⁰¹ even though she is still treated as "the hired help" when the wives of Barrett Clinic doctors organize social functions.¹⁰³ Alexa "hold[s] retractors, clip[s], sutures ... and occasionally sew[s] up incisions when [the surgeon] is in a hurry to get to the next case."¹⁰¹ She is able to diagnose a collapsed lung in a post-operative patient and to aspirate a mucus plug through a bronchoscope.¹⁰⁴ With the background of her "natural tendency to be a good Samaritan" and her work ethic ("my job is taking care of the sick")¹⁰² Alexa soon develops into the guardian angel of Dr Mark Harrison, an alcoholic, drug-addicted surgeon. She diagnoses his addiction and its various complications, she drives him to the facility "for the treatment of impaired physicians,"¹⁰⁵ she finds him a new position in a rural setting and she finally marries him.

Slaughter's novel has as its main theme the contrast between Alexa, the true carer, and Mark's self-righteous medical colleagues who are only too ready to judge and sentence him. However, the reader of *Doctors at Risk*¹⁰⁰ is forced to conclude that despite Alexa's diagnostic and surgical skills, and despite her ability to use a bronchoscope and to diagnose an extradural hemorrhage,¹⁰⁶ she has not made the transition from nurse to doctor. She lacks the detachment required to make dispassionate clinical assessments

and, as in the case of another of Slaughter's nurses, her "urge to give remains more powerful than her common sense."¹⁰⁷

In Slaughter's *No Greater Love*¹⁰⁸ two physicians attached to "Biscayne General Hospital" discuss the promotion of one of the nurses. "What would you say about my selecting Cheryl Rubin as the transplant coordinator?' 'You couldn't do better. She's far too competent to be limiting her work simply to nursing.' "¹⁰⁹ Cheryl is evidently destined for more important activities than mopping patients' brows or recording their pulse rates and blood pressures. She has already demonstrated her versatility by enrolling in a course in "the psychology of criminal personalities". She is married to one of the bright young pediatric residents who is being groomed for a staff position. Indeed, Cheryl is part of an equation: "If I give [her] the job at a good salary [he] might decide to stay" rather than let himself be lured into a lucrative position in private practice.¹⁰⁹

The Middle-Aged Martinet

Those nurses who are not fortunate enough to have a husband on the staff of the hospital and who do not succeed in having themselves "promoted" into the ranks of administrators, counselors and nurse-practitioners, continue to perform traditional nursing functions. As they gain more experience, they realize that the doctor's jokes are frequently not funny^{58, 63} and that his medical opinions may be erroneous.^{17, 31} The discovery that former heroes have feet of clay is part of the growing-up process and not necessarily detrimental to good nursing or to hospital discipline. However, with increasing age and frustration, nurses become progressively more rigid about hospital regulations^{110, 111} and their own hours of duty.⁹⁵ As a result, there are minor and major confrontations with the medical staff. In its most severe form, the nurse's job dissatisfaction produces a "burnt-out" tyrant who hinders rather than helps her colleagues in the caring process.^{51, 112-116} The type persists in real life as well as in works of fiction.

Fiedler¹¹⁷ argues that fictional nurses who serve as a metaphor for all women, function not only as "good and nurturing Mamas" but also as "bad Mamas" disciplining the

rebellious child or castrating the recalcitrant adult male. The impressive bosom, formerly a promise, now becomes a threat¹¹⁷ or a source of disgust.¹¹⁸

“Martha Henderson the Head Nurse ... a ... shapeless, pink rotunda of flesh in whites ... lumbered into [Dr. Ernst’s] personal space like a repo van pulling into the driveway. Arms crossed she hovered over him as he wrote in Bed Five’s chart. She tapped first one foot, then the other, setting up a ludicrous oscillation that radiated from her ponderous haunches all the way up to the twin bulbous amorphs of her bosom. A pair of Pierre Cardin frames depended from a chain around her neck and bobbed about in the expanse of her billowing cleavage ... ‘Have you seen Bed Eight’s blood sugar?’ she asked in basso profundo.”¹¹⁸

The middle-aged, disillusioned and bad-tempered nurses who make life miserable for those around them may have ample clinical experience, but their frustrations override their common sense, so that their capacity to make decisions is limited. Miss Van Campen, the Nursing Superintendent at the Military Hospital in Hemingway's *A Farewell to Arms* is "old and cranky"¹¹⁹ and her main function seems to consist of counting the empty brandy bottles hidden in Lieutenant Henry's wardrobe.¹²⁰ Agnon's "head nurse, a woman of about forty, well-born, thin and wan as vinegar ... hated everyone, patients and doctors alike."¹¹³

Douglas’¹²¹ senior nurses are compared to witches who sit together in the hospital cafeteria in an area “distinguished by the suggestion rather than the actual presence of broomsticks and cauldrons, where ... [they] gossip in hissing covens.”

Doctor-Nurse Confrontations

Fictional literature of the twentieth century contains multiple accounts of confrontations between disgruntled nurses and doctors. Almost invariably, the readers find themselves on the side of the doctor.

Nurse Eugénie in Remarque's *Arch of Triumph*,¹¹⁴ a particularly unpleasant and authoritarian member of the species, considers herself a pious woman, but her racism generally overrides her charity.¹¹⁴ She deeply resents Dr Ravic, a refugee from Germany,

who retaliates by referring to her as a "walking moral catechism" and a "disgusting model of conscious virtue."¹¹⁴ Ravic is no saint. He is a heavy smoker, a drinker, a womanizer and, technically, a thief.¹²² He is not even a legally registered medical practitioner.¹²² On the other hand, he is a competent, tolerant and compassionate doctor - in stark contrast to his incompetent and venal colleagues. The nurse and the doctor look upon each other with suspicion and hostility. She detests Ravic's irreligious attitude, his use of foul language and his attempts to help the "sinful" women who are admitted to her hospital after bungled abortions.¹¹⁴ She regards him as an evil blasphemer and a threat to the established order, and eventually has him arrested as an enemy alien.¹¹⁵ To Ravic, Eugénie, with her "bleak face" and her steel-rimmed glasses, appears "more alien than a tree."¹²³

Cronin, despite his medical background (or, possibly, because of it) displays profoundly antagonistic attitudes towards the nursing profession. His medical hero, Dr Andrew Manson¹²⁴ has two unpleasant encounters with middle-aged nurses, both of them motivated by the nurses' ignorance, malice or both. One of the disputes is over a miner who has scalded his elbow and who is told by a Community Nurse to apply non-sterile "carron oil."¹²⁵ When Dr Manson advises the use of more modern treatment "Nurse Lloyd" becomes aggressive.

'What's all this about, I'd like to know. Isn't my work good enough for you, Doctor Manson?' She was a broad middle-aged woman with untidy iron-gray hair and a harassed, over-wrought face. She could barely speak for the heaving of her bosom. [Andrew's attempt to discuss the matter in private is a failure.] I've got nothing to hide ... I've ... worked here twenty years as district nurse and nobody ever told me not to use carron oil on a burn or scald ... I don't hold with new-fangled ideas of somebody that's been here no more than a week.¹²⁵[The patient dispenses with Dr Manson's services, he continues to use "carron oil" and develops a flexor contracture of the elbow.¹²⁶]

Another antagonistic middle-aged nurse almost costs Dr Manson his license to practice. Miss Sharp who wears "a sour, vaguely ill-used yet capable expression,¹²⁷ ... was a good nurse but her nature was repressed and unhappy."¹²⁸ When Manson terminates her employment because he is relocating his practice, she revenges herself by denouncing

him to the Medical Licensing Authorities for assisting an unregistered person in performing a medical procedure.¹²⁸ Nurse Sharp gives evidence against Manson at his deregistration proceedings, where one of the board members points out that her evidence might be tinged by vindictiveness.¹²⁹ After a dramatic hearing, he retains his license.¹³⁰

"Sister Effie Peek" in *Shannon's Way*¹³¹ is yet another of Cronin's uncooperative nurses. Miss Peek, a cringing,¹³² incompetent woman whose carelessness causes the death of a little boy.¹³³ assumes that after "a good cry" she can revert to her relaxed way of nursing, as if nothing had happened. Dr Shannon is particularly incensed by the hearty meal Miss Peek manages to consume, while at the other end of the corridor the distraught parents are weeping over their dead child. The doctor cannot restrain himself and becomes abusive: "You cheap, useless, callous slut. How dare you sit there swilling and guzzling and warming yourself after what you've done? Don't you understand that your selfish carelessness cost that kid his life? ... Call yourself a nurse!"¹³⁴ Effie Peek is quite unrepentant. She denounces Dr Shannon to the Board of Governors (one of whose members is her brother-in-law) for conducting unauthorized bacteriological experiments, and in the end it is not Miss Peek who is asked to resign, but Dr Shannon.¹³⁵

Miss Trudgeon,¹³⁶ the head nurse ("matron") of "Dalnair Cottage Hospital," is somewhat more intelligent than Effie Peek but no more likeable. With her "projecting bust," her "short but far from inconsiderable haunches," and her "voice and manner ... resembling those of a sergeant-major," Miss Trudgeon fits well into the competent, sexless martinet category of nurses. She is hardworking and proud of her unpretentious institution, and "to those of her nurses who worked well and did not cross her she was ... good-hearted and fair."¹³⁶ Her relations with Dr. Robert Shannon are reasonably cordial so long as he lets her beat him at draughts and listens to her tedious and repetitive anecdotes about her service in India.¹³⁶ After a few skirmishes, the nurse and the doctor establish reasonable diplomatic relations, particularly during an emergency tracheotomy.¹³⁷ However, the intellectual gulf between the research-oriented physician and the garrulous, gluttonous nurse remains unbridgeable.

Sister James, “efficient and very lazy,”¹³⁸ and some of the other nursing supervisors in *There Was No Yesterday*¹¹⁶ are of the same vintage as Cronin’s nurses,^{124, 131} and share their outlook on the world in general and doctors in particular. Dr Routh Graham, a recent graduate, feels that in each ward

“the Sister looked at him with hostility, that look of experience lacking authority, the way an old soldier looked at a new officer and thought of ways to catch him out.”¹³⁹

Sister James has her own methods of creating obstructions for Dr. Graham. He and his assistant are investigating a patient with a suspected Salmonella infection, and attempting to set up a primitive bacteriological laboratory in a small community hospital. She “disapproved of the blood culture, and refused to allow them to get the apparatus out for themselves. It had to be done by a nurse and all the nurses were busy.”¹⁴⁰ There is no particular malice in this unhelpful attitude. Senior nurses, especially the lazy ones, simply dislike the slightest alteration of their routines.¹⁴⁰

"Sister Limagnac" the nursing supervisor of one of the wards in the "Charité Hospital"¹⁴¹ is the French version of the despotic nurse. She has a

"lean angular figure, ... [a] yellowish face and hard suspicious eyes ... [She] spent her mornings snapping crossly at everyone, always on the lookout for mistakes or negligence.¹⁴² ... She was as cantankerous and sadistic as a liverish sergeant major unleashed on a troop of raw recruits. [It evidently gives Mademoiselle Limagnac a great deal of pleasure] to confiscate the blissful banned cigarette or the comforting cup of coffee introduced on the sly."¹⁴²

The "rattlesnake," as Sister Limagnac is known amongst the staff and patients of her ward, is indeed a venomous creature. She has introduced a rule which prohibits patients to use the shelf at the head of their beds for their personal belongings. "The only thing allowed to figure on the shelf was the specimen bottle of urine. As a result, all the patients' personal belongings had to be housed on the tops of their lockers. The patients' inconvenience did not bother Sister Limagnac so long as each shelf displayed a urine bottle and the beds were flawlessly aligned."¹⁴³ For intelligent and well-educated patients

like Monsieur Thury, who has "come down in the world" through age, illness and poverty, Sister Limagnac has no time whatever.¹⁴²

Ravin's Mrs. Wilson,¹⁴⁴ an operating room nurse for thirty-two years,¹⁴⁵ is delighted to give evidence against Dr Ann Payson, a successful young cardiac surgeon. Mrs. Wilson "a sixtyish plumpish lady with bifocals and a superficial pleasantness covering a lot of hostility¹⁴⁵ [has] ... an old woman's voice, sour and dyspeptic."¹⁴⁶

Edward Albee's unnamed nurse¹⁴⁷ who looks after the admissions desk in a "semi-private white hospital" in Memphis is an early developer. This woman is only twenty-six, but her viciousness is already in full bloom. She taunts her semi-invalid father (whom she supports financially) about his pointless attempts to remain "the mayor's friend." She torments and tyrannizes the black orderly who is unable to defend himself (the play is set in 1937). We do not see her in action looking after patients except on one occasion when she refuses to admit a critically ill black woman. Whatever compassion this nurse ever possessed, has long since become replaced by a mixture of cynicism, bitterness, and the realization that she will always be disappointed in love.¹⁴⁷ The relationship between this woman and the young intern, who lusts after her, disintegrates as the play proceeds. His offer of marriage is obviously insincere and recognized for its true purpose - a means to gain admission to her bed. The nurse, who has a reputation for sexual promiscuity, is disinclined to bestow her favors on the intern whom she regards as possessed of "all prick and no pence."¹⁴⁸ However instead of simply telling him to get lost, she uses crude blackmail to make him behave as her "knight" and her "gallant." She wants to be "courted" as if she were a rich Southern heiress rather than a poor disgruntled nurse and, for a while, the intern shows signs of obliging.¹⁴⁷ At the crucial moment in *The Death of Bessie Smith* the weak hen-pecked intern regains some of his dignity. He risks his position and his future career by attending to a seriously ill black woman while the nurse remains rigidly segregationist, and threatens to denounce him to the mayor for being a liberal and a "nigger-lover."¹⁴⁷

Miss Hilda Rolfe, a nurse in P.D. James' *Shroud for a Nightingale*⁸⁶ reveals some of her own reasons for becoming discontented. She had wanted to study medicine but her father "didn't believe in educating women."¹⁴⁹ Now, at the age of 46, Miss Rolfe finds herself in a hopeless Lesbian relationship with one of the probationer nurses. Inspector Dalglish, who is interviewing Miss Rolfe in connection with a double murder, and comes up against her frustrations, concludes that she suffers from "pent-up bitterness ... against her father, men in general [and] ... the limitations and subservience of her job."¹⁴⁹

William Ryan, one of the new interns at "Manhattan Hospital" in Ravin's *M.D.*¹⁵⁰ begins his hospital career with a typical doctor-nurse dispute. Ryan is gradually getting used to

"little annoyances caused by administrators, page operators and clerks ... [when he comes] up against the classical immovable object. ... The head nurse on B7 had decided that dope addicts were stealing needles and syringes, so she locked them up. ... Ryan ... couldn't do blood cultures at night ... [and] decided to reason with her. ... Yes junkies might well be sneaking up ... to steal needles from B7. But wasn't it better that they have clean needles? The head nurse considered. No. They ought to be using their own filthy needles. Let them wallow in their habit."¹⁵¹

After Ryan makes an unsuccessful appeal to the chief resident (who does not wish to get involved) and pays a visit to the office of the hospital administrator (who informs the Chief of Medicine that one of the interns is making himself a nuisance), a compromise is reached: "The supplies would be unlocked every third night when Ryan was on. [There would be] twenty needles and ten syringes for Ryan's blood cultures. When he ran out he could drop down to B6 where the supplies weren't locked."¹⁵¹

A caricature of the tyrannical middle-aged nurse who is portrayed as totally sexless despite her impressive mammary equipment, is provided by Richard Gordon in his *Doctor In The House*.¹⁵²

"Sister Virtue was a fine body of a woman. She was about six feet tall, her figure was as burly as a policeman's and she advanced on her adversaries with two belligerent breasts. ... Her broad bottom looked as formidable as the stern of a battleship. ... She had a face like the side of a quarry and she wore a fine

gray mustache.”¹⁵² [Naturally, Sister Virtue terrorizes the young nurses and makes life difficult for the interns.]

PD James uses much the same terminology to describe the “unimaginative and inarticulate” senior nurse in *A Mind to Murder*.¹⁵³

Sister Ambrose ... strutted into the room, armour-plated in white linen, belligerent as a battleship.¹⁵⁴ The bib of her apron, starched rigid as a board, curved against a formidable bosom on which she wore her nursing badges like medals of war. Grey hair spurted from each side of her cap which she wore low on her forehead above a face of uncompromising plainness.¹⁵⁴

Simenon's *The Patient*²² is a much more serious work than either Gordon's *Doctor In The House*⁵¹ or James' *A Mind to Murder*.¹⁵³ Simenon describes hospital events as seen through the eyes of a critically ill patient, whereas Gordon's account is that of a flippant medical student, and James' book is a moderately interesting detective story. Nevertheless, Simenon's "Matron"¹⁵⁵ displays traits very similar to those observed in "Sister Virtue."¹⁵² and "Sister Ambrose."¹⁵⁴ Matron is a gray-haired, gray-faced "monolith." Her "calm gaze inspected, measured, criticized." René Maugras, the VIP patient does not find her amusing; he is scared of her.¹⁵⁵

If Gordon's,⁵¹ James',¹⁵³ and Simenon's²² nurses display the attributes of unintelligent police officers, Kesey's famous Miss Ratched,¹⁵⁶ the "Big Nurse" with the big breasts,¹⁵⁷ would have enjoyed a career as a concentration camp attendant. In Miss Ratched's institution the doctor-nurse power structure has been reversed. She runs her ward like a machine where the doctors are totally irrelevant. "Doctors, all ages and types, come and rise up in front of her with ideas of their own about the way a ward should be run, some with backbone enough to stand behind their ideas and she fixes these doctors with dry ice eyes day in day out until they retreat ... insist[ing] on a transfer." The doctors last three weeks to three months until she is finally left with a grotesque little man. He and the patients are totally in her power.¹⁵⁸

Unlike the revolting Miss Ratched¹⁵⁶ and her rigid colleagues,^{22,51} William Carlos Williams' unnamed *Paid Nurse*¹⁵⁹ is not a vicious character. However, she has been hired by The General Bearings Company to minimize sickness-related absenteeism and she is mindlessly loyal to her employers. A second-degree burn sustained at work and involving a large part of the right arm, constitutes insufficient grounds for sick leave in the mind of this woman who informs "George" that if he does not go back to work at once, he will not get paid. The next day, after receiving a telephone call from George's own doctor "the nurse was all smiles. Come right in, George. Do you feel all right, George? You don't look very well. Don't you want to lie down here on the couch?" George does not have to go back to work as long as he is in pain, and he is sent home in a company car. The nurse obviously has sufficient sense to realize that in this particular case, gentleness towards the patient is politically expedient, but without the intervention of the independent doctor, George might well have lost his job.¹⁵⁹

On the other hand, Miss Dorothy Dalrymple, director of nursing in Palmer's *The Sisterhood*² clearly belongs in the Ratched¹⁵⁶ category. Miss Dalrymple "was in her mid-fifties with close-cropped hair and a cherubic face. Her uniform stretched like a snowy tundra, enclosing a bulk of nearly two hundred pounds. Puffy ankles hung over the tops of her white clinic shoes. [She had] fleshy folds around the eyes."² She displays the usual resentment and hostility towards physicians, and is unmasked as not just an angry and frustrated middle-aged nurse but also as a brutal murderer.⁹⁴

Aster Hicks R.N., the middle-aged emergency-room nurse in *Doctors and Doctors' Wives*¹⁶⁰ (see also pp. 97-8) fancies herself as a diagnostician but turns out to be ignorant as well as rigid, and her clinical opinions prove worthless.¹⁶⁰ When an elderly black woman comes in "half carrying, half dragging a boy who looked about five years old ... and who was wheezing horribly with every breath ... Aster said 'It's an acute asthmatic attack.' " Bob Wesley, the resident, ignores her and manages to extract a piece of meat from the child's pharynx.¹⁶⁰ Bob insists, against Miss Hicks' advice, on "completely disrobing" a young female who presents with an abscess on the forearm. The woman turns

out to be a drug addict with other abscesses on her thighs and abdomen.¹⁶⁰ Whatever talents Nurse Hicks may possess, diagnostic acumen is not one of them.

Perri Klass in *A Not Entirely Benign Procedure*¹⁶¹ takes the side of a senior nurse in a doctor-nurse confrontational scene and calls the resident “a notorious jerk.”¹⁶² However, in the process, she demonstrates the nurse’s inability to evaluate patients’ complaints. The plot is very simple: Early in the evening the nurse tells John McGonigle, the resident: “Mr. Wissel is complaining again, pains in his head, pains in his stomach, his children never come to visit him.” John, his mind on other patients, fails to transcribe and translate the nurse’s report into a medical history, and to rearrange the symptoms in the proper order of their importance. He authorizes more sedation, but, later, recalls that Mr. Wissel has been complaining of abdominal pain for some days. He goes back to examine the patient, decides there is an intestinal obstruction and blames the nurse for not keeping him properly informed. He gives her “a short and unpleasant lecture, the gist of which is, you may have killed this patient. The nurse who has been a nurse for almost fifteen times as long as John has been a doctor” replies in kind. “ ‘You’re supposed to be the doctor,’ she tells him. ‘Too bad if it’s too much for you.’ ”¹⁶²

Yet another doctor-nurse confrontation due to a senior nurse’s limitations, occurs in Michael Palmer’s *Miracle Cure*.¹⁶³ Dr. Brian Holbrook has lost his license to practice, but Dr. Phil Gianatasio, a former colleague, still respects Brian’s diagnostic abilities and asks him to see a patient with severe unexplained tachycardia.¹⁶⁴

“Brian motioned toward Phil’s stethoscope. ‘May I?’ [Head Nurse Carol Benoit who knows about Brian’s deregistration,] “had seen and heard enough. ‘Doctor Gianastasio,’ she cut in, ‘I’m sorry to have to remind you, but Dr. Holbrook has no license to be treating or touching our patients.’ Gianatasio slipped his stethoscope from his neck ... and handed it to the head nurse. ‘Okay then Ms Benoit,’ he said without rancor, ‘suppose you evaluate this woman and give us your considered opinion.’ Benoit’s face grew pinched and flushed. She pushed the proffered instrument back at Phil and moved away. ‘Suit yourself,’ she said, ‘but I’m holding you responsible for whatever happens.’ ”

Brian's diagnosis of thyroid storm turns out to be correct and the patient recovers. The symbolic offer of the stethoscope is, of course, intended as an insult and perceived as such.¹⁶⁴

Nourse's *Intern*,¹⁶⁵ whose work in the wards of "Greystone Memorial Hospital" is punctuated by a series of skirmishes with the nursing staff, pays grudging tribute to *good* nurses (author's italics) who, uncharacteristically, help rather than hinder the doctors.¹⁶⁶ When a man with chest pain and a normal electrocardiogram fails to impress the medical staff, one nursing supervisor "just happened to notice that the patient's arms were different colors." That observation leads directly to the diagnosis of dissecting aortic aneurysm.¹⁶⁶

Sick Nurses

Despite the mutual antagonisms and suspicions between the two professions, sick nurses tend to go to doctors for diagnosis and treatment, on the supposition that doctors are likely to provide more help and sympathy than senior nursing colleagues. When Dr. David Campbell,¹⁶⁷ a resident on the staff of the Edinburgh Infirmary discovers that one of the nurses suffers from a morphine overdose, he has her admitted under the care of Dr. Fraser Ratho, a somewhat obnoxious homosexual colleague. Campbell believes that Ratho, despite his faults, is preferable to the night nursing supervisor "whose fierceness and stupidity ... [are] conspicuous even among her fellow nursing officers."¹⁶⁸

In a novel set during the British miners' strike of the 1980's, Havard¹⁶⁹ describes an elderly, competent nurse (Maisie Gaunt) who presents with an ulcerated, stinking breast cancer. While a fondness for classical opera, a charitable disposition¹⁷⁰ and thirty years of nursing¹⁷¹ do not protect "the Maisies of this world" from denial and self-deception, Miss Gaunt's naïve questions betray a total lack of clinical insight.¹⁷¹ "You wouldn't want to operate on this, Doctor Brookes? ... It's nothing to worry about, is it, Doctor Brookes? I won't need to stop work?"¹⁷¹ Miss Gaunt's decision to ignore the mass in her breast for

two or three years is understandable, but her behavior when she eventually seeks medical advice constitutes a powerful indictment of British nursing education in the 1950's.

Remarkably, two generations before Maisie Gaunt, Abraham's Irish nurses¹⁷² handle their illnesses much more realistically. Moira Otway who has a ruptured appendix, asks "steadily: 'Have I perforated?' ... 'Am I going to die?'" When Dr Dermot Fitzgerald, surgical resident and regular supper guest of Nurse Otway, hesitates slightly before answering, she tells him not to use his bedside manner on her: "Don't be professional, Fitz, dear old boy. It's useless with me and I'm not afraid."¹⁷² (The gangrenous appendix is successfully removed and the nurse makes a full recovery.) Nurse Sheila Marr, who is dying from typhus¹⁷³ is aware of her prognosis. During a lucid period between two bouts of delirium she expresses her final request – she wants to be buried in her home town. (Sheila dies and her wish is granted.)

How the “Slaves” Perceive Their Masters.

The "subordinates" naturally resent and criticize their "superiors." Palmer describes a shift report, during which the nurses, instead of discussing the patients, gossip about the attending physicians, mostly in uncomplimentary terms.²

" 'Sam Engles, patient of Dr Bertram,' 'Uh-oh. Jack the Ripper strikes again.' 'Bert the flirt, ten thumbs in the operating room but a dozen hands around the nurses.' 'Stella Vecchione, patient of Dr Malchman ... ' 'Good luck Stella.' 'Donald McGregor, patient of Dr Armstrong.' 'She's nice ... ' 'Nice, but senile. She writes like my grandmother.' "²

The nurses' remarks suggest that their opinions are based on the personalities of the doctors, and that they lack both the competence and the expertise to judge the physicians' medical activities.

Another nurse incapable of distinguishing “good” from “bad“ doctors is to be found in Hooker's *M.A.S.H.*¹⁷⁴ a farcical account of the adventures of three doctors in a military hospital during the Korean War. The three are portrayed as drunken, irreverent, ignorant

bums, sharing a "disrespect for most things held dear by others." However, underneath their rough exteriors they are competent and dedicated surgeons.¹⁷⁵ Enter Nurse (Major) Margaret Houlihan. The nurse speaks the King's English, she dresses correctly and she tries, in the best nursing tradition, to introduce Nightingale principles into the apparently disorganized 4077th M A S H unit.¹⁷⁶ Unfortunately, she cannot understand that her methods are inappropriate to the situation. She cannot even recognize that the slovenly musketeers are better surgeons than the incompetent Captain Burns whose military dress and bearing convinces her that he is "an officer, a gentleman and a surgeon."¹⁷⁶ Moreover, Major Houlihan is totally redundant as far as any nursing activities are concerned. Instead, despite having lost the "first bloom of youth" a long time ago, she reverts to the traditional extra-curricular nurses' activities (see Chapter 4, p. 178) and becomes known around the field hospital as "Hot Lips."

The nurses in the intensive care unit at "St George's Hospital"¹⁴⁶ decide that Dr Thomas McIlheny is a poor surgeon because his patients develop an undue number of postoperative complications. Dr. Ann Payson, one of McIlheny's associates, does not believe the nurses are capable of judging Dr. McIlheny's surgical skills. "Nurses always have an axe to grind. You're either a hero or a goat with them."¹⁴⁶ (In this instance the nurses' collective opinion proves correct).

Bad Doctor - Good Nurse

One of the few works of fiction that stresses the injustice of the nurses' subservient status is Frede's *The Nurses*.¹⁷⁷ The novel contrasts the nurses' dedication and skill with the ignorance, the boorishness, and the incompetence of the doctors at "Back Bay Metropolitan Hospital." The doctors go out on strike while the nurses remain at their posts.¹⁷⁸ The nurses have to discuss a "Do Not Resuscitate" order with a patient's relatives, because the senior resident on the unit, who is emotionally incapable of coming to a decision, has not provided the family with the relevant information.¹⁷⁹ Senior physicians, despite their theoretical knowledge, do not know how to deal with real emergencies. Dr Lucius Schoonoler, a 61-year old endocrinologist, is reputedly "very

good at what he does ... but most of it is research and teaching. ... [He] doesn't see patients very much." ¹⁸⁰ Schoonoler, who likes to emphasize that nurses have not received a medical education ¹⁸¹ and to reprimand them for exceeding their authority, ¹⁸² has not dealt with a cardiac arrest in 30 years and is therefore totally useless when the nurses conduct a defibrillation procedure on their own. ¹⁸³

In addition to various other forms of ill treatment, Frede's nurses have to put up with quite obscene sexual harassment. ¹⁸⁴ One of the nurses (Elin Maki) has had a minor accident involving a blood collection tray. Her shoes are covered with blood and there is blood on the floor. A Senior Surgical Resident (Trevor Davis) comes down the stairs, sees the mess and calls out:

" 'Didn't your mother teach you about Tampax?' 'Fuck off,' Elin said without looking up ... 'I'd like to but ... ' He stopped and turned around half a flight below. 'Give me a call any time, Elin. As soon as you've dried up.' "¹⁸⁴ (This obnoxious character is subsequently suspended from the hospital for raping one of Elin's colleagues. ¹⁸⁵)

The general message of Frede's novel is that nurses are skilled diagnosticians and competent carers, that doctors are ignorant, indecisive and ineffectual, and that so long as nurses remain on duty, hospitals will continue to function, with or without doctors. The only dissenters from this view are Dr Schoonoler, the elderly and reactionary endocrinologist, ¹⁸¹ Dr Arthur Truell, the discarded medical partner of one of the nurses, who finds it "incomprehensible" that he is being replaced by a male nurse, ¹⁸⁶ and Dr Trevor Davis, the rapist. ¹⁸⁵

An earlier fictional account of a nurse who turns out a better person than the doctors, is to be found in Wharton's *The Fruit of the Tree*. ¹⁸⁷ In the opening chapter, Nurse Justine Brent, the heroine, tries to comfort and help James Dillon whose right hand has been crushed by a "carding" machine at the local textile mill. ¹⁸⁸ Justine appreciates that Dillon may lose his arm, whereas Dr Disbrow, the mill manager's brother-in-law, makes light of the injury and provides an unrealistically favorable prognosis. ¹⁸⁹ From a strictly professional point of view, Justine has no right to discuss Dillon's clinical condition with

a visitor from his place of employment. However, having decided that John Amherst, the assistant manager, is on the patient's side, she breaks the rules and informs him "Dillon will certainly lose his hand and probably the whole arm."¹⁸⁹ Her indiscretion results in her dismissal¹⁹⁰ but ultimately brings about a great improvement in the working conditions at the factory.¹⁹¹

Subsequently, Justine is pursued by a Dr Stephen Wyant who wants to marry her.¹⁹² Unlike many of her colleagues, who would have fallen over themselves to become "Mrs. Dr Wyant" she cannot envisage herself putting up with his immaturity, his narcissism and his drug addiction.¹⁹³ On the contrary, to Justine, men like Wyant "enhance the charm of celibacy."¹⁹⁴

When Justine's friend, Bessy Amherst, sustains a fracture dislocation of the T₄ vertebra¹⁹⁵ during a fall from a horse¹⁹⁶ and becomes a paraplegic,¹⁹⁷ the doctors, including Dr Wyant, try everything in their power to prolong the patient's life,¹⁹⁸ at least until her husband returns from his trip abroad. Justine, aware of Bessy's physical and mental anguish, and her hopeless prognosis, kills her with an overdose of morphine.¹⁹⁵ (See also Book 3, Chapter 8). Wyant, Justine's rejected lover¹⁹³ later attempts to blackmail her¹⁹⁶ but, in the end, all turns out for the best. The widower of the euthanasia victim forgives Justine for the death of his first wife and marries her.

Palmer in *The Sisterhood*^{2,94} repeatedly contrasts the knowledgeable, arrogant surgeons with the compassionate but inadequately trained nurses. However, a few of the nurses are engaged in a murderous plot and when the villains are finally exposed, Dr David Shelton is astonished to find that one of them (Dr Dorothy Armstrong) is a physician. He expresses his astonishment that a doctor should join a group of criminal nurses, Dr Armstrong cannot see the reason for his surprise. Why should not a doctor team up in a conspiracy with nurses? "A few more years of studying. That's all."⁹⁴ The rest of the book and most works of fiction portraying nurses and doctors, suggest that the difference between the two professions involves more than a few extra years of study and that, with all their faults, doctors are better qualified than nurses to make life and death decisions.

The Grandmotherly Nurse

More convincing than Frede's novel,¹⁷⁷ which, in parts, reads like a propaganda tract put out by a Nurses' Association, are the portrayals of grandmotherly nurses.²⁰¹⁻²⁰⁴ Fiedler's metaphor of the nurse as the "Good Mama" who provides everything for her infant or the "Bad Mama" who withdraws the breast and presents the rod¹¹⁷ may be taken one step further. The "Grandmamma" no longer supplies total nourishment but neither is she interested in stern discipline.

Bashford's unnamed "Sister",²⁰¹ is a good example of the grandmotherly or at least the great-aunt nurse. Through the years, she has witnessed "humorous, tragic ... [and] indecent" situations, without becoming cynical. She has seen many young men make the transition from medical student to medical graduate, but she remains tolerant towards the conceited young doctor who "is a little inclined to assert his professional supremacy... Without appearing to instruct him, she ensures that he does not make a fool of himself. Her wisdom is more than the wisdom of many physicians."²⁰¹

The night nurse in Somerset Maugham's *Of Human Bondage*,²⁰² also unnamed, is middle-aged, unattractive in appearance, and cynical, but she has retained her clinical skills and is considered more knowledgeable than the interns and students who rotate through the emergency room.

"She was a gray-haired woman of masculine appearance who had been night nurse in the casualty department for twenty years ... She was immensely capable and she never failed in an emergency. ... She had long ceased to look upon the people who came in as human beings; they were drunks or broken arms or cut throats. She took the vice and misery and cruelty of the world as a matter of course; she found nothing to praise or blame in human actions. She accepted."²⁰²

Ada North, the Head Nurse of the Pediatric Ward in *Rounds*²⁰³ is a truly grandmotherly figure despite her language, which is that of a retired whore. "She is sixty and fat and her gray hair falls from its old-fashioned top-knot in sloppy thin tendrils. She knows as much

procedure as [Dr Silver] and he knows it and so does she." Silver whose wife has left him, has recently started drinking too much alcohol. "Sober last night?" Ada enquires. "You going on pills like the rest of them?"²⁰³ Dr Silver refuses to gossip about his colleagues. "Are we taking care of babies here or do you want to talk about the doctors?" Ada's strength becomes particularly manifest after the death of Dolores Mitrano, a 14-year old girl with an incurable and disfiguring malignancy whom Dr Silver had "helped to die" by keeping her heavily sedated and by withholding nourishment (see Book 3, Chapter 8).

"He turned her face on the pillow so that she lay on top of the tumor, so that her father wouldn't look at what had eaten her while Silver had forced her to starve ... He went to the closet and removed the hidden bottle ... carried it to the sink, was pouring when Ada returned. 'Can I do something Eli?' 'No,' he said, 'I'm just cleaning up. Thank you' 'Is this something you want me to know about?' ... 'Sure,' he said. 'What would you like to know?' Ada dropped the bottle into the garbage pail. She shook her head and smiled. 'I wouldn't know where to begin,' she said."²⁰⁴

Ada of course knows exactly what has been going on and fully appreciates Silver's feelings of guilt. With some small talk she manages to steer him out of Dolores' room and successfully uses a filthy joke as a kind of black humor. " 'Eli did you hear the one about the bishop and the choir boy?' ... 'You hear that at mass, you old harridan?' [Silver opens up just a little.] 'Ada, this one was tough.' 'You did all right,' she said. ... Maybe we could go back and look at some charts and write some orders.' "²⁰⁴

Stella Stanley R.N. in Dooley's *Critical Care*²⁰⁵ also belongs in this category. Stella is middle-aged, deaf, alcoholic and foul-mouthed ("a health care commando with a helmet of clipped wire for a hairdo") but she is essentially benign and extremely competent. Above all she keeps somewhat aloof from Head Nurse Martha Henderson and her coterie, and does not share their togetherness in gluttony and mediocrity.⁷⁴ Dr. Werner Ernst knows only one way to express his appreciation of this exceptional nurse. " 'Stella,' Werner said, ... 'I love you my darling. Why don't you marry me and take me away from all this?' " Stella's response is quite characteristic. She calls out to Poindexter, the sexless

male nurse in the unit (see also p.83): “ ‘Come on out here. Dr. Megalosperm is about to propose to me.’ “⁷⁴

More conventional than Ada North and Stella Stanley, Eberhart’s Sarah Keate RN²⁰⁶ is a middle-aged nurse who spends a good deal of her time assisting detective O’Leary in solving a hospital murder mystery. However, in between discovering interesting objects, attending inquests and pursuing suspects, Miss Keate carries out the duties of a nursing supervisor efficiently and without complaints. She is totally free of the blemishes displayed by most fictional nurses and her reprimand of a superstitious nurse who carries a dead kitten around with her²⁰⁷ is perfect.

The Sainly Nurse

Rarely, a great nurse represents a symbol of stability that extends through an entire institution. Nancy Ashford, the nursing superintendent and “repository for confessions” at “Brightwood Hospital,”²⁰⁸ a widow with a halo of white hair, functions like an idealized head of a religious body.

“Improvident young internes sought out her counsel in their troublesome business affairs. Nurses told her their love stories. Patients laid their hearts bare to her; confided everything from minor domestic perplexities to major crimes; wrote to her after they had gone home; not infrequently proposed marriage to her... ‘Isn’t she sweet?’ the women patients would say. She was not. The word was silly applied to her. She was understanding, tactful and, above all, strong; with the face of a young woman, the mind of a man and the white hair of a matron.”²⁰⁹

Mrs. Ashford’s Achilles heel consists of a secret passion for Dr Wayne Hudson, the chief surgeon at the hospital, but her emotions are kept well under control.

Miss Antoinette Simpson, the head of the nurses’ training school in Mary Roberts Rinehart’s *The Doctor*²¹⁰ is another example of a vanished species of saintly, living treasures, who have preserved their idealism and the tradition of service. Miss Simpson had entered the nursing profession at a time when evening prayers were part of the daily

routine. Now, “a little rigid old lady ... she was still working, ruling her school with a rod of iron, moving in her long flowing black silk dress from ward to ward, from bed to bed.”²¹¹ In her office, she receives not only members of the nursing staff but also doctors in need of advice and financial assistance. “I’m not young and what I have, will come to the hospital anyhow,” she declares when offering Dr Arden a loan. Miss Simpson appears in *The Doctor* on several occasions,²¹¹⁻²¹³ always rigid and old-fashioned but at the same time providing a point of reference for what medicine and nursing are all about.

Summary

The subordinate status of nurses in the medical hierarchical system, which has its historical roots in the juxtaposition of two potentially independent professions, is stressed in multiple fictional works. Nurses are shown performing menial tasks for physicians, trying to anticipate their wishes, repeating their opinions and laughing at their jokes. The demarcation between "medical" and "nursing" duties is not clear and tends to become a source of friction.

The lowly position of fictional, twentieth century nurses is partially deserved. The gushing, giggling, overgrown schoolgirls lack the experience to function in any capacity other than handmaidens or sex objects (see Chapter 4). The disillusioned, cynical, middle-aged shrews have become rigid in their thoughts and actions, and are emotionally unfit to act either as carers or healers. Both types lack the training to make independent clinical decisions.

Nurses are frequently critical of doctors, but their criticisms are personal and trivial and serve to emphasize their inability to make informed judgments. The situation is aggravated by the promotion of the best nurses into non-nursing positions.

Doctors can make rational decisions; nurses, with few exceptions, cannot. Young or old, cooperative or hostile, knowledgeable or ignorant, the fictional nurse has been trained to obey and is incapable of deciding when rules should be upheld and when they should be

broken. A medical degree is more than the culmination of "a few more years of study" – it is an act of ordination. If physicians are perceived as priestly figures,²¹⁴ nurses are not young acolytes, but beadles, sextons and choristers. They perform vital functions but very few of them will ever be fit to officiate at the altar.

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CHAPTER 4. DOCTORS AND NURSES - THE NURSE AS A SEX OBJECT

"Men and women who have to watch daily what the body can suffer in agony and degradation aren't likely to be too scrupulous about availing themselves of its solace."¹

"Do you intend to cohabit with this woman? She's a nurse so she doesn't need any sex education."²

"Louise was a loud nurse with big breasts and bad breath, whom many doctors had tried."³

Historical Background

When the institution of the modern hospital was being established in the second half of the nineteenth century and highly trained "lady-nurses" replaced the former "ward-maids,"⁴ those in favor of the change faced what they saw as a major problem: How could respectable and virtuous young girls be working in close proximity with lecherous male doctors and medical students, without such contact leading to "vile mischief"?⁵ How could one be certain that these "ladies of the lamp" would not acquire some of the habits of the "ladies of the night"?

A rigid dress code was established. The nurses' uniforms which stretched "from the windpipe to the ankle"⁶ seemed specifically designed to protect the young ladies from sinful thoughts. The nurses were compelled to live in cloistered establishments. It was constantly impressed on them "that they may speak to the house-men only upon things professional ... everything else is taboo."⁷ Supper-parties in ward kitchens were strictly forbidden and nurses infringing this rule risked dismissal.⁷

"Make-up ... was looked upon ... as the prerogative of women of the streets and hair was supposed to be tightly tucked into a starched uniform cap designed to be worn just over the eyebrows. The nurse's figure was de-contoured beneath a uniform made out of a material similar to sailcloth ... These regulations were naturally broken as efficiently and subtly as the lock on a medieval chastity belt."⁸

Curfews in nurses' homes failed to shield the young ladies from "immoral" activities, despite the vigilance of the "elderly and preternaturally ill favored ... [nursing

supervisors, who] formed a tight-lipped alliance for the suppression of vice."^{9*} There were constant "rebellions connected with midnight ... elopements."¹⁰ Leora Tozer, Sinclair Lewis' probationer nurse, out for the evening with her fiancé (Martin Arrowsmith), declares she is not going to be back in the nurses home by a quarter after eleven. "I don't care, I'll slip in through a window. If you're there in the morning the Old Cat can't prove you got in late."¹¹

With the perceived failure of the dress code and the curfew, flirtations, romantic fantasies and sexual encounters involving male doctors and female nurses became standard plots in works of fiction including the writings of at least five Nobel laureates.¹¹⁻¹⁵ The topic began to appear in literature towards the end of the nineteenth century, long before Hollywood took an interest in the subject, or the first M.A.S.H. episode appeared on television. Daudet's *Les Morticoles*,¹⁶ published in 1894, mentions "rivalries between nursing supervisors and their affairs with some of the service chiefs" ("les rivalités des surveillantes, leurs aventures avec certains chefs de service").

Francis Brett Young's *My Brother Jonathan*,¹⁷ published in 1928 but describing medical students and nurses of the 1890's, contains several amorous hospital adventures. Jonathan and his fellow students "were moved by this new proximity of variously desirable femininity, and most of them were generally on, or over the brink of little furtive affairs, shy assignations and secret cups of cocoa in ward kitchens at night, tentative contacts of hands that met momentarily over the sordid business of surgical dressings."¹⁸

This hospital environment has given rise to a series of romances involving "poor but honest" Cinderella-type student nurses capturing a prince in the shape of a successful or potentially successful male physician.^{7, 19} The tedious plots of these stories generally culminate at the altar or at least at an engagement party.¹⁹ One of Richard Gordon's flippant medical students believes "That's what they come to the hospital for – to find a

* This quotation actually refers to the prevention of patients' sexual escapades in an old-fashioned tuberculosis sanatorium, but the guardians of young nurses' morals are drawn from the same population.

husband. They wouldn't admit it, but it's buried in the subconscious of all of them nonetheless."²⁰

Other fictional nurses, more cynical or less cautious than those with matrimonial aspirations, become involved in transient sexual affairs, mostly with doctors and mostly without sustaining major emotional trauma. Swenson²¹ briefly mentions this phenomenon but offers no explanations. Contrary to the opinion of Kalisch and Kalisch²² who considered the association of nursing with sexual promiscuity of relatively recent origin, the idea goes back at least to the nineteenth century,^{16, 23, 24} and transcends historical and geographic boundaries (see p. 169).

An analysis of a number of doctor-nurse plots suggests four perceived risk factors to explain the failure of "immoral" nurses to emulate Cinderella's punctuality: Opportunity, "forbidden" knowledge, the nature of hospital work, and the underlying personalities of women entering the nursing profession.

Opportunity

Several novelists imply or say outright that a hospital constitutes a kind of copulatorium for doctors and nurses.

"In the intimate hot-house atmosphere of hospital life ... it was inevitable that there should be a constant, quiet, all-pervasive struggle to attract, to hold, to capture from one another, each [nurse] for herself, some one particular resident."²⁵ When Dr David Campbell,²³ the Scottish equivalent of *The Doctor in the House*²⁰ surveys the younger nurses in the cafeteria, he finds that he knows some of them well "and quite a few of them he had known very well indeed, if briefly."²⁶ According to Slaughter, the atmosphere in a large hospital "is only slightly less sexual than in a brothel."²⁷

Faulkner's Deputy Sheriff, evidently shares this belief, and, having just arrested Dr Henry Wilbourne,¹³ he cannot wait to express his concern over (or envy of) hospital-based "depravity."

" 'These doctors and nurses,' he said, 'what a fellow hears about hospitals. I wonder if there's as much laying goes on in them as you hear about.' 'No,' Wilbourne said. 'There never is any place.' 'That's so. But you think of a place like a hospital. All full of beds every which way you turn. And all the other folks flat on their backs where they can't bother you. And after all doctors and nurses are men and women. And smart enough to take care of themselves or they wouldn't be doctors and nurses.' "¹³

The interaction between Somerset Maugham's Dr. Philip Carey and the nursing staff constitutes a notable exception. Carey is a semi-autobiographical figure, and his indifference towards "the sex of the nurses with whom his work threw him in contact,"²⁸ may reflect the author's homosexual proclivities.

The "Tree of Knowledge"

A second factor in the evolution of the "dissolute" nurse is the perception, especially in the first few decades of the twentieth century, that during their training, nurses acquire "secret" and "forbidden" information, which endangers their moral purity.

"All ...[the nurses] had a knowledge of the hidden things of life, unknown even to their mothers, a knowledge that made the ordinary barriers of convention futile, a knowledge absolutely undreamt of by the sheltered unmarried woman of their outside acquaintance."²⁵

Madeline Fox, Martin Arrowsmith's first fiancée, is terrified of Martin's contact with the nurses at the hospital. They have tasted the "fruit of the tree," while she, an English major, has not. "Oh Martykins, you won't be silly and let these nurses amuse themselves with you? ... Some of [them] are regular manhunters. ... They have such an advantage. [They're] allowed to go hanging around men's rooms learning – things."²⁹

Dr. Jonathan Dakers evidently feels threatened by the knowledge that has been revealed to nurses. Jonathan is ugly and idealistic and though deeply attached to his mother, who "absorbed the bulk of his available affection," he is seldom "out of love." After flirtations with a "series of sirens" he becomes enamored of Sister Cronshaw, "an operating room nurse, whose classical beauty was enhanced by the white severity of a sterilized gown and head-dress."³⁰ His love is reciprocated.

"The Nurses' Home grew murmurous with excited whispers [and] Jonathan became the cynosure of its two hundred eyes. Then suddenly the affair ended. Jonathan ... had suffered ... a sudden revulsion of feeling at Sister Cronshaw's ... familiarity with anatomy ... This secret was divulged by Sister Cronshaw herself. She said that ... Jonathan ... had a coarse mind."³⁰

Efforts were evidently made to protect nurses from forbidden topics including the view of patients' male members. Sobel³¹ describes an old-fashioned ward-round conducted by Dr Rintman, Chief of Internal Medicine at "McKinley Hospital." Rintman, accompanied by a swarm of interns and nurses, is about to see a patient with a swollen, painful testicle. The year is 1933.

"Rintman pulled the sheet down gently and lifted the short hospital nightgown. The man's genitals rested on a hammock of adhesive tape slung between his upper thighs; ... the right side of his scrotum was the size of a grapefruit. At the first rustle of the bedclothes all the nurses had pointedly wheeled in the opposite direction because ... it was the ladylike duty of a McKinley nurse to turn her back when the phallus was displayed and to do it militantly lest her virtuous action be overlooked."³¹ [Rintman, who is playing "guess what's in my mind" with the interns, cannot get them to come up with the "right" answer (mumps orchitis) and gives them a clue.] He looked at his retinue and said: "This man has a disease most of you have already contracted. Even you," he added to a big bony nurse standing near him. Since she was flat-chested, faintly mustached and had misconstrued his remark, she blushed violently."³¹

Medical Work as a Sexual Stimulant.

Multiple authors regard the type of work shared by doctors and nurses as an aphrodisiac. While sexual activities and fantasies involving physicians and their patients are sternly condemned as almost incestuous (see Chapter 5), such activities and fantasies are seen as

entirely natural when they concern doctors and nurses. Moreover, when two young people are involved in the challenge of a stressful emergency procedure, especially at night, their physical and emotional tensions may eventually be relieved by close bodily contact. "Everyone knew that the nurses who were socially wildest were [those] in the emergency situations."³²

Russell's *A Lamp is Heavy*³³ is a sentimental account of a nurse's progress through her training course, but the description of a doctor-nurse encounter during a nocturnal emergency is realistic and recognizable by anyone who has worked in hospitals.³⁴ Nurse Susan Bates and Dr James Alcott have been summoned to a patient who has just given birth to a very premature baby.

"It was the first time we had ever worked together over a patient and it was unexpectedly satisfying. There was teamwork of minds and hands between us, which I had never experienced when working with anyone else. We seemed strangely alone in the screened off circle of light in the big dim ward and I wondered if he felt the unity between us as I did."³⁴

After the patient has stopped bleeding and the infant has died there is some kissing, but Miss Bates has been brought up properly and sexual congress is delayed for some months.³⁴

"This sort of night exhausts you," (Nuits comme ça énervent¹⁴) remarks Martin du Gard's Rachel to Dr Antoine Thibault as she invites him into her bed after assisting him during a repair of a lacerated femoral artery. What she really means is "This sort of night turns you on."^{*}

Similarly, the transient nursing activities of Anita Shreve's fifteen-year old Olympia Biddeford³⁵ strongly enhance her physical desire for Dr. John Haskell.³⁶ The doctor, a married man almost three times Olympia's age, thoroughly reciprocates her lust, but until the fateful July 4 1899 he does not totally abandon his self-control. On that crucial day he

* Rachel was not a trained nurse but a hastily recruited assistant.¹⁴ The "principle" applies equally to trained staff

reluctantly agrees to let her work as a volunteer assistant nurse at his clinic and then allows her to witness the birth of a child. This “rapid and brutal initiation into the ways of the body” is followed by physical intimacy on the way home. “The memory of the ... woman with her legs open, the unruly living mass pushing against her, overtakes Olympia and seems now not an event to be feared but rather a sensation to be savored.”³⁶

The seduction scene between Nurse Barbara Dennin and Dr George Ferguson in Kingsley's *Men in White*³⁷ would barely be credible if the two had not met in the children's ward earlier in the day. A ten-year-old diabetic girl with severe hypoglycemia had almost died of a further dose of insulin prescribed by a fashionable but ignorant attending physician, and it had taken the combined efforts of George and Barbara to cancel the order for insulin and substitute glucose. During a brief conversation following the young patient's dramatic recovery George who has not previously met Barbara, remarks: "You're going to be a swell nurse."³⁷

The adjective “swell” soon assumes the sinister meaning of the verb. George offers to lend Barbara some lecture notes but forgets to leave them at the appointed place. Barbara sneaks into his room on the pretext of collecting the notes but proceeds to make physical contact followed by sex, pregnancy, a septic abortion, and death (after an unsuccessful hysterectomy at which George has to assist).³⁷

Shem in *The House of God*³⁸ provides a further example of work practices in hospitals leading to a physical attraction between doctors and nurses. Roy Basch, an inadequate and lascivious intern, is frustrated by his persistent failure as a healer. The patients are either old and demented or young and terminal. In this nest of decrepitude and decay, Molly, a healthy and attractive nurse appears like "a rainbow in a waterfall."³⁹ Molly's allure becomes particularly intense when she tries to help Roy perform a lumbar puncture on old “Sophie.” "How bizarre, the contrast between these two women [Molly with the] enticing cleft between her breasts [holding on to] Sophie's old and sweaty torso."⁴⁰ The frenetic, inappropriate (and unsuccessful) medical activities around Sophie's bed

evidently stimulate Molly's libido. Later that afternoon, at the nursing station she snuggles up to Roy so that her left breast brushes his arm.⁴⁰

Even nursing nuns⁴¹ are warned against establishing a collegiate association with doctors, because of the perceived danger that other relationships may follow. "You must always leave ... the moment operations are over," Mother Mathilde warns Sister Luke.⁴¹ "Don't ever linger to discuss a case as you will certainly be tempted to do ... Remember [the doctor] is a man, a bachelor and an agnostic ... Don't ... think for an instant that your habit will protect you." Sister Luke does not yield to any temptations of the flesh, but Dr Fortunati is to become "a dominant influence in her cloistered life," and he is indirectly responsible for her leaving the religious order.

The Nurse's Basic Generosity

Multiple fictional authors state or imply that women who enter the nursing profession have a tendency to be generous in bestowing sexual favors. Even those authors, who do not accept this generalization, mention it as a popular belief. Dr. Helen Brent,²³ who tries to recruit trainee nurses among "poorly paid, overworked shop-women" (in 1892) finds it difficult "to persuade that class of women that there was not something essentially immoral in that calling."²³ In Fiedler's⁴² scheme (see Chapter 2, pp. 132-3) many women who enter a nursing career do not become "good mamas" or "bad mamas" but assume (or have already assumed) the other female role, the available and willing sexual partner.⁴² This notion is to be found in the writings of Chekhov,²⁴ Kafka,⁴³ Eugene O'Neill¹² and Ernest Hemingway⁴² as well as in numerous more recent novels.^{28, 45-55}

Chekhov's nurse²⁴ "The Mermaid"* is described as

"an unmarried woman of about twenty-seven with a sallow face and her hair loose. Her pink cotton dress was very tight in the skirt, which made her take tiny, rapid steps. ... [Dr Ovchinnikov] savored the prospect

* Mermaids, beautiful above but fishy below,⁵⁶ are traditional temptresses. They have no inhibitions and lure men to perdition.⁵⁷

of taking the mincing, self-obsessed, fashion-conscious creature down a peg. 'Why are you never to be found?' he shouted."²⁴

The Mermaid, despite the doctor's accusations and despite her extra-curricular activities, seems efficient at her work. She helps with minor operations, she fetches prescriptions and she gets through the paper work. Above all, she is cheerful. "Beyond the dispensary door the Mermaid merrily chirped, swishing her dress and clinking her jars."²⁴ All this irritates the doctor who, like many of Chekhov's medical men, is a weak and depressive buffoon. At the end of the Outpatient Clinic session Ovchinnikov meets the Mermaid on his way home.

"She had already contrived to visit her lodging. A gaudy shawl around her shoulders, a cigarette between her teeth and a flower in her flowing tresses she was hurrying off ... on a professional or private visit."²⁴

Leni, in Kafka's *Trial*,⁴³ works as a receptionist in a lawyer's office but Kafka goes out of his way to describe her as a nurse, whose "patients" are individuals facing criminal charges. Leni, an unrestrained creature, is sexually involved not only with her employer but with almost all of his clients.* She seduces Joseph, a complete stranger, gives him a key to her apartment, and announces "You belong to me now."⁵⁹ She "finds nearly all accused men attractive ... makes up to ... them, loves them and is loved in return."⁶⁰ Joseph's uncle considers her "a filthy little trollop."⁵⁹

Eugene O'Neill's Nina Leeds¹² becomes emotionally disturbed after her lover's death and comes to believe that the sex act serves as some kind of atonement. She feels she must "give herself ... give and give ... for a man's happiness ... without joy except in his joy."⁶¹ She goes on to "play ... the silly slut ... giving ... [her] cool clean body to men with hot hands and greedy eyes."⁶² What better place for this kind of activity than a hospital? Nina becomes a nurse at "a sanitarium for crippled soldiers" where there are evidently ample opportunities for sexual activities and the acquisition of a medical lover.¹²

* When Leni proudly displays her syndactylous hand, Joseph comments: "What a pretty little paw." The symbolic significance of Leni's deformity is extensively discussed in literary reviews.⁵⁸

Hemingway's Catherine Barkley⁴⁴ takes up a career as an assistant nurse in 1915 at the time when her late fiancé enlists in the army. "I remember having a silly idea that he might come to the hospital where I was. With a saber cut, I suppose and a bandage round his head. ... Something picturesque. Catherine "didn't care about the other thing and [the fiancé] could have had it all."⁶³

Catherine's "other thing" is still available but Frederic Henry's first attempt to kiss her earns him a slap in the face. "I just couldn't stand the nurse's-evening-off aspect," she declares.⁶⁴ After this preliminary protest, the "nurse's-evening-off aspect" proceeds according to schedule. " 'Oh, darling,' she said. 'You will be good to me, won't you.' " ⁶⁴ Catherine, a selfless, devoted and somewhat colorless creature totally subordinates herself to Frederic. She dies in childbirth.

Nurse Stanway in Cronin's *Shannon's Way*⁴⁵ is almost a clone of Chekhov's "Mermaid."²⁴ She is "about twenty-five years of age ... not exactly good-looking, she was too pale ... yet she had an attractive quality" especially in comparison with Sister Shadd, a stupid, gluttonous, ⁶⁵ "coarse, middle aged, strongly bosomed woman"⁶⁶ who finds the sexual fantasies of the female patients in the asylum embarrassing, and evades the problem when it comes up for discussion.⁶⁷

Nurse Stanway does not suffer from such inhibitions. Her "air of experience ... suggested an eventful history,"⁶⁶ reflecting her previous conquests of lay and medical hospital staff.⁶⁸ This woman now proceeds to seduce Dr Robert Shannon, a dedicated, somewhat immature researcher who feels a strong sense of guilt about becoming involved with such a creature. She "was like a cat in that the night seemed to excite and strengthen her."⁶⁹ Shannon is shocked when the kissing begins. "Her lips ... opened in an experienced manner ... Her breath came quicker than mine."⁶⁹ After some months Shannon manages to disentangle himself from the poisonous embraces of this "promiscuous and cheap"⁷⁰ nurse, and resumes a relationship with a "pure" medical graduate.

Erich Segal in *Doctors*⁴⁶ and Jonathan Havard in *Coming of Age*⁴⁷ also describe the seduction of spinsterish doctors by lascivious members of the nursing staff. In *Doctors*⁴⁶ a nurse from the oncology ward drives an academically brilliant but socially retarded medical student (Seth Lazarus) home after their first date.

“ ‘ Thanks for the ride,’ he said. ‘I’ll see you round the hospital.’ ‘No, Seth,’ she said, I’m not going to let you go that easily.’ Seth was surprised to learn that passion could compensate for inexperience.”⁷¹

*Coming of Age*⁴⁷ is set during the British miners' strike of the 1980's, (see also p. 142) more than forty years after *Shannon's Way*⁴⁵ and around the same time as *Doctors*.⁴⁶ The message is the same in all three novels: "Innocent" doctors are "corrupted" by shameless nurses. Dr Jonathan Brookes,⁴⁷ handsome, rich and "with an obvious future stretching before him ... [has] no trouble finding nurses to share his leisure hours."⁷² Jonathan is an odd character. As a student, he finds the study of gynecology and obstetrics "distasteful" because these subjects make him feel "as if he had been a reluctant voyeur of something so privately feminine as to demand attention solely by other women."⁷³ Naturally, Jonathan does not know how to behave with women, especially on the way home.

His evening with a first-year student nurse is a failure.⁷² "The outward journey was punctuated by fitful banalities, though three vodkas and lemonades loosened her tongue and brought an entrancing glow to her face ." On the drive back she talks incessantly and indicates by various gestures that she is ready for action.⁷² The obligatory petting session outside the Nurses' Home is cut short by Jonathan's feelings of guilt.

"Gently he withdrew his arm. 'It's late. I think you had better get back. I don't want you to get into trouble.' 'I don't mind.' It was obvious from her tone that that it was not the thought of getting into trouble that she did not mind."⁷²

Much the same sequence of events occurs with a more senior nurse, but this hard-drinking, chain-smoking woman is not willing to go home empty handed. "She brought

him to a gasping climax with practiced artistry. Neat and dexterous to the end she closed the zip for him, the gentle concluding pat ... of a contract sealed and an account settled."⁶⁸

Dorothy, a probationer-nurse in *Not as a Stranger*⁴⁸ has barely met Lucas Marsh, a Pre-Med student, when she asks him, "You going to take me to a movie? And cuddle?" The "cuddle" proves to be a passionate event during which Lucas loses his virginity.⁷⁵ At lunch the next day Dorothy introduces Lucas to her room-mate (Jenny) who giggles "So this is the one! ... What I heard about you!"⁷⁶ While Dorothy is away on night duty Jenny acts as locum tenens to prevent Lucas from drifting off into the "rich, cultured, secure world" of two virtuous laboratory technologists who are considered socially and morally superior to the nurses. "Much too good for any of us. Keep to themselves and read poetry and look at pictures. ... Too good to pee"⁷⁵ Jenny is completely interchangeable with Dorothy and just as ready for a "cuddle." Inevitably, when Dorothy returns, the two nurses discuss Lucas' inadequacies and infidelities and decide they are no longer interested in him.⁷⁶ After Lucas' marriage to another nurse, a "dumb Swede," (see Chapter 3, p. 130) he and Dorothy resume their "fellowship in passion. Lucas' marital status evidently does not diminish Dorothy's performance in bed."⁷⁷

As soon as Jenny Fields⁴⁸ decides to become a nurse, her mother begins to worry that the new career might put Jenny at risk of "developing slovenly habits in her speech or in her moral person." To Mrs. Fields, a nursing career is synonymous with loose morals, and she bombards her daughter with douche bags and helpful advice: "Please Jennifer, be more careful. And use it, please."⁷⁸ Mrs. Fields' suspicions are justified. Jenny, though hardly libidinous, forms a bizarre and totally unprofessional relationship with the decerebrate gunner Garp (see also p. 179-80). When the inevitable happens and Jenny becomes pregnant, her family is not surprised. "It was all that her parents and brothers had expected."⁷⁹

Shem's nurses³⁸ flash their underpants or parts of their anatomy on suitable and unsuitable occasions, and engage in sexual acrobatics with repulsive interns.⁸⁰ Popular novels portray an endless series of nurses, incessantly on the prowl for available males.

"It was July, time for the ritual that took place every twelve months at hospitals all over the United States as new residents came in. ... The nurses had been looking forward to the new crop ... staking out claims on the ones they thought would make good lovers or husbands."⁸¹

Francis Roe⁵¹ has a nurse watching a female surgeon (Dr Paula Cairns) examining a young male patient with a suspected hernia. "The nurse leaned back against the wall envious of Paula's contact, and wishing she could think of a legitimate reason to come over and touch the flesh of this great hunk."⁸²

Anthea Cohen's Nurse "Holly Newman"⁵² who is good-looking and friendly, is passed over for promotion to a supervisory position because "she opened her legs too easily."⁸³ Richard Frede's Nurse Ann Lassiter⁸⁴ who has been gang-raped and is trying to report the incident, finds herself confronted by a particularly insensitive assistant district attorney who has the stereotype of the "immoral" nurse firmly implanted in his mind. "The ADA interrupted. 'You'd been drinking. You went to this place alone with these guys.' 'I didn't know I was going to be alone.' 'Nurses are known for their pliancy,' the ADA said thoughtfully. 'I guess it's the profession, all that body contact all day long.' 'A psychiatric nurse accompanying Ann objects to this remark but the ADA is quite unrepentant. " 'Everyone knows it. It's bound to be alluded to by the defense.' "⁸⁴

Neil Ravin, whose hospital novels^{54, 55} are more authentic than most others currently available, describes several promiscuous nurses. Hope Lo comes from a Chinese background but she attended Barnard College and Cornell Nursing School where she lost her Chinese accent and her Chinese inhibitions.⁸⁵ Hope first meets Dr William Ryan, an immature intern, while "specialling" Mrs. Christensen, a patient with acute myeloid leukemia. The two meet again when Ryan mishandles the patient's terminal few minutes, and is appropriately reprimanded by Hope.⁸⁶ During their third encounter, after two martinis Hope says: "Why don't you ask me back to your apartment?"⁸⁷ It transpires that she loves "screwing in the shower."

Olivia McGill R.N., another of Ravin's nurses,⁵⁵ takes less time than Hope Lo to emit mating calls. The scene takes place in a bar patronized by the hospital staff, where Dr Brendan O'Brien is moping and trying to drown his sorrows, because his "good" nurse (see Chapter 2, p. 95) is spending the evening with a Washington lawyer. Olivia attempts to raise his spirits.

"Olivia McGill, a willing nurse, if there ever was one, sat on my lap. She had oversized breasts she liked to rub in everyone's face and she reportedly was pretty free with them ... Olivia was reasonably drunk and she kept wanting ... to whisper in my ear. She said: 'Where have you been all my life?' ... [She] got distracted by a medical student in a sleeveless shirt and slipped off to present her breasts to more receptive hands."⁸⁸

Sally Vinson, the "nympho" nurse in Paige Mitchell's *A Wilderness of Monkeys*⁸⁹ is an extreme example of a sexually hyperactive woman who fortuitously drifts into the nursing profession. She is

"rumored to have take on a whole football team back in her high school days. Present rumors held that she hadn't changed and was backing up her reputation by sleeping with as many physically able male patients as possible and probably the doctors, too"⁹⁰ [Sally and her promiscuous behavior are blamed for her mother's stroke.] "The last promise Sally had made to her mama was that she would ... study nursing with the insurance money if Mama died and ... go into a 'decent profession' and she felt obligated to keep that promise."⁹¹

After receiving a semi-sincere declaration from one of her doctor-lovers that he can not possibly sacrifice "everything ... career ... children ... patients" in order to elope with her,⁹² Sally decides "she wasn't going to be an amateur" any longer. She leaves a two-word resignation ("I quit") at the clinic and departs for the local gambling joint/whorehouse, where "she could make a lot more money ... than she did from nursing." In her befuddled mind, Sally imagines that her new profession will make the townspeople "treat her better ... because she'd know who they were and that'd be worth a lot."⁹¹

P. D. James' Julia Pardoe,⁹³ the British version of the "nympho" nurse, is more intelligent than Sally Vinson,⁸⁹⁻⁹² but suffers from the same syndrome. Julia, who has

been expelled from school for having an affair with a math teacher, now has a number of lovers at the “Heatheringfield Community Hospital,” including a middle-aged Lesbian nurse,⁹³ a male Scotland Yard detective and, inevitably, a surgical resident. “When I think of that night! Honestly it was hilarious. The bed was far too narrow and it kept creaking and Nigel and I were giggling so much we could hardly ...”⁹⁴ Julia's promiscuity obviously antedates her time at the hospital. Indeed, the school principal who expels her, writes a reference expressing the hope that “the hospital would give her the chance of training for the only career she has ever shown any interest in or signs of being suited for.”⁹⁵

Sidney Sheldon's Betty Lou Taft (“Honey”),⁵⁰ who is talked out of a nursing career by her dictatorial father,⁹⁶ (see pp. 104-5) “had meant it when she told ... [him] she wanted to be a nurse. She loved taking care of people, helping them and nurturing them.” Because of her accomplished sexual performance, and her awesome capacity to “please a man,” Honey is one of the most popular girls in High School and College.⁹⁶ She fornicates her way through medical school and hospital positions, but in the end reverts to a nursing career (see also pp. 32).

Joséfa in Simenon's *The Patient*⁹⁷ the “highly sexed” night nurse assigned to the prominent newspaper editor (see also Chapter 2, p. 91) “had a plump sensuous body, she smelt of sweat and cigarette smoke” and is in the habit of sleeping with her hand “thrust into the moist warmth between her thighs.”⁹⁸ The editor-patient speculates as he watches her: “She must need men. She would probably find herself a man during the day and she would give herself in a wholesome, natural way, violently but gaily, without bothering about sentimental complications.”⁹⁸ In spite of (or, possibly, because of) her capacity to arouse erotic fantasies in her patients, Joséfa is held in high regard by the hospital authorities.⁹⁹

Despite energetic efforts by nurses' advocates to dispel this stereotyped image, the nurse with the one-track mind persists to the present day, particularly in works by medical authors.¹⁰⁰ Michael Palmer's Lucy Kendall¹⁰¹ (“Juicy Lucy”), a nurse practitioner

married to a suburban GP, is back at work at the “Boston Heart Institute” after a recent pregnancy.¹⁰² Overly familiar from the start, “she several times points out her flat abdomen” and other attractions to Dr. Brian Holbrook who fails to succumb to these charms, even when she emphasizes the point by “pressing one of her ample breasts against his arm.”¹⁰³

Gertrude Nordstrum,¹⁰⁴ begins her nursing career as an “ice maiden,” a competent, woman, who avoids emotional and sexual entanglements. However, the icy façade dissolves almost instantly when she meets David Wallace Teeples in the hospital coffee shop. David, who represents himself as a homeless, penniless fugitive from justice, pretends he is unable to complete an employment form. Gertrude helps this character invent a fictitious curriculum vitae, gets him a cleaning job at the hospital, and within hours, has him sharing her apartment and her bed.¹⁰⁵ The “helpless vagrant” turns out to be a journalist on the staff of a sensational tabloid, who in his attempt to gain entry to the hospital, deliberately stalks a lonely nurse, and assumes a disguise that will obtain her sympathy.¹⁰⁶ His tactics are spectacularly successful.

The notion that behind every starched uniform and ointment jar there lurks a Mary Magdalene waiting to let down her hair and resume her former profession, is so firmly established that it extends even to middle-aged nurses. Hourmikos, one of the sanatorium patients in Ellis' *The Rack*¹⁰⁷ is dying of tuberculosis and has decided to speed up the process by starving himself. When his nurse tries to persuade him to take some nourishment, the patient proposes to strike a bargain: If she will let him put his hand up her skirt just once, he will end his hunger-strike. The notion is preposterous and elicits the response: “Wicked man. God will punish you for your evil thoughts.”¹⁰⁷ The nurse's private parts remain untouched, and the patient perishes without any sign of remorse for his obscene proposal, which he presumably considers appropriate.¹⁰⁷

Even Brian Clark's Sister Anderson,¹⁰⁸ a “standard gorgon” with an “iron surface” under which “beats a heart of stainless steel,”¹⁰⁹ is not exempt from lewd remarks. This middle-aged British nurse (vintage 1972) is greeted sarcastically by one of her quadriplegic

patients: "Sister ... your presence always excites me tremendously. It must be the white apron and black stockings. A perfect mixture of mother and mistress."¹⁰⁸

It hardly comes as a surprise that certain types of doctors (such as Ravin's Colonel Sumner Barrington III M.D., U.S. Army Medical Corps) hold the opinion that the principal function of nurses is largely unconnected to their ability to care for patients.¹⁰⁹ Barrington, who remembers the Vietnam War as "the best time of his life," is a man of strong views, which he forcibly expresses to Dr Benjamin Abrams, an old friend from his Vietnam days.¹¹⁰

Abrams, who now works at "St George Hospital," and is investigating the case of a patient with unexplained hypoglycemia has come to ask Barrington whether he might have the contents of an insulin vial analyzed. Might the stated strength be different from the actual strength?¹¹⁰ Barrington is not impressed. " 'I think you're wasting St George's money. Chances are the insulin's okay ... It's probably just a dumb nurse gave too much ... Some of these bimbos can't add two plus two.' " Abrams objects. " 'I met her. She didn't strike me that way.' 'Aha. She's going to be real grateful if Dr Abrams saves her ass? Now I see why you're going through the whole parade. ... Pure unadulterated desire to get into nurse's pants. What's she look like? Blond, I bet. Blond and a nice little ass.' "¹¹⁰

Russell's Dr James Alcott,³³ who belongs to an earlier generation, is not as coarse as Sumner Barrington¹¹⁰ but his message is the same. After asking Junior Nurse Bates to take a basin to a patient who has been vomiting, Dr Alcott remarks: "You have nice eyes."¹¹¹ On this particular occasion Alcott, who is regarded as a "wolf" by the nursing staff,¹¹² has misjudged his intended victim. Susan Bates, a "wise virgin," holds out against Alcott's predatory efforts until she has extracted an offer of marriage.¹¹³

Exceptional nurses.

Unlike the early air stewardesses who were portrayed as incorrigible seductresses,^{114, 115} a few nurses do not fit the "Hot-Lips"¹¹⁶ stereotype (see also p. 144). Some are made so

unattractive by their basso profundo voices,¹¹⁷ hirsutism,¹¹⁸ flat chests³¹ and lumpy (“*untersetzt*”) figures¹¹⁹ (alone or in various combinations) that heterosexual relations become quite unimaginable. Others are simply uninterested in sex. Schnitzler's Sabine Schleheim¹²⁰ despite her knowledge of physiology, her “frankness in referring to the natural processes,” and her previous emotional entanglements, has kept herself “pure” and it is clear that when she proposes to marry Dr Graesler, she regards him as a business partner rather than a lover.¹²¹

Sobel's Nurse Fawling (“Star”)¹²² tries desperately to behave like the “conventional” lustful nurse, even though she does not enjoy sexual activities. “A night with Star is supposed to be a postgraduate course in the arts of love” but when the big moment arrives it turns into a disappointing anticlimax.¹²²

Ravin's Brigid Sullivan, the head nurse on one of the medical floors in “M.D.”⁵⁴ does not even pretend to be flirtatious. “Brigid ... was just the kind of Irish Catholic girl to bring home to mother which of course had been her undoing with many men. The world of the ... [hospital] demanded a certain degree of abandon, recklessness even, to counter the constant striving for control and the moral imperative. Brigid couldn't laugh at the ... [clinical work]. She took it seriously. She took life seriously.”¹²³

Brigid, a superb nurse, (“a fortress”) lives alone in an apartment “with travel posters from Greece and Spain vacations (she went alone). She had an aquarium with goldfish and an oxygen pump. ...¹²⁴ Ryan had considered ... getting ... Brigid ... liquored up and taking her back to her fishbowl apartment. It wouldn't work. She'd get quiet. She'd think. She'd be serious or kind or overly considerate. She would be unbearably decent about the whole thing and not the least bit naughty or reckless. It just wouldn't be any fun at all.”¹²³ Naturally, Brigid is well on the way towards spinsterhood.

“Alice” in *A Drink of Water*¹²⁵ and Jenny Fields in *The World According to Garp*⁴⁹ are incapable of establishing normal sexual relationships and, instead, use male cripples as their “man thing.”^{49, 125} Alice's sex object is Fred MacCann a blind limbless veteran,

who is unable to look at her body “on the street” and who will certainly not “grab ahold” of her. Fred to her is “a phallus on its small pedestal of flesh” which she loves “with ... [her] hands.”¹²⁵ Jenny’s love object is Garp, a totally demented ex airman. His hands have been severely burnt so that he is not even able to masturbate. Jenny provides this service (and more) for him.⁴⁷ (See also p. 173.)

Doctor-Nurse Marriages

Doctor-nurse marriages are briefly discussed in Book 2, p. 16., on p. 105-6, 130-1. Abraham’s Dr. Connellan¹²⁶ presents three cogent arguments as to why doctors should avoid marrying nurses. Firstly, all nurses look attractive in their uniforms and “no one can tell what a nurse really looks like, till he has seen her in the disillusionment of ordinary clothes.” Secondly, “the common interest in disease covers incompatibilities ... that... only appear when it is too late.” Thirdly and most importantly “nurses never have any money” so that a doctor with a nurse for a wife has “got to rush into the first rotten practice” he can find.¹²⁶

Obviously, doctor-nurse marriages are common. especially when nurses like Mary Ann Herndon¹²⁷ use their sexuality “effectively.” Mary Ann, a doctor's wife, "had been a nurse in the hospital where he had served his residency. All the young nurses were wild about Dr Herndon ... but Mary Ann whose feminine instincts and timing surpassed the other nurses, landed the doctor. In short order, little Bobby arrived and the doctor was established as the only physician in Alpine Village."¹²⁷ Mary Ann’s initial "success" in the marital lottery does not last. Within a few years of her marriage, the doctor succumbs to the sexual advances of one of his disinhibited patients¹²⁷ (see Chapter 5, p. 212).

Frank Slaughter¹²⁸ also describes this phenomenon. According to Slaughter, nurses who "marry hospital residents and support (them) through another five years," may finish up as ex-medical wives a few years after their husbands go into practice and become entangled with a younger nurse.¹²⁹ Busch’s Laurel, an Emergency Room head nurse,¹³⁰ who recently acquired an internist for a second husband, discusses her nursing

colleagues' predatory behavior almost dispassionately. "When you're senile or insane or you've left me for Tahiti with a much thinner nurse who does it for doctors in the laundry room, I'm going to write a very short history of small ideas."¹³⁰

Ironically the discarded wives may have to return to the scene of their original romances "to keep themselves and the kids alive. Besides looking a lot older than others their age, they have to leave work the minute they're off duty to pick up little Jack or Jill at a nursery school. They always look a little sloppy ... from wearing wash and wear uniforms that don't need ironing ... It's not difficult to recognize victims of that syndrome."¹²⁹

Agnon in *The Doctor's Divorce*¹⁵ tells the story of the marriage of "Dinah" a cheerful, extroverted, popular nurse, to a suspicious and depressive physician. He is intensely jealous and totally obsessed with the thought that Dinah had previously had an affair with a minor government official. At the wedding ceremony, during the honeymoon, and on almost every subsequent day, the doctor ruminates about his predecessor.¹⁵ He dreams about Dinah's "depravity" and imagines that she had "raped" the little clerk "who had brought ruin down on me and wrecked my wife's life."¹⁵ The doctor's pathological jealousy interferes with his professional life as well as his marriage. He becomes "apprehensive about begetting children for fear they would look like [the government clerk]." Understandably, Dinah loses whatever affection she might have entertained for her husband, and the childless marriage ends in divorce.¹⁵

The doctor, a suspicious, lonely and almost Chekhovian character, is a recognizable though rather atypical member of the medical profession. He is obviously impaired and possibly on the road to alcoholism. Dinah, the bubbly and sexy creature who loves and is loved by everyone around her, is very much within the popular perception of a nurse.¹⁵

In *East Side General*¹³¹ Slaughter contrasts two promiscuous women, Patricia Reed, one of the richest women in the USA, and Vicki Ryan, a dedicated operating room nurse. Dr. Andrew Gray, who has been tempted by both¹³² thinks more highly of Vicky than of the

millionaire huntress. To be sure, “it was girls like Vicky who gave the profession a bad name,” but her intentions are good: “She just wants people to like her.”

Summary

The concepts of "loose morals", "promiscuity" and "nymphomania" are obviously subjective and vary with the writer's cultural background. It therefore seems remarkable that the stereotype of the nurse as a "sex-pot"¹³³ has persisted for over a hundred years. Naturally, the innocent, unworldly, chaste heroines of doctor-nurse romances have to compete for the hearts and minds of marriageable doctors with their more lustful sisters whose sexual disinhibition constitutes a threat to the natural order of things.

Contributory factors towards the perceived sexual promiscuity of nurses include opportunities for "immoral" behavior amongst girls living away from home, particularly for those working in hospitals. "Forbidden" knowledge acquired in hospitals is seen as conducive to sexual freedom. Emotional tensions generated by the treatment of critically ill patients may subsequently be relieved in bed. Most importantly, there is a perception that the underlying generosity of the women who enter the nursing profession is itself a factor in determining sexual behavior. Nurses are anxious to give and their gifts include their own bodies.

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CHAPTER 5. SEXUAL FANTASIES AND ENCOUNTERS: BOUNDARIES AND TRANSGRESSIONS.

"Into whatsoever houses I enter ... I will abstain from ... abusing the bodies of man or woman"¹

"To gaze upon the beautiful unclothed body is a spur to the lustful imagination. Soon, in your mind, you are fondling this body, kissing it. To deny the existence of these urges is to deny your humanity. To fail to suppress these urges is to accept a condition of bestiality. Suppress therefore and do not feel guilty for your lustful thoughts."²

The Physical Examination and its Sanitization

It is generally accepted (see Book 2, p. 61) that the professional relationship between doctors and patients works best when it is unencumbered by personal friendship. This principle applies to an even greater extent to romantic attachments, which make any meaningful therapeutic rapport almost impossible.

As the detailed personal history and the physical examination obviously have the potential to evoke erotic fantasies in the patient and the physician, measures are required to prevent such fantasies becoming realities. The Hippocratic Oath¹ and contemporary statutes,³ represent some of the attempts to curb sexual contacts between doctors and patients. In addition, generations of medical students and young graduates have been subjected to informal but dire admonitions against "scheming" and seductive patients who may subsequently become litigious. Dr. Jacob Medhurst's "Tenth Medical Commandment"⁴ constitutes a typical such warning. "Never look at a pretty woman more than you can help. If she's ill, there's bound to be something unpleasant about her to fix your mind on. If you can't find [a blemish], avoid her like the plague."⁵

The fear of becoming "involved" with a patient is so entrenched, that some doctors refuse even minor non-clinical contacts. "Cynthia" the emotionally unstable artist in Carossa's *Doctor Gion*⁶ has asked the doctor to share her lunch.⁷

"It sounded innocent enough and probably was so; anyone but a doctor would have accepted it unthinkingly; but it embarrassed young Gion. ... A meal shared in common would bring them humanly nearer to each other; but that was precisely what he felt must be avoided. ... He remembered ... the case of the deranged young woman whose promising cure failed to prosper from the moment when he accepted a bouquet of flowers from her and thus lost his distance."⁷[Despite Gion's initial precautions he and Cynthia subsequently set up as a family and as far as one can discover under all the symbolism of the novel, the relationship is happy.]

Notions of "detachment under all circumstances" remain deeply ingrained in medical behavior patterns, so that even the most sexually "loaded" situations become de-eroticized. Coral Musker, Graham Greene's chorus girl,⁸ is well aware of this aspect of doctor-patient relationships. Coral, who has fainted on the Orient Express wakes up as Dr Czinner is examining her.

"His eyes were on her face, his finger on her pulse: he watched her with a passion which was trembling on the edge of speech but she knew that it was not a passion for her or any attribute of her. She phrased it to herself: If I'd got Mistinguett's legs he wouldn't notice."⁹

Alejandro Stern,¹⁰ the distinguished criminal lawyer who suspects that he might have contracted genital herpes, asks his son, Dr. Peter Stern, to examine his private parts. Such a request would be strictly taboo in some cultures but in the Western medical context, Alejandro encounters a totally "antiseptic" background.¹¹

"Peter dropped to one knee and removed a slender flashlight from his pocket. He gave instructions like a dance instructor. Left, right. Pull this, pull that. His bedside manner was entirely antiseptic. His look of scrutiny intense and pure."¹¹

When a patient's distress requires a friendly touch, the gesture is carefully controlled. "Annette," a nineteen-year old student attending Jonathan Brookes' Emergency Department,¹² who is in the process of miscarrying, requires emotional support as well as a blood transfusion. She does not want her parents notified, and the "embryo's other progenitor"¹³ is nowhere in sight. Jonathan allows himself a brief, asexual gesture. "He tousled the fair hair above the pallid forehead, the maximum permitted caress between

young doctor and attractive patient.”¹³

Huyler’s thirty-year old resident in the accident and emergency room¹⁴ who has to deal with “Anna,” a 15 year old sexually active girl, evidently feels aroused and guilty when performing a pelvic examination, but his erotic fantasies are kept well under control. Anna, who has been brought in by a scruffy, bad-tempered boy friend, is complaining of pruritus vulvae and a missed menstrual period so that a vaginal examination and a pregnancy test are clearly indicated. “I showed her the speculum, the light and the swab. ‘It may be uncomfortable but it shouldn’t hurt.’ There is no avoiding the power of that moment ... you just don’t acknowledge it. You banish it with an act of will. You are breezy, conversational. She’s fifteen years old and she’s crying and the nurse is holding her hand like her mother but she’s beautiful anyway and you feel dark, ashamed, you do not like what you see in yourself.” No major problems emerge. Anna is not pregnant, her itch is due to candidiasis and she is happily reunited with the boy friend “smiling delightedly at him as he tapped his foot and scowled.” The resident, as he looks at the incongruous pair is reminded of the spermatozoa he has seen on the microscope slide.¹⁴

Even the act of getting into bed with a patient, which would normally be regarded as indecent and highly unprofessional, may be totally free of lecherous implications. Strong’s doctor¹⁵ has been summoned to deliver an elderly primipara, who lives with her crofter husband in an isolated one-roomed cottage on an island off the Scottish coast. The men are soaked to the skin after a stormy journey in a rowboat, and the only dry garments available for the doctor are a flannel nightshirt and a blanket. The husband who also wears a nightshirt is shivering and, as nothing will be happening for some hours, he decides to get into bed with his wife. The doctor sits by the fire, listening to the gale, but he feels cold and moves around to warm up a little.

“There was whispering in the bed. It sounded as if the wife was saying something which shocked Allan. She persisted. There was a silence. Then she spoke. ‘Doctor.’ ‘Yes?’ ‘Why don’t you come into the bed, and keep yourself warm? There is plenty of room there beside Allan.’ The doctor hesitated only for a second. ‘An excellent suggestion,’ he said. ‘Thank you Mrs. McKechnie, I will.’ “

After an embarrassed silence followed by some small talk, Allan is made to rub his wife's back and then all is quiet. "[The doctor] remembered half a dozen obscene stories in which this was the central situation, husband, wife, and stranger in the same bed ... How remote they were from the present ... " After a chaste rest, Mrs. McKechnie goes into labor and, ably assisted by her erstwhile bed companion, delivers a healthy boy.¹⁵

Aberrations

The laws and customs governing professional propriety have not been entirely successful. Despite the oath¹ and despite ethical and legal constraints, some 6% of doctors in the real world continue to report major boundary transgressions.^{16, 17} The trend is particularly prevalent among practitioners of psychiatry,¹⁶ whose founding fathers had to grapple with seductive patients (and may not have been successful).¹⁸ The relatively sparse professional literature on the subject deals mainly with statistical data concerning complaints of sexual misconduct, and with educational programs designed to prevent it.^{19, 20} This chapter lists and comments on works of fiction describing sexual fantasies and adventures between doctors and patients.

Erotic doctor-patient encounters are generally treated as an aberration, rather than a "fun thing." Fictional accounts of such adventures do not elicit quite the same revulsion as incest or pederasty, but such accounts generally evoke guilt feelings in the participants and sensations of incongruity among the readers. Even gestures and "sexy" remarks are perceived to pollute doctor-patient relationships, so that anomalies such as the leer, the giggle and the dirty joke are likely to emanate from non-medical characters. For instance, the sentiment "my sister, mayhap, does not choose to let a man come so near her ... backside"²¹ is expressed by Sterne's "Uncle Toby" rather than by the physician or the patient.

While the question "who started it?" is largely irrelevant in the context of boundary transgressions, authors of fictional works nevertheless distinguish between medico-sexual affairs clearly initiated by doctors (mainly males), those where the first move is

attributable to patients (mainly females), and yet others where the sequence of events is left ambiguous. Almost all are considered reprehensible. Sexual harassment of female physicians by male patients, apparently a common problem in real life²² is barely mentioned in fiction.

Doctors as Lechers.

Perceptions of doctors as lechers, practicing medicine in order to gratify their lustful instincts and constantly on the prowl for unsuspecting victims occur in classical literature²³ and in a handful of instances in more modern times. Some accusations of lecherous behavior are baseless and mischievous.

Goethe's advice to a young medical student on how to build up a large female practice, mentions the physicians' privilege to finger areas forbidden to others.²⁴ He suggests that the young doctor

Press where the pulse so shyly dances
Clasp her with sly and fiery glances
Freely about the slender waist
To see how tightly she be laced.²⁴

It should be noted that this recommendation comes from Mephistopheles and is obviously meant to be "devilish".

John Flory, the main character in Orwell's *Burmese Days*²⁵ receives an anonymous letter accusing Dr Veraswami of a variety of misdeeds. The doctor is described as being

in no way a worthy friend of European gentleman ... colored water is he providing to patients at the hospital and selling drugs for his own profit ... He is also sleeping by force with female patients at the hospital ... Wherefore we are much hoping that your honor will eschew same Dr Murkhaswami.²⁶

The entire letter, written in execrable English, is obviously meant to be mischievous and

its contents are no more credible than its style.

Fay Weldon in *Remember Me*²⁷ describes a ghastly argument between Dr Philip Bailey and his embittered wife, who accuses him of using his medical practice for lascivious purposes. "Go back to your surgery," she shrieks at him. "Go on sticking your hands up the lady patients ... That's the only reason you're a doctor ... so you can stick your hands up young girls and get them to undress for you."²⁸ (See also Book 2, pp. 25-6.) Margot Bailey's accusations are obviously exaggerated – Philip is anything but a lecher on the prowl.

The view that a physical examination is designed to provide erotic experiences for the participants is also expressed by Jaromil, the insecure and self-centered adolescent in *Life is Elsewhere*.²⁹ When Jaromil tries clumsily and unsuccessfully to undress his new girl friend, she comes to his assistance by removing her own dress.³⁰ Jaromil objects. "What's the idea of taking your clothes off yourself? You're not visiting a doctor."³⁰ The girl takes up this theme and suggests that they play doctors:

"She took off her bra and stood in front of Jaromil, sticking out her small breasts.' I have a pain, doctor, right here under my heart.' Jaromil didn't seem to get the joke. 'Excuse me,' she said apologetically, 'you're probably used to examining your patients lying down,' and stretched out on the couch. 'Please take a closer look at that heart of mine.' Jaromil ... leaned over the girl's chest and put his ear over her heart. His earlobe rested against the soft cushion of her breast and from the depth of her body he heard rhythmic thumping. It occurred to him that this was precisely what a doctor would feel when he was examining the redhead's body behind the closed mysterious doors of his office. He lifted his head, glanced at the naked girl and felt a hot painful surge of jealousy ... He quickly put both his hands on her breasts (not at all the way a doctor would) in order to put an end to the tormenting game. 'Doctor, that's naughty of you. What are you doing? That's not part of the examination,' protested the girl.'" ³⁰

A few doctors conduct their practices in a way that would tend confirm Jaromil's suspicions³⁰ about what transpires behind the closed doors of the doctor's office. For instance, Simenon's Dr Pierre Besson d'Argoulet³⁰ who has transferred from psychiatry to internal medicine (which he considers more lucrative³²) and who has prospered in his new career (see Book 3, Chapter 5) " could not see a pretty woman without desiring her.

He did not lack opportunities and, with increasing age it became an obsession with him ... It was said that most of his women patients succumbed."³³

Besson's extraordinary libido persists even after his potency has become unreliable. The famous member of the Academy of Medicine, whose patients come largely from the upper strata of Parisian Society,³² confides to René Maugras:

" 'You see René old man, now that I'm not sure of being able to carry it through, I continue to get hold of them in places where I've an excuse for breaking it off' ... What [Besson] needed most was to display his virility, perhaps also to make sure that his charm still functioned ... fearful meanwhile lest he should prove unable to carry through what he had begun." ³³

Similarly, Dr Hippolyte Gros' "reputation as a rake" seems justified.³⁴ Gros, a general practitioner in a small French-Basque town,³⁵ " never boasted openly of his conquests ... [but] instead, he relied on the silent smile, the shrug, the weak gesture of protest, to establish his reputation." One of Dr Gros' " victims" is a widow who "takes the cures" at various watering places and who has asked him to accompany her to St Jean de Luz. ³⁶ The escapade turns out more of a "clinical" than a romantic experience. ³⁷

Mauriac ³⁸ describes another authentic medical womanizer who thinks of his victims in hunting terms like "succulent partridges" which he has "winged."³⁹ The young "iodine doctor" has little doubt that as soon as his loathsome patient dies, the widow, Noémie Péloveyre, will join the ranks of the many women he has "possessed." (His prediction proves wrong).

Scott Turow in *Presumed Innocent*⁴⁰ tells a weird and barely credible rape story involving an intern

"who gave a number of female patients a physical which ended with the insertion of his own instrument; one victim received this treatment on three separate occasions before she was moved to complain."⁴¹

Another intern, the inadequate Roy Basch in Shem's *House of God*,⁴² considers his erotic

fantasies and actions during physical examinations in the Emergency Room as "one of the few true pleasures of doctoring."⁴³

"With the excuse of a medical degree I could move past the fantasy of mentally undressing sexy women and really do it ... I started with a Persian princess and ended with a lonely oral collegian who, unable to choose between her father and her boyfriend had suddenly developed difficulty swallowing ... [Basch manages to make] "bona fide medico-erotic contact with her mouth, tongue ... neck, throat, clavicle, rib cage, breast, even nipple ... 'Let me undo this,' I said untying her ... nightie and dropping it to her waist. 'Let me examine you.' As I let myself enjoy her, my hands and head wandered. I felt the sexual attraction bubbling up around us ... my fingers on her ribs, her breast."⁴³

Basch, an excellent negative role model for aspiring physicians, is psychologically incapable of continuing his training in internal medicine, and changes careers in the direction opposite to that of Dr Besson³² (see pp. 195-6 and Book 3, p. 113) Basch decides to seek refuge in psychiatry, leaving the reader to speculate whether this incurable womanizer's wandering head and hands⁴³ will ultimately lead to the loss of his license, or land him in jail.

Dr Graesler⁴⁴ the priggish "old fogey"⁴⁵ confines his sexual depravities to erotic fantasies. The doctor's supper is interrupted by a widow who lives in the same apartment block and who wants him to see her sick child. When he returns, his companion for the evening has disappeared and he briefly toys with the idea

"to go downstairs again, and keep the pretty widow company. He felt that beside the sick child's cot the mother would grant him anything he asked, and the depravity of the notion gave him a far from unpleasant thrill."³⁶

Dr Graesler resists the temptation to violate the Hippocratic Oath on this occasion. His restraint is rewarded when he finds, to his delight, that his original nocturnal companion is still there, hiding in the bedroom.

Fictional backyard abortionists have a tendency to rape their patients prior to performing their filthy procedures (see Book 3, p. 243). Dr Adder⁴⁷ a nasty character in a science

fiction story, who inserts vaginal gimmicks, and otherwise mutilates young girls to prepare them for a successful career as Los Angeles prostitutes, occasionally has sex with one of his victims (before surgery). He performs badly.⁴⁸

Despite these instances, the notion that a career in medicine provides opportunities for sex-fiends seems relatively rare. Molière,⁴⁹ who mercilessly lampoons physicians and their pretensions, has as his medical lecher not a real doctor, but "Sganarelle" who pretends to be a doctor.⁵⁰ Even inherently suspicious characters such as policemen who view with concern or envy the doctor's opportunities for "immoral" behavior⁵¹ (see p. 165) do not generally worry about doctors "doing it with patients." Faulkner's deputy sheriff, who, for once in his lifetime, has a doctor in his power, cannot wait to ask about the awesome immorality that, he imagines, flourishes behind the hospital's closed doors. He inquires about doctors and nurses rather than doctors and patients.⁵² Nurses form recognised⁵³ and legitimate targets for young doctors' sexual urges. Patients do not.

Jackie Collins,⁵⁴ a successful writer of Airport Novels suggests that even the most lecherous physicians may receive some encouragement from their patients.⁵⁵ Nick Angelo and his friend Louise are trying to persuade Dr Sheppard to attend to a sick black child.

"Nick pounded on the door ... An upstairs window shot open and a white-haired old man in bright red pyjamas leaned out. 'What's all that din?' he shouted. 'Somebody's sick. Can we come in?' Nick shouted back. 'Now?' replied Doctor Sheppard ... 'Doctor Sheppard,' (Louise) yelled. 'It's me. Louise. From the drugstore. Remember? You gave me that internal examination a couple of months ago. Said I had a lovely pelvis.' She'd succeeded in getting his attention. 'I'll be right down.' 'Dirty old geezer,' Louise said disgustedly. 'Stuck his finger up me like he was flipping a pearl!'⁵⁵ Never again.' ... Nick carried the small boy to the house ... Louise had the door open and was proceeding to charm Doctor Sheppard ... She (gave) him a seductive look ... 'Guess I need another of those ... exams ... I felt so much better after the last one.' "⁵⁵

In general, the "deadly sins" associated with the medical profession are "avarice" and "pride" rather than "lust," and the evil physician's main purpose in life is much more likely to consist in amassing a fortune (see Book 1, Chapter 1) than obtaining erotic satisfaction through his patients and their families.

Transient Lapses

Descriptions of transient lapses from normal professional and ethical standards are more plausible than chronic debauchery, but also uncommon. Relatively few fictional physicians engage in harassment or seduction even on an occasional basis, and when a boundary transgression⁵⁶ does occur, the victim may express surprise rather than outrage. Nina Leeds,⁴⁸ who is no stranger to sexual activities (see p. 170) tells how her physician, Dr. Edmund Darrell, forgot himself on one occasion. "Once he kissed me - in a moment of carnal weakness. I was as startled as if a mummy had done it. And then he looked so disgusted with himself."⁵⁷

Mauriac's Doctor Paul Courrèges⁵⁸ who has become infatuated with one of his patients (Maria Cross) and is planning to make her his mistress,⁵⁹ is saved from this act of lunacy⁶⁰ by Maria's inability to imagine him as her lover. Maria regards the doctor not quite as "a mummy"⁵⁷ but as an elderly, rather boring priestly figure, so that, when the crucial moment arrives for the declaration of his passion, all he can bring out is: "And how are we today?"⁵⁹ (See also Book 1, p. 74 and Book 2, p. 13.)

Garcia-Marquez' *Love in the Time of Cholera*⁶¹ contains several explicit accounts of doctor-initiated sexual encounters with patients,^{62, 63} all of them involving Juvenal Urbino the "best-qualified physician on the Caribbean coastline."⁶³ During his early days in practice, Urbino becomes fascinated by a female patient's physical charms.⁶² The examination takes place in the presence of the girl's father and subsequently leads to marriage.

"Lorenzo Daza ... opened the street door and led him into his daughter's bedroom. There he remained sitting in a dark corner with his arms folded and making futile efforts to control his ragged breathing during the examination. It was not easy to know who was more constrained, the doctor with his chaste touch or the patient in the silk chemise with her virgin modesty, but neither one looked the other in the eye. Instead he asked questions in an impersonal voice and she responded in a tremulous voice, both of them very conscious of the man sitting in the shadows."⁶² At last Dr. Juvenal Urbino asked the patient to sit up and

with exquisite care he opened her night dress down to the waist; her pure high breasts with the childish nipples shone for an instant in the darkness of the bedroom like a flash of gunpowder before she hurried to cover them with crossed arms. Imperturbable, the physician opened her arms without looking at her and examined her by direct auscultation, his ear against her skin, first the chest and then the back. Dr. Juvenal Urbino used to say that he experienced no emotion when he met the woman with whom he would live until the day of his death ... She was more explicit. 'The young doctor she had heard so much about in connection with the cholera epidemic seemed a pedant incapable of loving anyone but himself.' ⁶²

While the reader is left in some doubt whether it was Doctor Urbino or Miss Daza who introduced "the flash of gunpowder" ⁶² into what should have been a routine physical examination, there is no doubt about some of his subsequent activities. The doctor's "austere professional life" ⁶³ is interrupted on at least two occasions when "he gave himself over to the delights of touch" while performing pelvic examinations. One of these attempts at sexual harassment ends in an indignant reprimand by the patient. ⁶³

Urbino is more "successful" with Barbara Lynch, a willing victim, whose affair with the doctor is described in considerable detail. ⁶³ He first observes Barbara, a well-educated divorced daughter of a black missionary, as she sits in the waiting room at the hospital clinic where she is being treated for what sounds like an irritable colon. He arranges to be present at the physical examination, memorizes her address and that very same afternoon visits her at home, where he accepts a cup of coffee. He returns the next day on the pretext of wishing to examine her "with greater care ... [and] discovered in amazement that this marvelous creature was as beautiful inside as out ... [while] Miss Lynch abandoned herself to his hands." After remarking, "I thought this [was] not permitted by your ethics," she gives Dr. Urbino the "opportunity to seduce her but not to penetrate her inner sanctum." ⁶³ The initial encounter is followed by hurried daily visits disguised as medical consultations, but consisting of "panic-stricken love," the doctor being "more concerned with leaving as soon as possible than with achieving pleasure." The liaison comes to an end when Urbino's wife becomes suspicious, and one afternoon "instead of going to see [Barbara] he made a profound act of contrition before his confessor and on the following Sunday he took Communion, his heart broken but his soul at peace." ⁶³ (See also Book 2, pp. 129-30.)

Ivan Turgenev⁶⁴ is one of the few writers to portray a boundary transgression sympathetically. Dr “Tryphon” whose surname is not revealed, briefly entertains erotic fantasies about one of his female patients, 20-year old Alexandra Andreyevna who suffers from some form of sepsis, probably pneumococcal pneumonia. After examining the beautiful girl, the doctor, instead of returning to town and to his practice, spends the next few days at the patient’s home where it soon becomes obvious (a) that the patient will not survive and (b) that she reciprocates the doctor’s feelings. Both Alexandra and the doctor are aware of her imminent demise which removes any lustful connotations from their physical contacts and enables her to inform her mother of her dying passion. The dishonest doctor who feels ashamed of these developments, denies any feelings of affection for Alexandra, he declares that the girl is delirious and he runs out of the room.⁶⁴

Similarly, the transgressions of Sherwood Anderson’s Dr Reefy, of *Winesburg, Ohio*⁶⁵ are “cleansed” by death. Reefy, a grotesque and sad figure in a grotesque and sad town, becomes emotionally and sexually involved with two of his patients. The incidents occur many years apart and neither of them is erotic.^{65, 66} At the age of forty-five, Dr. Reefy is consulted by a “tall dark girl” who has been impregnated by a young Winesburg man who lusts after her and her money. The doctor, seems to know what has happened without being told, he makes her wait until the last patient has left, and then, instead of asking her to come into his office, takes her for a drive in the country. The pregnancy ends in a miscarriage and the girl decides not go back to her young man. Instead, she stays with the doctor despite his age and his eccentricities. The two marry in the fall and she dies in the following spring.⁶⁵

Dr Reefy’s other “victim,” Elizabeth Willard, is “a tired gaunt old woman at forty-one.”⁶⁶ Elizabeth comes on a number of occasions, ostensibly to discuss her unidentified health problems, but gradually reveals her disillusionment with marriage in general and with her husband, Tom Willard, in particular. Gradually, as Reefy begins to understand Elizabeth’s transformation from a high-spirited eighteen year old girl to a broken middle-

aged crone, he comes to love her and imagines that as she talks to him, her body becomes “younger, straighter, stronger.” Instead of terminating the relationship, he rationalizes: “It is good for her body and her mind, this talking.”⁶⁶ When, after an emotional account of an incident early in her marriage, Elizabeth kneels on the floor beside the doctor’s chair “he took her into his arms and began to kiss her passionately.”⁶⁶ Their lovemaking is interrupted by a man noisily coming up the stairs to the doctor’s office and they do not resume when the stranger deposits an symbolically empty box in the hallway, and then goes away. Elizabeth leaves almost immediately after this incident and Dr Reefy does not see her again until after her death, a few months later.

Possible (but unproven) harassment

Several fictional women, who complain that their doctor behaved inappropriately, leave the reader, particularly the medical reader, to speculate whether a particular event comprised true harassment, careless behaviour or pure fantasy. Conversely, when a woman patient believes that her doctor would welcome sexual advances, she may be suffering from a morbid imagination or responding to specific signals.

For instance, it is impossible to decide whether the dysmenorrheic “Camille Oaks” in Steinbeck's *The Wayward Bus*⁶⁷ is right or wrong in believing that her physician had tried to “make a pass” at her.⁶⁸ It seems equally plausible that the “pass” consisted of an injudicious remark or gesture which was misinterpreted. Patrick White's *Riders in the Chariot*⁶⁹ contains another ambiguous account of a possible boundary violation. The two “evil” and unattractive women are discussing the misdeeds of the medical profession.

" 'Take doctors for instance,' Mrs. Flack might say, 'Doctors are only human beings.' 'You are telling me!' it was Mrs. Jolley's duty to interpose. 'But must be expected to act different.' 'And do not always.' 'Very often do not. Mrs. Jolley, I am telling you that this doctor at the corner, in giving me a needle - which I have to get regular for certain reasons - pulled me quite close. Is it necessary? I asked - myself of course, - and according to medical etiquette, to press against a lady's form in giving her a simple needle? His breath was that hot ... ' 'Tst, tst! The doctors! And to think that a lady on some occasions must submit to an examination by such hands!' 'Ho, an examination! I have never had one and do not intend to. No, never!' "⁷⁰

The behavior of the doctor with the “hot breath” is described as reprehensible by Mrs. Flack. However, it is entirely conceivable, that the doctor’s perceived inappropriate proximity (on what sounds like a single occasion), might have been no greater than necessary to get a fidgety patient to hold still during an injection.

The blouse-unbuttoning scene in Tennessee Williams' *Summer and Smoke*⁷¹ which has obvious sexual overtones, occurs during a somewhat ambiguous "doctor-patient" encounter. Alma Winemiller arrives at 2 a.m. at the residence of Dr Buchanan, her next-door neighbour. She ostensibly wants to see Dr Buchanan Senior (for a panic attack) but encounters young Dr John Buchanan with whom she imagines herself in love.⁷¹ Dr. Buchanan Junior offers to examine Alma's chest and, after a moment's hesitation, she undoes the symbolic "little pearl buttons" on her blouse, assisted by the doctor who then applies his stethoscope. "What do you hear?" asks Alma. "Just a little voice saying Miss Alma is lonesome." One might speculate at length what either of the participants was hoping to achieve during this "consultation". Did Alma expect John to succumb to her residual charms? Why did John not ask her to return in the morning when his father would be available? At any rate, Alma who has been suffering from palpitations for years pretends to be offended by John's "diagnosis," but "normal" relations between the two are soon restored. Dr. John Buchanan blows on Alma's fingers to warm them and at the end of the scene Alma leaves with a box of pills while John goes back to Rosa Gonzales who is voluptuous and uninhibited.⁷¹ (See also Book 2, pp. 20-1)

William Carlos Williams' Mrs. Yates⁷² accuses several doctors of sexual harassment, but her allegations are suspect. Mrs. Yates, aged forty-eight, unattractive and bipolar,⁷² seems to believe that the physical examination constitutes some kind of strip-tease show. When asked to take off her clothes she warns her physician that he is going to be disappointed. "You won't see anything much ... I am nothing at all now. Just like a man. My legs are hairy ... I have often wondered with my flat chest and my narrow hips if I was not more a man than a woman." Despite her lack of physical charms and despite her Lesbian inclinations⁷² (or possibly because of them) Mrs. Yates believes that some "old

fool of a doctor - it's always an old man who thinks you are trying to flirt with him - the young ones know better - ... tried to tickle me. I felt nothing at all. I asked him what he was trying to do, so he stopped." ⁷² Was this some innocent character trying to elicit Mrs. Yates' plantar responses?

Patient-initiated encounters. The Chaperone

Considerably more than half the fictional episodes of medical misconduct begin with sexual propositions clearly emanating from female patients. Such deviant behavior is due not only to the potentially erotic atmosphere engendered by the history and the physical examination, but also to the perception that doctors, like ski-instructors, constitute natural targets for amorous advances.⁷³ The offender might be "a good wife ... who ... was too scared [or] socially conscious ... to go on to the street and claim a man, or too nice to seduce a friend's husband. But the doctor - well, he understood these things; it would remain confidential; he was clean, free from disease and generally nice." ⁷⁴

Obviously, many female patients with sexual designs on a doctor keep their deliberations to themselves so that decorum is preserved. Kate Weiss, in *Doctors and Women*,⁷⁵ who has become bored with her husband and sexually obsessed with her mother's physician, is now daydreaming about a possible rendezvous. She would go to his apartment. "He would meet her in the lobby and they would ride up in the elevator alone together. 'I thought I would take my clothes off', she would say. 'Isn't that what doctors always ask you to do?'" ⁷⁶ Kate's fantasies remain suppressed.

Julie Gregg's adolescent infatuation with the foppish Dr Ralph Stair⁷⁷ is obvious to the entire town but as far as he is concerned "she was just a young lady that wanted to see the doctor."

"I don't suppose she had any idea how her face changed when him and her was together; of course she couldn't of, or she'd of kept away from him." ⁷⁷

Paradoxically, apart from provoking Julie's calf-love, Dr Stair does not have a great deal of success with women. He had buried himself in a general practice in a small Michigan town because "a gal up in the Northern Peninsula somewhere ... had throwed him over."⁷⁷

One of the major functions of the office nurse is to act as chaperone, to prevent sexual fantasies from coming to the surface and to protect the male physician from lustful women seeking sexual relationships. Faith Baldwin's Lydia⁷⁸ is a great asset to Dr. Peter McDonald "especially when crazy women invaded his office with an obvious desire to be alone with him in the intimacy of the examining room."⁷⁹

Doctors who dispense with the services of the chaperone, whether at the patient's request or otherwise, jeopardize their reputations. Dr Eli Silver,⁸⁰ acutely aware of such dangers, decides to play by the rules. Silver, a pediatrician, happens to be in the emergency room of a small community hospital in Upstate New York when Elizabeth Bean arrives.⁸¹ She is an unmarried psychological counselor at a local college who has been impregnated by one of the professors, and has driven herself to the hospital after a suicide gesture. She has attempted to shoot herself but the bullet hardly grazed the skin of her neck. After the inevitable weeping attack, Dr Silver offers to examine her.

" 'Would you take your clothes off please, and put a gown on? I'll call the nurse.' 'I won't say you raped me. Couldn't this be private?' Silver doesn't say that a woman, who can shoot herself or nearly try to, can also call rape. He summons the nurse and Lizzie Bean takes her clothes off, refuses the gown, stands naked on the floor although Silver would have told her to leave her panties and brassiere on."⁸¹

Silver and Elizabeth subsequently become lovers (for a brief period), and he arranges the adoption of her baby.

On the other hand, Dr Joseph Cardin⁸² who examines fourteen-year old Mary Tilford on her own, is taking a grave risk. Cardin has been summoned to a Girls Boarding School because Mary, one of the students, has been complaining of "pain in the heart." He declines the services of Mrs. Lily Mortar who offers to act as chaperone, because he wants to ascertain whether the child is malingering.⁸³ Mrs. Mortar is offended: "Isn't it

natural that an older woman should be present at a physical examination?" Cardin is fortunate. On this occasion, Mary, who is vicious as well as mendacious, takes her revenge on two of the teachers whom she accuses of lesbianism. She could just as easily have turned on the doctor and accused him of indecent assault.

Dr. Daniel Dempsey,⁷³ the ship's doctor who sends his nurse out of the room at the patient's request, pays dearly for this false step later on (see pp. 211). Fortunately, most doctors have ways and means to extricate themselves from patient-initiated, erotic entanglements, even in the absence of chaperones.

A potentially erotic encounter between Dr. Jonathan Dakers,⁸⁴ and young Dolly Gaige is planned by the girl's mother. Nothing comes of the attempt because Dakers, a sincere, somewhat pedestrian and sexually inhibited (see p. 166) general practitioner, summons up sufficient prudence to avert the danger.⁸⁵ The doctor, a recent arrival in "Wednesford" is befriended by Mrs. Gaige who is husband-hunting for her three daughters. After extolling the girls' accomplishments, Mrs. Gaige asks Jonathan to examine Dolly, her youngest. Dolly's regular physician "assures us there's nothing to be disturbed about but he's so used to the children ... that he doesn't treat it quite seriously enough ... and I wonder if you'd do me the favor of just running over her. Just the child's chest you know. We could pop into my bedroom." Jonathan who suspects "beneath Mrs. Gaige's homeliness, a desire to reveal to his dazzled eyes a new and more intimate aspect of her youngest daughter's charms," refuses to oblige, on the grounds that Dolly is under the care of another physician.⁸⁵

By contrast, Salman Rushdie's Dr Aadam Aziz⁸⁶ succumbs to the blandishments of his future father-in-law. Dr Aziz who has to examine Naseem through a perforated sheet⁸⁷ is treated to various parts of the lady's anatomy over a period of three years. On one occasion, he is invited to touch her breast. Another time the lady complains of

"'a pulled muscle in the back of her thigh, Doctor Sahib, such pain.' And there in the sheet, weakening the eyes of Aadam Aziz hung a superbly rounded and impossible buttock. And now, Aziz. 'Is it permitted that' whereupon a word from Ghani, an obedient reply from behind the sheet, a drawstring pulled and pyjamas

fall from the celestial rump which swells wondrously through the hole. Aadam Aziz forces himself into a medical frame of mind ... reaches out, feels. And swears to himself that he sees the bottom reddening in a shy but compliant blush."⁸⁷

In office and hospital settings, physicians are generally capable of resisting erotic temptations. "Doctor" Sinuhe, Waltari's Egyptian physician⁸⁸ who is "practicing" in a poor part of Thebes manages to deflect an "offer" by a prostitute without difficulty.

When consulted by

"a girl from a nearby pleasure house... [I found that] her eyes were so scabby that they handicapped her in her profession. I cleansed her eyes and mixed her a lotion with which to bathe them and rid them of the evil. Shyly she stood naked before me to offer me the only gift she had. Being unwilling to wound her by a rebuff I told her that I must abstain from women on account of an important treatment I was about to give. She ... admired me for my self-discipline. Moreover, so that her willingness might not be altogether in vain, I removed a few disfiguring warts from her flank and belly."⁸⁹

A more contemporary and less intense version of this scenario is described in *Captain Corelli's Mandolin*.⁹⁰ The local whore, who is being treated for syphilis offers her services to Dr Iannis "to be redeemed at his convenience. He had resolved that he would not be taking up that particular offer even if the Salvarsan were effective."⁹¹

Walker Percy's Dr. Thomas More⁹² also extricates himself from a potential sex trap without undue fuss. Donna Stubbs⁹³ a patient who had been sexually molested by her father⁹⁴ and who had previously been treated by Dr More (for obesity),⁹⁵ now tries to seduce him during a medical consultation. The story is told in detail in the first person by Dr More, an old fashioned Freudian psychiatrist.

"I get up to give [the figurine] to her [but] Donna has come around my desk, barefoot and silent. She backs into me. 'Oh sorry', I say automatically moving sideways ... but she has already ... reached behind her, seized my hands, brought them around clasped in hers and against her. 'What's this about, Donna?' By way of answer she cranes her head back into my neck and begins turning to and fro ... 'Donna needs you.'"⁹³

More manages to disengage himself from Donna's embraces and to eject her from the

office with a minimum of resentment on her part, before pouring himself a large bourbon.⁹⁶ It subsequently transpires that Donna's behavior is due, at least in part, to a drug (not prescribed by Dr More) that had caused her to become sexually disinhibited.⁹⁷

Lisa Pembroke,⁹⁸ a delinquent teenager dying from an unidentified malignancy, makes a stark and unambiguous proposal to her physician. Lisa is cynical about everything including the efficacy of her treatment, and attempts to introduce an element of sexuality into a medical consultation. Her physician's reaction, though not particularly skilful, is appropriate to the occasion.

"He was examining me really seriously, as if there was some hope and I said to him 'Come on Davey-boy, show us your cock.' Well he took the stethoscope out of his ears like the polite bore that he is and said 'I beg your pardon?' and I repeated my request. I think he winced a little at the word 'cock' on the second occasion. He looked around nervously and cleared his throat ... and said 'I don't think you are well enough for that sort of thing.'"⁹⁹

Mary Rinehart's hero, Dr. Noel (Chris) Arden,¹⁰⁰ also manages to withstand an assault on his chastity, though in his case, the patient's tactics are slightly more subtle¹⁰¹ than Lisa's.⁹⁹ Chris, young, good-looking and single,

"made the surprising discovery that nine tenths of his cases ... were women. ... [There were] women who thought they were pregnant, women who wanted to be pregnant, women having trouble with their husbands and here and there a woman really ill. Betty Howard came running in day after day ... eying him furtively, inventing symptoms of all sorts. 'I simply never get rid of this headache, doctor.' [Chris mentions spectacles.] 'Spectacles! Now listen, doctor. You're not going to make an old maid out of me, are you? I may not be much to look at, but-'¹⁰¹ He refused to follow her leads. There were times when, shut in the back office together, he knew that he had only to make a move and she would be in his arms. Once indeed she made an unmistakable overture, but he merely laughed at her. 'These are office hours. I never mix business with – anything else.' "

Chris' efforts at discouragement are evidently not sufficiently energetic because after a brief Christmas vacation, Betty returns demanding "a big kiss for being a good girl."¹⁰² However, he manages to resist her advances and despite his "long continence ... his

defenses held.”¹⁰³ Unfortunately, he is unable to resist the machinations of his landlady’s unpleasant daughter.*¹⁰⁴(See Book 2, p. 14 and Book 3, p. 201.)

Martin Du Gard's *The Thibaults*¹⁰⁶ contains a more complicated patient-initiated sexual encounter but, like Lisa Pembroke’s doctor⁸⁸ and Chris Arden,¹⁰³ Dr Antoine Thibault manages to ward off the attack without inflicting or sustaining significant damage. Anne Marie de Battaincourt, a self-centered, vicious woman wants a large amount of morphine for some nefarious purpose which is not revealed to the reader.¹⁰⁷ As a bribe for Dr Thibault who might be reluctant to write the appropriate prescription, Anne Marie “refers” Mary, her attractive English governess, with whom she has a Lesbian relationship,¹⁰⁸ for “a thorough overhaul.”¹⁰⁷ “I feel sure” Anne Marie writes in her letter of introduction (delivered by Mary)

“you often have much less attractive patients to examine.”⁹⁵... [Dr Thibault] drew himself up and looked Mary in the face ... He did not say a word but, dropping his eyelids, shook his head slowly from side to side, to signify an unequivocal 'No'. He was still smiling but his expression made his meaning so clear that Mary could not be mistaken. It was exactly as if he was saying, in so many words ... 'No, my dear young lady, there is nothing doing ... Don't imagine I'm shocked ... Only, I must regretfully inform you that even on the terms you offer, you'll get nothing out of me.' She rose speechless, her cheeks aflame with vexation and ... with a brusque movement she snatched the letter from his fingers and darted through the doorway.”¹⁰⁷

Bridie's *Dr Angelus*¹⁰⁹ is a superficial farce with a contrived plot, but the attempted seduction of Dr George Johnson, Dr. Angelus’ diffident and inexperienced young assistant, is realistic, and leaves little doubt as to who made the first move.¹¹⁰ Mrs. Irene Corcoran (“Dodo”) aged 30, complains of “depression, restlessness ... and ... agonizing ... fibrositis below the shoulder blades.” Dr Johnson has to search for the spot. “Johnson: ‘Have you any pain when I press there?’ Mrs. Corcoran: ‘Not much. Not yet ... Ouch! You're tickling.’” Mrs. Corcoran tries to gossip about Dr Johnson's partner but is rebuffed. She offers to take off some more clothes but is told this will not be necessary.

* The fatal attraction between a young doctor and a landlady’s daughter also appears in one of Kipling’s short stories.¹⁰⁵

She manages to convey the information that her marriage is not very happy and that her husband is away a great deal, and she asks for a cigarette. When the doctor refuses to join her, she "leans over and takes the cigarette case from his waistcoat pocket. She puts a cigarette in his mouth and lights it for him." She gets the doctor to discuss his age (twenty-four), his background, his medical aspirations and the Hippocratic Oath. She asks: "Do you think we could be friends, George?" She makes room for him on the couch where she is sitting in a state of partial nudity. Fortunately, when the kissing starts the proceedings are interrupted. There is a knock at the door. Dr Angelus' wife, who needs to use the telephone, apologizes: "I'm awfully sorry. Were you quite finished?"¹¹⁰

Dr Schumann, the ship's doctor on the "Vera,"¹¹¹ resists a major shipboard temptation, but neither he nor his patient come away unscathed. Schumann, a devout Catholic,¹¹² who has never been unfaithful to his "scolding" wife,¹¹³ has signed on as a ship's doctor so as to give his coronary arteries a rest from his Heidelberg practice.¹¹³ As it turns out, the return voyage from Mexico to Germany is anything but restful. One of the steerage passengers drowns,¹¹⁴ two ghastly children disrupt normal shipboard activities,¹¹¹ and widespread drunkenness leads to fights and severe injuries.¹¹⁵ Most disturbing to the doctor's peace of mind is the effort of having to deal with the amorous designs of "La Condesa," an attractive, middle-aged, drug-addicted, promiscuous woman, who summons him to her cabin on the pretext that she is seriously ill.¹¹⁶ The first encounter between the doctor and his patient ends in an injection of a sedative and a victory for virtue. The Condesa's declaration "I adore you" and her shameless gestures earn her a reprimand "stop that nonsense" followed by the doctor's hasty retreat to his own cabin where instead of entertaining lecherous notions he lies down with "his rosary between his fingers." At their next meeting the doctor seems to enjoy the company of this woman who shares none of his beliefs. He even permits her to fondle him in public.¹¹³ This second encounter ends not in sex but in a surrogate activity – yet another injection.

"As he approached the side of her bed, needle poised she dropped back on her pillow and gave him a melting glance of confidence. They smiled at each other lovingly as he took hold of her upper arm."¹¹³

More injections follow with multiple “medical” visits to La Condesa’s cabin.¹¹⁷ The affair is not consummated in the physical sense but the doctor, jealous of the Condesa’s younger admirers, manages to have her confined to her cabin and puts a stop to visits by “disrespectful” youths, ostensibly on medical grounds.¹¹⁷ He confesses his lust to Father Garza, one of the Spanish priests on board,¹¹⁷ who thoroughly approves of the way La Condesa’s is being “treated.”¹¹⁸ Imprisoned and drugged she is unlikely to tempt the doctor or anyone else on board.¹¹⁸ Schumann continues to feel guilty over the mismanagement of his patient.¹¹⁸ He has not fully succumbed to the Condesa’s physical charms but “he had taken advantage of her as a prisoner, he had tormented her with his guilty love and yet had refused her – and himself – any human joy.”¹¹⁹ His attempt to make amends for his medical transgression fails miserably.¹¹⁹

A few female patients engaging in amorous advances actually finish up in the doctor's bed, temporarily or long-term, with or without benefit of clergy. Mostly, the initial encounter occurs under unusual circumstances rather than in traditional medical settings.

During a cruise⁷³ some forty years after the voyage of the *Vera*,¹¹¹ Pauline Triffett, a bisexual nurse whose Lesbian friend describes her as a “bit of a nymph,” uses the disrobing approach to display her charms and to seduce Daniel Dempsey, the ship’s doctor.⁷⁴ (see also p. 206). Pauline begins by getting rid of the chaperone.

"She stared round the small surgery ... and asked without preamble: 'Does she have to stay?' Dempsey said: 'Sister Kalogeropoulou is as competent as I am.' The girl insisted without a qualm. 'I just don't want her around. Hell, isn't anything private?'⁷⁴ [Dr Dempsey reluctantly requests the nurse to withdraw and] asked wearily ... 'What's the matter with you?' The girl almost turned on him. 'What d'you mean, what's the matter with me? You know what's the matter. I could see you did as I came in. And you disapprove because it's emotional ... ' 'Let's say then, what can I do to help you?' 'God only knows,' the girl said candidly. 'I'm going to strip off. Any objection?' ... She left a very brief pair of pants on. 'You can take those off if you want to,' she remarked."⁷⁴

Dempsey manages to ward off Pauline's "opening gambit" but she ultimately succeeds in seducing him.¹²⁰ Subsequently, she sustains a head injury and develops an extradural hematoma which is skillfully and implausibly relieved by Dr. Dempsey, who actually

contemplates marrying this woman. He entertains some residual misgivings. "What would his patients and staff say ... when this cheeky ridiculous thing became his wife?"¹²¹

Young Dr Herndon,¹²² the only physician in "Alpine Village," (see also Chapter 4, p. 180) is seduced during a house call. Wilhelmina ("Billy") Craddock summons the doctor to her home because she is allegedly too ill to drive to his office. When he arrives at "Twenty-One Lakeside Drive," he sees a note protruding from the mailbox: "Please come right in, I am in the bedroom at the top of the stairs." He finds a beautiful young woman with non-specific symptoms (headaches, dizziness, diffuse pain) and no abnormal physical signs except for an old scar on her wrist, dating from a suicide gesture. Wilhelmina "had told him she was alone in the house but he would have felt more comfortable if a husband or mother had been present." Doctor Herndon is unable to come up with a diagnosis and mutters something about migraine or tension headache. The doctor rises to go. "She reached over and with surprising strength pulled his shoulders down with both hands until his face was only a few inches from hers. 'I saw you at the gas station once. I don't think you saw me. I'm lonely here and I'm frightened.' She leaned forward until their lips were no more than an inch apart. He tried to pull back but her grip was too strong." The doctor protests that he is happily married but he visits Wilhelmina several more times and on the fourth visit he "shed his own clothes and took her standing up next to the bed." The affair, which goes on for some weeks in spite of Doctor Herndon's qualms and the cooling of Billy's ardor, is finally terminated when she becomes ataxic, develops visual difficulties and is found to suffer from "a brain tumor - benign." Herndon is subsequently held responsible for his misconduct. After her successful operation, Billy accuses him of taking advantage of her. "How many sick women, Doctor, hysterical and frightened and lonely women have you slept with?" The doctor lamely protests that she is the one who had made the advances, but she does not accept this excuse. "You're a doctor. You knew I was sick and irresponsible. No matter what I said or how I acted, you ... should have controlled the situation."¹²²

Dr George Bull, in Cozzens' *The Last Adam*¹²³ is seduced by a patient's daughter, also during a home visit, but the affair prospers and the question of impropriety is never

raised. Bull, the main character of the novel, has known Janet Cardmaker for years "in the sense that it is possible to know a child."¹²⁴ She is now eighteen, he is thirty-nine and while "his head was as active as most men's on the subject ... the idea of seducing Janet had never entered it. ... She had grown into a big, plain, dark girl and ... could be expected to order her life on the accepted lines of a dreary ... virtue." Janet's father, James Cardmaker is suffering from some kind of peripheral neuropathy and Doctor Bull comes over once or twice a week, giving treatment orders to Janet. On one particular occasion he has just left Mr. Cardmaker's room when she comes towards him in the passage and says: "This is my room. Come in a minute." "What do you want?" ... Janet simply said: 'Go on. Go ahead.' Even her own ignorant awkwardness did not disconcert her. It was his problem, not hers; and to the solution he found, she assented with a violent, inexpert willingness." The two remain lovers for many years with Dr Bull never tiring "of Janet's vital, almost electric sensuality."¹²⁴ They never marry.

After a suicide bid, "mindless and persistent" Mabel Pervin ¹²⁵ comes up with a deadly serious proposition which will have major effects on her life and the life of the doctor. Mabel, who is being evicted from her home, has decided to drown herself rather than accept her sister's cold charity. She is rescued and resuscitated by Dr Jack Fergusson who is friendly with one of her brothers and who called her "Miss Pervin" until that morning.

"When he rescued and restored her he was a doctor and she was a patient"¹²⁵ [On regaining consciousness] she saw her clothing lying scattered. 'Who undressed me?' she asked ... 'I did,' he replied, 'to bring you round.' For some moments she sat and gazed at him awfully, her lips parted. 'Do you love me then?' she asked."¹²⁵

At this moment Fergusson's medical training and common sense fails him. Instead of some harmless remark which would have defused the situation, Fergusson allows the half-naked, agitated girl to

"put her arms ... round his legs as he stood there pressing her breasts against his knees and thighs, clutching him with strange, convulsive certainty ... triumphant in first possession ... He had never thought of loving her ... It was horrible to have her there embracing his knees ... He revolted from it, violently. And yet ... he

had not the power to break away."¹²⁵

The story ends with a mutual declaration of love and a promise of marriage even though Fergusson is already aware of the incongruity of the entire affair. "That he should be ripped open in this way. Him, a doctor. How they would all jeer if they knew."¹²⁵

The seduction scene in Act Four of O'Neill's *Strange Interlude*¹²⁶ is quite unique. Dr. Edmund Darrell ("Ned"), a medical family friend, has been summoned by Sam Evans to have a look at his wife Nina, who is unwell. Can the doctor help diagnose and treat Nina's problems? When doctor and patient are alone, she tells him that multiple members of Sam's family have become insane in mid-life, that Sam is quite unaware of this dreadful history, that there has to be a baby to keep the marriage intact, and that she plans to have herself impregnated by a healthy man who finds her "not unattractive" and who will understand her moral scruples. Can the doctor suggest a suitable biological father for the Evans' baby?¹²⁶ The third person conversation is soon abandoned and the doctor, who loves Nina, agrees to serve as the biological father. He is punished for his boundary transgression by the irrational and implacable hatred of Gordon Evans, his natural son, the offspring of his act of adultery.

Linda Reichman in *The Dice Man*¹²⁷ manages to seduce Luke, her psychiatrist, without a great deal of effort and during an office visit. Linda "a slender rich young girl ... had spent her last four years in Greenwich Village doing all the things rich, emancipated girls think they are expected to do in Greenwich Village ... Linda loved to talk about herself, particularly her promiscuity and her indifference to and cruelty towards men."¹²⁸ She complains that "psychiatrists are ... priggish little voyeurs and ... the biggest phonies of all ... I've twitched my butt at you, flashed a little thigh and you pretend you don't know what I'm doing ... I'd like to feel your prick."¹²⁸ Luke, instead of throwing Linda out at this moment (or sooner), protests half-heartedly that he has his ethics to consider. She taunts him by suggesting he might be a homosexual: "unless you're a fairy like another headshrinker I know,"¹²⁸ and goes on to declare: "I think it would be good for both of us if we got to know each other physically."¹²⁸ The psychiatrist who until then "had not

responded ... sexually ... to any female patient ... despite writhings, declarations, propositions, strippings and attempted rapes," allows Linda to take off all her clothes and to finger him unprofessionally.¹²⁸ The union is not consummated (entirely) during this particular session.

Dr. Alexander Addams' unnamed patient,¹²⁹ whose advances are exceptionally blatant, obtains gratification, on the office couch, at the first attempt.

"One afternoon a patient, an attractive woman, sent to him for consultation from out of town, made unmistakable overtures which he ignored. He had finished his examination and decided to dismiss her; there was no pathology ... He went into his office, leaving her in the examining room to dress, and he was arranging the papers on his desk, preparing to leave after a talk with her, when she reappeared in the doorway. She had not dressed; was in fact quite naked. Did he not want her? ... [Alexander, whose sexually unsatisfactory marriage is about to fall apart] said of course he wanted her, yet there was her husband coming to call for her, probably sitting out in the waiting room already. She ignored his reminder and insisted: did he not want her? So he took her ... fired ... with the desire to prove beyond doubt his ability to rouse a woman to ecstasy. ... [H]e succeeded perfectly; so perfectly that he had difficulty in persuading her that she must return home at once to the care of her physician. He went out to impress this on the undistinguished man who stood waiting, hat in hand and listened respectfully to his advice; and Addams, speaking coldly, thought of the enormity of the mad risk to which his torment had driven him..¹²⁹

Faults on Both Sides? The Doctor is Always Guilty.

Some doctor-patient affairs are presented as aberrations that began so long ago that it is impossible to determine how the liaison began. Others show both parties equally keen to commence a self-destructive course of action. Regardless of the willingness of the patient, the concept of "consenting adults" does not apply in this type of relationship, and it is always the doctor's responsibility to prevent sexual contacts.

Lawrence Sanders' Dr. Simon Ellerbee,¹³⁰ a psychiatrist, becomes sexually involved with one of his patients, a mousey and dependent woman who makes a welcome contrast with his intelligent, independently wealthy and strong-willed wife. The details of the romance are not revealed but Dr. Ellerbee is roundly condemned for "a horrendous breach of

professional ethics."¹³¹

Dr. Will Kennicott's¹³² peccadillo with Maud Dyer, one of his patients who is also a family friend, is reported non-judgmentally. However, Sinclair Lewis evidently admires Kennicott's professional self-respect and common sense that make him refuse her request for a physical examination, which is not indicated.¹³³

Dr Jules Segal in Puzo's *The Godfather*¹³⁴ tells his girl-friend Lucy Mancini (who is also his patient) that he proposes to write a paper about his sexual gratification before and after her genital prolapse operation. "Baby, I'm going to build you a whole new thing down there and then I'll try you out personally. I'll be able to write a paper on it."¹³⁵ Segal, who knows no more about writing scientific papers than he does about medical professionalism, is appropriately based in Las Vegas.¹³⁵

The relationship between Dr Leighton Banning¹³⁶ and Cindy Masters is obviously on the way towards becoming strictly unprofessional. Cindy "a damn good-looking piece" is recovering from a uterine prolapse operation performed by Dr Banning.¹³⁷ His behavior is particularly reprehensible, because it involves unnecessary surgery.

"It hadn't really been necessary, but she had insisted that it interfered with intercourse. Leighton knew she had come week after week and undergone the unnecessary surgery – because of him.[The patient is now recovering from the operation and Dr Banning is visiting her in hospital.] ... He ... pulled a chair up alongside the bed. He took the hand she offered him. 'You look fine,' he said. 'When you dismiss me and I'm not your patient any more, maybe you'll find something nicer to say than that,' she said in a distressed tone. She shrugged her shoulders so that the bed jacket fluttered and revealed a barely covered breast. 'Your incision bothering you?' he asked in a professional manner. 'Not really,' she answered. 'It just ... I know it's there if that's what you mean. Of course I won't really know if the operation was a success until ...' She let her voice trail off and lowered her eyelids ... [then] raised them and looked at him boldly."¹³⁷

Dr. Banning, a weak man currently beset by other problems, does not rise to this particular occasion despite the obvious invitation.

Choromanski's *Jealousy and Medicine*¹³⁸ which is set in pre-World War II Poland,

describes an affair between a middle-aged surgeon (Dr Tamten) and his patient (Rebecca Widmar), both of them exceptionally promiscuous individuals. Tamten is a chronic philanderer who does not become emotionally involved with his sexual partners and who declares openly that he is not interested in women's brains. "I think a woman has more interesting organs."¹³⁹ Tamten is also a reasonably skilful albeit a somewhat coarse surgeon. "He loved to operate. It was the second best thing in the world."¹⁴⁰

Rebecca Widmar, Dr Tamten's femme fatale,¹⁴¹ is a married woman engaged in several amorous adventures. When one of her escapades¹⁴² results in an ectopic pregnancy, Tamten is summoned to her home, where he almost immediately becomes fascinated by her shameless and seductive gestures.¹⁴³ The temptation towards intimacy becomes irresistible when, after the operation, the surgeon and his patient share her guilty secret,¹⁴⁴ which they withhold from her suspicious husband. Rebecca resumes her familiarity with army officers,¹⁴⁵ she develops pelvic inflammatory disease,¹⁴⁶ but Tamten, the former "man of the world" is besotted with her and even becomes possessive.¹⁴⁷ Choromanski hints that Dr Tamten's unhealthy and illicit relationship with his former patient is symptomatic of his general decline.¹⁴⁸ His surgical skills are waning¹⁴⁸ and on the fateful day when the jealous husband is waiting to confront him outside the operating room, he perforates a major blood vessel of one of his other patients and is unable to stop the hemorrhage. "Tamten rushed through the doorway ... covered with blood from head to foot ... Widmar ran after him ... He overtook Tamten and ... seized him by the bloodstained sleeve. 'I know where your hideaway apartment is' he said." Tamten, who can think of nothing but his surgical disaster, shouts "something in Latin" and disappears.¹⁴⁸

Ravin's Dr Benjamin Abrams¹⁴⁹ also becomes inappropriately entangled with a willing female patient (Maureen Banting). The two happen to meet in a bar¹⁵⁰ and within a very short time they drive to his home where Maureen asks "Do I get a tour or do we go straight to bed?"¹⁵¹ After some interruptions by telephone calls from the emergency room, the doctor and his patient consummate their non-clinical relationship under the shower and in bed.¹⁵² Maureen continues to consult Dr Abrams for her medical problems

but expresses considerable misgivings about her ambiguous "under the doctor" position.¹⁵³ "One moment you're all doctor, the next [the] jealous lover." She does not lodge a complaint with the medical licensing authorities but, instead, tries to poison him,¹⁵⁴ and subsequently decamps with a former lover (whom Abrams has previously treated for impotence¹⁵⁵). Maureen evidently feels more comfortable with an impotent patient than with her virile doctor.

Kipling's story¹⁵⁶ of the scheming surgeon and his affair with the wife of a dying patient is presented as a clear breach of trust. The patient "Sir Alured Castorley" who is writing a learned critique of a literary work (unaware that it is a fraud) turns out to be a gullible character who accepts the advice of a doctor who is also a fraud. Castorley, suffering from renal carcinoma, accepts the diagnosis of gall-stones, despite his manifest deterioration. He is grateful for the doctor's permission to let him work on his magnum opus "from four to six twice a week", the times set aside for clandestine meetings between the doctor and Lady Castorley. At the cremation "as ... the coffin crawled sideways through the noiselessly-closing door flaps, I saw Lady Castorley's eyes turn towards [Dr] Gleag." ¹⁵⁶

Dr Joseph Womack¹⁵⁷ first meets "Marie," at the hospital neurology clinic where she attends as a patient. She complains of headaches and an unrewarding marriage and he "had taken the time to listen ... What physician can resist beautiful legs, nervously crossed, heaving breasts, warm tears in bright eyes?" Decorum is preserved during the clinic visit but Marie senses the doctor's amorous inclinations, and memorizes his address from the name tag on his black bag. A few days later she turns up on his doorstep "with a bottle of Burgundy and her beautiful body ... within minutes we were in bed."¹⁵⁸ The relationship with the manipulative and emotionally unstable Marie turns into a major disaster.

Transgressing Female Doctors are Treated Leniently

Several accounts of doctor – patient affairs, initiated by female doctors are described as

romantic events and without disapproval. Dr Thomas More in Percy's *Thanatos Syndrome*⁹² who succeeds in warding off the amorous advances of Donna Stubbs⁹³⁻⁹⁶ (see page 207) finds himself at the receiving end during a second sexual encounter, this time as a patient and as a very willing victim.¹⁵⁹ The perpetrator is Dr Lucy Lipscomb, a female medical colleague ("the sort who likes the upper hand"¹⁶⁰) and who advises Dr. More that he requires an ophthalmoscopic examination.¹⁵⁹ "I sit on the table, knees apart. With me sitting and her standing we're of a height. I make as if to get my knees out of her way but she's already between them. She examines my eye grounds. The lance of the brilliant blue-white light seems to probe my brain. When she changes from my right eye to my left we are face to face ... I feel the radiation of heat from her cheek and once, the touch of down. She doesn't wear perfume. Her breath is sweet."¹⁵⁹ The two go on to a more intimate relationship soon afterwards.

Dr. Kay Scarpetta, Cornwell's forensic pathologist,¹⁶¹ who assumes the role of a healer when the opportunity arises, takes care of FBI unit chief Benton Wesley during a murder investigation.¹⁶² Wesley has sustained multiple lacerations during a fall through a glass door.

" 'Benton, we've got to do something about your bleeding.' 'What do you suggest?' 'Look that way for a moment.' I directed him to turn his back to me. He did not question why as he complied, and I quickly stepped out of my shoes and hiked up my skirt. In seconds I had my panty hose off. 'Okay. Let me have your arm.' I tucked it snugly between my elbow and side as any physician in similar circumstances might. But as I wrapped the panty hose around his injured hand, I could feel his eyes on me. I became intensely aware of his breath touching my hair as his arm touched my breast and a heat so palpable I feared he felt it too spread up my neck. Amazed and completely flustered I quickly finished my improvised dressing of his wounds and backed away."¹⁶²

There is more excitement to come. Instead of taking Benton to a hospital or to a "proper" doctor, Kay decides to set up an emergency department in a motel.

"I headed into the bathroom ... We stood side by side at the sink while I washed his wounds with warm soapy water. I was as gentle as possible and he did not complain. Looking at his knee, I added 'Sit here.' I lowered the toilet lid. "Do you want me to take my pants off?' 'Either that or we cut them.' He sat down ...

With a scalpel I sliced through the fine wool fabric of his trouser leg while he sat very still, his leg fully extended. The cut on his knee was deep."¹⁶²

Dr. Scarpetta leads Benton back into the bedroom to suture and bandage his wounds. In due course, the improvised examination couch reverts back to its role as a motel bed and the two of them make love. "We were tender with his wounds but not deterred by them."¹⁶²

Dr. Susan Lowenstein, the psychiatrist in *Prince of Tides*¹⁶³ (see Chapter 1, pp. 29-30) who has summoned Tom Wingo from Charleston to New York so as to discuss his psychotic sister, takes him out on dinner dates where their professional relationship becomes firmly unprofessional.¹⁶⁴

Baseless Claims and Boasts

The disgruntled patient in Sara Paretsky's *Toxic Shock*¹⁶⁵ has clearly concocted her unfounded accusations against a female physician. Gustav Humbolt, a scheming industrial tycoon tries to blackmail Detective Victoria Warshawski by producing a patient who alleges that Victoria's friend, Dr Lotty Herschel, has indecently assaulted a young patient.¹⁶⁶

'This is Mrs. Portis, Ms Warshawski. Her daughter was a patient of Dr Herschel. Isn't that right Mrs. Portis?' She nodded vigorously. 'My Mandy. And Dr Herschel did what she should have known better than to do, a grown woman with a little girl. Mandy was crying and screaming when she came out of the examining room, it took me days to get her settled down and find out what went on. But when I found out -'¹⁶⁶

Humbolt threatens to find other worried mothers whose daughters Dr Herschel has treated. "After all, Dr Herschel is almost sixty and has never married - a jury would be bound to suspect her sexual preferences."¹⁶⁶ Dr Herschel's version is that Amanda Portis who was eight at the time "was throwing up a lot. I suggested psychological problems and [Mrs. Portis left] in a huff." In the end "Mrs. Portis loses interest in bringing charges" against Dr Herschel.¹⁶⁶

Helga Pilkowski in Konsalik's *Doctor Erica Werner*¹⁶⁷ a bisexual prostitute, is currently in jail for stealing a wallet from one of her clients. She has a self-inflicted wound on her arm and is being examined by Dr Peter Rumholtz, The doctor palpates the swollen area..” ‘Does that hurt?’ he asked. ‘Nah!’ Helga gave a broad grin, ‘Never hurts to get a bit of a squeeze from a man!’¹⁶⁸ Helga is not in a position to pursue Doctor Rumholtz or to make any complaints against him, and the matter goes no further.

Dr Christopher Masters (“Kit”)¹⁶⁹ is very decorous and circumspect when examining “Aleena,” a teen-age Polynesian princess. He makes sure the child's mother remains in the room throughout the procedure, and he does not look at the front of Aleena's chest.¹⁷⁰ When “Mana,” Aleena's stepfather (who harbors evil designs on her) insinuates that Masters behaved improperly, the doctor deliberately makes up a sexually exciting story, designed to provoke Mana. “ ‘What exactly did you do to her?’ Suddenly I felt a surge of anger. ‘What exactly did I do? I had to examine her thoroughly especially ... around the breast area. ... Mostly with my stethoscope ... but it's also important to check the breast area with your hands.’ ”¹⁷⁰(The encounter leads to Masters ceasing to be Aleena's medical attendant).

William Gaddis’ “Anselm”¹⁷¹ who claims to have studied medicine, and who sports a stethoscope,¹⁷² claims that he goes up “to this hospital” where he poses as a physician and engages in criminal misconduct. “ ‘You should see some of the handfals I’ve had that way. This afternoon was the best yet.’ He brandished the stethoscope. The end flew past Stanley’s chin. ‘This blonde, this terrific blonde. I gave her a three-and-a-half grain shot of Sodium Amytal and then I climbed in and gave her the business.’ ”¹⁷² The story is obviously a complete fabrication. Apart from Anselm’s implausible behavior at “this hospital,” he has never studied medicine. In the extremely unlikely event of this pimply poet¹⁷³ ever gaining admission into a medical school, he would have castrated himself after the first anatomy demonstration.¹⁷⁴

Same Sex Transgressions

Reade¹⁷⁵ describes, without comment, a Lesbian relationship between "Doctress" Rhoda Gale and one of her patients.¹⁷⁶ (See also p. 10.) Inappropriate relationships between male homosexual physicians and their male patients appear, at the time of writing (2013), to be commented on only in collections of tasteless jokes.¹⁷⁷ Dr. Palfrey, of the "Eastershaws" asylum¹⁷⁸ who obtained his medical degree at Edinburgh University in 1899 displays several homosexual mannerisms and "detests all women." The only time he makes physical contact with a patient, Palfrey places "a companionable hand" on the shoulder of a chess player, but there is no hint of any inappropriate behavior.¹⁷⁹

The deregistered Lesbian gynecologist in Jolley's *Palomino*¹⁸⁰ gives her current girlfriend a vaginal examination (for medical indications).¹⁸¹

"The examination ... was gentle and slow like the tender preludes to our lovemaking. 'Everything seems absolutely normal,' she announced. [The "patient" is intrigued.] 'Were you like [this] with all your patients?' 'Now what do you think,' she laughed and then she said, 'sometimes ... it did happen that a woman, perhaps a very lonely woman, took the examination as a caress. When I felt this, I was touched.' "¹⁸¹

The ambiguous activities of Dr Jerry Thorpe, Slaughter's homosexual gynecologist,¹⁸² which allegedly secured him a great following among the wealthy "Gulf City" women, have, so far, not led to any complaints.

" 'All Jerry's women patients love him ... From what some of my menopausal friends tell me, he gives them more of a thrill on the examining table with a speculum and two fingers than most husbands are able to do on a Saturday night.' "¹⁸³

Doctor-Patient Marriages.

A few male fictional physicians succumb to the "Pygmalion"* syndrome¹⁸⁴ and go on to marry young ladies who have been dangerously ill and who have been restored to full health by the doctors' heroic efforts. An example of the physician who falls in love with

* Pygmalion, a sculptor uninterested in women, falls in love with one of his own statues.¹⁸⁴

his “creation,” is to be found in *The Long Road Home*¹⁸⁵ which tells the story of Gabriella Harrison, who is battered as a child and as an adult. Gabriella arrives in the emergency room unconscious and on the point of death but is saved by the skilful treatment of Dr. Peter Mason. After her recovery the two fall in love and begin a new life together.

The relationship between Dr. Josef Zeppichmann,¹⁸⁶ the lone researcher (see Book 3, Chapter 6) and his patient, Minna Wersen, is somewhat more complicated, but also involves a doctor who comes to love his own handiwork. Minna starts off as a disgruntled domestic servant at Josef’s boarding house. She suffers from advanced pulmonary tuberculosis¹⁸⁷ so that during their first medical encounter, her constant cough and her wasted body make any lecherous thoughts impossible. Quite the reverse, Josef regards her as an experimental specimen, “a decrepit parcel of humanity.”¹⁸⁸ She has to be handled differently from his rats, but her fate is only of scientific interest (“the individual does not matter”). From Minna’s point of view, Josef is just another authority figure to be obeyed, deceived and detested. However, she is rescued from almost certain death by Zeppichmann’s toxic, experimental drug which makes her very sick before causing the lungs to heal. During the next few months, while Minna improves, both the doctor and the patient gradually change their attitudes. Minna comes to recognize the doctor’s dedication,¹⁸⁹ while he begins to appreciate her as a human being with hopes and fears.¹⁹⁰ When physical contact finally occurs and she brings her “thin left arm” across his face, Josef is reminded of “a sleeping child clutch[ing] a woolly bear.”¹⁹¹ After much suffering, the two of them escape from Nazi Germany but Josef dies¹⁹² and their long-awaited holiday never materializes.

At least three medical characters^{73, 193, 194} marry or consider marrying their patients after successful neurosurgical procedures, two of them involving the restoration of the patient’s sight.

Rare doctor-patient marriages are brought on by financial rather than narcissistic considerations.¹⁹⁵ One can only speculate whether Dr Richard Diver¹⁹⁶ would have married his patient, Nicole Warren, if she had been fathered, brought up and sexually

molested by a poor factory worker rather than the immensely rich Devereux Warren.

“Le Docteur Herbeau”

One of the most detailed and convoluted plots involving romantic relationships between physicians and patients is to be found in Jules Sandeau’s *Le Docteur Herbeau*.¹⁹⁷ This satirical novel, which was published in 1841, but is set in the 1810’s and 1820’s, has as its main characters Dr Aristide Herbeau (MD, Montpellier),¹⁹⁸ his young competitor Dr Henri Savenay (MD, Paris)¹⁹⁹ and Louise Riquemont,²⁰⁰ who has been suffering from ill-defined complaints since her marriage, two years earlier. Louise, from a good family and well-educated, is dissatisfied with her boorish husband who is twice her age²⁰⁰ and more interested in his horses than in her.

Dr Herbeau is summoned to deal with Louise and her various symptoms, which he is unable to recognize, let alone cure.²⁰¹ However, Louise enjoys the doctor’s twice weekly visits which provide her with the only intelligent company available, and allows herself a somewhat flirtatious conduct towards him.²⁰² The simple 50 year old country doctor whose clothes, notions of chivalry and medical ideas belong to the previous century, misinterprets Louise’s gestures and comes to believe that their relationship may develop into an amorous affair. Of course when the rendez-vous finally takes place, he has no idea of how to behave.²⁰³ Louise remains technically “innocent” but her husband has his doubts concerning Herbeau’s competence and intentions, and insists that her medical treatment be taken over by Dr. Savenay.²⁰⁴ Louise, who is physically attracted to the handsome and charming young man, initially insists on remaining under the care of Dr Herbeau so as to avoid temptation. However when the older doctor retires from practice, she has no choice, and Dr Savenay takes over. Within a year of changing doctors, she regains her health,²⁰⁵ presumably due to the young man’s “treatment.”

Le Docteur Herbeau is remarkable not only for its date of publication but also for its treatment of the two physicians. Herbeau, whose behavior remains correct (despite his ridiculous romantic ruminations) fails in everyone of his endeavors. His family life is

miserable (see Book 2, p. 15) his finances are ruined by his profligate son (see Book 2, p. 77) and his star patients (Louise) does not improve. Dr Savenay, the adulterer, is highly successful in his professional and personal life and is rewarded rather than punished for his impropriety.

The Rarity of Transgressions

Despite all these instances, sexual contacts between doctors and patients remain relatively uncommon in fictional literature. Many of the transgressions presented in this chapter involve physicians well outside "mainstream medicine" such as Doctors Basch,⁴² Segal¹³⁵ and Reefy⁶⁴ or atypical geographic settings such as a jail,¹⁶⁸ a cruise-ship,⁷³ a motel¹⁶² or D H Lawrence's post-resuscitation scene.¹²⁵ The perception of the physical examination as an act of indecency,²⁰⁶ and the "peep-shows" described by Garcia-Marquez⁶² and Rushdie⁸⁷ are set in semi-developed countries where the sanitized physical examination has not yet become standard practice and where "nakedness" is equated with "sin."

Other sexual encounters between doctors and patients involve individuals who have known one another in non-medical surroundings. Dr Scarpetta's panty-hose therapy¹⁶² is directed towards a friend and colleague. The erotic ophthalmoscopic encounter between Dr. Lucy Lipscomb and her patient (Dr. Thomas More) concerns two medical practitioners who are "kissing cousins" and who have known each other well, prior to the incident.¹⁵⁹ Dr. John Buchanan's pseudo-examination of Alma's chest involved a next door neighbor who has harbored an immature schoolgirl "crush" on John for years.⁷¹ In each of these cases the medical activities are the result rather than the cause of the sexual fantasies.

Summary

Physicians are priestly figures who are not allowed to harbor lecherous thoughts about their flock. Real or imaginary sexual encounters between doctors and patients occur, but

such events are generally perceived to constitute deviant behavior, both in real life and in fiction.

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CONCLUSIONS

Fictional literature tends to follow attitudes and practices of the real world, albeit with a delay of some decades. In the case of gender-related issues such as women doctors, nurses, and female patients, the vast sociological changes of the last 140 years are either ignored or remain contaminated with misogynistic prejudices of earlier ages. These prejudices are not as crude as those expressed by Charles Darwin,¹ Friedrich Nietzsche² and Otto Weininger,³ but the large majority of female characters display unattractive gender-related traits. Female authors display anachronistic attitudes that do not differ substantially from those of their male colleagues.

Female doctors are shown in several stereotypes, none of them conducive to good medical practice. Many male doctors are also portrayed negatively, but perceived feminine flaws set women aside from “regular” physicians and define them not only as alien,⁴ but also as less capable and less dedicated than their male colleagues. Nurses (almost all of them female) are castigated both for being young and attractive and for being middle aged and ugly. The young ones are innocent and ignorant or while their middle-aged colleagues are half-educated and locked into rigid protocols, which they are unable to vary according to circumstances. Most fictional nurses fully deserve their lowly status in the medical hierarchy. Female nurses continue to be regarded as sex-objects whereas male nurses are portrayed as homosexual clowns.

Female patients are regarded as a threat to male doctors whom they try to involve in illicit relationships.

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* Most 19th and early 20th century doctors are classified as “general practitioners.”

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