

of her learning, fear lest the wife or the mother should be set aside, and her simple home services superseded in favour of the sterner teachings of science. Of all the difficult tasks that fall to a Nurse there is none, I suppose, harder than this: to conciliate relatives and disarm suspicion, while, at the same time, maintaining proper control over the patient; to carry out her instructions, and do her duty, with the least possible interference with the family life and habits.

Nothing is less suited to cope with these difficulties than professional pedantry and assumption. If our modern training of Nurses, with its greater precision and more elaborate detail, tended to foster any such temper, it would be a grievous, palpable failure. The true aim of such training, and the best proof of its success, will appear in that quiet, unobtrusive bearing, which is a woman's best ornament everywhere. And it finds expression in simple speech. The Doctor's vocabulary—which none need covet for its intrinsic excellence—is not that of the Nurse; it is agreeably relieved by the voice of pure English.

This same simplicity of speech and conduct serves in everything to indicate the Nurse's true position. Nurse and Doctor meet together for a common object; an object which, while it modifies some of the conventional usages of life, does not alter one whit that reserve and deference which the one sex owes to the other. Simple and natural speech is the outward, audible sign of this relationship; and with the young Nurse, more especially, it serves to remove, or rather to prevent, any embarrassment which the mere novelty of her position might otherwise occasion.

I do not attempt to deal now with matters more subtle than these in the relationship of Nurse and Doctor, and in the moral education that comes to both from the work in which they are associated. No more from the tending of the sick than from other human pursuits can we shut out social distinctions and accidental differences of class and culture. But in your profession, and in mine, such distinctions and differences have the least place, so nearly are they effaced by those stern realities of suffering and death, in whose presence all mankind are equal. The habit of sympathy, of compassion, of regard for others possesses the mind and moulds the character better than all the graces of conventional courtesy.

Thus far I am speaking generally. Coming to particulars, we encounter certain matters of detail which, for the most part, seem to settle themselves so soon as we are agreed upon main principles. Thus, for example, in the distribution of labour, we say generally the Nurse observes and reports upon the patient's condition, and administers what the Doctor prescribes. But, strictly speak-

ing, she neither observes, or reports, or administers in all respects. In your Association rules, for instance, it is made part of a Nurse's duty to count the pulse—a wise and necessary requirement, which, nevertheless, would have surprised the old physicians. But while you are trusted so far, yet with the *character* of the pulse, its length, quality, and tension, you have nothing to do. Might not the same finger that counts the beats be trusted further to appreciate the resistance of the arterial wave and the volume of the blood stream? Nevertheless, few will doubt the wisdom of the existing arrangement. True, the Doctor, who trusts the Nurse in regard to the pulse rate, might trust her further to estimate its other characters. Only here is his proper business, part of his own share in the work, no less than is the physical examination of heart or lungs.

And so of the administration of drugs. It is not yours wholly. Hypodermic injection, for example, is, or ought to be, solely in the hands of the Doctor. Not that the Trained Nurse would be less handy or less careful than he, but from considerations of another sort. It might be urged, indeed, that the administration of drugs by the skin is an operation of that kind which law and custom assign to Medical hands. But with much greater force, I think, it may be urged that hypodermic injection (which means in especial, administration of morphia) is left to the Doctor out of consideration both for Nurse and patient. Once the injection-syringe is in the keeping and control of the Nurse, and she becomes liable to continual harass and importunity on the part of the patient, tempted, it may be, to make use of this potent agent for pain-killing against her better judgment. It is in her own interest, therefore, that the instrument is kept out of reach. And not hers only. It is our duty, both Doctors and Nurses, to protest against this modern form of opium eating, against the free and unrestricted use—often the self-use—of the morphia syringe.

Such limitations then as these are dictated by public policy; there is proof enough, notwithstanding, that in matters quite as delicate as hypodermic injection or the measuring of arterial tension, the Doctor of to-day reposes full confidence in the fidelity and intelligence of the Nurse. Witness temperature taking. The daily and hourly record of the body heat (sometimes under conditions of great difficulty, restlessness, delirium, children's ill-temper; always under conditions that make large demand upon time and patience) is left entirely in the hands of the Nurse. And I can say that it is a work of which she never tires. Six times, twelve times a day, even twenty-four times, it may be, in as many hours, is the thermometer applied. If that labour were done by men, I think we should

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