

as a rule, in a hurry to be at work again. The patients, I write after twenty years' experience, are most kindly treated, but they are not encouraged to indulge in that morbid self-sympathy to which the English are especially prone in sickness, rather every good Sister tries to keep her ward bright and cheerful, to rouse the depressed patients, and to induce the chronic grumblers to forget their own woes, when they see others bearing them with patience. The mental and moral discipline is almost as important a factor in a ward as the physical treatment. But mental and moral discipline is quite the last thing a private patient or her friends desire.

In fact it is often most difficult to find out what private patients—and more especially their friends—do desire. Miss Johnston owns that hospital nurses have "saved many lives," but that seems to her a mere detail, she complains bitterly of their want of sympathy, whilst in the next paragraph she states that they often obtain "undue influence" over their patients. May I point out that here lies the crux of the whole situation, here is the Scylla and Charybdis of the private nurse. A nurse, a good nurse, comes to a house fully determined to do her duty professionally—to pull her patient through; she studiously refrains from usurping the relatives' place, from feigning a personal sympathy which it is impossible to feel, she sits up more hours than she would ever be called upon to do in a hospital, she labours in ways quite unintelligible to the friends for the patient's good, but she has learnt in her training that it is "bad form" to talk about these things, and she declines to gossip with the friends; she is dubbed "a good nurse, but cold and unsympathetic, a hard woman." Another nurse, who is naturally of a more emotional temperament, arrives at a house and finds herself in sympathy with her patient, she nurses him or her well, at the same time giving personal sympathy and compassion to the case, the patient learns to depend on her for all his comfort, for his restricted sick-room interests, and finds her either more soothing or more amusing, as the case may be, than his friends. The nurse has then provoked the jealousy of friends and relatives, and "gained undue influence over her patient." If the nurse pleases her patient and gains his sympathy, she runs the risk of rousing the evil demon of jealousy amongst his friends, if she is professional, cool, and indifferent, she is dubbed hard-hearted and cruel.

You are not always praised for your best work—and you are not always blamed for your worst.

Nursing ethics—what are they? Do they really exist? There is the etiquette of the hospital, the etiquette of the private nurse, the etiquette in the relations between nurse and doctor, the etiquette between a nurse and patient,

all may be laboriously learned—are they nursing ethics? It seems to me that nursing ethics—nursing good manners and morals—must grow naturally out of a suitable soil, no amount of training will put into a woman what is not there.

You may teach her the technicalities of her work—you may place a high ideal before her—but you can only train and refine an already fine character, and she only can grasp your ideal; you can do nothing with those who are like handfuls of shifting sand.

Can we ever analyse that finer ego from which spring our "good manners," the ready sympathy, the tact, the discretion, the selflessness—which nurses practise again and again—but with that shamefacedness at having it known, which is one of the finest traits of the English race. How can I talk to you about nursing ethics? One of the best scenes Rudyard Kipling ever wrote is the description of the professional politician who goes down and delivers a blatant speech on duty and patriotism and the higher life to boys who have the instinctive feeling that some things are too sacred and intimate to be discussed freely in public and hurled at one in speeches. There is a silence that is louder than words. Deep down in our hearts we know and appreciate the best that is in us—and by analogy in others—but we can't talk about it. It is Matthew Arnold who sings finely of the buried life—the unregarded river of our life—which forces man to obey, "even in his own despite his being's law."

Usually we are commonplace and ordinary enough, but every one of us that is worth our salt has deep down that hidden life that keeps us straight, it breaks through and helps us over rough places, it gives us courage when things are just a bit too much for us, it shows us by inspiration the right movement at the right moment—some would call it the Divine spark in us—and it is that and nothing else that lies at the root of that finer appreciation of the duties of our profession which we call nursing ethics.

DISCUSSION.

Miss PELL SMITH (Leicester) said that she had listened with great interest to Miss Mollett's able and interesting paper. She thought the position of private nurses was often difficult. Much criticism of them had been heard lately, and, amongst other things alleged against them, as showing their heartlessness, was that they kept the friends of dying patients away from them. A nurse could not well say that, when she discouraged the presence of relations, it was because the patient had implored that they should be kept out of the room. Yet, where relations were fussy or uncongenial, this was often really the position of affairs.

Mrs. BEDFORD FENWICK thought that much of the criticism of nurses was due to the fact that they, more than most women workers were

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