

patient's bribes and importunities that he should slightly disregard professional etiquette, the noble old doctor said, "Well, I cannot say that the medical profession has not sometimes been insulted by the treatment accorded me, but I can truthfully say that I have never allowed a repetition of the offence from the same source."

No kinder man than he ever lived. But he was most sensitive to the honour of the profession he loved and adorned.

In wishing for nurses a like regard for the honour of their profession, I would not for anything be understood to advocate that foolish stickling for personal privileges which is sometimes so ludicrously and at the same time almost pathetically manifested.

A graduate nurse lately in expressing her contempt for another remarked: "She don't know nothing. When she arrived she carried her own valise up the stairs."

In their fear of being taken for servants, nurses have too often made themselves ridiculous. What matters it to the real nurse at what table she is asked to sit? In some households the most honourable seat is at the servants' table. The nurse who is mindful of her mission will never upset the domestic arrangements of even the most unrefined families. She can well afford to excuse the ignorance of fashion's fools. She has all the privileges of impersonality. But, if she would jealously guard the honour of her honourable profession, she must not for any however high salary undertake lady's-maid service.

Nursing is service to the helpless, but only to such. No physician who values his professional standing will accept valet service. Nor is this obligation of holding strictly to the proper work of one's profession any less binding upon nurses. Unfortunately, this obligation has not been generally recognised. It may well be said, by way of excuse, that it is far more difficult for the nurse than for the physician to hold fast to this standard. The physician has daily chances of withdrawing from service that he finds to be no longer strictly professional. But the nurse who is caught at a case where from the outset merely maid service is needed and expected, or, as more commonly happens, where, after convalescence, there ceases to be need of nursing service, in such situations the nurse may have the greatest difficulty in withdrawing. Moreover, nurses are engaged ahead, not for the period when nursing service shall be needed, but for a certain number of weeks or months, during a part of which time their professional services probably will be needed.

It is not within my present limits to point out the remedies, which I nevertheless believe are within reach, for these hindrances to the professional advance of nursing. I purpose now only to point to the facts. And after making all allowances for

these inherent difficulties, the charge must still be made against many modern nurses in private practice that their methods and customs regarding their own employment are unprofessional. But even if nurses in private practice are admitted to be faulty in this respect, it must not therefrom be inferred that nursing is not a profession. Indeed, were it not a profession, there would be nothing to criticise in these servile business-like customs.

Happily the profession of nursing does not have to be judged by the private nurses alone. There are the district visiting nurses, who have the largest opportunities for exemplifying nursing ideals. If we consider their work, we shall not find anything in it unprofessional. It is the oldest form of nursing and it is the highest. And in deciding this last phase of our question, if modern nurses themselves recognise nursing to be a profession, we surely have the right to take any class of nurses for the test. Let us then rest our case upon the district visiting nurses, who in all parts of the world are so gloriously upholding the highest professional standards. No observer of their work can doubt that they fully realise the fact that nursing is really a profession,—a fact that their work makes most plain.

### The American Nursing World.

The annual meeting of the American Society of Superintendents of Training Schools for Nurses will take place on Tuesday, Wednesday, and Thursday in next week in Detroit. The Russell House will be the headquarters, and the meetings will be held in the Convention Hall belonging to the hotel. The chair will be taken by Mrs. Gretter, President of the Society. The value of these meetings is great to the profession at large, and we await with interest a report of the proceedings.

Amongst the papers read at the International Nurses' Congress, one on Army Nursing, by Mrs. Dita H. Kinney, Superintendent of the Army Nurse Corps, U.S.A., gave an able presentment of then existing conditions. As, however, the Army Nurse Corps in the United States is still in its infancy, and its organisation is being daily perfected, a paper on this subject read a year ago is somewhat out of date, and, as it is now on record in the Transactions of the International Congress of Nurses, we prefer to refer our readers to this volume, where they can read Mrs. Kinney's paper in its entirety. When the new regulations for the Army Nurse Corps of the United States are complete we shall hope to be able to publish and discuss them. It will be very interesting to compare them with those now being drawn up for our own Military Nursing Service.

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