

Are Nurses Health Missioners?

By Miss MARY BURR.

It is curious how one sees, hears, and reads things without realising their full significance.

Many times and oft I had come across this idea, that nurses by virtue of their training should be health missioners, but never before had I entirely grasped what it really implied.

This led me to regard nurses as I had occasion to meet them, from the missionary standpoint.

The dictionary tells us that a mission is "a duty in life," and a missionary "one sent to propagate religion.

It is at once conceded that the first duty in life of a nurse is to care for the sick, and the whole trend of her training in hospital is toward that end; but side by side with this, it is always an understood thing that, whilst attending to her primary duty the nurse is expected by her life and teaching to inculcate the laws of health, even whilst she is nursing the sick back from the jaws of death.

The average probationer enters hospital with all the prejudice, false ideas, and ignorance of the laws of health of the general public. Her training consists, or should consist, of the laws of cause and effect in regard to health, and not merely the method of relieving the effects whilst ignoring the causes which have produced them.

She is, therefore, taught the principles of hygiene, anatomy, physiology, bacteriology, as well as many other things connected with the practical work of relieving suffering, so that the treatment prescribed may be carried out intelligently. Therefore, when she is placed in a position of responsibility, she may be able to arrange, and maybe modify, the surroundings of her patient, so that he may be placed in the best possible conditions for recovery. Herein we have the nurse's twofold mission—the knowledge which enables her to combat sickness, and the knowledge which can help, if properly applied, to remove some of the causes of disease.

How, then, do we find this knowledge applied?

In hospital, the surroundings of the patients are to a very large extent beyond the nurse's control, and these being usually the best conditions possible, the practical application of only the primary duty is needed, that of nursing the sick back to health.

The second duty, that of the health missionary, is left more or less unexercised. But, surely, if this second and equally-important duty cannot be practically applied for the benefit of the hospital patient, that is no reason why the science of health should be entirely ignored.

It can be applied equally to the well as to the sick, and who would be a better person to practise upon than the nurse herself? Can we say, when we meet the modern nurse, "Yes, truly, nurses are health missioners?" I think not.

For, naturally, we expect all missionaries to believe and practise what they preach. Therefore, it is a nurse's duty to live up to the knowledge that is in her, so that all may benefit by her example.

How, then, do nurses practise the science of hygiene which they know so well theoretically?

How often will they sit in close, stuffy rooms with windows most carefully closed? Do they practise the daily bathing which they are taught is so essential for a healthy body?

Their clothing, too, is more frequently chosen from the standpoint of fashion rather than health. Low-necked, sleeveless bodices—are they consistent with their lessons in personal hygiene? Their food is not above criticism, for it is more often chosen for palatableness rather than for its nourishing properties.

Are nurses still taught that alcohol is a food? One must presume so, or why do so many take it as a matter of course? Are these the laws of health that they have been taught, and which they are to teach others?

The structure of the body—*anatomy*—is, of course, taught to the modern nurse, else she would know nothing of the different parts of that marvelous creation—*man*.

But, judging from the figures of many nurses, one can only suppose that, to them, fashion and custom are superior to the design of their Creator, and that the form of *Venus de Milo* is only beautiful in inanimate marble, but to be avoided at all costs in the living, breathing temple of the soul, the human body. The modern male form is, with few exceptions, the natural male form. The modern female form is the *unnatural* female form of so-called civilisation.

The nurse, although possessing the knowledge of anatomy which the average woman lacks, will, in spite of that knowledge, squeeze her body into corsets, and her feet into boots, the shape of which would do credit to the Chinese; and yet they will discourse with great gusto, and most learnedly, upon the formation and action of the ribs, and the form of the feet with their many bones, and wonderful mechanism.

Physiology, too, forms part of the nurse's curriculum.

True, the average nurse can tell you the function of all the organs, whilst at the same time, by wearing corsets, she restricts, if she does not actually misplace, those organs, so that breathing capacity is considerably reduced, the heart compressed and often misplaced, the digestive organs are constricted, all merely to follow a foolish, unhealthy fashion.

Bacteriology has of late years also become a very important addition to a nurse's course of study.

How does it affect her everyday life?

In the wards she sterilises, scrubs, and polishes; in the theatre she wears sterilised dresses and aprons, or overalls; in the wards cotton dresses and aprons. So far so good; but the same nurses, with their

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