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## Editorial.

### "GET UNDERSTANDING."

"There is no doubt that most of the misunderstandings of life are due to partial intelligence."

It has been well said that "man's inhumanity to man" springs not from innate wickedness, but from ignorance and non-use of the imagination. Do we not all know that where people are acquainted with each other's needs, where their joys and sorrows are the same, that they are keenly sympathetic and kindly?

Miss Jane Addams, of Hull House, Chicago, says that "a very little familiarity with the poor districts of any city is sufficient to show how primitive and genuine are the neighbourly relations. There is the greatest willingness to lend or borrow anything, and all the residents of the given tenement know the most intimate family affairs of all the others. The fact that the economic condition of all alike is on a most precarious level makes the ready outflow of sympathy and material assistance the most natural thing in the world. There are numberless instances of self-sacrifice quite unknown in the circles where great economic advantages make that kind of intimate knowledge of one's neighbours impossible."

Are the poor then more highly endowed with sympathy than those in better circumstances? Not at all, but they understand their neighbours' needs better. Many of us have so little imagination that we have to pass through certain circumstances before we can really understand them, and sympathise with others in a similar position.

Do not we as nurses know it? Healthy, ardent, full of compassion for all forms of suffering, we may do all we can to relieve it. But we have a bad illness ourselves, and emerge on the other side feeling that the experience is a distinct professional gain, and that in various ways—of which before we were ignorant—we can render better service to our patients.

The same truth applies to our professional

relations with one another. Those whose nursing experience extends back into the seventies and eighties are aware how few opportunities there then were of getting to know each other. Each hospital seemed surrounded by a ringed fence; it was uncommon for the nurses of one school to meet those of another; still less did they know anything of the methods of training in other hospitals. The consequence was that to most nurses there was but one training-school—their own—and they had, let us own it, a somewhat pitying contempt for their colleagues trained elsewhere.

We know better now, though the old Pharasaical spirit dies hard. Badly scotched, but not yet mortally wounded, here and there the monster of self-satisfaction still rears his ugly head, and it would appear that even now there are training-schools which hold that nurses may be divided into two classes—*i.e.* (1) those trained by themselves; all of whom are immaculate; and (2) the others; in whom are latent, and, indeed, more than latent, all the possibilities of evil, from contact with whom their own trainees must by all means be shielded.

But to most of us the years have brought saner, widening, more ennobling influences. Through our professional associations and our professional journals we have been brought into contact with nurses of other schools, and knowledge has always begotten mutual appreciation, trust and respect. We know that the benefits which such acquaintance confers is mutual, that we can all learn from as well as teach one another, that no one school has a monopoly either of proficiency or of virtue.

Surely to have learnt this lesson alone justifies the existence of professional associations. The establishment of the various Leagues was the outcome of the need for companionship felt amongst the past and present graduates of the same training-school. Thus the Chelsea Infirmary Nurses said:—"Let us join hands, it is better so," and the St. John's House Nurses adopted as their motto,

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