

## Who are Representative?

After the International Congress in London five years ago, at which time I had the opportunity of observing the different ideas of nursing parties in England, I wrote a short article, which is now included in a small pamphlet, in which were considered the ideas, the principles, held by the different nursing sections from the point of view of what we consider in America our normal viewpoint. The cry, "not representative," had been raised in England, and I wanted to find out exactly what was meant by "representative."

Now, after the meeting of the Berlin Congress, one may again hear this criticism, "not representative," and it seems to me very important that American nurses, if they hear these words, should be able to meet them with full understanding, especially as we are, as I hope, on the verge of forming definite international relations with nurses of other countries, to which the London Congress, our Buffalo Congress, and this last meeting in Berlin have been preliminary.

Before we (American nurses) allow ourselves to be bluffed by this phrase, "not representative," let us understand exactly what "representative" signifies, and I think we may arrive at a practical definition (for all terms are but relative) by putting the following questions:—

First, What do American nurses represent?

Second, If they form international relations, what will be their motive in doing so?

The answers to these questions ought to show who are representative people from our standpoint; naturally, not from everybody's standpoint, but from ours; and we cannot live our lives by adopting everybody's point of view, but by selecting our own.

Naturally, on questions of nursing pure and simple there are no controversies. We will be at one the world over about the skilled and tender care needed by the patient; we need not quarrel over the treatment of bed-sores; we can agree about baths. There is another and far more fundamental question disturbing the peace of hospitals and nursing establishments, and that is, "What are the conditions that will most fully prepare the woman for her work as a nurse?" This is the question that is splitting the nursing centres of the Old World, and we say, "Freedom to develop," and the long-established autocrats of the Old World say "Complete and lifelong abnegation of self and submission to authority."

In every European country this idea that the nurse must and can be only a bond-servant is found. In Central Europe it is in full force. In Germany there is a strong revolt against it, and it is there practically a doomed doctrine, though still with much fight left in it. In Italy and France, as we know, the religious compulsion has been added, making a double bondage, and now in those countries, too, reforms have begun, and the

modern nurse—free, educated, and untrammelled—is beginning to make her way. In England, where women are generally so splendidly free and progressive, there are still some traces of mediævalism left in nursing conditions—left-overs from Continental methods, which a strong and fine body of fearless and progressive nurses are busy trying to sweep away.

Now as to our place: Is it not true that American nurses represent the principle of personal freedom to a far greater extent than those of the Old World? And is it not true that to this freedom they owe the varied opportunities for work which are theirs in greater abundance than nurses of the Old World enjoy?

For American nurses to assume the entire direction of their professional affairs does not even excite surprise, but those of Europe who have first assumed the same right have met bitter opposition, even persecution.

Thanks to this admitted principle, our training-school superintendents are able in a few years to effect changes which European Matrons are powerless to bring about. They have brought down the hours of work to eight and ten, while Continental Matrons deplore the impossibility of reducing them below fifteen and eighteen. They have introduced changes into the curricula of work and study which abroad would almost require a social revolution.

Because our nurses are free, they are able to develop in many ways, and to pioneer new lines of work, as would be impossible if they were bond-women. They are not held down to passive obedience alone, but are allowed to do creative work. In few other countries could Miss Wald have built up such a work as that of the Nurses' Settlement in New York, where, without Board of Managers, by simple co-operation with the group of workers, both professional and lay, that she has called about her, she has developed not only a complete district nursing service, but also a social settlement of unusual civic spirit and effectiveness. And in the work of the Nurses' Settlement in Richmond, in the many evidences of free initiative given by our nurses' associations in the warfare against tuberculosis, in the extension of hourly nursing, in the affiliation with women's clubs for civic work, and in our beginnings of legislation, we have ample evidence that, thanks to our freedom, we are in a most advantageous position for making ourselves not only better nurses, but useful citizens as well—not handmaidens only, as we are often called, but with the right to use our heads too.

Now to our second question: With what motive do we form international relations?

Is it not to seek out those who have ideas and aims similar to our own—who are doing the same work and believe in the same things? We surely do not go just for the good times, but to further the

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