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Editorial.

A QUESTION OF HONOUR.

There is an inherent tendency in everyone to talk of the things in which he or she is absorbed. Within limits this is good. People are usually at their best when talking of their hobbies, because these are subjects on which they are well informed and can give interesting information. But the person who can talk of nothing but his speciality is a bore, and this is one reason why from time to time the charge is made against many nurses that they talk nothing but "shop," a charge which just recently has been levelled at them in a morning paper.

The nurse against whom such a charge is a true bill offends in more ways than one. First and foremost she is wanting in the honour and reticence which should be her strongest characteristics, for "shop" usually takes the form of relating spicy details in connection with cases which she attended. What would be thought of a medical practitioner who went from one patient to another relating details—racy, gruesome, or intimate—which have come to his knowledge solely through his professional attendance on the case? To their credit, the medical profession seldom offend in this way.

The nurse is not always so discreet. Of course, her temptation to offend is much greater than that of the doctor. He visits the patient perhaps for a quarter of an hour, a considerable part of which is taken up with his professional duties, a few pleasant commonplaces, and he is out of the house and on his way to another case. The private nurse is with the patient continuously. She has, if he is in the convalescent stage, to keep him happy and entertained. She

draws on her store of knowledge for this purpose, and the chances are that if she does not draw on her nursing experiences she draws a blank, for the average nurse is not well read, has not travelled much, and her experience of life is very ordinary. So the "interesting case" is brought out, on which she can talk fluently enough, and if she keeps off horrors the patient may be interested and amused until it occurs to him that, just as she is describing her last case for his benefit, so she may dilate on him to the next—then the position does not seem so amusing, for the foibles and weaknesses of a patient are revealed to a nurse as to few other people; she sees him without the armour in which he confronts the world, and it is just for this reason that any woman of honour—even if she is not a nurse pledged to reticence by the unwritten law of her profession—will keep silence.

Another very real temptation to nurses is when they leave a case and return to the Home—where other nurses also live—to discuss with them the details of their cases, so that the Home is a kind of clearing-house of information. There can be no justification for this habit, and nurses should rigorously set their faces against it. No information as to what has passed in the sick-room from which they have come, or of the nature of the illness from which the patient whom they have been attending has suffered, should be communicated by them to other nurses, and so to the general public. It is an offence against their professional honour.

The devotion and the self-sacrifice of nurses are unquestioned, they are pillars of strength in times of acute illness and emergency; the more the pity, therefore, when minor failings mar their value.

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