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EDITORIAL.

EMOTIONAL NURSING.

The wide-spread desire to do something to alleviate the sufferings of the sick and wounded at the present time, is one with which all must sympathize, but it is also one which must be directed into the proper channels, lest it not only fail in its intention, but even aggravates instead of alleviates suffering.

The first impulse of many women is to "go to the front"—where the front is they have often only the vaguest notion—to render personal service. But before acting on that impulse it is imperative that they should consider what qualifications they have for being of use, for, in the stern work of war only those who are of use are acceptable, others are not only not wanted, but hinder and hamper the genuine worker.

The medical profession in war time is happily free from invasion by incompetent amateurs, it is organized, protected, and certain minimum standards are maintained by law, but, in connection with nursing, there is no similar organization, and the result is that to many with a desire to help the sick and wounded—especially the wounded—the simplest way appears to be to proceed to the seat of war to nurse them, and if money and influence can accomplish this, forthwith they go. While the intentions of many are, if ill judged, doubtless sincere, Sir James Crichton Browne addressing a meeting of the Kensington District Nursing Association last week commented on the fact that there is "a good deal of spurious nursing about at this time—merely affectional and emotional nursing"—and said that "under the agitated feelings created by the war giddy women step in where angels fear to tread." He pointed out that in no branch of nursing

is consummate skill more necessary than in the management of wounds and the wounded, and that "for half baked amateurs to meddle in such matters is to endanger life and limb."

We have only to realize the gravity of many of the cases, to know that life in many instances depends on skilful nursing.

It is regrettable that, even now, with the brilliant example of the achievements of Florence Nightingale in the Crimean War before us—brilliant because founded on the stern preparation of years—the idea is still so prevalent that little more than an impulse of goodwill is necessary to qualify a woman to nurse wounded soldiers. Typhus, cholera, smallpox—diseases which ravage, disfigure, and slay nurses as well as patients—may be left to the care of professional nurses, but the wounded soldier is a heroic figure, appealing to the imagination and emotions, and so we have an exodus from this country of ladies in the full uniform of the trained nurse, to care for our wounded soldiers, who have only the most superficial knowledge of nursing, and the consequent danger to life and limb, which is the inevitable result when amateurs undertake duties for which they are not qualified.

Trained nurses know the dangers to which the soldiers, wounded in the defence of the Empire are subjected, if they do not receive competent care, and, knowing, they should do all in their power to educate public opinion, so that those who have no qualifications should be restrained from impulsively undertaking the care of the wounded at home or abroad, except in subordinate positions, under trained supervision. Our wounded soldiers are entitled to the best and most highly skilled nursing which can be procured, and good-will, in the untrained, is best exhibited in supplying funds to provide it, even at the cost of personal sacrifice.

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