

of expiation, it follows that the primitive form of the costume of the nurse has been the habit of the servant in the temples.

With the commencement of the Christian Era, when the duty of charity and self sacrifice was emphasised, accentuated further by the poverty and sufferings of the primitive persecuted Church, individuals consecrated themselves to a work of which the essential function was to succour and to care for the sick and the unhappy.

This work, organised under the auspices of the primitive Church special groups, having well defined duties, developed on the lines which in our own day are called social work, and visiting nursing. The most important of these groups were composed of deacons and of deaconesses whose costumes were determined by the simplicity and poverty of their lives. With the development of the assistance of the State to sick persons, and to the old and the poor, the costume varied with the status of the women who served in these institutions.

When in the fourth century there was a great accession of religious zeal, and charitable works were considerably developed, rich and aristocratic women undertook the humble task of nurse as penitence and as a guarantee of celestial recompense, then the nurses' costume consisted of the floating garments characteristic of the rich ladies of the period. This period was followed by an era when the monastic element preponderated, and where abnegation and the elimination of the wordly element led a number of men and women to shut themselves up in monasteries and convents where their activity was limited to the care of the sick; the effect of this movement on the costume of the nurse was the adoption of the Religious habit, simple and rougher in accordance with the Rule of the different Orders.

The stiff white head-dresses of the deaconesses, the close white linen hoods of the Religious, framing the face and chin, with differences such as the band on the forehead, and the chin piece, or the veil of dark material, the goffered collars, the bow under the chin, all these are the predecessors of the uniform cap of the modern nurse. In all these, as in the linen or stuff dresses, one finds humility, neatness, convenience, protection, uniformity, and equality. The tunics of the deaconesses, the black cloaks of the thirteenth century, the peasant's dress adopted by the Ladies of Charity in the seventeenth century, the silk and velvets of the abbesses and noble ladies showed the variations which preceded the establishment of the modern uniform. A white costume was decreed in 1526 for the nurses of the Hotel Dieu in Paris as a protection outside the hospital, for the nurses were often sent to serve the sick in their own homes.

After referring to the difficulty of discovering the influence on uniform of the Knights of St. John, and other Military Orders, such as the Knights Templar, Major Stimson pointed out that the Knights Hospitallers were distinguished from the Knights Templar in associating women with their medical work. They did not only employ the Religious Sisters, but they sought the help of different corporations of women to care for the sick and wounded, and it seems reasonable to suppose that the prodigality and magnificence of the institutions which they founded, which were often at the same time church, hospital and fortress, had an influence on the dress of the ladies of quality who shared their activities."

At the conclusion of Major Stimson's paper, nurses in many uniforms, of many countries, gave a demonstration of these, marching on to and across the platform, and carrying small banners by which they could be identified.

Oberin Helene Meyer (Germany) speaking in the subsequent discussion said the principal aim of a uniform was that it should be hygienic. It should be short, but not too short, and it should be possible to boil it. Collars must not be too high or sleeves too long, shoes should be comfortable and not hurt the feet.

Miss F. Meyboom (Holland) considered that in and outdoor uniform should be of a distinctive colour. Jewellery with uniform was in bad taste, it should be plain without any pretension and ought to be of such a kind that it would never look old fashioned.

Mrs. Karin Neumann Rahn, Director of the Preliminary Course of the School of Nursing, Maria Hospital, Finland, also advocated a neat uniform.

Mlle. Fumey (Rheims) said that Miss Stimson had shown that the nurses' uniform came down from the Religious Orders. French nurses' white uniform was devised by Pasteur as a protection to the nurse and to the public. The blouse was short to the elbow, the white apron was an emblem of service, and shoes and stockings should be white. She would welcome any suggestions concerning the uniform of a Public Health Nurse, which could not be changed between each visit.

Mlle. Mechelynck (Belgium) thought the question of the uniform of a Public Health Nurse very difficult. It should be such as to allow

a nurse to go out without an umbrella.

Miss Kulczynska (Poland) questioned the desirability of a uniform for Public Health Nurses. Did it not advertise the fact that they were attending perhaps a case of tuberculosis, or venereal disease?

Miss H. L. Pearse (Hon. Secretary National Council of Nurses, Great Britain) thought it advisable to consult the whole body of nurses as to what they would like to wear. Acting on this principle with the L.C.C. School Nurses they had evolved a uniform suitable for all weathers.



Mlle. JULIETTE PARMENTIER, BELGIUM.
"THE NEATEST NURSE AT THE
CONFERENCE."

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