

journalism to the journalist. When the doors of knowledge are fully opened, it is quite possible that we shall accomplish in this great democracy of ours, consecrated to the sacredness of humanity, results of which our forefathers never even dreamed.

TUESDAY MORNING, JUNE 27, PRIVATE DUTY SESSION

The meeting was called to order by Frances M. Ott, chairman. After community singing, Miss Noyes was introduced.

ADDRESS

CLARA D. NOYES, R.N.

WHEN I came into nursing, now many years ago, more than I like to acknowledge, there were but two fields, practically, open to the graduate nurse, private nursing and institutional work. Now the field has widened tremendously, there seems almost no limit to the opportunities of the nurses of today. The pendulum has swung perhaps too far in some directions and not far enough in others.

Just now there is a great interest in public health nursing, many nurses are going into that particular line of work, and it is somewhat difficult to find an adequate supply of nurses to act as instructors in the schools of nursing and to assume responsibilities of directing and conducting a school itself.

We find the same sort of difficulties in private duty nursing. The nurses who once went into private duty now go into other lines of work. Consequently when we heard of the shortage of nurses, is it to be wondered at, when there is so wide a field from which we may choose?

Public health work offers certain privileges that perhaps no other type of work offers; it gives a nurse her nights and evenings and usually her Sundays and holidays and makes it possible for her to adopt a home life for herself. The private duty nurse, on the other hand, is on duty all day and perhaps all night. She is cut off from her professional confreres, she leads a somewhat lonely life. For weeks she cannot see any member of her own profession if she is tied up on one case. Consequently there is a certain loneliness, a certain isolation about it that is difficult. But after all, what is public health nursing? Isn't all that we do really public health nursing? Isn't a nurse who goes into a home just as much a public nurse as the one who goes into many homes in one day? Is not the nurse who works in an institution, comforts the patients, carries them through perhaps serious illness, sees their families and the families of many patients, a public health nurse?

I do not fail to recognize that in the so-called public health nursing today a special preparation is needed, just as much as special preparation is needed for school nursing or for a director of a school. But after all, the nurse, whether she is in the home or the hospital or the institution or in many homes in one day, is the missionary of health, and to her is intrusted in one home just as deep and serious a responsibility as if she went into many homes; and sometimes in one home she finds occasion for the utilization of all her talent, all of her knowledge and all of her skill.

Let us not think in terms of this or that type of work, but let us think in terms of members of one profession, all united to improve the conditions in the community, whether we do it as a public health nurse or a private nurse or an institutional nurse. We are all in our work for one reason, and that is to benefit and improve the nursing care of the sick, to improve the standard of living and the standards of health; and we become not only missionaries of health, but teachers of health.

So whatever work a nurse may do, she must fundamentally be a teacher. We do not all possess the qualifications that make it possible for us to impart knowledge to other people. Some of us are born with a tendency that makes it easy for us to instruct others and some of us find it very difficult to do this. But we must think, private duty nurses as well as those in other lines of work, of ourselves as teachers.

We have heard a great deal during the past two or three years about the commercial basis of nursing work, and perhaps some of you recall a series of articles in the *Pictorial Review* in which the nursing profession was spoken of by one of our leading surgeons as the most autocratic closed shop in the world. Do we deserve that? What has happened that makes it possible for men who know a great deal about nurses and nursing and bedside work to make that statement or be willing to make that statement? Is it due to the great changes which have come about as the result of the war? We see it in other lines of work. It is not restricted to nursing by any manner of means. But, inasmuch as the public has raised the nurse to a pedestal and looks upon her as the person who should symbolize sacrifice and devotion and express the highest spirit of service, there is great disappointment when she fails to meet that high standard.

I was impressed as I came along in the train to hear a conversation across the aisle. There were four young women, evidently stenographers, who began to talk about the people they had met in the dining car. One said, "Did you notice the two young women who sat at the breakfast table with us? I think they were nurses." The other said, "No, they were not nurses." The other said, "What makes

you think they were not nurses?" and she replied, "Well, they were awfully made up; you know nurses don't make up."

That gave me a kind of thrill, to think that those two young women had put the nurse on a pedestal and they felt they could distinguish between a nurse and another woman because she did not resort to artificial means.

Inasmuch as that is happening all over this country, I think we have to more and more think in terms of hewing close to our old standards and doing everything to impress upon the mind of the young woman, not only after she is graduated, but from the instant she comes into the school of nursing, that as soon as she enters the profession of nursing she cannot do the things that the average woman can do. So we must go back and think in terms of devotion and service and sacrifice, because the times of criticism of nursing are not yet over.

When you think in terms of nursing, its days of youthfulness, again I realize that I am looking into the faces of some people who were not born when I was graduated, but our profession, measured in terms of other professions, that of medicine, which goes to the very days of Hippocrates; that of theology, and of others, is a comparative infant, and therefore we must not get too discouraged or too downcast when we hear of Miss Jones, who has done this horrible thing, or Miss we hear of Miss Jones, who has done this horrible thing, or Miss Smith, who has done something equally indiscreet. We are a big profession. I believe our last record shows 120,000 registered nurses in this country. We have grown by leaps and bounds. Schools have come into existence like mushrooms, and every city sends out the nurse demonstrating her importance in the care of the sick. Our country is filled with all kinds of schools, great and small, good and bad. And so we must not be too hard when some one does something that does not quite measure up to the standards of those earlier women who were leaders in our profession.

Times have changed. All over the country there has come a recognition of change in our point of view. Let us then, in spite of all that, never forget that we are nurses and that we are to pass on to our younger sisters the highest example of conduct and idealism.