

scene was a silent but touching intimation of some of the thoughts which are uppermost in all minds on Christmas Day in the army.

The various messes had each its printed *ménu*, and all the tables were made a delight to the eye as well as to the inner man. All patients whose condition would at all warrant it were allowed a piece of turkey, and some chances were even taken (with no bad results) that all might enjoy something extra by way of celebration.

The nurses had the double pleasure of their own private Christmas joys and the general rejoicing, and when taps sounded through the great quadrangle all felt that the day had been in veriest truth a "*Merry Christmas*."

There is to this, as to every other picture, a side which lies in shadow, and which in speaking of an army Christmas it is quite impossible to ignore. That the ache and desolation of those who mourn beside a vacant chair is intensified by the contrast which separates them from the rest of the world at this season cannot be denied. Even these, however, on this day bear their grief more silently and bury it deeper that it may cast no shadow upon those who are not bowed under its weight. Not a few of these brave souls are to be seen passing in and out among the beds of those who are waging more or less fierce battles with disease and death, offering to each some word of comfort and cheer. Who shall say that in the sight of Him to whom the widow's mite was of greater worth than all the wealth which the rich cast into the treasury this offering of self-obliteration is not accounted as the most magnificent of all contributions which can be made to the sum of the world's happiness on Christmas Day?

A RETROSPECT AND A FORECAST *

By CATHERINE J. WOOD

Delegate from Fourteen Nursing Societies of England

THE sick man has been with us from all time, therefore the nursing of the sick is not an invention of the present day, but has gained effectiveness, in common with all cognate subjects relating to life and health, by the light which has been shed upon it in modern times. The nun by the bedside in the convent infirmary was none the less a sick-nurse, though she was groping her way among the perplexities and complexities of human disorders without the aid of scientific knowledge, and that she did her work well we, who stand in the full light of scientific nursing,

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must own. When sick-nursing was undertaken apart from the religious life of the convent, it entered on a new phase, and a phase in which it touched its lowest point. From being the occupation of the well-born and the religious-minded woman, it became the employment of the out-cast and the immoral.

It was at this point that several philanthropists, Pastor Flíedner in Germany, Mrs. Elizabeth Fry in England, and others whose sympathies had been aroused by the ghastly suffering and neglect of the sick, initiated the deaconesses of Kaiserswerth and the Nursing Sisters of Bishopsgate Street. The system of training for both orders was the same: they learned the technical work in the hospital, and were taught general domestic service in the institution. The whole of their life, being ruled and directed as in a religious house, was supposed to be devoted to the service of the sick, though they were without the life vows of the nun. It was an essentially Protestant revival; it sprang out of the heart of Protestant nations. The Roman Catholic nun was still nursing in the infirmary, but her methods were the same; she had not improved her training. The great hospitals up to this date (I am speaking of the first quarter of the nineteenth century) were unaffected by the movement; the masters of the art of healing had not yet grasped the fact that medicine practised without nursing must be one-sided in action; that until the intelligent ministrant took her place as the eyes and hands of the doctor, the best possible was not done for the patient. At this time the skilled nursing of the patient was of necessity left in the hands of the medical students, who were inclined to look on the patient as so much material provided for their instruction. The "nurses" were drawn from the lowest denizens of the surrounding neighborhood, such as preferred sick-nursing to street-walking, and perhaps they were able to combine the two trades. This was the state of nursing as recently as in the sixties. I am now speaking of matters within my own knowledge. The charwoman still reigned supreme in the great hospitals in London as the night-nurse, and was in request when a "special" was wanted; strange though it may sound, this system was one of the hardest to kill. As a variant on this method of night-nursing the nights were shared out among the day nurses, the turn coming every third or fourth night, with the result that the most convalescent patient was set up, the night-nurse taking the vacated bed.

With the Crimean War and Miss Nightingale a better prospect opened out before the sick. Miss Nightingale's work is known to all, it is written in the pages of history, it lives in the heart of every true nurse. To her is due the credit of placing before the world the need of

efficient training for sick-nurses. Herself a student of Kaiserswerth, she contended that no intention, however good, no enthusiasm, however fervid, could supply the lack of technical knowledge or practical skill in handling the patient. This sounded the death-knell of Sairy Gamp and all her sisters, and since 1870 every hospital has become in a more or less degree a training-school for nurses. At first the training of the nurses was in the hands of the doctors; now it has become a specialized department of hospital work and is in the hands of the matron and ward sisters; clinical lectures followed, and now there is very complete theoretical instruction with its corollary, examination and certificate. This is the point where we now stand. With the levelling up of the teaching there ensued, as a matter of course, the levelling up of the pupils, so that the ranks of the profession include the highly educated gentlewoman as well as the woman of the artisan class: it offers scope for both, and both alike are acceptable in its varied departments.

From looking back we must now cast a glance forward, and by a survey of the whole field endeavor to arrive at the future which lies before us. It is perhaps needless to emphasize the fact, so evident to us all, that we have reached the parting of the ways, and depending upon our choice will be the future of one of the most noble of all women's occupations. We are probably all agreed that theory must go hand in hand with practice in the probationer's course, that the three-years' hospital training is the shortest period in which the pupil can secure a full knowledge of her work, that the results must be tested by examination and receive some form of certification: this is our English system, and so far as I have been able to acquaint myself with your methods we agree in principle. Armed with the certificate of her training-school, the trained nurse steps forth on her career to find her place in one of the many branches of the profession open to her as a private, district, or hospital nurse, under the State in Army or Navy Nursing Service, in municipal infirmaries for destitute or infectious patients, or in these various departments of the service in the colonies and dependencies of our Empire.

Now we come to the weak point of the profession: the nurse becomes a unit, irresponsible and uncontrolled. As the ties which bound her to her training-school relax, the allegiance to its unwritten code changes with time into a sentimental recollection; she finds nothing to take its place, she sees no corporation or official body which represents to her the mind of the profession, nothing which may rise up before her as armed with disciplinary or judicial authority, no concrete body of tradition placing before her all the best and noblest of the past: if she has an ideal, it is her own creation; if she has a code of ethics, she has

formed it for herself; if she has a standard of work, it is the lingering memory of the old hospital which has survived in her mind. I think that I am right in saying that in America, as in England, we are no farther on the road that leads to organization.

This state of things can satisfy no one who has the best interests of the profession at heart, but it is more easy to lament it than to find the remedy. There is no doubt that, being a profession of women, we inherit the disadvantage common to the whole sex, the difficulty of combination, of concerted action. A man when he begins his career knows that he has to become part of a whole; that he has to combine with others; that he has to work for the general prosperity of his trade; that if success is to attend his efforts, it is best secured by availing himself of the various organizations which will improve his standing professionally or intellectually. He learned this unconsciously at his public school; it is the atmosphere he breathes; his creed is to play up for his side. We women learn this lesson hardly, some never learn it at all; it may be that we miss the discipline of the public school, but, from whatever cause, we rarely learn to work together for the good of the whole body. The heads of the training-schools, looking no farther than their own four walls; the teachers of the schools, only thinking of the examination that is to follow; the employers of nurses, keen to get all they can for their money; the theorists, or so-called philanthropists, using the nurse as a buffer, or exploiting her to serve their own ambitious purposes; the nurse herself, immersed in the hard stress of competition,—all these have no thoughts to spare for professional organization. From whence, then, is succor to come? It may be forced upon us from the outside, but it is better far that it should come from within.

So long as we are without organization nothing can be done. We want professional agreement on questions of training, practice, ethics, conduct, remuneration. No legislation can settle these points justly without us, and woe be to us if legislation attempts to do so before there is a consensus of professional opinion. In England we have tried the experiment of organizing the profession in conjunction with the medical profession, but with disastrous results; it is a failure, and, moreover, it has had the evil effect of setting the clock of reform back for many years. It cannot be done; we must be free to organize ourselves; the relation of man to woman complicates the situation; the relative position of doctor and nurse makes it impossible. Though our work is in common, the details differ, and though we do not claim independence of the medical profession, we claim freedom to discuss our own affairs, to make our own laws, to decide on common principles of work.

It may be well to recall the object of our work, the relation in which

we stand to the patient on the one hand and to the doctor on the other, and then to ask ourselves: Is the system of training as at present carried out the one that is followed by the best results? Is there not a danger that theory is overshadowing practice? Is not too much time and mental energy bestowed on the study of obscure questions of anatomy and physiology to the detriment of securing that expert knowledge of ministering to the necessities of the patient which is the characteristic of a good nurse? Is there not a danger that the great and important place given to theory in the curriculum and the examination may lead to a want of balance in the mind of the average student, leading her, when free from the etiquettes of the hospital ward, to mix up treatment with nursing, to forget the dignity of her own profession in criticising the methods of the medical attendant? These are very grave considerations, which require to be looked full in the face and considered. We do not want to make a race of spoiled medical students, but capable nurses, and for those who are drawn to seek the higher mysteries of the healer's art there should be opportunities found in a post-graduate course or in entering the ranks of the medical profession. Out of this branch of the subject spring many others, such as the need of a central examining body independent of and above the training-schools, a record office for the registration and filing of the certificates, all controlled by some form of governing body chosen by and forming a part of the profession. Would it not somewhat clear the path from difficulties if some minimum curriculum were agreed on, representing the least possible for the efficient training of a sick-nurse, suited to average intellects and average physique? We need ask for no legal authority to initiate these reforms, and when the time comes when we seek a legal recognition and protection of our status, we have a much stronger claim because we have made up our minds as to what we want, we go with a united front.

As a means to this end we might seek to raise our ideals, to get out of the spirit of money-grubbing and muck-raking for excitement. We want to awaken the spirit of self-sacrifice and self-discipline; the giving of one's best for another, which is the highest of all woman's privileges; to emphasize the fact that sick-nursing is one of the grand ministries of the world; to show the beauty of service. An ideal like this will enlarge the range of our vision, ennoble our methods, place us in a right attitude towards our patients, and shed a new light on our work and life.

