Address.

PRESENT PROBLEMS—AN ADDRESS TO THE NURSES OF THE LAKESIDE HOSPITAL.¹

BY J. G. MUMFORD, M.D., BOSTON.

Assistant Visiting Surgeon, Massachusetts General Hospital.

Good nurses are born for their work.

Poeta nascitur, non fit is as true of you as it is of the lawyers, doctors, ministers and policemen. You can manufacture out of the most unpromising material a good engineer, or carpenter, or sailor, or even janitor; but when it comes to those persons whose work depends on their contact with other people, who deal in personal equations and not in impersonal figures—then there enters into the problem a new and wonderful group of elements which are a part of the birthright of some, while the others without them stagger through life, blind, puzzled, indignant with the fates: tact, humanness, womanliness, manliness, the appreciation of proportion, the attribute of "sweet reasonableness," the rare sense of humor. And of course you are to take this reflection as meaning that some of us are better workmen than are others. To him that hath, is as true as ever it was, but we should have to despair indeed if we were to believe that from him that hath not shall be taken away even that which he hath.

You trained nurses have had your place in the world's work now for more than a generation, and it seems to me it is time to look about occasionally and ask what you have made of yourselves.

I have heard and read many addresses given to nurses on such occasions as this, and in the main the speakers have devoted themselves to two topics—your usefulness and your education. Nurses have been told a thousand times that theirs is the noblest of professions; that nursing is woman's true sphere. Poets have been invoked to demonstrate that by day you comfort the sick, by night you soothe the dying. *Weeping willows* have been made to rhyme with *lonesome pillows*, and the rest of it.

It's all true enough. No one appreciates it all more than I do. It is a noble profession, and the good you do is beyond measure.

Then there is that other subject—your education. That is a great subject. You have begun it well here in this training school, but the most important part is to come, and I want to talk with you in some fashion about that.

At the outset of your work in life after leaving the training school, you are in a position quite different from that of any other professional people known to me; you are equipped for practice and you assume at once the full standing of the experienced workman. You are deemed—for so tradition has arranged it for you—as competent as the women who have grown gray in harness. You expect as a right the maximum wage,—twenty-one or twenty-five dollars a

week, or whatever the sum may be in your particular locality,—and as a general thing you get no less. Did it ever occur to you what that state of affairs may mean? Try to apply the same principle to other professions or trades, if such a conception is possible. What would you say if you had to pay a young journeyman plumber or carpenter the same wages that you pay the master craftsman? How readily would you call in the youthful doctor or lawyer if his fees were those of the eminent specialist or jurist? The thought is inconceivable. But you will say there is no parallel in the two cases; the young nurse is equipped for her work as well or better than the old one. The nurse fresh from the hospital is likely to be better than the nurse grown stale. She is familiar with the latest methods; she knows the new drugs and the new instruments; she has served only with physicians who are leaders in their several departments; she is keener, more alert, more interested. All that is so true that it seems unanswerable, but if followed to its logical conclusion it means this—that the younger the nurse, the better the nurse; the older the nurse, the worse the nurse. Is that a pleasant prospect? Is that creditable to a noble profession? The youngest nurse is best for the community, if you choose to put it so, but is that a condition best for the nurse herself? I have had old nurses—women with fifteen or twenty years' experience—come to me complaining bitterly that their practice was leaving them, that their old patients never sent for them, that the doctors no longer employed them. We have in Boston an institution called "A Home for Aged Women," part of the income of which is specifically devoted to helping women who have grown old in the care of the sick. That fund is called the Doane Fund, and I assure you the beneficiaries under the Doane Fund are but a fraction of those needy ones who clamor for relief.

All this is a very serious business; it is not a cheerful topic to air before you as you start generously forth on your life work, yet it is a very significant fact, and it must give pause to those of you who are wont seriously to consider the life problem.

When the trained nurse became an accepted fact twenty-five or thirty years ago, she was looked upon as an exponent of our modern altruism—as a secular sister of charity, so to say; but she was not taken seriously as a professional woman. Of course she had to live and she had to be paid. Nurses are few in number, and they were greatly needed. The cost of a nurse was fixed high, for it was a matter of supply and demand; but a nurse was a nurse, the laborer was thought worthy of his hire, and so from the outset the pay was good while work was to be had. But there was no progress for the individual.

There was no progress. It was there, and it is there that the fatal weakness in the nurse's profession inheres. Of what other toilers in this busy world can the same be said? The chore boy can rise to be head waiter; the unskilled

¹ Cleveland, Ohio, May 25, 1903.

laborer can rise to be boss of the gang; the apprentice may become a foreman; the office boy may become a judge of the Supreme Court; the house officer may become a great surgeon. That is what life means to most of us. Work; steady unceasing, increasing work; with widening opportunities, with proportionate returns, with an honorable goal. Those are some of the things that make life worth the living; and with them go other things which to some count for more even than material success — increased occasions for usefulness, a broadening horizon, a closer and more generous contact with our kind, a full career, and at the end the unspeakable satisfaction that we have not lived in vain.

I fear we are all of us very weak human beings. Few of us were born to be great, but that is no reason for curtailing our chances, and as yet it seems that the chances of nurses are not what they might be made.

My predecessors in this office have said some very stirring words about what nurses are and what they are to be — words very stimulating and instructive. Those gentlemen have told how your education is to be broadened and how your place among the world's workers is to be made more honorable and more secure; but I cannot help feeling that those happy prophecies of theirs were addressed more to the nurses of the future than to you who here and now are taking up the task of caring for the sick.

I wish I had some ready, practical solution for the problem which I have suggested; some method by which you could become stronger and wiser, more learned, more skillful and more in demand individually as the years pass; but the problem is one which cannot be answered off-hand. It is one which you yourselves must solve, painfully, laboriously, by the slow process of evolution. I have some thoughts, however, which you may take for what they are worth — old thoughts many of them, futile perhaps in some sort, but occurring not infrequently to those of us who have your welfare at heart.

In the first place let me tell you that unless your circumstances and training are very different from those of most of the nurses known to me, it is a mistake to start in as specialists. Such specializing may come later as your careers develop, but at the outset take everything that comes to you unless you feel yourselves unqualified. Don't pose as surgical nurses or medical nurses or obstetrical nurses, and, above all, don't refuse to nurse men. For a good while yet you will need all the experience you can get, and you can get it only in general nursing. Don't tie yourselves to one doctor. He may fail you, for he too is but mortal, and nurses can quickly be lost to view and hopelessly sidetracked.

Don't refuse poor cases. I wish some fashion might be devised by which the poor could be effectively cared for in their homes. By the poor I do not mean the starving and the destitute. They are looked after by the hospitals and the district nursing associations, but I mean the families of men on small salaries. If the father earns

forty or fifty or even one hundred dollars a month, he cannot well pay out twenty-one dollars a week for a nurse in addition to all the other heavy expenses which illness entails.

Such people get often the best of *medical* care, because competent young doctors will treat them for the sake of practice and old doctors from a high sense of the sacred obligation that rests upon their calling.

Don't mistake me! I am perfectly well aware that nurses do take poor patients, but I think if you consult some of your older sisters and listen to some of their talk you will find that they often look upon such service as a hardship and feel that the good-natured charitable ones are imposed upon and even lose caste.

Remember that what I am saying is suggestive merely and is crudely sketched; but would it not be possible to establish traditions in your profession similar to the traditions of physicians — that in some fashion no call for help should be refused? You are banding yourselves together into clubs and associations, and such banding is distinctly for your best interests as well as for the best interests of the community. In some way which should not interfere with the liberty of the individual would it not be possible for such associations to see to it that its younger members, without serious pecuniary loss, might give a portion of their time to the poor, and that the doctor, when asking for such help, might not have to approach you with an apology? To such suggestions as this, nurses have replied to me: "Very true, some nurses do take cases for small fees, but they soon come to be known as cheap nurses and lose their chances for the paying cases." Truly that is a lamentable fact and a lamentable tale. It does not count for better things that such is the case, and it rests with you in your organizations and in your public spirit to see to it that such things cease to be.

There is our first thought: that poorly paid, little regarded work be done, that thus the field for the work of all be widened and that out of such small beginnings great reputations may be made. For mark me, this thing that I tell you is true: a professional reputation, whether of lawyer, doctor or nurse, must rest on foundations broader than the flatterings and praises of a few wealthy clients or patients. Such thin reputations are erected in years and are shattered in days. None of us is safe who depends for work on the fickle fancies of the few. Gain the confidence of the whole community, of the poor and the rich, of the little doctors and the great ones — then you may rely upon an assured future.

You will tell me that this may all be true, but that it does not meet my earlier query: Is the young nurse the better nurse, the old nurse the worse nurse? There indeed is another problem. So far as "up-to-dateness" goes, perhaps in a superficial sense the young nurse may be the better; but the fault will be your own if that remains true in the future. Remember that I am speaking now of the great majority of your number — of those who go out into private prac-

tice. You must not allow yourselves to grow rusty and inefficient. Already in your school you have been taught to study and to use your minds and to do your own thinking. That is the best thing you have learned here. Having learned that, you must apply it ceaselessly. I need not insult your intelligence by telling you to keep up your reading. You must do more than that; you must continually cultivate the habit of observing, deducing and recording — those three attributes of the trained mind. The ward and the sick-room are your laboratories, and with due regard to the humanities you must take advantage of that fact.

Lately at the Massachusetts General Hospital, and at some other hospitals I believe, we have established ward courses for graduates. As yet those courses have attracted all too little attention; but nurses are beginning to appreciate their value, and before long I hope to see alumnae returning in increasing numbers for such work.

As you progress, too, you will find, or you will make, various opportunities for reviewing and for supplementing your present knowledge. You will gravitate towards special lines of work in which you will be regarded as expert. For many of you whose temperaments so lead you, an occasional course in some hospital or other institution will appeal, and you will find such experience of advantage. I am not referring to those who propose devoting their lives to institution work, but to the private practitioners among you. A summer spent every few years as operating assistant or substitute head ward-nurse will keep you in touch with the new things, for, indeed, new things come slowly in the active lives of most of us.

But, after all, the best and most important thing will be constant serious coöperation among yourselves for the betterment of your profession, and that coöperation, to accomplish its purpose, must be along democratic lines. It is all very well to have small clubs and cliques for social purposes and for special work, but when it comes to those organizations which really strengthen your profession and deepen its foundations you cannot afford to depart far from the democratic idea. This I say from a considerable knowledge of how similar problems have been met and solved in my own profession. There is a democracy of science, and in a true sense you nurses are workers in the scientific field.

Last year Dr. Osler gave a delightful address to the Canadian doctors on what he called "Chauvinism in Medicine." He pointed out how we all, regularly educated and licensed practitioners, belong to one great family; how there are no school, city, state or national boundary lines among those whose pursuit is the truth; how jealousy and local conceit and the decrying of those whose work lies without our little circle lead to narrowness, to self-stultifying and to the destruction of that very edifice of science which the best among us are faithfully and laboriously building. The address was a fine plea for the brotherhood of science and of man; a plea

which nurses as well as doctors might well listen to and heed. It is by a banding together of all the efficient in one great sisterhood that you can raise your profession to the stability of those other professions with which you must come to be ranked. I beg of you to note that word *efficient*. I am not asking you to open your ranks to the incompetent, the unscrupulous, the impudent, the charlatans untrained. You must steadfastly refuse them your countenance as you are doing; but you must recognize the efficient among yourselves — those who have proved their worth by years of work and the winning of recognized diplomas, no matter whence they come or what their school. If you do not do this, if you do not so strengthen your own hands, you will continue to invite the competition of the pretenders, and you will be emulating the example of some of the labor unions, which destroy their own ends by encouraging a fatuous mediocrity.

I could specify easily examples of what I mean, and tell of certain groups of nurses, graduates of certain hospitals, who persistently look down with a silly and irritating jealousy upon those outside of their own little circle. Perhaps such conditions do not exist in this part of the world. I certainly hope they do not, but let the warning stand, nevertheless.

It will not be long, I believe, before a recognized and legalized sharp line of cleavage will be drawn between trained or registered nurses on the one hand and the masses of the untrained on the other. In the bill providing for the examination and registration of trained nurses, which is before the New York Assembly, Miss Palmer pointed out that in that state there were *twenty-five hundred trained nurses and fifteen thousand untrained nurses*. The bill is being introduced through the agency of the New York State Nurses' Association, and will prove a great step in advance. The other day in Massachusetts a similar organization was formed by some three hundred and fifty nurses, assembled in Faneuil Hall for that purpose. Many hospitals and schools throughout the state were represented. The same work is going on in other states. It is a very real and important work, I believe; and I do sincerely trust it will lay the foundation for that catholicity of purpose, that broadening of horizon, that capacity for true progress, which must attach to every vocation that is to succeed.

There is another aspect of the nurse's problem which will be more immediately obvious to most of you than are any of those questions which I have raised; I mean the attitude towards you of the public and especially of individuals among your patients. The public has long since come to recognize vaguely your value and to turn to you for help, and the public approves of the trained nurse as an institution. But there are many dull and wrong-headed people who persistently think ill and speak ill of the nurse as an individual. This sentiment rises usually, you will find, from some unfortunate or unpleasant

experience with some special nurse. You will hear a foolish person say, "I don't believe in trained nurses," and he will say it to you with a smirk of self-approval. But you will just as often hear the same individual remark that he does not believe in doctors. When that sentiment has been addressed to me I have always felt soothed and stimulated, glad that the world has produced one more person of tact and sensibility.

There is, however, a very considerable number of reflective men and women who will tell you that they do not regard nurses as professional persons very seriously. Their reasons are in part those I have already suggested in this address; but these critics feel, in addition, that most nurses in the very nature of their circumstances, from the fact that they are young, single women, do not look forward to nursing as their life work. It is said that they take up nursing from a great variety of inadequate reasons—to kill time, to find new sensations, to make a little money, to become independent and the like; but, that as a matter of fact, they do not intend to remain nurses; that they expect a more secure settlement and to become wives and home-makers like the rest of their sex. In all candor, we must admit that there is a great deal of truth in this, for such is the state of mind of many nurses. If the anticipated events occur, the nursing lives of many nurses are to be short ones. Now, as a matter of fact, the average nursing life is about ten years, and is not ten years of professional life something seriously to be regarded? The lawyer and the doctor have average professional lives of about twenty years; twice as long as the nurse's, but sooner or later the lawyer and the doctor leave the stage—they die, they grow old, they retire. Of what consequence is the reason? Where then are to we distinguish? The doctor dies, the nurse marries, if you choose. Is the career of the doctor, which lasts twenty years, to be applauded, and the career of the nurse, with her ten years, to be dismissed with flippant words?

But there are other more immediately obvious hardships than this skeptical estimate in store for you—so you will be told with much truth. The great and standing grievance which very many nurses come to cherish against their patients and their patients' friends is a lack of consideration. Many persons employ a nurse not for her knowledge, experience and skill,—those things they are apt to question,—but in order to spare themselves. To them a trained nurse is a human machine to be secured, wound and ready to go indefinitely. Such persons will not spare *you*. They will keep you busy day and night. It is such treatment, which I regret to say is all too common, that helps to breed in nurses a sense of antagonism, a certain hardness, and brings about that state of mind which thinks of and refers to patients as *cases* and not as afflicted human beings. Perhaps, too, the doctors are in a measure responsible for this attitude of nurses, because, as your training in the hospitals shows you, the doctors,

with their press of work, unavoidably regard their ward patients as cases and as material. Of course that is a mental attitude deplorable alike for doctors and nurses. The doctors with their wider experience and more diversified lives, are able mostly to subdue the tendency at will. For you it may be somewhat more difficult, but it is a task to be done.

Another remedy for this tendency, perhaps the most important remedy for you as your lives develop, is to seek the special line of work that you do best. At present there are three broad classes among nurses, each class having its subdivisions. The three classes are: private nurses, institution nurses and district nurses. Their three lines of work are quite distinct, each having its particular interests, suited to different temperaments. I think I should choose to be a district nurse if I were a nurse. The private nurse earns more money, the institution nurse sees a greater variety of practice and has regular hours, the district nurse has greater independence and comes into the closest contact with humanity. So let each one choose.

Such very briefly are some of the problems which must be met and solved by nurses and nurses' associations. I fear I may not have told you very much that is going to be of immediate practical value, but how is that to be done in a fifteen-minutes talk at the end of a three years' course?

The question is often asked, What is the one thing most essential for a nurse's success? The answers are as various as the questioners,—good health, yes, that is essential; cleverness—you can get on without too much of that; good temper, tact, courtesy, gentleness, courage, interest, fidelity, unselfishness—all those are fine, useful traits; if you have them not, perhaps you can cultivate them. Sometimes I have thought that the attitude of the sister of charity is the best thing a nurse can attain, that self-effacement, that thought only for the patient which those good women are supposed to have. To this some nurse will answer: Yes, but we are taught to consider the doctor first and the patient second.

Truly, it is a thorny path, to be sought and followed by each individual according to her best lights and endeavors, and when you argue it all out to the last analysis, why is it not true that the great essential for success in nursing is the same as for success in the other walks of life? Saneness, a sound philosophy, a clear-eyed outlook on the world as it is—there is nothing new in that thought. Socrates, Epictetus, St. Paul and Marcus Aurelius held this view.

While you work preserve your health; find recreation, physical and mental. Don't forget how to play, but play in season. If the patient overworks you, tell the doctor you need help. Get an hour or two of exercise in the fresh air every day; get six to eight hours of sleep out of the twenty-four; eat three regular meals and eat them slowly. Faithfully keep up the routine of cold bathing as you do the wearing of fresh linen. Keep your mind alert and interested;

know things outside of your profession; cultivate a hobby. That eminent lawyer and writer John C. Ropes once told me that it was necessary for every successful professional man to have some constant outside pursuit. His own hobby was Napoleon and matters pertaining to military history. During his later years I suppose he knew more about Napoleon than did any other living man. His hobby kept him fresh, eager, interested and supremely interesting. You women can have your hobbies, whether you take to Napoleana, or the D. A. R., to botany, painting, embroidery, stamp-collecting, astronomy or wood carving. All such things are honest, instructive, wholesome, and they count for good.

And mark you this, that as you broaden yourselves you acquire more of that true sense of humor which is a large part of the philosophy of life. As the years pass, it makes that life more abundantly worth the living, "for truly, this humor is an adjunct divine, and as far beyond the trivial word for it as 'love' is or 'charity.'" No definition or happy phrase sums it correctly or rates it high enough. It is a balm of life. It makes for greater things than clean laughter from the lungs. It is the root of tolerance, the prop of patience. It suffers long and is kind; serves to tune each little life-harmony with the world harmony about it, keeps the heart of man sweet, his soul modest, and at the end when the light thickens and the mesh grows tight, humor can share the suffering vigils of the sleepless, can soften pain, can brighten the ashy road to death."²

This is not a sermon. It is not even a lecture, but a plain talk by a working man to working women, and remember, as the Cambridge poet said two hundred years ago,

"A woman's work, grave sirs, is never done."³

Original Articles.

STOMACHAL AND INTESTINAL DERANGEMENTS AND AFFECTIONS OF THE FAUCES, PHARYNX AND AIR PASSAGES.

BY BEVERLEY ROBINSON, M.D., NEW YORK.

ONE reason why the older practitioner of medicine is less enthusiastic about new findings is doubtless to be explained by the fact he has noted many times, *i. e.*, that the current of medical thought and action revolves, as it were, in a circle. Given a certain period of time, more or less, and the opinions and treatment of physicians which had become banished almost completely for a while return and become again the rule of thought and action. It may be, and in this wisdom has taught the lesson which is born of ripe experience, that convictions and measures which had been pushed to their uttermost are once more received and followed, but in a far more rational and conservative manner.

²Eden Phillpotts, in "Sons of the Morning," p. 479.

³Mr. Eusden, at the Cambridge Commencement, 1714.

I shall only cite a few examples familiar to all to prove my statement. Take bleeding in pneumonia, for example, and mark the generally received judgment in former years — on the one hand, a local inflammation of the lung and on the other the curative effect of excessive depletion. Take calomel — in massive doses, repeated more than once, it might be, to jugulate an incipient inflammatory process of the pleura. Take opium — the panacea of peritonitis (so called) in its acute form when declared, and repeated frequently until both pulse and respiration were reduced very markedly in frequency or affected sensibly as to rhythm or volume. These ideas, this treatment, based probably upon erroneous convictions to a certain degree, were without question, according to actual knowledge, excessive, and hence often resulted in direct injury to patients. At times, however, benefits great and evident followed, and many notable and direct cures were surely established. To-day mercury, opium, bleeding, are employed more judiciously, as our knowledge of morbid processes has advanced, or at all events changed. We may fairly add, I believe, that just as formerly our notions about certain things were excessive, at present, perhaps, they are somewhat too conservative, and only later we shall know when and to what extent to make use of these and other very valuable remedies in the best way. And we shall also modify our present convictions about many diseases, and thereby, perhaps, approximate greater truth.

Not very long ago, and in my own experience, those who recognized a very manifest correlation or dependence between gastro-intestinal troubles and those of the respiratory organs were regarded by many, especially prominent specialists in laryngology, as being behind the times, prosaically so, and as requiring new lights and fresh guidance. They argued with the German school of the day that local treatment, medical or surgical, was the main essential object to keep constantly in view, and a great deal of the talk or doing about dyscrasia, constitutional defects, the influence of climate, of season, of habits, of occupation, etc., was drifting far away from the best that could be accomplished in actual practice. And thus sprays to the nose and throat, inhalations of divers sorts, local applications with brush or sponge to diseased parts, cauterizations, burnings with electro-cautery, the use of trephine and saw, knife and chisel, were the order of the day.

To talk of Epsom salts, nitre, aconite, blue mass, spirits of mindererus, cubebs, etc., was to raise an incredulous sceptical smile, and to court more or less immediate and forcibly expressed opposition. And yet look how the pendulum swings! how we are returning once more to time-honored methods which have disappeared for a period, only to return with renewed and accentuated truth and power. This belief has been forced upon me again, I am glad to say, by more than one paper I have read or listened to within the last few years. It has been rendered doubly