

making *good* nurses,—she is making *better* nurses. But many graduates begin outside work insufficiently prepared for the pitfalls and surprises which await them; after a few years they are quick to acknowledge this. What can we do to help them at this time? Who helped us when we began? Not the busiest or most successful nurses always; but those who were ready to meet our difficulties half way, who were clean and pure in thought and conversation, who held always the ideals of sweet and gentle Christian womanhood, who taught us to look beyond the business surface of our profession into its human heart. These are the women whose lives shine like stars before us and who lift their work to the highest plane of honorable service.

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#### DISCUSSION

By L. B. DURKEE  
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THE private duty nurses of the country most certainly do appreciate the honor which has been conferred upon them as a body, in being given a special session at this convention, and feel that such a session can but be of great value in establishing a status for them. The hardest thing in the world, among nurses, is to get together a representative number of private duty nurses, and the fact that their needs are recognized and that an effort is being made to satisfy them, can but meet with unqualified gratification.

Most of the "problems" which arise in private duty nursing can be settled satisfactorily, and without much difficulty, if the nurse, who feels that a problem is involved in certain situations, will only remember the rules which govern her moral, social, and ethical standards.

The question of whose influence is greater in her alumnae association as, for instance, the control of the alumnae registry, should never arise, for the questions which interest only the private duty nurse, or which involve only her interests, should not be brought up for settlement in a meeting at which the institutional nurses are in a majority. Surely no body of nurses, having the right idea of what is due their fellow nurses, would consider questions involving those who are in another and entirely different line of work, but to say that the institutional nurse has no right to discuss or advise on questions of rules governing the alumnae registry is not wise,—for the institutional nurse is having constantly kept before her the continual need of progress. The institutional nurse, of necessity, sees the outlook for, in her position, she hears constantly of the failure of the private duty nurse "to make good." Patients frequently complain of the private duty nurse; she did do, or did not do, according to their ideas of what is fit and proper for that nurse to do or not to do. Doctors seeking for nurses to care for their patients,—friends and relatives,—all, at some time or other, have laid their troubles before the institutional nurse and, therefore, she hears more and knows more of the seamy side of the private duty nurses' work than do the private nurses themselves, and she

feels the need of adjustment and regulation as much or more than does the nurse doing exclusively private nursing.

The only place in which this can be done is in the alumnae association, and it is unjust to the institutional nurses to require her to keep strictly out of and away from the affairs which apparently concern only the private nurse. I say "apparently" for it is not true that anything concerning nurses can be of interest to only one branch or class of nurses. *Everything* touching the professional life of any nurse is of interest to *all* nurses. We cannot live to ourselves alone, as we are finding at every turn.

The standardizing of alumnae registries and central directories would appear to be a necessary step in nursing progress, and would be of great benefit to the large number of women who are obliged to locate in cities away from where they were trained. The standardizing of training schools must be followed by an equalization of methods and rules governing all lines of work, and perhaps the time is ripe for the reviewing and revising of rules governing registries and central directories, under the inspection and advice of a committee appointed by this body for that purpose.

The obstetrical nurse and the children's nurse both have a larger field than formerly, and the trained nurse who specializes in either of these lines can be of the greatest educational value in the homes into which she goes. Why nurses refuse obstetrical cases is a great puzzle to the medical man, to the would-be patient, and her friends. To care for the parturient woman,—to watch the tiny babe from its first gasping breath,—to know that she has helped to usher a new soul into the world,—to be the "guide, instructor, and friend" of the mother who is responsible for the being of that soul,—to watch the daily growth of the child's mind, and the unfolding of its little life in all its tiny winsomeness,—all are pleasures which it is impossible to realize that any woman wearing a nurse's uniform would willingly forego. I must also speak of the opportunities for special instruction to the mother as to the care of herself and her other children, as well as the infant in her arms, as here the nurse can properly enter her field of instruction along many household lines.

I will not attempt to quote *verbatim* from the recent address of Dean Russell at the Horace Mann Auditorium, but the impression of one of his remarks, as it was made on my mind, is this: As long as the nurse is doing purely remedial nursing she is necessarily "the physician's hand-maiden," but in the field of *preventive* work the nurse as an educator is recognized as a great factor. The nurse who goes into a family for a long or a short term of duty, and misses an opportunity to instruct that family, or some portion of that family, in hygiene, sanitation, moral prophylaxis, or some one of the many details which daily and hourly come under her observation, has failed in an important mission. The nurse as the public educator is more widely recognized than even one year ago, and these responsibilities will continually grow.

The nurses who have just graduated from their training schools have had this thought impressed upon their minds long before they received their diplomas. But is the older nurse who has been in the field for a number of years shouldering her responsibilities as she should? If so, why is the cry constantly for "new" nurses, the "recent graduate"? Are the older women keeping up with the day? A few of them do, but not all. A few know the most recent nursing text-books, and the newest thought of the medical profession on pre-

ventive hygiene. Can the others hope to be kept "off the shelf," so to speak, where are relegated all "back numbers"? Can the doctor or the patient be blamed if they insist on having a nurse on whose diploma the ink is not yet dry, but whose mind is open to receive new impressions, as well as to impart knowledge, her hands still adept in the most recent technique?

I, myself, would like to know how to deal with the sick jealous wife. A change of nurses is undoubtedly necessary, but as to warning other nurses *against* her,—that is clearly impossible if the woman is sick and needs care.

The "attractive widow," whose only need for a nurse is to act as a chaperon while she is carrying on a dangerous flirtation, should, no matter how "attractive" she may be, nor how large a salary she is willing to pay, be taught that under *no circumstances* will nurses constitute themselves a shield to immorality, nor protect her from the consequences of a flirtation,—if she is not sick and only needs a companion.

In all cases, the safe rule of conduct for the nurse to follow is to answer the call of *human need*. Sickness and suffering cannot be left alone because a nurse has scruples. If the patient cannot be removed to a hospital, or left in competent hands, then the nurse's work is ahead of her. The humanitarian side of the question first:—Can you relieve? Can you comfort? Can you help suffering humanity to bear its burden of pain and misery? If you are morally and spiritually strong, these trials cannot hurt you. If you fail in moral courage or spiritual strength, and do not receive strength from the Source of strength, then step aside and let another take up the work. But sick humanity, under any conditions, *must* be helped.

Our president spoke this morning of the nurse in her relation to social questions;—of the stewardship with which she is invested;—of the peculiar position of the trained nurse, which will allow her, in her womanliness, in her dignity, her purity of mind, to pass the gulf to the submerged under-world, and there, without contamination, without fear or dread, minister to the diseased body, as well as to the unhealthy mind. These things are true, and the private nurse has more responsibility, more is expected of her, more is required of her, than she oftentimes realizes.

As a last word, the phase of private nursing which stands out to-day most distinctly,—the clearest view we are able to obtain of the many, many duties and privileges of private nursing, is that of the nurse as the teacher, and the guide.

If that attitude toward your profession is the one always assumed by you, then private duty nursing will never be summed up in the word salary.

MISS DEWITT.—As to complaints, we know that patients who have a very good nurse with whom they are very much pleased are apt to keep quite still and enjoy her, while those who are so unfortunate as to fall into other hands do not hesitate to tell all their relatives and friends every foible that the nurse possesses. I do not think that because we hear many complaints there are so many nurses who are failing in their duty.

Miss Palmer, in her recent illness, said to me, "When I think how these nurses have been caring for me, how they put their health and their strength and their energy for long hours each day at my service, what skill, what kindness these young women, so fresh and so young, are giving to make me better,—I am filled with indignation to think that people will accept such services and

then find fault; and I am going to have a few things to say about it when I get up."

MISS ELIZABETH SHERMAN.—It seems to me it is not so much the fault of the nurses as it is the high standard that is set for the nurses.

MISS DEWITT.—The next paper on our program is a topic which might well occupy us for the whole afternoon, pro and con: "Special Duty Nurse in the Institution." We all know that there are great bundles of grievances on both sides. I imagine we should have a very lively afternoon if we could have every one in the audience speak her mind, if the superintendents would tell us all about the kind of special nurses they have had in their institutions, and if all the private duty nurses who have been employed in hospitals should tell us about their experiences.

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## THE PRIVATE DUTY NURSE IN THE INSTITUTION

By CAROLINE CRANDALL FOOTE  
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A GRADUATE nurse is supposed to be the finished product of an institution, a representative of that institution's best technic in the general bearing of proficiency, ethically as well as theoretically. As such, her attitude toward her hospital or another while on duty as a special nurse marks her more accurately as a woman than as a nurse.

In finishing the curriculum of the prescribed course, she receives a voucher or declaration of her efficiency in the technical part of her work-to-be, but what institution can protect itself or its patients by giving a diploma for the hundred and one unwritten laws which insure understanding, consideration, charity, and a grasping of innumerable situations which lubricate the smoothly-running machinery of life in and out of the institution? It is in this respect that the woman, not the nurse, shows through the professional veneer of a two or three years' course of training.

As we all know, there are two distinctly different types: the good nurse, who is not the fine woman in the broad sense, and *vice versa*.

In doing private duty in an institution the characteristic which stands for the most in a graduate's success is that of tact, which without doubt is of two-thirds importance in her value to both the institution and herself; tact being the more polite and curtailed interpretation of the law of co-operation, without which she should never attempt institutional nursing.

It is rare indeed in or out of the hospital life to eliminate the impression that most older graduates have, that things are not running, or being managed, as they were at their own time of training, which