

NURSING MAGAZINE PAGE.

BY MISS CULLWICK.

IN the *Australian Nurses' Journal* we have a lecture by Professor McKellar Stewart on the different sets of conditions treated by massage. He writes :— Modern treatment of nervous troubles has led to the distinction between two different sets of conditions to which these troubles may be traced. The one set of conditions exists in the mind of the patient ; the other in the structure of the body. As Dr. Hadfield has pointed out, " If one visits the wards of a 'shell-shock' hospital, one sees there men paralysed, blind, deaf, dumb, and suffering from severe headaches and other pains. It seems incredible, and yet such is the fact, that all these men are suffering from disorders which, though physical in their symptoms, originate, not in the body, but in the mind . . . One may visit a ward of another hospital and find men suffering from what appear to be exactly the same symptoms . . . but the disease in these cases is of an entirely different nature, being due to some bodily injury or sickness." In so far as the conditions are of the first kind, they have in most cases been found to lie in some dislocation, some disturbance of the emotional life. Special methods of treatment have been evolved for such cases, the distinguishing feature of which is that bodily health is regained, not by direct treatment of the body, but by indirect means. The mental disturbance is removed, and with its removal the bodily symptoms disappear.

He emphasizes the close connection between emotional processes and physiological changes which is also recognised by psychologists. He ends by saying :—

" The mind which is emotionally well-organised is one in which there is some dominant sentiment directed towards a worthy object. Such a mind preserves its harmony. Should, however, some individual primary emotional system be over-excited, or should it act in independence of the organising system of the dominant sentiment, then there is disturbance of the mental life. Such disturbance, if it becomes acute, issues in those bodily symptoms to which reference was made at the beginning of this address."

IDEALS FOR PRIVATE DUTY NURSES.*

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(Read by Minnie S. Hollingsworth, R.N.)

(From *The Pacific Coast Journal of Nursing*.)

The realization of what ideals have done for nursing is very definite in my mind. During these years in which the art of nursing has become a profession, it has been the ideal adhered to, as well as the theoretical and technical training that has been the impetus behind the upward curve of nursing. This progress has been really a spiritual one.

* From Detroit Convention Report, American Journal of Nursing.

Nursing is a profession, and it is also a vocation, rich in spiritual value. Its ideal, its aim, is service. From the beginning it has been an object of wonderment that fine, cultured women betake themselves to training schools for nurses and learn to do happily for sick human beings, things that in themselves seem too unlovely to do. It is the ideal of service which has led them, the returns from which are great. These compensations are spiritual and are the substance that men live by.

Nursing, as a vocation, offers, to women who are so inclined, a satisfaction—namely, the realization of personal ambition or at least an attainment toward that realization. It may be well at this point to consider the objectives which make any work satisfactory, objectives which fit the nursing profession very well indeed. This analysis has been ably worked out by Dr. Cabot in his book, "What Men Live By."

First, in order to offer satisfaction and maintain interest, a profession must "present difficulty enough to call forth from the individual his latent powers of mastery." To begin with, a nurse is never a finer nurse than she is a woman, at any time. Yet, what a transformation occurs in the three years between probation and graduation. That organized, practical and scientific training has deepened and strengthened her powers of judgment. She is able to meet with poise the issues of life and death. She has learned obedience. She is disciplined which means in the last analysis, that she has learned to overcome difficulties which have lain between her and the accomplishment of some aim which was before her. She has overcome some of the crudeness and imperfection in her character and personality. The angles and rough edges of her personality have been pretty successfully rounded off, or soon will be if she is successful in private nursing. All this acquirement of self discipline has developed within her a sense of security which she imparts by her efficiency and tact to her patients.

Second, "work to be satisfactory must offer a variety of activity so balanced by monotony as to suit the individual." What life is more varied than that of the nurse, and yet how well balanced by monotony? Where can there be found more of the vital impulse of happiness, if one has the insight to discover it, than in the humor, pathos, or tragedy of the moment in the daily common things of a nurse's life? Who has a better opportunity to help and to serve, to study character under adversity and to gain from this study understanding? If a nurse approaches her case in simplicity, humility and fidelity, along with her technical knowledge, she brings to her immediate problem a hearty interest. Nursing is chiefly activity; it is never characterized by monotony for any long time. In back of each case there is common human nature, a subject that is an inexhaustible source of interest. With the intimate insight of human nature that she has acquired, the nurse has in her care, a case in humanity not alone one in a specific disease or malady. Thus she must be humane; she can ill afford to allow egotism a place in her professional spirit.

Third, the private nurse must demand obedience, but she in turn must know how to obey. She must give that loyal obedience which is far removed from servility, for she realizes that she is the skilled helper of the physician.

Now, if she has come from a training school in which the ideals of service, obedience, and courtesy are held high, she bears the marks of the ideals of that school. If, on the contrary, her hospital has been a battle ground between the mere caring for patients on one side, and the perfunctory training of a nurse on the other, she does not prove a reflection of the ideal nurse. Instead of learning co-operation and correlation, she has made self-preservation her rule of life.

Fourth, nursing offers a supreme opportunity to achieve, to accomplish, to do something. The essence of nursing is the art of caring for the sick, by a thousand and one means of mitigating suffering and of doing things at the least expense to the patient's energy. These things are best learned in bedside nursing, things which supply a great part of that knowledge which counts for so much in the recovery of a very sick patient. What a satisfaction it brings to a nurse to see a very sick person well again with a better knowledge of health and the prevention of disease and sickness. In all this, the nurse has played a large part.

Fifth, the nurse earns by her training a title, and a place as a registered nurse. These are seals which show that something has been mastered. It has meant self denial and hard work. It means that the nurse has learned to meet life as she finds it and that she has learned methods by which every human has the best chance to live and sick persons have the best chance to recover. It means to the nurse who is to be the replica of the ideal nurse that all this theory is a stepping stone to useful practice, that in kindness, simplicity and singleness of heart she will do her duty well, with sufficient forgetfulness of self and with efficient care of others entrusted to her.

Sixth, the woman who goes into private nursing carries with her a connection with some institution which she will loyally look back to and serve. The hospital and group of people who trained her are very important and real factors in her life. A woman at the head of a training school passes on to her nurses her ideals, which are a source of never ending inspiration to the nurses she has trained. In some intangible way she has imparted to them her ideals of service and they go out knowing that the rule of Saint Vincent for the early nurses is the great rule for nurses for all time; namely, that their convent must be the house of the sick, their cell the chamber of suffering, their chapel the nearest church, their cloister the streets of the city or the wards of the hospital, the promise of obedience their sole enclosure, their grate the fear of God, and womanly modesty their only veil.

Needless to say, this statement of this great rule of conduct brings us to the seventh point for a private nurse to maintain in her profession. She must maintain honorable and pleasant relations with her comrades in work and with all others whom her life may touch.

Private nursing itself is the living out of a great ideal in daily practice. A great possession comes to the private nurse, namely, a human experience won through the vision of her ideal, through joy and sorrow, in service, in life, in love, in death. What more can she want from life? All this is possible if she will seek the great ideal in nursing—service, and its accruing spiritual values.