

THE NURSE

An Address to the Graduating Class
of Nurses, the Western Hos-
pital, Toronto, June
9th., 1915.

BY

WILLIAM RENWICK RIDDELL, LL.D., Etc.,

Justice of the Supreme Court of Ontario.

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AN ADDRESS TO THE GRADUATING CLASS OF NURSES, THE WESTERN HOSPITAL, TORONTO, JUNE 9TH, 1915.

BY THE HONOURABLE WILLIAM RENWICK RIDDELL, LL.D., Etc.,
Justice of the Supreme Court of Ontario.

I AM not sure why the Board of the Western Hospital have asked me to deliver the Graduation Address to you, but shall flatter myself by assuming that I am credited with some knowledge of medicine, some knowledge of the world and its ways, and at least a modicum of common sense.

You are to be congratulated upon the advance in public estimation heretofore made and still being made by your profession. Scarcely half a century has passed since the nurse, as we understand the name, has become an integral and necessary part of English-speaking communities. The hideous picture of the nursing trade—it could not be dignified by the name, profession—given by Dickens in *Martin Chuzzlewit*, in the early 40's is as terrible as it is disgusting and nauseating—Sairey Gamp and Betsy Prig, ignorant, drunken, slatternly, unkempt and unreliable—yet there is no doubt that the picture, vile as it is, was true to nature. Dickens could and did see life as it was and could and did faithfully describe what he saw.

It is, in great part, to that splendid woman and efficient nurse, Florence Nightingale, that we owe the profession as it now exists. But some part, and that by no means negligible, has been played by the fundamental revolution in the medical conception of disease itself, due largely to the microscope.

The old physicians looked upon disease almost as an entity to be met, fought with and conquered by the proper medicine; the newer school sees but an abnormal condition of the tissues and organs of the body, due not seldom to some foreign animal or plant which has made its way where it should not. These physicians endeavour to assist nature to throw out the alien and think in most cases they do well if they make and keep the patient as qualified as possible in being himself the agency of bringing about a return of health.

With these the nurse is essential; with those rather a superfluity, nay, a hindrance than otherwise. When a disease was to be subdued by doses of medicine, there a nurse was of no use; she was rather in

the way than otherwise; but when the body is to be helped to strengthen itself, by a comfortable bed, fresh air, good water, appropriate food, the story is different.

And so the nurse is coming, if not quite come, to her own—a consummation devoutly wished and to be wished.

Poeta nascitur non fit—a poet is born, not made; and so it is of the nurse. Without the knack of nursing, which comes by nature, if it comes at all, the nurse cannot attain distinction, but must be to a great extent mediocre, if not a complete failure.

Granted this knack, this "fairy god-mother" gift of Dame Nature, what then?

First, I would say, on the list of qualifications for a successful nurse comes common sense.

Carlyle says, "A thinking man is the worst enemy the Prince of Darkness can have" and he is nearly right—a thinking woman is a worse.

It is said that a reasoning mule will neither lead nor drive, and if a nurse were something just to be led or driven, that apothegm would be applicable to her; but neither in law nor in reason is that true of the nurse. She cannot sink her individuality or abrogate her duty as a member of the public and as a reasoning creature.

I remember when at the Bar defending a doctor for malpractice; he was to perform a serious operation under an anæsthetic and the patient required to be laid on his back on a Kelley pad. The nurse swore at the trial that the doctor had told her to fill the pad with boiling water. She did fill it with boiling water and, of course, the patient had his back shamefully blistered. The nurse knew the necessary result of doing as she did, but said she thought she should do exactly as she was told, and without enquiry. She was a fool. If the doctor did give such an order, she should have known that it was a slip of the tongue, and should have asked about it pointedly. Had the result been fatal, as it might have been, nothing could have saved her from a conviction for manslaughter; she could not have sheltered herself behind the direction of the doctor; and that the doctor would be equally liable would not have saved her. At that trial a surgeon of Toronto, in the front rank of his profession, swore that if he could not rely upon his nurse he must give up surgery—that anyone calling herself a nurse should know that no doctor could intentionally give such an order.

That nurse did not use her common sense (assuming that she had any); she applied to that case the ordinary rule that a doctor's directions are to be implicitly followed without comment—an excellent rule, but not always to be followed. The doctor is not to be contradicted, but every enquiry is not contradiction. Sometimes it is only knocking at the door to see if intelligence and knowledge are at home. Taking the nurse's

own story as accurate, the doctor's intelligence was not at home, but was away woolgathering.

I remember when studying medicine my preceptor once wrote $\frac{3}{5}$ for $\bar{5}$, and gave me the prescription to fill. If I had done so, both of us would have seen the prisoner's dock—if we got our deserts.

Many difficult questions have been put—hypothetical questions generally, or, at least, the cases must be of extremely rare occurrence—as to the duty of a nurse in administering medicine in dangerous doses, when the doctor is not available to be asked. If that particular doctor is not at hand another probably will be; and, in any case of real doubt, better follow the advice given by *Punch* to those about to marry, "Don't." For you may be quite sure that if a mistake is made, you will not be able to clear your skirts by throwing everything on the doctor—you are not his slave, but his assistant, and your negligence is not his.

I know what I say is opposed to the teachings of many medical men and nurses, too, but it is law. You have no right, much less duty, to lay aside your common sense.

In what I have said, I am not to be considered as suggesting constant or open criticism of treatment—that is not your function at all. You must use due care; but the doctor is the final judge as to treatment. Yet even here to improve yourself in your art there must needs be observation, and therefore criticism, not open, indeed, or to the patient, but to your own mind. "Criticism is like champagne, nothing more execrable if bad, nothing more excellent if good," says Colton; and while in these days of temperance and prohibition, we may not all agree with him as to the excellence of good champagne, there can be no doubt of the execrableness of bad criticism. Good criticism will assist in your profession—and to be a competent critic you must know. Natural intelligence, natural good sense, is not enough; neither reading nor writing comes by nature, nor does a knowledge as distinguished from the knack of nursing. You cannot know too much; "a little knowledge is a dangerous thing," and "cultivation is as necessary to the mind as food to the body," as Cicero wisely says.

Knowledge has grown from more to more and is still growing; old and time-honoured ideas are gone, newer ones taking their place. In my school days the future character of Nero was considered to be indicated by his childhood habit of killing flies. Everyone will remember in Charles Reade's "Hard Cash" how the conduct of David Dodd in preventing his mate from killing flies was held up as a model—God's creatures had a right to live. "He was killing God's creatures . . . so, ye see, to save their lives, I was obliged to throw him overboard," said David. Now, the insect has found his true place as the outlaw of creation, the Ishmael of the animal kingdom with his hands against every

man and every man's hand against him. Emerson said, "A fly is as untameable as a hyena," but he did not know that it is more dangerous, and so he did not advocate its slaughter. Nowadays with the ringing slogan "Swat the fly!" the boy Nero would be held up as admirable and heads gravely shaken at the degeneration shown when he grew up; he would be likened to Domitian, who began so well and ended so badly.

Mere intelligence and mere knowledge "without corresponding energy are the polished sword within its scabbard, contemptible if it is never drawn forth." The efficient nurse is energetic, she throws off languor, *dolce far niente*; with her, life is real, life is earnest, she is diligent—and diligence includes most of the virtues. She throws herself into her profession and loves it and lives it. She does the duty which lies nearest to her and fears not that, bidden to wait, it may return "with seven fresh duties at its uack."

She follows the advice of Pythagoras to "choose always the way which seems to be the best, however rough it may be, well knowing that custom will render it easy and agreeable"—that custom is second nature, that "doing is the great thing, for if people resolutely do what is right they come in time to like it," as John Ruskin assures us—that "duty by habit is to pleasure turned."

Enthusiasm is a great thing, but it may go too far; nearly as many suffer from too much as too little. "*Meden agan*," in nothing too much, was the Greek maxim. Enthusiasm must be tempered by reason and so become earnestness, for we know that even those of the most distinguished talents are not necessarily gifted with discretion; and while one of large intelligence generally knows a great deal, he is not therefore always prudent.

Courage, too, is needed. "Courage, sir, that makes man or woman look their goodliest," says the Poet Laureate. There is no room in the nursing profession for one who loses her head in an emergency, and who is afraid to take on responsibility when occasion calls for it; but this does not mean or imply running unnecessary danger; danger for danger's sake is senseless folly and cannot be too severely reprobated. Doing nothing is not necessarily doing ill. There is such a thing as disciplined inaction, and they also serve who only stand and wait.

Shakespeare lilts:

A merry heart goes all the day,
Your sad tires in a mile a."

The Good Book puts it better thus: "A merry heart does good like a medicine"; Addison says: "Cheerfulness is the best promoter of health and is as friendly to the mind as to the body"; and Jean Paul, "Cheerfulness is the heaven under which everything thrives but poison."

Many patients have grown well under the compelling influence of the cheerful nurse, with whom a broken spirit would have dried the bones; and to tell of one's physical afflictions to a sympathetic and cheerful nurse is itself an alleviation, as old Ovid well knew in his day. Whether every man is a rascal as soon as he is sick, as Dr. Johnson thought—and he was much of the time sick himself and should know—there is no doubt that every man is an egotist as soon and as long as he is sick; the wise nurse knows well how much and how little to pander to this abnormal egotism, how much to discourage mournful forebodings and to encourage optimism. I know many lecturers advise against talking with a patient about his ailments at all; it tends, they think, to make him too introspective, morbid, pessimistic; and so it may, if he talks to a fool; not, I think, where the nurse is intelligent, skilled, earnest—*Dieu seul devine les sots*.

But you should be secret as the grave to others. The patient's secrets are his own and to be shared only by the doctor, the nurse and those to whom he desires they should be told.

Do not allow yourself to become vulgarized. You are a nurse, you should not cease to be a lady. Many things you see, many things you must sometimes speak of in your profession, will have a tendency to brutalize the mind. Guard against that, a woman once vulgarized can never be rehabilitated, she is vulgar and no longer a lady—the uniform of a nurse should cover a clean mind and a pure heart as it covers a clean body.

To be a perfect nurse you must be perfectly healthy. You should not be liable to the lash of the Roman satirist, "*Aliorum medicus, ipse ulceribus scates*," "you who would fain cure others, yourself overflowing with diseases." "Take care that you keep well," says Cicero, advice is good to-day as it was two thousand years ago.

"*Der Mensch ist, was er isst*," man is what he eats, says the German proverb. What to eat, how much to eat, is in great measure a matter of experience utilized by common sense. I have recently had occasion to examine the evolution of dietetics from the time of Charles II., and the main thread running through the process is the gradual elimination of animal flesh in excess. I am not a vegetarian in general; moreover, few raw fruits agree with me and am not prejudiced through personal predilection; but I lose my guess if the process does not proceed further, and if, at least for sedentary or semi-sedentary occupations, the day of much meat is not done.

We are creatures of habit and are wont to eat what, and what amount, we are accustomed to eat; but food to us is like fuel in a furnace. If a skilful furnace-man keep up the accustomed heat or any sufficient heat, it does not matter how much or what kind of coal he

uses (so long as it does not cost too much). So with food—if you find that less keeps the body in vigour, you will be silly if you do not eat less; if less meat, you find, makes you more healthy, take less meat—in all such matters use your common sense.

Those who should know, tell us that the use of a diet largely, if not exclusively, vegetable, will destroy rheumatism (which many say does not exist anyway—like Sairey Gamp's Mrs. Harris, "there is no such person") gout (the reality of which they admit with some reserve) and neuritis (which everyone knows): perhaps so; "*fat experimentum in corpore proprio*," i.e., try it.

The drunken old nurse—she who had the bottle of gin placed on the mantel so that she could put her lips to it when so disposed—is dead, and has no successor; without being a prohibitionist, or even a temperance man, the average patient would, if there must be a smell, prefer that of the harmless mephitic Americana to that of liquor on the breath of his nurse. Wine maketh glad the heart of man even yet, as it did in the Psalmist's days, but not when it gets no nearer him than the nurse—it does its joymaking work only at first-hand.

Speaking for myself only, I could never see and cannot see, why, if men use tobacco, women may not. The custom is growing in some circles and will probably continue to grow. But I have heard many delicate women complain of the smell of stale tobacco on the clothes of the doctor; and I am quite sure that most women, and men, too, would prefer the smell of assafoetida on a nurse's uniform to that of tobacco. The one might be medicinal or accidental, the other could not be.

In dress the nurse, like the soldier, when on duty, is relieved of all care of her outside clothing. The uniform of the nurse in its neatness is as far removed from finicalness as from slovenliness, is as honourable and should be worn as proudly as that of His Majesty's troops. She is engaged in as necessary and as lofty a work as are our splendid lads in the trenches in Flanders, and should be as proud as they.

A writer in the *Anglo-American Magazine*, published in Toronto, in the number for May, 1853, gives an appalling picture of the General Hospital of that day. (See my article, "Examination for License to Practice Sixty Years Ago," *Canada Lancet*, June, 1913). He calls it an old pest house, its surgery with shelves of musty-looking old bottles covered with dust and cobwebs, its operating room a dark close room, "a sort of Calcutta Black Hole." We need not be told that the mortality in that chamber of horrors was frightful.

Now we know that dust may be as dangerous as arsenic, and that sunlight is often itself a medicine. The nurse is called upon to shield the patient from dirt, dust, flies, darkness, as formerly she kept her charge from light, fresh air (and especially night air), and often fresh

water. Utter cleanliness must be considered as natural and essential as breathing; fresh air as food.

In an interesting and amusing book published in 1800, "The Hospital Student," by James Parkinson, a surgeon of some note and a paleontologist not quite forgotten, he speaks (p. 26) of "the vulgar (i.e. common) observation, that a physician seldom obtains bread by his profession, until he has no teeth left to eat it"; and he adds, "I have myself known a physician above fifty years of age objected to for his youth."

Matters are not quite so bad in this age and country, but still the young physician is not considered to be entitled to charge quite so much as the old and experienced—much less is the young surgeon expected to receive so much as the leaders in the profession. So, too, the young lawyer just starting cannot charge a counsel fee which the noted K.C. would expect as of course.

In your profession, however, the recent graduate expects to receive and does receive the same fee as the more experienced. Sometimes that is explained by the suggestion that the science and art of nursing is advancing and the latest graduate has the latest improvements. Perhaps so; but as the Germans say: "Change and betterment are different things," and in any event, the same argument should apply to the young surgeon. I may be permitted to doubt that in either profession the extra science and knowledge can take the place of the extra knack and dexterity acquired and acquirable only by experience. Experience is the best teacher, even if the school fees are high.

The real reason for this equality of nurses' fees lies deeper. A physician should be as good at sixty as at thirty, or better—a lawyer does not lose efficiency by advancing years, and until he becomes practically helpless his practice generally increases; but a nurse has not more than fifteen or twenty years of really efficient and remunerative service. She must make hay while the sun shines and cannot wait till October to do it either.

True, the nurse is still a woman. Most of you are destined for the slow march down the long aisle to the favorite air from Lohengrin, but there are exceptions. Some are born old maids, some achieve old maidhood, and some have old maidhood thrust upon them; and it requires reasonably generous pay, and careful and economical management for a nurse to make enough during her years of active service to support her in after life.

And that brings me back to a most important—some would say—the most important matter. Many have not yet got rid of the idea that a nurse is a kind of Sister of Charity; that she ought to attend a

sick person for nothing, if necessary; and, in any event, for what the patient can afford. The other day I read an address from a very prominent medical man to a graduating class of nurses, in which he advised them to take what are called "poor cases" cheerfully. Now it is easy for a doctor to give that advice—when he attends the poor, it takes up but a small part of his time and he can make it up with his paying patients. The lawyer advising the poor and impecunious, need not therefore close his office to the well-to-do. It is to the credit of both professions that their members do give an enormous amount of attention and assistance to those who cannot pay; but their time is never wholly taken up with such, they are not prevented from making money out of others. As regards the clergyman, visiting the poor is part of his work for which he is paid.

If the nurse take a poor patient, she cannot take a rich, her time is wholly taken up with the one—and if she is not paid, her short term of productive service is by so much shortened. Moreover, while a doctor or a lawyer does not lose caste, but rather the reverse, by helping the poor, the nurse does. A nurse who acquires the reputation of being a cheap nurse will be held cheap.

Now God forbid that I should say anything to check a generous impulse or to prevent kindly gratuitous service; but let it be considered, as it is, a charity. No one may be required to do, as no one may be restrained from doing, a charitable act, and be sure there is nothing in your professional ethics which calls on you to give your service for nothing or for less than you can obtain. A farmer might just as well be required to give a load of potatoes or wheat. The estimate you put on yourselves will be the estimate the people will put upon you. Robert Burns knew this world well when he advised a young friend thus:

"Gather gear by every wile
That's justifi'd by honour;
Not for to hide it in a hedge,
Nor for a train attendant;
But for the glorious privilege
Of being independent."

Nor need you fear want of employment if you are the right sort. Emerson asks, "Can anybody remember when the right sort of men and the right sort of women were plentiful?" Anyone with any experience or reading would readily answer in the negative.

Nor need you to cringe for employment or to be too humbly cognizant of favour on obtaining it—the labourer is worthy of his hire, and you will give 100 cents' worth for every dollar you receive.

But once employed, all thought of self and self aggrandizement

must cease, morbid fear of depreciation or want of appreciation, apprehension that you will not receive proper respect or your rightful social position, all that and the like, must be relegated to the background; the patient first, the patient last, always the patient, being your care, all else forgotten. *Esprit de corps*, valuable as it is; pursuit of knowledge, laudable as it is; pursuit of pleasure, excusable as it is, are all as the small dust of the balance, compared to the real object of the nurse's life, to heal the sick.

I wish the graduating class of 1915 of the Western Hospital all success and all happiness in their chosen life; I am confident that the debt which everyone owes to his profession will be paid by them in full, and that the nursing profession will not suffer in public esteem or in proficiency from them.

