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W. Osler

1871

Nurse and Patient

BY

William Osler, M. D.

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NURSE AND PATIENT

BY

WILLIAM OSLER, M. D.



BALTIMORE
JOHN MURPHY & CO.

1897

NOTE

This address did double duty—first at the Commencement Exercises of the Philadelphia Hospital Training School, February, 1897, and again on June 3rd, at the Sixth Annual Commencement of the Johns Hopkins Hospital Training School for Nurses.



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THE trained nurse as a factor in life may be regarded from many points of view—philanthropic, social, personal, professional and domestic. To her virtues we have been exceeding kind—tongues have dropped manna in their description. To her faults—well let us be blind, since this is neither the place nor the time to expose them. I would rather call your attention to a few problems connected with her of interest to us collectively,—and individually, too, since who can tell the day of her coming.

Is she an added blessing or an added horror in our beginning civilization? Speaking from the point of view of a sick man, I take my stand firmly on the latter view, for several reasons. No man with any self-respect cares to be taken off guard, in *mufti*, so to speak. Sickness dims the eye, pales

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the cheek, roughens the chin, and makes a man a scare-crow, not fit to be seen by his wife, to say nothing of a strange woman all in white or blue or gray. Moreover she will take such unwarrantable liberties with a fellow, particularly if she catches him with fever; *then* her special virtues could be depicted by King Lemuel alone. So far as she is concerned you are again in swathing bands, and in her hands you are, as of yore, a helpless lump of human clay. She will stop at nothing, and between baths and spongings and feeding and temperature-taking you are ready to cry with Job the cry of every sick man—"Cease *then*, and let me alone." For generations has not this been his immemorial privilege, a privilege with vested rights as a deep-seated animal instinct—to turn his face toward the wall, to sicken in peace, and, if he so wishes, to die undisturbed? All this the trained nurse has, alas! made impossible. And more, too. The tender mother, the loving wife, the devoted sister, the faithful friend, and the old servant who ministered to his wants and carried out the doctor's instructions so far as were consistent with the sick man's wishes—all, all are gone, these old familiar faces; and now you reign supreme, and have added to every illness a domestic complication of which our fathers knew nothing. You have upturned an inalienable right in displacing those whom I have just mentioned.

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You are intruders, innovators, and usurpers, dislocating, as you do, from their tenderest and most loving duties these mothers, wives and sisters. Seriously, you but lightly reckon the pangs which your advent may cause. The handing over to a stranger the care of a life precious beyond all computation may be one of the greatest earthly trials. Not a little of all that is most sacred is sacrificed to your greater skill and methodical ways. In the complicated fabric of modern society both our nursing and our charity appear to be better done second-hand, though at the cost in the one case as in the other of many Beatitudes, links of that golden chain, of which the poet sings, let down from heaven to earth.

Except in the warped judgment of the sick man, for which I have the warmest sympathy, but no respect, you are regarded as an added blessing, with, of course, certain limitations. Certainly you have made the practice of medicine easier to the physician; you are more than the equivalent of the old two hourly doses to a fever patient; and as the public grows in intelligence you should save in many instances the entire apothecary's bill. In his chapter on Instinct, in the Origin of the Species, Darwin gives a graphic account of the marvellous care-taking capacity of the little *Formica fusca*—a slave ant. One of these "introduced into a company of her masters who were helpless and

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actually dying for lack of assistance, instantly set to work, fed and saved the survivors, made some cells, and tended the larvae and put all to rights." *Put all to rights!* How often have I thought of this expression and of this incident when at your word I have seen order and quiet replace chaos and confusion, not alone in the sick-room, but in the household.

As a rule, a messenger of joy and happiness, the trained nurse may become an incarnate tragedy. A protracted illness, an attractive Mrs. Ebb-Smith as nurse, and a weak husband—and all husbands are weak—make fit elements for a domestic tragedy which would be far more common were your principles less fixed.

While thus a source of real-terror to a wife, you may become a more enduring misery to a husband. In our hurried progress the weak-nerved sisters have suffered sorely, and that deep mysterious undercurrent of the emotions, which flows along silently in each one of us, is apt to break out in the rapids, eddies and whirls of hysteria or neurasthenia. Of one of these unfortunates, by a finely measured sympathy and a wise combination of affection with firmness, you gain the full confidence, and become to her a rock of defence, to which she clings, and without which she feels again adrift. You become essential in her life, a fixture in the family, and at times a dark shadow

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between husband and wife. As one poor victim expressed it, "She owns my wife body and soul, and, so far as I am concerned, she has become the equivalent of her disease." Sometimes there develops that occult attraction between women, only to be explained by the theory of Aristophanes as to the origin of the race; but usually it grows out of the natural leaning of the weak upon the strong, and in the nurse the wife may find that "stern strength and promise of control" for which in the husband she looked in vain.

To measure finely and nicely your sympathy in these cases is a very delicate operation. The individual temperament controls the situation, and the more mobile of you will have a hard lesson to learn in subduing your emotions. It is essential, however, and never let your outward action demonstrate the native act and figure of your heart. You are lost irrevocably, should you so far give the reins to your feelings as to "ope the sacred source of sympathetic tears." Do enter upon your duties with a becoming sense of your frailties. Women can fool men always, women only sometimes, and it may be the lot of any one of you to be such a castaway as the nurse of whom I was told a few weeks ago. The patient was one of those Alphonsine Plessis-like creatures whom everybody had to love, and for whom the primrose path of dalliance had ended in a rigid rest cure.

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After three weary months she was sent to a quiet place in the mountains with the more sedate of the two nurses who had been with her. Miss Blank had had a good training and a large experience, and was a New England woman of the very best type. Alas! hers the greater fall! An accomplishment of this siren, which had produced serious symptoms, was excessive cigarette smoking, and Dr. —— had strictly forbidden tobacco. Three weeks later, my informant paid a visit to the secluded resort, and to his dismay found patient and nurse on the veranda enjoying the choicest brand of Egyptian cigarette!

While not the recipient of all the wretched secrets of life, as are the parson and the doctor, you will frequently be in households the miseries of which cannot be hid, all the cupboards of which are open to you, and you become the involuntary possessor of the most sacred confidences, known perhaps to no other soul. Nowadays that part of the Hippocratic oath which enjoins secrecy as to the things seen and heard among the sick, should be administered to you at graduation.

Printed in your remembrance, written as headlines on the tablets of your chatelaines, I would have two maxims: "I will keep my mouth as it were with a bridle," and "If thou hast heard a word let it die with thee." Taciturnity, a discreet silence, is a virtue little cultivated in these garru-

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lous days when the chatter of the bander-log is everywhere about us, when, as some one has remarked, speech has taken the place of thought. As an inherited trait it is perhaps an infirmity, but the kind to which I refer is an acquired faculty of infinite value. Sir Thomas Browne drew the distinction nicely when he said, "Think not silence the wisdom of fools, but, if rightly timed, the honour of wise men, who have not the infirmity but the virtue of taciturnity,"—the talent for silence Carlyle calls it.

Things medical and gruesome have a singular attraction for many people, and in the easy days of convalescence a facile-tongued nurse may be led on to tell of 'moving incidents' in ward or theatre, and once untied, that unruly member is not apt to cease wagging with the simple narration of events. To talk of diseases is a sort of Arabian Nights entertainment to which no discreet nurse will lend her talents.

With the growth of one abominable practice in recent days I am not certain you have anything to do, though I have heard your name mentioned in connection with it. I refer to the habit of openly discussing ailments which should never be mentioned. Doubtless it is in a measure the result of the disgusting publicity in which we live, and to the pernicious habit of allowing the filth of the gutters as purveyed in the newspapers to pollute

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the stream of our daily lives. This open talk about personal maladies is an atrocious breach of good manners. Not a month ago I heard two women, both tailor-made, who sat opposite to me in a street-car, compare notes on their infirmities in Fulvian accents audible to everyone. I have heard a young woman at a dinner table relate experiences which her mother would have blushed to have told to the family physician. Everything nowadays is proclaimed from the house-tops, among them our little bodily woes and worries. This is a sad lapse from the good old practice of our grandfathers, of which George Sand writes, "People knew how to live and die in those days, and kept their infirmities out of sight. You might have the gout, but you must walk about all the same without making grimaces. It was a point of good breeding to hide one's suffering." We doctors are great sinners in this matter, and among ourselves and with the laity are much too fond of 'talking shop.'

To another danger I may refer, now that I have waxed bold. With the fullest kind of training you cannot escape from the perils of half-knowledge, of pseudo-science, that most fatal and common of mental states. In your daily work you involuntarily catch the accents and learn the language of science, often without a clear conception of its meaning. I turned incidentally one day to a very

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fine example of the nurse learned and asked in a humble tone what the surgeon, whom I had failed to meet, had thought of the case, and she promptly replied that "he thought there were features suggestive of an intra-canalicular myxoma;" and when I looked anxious and queried, "had she happened to hear if he thought it had an epiblastic or mesoblastic origin?" this daughter of Eve never flinched; "mesoblastic, I believe," was her answer. She would have handed sponges—I mean gauze—with the same *sang froid* at a Waterloo.

It must be very difficult to resist the fascination of a desire to know more, much more, of the deeper depths of the things you see and hear, and often this ignorance must be very tantalizing, but it is more wholesome than an assurance which rests on a thin veneer of knowledge.

A friend, a distinguished surgeon, has written, in the *Lady Priestley* vein, an essay on "The Fall of the Trained Nurse," which, so far, he has very wisely refrained from publishing, but he has permitted me to make one extract for your delectation. "A fifth common declension is into the bonds of marriage. The facility with which these modern Vestals fall into this commonplace condition is a commentary, shall I not say rather an illustration, of the inconsistency so notorious in the sex. The Association of Superintendents has in hand, I believe, a Collective Investigation dealing with this

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question, and we shall shortly have accurate figures as to the percentage of lady superintendents, of head-nurses, or graduates and of pupils who have bartered away their heritage for a hoop of gold."

I am almost ashamed to quote this rude paragraph, but I am glad to do so to be able to enter a warm protest against such sentiments. Marriage is the natural end of the trained nurse. So truly as a young man married is a young man marred, is a woman unmarried, in a certain sense, a woman undone. Ideals, a career, ambition, touched though they be with the zeal of St. Theresa, all vanish before "the blind bow-boy's butt shaft." Are you to be blamed and scoffed at for so doing? Contrariwise, you are to be praised, with but this caution—which I insert at the special request of Miss Nutting—that you abstain from philandering during your period of training, and, as much as in you lies, spare your fellow workers, the physicians and surgeons of the staff. The trained nurse is a modern representative, not of the Roman Vestal, but of the female guardian in Plato's republic—a choice selection from the very best women of the community, who know the laws of health, and whose sympathies have been deepened by contact with the best and worst of men. The experiences of hospital and private work, while they may not make her a Martha, enhance her value in many ways as a life-companion, and it is a cause, not for

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reproach, but for congratulation, that she has not acquired immunity from that most ancient of all diseases—that malady of which the Rose of Sharon sang so plaintively, that sickness “to be stayed not with flagons nor comforted with apples.”

A luxury, let us say, in her private capacity, in public the trained nurse has become one of the great blessings of humanity, taking a place beside the physician and the priest, and not inferior to either in her mission. Not that her calling here is in any way new. Time out of mind she has made one of a trinity. Kindly heads have always been ready to devise means for allaying suffering; tender hearts, surcharged with the miseries of this ‘battered caravanserai,’ have ever been ready to speak to the sufferer of a way of peace, and loving hands have ever ministered to those in sorrow, need and sickness. Nursing as an art to be cultivated, as a profession to be followed, is modern; nursing as a practice originated in the dim past, when some mother among the cave-dwellers cooled the forehead of her sick child with water from the brook, or first yielded to the prompting to leave a well-covered bone and a handful of meal by the side of a wounded man left in the hurried flight before an enemy. As a profession, a vocation, nursing has already reached in this country a high development. Graduates are numerous, the directories are full, and in many places there is over-crowding,

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and a serious complaint that even very capable women find it hard to get employment. This will correct itself in time, as the existing conditions adjust the supply and demand.

A majority of the applicants to our schools are women who seek in nursing a vocation in which they can gain a livelihood in a womanly way; but there is another aspect of the question which may now be seriously taken up in this country. There is a gradually accumulating surplus of women who will not or who cannot fulfil the highest duties for which Nature has designed them. I do not know at what age one dare call a woman a spinster. I will put it, perhaps rashly, at twenty-five. Now, at that critical period a woman who has not to work for her living, who is without urgent domestic ties, is very apt to become a dangerous element unless her energies and emotions are diverted in a proper channel. One skilled in hearts can perhaps read in her face the old, old story; or she calls to mind that tender verse of Sappho:

As the sweet-apple blushes on the end of the
bough, the very end of the bough, which the
gatherers overlooked, nay overlooked not but could
not reach.

But left alone, with splendid capacities for good, she is too apt to fritter away a precious life in an

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aimless round of social duties, or in spasmodic efforts at Church work. Such a woman needs a vocation, a calling which will satisfy her heart, and she should be able to find it in nursing without entering a regular school or working in ecclesiastical harness.

An organized nursing guild, similar to the German Deaconesses, could undertake the care of large or small institutions, without the establishment of training schools in the ordinary sense of the term. Such a guild might be entirely secular, with St. James, the Apostle of practical religion, as the patron. It would be of special advantage to smaller hospitals, particularly to those unattached to Medical Schools, and it would obviate the existing anomaly of scores of training schools, in which the pupils cannot get an education in any way commensurate with the importance of the profession. In the period of their training, the members of the Nursing Guild could be transferred from one institution to another until their education was complete. Such an organization would be of inestimable service in connection with District Nursing. The noble work of Theodore Fliedner should be repeated at an early day in this country. The Kaiserwerth Deaconesses have shown the world the way. I doubt if we have progressed in secularism far enough successfully to establish such guilds apart from church organizations. The

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Religion of Humanity is thin stuff for women, whose souls ask for something more substantial upon which to feed.

There is no higher mission in this life than nursing God's poor. In so doing a woman may not reach the ideals of her soul; she may fall far short of the ideals of her head, but she will go far to satiate those longings of the heart from which no woman can escape. Romola, the student, helping her blind father, and full of the pride of learning, we admire; Romola, the devotee, carrying in her withered heart woman's heaviest disappointment, we pity; Romola, the nurse, doing noble deeds amid the pestilence, rescuing those who were ready to perish, we love.

On the stepping-stones of our dead selves we rise to higher things, and in the inner life the serene heights are reached only when we die unto those selfish habits and feelings which absorb so much of our lives. To each one of us at some time, I suppose, has come the blessed impulse to break away from all such ties and follow cherished ideals. Too often it is but a flash of youth, which darkens down with the growing years. Though the dream may never be realized, the impulse will not have been wholly in vain if it enables us to look with sympathy upon the more successful efforts of others. In Institutions the corroding effect of routine can be withstood only

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by maintaining high ideals of work; but these become the sounding brass and tinkling cymbals without corresponding sound practice. In some of us the ceaseless panorama of suffering tends to dull that fine edge of sympathy with which we started. A great corporation cannot have a very fervent charity; the very conditions of its existence limit the exercise. Against this benumbing influence, we physicians and nurses, the immediate agents of the Trust, have but one enduring corrective—the practice towards patients of the Golden Rule of Humanity as announced by Confucius: “What you do not like when done to yourself, do not do to others,”—so familiar to us in its positive form as the great Christian counsel of perfection, in which alone are embraced both the law and the prophets.