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**TALKS TO NURSES**



# TALKS TO NURSES

THE ETHICS OF NURSING

BY

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# TALKS TO NURSES

## CHAPTER I

### GUIDING PRINCIPLES

WHEN you began the study of geography you did not prove the existence of certain rivers, mountains and cities. You had not seen the Congo or the Amazon, and yet you studied about these rivers; you had not crossed the Rocky Mountains, the Andes, or the Alps, and yet you talked about them and described them; you had not visited Paris, Rome, or Constantinople, and yet they seemed as real to you as your own native town or city. Were you foolish when you believed in the reality of these rivers, mountains and cities, although you had never seen them? No, you were not foolish. You took the testimony of others who had seen them; for human testimony, under the proper conditions, can give us certainty, not only in regard to things of the present but also of the past. Again, when you studied algebra you took certain things for granted. You did not prove that the shortest distance between two points is a straight line, or that the whole

is larger than a part, or that a part is smaller than the whole. You took these things for granted and called them axioms. In fact, every study and every science takes a number of things for granted, either because they have already been proved, or they are so evident that they do not need a proof.

In these talks I must take certain things for granted. I could prove them, but I have not time to do so; the proofs belong to other treatises—to works on philosophy and revealed religion. These proofs have stood the test of time; I am just as sure of them as I am of the existence of Rome, the Congo or the Rocky Mountains.

The truths which I here take for granted are:

(1) God exists. He is the creator of man, and his final arbiter. He will reward the good works of man and punish his evil deeds.

(2) Every human being is in this world for a definite purpose, namely to know and serve God, and thus to work out his eternal destiny. The soul of man is immortal.

(3) Each of us is endowed with a free will. We are free beings; we have it in our power to do good or do evil.



(4) By nature man tends to live in society, in interrelation with his fellow man.

All men have certain *rights* and certain *duties*. I have here introduced two words which are all-important for our future consideration. In fact, we cannot come to any conclusion in regard to the ethics of the nursing profession until we agree on the definition and application of these two words—*rights* and *duties*.

What is a right? A right is a moral power belonging to one person which all other persons have to respect. You notice that we call it a moral power; that is, we distinguish it from a physical power. One may have the physical power or the strength to hold up a man and take his money. But this physical strength does not give him the moral right to rob. Again, one may have the right to certain property; this requires that others do not trespass upon the property. The mere fact that one owns a piece of property keeps all others from using it. If I have a right to a watch or a sum of money, does not this imply that no other may take this watch or money? Would it not be a contradiction to say that I owned a watch or had a right to it, and at the same time

that any other person was free to take it from me? This brings us to the second word—duty.

What is a duty? A duty is a moral obligation or bond by which one person is obliged to respect the rights of others. You will notice that wherever there is a right there is a duty on the part of others to respect that right. As soon as you can claim a right to any object, all others must have the duty of not interfering with the right by taking the object from you. If you have established the right to a piece of property, immediately there is the duty of others not to build upon that property. When you graduate from school you get your diploma. You have a right to it. Does not this impose upon others the duty of not taking it from you? These ideas are so simple that you may wonder why I insist upon them. I reply that if you agree with me upon these and a few other fundamental principles, we shall have little difficulty in our ethical teaching or practice.

From what I said, it follows that rights and duties are correlative and inseparable. Of their very nature they refer to each other and are related to each other. They cannot be separated. You cannot have a right without im-

posing a duty on others; and you cannot have a duty unless it in some way refers to a right.

“Of duties, some are positive, which bind always, not for always, as the duty of adoring God. We are always bound to adore, we are not bound to be always adoring. Other duties are negative, and bind always, for always, as the duties of sobriety and chastity. The former class of duties we may more easily be excused from, because they can be deferred, and it is at times morally impossible to take them up. But negative duty, as Mr. Gladstone has finely said, ‘rises with us in the morning, and goes to rest with us at night: it is the shadow that follows us wheresoever we go, and only leaves us when we leave the light of life.’

“Only a person has rights, as appears by the definition of a right. Again, only persons have duties, for they only have free will. No one has duties without rights, and no man has rights without duties. Infants and idiots, in whom the use of reason is impeded, having notwithstanding rights, are said to have duties also radically. Hence it is wrong to make an idiot commit what is in him a material breach of some negative duty, as of temperance. Posi-



tive duties he is excused from." (Moral Philosophy, by Rickaby, p. 247.)

"Brute beasts, not having understanding and therefore not being persons, cannot have any rights. They are of the number of things, which are another's: they are chattels, or cattle. . . . We have, then, no duties of charity, nor duties of any kind, to the lower animals, as neither to stocks and stones.

"Still we have duties *about* stones, not to fling them through our neighbor's windows, and we have duties about brute beasts. We must not harm them, when they are our neighbor's property. We must not break out into paroxysms of rage and impatience in dealing with them. It is a miserable way of showing off human pre-eminence, to torture poor brutes in malevolent glee at their pain and helplessness. Such wanton cruelty is especially deplorable, because it disposes the perpetrators to be cruel also to men.

"Brutes are as things in our regard: so far as they are useful to us, they exist for us, not for themselves; and we do right in using them unsparingly for our need and convenience, though not for our wantonness. If then any special case of pain to a brute creature be a

fact of considerable value for observation in biological science or the medical art, no reasoned considerations of morality can stand in the way of man making the experiment, yet so that even in the quest of science he be mindful of mercy.

“Altogether it will be found that a sedulous observance of the rights and claims of other men, a mastery over one’s own passions, and a reverence for the Creator, give the best assurance of a wise and humane treatment of the lower animals.” (Op. cit., p. 248.)

In the above explanation of rights and duties I disagree with the theory of Professor Dewey and others who consider that rights and duties are the outgrowth of customs. According to them there was a time when men considered it right to kill each other; but it was found by experience that it was better not to kill. It was more pleasant to feel safe; to live and let others live. Men agreed, therefore, not to kill each other. Such a practice became a custom and finally developed into a law. But I have a serious objection to such an explanation. If killing has its foundation only in a custom, it cannot bind me. Customs change with the passing years; they are different in New York,



Paris and Berlin. It was formerly customary for men to rise and give their seats to ladies in street cars; such a custom has been all but abolished. In this country we decry the Spaniards for their bull-fights; but we permit prize-fighting, which is far more brutal and repulsive. Rights and duties, then, must be grounded on something more solid than mere customs. They do not change with time; they are the same in every country and in every age.

I opened a recent book on the ethics of nursing (*Studies in Ethics for Nurses*, by Aikens) and read the following: "The meaning of the word ethics covers custom, usage, habits, and its application commonly refers to personal characteristics or to the traditions of a community. As related to nursing, ethics has to do with the ideals, customs and habits which the members of the profession are accumulating around the name and character of the trained nurse." The author is but repeating the definition given by Dewey. I am not condemning the whole book; in fact, it seems to be the work of a teacher. I am sure that nurses will profit much by reading these pages. However, very little in the book can be classified under ethics. The writer deals with

hints, suggestions, advice; she talks from experience. Occasionally duty and religion are mentioned, but no fundamental reason is given why the nurse should be guided by ethical principles.

I took up an older book (*Nursing Ethics*, by Elizabeth Hampton Robb) which is still used as a text in some training-schools. This little volume, too, abounds in practical advice and common sense. It gives most wholesome admonitions to the young nurse in regard to her duties to her profession, the patient, the doctor and the public. Every nurse who reads this book will profit by the lessons which it contains. The writer insists on the necessity of ethical principles. "Even when the ethical traditions of her school have been good and the teaching of ethical principles has not been neglected, I have known nurses—thoroughly well trained in other respects—to go out into private practice and commit the most flagrant breaches in the ethics and etiquette of their work." But when we seek for the underlying principles of right and duty the author disappoints us.

Rights are alienable and inalienable: that is, some rights belong to our very nature and

some do not. I can give away my watch or sell my property. They belong to me as alienable rights, they are not a part of my nature, they can be separated from me, or they can be given away, sold or exchanged. At one time they were not mine; they came into my possession. I can use them or dispose of them in any way I wish. But inalienable rights are different. They cannot be separated from me. They are a part of my nature. A real injustice is done me if I am deprived of any inalienable right. In fact, since these rights are a part of our nature, we cannot deprive ourselves of them. We cannot give them away or sell them or exchange them for other rights. We get these inalienable rights from God. The first of these rights is the right to life.

When the framers of the Constitution of the United States assembled to draw up that memorable document they wrote in the preamble: "We hold these truths as self-evident—that all men are created equal, that they are endowed by their Creator with certain inalienable rights; that among these are life, liberty, and the pursuit of happiness." I wish to call your attention to this fact: that the founders of the Constitution were men of different re-



ligious beliefs, and yet they took it for granted that all men would agree on the fundamental principle that every man had a right to life, that this right came from the Creator, and that it is inalienable. Again you will say that all this is so very easy and simple that you wonder why I insist on it. Yes, these truths are simple. I do not see how any thinking person can deny them.

In these talks I must frequently refer to the first of all rights—the right to life. Life is God's first gift. It is an inalienable right; no one may presume to deprive another of life. "Thou shalt not kill" is not only one of the commandments of God, but reason tells us that we cannot usurp the place of God and take away that inalienable gift of life. Throughout your course you nurses are warned that you are to follow the directions of the physician. If the doctor should tell you to administer a drug the object of which is to kill a suffering patient, must you obey the order? Has the physician the right to kill? He has not. His profession does not give him any special right over life; he is not to decide who is to live and who is to die. He became a physician with the intention of saving life and not of taking or

destroying it. I shall treat of this later and am simply referring to it now to impress upon your minds this one fact, that neither the doctor nor the nurse has any right over human life. That life is sacred; it comes from God, and only He has power over life.

## CHAPTER II

### GUIDING PRINCIPLES (CONTINUED)

I WISH to repeat here what I have said about one's right to life. Life comes from God, who places us in this world to work out our final destiny. Neither the physician nor any other person is justified in depriving one of the inalienable possession which we call life. He is not to decide who is to live or who is to die. His profession requires him to lessen human misery and to save life. There his power ends. The same applies to the nursing profession. Its object is to lessen human suffering and to save life. It can go no further, and to do so is to infringe upon the God-given rights of humanity.

To bring out this important teaching it will be necessary to explain something about the ethics of killing. When I use the word ethics of killing I mean that killing which is prohibited by the law of reason. My reason tells me that I have no right to kill. Here, as in every other teaching, reason and revealed religion give us the same answer: Thou shalt not kill.

Let me explain direct and indirect killing.

Direct killing is the taking of the life of another either as an end or a means. Killing as an *end* is had when only the life of the person is sought. For instance, I know of a case of enmity which sprang up between two farmers. They quarreled about the stock getting into each other's fields and about the fences which separated their estates. Bitter feeling grew into enmity and hatred. One of the farmers brooded over his true or imaginary wrongs until in his anger, without any seeming provocation, he shot his neighbor. That was an instance of direct killing as an end. The murderer sought the death of his enemy and nothing more. He did not wish the man's money or his fields. He was satisfied to know that his rival was dead.

Killing as a *means* is causing the death of another to get possession of some desired good. For instance, a miser is known to have in his possession a tempting sum of money. A robber enters the house to get the hoarded wealth. He has nothing against the miserly man; he would prefer not to kill him; but he fears that the miser will recognize him or that he will later report the deed. He, therefore, first kills the miser and then takes the money. He re-



grets the killing, still he does it as a means of getting the coveted wealth. This is an example of direct killing as a means.

Indirect killing is the taking of the life of an innocent person neither as an end or a means, but the killing is a circumstance connected with some other lawful act. Again let us illustrate this definition by an example. No one will deny that during war one of the belligerent parties has a right to destroy the ammunition supplies of the enemy. Let us suppose that an aviator is sent to drop an explosive bomb upon a supply station. He succeeds in passing the opposing aeroplanes and gains his objective just above the desired place. Below are hundreds of soldiers guarding the ammunition. Just as he is about to release the deadly bomb, he observes a dozen women and children, who have for some reason come to visit the soldiers. In killing the guards and destroying the ammunition the aviator realizes that he will also kill the women and children. His mission is all important for the success of his army. He cannot wait; he must act instantly. He lets go the deadly missile, the ammunition is exploded, the soldiers on guard are killed, but the innocent women and children also perish.



Is this allowed? Certainly it is. It is a case of *indirect* killing. It is an unfortunate circumstance. The innocent lives were in no way sought. Killing them was only a circumstance connected with an act which was lawful in war.

But I hear you ask: What has this to do with my profession as a nurse? I am not engaged in warfare and I do not intend to kill. I must ask you to be patient, for later I shall come to the practical application; but, before doing so, I must ask you to listen to a further explanation of principles.

It is never allowed to kill an innocent person directly either as an *end* or a *means*. You will notice that I have used the word innocent person; for it is allowable to kill one who is seeking to take your life. Such a one is called an unjust aggressor. He is not innocent; he is guilty. He seeks to kill. The right to life supposes the right to defend that life against an assailant. Even if the assailant is not in the act of killing, but does something that exposes my life to peril I can kill in self-defense. For instance, a sleeping man is awakened at night by some noise in his room. He looks toward the dresser and sees a robber taking his watch and pocket book. He reaches under his

pillow, seizes a revolver and shoots the robber. Is he justified in his action? I answer in the affirmative. That robber is an unjust aggressor; by coming into the house at night he has exposed the sleeper to the danger of losing his life. Robbers are generally dangerous men; they usually come armed and kill if thwarted in their evil designs. The innocent sleeper is not required to take a risk. If he moves, or calls out or makes any noise he will probably be shot by the intruder. In self-protection he is justified in killing the man who has broken into his house.

Let us modify the circumstances somewhat. Let us suppose that the robber takes the watch and money, raises the window, leaps to the porch and escapes. But, in doing so, he awakens the sleeper, who seizes his weapon and rushes to the window. He sees the robber running across the yard. Can he shoot at him with the intention of killing him? The answer in this case is in the negative. Circumstances have changed and the life of the innocent sleeper is now no longer in danger. I take it for granted that the robber is running away. It is true that the innocent sleeper has lost his watch and money. But you cannot weigh

human life against watches and money. You can kill an unjust aggressor only when your own life is endangered. There are some things, however, that are commensurable with life; for instance, a woman may kill one who is seeking to violate her chastity, when there is no other means of escape from her pursuer.

*One Innocent Person May Not Be Killed to Save Another Innocent Person*

After defining rights and duties and explaining the difference between direct and indirect killing, I now approach another question. I must get a definite answer to it. The question is this: Is it ever lawful to kill one innocent person to save the life of another innocent person?

A writer on this subject has made use of the following example, although the illustrious personage referred to is no longer living. The Czar of Russia goes sleigh riding and with him his three sons, the elder being heir to the throne. Far out in a lonely forest the party is attacked by wolves. Closer and closer comes the hungry, howling pack. His imperial highness is convinced that all four will perish. What is he to do? Would it not be better to sacrifice



one of the sons by throwing him to the wolves? While they are devouring him, the others may escape. Is it not better for one to die, than that all four should perish; and is not the life of the Czar more valuable than that of one of his sons? It is a terrible sacrifice. The youngest of the sons is hurled from the sleigh. The beasts devour the child, then start in pursuit of the others. A second and a third son is cast to the wolves, which stop to feed upon them, and the Czar rides in safety into the imperial castle. Has he done wrong? Is he guilty of murder? Was it better to save one life, and that a valuable one, rather than to sacrifice all four lives? What is your answer? Will you dare to justify the action of the Czar? I have given this example to hundreds of students of every nationality and every form of religious belief. I have not found one who would countenance the action of sacrificing the three children to save the father.

Let us go further and seek for the reason for our conclusion. Why was not the Czar justified in saving his life by deliberately sacrificing his sons? Because he had no right over their lives, those lives which came from God, those lives which were inalienable rights. When

two innocent persons are in danger, one cannot be sacrificed to save the other. This principle admits of no exception of time, place or circumstance. It was true before the advent of Christianity, it is confirmed by Christian teaching; it is true in New York, Paris or Peking; it holds not only in the profession of medicine and nursing, but wherever human life meets human life.

Moreover, the conclusions which I have just pointed out find their confirmation in legal practice. I have heard it said that England has the best criminal laws in the world; for that reason she has not one-sixth of the murders committed in the United States. English law recognizes that one innocent person cannot be killed to save another, as will be seen from the following example:\*

Some years ago an English sailing vessel was wrecked off the coast of Good Hope. Three of the crew drifted for many days in an open life-boat without food or water. Certain starvation seemed to await them. Two of the sailors were married men and had families in Eng-

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\* This incident is taken from *Moral Principles and Medical Practice*, by Rev. Charles Coppens, S.J. If your physician friends ask you for a book in which the ethics of medical practice is well explained, refer them to the above volume.

land; the third was a boy of seventeen. The two men held a consultation and argued that it was better for one to die than for all three to perish; and, furthermore, that their lives were more valuable than the life of the boy, since they had dependent families. If they killed him and lived upon his flesh, they might possibly be saved. If they did not do so, all three would die. In either case the boy could not be saved. Acting upon this manner of reasoning, they killed the lad, ate his flesh, and after some days were rescued by a passing ship.

The two sailors were taken to England and tried for murder. They pleaded that their action was necessary to prevent all three from perishing of starvation, that their lives were more valuable than that of the boy, that it was simply a matter of expediency. What was the decision of the court? The two men were convicted of murder and sentenced to death. Lord Hale, who presided over this court, denied absolutely that one innocent life could be sacrificed to save another innocent life, or that a married person had a greater right to life than one who is single. An inalienable right does not change with conditions and circumstances of age or position. The child has the same



right as the parent, and youth has the same right as old age.

I wish to pause here and ask whether we are agreed on this all-important principle. If not, it is useless for us to proceed. Without guiding principles we can reach no conclusions. Moreover, when we come to the application of principles we must not begin to question them. In algebra, for instance, when you came to make use of the maxim that: If from equals, unequals are taken, unequals remain, you do not go back to question the maxim. You may recall it or reconsider it, but it is one of the accepted maxims in algebra and must remain throughout the treatise. It would be impossible to complete a course in any subject if one were required to prove everything over and over again. With principles, as with maxims, once they are established and accepted it is unnecessary to prove them again.

I take it for granted then that you accept this principle: that one innocent person cannot be killed to save the life of another innocent person. You are safe in admitting it, for reason teaches it. You may meet, and probably will meet, physicians who do not accept these conclusions—physicians who have no re-

gard for the sacredness of human life. Whom are you to follow? It is for you to take your choice.

Recently I read the address of a famous surgeon, given to his fellow physicians. The speaker, who was rounding out a long and successful scientific career, claimed that there was one thing which, above all else, gave him peace and consolation at the close of life. It was not the fortune that he had accumulated, it was not the honor bestowed by the public, it was not his standing in the professional world; it was the fact that he had lived up to the standards of his profession, that he had never stained his hands with the blood of an innocent person. May you be ever guided by the same high ideals; may you ever respect the sacred rights of others; may you say, at the termination of your career as a nurse, that you have never knowingly assisted at an operation the object of which was to destroy innocent life.

Permit me at the close of this second talk to give you a definition of ethics and to summarize what I have said in regard to the guiding principles of your profession.

Ethics is the science of right and wrong of human acts. By human acts we mean those



which one performs of his own free will and with full knowledge. Suppose, for instance, that you should by a mistake administer the wrong medicine to a patient. You have in no way been careless; but another party, unknown to you, has changed the bottle containing the drugs. You are not responsible; you did not perform a human act. No court would condemn you for such an act, nor would you be guilty in the sight of God.

Let us briefly reconsider the origin of rights and duties. In this world there must be law and order. The heavenly planets move by the laws of attraction and repulsion, which the Maker of the universe ordained for them. Plant and animal life is subject to laws. Consider the delicate plumage of the egret or the wondrous forms and tints of the orchids. Man, like every other creature, is in need of laws; but as a free being he must have laws suited to his nature. These laws are moral and not physical; that is, man is commanded to do certain things, but he is left free to do them or not to do them. These moral laws are summarized in the ten commandments; and hence it is said that the commandments are at the bottom of all moral order.

From these moral laws arise our essential rights and duties. When God gives to one man the right to life, He at the same time lays upon all other men the duty of respecting that life. Rights and duties, then, come from the very nature of things. They are not the outgrowth of customs; they belonged to man before any customs arose. They do not change with customs; they are a part of our nature. These rights existed before any treatise on ethics was written or any medical or nursing code was framed; they will exist when the writers on ethics and framers of codes have passed away.

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## CHAPTER III

### EUTHANASIA

YOU may have read the poem of William Cullen Bryant entitled *Thanatopsis*. It is derived from a Greek word meaning a vision of death; and the poem consists of a series of reflections on this subject. *Euthanasia* is derived from two Greek words, the first of which means well, and the latter, death. You will admit that it is a harmonious word; it is defined as a good death, a painless death or a peaceful death. I regret to say that its application in medicine has a far different meaning. Sometimes when a person takes a small amount, the act is called stealing; but when a man by unfair methods succeeds in robbing the public of thousands of dollars, the dishonesty is referred to as a successful business speculation. We cover the evil of the deed by the application of a rather large word, wrongly used. The same can be said of this harmonious word, *euthanasia*. It is used to hide and conceal acts that are in reality killing. Let me say frankly that *euthanasia* is only a new word for murder.

The advocates of euthanasia would apply it to three classes of persons: (1) The hopelessly sick, (2) the hopelessly insane, and (3) the hopelessly criminal.

Let us begin with the first class: the hopelessly sick. In our country, and in every country of the world, there are thousands of sick people who have no possible hope of recovery. Some are maimed and mutilated, some suffer from internal complications of the most severe nature. Take, for instance, the syphilitics. I know of no sight more disgusting and revolting than a syphilitic ward, where men and women are literally rotting away. Recovery is impossible in the advanced stages of this terrible affliction. Many sufferers may be innocent; they may have caught the disease by coming into contact with others who were afflicted. I need not explain the many possible ways by which this scourge can be passed from the guilty to the pure and chaste. What a dreadful outlook these poor victims have! Not a day or night can they ever hope to be without suffering.

There are other forms of sickness, too, that leave no ray of hope. There is the tubercular patient; day after day he feels his strength



slipping. He can almost count the number of days he is to live. As the sun rises each morning he mutters to himself that it will rise for him only a few times; when it sets, it reminds him of the darkness of the grave which will soon embrace him.

The advocates of euthanasia say that it is useless for these poor sufferers to live. They have no hope of recovery, they are in continual pain, they are a useless expense and a source of worry and suffering to their relatives and friends. Why let them live? Is it not mercy to close their lives of suffering? Why not give them some merciful opiate, which will not only end their agony, but which will end life as well? Is this not kindness? Is this not mercy?

How would this be done? Committees of physicians would be appointed to visit hospital wards and pronounce on the fate of those who were to die. Let us suppose a ward with twenty beds. The committee begins with bed number one. The patient is found in intense suffering, and there is no possibility of recovery. The sentence is pronounced; and a drug is given to number one, who dies in a few hours. Number two is resting quietly, there is no suffering and at least some faint prospects. Num-

ber two is given a chance. Numbers three and four are drugged. Number five's case is referred to the meeting next week. Numbers six, seven, eight and nine are condemned to die by the visiting physicians. Some of the others are spared and some are doomed. This is euthanasia in its application to the hopelessly sick. Its advocates are men who have a materialistic view of life. They do not believe that rights come from God. You will observe that they are opposed to the essential teaching contained in the preamble of the Constitution of the United States. They have set themselves up as the arbiters of life. They are to decide who are to live and who are to die.

But you will ask me: Are there any physicians who teach euthanasia? Can a doctrine so revolting be seriously advocated by men of reason? I regret to say that there are physicians who have publicly advocated the universal application of euthanasia.

"Euthanasia is just now being made the subject of nation-wide discussion among physicians, ministers, philanthropists and criminologists. Efforts are being made in New York, Massachusetts, Ohio and Missouri, to have it legalized by law. Many physicians favor it.

Many lawyers believe that as a legal issue the state possesses the moral and constitutional right to practise euthanasia." (Chicago Inter-Ocean, March 16, 1913.) Several well-known physicians and writers, among the latter being John Burroughs and Jack London, are quoted in the above article as favoring euthanasia. Dr. Frank Lydston, of Chicago, who at one time advocated euthanasia, later denounced it, "on the grounds of religion, the fallibility of science, and the possible erring judgment of the men who should determine those who should die."

You will find out by experience that physicians frequently err in regard to the possibility of the recovery of a patient. Only a few years ago, prominent physicians of Philadelphia pronounced that a certain woman had no chance of recovering from an intestinal tumor from which she was suffering. The fact that the decision was reached on a Christmas Eve and that the papers gave notoriety to the case aroused the pity and interest of many. A noted surgeon interested himself in the matter and set to work. When the following Christmas came the lady was entirely cured. This woman in her despair had asked for some one to end



her suffering. Many sick people make like requests; and if euthanasia were permitted hundreds would perish who, under ordinary circumstances, would recover.

I could quote other physicians and social workers who favor euthanasia, but I shall content myself with the following rather long extract from a recent book. (Werner's *American Charities*, revised edition, p. 26.)

"As the author has stood by the beds of consumptive or syphilitic children, he has wondered if it were kindness to keep life in the pain-racked body. Cure was out of the question so far as medical science now knows, and one wonders why days of pain should be added to days of pain. The same questions recur as one passes through the incurable wards of an almshouse, especially as one studies the cases of the cancer patients. The answer of religion to such questions is easy. It seems very sure that without religious incentive we should not have entertained our present views regarding the sanctity of human life.

"But now that this feeling is developed, even science can explain in some sort how it is expedient that it should exist. We cannot extinguish or in any way connive at the extinc-

tion of human life without injury to all the instincts and sensibilities that render it possible for us to live together with our fellows in civilized society. . . . Frequently physicians and matrons and superintendents of institutions become so callous to suffering, and so worn out by overstrain, that they almost connive at the extinction of human life. In one instance, in the case of a child suffering from hydrocephalus and beyond hope of cure, only the most constant attention could keep him alive; the matron finally somewhat relaxed her vigilance in seeing that he was cared for, and indigestion carried him off. This failure to do all that is possible to combat disease is common in many institutions, usually without any consciousness of a willingness to facilitate death, but none the less with a latent feeling that possibly those that die are happier than those that live.

“All such neglect of duty is coming short of the highest ideal of philanthropy, no less than that of religion. While physicians may be justified in chloroforming a monstrous birth, and while far-off philosophers think they see the coming of a day when we may have legal suicide, and when we can take human

life because we are pitiful, and not because we are selfish, yet for the present it is safest not to judge—the risks are too many. Science justifies and philanthropy corroborates Christianity in holding that each spark of human life must be conserved in all tenderness and with all care.”

Permit me to make some remarks in regard to this quotation from Mr. Werner's book. Any one who reads the volume carefully will be convinced that the writer was thoroughly acquainted with the workings of hospitals in the United States. Yet, this able authority informs us that euthanasia is common in these hospitals. He does not use the word euthanasia and he explains that death is brought on by neglect rather than by administering a drug; but in either case the guilt is the same. While he dissents from the practice he seems to think that it is more a matter of religion and sentimental civilization than of reason. We have already pointed out that in these matters reason and revealed religion reach the same conclusions.

But the conclusions in the last paragraph are absolutely false. He claims that it is wiser not to kill the helplessly sick and suffering; but



he grants that a later and more scientific ethics may find a reason for the opposite practice. Again I wish to remind you that the principles of ethics do not change. What is essentially wrong now was ever wrong and must ever be wrong. No development of science will ever make it lawful to kill an innocent person, and if laws should be enacted legalizing such actions, the laws would be wrong and should be disregarded. He is strangely inconsistent when he advocates chloroforming a monster birth and would not justify killing the helplessly crippled and suffering. The so-called monster child is a real child, a living being with the same rights to life as a grown man. It is just as wrong to kill it as it would be to shoot down a pedestrian. Because it is a weak, little helpless creature and its little body can be hid away and no one will know of the deed, these things in no way justify taking its life.

You may remember the instance of the Bolinger baby in Chicago a few years ago. A physician permitted it to die on the plea that it would be grown up a deformed monster. I listened to three physicians who examined the body of the infant and heard them say that it would have grown up a normal child.



While I was writing this chapter I saw on the first page of a Cincinnati paper (The Commercial Tribune, July 3, 1919) the following headlines: *Living infant cast into pit by physician. The baby Bollinger case outdone.* The physician who delivered this child claimed that it was a monstrosity and at the request of the mother offered to dispose of it. Wrapping the little body in an old newspaper he threw the package into a rubbish dump. When the package was found and opened the child was still alive, although it had rolled some fifty feet to the bottom of the dump. The physician, who was guilty of this act of cruelty or attempted murder, showed no remorse when interviewed. He simply remarked:

“It is a very deplorable case, but one that I have come in contact with several times, and during my term as County Health Officer I often advised other physicians to dispose of these monstrosities in a similar manner.”

You may meet men of this type, men who have no regard for weak human life. Will you be a party to their crimes? About the only thing the physician regretted in the above case was that he had been caught in the act. He

had done away with other helpless infants. Unfortunately for him, but fortunately for the public, he was at last brought before the civil court.

Have I convinced you that you can take no part in killing the helplessly sick and suffering? Let me point out where this revolting doctrine would lead. There are tens of thousands of soldiers in the world today who are so horribly maimed that they are objects of pity to the members of their own families. Many of these soldiers will remain a useless expense to the country. Many of them will be subject to pains of a lifetime. Now, apply to them the teaching of the materialistic philanthropists. According to such men these soldiers should be killed. Yes, they fought for you and me, for their country, and is this the price physicians would pay them? Is this the gratitude they would show? No doubt these physicians would cry out at once and disclaim any intention of applying this teaching to the maimed and suffering soldiers. Then why apply it to the little innocent child, to the aged parent? Do you not see how revolting this euthanasia is when put to the test?

Finally, you may ask whether in practice

you will meet this question. I reply that you will probably be confronted with it many times. Even when physicians wish to make use of euthanasia they shirk the responsibility which may follow. They leave it to the nurse to minister the fatal drug. They explain that it is to quiet the patient: and yet, from their words and actions, it may be evident to the nurse that the dose is intended to hasten death. In this case the nurse cannot follow the directions of the physician.

I hear you object at once that you are always to follow directions, and that there is a special emphasis on the word *always*. But if the doctor told you to cut the throat of a patient would you do it? You would not. To cut a child's throat with a knife or to give it a drug to kill it is murder. The crime is the same, only the methods differ. In neither case can you obey the physician. You will notice that the nurse cannot administer the drug when it is evidently intended to shorten life. In extreme cases, if the medicine is given to relieve the sufferings of the patient, even if there is danger of death coming sooner, it may be administered.

I said that the advocates of euthanasia would



apply it to the hopelessly sick, insane and criminal. I have treated it in reference to the former, and must now examine this teaching in the latter cases.

However, since the same principles apply to the insane and criminal as apply to the sick, I need not make this explanation long. Moreover, as nurses you will meet with fewer cases of the insane and criminal.

There is something pathetic indeed in regard to the insane. In past ages, when most charitable work was under the direction of the Church, the insane were objects of special care. Dr. James Walsh has pointed out that the very best methods of modern times in the treatment of the insane were anticipated by more than six hundred years. (Popes and Science, p. 363.) The great English institution for the insane at Bethlehem, later called Bedlam, in England, was in many respects a model of its kind; although there was an abuse of allowing visitors to amuse themselves at the expense of the inmates. When, under Henry VIII, it was turned over to the secular authorities, official investigations proved that it soon became a neglected and filthy place. For the



next two hundred years the treatment of the insane was most pitiable. The poor inmates of asylums were kept in dungeons and were loaded with chains. C. W. Page, in his book, "Care of the Insane," writes: "It is not more than a century since satisfactory results were obtained by managing the insane without restraining their actions through the use of mechanical apparatus." The author evidently knew little of the treatment of the insane during the Middle Ages, and concluded that the terrible suffering inflicted on them during the seventeenth and eighteenth centuries had ever been their lot.

Advocates of euthanasia in applying it to the insane seem to regard these unfortunate persons as without any rights. They would appoint a commission to examine all the inmates of the various institutions and kill those who have no hope of recovery. I know an instance of a mother of a large family who, from overwork and anxiety, lost her mind. She was a victim of devotion and sacrifice; and these advocates of euthanasia would kill her. What a terrible doctrine! And there are thousands of soldiers who lost their minds under the strain of the trench work. As a reward of their hero-

ism they, too, would be killed! What has become of the hearts and consciences of men when they advocate such a practice?

They claim that it is mercy to kill these poor sufferers. It is well known that the insane have lost their reasoning powers only in regard to one or more subjects. Very few of them are totally bereft of reason. It would be impossible to keep it secret if this brutal practice were once accepted and adopted. What anguish it would bring to the mentally afflicted! The thought of being killed would ever be before them. They would suspect every visitor to the asylum. Day and night the dread of death would be before them. This practice, then, instead of being a means of relieving the sufferers would only add anguish and fear to their already pitiful lot.

But the principal reason for not killing them is that they are innocent persons. They have done no harm; they are simply afflicted. They have not lost their rights to life and no one has the right to deprive them of life. To do so is murder.

Finally, there are some who would apply the principles of euthanasia to confirmed criminals. I shall quote but one authority. George Ives,

in his "History of Penal Methods," concludes that: "All (criminals) who cannot ultimately lead useful, human, tolerably happy lives should be destroyed as soon as their condition has been determined." What a terrible and revolting doctrine this is. Remember that these inmates of prisons are not to be killed on account of their crimes, for the state has a right to execute those who are guilty of murder. They are to die because they cannot become useful members of society or because they are unhappy; and, in the mind of certain self-styled experts, have no chance of becoming either useful or happy. How these tests of utility and happiness are to be made is not explained; but this much is evident, that a certain number of men appointed by the state will have the right to enter prisons and condemn to death inmates of the institution. With such a practice prisons would become places of unceasing mental anguish, for no one would know when his time would come. Doubt, distrust and uncertainty would make the lives of these poor wretches one long agony.

While speaking here of the application of euthanasia to criminals, we wish to add a few words in regard to sterilization of the criminal



class through vasectomy and fallosectomy. Several states have passed laws authorizing these operations on confirmed criminals, idiots, and weak-minded.

While the state has the right to punish criminals, it has no authority to mutilate them by means of vasectomy. "The operation is not a punishment to the men upon whom it is done, but it is an unnecessary deprivation of an essential right of these men, an excessive, ill-ordered attack on a primary right of man, and an act of violence against human nature and its Author without adequate reason. . . . Vasectomy does not remove venereal desires, but gives opportunity to lust; it turns the conjugal relation into mere onanism and degrades marriage into a crime." (*The Ethics of Medical Homicide and Mutilation*, by Dr. Austin O'Malley, p. 265.)

Physicians may not sterilize women who ask for the operation simply because these latter may not wish to bear children. If any parts of the human system become diseased, such parts may be removed by surgical operations, even if sterilization follows. "The removal of the uterus or ovaries for sterilization is not only



immoral, but altogether unjustifiable scientifically." (Op. cit., p. 252.)

Nurses should refuse to take part in these operations. It is sufficient for them to know that the operations are immoral.

## CHAPTER IV

### RIGHTS OF THE UNBORN CHILD

SOME day one of you may receive an urgent call from a physician, who asks for a nurse. You go to a home or hospital, not knowing the nature of the work awaiting you; but on arriving at the place you are told that an operation in craniotomy is to be performed. Either the head of the child is abnormally large or the pelvis of the mother is too small, or for some other reason the child cannot be delivered in the natural way. You are given directions to assist at the operation and to take care of the case. What are you to do? You are to tell the physician, or the members of the family, or the hospital staff that you did not become a nurse to assist in murdering innocent and helpless babies. The physician may urge that if you do not take the case some one else will; that he will report you to the nurses' association; and that he will see to it that your name is dropped from the list; he may explain, too, that this is the only method of saving the life of the expectant mother. You have but one answer—you will not be

a party to an act which is murder. That child is a human being, with a life given it by the Creator. It has just as much right to live before birth as it has after birth. Even human laws recognize this, for the unborn child can inherit property. It is through no fault of the child that its head is too large or the pelvis of the mother too small; nor can it be held responsible for any other defect of itself or its mother. It has just as much right to life as has any man or woman.

The physician may turn to you and ask you what you would do. But you are not a physician. Neither can he require you to give an answer to some complicated physiological case. It is his duty and not yours to know what operation or process to follow which will have for its object the saving of both child and mother. All that you have to know is that it is morally wrong to kill this unborn child. Tell the physician this plainly and leave the house. If the physician carries out his threat and reports you to the nurses' association, and you lose your standing in the association, you have suffered for a good cause. But the probability is that the physician will think all the more of you for the stand that you have taken and

for your courage in living up to what you know is right. Once the mother has understood that the operation is illicit, she may side with you, and in that case you have gained a great moral victory.

The Catholic Church has stood out as the one great champion of the right of life of the unborn child, and the unceasing denouncer of those who teach or practise craniotomy. This criminal operation was much more common twenty years ago than it is at present; for not only has medical science and surgery found other means of saving the child, but there has been a revulsion of feeling against this terrible killing of helpless, innocent children. Many physicians say that it is no longer permissible, since the child can be delivered by the Cæsarian or some other operation. I wish to call your attention, however, to this fact, that the principal reason for not performing craniotomy is that it is an act essentially wrong. It is murder.

Your duty in regard to this operation is evident. There may be many different circumstances in which you are called to take part in the operation; but your answer to any such request or demand is always the



same: Craniotomy is murder and I can have no connection whatever with it. I have already given the reasons against this operation in one of the previous chapters, wherein it was explained that one innocent person cannot be killed to save another innocent person. I wish to suggest that you read this chapter again.

In the work of your profession you will have more difficulties in regard to abortion than craniotomy. You will probably never be asked to perform craniotomy, as it is a surgical operation; but you will no doubt be requested many times to administer drugs which will cause abortion. The inexperienced physician and the nurse are frequently approached in this regard.

Here, too, you will meet with many sad cases which appeal to your sympathy. It may be the case of a young girl who has been seduced. In her innocence she may not have known of the results of her fall. She pleads that her family will be disgraced; that her parents will cast her from the home; she threatens to commit suicide; every appeal is made to your feelings. She is fully convinced that a trained nurse knows the drugs that will bring about abortion. Although the case is sad

indeed, there is but one answer: To administer a drug or perform such an operation is murder, it is the killing of an innocent being.

However, you are not to turn the suffering creature away in a heartless manner. Many a girl is helpless on such occasions. You must be able to direct her to some home where she can remain until the child is born. Keep in touch with this suffering sister. Take an interest in her case. Visit her and show that you are interested in her and that you do not despise her for her fall. This is the nurse's chance to do good to others. Do not let such an opportunity go by.

Some day you may be visited by a married woman. She may say that she has several children and cannot afford to have another baby in the house. She is in the family way, and wishes to know how she may be rid of this unwelcome burden. Do not show her the door, but sit down and explain her duties to this unborn child. Tell her that it is a real human being, that it has a right to live and be born, that it is just as great a crime to kill it now as it would be to murder it after its birth. It is altogether probable that you can dissuade her from carrying out her resolve. Later when

this child is born the grateful mother will come to you and with tears in her eyes thank you for preventing her from committing such a crime. But she may be obstinate and may insist that, if you do not help her, others will. Then tell her that you, too, have heard of murderers, but that you do not wish to be classified with them; that you are not a criminal, that because others do wrong is no reason why you should imitate them.

It is well for you to know when the soul enters the body and when therefore the fetus is a real, living, human being with all the rights of other human beings. In the old English law it was considered murder to kill the child after quickening, that is after the mother could feel the living child within her womb. But biology has been able to assign an earlier date to the living child. I wish here to quote the words of an eminent physician on this subject. "When we began to vegetate," writes Dr. Austin O'Malley, "our life began; we were human beings; we had a soul; and this as soon as the pronucleus of the spermatozoon fused with the pronucleus of the ovum, and made the first segmentation-nucleus. Before the first fission of that segmentation-nucleus was com-



pleted into two distinct cells the soul was present, for that fission was independent life; and any life is impossible without a soul, or what is the same thing, a vital principle. Since, moreover, the soul with the body is the man, and the process in our present state is identical with the first cell-fission, this splitting primordial cell is a human being. . . . This splitting cell has an absolutely independent life; it is feeding itself from the ovum, as later it will feed itself from placental blood, and later still from the parental milk, and yet later with a knife and a fork.

“We are to bear in mind that the human embryo in the womb, no matter how young it may be, is as much a child as the week-old babe; and because it is a human being it has all the rights of a human being to its life.”

Often when women and girls approach you for help in procuring abortion they are doubting in their own minds about the nature of the crime which they contemplate. A word of advice will in most cases be followed. I recall an instance where a young physician was sent for and on his arrival the husband, a very prominent member of society, explained that he and his wife had arranged for a long sum-



mer trip and that quite unexpectedly she had become pregnant. The physician was asked to relieve her so that she could accompany the husband on the tour. The young doctor not only refused to perform the operation, but explained the guilt of the action which the two contemplated, and pleaded with them so earnestly that they abandoned their sinful design. Later the wife gave birth to a fine boy who proved to be the joy of the parents. The physician was ever afterward held in high esteem by those who had solicited his co-operation in murdering their own child. Often with tears of gratitude they have thanked him for having the courage of his conviction and for saving them from such a disgraceful act.

But you may ask: Will these parties come to a nurse? Will they not rather go to a physician or druggist? Rightly or wrongly, most people think that a trained nurse is familiar with the methods of procuring an abortion, and that she will be able and willing to look after the patient and safeguard her from the evil consequences which may follow. Be assured that you will be approached often, very often, about this delicate and important matter. Talk to the unfortunate people, be kind

to them, advise them; if necessary, even threaten to report them to the civil authorities, if they dare become murderers of their own offspring.

Thus far we have referred to abortion when the operation is in no way connected with the health of the pregnant woman. We shall now consider the question in relation to the health or life of the prospective mother. Pregnant women at times suffer from pernicious vomiting or eclampsia. In many of these cases physicians hold that the only way to save the mother's life is to empty the womb. They argue that if the fetus is not expelled both the mother and child will die, and that it is better to save one life. We have already pointed out that you cannot kill one innocent person to save another. This living fetus is a human being; it has as much right to life in its present condition as it would have after birth or maturity. No one is justified in administering a drug or performing an operation the object of which is to kill the living fetus or eject it from the womb. In cases of this nature if a very strong and dangerous drug is needed to counteract the poison which is proving fatal to the mother, such a drug may be given, even

if there is danger of killing or expelling the fetus. You will readily see the distinction here. To administer a drug, the object of which is to kill the fetus, is wrong; to administer a drug, the object of which is to save the mother, although there is danger to the fetus, is allowable. If death came to the fetus in this last case it is indirect killing; that is, the killing follows as an accident or circumstance, but was not intended or sought for in itself.

I wish to point out to you that physicians are often too hasty in emptying the womb where there is pernicious vomiting. The writer had an experience in this matter which he will never forget. He was called to a sick-room one day and found a young married woman in a state of complete exhaustion. The mother of the sufferer explained that the family physician had decided that an operation was necessary to save the daughter's life. The latter had not been able to retain any food for a week and was suffering from violent vomiting attacks. She was in the early stages of pregnancy. The only way to save her life, in the opinion of the doctor, was to expel the fetus. I explained to the mother and daughter that



the operation was sinful, in fact, that it was murder.

“What am I to do,” asked the mother; “must I let my daughter die?”

While we were discussing the matter the physician with a companion entered the room and began to unpack his grip in preparation for the operation. I went up to him and repeated what I had already explained to the mother. He wanted to know whether I was a physician and what I knew about these matters. I replied that I knew that the operation was taking the life of an innocent being, that it was murder.

Leaving me he went over to the mother and asked her whose advice she was to follow—the physician’s, who had a scientific knowledge, or the priest’s, who knew nothing of these things. The mother replied that she would not permit anything to be done against the advice of the priest. The physician was furious. He predicted that the patient would be dead before morning and that I would be responsible. I can see him now as he paced the room nervously rubbing his hands. I can see him as he tossed his instruments into his case. I can see the look of contempt as he took his hat



ago. I mean childbirth in twilight sleep, induced by means of morphine and other drugs. It was heralded in popular magazines as a new and wonderful discovery; it was to contradict the words of Scripture: "I will multiply thy sorrows, and thy conceptions: in sorrow shalt thou bring forth children." Many professors advocated it, among them Dr. Charles M. Green, of Harvard; but the latter soon withdrew his approbation, as did many other men of undoubted ability. While there are physicians who still favor this practice, it has been largely abandoned by men of any standing in the medical profession. It is absolutely wrong, since it risks the life of the mother to avoid the pains of childbirth. It also jeopardizes the life of the child. (The Ethics of Medical Homicide and Mutilation, by Dr. Austin O'Malley, c. 22.)



## CHAPTER V

### BIRTH CONTROL

**Y**OU may have heard of the English sociological writer Malthus (born 1766), who advocated birth limitation on the plea that if the human race continued to develop in the same proportion as it was then developing, the earth would not be able to support the teeming millions who would soon swarm upon its surface. He was ignorant both of human ingenuity and of the earth's productivity. Looking back at the question calmly and scientifically, it is strange indeed to see how his false teachings were snatched up and propagated by the leading social and economic writers of the day. Men were frightened into the belief that the gaunt specter of hunger was already at the door. Catholic social thought was never drawn into the vortex of Malthus' teachings. It has long since lived to see its own vindication.

But the teaching of Malthus has again appeared—neo-Malthusianism. Again it advo-

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cates the limitation of the birth-rate, not because the earth cannot support a more numerous human race, but because it seeks for a healthier race, a more perfect race, a more fit race. When families reproduce many of their kind, the children do not reach full physical development. Fewer children and stronger children is its claim. Reduce the family to three or four and let these three or four be better cared for, better educated. This is neo-Malthusianism. It agrees with the old Malthusianism in the restrictions of the family, but it holds out different motives.

We might approach this question from many viewpoints. What are the obligations of men and women to assume the duties of married life? Once married, is there any obligation to raise a family? Do economic conditions or ill-health excuse them from these obligations? However, we shall here consider one phase of the subject: When husband and wife make use of their marital rights, is it morally wrong by any means whatever to prevent conception or the birth of children?

The Creator has put within human beings certain tendencies and appetities for their good and preservation. The cravings of the



appetite for food have their normal place. If properly satisfied, they give strength and health to the body; if abused, they injure the body. Will anyone hold that gluttony is in no way a moral question, or, being a moral question, that it is right? Will anyone assert that the old Romans were right when, at their orgies, they went from the banquet and vomited what they had eaten and returned to gorge themselves with peacock flesh and other dainties? Such a practice had become a custom with the wealthy patrician families. Its very recital is disgusting. Was it simply a matter of health or a revolting practice? No, it went deeper. It was wrong because it was an abuse of nature. Nature intends hunger and appetite to rebuild the ever-weakening system; the glutton makes use of the satisfaction of the appetite for mere sensual enjoyment. Gluttony may be wrong for secondary reasons. It destroys health and brings on bodily pains and hastens death. All these things it does; but it is wrong and morally wrong because it is a misuse of nature. It takes the appetite which nature has put there for a wholesome purpose and abuses the appetite for sensual enjoyment.

Nature, too, has implanted the feeling of

thirst. Like that of hunger, it is intended for the rebuilding of the body. Is it wrong to make it a means of sensual pleasure? Will anyone say that drunkenness is not an evil? Will anyone say that it is perfectly licit for a man to shut himself up within his own home and get beastly drunk, and remain so for days, provided that he does not come forth and interfere with others? Will anyone say that he has a right over his own body and may abuse it as he wishes, and that it is no one's business? Does not the drunken man do something that is intrinsically wrong—wrong whether he is alone or with others, wrong whether he is seen by others or not, wrong in itself? He is acting against nature, abusing nature, taking the thing which nature intended for one purpose and using it for another.

Why is self-abuse wrong? Why is prostitution wrong? Is it simply a custom to call them wrong? Can they ever be right? We dissent entirely from those pragmatists who hold that there is no intrinsic evil, that morality and goodness are matters of custom, that what is wrong today may be right fifty years from now. Self-abuse and prostitution have always been wrong, are wrong, and always will be

wrong. They are wrong from their very nature. Why? For the same reason that gluttony and drunkenness are wrong. They are against nature. They take those feelings or passions which nature has implanted in the human species for a good and holy purpose, namely, the procreation of the race, and they debase these passions to mere sensual pleasure. Herein lies the fundamental wrong in these two curses of humanity—self-abuse and prostitution. It is true that they bring on sickness, insanity, and mental sufferings, they propagate the most horrible and loathsome diseases; but these are secondary consequences of the evils. Primarily and fundamentally they are wrong because they are a misuse of nature.

Why is an artificial restriction of birth a moral wrong? For the same reason that drunkenness is wrong, and gluttony is wrong, and self-abuse and prostitution are wrong. It is the same kind of evil, but it is a greater evil, for its relationship is more sacred. It is an abuse of nature, it is taking an action which nature meant for the propagation of the human race and degrading it to an action below the brute; for the brute never makes use of such an action except for producing its kind.



This artificial restriction happens between those who should have only the holiest respect for each other's person. Dire indeed are the consequences which nature demands of those who thus abuse her gifts and blessings. These consequences are moral and physical. The moral outcome is the loss of conjugal love, the breaking of family ties, want of respect for each other in the consciousness that they are the willing participants in a heinous crime. The physical consequences fall hardest upon the female sex, leading gradually to a complication of evils and ending in sterility.

Advocates of neo-Malthusianism cannot escape these arguments. In fact, they do not attempt to meet them. The reasons which they bring forward are based upon selfishness; and their assertions are untried and unproved. We hear of mothers of fourteen or more miserable children of whom only one or two survive. There are no doubt such instances, and there are just as many instances of weaklings in families of the rich. Reference is often made to the foreign-born. But let me ask: Who are doing the manual labor in our country? Are there any signs of degeneration among these foreigners? Their ways may not



be our ways—many of them are aliens among us—but they are strong of limb and muscle. Hughes, in his “Tom Brown at Rugby,” turns aside from his interesting story to tell the English people that they need the Browns. So do we need the Italians, the Poles, the Russian Jews—we need all those who have come from large families. Why is the old Puritan no longer with us? Because he practised birth restriction and disappeared from the land which should have been his. In that thoughtful book, “Two and Two Make Four,” Bird Coler writes: “A century and a half of eugenics would leave the Catholic Church alone in the field.” (Preface, p. 12.) He might have added that a century and a half of birth restriction has left the Catholics in possession of the larger part of the New England colonies.

In referring to the Catholic Church in connection with birth control, I wish to point out again that I have not made use of any dogmatic teachings, although they are convincing and in harmony with sound deductions of reason. Others have given the Catholic Church the credit for being the chief opponent of this social movement. Writing in the “Survey” (November 18, 1916, p. 165), Dr.

Adolphus Knopf says: "I must not fail to say a word about our Catholic friends and those of other faiths who are so strongly opposed to any teaching or making public the means of contraception and limiting family increase. Let us have no word of reproach because millions of Catholics hold these views."

We accept the compliment from Dr. Knopf; and it is a real compliment. We Catholics are opposed to this social movement of birth restriction. We believe that it is against the natural law, and, being so, has no further claim. Not only will it not give us a healthier, a better generation, but it will be a slow suicide for the generation that advocates it. What would you think of the man who sought to build up the name of his family and its position in society by stealing an immense fortune. He succeeds; he is honored; his family is honored! Would you praise his success? And will you praise those who seek to elevate the human race by doing violence to the sacred instincts of nature? Woe to the nation that attempts it; for strangers will come in and fill the empty houses.

Australia and New Zealand are pointed out as countries where the experiment of birth re-

striction is successful. But the practice there is far from being universal; moreover, they are comparatively new countries, and the warm blood of other lands is flowing into them. It is too soon to pronounce upon the experiment there, and the same must be said of Holland. Better examples are France and Germany. Fifty years ago the two countries had about the same population. Birth restriction has been practised in France, but not, at least to the same extent, in Germany. The latter country has about twenty-five million more people than France. Have the Germans deteriorated in physical strength? Are there any marked changes for the better in the moral or physical status of the French? Had other nations not rushed to the aid of France, the Germans would long ago have been masters of Paris. No one can deny that if birth restriction is practised in France for another half-century, the nation will take its place as a second-class power. Has it a single definite gain? Are not its losses such as to bring a curse upon it?

In an article in the "North American Review" (March, 1918, p. 392), Emile Boutroux, of the French Academy, made the following



specific statement: "A decreasing birth-rate, the stagnation of the French population, is extremely serious. 'How can France,' wrote a German, 'continue to play a part in the world? She is committing suicide; within a measurable time she will be non-existent. Nature abhors a vacuum. It is but natural and right that the four sons of Germany should seize upon the place usurped by the one son of a Frenchman.'

"The problem is as difficult to solve as it is important. The evil is profound; a low birth-rate springs from that egotism and love of pleasure which causes children to be regarded as an encumbrance. A child, it is urged, is desirable as an heir, but one only that the fortune may not be split up; so that the future is gaily sacrificed to the present, the race to the individual, the country to money."

Such terrible havoc has birth control wrought in France that Dr. Edward Toulouse has proposed to make all childless women work two years for the state, those with one child to work a year, those with two children to work six months, and those with three children to be excused. The object of this legislation would be to drive women to maternity; a sad com-

ment, indeed, upon the effects of race suicide. (Journal of Heredity, Oct., 1919.)

England, too, is facing the danger of a low birth-rate. Father Bernard Vaughan, the great English preacher, put this matter vividly before his people in an article (Nineteenth Century Magazine, Oct., 1916) entitled "The Menace of the Empty Cradle." "Unless the English nation," writes Father Vaughan, "wakes up to the menace of the empty cradle and resolves to do its duty, there awaits in the near future a calamity irreparably worse than utter defeat by land and sea—the calamity of self-extinction through race suicide."

But not only does race suicide bring a curse to a nation; it also brings untold suffering and anguish to the individual who practises it. "I have no doubt that the prevention of maternity by artificial methods invariably produces physical, mental and, I think, moral harm to those who resort to it . . . the nervous system suffers enormously from it if the habit is continued long." (Dr. Routh in the article by Father Vaughan.)

I could give you many more opinions from physicians to show the effects of the crime against nature. When women come to you

for advice on this matter you should be able to point out to them that it is morally wrong and to show them that the practice will bring endless suffering and sickness.

After giving authorities who favor birth control, Dr. Knopf concludes his article as follows: "If we but use our God-given sense to regulate the affairs of the government and family wisely and economically, this great world of ours will be one of plenty and beauty, where the good will predominate over the evil and the children born of it will become men and women only a little lower than the angels—images of their creator."

Let us not confuse the issue. This neo-Malthusianism advocates artificial prevention of conception while man and wife are making use of marital rights. Married people can refrain from the use of these rights, and in that sense there is no ethical objection to family regulation; in that sense they may decide when to have a child. They should restrain themselves in conjugal relations.<sup>1</sup> This is in keeping with

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<sup>1</sup> Thomas J. Gerrard, *Marriage and Parenthood—the Catholic Ideal*. Chapter vii, on "Conjugal Restraint," deserves careful reading. Also: *Marriage and the Sex Problem*, by Dr. F. W. Foester, of the University of Vienna. Although not a Catholic, he holds the Catholic view on matters of sex. I consider this one of the very best books on the sex problem.



the mandates of nature and the Creator. In this way children born to them will be little less than angels. But if these same parents make use of their marital rights, and, at the same time, by contraception prevent conception or bring about an abortion, they are sinning against nature. The husband is no better than the man who frequents the brothel to satisfy his lower appetite, and the wife is no better than the prostitute who sells her body for immoral purposes. Man and wife are here imitating the most degraded actions of depraved society. Wedlock in no way gives them the privilege of abusing nature and frustrating the essential end of matrimony.

In his paper Dr. Knopf refers to the infant mortality among children of the poor at Johnstown, Pennsylvania. To the disgrace of our civilization be it said that the toiling classes of Johnstown and elsewhere in the United States have been overworked and underfed. And they have been underfed because they have been underpaid. We do need a propaganda for the poor man, but it is not a propaganda to restrict his offspring, but a propaganda to give him a decent wage—a wage that will enable him to have a home, to clothe and

feed his family; we need social insurance in its best forms; we need co-operation and profit-sharing—all these things we need to give the toiler the just reward of his labor. Then will infant mortality, tuberculosis, and poor housing disappear. Neo-Malthusianism has no solution for the complex social evils of the poor man. It is a doctrine that is ethically wrong and will come as a curse to the nation that adopts its false and misleading principles.

Birth restriction will never meet the approval of the Catholic Church. Individuals in that Church may be misled by those who advocate it, but it can never become general within the Church. If then those who are without the Church should adopt this ethical code, and if it should become general with them, they will be the losers. Their progeny will gradually disappear from the face of the earth, while other and more fruitful nations will possess the land.

I wish to add a few words about the statistics quoted in Dr. Knopf's article. He refers to a study, made by Dr. Alice Hamilton, of the child mortality among the families in the neighborhood of the Hull House, Chicago. In fact, these statistics of Dr. Hamilton have

been published all over the country as an evident plea for birth control. They are as follows:

Deaths per thousand births in:

Families of four children and less..	118
Families of six children.....	267
Families of seven children.....	280
Families of eight children.....	291
Families of nine children and more..	303

For the last two years the Guardian Angel Settlement, which is quite close to the Hull House, has been making a survey, and has collected data that absolutely contradict the figures given by Dr. Hamilton.

The Guardian Angel Survey is as follows:

Deaths per thousand births in:

Families of two children.....	250
Families of three children.....	28
Families of four children.....	49
Families of five children.....	43
Families of six children.....	125
Families of seven children.....	137
Families of eight children.....	120
Families of nine children.....	238
Families of ten children.....	134

It will be noticed here that the highest death-



rate occurs in families of two children, and that families of ten children have a lower death-rate than those of seven children. No doubt if another survey were made these figures would change considerably. While they are not conclusive, they absolutely destroy the claims of Dr. Hamilton that the death-rate is in proportion to the size of the family.

But I am not the first to call in question the conclusions of Dr. Hamilton. Writing in the "Journal of Heredity" (July, 1917, p. 391), Alexander Graham Bell, after studying two thousand nine hundred and sixty-four cases, concludes: "The child with nine brothers and sisters (statistically speaking) has just about twice as good a chance of living to old age as has the child with only a single brother or sister in a normal healthy population. . . . If child mortality is eliminated and only those individuals are studied who live to the age of twenty or longer, the small families are still found to be handicapped; but, in general, it may be said that the larger the family, the longer a member of it has to live."

The principal argument of the so-called reformers in regard to birth control and birth restriction is that the working classes cannot

support a large family. They absolutely ignore the providence of God, who will provide for those who keep His commandments. There is a doctrine not only of irreligion but of selfishness. "Avoid the trouble of big families," they say. "Have one or two children and your means will enable you to raise these children and educate them to be worthy members of society." Such is the theory. Let us consult some facts.

Is it true that there is less trouble in families of one or two or three children? Is it true that large families face the question of non-support?

On March 15, 1917, the daily press of Chicago printed some figures from the court of domestic relations. We wish to note in passing that the papers have given ample space and heavy headlines to discussions favoring birth control, but that the telling figures quoted below received but scant notice. Yet these figures throw more light upon the question than all the sensational speeches and articles yet given in its favor.

We wish to add further that we have written to the Chief Clerk of the Court of Do-

mestic Relations, who informs us that the figures are authentic and correct.

Wife and no children .....	130
Wife and one child .....	147
Wife and two children .....	118
Wife and three children .....	50
Wife and four children .....	23
Wife and five children .....	15
Wife and six children .....	8
Wife and seven children .....	3
Wife and eight children .....	2
Wife and nine children .....	1
Wife and ten children .....	1
Wife and twelve children .....	1
Wife and thirteen children .....	1

If the theory of the birth control propagandists were true, mothers of large families would troop to court in numbers. But the figures show that it is the childless wife, or the mother of one or two children, who comes to the state for aid. Domestic troubles decrease in proportion to the number of children.

Those who keep the commandments of God and rely on the providence of God will be



blessed with contentment and with ample means of a livelihood. We Catholics are not surprised at such figures; we would be surprised at the opposite. We know that the doctrine of birth control is essentially wrong and that it is opposed to the teaching of the Church. But it is well for us to know that the scientific investigation of conditions in American families bears out the conclusions.

A large family is a blessing of God. This family becomes a school where love and charity are taught and practised by both parents and children. Where there are only one or two children they are apt to become selfish. In cases where it is not the fault of the parents, and where they would welcome more children if God sent them, love, sacrifice and resignation will reign in a family; but, where birth control is practised, selfishness will follow and the ties of love will be gradually broken.

Children then are the bonds which unite parents. These advocates of birth control are the unknowing agents who would wreck homes and separate wives and husbands.

Parents should have faith and trust in God,

and believe that He who clothes the lily of the field and cares for the sparrow will look with a benign providence upon the children of large families. Let us not be disturbed or misled by the false teachings of those who have little or no religion, and who would govern this universe as if God were not the author of life.

But I hear you object: What has the nurse to do with this matter of birth control? Does it not pertain rather to the field of the clergy or the social worker? In reply I wish to remind you that you are a social worker and that your duty calls you in many cases to assist the clergy. It is all important for you to know that birth control is wrong and why it is wrong. I have not only given you the teaching of the Church in this matter, but I have pointed out the arguments from reason. I wish you to know, too, that there are physicians and university professors and social workers who have openly advocated birth control. The subject received considerable notoriety through the arrest of Mrs. Sanger, who attempted to teach the methods of birth control in a public clinic in New York. Many people, then, have heard of this new teaching.

As many women may approach you for ad-

vice in regard to abortion, they will also come to you for directions about contraception. They will wish to know how they may safeguard themselves against becoming pregnant. They will ask you about the physical instruments used for this purpose or about drugs and douches. As in the case of abortion, they will appeal to your sympathy; they have too many children already; the husband's salary is not sufficient to support a larger family, or the physician has warned them that they will assume the duties of childbirth only at the risk of their lives. You should not only refuse to co-operate with them but be able to point out the evil of the act. Let them know that you are a nurse and not a vile practitioner in things that are wrong. But again be kind and patient. Try to win the unfortunate person to see the wrong of her action. Later she will return to thank and bless you for your advice.





## CHAPTER VI

### THE NURSE HERSELF

**T**HE object of these talks has been to help you in your chosen profession. What could be more appropriate than some kindly words of advice? One day, when I mentioned to a physician that I was preparing these talks, he became interested at once. "There is a great need of such a book," he said, "and do not fail to give them some advice, for they are exposed to many temptations of soul and many trials and hardships."

Nursing is a great strain upon the physical strength of the body. The long, irregular hours soon begin to make inroads upon one's natural powers of endurance. Want of sufficient exercise and relaxation add to the evil, from which often follows a loss of appetite, and consequently an additional loss of strength. Here comes the source of temptation to make use of artificial stimulants. Alcohol is near at hand for medicinal purposes; and there is a tendency to take it to bolster up one's state of lassitude. There may even be the suggestion to take morphine or some other

drug to bring rest and sleep, which refuse to come when hours of relaxation are offered.

Do not say that for you there is no danger, that you have sufficient strength of will and character to use these stimulants with moderation, that you can discard them at any time. Such self-confidence has been the cause of the ruin of many a nurse. Your hope lies in self-distrust and fear of your own weakness and inability to break off a habit if it should unfortunately be formed. Do not imagine that the use of alcoholic drinks or drugs will never become a habit. I simply ask you to heed the advice of physicians who have had long experience in this matter. Ask some of the oldest among them whether they think there is much danger, and you will find that they will be the first to warn you against danger of this nature.

My advice to you is never under any condition to touch alcoholic drink or strong wine, and, above all, never to take morphine or any other narcotic drug. If you are not feeling well you have the physician to consult any day. Let him prescribe for you, and do not take any medicine of any kind without his advice and direction. If it is always wiser for physicians to consult their co-workers in case



of sickness and not to prescribe for themselves, much more is it advisable for a nurse not to treat her own case. I cannot insist too much upon the importance of this advice. Your knowledge of drugs and medicine will always be a temptation for you. Do not reply that I am wasting my time giving such advice, that nurses have no weakness in this regard, that there is no danger for them. There is danger, great danger, frequent danger.

“When one leaves the training-school and new conditions have to be met, habits are more or less disturbed and discipline is relaxed. This is a time in which a nurse especially needs to be on her guard, lest the good habits she has formed slip away and bad habits take their place.

“One of the essentials to success in any branch of nursing is industry—willingness to work. It makes little difference how capable and skilled a nurse may have become during her training, if she is not willing to work; if she is continually looking out for the easiest cases and places and refusing those which would probably mean serious or hard work, she can never be a successful nurse. Quite frequently a nurse who is a habitual shirker

may be able to get through a training-school because some one constantly supervised her and kept her up to the mark, but when she becomes an independent worker, her habitually lazy habits reassert themselves. This type of nurse does more to create prejudice against trained nurses than any other type. A train of complaints follow such nurses wherever they go. They are unaccommodating in private homes, and always fearful lest they will be imposed on by being asked to do something which is not directly connected with the patient. They apply for hospital positions and often secure them, but fail to measure up to the opportunity that is theirs. They make frequent changes and usually have nothing good to say of those who have employed them. Their habitual unwillingness to work shows up more plainly in private homes than anywhere else, for under those conditions there is no one whose duty it is to keep them up to the mark." (Aikens, p. 225.)

Many serious temptations of a moral character arise from too much familiarity with physicians and interns. In every profession there are men unworthy of their high calling, and medicine is no exception to the rule. There

are men who prey upon the innocent lives of nurses who have taken up the profession with the highest and holiest of motives. Of very necessity nurses must be with doctors in private offices and must meet them in private homes. Avoid the beginning of any undue familiarity when alone with them! Take any unbecoming word or suggestion as an insult! Do this at the outset of any approach on their part! Do this and they will respect you as a young woman of honor, as one above all reproach! If you yield to anything that has even the appearance of wrong, they will press the matter further and will make insinuating remarks about you to their companions. Your good name and your honor are at once tarnished.

I do not wish to horrify you by the rehearsal of morbid tales; but I know whereof I speak. I know that there is danger, especially for the nurse who trusts herself in such a way as to begin anything which has the appearance of wrong, and believes that she has the strength of character to turn back whenever she wishes. The only safeguard in the matter of morality is prudent conduct from the very beginning. Immorality begets distrust and a loss of all



respect. I know of an intern who boasted of his disgusting conduct and held up the companion of his guilt to scorn and ridicule; and yet she—poor, deluded thing—believed that he loved her and would eventually marry her.

One of the saddest incidents in the life of Florence Nightingale was the immorality which she witnessed while serving in Crimea. She saw young women who had gone into service with high ideals only to be deceived and dragged to the level and beneath the level of the woman of the street. Be prudent; do be prudent. If I must say it: Be over-prudent in your dealing with physicians and especially with interns.

Again you must nurse married men and young men. You must be with them alone through the long hours of the day and night. Your kindness and attention will of their very nature cause a certain attachment. In the beginning it may be only a natural gratitude and perfectly proper. Here comes the danger, for this feeling grows and, before either party is fully aware, there has sprung up an affection. This, too, in the beginning seems perfectly harmless and proper, and may in reality be so. Either of you would be insulted if there was

any suggestion of impropriety from a third party. Familiar words are exchanged, gifts are bestowed for acts of kindness and attention; familiarity follows. When the patient has recovered, presents are sent to the nurse, invitations also come. No one will deny that it takes extreme prudence on the part of a nurse to distinguish between good and evil and to safeguard herself from serious deception.

When you are nursing mothers and children, the father of the house or the grown son is often in the sick-room. You must converse with them and meet them under circumstances of unusual familiarity. In this respect the nurse is in greater moral danger than the young woman in an office or factory, for in these buildings the great safeguard is publicity. Doors are opened, crowds come and go. If a young lady wishes, she can easily safeguard herself in most of our modern offices. But the nurse is in a private home, doors are closed, and observation by the public is impossible. Do not resent my putting this matter so bluntly! If you think that such advice is not needed, then I am convinced that you, in your goodness and simplicity, need the very suggestions that I am offering. Be sedate, be pru-

dent, be a lady; and above all rely on prayer and the sacraments.

Those who would succeed in any profession must be students; this applies to the teacher, the lawyer, the physician; it also applies to the nurse. Professional studies extend over a few years; they give only the groundwork of knowledge, but they do not form the rounded or perfect scholar. Those years of study must be followed by many more years of private endeavor. If after leaving college the physician gave up his books he could never hope to attain eminence. To his practice he should join hours of theoretical work, he should frequently refer to his books, should consult other books, should keep in touch with the latest in medical magazines, should attend medical meetings and discuss difficulties with his co-laborers.

The nurse, too, should be a student. So much was required of her in the three years of her training that but little time was left to her for study. She was able to hear but few lectures and these in the evening, when she was tired after the day's work. But once she has entered upon private cases she has ample time for further self-improvement. In



fact, during long hours of watching, time may hang heavy on her hands. There is only one escape from this situation: let her cultivate studious habits.

Text-books and literature on nursing are now extensive. One American firm has a list of some twenty-five books for nurses. In every hospital there will be a choice selection of such books. During the training-school, the nurse will probably have time to read and study only a few of these volumes; but she should inquire about those of most value, and should make herself acquainted with the titles and authors, and, as far as possible, with the contents. A few dollars spent on books will be a wise and sensible investment. Whenever you go out for a private case take one or more of these books with you, and make a careful study of them. See whether there is not something in them that will apply to the present case. In this way you will form habits of careful study which will repay you many times.

If you are not interested in serious reading you will dissipate your energy by reading the light literature which you find handy. A few years of this desultory reading will incapacitate you for all future work as a real student.

This practice of study must be begun immediately after you leave school; if it is not acquired then it will not come in later years. You can become just as interested in such reading as others become in devouring pages of fiction. Do not misunderstand me; I would have you enjoy good fiction, good poetry and good literature of any kind; but with them there will be time for self-improvement in the knowledge that is part of your profession.

Take pride then in having a number of books, read them, study them; they will become your friends, friends in many a long and lonesome hour; they will enable you to become a more scientific and efficient nurse.

“A nurse’s personality is a factor that can never be disregarded, owing to its influence upon the patient. Moreover, the possession of the attributes that make up our personality—rendering it pleasant or the reverse—depends largely upon ourselves. Certain qualities of mind and body may be born in us, but it is always in our power to modify or increase their significance. For all of us it is desirable to improve our natural gifts, but in the case of a nurse it is absolutely necessary that she should have under her control such character-

istics of body and mind as may affect or influence for good or bad her patient's condition. This is particularly true in reference to the expression of the face, the quality of the voice, the character of the touch or footstep, and to the carriage of the body in general. There is always a spiritual or mental development or change taking place within us that is shown to the outside world through the medium of the body, the inward workings of the mind being rendered visible through the various motions consciously or unconsciously employed. It is difficult to realize at first how susceptible a patient is to the various expressions which may appear in the faces of the physician and nurse; how closely he watches their every action, in the hope that he may gain a clue as to what they really think of his condition, and how much he is encouraged or cast down by what he thinks he reads there. Hence, it is all important, from the very outset, to study to keep well in hand one's various modes of expression and to watch them with unceasing diligence, until the habit of self-control becomes second nature and the chances of being caught off one's guard are reduced to a minimum." (Robb, p. 72.)



“Beware of being egoistic; do not talk about your own private affairs. Here, again, tact will often be necessary to parry many curious inquiries, although at other times the nurse may be filled with the desire to impress the patient with the importance of her family, as regards social distinction or intellectual qualities. I know of nothing more wearisome, even to a well person, than to have to sit and listen to eulogies on people she has never seen and in whom she has no possible interest. Better to be left in peace to die of one’s disease than to be driven insane by thoughtless chatter.

“But although the ethics of the sick-room, as well as common sense, are opposed to any form of gruesome talk and to all gossip, it is very necessary that a nurse should be able to talk pleasantly and intelligently at the proper time, and in this connection she will find a broad general knowledge and education of the greatest value. Friendliness and good-fellowship between patient and nurse should never be allowed to degenerate into a familiarity that allows of jokes which are not convenient, or crude personal criticisms, that soon do away with the mutual respect which should exist between them. It is rarely, if ever, ad-

visible for the nurse to try to control her patients by means of sarcasm, or holding them up to ridicule in the eyes of their friends. Children in particular are very sensitive and are very liable to resent such treatment by sullenness and obstinacy." (Robb, p. 234.)

Finally, I wish to offer you some considerations from the little book of Father Deshon, entitled "Guide for Young Women":

"Sickness, like everything else which God allows to befall us, is intended for our good. If we take it in the right spirit it will prove an immense advantage to us.

"Sickness affords us an opportunity to practise many virtues in a high degree, particularly those most excellent ones of humility and patience. When stretched upon the bed of sickness, we feel how helpless we are of ourselves, and how completely we depend on God for health and strength, and every breath we draw. We cry to Him and He hears us, and helps us. Sickness is a time of grace.

"What an opportunity it gives us for patience amid so many pains and privations and wants.

"If we did but know, it is just the time to be like Our Lord Jesus Christ as He was hang-

ing, so racked with torment and so afflicted, upon His cross for our redemption.

“Now is the time for patience, to keep down all murmuring and dissatisfaction. No doubt there will be temptation to murmur, but put it all aside, for God is as good now as ever, and it is wrong now as ever to complain of what you cannot help and He has allowed.

“Some people, when they get sick, particularly if they are not used to it, show a deal of impatience; they give a great deal of unnecessary trouble, and show an unthankful spirit in regard to what is done for them. This is certainly quite the wrong spirit, and one that renders such a girl very unhappy herself and displeasing to God.

“But, on the contrary, I must say the example of holy patience and peace under affliction, on the part of others, is oftentimes most beautiful; all who witness it are charmed and edified by it. What stores of merit such a girl lays up for herself and for others!

“She really preaches the Gospel of Our Lord Jesus Christ, and does much to save souls; for her example is more effectual than perhaps the words of the most eloquent preacher can be.

“You cannot do much in sickness in the



way of set prayers and devotions, but you can do a great deal in the way of patience and resignation. You can do a great deal in the way of short, fervent ejaculations, such as, 'Thy holy will be done'; 'Grant me patience'; 'Praise God for His goodness,' or many others of the same sort.

"You can offer yourself to God entirely, giving up your life, if it be God's will, cheerfully into His hands. For the rest, keep as quiet and cheerful as possible, putting away all temptations and troubles of whatever sort they may be, and trusting entirely to God and Our Lord Jesus Christ, just as an infant reposes with confidence in the arms of its mother.

"So, if it be God's will, this blessed time of sickness will land you safe on the shore of eternity, to enjoy forever, and with joy unspeakable, the sight of God, the society of Jesus Christ, of the Blessed Virgin Mary, and of all holy saints who have 'fought the good fight of faith' and received the immortal crown of victory."



## CHAPTER VII

### PROFESSIONAL DUTIES

**I**N the preceding talks I have already explained many of the duties of your profession; still, there remain some very important topics upon which I wish to insist. I shall here treat of your duties to the patient and to the physician.

After you have graduated from the training-school and are "on call" for service, do not be too particular in choosing your cases. In fact, you should make it a rule not to refuse a call. Perhaps it would be better not to ask any questions when a call comes. If you begin to inquire about the nature of the case, the conditions and circumstances of the family, the locality, the name of the physician, the probable fee or the possibility of no fee, all this will leave the impression that you are looking for the easiest and the best-paid work. If, after you have had considerable experience, you wish to limit your work to special cases, you are perfectly free to do so. You can then leave the proper directions with the nursing agency or the hospital or the physicians for



whom you have handled cases. But you should enter upon this special service only after sufficient experience and after consultation with those who have observed your work.

Once you have undertaken a case, it is your duty to give the best service of which you are capable. There is at least a tacit agreement between you and the patient. You promise on your part to render the service of your professional calling, and the patient promises to give you a certain fee or remuneration. While your primary object may not be the remuneration, it is yours by right; and, in accepting it or agreeing to it, you assume the duties and responsibilities connected with the case. If you are remiss in the performance of your duties you do a real injustice to the patient.

Again, you are not permitted to experiment with your patient. If there are two or more methods of carrying out the directions of the attending physician, you are bound in conscience to use the one which in your opinion is the safest. Experimentation should be left to experts and schools, and should be carried on under the proper safeguards. All people have rights, even sick people. One may experiment upon an animal to discover the effects of drugs

or operations, but never upon human beings. There may be exceptions to this rule, as when all known remedies have failed in an extreme case and when a chance is taken as a last resource. All such experiments pertain to the work of scientists. You will probably not meet a case in which you are justified in making experiments with your private patients.

How long does your obligation exist, or, in other words, is the nurse ever justified in giving up a case? Certainly she is. Both physicians and nurses are allowed to withdraw from cases under certain conditions. I have known an instance where a patient refused to take the medicines prescribed and to follow dietetic regulations, and where the attending physician simply informed the party that he would not return. He was justified in so doing, for he felt that the patient could not improve under the unfavorable circumstances, and that he would later be held responsible. In the same way a nurse may withdraw from a case where the patient stubbornly refuses to do what she knows are the directions of the physician. In all such cases, however, the greatest tact and patience should be exercised. There should be private consultations between the physician

and the nurse; members of the family, too, should be instructed in regard to their duty and their co-operation with nurse and physician. Troubles of this nature often arise from the meddlesome interference of relatives and visitors, who make the work of the nurse if not unbearable at least ineffective. They should be kept from the sick-room when their presence is injurious to the sufferer. If after patient action and warning on her part, the nurse is so hampered that her ministrations are fruitless, she may give due notice and withdraw from the case. But let me repeat that she should first exercise every reasonable duty of patience and forbearance.

Again, the nurse should understand the limitations of psychic effects. She should not be deceived by the vagaries of Christian Science, nor should she participate in spiritism or occultism of any kind. Whatever may be their claims, they have no part in the nursing profession. While the will is a potent factor in regaining health, there are numerous occasions where the exaggeration of its power may do much harm.

“It should be well understood from the beginning just what the will can do in the mat-



ter of the cure or, to use a much better word, the relief of disease, not forgetting that disease means etymologically and also literally discomfort rather than anything else. The will cannot cure organic disease in the ordinary sense of that term. It is just as absurd to say that the will can bring about the cure of Bright's disease as it is to suggest that one can by will-power replace a finger that has been lost.

"There are, however, a great many organic diseases in which the will may serve an extremely useful purpose in the relief of symptoms and sometimes in producing such a release of vital energy previously hampered by discouragement as will enable the patient to react properly against the disease. This is typically exemplified in tuberculosis of the lungs. Nothing is so important in this disease as the patient's attitude of mind and his will to get well. Without that there is very little hope. With that strongly aroused, all sorts of remedies, many of them even harmful in themselves, have enabled patients to get better merely because the taking of them adds suggestion after suggestion of assurance of cure." (*Health Through Will-Power*, by Dr. James Walsh, p. 102.)

No doubt you have often been reminded of the necessity of keeping professional secrets. When sickness comes into a family there is at once introduced an abnormal condition. Some are frightened and some are perturbed. The nurse becomes the confidant of all. She learns secrets of that family which are known to no other living being. She hears of infidelities, of discriminations, of suspicions, of misjudgments. Even under ordinary circumstances one is not allowed to tale-bear in regard to a neighbor; but the nurse has an added obligation to remain silent. She has obtained her information in connection with her professional duty; like the priest or the lawyer, she must keep that information as a sacred charge. There may be exceptions to this, as, for instance, public good may require the nurse to reveal a case of contagious disease which a family has succeeded in concealing.

“Too great intimacy between patient and nurse is inadvisable and should never be encouraged. But when it happens that a patient, in her weakened state of health, that has left her nerves beyond her control, has confided to the nurse secrets of her own or of others, these confidences should always be held sacred and

inviolable; furthermore, the whole conduct of the nurse should be such as to assure the patient that her moments of weakness will never be blazoned abroad. Nor does this obligation to secrecy end with the period of professional services; none of the privacies of personal or domestic life, no infirmity of disposition or little flaw of character, observed while caring for a patient, should ever be divulged by the nurse, unless circumstances arise which render such a course an imperative duty. The same rule holds good also with respect to the actual bodily or mental ailments. Patients and their affairs should not be made a subject for conversation or discussion between nurses; silence is even more binding upon the nurse than upon the physician, inasmuch as the opportunities of the former for knowing her patient's affairs are generally far greater than those of the latter." (Robb, p. 234.)

Much has been written of late about the influence of the mind on the body. No one can deny the interdependence of the physical and spiritual parts of man. You should understand well how much you can accomplish by inspiring patients with confidence. Do not let them become despondent, or even brood



over their ailments, or imagine that they are carrying more than their share of human suffering. Self-pity is never to be encouraged or even tolerated.

“The worst brake on the will to be well is undoubtedly the habit that some people have of pitying themselves and feeling that they are eminently deserving of the pity of others because of the trials, real or supposed, which they have to undergo. Instead of realizing how much better off they are than the great majority of people—for most of the typical self-pitiers are not real subjects for pity—they keep looking at those whom they fondly suppose to be happier than themselves and then proceed to get into a mood of commiseration with themselves because of their ill-health—real or imaginary—or uncomfortable surroundings. Just as soon as men or women assume this state of mind, it becomes extremely difficult for them to stand any real trials that appear, and above all, it becomes even more difficult for them to react properly against the affections of one kind or another that are almost sure to come. Self-pity is ever a serious hamperer of resistive vitality.” (Health Through Will-Power, by Dr. James Walsh,

p. 69. Nurses will find this a most useful book; it explains in a simple yet scientific way the influence of the mind over the body.)

Let us now briefly consider the relation of the nurse to the attending physician. In most of our American medical schools there are bright young women with the laudable ambition to become doctors. The medical profession offers a wide field for women physicians. If you so desire you can get your diploma and license, and enter upon the work with all the rights of those of the other sex. But if you become a trained nurse you must recognize the fact that you are not a physician, that, it matters not what knowledge of the healing art you may possess, you have no right to practise medicine. You are to assist the physicians. You will not be held responsible for the failure of any particular case as long as you have strictly limited yourself to the work assigned you. If you overstep your position and assume responsibilities which do not belong to your profession, you will get but little credit for any success which may follow, but will, at the same time, be the object of criticism for failures that may ensue.

In the first place, you must hold the physi-

cian in respect. If you should meet one of the profession for whom you have no respect, or in whom you have no confidence, do not allow yourself to be associated with him. To do so would be to court certain failure. There may be members of the profession who have slight defects in methods and manners, and who, nevertheless, are men of real worth. In this case, it is your duty to overlook the defects. There are physicians who are punctilious in prescribing the most minute details, who insist that their cases be handled in strict accordance with their wishes. It is your duty to carry out the wishes of such doctors. Even if you should think that you are capable of improving on their methods, it is not for you to decide. You may be mistaken in your judgment about the matter; but even if you are right and the physician is wrong, he is to be the judge in the case.

There may be occasions when it is the duty of a nurse to report a physician for want of attention or skill in his treating a case. Such occasion will rarely occur. Before taking any action, the nurse should consult with some companion of her profession on whose tact she relies or should lay the case before a physi-



cian. She should not act in haste. Let her weigh every circumstance and look at the matter from every angle. Let her consider that her action will seriously injure the professional standing of the physician in the community. It may bring a relapse to the patient, owing to the information and the change of doctors. It is impossible to set down any definite regulations for action under such circumstances; but I know of no more difficult problem for a nurse than that of bringing a complaint in regard to the attending physician. This general rule should be followed: she should not take any action unless there is certainty about the matter. As long as there is doubt, the doctor should have the benefit of it; and in the meanwhile the nurse should keep a respectful silence, but should use tact and observation in arriving at a conclusion.

The medical profession is made up, as a whole, of thoughtful and tactful men; but, like every other calling, it has among its members those who are wanting in that delicate feeling and right interpretation of what is proper. Hence, at times, we find a physician boldly and loudly reprimanding a nurse in the presence of patients and visitors. Such an action

on the part of the doctor is absolutely unwarranted unless, indeed, he has already spoken to the nurse about evident defects in her work, and she has shown no improvement or, what is worse, no inclination to improve. Certainly, the proper mode of procedure would be to talk things over in private with the nurse. In case, then, the attending physician so far forgets himself as to deal out criticism in public and before a patient, the nurse is justified in resenting any such conduct. I am not referring to minor matters, nor is it my wish to, in any way, encourage insubordination. I am only referring to those extreme occasions where a physician goes clearly beyond his power in giving public reprimands. Under these circumstances the nurse is justified in dropping the case; not, however, until she has given the physician and patient time to get a substitute. While she remains, she should exercise the utmost care, and should make it plain to all that it was a sense of honor and professional duty that moved her to take such an action.

“But it is not so much through any actual words of the nurse that she inspires the patient and friends with confidence in the physician; her manner, the way in which she receives his

orders and her readiness in carrying them out, her professional attitude to him, always most respectful and attentive, never showing by the least sign any doubt in his ability, will be readily interpreted by anxious watchers. No matter how trying the occasion, a nurse should never show by her manner toward the doctor any shadow of rudeness, even although she may have but little respect for him or his ways. If for any cause she is obliged to oppose him, she should guard against doing so in the presence of a third person, but make her opportunity away from the patient's room.

“If an opinion is asked the nurse regarding the relative merits of two physicians, she should frankly decline to pass judgment; she should never compare one physician's treatment with that of another; in fact, she should remember that all such discussions are out of her province, except at such times as she is receiving instruction. Physicians are naturally irritated when they find that the nurse has been telling the patient or friends of the wonderful sayings and doings of her own pet doctor. Nor is it for the nurse even to make any suggestion as to the calling in of any particular physician, when a consultation has been decided upon.



This is to be left entirely in the hands of the attending physician and the friends.

“Again, not infrequently the patient or friends are so impressed by the nurse’s skill and wisdom, that instead of consulting the doctor, they may come to her for advice about the ailments of some member of the family who may be feeling unwell. This insidious form of temptation, to assume the doctor’s duties and to make a display of her knowledge, is constantly occurring, but any yielding to it constitutes a grave ethical offence committed against the doctor and society at large. Amateur doctors, as well as amateur nurses, sometimes do more harm than good. She should be most careful not to talk about or show off her technical knowledge before the patient or the friends, while, as regards the physician, she will best deserve his confidence by keeping strictly within her own limits, by watching for symptoms of any complications that may arise, by sending for him only when necessary, by her discretion in interpreting his orders with regard to medicines to be given in an emergency, and by keeping him in touch with all the facts relating to his patient.” (Robb, p. 258.)

Your profession requires you to assist your patients spiritually. As these talks were originally given in hospitals under the care of Catholic sisterhoods, suggestions have dealt largely with Catholic practices. But I would not have you give a narrow interpretation of your obligations to the sick. Into whatever homes you are called, always respect the religion of the patients. Try to ascertain what they want in this matter, and consider it your duty to deal with people of every religious denomination, as you would wish them to deal with you under similar circumstances.

You should know how to administer baptism, for most Christian mothers wish their children to receive this sacrament. The ceremony is extremely simple. Take a glass of water, it may be either cold or lukewarm, and while pouring it over the child's head, pronounce the words: "I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost." To baptize means to wash, and therefore the words "I baptize" should be pronounced while the water is being poured.

If it should happen that a child is in danger of dying before being delivered, baptism should be performed by causing water to reach the

little body by means of some instrument. It will not do to simply have the water touch the cyst which encloses the body, but it must touch the body itself. While baptism is administered by pouring water upon the head of the child, still if the water reaches an arm or leg it is probably sufficient. If afterward the child is born and an occasion arises, the priest should be informed of what has been done.

In case of abortion, or the death of a pregnant woman, the fetus should be carefully removed from the sack and baptized. If the fetus is very small, the sack containing it should be opened and the whole sack with the fetus immersed in water while at the same time the words are repeated: "I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost." On the death of a pregnant woman, where there is reason to believe that the fetus is still alive, the attending physician should be asked to perform laparotomy and to remove the fetus. Baptism should then be performed as indicated above.

An author of considerable experience has put down the following suggestions in regard to the sick-room. It is the correct thing:



To send for the parish priest as soon as a person becomes dangerously ill.

For the nurse or some member of the patient's family to place a chair for the priest by the side of the bed, raise the patient to a comfortable posture, inquire of the priest if he desires anything, and then withdraw whilst the confession is being heard.

To keep everybody from intruding in the sick-room whilst the priest is hearing the confession and giving spiritual consolation.

When the priest is expected with the holy communion, to have the room put in order and everything made ready.

To have a table prepared, covered with a clean white cloth, and upon it at least one candlestick holding a blessed wax candle lighted, a crucifix, two small glasses, one containing holy water and the other pure fresh water (for the ablution after communion), and a tablespoon.

For some one holding a lighted candle to meet the priest at the door when he arrives with the Blessed Sacrament, and to precede him to the place prepared.

For all in the room to kneel when the priest enters with the Sacred Host.

After the priest has sprinkled the bed with holy water, repeated the antiphon, "Asperges me," "Thou shalt sprinkle me," etc., and said the prayer, "Exaudi nos, Domine," for an attendant to recite the Confiteor, if the patient is too weak to do so.

To have the hair combed, the face washed, the mouth rinsed out, and the bed of the sick person made tidy before the priest arrives.

For one who suffers a prolonged illness to receive holy communion frequently, even though not in danger of death.

To know that the receiving of holy communion, even as Viaticum, will not hasten death.

To know that a sick person need not be fasting in order to receive the Holy Viaticum.

For a person who is dangerously ill to attend to all worldly matters the first thing, so that there will be nothing to distract the mind from spiritual concerns.

To receive Extreme Unction whilst the patient still has the use of his senses.

To sponge off the parts to be anointed—the eyes, the ears, the nostrils, the mouth, the hands, the feet—before the arrival of the priest.

To know that Extreme Unction can be re-

ceived only once in the same sickness, unless there is a partial recovery and then a serious relapse, in which case it may be received again.

To know that only those in danger of death by sickness can receive this sacrament; that soldiers going into battle, persons in a storm at sea, criminals about to be executed, cannot receive Extreme Unction.

To know, however, that soldiers who have been wounded, persons dying from an accident, those washed ashore in whom life is not yet extinct, can and should be anointed.

To know that infants and born idiots cannot be anointed, since they cannot commit sin.

To know that those dying impenitent, or in a state of mortal sin—as a drunkard in his drunkenness, or in the commission of a crime—as a man shot in a duel—cannot receive this sacrament unless there is some reason to think that at the moment of death there is sincere penitence.

For all present at the administration of the last sacraments to join in the prayers for the dying.

If the patient be a woman, for another woman to make the sign of the cross upon her forehead, mouth, and breast, if she is unable to



do so herself at the proper time in the prayers for the dying.

For a patient to accept the illness as coming from God, and to bear the suffering in union with the sufferings and death of Our Lord.

To be patient and resigned. To take the medicine and nourishment prescribed.

To have a crucifix, a rosary, and some holy water constantly within reach.

For relatives and friends to be as calm and composed as possible. To exclude all worldly considerations from the chamber of the dying.

For some one of those in attendance on a dying person to keep reciting suitable prayers until the soul has left the body.

To have one or more blessed candles lighted near the bedside.

To press the crucifix to the dying lips and to sprinkle the bed repeatedly with holy water.

To know that candles are blessed in all churches on Candlemasday, and that every Catholic should provide himself with some.

To know that the candles should be wax.

To know that all members of a parish, whether they go to the parish church or not, can only be attended in case of sickness by the

priests belonging to the parish, unless in special cases permission is obtained from the parish rector to have a priest from another parish who may have been the confessor or the life-long friend of the person who is ill.

To always provide a companion or attendant when sending for a priest after dark.

To abstain from conversation if the priest is carrying the Blessed Sacrament, and to accompany with prayer. (*The Correct Thing for Catholics*, by Lelia Hardin Bugg.)

I am tempted to quote at length from a book entitled "The Way of Interior Peace," by Rev. Father de Lehen, S.J., but I shall not give any extracts, as I wish you to secure the volume and to read every chapter. You will find in it many wholesome reflections, which will be a great help to you and will suggest words of advice to patients.





## CHAPTER VIII

### PRACTICAL TESTS: IN THE TRAINING-SCHOOL

FOR eight years I have been giving these talks to nurses in several of the large training-schools of the Middle West. At the close of each lecture a few practical cases would be assigned for discussion; each of the topics would then be considered and explained in the next class. Many of the tests used here were proposed to the author by directors of training-schools.

In studying these tests or cases it is suggested that the student first read over the statement and try to reach a conclusion. After she has determined on the answer, let her consult the book for verification of method and fact.

#### *Case I—Borrowing Too Much*

Statement: Miss Agnes, a prospective nurse for a training-school in New York, is from a small town in Pennsylvania. She talks to her friends of the amount of money that a nurse makes, and explains to them that she will have an income of thirty or forty dollars a week, and that her board and lodging will

cost her nothing. She figures out that her income will be equivalent to about seventy-five dollars a week.

A merchant in the town, hearing of the wonderful prospects of the future nurse, gives Miss Agnes unlimited credit. She buys foolishly and extravagantly, until her account at the store is four hundred dollars.

She has been in the school for only a few weeks when she receives a letter from the merchant demanding part payment on the bill. She writes to explain that she does not receive any fee during the three years of training. The merchant sends a letter to the hospital authorities, who reply that they can do nothing in the matter. Then the merchant tries through the courts to force Agnes' father to pay the bill. The court decides that the father is not responsible for the debt, as his daughter is of legal age. After leaving the training-school Miss Agnes is most successful and in a short time accumulates six hundred dollars. What are her obligations?

Reply: Miss Agnes is held responsible for the debt. Her obligation was simply suspended while she was in school. If she requires some of the money for immediate needs,

she should send at least a part of the payment to the merchant, promising to remit the remainder as soon as she can earn it.

X *Case II—Obeying the Rules in a Training-School*

Statement: Miss Isabel, a pupil in a nurses' training-school, has but little regard for the school's regulations. She invites another nurse, Miss Esther, to slip away in the evening, and explains that they are not bound by the rules of the institution. For some weeks Miss Esther yields to the solicitations of her companion. She finds that such conduct is gradually robbing her of her ideals, her respect for the institution and her interest in the work. What is she to do?

Reply: Miss Esther has been deceived by Miss Isabel. It is not true that pupils in an institution are not bound to follow the rules. As long as they remain in the school there is at least a tacit agreement between the authorities and pupils, and the latter are under the obligation of carrying out local regulations. If these regulations are too difficult or are unreasonable, the nurse has the right to leave the place, but as long as she remains she is subject to the discipline of the house. Moreover, if a



nurse will not follow the regulations, which must of necessity be made for every training-school, she has not the strength of character necessary for success in her profession. I would not exaggerate the matter of small failures in keeping rules; but if in her heart a nurse despises regulations, breaks them without remorse, and inculcates in the hearts of others that all such rules are foolish and not to be obeyed, she should get out of the training-school. Such an individual should go into the office of some large business concern, where she will soon learn that rules and regulations are necessary.

*Case III—Deceiving One's Parents*

Statement: A pupil nurse, who is anxious to have a new dress, knows that her parents will not send her the money for this purpose, as they provided liberally for her. To deceive her parents she sends for money to buy books and medical instruments, explaining that she will need these later for her private cases after her graduation. The parents send on a hundred dollars for the books and equipment. What must be thought of the action of the nurse?

Reply: She is certainly getting a bad start

in practising such deception with her parents. If she is untrue to them, can she later be trusted when dealing with others? Her conduct, then, is altogether reprehensible. The question arises about the obligation of returning the hundred dollars to the parents. Is the nurse obliged in conscience to return the money? If, later on, the nurse gets the hundred dollars and can afford to make payment to her parents, will she be obliged in conscience to do so? In answering this we must look at the matter from the point of view of the parents. They would certainly be grieved if they knew of the action of their daughter; still, it is not probable that they would wish to insist on restitution from their own child. Viewing the matter in this way and interpreting the will of the parents, the nurse is not obliged in conscience to return the money, even if she could easily do so.

*Case IV—Tardiness*

Statement: Miss Julia, a pupil nurse, is frequently tardy for the various exercises. Above all, she does not rise promptly and gives much trouble to the cook when she comes late for breakfast. The cook has strict orders not to serve breakfast after nine o'clock. Miss

Julia becomes furious one morning when the cook insists on the school regulations and refuses breakfast to the nurse after the assigned time. In retaliation Miss Julia brings false charges against her and thus causes her to be discharged. After some weeks Miss Julia recognizes the evil of her action and wishes to know what are her obligations toward the cook.

Reply: Miss Julia is bound in conscience to undo the wrong. It is her duty to lay the whole matter before the authorities and to seek to have the cook reinstated. She is also obliged, as far as in her lies, to make up for any financial loss which the cook may have incurred. Suppose, for instance, the cook has been unable to secure work for two weeks and has lost fifty dollars on that account. Miss Julia is bound in conscience to give her fifty dollars. The loss of this money on the part of Miss Julia will be the best lesson that she could get. It will probably be the means of bringing to her mind, in a forcible way, the evil results of her habits of tardiness, and will in the end make of her a more efficient nurse.

*Case V—Faultfinding*

Statement: Miss Emily, a pupil in a nurses' training-school, is continually finding fault



with the local regulations. She cannot see the reason for so many rules; she calls the school a reformatory, and the head nurse the prison warden. Above all, she is very outspoken with her companions, among whom, unknown to the authorities, she is spreading a spirit of discontent. Should she remain in the school?

Reply: It is difficult to give a brief answer to this question. Miss Emily is certainly inexperienced; she is probably wanting in judgment. The question is: Will she improve? Can she be made to see things in their proper light? She may have enjoyed unusual freedom at home; she may have been pampered and partly spoiled. This spirit of criticism may be the result of a sudden change of life. Some young people fret and chafe under discipline, and yet they have qualities which will in the end win success for them.

What Miss Emily needs is a sincere friend; one who is older and more mature, and who instead of being influenced by such thoughtless criticism, will do her part to correct the fault-finding. It may be that the pupil has many excellent qualities; she may be quick in learning, eager to succeed, and winning in manners. There should be someone to understand her

difficulties; to point out that order and discipline are necessary parts of one's training; that, where a number of people are working together, there must be authority and enforcement of rules. It will all depend, then, on the other characteristics of the pupil. The probability is that the faultfinding is only a temporary mood and can be corrected.

*Case VI—Discouragement*

**Statement:** Miss Margaret, a pupil nurse, has been deprived of her free day for the third consecutive time. She has violated some rule each week and must pay the penalty. Feeling that she needs the day of rest and change, she remonstrates with the directrix and head nurse. She does not object to rules and regulations, but she pleads that the authorities are too severe. They should be more tolerant and should overlook an occasional fault.

**Reply:** To be the directrix or head nurse of a school is a responsible position. It is not easy to keep the golden mean—to be just strict enough and not too strict; to enforce discipline and yet to know where to relax when regulations become too irksome; to train the young pupil and yet to keep her friendship and esteem. Probably it is better for the authori-

ties to err in being too strict rather than in being lax. As the period of training is not long, even if it is over strict, it can be borne for a while; whereas laxity in rules and want of order will leave traces which will work untold harm.

The directrix in a training-school should be a woman of unusual experience and capability; she should be one who quickly discerns character; she should be esteemed rather than feared; she should rule by example rather than by commands; she should be firm, but her firmness should be tempered with sympathy and love. She must gain the confidence of the pupils, for without it there can be but little cooperation and direction. Every pupil in the school must feel that she can go to the office at any time, and that she will be welcomed; that the directrix has a personal interest in her and her success. When mutual trust and affection exist, if it should be necessary to give a reprimand, the pupil will be in a frame of mind to take it in the right spirit. ✓

*Case VII—Studying Hypnotism*

Statement: Miss Mary, a pupil in a training-school, induces Miss Nora, another nurse, to go with her to a private family where



hypnotic exhibitions are frequently given. Miss Mary explains that nurses should know all about this matter as it is a part of their professional education. After several experiences Miss Nora doubts whether she should continue the visits with her friend. What is she to do?

Reply: It will depend largely on the nature of these hypnotic exercises. If they are conducted by unscientific persons and merely for entertainment they should not be encouraged, and both nurses should remain away. The reason for this advice is that hypnotic states bring many evils upon those who subject themselves to such influences. If the exercises are conducted by scientific men there would be less objection; but even here it would probably be more prudent for nurses not to dabble in hypnotism. Experts may for science's sake practise hypnotism, and for the same reason a person may subject himself to the hypnotic state. Under no condition whatever should hypnotism be used as a means of amusement.

*Case VIII—Séances*

Statement: Miss Maria, a pupil in a nurses' training-school, is frequently invited

by another pupil, Miss Agnes, to attend séances, in which crystal gazing is the principal method of trying to learn about future events or absent friends. Miss Agnes explains that nurses should be acquainted with all such matters; in fact, she insists that it is a necessary part of a nurse's education. Miss Maria is not altogether convinced by her friend's explanations and doubts about attending the séances. What is she to do?

Reply: In the first place, we may regard these séances as foolish amusements in which the participants do not believe in any preternatural power to assist them in obtaining secret knowledge. However, such meetings should not be encouraged. Many weak-minded people are injured by these experiences; others are gradually led on by curiosity until they take the affair seriously. Even in jest we should not be seeking to know the future. Future events are known to God alone. We should trust in His providence and leave ourselves in His loving hands. No good whatever can come from these crystal gazings, while much harm both for ourselves and friends may result. Keep away from all clairvoyants and fortune tellers. Even if they do not de-

ceive you, they are encouraged and partly enabled to live by your contribution, and are aided in deceiving others. In the second place, these séances and crystal gazings may be of a serious character, and those who take part in them may be really seeking information through occult powers. As such they are displeasing to God, for they are acts of divination forbidden by the first commandment. It is not true that such exercises are necessary for a nurse's training. They will be of no use to her. Miss Maria should not be deceived by her friend and should refuse to accompany her to the séances.

*Case IX—Helping To Steal*

Statement: An intern comes to a nurse, a few days before he finishes his course in a hospital, and asks her to help him to supply himself with material for his new office. He explains that other interns on leaving the hospital have taken drugs, bandages, etc., and that he intends to do the same. The nurse assists him in getting the things from the stock room, although she realizes that she is acting wrongly in the matter. Afterward she figures out that the intern through her co-operation has taken fifty dollars worth of materials. She



is unable to locate the intern. Is she obliged to reimburse the hospital for the loss?

Reply: The nurse is a real partner or co-operator in the theft; and, since the other party cannot be found, she is obliged to pay back to the hospital the full amount.

*Case X—Restitution*

Statement: A modification of case nine. Let us suppose, in case nine, that the nurse has no money to pay for the stolen articles. About five years later she accumulates several hundred dollars and can well afford to reimburse the hospital for its loss. Is she obliged to do so?

Reply: The nurse is certainly obliged to pay for the stolen articles. Her duty in this regard was only suspended because she had not the means to pay. Once she comes into possession of sufficient means the obligation returns. At least she is bound to inform the hospital authorities and if they insist on her paying she must do so.

*Case XI—Helping To Steal*

Statement: Miss Agnes, the head nurse in a training-school, is dishonest. Having charge of the books, she puts down certain items for supplies, which are not ordered, and the

amount for them she takes in money. Miss Ruth, a pupil in the school and an assistant to the head nurse becomes aware of the stealing. The pupil has been keeping company with a young man, and in so doing has violated the rules of the school. Although there has been nothing morally wrong in this company, it is of such a nature that it could easily be made to appear wrong. The head nurse, who knows these delinquencies, threatens to accuse the pupil of immoral conduct in case she reports the stealing. Seeing her power over the pupil, Miss Agnes forces her to sign receipts for supplies, which have never been ordered, and the amount for which she keeps. In this way Miss Ruth assists the head nurse in stealing three hundred dollars worth of supplies. On leaving the training-school Miss Ruth is worried about her obligation to the authorities, since she co-operated with the head nurse in stealing the money. She is well able to pay the entire amount. What are her obligations?

Reply: Miss Ruth did wrong in assisting the head nurse to steal. But since she did so under threats, it is to be supposed that the hospital authorities would not demand restitution from her. If she wishes she may make a

donation to the hospital to this amount; but she is not obliged in conscience to do so.

*Case XII—Imitating Thieves*

XI Statement: Miss Bessie, who is finishing the last year of her course in a nurses' training-school, hears it whispered around that the nurses are accustomed to appropriate to themselves certain little articles which will be serviceable for private practice. She consequently takes bandages, drugs, etc., to the amount of forty dollars. After leaving the school she doubts whether she has a right to these articles. What should she do?

Reply: The duty of Miss Bessie is plain; she must return the stolen articles or pay for them. We say stolen articles, for even if other nurses took things from the hospital, that did not excuse Miss Bessie. Some people make it a custom to rob banks, but that does not give others the right to imitate them.

In this as in other cases of restitution the nurse is not required to do anything which would injure her good name. If she knows the authorities well, she would be justified in writing to them or calling on them and asking them to remit a part or all of the theft. Or she is free to write to them, at the same



time using an assumed name, asking their pardon and offering to pay a part or the whole of the amount.

Let us compare this case with cases nine and eleven. In case nine a nurse helps an intern to steal and is held responsible for the theft. In case eleven she helps the head nurse to steal but does so under pressure. This does not excuse her from the wrong that she has done, but it does lessen the guilt. When we come to restitution we must look at the case from the point of view of the hospital authorities. In case nine, we have no reason to think that the hospital authorities would condone the act of the nurse; whereas in case eleven we believe that the authorities would not wish to force their rights, and hence that the nurse is not bound in conscience to make good the loss.

*Case XIII—A Bad Temper*

Statement: Miss Mary, a student nurse, has a violent temper. One day when she was reprimanded by the head nurse, and shortly afterward by a physician for whom she had a strong dislike, she was so angry and irritated that she deliberately dashed a microscope to the floor and injured it so much that it was

useless. No one saw Miss Mary break the instrument, which was valued at a hundred dollars. On the following day she felt very much humiliated, and wanted to know whether she was obliged to pay the hospital for the microscope.

Reply: Miss Mary is certainly obliged to pay for the broken instrument. She did the act freely and had every reason to believe that a delicate instrument, like a microscope, would be damaged beyond repair. Probably the loss of the hundred dollars will be the most effectual means of taming the violent temper.

*Case XIV—Keeping a Promise*

Statement: A nurse hastily contracts marriage with a young army officer of a medical corps, who has come to the hospital for a short term as an intern. He leaves her a few days after the ceremony; but before going gets from her a promise that she will turn over to him five thousand dollars, as soon as he completes his service in the army. During his stay in the army the officer unfortunately contracts the habit of drink. After returning home he insists on his wife giving him the money as she had promised. What is she to do?

Reply: Although the nurse made the

promise to her husband in good faith and was bound by such a promise, still, owing to the changed conditions, the husband has forfeited his right to the money. Evidently it was originally intended that the money should be used by the physician to start his business; as things now stand, the money will be squandered. Under these circumstances the wife is released from her promise.

*Case XV—A Practical Case in Euthanasia*

Statement: A patient, who is dying, is in severe physical suffering. The physician arrives and orders the nurse to administer morphine in such quantity as to cause entire stupefaction and to keep the patient in this condition until the end comes. May the nurse follow the directions?

Reply: The nurse is not allowed to administer the morphine under these conditions. The patient has the right to the use of the normal faculties at the approach of death; no one may deprive the patient of such a right. If it were intended to produce temporary refreshing sleep it could be given.

*Case XVI—Stealing a Formula*

Statement: Miss May, a trained nurse who



possesses exceptional laboratory technique, is employed for six months in the office of a drug firm which specializes in cough medicines. While working there in her official capacity she learns the formula for the medicine and sells it to a rival firm for a thousand dollars. The rival firm by the use of this new formula makes five thousand dollars. What are the obligations of the nurse in the matter?

Reply: It is as wrong to steal a patent as it is to steal a watch or an amount of money. If the nurse has or ever should have the means she is obliged to restitution. Through a third party, who does not reveal her name, she may offer a compromise to the first firm. She should do all in her power to prevent the second firm from continuing the use of the formula.

*Case XVII—Duty of Reporting*

Statement: On entering a training-school for nurses Miss Florence is horrified to find among the pupils a girl of evil habits. Miss Florence discovers that the girl is not only consorting with certain interns, but that she is acting as an agent to lure others of the school into the same immoral life. Miss Florence is simply a student with no official con-

nection with the school. Is she obliged to report the matter to the school authorities?

Reply: The common good and the protection of innocent pupils require Miss Florence to report the matter. If she is afraid of having her name connected with the affair she may send a letter to the authorities with the proper proofs.

*Case XVIII—Temptation*

Statement: Miss Lillian, a virtuous young lady and pupil, is wholly without experience and knowledge of sex questions. In the nurses' training-school, while listening to the lectures of physicians and attending upon male patients, she finds that she is harassed by evil temptations and imaginations. Since the work is a cause of uneasiness and a temptation to her, she doubts whether she should give up the nursing course. What is she to do?

Reply: A normally constituted person is subject to such evil suggestions. While it is sinful to place oneself in the way of temptation without a proportionate cause, in the present case Miss Lillian may remain in her place in the training-school. She should rely on prudent conduct, and especially on prayer and

the reception of the sacraments, to offset the temptations.

*Case XIX—The Head Nurse*

Statement: A pupil nurse learns from her patient that she has deceived the attending physician and in consequence is not receiving the proper treatment. Should the pupil inform the hospital authorities or the head nurse?

Reply: It must be remembered that the head nurse is a real official and as such should be revered and obeyed. She, on her part, should be careful not to go beyond the powers delegated to her by the hospital authorities. Tact and patience in dealing with pupils will do much to preserve harmony in the institution.

If it has been explained to the pupil that all matters are to be reported to the head nurse, who in turn is to confer with the physician and the authorities, then the pupil has simply to carry out instructions. If there is any doubt in the pupil's mind, it would probably be wiser to bring the matter to the head of the hospital. It would then be the higher official's duty to instruct the pupil how to act in the future.



Head nurses should not resent any action on the part of pupils in going to authorities. It is a principle of government that a subject may always consult a superior, and appeal from a lower to a higher official.

*Case XX—Colored Patient*

Statement: A colored female patient was admitted to a hospital and, owing to the seriousness of an operation, was assigned a private room and a special nurse. Three nurses refused to take the case because the patient was colored. Were they justified in their action?

Reply: The nurses were not justified in their action. After their graduation they would be free to limit their services; but while in the hospital they should have carried out the assignments of the authorities.

*Case XXI—Falsifying Records*

Statement: Two nurses from the same school had charge of a patient on twenty-four hour duty. It was known to the day nurse that the night nurse falsified the records, in important matters, in regard to medicine and treatment; but she failed to report this to the proper authorities. Were both nurses equally culpable? How should they be dealt with?

Reply: The nurse who falsified the records

was far more culpable than the nurse who failed to report the matter. The first nurse should be discharged by the physician or the hospital authorities. An investigation should be made in regard to the action of the second nurse. As the facts are presented here she appears guilty of serious neglect of duty; but there may have been extenuating circumstances which would lessen her guilt. For instance, the falsification of the records, although inexcusable, may not have been such as to really alter the nature of the nursing, or may not have brought any danger to the patient.

*Case XXII—Intern and Physician*

**Statement:** A newly arrived intern gives orders to a nurse in the presence of a patient. The treatment ordered by him conflicted with the directions of the surgeon on the case. In this instance the nurse carried out the orders of the surgeon. What are the obligations of the nurse in this matter to both patient and intern?

**Reply:** The intern goes altogether beyond his power and his position. His orders under the circumstances should be entirely ignored. The nurse should act with prudence; she might appear to listen to the order, and then quietly

carry out the wishes of the surgeon. Later she should report the matter to the surgeon.

*Case XXIII—Experimenting*

**Statement:** A nurse has an overpowering desire to assist at operations. She informs a surgeon that she is an expert in giving anaesthetics: whereas, in fact, she has had but little practice. Owing to her action a patient dies on the operating-table. What is she to do?

**Reply:** Of course the nurse has committed a grave offence. There may be nothing for her to do except to be careful about the future. If she is not detected she is not obliged to confess her guilt in the matter.

Many a time, in your profession, you will fight with death and lose the battle. If you have done your duty, and have made use of the most approved methods as you learned them in the training-school, you will have no remorse. You did your best; and no one can do more. But if you have experimented; if, as in the case above, you have taken chances when there was no real call for a risk of any kind, then you can never undo the wrong and the injustice. You may weep tears of bitter remorse, but such tears will not recall the dead



or bring back the missing one to the home that is desolate.

Remember this lesson! You have no right to experiment with human beings, it matters not how poor or sick they may be. You owe it to every patient to use the most approved methods. There was absolutely no excuse in this instance for the nurse's taking a chance in administering the anaesthetic. If she desired to work in an operating-room she should have applied herself to become an adept in giving an anaesthetic. Only after her instructors told her that she was proficient should she have undertaken the work.

Again, I say, remember this advice! Do not go on making mistakes, only to bring remorse when it is too late!



## CHAPTER IX

### PRACTICAL TESTS: THE GRADUATE NURSE

IT will not be possible in the solution of each of the following cases to point out all the duties of the nurse. I wish, therefore, to call attention to the fact that in giving an answer I suppose that the nurse will, in almost all instances, consult with the attending physician before she takes any action. The reason for such a supposition is evident. The nurse is working for the doctor and, since she is his assistant, he has the right to know what is done. Let the nurse remember her relation to the physician and she will be spared many mistakes and troubles.

#### *Case I—Professional Secret*

Statement: A nurse learns that a convalescent patient has for years held a responsible position as signalman at a railroad crossing. During this time he has been subject to fits and swooning. Should he be in one of these unconscious states at a critical time it might lead to a serious accident and loss of life. As he has a large family to support he



is anxious to return to work. What should the nurse do?

Reply: The railroad officials must be informed of the condition of the patient. The fact that he has a large family and is anxious to work should not enter into the solution of the question. Probably the railroad will be able to find a less responsible position for him.

It may not be necessary for the nurse personally to take up this matter with the railroad officials. She may be timid or may not know how to reach the parties. Again, if the patient is in a hospital, the nurse will satisfy her obligations by informing the authorities. If it is a private case the nurse should certainly consult with the attending physician. If he promises to bring the information to the railroad managers, the nurse need not worry longer about the affair. She may talk with the physician, and then send a letter to the railroad headquarters with the request that some representative come to the hospital or house to consult about an important matter; or she may write the full information in a letter, adding that she is most willing to give further evidence should such be needed.

*Case II—Professional Etiquette*

**Statement:** A nurse is called in on a case by Dr. Jones who is a stranger to her. She has no complaint whatever in regard to this physician; but she is under obligation to Dr. Smith, for whom she has worked. She talks so much to the patient about the splendid qualities of Dr. Smith that he is called in on the case and Dr. Jones is dismissed. Is the nurse justified in thus showing her loyalty to Dr. Smith?

**Reply:** The nurse certainly deserves a rebuke for her lack of prudence; she is equally blameworthy for her thoughtless loquacity. Probably such a nurse has missed her vocation; she should have been a salesclerk with ample opportunity to chatter away with customers to her heart's content. However, since she did not intend to injure the reputation of Dr. Jones and did not foresee that her talkativeness would cause him to lose the case, she has not committed an act of injustice; nor is she bound to repay him for the fee which he lost in the case.

The nurse is certainly in a dilemma. By rights she should apologize to both Dr. Smith and the patient; but as this will embarrass Dr.

Jones, it will probably be best to let the matter go with a resolution to be more discreet in the future.

*Case III—Careless Doctor*

Statement: Dr. Jones has a practice in a very large city. It is absolutely impossible for him to attend to all his patients. A nurse, who is assisting him, notices this, and is sure that the want of attention is endangering the life of the patient. She feels that it is useless to speak to Dr. Jones; and, furthermore, that he has power to have her dismissed. What should the nurse do?

Reply: The nurse should inform the patient of the actual state of affairs, and advise the family to call in another physician. She may suffer from the wrath of Dr. Jones; but her duty requires her to report the matter to the family even though she should suffer.

*Case IV—Other Work With Nursing*

Statement: Miss Regina, after entering upon a case of nursing a sick mother, finds that she is expected to do cooking for two children, to keep the house clean and perform other household duties. Should she continue on the case?

Reply: This is an occasion that requires



great prudence and patience. It is certainly within the strict rights of the nurse to inform the family that she has not come for household duties. But, if she has the strength for the extra work, it would be better for her to remain upon the case. Above all, she should not act in haste. She should weigh the matter carefully. It certainly will not injure her to do this extra work for a few days, and it is a great work of charity. If she feels that the work is too much for her to bear, she should quietly inform the family and give them ample time to get a substitute.

*Case V—More Prudence*

Statement: This is a continuation of case four. The nurse, under the circumstances, goes at once to the sick woman, informs her that she is not a servant and leaves the house immediately.

Reply: The nurse here is guilty of great imprudence and also offends against charity. She should bring the matter before the mother and give her ample time to secure another nurse or to get help from the neighbors.

*Case VI—The Borrowing Habit*

Statement: Miss May is repeatedly bor-

rowing things from her friends and patients. She got the bad habit of borrowing when she was in the training-school and took it with her into professional life. While nursing a rich lady she is captivated by a beautiful electric car belonging to her patient. As the lady is under special obligation to the nurse for her excellent service she feels that she cannot refuse when Miss May asks her for the use of the car. Miss May meets with an accident which practically demolishes the machine. What is the obligation of Miss May in paying for the car?

Reply: Miss May does wrong in making use of her professional work as an excuse to borrow the car from her patient. In giving excellent service she has only done what her profession demands of her. She has no excuse for imposing upon her patient. However, once the car is loaned to her, the owner cannot claim any payment for the damage. A car in use is always in danger; an accident may happen at any time. The patient should have thought of this contingency when she allowed her private car to be used by another party. Miss May, therefore, while she is to be reprehended for her action in making such

a request of the patient, is under no obligation to pay for the loss of the car.

*Case VII—Who Was Careless?*

Statement: A nurse is asked to substitute for half a day and to administer medicine to a patient every hour. When she comes into the room she notices that there are two bottles on a table. The nurse, whose place she takes, carried away with her one of the bottles. At the assigned time the second nurse gives medicine from the bottle which has been left. It proves to be the wrong bottle, the right one having been removed by mistake. Is the nurse who gives the medicine responsible?

Reply: The first nurse, who took away the bottle by mistake, is probably more to blame than the latter one who really administered the drug. But this latter should have looked at the label and should have been sure that she was giving the right dose; she is also to blame for the accident.

*Case VIII—Using Hypnotic Power*

Statement: A nurse finds that she possesses hypnotic power. In dealing with her patients, especially with those subject to nervous trouble and drink, she has had some wonderful results and has brought about cures which



she was unable to obtain by any other treatment. May she continue the use of hypnotism?

Reply: In dealing with patients of this kind the nurse should at first make use of all known and tried methods of the profession. She should not have recourse to hypnotism without the express permission of the physician for whom she is taking care of the case. In extraordinary cases and with the consent of the physician she may put the patient in a hypnotic state. She should not lose sight of the fact, however, that she is using a power that has dangers both for herself and for the patient. Once she feels any debilitating or nervous effect from the application of hypnotism she should desist from it at once.

*Case IX—Conditional Baptism*

Statement: A nurse is taking care of a mother and baby three days old. The baby, which seems to be in a normal condition, is suddenly taken with convulsions and dies. The nurse knows that the baby has not been baptized and that its parents would desire it to receive the sacrament. She has also heard that it is very doubtful just when real death comes, and that the soul may be in the body some time after apparent death. Although the baby

seems to be already dead, the nurse pours some water on its forehead and pronounces the words: I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost. Was the nurse justified in baptizing the baby under these conditions?

Reply: Yes, the nurse did what was right, even if some few minutes had elapsed since the child's death. There has been considerable study in this matter of late; and some eminent physicians are of the opinion that the soul remains in the body for an hour after apparent death. The nurse was justified, therefore, in giving the doubt to the baby, which had the right to baptism. Since there was reason to doubt about the life of the baby, it would have been better for the nurse to have administered conditional baptism. That is, she should have said: If thou art still alive, I baptize thee in the name of the Father, and of the Son, and of the Holy Ghost.

*Case X—Abortion*

Statement: A young girl who has been led astray by a man who promised to marry her, comes to a nurse to ask assistance in procuring abortion. The nurse points out the evil which the girl contemplates, but cannot induce her

to desist from her design. After trying in vain to find any relatives of the girl, the nurse informs the health department of the girl's evil design. The girl is arrested and taken to the city hospital where she is guarded until the child is born. Did the nurse act rightly in reporting the case?

Reply: Of course it was the duty of the nurse to keep the matter as secret as possible, since she knew of it through her professional work. She also acted prudently in first trying to find members of the family or friends of the girl. As a last resort she was justified in bringing in public authority to prevent the girl from committing abortion. Those of the medical or nursing profession who do not accept the writer's explanation of the origin of rights and duties and responsibility to God may not agree with this explanation; however, it is the only correct one. The unborn child had a right to life, and the nurse was justified in protecting that life. However, the nurse need not give her own name; she could send the information through a third party.

*Case XI—Carelessness*

Statement: After an operation, a nurse by carelessness permits a water-bag seriously to



burn a patient, who on that account is obliged to remain in a hospital for two weeks extra. The patient, who is a poor laboring man and a father of a family, must pay fifty dollars extra at the hospital. Is the nurse obliged to refund the fifty dollars to the patient?

Reply: Although this was owing to the carelessness of the nurse she is not obliged in justice to pay for the extra two weeks. If the nurse has the money, charity should prompt her to pay the hospital bill.

#### *Case XII—Illicit Operation*

Statement: A nurse is called to assist at an operation. It was explained to her, before coming to the operating-room, that the patient, a married woman, was suffering from an internal infection, which made it necessary to remove the ovaries. Before the operation the nurse learns that there is no infection of any kind. The woman is having the ovaries removed because she does not wish to bear children. May the nurse assist at the operation?

Reply: The nurse cannot, in conscience, assist at such an operation. It is illicit, for it is a mutilation of the human body, and that in a serious manner without a sufficient reason.

*Case XIII—Illicit Operation and the  
Hospital Authorities*

Statement: This is only a modification of case twelve. A physician sends a patient to a hospital and explains that infectious ovaries are to be removed. Later the authorities learn that there is no infection, but that the woman is having the operation to avoid the troubles of motherhood. May the authorities permit the operation?

Reply: The authorities cannot allow the operation to take place; for, while the surgeon is primarily responsible for the act, the authorities in this case are co-operators in what is wrong.

*Case XIV—Reporting a Case of Syphilis*

Statement: Miss Agnes, a trained nurse, learns that her patient, a young man, has a severe case of syphilis, and moreover that he is soon to be married. She speaks to the parents of the young man and explains that they are doing a great injustice to the young lady by permitting the marriage. She is severely reprimanded by the parents and is given to understand that they will tolerate no interference from a nurse. The date of the wedding draws near. What is the nurse to do?

Reply: This is a difficult case. The laws of countries differ and writers are not unanimous. However, the most reliable authorities insist that the nurse may not only tell, but that she is bound in duty to do so. This is my opinion. The nurse should inform the future bride or her parents of the nature of the disease from which the young man is suffering.

We are supposing here that the nurse has a private case. If she has been called in by a physician it is her duty to inform him of the facts. It then devolves upon the doctor to bring the information to the prospective bride. If he refuses to do his duty, she is obliged to act as directed above.

*Case XV—Abortion—Parents of the Girl*

Statement: A nurse is called in on a case, and finds that a young girl of seventeen has been deceived by a soldier friend, who had promised to marry her. The parents urge the nurse to perform abortion so as to protect the good name of the family. After vainly pleading with the nurse the parents ask her at least to give them the name of some drug which will bring about the desired effect. The girl threatens to commit suicide. What is the nurse to do?



Reply: This whole matter was thoroughly discussed in the chapter on: The Rights of the Unborn Child. The principles which should guide you were explained in the first two chapters. If you have any doubts about this matter, read these chapters carefully. The duty of the nurse is plain; she cannot perform the operation nor recommend any drug. In the latter case, by assisting the parents in securing a drug, she would be responsible for the death of the fetus. She should put the whole affair clearly before the parents. If she cannot bring them to a sense of duty, she should threaten to report them to the public authorities to prevent the death of an innocent being.

*Case XVI—Advice About Surgeons*

Statement: A patient asked a nurse her opinion of the ability of the surgeon who was to operate. In the nurse's judgment the surgeon was not capable of doing this special work. Should the nurse have given this information to the patient?

Reply: How did the nurse know that the surgeon in question was not capable of performing this special operation? Is she certain about the matter, or is it simply her opinion?

If there is any doubt in her mind, she should give the surgeon the full benefit of the doubt and remain silent. But if from undoubted evidence she knows that the surgeon is incompetent she should inform the patient.

*Case XVII—Illicit Operation*

Statement: The only nurse available in a rural district is called to attend a patient on whom an operation of an illegal nature is about to be performed. Following the operation the patient will need a nurse. Is the nurse justified in attending the case?

Reply: No, the nurse is not justified in attending upon this case simply because there is no other to help. The operation is wrong, and one can never assist another to do a wrong action. However, if the surgeon persists and performs the operation, and if later he or the patient should send for the nurse the latter may go. She has done all in her power to prevent the evil deed. She is now free to help one who needs nursing.

*Case XVIII—Secrecy*

Statement: A nurse is called to care for a young woman with septicemia following self-inflicted abortion. The patient deceives the doctor, so that he has not made a correct

diagnosis, and is not giving the proper treatment. The patient has made a confidant of the nurse and told her the true conditions of the case. What is the nurse's duty?

Reply: The nurse is not bound by secrecy in this case. In fact, the good of the patient requires that the attending physician be informed at once about the real nature of the trouble. However, the nurse should first endeavor to persuade the patient to confide the secret to the doctor.

*Case XIX—A Superintendent's Difficulty*

Statement: At the request of a patient the superintendent in a hospital promises to secure a certain graduate nurse for special duty. It is later learned that the physician in attendance has found fault with the nurse's work and has requested that she never be put on duty with any of his patients. What is the duty of the superintendent in this matter?

Reply: The superintendent should deal frankly with both the physician and patient. If the matter cannot be adjusted harmoniously the wish of the physician should be followed, as he is responsible for the treatment and has the right to choose those who are to assist him. If the patient insists on having this special



nurse, the physician may either yield or withdraw from the case.

*Case XX—Dangerous Drugs*

Statement: As a neurotic patient cannot sleep without the aid of drugs, a nurse administers a placebo tablet which produces the desired effect. The doctor does not express any disapproval of same. Is it wrong for the nurse to continue such medicine, since its use may lead to the drug habit?

Reply: The nurse should not have given the tablets without consulting the attending physician. If with his consent she continues to administer the drug, the patient need not know what is being given, and will thus be safeguarded against any use of the tablets in the future.

*Case XXI—Dying Patient*

Statement: A nurse knowing that her patient will not recover from a serious operation, wishes to tell him so; but, fearing this information might hasten his death, hesitates to do so. What would be the proper course to take in this case?

Reply: There are many ways of bringing information to a patient who is very sick. In

the first place the immediate relatives should be informed, or a consultation about the matter should be arranged with the attending physician and friends of the patient. The religion of the patient should enter into the decision. As Catholics wish to know about the approach of death, it is wrong to deceive them by withholding the information. We believe that in most cases the information should be given; the manner of giving it will depend on the prudence and judgment of the nurse and the physician.

It would be well for the nurse on such an occasion to ask the relatives whether the sick person had made a will. Justice to the family requires that a will be made.

*Case XXII—Eugenics*

Statement: Miss Ruth, a graduate nurse, has been elected secretary of the local Eugenic Society. The president of the society is a certain Mrs. Lonely, who, having no children of her own, has taken it upon herself to direct those who have or may have children. Great results are foretold of the work of the eugenists. Miss Ruth, as secretary, is requested to get as many names as possible for the association. She approaches two of her

friends, Miss Agnes, a pupil in a training-school, and Miss Julia, a graduate nurse, and urges many reasons why they should be members of the society. What action should they take in the matter?

Reply: Miss Agnes should certainly not become a member of the society. It should be her endeavor first to learn the essentials of her chosen profession. If later she wishes to join scientific associations let her connect her name with those which are thoroughly established.

Our advice to Miss Julia would be to refuse the request of the secretary; for so little is known of the laws of eugenics that it were wiser to leave investigations to a few experts. "Eugenics" means good breeding. As a science it is defined by the Eugenics Education Society to be "the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally." The analogy of the racehorse is freely used to illustrate the end proposed and the means of attaining it. Just as the animal can be improved by attention to heredity and environment, so also can man be improved. This is an accurate statement of



the views of most eugenists. They entirely ignore the higher and spiritual part of man. They would have him propagated as an animal.

Nor should Miss Ruth be deceived by the vague theories of such women as Mrs. Lonely, who, while probably knowing little of the science of eugenics, is simply using the society as a means of cheap notoriety.

*Case XXIII—Teaching Sex Hygiene in  
the Schools*

**Statement:** Miss Julia, a graduate nurse, is approached by Mrs. Lonely, a society leader, and asked to join an association to promote the teaching of sex hygiene in the schools. Mrs. Lonely explains that people have made a mistake these hundreds of years by being silent upon matters of sex, that the remedy for moral evil is information. "Teach sex relationship in the schools and vice will disappear." Should Miss Julia become a member of the association?

**Reply:** The teaching of sex hygiene was attempted in the schools of Chicago some years ago and was abandoned after a few weeks. The stenographic copies taken were

so vile that they were excluded by law from the United States mail.

Even an elementary knowledge of psychology should be enough to deter the advocates of sex hygiene from bringing this delicate subject before the minds of children. Psychology is a study of the nature of the soul. It explains the inter-relation of the soul and the senses—the ministers or instruments of which the mind makes use in acquiring knowledge. The mind is simply one of the faculties of the soul in operation.

Once we have understood this dependence of the soul upon the senses for its knowledge we are in a position to study sex hygiene from the psychological viewpoint, and from this viewpoint we have a most serious objection to the teaching of sex hygiene to the young. For in so doing we must necessarily fill the minds of the young with sensuous objects. We impress upon the mind these pictures which represent the physiology of the sexes, and these pictures, by their very nature, reacting upon the soul, must inflame the passions and be a cause of temptation.

Miss Julia should not join the Sex Hygiene Society.

*Case XXIV—Your Patient Is a Child of God*

Statement: It is very difficult to pick a flaw in regard to the work of Miss Julia, a graduate nurse. She is tactful, sympathetic, careful; she never tires or relaxes in administering to all the wants of her patients. If her record were tabulated point for point, it would seem to approach one hundred per cent in proficiency. And yet there is something wanting—something that cannot be measured or weighed or tabulated. It is the soul of the work. Her patients are just sick people to be cured and there the matter ends. Is the experience of Miss Julia exceptional in the nursing profession?

Reply: Miss Julia represents a type. There are nurses carefully trained, exact and all but perfect in the art of administering things that are external. But do they look upon their patients as suffering children of God? If they do not believe in the higher nature and destiny of man, they can never bring to the profession that love and devotion that has ever characterized nursing in the history of the Church. Why was it that St. Francis bent down and kissed the leper? Why did Queen Maud of England live among lepers,



washing their wounds and kissing their feet? She washed, dried and kissed their feet, because in so doing she was kissing the feet of the eternal King. St. Hugh, of Lincoln, would dwell among the lepers eating with them and administering to them, saying that he was inspired by the example of the Saviour, and by His teaching concerning the beggar, Lazarus. On one occasion, in reply to a remonstrance from a friend, he said that those afflicted ones were the flowers of paradise, pearls in the coronet of the eternal King. But I need not go back to medieval times for examples of heroism. One of the brightest lights is that of Father Damien and his labor among the lepers of Molokai. But there are tens of thousands of other heroes who have striven with the high ideals of Queen Maud and St. Hugh. Men and women of this type, inspired by the teachings of Christianity, have been the great social workers of the past. They succeeded because their whole souls and hearts were in the work. They were not ministering to men and women only, but to children of God. If Miss Julia failed, it was because she did not understand this high ideal, did not realize that she was ministering to children of

God, and that her reward would be, not the fee for her services, but the beatitude promised by Him who would repay even a glass of cold water given in His name.

## CHAPTER X

### THE CHURCH AND NURSING IN THE PAST

**A**MONG a quantity of papyri recently unearthed at Fayum, in the Lybian Desert east of the Nile, were a number of nurses' receipts. The discovery has added another proof to the long contended theory that the profession of nursing is very ancient. It may be of interest to you to learn that the nurses of those days were paid for their services, as were the storekeepers and court officials. These special nurses not only performed their allotments, but were remunerated and gave receipts. By a strange coincidence these receipts were left in a stone house, were covered by the warm, dry sand and were recently dug out and deciphered. Even if other evidence were wanting, these recent discoveries would give ample proof that nursing was a profession centuries ago in Egypt.

There are evidences of the care of the sick among all ancient people. However, we must not conclude that this solicitude was as universal as it is today. By far the greater number of the human race in pagan times, even



among the most civilized, were in slavery. The slave had absolutely no rights. The master had complete control over him, and could put him to a cruel death for the merest trifle. If he was fed and clothed it was because the slave was useful; he was treated like the master's dog or ox. He could not work unless he were fed and clothed, therefore the master fed and clothed him. In sickness he was cared for as a matter of business. But when he became old or useless he was cast aside and left to die as were the animals. No doubt there were exceptions to these terrible customs. In ancient times, then, and under pagan civilization nursing was a luxury reserved for the few.

The universal care of the sick is a Christian institution. It came as a result of the teaching of Christ, that all men are children of God and heirs of heaven; that He would reward a cup of cold water given in His name; that He would accept as done to Himself whatever was done to the least of His brethren. In this teaching of Christ we find the principles which have guided mankind for twenty centuries in the care of suffering humanity. Christ did not lay down any set program or method in regard to the treatment of the sick; had He

done so His teaching would have soon grown antiquated. But once He taught the brotherhood of man and the equality of man, of very necessity came the application which included tender solicitude for all who were in suffering.

Hence we find that hospitals and care of the sick progressed wherever Christianity was introduced. As early as the fourth century there were large hospitals in Caesarea, Constantinople, Rome and other cities. It was at this time that Fabiola, a Roman matron converted to Christianity, turned her house into a hospital and sent her servants throughout the city to bring in the sick that she might nurse them. With the conquest of Christianity went the building of hospitals, until literally thousands of these institutions dotted the countries of Europe.

Let me tell you briefly something about those who did the nursing, something about the patients, and then something about the hospital buildings.

For centuries all charitable work was under the direction of the Church. Those who wished to dedicate their lives to the care of the sick entered a religious association especially devoted to this work. After an examination

by the hospital authorities as to their physical and mental fitness, they were received with a religious ceremony. For years they served under experienced nurses of the association until finally they could be entrusted with separate work. If the remedies were simple and methods far from scientific, the nurse brought that skill that comes only with life service, and that love that prompts one to regard the sick as the suffering child of God.

In a very recent work, "Doctor and Social Worker," by R. C. Cabot, the author makes this rather candid statement. "With the advancement of modern medical science there are left now but very few physicians who believe that disease can often be cured by a drug. It is recognized by the better element of the profession all over the world that only in seven or eight, out of about one hundred and fifty diseases clearly distinguished in our text-books of medicine, have we a drug with any pretension to cure. \* \* \* \* At present the best that we can do for most patients is to explain what the trouble is, let them know what is going to happen, to preach some good hygiene, and above all to make them realize that we care and suffer with them. This is the



essence of medical work and of the social assistant's work in the dispensary and in the home." I have read of no outcry against this work of Dr. Cabot, who is a physician of long and varied experience in this country and in the hospitals of France. Yet he tells us that we can do little more for the sick than to love them and suffer with them. This is what the medieval nurses did; they loved and suffered. Many of them like St. Catherine of Sienna and St. Odile so loved the suffering lepers that they reverently stooped and kissed their ulcers.

The patient was received with every mark of tender solicitude. Often the superior or chaplain went to the door accompanied by acolytes with lighted tapers. An invoice was taken of his clothes and other belongings, just as is done in a modern hospital. He was then given an outfit—a robe and slippers. If he recovered all that he brought was returned to him. If he died in the hospital, and no one claimed what he had brought, it became the property of the institution. He was required to listen to the rules. Everything was free. Sometimes the hospitals were endowed by the nobility and sometimes by the municipality.

It may surprise you to know that many of

these hospitals were of wonderful architectural beauty. In fact, some of them rivaled the Gothic churches of medieval times. Moreover, the greatest artists were called to embellish these hospitals. For instance, in Spain seven of the finest paintings of Rubens were in a hospital in Toledo, and eleven of the works of art of Murillo were in the Hospital of Charity in Seville. A special hospital for women in that city possessed Murillo's classical picture of the Immaculate Conception. The Hospital of the Five Wounds had a frontage of six hundred feet and a depth of five hundred and fifty feet. In Genoa the vast hospital was like a royal palace. There were the sublimest paintings and imagery in marble and one of the masterpieces of Michael Angelo. Hundreds of the most wonderful paintings of Venice were in her hospitals.

Writing in the "Mail and Express," May 7, 1904, Mr. Arthur Dillon, an architect, thus described the hospital built in the thirteenth century by Marguerite, the sister of St. Louis: "It was an admirable hospital in every way, and it is doubtful if we today surpass it. It was isolated, the ward was separated from the other buildings, and it had the advantage we

so often lose of being but one story high, and more space was given to each patient than we can now afford.

“The ventilation by the great windows and ventilators in the ceiling was excellent; it was cheerfully lighted, and the arrangement of the gallery shielded the patients from the dazzling light and from draughts from the windows, and afforded an easy means of supervision, while the division by the roofless, low partitions isolated the sick and obviated the depression that comes from the sight of others in pain.

“It was, moreover, in great contrast to the cheerless white wards of today. The vaulted ceiling was very beautiful; the woodwork was richly carved, and the great windows over the altars were filled with colored glass. Altogether it was one of the best examples of the best period of Gothic architecture.”

The above extract is taken from a book by Dr. James Walsh, entitled “Popes and Science.” I wish to recommend this book to you. Fully half of it is devoted to an account of the care of the sick in the Middle Ages. The writer does not deal in vague generalities but gives the names and work, the physicians



and surgeons of those times. For several centuries Italy had the greatest medical schools of Europe, and no physician considered his education complete until he had studied under the masters in southern Europe. Pope Innocent III did more than any other individual for the foundation of hospitals—his own institution in Rome, the Hospital of the Holy Spirit, being a model for others.

When Luther went to Rome he found fault with many things, but he had only words of praise for the hospitals. He wrote: "The hospitals are well provided and well built, the best food is given, there are attentive servants and skilled physicians, the beds are very clean and the interior of the buildings are adorned with fine pictures. When a sick man is brought in his clothes are taken from him before a notary, who writes down an exact description that they might be restored to him. He is then given a white dress, and is placed in a well-made bed in white sheets. Two physicians visit him. He is also visited and served by ladies of honor, who come wearing veils that they may not be recognized."

In Italy, as in many other Catholic countries, ladies of high rank considered it an honor

to wait upon the sick. They did not wear veils because they were ashamed of the work, but because they did not wish to attract attention. In this they were in strange contrast to many of the social workers of our day who make use of such work to gain prominence in society.

You will ask: What became of these wonderful institutions for the sick? They were swept away in that religious upheaval of the sixteenth century, commonly known as the Reformation. A recent Protestant writer of note has called it the "Grand Pillage," and pillage it was. What he says of the religious institutions of England can justly be said of the hospitals of central and western Europe. He writes:

"When I talk about the Great Pillage, I mean that horrible and outrageous looting of our churches other than conventual, and the robbing of the people of this country of property in land and movables, which property has actually been inherited by them as members of those organized religious communities known as parishes. It is necessary to emphasize the fact that in the general scramble of the Terror under Henry VIII, and of the anarchy

in the days of Edward VI, there was only one class that was permitted to retain any large portion of its endowments. The monasteries were plundered even to their very pots and pans. Almshouses, in which old men and women were fed and clothed, were robbed to the last pound, the poor almsfolk were being turned out in the cold at an hour's warning to beg their bread. Hospitals for the sick and needy, sometimes magnificently provided with nurses and chaplains, whose *very raison d'être* was that they were to look after and care for those who were past caring for themselves, these were stripped of all their belongings, the inmates sent out to hobble into some convenient dry place to lie down and die in, or to crawl into some barn or hovel, there to be tended not without fear of consequences by some kindly man or woman who could not bear to see a suffering fellow creature drop down and die at their own doorposts." (Parish Life in England Before the Great Pillage, by A. Jessopp, D.D.)

Luther bore the same testimony in regard to the evils that befell the hospitals. He bemoaned the fact that those who had followed him in his religious teaching no longer con-



tributed to hospitals as they did in Catholic times. From the middle of the sixteenth century there was a general deterioration in hospital service in England and Germany, while in those countries which remained Catholic, especially in Spain, France and Italy, there was a gradual improvement over past methods.

This statement about the deterioration of hospitals is borne out by Nutting and Dock in their recent work, "The History of Nursing," and also by Miss Minnie Goodnow in "Outlines of Nursing History."

"The dark period of nursing began about 1675 and continued until recent times. There was a complete and lasting stagnation, and it was forgotten that a refined woman could be a nurse except perhaps in her own family. Nursing in any real sense of the term practically ceased to exist. Solely among the religious Orders did nursing remain an interest and some remnants of technique survive."

Space will not permit me to enter into an account of the hospitals which are at present conducted by the Catholic Sisterhoods. Their popularity with the people and with the leaders of the medical profession is a sufficient proof of their excellence.

You may remember that in the Crimean War the wounded of the French army were far better provided for than those of the English, because in the former the Catholic Sisterhoods did so much of the nursing. In fact, it was the accounts of the terrible suffering and neglect among the English soldiers that first awoke the sympathy of Florence Nightingale, and the call for volunteer nurses gave her the opportunity which she had long sought of devoting her life to suffering humanity.

Florence Nightingale has left us her impressions of the effective methods of the Sisters of Charity in Paris, where she sojourned for some months previous to her departure for Crimea, and where she had every opportunity of studying the efficiency of the work. "If any one," she writes, "has ever been behind the scenes, living in the interior of the *Maison Mère* of the Sisters of Charity at Paris as I have—and seen their counting-house and office, all worked by women, an office that has twelve thousand officials (all women) scattered all over the known world, an office to compare with which in business habits I have never seen any, either Government or private, in England—they will think like me that it is the mere

business power which keeps these enormous religious Orders going." (Life of Florence Nightingale, by E. T. Cook, vol. i.)

However, Miss Nightingale did not fail to appreciate the strength of religion in this work for the sick, for among her letters to a friend we find the following statement: "I do entirely believe that the religious motive is essential for the highest kind of nurse. There are such disappointments, such sickenings of the heart, that they can only be borne by the feeling that one is called to the work by God, that it is a part of His work, that one is a fellow worker of God." (Cook, vol. ii.)

Listen to another quotation from the same pen: "The Catholic Orders offered me work, training for that work, sympathy and help in it such as I had in vain sought in the Church of England." (Cook, vol. i.) Finally, she attributed the larger part of her success in the Crimean campaign to the help rendered by the Sisters of Mercy, "without whom," she writes, "it would have been a failure." (Cook, vol. i.)

You will no doubt read with interest "The History of Nursing," by Nutting and Dock, and the "Outlines of Nursing History," by Miss Minnie Goodnow. These authors have



endeavored to be fair in their treatment of nursing under Catholic auspices. However, I do not think that the former have given due credit to the Catholic Sisterhoods and their influence upon the life of Florence Nightingale. Miss Goodnow is inaccurate when she states that the Ursulines and other nursing Sisterhoods were founded in the sixth century. Her pity for the nursing Orders banished from France is misdirected. The good nuns were not driven from their institutions for any incompetency on their part; they were simply victims of a persecution of everything connected with religion. It is with hesitation that I refer to such persecution here, for there is at present a broad and unselfish co-operation between the various religious denominations in this country. Protestant physicians have been valued patrons and generous benefactors of hospitals under the Catholic Sisterhoods. We should be thankful that such a spirit does exist, we should do all in our power to encourage it; but on the other hand, we should not be blind to the fact that Catholic hospitals and other charitable institutions of the Church have suffered undeserved persecutions and even suppression at the hands of religious fanatics,

acting under the egis of so-called progress and liberty. It is well for you to remember this when reading the histories of nursing referred to above.

From this talk on "The Church and Nursing in the Past" I would have you carry away one thought: The work of your profession has been closely connected with Christianity from its foundation, and its Divine Founder by word and work taught us kindness and sympathy toward the sick. Model your lives upon the life of Christ and you will be in every respect model nurses.

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