

[Lecture given in 1931 as part of a
lecture series given under the auspices
of the Nursing Education Department,
Teachers College, Columbia University.]

The Influence of Latin Ideals and Traditions on Nursing Education

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The subject assigned for discussion this evening is The Influence of Latin Ideals and Traditions on Nursing Education. Before plunging into it a little explanation is needed. Perhaps when that has been given, you will give me as kindly a hearing as your natural disappointment in not hearing Miss Beard will permit. This topic was to have come third in a series on International Aspects of Nursing Education. It should have been preceded by Miss Beard's address, "Some Contrasting Systems of Nursing Education as Seen by a Traveller in Europe, Asia and America". Unfortunately, Miss Beard was unable to fulfil her engagement and I am unhappily compelled to stage my little performance without the rich and varied background of her world experience. Furthermore, the subject assigned me seems to be in need of definition and certainly of limitation.

Latin ideals and traditions: supposing that ideals and traditions are possessed in common by the widely differing types of humanity loosely grouped together as the Latin peoples, how is one to define them? Those vast and subtle influences of language, of national sentiment, of climate, of the very soil itself, cannot be caught in a butterfly net and stuck on a pin for inspection. All one can do is to indicate that they are there, that they are powerful and that they influence nurses and nursing just as profoundly as they influence all other groups of men and women, no matter what their vocation in life, who together constitute a race or a nation. It happens that I have lived and worked in three countries in which the so-called "Latin influence" colours the stream of national life - Roumania, Canada and France. Roumania is here to speak for herself. So is Italy, that source of Latinity of which I know nothing. I shall therefore refer briefly to Canada and devote most of my time to the only Latin country I can claim to know anything about, France.

French influence in Canada is powerful in politics, in religion, in national thought. In nursing it makes itself felt through the relatively narrow channels of the hospitals and schools of nursing conducted by the religious orders of the Roman Catholic Church. In other words, this influence is much more religious and Catholic in character than it is French. Until comparatively recently, the nursing sisterhoods held themselves somewhat apart from the current of nursing life and thought but, partly as a result of the International Congress in 1929 and other influences which I have not time to describe, there has been a marked rapprochement. It now seems probable that, before long, the French influence as distinct from the religious influence will affect nursing in Canada much more than in the past.

Turning now to France, what influence may we expect the Latin spirit as expressed in French thought, character and temperament, to exert on nursing? In passing, may I point out that I am choosing to speak in terms of nursing and not in terms of nursing education since the broader more inclusive term seems better suited to any study of international influences.

By way of introduction it is proposed to refer briefly to nursing developments in France during the last fifty years. Time will not permit of any discussion of the magnificent contribution to nursing made in the early centuries by the nursing sisterhoods, one can only refer to their successors which, some authorities think, may play an increasingly important part in French nursing in the years to come.

In 1878, hospital authorities not only in Paris but in other large cities in France, held conferences with a view to improving nursing service in the public hospitals where, it was freely admitted, conditions were exceedingly bad. As a result of this agitation attempts at re-organization and reform were made in several of the larger hospitals in Paris and in the famous Hospices de Lyon. Some improvement did result, but in 1902 further official investigation took place with the result that Schools of Nursing modelled more or less on the work at La Salpêtrière in Paris were organized in Lyon, Rouen, Montpellier, Le Havre, St. Etienne and Nancy.

In 1921 a competent and sympathetic American investigator, herself a nurse, made a survey of nursing in France and found conditions much the same as those disclosed by the official report of 1902. In other words, there had been relatively little improvement in nursing practice or education over a period of twenty years. The reasons for this lack of development were summed up as follows:

1. The inferior social status of lay nurses as compared with that enjoyed by the religious nursing sisterhoods who had been driven out as a result of the anti-clerical movement.
2. Failure of the medical profession to understand or to appreciate the work of professional nurses.
3. Inability of the few existing private schools of nursing to obtain sufficient clinical opportunity for their students in the municipally controlled hospitals.

The report of this investigator together with the offer of financial aid came at the psychological moment. War, as it always does, had stimulated interest in national health. An energetic campaign against tuberculosis was under way. The need for nursing was felt and the response of devoted young French women was immediate and enthusiastic. As a result of the impetus thus given the nursing scene in France is much brighter today than it was in 1921. National registration of nurses and inspection of training schools is centred under an appropriate governmental department. Examin-

ations are held at stated intervals. Public health nursing services are slowly but surely being built up not only in Paris but in the provinces. The French nurses have formed a National Association, they publish a magazine, in 1933 the International Council of Nurses will meet in Paris and an exceedingly able Frenchwoman, Mademoiselle Chaptal, in her capacity, as President will direct its deliberations.

Unfortunately, this fine record in the public health field and to a less extent in the educational field has no counterpart as yet in the hospital field. The quality of nursing service in most of the large municipal hospitals in Paris and in the provinces is still below the general level in England or in this country. Improvement is going on but at a discouragingly slow pace. Why? Is it perhaps here that the influence of national character, national temperament, in a word the Latin spirit manifests itself? Outstanding success in two fields of nursing, relative failure in the third.

Perhaps the best way to indicate the underlying difficulty is to give you the reaction of a French nurse to nurse training methods as she observed them in England. She admired the quiet homelike wards, the amiable tyranny of the ward sister, the well carried for patients. "It is" she said, "all very English, but it could not exist anywhere else - certainly not in France. The English nursing system reflects English character and temperament. Respect for authority, devotion to duty, kindness, patience, common sense. But it is authoritarian, we French are democratic. It is sentimental, we French are realists. Worst of all, it is not intelligent." There you have it in a nutshell. To the Latin mind, the French mind especially, intelligence is the criterion by which systems should be judged. Devotion, obedience, deference to authority - all very good - but intelligence first.

It came with a shock to me, as an Englishwoman, this idea that the devotion to the patient which is so strongly emphasized in our system of education could ever be interpreted as sentimentality. The relative lack of intelligence I was willing to admit after having seen and heard a few good French minds in action. But devotion - that was another matter. I pointed out to my French friend that this so-called "sentimentality" was the very influence which seemed painfully absent in many French hospitals. No one can say that the medical treatment of patients in French hospitals is not intelligent. It is - highly so. To the British observer it is the humanities which are lacking. "Very true", she replied, "but to me as a Frenchwoman, it does not seem likely that there is anything to be gained by attempting to follow the English pattern. Your Nightingale system is not the last word. We shall take what we want of it but intelligence and not devotion will be the controlling force in our development". She admitted that French nurses face a tremendous task in building up a good service in the large Paris hospitals of L'Assistance Publique, but she did not think that the proper way to do this is to follow

the Nightingale plan of having women of education and refinement enter these hospitals as part of the ordinary working force. "That", she said "would be sentimental, not intelligent." I asked her what she thought the forces of reform would be. She replied that the nursing personnel of the municipal hospitals is steadily improving and that some leadership will be developed within the ranks. Furthermore, it appeared to her probable that the religious sisterhoods will take over an increasingly large share of hospital direction and will bring back to the wards the atmosphere of dignity and decorum.

I enquired what would be done about the rank and file? The sisterhoods may supply direction but they cannot furnish nearly enough workers. "Did I not tell you", said my friend, "that we French are realists? We face the situation, not as we would like it to be, but as it is. We know that there is a need for a subsidiary nursing worker, a servant nurse, if you will. That is what you and the Americans will not admit. You are not realists - you are sentimentalists. The servant nurse - you will not admit that she is there - that she is needed, and that the professional nurse must govern herself accordingly. You say that the professional nurse can and should meet all nursing needs. That is sentimentalism. We propose to face the actual situation in the light of intelligence."

There is a force at work in the great hospitals in Paris which is not religious or Catholic in character. I refer to that remarkable organization, Le Service Social a l'Hopital. From very modest beginnings this organization now maintains a hospital social service in more than forty divisions of the hospitals of L'Assistance Publique. Nearly all of its personnel are nurses possessing a diploma which corresponds to registration in this country. Their function is similar to that of a hospital social service worker as we understand the term. The influence these women have been able to exert on nursing in the hospital is out of all proportion to their numbers and their intelligence is equalled only by their devotion. I can best illustrate their attitude by the following personal experience. One morning I had the privilege of making hospital rounds with one of the great French authorities on tuberculosis. In his train were the usual satellites, medical students, interns, chief nurses, and the social service worker. The chief nurse knew her cases thoroughly and reported their progress intelligently to the professor. He paused at the bed of an advanced case to examine a chest. The patient painfully tried to adjust his gown and to assume a suitable posture. The chief nurse continued to report his symptoms to the doctor but made no move to help. At that moment the social worker unobtrusively came to the patient's assistance, supported him while he was examined and re-adjusted the bed coverings before leaving him. The lesson was not lost. At the next bed one of the younger nurses copied the good example she had just seen. Perhaps the French are a little sentimental after all.

It is interesting to speculate how far the Latin influence, French ideals in nursing, may in their turn, be influenced by the impact of internationalism. The French are notoriously resistant to foreign influence. For instance, there is possibly not a single nation in Europe which has, so far, resisted the American doctrine of mass production so successfully as have the French. Nevertheless, whether French nurses realize it or not, they have been greatly influenced by American nursing methods. L'Ecole Florence Nightingale at Bordeaux is a case in point. English influences at first predominated, but later re-organization was, broadly speaking, based on an American version of the Nightingale system. In this school another interesting influence has found expression - that of French Protestantism. While non-sectarian in character, the work of this school is inspired by religious ideals which, as in the case of the Catholic nursing sisterhoods, may eventually affect French nursing profoundly. Protestantism appeals to a type of French mind which may be expected to take a vigorous part in any scientific and humanitarian undertaking.

To sum up then - what are the influences which we may expect the Latin spirit to exercise in the international sense? Where are these influences likely to be most potent? Certainly they will show themselves in the French possessions abroad. The French sisterhoods are already on the ground and are to some extent, receiving governmental support and assistance. As I have already said, French influence on nursing will probably increase in Canada. It will be exerted on all French speaking nurse students who visit France for study from foreign countries. I submit however, that it will be most strongly felt in our international organization. So far we Anglo Saxons, including the German group, have had things pretty much our own way. This will not be the case when we meet in Paris.

Perhaps it is time that another influence, the Latin influence, should make itself felt. For my own part, as a result of nursing experience in several European countries, I am convinced that this influence is salutary. As Miss Lloyd Still, Matron of St. Thomas's Hospital has so wisely said: "No one country, no matter how good its nursing system, has any right to impose it on any other country. No country as yet has attained perfection." It may well be true that we Anglo Saxons, even on this side of the Atlantic, would do well to allow the search light of the Latin mind to be turned on our methods for awhile. Intelligence, willingness to face realities, hatred of sentimentality - in so far as these are Latin qualities - who shall say that we do not need them?

Speaking for the British, who alas! are neither intelligent in the French sense nor efficient in the American, I think we ought to expose ourselves to such influence until it hurts. There is no danger of this going too far. There is still the English Channel. However, no one who has had the privilege of living and working in France is ever quite the same again. The influence of this old and exceedingly sophisticated civilization, the beauty and precision of

its language, the wealth of its literature, makes itself felt, casts its spell even over the resistant Briton. I once heard British and French life and thought compared in this way. The British mind is like an English garden, full of color and life and beauty, but no set order, nothing in its place, roses and cabbages all mixed up. The French mind is a formal garden with long alleys of carefully clipped hedges. Everything in its place, nothing too much - the tinkle of a fountain in the distance and - admirable perspective. After the careless profusion of the English garden the French may seem cold and formal. But it is just possible that some such sobering influence is what we most need. Intelligence, detachment and that admirable perspective which alone sets things in their place and determines their real values. That, at its best, is the Latin influence.