

"Visiting Nursing" as being more comprehensive than "District Nursing," and as less cumbersome than "Instructive Visiting Nursing."

The woman employed to do this work should be a graduate of a large general training-school, for she may care for many cases without the doctor in attendance, and she should know how to meet every emergency.

In starting the work in a new locality preference should be given a nurse who has had experience in district nursing work, and the rules for the admission of additional nurses to the society should be most severe. She should be required at the end of a certain time to give a complete sketch of how she would meet all the various emergencies that might arise in the work; how she would send a case to the hospital, secure ambulance service; report cases for relief, send to various institutions, to summer homes, etc.

The next step in the right direction in the work in this country will be to establish a special post-graduate course for all nurses desiring to take up visiting nurse work, for too many nurses come into the work having little idea as to the requirements and demands; and during the period of perhaps their first year, the organisations suffer by their lack of knowledge.

In the near future the Chicago Association will establish a course of this kind where graduates from general training-schools may take up and learn the work in a systematic way.

I may go on now with some of the general requirements and rules for nurses. They are employed actively from eight to ten hours per day, and if they are doing the work in the right spirit any additional service required is done without comment. The salaries throughout the country paid to these workers seem to be about uniform, forty-five, fifty, and sixty dollars per month, according to the time they remain in the work.

Not all organisations wear a regulation uniform, but those who do are to be commended. For in many instances its moral effect upon the patient is constantly apparent, and there is nothing that can take the place of the plain gingham dress and the neat coat and hat of subdued colour.

In most organisations the visits of the nurse average from eight to twelve in one day, varying from a half-hour to two hours each. A typical day in a large society—one will not be amiss—is as follows: The first visit was to a dying consumptive, where a bath and clean linen were given; the second, a bath and alcohol sponge to a man with typhoid; third, dressing a varicose ulcer on the leg of a woman, who makes wrappers all day long at forty cents per dozen; fifth, baths and clean linen to a family of five, all ill with typhoid, reported case to Board of Health, arranged to send patients to hospital, two hours' work

required; sixth, maternity case, bathed mother and babe, received ten cents for service; seventh, took temperature and pulse of convalescing typhoid, arranged to send patient to country; eighth, bath to mother and daughter, both ill with consumption, new case, reported to Health Board; ninth, very sick babe, gave bath, furnished milk and instructed mother, sent free doctor; tenth, man with locomotor ataxia, gave bath, made application to send patient to Home for Incurables.

Who, in hearing this, will gainsay that it was not a day full of satisfaction to the nurse, of practical benefit to the patients, and of infinite credit to the supporters of the work who made it possible that the relief may be given.

In the regular systematising of the work we do not find it an easy matter, the very character of the work itself bringing about rather a hap-hazard way of doing it, for the very reason that no day's work can be arranged prior to its beginning.

The records kept and the reports made for filing require much skill and patience, and take a large portion of the nurse's time and labour. Most of the women employed find their greatest hardship in the exposure to the elements, rain, cold, and snow in winter, and the beating rays of the sun in summer, for the visiting nurse goes on her rounds, rain or shine, heat or cold; and often the nurse herself, after a very hard day's labour, wonders why she is willing to give up a lucrative and half-comfortable private practice for this life of exposure and self-denial, but nearly every woman now doing the work finds that indescribable something which is akin to fascination, in being the instrument that brings so much comfort to those who, without her, would have naught, and at the same time combining with her labour self-support and independence.

Miss Brent, of Brooklyn, N.Y., in a clever paper on district nursing read before the Congress of Charities in 1894, sums up the work of the nurse as follows: "It is a hand-to-hand struggle against disease, poverty, and dirt, against the most pitiful ignorance and inherited prejudice. The nurse finds her routine work widely different from hospital or private duty. Beginning each morning her daily rounds of visits, carrying with her in as small a compass as possible all the necessary appliances for her work, she goes from house to house, from one patient to another, mounting flight after flight of stairs—for it is a curious but true fact that tenement-house patients always live on the top floor of a very tall house—here making beds, preparing nourishment, giving sponge-bath, then bandaging a leg or applying a dressing, but in all cases carrying out the doctor's orders, leaving notes of temperature and general condition, being certain the medicine will be properly

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