

District Nursing.*

By Miss Alice Wallich.

My knowledge of District Nursing is gathered from personal experience, for after having received my general training at St. Thomas's Hospital during the space of two years, and my district training at a Home in the East End of London affiliated to the Queen Victoria's Jubilee Institute, I became the first Nurse and Superintendent of the Woolwich, Plumstead and Charlton Nursing Association, working in that capacity for four years. I propose therefore to speak clearly and simply on various points in connection with this work, namely, the need of such work and its development, the actual nursing work, the nature of the cases nursed, the training required, the larger aspect of the work, and the wide usefulness which such work thoroughly done can accomplish, of the necessity for a Nursing "Home," and, lastly, of what can be done by those interested to help and enlarge the work. I always feel, when speaking of the need of trained nursing among the poor, that it is useful at the outset to bring before the minds of my hearers the strong and marked contrast between the conditions of a sick person in a comfortable and well-to-do home, and that of one so suffering in a poor home where comfort is unknown. In the first, skilled nursing, every necessary appliance, a large and quiet room, everything in the way of nourishment that money can buy; and in the second no one at hand who knows even the elements of nursing, or who can carry out the simplest orders of the doctor, an utter lack of comfort and of appliances, a small, stuffy, and often noisy room, and with little or no nourishment to keep up the strength of the sufferer. Now it may be asked, why such persons should not at once be removed to Hospital or Infirmary, and I answer, for one of three reasons: possibly the patient may be unable to leave the home, or may be ineligible for the ward of either Hospital or Infirmary; or, again, the patient or the friends may, from foolish and ignorant prejudice, refuse to apply for admission to such institutions. Sad indeed must have been the condition of such a person, and small the chance of his recovery. To-day in many and many a town and village is this state of things changed, and it is to be hoped that ere long there will not be a spot to which the blessing of District Nursing cannot be extended when need and sickness asks for aid.

For the benefit of those who know nothing of the actual work of a District Nurse I will briefly state her duties. She starts from the Home

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generally at 8.30 every morning, visiting her cases in order of urgency as far as possible, but locality must of course also be taken into consideration. On entering the sick room she will ascertain all particulars of the patient's illness, and if the case has been sent by a doctor she will proceed to carry out his orders (if not she will seek to obtain his directions as soon as possible); she will get the room in nursing order, and arrange for its proper ventilation; she will wash the patient, make his bed, see that all linen and all utensils are kept scrupulously clean; she will take his temperature, pulse and respiration, charting the same for the doctor's use; she will write a concise report of any symptoms or changes she may have noticed; lastly, before she leaves she will instruct the friends what they can do for the patient until her next visit. The District Nurse can attend all cases except those from which she could carry infection to other patients, namely, scarlet fever, small-pox, &c. Further, she does not attend midwifery cases. All medical and surgical cases, however simple, however serious, she undertakes under the directions of a medical man, and she is also allowed to attend women who after lying-in require special treatment.

All this and much more can the Nurse do, but there is one thing she is forbidden to do—to give any relief in the way of money; much harm would follow both to the patient and the work were the Nurse to be regarded as one who would encourage begging in any form whatever. It has at times been asked whether the free nursing of the sick poor has a pauperising effect. I think we can answer most emphatically that it has no such effect—that work such as I have described, which tends to cleanse and purify the patient and his surroundings, and which has, as I hope to show later on, a still wider aim, can have only an elevating result, raising him both in his own and in others' esteem; and further, that work which aids the sick one, perhaps the breadwinner, to return to his duty of earning for himself and his family, cannot have in it anything pauperising. The question whether those patients in easier circumstances should be asked to pay to the Association a small weekly fee for the services of the Nurse it supplies might be a most useful subject for discussion.

District Nursing is now more than thirty years old. It was in Liverpool, during the illness of one of his family, that Mr. William Rathbone, seeing how greatly trained nursing could alleviate suffering, conceived and worked out the idea of placing within the reach of the sick poor equally skilled nursing, and it is to him we owe such a large debt of gratitude for the excellent work he then set on foot, and in which he has ever since taken such a deep and

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