The plan I suggested last December a year ago was in substance this: That individual nurses, or groups of nurses, of sufficient enterprise for starting such work, should call on all the doctors within a reasonable radius of their headquarters, and state that they would take care of patients by the hour, by the night, by the half day; assist at operations and prepare for same; attend confinement cases and take after care of such by paying at first two or three calls a day, later one, and so on; and that they would thus create a demand for their services among the class of people we most desired to reach. They should in fact become visiting nurses, but visiting nurses not employed by a society paying them a salary to visit the poor, but visiting nurses employed by the doctors to take care of patients able to pay the nurse for the services rendered.

Take a confinement case, for instance, where a patient can afford to pay 10 dols. a week for the care of a nurse. The nurse cannot afford to give the whole of her time for 10 dols. a week, but she could call night and morning, do the really necessary things for the mother and child, and give such instruction to the relative who was with the patient as would insure her well-being during her absence. The woman would probably do as well as if she had a nurse at her disposal during the whole of the twenty-four hours, and in any case, the risk of her doing badly would be very considerably less than if she did not have the trained nurse, or had a woman who was only half trained.

This system of nursing seemed feasible on paper, but the question was, would it work? Was it a practicable scheme?

In July last the following letter appeared in the Rochester City Hospital Review-

> 56, South Union Street, July 1st, 1896.

To the Editor of the "Hospital Review."

As the City Hospital managers kindly wish to notice the work of visiting nursing in the Review, I will, with pleasure, tell you how I began the work, and how I have succeeded.

My attention was first directed to the subject by an My attention was first directed to the subject by an article in the December, 1895, number of the Trained Nurse, written by Miss D. C. Kimber, and dealing with two questions: (1) How shall we provide more work for graduates? and (2) How shall we provide skilled nursing for people who cannot pay 25 dols. per week for the services of a trained nurse, and yet who respect themselves too highly to become recipients of charity? I thought a good deal on the subject, and decided to try visiting nursing in Rochester, if the doctors gave me any encouragement, as I felt there were many people in Rochester who could not afford 18 dols. a week for a nurse, and yet who needed 18 dols. a week for a nurse, and yet who needed skilled care, and who would be glad to have a nurse for part of each day. Then, again, there are cases that do not need constant attention, but there is a

dressing to be done, or it may be only a bath to be given, and the bed made, in the case of a helpless person, but these things being properly done means much for them. Patients may have to submit to an operation and stay in bed for a week or so, but they are not seriously ill, and if a nurse comes in night and morning they get on very comfortably, and are willing and able to pay a moderate sum for the care

given in that way.

I returned to the city on February 25th, after an absence of eight months, and began at once taking visiting nursing. I called on sixty-three doctors, and visiting nursing. I called on sixty-three doctors, and told them what I thought of doing, and how I intended doing it. With three exceptions they were much pleased with the idea, and I thought I should get plenty of work when people knew they could get a nurse for a short time daily. To bring the matter before the doctors in the city, with whom I was not acquainted, I had cards printed under the title of visiting nurse, and with a schedule of prices, &c. The prices were specially designed to meet the needs of people in moderate circumstances, and yet to be a fair remuneration (according to Rochester prices) for the services rendered. My first case was on March 6th. I did not have another call until March 23rd. From March 23rd to June 30th, inclusive, I have had twenty calls; twenty days and fifty-four nights have been spent with patients. I made one hundred and forty day visits, and attended seven operations. I had to send nurses to four cases I could not take myself. Altogether, I feel that the new idea in nursing has been fairly successful.

Doctors, nurses, clergymen and everyone with whom I have talked about the work have been most kind and encouraging.

Thanking you and the City Hospital managers for

your kind interest in the work

I am, very sincerely yours,
J. J. CUNNINGHAM.

The cards printed by Miss Cunningham read as follows:-

VISITING NURSE.

Miss J. J. Cunningham,

Graduate Rochester City Hospital Training School, Will care for patients at the following rates:

One or two hours, night and morning, 1 dol. a day. Prepare patient for minor operation and assist, 2 oo dols.

Remain with patient all night, 2 dols.
Obstetrical cases.—Be present during labour, six hours or less, 2 dols., and 25 cents additional for every two hours longer up to 5 dols.
Care for patient and baby, two hours daily, one

week, 5 dols. additional.

Messages left at 56, South Union Street, or sent by messenger will receive prompt attention.

December 17th I received a letter from Miss Cunningham, in which she says:

I enclose my card with schedule of prices. intended raising my price for operations to 500 dols. and for obstetrical work to 1000 dols., but one of our graduates has sent out cards copying my prices exactly, so I do not think it would be wise to raise my prices. The doctors all think well of the work. I am very careful to follow their directions and not to exceed

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