

I have also heard from a nurse in Utica, N.Y., who is about to begin the work, and seems sanguine of success.

In New York three nurses have been working for nearly a year, who have an advertisement in Miss Longeway's Directory, which reads as follows:—

TRAINED NURSES BY THE HOUR.

Tel. 241 Columbus,
207, West 80th Street.

Miss G. F.,
Miss M. L. C.,
Miss C. E. W.,

Graduates of Charity Hospital,

Offer their services to attend by the hour cases that require periodical attention, such as baths, dressings, douches, catheterisation, &c., as ordered by the physician or surgeon in charge.

Terms—1 dol. per hour.

Also surgical and obstetrical cases at 10 dols. per week, making two visits daily.

These nurses write me that the doctors highly approve of this system of nursing, and they have been successful, though it has not been sufficiently advertised to overwork them yet. One nurse confines her attention almost entirely to obstetrical work, the other two to the surgical and miscellaneous cases.

This is all the information I have been able to obtain as to this method of supplying trained nursing to people with moderate incomes.

And now let me say a few words as to what seem to me to be some of the advantages of this method of nursing. First, I have thought that nurses introduced into families in this way would be educative influences as well as actual workers, reaching and teaching a section of the community very susceptible of profiting by such instruction. The care of the sick would not be taken entirely out of the hands of their friends, for wherever necessary and practicable it would be shared by them, and that dread of the nurse taking exclusive charge of the sick-room, which makes many people hesitate to send for a trained nurse, would not arise. Again, we know that in many cases it would be better for the patient if the nurse were not at hand to satisfy every foolish whim and fancy that may occur to a nervous patient, just as in hospitals we often find operation cases do better when put in the general ward than when they are placed in special rooms, have the exclusive attention of the nurse, and nothing to divert their attention from themselves. Of course, I am not arguing that there are not many cases that require undivided attention and skilled attendance for shorter and longer periods, but a very large majority of patients would do quite well if the nurse came in for one, two, or three hours every day, carrying out such doctors' orders as required dexterity and training; bathing the patient and making

the bed, and teaching the friends how best to keep the room ventilated and what to do until she came again. But the chief argument in favour of the adoption of this kind of nursing is that it brings the services of the trained nurse within the range of nearly all wage-earners, and is a fair arrangement for supplying non-charitable help, the basis of the system being adequate remuneration for services rendered.

I think there is little question that if some such system as I have attempted to outline, and which Miss Cunningham has practically worked out, were to become general, that many nurses would prefer the life of the visiting to the private duty nurse. It is a healthier, wholesomer life; it leaves a possibility for some kind of home life; it allows play for more individuality, and, better than all, it gives greater opportunities for usefulness and help.

It is to be hoped that more doctors will take up the idea, and that it will become customary for a doctor with a large practice to employ his visiting nurse to visit his less wealthy patients, just as he secures one by the week for the more wealthy. The most encouraging feature of the reports received has been the well-nigh unanimous approval of all doctors who have been asked for their opinion of this method of supplying skilled nursing to people with moderate incomes.

The Treatment of the Dead.

THE notoriety which is attached to having a corpse in the house is, amongst the poorer classes, a very solid consolation for the loss of a relation. They revel in it, and if the distinction they enjoy is short-lived, they make the most of it while it lasts. Everyone who calls at the house, for any purpose, whether acquainted with the deceased person or not, is invited to view the body, and it is scarcely possible to hurt the feelings of the relations more deeply than by refusing, however courteously, to accede to this request. This taste for the morbid seems ingrained in the working classes.

We are all of us acquainted with Mrs. Gamp's predilection for "a lovely corpse." She even made audible comments in the hearing of the patient as to his qualifications for the part. The poor sick man with his sallow complexion and dark hair appeared to her to be possessed of natural advantages of no mean order, and she had no hesitation in saying so. To such persons the more "corpse-like" is the appearance of the body, the greater success is theirs in the eyes of their compeers, hence the pennies placed on the eyes, the swathing of the body, and other kindred and objectionable practices. It is this

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