

Hourly Nursing for People of Limited Incomes, and for those in Hotels or Small Apartments.*

By GRACE NORMAN.

NURSING ever has been, and will ever continue to be woman's work, for so long as she bears children, so long will she have that sympathy for her sex, that is truly "suffering with," which will (as long as she possesses any nobleness of nature) prompt her to active ministrations to those who are in need, sorrow, trouble, or pain, and the time will surely come when she will not only be allowed but welcomed on a man-of-war.

When the human race began, and before the invention of anything artificial, when the morning stars sang together, and "the music of the spheres" is the only music on record, though we are told that Eve "raised Cain," is it not most probable that she soothed and cared for her babies much after the manner of modern mothers? Yet we think we are making wonderful improvements in nursing.

About twenty years ago young women of noble aims and high aspirations quickly availed themselves of the opportunities to make themselves worth more to themselves and their fellow creatures by entering the training schools for nurses in large hospitals. Though they were ridiculed, "sawbones assistants" and other appellations equally euphonious applied to them, the experiment proved so successful from a humanitarian and financial standpoint that the hospitals, however small, throughout the world, are adopting the system, and in two decades we have as many schools for training nurses as there are hospitals. The superiority of the finished article, a noble, womanly woman with knowledge and skill in the care of the sick, of course commanded a high price, and the demand was greater than the supply; but the remuneration soon lured many of inferior quality into the field, which with the limited training in some schools have made it necessary to create an increased demand for service or in some way avoid inflicting upon a sick and sensitive person a nurse whose rarity of cases has made her morose and sullen, and unfit for the highest kind of usefulness, that of ministering to body, soul and spirit simultaneously, and leaving a patient on a higher plane mentally and spiritually as well as physically, and better in every way for having known a good trained nurse.

In the time of trained nurses thus far, only the poor who went to the hospitals and the wealthy in their own homes have been reached by the better methods of nursing.

Of course there are two sides to every question, and many favor sending all patients to hospitals, but though feeling the deepest gratitude to

hospitals, both as a patient and a nurse, I question the advisability of always consigning our loved ones to the care of strangers, though they be most excellent women of the highest skill in nursing. Are we not thus losing some of the sweetest of the family influences, and gradually doing away with the sense of responsibility and failing to cultivate the sympathy and tenderness that in later years become the strongest bonds of family union?

One side of this question will, however, probably be taken up in a subsequent paper on "The Uses of Hospitals," by a Bellevue graduate, by whom it will be so ably handled that I may change my views. But from the present standpoint, could we not by a few hours of skilled nursing daily in their own homes do far more good to the great majority of the middle classes, and instruct the many in the newer and better methods of nursing, that members of families may be capable of rendering valuable assistance when a nurse's services become necessary, "and so make life, death, and the vast forever one grand, sweet song" for the nurse, as well as many another along life's rough way.

One of the most difficult problems to solve during the past decade has been how to supply the self-respecting and barely self-supporting man or woman with good care when illness makes a nurse's service necessary.

The need has been met by churches and societies outside of hospitals, but is difficult to do, without impoverishing the nurses or pauperizing the patients and destroying their self-respect and independence by supplying their needs gratis. In this way, too, those most deserving of this aid are often missed because they will not ask assistance if they can possibly "paddle their own canoe."

A plan that commended itself to me, though evolved from more brilliant minds, was that of hourly or visiting nursing (or, as I soon dubbed it, "tramp nursing") for people who were limited either in means or room, as we have so often found in New York Hotels and small apartments, when the family or friends are able to attend to the minor wants of the patient. By this means a nurse's whole time is not occupied with one patient, and she can make her charge accordingly, and can thus do remunerative work and charity work on the same day.

About two years ago, with two other nurses I attempted to do hourly or visiting nursing in New York, as this city has been the chief field of my labours since my graduation more than ten years ago.

We had the following circular prettily engraved and presented it to the doctors whom we knew:

"Trained nurses at one dollar per hour. Miss Blank, Miss Dash, and Miss Blank graduate

* Read at Nurses' Educational Exhibit, New York City

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