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THE PROGRESS OF HOURLY NURSING.

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Published in the *Trained Nurse* for the year 1895 and in the Report of the meeting of the Society of Superintendents, in 1897, are two papers, by Miss Diana Kimber, presenting so clearly and forcibly the need and the possibilities of a different class of nursing work to those already existing, that to-day there seems nothing to add in the way of suggestion along the broad lines of the idea itself. Taking heed to the ancient admonition of the making of many books, and the consequent weariness of the flesh, I would ask permission to quote from Miss Kimber's papers, and merely add something of what has been accomplished in the years during which the practical working out of her ideas has been carried on in different cities.

The need for visiting or hourly nursing has, I am very sure, been brought home to us all, as it was to Miss Kimber, by instances coming under our personal observation; not one, but many. Self-supporting women in boarding-houses, homes where trained care and trained advice are sorely needed, but where the family resources, already strained to their utmost, do not permit of an outlay of twenty or twenty-five dollars a week; treatments, dressings, where all the actual nursing necessary could be compressed into one or two hours out of the twenty-four. There is no need to cite a typical case; anyone with experience can supply her own.

In London, some years ago, talking to an old lady of nearly eighty, who knew Florence Nightingale, and who during her whole life had been associated with many and varied forms of philanthropy, and kept careful watch over the rise of the newer methods, I mentioned the plan of visiting nursing, which our own *alumnæ* had taken up at that time with much interest. She told me that in her opinion it was one of the most hopeful signs in a profession over whose developments she was inclined to shake her head. Miss Kimber writes in the papers to which I have referred: "It would seem we are confronted with two problems—(1) How shall we provide more work for our graduate nurses? and (2) How shall we provide skilled nursing for people who cannot afford to pay the usual price of the trained nurse?"

When we consider that the larger mass of the population is composed of workers earning a fair

competence, which separates them from the really poor, on the one hand, and the wealthy on the other, it is evident that we may expect to answer the first problem satisfactorily if we can solve the second.

The plan I suggest is 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 the same, attend confinement cases, and take after care of such by paying one or two calls a day. They would thus create a demand for their services among the class of people we most desire to reach. They should, in fact, become visiting nurses, not employed by a society paying them a salary to nurse the poor, but visiting nurses employed by the doctor to take care of patients able to pay the nurse for the services rendered.

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 portion 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 whenever necessary or practicable, it would be shared by them.

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.

It is in itself a healthier, wholesomer life; it leaves a possibility for some kind of home life; it allows play for more individuality; it brings the nurse into direct contact with the doctor and patients, and, better than all, it gives greater opportunities for usefulness and help." It will be seen that in theory and suggestion there is little to add to Miss Kimber's comprehensive view.

I think, although this is delicate ground on which to tread, it will be generally admitted that private nursing is often very demoralising in its effects, and the outline of advantages possessed by the visiting nursing as given by Miss Kimber must appeal to all who have reason to deplore the dangers and difficulties peculiar to the exigencies of private duty.

In papers read before the National *Alumnæ* Association last year by nurses who had ven-

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