

tured into this new field, the benefits to the nurse as well as to the patient were strongly dwelt upon.

It may be well here, however, to consider the relation of the nurse to the work. It is not an occupation to be undertaken by one who has failed in other branches, or who is looking for an easy way of making profitable use of her profession. The best of the inexhaustible array of qualifications needed for the making of the modern nurse are required to ensure genuine success in this special branch, experience and executive ability among them. The first not least it is well to remember. The public and the doctors are quick to feel the underlying spirit, and in this work, depending for the present on the recognition by them of its real usefulness, if the right spirit as well as the faithful work be not present, the result is fatal.

In our own city during the past four years we have watched over our prospects, successes, and failures, and have arrived at a very definite conclusion that the work cannot stand without the workers—a trite conclusion, probably, but one peculiarly applicable here.

The main difficulty seems to be in the establishment of visiting nursing on a secure and permanent basis. It has been shown wherever it has been tried that the work is slow to grow. It does not spring full-armed into prosperous existence in a single night, nor, valuable and essential as we feel it to be, does it follow that physicians and the public generally, will impulsively adopt this same view. It must be demonstrated point by point, case by case, that it is a good and desirable thing, to win slow recognition from those on whom it depends for success. Patient pioneering is needed, and there are few nurses who can afford to spend months in waiting while their practice slowly develops into proportions large enough to pay expenses. Not only this, but if a nurse has painstakingly gathered together a sufficient practice and should be called away by any of those emergencies which nurses as well as all mankind are heir to, it is most difficult to find someone ready and competent to take her place. Doctors and patients must become familiarised all over again with a new personality and a new address, and hard-won interest is all too easily lost.

It is for these reasons that I would like to call the attention of alumnae associations interested in the establishment of new branches of work to the plan adopted by the Johns Hopkins Alumnae Association some years ago to establish visiting nursing.

Being assured that it was a good and necessary thing, but also being convinced that desultory and imperfectly planned efforts would in all probability

result in failure, the Association bent its energies primarily towards obtaining a fund sufficient to pay the necessary expenses of the work during the time that might elapse before it should become self-supporting.

After some deliberation it was decided that the work should be conducted under the auspices of the association, that the nurses be appointed by it, and that the association hold itself responsible for the quality of work and the general arrangements that should be made in the interests of the public and the nurses. All money collected to be paid to the association, while the nurse was to be assured a sufficient monthly remuneration independently of the amount earned. This arrangement has never been altered, and has given general satisfaction, the sense of security to the nurse counterbalancing the greater independence of work undertaken by individuals, and the interest of an influential body providing the continuity so essential. Fortunately, a nurse volunteered for the work with the understanding that out of the fund collected her actual living expenses be paid. The plan suggested by Miss Kimber of communicating personally and by printed notices with doctors was followed, adding druggists, clergymen, charity workers, heads of departments in schools and colleges.

The work, uncertain and spasmodic at first, grew by slow degrees, until it is now self-supporting. During the past winter two nurses have been kept well occupied, and we have the reasonable expectation that the work is here to stay. Monthly reports are made to the Association of visits made, new calls, and fees collected, thus keeping up the general interest, while the association treasurer is responsible for the accounts. We ourselves are mainly indebted to the creative energy and wise guidance of one of our members, but underlying everything is the foundation on which it is built.

My main object in writing this paper is to emphasise this point, that the success of the work in Baltimore is due to the fact that its foundation is permanent, depending on an influential body, not upon the accident of circumstances affecting the life and work of an individual. I have purposely avoided discussion of rates paid for services. This is a question upon which we ourselves have not as yet arrived at an entirely satisfactory conclusion, and we have found it necessary to depart from those originally agreed upon. Each city, from what I can learn, has its own conditions, and nurses undertaking the work have a fluctuating scale.

I might add that much interest has been shown in this work by prominent women in Baltimore. They contributed in the beginning towards its establishment.

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