

The International Congress of Nurses.

MORNING SESSION.

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HISTORY OF VISITING NURSE WORK IN AMERICA.

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In the characteristics and aim of district or visiting nurse work there may be said to be "nothing new." It is a branch of nursing so well known to our profession that it is useless to dwell upon the purpose of the work.

At the Congress of Nurses held in Chicago in 1893 the subject of this paper was given such complete and detailed description by women of years of experience in the work that it would be time misspent to take up that part of the subject, so well covered then.

The facts and data of the present paper are largely statistical, and intended only as historical of the subject, and simply to show the growth of the work in the various parts of the country in the last ten years. This philanthropy has now taken its place among the organized charities of modern times. Only a few years ago quite unknown, it is now operated successfully in almost every section of the country. It is a charity of which its promoters never tire; and noting its success and present steady growth, one often wonders why its initiatory stages had such uphill work.

District or visiting nurse work covers that branch of nursing which cares for the sick poor in their own homes, when by reason of surrounding circumstances the patient may not be sent to a hospital. The work is likened to a large out-door hospital, the various towns and localities being divided into wards or districts, the whole being responsible to the head or superintending nurse.

From the first year of its existence, when Fliedner at Kaiserswerth sent trained women into the homes of the poor, and William Rathbone, M.P., saw the need of it in England, the character of this work has not changed; it still carries out the first paramount principles of giving skilled nursing to the poor and the small wage-earner in their own homes, and to use such methods of instruction as to teach them to care for their own sick and to carry out the right observance of sanitary laws.

The pioneers of this work had untold difficulties to overcome, for by no means did their efforts meet with warm support. Medical men were suspicious that these organizations sending out skilled nursing help would interfere with their

practice, and many of the laity felt it an innovation not practical, and that the poor could get on the same as they always had done.

It is needless to say that the newer and younger associations have none of these difficulties, for physicians everywhere now are not only the instigators in new localities, but are always the staunchest supporters of the scheme. The development of the work in America has not been a bed of roses, and, with all its seeming success in this country, we are years behind Germany and England.

A woman prominent in philanthropic work says "there is no form of organized philanthropy that demonstrates more clearly the present progressive ideas of social and economic work among the less fortunate," and a student of social problems has well said "It is the safest and most practical means of bridging the gulf which lies between the classes and the masses."

This principle is largely illustrated in the successful social settlement made up of nurses at 265 Henry Street, New York City.

In continuance, I should like to put in short form a few general suggestions to those who are contemplating forming this work in new localities. I shall give below a combination of the various methods carried out in many of the organizations now operated.

First comes the need, then the presentation of the project at a general meeting of the public, to which should be asked prominent physicians of the locality to give it its endorsement. Then comes the mode of support, usually best by voluntary contributions in small sums from the public rather than by individuals, as then no one may feel that they have a special claim upon the service. If operated upon the non-sectarian principle, you then have the support of all the religious elements, but are confined to no particular one. Cases should be taken and received from all sources.

An ideal system may have many adjuncts operating in connection with it. First is the Flower Mission, or the Diet Kitchen, or the Convalescent Home in some near-by country place, to which patients may be sent. Then in the district must be the ever-ready and well-filled loan press, containing every known article that may be used for the comfort and well-being of the sick. The most successful organizations go upon the principle that the best results are shown to the people when the best professional nurse gives the services, assisted by the most modern sick-room appliances, rather than by make-shifts, and yet always giving information as to what articles may be used in the place of the modern ones.

In adopting a name for any new society doing this work, we would advise the use of the term

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