

Because poverty is so favourable to its birth and growth, tuberculosis is well named the "poor man's disease." Whether the cause of this widespread poverty found in our cities and towns is the result of drunkenness and disregard of moral law is not discussed here. Be that as it is, where these conditions obtain, tuberculosis runs riot.

Since the State and Municipal sanatoria and hospitals can care for only 2 per cent. of our tuberculosis patients, the remaining 98 per cent. must be cared for in their homes. Thus the home becomes the battlefield of the visiting nurse.

Because one may have the disease many months before he is confined to his bed, and educational work is demanded rather than actual bedside nursing, there is a growing feeling that the trained social worker, or a woman of average commonsense and able to read a clinical thermometer, is quite sufficient for the home care of tuberculosis patients.

This idea is not peculiar to the laity. It is with humiliation I recall words of a Boston physician, one, too, well to the fore in the anti-tuberculosis movement, who said he would rather have the trained social worker for tuberculosis work than the graduate nurse who had no knowledge of social and economic questions.

If it is true that someone less medically trained and less experienced than the graduate nurse is going to give the greater satisfaction, why not ignore the field of social progress and content ourselves with institutional and private nursing?

Shall we consider the trained social worker, who she is and what it is that she possesses which has so enhanced her value to both the lay and professional classes?

From an educational standpoint, she has advantages beyond the average woman in the nursing profession. From a financial standpoint, the small salaries offered the social worker are not sufficient to permit one wholly dependent upon one's earnings to adopt the work. This fact alone debars the mercenary element, and claims those who are able to follow the occupations of their choice rather than one of necessity.

The nursing profession, on the other hand, has always offered to the graduate a fair financial return.

A very small number of women who enter the hospital training schools have any independent income whatsoever, and the very need of earning one's living is too often the primary reason for choosing nursing as a profession.

The very term "social worker" indicates

that she is a student of the combined social forces controlling a community and protecting the individual.

A knowledge of State and Municipal administration, of the necessary complexities of our city life, of its numberless influences for evil and good, and a familiarity with local resources are the A. B. C. of social training.

All methods that take the worker into the home, to be successful must become personal, affording a near acquaintance with facts, and teaching sincerity in the homely ways of life. It shows educated men and women what there is for them to do in the world; it lets them into the secrets of human nature by laying bare its needs, defects, and contradictions.

With this bigger human understanding, the worker must learn how to be simple, direct, sympathetic, and for ever tolerant.

All these qualifications and resources are essential to the success of the social worker.

Our training schools for nurses in the large hospitals offer little opportunity for personal or initiative work on the part of the nurse. Here she is a pupil, and the patient to her is an individual only as his physical condition renders him an acute or chronic case. All that can be done for his immediate comfort and ultimate cure is her first interest. The knowledge of the underlying causes of disease, and the necessary means to prevent its recurrence, is not a part of the nurse's training.

The point at issue seems to be how, where, and when is the nurse going to acquire this broader knowledge which will fit her for social work.

There are special qualifications requisite to the visiting nurse; she must be of rugged health, free from racial and religious prejudices, and she must have vocation. Not everyone who enters the profession is fitted to become a visiting nurse, but I am sure, were the opportunity given the pupil and graduate to come in contact with social nursing, many would find their vocation.

As the medical priest is the greatest power in the mission field, so may not the woman with a hospital training plus vocation, plus a social education, become the ideal social worker?

The present method of sending the pupil nurse into the homes from the dispensaries of our hospitals where she is instructed in home nursing by the nurses of established visiting nurse associations, affords her a splendid opportunity to see future possibilities and find out if she has the qualifications necessary to the work.

Because of these temperamental qualities

[previous page](#)

[next page](#)