

Sketch of the history & progress of district nursing : from its commencement in the year 1859 to the present date, including the foundation by the "Queen Victoria Jubilee Institute" for nursing the poor in their own homes / by William Rathbone ; with an introduction by Florence Nightingale.

Contributors

Rathbone, William, 1819-1902.
Nightingale, Florence, 1820-1910.

Publication/Creation

London ; New York : Macmillan Co, 1890 (Edinburgh : R. & R. Clark)

Persistent URL

<https://wellcomecollection.org/works/waw6ehw7>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

(2)CBXK.41.AA8



22101557917



Digitized by the Internet Archive
in 2016

<https://archive.org/details/b24879137>







HOME NURSING



SKETCH OF
THE HISTORY & PROGRESS
OF
DISTRICT NURSING

FROM
ITS COMMENCEMENT IN THE YEAR 1859
TO THE PRESENT DATE

INCLUDING THE
FOUNDATION BY THE QUEEN OF THE 'QUEEN VICTORIA
JUBILEE INSTITUTE' FOR NURSING THE POOR
IN THEIR OWN HOMES

BY WILLIAM RATHBONE, M.P.

WITH AN INTRODUCTION
BY FLORENCE NIGHTINGALE

Dedicated by Permission to Her Majesty

London
MACMILLAN AND CO.
AND NEW YORK

1890

All rights reserved

1526

6 1/2

16971

NIGHTINGALE Florence [1820 - 1910].
Great Britain:
NURSING: 19 cent.

(2)

CBXK.41.AA8



TO

Her Majesty the Queen

Who to the signal constitutional benefits conferred on her people, during a long and glorious reign, has added the less conspicuous, but not less important, claim on their gratitude, of encouraging by example and sympathy the womanly virtues of faith, tenderness, and compassion for the suffering, this account of the origin and progress of one of woman's most characteristic and self-sacrificing works, crowned by the Queen's large donation from the Women's Jubilee Offering, is, by permission, dedicated by Her Majesty's humble servant,

W. RATHBONE.



PREFATORY NOTE

THE work of nursing the sick poor in their own homes by means of trained nurses, working under an organised system, has received a national sanction from the decision of the Queen to devote to its furtherance and improvement the bulk of the sum presented to Her Majesty by the women of England upon the occasion of her Jubilee. Now that this work has been brought so prominently before the notice of the public, interest may attach to the following record of the origin of systematic district nursing—a narrative which might

truthfully be entitled 'The Story of a Successful Experiment.' A statement of the results it has achieved, of the immense benefits it has conferred, both directly and indirectly, on the suffering poor of many of our large towns, of defects which have been discovered, and improvements that have been effected in the organisation of the work, may be useful as well as interesting to many at this time. With these objects in view, the present sketch has been compiled for me by two literary friends, one of whom, Mr. Claude Barton, to our great loss and regret, died immediately after its completion.

W. R.

INTRODUCTION

TO THE

‘HISTORY OF NURSING IN THE HOMES
OF THE POOR’

By FLORENCE NIGHTINGALE

MORAL TRAINING

‘Thy kingdom come.’

The ‘kingdom of heaven’ does not come by departments, nor by institutions, though these are necessary parts of our training and education. The ‘kingdom of heaven’ is within. But we must make it *without* also. The family alone is that which follows us from the cradle to the grave. Let us try to make each family the kingdom of heaven.

Now we may and do improve and train inmates, patients, and nurses, sick and well, in hospital institutions.

Numerous touching instances of the good, religious and moral, so done, might be told, showing that in deed and in truth to some the ward was converted into the 'kingdom of heaven.'

In hospitals and infirmaries they may say, 'Where everything is provided, it is easy to be clean and airy, orderly and godly, but look at us in our one room—and a sick person in it into the bargain—and with no appliances.'

Here the trained district nurse steps in. Here, in the family, she meets them on their own ground. Besides nursing the patient, she shows them in their own home how they can help in this nursing, how they can be

clean and orderly, how they can call in official sanitary help to make their poor one room more healthy, how they can improvise appliances, how their home need not be broken up. She cannot make 'the wilderness blossom as the rose.' But now that the day of improved dwellings for the poor appears to be coming more largely, the district nurse may be the forerunner in teaching the disorderly how to use improved dwellings — teaching without seeming to teach, which is the ideal of teaching.

Now to most people it will seem extravagant, perhaps ludicrous, to connect so small a thing as district nursing, in their eyes mere physical relief to some few sick poor, with so large a subject as our struggle with pauperised poverty.

The district nurse is indeed a very little

thing, 'only a cloud on the horizon;' but the little cloud heralded rain on the thirsty earth. The district nurse is but 'a still small voice,' but perhaps it shows us one of the ways of Providence. Perhaps it may bear within it the germ of a new step in the struggle, of a new departure, differing alike from gigantic subscriptions, which pauperise the place and raise the rates; from co-operation, which fails to touch the 'black sheep'; from strikes, which impoverish employers and employed; and from legislative panaceas — acting only as it does by quiet personal influence, and instructed, skilful, sympathetic aid upon 'the poor, the sick, and the afflicted.'

We hear much of '*contagion and infection*' in disease. May we not also come to make health contagious and infectious? The

germs of disease may be changed into the germs of health.

We see much of '*original innate sin.*' May we not strive to bring forth original virtue—innate morality?

We all know and see but too sadly how the tendency in a bad neighbourhood is downward to the lowest, both as to health and morality. But this is not a moral (or immoral) law. In the school, in the hospital ward where a good tradition has been planted, the ward, or the school, or the coffee-palace, etc., humanises the inmates as they come in. The *tendency becomes upward*, under the divine law of salvation as moral progress, which is always restoring, if we will but use the divine means, according to the original type in the Creator's mind. And how does it do this, but by the *living influence of indi-*

viduals acting in these outward means and machineries and organisations, which do not act of themselves without the influence, it may be *the silent* influence, of the life? Cannot we study this divine principle and its working and push it farther?

The vast poor law school does not de-pauperise the child which too often comes back to the workhouse. The little boarding-out system under supervision does.

The old great parish infirmaries cured neither body nor soul; the new ones under the influence of trained educated good women tend to do both.

The trained district nurse (under the doctor) nurses the child or bread-winner back to health without breaking up the home—the dread of honest workmen and careful mothers, who know the pauperising

influence of the workhouse even if only temporary. The nurse also teaches the family healthy and disease-preventing ways by showing them her own in practice in their homes.

The drinking father, the driven, dawdling, dirty mother come also under her influence. They are ashamed to let her see themselves and their room again in such a state (this is not a vision but a fact). Their improvement becomes contagious to their neighbours.

The sovereign, the mother of her people, has laid her finger on this little germ; she wishes to cherish it, to extend trained district nursing (which does not include alms-giving, though district nursing knows the places and institutions where to find all sorts of help when necessary), to be

her representative with her sick poor, to be one valuable servant of her beloved poor.

The spirit of a society, as has been most truly said, depends on the spirit of the individuals who compose it; this, which is almost a truism, is hardly acknowledged yet as a truth.

The *good of an organisation* depends on every individual who is in it. School, hospital, coffee-rooms, institutions, district nursing must depend on the living life and love which are put into them.

Now let each district nurse 'in quietness and in confidence,' directly serving her Queen, her country, and her God—always striving forward in humility to greater efficiency, find her strength. It is said: pioneers are always best until they become

the fashion. Then let each nurse be the pioneer and no one of them the fashion. If no man can be great without humility, how much less can any nurse be good without it. In love too, 'the greatest thing in the world,' she must find her strength. A wise man has told us the ingredients of love or charity — patience, kindness, generosity, humility, courtesy, unselfishness, good-temper, guilelessness, sincerity.

And let her remember, this servant of the poor, working for them, her Queen, and her God, let her always bear in mind *training* and *efficiency*—training, which must continue all her life; efficiency, always increasing with every day, or else it declines with every day; *practical* efficiency—moral efficiency too; these go hand in hand.

PHYSICAL TRAINING

The tendency is now to make a formula of nursing; a sort of literary expression.

Now, no living thing can less lend itself to a 'formula' than nursing. Nursing has to nurse living bodies and spirits. It cannot be formulated like engineering. It cannot be numbered or registered like arithmetic or population. It must be sympathetic. It cannot be tested by public examinations, though it may be tested by current supervision.

The nurse's art cannot be made a formula any more than the painter's. The great painter Fuseli was examined as to how he mixed his colours. 'With brains,

‘sir,’ was his answer. The good nurse can often only answer, if examined how she nurses, ‘With brains and heart, sir, and with training and practice.’

A great physician was heard to say, when asked how he treated pneumonia, ‘I don’t treat pneumonia, I treat the person who has pneumonia.’ If this is true in medicine, in which there *is* much that *can* be tested by examinations, how much more true is it of medicine’s servant—nursing. Training,—silent, thing-training, as well as word-training; long years of training—moral and sympathetic, as well as physical-training in tact and sympathy,—*conduct-training* is necessary. And progress can never end but with a nurse’s life.

A good nurse must be a good *woman*, with sympathetic insight. She cannot be a

good nurse without. A good woman cannot be gauged by words. She must be *herself* THE WORD—a name made divine to us by our great Master, and which He expects each one of us women particularly, to embody in her own duty, each in her own tiny sphere.

One word about maternity training, which, though everybody must be born, is at its very beginning. We mean by maternity training, teaching the care of the mother and infant after its birth, a most important branch which seems to be yet in its infancy, and a not very sanitary infancy it is.

Among the really initiated we hear the complaint that from even so-called 'trained midwives,' good *maternity practice*, espec-

ally in sanitary things, and in feeding the infant and teaching the mothers what to do, cannot be expected at the lying-in woman's own home. This, then, is not district nursing; and yet the midwife ought to be essentially the teacher and the district nurse of lyings-in at home.

It is added that there is difficulty in making the midwives attend to these things sufficiently, at *lying-in training hospitals*, even at the best.

This, then, is not *district-midwife training*.

Are there still but few who understand these life and death minutiae in the *uncivilised civilisation* of the present day?

Much more might be said, but had better be *lived*.

And of one thing we may be sure, that if

the poor receive good from the living, loving intercourse of the trained and educated woman, *she* in her turn receives quite as much good from theirs.

NURSING

IN THE

HOMES OF THE POOR

It has become almost unnecessary at the present day, when dealing with the question of nursing, to dwell upon the great importance of a thorough professional training for nurses. People are no longer ignorant of the essential qualifications of nurses; they need no longer to be assured that nursing is a profession, and that as such it demands a careful apprenticeship to ensure competency. In fact, the vocation of a sick

nurse has been rapidly raised from the inferior position in which it stood about thirty years ago, to one of not merely respectability, but of rare interest and attractiveness. There is even danger, in consequence of the Royal sanction and the attention lately drawn to nursing, that many may be attracted to the work who are neither strong enough for it, nor have that real interest in it which is a most necessary qualification. Many of us can remember a time when most of the nurses in hospitals were mere drudges, and too often of indifferent character; but at the present day their places can only be filled by women of irreproachable character, of thorough training, and of considerable technical skill—and, as a fact, nursing has become an employment that is freely sought after by women of refinement and education—while

in times gone by, a woman who had been engaged for a few weeks or months as an attendant in the wards of a hospital, or even without such training, was held to be amply qualified for the duties of a sick nurse. It is a great cause for satisfaction that at the present day the selection is much more carefully made, that the candidates for the nursing profession are now tested by a high standard, both as to moral character and aptitude for their work, and that before they are considered proficient for employment they must undergo a lengthened and systematic course of practical training as probationer nurses in the wards of a hospital, combined with scientific instruction adapted to the requirements of their calling.

Having said thus much, it may perhaps seem to be beyond the scope of this history

to dwell upon the means by which this great revolution has been effected, but we are so strongly impressed with the fact that the success of every step which has been taken in the development and extension of the benefits of real nursing has depended, and must in the future depend, upon a due acknowledgment being accorded to certain simple but all-important principles of organisation in the training and education of nurses, that we do not hesitate to refer to them.

In the first place, it is clear that the hospital must be made such a home as well-educated, refined, and virtuous young women can live in and learn nursing in. Of equal importance, but not so fully recognised as it should be, is the position of the matron. The organisation which is essential, not only for the proper conduct of the nursing

of every hospital, but also of every training school for nurses, must involve the condition that the matron of the hospital shall be the real head of the nursing staff and training school, fitted to be such by personal character, education, and technical acquirements, and by virtue of her office holding such a position and endowed with such authority as will enable her to be responsible for the conduct and discipline of the nurses, whether with regard to their primary duty of carrying out the orders given to them by the medical officers as to the treatment of the patients, or with respect to their general behaviour as members of the hospital staff—in fact, their moral tone.

Such being, we believe, the public estimation of what a nurse ought nowadays to be, of the kind of training she should pass

through, and of the general organisation of the nursing staff necessary to ensure its successful working, it may be thought needless to dwell upon the immense benefits that would be conferred upon the poor by providing trained nurses for their service in their own homes. We know how the poor have long been able to enjoy (to say nothing of hospitals) the great advantage of medical attendance to a large extent free of cost, by means of provident sick clubs and benefit societies, or through the medium of the Poor Law and free dispensaries. But the further charitable work of providing sick nurses for them in their own homes is of comparatively recent growth, and has hitherto been of local application only. Perhaps it is not a work, the claims and usefulness of which are immediately understood, nor one which would

seem to promise great success in the experiment. The public have been very naturally impressed with the idea that for the sick poor the hospitals and workhouse infirmaries afford the proper and the only suitable means of relief. Moreover, it has appeared to them self-evident that many a patient's chances of recovery would be seriously diminished by remaining in his own miserable and unwholesome dwelling instead of being moved into more favourable surroundings.

We trust to satisfy those whose sympathy we hope to enlist in the cause on this point, viz. that a large number of the sick poor will not be more suitably and adequately dealt with in hospitals or infirmaries than in their own homes. And afterwards, in the story of the first attempt at organising a system of district nursing, it will be seen how various difficulties

have been overcome, and what is that scheme of organisation, for which experience enables us to predict the most certain success.

People are apt to think that any attempt to nurse the poor in their own homes is a mistake, because it is an attempt to overcome impossibilities. The houses of the poor, it is said, are too often such that in them invalids cannot hope to be cured ; their removal is the first condition of doing any good. All who are smitten with disease should be transferred to the proper hospitals and tended there. To attempt to cure them by any other means must result in sheer waste of time, labour, and money.

Everybody feels the weight of this objection. It would seem that one of the first requisites for recovery from an illness is a suitable lodging, and that with the poor this

is frequently wanting. In their narrow city homes, ample space, quiet, fresh air and sunshine are almost impossible to procure. The sick lie mingled with those who are in health disturbed by their coming and going, and by the bustle of occupations which cannot be suspended without taking away the means of subsistence. Nor can they depend upon the regular performance of such offices as even unskilled care can render. The time and the industry which are needed to keep a sick-room in the condition in which it should be, are often more than can be obtained on behalf of the poor invalid even from those whose affection and zeal prompt them to do their utmost. Again, and this is a difficulty still more serious, that elementary knowledge of the laws of health, which is now pretty widely diffused among people in easy circumstances,

is rarely possessed by persons of the humbler ranks. Few working people realise the immense importance in a sickroom of regular but gentle ventilation ; the necessity of removing every piece of furniture which takes up unnecessary space, excludes light, or collects dust ; of constantly and thoroughly cleansing every article which remains in the room ; and of strict attention to the cleanliness of the patient. Their idea of comfort is represented by a room overcrowded with furniture ; a room from which the outside air is excluded is to them a safeguard against illness ; a room defective in point of cleanliness does not shock their senses, which have been deadened by rude experience. Add to all these disadvantages the fact that the sickness of a bread-winner lessens, sometimes cuts off altogether, an income which at its best can

purchase few of the comforts, still fewer of the luxuries of life. Not only the delicacies fit for a sick person, but even necessities may be hard to procure for such an invalid. Last of all, in their lonely dwellings, the terrible uncertainty of the future too often presses with fatal weight upon the spirits of the sick, and anxiety, such as the strong could hardly bear, comes to make exhaustion final.

Now, in answer to this very forcible argument, we have to urge four important considerations.

First, there frequently occur cases of serious illness, which are either unsuited, or are not admissible into general hospitals; cases, for example, of chronic disease combined with extreme poverty. Some of these may be left to the workhouse infirmary, but many others can, with the aid of private

charity and good nursing, be properly and more advantageously treated at home. Such are some classes of incurable diseases, as cancer, consumption (in its later stages), and paralysis, bronchitis, rheumatism, ulcers, etc. etc., and many diseases connected with confinements.

Secondly, the invalid often objects—or his family object—to his removal from a place which, however wretched, is still a home. And the moral disadvantage of the removal of a father or mother from their family is serious. It means, perhaps, nothing less than the breaking up of the home, and, where the outlook was already made gloomy and foreboding by the arrival of sickness, it is not surprising that hopeless disorder follows upon the removal of the heads of the family, who depend on them alone for guidance and

support. Indeed, the value of district nursing in cases such as these is incalculable. The comfort to the sick and to all the family which the nurse is able to give, the relief of knowing that the invalid need not be removed to the hospital, the restoration of order, the awakening of new hopes and the introduction of a more cheerful element—such are the happy results of the nurse's work, which help to abate the bitterness, the feeling of having been abandoned by God and man, so deplorable and yet so natural in those who, often without any fault of their own, find themselves plunged in inexpressible wretchedness.

Thirdly, there are not, and there never can be, hospitals large enough and numerous enough to take in all cases of grave illness among the poor. The hospitals now existing, which provide only for a small minority

of such cases, are often in great straits for the means to carry on their work.

Fourthly, the work done by district nursing is, in proportion to its results, far less costly than that done by the hospitals.

We believe that these will be considered sufficient reasons for inviting a further examination of the subject, and that it will be easy to convince inquirers of the very great advantages that have been, and may be bestowed on the poor by this plan of nursing them in their own homes. And it is not an untried scheme of doubtful utility, but one which has already been eminently successful in many places where the experiment has been made.

Just thirty years ago (in 1859), the experience of sickness in a private family in Liverpool first suggested the establishment of

a system of district nursing for the poor. The great comfort and advantage derived from trained nursing, even in a home where everything which unskilled affection could suggest was provided, led to the conclusion that among the less fortunate—the poor—untold misery, lasting disability, and death itself must ensue in cases where these comforts and appliances, as well as skilled nursing, are almost altogether wanting. It was resolved to try, even upon the smallest scale, an experiment in reducing these evils. The nurse, who had given proof of her skill in the case above referred to, was asked whether she would undertake to nurse poor patients in their own homes in a district of Liverpool. She consented to do so, and was accordingly supplied with the most necessary appliances, whilst arrangements were made for providing

the nourishment and medical comforts likely to be wanted. She was to afford help both by her own exertions and by teaching the poor people a better way of tending their sick. As this was only an experiment, the nurse was not engaged for more than three months. But when one month was passed, she returned to her employer and entreated to be released from the engagement. Accustomed though she was to many forms of sickness and of death, she was not able to endure the sight of the misery which she had encountered among the poor. But her employer persuaded her to persevere in her work, and pointed out to her how much of the evil which she had seen might be prevented, and that the satisfaction of abating it would in time be sure to reconcile her to the work. Thus reasoned with, the nurse

persevered, and at the end of three months entirely corroborated the prediction. She found that she was able to do great and certain good, and the satisfaction of her achievements was so great that she begged to be allowed to devote herself entirely to nursing the poor, in the place of nursing in wealthy families.

The effect, indeed, was far beyond anything that could have been expected. Patients who, in the special circumstances of the case, had been given up as hopeless by the doctors ; patients who, without the assistance of skilled nursing, would have been hopeless even in well-provided homes, were restored to health by the aid thus afforded. The good thus accomplished spread far beyond the person of the sufferer. The nurse, in restoring to health the bread-

winner or the mother, often restored to independence and to tolerable comfort the whole family which had depended for food or for care upon the sick person. She stopped the further spread of weakness and disease. More than this, she helped to prevent the moral ruin, the recklessness, the drunkenness and the crime which so often follow upon hopeless misery. Within the space of a few months she had had two cases in which the wife's sickness had thrown a household into disorder, and the husband, unable to face the wretchedness which he knew not how to remedy, had taken to drink. The nurse showed what might be done to restore order and to lessen suffering. The husbands, who were well-meaning, industrious men, took heart again, left off drinking, and were saved, together with their

families, from the state of utter wretchedness and collapse towards which they were fast drifting when the nurse came to their rescue.

It became a duty to continue and extend the work which had such a successful beginning. There was, fortunately, no doubt that the necessary funds would be forthcoming, but there was another drawback of a serious nature ; the skilled nurses—without whom funds were useless—could nowhere be obtained. Skilled nurses in those days were scarce, and such as there were had full occupation. Miss Nightingale, indeed, with the aid of a fund placed at her disposal by the public, had founded in 1860 the ‘Nightingale School’ at St. Thomas’s Hospital. But all the nurses trained in that school were needed for the work of introducing a new

system of nursing into hospitals, which was the first step taken towards the general improvement of the standard of nursing throughout the kingdom. Under the society of St. John's House and Sisterhood, of which Miss Mary Jones was the executive head, an admirable training school had been established in King's College Hospital. But here again, every nurse sent out by the school was employed either in the hospital or in nursing private patients who could afford to pay. For it was by the income thus derived that the school was partly maintained. Thus, neither school could at that time spare a single nurse to visit the poor in their own homes. In most of the other London hospitals there were some very good nurses, but the two already mentioned alone possessed any organisation or school for

training them. The only means, therefore, of supplying the demand for trained nurses was to form a school of nursing in Liverpool, the course suggested and recommended by Miss Nightingale.

It was not quite a new idea, for the authorities of the Royal Infirmary in Liverpool had already realised the want of such a school. As a step towards the improvement of the nursing standard, the matron of that institution had been empowered to pay a salary of £16 to any nurse who deserved it. This salary was certainly not an exorbitant one, and yet no more than four nurses could be found worthy to receive it. Any ordinary nurse of that time, if paid more than the usual salary of £10, would most probably have incurred dismissal for drunkenness after the first quarter-day. A training school for

nurses was therefore needed, not only for district work, but quite as much for the Infirmary and private nursing also. The Committee recognised this want, and Mr. Gibbon, the chairman of the Infirmary, took the preliminary step of making a personal examination of the nursing organisation at King's College and St. Thomas's Hospitals. As the result of his investigation, he was led to support an offer to erect a building to be used as a training school in connection with the Infirmary. The proposal was accepted, and in this way the Liverpool Training School and Home for Nurses was established.

Its connection with the Infirmary was of the closest nature. The Home was built on the ground of the Infirmary, and became its absolute property. The Com-

mittee of the School were selected from the Infirmary Committee, the chairman and treasurer being *ex-officio* members. This subordination of the School to the Infirmary was, under the particular circumstances, a matter of necessity ; but it has been admitted by a member of the Nurses' School Committee, well competent to judge, that, so far from being a drawback, this was the most desirable footing on which the School could have been placed ; and those who were interested in procuring a supply of properly qualified nurses felt that this result could only be secured by identifying, as far as possible, the Training School with the Hospital, but only so far as the training and selection of nurses is concerned. It is essential that the nurses to be employed in hospital, district, and private nursing, should be kept distinct ;

and desirable that those engaged in nursing the poor should live in a separate home or homes.

The three main objects of the founders of the Liverpool Training School and Home for Nurses were set forth in the prospectus—

1. To provide thoroughly educated professional nurses for the Infirmary.
2. To provide district nurses for the poor.
3. To provide sick nurses for private families.

More interesting, and of greater importance for our present purpose, is a description of the organisation of district nursing adopted in Liverpool. This was in outline as follows :—

The districts were made conterminous with parishes, or with groups of parishes, so

as to facilitate the co-operation of the clergy in the work of ministering to the sick, while conducted on a purely undenominational basis so far as management was concerned. In each district a lady, or a committee of ladies, was provided to superintend the work, but these ladies were not required to have any professional knowledge of nursing. They undertook to provide the medical comforts required, to find lodgings for the nurse in a good central situation, and—in beginning the work in a new district—a meeting of the clergy, of the ministers of the various religious bodies, and others living in the district, was called in order to explain to them the nature of the objects aimed at, and to request that they would interest their friends and parishioners in the work.

In each district the medical men, clergy-

men and ministers of all denominations were invited to recommend cases to the charity, being at the same time requested to use this power with the utmost discretion. The Lady Superintendent was herself provided with a map of the district, a nurse's register book and forms of recommendation and application. She was to visit, either in person or by deputy, all cases under treatment, so as to obtain assurance that the nurse was working faithfully and well. From time to time she was to examine the nurse's register, to consult with her on fresh cases, and to hear her report on old ones. It was her duty to arrange for the supply, custody, and distribution of medical comforts and appliances, and to keep memoranda of all expenses incurred, and of articles lent.

The district nurse was expected to devote

at least five or six¹ hours a day to visiting the sick. She was to investigate as soon as possible all cases recommended to her by the proper persons and in proper form, to take the recommendation to the Lady Superintendent to be filed by her, and then to report upon the cases and take the Superintendent's decision upon them at the earliest opportunity. She was to report any cases in which she judged that additional nourishment would hasten the recovery of the patient; any cases which could be better dealt with in a hospital or a workhouse; any case in which the neglect or disobedience of patients or their friends made her efforts fruitless. She was to render all the assistance which the medical man might require in any operation, and to do

¹ Eight hours is considered the usual day's work in the District Nurses' Homes.

whatever was necessary for the patient and but for her would be left undone. In the homes of the sick poor this includes, of course, many things which are not generally supposed to come under the title of nursing at all, but which, in their case, are most important accessories to it; such offices, for example, as clearing the sickroom of lumber and unnecessary furniture, sweeping floors and lighting fires. It was the nurse's duty, moreover, to teach the patient and his family the necessity of cleanliness, of ventilation, of regularity in giving food and medicine, above all of implicit obedience to the doctor's directions, and herself to set an example of that neatness, order, sobriety, and obedience which she was to impress upon others. She was exhorted to regard as sacred any knowledge of family matters which might come to her

in the course of her duties, to avoid and discourage scandal, and especially to interfere in no way with the patient's or other people's religious opinions. As a rule, the doctor and the nurse could seldom visit the patient at the same time unless by special arrangement, and to avoid the inconvenience resulting therefrom a slate and pencil were hung up in the patient's room, on which the doctor could write his instructions and make an appointment with the nurse, and on which she could enter any facts or ask any questions which she might think necessary.

It was at first hoped that the pecuniary profit derived from nursing patients who could afford to pay would have gone far towards maintaining the School and supplying nurses for the poor. There was, indeed, no lack of paying patients, but the

work of supplying nurses for private cases only ranked after both hospital work and district work, and the demands made upon the School by the Infirmary had increased so rapidly and become so large, as the doctors and surgeons came to understand the immense superiority of trained nurses, that only a limited number could be supplied to private families. The combined payments made by the Infirmary and by private patients were consequently not nearly enough to defray the expenses of the School, so that the wages of the district nurses and the cost of supplying medical comforts and appliances had to be defrayed by private subscription. The burthen of providing the medical necessities fell from the first upon the different districts—practically upon the Lady Superintendents and their friends and supporters, an

arrangement which might seem to demand too large a contribution of their free services from these generous and charitable voluntary agents, but which was considered necessary to secure careful administration.

Every system of district nursing runs a risk of becoming merely a new system of distributing relief among the poor. It is far easier, more agreeable, and more popular to give relief than to nurse. But the primary object of the founders of the institution was distinctly to provide nursing for the sick. They specially wished to guard against the possibility of a sort of competition arising between the nurses and the relieving-officers or the agents of charitable societies. They intended to supply medical comforts only in so far as might be absolutely necessary to make the labours of the district nurse effec-

tive. At first they did not succeed in altogether maintaining the observance of this important principle. The outlay for nourishment and stimulants rose rapidly in several districts. It was more than questionable whether any real and equivalent good was obtained by so large an expenditure. At least it was work for relieving agencies and not for nurses to undertake, and, whilst it seemed likely to pauperise the patients, it certainly imposed too heavy a tax upon the Lady Superintendent and her friends, out of whose pockets the cost was being defrayed. The best check upon this waste was found to be a spontaneous one, and resulted from the growing efficiency of the nurses themselves. The more efficient each one of them became, the more plentiful was the supply of cases which really called for her professional help,

namely, for genuine nursing as distinct from doling relief. When a nurse gained a reputation for her skill and devotion to her work, the doctors found out her merits and sent her to the most difficult cases, and as time went on and people began to understand better what were the functions of the district nurse, the habit of recommending cases for which *nursing* is less needed than ordinary relief has steadily diminished, and the expenditure upon medical comforts and nourishment has been brought within reasonable limits.

The improvement of the quality of the district nursing in Liverpool has been due to many causes, but especially to a reform introduced by Mr. Charles Langton, then honorary secretary, and now chairman of the institution. This reform consisted in placing

district nurses under skilled superintendence, and giving them the advantages of a common home and a common life, such as the probationers and nurses in the Infirmary already enjoyed. Instead of living alone in lodgings, they were to live together in district homes under the care of ladies who had received a complete professional training. Thus, as the lady superintendents of the districts supervised and controlled the non-professional branches of the work, these matrons of the district homes, on the other hand, became the responsible and duly qualified managers of the strictly professional part of the Nursing School. No sooner had this change been made than it was found how much the nurses living in a district home contributed to each other's improvement, and how valuable was the influence exerted over them by the

matron. The common life promoted zeal and *esprit de corps*. In their intercourse with one another the nurses would eagerly discuss points of interest in their work, and dwell with satisfaction upon cases where they had brought a patient safely through a serious operation or through an illness regarded by the doctors as almost hopeless. From the matron the nurses gained advice, encouragement, intelligent and sympathetic criticism. She possessed a valuable power of control over the selection of cases to be nursed, and over the methods of nursing to be employed. She kept the nurses to their appropriate work, and checked any tendency which might exist to allow relief-giving to take the place of nursing. So much had the matrons of the district homes accomplished in this respect that the expense of keeping up the

home has been much more than balanced by the economy in relief.

Such in outline is the Liverpool system of district nursing. Its early development was rapid. Within four years after the first skilled nurse had been sent into the homes of the poor, the whole of Liverpool had been divided into eighteen districts, and every district had been put under the charge of a trained nurse, superintended by a lady or a committee of ladies. The value and success of the system has been demonstrated by thirty years of fruitful labour. A great proof of its usefulness lies in the fact that from the time when it was first established until now no single district of Liverpool has ever been left without the services of a lady superintendent. Individual ladies or committees of ladies have always come forward to superin-

tend the work and to defray the cost of medical comforts and appliances for the sick poor of their neighbourhood. Never, it is believed, did a lady withdraw from this work when once she had begun, unless under the stress of new and imperative duties or of growing infirmity.

We have dwelt upon the immediate results of the new organisation of district nursing in Liverpool, but we should not do justice to our subject if we neglected to mention remoter results of a beneficial kind. Perhaps no reform initiated by the new system was more beneficial than the reform in the nursing of workhouse infirmaries. In London a reform in workhouse hospitals had already been brought about by Act of Parliament,¹ but the introduction into parish hos-

¹ Mr. Gathorne Hardy's Metropolitan Poor Act of 1867.

pitals of trained nurses on the Nightingale system grew directly out of the experience and information gained in nursing the poor in their own homes.

We may safely take, as an example of the defective condition of workhouse infirmaries at the time, the infirmary at Brownlow Hill in Liverpool. It contained twelve hundred beds, which were occupied by persons in all stages of every kind of disease. Two female officers superintended the nursing; these received pay, but had not been trained as nurses, and their only assistants were pauper women who were as untrustworthy as they were unskilful. A slight acquaintance with the system of hospital management and the proper care of the sick is sufficient to make it evident to everybody how thoroughly inadequate this arrangement was; and an

ordinary knowledge of human nature will suggest ample reason for the intense suffering and the failure to cure which existed then, and was by better arrangement capable of being greatly remedied. But the Brownlow Hill Infirmary was certainly no worse than most other workhouse infirmaries throughout the kingdom, for in none of them was a single trained nurse to be found. The Select Vestry of Liverpool, who were well known for the efficiency of their management and the purity of their administration, gladly accepted an offer which afforded some hope of amending the evils above described. This was an offer to defray the extra cost of trying for three years in their hospital the employment of trained nurses under skilled superintendence. It was made anonymously and upon the understanding that nobody outside

the vestry should have power to criticise or interfere with the action of the parochial authorities. Upon the acceptance of the offer, the vestry, with the assistance of Miss Nightingale, secured as lady superintendent Miss Agnes Jones, with a staff of nurses trained in the Nightingale School at St. Thomas's Hospital, to undertake the charge of the nursing.

At the time when this new regime began, the workhouse was much overcrowded, and the discipline had become extremely lax. The number of able-bodied men and women in the body of the workhouse far exceeded its powers of accommodation, and the infirmary was so thronged that sometimes three or even four patients were put together into a single bed. As a first step, Miss Jones was very anxious to train some of the able-

abled pauper women as nurses, who were at once put on a more liberal diet, received a small salary, and were promoted to the rank of 'Assistant Nurses.' If anybody could have succeeded with such an experiment, Miss Agnes Jones would have had success. But the event showed that she entirely failed. No less than fifty-six pauper women were passed through the test, and under it every one of them broke down. The greater number used their first quarter's salary, as soon as they could obtain leave to go out of the workhouse, to get drunk. The painful fact was established that not a single respectable and trustworthy person could be found among the able-bodied women in the house; the nursing was therefore taken entirely out of their hands.

The next step was to lighten the work by

getting rid of a large number of patients being treated in the infirmary who had no claim to be there. Many of the male patients with sore arms and legs were mere malingerers, who thought it more agreeable to hang round the fire and be pampered with hospital diet than to earn their own livelihood by working outside.

At the suggestion of Miss Jones, the new governor, who was an extremely able man, instituted for these idle fellows a new system of test labour and discipline, which induced no less than two hundred of them to take their discharge. In such a manner the number of persons in the infirmary was brought by degrees somewhat nearer to that which it could properly accommodate, and the consequent improvement in the wholesomeness and comfort of the place gave scope to the

skill of the nurses, whose labours began to bear fruit beyond all expectation. In less than two years after the arrival of Miss Jones and her staff, the Guardians announced their intention of never reverting to the old system, and of charging the rates with the expense of the new one.

But a cloud appeared upon this bright sky of satisfaction and success. Unhappily the strain of reforming a large, overcrowded, and undisciplined hospital had proved too much even for a constitution of wonderful strength, and for a spirit as cheerful and courageous as it was enthusiastic and devoted. Exhausted by her unremitting labours, Miss Agnes Jones sank under a severe attack of typhus fever. In the church of the workhouse the beautiful 'Angel of the Resurrection,' by Tenerari, with inscriptions by

Miss Nightingale and the Bishop of Derry, preserves the memory of her life and death. A still more beautiful and a more enduring monument, however, remains in the transformation of the Liverpool parish hospital from what we have described, into one of the best-nursed hospitals and most useful training schools in the kingdom. The good results of Miss Jones's work may, indeed, be seen far beyond the bounds of Liverpool. The system has spread over the country; many of the nurses trained in her school are to be found in all parts of England, whilst two of the largest workhouse hospitals—that of Manchester with fifteen hundred, and that of Birmingham with seventeen hundred beds—are now under the charge of two of her successors.

The success of the system of district nurs-

ing in Liverpool gave an impulse to this form of charity in other places. In several large provincial towns nurses were sent to the homes of the poor. The experiment proved very successful. In the year 1868 the East London Nursing Society was founded by the joint efforts of the Hon. Mrs. Stuart Wortley, Mr. Robert Wigram, and others. It conformed in its main features to the Liverpool methods, but it has not adopted the system of district homes. The last report of the society describes its 20th year as having been one of progress and encouragement, and we believe that its labours in the East of London have been of great and ever-growing value.

In the year 1874 the nursing of the poor received a new and most important impulse from the movement which created the Metropolitan and National Nursing Associa-

tion. This movement was initiated by the Council of the Order of St. John of Jerusalem, and set on foot by Lady Strangford, Sir Edmund Lechmere, and Mr. Wigram, together with other ladies and gentlemen whose names appear in the list of the Council.¹

The promoters of the Association invited the support of the Duke of Westminster, who joined them upon the understanding that everything should be done upon a well-considered plan, so as to build up an institution which might set the highest

¹ Doctor (now Sir) H. W. Acland; Sir Rutherford Alcock, K.C.B.; Captain Blair; Mr. H. Bonham-Carter; Mr. J. R. Hollond; Miss Florence Lees (now Mrs. Dacre Craven); Lady Lechmere; Mr. O'Malley; Dr. Gibson; Dr. Sieveking; The Hon. J. Stansfield, M.P.; The Right Hon. Viscountess Strangford; Mr. Nassau Senior; Mrs. Nassau Senior; Mr. Robert Wigram; and Mr. W. Rathbone, M.P.

standard of nursing for the sick poor. The National Association—such was its original title—began by appointing a sub-committee of reference and inquiry, which employed more than nine months in collecting the materials of a most elaborate and instructive report.

Until this report had been drawn up, it was impossible rightly to estimate the condition of nursing in London at the time, or to know how much remained to be done, and what was the best way of doing it. But upon all these questions the report shed much valuable light. It showed that the deficiencies of nursing in London—both as to the number of nurses employed, and the character of the nursing—were far greater than had been imagined, that most of the attempts to supply these deficiencies had

been unconnected and unsystematic, and that the number of really skilled nurses employed was very small. These are the important facts demonstrated by the report, but it contains so much useful information upon all questions connected with nursing, that after the lapse of fifteen years it may still be read with advantage.

The objects of the Association, as stated in its own publications, were as follows :—

1. To train and provide a body of skilled nurses to nurse the sick poor in their own homes.

2. To establish in the Metropolis, and to assist in establishing in the country, district organisations for this purpose.

3. To establish a training school for district nurses in connection with one of the London hospitals.

4. To raise, by all means in its power, the standard of nursing and the social position of nurses.

It will be seen from this statement that the Association proposed to itself as its object the furtherance of district nursing—of nursing the poor in their own homes.

The Committee proposed in the first instance to establish a central home and training school for nurses in district work, and afterwards to extend the work by planting other homes in suitable local centres. Each home was intended to lodge and board about six nurses, placed under a trained district superintendent.

A very important resolution was adopted on the recommendation of Miss Florence Lees, the first Superintendent of the Central Home, namely, to recruit the nurses entirely

from the class known as gentlewomen. There were several grounds for this decision ; it was thought that in nursing the poor in their own homes, nurses were placed in positions of greater responsibility in carrying out the doctor's orders than in hospitals, that women of education would be more capable of exercising such responsibility, that the vocation would attract a large number of ladies anxious for some independent employment, and that a corps of nurses recruited altogether among ladies would have a greater influence over the patients, and by their higher social position would tend to raise the whole body of professional nurses in the consideration of the public. All this has been fully justified by experience. Candidates for admission were, from the first, numerous, and although a large proportion had

to be rejected as wanting in one or other of the numerous qualifications necessary for the nursing profession, a sufficient number of educated ladies, able and willing to become district nurses, have presented themselves.

So far from any difficulty at present existing from the backwardness of ladies in coming forward as candidates, there is, on the contrary, a danger to be apprehended from the increasing popularity of the nursing vocation. We have elsewhere insisted strongly on the paramount necessity of engaging nobody for district or other nursing who has not received a proper training, and who is not, by nature and inclination, fitted to undertake its duties and responsibilities. The danger to be guarded against now is the possibility of a number of ladies taking up the work recklessly and without sincerity

or forethought, to the detriment of that high standard of nursing which has been reached in recent years. There is even now a demand for district nurses which it is unfortunately found impossible to meet fully, because only those who have been properly trained and proved to be efficient are admitted to the work. But we must be grateful to those in authority for consistently upholding this condition, and thereby preventing a serious demoralisation in the nursing standard.

It should be added in their praise, that these lady-nurses have never shirked the disagreeable offices which district nursing incurs, but have been, on the contrary, even more ready than women less delicately reared to perform the most trying and repulsive services to the sick.

One of the chief objects of the Metro-

politan and National Nursing Association was to keep up a very high standard of nursing. This standard was set by Miss Florence Lees at the Central Home, and by her great practical skill and energy she succeeded in attaining it. The nurses were educated on the following plan. In the first place, the candidates were selected by the Superintendent-general. They remained in the Central Home for a month to learn the general nature of district nursing, after which they were placed in the hospital for a year; upon the satisfactory completion of the hospital course, the probationers returned to the Central Home and combined further training in district work with technical class instruction for six months, at the end of which time their training was usually considered complete.

The plan of district work established by Miss Lees is thus described in the Reports of the Association—

‘The Superintendent personally, or through the Secretary, puts herself into communication with the Parish Doctors and other Medical men practising among the poor and residing within a reasonable distance, the Poor Law Authorities, the Clergy, District Visitors, Sisterhoods, Bible Readers and Mission Women, as well as with the Charity Organisation Society, the Society for the Relief of Distress, and other persons or Societies working amongst the poor. Applications for nursing service, when received at the Home, are at once entered in the Register, and in the first instance, if possible, the case is visited by the Superintendent, who, if it is, in her opinion, a proper nursing

case, assigns the patient to a nurse and gives her directions. The Nurse continues to visit daily, making her regular round of visits, and keeping a record of each case for the Superintendent. When the case has been sent by a medical man, his orders are at once taken, and where not, the Nurse communicates with him at the first opportunity, or when she cannot see him, obtains his instructions in writing. The time the Nurse will stay with, and the attention she will give to the patient depend on the nature of the individual case. In some instances the Nurse may on her first visit have to place the room in nursing order, and having taught the wife, the mother, or the daughter of the patient how the room can be arranged, and how the ventilation can be best managed, she will be able to leave this part of her work to them,

and devote herself to the personal care of her patient and to her strictly nursing duties. In future visits she has then merely to see that her instructions have been carried out. In other cases no person may be at hand, and she will in each visit have to do all the work herself.'

What exactly is meant by putting the room in nursing order will best appear from some remarks by Miss Florence Lees herself—

'Upon entering a close, ill-ventilated room, too often in an indescribable state of filth and vermin, the nurse's first duty is to see that the bed of the patient is so arranged as to have the greatest amount of air, light, and space possible, which, in most cases, necessitates a total rearrangement of the furniture in the room. That done, the nurse washes and arranges the patient, makes the bed,

applies any dressings required, then dusts the room, ventilates it, empties and washes all utensils, dirty glasses, etc., and when necessary, disinfects utensils and drains, sweeps up the fireplace, fetches fresh water and fills the kettle.

‘With helpless patients, she takes the necessary precautions against the formation of bed-sores; and in serious cases, or when desired to do so by the doctor, takes a strict note of those variations in the disease which a nurse ought to know and observe. In fact, as far as possible, the patient’s room is made to resemble a small ward in a well-arranged hospital.’

Putting the room in nursing order is, indeed, an indispensable condition of nursing with success. But it at times involves hard and unpleasant labour for the nurse.

Great pains have been taken by the Metropolitan and National Association to prevent their nurses from becoming relieving agents. The Association supplies nothing beyond the services of the nurse and the strictly medical appliances for such purposes as dressing sores or bandaging wounds. It obtains the supply of comforts and of nourishment from existing agencies, taking care that the requirements of the patients are made known to them. Patients who, though poor, are able to make some payment for the services of the nurse, are invited to do so. The Committee have always hoped for the introduction of a system of subscription among the poor themselves, which would enable them to ensure the service of a nurse in time of sickness, just as by means of the Provident Dispensary they now secure a

supply of medicine. In some places the Poor Law Guardians have granted an annual subscription to the funds of the Association.

It will appear, even from this brief statement, that the London and Liverpool systems of district nursing, whilst on the whole resembling each other, differ in some particulars of importance. It is desirable to bring into clear relief the respective advantages of the two systems. Each is the best in its own place. Thus the London system, in its total abstention from giving relief of any kind, is justified by the circumstances of London. The extraordinary number and variety of charities in the Metropolis, together with the parochial relief, have made unnecessary in all but the poorest parts of the town any organisation for supplying nourishment and medical comforts, such as

we have described in Liverpool. By thus entirely confining itself to the task of nursing, and by taking its nurses solely from the class of gentlewomen, the Metropolitan and National Association does much to ensure excellence and a high standard, and appears therefore suitable to London, and perhaps to other capital cities.

Moreover, as London is the principal centre from which district nursing most naturally spreads, the Association, by limiting its training to women of education and refinement, supplies a better class of agents and superintendents for the extension of district nursing in the provinces.

On the other hand, the Liverpool system, in its latest and best form, is believed by those engaged in it to be suited to the wants of most large provincial towns. The District

Home, with its six or eight nurses and trained professional superintendent, ensures the goodness of the nursing. The assignment to every nurse of a separate district, in which she has the support of a lady superintendent or committee pledged to find the necessary nourishment, comforts, and appliances for the sick, is an expedient which awakens the interest and enlists the help of the public. In this way a fund is secured in towns where charities are not very numerous, and a friendly intercourse is encouraged between the poor and those who wish to benefit them at the very time when they most urgently need advice and assistance.

The intensity of the suffering which the nurses of the Metropolitan Association have assuaged can be best conceived by reading one or two of their reports of particular cases.

Take such a case as the following, which is but one of many :—

‘ In this instance we were called in by Dr. W. to go to a case of typhoid. On the evening of 11th September we first saw our patient, an ill-nourished lad of sixteen, lying on a bed hardly covered with various rags and old garments, moaning in his delirium, this being already the eighth day of the fever. It was a small back room, its narrow window and fireplace both carefully closed (happily one pane in the former being broken, and only patched up ineffectually with paper, some air did make its way in!) ; the dirty floor, strewn with dirtier bits of oilcloth and ragged carpet ; the bed of iron, but broken in the middle, was propped against the wall in the corner and on a box ; the iron laths and ropes gave way everywhere, and the boy

threatened to slip through. To open the window at the top and have a small fire lighted in the grate was the work of a few minutes, and soon made a great change in the close, damp atmosphere of the room, but to get the floor cleared and washed with carbolic, the bed moved out from the wall—we found that it could stand, though in a doubtful manner, with the assistance of the box alone—to remove from it every superfluous article of clothing, and replace these by clean sheets and a warm rug, to fill a large water pillow and get the patient on it; all this was not accomplished without some difficulty, though it was done in the course of two visits. But it took many more to alter in any considerable degree a condition of things which was at first a great hindrance to our nursing. Our patient was nearly

devoured by vermin, and everything, including his bed, full of them. At first sight it did seem almost in vain that the floor and woodwork of the room were daily washed with carbolic, the patient even sponged with a weak solution of it, and everything on it perpetually dusted with the invaluable Keating. But at last our perseverance has been rewarded, and our patient has long lain comfortably on his bed, and he tells his mother she must never let Doll (his little brother) sleep with him again, he finds the present arrangement so much pleasanter. He was dirty enough when we first had him, and cannot remember how we had to scrub him to begin with, for he had gone to bed with all the dirt of his occupation (he is a plasterer's boy) upon him, and lain unwashed till we came, his mother being "afraid to

touch him with water." But his returning consciousness first showed itself by his inquiries when nurse was coming to wash him. Hours before the time he would worry his mother to have the fire ready, and the water hot, etc., and when nurse did appear, one thin arm was immediately stretched out from beneath the bedclothes as though to intimate that he was ready for the sponging he liked so much. He has been very ill; at first the head symptoms and the diarrhœa gave much cause for anxiety, but he is now in a fair way towards convalescence.'

Or, take the following case, in some ways more appalling than the last. It was that of a girl about sixteen years old who suffered from curvature of the spine. She was the daughter of respectable people, and had been an in-patient of St. Bartholomew's Hospital

for some time, but was at length discharged as incurable.

‘Her friends, though most anxious to nurse her, were ignorant how to change her linen, or make her bed, without lifting her, as the least movement caused her so much pain. In a very short time she contracted frightful bed sores, and their difficulties were then greatly increased, as the only way they attempted to make her bed or change her sheets was by lifting her from one bed to another. This caused her such intense agony that it was only done very occasionally, and her father told us that although he always carried her himself, as tenderly and as gently as he could, he was so overcome by the shrieks of his daughter that on more than one occasion he nearly fainted when it was over! They at last called in

the parish doctor, who wrote and begged us to send a nurse at once.

‘We found the patient in a small, dark room, lying on a feather bed, soaked with blood and the discharge from the wounds. The room was their best parlour, covered with carpeting, and crowded with furniture and innumerable ornaments. The windows were tightly closed, and the air was hot, close, and stifling, although no sun rays could ever find their way into the room.

‘We asked if they had no other room in which the patient could get more sunlight and air, and were told that if we could only move her without hurting her she could have the adjoining room, which had a southerly aspect, and was much lighter and better ventilated.

‘We arranged the room and bed for her

reception. Whilst her new room was being prepared the nurse removed her linen, and carefully washed her all over between blankets. It was the first time she had been so thoroughly cleansed for nine months, and she said, "Why, even in hospital they never washed me like this ; it is beautiful !"

‘ The old mother stood by, and as she saw the soiled linen removed without giving pain, and that her child could be washed all over, without uncovering her at all, she uttered various exclamations of wonder and delight, continually ejaculating, "Sarah, my darling, this is *Providence*."

‘ The nurse carefully cleansed the wounds and bed sores, from all of which proceeded profuse discharge and hemorrhage, and applied the dressings ordered by the medical man. The wounds dressed, the nurse took

the usual precautions against the formation of other bed sores, put on fresh linen, and made the bed without removal of the patient. She then combed and arranged her hair, cleansed her teeth, etc.

‘That afternoon the patient was removed to the other room; the father was very anxious to carry the sick child himself, as he said he had always lifted her when she needed it since she came out of hospital.

‘We persuaded him, however, to allow us to help him, and by passing a strong counterpane under the patient like a draw-sheet, she could be carried to the bed in the other room in a strictly recumbent position, without removing pillows or upper bed clothes, and without causing her the slightest pain. Indeed she said she rather liked it. The

counterpane was then withdrawn from under her.

‘From that day she has made steady but real progress, although, of course, the affection of the spine can never be quite cured ; several of the bed sores are healed, and the patient is so much brighter and better in herself that it is hard to realise that she can be the same fretful, careworn girl that she was when we first saw her. The nurse visits her daily, to wash her and make her bed, etc. etc., as I have already described, and twice daily to cleanse and dress her wounds. The mother and sister of the patient carry out so carefully all our directions with regard to cleanliness, ventilation, etc., that Mrs. Craven on visiting the case lately said she could not find one of our rules neglected.’

One more case, and we will not harrow the reader's feelings further.

‘ Mrs. W., a poor woman suffering from a very sad form of internal cancer, was attended by nurses of the Association from 1st July to 24th September. Hers was a most distressing case, as, besides the cancer, she had to undergo a very serious operation. She lived in a small court off the Gray's Inn Road. Her husband, a carman, was out all day, and the poor woman was waited upon by her daughter, who did her utmost for her mother, but there were many nursing services required for the patient, which only a well-trained surgical nurse could do at all, and which, therefore, the daughter had had to leave undone. At our first visit we found the air of the room unbearable, partly from the nature of the case, and neglect of all

proper surgical dressings and appliances, and partly from linen saturated with discharge being under the bed "until it could be washed."

'The poor woman herself was so tender and emaciated, and with the threatenings of bed sore, that she could only bear the gentlest handling, and was unwilling to be touched or moved in any way. She said, "I won't have you to touch me, I tell you. I do very well as I am, with my girl to attend to me. I won't let you come near me."

'We had to tell her that she could tell the doctor she did not want us again, but that at this visit we *must* do as he had ordered, which we proceeded to do. After the doctor's orders had been carried out, and she had been properly washed, and her bed made without moving or hurting her, her

gratitude was very touching. She caught hold of the nurse's hand and kissed it, saying, "Oh, nurse dear, I did not think it possible for me ever to be made so comfortable again! I can never thank you enough!"

'We removed all the soiled linen from under the bed, took off the bed hangings to allow a free draught to pass under the bed, and arranged for proper ventilation without draught, had the soiled clothes removed to a wash-house outside the house, and the floor washed over with a solution of carbolic. The effect was wonderful. The air of the room felt fresh and pleasant after our first visit, so that no one could have guessed it was a cancer case, or what it had been like before. The nurse visited this case twice daily until the poor woman died, eleven weeks after our first visit. Her face used to brighten up as

the nurse entered ; the nurse's visit was the one bright spot and comfort in a most cheerless existence.'

It would be needlessly painful to multiply instances of this kind, nor would we have given even these in detail, were they not necessary to make real to those who enjoy comfort and luxury the real needs of the sick poor.

Well might Miss Nightingale write to the Secretary of the Association : 'As to your success. What is not your success? To raise the homes of your patients so that they never fall back again to dirt and disorder : such is your nurses' influence. To pull through life and death cases—cases which it would be an honour to pull through with all the appurtenances of hospitals, or of the richest in the land, and this without any

sickroom appurtenances at all. To keep whole families out of pauperism by preventing the home from being broken up, and nursing the bread-winner back to health. To drag the noble art of nursing out of the sink of relief doles. To show rich and poor what nursing is, and what it is not. To carry out practically the principles of preventing disease by stopping its causes and the causes of infections which spread disease. Last but not least, to show a common life able to sustain the workers in this saving but hardest work, under a working head, who will personally keep the training and nursing at its highest point. Is not this a great success?

‘District nursing, so solitary, so without the cheer and the stimulus of a big corps of fellow-workers in the bustle of a public hospital, but also without many of its cares

and strains, requires what it has with you, the constant supervision and inspiration of a genius of nursing and a common home. May it spread with such a standard over the whole of London and the whole of the land.' With Her Majesty's help, sanction, and encouragement, this is what the Queen's Institute is intended to do.

Unhappily, although the Association has maintained its standard of nursing, it has not had the means to extend its work as much as would be desirable. That such a charity should have been hampered by want of funds is not creditable to the largest and richest city in the world, which annually wastes hundreds of thousands of pounds in slovenly and therefore unprofitable almsgiving. The work done by the Association is necessarily expensive, and although the donations made

at its first beginning were ample, the annual subscriptions have usually been scanty. Accordingly, as the Association enlarged its operations and established its branch homes in different parts of London, it began to incur a considerable debt. It was found advisable to reorganise the Association on the principle of making the district homes independent of the Central Home, and of requiring them to find their own means. This reorganisation, in giving more freedom and responsibility to the district homes, has quickened local liberality, and very much reduced the expenditure of the Central Home. District homes have been established in nine different parts of London.¹

¹ North London (Holloway), Paddington, Marylebone, Hampstead ; South London (Battersea), Kensington, Walworth, Westminster, and Chelsea.

Only when a new local centre is formed does the Association provide it with funds, and then only until the neighbourhood has had the opportunity of appreciating its usefulness and of supporting it accordingly, as they have almost always done in course of time.

QUEEN VICTORIA'S INSTITUTE

THE present time is likely to prove an important era in the history of the Association, and in the development of district nursing. The deep interest taken by the Queen and the Royal family in the care of the sick is well known, and the English people will therefore not be surprised that Her Majesty, moved by the great benefits which her most suffering subjects have received from the care of trained nurses in their own homes, has devoted the bulk of the subscription raised by the women of England

in honour of her jubilee to this great object, and has thereby made this undertaking a royal and a national one.

The Queen appointed the Duke of Westminster, Sir James Paget, and Sir Rutherford Alcock to be trustees of the fund, and to report to her upon the best way of applying it for the benefit of the nurses and their patients. From information collected by the Duke of Westminster for the trustees, it appears that besides the work done in London and Liverpool, there are district nursing organisations in Derby, Bristol, Brighton, Manchester, Worcester, Leeds, Oxford, Newcastle, Maidstone, Edinburgh, Glasgow, Belfast, Dublin, and many other towns. Several institutions for nursing the rich send out some of their nurses to undertake poor cases gratuitously, and in many

parishes and villages throughout the country—in thirty or forty at least, perhaps in a much larger number—there is a trained nurse established to attend exclusively to the sick poor of the locality.

In January 1888, Sir Rutherford Alcock wrote to the *Times*, enclosing the Report of the Committee. They recommended that the Jubilee Fund, which amounts to about £70,000, and may be expected to produce an income of £2000 a year, should be applied to found an institution for the education and maintenance of nurses for tending the sick poor in their own homes. The formation of a Provisional Committee¹ was

¹ The Provisional Committee consisted of the three trustees above named, the Countess of Rosebery, Lord Lyttelton (now Viscount Cobham), Mrs. Henry Grenfell, Mrs. Dacre Craven, Mrs. Theodore Acland, Mr. H. Bon-

sanctioned by the Queen to consider and settle the details of the projected charity. They lost no time in entering upon their duties. The Jubilee Fund is a splendid contribution to the work, but it is by no means adequate by itself to the end contemplated; for the scope of the new institution embraces the whole of the United Kingdom. But Her Majesty has approved a scheme for employing the fund in connection with the ancient charity of St. Katharine's Hospital. This is an ecclesiastical corporation established formerly on the site of St. Katharine's Wharf near the Tower, but removed thence to the Regent's Park when the dock was constructed. It was founded in 1148 by Queen Matilda, wife of Stephen,

ham-Carter, Mr. Caine, M.P., The Rev. Dacre Craven, and Mr. Rathbone, M.P.

with the original intention of securing repose for the souls of two of her children. In 1273 it was chartered by Queen Eleanor, the widow of King Henry III, and again in 1351 by Philippa, Queen of Edward III, when the visitation of the sick and poor in the neighbourhood of the hospital was expressly imposed as one of their duties upon the members of the Corporation.¹

The Queens of England have always been the patrons of St. Katharine's Hospital, which was handed down with all its estates by Queen Philippa, '*Reginis Angliae nolio succedentibus.*'

In thus connecting the Queen's Jubilee Institute with St. Katherine's Hospital, it is

¹ The clause in the Charter is as follows:—'*Item, visitabunt debiles et infirmos ibidem regentes, tam in divinis officiis dicendis quam in aliis charitatis eis erogandis.*'

no doubt intended by Her Majesty that the visitation of the sick should again become one of the principal objects for which the ancient corporation exists. The wasteful system of the renewal of leases by fines, which formerly existed in the institution, has now been stopped, and it is hoped that when the effect of that system upon its income has passed away, considerable funds will be available for the Queen's Institute. In the meantime the new charity must rely upon the public for their liberal support, to enable them to extend and improve the work. It is only the public who can make the work a truly national one; the Queen's dedication of the Women's Jubilee Fund to this object, combined with the support that is expected after the lapse of some years to come from the surplus revenues of St.

Katharine's Hospital, forms the nucleus of a great national undertaking, which depends largely, however, upon the generosity of the people for its success.

In endeavouring to find the best employment for the fund entrusted to their care, the Provisional Committee of the Queen's Jubilee Institute have been guided chiefly by two considerations. In the first place, any institution bearing the Queen's name must be placed on so sure a footing as to give an example and set a standard for the whole kingdom. In the second place, it is necessary so to organise the new institution as to enlist in its behalf the *local* energy and interest of the towns and places it is intended to assist. The first duty of this Provisional Committee was to establish or develop model training schools for district nurses in London, Edin-

burgh, Dublin, and elsewhere. They therefore sought to discover or make in each capital the nucleus of such a school. For London the Committee have adopted as a nucleus the Metropolitan and National Nursing Association, and invited the co-operation of the District Homes established under its auspices.

The choice was determined by the fact that this Association is acknowledged by the highest authorities to have been successful in bringing to the homes of the poor the best nursing that has yet been attained; and that the system of training pursued has supplied a large body of skilled nurses to other institutions for nursing the poor.

In Edinburgh, the energy of the president, Lady Rosebery, and of the honorary

secretary, Miss Guthrie Wright, has laid the foundations of a Scottish centre for the training of nurses. Glasgow, Aberdeen, and other important places are represented on the Edinburgh committee, which is already in vigorous and judicious action.

In Dublin a commencement has been made, and negotiations have been entered into with three nursing institutions, only one of which was engaged in district nursing, but no definite settlement has yet been come to.

The Provisional Committee have further arranged terms on which other provincial institutions may be affiliated to the Queen's Institute; the Liverpool Association has accepted these conditions of affiliation, and many other societies are following its example.

Special arrangements have been made to establish a nursing institution for Wales at Cardiff.

The Provisional Committee have made a good beginning, and have laid a firm foundation for future efforts. Further details of their transactions may be read in their Report, which is given in the Appendix to this sketch.

Great patience and care are necessary in starting a new work of this kind. Many rules have to be considered, and many arrangements made, in order to adapt the scheme to the varying wants and peculiarities of different places, without impairing its unity or lessening its power for good. The response to the wishes expressed by Her Majesty has been cordial and satisfactory. There is a bright prospect for the future

of the Queen Victoria Jubilee Institute for Nurses. The history of district nursing has reached the commencement of a new chapter, in which we believe the consolidation of local efforts into one united royal and national undertaking will mark a new epoch of its success.

May 1890.—The above account brings the history of district nursing and of Queen Victoria's Institute up to last autumn.

On the 20th September a Royal Charter was issued, giving the Institute a corporate existence, and on the 10th February the Council was appointed, consisting of the Very Rev. the Master of St. Katharine's Royal Hospital (Arthur L. B. Peile), President; His Grace the Duke of Westminster, K.G., Sir James Paget, Bart., Sir Ruther-

ford Alcock, K. C. B., Trustees ; Mrs. Theodore Acland, Mrs. Dacre Craven, Mrs. Henry Grenfell, the Lady O'Hagan, the Hon. Lady Ponsonby, the Countess of Rosebery, Mr. Henry Bonham-Carter, the Rev. B. Darley, Sir Dyce Duckworth, M.D., Oliver Heywood, Esq., John Jaffray, Esq., the Right Hon. the Earl of Meath ; Mr. W. Rathbone, M.P., Vice-President.

On the 25th March, the following were appointed as the Scottish Council : The Countess of Rosebery, President ; the Marchioness of Lothian, the Hon. Lady Campbell, Mrs. William Ford, Mrs. Gairdner, Miss Lumsden (Hon. Supt., Royal Infirmary, Aberdeen), Mrs. Trayner, Miss Louisa Stevenson, Miss Guthrie Wright, Sir Thomas Clark, Bart., Dr. Joseph Bell,

Sir Douglas Maclagan, Dr. Grainger Stewart (President of College of Physicians), Sheriff Crichton, the Right Hon. J. B. Balfour, M.P., J. S. Pitman, W.S., H. A. Hotson, Lord Hamilton of Dalzell, Rev. Dr. Cameron Lees, Rev. Dr. Donald Macleod, Rev. Dr. Wilson, Rev. Dr. Andrew Thomson, A. H. Moncur.

The Scottish Council have bought a Central Home in Edinburgh, and are pushing forward their work with great energy and success.

Two additional Branch Homes have been established in London, and others are in contemplation. The Cardiff Branch is commencing operations, and it is hoped that the sphere of the Institute's influence will gradually but steadily increase throughout the country. Its progress cannot, in the

very nature of things, be very rapid. Including her hospital course, it takes a year and a half to train a good district nurse, or a year and nine months if she has also instruction in midwifery : and all will admit that anything done in the Queen's name ought to be thorough and complete ; and unless it is so, no work is likely to be permanently useful.

The liberal gift of Mr. Tate will greatly increase the power of expediting the work, but it will be most undesirable to proceed faster than really reliable and thoroughly trained nurses can be sent out ; and it must be borne in mind that while the action of a central body, who have limited funds, may effectually stimulate and promote nursing of a high standard, local institutions must mainly depend, as the branches in London

have mainly depended, upon local effort and contributions.

In the Appendix will be found—

(A) The Report to the Trustees from the Provisional Committee of the Institute on resigning their work.

(B) The First Annual Report of the Provisional Committee of the Scottish Branch.

(C) Conditions of Affiliation.

(D) Rules for the Training and Engagement of Nurses.

(E) Some papers contributed by experienced nurses on points which did not come within the scope of the *Guide to District Nurses*,¹ written at the request of the

¹ *A Guide to District Nurses and Home Nursing.* By Mrs. Dacre Craven (*née* Florence Sarah Lees), Inhaberin

Trustees of the Queen's Jubilee Fund by
Mrs. Dacre Craven.

des Verdienst Kreuzes für Frauen und Jungfrauen, der
Kriegsdenkmünze für 1870-71, and Honorary Associate of
the Order of St. John of Jerusalem in England. London
and New York : Macmillan and Co.

APPENDICES

A

REPORT FROM THE PROVISIONAL COMMITTEE OF THE
QUEEN VICTORIA JUBILEE INSTITUTE FOR NURSES,
LONDON, TO THE TRUSTEES.

WE have the honour to report to the Trustees of the Queen Victoria Jubilee Institute for Nurses the steps taken by us, as a Provisional Committee, to carry out the wishes of the Queen, as conveyed to us by the Trustees, and the results so far attained.

It is to be hoped and expected that the Queen's desire to extend the benefits of skilled nursing to the poor in their own homes throughout every town and village of her dominions, and the example set by Her Majesty in devoting the bulk of the sum raised by the women of England to commemorate her jubilee to this

object, will call forth large general and local efforts and contributions.

For it is evident that the sum of £2049 a year, large as it is as a royal contribution to that object, will go a very small way towards accomplishing and making national so great and important an undertaking. It was obvious that the duty of the Trustees and Provisional Committee, until in a position to ask for such general and local support, must be confined to establishing, in a few important centres, this branch of nursing on a system which, in its organisation and high standard of professional excellence, would form a model and encouragement for its subsequent extension.

The progress made in establishing an Institution having its chief centre in London, and similar Central Institutions in Edinburgh and Dublin, has been most encouraging, and arrangements have been further made for facilitating the affiliation of any institutions desiring it, which are satisfactorily fulfilling, in any part of the kingdom, the general purpose of the foundation.

The importance of initiating, as an example in a National Institution bearing the Queen's name and sanction, the highest standard of training, character, and education in the Queen's Nurses, has been steadily kept in view, and the arrangements made, and regula-

tions laid down, will it is hoped be effectual in this respect.

In London, as the principal centre, there already existed, in the Metropolitan and National Nursing Association, a central school, established with the highest standard of nursing, training only ladies, and with branches, which originated from it, in different parts of the Metropolis, all working on the same principles. By availing ourselves of its services to train nurses who might introduce an equally good system elsewhere, we not only availed ourselves of long and valuable experience and tried capacity, but avoided the expense of establishing a new school, which would have absorbed the greater part of the funds at our disposal. We therefore made arrangements with the Metropolitan and National Nursing Association to act for the present as the central school in London.

We further arranged for valuable courses of lectures, by distinguished professors of medical science, bearing specially on the duties and work of district nurses, and which were open to nurses and probationers of the Metropolitan and Branch Homes.

We further arranged terms of affiliation, in conformity with the objects laid down, the acceptance of which was under consideration and discussion with various Nursing

Institutions, when the issue of the Charter brought the duties of the Provisional Committee to an end.

Several societies have accepted in principle the conditions of affiliation, including that of Liverpool, where district nursing first commenced thirty years ago, and where for twenty-five years the system has been completely organised over the whole city.

In Edinburgh a most efficient Central Institution has been formed, on the best principles and with the highest standard of qualifications, and is in active operation, and there can be little doubt that, worked with the energy devoted to it, and the administrative talent for which the Scotch are so remarkable, its influence and example will extend over Scotland a most valuable and complete system of nursing the poor in their own homes.

A Report of the Edinburgh Institution accompanies that of the Provisional Committee.

In Dublin a Provisional Committee was formed, an equal number of Roman Catholics and Protestants being invited to allow their names to be submitted as members, but, owing to the difficulties which religious and political differences introduce into Irish affairs, it was found impossible to carry out the system on the same lines as in England and Scotland.

The Catholic authorities insisted upon separate homes

and domestic supervision for Catholic and Protestant nurses, and it was found necessary to concede this ; but other difficulties supervened, which led to the Dublin Provisional Committee retiring from the work, stating their unanimous opinion "that the work of Nursing the poor of Dublin must be carried out by some of the Institutions already existing in or near the city, and that the establishment of any new Institution for the purpose is not practicable." They therefore recommended that the Central Governing Body should communicate directly with the existing Institutions, with the view of such affiliated Institutions working in direct communication with the Central Governing Body.

It became necessary therefore to make a selection between the Dublin Institutions, as the work would not have sufficed to employ them all.

Three such Institutions therefore were selected : the St. Patrick's Home, a Protestant Institution, nursing the poor with trained lady nurses, and the only Institution which has hitherto nursed the poor in their own homes in Dublin ; the Roman Catholic Usher's Quay Nursing Institution, which has hitherto only nursed paying patients ; the City of Dublin Nursing Institution, which is undenominational, but which hitherto has only nursed paying patients.

Each of these three Nursing Institutions has agreed to employ and train a certain number of nurses to nurse the poor in their own homes in Dublin, on the principles laid down by the Queen's Institute, and under the superintendence of a highly qualified Lady Superintendent, who has already been appointed. An arrangement has been made to train a certain number of nurses for Dublin, and it is hoped that the whole system will be at work early next year.

Nevertheless, on some points, especially as to the division of the Dublin work between the three Institutions, no definite settlement has yet been arrived at, and until these points have been satisfactorily arranged the organisation of the Dublin work cannot be considered complete.

Though Wales was not mentioned in the original letter, it requires special arrangement from the fact that a considerable portion of the population of Wales do not speak or understand English, and consequently it will be desirable to have a certain number of Welsh-speaking nurses trained for the Principality.

An opportunity arose at Cardiff for making arrangements which will ultimately enable this to be carried out, by the offer from a gentleman to contribute £100 a year for three years, if the Cardiff people would find

the necessary funds to carry out the system there. The Governing Body added the further offer to provide a trained Lady Superintendent, whose salary they will pay for two years. A public meeting has been held at Cardiff and a committee formed to establish a Nursing Institution in that town, which, from its large population, would constitute a good training centre for Wales.

From the above Report of the work done, it will be evident that a broad foundation has been laid on sound principles and good lines.

While the Governing Body was still provisional, the work it could do, or could lead the public to undertake, was confined within somewhat narrow limits, but the response, on the part of those interested and occupied in such subjects, to the Queen's initiative amply proves that, when permanently established and more widely known, the Queen's Institute, if built up on those lines, and maintaining at the highest standard the work initiated, will carry out the Queen's benevolent intentions, and will relieve suffering, and bring comfort and hope into the most desolate and distressed homes of Her Majesty's subjects throughout her dominions.

We cannot conclude our Report without stating that as the work went on we became increasingly impressed with its importance and magnitude. Such work cannot

be carried out without great labour and very large funds, much of which must be raised and spent by local effort if the work is to succeed. We cannot, however, doubt that if Her Majesty's subjects understand the importance of the benefits conferred, and are satisfied that the work will be thoroughly and well done, even the necessary labour and those large resources will be freely forthcoming.

We hope soon to put in your hands a memorandum, prepared and handed in to the Trustees for the information of our successors, containing a concise statement of the different steps taken by the Provisional Committee, of the considerations which guided them, of the regulations adopted, of the work which is being done by the Metropolitan and National Association and existing Institutions, and of the nurses actually trained and under training during the past year.

The Provisional Committee cannot close their Report without placing on record their sense of the valuable services rendered by Mr. Rathbone, who undertook from the commencement the onerous duties of Honorary Secretary. The efficient manner in which the work devolving upon him in that capacity has been carried out for the benefit of the Institute and the promotion of its objects, demanded unremitting attention on his part,

and never failed. Such labours in the initiatory stage have been fully appreciated, and cannot be passed over in silence by the Committee, which has so largely profited by his assistance and wide experience in similar work.

WESTMINSTER,

Chairman.

9th November 1889.

B

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES—
SCOTTISH BRANCH, EDINBURGH, FIRST ANNUAL
REPORT, 1889.

THE Provisional Committee of the Scottish Branch of Queen Victoria's Jubilee Institute for Nurses have the pleasure of submitting their First Annual Report to the Trustees and Subscribers. The Queen was graciously pleased to devote the surplus of the Women's Jubilee Offering to found an Institute for promoting the training and maintenance of nurses for the sick poor in their own homes, the chief centre in London, but with similar central institutions in Edinburgh and Dublin, to all of which any institution satisfactorily fulfilling the purposes

of the foundation might affiliate itself. This fund, yielding an annual income of £2049, was transferred by the Queen to three Trustees—the Duke of Westminster, Sir James Paget, and Sir Rutherford Alcock. Of this money £300 a year has been allocated for the District Training Home of the Scottish Branch, with an additional £100 to provide lectures and other special instruction for the nurses.

A Provisional Governing Body, subsequently appointed by Her Majesty, drew up, with the Trustees, certain fundamental conditions for the various branches of the Institute; of these the chief were: A uniform standard for the qualification, training, and work of the nurses; a requirement that, in large towns, the nurses shall reside in homes under a qualified superintendent, and nurse their patients, under the direction of medical practitioners. While not excluding cases of poor patients able to make some contribution, the services of the nurses must be strictly confined to the poor.

A Scottish Provisional Committee, under the presidency of the Countess of Rosebery, were next appointed. One of their earliest acts was to summon a public meeting in December 1888, in the Queen Street Hall, under the presidency of the Lord Provost. At this meeting there was a large and influential attendance,

and after a statement by Mr. J. B. Balfour on behalf of the Provisional Committee, resolutions were passed approving of the establishment of a Scottish Branch of the Institute, and recommending it to the support of the public.

The Committee, thus authorised, engaged the double flat, 5 North Charlotte Street, as a temporary training home, and, in December, engaged Miss Peter as superintendent. Miss Peter, who possessed special qualifications for the post of superintendent, was sent to London to visit the various Nurses' Homes, and to reside and work for a time at the Metropolitan District Training Home, to acquaint herself fully with their methods of district work. She began her work in Edinburgh on the 1st April with three nurses, and five others have been successively added.

In addition to their Hospital, Maternity, and District Training, the nurses have attended a course of lectures on Hygiene, with practical lessons, by Dr. Littlejohn, assisted by Dr. Harvey Littlejohn, and lectures on food and practical cooking lessons. Arrangements are being made for lectures on Gynæcology and on Physiology in the course of the winter. It is required that the Queen Victoria Nurses shall be highly trained and educated, because, although they work under the direction of

medical men, these latter they rarely meet. They must, therefore, be able to prepare notes on cases for the doctor's visit, to extemporise hospital appliances, to act in cases of emergency, and to do the work of sanitary missionaries by promoting cleanliness, ventilation, and other sanitary conditions.

One nurse has already been engaged by the Kilmarnock Nursing Association for the Sick Poor.

Another begins to work at Wemyss in November.

A third has been placed by arrangement with Miss Cowan in Fountainbridge.

The medical officers of the Royal Dispensary, Richmond Street, have arranged for part services of a nurse.

Preliminary steps have been taken in Dundee towards the foundation of a Nursing Association for the Sick Poor, with a Nurses' Home in connection with the Institute.

The Committee have the pleasure of stating that the work of the nurses has given much satisfaction to both doctors and patients. The services of the nurses are much appreciated, and sundry touching notes have reached the Home, expressing gratitude for services rendered. The nurses speak of the helpfulness and goodness of the poor one to another, and of the ready assistance they receive to keep up the high standard of cleanliness which they require in the sickroom. Dis-

strict work is supplementary to infirmary work, and many cases are passed out from the infirmary when the district nurse can be relied on to carry out the treatment prescribed. The nurses give one or more visits daily to the patients, the length varying with the amount of nursing required. Patients requiring continuous nursing are more suitable for the infirmary, but in cases of emergency the superintendent has hitherto been able to provide continuous or night nursing when required, although the smallness of the staff renders this difficult.

The Institute is established with a view to aiding the poor with the best nursing, and the wish of the Trustees is that none of the money granted by them should be spent on gifts of food, or clothing to patients. The Committee have adopted this view in the management of all the funds at their disposal. At the same time, many cases of illness cannot be coped with satisfactorily without warm clothing and food. To meet this difficulty a Scottish Needlework Guild was formed by the Countess of Rosebery to provide clothing and funds for food and medical comforts. It has branches in sixteen Scottish counties, and where branches of the Institute are formed, the county subscriptions and garments from the Guild will be given to these direct. The officials of the Guild and of the Institute meet at the Home weekly to arrange

for grants of food and clothing. Nothing is given in money ; and the Committee acknowledge with gratitude the valuable aid thus given to their work of nursing.

The Committee cannot close their report without a special reference to the Queen's generous action in regard to the Women's Jubilee Offering, an offering made personally to herself. It is indeed a noble use to which this money has been devoted, and one which, expressive of Her Majesty's sympathy with the sick and suffering poor, cannot fail to call out hearty co-operation from the public, on whom it depends that the present beginning shall serve as a nucleus for future development, and form the foundation of work on a larger scale.

President—The Countess of ROSEBURY, Dalmeny Park.

<i>Vice-Presidents</i>	{	JOSEPH BELL, Esq., M.D., P.R.C.S.E., Ex-President of the College of Surgeons, W.S., 2 Melville Crescent.
	{	Professor GAIRDNER, M.D., of the University of Glasgow.

COMMITTEE

The Marchioness of LOTHIAN, Mount Teviot, Jedburgh.

The Countess of ABERDEEN, Haddo House, Aberdeen.

The Hon. Lady CAMPBELL OF BLYTHSWOOD, Blythswood House, Renfrew.

Lord HAMILTON OF DALZELL, Dalzell House, Motherwell.

The Right Hon. J. B. BALFOUR, M.P., Q.C., 6 Rothesay Terrace.

J. A. CRICHTON, Esq., Sheriff of the Lothians and Peebles-shire, 13 Nelson Street.

Mrs. FORD, 17 Grosvenor Crescent.

Mrs. HIGGINBOTHAM.

Miss LUMSDEN, Matron of the Aberdeen Royal Infirmary.

Mrs. TRAYNER, 27 Moray Place.

Miss LOUISA STEVENSON, Hon. Sec. of the Association for the University Education of Women, etc., 13 Randolph Crescent.

Hon. Treasurers { Sir THOMAS CLARK, Bart., D.L., F.R.S.E.,
Ex-Lord Provost, 11 Melville Crescent.
H. A. HOTSON, Esq., Manager of British
Linen Company Bank, 4 Rothesay Terrace.

Hon. Financial Secretary—JOHN S. PITMAN, Esq., W.S., 36 Moray Place.

Hon. Secretary—Miss GUTHRIE WRIGHT, Hon. Sec. of the Edinburgh School of Domestic Economy, etc., 2 Lands-downe Crescent.

C

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES

(Established under Royal Charter)

THE Queen Victoria Jubilee Institute for Nurses owes its foundation to the gracious gift by Her Majesty the

Queen of the balance of the "Women's Jubilee Offering" (£72,538:17:2—2½ per cent annuities) for the purpose of providing improved means of nursing the sick poor in their own homes throughout the United Kingdom.

Her Majesty was pleased to appoint three Trustees of the Fund, and a Provisional Committee, who should act with them in organising a scheme for establishing a system of nursing for the poor in connection with the ancient Institution of St. Katharine's Royal Hospital in the Regent's Park.

The general scheme, which the Provisional Committee have initiated, has had for its objects—

First. The training of nurses in the special practice of nursing the sick poor by visits at their own homes (*i.e.* district nursing) in the three centres—London, Edinburgh, and Dublin, by means, as far as possible, of the Training Schools already engaged in the work, and so maintaining a continuous supply of qualified superintendents and nurses to local associations already existing, or to be formed for this special work throughout the kingdom.

Secondly. As far as the income at their disposal

would allow, to afford pecuniary aid towards the first establishment of such local associations; and

Thirdly. By working in unison with affiliated local associations to raise and maintain a high standard of nursing for district nurses throughout the kingdom.

N.B.—These objects have been carried out thus far by (1) an agreement entered into with the Metropolitan and National Nursing Association, Bloomsbury Square, under which district nurses have been and are being trained at the expense of “the Institute”; (2) the formation of a Scottish Branch of the Institute, which has established a District Nurses’ Home and Training School in Edinburgh, and begun the supply of nurses to other places in Scotland; (3) the employment and training of a certain number of nurses in connection with certain Nursing Institutions in Dublin, on the principles laid down by the Queen’s Institute; and (4) the appointment of Miss R. Paget, a trained nurse, as General Inspector of Nursing.

By a Royal Charter, bearing date the 20th September 1889, Queen Victoria’s Jubilee Institute for Nurses was constituted a Body Corporate, under a President and Council, to take charge of the annual income of the fund and apply it for the purposes Her

Majesty had designated—viz. “The training, support, and maintenance of women to act as nurses for the sick poor, and the establishment (if thought proper) of a home or homes for such nurses, and generally the promotion and provision of improved means for nursing the sick poor.”

The Queen, as Patron of St. Katharine’s Royal Hospital, has, by the Charter, appointed the Master of St. Katharine’s President of the Council, and has nominated the Members of the Council and provided for its location within the Hospital.

The Council are now prepared to carry out the work which has been entrusted to them, by continuing and extending what was initiated by the Provisional Committee.

They have accordingly prepared the following statement for the information of the public :—

The Council desire, in the first place, to point out what in their judgment what will be the advantages of affiliation to the Queen’s Institute.

1. It will place the affiliated associations in the honourable position of being directly connected with “The Institute” which bears the name and has been established by the munificence of Her Majesty.

2. It will greatly assist in raising the standard of

nursing for the poor, by securing that every Queen's Nurse connected with the Institute shall be known to be thoroughly trained and qualified for the work which she is to undertake.

3. It will entitle the affiliated associations to be supplied with superintendents and nurses when available, and to receive such pecuniary assistance as the Council may consider right, and as they may be able to meet from the funds at their disposal.

4. Nurses attached to Local Associations which have become affiliated to the Institute will be eligible to rank as Queen's Nurses, while nursing the poor in their own homes, if they satisfactorily fulfil the Conditions of Thorough Training, Efficient Work, and Unexceptionable Conduct.

CONDITIONS OF AFFILIATION

The following Conditions of Affiliation have been approved by the Council :—

1. The standard of training and qualification of nurses of any association to be affiliated shall be practically the same as that adopted by the Council, in accordance with the Regulations under which Queen's Nurses are trained and enrolled.

2. In order that the same standard of efficiency may be maintained, the Council reserve to themselves the right of requiring reports from the affiliated associations and of periodical inspection of the nurses' work.

3. The following qualifications shall be considered requisite in order to entitle a nurse to be placed on the roll of Queen's Nurses, namely—

(a) Training at some approved General Hospital or Infirmary for not less than one year.

(b) Approved training in district nursing for not less than six months, including the nursing of mothers and their infants after child-birth.

(c) Nurses in country districts (in accordance with paragraph 8 of these conditions), must have at least three months' approved training in midwifery.

N.B.—These conditions are subject to modification by the Council, to meet exceptional cases of those now engaged in district work who may afford satisfactory evidence of competency.

4. In large towns the nurses shall reside in Homes, and be under the charge of a trained Superintendent approved by the Council.

5. The nursing of the patients shall be conducted under the direction of the Medical Practitioners.

6. While not excluding cases of such patients as are able to make some small contribution to the Local Institution, the services of the nurses are to be strictly confined to the poor.

7. In towns attendance as a midwife upon women in childbed shall be excluded; but the nursing of mothers and their infants after childbirth may be undertaken when the Medical Attendant requires the services of a skilled nurse, and on condition that proper arrangements can be made for the nurse's other cases.

8. In country districts the nursing of mothers and their infants after childbirth may be undertaken whenever required by the circumstances of the patients, but the duties of a midwife, as distinguished from a nurse, are not to be undertaken, except in cases of emergency, or by the express permission of the Local Committee; and with regard to such cases, on condition that proper arrangements and precautions are taken with reference to the nurse's other patients.

9. The nurses are strictly forbidden to interfere in any way with the religious opinions of the patients or the members of their families.

These conditions are subject to such modifications as further experience may from time to time suggest.

With regard to the training of nurses in any School for district nursing approved of by the Council, they will make an annual grant to meet funds locally provided for such purpose, and will continue this aid for a specified term of years, so long as the supervision and training are carried on to their satisfaction.

In the case of Local Committees formed for the purpose of introducing district nursing under the above general conditions, the Council will be prepared, on application, and so far as the demands upon them can be met, to recommend a thoroughly trained and experienced superintendent and one or more trained nurses ; and (so far as their funds will permit) to give pecuniary aid towards the first establishment of such District Homes, on receiving satisfactory assurance that the necessary local aid will be obtained, from or by the surrounding district, for their maintenance, subject to reports and inspection, as in the preceding paragraph.

The Council hope that a general interest in this most important matter will be awakened, and that they may

be aided by the public in their efforts to make "The Institute" worthy of the beneficent wishes and intentions of Her Majesty.

ARTHUR L. B. PEILE,
President of the Council.

ST. KATHARINE'S ROYAL HOSPITAL,
REGENT'S PARK, N.W.,
25th March 1890.

D

MEMORANDUM ON THE TRAINING OF DISTRICT NURSES, IN CONFORMITY WITH THE REQUIREMENTS OF THE QUEEN'S INSTITUTE.¹

Qualifications of Queen's Nurses—

- (a) Training at some approved General Hospital or Infirmary for not less than one year.
- (b) Approved training in district nursing for not less than six months, including the nursing of mothers and their infants after childbirth.
- (c) Nurses in country districts must have at least three months' approved training in midwifery.

As the foregoing qualifications have been laid down by the Council of the Queen's Institute as requisite to

¹ It has been thought that the following details might be useful to those hoping to start a district nurse or nurses.

enable a nurse to be placed on the roll, it may interest the public to know in detail the reasons for such conditions, and the steps by which the required proficiency can be attained, as the preparation for district nursing differing in some ways from the preparation for private nursing or Hospital appointments.

The primary object of the Queen's Institute is the efficient nursing of the poor in their own homes. We must, therefore, consider what is the training necessary to fit nurses for these special duties.

In regard to the first condition (*a*) Training at some approved General Hospital or Infirmary for not less than one year, it would be desirable for all those intending to become district nurses, and especially for those intending to become district superintendents, to have obtained a Hospital certificate. In many Hospitals this means two or three years' service. In those cases where the district nurse can only have one year's Hospital training, this year should be spent as far as possible with a view to what is specially necessary to district work.

It would be advisable to divide the year somewhat as follows :—

Three months in surgical and three months in medical wards, evenly divided among men, women, and children ;

two in an obstetric ward, this special training being most necessary for district nursing ; and at least one month's night duty in a medical ward. If during the remaining three months the probationer could nurse some special cases—typhoid, for instance, it would train her to become skilled in note-taking, and to feel the responsibility involved in attending solely to one case. If to this were added some experience in the surgery or outpatient department, including a little ophthalmic work, a year could not be spent more profitably as a preparation for the object in view.

A variety of experience is of more importance to the district nurse than the mastering of ward management and detail. Of course, if the training is not confined to one year, all these matters in turn receive due attention.

During this training the probationer would have the opportunity of attending the excellent courses of lectures, which in all large training schools are given during the year by members of the medical staff. Of these she should always take notes, and she should also enter her cases with particulars about their symptoms and treatment in a pocket notebook.

In no training schools now do the nurses scrub floors or clean grates, though complaints are often made by probationers of the time taken up in doing "dirty work."

This time should never be grudged by the intending district nurse. She will find her district work made much easier to her if she has been taught the best way to perform what is a necessary part of her duties in the homes of the poor.

Those who hope to become superintendents should take every opportunity of perfecting themselves in all matters connected with household management whether of the ward or of the institution. Much larger experience and greater capacity are required to teach others how to nurse than merely to do it oneself.

(b) Approved training in district nursing¹ for not less than six months.

During the district nursing training, special care should be taken by the superintendent to supplement any deficiencies of their previous Hospital training. The probationers should attend courses of lectures and study regularly under the superintendent's direction. At the end of the term of training a report of their progress, condensed from monthly records of their work, should

¹ For many interesting particulars relative to the work of district nursing, reference can be made to the *Guide to District Nursing*, by Mrs. Dacre Craven (Macmillan and Co.) This lady speaks with authority on the subject, as she was the first superintendent and organiser of the Metropolitan and National District Nursing Association, since then so ably carried on by her successor, Miss Mansel.

be supplied to the authorities by the district superintendent, who should note on her report the sort of district work for which she considers the probationer most adapted.

In some cases the district training might be extended or curtailed, according to the capabilities of the probationer.

Technical Instruction.—During the six months' district nursing training, regular courses of lectures should be provided, bearing on the duties of district nursing, and of a kind likely to be of practical use in future work. Though fully-trained Hospital nurses will have received instruction in elementary anatomy and physiology during their Hospital training, it may be desirable that one of the courses of lectures should be on this subject, combined with medical and surgical nursing.

Other subjects specially necessary would be :—

A course of very practical *hygiene*, including instruction in ventilation and other sanitary matters ; on the general principles of nutrition and diets for the sick and healthy ; and on dealing with nuisances, especially those connected with the houses of the poor.

A course of instruction on *fevers*. Hospital nurses, as a rule, have only experience in the nursing of typhoid and perhaps diphtheria. Particular attention should,

therefore, be paid to the diagnosis of infectious fevers in early stages, the special dangers of infection in each, and the means to be used for disinfection (see Appendix).

A course of lectures on the diseases of women. District nurses will find that a large proportion of the cases they will meet with belong to this class. Combined with this course, some lectures on monthly nursing, including the care of new-born infants, would be useful (this does not mean lectures on midwifery).¹

Before nurses leave the District Training School, the superintendent should assure herself that they understand practical sick cookery, including the peptonising of foods, and that they are good bandagers and understand the use of the various medical and surgical appliances.

E

RESULTS OF AN EFFORT TO PREVENT THE SPREAD OF INFECTIOUS DISEASE AND THE METHOD EMPLOYED.

A MEETING was held in November 1882, in the school-room of St. Mary's, Bryanston Square, to hear an address

¹ We may here call attention to the fact that under the present state of the law many women can and are practising and calling themselves midwives who have no training whatever to qualify them for doing so.

by Mrs. Frances Johnstone, of St. Leonards-on-the-Sea, a lady who had long been impressed with the possibility of effectually checking the spread of fever and other infectious diseases. The subject excited considerable interest, and the Hon. and Rev. Canon Fremantle, then Rector of St. Mary's, having induced the Paddington and Marylebone District Nursing Association to take the matter up, it was decided to give Mrs. Johnstone's method a trial in the crowded dwellings of the poor of the district.

The necessary arrangements were left to Miss Perssé, the Lady Superintendent of the Association's Home, who entered into the experiment with great interest and enthusiasm. A special nurse was set apart to attend infectious cases, and it is satisfactory to state that during the four years this nurse has never caught infection, nor has she conveyed it to the other nurses at the Home, or to patients whom she may have attended elsewhere.

As regards the cases themselves, some of them of severe character, it is believed that in no instance has infection spread after the case has been taken up by the nurse. The system was pursued with success even in cases where the entire family occupied only one room. In four instances, one child only (of several) had scarlet fever, and being too unwell to be moved, was nursed

through the illness to convalescence in the same apartment with the rest of the family.

The experience thus gained may be of service by showing that the spread of infection is so entirely under control. In emigrant ships, where cases of smallpox and scarlet fever often appear, the authorities on board may feel that, if proper precautions are taken at once, the disease need not spread, and there need be no alarm or panic on board, and no tedious quarantine at the end of the voyage. It is hoped, too, when infectious disease appears in a school or private family, that it need no longer be allowed to run its course through the rest of the household.

The following table gives the number of new infectious cases attended by the nurse, to which is appended the total number of *all* new cases nursed during each of the last four years. Some of the infectious cases included were sent to a hospital sooner or later after coming under the care of the Association.

New Infectious Cases attended in	1883	1884	1885	1886	1887	1888	1889	Total
Scarlet Fever . . .	73	45	11	28	34	19	9	219
Typhus " . . .	2	3	...	...	...	...	...	5
Typhoid " . . .	16	17	28	21	31	22	24	159
Smallpox . . .	2	16	17	...	...	1	...	36
Chickenpox . . .	3	...	1	...	3	...	...	7
Febricula . . .	...	4	8	16	16	19	7	70
Measles . . .	25	35	36	25	18	39	2	180
German Measles . . .	...	...	...	...	2	...	...	2
Diphtheria . . .	5	15	8	3	6	13	15	65
Totals . . .	126	135	109	93	110	113	57	743
Erysipelas . . .	7	5	10	13	17	18	14	84
Ringworm . . .	9	1	...	...	1	...	7	18
Scabies . . .	2	2	...	...	...	...	...	4
Mumps . . .	...	...	...	...	3	1	1	5
Total of all Infectious Cases . . .	144	143	119	106	131	132	79	854
New Cases of all sorts attended by the Associa- tion during each year	596	651	743	847	923	967	938	

The nurse disinfects and ventilates the sickroom directly she enters it.

It would be premature to conclude from the marked diminution of new infectious cases treated from year to year that the system adopted is diminishing infectious disease generally in the district, but while such cases have yearly diminished, both in number and severity, the general cases attended have as steadily increased. The better the nurses are known the more their services are in request, and the poor themselves have been so far impressed with the value of disinfection that they now frequently make personal application for the nurse to visit them as soon as the symptoms of fever appear. The increased number of cases of febricula treated by the nurse point to this, and indicate that fevers at first of doubtful character have been checked without further development.

Whether or not any importance can be attached to this view, there seems no doubt that the contact of the nurses with the poorer classes, and entry into their houses, have to some extent made them more careful in sanitary matters and in general cleanliness. Moreover, the opportunities afforded the nurses of speedily drawing the attention of health officers to anything irregular have been of use, so that *their* efficiency has

been increased by the work of the Association, and from one cause or another the number of infectious cases shows a marked diminution.

We are indebted to Miss Perssé's reports for the following details :—

The Paddington and Marylebone District Association began the nursing of infectious cases in February 1883, with the idea of preventing the spread of infection by strict attention to sanitary matters, cleanliness, ventilation, and the timely use of disinfectants; by inducing the removal of the patients to a hospital where practicable; by isolating as far as possible those suffering from the infectious complaint; by preventing laundry and other work being taken into the house, and by disinfecting if in the house; by preventing the children of the family from going to school and those in employment from entering the infected room or approaching the patient, and by teaching the use of disinfectants to members of the family.

The following articles will occasionally be wanted by the nurse, but the quantities should be limited so that every article may be disinfected and washed with the least delay :—

India-rubber sheeting to prevent the bed being stained.

Clean cotton sheets and blankets.

Clean shirts, old and well worn are best.

Old linen rags, etc., to be disinfected and burnt after use.

The disinfectants used have been—

Calvert's carbolic powder.

Do. do. acid liquid No. 5.

Do. do. soap.

Powdered sulphur and spirits of turpentine.

Permanganate of potash.

Chloride of lime.

The system pursued has been as follows :—

The carpets, curtains, valances, and all superfluous furniture were removed and disinfected at once by carbolic spray over them,—one part liquid carbolic acid to ten or twenty parts hot water. When the general fumigation took place after the patient's recovery the above articles were included in the treatment (see below).

Dust and pails were cleared away at once, and, after thorough cleansing, the latter disinfected by two tablespoonfuls of carbolic powder.

All soiled linen was steeped in a carbolic solution of one fluid ounce—say two tablespoonfuls—acid to six quarts boiling water.

Every portion of the floor was wiped over each morning with a cloth well wrung out of a mixture of chloride of lime, one small teacupful, say $\frac{1}{4}$ lb., and boiling water two quarts. This was continued daily until the patient was free from all infection.

Carbolic spray (strength as above) was used in the room twice daily.

In severe cases of all sorts disinfection with sulphur and turpentine was sometimes used as in the case of scarlet fever and diphtheria given below.

The patient was placed daily between blankets (warmed) and washed over with a piece of flannel wrung out of a mixture of two tablespoonfuls (say one ounce) vinegar to a small basin of hot water and then rubbed dry with hot towels, carefully avoiding chills.

In scarlet fever always, and sometimes in measles and smallpox, Calvert's carbolic soap was used with the vinegar and water.

A separate bed must of course be provided for the patient, and other persons be prevented as far as possible from entering the room or approaching the patient.

The bed was made without the removal of the patient.

We would specially impress the importance of ventilation without draught in the room, and the avoidance of chills. The simplest and best means of ventilation was obtained by leaving the top of the window a little open, varying it according to circumstances, and keeping a temperature of about 60° F.

In scarlet fever, smallpox, diphtheria, and typhus, a sheet saturated with carbolic solution, one ounce to two quarts hot water was hung across the door. The sheet should be re-dipped or wetted often enough to keep it constantly moist, say three times a day in ordinary weather.

In scarlet fever and diphtheria the room was disinfected twice daily, morning and evening, with one tablespoonful of powdered sulphur and one of spirits of turpentine, burnt on a shovel moved about all over the room. This has been found preferable to carbolic acid.

In scarlet fever, diphtheria, and typhoid, the mouth was cleansed three times daily with two or three crystals permanganate of potash dissolved in a tumbler of water, fresh each time.

In diphtheria carbolic spray of one in forty water was used in the throat, and the moisture mopped out again with a linen rag, which was at once burnt.

In smallpox the pustules, when irritable, were

brushed over with camphorated oil, or, if very sensitive with olive oil, on a camel's hair brush.

All food must be kept out of the infected room.

Direct definite permission was received from the doctor before any baths were given to recovering patients. For bathing, an old hip bath or wash tub was provided, and the patient well washed daily with carbolic soap, a piece of flannel, and hot water. Baths were given in all cases, carefully avoiding chills. It was found most convenient to give the bath in the evening, so that the patient could go from the bath straight into bed. The bath was placed close before the fire, and a towel horse or other screen arranged to keep off any draught.

The patient was not allowed to go out of doors until peeling was entirely over.

As soon as the doctor considered all infection over, the clothes, bedding, and rooms were disinfected with sulphur and turpentine—for a small room a quarter of a pound of sulphur and half an ounce, or a tablespoonful, of turpentine burnt on an iron pan, with the bedding, clothes, etc. well exposed to the fumes for from four to six hours. The chimney should be closed and the windows, doors, and other openings tightly closed by pasting over with paper or otherwise. In measles and chickenpox this fumigation is scarcely necessary.

Before leaving the patient's house, but not in the patient's room, the nurse washed her hands with carbolic soap, rinsed her mouth with fresh permanganate of potash solution, removed her apron and sleeves before associating with other persons, and was careful never to take any overcloak into the infected apartment ; she also always wore a linen dress.

It is very necessary for the nurse herself to undertake the actual disinfecting and arrangement of things to be disinfected, as the people are slow to embrace the trifling details that swell to grave results.

In order to be a real help to them, the nurse must identify herself with the people in everything, their circumstances, capabilities, and hindrances, and instead of ordering such and such a thing to be done, do it herself, otherwise she can never depend on the success of her work.

As all this work has been among the very poor, it has been done in the simplest and least expensive manner.

THE END.















