

Original Articles.

THE TRAINING OF NURSES IN PRIVATE PRACTICE.¹

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THERE is a widespread belief that in sickness, as much depends upon the nurse as upon the physician. This belief is founded partly upon fact; for the nurse is the physician's lieutenant, and, of course, it is of as much importance that the medical orders shall be properly executed, as it is that they shall be properly given. But such comparisons evince entire ignorance of the physician's responsibilities. It is his duty not only to give proper directions for the management of every patient under his charge, but also to see that his orders are intelligently obeyed. There is no excuse for him in the fact that trusty agents are not at his hand; for it is his business to provide them, and until he can be sure of intelligent, faithful nursing service, he must not undertake the management of more cases of sickness than he can in person superintend.

Where the family or the friends of the patient undertake the nursing service, the physician is partially relieved of responsibility for any improper execution of his orders. It is his duty, however, in such cases to point out the disadvantages of such untrained nursing, if discovered, and to be then ready to supply suitable nurses, if wanted.

In times of war and in the hospitals, this need of trained nurses has been recognized and met. Thirty-three years ago the Crimean war gave to the world Florence Nightingale, and now, under the banner of the Red Cross, her followers stand ready in every civilized country of the world, to imitate her immortal example. Twenty-five years ago the New England Hospital for women and children began in this country the training of nurses; and now scarcely a single hospital can be found that is not reaping the advantages of trained nursing service. Nor are these advantages limited to the hospitals. Trained nurses find an increasing demand for their services in private practice. In no other department of labor is the standard of excellence so rapidly rising. Nursing is already a profession, and no longer a trade of last resort.

One result of this improved nursing service, and of the increasing demand for it, is the high rate of wages that the graduates of the training schools find no difficulty in obtaining at the very beginning of their private practice. Only the more wealthy families can as yet afford to employ them. The whole question of wages, however, depends upon the proportion of the supply to the demand. And families in moderate circumstances will not be able to have better nursing service until the supply of trained nurses exceeds the present demand for them. When that occurs, the present prices will fall, and nurses on graduation from the schools will have to be content, as have young members of every other profession, to begin at the bottom, and not, as at present they can do, at the middle of the ladder of earnings.

Inasmuch as by far the greater part of our practice is among that class now deprived of the improved nursing service, ought we not to take measures to sup-

ply the increasing demand for it, and to further the spread of its great advantages?

It must be confessed that hitherto the medical profession has not only not taken the initiative in this reform, but has even impeded its progress. Training schools for nurses have been generally at first opposed by the hospital staffs; and the graduates of the training schools have often failed to satisfy the unreasonable expectations of the physicians first employing them. Undoubtedly some of this trouble has been due to the fact that the physicians have been only indirectly concerned in the nurses' training and, accordingly, have not held themselves responsible for the nurses' advancement after graduation. Nor has it been thoroughly understood that the training the new order of nursing rests upon is designed simply to furnish intelligent lieutenants. Without explicit orders, correcting criticism, and the encouragement of confidence, very likely the old-time nurse will do as well as the best trained nurse.

On the other hand, it cannot be denied that the trained nurses on leaving the hospitals have shown an inability to adapt themselves to the varying service of different physicians, and to the circumstances of private practice. This fault is evidently due to the present methods of training, and can be remedied by sending the student nurses out into private practice, under physicians whose cooperation in their training can be secured.

But it is surely unnecessary at this day to dwell upon the slight disadvantages of the new order of nursing. And it is not so much the purpose of this paper to discuss the possible improvement in the present training schools as it is to demonstrate the way in which the supply of trained nurses can be so increased that their services may be had in every village of the land. At present, they can be had only in the larger cities, and even there only the rich can afford their services. Their number, it is true, slowly increases, but not nearly as many nurses as physicians are graduated each year; while, in order to supersede the untrained nurses, it would be necessary to provide probably three times as many trained nurses as there are physicians depending upon their services. It is evident that this large supply, which must be provided before their employment becomes general, cannot be furnished by the present methods of training. The schools connected with the hospitals can train each year only as many nurses as are needed for the work of the hospitals,—a number much less than that of the yearly graduates in medicine.

If, then, new methods of training must be adopted, in order that the growing demand may be met, and that even in the families where the income is small, the patient and the physician may have the great advantage of trained nursing service, it is surely incumbent upon the medical profession to devise and to inaugurate these new methods of training. This duty rests primarily upon the country doctors. In the larger cities the hospital training schools can furnish nurses for the wealthy, and physicians can send their poorer patients to the hospitals, or avail themselves of the excellent system of district nursing—the latest flower in this springtide of charities. But in the smaller cities, and in the towns and villages, the physicians, if they desire the great advantages of this new dispensation, must train their own nurses. It is one of the many new duties that have fallen upon the med-

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ical profession; and it is therefore desirable to have some general plan for its performance.

Fortunately there is no trouble nowadays in finding young and strong women well fitted and eager for such training. The schools in operation have long lists of applicants who wait their chance to enter. Let it be known in any community that the physicians contemplate instituting a training school, and candidates in plenty will come forward. But they have read "Sister Dora," and perhaps Florence Nightingale's famous notes, and although they would prefer not to leave their native towns and their friends, they nevertheless desire thorough training. They stand precisely where the would-be doctors stood a hundred years ago, before medical schools were to be found: they want the physician to teach them. They will gladly work hard for wages that will barely support them, they will gratefully give to the physician most loyal, hearty service, if meanwhile they can be learning the art of nursing. Let us consider how this should be taught.

From the general similarity of the two professions of nursing and of medicine, it is evident that, for excellence in either, much the same kind of training is requisite. The difference between them, however, relieves the nurse of the responsibility of deciding what is the nature of the patient's trouble, and what should be done to relieve it: her only duty is to carry out the treatment ordered, and to note the different symptoms as they occur. The nurse, then, may well be ignorant of the theory, but she must be somewhat acquainted with the practice of medicine. She need not know in any given case why catharsis is advisable, but she must know what to expect when a cathartic is given.

The only exception to this general rule is in the matter of emergencies. In this department, it is necessary to drill the nurse so thoroughly that she will always have her wits in working order, whatever her patient's danger may be. There is no use in expecting her to remember blind rules. She must be taught the principles upon which the rules depend. Better far that the nurse shall remember the blood-starved condition of the brain in syncope, than that she should remember any rule for its relief. She must understand the underlying principle, if common-sense treatment is expected of her.

But training for emergencies, happily, demands only a small fraction of consideration. In order that the nurse in general practice may be able to carry out the medical orders intelligently, and report intelligibly the changes that take place during the physician's absence, she must have a working knowledge of elementary anatomy and physiology; of the general progress of the common diseases; and of the effects of the more powerful drugs.

Student nurses should, therefore, be taught enough anatomy, that they may understand the general workings of the body, and be able to use and to understand anatomical terms descriptive of the body's surface. Some knowledge of the structure and function of the lungs, for instance, is prerequisite to any satisfactory realization of the necessity of pure air. And it is a matter of more than mere convenience to all concerned that the nurse and physician shall be able to understand each other's use of the words stomach and abdomen.

In the hospital training schools, the student nurses

may, perhaps, safely be left to learn what it is important for them to know about the different diseases, as these diseases are met in the wards; but in the country schools, where the nurses' experience is more slowly acquired, they must be taught, before the disease is met, its general characteristics. The special nursing required in typhoid fever, for example, must be taught beforehand, if the nurse is expected to take the best care of her first typhoid patient; and this can best be taught by describing the nature of the disease. The medical student is taught not only how to treat, but how to diagnosticate diseases that he has never seen; and there is no reason why nurses should not likewise be taught the special nursing needed in diseases they have not seen.

As regards *materia medica*, it is not so plain how much and how little nurses should be taught. The bugbear of the nurse's meddling in the physician's province must not prevent her being taught, at least, enough about drugs to prevent her from making grave mistakes in administering medicine. Not only is it convenient, but it is often necessary, to leave medicine, opium, for instance, in the nurse's hands, to be given *pro re nata* or *si opus sit*. In such cases, the nurse must be able to recognize the effects of the drug, and also the indications for its use. There is no danger of the trained nurse's knowing too much, and the more knowledge of medicines she obtains, the less likely will she be to attempt to prescribe them.

The instruction in these branches, if it is to be as systematic as it should be, must be given by the physicians in regular lesson hours. The student nurses can be assembled at their headquarters on certain afternoons or evenings. And, except when in charge of the very sick, it is a benefit to both nurse and patient for the nurse to go out for the freshening walk, and for the stimulus that the lesson gives; and again, these meetings of the student nurses with the physicians are beneficial to both. The nurse feels her instructor's interest in her advancement, and shares somewhat the enthusiasm of his high calling. The physician, on the other hand, finds it not in the least a disadvantage to be thus forced to review his foundation studies; he acquires a higher appreciation of the importance of the sister-art of nursing; he can realize and sweep away the obstacles to the nurse's success. A good working basis for both is thus established, which, in times of anxious watchings, brings forth the fruit of comfort a hundred-fold.

Besides this groundwork that nurses should be taught by their medical instructors, the arts of cooking for the sick, and of keeping the patient and the sick chamber in exquisite order, must be taught them by women who are themselves proficient. The multitude of little ways of giving comfort to the sick, discoveries accumulating rapidly and being disseminated by books, and now also by the nurses' journal, *The Nightingale*, can, after all, be best taught by actual example. In these exceedingly important branches of the nurses' training, the students in the hospital training schools have the advantages of working with trained nurses, and also with nursing their patients in surroundings especially adapted for the purpose. The latter advantages can be had in the country training schools by making a miniature hospital out of some tenement, where a few patients may be collected, and it is absolutely essential in the country training schools to have, at least, the partial service of a trained nurse in teach-

ing others to be nurses. Such a teacher can be the queen of the miniature hospital, and at the same time, at the option of the physicians, can follow them on their rounds, visiting the bedsides where the student nurses are employed, to teach them there whatever, in her more experienced eyes, is needed.

In times of unusual healthfulness, the superintendent nurse can teach them how to write good clinical reports, how to take the temperature and pulse, and how to read aloud acceptably. The books upon nursing can then be studied. Upon an improvised manikin, bandaging, fomenting, poulticing, can be taught, and upon each other, the student nurses can practise massage.

This is a general outline of what every nurse should be taught. But the profession of nursing has already divided itself into specialties. That of nursing the insane can be taught only in the asylums, for physicians themselves have to look thither for the glimmering light of what little has been discovered about the comforting care of minds deranged. It is a matter for general rejoicing that the training school at the McLean Asylum, the pioneer school of its kind, is already furnishing trained nurses for these saddest cases.

Monthly nursing, however, will always be the chief specialty, and in no other department is trained service so fruitful of comfort and security. I need not set forth again in detail what monthly nurses should be taught, for I have done that in my manual upon the subject, but I want to call attention to the excellent opportunities physicians have in their private practice to train nurses in this branch. And, after once showing the student nurse how to prepare the bed and how to dress the patient, how, after delivery, to remove all traces of the labor, and how, during the confinement, to manage the little details of bathing, giving enemas, catheterizing, bandaging the breasts, etc., the physician's work becomes delightfully lightened; nor only this; his patients, also, are relieved in large part of the usual annoyances and ugly features of midwifery cases.

The general plan of a new kind of training school is no longer visionary. Such a school is already in most successful operation in Waltham, the youngest city of Massachusetts. Its first class has lately been graduated. It is not fitting for me to sound their praises; nor need I here, for they have already won honorable mention in the service of many members of this Society. But as an illustrative case, as a demonstration of the feasibility of the plan, I venture, in closing this paper, to report the history of the Waltham Training School.

The scheme originated in the local meeting of the Fellows of this Society. In the winter of 1885 a meeting was called of all interested in the project. Three lady managers were chosen, to whom all the details of management were entrusted, and to whose assistance the success of the school is greatly due. A class of seven student nurses was formed, three of whom have completed the two years' course of training. During their first year they served only under the physicians connected with the school, and they were obliged to assemble in the classroom on five afternoons of the week for lectures and lessons. During the second year they served also under other physicians and in neighboring towns, until the last month of their course when they were again assembled for reviews and examinations previous to their graduation.

A second class of eight is now in process of training, and soon a third class is to be formed, for which there are already many applicants. The student nurses are paid, beside their board, \$9 per month the first year and \$12 the second year. And the school charges respectively \$7 and \$10 per week for their services where the patients can pay; where they cannot, the nursing service like the medical attendance is gratuitous.

The total earnings the first year amounted to only 90 *per cent.* of the expenses, and the management had to draw upon a guaranty fund that had been established to meet any deficiency; but in the second year the earnings exceeded the expenses. Meanwhile the friends of the school have fitted up a dormitory for the student nurses in connection with the private hospital that has grown out of the original scheme.

It is not, however, because of its financial success that claim for attention is made; nor because of the deeply gratifying effect that such training has upon the student nurses in bringing out into perfect blossom that latent womanhood. For in both of these directions great success has been before recorded. Attention is called to the Waltham School because it is felt that a great and general want has been fully supplied. The physicians have only to call, and the nurses come, — to give their orders, and they are obeyed.

In destitute families where hitherto the hard alternatives have been for the physicians to do the nursing service themselves, or to let the cases go from bad to worse through default of proper care, the student nurses now go gladly for day or night service to carry into effect the physician's good intentions. It is in this kind of service that full warrant is found for appealing to the charitably inclined for the little money that is needed to establish such training schools.

THE IMPORTANCE OF EARLY RECOGNITION, DIAGNOSIS AND SURGICAL TREATMENT OF TUMORS OF THE BLADDER.¹

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As the methods of examination of the bladder and the means of investigating its diseases are becoming more numerous and exact, results are likewise becoming more positive and certain; diseased states and pathological conditions, formerly not known to exist, are now recognized and understood. With the present rapid development of surgical knowledge, let us hope that attainment to that degree of expertness which shall secure more satisfactory diagnoses and treatment of these obscure conditions (conditions most distressing and fatal), is near at hand.

It is quite possible that the bladder is more frequently the seat of tumor than is usually supposed.

Abnormal states of this organ are often surrounded with so much obscurity as to make diagnosis difficult or uncertain, and it is not improbable that tumor is sometimes overlooked.

At the present time the literature of tumors of the bladder seems very scant; but the reports of cases, and of the removal of such growths are becoming more frequent.

During the years 1882 and 1883 papers were pre-

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