

One of them would be sent out, say, to a woman at the commencement of labor, by the physician engaged; she would take the place at the bedside and in the room of the very incompetent neighbor or friend, or even mother, of the patient, now commonly in attendance. With a knowledge of the requirements of the case, with kindly sympathy, tender and *clean* hands, she would arrange everything for the comfort of the patient, the prospective baby, and also for the coming physician; and in the best possible manner, very different from that in which they are now commonly arranged, sometimes providing from the Nurses' Home certain necessities not obtainable in the patient's house.

If properly chosen or selected, as naturally adapted to this sort of semi-mission work, the district nurse would bring such a stream of sunshine (really and figuratively, with fresh air), such confidence, cheerfulness, hope and comfort, as would not only produce a favorable individual effect on the patient, but cause her family and neighbors to make great efforts on other occasions of the kind to employ a regular outside nurse for some days or a week or two, in order to have the benefit of a nurse's constant attendance instead of only visits.

So in a case of pneumonia, of enteric fever, of acute rheumatism, pulmonary tuberculosis or any other disease. The very natural result of this sort of nursing would be, and as appears to have been Dr. Worcester's experience in Waltham, to greatly increase the demand for the regular nurse, as now provided.

Second.—The district nurse is to be sent out only under a physician, it appears in all cases, and she cannot fail to prove a very great time and labor saver to the physician, in all cases in practice which she attends, especially in midwifery practice. This, Dr. Worcester states, is his experience. She will let the attending doctor know just when he is needed at the bedside, saving him hours of patient, or impatient, waiting or "watching," calls or visits; she will enable him to leave the case sooner, and to know when other after-calls would be most needed by her morning visit to the patient and reporting the conditions.

Third.—The district or visiting nurse would by her sympathetic presence and other personal characteristics, and her knowledge and acts, bring into the often unventilated, unclean, perhaps darkened, noisy, ill-managed, unhappy home of the sick, pure air and light, cleanliness, quiet, comfort, etc., and so assist immensely to promote recovery and health; abbreviating the period of illness, preventing suffering, despair, death—in a word, to lessen the