Keeping the Lamp Lit: The Interwoven Roots of Home Care and Public Health

By Lisa Yarkony
“The ultimate destination of all nursing is the nursing of the sick in their own homes,” Florence Nightingale wrote around 1867. By then, she had earned fame as “the lady with the lamp” for her habit of making hospital rounds at night. It is less well known that she also shined a light on the value of home care through her support of “district nursing,” an early term for public health nursing. In *A Guide to District Nurses and Home Nursing*, she and a fellow nurse, Florence Craven, maintained that “every poor person should be as well and as tenderly nursed as if he were the highest in the land.”

This remained the goal of district nursing as it made its way to the United States, where visiting nurse associations preserved the tradition of providing care to the poor. In the late 1800s, a number of these associations formed in U.S. cities such as Boston, Chicago, Baltimore, and New York, where Lillian Wald coined the term “public health nurse.” The great pioneer nurse and social reformer chose the term in the 1890s to emphasize the “community value of the nurse,” whose work was built on an understanding of the social and economic problems that often led to disease. Preventing them has been a focus of public health nursing since Nightingale sparked a movement that continues to this day.

“Preventable disease should be looked on as a social crime,” Nightingale wrote over a century ago as she called on nurses to be agents of personal and public reform. “To see these poor people going again, with a sound and clean house as well as a sound body and mind,” she enthused, “is about as great a benefit as can be given them — worth acres of gifts and relief.” And success in this regard depended on nurses teaching families “health and disease-preventing ways.”

Nightingale’s stress on the patient’s surroundings and quality of life will strike a familiar chord among home care nurses, as will her focus on treating problems before they become acute. A district nurse, she explained, must “nurse the room” as well as the patient, and teach the family also to nurse the room. She stressed that it is the nurse’s duty to make the room one in which the patient can recover, to bring care and cleanliness into it, and to teach the occupants to maintain that cleanliness and care. “The work we are speaking of,” Nightingale noted in one comment on prevention, “has nothing to do with nursing disease but with maintaining health by removing the things which disturb it: dirt, drink, diet, damp, draughts, and drains.”

There were plenty of these unsavory threats to health in the crowded port city of Liverpool, England, where a merchant named William Rathbone saw nursing the poor at home as a way to provide social improvement and professional care. In 1859, he paid a nurse to care for the “sick poor” of his district, but he could not find enough trained nurses as he tried to expand the service to other districts. When he asked Nightingale for advice, she wrote him a letter in which she concluded that “the only satisfactory solution is to train nurses specially” and suggested that he ask the Royal Liverpool Infirmary to open a school that would prepare nurses both for the hospital and his district nursing group.

He followed her advice, and the Liverpool Training School & Home for Nurses opened in 1862 under a superintendent who had served at the Nightingale School at St. Thomas’ Hospital in London. By 1867, Liverpool had been divided into 18 districts, each with its own nurse and each organized by a philanthropic lady volunteer and a lay committee. The success of the Liverpool system inspired other large towns and cities such as Manchester and Birmingham to found similar schemes. But in London, the poor received sparse care from religious and philanthropic groups whose nurses were largely untrained — a lapse that came to Rathbone’s attention after his election to Parliament in 1874.

Again, he asked Nightingale for help, but she was at her family home in Derbyshire at the time. Her father had recently died and she was busy caring for her mother, who was 86, frail, and befuddled. Though Nightingale didn’t have time to organize the London scheme, she did write a pamphlet, “Suggestions for Improving the Nursing Service for the Sick Poor,” in which she indicated that a detailed survey was called for to assess nursing needs in London. To conduct this task, she recommended Florence Craven, an experienced nurse who had trained at the Nightingale School in London. Craven’s subsequent comprehensive survey revealed that there were only 106 district nurses for the whole of London and led to the founding of the Metropolitan Nursing Association, or MNA.

The first MNA trainees worked an eight-hour day consisting of six hours in their district and two hours devoted to lectures or reading. This rigorous schedule reflected Nightingale’s vision of the high demands made on nurses who cared for the poor and disabled in their own homes.”

— Lillian Wald
In late 19th century America, cities were undergoing tremendous growth as immigrants flocked to this country in search of new opportunity. Industrialization contributed to the dense population of cities, and the development of tenement houses fostered the spread of disease. sick at home. "A district nurse," she explained, "must be of a higher class and of yet a fuller training than a hospital nurse because she has not the doctor always at hand; because she has no hospital appliances at hand at all; and because she has to take notes of the case for the doctor, who has no one to report to him. She is his staff of clinical clerks, dressers, and nurses."

An additional, and equally crucial, duty was to keep families together, Nightingale stressed in remarks that revealed her as a home care leader ahead of her time. "Trained nursing," she noted in one instance, "enabled the parish doctor to perform a very serious operation in a woman's own home, whereby the parish was saved a guinea a week, and the poor woman's home was saved from being broken up," an outcome that preserved both the family's budget and its peace of mind. "The trained district nurse," Nightingale added, "nurses the child or breadwinner back to health without breaking up the home — the dread of honest workmen and careful mothers who know the paupering influence of the workhouse, even if it is only temporary."10

These were words that spoke to both the pockets and the souls of her readers. The last quarter of the 19th century was a period of political and social reform. A plethora of wide-ranging legislation was passed in response to growing awareness that improving the material state of the poor was as essential as their moral salvation. Nightingale appealed to economic concerns by arguing that "it is cheaper to promote health than to maintain people in sickness." And she struck a spiritual chord when she described district nursing as a "crusade against dirt and fever nests — the crusade to let light and air and cleanliness into the worst rooms of the worst places in sick London."11

The foot soldiers of this crusade were the nurses of the MNA, a flourishing enterprise with seven branches by 1886. Its work was confined to London, but Nightingale predicted that "within a few years, it will be a disgrace to any district not to have a good district nurse to nurse the sick poor at home."

The chance to translate her vision into reality came in 1887 when Queen Victoria celebrated 50 years on the throne and British women were invited to contribute to a Jubilee Fund. The queen decided to spend some of the donations on a national scheme produced by Rathbone and Nightingale to provide district nurses for the "sick poor," based on the rules and standards of the MNA.12

In 1889, a royal charter was issued that formally established Queen Victoria's Jubilee Institute for Nurses (QVJI), with Rathbone as vice-president and Florence Craven as a member of the Queen's Council. Existing urban district nursing associations that conformed to the institute's standards were invited to join. Rural areas were brought into the scheme by affiliation in 1892 and eventual merger in 1897 with the Rural Nursing Association, a national charity that had begun in Gloucestershire in 1890.13

Those who joined QVJI were held to the highest standards, since Nightingale saw nursing as a calling. This sense of mission comes through in the "Guide to District Nurses and Home Nursing" summing up Nightingale's views on nursing. "A district nurse must be motivated by a real love for the poor and a real desire to lessen the misery she may see among them," the guide instructed. "Her aim must be not only to aid in curing disease and alleviating pain, but also through the illness of one member of a family to gain influence for good."14 It was a call to action that would change the life of a genteel young nurse who lived an ocean away.

In June 1893, Lillian Wald attended the International Congress of Charities, Corrections, and Philanthropy at the Chicago World's Fair. At the event, she met women who had preceded her in community work in America and Britain. Of special significance were the nursing sessions, which included a paper by Florence Nightingale, "Sick Nursing and Health Nursing." Wald also had a chance to discuss shared problems with her British colleagues, who had founded visiting nursing. Among their common concerns was the unhealthy nature of urban life for the poor.15

In late 19th century America, cities were undergoing tremendous growth as immigrants flocked to this country in search of new opportunity. Industrialization contributed to the dense population of cities, and the development of tenement houses fostered the spread of disease. Epidemics of smallpox, typhus, scarlet fever, and tuberculosis ravaged filthy, vermin-ridden slums. As popular knowledge of germ theory spread, urban dwellers realized that personal health depended to some extent on the health of the general population. The infectious diseases contracted by the "dangerous classes" also appeared to threaten the well-being of middle- and upper-class dwellers, who blamed the poor for their own disease and deprivation.16

This did not, however, stop Wald from going where few
middle-class women had gone before and agreeing to spend time in New York’s Lower East Side, teaching a course on home nursing to immigrant women. One morning, the daughter of one of Wald’s students came into the classroom in tears, saying her mother was sick. Years later, Wald wrote of being guided by the girl through “evil smelling” streets, past open courtyard “closets,” up the slimy steps of a tenement, and finally into the sickroom, where she received a jolting lesson in the realities of immigrant life.

“All the maladjustments of our social and economic relations seemed epitomized in the brief journey and what was found at the end of it,” Wald would recall. “The family to which the child led me was neither criminal nor vicious. Although the husband was a cripple, one of those who stand on street corners, exhibiting deformities to enlist compassion, and masking the begging of alms by a pretense of selling; although the family of seven shared their rooms with borders … and although the sick woman lay on a wretched unclean bed, soiled with a hemorrhage two days old, they were not degraded human beings, judged by any measure of moral values.”

The experience was a “baptism by fire,” as Wald described it. She became convinced that public health nurses must treat social and economic problems, not simply provide care for sick people. They must promote community wellness by living among those they served, developing neighborly ties, and providing service from the patients’ point of view, she told a comrade from nursing school, Mary Brewster. “To a friend, the plan was revealed,” Wald related. “Let us two nurses move into that neighborhood; let us give our services as nurses, and let us contribute our sense of citizenship to what seems an alien community in a so-called democratic country.”

In July 1893, she and Brewster moved to a tenement on the Lower East Side and began the Visiting Nurses Service. Within a year, they had visited over 125 families and offered advice to many more. “Our basic idea,” Wald explained, “was that the nurse’s peculiar introduction to the patient and her organic relationship to the neighborhood should constitute the starting point for a universal service to the region. We planned to utilize, as well as to be implemented by, all agencies and groups of whatever creed which were working for social betterment, private as well as municipal. Our scheme was to be motivated by a vital sense of the interrelation of all these forces. We considered ourselves best described by the term, ‘public health nurses.’”

Wald demonstrated what this meant after she and Brewster moved into a house, also on the Lower East Side, that would become the Henry Street Nurses’ Settlement, now known as the Visiting Nurse Service of New York. They enrolled six more nurses and several activists, lawyers, and reformers, and the group of them lived together and shared expenses. Besides nursing, they arranged picnics, trips to the countryside, and tickets to concerts — all in an effort to let their neighbors experience life beyond the factory and the tenement. After completing their visits, nurses taught English or how to cook. Eventually, the settlement established kindergartens, scholarships, and classes in carpentry, music, sewing, and dance. By 1912, more than 28,000 took advantage of these programs.

Those they nursed were a number equally great. At the settlement expanded, the nurses visited homes of those of all nationalities across the city. In 1917, the service provided bedside care to 32,753 patients and attended 21,000 sick children in their homes. A number of wealthy women and high-profile philanthropists supported the group, and the enterprise grew dramatically. When Wald retired in 1933, she managed a staff of 265 nurses who cared for 100,000 patients.

At that time, there was a new threat to the public health that has played itself out as the preeminent issue in health care today: the unseen plague of chronic disease. By the late 1920s, fewer of the diseases treated at home were the dreaded scourges of the past that often killed patients quickly and terribly. As a result, visiting nurses were caring for more and more patients with heart disease, cancer, strokes, diabetes, and arteriosclerosis. Less need for acute care at home and the rise in chronic illness were drastic changes, but they were predictable in light of changing morbidity patterns, evolving trends in health care delivery, and a population that already had begun an aging trend and shift in age demographics.

Many people, including most doctors, failed to see that the public’s health care needs had changed. The difference struck nursing leaders such as Lavinia Dock, however, one of the women Wald brought together on Henry Street. In a prescient 1906 plea, she supported the right of the chronically ill to receive care at home. “In every system of visiting nursing, the right to ask for a nurse ought to be unrestricted,” she contended, even though “physicians rarely call for a nurse for chronics.” Yet “it is precisely the poor, old, forgotten, neglected chronic cases to...
whom the visiting nurse ought to be the greatest blessing,” Dock pleaded — a blessing indeed that now improves the lives of millions of the nation’s most vulnerable individuals through the services of today’s home care organizations, among them the Visiting Nurse Service of New York.

VNS of New York still carries on Wald’s mission in the city’s five boroughs and suburbs. Over time, New York and its residents have changed, and VNS of New York itself is different, too, because Wald directed that the work nurses do should reflect the changing needs of those they serve.27 The Early Steps Childhood Center has replaced the kindergartens; classes in parenting have replaced cooking. More patients are elderly, so there are more services to address the chronic conditions which commonly afflict so many as they age. One thing certainly hasn’t changed: VNS of New York believes as always that people thrive best in healthy communities, and it runs a community wellness program that provides seniors and the disabled with health education, information, and resources that will help them maintain good health and avoid hospitalization.26

Strikingly, this was also the mission of another great advocate of the public health, the late Senator Edward M. Kennedy. Like Wald, he believed that the citizens of a democracy have a duty to serve those in need and strive for the social betterment of all. His sense of justice led him to argue that “every American should be able to get the same treatment U.S. senators are entitled to,” words that evoke Nightingale’s plea to provide the poorest with the same care as the rich. Kennedy acted on his words by introducing the Community Living Assistance Services and Supports (CLASS) Act, which was passed as part of health care reform last year.

The CLASS Act seeks to make home care and support services more affordable for the disabled and those with chronic conditions, groups that are destined only to grow as the nation continues to “gray.” This demographic shift, the National Association for Home Care & Hospice has long espoused, means that home care will play an even greater role in efforts to keep individuals living independently in the comfort of their own homes, keep families together, and improve the quality of their lives — keeping the lamp burning that Nightingale lit when she advanced home care for the poor many years ago. “Never think that you have done anything effectual in nursing,” she told nurses in 1867, “till you nurse not only the sick poor in workhouses but those at home.”27 It is advice that still rings true now as we seek to address the changing needs of the public health.

Endnotes

4 Ibid.
5 Ibid.
7 Carrie Howse, “The Ultimate Destination of All Nursing: The Development of District Nursing in England.”
8 Ibid.
11 Lois A. Monteiro, “Florence Nightingale on Public Health Nursing.”
12 Carrie Howse, “The Ultimate Destination of All Nursing: The Development of District Nursing in England.”
13 Ibid.
14 Ibid.
15 Karen Buhler-Wilkerson, “Bringing Care to the People: Lillian Wald’s Legacy to Public Health Nursing.”
18 Ibid.
27 Lois A. Monteiro, “Florence Nightingale on Public Health Nursing.”