DIARY

D I A R Y

HAMILTON, Ontario

HAMILTON

March 11, 1948

Meeting of medical sub-committee in Hamilton. Dr. Mosley, Dr. Puffer, Dr. Kitching and Dr. Baillie sat in on first part and then came out to discuss survey with Mrs. Haygarth. There was a great deal of resistance on her part. This is a bad time: - (1) x-ray survey - on discussion find that the only extra work for the nurses is the following up of cases and contacts found. (2) measles epidemic - apparently nurses have to visit every case, chiefly for purpose of filling out epidemiological card. Pointed out that survey might help in this. Finally, Mrs. Haygarth suggested that she gather the nurses in on Saturday morning and I could speak to them.

March 13, 1948

Came to Hamilton so speak to nursing group of which the majority assembled in the Health Centre. Mrs. Haygarth's reception a bit better - some of the nurses had been coming in for reading material - they "were jittery about this". Don't know what explanation was given on Friday.

March 15, 1948

Monday - returned to start survey. Interview 11-12 noon with Mrs. Haygarth. Very difficult to keep her to the point. Will take a long time and many interviews to get the required information. She seems to take on too much of the administrative detail herself - question amount delegated to her supervisors - especially in Health Centre.

Lunch with Dr. and Mrs. Kitching.

1.30 p.m. went with Miss Dean (P.H.N.) to Immunization Clinic at Central School. Two other nurses, Miss Hilbert (in charge) and Miss Nugent. Also student from St. Joseph's. Dr. Laura Martin came to give immunization. Elaborate set-up prepared. Syringes and needles boiled and placed between two sterile towels. Immunization vials soaking in alcohol. Table outside door where two nurses worked. One nurse (Miss Hilbert) went to class rooms to collect children. Second nurse checked names on list and notified Doctor when special tests such as protein or Schick. Third nurse cleaned arms, (wore mask for this!) Technique used -

1. Wash with green soap (great abs. swabs)
2. Wash with alcohol (great abs. swabs)
3. Swab with iodine.

With all this elaborate preparation - mask, etc., the child was not told to hold his sleeve up and frequently it dropped down and the arm contaminated.

The student asked what she could do. Was told, "Oh, you can help the doctor". This was not really necessary. Could much better have been employed to clean arms and thus relieve an extra nurse. Student not given any explanation of immunization program. No teachers or volunteers used. Definitely a waste of the time of at least one nurse. Left at 3 and clinic not yet completed.

March 15, 1948

3.00 p.m. Returned to clinics at Health Centre.

Chest Clinic - Miss Moffatt, nurse in charge.
Dr. Holbrook, doctor in charge.
One other nurse taking histories.
Student taking names, weight, temperature, pulse. Student had little opportunity to see more and would be there again.
Two other doctors - from San?

A large clinic as many were coming in from Provincial survey. Three beds obtained immediately from Sanitorium for three cases. Excellent relationships and co-operation there. (Dr. Holbrook recently retired as Chif at Mountain Sanatorium and works part time in Health Department Chest Clinic).

Did not get much on follow-up by nurses. Obtain this later.

Baby Clinic - Two nurses - Miss Smith, Mrs. Dingwall
Dr. Carr, Pediatrician, arrived late.

Nurses had interviewed all mothers (28). Volunteer had weighed.

Observed Dr. Carr. Mother would sit down - he read nurse's notes and questioned on feeding. Made suggestions re diet frequently. Initiated notes and mother left. About 1 minute! New babies were placed on table by nurse and examined very, very briefly. Nurse was frequently lax here in not bringing mother into the picture as much as possible. Too much banter between nurse and Doctor in front of mothers. After all cases seen by Doctor, immunization was given. No masks here. Why difference?

March 16, 1948, (Tuesday)

9.00 a.m. At McIlwraith school with Miss Harley. This school is in rather a poor district. Children all have rather low I.Q. Pediculosis cases quite numerous. A difficult group to teach and therefore all the more need for demonstration and illustrative material. Met Mr. Lowden, principal.

Routine of school work seems to be:

1. Test children for vision, weigh and measure.
2. Test hearing.
3. Referal of kindergarten and Grade I pupils not examined in summer to doctor.
4. Doctor examines Grade 8 and if possible Grade 5.
5. Referals from nurses' screening to doctor.
6. All corrections, except dental, must be referred to doctor to mark correction on card.

Miss Harley referred to what she was doing as the "Thorough Class Room Inspection".

Teachers do not weigh or measure or test eyes.

Nurse does not give class room talks.

Seemed to be rather a lot of clinical work. Several lists, forms for immunization,

consents, etc. No clinical assistance in this school for teachers.

Re Sanitation - nurse seems to take little responsibility. Apparently the doctor and nurse make one inspection yearly. Remainder of the time, the nurse accepts any complaints.

Re Communicable disease - Special class room checking for scarlet fever and other serious diseases.

(See write up of school visit No. 1)

Lunch with Dr. and Mrs. Kitching.

2.00 p.m. - Met Miss Fawcett who is on the staff of Health Dept. but is in charge of V.D. and Pediatric clinics at hospital. Appointment arranged with her Monday, March 22 at 1.30 p.m.

2.15 p.m. - Visited Baby Clinic at Health Centre. Same two nurses as yesterday. Mrs. Dingwall not usually at this session but regular nurse ill. Not as large an attendance. Seemed considerable waste of time. Miss Smith could have been doing records after preparing her part of the clinic.

Sat with Mrs. Dingwall during her interview with three mothers - two new babies. Took information for front of history form. Asked routine questions re formula, extra feedings, C.L.O. etc., and sleep. Re-appointment made. Asked one re vaccination and arranged to give to-day. Others not old enough for immunization. No literature given or referred to. Nurses have only regularly printed literature. Box on desk contains forms only.

(See write up of Clinic visit No.1)

3.30 p.m. - Interview with Miss Helene Sneddon, Superintendent V.O.N. Very charming and very friendly reception. No question but what nurses would do job analysis - would be very useful for them. Asked me to explain the survey to the group next Monday, 8.30 a.m.

Met Miss Lawson, Assistant Superintendent and the Nutritionist. Arranged to interview them also. Will arrange visits to V.O.N. after Easter in order to try to complete Health Department before.

Wednesday, March 17, 1948.

9.00 a.m.

Interview with Miss Wright, Supervisor at Health Centre. Miss Wright was with the Board of Education before amalgamation. Her major experience has been in the school service and one has a feeling that this aspect is still her major interest. In discussing her duties it was hard to pin her down to a definite subject. In regard to the introduction of the new nurse - she feels that they need a great deal of guidance. Wants to be with them most of the time in the schools for two or three months. Demonstrates all visits, including birth registration. One feels that not a great deal would be left to the initiative of the nurse - more a case of telling her what to do than guiding. Would not go with more senior nurse unless specifically asked and then it would be to solve some problem. Not a real supervisory visit. No planned educational program. Is overwhelmed with detail work, filing, etc., and cannot see the bigger issues over these. No time to go to committees and do what the health department wants her to do. Does not talk the language of modern supervisor.

Although monthly reports come from the main office giving statistics, relative to to time spent in services, no attempt made to use this as guide. No idea of time percentages. Had figures of pre-kindergarten examinations but had not worked out percentage of total entering school.

Although Miss Wright is available for nurses to discuss cases with her, from observation this seems to be done by going from desk to desk and telling nurse about new records which have come in. No planned individual or group conferences.

Would think that in this centre nurses would be rather confused as Mrs. Hogarth also goes over work with them.

When asked about weaknesses in training, Miss Wright first mentioned records. When questioned specifically, this breaks down to local records. Feels they should be better prepared to recognize all problems when they go into a home. Also need more basic training in mental health.

Miss Wright has a pleasing personality and is no doubt efficient in details but modern methods and meaning of supervision do not seem to be comprehended. How important the supervisor is in a health program - it is probably in administration and supervision where we need to put more stress in preparation.

Wednesday, March 18, 1948, p.m. Back to Toronto

Thursday, March 18, 1948

11.00 a.m.

Interview with Miss Boyd at Queen Mary Centre. Mrs. Hogarth is really trying. Took me out to the Centre - had the car washed because I would have been ashamed to ride in it before - but did not go in with me. Had phoned Miss Boyd to be at the door so she would not have to take me down through the basement!

Miss Boyd served in both world wars. Was in charge at Borden in the last and later in charge on the "Letitia". Her experience has given her a breadth of interest and understanding which reflects in her supervisory program.. One has a feeling that the nurses are allowed more initiative and are permitted to take

responsibility just as soon as they are able. Her supervision is given according to need and there is more guidance in it than with the others. Is available at all times for the nurses and when conference is indicated brings them to her desk to sit and discuss. Has regular Saturday morning conferences. Has developed several administrative aides (carry over from the army, she says) which help, e.g. index tabs in record box. Miss Boyd also lays great stress on the immunization set-up and clings a little to the old custom.

Miss Boyd was the only representative from Hamilton at the refresher course which was recently held at the School of Nursing. She got a great deal from the lectures. She can see the larger issues and is not bogged down with detail.

In this supervisor we see the influence of a broader experience - not necessarily a course in supervision - as a good background for supervision in contrast to growing up with the agency and not having experience elsewhere. Personality no doubt figures to some extent also.

Thursday evening - With Mrs Hogarth attended the annual joint dinner meeting of the Hamilton Community Chest and Council of Social Agencies. Held in Winston Hall which was used during the war to house some 300 war workers and has now been taken over by the Y.W.C.A. Very attractive large lounge. Excellent dinner. Reports mimeographed into booklet and available for all. Synopsis of each brief and to the point. Chancellor Gilmore of McMaster an excellent chairman. Panel discussion on how money raised, very good. Over 200 at dinner. One had a feeling that the citizens of Hamilton are keenly interested in their health and social agencies. This was a large attendance, especially since this meeting was apparently the last of a long series of annual dinner meetings.

Friday, March 20, 1948. - Went to office before going to school for observation. Cold very bad and rain terrible so cancelled appointments and returned to Wentworth Arms, (much nicer than Connaught) Worked all morning and returned to Toronto on 2.15 train.

HAMILTON

Monday, March 22, 1948.

8.30 a.m. Conference with V.O.N. nurse re survey.

9.30 a.m. Hamilton Branch Canadian Red Cross.
Miss Buchbee, nurse-in-charge.

Conference with Miss Stevens, Director of Visiting Homemaker Service.

Have 17 Homemakers. All go to Toronto for a two weeks course sometime during their first year. 8 of the 17 are on full time and the remainder on part time. Do not have enough to fill calls.

Accept only short term cases - chiefly where the mother is ill. They are now considering whether or not they will extend their service to old people. Get many calls where all that is needed is perhaps one day a week - do some cooking, tidying up and shopping. Enough to keep the old people out of the Old Folks' Home.

Apparently the Family Welfare have a group of their own as well as V.O.N. Can also obtain Home Aides through Employment Service. According to last annual report of all the filled calls, 380 were made directly by client (sometimes told to do so by agency) and only 20 from other sources. This does not indicate very extensive use by agencies, including Health Department.

Conference with Mrs. Cambridge, Nutritionist.

A real live wire. Was with British Ministry of Food in England. (Replaced Jean Ritchie, who, she said, was fired!) Last year was part time with the Health Dept., but that has been discontinued since January 1948. When asked why, she said the services were not appreciated. Apparently there was some trouble with the Volunteer Home Economists who were available for counselling in Baby Clinics. Would be shoved off into a corner, - no effort made by nurse to refer cases, etc. This seems clearly a case of the Supervisors and Director not appreciating the service and not guiding the nurses in the use of a consultant service. There may be another side to the question but can't help but feel that the nursing department is most at fault. Mrs. Cambridge also told me of the course of lectures she prepared and tried to present to the nurses. One on budgeting - did'nt go over although she tried to make it practical. Said you realize you are not appreciated when a professional group yawn and look at their watches. So the next week she thought she would be technical. One nurse came up afterwards and said "I've been nursing for 26 years and I have not opened a text-book since I finished training. You don't need that information to tell the women in the north end about nutrition!"

Another nurse said "I hate nutrition!"

What is at the root of the public health nurses aversion to nutrition?

Mrs. Cambridge has many activities going now - are education for the community but instead of credit going to the Health Department it goes to the Red Cross.

11.00 a.m.

Interview with Mrs. Galloway, President of the Hamilton Industrial Nurses' Association, at the American Can.

Can get information through them re nurse in industry. As next meeting of the group is on April 5th., invited myself to it to tell them about the survey and get them to do job analysis. Very co-operative

2.00 p.m.

Conference with Miss Fawcett at Special Treatment Clinic, O.P.D. of Hamilton General Hospital. Miss Fawcett is on staff of Health Department. She is called the "social service" nurse, at this clinic. The hospital staff of the treatment clinic, Miss Fawcett interviews patients and is responsible for follow-up. The district public health nurse does not do any follow-up. There is an untrained man who sits in the main office of the Health Dept. He is also apparently supposed to do "follow-up" but this consists mainly of writing letters. (Later learned he is responsible for the 'legal aspects').

Miss Fawcett says the number of delinquents is increasing. She has'nt sufficient time to check. Clinics are as follows:-

Mon. 4 - 6.30	M.	G.C. & S.
Tues. 8.45-9.30	M & F.	" "
Wed. A.M.	Children	V.D. & Pediatrics
Thurs. 4 - 6.30	M & F.	G.C. & S.
Fri. 4 - 6.30	M	G.C.

She is at all these clinics and has the records to do in addition. Has a record clerk as assistant. There is also a Junior League volunteer in each clinic who pulls the records as the patient reports. (Later Mrs. H. denied that any volumteer in V.D.clinic)

Miss Fawcett refers to the social history. Saw several records. All that is written in this section is the date and circumstance of contact. Nothing approximating social work done. However, Miss F. probably carries a lot in her head but this would never be known to successor. Miss Fawcett says she has been there 10 years and had no supervision of any kind. Would welcome it. Would also like to go away to take course and see what is done elsewhere. Told that this is not necessary. Miss Fawcett seems to be doing her best but would say she is somewhat limited. Would think she would appreciate some guidance. Both she and Miss Inrig, the nurse-in-charge of O.P.D. spoke very highly of Dr. Leroux and appreciated the improvement he made.

Number of cases for February only 386. The greatest number was 506 - December 1946. These figures seem low for an industrial city the size of Hamilton. Also several of these are from district outside the city.

Later was told that all cases are not reported to Health Office - are reported directly to provincial government. So attendance at clinic is not an indication of total numbers.

In an interview later with Mrs. H. she said the nurses carry the delinquent V.D. cases when in families. Could not get this confirmed in actual practice.

Tuesday, March 23, 1948.

9.00 a.m.

Went to George R. Allen school in Westdale to observe nurse and doctor. Miss Reid, who took her public health certificate at McGill and Dr. Glass, a local general practitioner. Miss Reid very quiet, nice manner with children. Dr. Glass young and interested in the work. Felt that too many referred needlessly to the Doctor (See School visit No. 2) Also a lot of doctors time wasted. Children not always ready for the doctor. A very nice medical room opposite the main office - but not one poster.

1.30 p.m.

Saw Mrs. Haygarth in her office while waiting for nurse to go visiting. One remark made rather indicative of whole attitude. I asked her in which provincial supervisor's territory was Hamilton. "Miss Penrose, but she rarely comes. Miss Nicolle comes more. She is the Educational Director. But we don't need help - there are plenty of places to go in Ontario where they have'nt trained workers".

Mrs. Haygarth complained againabout the nursing statistics being done in main office. All these things possible of modification but she lacks the personality to bring them about. Criticized the development of the V.O.N. into the health education field and when asked specifically does not know what Miss Sneddon means by their health education visits.

2.00 p.m.

Out with Miss Morrow, (See Home Visit No. 1). Miss Morrow was in the army and after returning took her public health at Toronto. Is in her late thirties or early forties. Went first to Day Nursery. Really a wasted visit. Then on home visits, all but one of which was for measles and in none of which was any teaching done. Would consider it almost a totally wasted afternoon. It seems that for all cases of communicable disease the family doctor visits, an inspector from the Health Department visits and the nurse visits! What an utter waste of time especially if the afternoon's visits are typical. Epidemiological card is filled out. Just recently the amount of information to be recorded has been reduced.

Wednesday, March 24, 1948.

Spent morning at Health Centre with Mrs. Haygarth trying to complete interview guide. Think this is not a good way to do this. At next place give separate outline for statistical information only. Remainder of outline to be completed as a result of conference and observation and not gone over with Director. There is some discrepancy between what is said to be done and the actual practise observed. It is the latter which is the most important for the survey. Also it seems to me that the most valuable method of obtaining the information required is by getting out with the nurses.

Mrs. Haygarth so easily put on the defensive.

2.00 p.m.

Went to Queen Mary Centre to go out with nurse. Miss Boyd took me to each nurse at her desk and introduced me. She had a nice word to say with each. How different from the Health Centre!

Went home visiting with Miss MacKenzie who had the city car. A very pleasant nurse - has not had public health - graduated from Toronto General and following that took a P.G. in Pediatrics in Detroit. Was a supervisor in the Pediatric Dept. for two years. Came home when her father died - 20 years ago - and has been with the Health Department ever since. Always wanted to take the course but never got away for it - always wanted to go other places but never did'. Would have benefited by course - can see how others have - and would be able to do a much better job even without if there were a staff education program. Following the visits I could not see where any health teaching had been done. The majority were C.D., and what is the sense of trying to talk isolation for measles to a mother (low I.Q. often) with three children in three rooms? Nurse did not try anyway. Our general health education should teach the method of avoiding complications but of what value is much else? Nearly all the mothers in those two visits had had the family doctor - even when the second child developed the disease.

(See Home visit No. 2)

5.15 p.m. Back to Toronto

HAMILTON

Monday, March 29, 1948

Official call at R.N.A.O. office. Talked with Miss Fitzgerald and Miss Walker re study. Lunch with Miss Walker.

Tuesday, March 30, 1948

Hamilton V.O.N. Conference in morning with Miss Lawson, Assistant to Miss Sneddon. Miss L. responsible for the introduction of the new nurse, student program and staff education program. Has a very well planned introductory program. Has a keen appreciation of modern educational principles - changes with the times - stresses the teaching, techniques are secondary. Gives real supervisory visits and follows these with a written report which is discussed with the nurse.

In discussing student program remark was made that students frequently say in relation to the V.O.N. experience - "O, this is so much more interesting than public health!" Have only two days with the V.O.N. Have two weeks with the Health Dept. which is too long for observation.

P.M. Home visiting with Miss Truesdale. Miss T. has been with the V.O.N. in Hamilton for over twenty years. Has had public health. Her techniques were always good - her manner friendly and interested (See report of Home Visit No. 3.)

Attended V.O.N. staff Hard Times party. Very friendly spirit among the group. Have a staff committee who are responsible for such things as well as for making suggestions regarding staff education program.

Wednesday, March 31, 1948.

A.M. with Miss Sheppard of the V.O.N. (See report of Home Visit No.4). Miss Sheppard has been unable, because of family ties, to take the public health course. Would like to have done so. Is interested in her work and very conscientious. Went into one home that had been in last week with Health Dept. nurse. (See Home Visit No. 2, Visit 10). Overlapping seems obvious.

P.M. Home visiting with Miss Joliffe. Miss J. had her public health course 1945-46. She is a bit "off-handed" and perhaps not quite as direct about her teaching as she might be. Her technique might be questioned. For example, all the other V.O.N. nurses observed found a newspaper before putting bag down. Miss J. put it down on table or couch and got paper afterwards. Also she used the same apron in a visit to a premature baby (8 weeks) that she had worn when taking the temperature of a measles case in the previous visit.

As we were late in starting and had to return to the office early only two visits were made and these have not been written up. The first visit was to a young mother with three children - 5 yrs; 2½ yrs; and 3 months old baby. Reason given for going was that she had been visiting this baby and wanted to see how it was getting along. Also she felt that her teaching was not very effective with this mother. Found that 2½ year old was ill with measles. Family doctor had been in. Injected blood into baby. Mother says it had measles. Nurse weighed, took temperature. Decreased formula, diet of 2½ year old - sleep for older child. Mother had purchased very expensive perambulator even though already had a carriage. Nurse had been trying to discourage this. Home only working class and very untidy. Mother very erratic. Nurse took

temperature of 2½ year old orally. During course of conversation it was stated by the mother - "The man from the Health Dept. was in about quarantine and that he bawled me out because I had'nt reported the measles" (Doctor had already reported the older child). Mother was quite indignant about this.

Next visit was to a baby, now eight weeks old, which had been born prematurely. Mother of Italian birth, very nervous about her child, clean, well furnished home. Nurse weighed baby and discussed general care. Mother asked questions. Mother sat rocking the basket in which the baby was lying. Nurse did not make any mention of this although I am sure this Mother would have readily accepted and explanation of why this was not good for the baby.

Thursday, April 1, 1948

A.M. with Miss Lelen at Moodie's Textile factory. Arrived shortly after 10.00 a.m.

This is one of the seven industries which buys nursing service from the V.O.N. The nurse spends four hours a day, five days a week. This factory provides the most ideal working conditions for the nurse of any of the others and is also the largest served.

There are 420 employees of which approximately 80% are female.

There is no part or full-time medical service. Two doctors may be called as consultants - it is mostly compensation cases which are referred.

There is no pre-employment physical. The nurse sees all new employees within two or three days after starting. There are standing orders covering first aid.

During the morning the nurse saw about seven cases. Chiefly minor first aid. menstral pain and follow-up from previous accident. In talking with all of them nurse brought in general health habits. She seemed to knwo her cases very well.

It was noted that she did not use her records. There are individual records for each case. In addition she completes a day sheet for the purpose of compiling her monthly report. This sheet has the name of the employee seen, the reasons for seeing and treatment given and certain other checked information for statistics. I feel that writing the name and reason for seeing etc., is needless. This should be written directly on the record. This nurse apparently just copies this information onto her record and is therefore, not using the record to the best advantage. (Discussed this later with Miss Sneddon, who insisted this list was necessary and the records were always used when interviewing cases, except when a number of first aid cases at one time.) These individual records had little or no social data. There was really very little for a new nurse if there were a change.

Her monthly routine reports to management were very good. Is concentrating on the need for part time medical services and uses illustrations from actual cases. Prefers to follow up in home herself even though not in her own district.

This concludes the observations visits with the V.O.N. To prove there is overlapping following is a summary of home visits made with the V.O.N.:

1. Infant welfare - 3 months old (P.H.N. of H.D. had been in)

2. " " - 8 wks. " " " " " " "

3. Prenatal

4. Child Welfare - 3½ year old girl had been ill six months previously when nurse visiting for pre-natal case. Did not check if H.D. in.

5. Medical - Insulin

6. Surgical -, Breast abscess

7. Infant welfare - 4 wks. old (Called previous week with P.H.N. of H.D.)

8. General care - arthritis

9. Infant welfare - 3 months old (P.H.N. of H.D. in re measles case)

10. " " - 8 weeks old, but born prematurely. Did not check re H.D.

Six infant and child welfare visits - none of these the regular (policy) 6 months visit and only two under six weeks.

In no case do I recall was referral made to Health Department nurse, and certainly it should be done for some of these cases.

P.M. Observation in pre-natal clinic at Health Centre (Health Dept.)
(See Clinic Visit No. 2)

Miss Harley, the nurse in charge, assisted by one other public health nurse and two volunteers from the Women's Auxiliary. There was also a student from the General Hospital. Would not let student weigh before volunteer came because - Mrs.----- very fussy". Only sign outside waiting romm was "Chest Clinic". A great deal of rushing on the part of the nurses to get the interviewing done before the doctor came. Lack of privacy. Doors were not closed for interview with nurse. Inroom where new admittances were being interviewed door was open into office where chest clinic nurse and stenographer were working. Later the doctor interviewed his cases, which were not being examined, in the same room under same conditions but with one nurse and sometimes two, hovering over him. Very difficult for any patient to feel that she was the centre of attention. Although there is a space on the pre-natal record for "social data" on none of the three cases newly admitted was any social data recorded. Instead in this space an entry was made about whether or not the mother would make her own arrangements about confinement and whether or not she needed a layette given to her. And one of the cases obviously had a problem - it was very noticeable that she (18 yrs. old and her second baby) was worried because her husband was out of work and did'nt seem to keep any work. This was just brushed aside with "Don't worry!" Cases who had been at clinic previously for this pregnancy were interviewed by the second nurse who had a much better approach. However, she did not touch on social prbblems either. Her questions were confined to the physical. One had a feeling also that the mothers must have felt that the chief purpose of the interview was to get the record completed. Work slip for the district nurse was filled in during the questioning, although it would have been much better to do it after the mother left. This nurse took the B.P. even on the newly admitted cases who were first seen by Miss Harley. And in these latter cases there was some repitition in the interview. It apparently was not clearly defined what each should cover.

Miss Harley was heard frequently admonishing certain mothers not to wear round garters. One would think from her tone that it was an unpardonable sin!

When the doctor came (late) there was a great rush to get the mothers who were not being examined to see him. Even almost had them line up at the door. His interviews in some cases, gave no more information than the nurses and it had been a long wait for some of them.

Observed the doctors examination of one woman. He called out his findings while Miss Harley recorded. Must have been rather upsetting to the woman to hear "plus 1", "only fair", "considerable discharge", etc., called out in relation to certain record items. One felt that the doctor would not use this approach with his private patients. His first contact with the woman to be examined was when she was on the examining table. After the examination he would see her again. This interview was not observed.

This clinic averages 12-17. They return every two weeks to the 34th week and then every week. A specimen of urine is brought which is examined by the laboratory. In relation to the size of the city, the total number of pre-natals seen at this clinic and the hospital clinic seems small.

One of the W.A. volunteers weighs the patients and charts the weight. She also writes the name and weight in a book. (The nurse taking B.P. also writes name and B.P. in another book. These books are "just to have it". No satisfactory explanation of their use. The other volunteer sees the women referred for layettes, etc. She sits right in the waiting room and there would be no secret about anyone who wanted help!

Tuesday, April 6, 1948.

A.M. Observed post-vacation inspection at Armstrong School. Miss Tyson, the P.H.N. Took her P.H. in Toronto during 1945-46.

Saw first inspection in Kindergarten class. 56 children. Nurse sitting. Children in circle (very close together) and filed past nurse. Had them show hands, looked in throat, and for each child took two tongue depressors and examined hair. Discarded depressors. This seems rather extravagant as the technique consisted of -
(a) proximity of children in line

(b) the fact that clothes in clothes hangers are very close and frequently one on top of the other.

(c) technique used by doctors.

Asked Miss T. if this was the technique as set down in policy for Hamilton. Said she had taken her field work in Kirkland Lake, (Miss Pinchbeck there then) and she thought it good. When she came to Hamilton they more or less left her on her own. Judge by this and other observations that -

(a) Miss Wright does not give as close supervision of the new nurse and she would imply

(b) there is not policy manual with techniques to be observed.

Next class inspected was Grade 8. Each row lined up and same procedure gone through. Although nurse stood by the window, children did not approach so that best advantage was taken of light.

P.M. Home visiting with Miss Tyson, (See report Home Visit No.5). A very alert nurse - she likes her work and is very conscientious. Tries to keep it right up-to-date. Says she makes about 40 birth registration visits per month. Says policy is to make a visit then, at six months and a discharge visit at a year. Said she got all her measles cases visited - thought it rather foolish - just a case of dashing in, filling out card and dashing out again. "But then, my opinion is never asked." Asked her about unions - said did not have to belong and that she had never been approached. She thought that in the Health Dept. only some of the older nurses who belonged. Asked about needs in training, suggested that both psychology and nurtrition should be compulsory and not electives. Feels a need for good staff education program. Tries to make the work interesting fof the student.

In the evening at Miss Sneddon's for bridge. Miss Sharpe, Miss Allison, Miss Haverson, Miss Young, Educational Supervisor at Hamilton General, Miss Blackwood, Pediatrics Supervisor at Hamilton General and Miss McLean. Miss Young is going to Kitchener as Director of Nursing.

Wednesday, April 7, 1948.

A.M. With Miss Lawson at V.O.N. discussing methods of supervision of nurse.

P.M. Conference with Miss Nash.

Friday, April 9, 1948

Interview with Dr. Albert Rose, Research Director, Community Chest of Greater Toronto. Had been informed that Community Chest had made a job analysis of agencies, including V.O.N. This analysis was done for the purposes of salary setting, as have most of the analyses on which information is obtainable. Questions asked re age, qualifications etc., and asked to write a description of their job. Were also asked to estimate time spent on the various phases of their activities. The examination of these job descriptions is made by reading them over and noting frequency with which certain items occur. Actually no information is obtained which could not be compiles by two or three people on the executive or supervisory level. The time estimation was not used and probably useless. If time is needed have to do a separate study. This interview more or less confirmed my own feelings in respect to job analysis.

Monday, April 12, 1948 - Hamilton

Spent the day - 11 a.m. to 3.30 p.m. with Miss Fenton at Mountain Sanatorium. She is the senior of two public health nurses on the medical services staff. The institution has over 700 patients. 100 graduate nurses. 40 nursing assistants. The two public health nurses do the only social work. Have no clerical assistance. They admit all new patients. Try to give them a friendly introduction. All new patients admitted to one ward. Miss Watson tries to follow up the teaching while they are still on this ward. Was told relationships with Toronto Health Department are much better than with Hamilton. Miss Larkin, P.H.N., T.B. Supervisor for Toronto spends about five days every two months at the San. interviewing Toronto patients. A few years ago a P.H.N. from Hamilton Health Department came up but she reported back that there was nothing for the P.H.N. to do and so the relationship between the district and the San. was not established. Miss Fenton says Mrs. Granat, social worker of the Samaritan Club gets a more complete report than the N.D. on discharged cases and that she follows up in the home. Arranged appointment to see Mrs. Granat.

Sat in on Miss Fenton's lecture to D.V.A. post-grads. See material on file.

See also copies of two other lectures "The Public Health Nurse in the Tuberculosis Hospital" and " The Patient as an Individual Public Health Problem". Both Miss Fenton's. In the latter raises the question of need for sterilization of dishes for discharged patients.

Wednesday, April 14, 1948

A.M. - Appointment with Miss Maloney, service nurse for St. Elizabeth's. Order has four nurses in Hamilton, one of whom has P.H. training. Cover approximately same area as V.O.N. Do not send any reports to M.O.H. Have a medical advisory board - any three doctors. M.O.H. not included. Feels there is little overlapping with the Health Department because as a rule, she says, the Health Department nurse does not get in before six weeks. St. Elizabeth's carry the baby for six weeks. If not under the care of family doctor, then refer mother to C.H.C. Many doctors have their own baby clinics. If mother returns from hospital and is not going to be under Doctor, St. Elizabeth'd refers her immediately to C.H.C. and they will not go in.

Would like to have a staff of five nurses and prefer the P.H. trained. Having a p.g. student from Toronto during May. In September will start taking intermediate students from St. Joseph's Hospital for nine days observation.

See file for statistics from St. Elizabeth's.

April 14, 1948.

P.M. Interview with Mrs. Granat, Executive Secretary of Samaratin Club. Social work training at U.B.C., 1939. Worked with C.A.S. Vancouver.

Mrs. Granat visits the San. every Tuesday morning where she interviews every newly admitted Hamilton patient and does follow-up on other Hamilton cases as indicated. Of perhaps four newly admitted for the week, she may carry two as cases. For the others she will make out a card "No case made" to have for future reference.

Mrs. G. does all the T.B. social work for Hamilton cases. Contact with the Health Department is practically all done over the phone and mostly with Mrs. Haygarth rather than with the nurse who is actually carrying the case. The P.H.N. may phone in about a case but from what I can gather, it would mostly be about material relief. There seems to be a lack of understanding of what the T.B. case worker has to offer, or else the feeling is that the case worker's field is quite apart and there is a lack of working together on the case. Osler - "Tuberculosis is a social disease, with a medical aspect". This is probably true, but isn't the nurse letting too much go here by not maintaining closer contact with the social worker.

Mrs. G. Gets full report on discharged cases and will do follow-up when necessary.

Discussed relationship between M.S.W. and P.H.N. Mrs. Granat thinks that should be M.S.W's at Sa. Says the P.H.N's there are doing mostly social work. (Miss Deeth on Tuesday said that she had made a very thorough job analysis of the duties of her staff at the Toronto General Hospital. Only two items could be said to be health education. All the remaining duties were those of a social service worker and mostly called for case work skill)

Mrs. G. feels the P.H.N. should have courses in psychology, sociology and enough on case work to give her an understanding of what case work is and to enable her to recognize when the problem should be referred.

Samaratin Club is the Family Service for T.B. cases, 140 picked women. All have to do some volunteer work. Raise large amounts of money and in addition have grant from Community Chest.

OXFORD COUNTY AND INGERSOLL HEALTH UNIT

Friday, April 16, 1948.

Drove to Woodstock with Dr. Baillie. Met Miss Grieve and Dr. Powers. As the nurses were all to be in the Unit on Saturday morning, I stayed over to speak to them. Commercial Hotel.

Saturday, April 17, 1948.

Oxford Unit has six nurses in addition to the Supervisor - Miss Grieve. Miss Mackay, Senior nurse; Miss McNaughtin, Miss R. Grieve, Miss Walton, Miss Moore, Miss Foster. There are also three students with them the month of April and there will be another three next month. This group are from the University of London. Spoke to the whole group about the survey and distributed the forms. They all seemed interested and willing to take part. Had a little discussion on the public health nursing course. At London, both psychology and nutrition are compulsory. Social case work is elective. If they do not elect it, they get nothing on social work except as it is brought into the public health nursing lectures. Miss Mackay who took her public health at McGill and had lectures from a member of the social work staff, pointed out how valuable they were to her and that in public health nursing we need so many of the techniques used by the social worker. Caught 12.52 to Toronto.

Monday, April 19, 1948.

Came to Woodstock last night. Met Dr. Powers and Miss Buchanan (student) at Health Unit at 8.15. A morning of immunization at five rural schools in Blenheim Township. Met Miss Foster at the first school.
(See School Visit #03)

1. Ridewood School. Mrs. Cassidy, Teacher. 34 pupils. There one-half hour - Dr. Grieve. 8 S.F., 2 vacc.

2. Muma School - Mrs. Smith - 10 pupils. Doctor gave 3 S.F., - 10 minutes.

3. No.9, Miss Culman. 16 pupils. Doctor gave 7 vacc. - 10 minutes

4. Wolverton - Mrs. Soarks. - 15 pupils. Doctor gave 1 S.F., 3 Vacc.

5. Springhill - Miss Hill - 18 pupils. Doctor gave 11 S.F., 1 Vacc.

The scarlet fever were all third doses and the vaccinations mostly re-vaccination.

The immunization equipment is carried in a large tin box (fishing kit). A sterile towel is put over the topy tray and sterile syringes and needles placed there. A sterile towel is put over them and they are ready for a second school. In spite of very careful technique on the part of allconcerned in setting up the tray and cleansing the arms, neither doctor nor nurses washed their hands once during the entire morning.

These five schools were quite a typical cross section I imagine. The union school board is gradually getting improvements made. Water, sink, cupboards, basement with furnace already put in Wolverton. Janitor problem difficult in all. Springhill, with a young teacher, terrible. Wash basin in corner filthy. Looks as though it had never been rinsed. Entrance not swept out.

Miss Foster has 30 schools - one, 3 rooms; - four, 2 rooms; - twenty-five, one room. Visits each about once a month. Her headquarters are in Drumbo.

Of interest - some little girls at Ridewood school had pressed some flowers which they picked on Saturday - hepaticas, mayflowers and blood root. Saw hepaticas growing along the roadside. Also saw daffodils in bloom in one yeard. Saw two

groundhogs. Dr. Powers pointed out the marshes made famous for the Bennett murder.

At lunch Miss Grieve told me about the little Anglican Church near Guelph where the man Florence Nightingale loved, preached. The family would not permit her to marry him and so he came to Canada. Preached at this little church and while he was there Florence Nightingale sent a communion set. This is now in a special place in the church. The man died of T.B.

P.M.

Drove with Dr. Powers to Child Health Conference at Brownsville (about six miles from Tillsonburg). This conference held in old library building. A new community hall is nearly completed and very soon they will have space in it for the C.H.C. There quarters are very cramped. Miss Grieve is the nurse in charge and a student was with her. The student assisted with the immunizations and did not listen to the conferencing. Perhaps that is because I was there. A volunteer of the Women's Institute weighed the babies and pre-school childrem. The surprising thing was that the doctor seemed to be present to do immunizations only. He only looked at one child and then only to examine ears with auroscope because especially asked by the nurse. His work record for the afternoon was the giving of scarlet fever toxin or combined or booster doses to 9 infants or pre-school children; third dose of scarlet fever to 10 school children who had missed the last visit at the school and 11 vaccinations to infants or pre-school. His day's work included the addition of the few immunizations done at the schools in the morning. With the nurse in the hospital now doing intravenous, giving streptomycin, etc., why in the world can't she do a simple intradermal test for scarlet fever and a little scratch for vaccination! (to Clinic Visit no 3)

If in this case, the immunization had been combined with physical examination or some other work for the doctor it would not seem to have been such a waste of time. In addition, if a student is not with the nurse it is customary for two nurses to go with the immunization to the schools and to the C.H.C.

Dr. Powers goes to Brownsville C.H.C. only about four times a year for immunization. The remaining conferences are held by Miss Grieve alone. She was very nice with the mothers. She mentioned afterwards how difficult it was to conference when it was an immunization clinic. Her space was not private enough and the chief purpose the mothers had in coming was to get the immunizations. In her conferences the questions asked were the usual about diet. Only once was toilet training mentioned and that because the mother siad the boy had had a hydrocele drained. Nothing about sleep, play, etc. Any records seen have only remarks in relation to diet and the obvious things a mother would tell.

Babies not undressed to be weighed. Think this not good. One mother mentioned she was still strapping the baby's navel. Doing it herself. Should have been inspected. Only pamphlets displayed were the usual Metropolital Life, etc. No reference made to them. One woman (nurse) took one.

No hand washing facilities.

Attendance was 15 mothers with 8 infants and 14 pre-schools. Miss Grieve says attendance at non-immunization C.H.C. averages from 5 to 10 (nearer 5)

Arlington Hotel, Tillsonburg.

Tuesday, April 20, 1948

Met Miss Moore, nurse for Tillsonburg and South Norwich at 9.00 a.m. Went to her office until 10 a.m. Office consists of a small ante-room, a small office room and a store room large enough to set up for immunization for C.H.C.

Population - Tillsonburg 4064
Township 2000

Schools - Tillsonburg, Public - 800 - 900
Separate - 150-200
High School - 200-300
Kindergarten - 80-90
Township, Consolidated 7 room school in Otterville
- 4 one room schools. Range 25-48 pupils.

Time divided:

Monday and Thursday a.m. 9-11, Public School
" " " " one hour to kindergarten

Friday a.m. Separate School
Wednesday, all day - Township Schools.

C.H.C. - two a month in Tillsonburg, one of which is immunization clinic. Average attendance - 30 for immunization - 8 or 9 on other day.

- one a month at Otterville - average attendance 6.

- Mothers "go to their own doctors" - Dr. Powers only examines those who do not.

(Public Health Nursing service have to offer more if we are to get mothers to come to C.H.C. Won't come just to tell nurse what the baby eats!)

For home visits to C.W., Miss Moore looks at birth announcements in the local paper. Can make visit earlier than if wait for birth registration to come from Toronto. Tries to visit within the first two weeks. At this visit gets the history. Only does demonstration bath if arranged for before delivery - otherwise does not get in on visit in time for this. (Could visit local hospital and make contact there for this. Over 500 babies born there last year - at least one-third would be from Miss Moore's district.) She has only given two demonstration baths since she came last Fall. No home conferences - although sometimes obstetric patients have to be in the corridor at the hospital.

Pre-natal - only five being carried at the present time. None of these referred by doctors - were picked up at C.H.C. Visits once a month to several months and then every two weeks.

Tuberculosis - Has only three cases now. One of these is active and won't go to San. The other two are arrested cases. Visits all these once a month. Has three contacts to visit to see if had x-ray.

Venereal disease - has only had 4 contacts to look up. None found.

Mental Hygiene - has not referred any since she came.

Secondary school here is very crowded and there is just no space for the nurse. She is in her office on Tuesday mornings and if needed they can call her.

Otherwise no work done there. Miss Moore realizes the defect in this but feels she can't do much about it. She is very conscientious but needs a lot of guidance and assistance in developing new projects. Seems afraid to put herself forward. Is not sure but what she would like to go back to institutional work - can see results faster. Here again, we need to give our public health nurses more to work with - more to do for the patient, e. e.g in infant welfare visits why not weigh baby and take temperature if for nothing more than making an opportunity for the mother to bring up problems by reason of making the visit longer.

10.15 a.m. made two home visits for measles (In same apartment house). One was about a ten year old girl who had just broken out in rash. No temperature takem. Advised fluids, keeping dishes separate and boiling since there was a 7 year old boy. Other case across the hall also a ten year old girl who had just broken out and who seemd quite sick. No temperature taken. Urged mother to get doctor and in the afternoon checked to see if this had been done. Suggested mouth wash.

Visited nursing home - private - where most of cases are pensioners. True to form of the way most communities seem to be neglecting their old people. 12 patients and four empty beds - both male and female. Very crowded. Mrs. Laymann probably gives adequate physical care but that is all. Just nothing for the old people to do but lie or sit. Although it was after 11 a.m. only one was up in a chair.

In the afternoon Miss Moore called at a school. Teacher had reported two children absent and thought chicken pox. Called at school to find out where a family lived to whom she wanted to make an infant welfare visit. Did not inspect children for chicken pox - nor did she when she returned to let teacher know that they did.

Health visit to cases - One family. Large farm house. Little girl and boy. Both broken out on Sunday. Very few spots. Boy's healed but advised to keep out all week.

Infant - one month old. Asked re formula, O.T and C.Lb. asked mother re post partum. Did not ask about her leg which was bandaged. Baby seemd hungry - advised mother to call doctor, which she was going to do anyway. There were to p.s. girls in this family - not in at time - nurse did not ask about them.)Found out later she had records for them) This was not made a family visit. Question its value. Although mother welcomed the nurse and asked if she would be back. Would it have impressed more if -

1. Nurse had left a card and asked her to call if wanted anything.
2. If nurse had wieghed baby - undressed and temperature.

Came back to Tillsonburg at 3 p.m. and visited hospital. Miss Carson, matron. 32 beds but 50 or more patients. Surgery and case room near each other on second floor. Over 500 babies delivered last year. Have 6 chronic females. All have been there some time and nearly all pensioners. All need only custodial care. Staff - 10 graduate nurses, 1 assistant nurse, 2 practical nurse category and one ward aide.

Miss Carson did not appear very professional - no cap, brown shoes and stockings but Miss Moore said she ran the hospital last year without deficit.

Evening - with Miss Moore to meeting of Tillsonburg Registered Nurses Association in Stratfordille at the home of Mors. Donley. About 25 present. Speaker - United Church Minister, Mr. Thomas who was a chaplain in the British army and was with the troops in Norway.

See next page

June 3, 1948

Previous to going to Vancouver to the meeting of the Canadian Public Health Association interviewed several people in relation to forms. Left School questionnaire form with Dr. A.J. Phillips of Canadian Education Research. Sent complete forms to

Wednesday, April 21, 1948

With Miss Moore to two schools. Miss Moore checked vaccinations for about a dozen children and weighed all childrem. She has weighed the class three times since September. No reference made to gain. Says teacher records, (I did this which was probably why she did not ask her.) Then went on to Otterville School. Six roomed consolidated. Miss Moore checked some vaccinations.

Back to Hamilton by bus and 5.15 train to Toronto.

April 22 and 23, 1948 - Attended sessions of R.N.A.O. Annual meeting. Miss Fidler, President. Spoke about survey at the Public health section meeting, Friday morning.

April 26, 27, 1948. - Attended sessions of Puboic Health Officer's Association in Hamilton. Speakers of note: Dr. Vaughan, Dean of School of Public Health, Ann Arbour - urged M.H.O's to get the support of the public through key lay people - suggested as a means of recruitment that a scheme be developed to qualify men for both clinical medicine and public health.

Chancellor Gilmour of McMaster in his speech entitled - "The Little More and How Much It Is"., urged the addition of the larger interest to our ordinary work.

Professor Bladin's topic - "Working Relationships" had much which can be applied to our work, e.g., rest-break, interest in staff nurses' work, etc.

April 27, 1948 - Came to Woodstock last night. Commercial had cancelled reservations so had to stay at Mrs. Amos' Tourist Home.

Out in district with Miss Walton. Miss W. had a year and a half in the army, a summer with the V.O.N., Public Health course at London, Ont., and came to this Unit last August. She has the townships of East Nissouri and West Zorra, inlcuding the towns of Embro (office there) and Thamesford. Total population, 4,800. She has 23 schools and two High Schools.

As with all the nurses, her case load is chefly schools, pre-school and infants. She has no T.B. cases, only one V.D., who is under treatment add three pre-natal. In explanation of the small pre-natal case load, she says that the doctors do not appreciate the service the nurse can give and moreover, in the country, many of the pre-natals do not want neighbors to know of their pregnancy and do not want the nurse to call. Is the answer here not that we must demonstrate that we have something of value to give in our visits? Same applies in C.H.C. which are poorly attended.

1. Visit to #7 School. Teavher, Mr. Bender - no training. Tries to weigh 30 pupils each month. Teacher does not help. Got five beginners ready for doctors examination next month.

2. Harrington School - Miss Smith - 36 pupils. Weighed and measured all class. Measures 2x year. Told children of gain or loss (See School Visit No. 4).

In afternoon made five home visits. (See Home Visit No. 6)
Drove back to Woodstock via Thamesford. Very pretty community and surrounding country. Miss Walton has a very nice approach to teachers, children and mothers. Inspires confidence. Seems to have good knowledge. Interested in her work.

In relation to schools - a trained teacher of Manual Training and Agriculture, spends one-half day in each school; a music teacher spends one hour a week (Mostly theory and not very practical) and a projectionist, with films once a month. A nutritionist

visits and helps out with hot lunch programs in the winter.

Thursday, April 28, 1948 - To Ingersoll, Ont. with Miss Ruth Grieve.
At Denham School, 2 rooms (24x18). Miss Latimer, principal. Miss Grieve inspected two n new Grade L pupils and tested eyes. Good individual teaching with these. Tested hearing of two Grade I children referred by teacher and conferenced with teacher about them and others. Thought she missed the point in relation to one of these little boys. The teacher complained of him being listless, day-dreaming and never getting his work done. Was keeping him (and other little ones) in at recess to finish arithmetic. His hearing seemed O.K. Said she would have the doctor see him. When I mentioned Mental Hygiene Clinic later she seemed rather surprised that he should be considered - "Would want to observe his more first before alarming mother". Did not mention anything about visiting in the home to discuss his day-dreaming with mother. Miss G. did not say anything to the teacher about keeping him in.

While in the senior room a health lesson was going on with Grade 6. Teacher was reading questions from what was presumably a prescribed test and children were writing the answers. Some of the questions were -

Name the four parts of the heart?

To what mechanical apparatus can the heart be compared?

What is haemophilia?

Name the main arteries?

All factual! What about interesting projects to teach how to live healthy?

Made two home visists - follow-up of hearing defect and youngster who had been hit over the ear - (See School Visit No. 5) and Home Visit No. 7)

Lunch in Ingersoll with Miss M. Grieve and Miss Smythe (student)

At C.H.C. in afternoon with Miss MacNaughton, Miss Pickering, student there also Mrs. McFarlane, volunteer, C.H.C. held in Y. rooms. No other activity there them. C.H.C. held weekly and one week a month the doctor comes for immunization. At these times about 30 attend. At regular clinic 8 to 10. Only four to-day. Miss MacNaughton very upset about the small attendance. At immunization clinic, four rooms are used. These are available for all clinics if wanted but only one is used. This means lack of privacy. "Our Baby" booklet only educational material out and this not referred to at all. Two health posters in room (See clinic visit no. 4).

Miss M. Grieve and I drove from Ingersoll to St. Thomas and had dinner with Miss Horton and Miss Jones. Most enjoyable. Miss Jones returning home in July. Has part of city as her district. Mostly school work. Says very little C.N. work done. Reason: most go to own doctors and we have nothing special to give in C.H.C's. Drove to Port Stanley after. Terrific sanitation problem there.

Friday, April 30, 1948 - Wrote reports, obtained statistics from office, conference with Miss Grieve. Assisted Miss. G. in evening with pre-natal visit script for local radio program.

Saturday, May 1, 1948 - Visited market before 9 a.m. Maple syrup - $1.10 per quart plus 15¢ for jar.

Conference with nurses who had completed job description and school information questionnaire.

 (refer back to p 21)

Miss Nicolle for her comments.

The meeting in Vancouver was very successful and the weather man certainly did his part to make the stay there a very enjoyable one for, I think, most of the eastern visitors. Sessions were very good and there were many very interesting papers given. The difficulty was that it was impossible to get into all the Section meetings and hear the various speakers.

Returned from Vancouver, Saturday, May 29th, having left on May 25th. Phoned Miss Keefer and made arrangements to do some observation with the Hospital Health Service of the Toronto Health Department.

Hospital Health Services, Toronto Health Department.

Met with Miss Keefer and Miss Carrol on Tuesday to discuss visits to hospital health service. Miss Carroll is the supervisor of this service and there are some twenty public health nurses in various hospitals in Toronto. The Toronto General Hpl. has their own set-up. In the hospitals where there is this service there are no social workers. They stated that Hospital Health Service nurses do the necessary social work. In the Toronto General Hospital however, there is a social service department under Miss Deith. Nevertheless, all of her staff, with the exception of one, are public health nurses. (a written description of service is in folder.) Miss Keefer and Miss Carroll were most anxious that I get a good picture as they feel very definitely that it is a most important link with the District. This point is very much emphasized. They feel that it is most valuable to have a member of their own staff in the hospital, otherwise, the link would not be so satisfactory. Nurses who are assigned to this service are specially picked and all have had several years experience on the district.

On Wednesday morning I reported to the Health Service of the Toronto Western Hospital. Miss Bird is in charge and there are four other nurses. Miss Rowe, Miss Nettleton, Miss Webb and Miss Smith. There are definite clinics at which these nurses are present. These clinics are, V.D., both male and female, neurology, heart and eye clincis. Diabetic and chest clinics. The other clinics are not necessarily served by the nurses, but their services may be requested when necessary. Pre-natal clinic also is one at which the nurse is always present, Miss Webb seems to be responsible for this. The clerical staff is rather small. They have one for one full day and two half days per week, and there is one clerk working full time on the V.D. clinic but she is a hospital employee. As previously explained, the nurses act as a link between the hospital and the district, sending information out to the nurses on new admissions and on any special cases. They also attempt to do what they refer to as "social work". Requests may come from the wards for the nurses to visit special patients. It is also routine for Miss Webb to visit all maternit cases who have been through the pre-natal clinic.

Perhaps the best way to record the observations made would be to write down the conferences as observed with the nurses during the two days at Toronto Western Hpl.

Following the initial interview with Miss Bird, I was introduced to the various workers. I then spent a little time with Miss Smith who was "on the desk". Apparently when the nurse is serving at the desk she is available for any calls which might come in. If they relate to any of the special clinics, as mentioned above, and for which one of the five is definitely responsible, she refers the problem to that nurse. If they do not relate to any of these special clinics she tries to handle the problem herself. I did not observe with Miss Smith very long because everything seemed to be very confused. There was a Neurological Clinic on at the time. Miss Smith/called Miss by a doctor to take a woman who was an epileptic out and arrange for some place for her to have a rest before returning home. I accompanied Miss Smith to the office. The woman was extremely upset and was trembling, however, the doctor thought she was ready to go out to another room. It was decided that she would rest and the ambulance would be called. As she left the door she fell into an epileptic fit. Another case she was

attempting to do something for was one that was reportedly Addison's disease and had been referred in from the Salvation Army. She was trying to get more information from the District. A third case was a conference just standing in the waiting room of the Out-patients department. A woman was trying to get some assistance in relation to a clinic she should go to. She discussed her whole family history right there. I did not stay with Miss Smith very long, but it does seem to me that being on the desk, the nurse serves as an errand boy and does everything which nobody else seems to be responsible for.

I then went with Miss Nettleton to the Eye Clinic for which she is responsible three mornings a week. By responsible, I do not mean that she is responsible for the administration, it is her duty to be there to check the cases which need her. We stood there for some time but there did not seem to be anyone who was going to require her services. I believe that her work would be chiefly seeing that glasses could be obtained and arranging for the finances, etc.

Then went with Miss Webb to visit patients in the maternity ward. We entered the ward without first contacting the ward nurse or referring to any charts. The patients visited were in two eight bed wards.

1. A mother with a day old baby. The mother was giving the baby its bottle at the time. The nurse's first remark - "You only got in once to see us at the clinic", and then - "Are you not going to nurse your baby?" She followed this by a talk, which was almost scolding, on the value of breast feeding over bottle feeding. By the look on the mother's face she somewhat resented all this. The nurse then told her to be sure to come back for her check-up at the end of six weeks. Never once did she refer to the nice baby which the mother had in her arms. I believe this case was also a V.D. but no mention was made of this.

2. A mother who was nearly ready to go home. She had a rather low I.Q. and was of foreign birth. The nurse reprimanded her about coming to the clinic only once, and told her to remember about the nost-natal examination.

3. A mother with a five-day old baby. She was feeding the baby at the time. Told the mother to remember about the post-natal examination and said - "Aren't you going to nurse your baby".

4. A young mother whose baby was not with her. Asked her how she was feeling and said that she was up in the case room with her. The mother had apparently called for Miss Webb. Told her to remember about her post-natal and said that the ward nurse would be giving her a card with the date. The mother asked re the hospital bill, about which she was somewhat concerned. The nurse said that the Finance Officer would come to see her.

5. Mother with a one-day old baby. Launched right in on a discussion about breast feeding. This mother had every intention of nursing her baby, and fully realized the advantages.

6. Mother with a two-day old baby. Asked her how she was feeling and told about coming in for the post-natal examination.

7. Mother with an eight day old baby. Mother immediately asked the nurse about inverted nipples. The nurse started to talk about breast feeding the baby and its values; at this moment the ward nurse came and when she could interrupt the conversation she explained that the baby was upstairs, meaning that it was a premature and was not being nursed, and that they were making arrangements for manual expression of the milk. Here was a case where the nurse (public health) was not fully informed. She had not checked with the nurse on the ward nor had she looked at the chart. She might even have gotten more particulars from the mother before starting in on her little scolding.

8. Mother with a three day old baby. The nurse seemed to be acquainted with the home conditions. Apparently a family of six lived in one room. The father had just been in jail for a month. Mother said that he had returned home the day she came in. Nurse asked who was looking after the children, was told that the Catholic Welfare had taken them. Nurse asked if they would keep them for two or three days after she went home. Mother said she thought they would. Nurse said that she would phone the Welfare about this. This phone call was later made. It seemed to me that this was hardly necessary because the mother had made all the arrangements herself.

This completed the visits on the ward. It seems that it is the policy to visit at least once during the stay in hospital. The patient stays from eight to ten days. Did not check to find out the information which would be sent to the nurse but, presumably it would only be the birth registration or, if there was a special need, some information would be sent to the District Nurse for follow-up.

In the afternoon observed in the pre-natal clinic. Miss Webb was the public health nurse. Miss Webb's office was an outside office next to the two used by the doctor for interview and for examination. In order to get to the doctor's office it was necessary to go through Miss Webb's office. Also the scales for weighing were in her office. When a mother was called in to be weighed she might go back to the hall to wait or she might go through to the doctor. When she was finished with the doctor she came back through Miss Webb's office to the hall to wait for her interview with Miss Webb. The public health nurse sees all the patients who attend the pre-natal clinic.

There is usually a volunteer who weighs, keeps the records straight and sees that the mothers get in to the doctor in order. The volunteer was absent and a student was acting. She was very efficient. One could not help but feel that had it been a lay person it would have been another obstacle to the mother telling her problems to the nurse. (The scales could have been elsewhere.) As it was, the problem of so many people travelling through the office was a very great hindrance.

There seemed to be a great deal of emphasis placed on getting the records in order and making sure that the appointment card was out and marked. One did not get the feeling that this was going to be a smooth conference, and that the nurse would impart to the mother that she had plenty of time to listen to her and encourage her to tell her difficulties.

The conferences were as follows -

1. Nurse read the doctors notes, said "Can't find anything wrong with you at all". This mother was in her ninth month of pregnancy. Asked her if she was resting, asked also about her iron pills. Checked this mother about her crossed knees, spoke about diet and this ended the interview. No notes were made on the chart. It does not seem to be the policy to do this as none were made subsequently. This interview took about a minute and a half.

2. The patient sat for many minutes while the nurse was fiddling to get her desk in order. Asked the patient regarding rest, appetite, etc. Seemed to me the doctor had already done this. Gave her an appointment to come back.

3. Mother in eighth month of pregnancy. First remark - "Can't find anything wrong with you to-day except that you have gained a bit of weight. Are you taking soft drinks?" Gave appointment to return in two weeks.

At this point the hospital nurse came in to ask public health nurse if she could get a pair of elastic stockings for a patient. I wonder if this is not rather typical of the type of request which comes to the nurse, the supplying of material relief. I have not seen any evidence of case work yet.

4. Mother in her ninth month. This mother had had chorea as a child. I later read the medical history. She was an unmarried mother and was extremely nervous in her movements.

She had just been out of hospital having been in for a heart condition. Said to the mother - "Are you getting plenty of rest. You've got to get plenty of rest. Are you going to keep your baby?" And then an appointment was made for the next week.

In discussing this case with the nurse afterwards I was told that this was quite a social problem. The girl was living with her aunt and uncle, she was planning to keep her baby, but the nurse was sure that it was not a good arrangement. A few little notes with this social information were scribbled on a piece of paper attached to the appointment card. Not a single mention was made of this matter in the folder which contained all the records used by the doctors and others in the hospital. Here indeed, was a case needing a great deal of intensive case work.

5. A mother who had been coming regularly. Asked her "How much rest are you able to get, who will look after the little girl when you come to hospital?" The mother asked regarding paint fumes, said that she had heard that they were very bad for an expectant mother. Nurse explained that it was no different when she was in that state than at other times. If they nauseated her generally, they might then.

6. Mother in her eighth month. Opening remarks - "Did they take some blood from you to-day?" Then nurse read the doctors notes, partly aloud. "Are you having some trouble with constipation?" Then she went over the doctor's suggestions. "Your diet is improving, are you taking some raw vegetables?" Then she gave some suggestions in regard to constipation and referred to the training of the baby. Said that it could be done at two months by sitting it on a small pot.

7. Opening remarks - "Did they take some blood from you to-day. Are you feeling alright? Everything is fine." Gave her an appointment to return.

8. Mother in seventh month. Wanted her to go for an appointment at x-ray. (It seems routine that pre-natal cases are given a chest x-ray. This is usually done at the time of their first visit. (It was not convenient for this mother to go to-day so it was arranged that she would on her next visit.) "Are you feeling alright. Are you getting enough rest?" "How about the other children." This mother had high-heeled shoes, but nothing was said about this. It was noted also that there were two or three other mothers wearing very poor footwear, considering that they were so far on in pregnancy. This fact was never mentioned.

9. Openeing remarks - "Well Mrs. Casey, can you go up for x-ray to-day?" She then asked her about her diet and waight and gave instructions for going up to the x-ray department. As a matter of fact, for everyone who had to go to x-ray department quite elaborate instructions were given, taking time and effort.

10. A woman in her ninth month, who had on very high heeled shoes. "You must get plenty of rest until you come in." Gave warnings about what the signs might be when she would be starting labour and what she should do in relation to coming in to hospital.

11. An unmarried mother whose baby was due. Told her to come back a week from to-day if she was not in hospital before.

12. Mother in her ninth month. "Everything is find, come back in two weeks." Mother reminded the nurse of the x-ray. Nurse gave instructions about going. The mother was under-weight but she did not ask her about her diet.

13. A mother who was working. Nurse checked her address and asked her if she would go up for x-ray, gave her the slip and instructions. Also gave her an appointment to come back four weeks from to-day.

After the mother left the nurse told me this was a special case. They were not sure that this mother was married, thought that she was living as a common-law wife. They also knew that she had another child, but no one seemed to know where it was. Here was another case for intensive social work and nothing being done. Just a few notes

were scribbled and attached to the back of the appointment card.

14. A new case. Said immediately, "We would have liked to have seen you earlier". (The mother was in her fifth month.) Then the nurse discovered that the mother had just come from Nova Scotia. She checked her address and asked what her husband was doing. He was a University student. This was a very intelligent mother. Nurse filled out the appointment card, asked regarding diet and iron pills. Gave her the health department booklet, "The Expectant Mother". Asked if she had any worries. Gave her an appointment to return. She was not told that a district nurse would visit.

15. New mother. Primapara, in her fifth month. Opening remarks - "You did not get in nearly early enough to see us." Asked if she had had any other pregnancy. Took the information for the appointment card, asked her what her husband did, gave her an appointment to come back in one month.

These were all the conferences I listened to. They occupied about an hour and a half of time. At this point, Miss Nettleton came and asked if I wanted to go on the ward.

Visits with Miss Nettleton re V.D. cases which had been referred and were on the wards.

1. A woman who was getting penicillin. Nurse read the chart but there was not a sufficient amount of information on it. When she interviewed the mother it was rather obvious that she was probably a private patient. Woman remarked that "it just gets on my nerves." There was no follow-up done on this. It seems it is routine when such cases are reported and they are on penicillin that the nurse must make out a slip and send it in to the Provincial Health Dept. The private doctor had to be contacted in this case before the nurse could do anything more.

2. Found that the case had been discharged a week ago.

3. Found also that the patient had gone home.

4. An old man about seventy-one who had been referred for placement. In talking to the man it was found that he was quite an independent chap, that he was going back to the room which he had left before coming in and that he had plans to apply for the old age pension when he got out. There was obviously no particular reason why anyone should be concerned about arranging placement for him.

After visiting with Miss Nettleton we went back to the office.

Thursday morning, observed in the chest clinic with Miss Bird. Clinic was going on at the time of arrival. Here too, the nurse seemed to be very concerned about getting her papers straight and records in order and appointments made, etc. There was considerable getting up and running around. Her desk was in the hallway almost under the stair case. There was very little opportunity, in fact there was no opportunity for private conversation. A volunteer sat beside her. This volunteer ran errands and marked appointments on the card.

Conferences in chest clinic

1. Woman came to get appointment for lipiodol. Nurse explained what lipiodol was and why they were giving it. However, her explanation was not very good and it most certainly could have been given by another nurse. Quite probably it was given already by the doctor. The patient was reading parts of her report as the nurse was making out the slip. A second patient was standing reading over her shoulder. Nurse gave her the instructions to go up for the x-ray.

2. An x-ray appointment for a patient and date given to return to get report. Weight was checked and asked where she was working. It seems routine that when a patient comes in for examination she is given an appointment to go upstairs for an x-ray and then date

for her to come back at which time the public health nurse will see that her history and x-ray is down for the doctor to read. He does not see the x-ray films before the patient comes in to get her report. Thus all negative cases come in also.

3. A patient who had formerly been in the sanatorium. Discussed weight and exercise, went over the doctors orders. Appointment given to return in two months. This patient had had exercise increased. No notes were made on the chart in this case or any other case.

4. A woman, an older patient. Given an appointment for x-ray and told to return for reading of the report.

5. An older man who had formerly been in a Sanatorium and quite probably was having increased activity. Nurse did not know the man's name although the doctor had given it to her. She called a student and said "would you weigh this man." The patient then came back and the nurse continued questioning. He said he had had a skin test. Nurse said she would give him a note for the private doctor. The patient had already stated that the private doctor had told him to let him see the test in 48 hours and it did not seem that a note was necessary. However, it was a routine matter and the nurse told the patient that the doctor would report the result of the test and that he should bring this paper back with him when he came next week. An appointment was given for that time. Her parting words to the man were - "You give that to your doctor and show him your arm." Much as though he were a little boy. This was an intelligent patient and he did seem to think or that all of this was a little bit absurd. She then said - "Don't forget to go to your doct on Saturday.

6. A patient who had formerly been in the Sanatorium. The nurse read over the doctor's orders and as she was reading them just seemed to look to the patient for confirmation that everything was o.k. An appointment was given for x-ray and she was to return in a week.

My impression of this clinic seemed to be that the nurse is just used to give appointments, There did not seem to be one thing that a clerk could not have done or as far as the professional side is concerned, would not already have been done by the doctor, or could not have been done by another nurse. In fact, there was nothing done that would have made any difference if omitted.

Then went down to the Diabetic clinic where Miss Rowe was the public health nurse. Walked into her office where she was sitting on a stool at a desk interviewing a patient. There were four other patients in the office at the time. Her room was very small, two of these patients were sitting, the other two standing, they were Jewish and they were all talking in Yiddish.

1. An old man and she was explaining to him when he should come back and that he should take a bottle to bring in a specimen. She put his name on the inside of the bottle and gave it to him.

2. A woman who did not seem to having any difficulty. A return appointment was given.

3. A man who apparently had just had diabetes diagnosed. A V.O.N. had been in and taught him how to give insulin and he was now able to give it to himself. The nurse made arrangements for him to get special assistance in the way of diet. Apparently it is customary for groceries to be delivered once a week from Simpsons. In order to do this she would have to send a note to the district nurse who would call around. The Welfare Dept. would then be contacted and they would call. She gave him a new needle for his hypodermic.

4. A Jewish woman. A doctor had ordered that she the dietitian. When she sat down with the nurse she immediately started talking about her diet and the nurse said that she would take her to see the dietitian. The nurse gave her a re-appointment. In this case the only thing that was done by the nurse was the giving out of the appointment, and the patien had waited twenty minutes just for this.

5. An older woman who was now not taking insulin. Nurse said - "Are you gaining weight again?" Re-appointment was given. The patient went down to the Emergency to get her medicine and while she was there the nurse went to order an ambulance.

Asked the nurse about the cases she referred to the District. She sends a slip on all new cases and then any which have a special problem. When it is a case of teaching to give insulin she contacts the V.O.N. Here there does seem to be a rather strange situation. The patient may be diagnosed diabetic. Instructed in the out-patient's department if he has to have insulin. V.O.N. nurse goes in to teach him to give insulin. Follow-up is done by the district nurse. Would it not be much more logical to have the District Nurse make the initial contact and teach the patient to give the insulin?

In the afternoon attended the regular monthly staff meeting of the Hospital Health Services group. This is held in the waiting room at St. Michael's Hospital. Miss Carroll in the chair. She asked me to tell about the Study. Following that, their meeting consisted of going over the holiday list and checking on two or three routines. Would question very much if very much educational material is put across at these meetings.

June 4, 1948.

Visited Hospital for Scik Children, Hospital Health Service Dept. About five nurses in one small room. This room situated in the centre of the Out-patient Dept. In the clinic itself there is no space for the public health nurse to be present at the time of the doctor's examination or to interview parents. Apparently there are one or two clinics which the nurses are on the spot. For the remainder, the doctors supposedly, bring their problems to the nurses. Some of these nurses work part-time in other hospitals. As far as can be determined, the nature of the problem is chiefly supplying surgical equipment, home dressings, etc. The hospital health service also looks after T.B. admissions to Sanatoria. Tries to get the consent from the mother and notifies the San., or if there is not a bed there, the Convalescent Home. The Convalescent Home would send a car. Then, if the mother should refuse to have the child go to hospital, a note is sent to the district nurse for her to go in to see if anything could be done. If she cannot persuade the mother then the district medical officer is called in. And if he can't do anything about it, the problem is referred to the Director of T.B. Control. If it is still unsettled the matter can be taken to court. It does not seem to be the policy to call in any social agency, except in the case of placement.

The nurse stated that one-half of the job in the Hospital Health Service is clerical work, a great deal of which could be done by clerical assistance. One nurse who had just been in the Department for three or four days was sitting at a desk copying information from ear, eye and nose and throat charts of cases which had been seen by the doctor at the clinic. She uses her discretion about the ones which should be referred to the nurse in the district. She had not seen the case or talked with the mother. This was a purely clerical job and not one which would be very stimulating to a nurse with her degree and a great deal of experience. This happened to be Miss Frances Pearl.

As it did not seem to be a day that I could have very much opportunity to sit with the nurse when she was conferencing, I made arrangements to return on June 21st. This was later cancelled because on that date they were taking on three new nurses. Further visits to the Hospital Health Service will be made later on in the year.

CANADIAN ASSOCIATION OF SOCIAL WORKERS - MEDICAL SOCIAL SERVICE INSTITUTE.

June 8 - 11, 1948

This Institute was conducted every morning from 8.45 to 10.20 a.m. during the four day session of the Social Work Association annual meeting in Hamilton. The Institute was conducted by Miss Margaret Johnston of the University of British Columbia.

At the first morning she stated some of the principles of social work.

1. Social worker recognizes the right of the individual to make his own plans, provided that it comes within the limits of safety in the community.

2. Social worker recognizes that all behaviour is motivated.

3. Social worker recognizes that the patient is of the family. He is not a unit, a case, etc. She stated that we all have a common interest in the person, to help the individual find a healthy, a satisfying life.

Discussion - This institute was attended by over forty workers engaged in some form of social work. A great many of them were D.V.A. There were some who had not had any training in social work, some were nurses who were endeavouring to do a social work job without any special training apart from their nursing. Others were nurses and also trained social workers. It was very interesting to hear the discussion of all these groups. Because of the diversity of the class it was necessary to give only the elementary principles of medical social work. The discussion on the first day centred around the question - "What is the medical social worker for?" "What is her function?" Her functions are -

1. She gives case work service to the patient. She does those things related to his illness. Those things which are related to other problems are for referrals to other social workers in other agencies.

2. She is part of a team. The direction usually comes from the doctor. He has in mind certain treatment and the case work may be the tool he uses in achieving the final result.

In the matter of referral it was decided that the referral should usually come from the doctor. The nurse may recognize the problem, she may discuss it with the doctor before she refers it to him or referral may come from the public health nurse in the district and sometimes from the patient himself. It was stressed, however, that the doctor must know about the referral and it is better when it does come directly from him. If problems are handled without the knowledge of the doctor, then he is not being educated in the use of the medical social worker in treatment.

Dr. Winfield, Psychologist for the Board of Education, Toronto, stated that the public health nurses do a lot of medical social work in the schools. Felt that he did not really understand the meaning of medical social work. This confusion must result because the medical social worker and the nurses are themselves confused about their own work. The work of the nurse is that of health education and she should have sufficient knowledge of social work to recognize the problem and to know to whom and how to refer it to the proper worker.

In summary, Miss Johnston stated that the main function of the medical social worker is to do case work with the patient. The patient who comes to the hospital or to the health clinic may be unaware to the extent which his social problems may be intensified by his illness. Joint planning must begin at the point of referral and it must be fitted into the total social plan. How far does the medical social worker g go? How long is the feeling, how far can she meddle in personal problems and deeply laid patterns of personality. She can only know this through professional training

and experience. It is not just common sense. How far she can go in treatment depends on - 1. on her skill. 2. on the patient and on her problem. 3. on how far the doctor wants her to go. 4. on co-operative planning. This co-operative planning concerns the doctor, the ward nurse, the public health nurse and to a lesser extent, other personnel in the hospital and other agencies in the community. As yet, we are only scratching the surface in co-operative case work.

On the second day, the session started off with a summary as above, and then the meeting was thrown open for discussion. Examples were invited of the type of work which is done and discussion started out with the things a bed-side nurse could do instead of a social worker. It was suggested by one person that the bed-side nurse could arrange with the V.O.N. for injections, could notify relatives in case of seriously ill patients. Miss Johnston stated that a criteria for decision as to who should do the job might be
Would this have to go on if there was no social work department in the hospital. She feels that we have not explored nearly enough the use of trained and intelligent clerical staff. There may, however, be the situation in which you have to say "at this time, and in this place and for this reason" it has to be done this way. This does not mean that at a later date it might not be changed. Progress comes slowly but surely. The third thing which the bed-side nurse might do is to arrange for transportation. Discussion brought out that this should be a clerical job. Another matter for the bed-side nurse would be the referral to the public health nurse. Sometimes this is a joint responsibility between the ward nurse and the medical social worker. If the case is known to the social service department then it would probably be best for the referral to be made through them. If the case is not known to the social worker then it could be referred directly by the nurse on the ward.

The matter of social admitting was discussed. In some departments all new cases are automatically referred to the social worker. It seems that this practice started in the early days because they were not getting the early referrals. This planning for the automatic pick-up of problems breaks the basic principle of referral by the doctor and it is rather presumptuous to attempt to do this. This method also pins the social worker down to being in every clinic and to see every patient. It was admitted that there are certain types of illness for which every patient should be seen, for example, tuberculosis and venereal disease. But it was felt that many medical patients do not need to be referred to the medical social worker.

One worker brought up the matter of disciplinary problems among the tuberculous. Apparently she was engaged because it was felt that she could handle those cases who were signing themselves out of hospital early or who were going off for days at a time. Miss Johnston referred back to one of the principles of social work. All behaviour is motivated, and asked - "why is the patient showing this kind of behaviour". Certainly there were cases for the social worker to handle but perhaps not in the same light as the administration in the hospital at first engaged medical social workers. It is the function of the medical social worker to find out the reason why the patient is leaving the San. Let him talk it over, she may serve as a steam valve and help him to accept the rest gradually. She also has a function beyond this. That of interpretation back of the doctor, the nurse, the administration and others.

On the third day a panel discussion on "Relationships between the medical social worker and the nurse" was held. Personnel of the panel - Chairman, Miss Margaret Johnston. Discussion, Mrs. Richardson of the D.V.A., Miss Clarkson, English Almoner, Miss Tennant, Director of the Medical Social Department of the Montreal General Hospital and Miss Creelman.

Mrs. Richardson started off the discussion with the relationship between the medical social worker and the psychologist. She pointed out that in any team, the functions must over-lap to some extent and we must not be afraid of that over-lapping. My function on the panel was to bring out the relationship between the medical

social worker and the public health nurse. The following is a summary of my statement -

More and more in the public health field we are beginning to realize the social aspects of disease. We have long neglected them. We know that a high percentage of tuberculosis and venereal diseases have such problems and these two diseases are two of the most important problems in public health. The functions of the public health nurse are briefly

1. the nursing care of the sick in their homes.
2. participation in measures for the prevention of disease.
3. education of families in matters of health.

What preparation does the nurse have for this? She is first of all, a registered nurse and then she takes a public health certificate or degree. During her last year she studies public health subjects and psychology, sociology, mental hygiene and has some orientation to social work. It depends on the university in which she studies as to the amount of this orientation. It also depends on the university in which she studies as to the type of mental hygiene instruction which she receives.

The public health nurse is not trained to do social work. Public health nursing is, in itself, a specialty enough. The nurse should, however, be trained to (a) recognize the social problems, (b) know how and to whom to refer the problem for treatment.

I believe that the medical social worker might also be used as a consultant on the staff of health agencies. So far, in this institute, we have been discussing the medical social worker in the hospital setting only. If I may quote from a new book which has recently been published - "The Rehabilitation of the Patient", by Mrs. Ellidge, in which she has a chapter on the medical social worker as a consultant. The following paragraph is, I think of interest -

"When the medical social worker acts as a consultant in an organization she uses her knowledge of medical implication and her case work skill to advise other persons in the agency on medical social problems. Difficulties in accepting the need for medical care, personal reactions to physical impairment and its effect on the service which is being offered and so forth. She may provide such consultation services as a part of in-service training for a staff of vocational counsellors or nurses. This includes discussion of individual problems through conferences in which the staff worker brings records for discussion, or by an interview with the person concerned at some strategic point. Following which, she confers with the worker who is to provide continuing service. Whether or not she provides direct service to individuals in these programmes is influenced by the scope of the agency services, the availability of case work services in the community and the nature of the problem."

There will be over-lapping, but as Mrs. Richardson says, we need not be afraid of the scene if we sit around a table and work out our problems together. Whether they are problems of general policy or just one case that we are deciding who should handle the problem, our questions must always be "what does the patient, or the family, or the community need." "Who is best prepared to help meet that need"? and, basically, what training or preparation does the individual worker, nurse, medical social worker, etc., need to carry out her function.

Miss Clarkson then discussed medical social work as performed by Almoners in England, and also told of the training which is given.

Miss Tennant, Director of the Medical Social Service of the Montreal General Hospital, gave her views as a nurse who had taken social work training. She stated specifically that the two years is absolutely essential, even for the nurse, before she could be qualified to do medical social work.

On Friday there was another panel to consider relationships between the medical social worker and the doctor. Two doctors entered into the discussion - Dr. Bailey, Psychiatrist at Sunnybrook Hpl., and Dr. John Patterson who is in general medicine and is also Director of the Chest Unit at Christie St., and at Sunnybrook. Miss Johnston, as chairman, threw out the following question - "What does the doctor expect of the medical social worker? What cases does the doctor refer to the medical social worker? What does he think does not belong to the medical social worker.?"

Dr. Bailey started out the discussion on "What to expect of the medical social worker" by stating that she must consider herself a part of the team. The medical social worker can go out to find out something about the patient as a person. She should never work on her own. Dr. Patterson started out with the statement that the medical social worker is to do the work the doctor is incapable of doing. There are many cases in which he cannot get to the bottom of it all. The doctor who does not try to find out all he can about the patient is not doing his job. In general medicine not all cases need to be seen by the medical social worker. It is not the job of the medical social worker to explain treatment. That is the job of the doctor. If, for example, a patient has been told about thoracoplasty and he still is uneasy about it, the medical social worker should tell the doctor about this uncertainty on the part of the patient, and the doctor could then follow up his explanation.

There followed some discussion about a summary of the medical social workers findings. Dr. Bailey felt that all the information which the social worker put down in writing should be included in the doctor's folder. Dr. Patterson, on the other hand, felt there should be a summary. He stated that doctors would not read any long discourse.

The definition of a specialist was given as "A person who knows more and more about less and less, until he knows everything about nothing."

It was necessary to leave before this panel was completed. The Institute was a very great success and I believe has laid the foundation for a better understanding of the medical social worker and her function in the hospital and in the health field. This foundation of better understanding must be followed in some active way. Perhaps at some future date we might have something in a Canadian Nurses Association workshop on the relationships between the medical social worker and the nurse. The time would soon seem ripe to bring this up for discussion at least.

July 11th, 1948 Prince Edward Island

Following the meeting of the Canadian Nurses' Association in Sackville, June 28 to July 1, motored to Prince Edward Island on July 2nd, taking with me the three nurses from Toronto, Miss Wallace, Miss Fair and Miss Sneddon and also Miss Wright from British Columbia and Mrs. Bennett, Chief Nursing Officer, Ministry of Labour, Great Britain. We arrived at Charlottetown at lunch time. After lunch took the three Toronto nurses to Cavendish. Frieda and Miss Edda MacDonald who conducted the Workshop, School of Nursing of the Future, came along for the ride. It was a very wet day and the roads were muddy. Had a lot of fun coming home. That evening I attended a short meeting of the Executive Officers of the C.N.A. The officers who were with the Executive last year all were very tired. The meetings in Sackville were grand but must have been very hard work for those who were responsible. On Saturday, July 3rd, we had an all day Executive meeting at which the committees, the chairmen and members for the coming Biennium were appointed. Following the meeting in the afternoon, there was a tea at Government House which I attended for a very short time, and then spen the rest of the day with my relatives. Sunday was devoted to social activities, beginning with a luncheon at Dalvay on the north shore. The executive were the guests of the provincial government on this occasion. After luncheon at Dalvay we motored

to Stanley Bridge to the home of Chief Justice Thane Campbell. I have never passed through more beautiful scenery nor have I seen a summer home in a more picturesque setting than at Stanley Bridge. All in all, it was a very delightful day. Prescott and Frieda came along. On Monday, July 5th, I was to see Miss Mona Wilson of the P.E.I. Health Department. However, she called me to say that it would not be as convenient a time as the following morning. Saw her on Tuesday and arranged to see the nurses as a group at the first convenient time, as it was necessary for me to go to Halifax on Tuesday and return Wednesday. I saw the nurses on Thursday morning. Miss Wilson had told me there were eight nurses, however, only four were there - Miss Wilson, Miss Ross, Miss Beer, Miss Cox and Miss Wheeler. Miss Wilson had neglected to ask Miss Tate. I explained the survey and asked if they would complete the Job Analysis Questionnaires and the School Nursing Service Questionnaires. It seemdd very difficult to arrange with Miss Wilson a time when it would be convenient to come back. Saw Dr. Keeping on Saturday and he seemed about as indefinite as Miss Wilson. Decided that the best thing to do would be to come when it best suits Dr. Baillie and myself. As immunization clinics will be going on until the end of July, and as nurses are going on holidays the first of August, one time would seem to be about as good as another. Dr. Shaw has been conferring with the Minister of Health and Welfare in relation to a commission to be set up for the provincial survey initiated by the Federal government. Told him that I thought nursing should be represented on that committee. He had not planned on that. However, other nurses approached him and it seems that now it is most likely that a panel of names will be submitted and from that panel one name will be selected to be the nursing representative on whatever committee carries on the survey. Drove to Halifax on Sunday, bringing with me Mrs. Creighton and Mrs. Hamilton and Carol who had returned to Charlottetown with me on Wednesday.

July 12th

Went with Dr. Baillie in the morning to see Dr. Morton. At 2.30 p.m. met with the Provincial Consultant Committee in the offices of the Provincial Department of Health. Dr. Robertson was in the chair. Present - Miss Shore, V.O.N., Miss MacKenzie, Prov. Health Dept., Dr. Morton, Dr. Simms, Dr. Bent, Dr. Laurie, Dr. Baillie and myself.

Dr. Baillie started by explaining the background and the purpose of the Study and the desired results. Discussion then centered around the major public health problems in the province. It was stated that tuberculosis was the first problem and that probably 75% of the time in the field was spent on tuberculosis. Apparently the average private practitioner reports cases of T.B. and then proceeds to forget about it. This apparently is quite acceptable to him and the Health Dept. likes to take charge of the case. V.D. was given as a second major problem, chiefly because personnel are not trained. There seems to be quite a feeling of lack of training in this field. Public Health men felt that they should be able to give advice through the private practitioner and that the latter is now seeking this advice in V.D., the same as he has done in the past with T.B.

The third problem - infectious diseases, - it was felt very definitely that the public health doctor is not trained in infectious diseases nor venereal disease nor tuberculosis. It seems that in Nova Scotia one of the requirements of the appointment of divisional medical health officers is that he has had some experience in a Sanatorium.

Preventive Mental Hygiene was mantioned as a fourth prblem, and plans are now under way to build up this service. A provincial psychiatrist has been appointed and there will be two other psychiatrists and psychologists. The details of the program have not yet been worked out. I asked what part the nurses would have and as yet that has not been discussed. I expressed the opinion that it would be too bad to take this program away from the nurses, that they should be the ones to do the follow-up in the home. There seemed to be agreement on this point. In fact, most of those present were whole-heartedly in favour of the generalized program. Dr. Robertson rather favours the idea of specialists in venereal disease work but neither Dr. Simms nor Dr. Bent seemed to agree with this. Miss MacKenzie hardly ever expressed an opinion. Dr. Robertson

at one stage, expressed his idea that he thought possibly they could train their own nurses without them taking the University public health course. Later on, Miss Shore spoke up and said that she felt that even nurses with a public health course were not adequately trained for pre-natal work. She said that the nurses are trained to do things, but that when it comes to teaching the people they fall down. There was some discussion of school examinations and it was stated that they were used as a stepping-stone to get into the home. The Provincial Dept. personnel consider that the value of such examinations by the doctor are rather questionable. As a matter of fact, the nurses do all the examinations in the rural schools. They stated that there are more requests for school service than for any other service. It seems that this is what has been sold to the public and Dr. Robertson feels that we are now going to have to go out to try to unsell some of our ideas, and that school examinations is one of these. It was stated that the health program in the normal schools has been greatly improved. The dental program is one for which there is a very great need. At the present time there are two travelling dental clinics, but they cannot keep these running all year because of lack of personnel. These clinics so far, have been for school children only and children from the ages of six to twelve have the first choice. Dr. Baillie introduced the question of records. It was stated that these are kept to a minimum for the nurses. There is however, a great need for statistical clerks. Dr. Simms said that when it comes to writing the annual report he must sit down for three solid weeks. Apparently the doctors have to get out their own statistical information. Maternal and pre-natal program was discussed briefly. In only one area does the nurse carry maternity cases and that is in Baddeck. It was stated that family doctors do not report pre-natal cases readily. This has not been encouraged because there are not enough nurses. There does seem to be an understanding that the pre-natal service is really the service which would bring the best results.

In relation to cancer, the services are pretty well localized in Halifax where there is a cancer clinic in the Victoria General. All treatment facilities are there. There seemt to be a very good correlation of health and welfare. Social workers operate from Halifax. Mr. McKinnon, who is the director of child welfare, works very closely with the Health Dept. I feel, however, from the discussion that the idea of welfare is chiefly material relief and that possibly there is not a great deal of case work involved. It seemed to be the general opinion that the great problem is lack of nursing personnel. It was definitely recognized that the nurse is the basis of the public health program. The doctors also feel that there is a great need for more public health divisional men. They are concerned that doctors are not entering public health.

July 13th, 1948

Met with Victorian Order of Nurses at 8 a.m. Explained the survey and left the Job Analysis forms for them to complete. Miss Shore, the nurse in charge of the V.O.N. most co-operative. Arranged to visit some of their baby clinics. Apparently the city does not run any, the V.O.N. operating all in Halifax. Next, went to see Miss Crosby who is the acting supervisor for the City Health Dept. She and her nurses have an office in the basement floor of the Dalhousie Clinic. Mr. Morton's office is in the City Hall. Miss Crosby had not been notified that I would be coming. However, she was very nice and I made arrangements with her to return to speak to the nurses to-morrow morning. Returned to the Dalhousie clinic in the afternoon to observe a pre-natal clinic. This clinic is operated in the Dalhousie clinic building with a V.O.N. nurse in charge. Mrs. Hackett was the one in charge and as she has been away from pre-natal clinic work for a little while she was somewhat unfamiliar with the routine. Two of the affiliating students are assigned to the clinic. This happened to be Dr. Atlee's clinic, but he did not appear. They were also one doctor short. There seemed to be a great many patients. They bring their little blue card if they have been to the clinic before, bring in a specimen of urine, are weighed and measured by the students and have their temperature taken by the students and then go back to the waiting room to wait for the doctor. The V.O.N. nurse is responsible for the administration of the clinic. She does not have any time to conference with the mothers. This does not seem to be planned at all. She makes a

list of the patients attending in a little black book and also notes the temperature and weight. This is taken back to the V.O.N. office and the district nurses look over it and if they have a patient, transfer the information to their records. The V.O.N. nurses do all the follow-up from the pre-natal clinic. An office worker from the Salvation Army Hospital interviews all who will be ward cases in the hospital. She copies down information from the records to a record for the hospital so that when the patient is admitted they have all the previous clinic information. This seems to be aduplication of effort. There should be some way by which that record could be transferred if necessary. It is doubtful if all the information is of value or even read. At the same time a clinic was supposed to be going on for V.D., and T.B. However, the doctors do not arrive at these clinics until four o'clock. It seems to be pretty well taken for granted that all of these are doctor's clinics. I do not see much evidence of nurse conferencing. It seems that Dr. Beckwith's clinic oh Friday night is a very popular one and I was advised to return to it.

Before lunch I had an opportunity to talk to Miss Fraser, who was a nurse in charge of the Dalhousie clinic. She told me that this clinic is the Out-Patient Dept, with special emphasis on public health. It acts as the Out-Patient clinic to various hospitals and takes patients from the country and province. It is part of Dalhousie University. There are three public health nurses on the staff. One of these nurses has had a course in supervision. I do not think that Miss Fraser herself has had any public health training. Before the City Health Dept. was organized these nurses and the V.O.N. did most of the visiting done in the city. They still follow a number of cases but these are for the purpose of teaching the student nurses who are affiliating. They have affiliates from the Hospital Infirmary and the Children's Hospital. I believe also, that medical students go out into the homes visiting with the nurse. The student nurses come for two months, get their out-patient training and visit all the outside organizations and are taken to visit selected cases. They also go with the psychiatric social worker attached to Dr. Jones' department. They also make some visits on their own. They are usually pretty well through their third year in nursing before they take this affiliation, although they have some earlier. Not all students from these hospitals are taken. Up to the present time, the Victoria General has not had any affiliation. One of the public health nurses is always present at the child welfare and pediatric clinic, at the chest clinic and at the V.D. clinic and they fill in at all the other clinics when necessary. Cases coming to these clinics are referred to the City Department except those which are kept for student visiting. Also saw Miss Watson for a few moments. She is a social investigator for V.D. Cases and works directly under Dr. Morton. Dr. Morton stated that he did most of the V.D. work himself. Miss Watson has not had public health or social work training. It seems that all the V.D. work is done by Miss Watson and Dr. Morton. The public health nurses apparently do not carry any cases. Will find out more about this when I visit with them. At four o'clock went to see Miss Watson, Registrar of the Registered Nurses Association of Nova Scotia. She said there was a great need for instructors in hospitals. They have no nurse inspector of hospitals in Nova Scotia. Miss Watson was a private duty nurse who, following her work in private duty had seven years in an office. After the war she went back again to private duty and then was appointed as Registrar. She has had a good background for the routine work but I doubt that her understanding of th educational policy is very great.

July 14, 1948

Met with the nurses of the Health Department. Ten are on duty, one nurse came back from her vacation to the meeting. She had heard that I was going to be there and was extremely interested. Very few of these nurses have public health training but all seem very interested in the survey and did not make any objections to completing the forms. They asked many questions and like all groups, seemed very happy to have someone from outside come and discuss their problems with them. Have arranged to go out with two of them to-morrow. Following the meeting with the nurses interviewed Miss Crosby to complete the key forms. Miss Crosby is only the acting supervisor. Dr. Morton is planning to appoint someone else and is thinking of Miss Burgess. Miss Crosby apparently

does not want to continue and probably is not the person to do so as she does not have a great deal of push.

Went to see Miss MacKenzie at the Provincial Department at noon. There are six units in the department, Cape Breton with Miss MacDonald as supervisor and thirteen of staff. Bridgewater, which includes the counties of Lunenberg and Queens, with three staff nurses, one of whom is senior. Yarmouth, which includes Yarmouth, Shelbourne and Digby counties, three staff nurses and a fourth, will go on duty in August. Windsor which includes the counties of Anapolis, King, Hants and Colchester and has three staff nurses. Northumberland which includes Pictou, Guysborough, Antigonish, Cumberland and part of Colchester county. They have eight nurses. Miss McCann is the senior and will probably be appointed as supervisor. Colchester county is going to be taken out of the Northumberland unit and also out of the Windsor Unit. As it stands now, each unit has a part of Colchester county. The sixth unit is the Atlantic which is Halifax county and has one staff nurse. In addition to these, (see list of complete staff), there are three nurses who are clinic service only. Two on the dental clinic and one on the mobile x-ray. These nurses have not had public health training. They will take on nurses without public health training on condition that they take the course after one year's service. It is their hope to have a supervisor in all the Units, but to date, it has not been possible to do this. When a new nurse comes on she is brought into the central office for a few days, then if she has not had public health, is assigned with another nurse. Miss MacKenzie does not feel that a new nurse without public health should be given a district of her own. I am not sure that this policy is always carried out. If she has had public health she will spend a little time with another nurse either in the other nurses' district or in her own district. It does not seem that they have very many group conferences, apparently the whole staff were in last May and they do try to have a meeting like this once a year. I doubt very much that very much is done in nursing. They have no manual. Each nurse has a guide. Asked Miss MacKenzie for this and hope it will be forthcoming. Miss MacKenzie stated that the expense accounts and weekly reports are sent to the central office. She goes over these. In the afternoon went to a V.O.N. Well-baby clinic at 139 Yonge Street. This is a room upstairs in a building. Outside there is a notice stating - "V.O.N. Well Baby Clinic, Weighing and Immunization." The clinic is held Mondays and Wednesdays with the Immunization Clinic on Mondays. There happened to be no babies while I was there. Some times the attendance is two and sometimes as high as forty. I would judge that the average would be around ten to fifteen. They do not have a regular appointment system. Miss Tanner was the V.O.N. nurse in charge, has not had public health but is taking it next year. If the baby needs follow-up in the home, the V.O.N. nurse will do it. Miss tanner stated - "The city nurses just go in for immunization and the like, they do not give advice regarding feeding." She has a Red Cross Worker who pulls the records and makes out the new histories. The nurse weighs the babies and apparently does some of the conferencing. The records show that the same type of conferences as had been observed previously. Discussion of diet, weight, etc. The nurse makes a list of the attendance each day and takes that back to the V.O.N. office. Nurses look over it and if the mother is in their district they will make a note of this on their records. They have the Federal department literature and insurance company literature, etc. The records are not taken out of the clinic. A mild dicision so far would lead one to believe that there must be considerable over lapping in V.O.N. and city. Will try to find out more about this when I go out with the respective nurses.

July 15th, 1948 - 10 a.m. went visiting with Mrs. MacDonald, Department of Health Nurse. She took me to one of her schools, St. Joseph's. This is divided into the girl's school with an enrollment of approximately 500; the boy's school with an enrollment of approximately 500. Apparently most of the schools go from Grade 1 to 9. This includes both elementary and Junior High. Mrs. MacDonald's health service room was upstairs. It was quite a large room and was apparently one of the few who has a room of adequate size. Mrs. MacDonald went over some of the duties and the records which have to be completed. There is usually a dental survey in the fall done by a dentist in the Grades 1 and 2. The nurses are responsible for the follow-up records and making the dental appointments. The doctor

examines all children in kindergarten, Grade 1,Grade 7 and all new pupils. Before the doctor's examination it is the nurse's duty to weigh and measure, check teeth, tonsils and general abnormalities except eyes. Mrs. MacDonald does not test hearing, she feels th that she cannot do this adequately. Mrs. MacDonald does all these tests at one time. The doctor follows with a complete examination. For all grades in between 1 and 7, the nurse inspects as above. Apparently Mrs. MacDonald is able to weigh and measure all her children and test all their eyes. In the afternoon I was with Miss Hopkins. She said it was not possible for her to do all this. In relation to communicable disease, the nurse must visit every case. She completes the pink special investigation card and sends it to the office with the daily report. She must then make a return visit to release the child for school. In doing this she gives a card with a statement on the back that the child is free to return to school. If the case is suspected scarlet fever, the nurse takes a throat swab. The sanitary inspector will placard after the diagnosis has been confirmed. He gives no instructions. He removes the placard but the nurse must visit first for release. These two visits which are essential for all cases of communicable disease, give the nurse a very great deal of work, and when chickenpox, mumps and measles are prevalent,that is practically all she has time for. She must also make these visits for German measles. In relation to immunizations, these are done in the schools. There seems to be many slips which have to be sent home. The parents are getting very tired of this because there are slips from the teachers. It is their policy also to do a booster dose every year. In relation to mental hygiene - if there is a behaviour problem, refer first to the school doctor, then talk to the parents. If the child is to be referred to the clinic the nurse uses the referral form to the family physician and also she may write out an extra history. There is no special form for this. The child is examined and no report is sent from the clinic unless the nurse goes to the social worker in the office. The social worker follows into the home. The nurse is not allowed to read the chart. Mrs. MacDonald had three such cases and she never knows if they are under care unless she phones. In relation to tuberculosis, the nurse does the patch test on the children and contacts in the home. It seems that the work is chiefly contact work. Post sanatorium cases are followed. The nurse has one clinic day for her appointments. She is given a typed list of the cases by the stenographer. The nurse makes out the appointment slips, and mails.

In relation to case loads. The school cases are, of course, the most numerous. Family folders are kept for tuberculosis cases. No family folders are kept for infants apparently. The nurses receive a list of birth registrations when the baby is six months old and she visits regarding immunizations. Pre-natal cases are referred to V.O.N. The immunization visit has a special card, in three parts. (See sample). After the six months visit, if the middle card has bot been returned to the health office, signifiying that the immunization has been done by family physician or the clinic, the nurse visits at one year, otherwise there is no further visit. Tjere are no other records on infants or pre-school children. Following our visit to the school, went on one home visit with Mrs. MacDonald. This was a visit in relation to an eye defect. There were other children in the household and these were also included, mostly in relation to eyes and immunization since this seemed to be the outstanding problem. Mrs. MacDonald is a very vivacious young nurse, she trained at the Victoria General and has worked with the V.O.N. She intended taking her public health course but married. I doubt that this visit could have been better done by anyone trained in public health. Our next visit was an immunization visit. The mother was not at home. A third visit the same.

In the afternoon went with Miss Hopkins who is a public health nurse, to see two of her schools. Her health service rooms are very small and one of them especially, very inadequate. She seems a little more selective in the work which she does. Did not do any visiting with Miss Hopkins, as we wanted to go to Africville, which is the section in which the lower class of negro lives, and is away out on Thetford Basin. Dr. Baillie, Miss Hopkins and I, went over very rough road at the end of Barrington Street. Our purpose in going was because an immunzation clinic was being held out there. When we arrived, Dr. Rice, the two nurses, were waiting outside the school. The janitress who had the key, had decided to go to town and noe one could get in. As it was a very fine day, the material was just set out on a rock in front of the school and one by one

about half a dozen children arrived. There were supposed to have been about thirty but it was a fine day for swimming. Some adults, mostly young men of the usual listless negro variety wandered around and they were also given a Schick test. A case of diphtheria had been discovered recently in this community and also a carrier. Apparently at other immunization clinics a stenographer is taken instead of the extra nurse. The stenographer makes out the records and gives the slip necessary. Why it was necessary to have an extra nurse here, even if the thirty had turned up, we failed to understand. If the clinic is properly organized one nurse can handle it and certainly it seemed to be a waste of medical personnel. In cases like this it seems to me that the nurse should be able to give the immunization. As Dr. Baillie says, why cannot a standing order be made which will cover it and why all this fuss about legal responsibility. After the clinic, Dr. Baillie and I went to the Provincial department to see Dr. Marshall who is head of the new Neuro-psychiatric Division. Dr. Marshall has two psychiatrists appointed and is appointing a psychologist. The idea in relation to mental hygiene is that these two psychologists will be stationed in separate parts of the province and it will be the beginning of a travelling clinic. The purpose of the travelling clinic will be - 1. to supervise the patients in county hospitals, (see note following). 2. to act as consultant to doctors in the community. 3. the psychologist will work with the Department of Education in regard to school children. 4. the clinic will probably give preventive shock therapy.

Dr. Marshall explained that Nova Scotia is the only province which does not take complete care of its mental patients. There is a mental hospital, the Nova Scotia hospital at Dartmouth, but each county has a county hospital which looks after those who are not violent. In relation to the feeble minded and retarded children, there is a school at Truro. Halifax is the only centre which has special classes for children in school. Dr. Marshall is not at all satisfied with the way these are operated. We asked him about teaching in the Normal Schools. Dr. Jones, the psychiatrist in Halifax is giving a course in mental hygiene to the students at the summer school at Dalhousie. This apparently is very popular.

July 16th, 1948 - Went out with Miss Cameron, a very shy young V.O.N. nurse. She has not had her public health training. Our first visit was to the home of a Jewish mother whose baby is two weeks old. This is the third day the nurse had been in to bathe the baby. It was not the mother's first baby and I could not quite see the necessity for Miss Cameron going in on this day, even though it was to be a paying visit. Miss Cameron explained that their routine is to return once a week to weigh the baby until it is six weeks old. Then once a month until a year old and then the baby is discharged. The mother is discharged at six weeks. Our second visit was to a three day post-partum mother and her baby. I did not stay for the whole of this visit. Miss Cameron is a pleasant nurse and gave good nursing care, although there were some points in the technique of bathing the baby which I felt might be criticised. No doubt the method she used is the one she learned in hospital. In the afternoon I went with Miss Tanner, nurse with whom I had talked at the Baby Clinic for which no children had arrived. Apparently after I left that day, six mothers did come. Miss Tanner expects to take public health this fall. She is a very bright young nurse and is apparently very popular with her patients. Our first visit was to a home to see if the mother had returned from hospital. Found that she had been back for two weeks. Seems to be a lack of reporting here. The mother was feeding her baby when we went in. "Miss Tanner weighed the baby and discussed the baby's formula and getting the baby out in the sunshine, also asked about the mother returning herself. Second visit was to a six week's old baby. Mother is moving. This mother had been very timid about handling the baby. Nurse said she would come back before she moved to Ontario at the end of this month. Third baby was for the purpose of making the one year visit. Baby was in a crib outside, the mother was very young and perhpas at times a flighty person. She discussed the general health of the baby and then said "I won't be back agan, I am dismissing the baby". Seemed rather an abrupt word to use in ffont of the mother. Fourth visit was just a stop on the street to see Mrs. MacDonald who was sitting on her doorstep. She is a psychiatric case who has had shock treatment and

is now going in for insulin shock therapy. She has a young baby who apparently is already boarded out. Miss Tanner's attitude to the patient was a very excellent one. Fifth visit - not at home.

After this went to see the baby clinic on Brunswick Street. The baby clinic is operated in one room by the V.O.N. and next door in a larger room, the city nurses and the doctors come for the immunization clinic. The doctor is supposed to arrive at 3.30. The nurses arrived shortly after 3 p.m. Already the room was full of mothers and very young children. The majority of these, perhaps I should not say the majority, many of these had gone in to the V.O.N. nurse where actually the chief service is a weighing one. The V.O.N. had a St. John Ambulance volunteer who pulls the records. The nurse weighs the babty and as the mother is sitting dressing the baby she may talk to the mother if there are not others waiting for weighing. There were some notes on the records, which I expect the nurse writes after she has talked with the mothers, applicable to the clinic. The immunization clinic was very poor psychologically. The nurses were attempting to see those that had been vaccinated and read the vaccination results and give the certificates before the doctor came. They finished this quite a long time and were standing around with nothing to do. When the doctor came there was also a stenographer with him who pulled the records if the mother had been there before, if not, made out the card and after the vaccination was given, gave the slip for the return the next day. It seems to me there could be a card made out which could be given to the mother and which would obviate the necessity of giving these slips each time. Case of administrative detail again. The doctor sat at a table in front of the room in view of all and gave the immunizations and most of the children howled. One public health nurse, she happened not to have had public health training, but was on the city department, filled syringes; her technique was questionable. However, this was the technique permitted by the doctor. She refilled the syringes without taking clean ones. The other public health nurse, she was public health trained, brought the patients up to the doctor and saw that the patients waiting kept in line, and those who came later did not get in ahead. Some job for a public health nurse! After visiting with Miss Tanner in the morning I returned to Miss Shore's office and completed the key form with her. At 4 o'clock, after the baby clinic, I returned to discuss students program, etc., with Miss Shore. They seemed to be going in the right direction, but there is not nearly the same understanding of student programs I think, as there is in Hamilton with Miss Ross and Miss Sneddon. I discussed the matter of overlapping with the city and they readily recognized this and felt that perhaps they should drop the six months and one year visit. I said I did not feel that it was a matter of any one agency dropping anything necessarily. It was a case of clearing and getting together and discussing who was going to do the particular thing. I could not see why both the V.O.N. and the city nurse, who apparently only goes in at six months for immunization, should go in. If the city so desired, whyc ould they not delegate the responsibility to the V.O.N. nurse for the particular cases which she is visiting. In relation to the visit at one year, this is the time when they pick up a great many pre-natal cases. However, there is no reason why the city nurse when making her visit at one year, should not pick these up. As present policy stands, the city nurse does not visit at one year unless they have been delinquent in getting the immunization done or in sending in the card.

In the evening, Dr. Baillie and I went to the Dalhousie clinic to observe the T.B. and V.D. clinic which are held there on Friday evening. The clinic has a very nice set-up. Dr. Beckwith was operating the T.B. clinic. Said he would answer Doctor Baillie privately when Dr. Baillie asked why the T.B. clinic was being held here! Miss Myers is in charge of these two clinics. She is a public health nurse who has taken a supervisory course. From the way she talks she has an understanding of better public health practices than followed in the clinic. However, I do feel there are many areas where she might put them into effect, even with Miss Fraser in charge, than she seems to be doing. She stated when I asked her, that the public health nurses do see the patients. The patients, if they have any trouble come to them. I pointed out that this hardly seemed to me to be enough. There is absolutely no social work. Whether or not there is at the hospital, I do not know, but I think not. At any rate there is no

social work done to the cases who are coming to the clinic and since most of these cases are a poorer group there must be a very great need. Dr. Gosse, who is in charge of the V.D. clinic sees all V.D. cases who need to be seen by anyone not giving the treatment. In other words, he does the conferencing. There seems to be some confusion as to who does the follow-up in the V.D. It was stated that Miss Hulbert or Hubert of the Dalhousie clinic does the follow-up for the V.D. cases and yet Miss Watson, who is directly under Dr. Morton, is the social investigator for V.D. I do not know whether they discuss things to gether or not, but it does seem to be a rather confused program. I do not think it is even worth while to take the time to straighten out these points since many of the clinics are going to be moved to the out-patient department of the V.D. as soon as it is opened, Miss Myers stated that as far as she understood, only the paediatric clinic would remain. After the clinics move out Dr. Morton hopes to move into the Dalhousie clinic and the public health clinics will be taken over by the public health department. It is hoped that a great many of these confusing points and overlappings will be cleared up. In relation to obtaining a supervisor, for the city department, apparently the salary offered is $1,800 to 2,200 or $2,400. There will never be anyone obtained who will be worth her salt at that price.

July 17, 1948.- Saw Miss Lawrence who is a psychiatric social worker for the Mental Hygiene clinic. Dr. Jones is the doctor. Talked with her at coffee. She says they are very short of staff, but the plan is that the social workers do the follow-up from the clinic. If a school child has been referred in by the nurse, the psychiatric social worker visits the school to see the teacher and usually tries to make a home visit. A report is sent by Dr. Jones to the agency and if there is follow-up work to be done in th home, this does not seem to be transferred to the public health nurse. Following my talk with Miss Lawrence, went to see the new Victoria General Hospital. Was shown through by Miss Millar, Superintendent of nurses. Miss Millar is also president of R.N.A. of Nova Scotia. It is a very lovely new hospital.. She has about 67 graduate nurses and 135 students. They are very short of staff and it is very evident that student nurses are being used to staff the hospital. Did notsee the teaching department as it is apparently in the nurse's home.

Saturday afternoon, went to Peggy's Cove, great piles of rocks and desolation but all the same, rather attractive.

July 19, 1948. - Met with the V.O.N. nurses in the morning and went over the individual job analysis forms. Completed my work with the V.O.N. in the afternoon. The remainder of the morning saw the nurses with the City Health Department. They all seemed to enjoy my visit and contributed some very good ideas. Saw Dr. Grant, Dean of Medicine, Dalhousie, in the afternoon.

Tuesday, July 20, 1948. - started for Pictou. On the way stopped in Truro where we interviewed Dr. Davis, principal of the Normal School and Miss Reid, the nurse in the Normal School. Miss Reid showed us the Health Education curriculum for the school. It is very factual and I am afraid she tries to give the Normal school students too much of the factual material and not enough of the practical. There is not any link-up with the Truro school nurses when they are doing their practice teaching. Miss Reid seems very sincere and is no doubt, doing very good work within her own limits and the limits of the curriculum. The mobile x-ray unit was set up in the adjacent school yard. Visited the nurse and the technicians working on it. Drove throug the Stewiacke valley which was very beautiful. Arrived in Pictou about 7 p.m. at the Braeside Inn.

NORTHUMBERLAND HEALTH UNIT

July 21, 1948 - Went to the office of the Northumberland Health Unit. Had a meeting with Dr. Sims, Dr. Lavers, Miss McCann, who had returned from her holidays for my visit, and three of the staff nurses. After meeting together I talked with the nurses separately. I thought the best approach here would be to get their problems and find out from them all how they did their work. The group present consisted of -

1. Miss McCann, who is to be the supervisor and is acting now in the capacity of senior nurse; she, however, carries a very heavy case load. She has West Pictou and it has a population of 20,000, she also has North Colchester. Her towns are Pictou, Westville and Tatamagouch. She has 67 schools in West Pictou and 29 in North Colchester.

2. Miss Gray, who has East Pictou, the towns consisting of Stellarton, New Glasgow and Trenton. She has 70 rural schools and three or four town schools. Miss Gray is a veteran of the first world war and has not had a public health course. Her total population is 25,000.

3. Miss Munro, who has West Cumberland, population of 20,000. Her towns are Amherst, Parsboro. She has 28 schools.

4. Miss McGarry who has only been on since March and is getting some experience prior to taking her course at Toronto this fall. She does not have any assigned district but works with Miss McCann.

The chief problem centres around the fact that they each have such an extended territory and the follow-up visiting is very difficult, if not impossible. It does not seem that the winter holds them up too much because they can then concentrate on their town work if the roads are impassable. In addition to these nurses Pictou has two V.O.N. nurses. Glasgow has two V.O.N. nurses. Amherst has two V.O.N. nurses and Canso has one V.O.N. There is also a school nurse employed by the towns of New Glasgow, Amherst and Truro. However, Truro is in South Colchester and is not in the Northumberland Health Unit. Miss Munro says that Parsboro has a nurse employed on a part-time basis to look at the heads, communicable diseases, etc. It is much harder for her than if there were no nurse. As a rule the public health nurse works with the local school nurse and the V.O.N. in the immunization program but not to any other extent. Tuberculosis seems to th major problem. The nurses did not seem agreed as to whether it or the school work took the major part of their time. There is a great shortage of sanatorium beds. Sometimes the waiting period is three months, in which time the nurse supervises the home and visits as frequantly as is possible. Apart from the home supervision of the case, the nurse is responsible for the patch test of all the family contacts. She must return in four or five days after giving the patch test to read it. She does not encourage them to go to the family doctor to have it read as it is very difficult usually, for them to get to the doctor. However, I think that some thought could be given to this in some cases. If there are open cases they are requested to get sputum tests about three times a year. In relation to x-ray appointments, the family doctor informs the patient of the next x-ray day or in some areas, where the clinic is set up, may be told by the nurs All contacts and indigents come to the clinic free of charge. The others go to the hospital for their follow-up x-ray and they are expected to pay for this.

Child Welfare - pre-natal, - there is no organized program. They do it incidentally with their other program. No records are kept of pre-natals. Infants and pres-school birth lists are sent from the hospitals at the end of each month, except to Miss Gray's d district, and she goes to the hospital and copies the list. No doubt, however, she could arrange to have it sent, but prefers to do it this way. From this list the nurse makes out the school card. This could be done by a stenographer, but is not. The card is filed in the office. When the baby is six months old a letter is sent to the mother from Dr. Sims stating it is now time for immunization. (See copy of letter in folder.) Between the ninth and the twelfth month the nurse visits the home. This is called the

pre-school visit. She then marks up the card recording the immunizations. This is the only record for the pre-school and infant program. The Health Dept. nurses do not hold any baby clinics, the following are held by the V.O.N., - New Glasgow, every Friday with an immunization clinic once a month; Pictou, two times a month, with an immunization clinic in the fall; Amherst, every week, an immunization clinic in the fall and in the spring. There is no doctor present at any of these clinics. The routine seems to be that one of the nurses will weigh and measure and the other may conference. They do not seem to use volunteers. In relation to booster doses for immunization, three to six months after the third dose, a booster is given. Some doctors will give a return date for this. During the visit the nurse tells the mother about it. The second booster dose is given the first school year or before. No record is kept for incidental health problems.

School - The V.O.N. nurse carries on the school work at Pictou and Canso. The nurses try to visit the schools once a year but this is not always possible. For example, Miss McCann and Miss Munro have not completely covered their district in the past two years. They try first to find the area with the greatest need. They have an opportunity to do this because at the beginning of each school year they make a quick visit to each school, really in regard to immunization. Then they choose a centre for the fall immunization clinics. From then on the work is left with the teacher to organize. She arranges with the doctor and arranges the day. When it is all ready the nurse will come and help. The teacher also arranges the publicity and in each school the teacher gets the consent slip signed. For example, last year in Tatamagouch there was one clinic which took in the 29 schools of North Colchester. Apparently the doctor is very enthusiastic and he took a major part in the arrangements. The nurses also do patch testing in the high schools in grade 9 and the negatives in grade 11, and all new pupils. This is done at the beginning of each school year. If they are positive an x-ray is arranged.

The doctors do not do any work in the schools. The following is typical of the yearly visit of the nurse to the school. She will probably spend one-half day there. This would be the routine of the visit.

1. Weigh and measure the children. She takes the scales with her.
2. Test the eyes with Snellen chart.
3. Examine head, general condition, teeth, hearing, etc.
4. Complete the record which stays in the school.
5. Conference with the teachers.
6. Copy the names with defects on the sheet.
7. Make out defects list. (This is done in triplicate, one goes to the parents, one to the family doctor and one is kept by the nurse, this latter is taken to the office and filed.)
8. Inspects sanitary facilities and if necessary, makes notes to report to the sanitary inspector.
9. Conference with teacher. These points are not necessarily in the order completed.

Any of the major defects such as eyes, orthopaedic, malnutrition, etc., the nurse attempts to follow up with a home visit. Card is made out for all new children by the nurse. Any information which she cannot get on that visit will be obtained from the parents by the teacher and the card will be completed. Sometimes the teacher helps with the records, weighing, etc. The nurses try to get the teachers to start school lunch programs and have been quite successful in some areas, in others, not. The nurses feel that a great deal of factual information on health is taught to the children and not nearly enough from the practical aspect.

Communicable Disease Control - The M.O.H. for the area is responsible. The teacher will call him if she has any suspicions. Some times the nurse may be called. The teacher is responsible for contacts.

Venereal Disease - This Division was a specialized service until about two years ago when it was included in the generalized program. Each card has a case on file in the office. Every month the nurse takes each card, goes over them with the private doctor. He gives her the up-to-date information on treatment, etc., for his cases. If a case is delinquent, the doctor will report the case and the nurse will visit and try to get him for further treatment.

Tuberculosis Control - In relation to the T.B. work there seems to be a great deal of recording. (Copies of records kept in separate folder). In relation to the daily and weekly reports which the nurse makes, there seems to be a lot of duplication. Miss McCann says that it takes nearly all of Saturday morning to do the weekly report. Tuberculosis record - clinic form I contains the data on the patient. The nurse copies information from this into the black loose-leaf book which she carries. This is the only place in which home visits are recorded.

At the meeting in the morning gave the nurses the individual Job-Analysis form to complete and asked Miss McCann to send this in in a couple of weeks. In the afternoon visited the V.O.N. There are two nurses, Miss McKeracher, who is away on holidays and Miss Shaw who has been with the Order for a year and a ahalf. She has not yet taken the public health course. The V.O.N. has Pictou town. They have two clinics each of which is held once a month. At one clinic the attendance is from 15 to 15, at the other 25 to 30. There is no doctor in attendance. They take babies from two months to one year. One nurse weighs and measures and the other conferences with the mothers. Sometimes there is a volunteer. This seem generally to be in the summer time when one nurse if off. In the winter time the two nurses work by themselves. In the fall an immunization clinic is held and the health department nurse assists. The school work is just regular routine. No report is sent to the Health Officer. Asked Miss Shaw if she would send me through Miss McCann, a copy of the 1947 report. Had dinner at Pictou Lodge with Dr. Lavers and Mi Miss McCann, after which we went to the home of Dr. Sims. Had a very nice evening. They told us stories of their experiences in Nova Scotia. Many of them were very amusing. One which seemed to give them a great deal of amusement was a letter which was received from a mother following patch testing of the family - it is unusual for the nurse to ask that the report be sent in by letter, but because of transportation difficulties it was done in this case. This was the letter - "Dear Friend, This is to tell you about the patch test which you gave us. There is nothing on any of us except Rupert, who was red at both ends. That is all. No lumps, no bumps."

July 22, 1948, 9 a.m. - Started on a two day trip to Antigonish and Guysboro County with Dr. Sims and Miss McCann. We arrived at Aberdeen Hospital shortly after 10 a.m. Dr. Baillie and Dr. Sims saw the M.O.H. Miss McCann and I talked with Miss Mary Ross who is the Superintendent of nurses there. Miss Ross trained at the Aberdeen Hospital and has had no further qualifications for the position she now holds. Miss Rhoda MacDonald has been the Director of Nursing but has recently resigned. Miss Saunders who has been her assistant has recently been appointed. She also was trained at Aberdeen and has had no further qualification. I should think that the nursing situation looks rather grim. Miss Ross lacks push and does not seem to have very much comprehension abou nursing education, neither has Miss Saunders. They have a school of nursing and have around 60 students. Miss Ross says they are taking in fewer this term. The Board has an idea that students are costing them too much and therefore, they are reducing the number. They will soon learn that the students have saved them a lot of money and that the graduate nurses that they will have to substitute will cost them a lot more. Plans are under way for a new hospital. Nurses are certainly needed in key positions in Nova Scotia.

From Aberdeen Hospital we drove through Stellarton and saw what is known as Red Row there. The thomes of the miners. From Stellarton we drove through very nice

country to Antigonish where we had dinner at Bethany House, which is the Mother House for the Sisters of St. Martha's. Mother Ignacious is there, but did not dine with us. Father Cody of the Extension Department of St. Xavier joined us for dinner and kept us fascinated with his description of his philosophy of living for Canada and Canadians and the story of the cooperative movement. After a delicious dinner we adjourned and talked again with Mother Ignacious. We then went down to the University and saw Dr. Cody's set-up. He showed us some maps with pins showing all the co-operatives, the credit unions, the wholesale houses, etc. From there we went to St. Martha's Hospital. Miss McCann and I saw Sister Mary Calvary very briefly. It was not possible to get a syllabus of their nursing course. Sister said that it was in print now and she would be glad to send it to me. They have some sort of an affiliation with the University. Sister said it was a weak affiliation. The University grants a degree; I question as to whether or not that degree would be acceptable in other Universities in Canada, but Sister thought that it is a University degree and that as the University is recognized that it also would be recognized, even though apparently, two years credit is allowed for the three years of nursing training. From the hospital we drove to Grant's Hotel in Guysboro. Guysboro is a very small community but has a very beautiful situation. We went out for a walk in the evening and later on met Miss Morrison who is the nurse for Guysboro County. With her we went away out into the country to see a scarlet fever case. There is one doctor in Guysboro and as he was away on his holidays, Miss Morrison seems to be called in a great deal. The doctor puts a lot of responsibility on her. There is a Red Cross Outpost Hospital but no patient can be admitted without doctor's orders and when the doctor is away, Miss Morrison has to see the patient before they will admit.

July 23, 1948.- Breakfast early so that some fishing could be taken in before our trip to Guysboro County. No luck at fishing. We drove on from Guysboro to Canso, taking the route along the coast. Canso is a very bleak and barren fishing community. Co-operatives are active there and this has, to some extent, improved the lot of the people. Apparently you belong to one of three social classes according to where you live. You may live "up on the hill" which is a community known as Hazelhill; you may live "down over the hill" in Canso or you may live "on the Tittle". The Tittle being their way of referring to the area along the strip of water known as the "Tickle". The rocks crop out everywhere and make it very difficult to raise any crops whatever. There were a few gardens but these were rather poor. Miss Morrison who accompanied us on this trip took me into a home. There was a month old baby. The V.O.N. nurse had been in attendance but for some reason when the baby was ill Dr. Stanton, who is the doctor in this community, called in Miss Morrison. This was her second visit and apparently the baby was better. The home was very poor and very dirty. There were five children, all the children are rather small for their age. This is characteristic of this whole fishing village coast community. Miss Morrison says that about 80% of the homes in these communities were like the one which she took me to.

Following a tour around the town, we went to the Red Cross Outpost Hospital where it had been arranged that we should have lunch. This hospital was opened the 26th of May. It has ten beds. At the time it had four patients, two of them being mothers and their two babies. The other two patients, a man with virus pneumonia and a month old baby who had been admitted with diarrhoea; the baby was better. Dr. Stanton talked with Dr. Sims and Dr. Baillie. He is apparently very enthusiastic and endeavoring to include some public health, will not take confinement cases unless the mothers have been to him for pre-natal care. A large percentage of the children in the schools which he visits are immunized. He has been there for eight years and was about ready to leave when the Red Cross Hospital was established. This has given him a new interest and has made his facilities so much better. There is a V.O.N. nurse in Canso; she is not trained in public health. From what I could gather from Miss Morrison she does some of the schools and is supposed to be responsible for bed-side care and the infant welfare. However, there did seem to be some overlapping. I do not know the reason for this. Perhaps the doctor does not work so well with the V.O.N. nurse.

Guysboro County is divided into two municipalities. It has a population of somewhat over 16,000. Miss Morrison has 90 schools with a population of 3,000 pupils. In Canso there are five sisters who do what is described as social work, it seems to be to give material relief and work with unmarried mothers placing their children. There are no other nurses in Guysboro County. From Canso we went to Dover which is a fishing community and is bleak and barren as Canso. Then from Dover to Whitehead, Torbay, Larrys River where we considered whether or not we should come back to Guysboro. However, Dr. Sims seemed very anxious to show us the country so we continued on the trip going through Goldboro, Isaacs Harbour and Country Harbour. It was all very beautiful then up through the country through what is known as the Barrens to Melrose and down to Sherbrooke where we had dinner. Sherbrooke is on the St. Mary's River. After dinner we went fishing. No luck again. We drove back to Antigonish to the Royal George Hotel, through what appeared to be very beautiful country, especially along Lake Lochabar. However, it was after dark and we could not see it. Through the kindness of Dr. Sims and Miss McCann in taking us on this trip we certainly gained an impression of the vastness of their problem or rather the problem of the rural nurse in such a county, such as we could not have obtained in any other way. Dr. Sims feels that there should be at least four nurses for Guysboro alone and he is planning to build up his program to have at least one nurse for every four to five thousand people. This is a long term project and it will be some time before it will be achieved. Miss McCann and I had lengthy discussions about the nursing situation in Nova Scotia. She feels very pessimistic about it, especially in relation to the training schools. She feels that some stimulus is needed and that it will be quite a long time before we will be able to get them on a truly educational basis. She has not been appointed supervisor although she has had a great deal of experience. She taught school for nine years, took her nurses training, then she took teaching and supervision at McGill, following which she had experience in instructing work and as assistant superintendent and superintendent of hospitals. Then she took her public health and has been more or less acting as senior nurse in the Northumberland Health Unit. She, however, has a very large area of her own. When new nurses are taken on, she is the one who is responsible for planning their work. For some reason her appointment as supervisor has not gone through. Spoke to Dr. Sims about this on Saturday morning as we were leaving. Apparently he feels that she should go away to Columbia for a summer term just so that he will be able to say to the other nurses that she has had this extra qualification. I said that I felt that she had the extra qualifications now and it would be too bad to wait for another year before making her appointment official and allowing her to obtain the extra salary which goes with it.

July 24, 1948 - Left Antigonish about 11 a.m. for Baedec. Crossed the Ferry from Mulgrave to Port Hawkesbury. It was raining so the trip was not so enjoyable. Arrived in Baedec about 2.30 p.m. Met Miss MacDonald at the home of Dr. MacMillan. Reservations had been made for us at Normaway at Frizzelton which is up the Margaree Valley. We went there and had very fine accommodation. Dr. Baillie got in some fishing Saturday evening and then again early Sunday morning. About 11 a.m. on July 25th we left to go aground the Cabot Trail. It was rather dull at first but when we got out to the coast it cleared. The roads were not too bad until we started coming donw from Ingonish then they were rather rough and there was a lot of construction work. We arrived in Sydney about 11 p.m. and got to our rooms in the Isle Royale Hotel.

CAPE BRETON HEALTH UNIT

July 26, 1948 - Met in the morning with Dr. MacDonald and Miss Hazel MacDonald. Their office is in a large house which was purchased about three years ago for the Health Unit. Dr. McCurdy is the doctor in charge of the Tuberculosis work in this area. After the general meeting I met with Miss MacDonald and planned the program for the week. The rest of the day was spent in getting information for the key forms. Cape Breton has a population of about 150,000. The county of Cape Breton has 110,000. In this area there are five incorporated towns within the radius of fifteen miles of Sydney. There has been a move to make a metropolitan unit of Sydney and the area. This would have four districts and four full time medical officers of health. It has not gone into effect because of personnel needs. The nurses have about 350 rural schools. They are not responsible for the following town schools which have their own school nurses.

Sydney - 1 school nurse;
Glace Bay - 2 school nurses;
New Waterford - 1 school nurese.

The following hospitals have Schools of Nursing - City Hospital, Sydney. St. Joseph's Hospital, Glace Bay. New Waterford General. Glace Bay General. Hamilton Memorial, Sydney.

Met with the nurses of Cape Breton County in the Health Unit office. Explained the Survey and went over Job Analysis forms. They will all complete these and send them in. Two of them will also do the School Nursing questionnaire. Then followed a discussion of their work.

Pre-Natal Programme - The nurses feel that they are not doing enough. The doctors do not refer cases. They are all convinced that the public health nurse has a part to play in pre-natal health supervision. They realize with the present set-up they cannot do very much more. They also realize that some program is necessary to educate the doctors to an understanding that the nurse has to play. With regard to the post-natal program, the nurses felt that the doctors do not do proper post-natal examinations.

Venereal Disease - This is a great problem and they do not know how to approach it. Until quite recently it was carried by a specialized worker and now it is to be included in the general program. They feel that more education on the part of the public and a more understanding attitude to the subject is necessary. They, themselves, feel that they need much more preparation and practical experience in venereal disease control in their post-graduate work in public health nursing. They state that they have hardly any and are just given the literature. Another difficulty is that the clinic in Sydney is a very dark room in the city hall. There is a movement to have it transferred to the Health Dept. building. This will make it very much more suitable and easier to handle. There is no social service, it is purely a treatment clinic.

Infant and Pre-School Program - They feel the need for more Well-baby conferences and for better follow-up in the homes.

Tuberculosis - This seems to be their major program. They feel that there is a much better understanding on the part of the public. The problem of beds for open cases is not a great one and they have very few opeh cases in the homes. They feel that the mass surveys have helped a great deal. In my visits following I noted a great change in the attitude of the people toward tuberculosis. They were all very anxious to have x-rays.

School program - Getting the defects corrected is the biggest problem because of the lack of facilities. There is a great lack of dental care and also the cost prevents many from obtaining such care. Transportation costs to the centres are very great and deter many from receiving the attention needed. I asked them if they felt they were losing out because of the lack of physical examinations by the doctors in the schools.

They said, no. Cardiac is about the only thing which the nurse would not discover and there are so few of these that it would not be worth while to have the doctor examine all the children. We discussed the background needed by the teachers. They felt that they needed something more practical. They stated that many of them do a very fine job. In nutrition, we discussed the use of consultants. We discussed the mental health program. Nurses are all agreed that they have a major part to play and when behaviour clinics are established they should prepare a history on the homes and that they should also do the follow-up.

Orthopaedic program - The Red Cross had a clinic during the war but they have stopped it now. At the present time the Rotary has a clinic and has an Orthopaedic doctor come. The Health Department nurses assist at these clinics. Only two are held each year. Cases are referred to the nurses for follow-up. Arrangements may be made to go back and forth to Halifax. All these are things which the nurse has to do and are ve very time consuming. C.N.I.B. clinics are held and the Health Dept. nurses attend these the Saturday that the clinic is in session. They are held at three centres.

The following is a division of Cape Breton Unit and the number of nurses in each district -

Cape Breton County - 8 nurses, 1 supervisor; 110,000 population

Inverness County - Miss MacDougall and part time of Miss Martell and Miss Lytle, 21,000 population.

Victoria County - Part time of Miss Lytle, stationed at Baedec. Miss Jessom at Ingonish, 6,000 population

Richmond County - Miss Martell. 11,000 population

In the afternoon went to New Waterford to be with Miss Setchell. New Waterford has a population of about 10,000. A school population of some 2,000. There is however, a school nurse. New Waterford is only a part of Miss Setchell's district. She has a very nice office in the Town Hall. She keeps all her own records and has no clerical assistance. Saw Miss Setchell's records, she has a family folder for nearly all her T.B. cases. There are very few other records than the T.B. Inside the family folder there are the green history sheets and also a social data sheet which is yellow. There has not been a clear distinction between the information which is to be put on the social data sheet and the information on the individual sheet. There is very little real social information. The nurse copies the T.B. x-ray report onto the record. There seems to be a lot of clerical work for her. There are a great many social problems in connection with the tuberculosis cases in New Waterford. Miss MacDonald stated she thought that two-thirds of the problems in relation to tuberculosis was of a social nature. I visited two cases with Miss Setchell - Mrs. Donovan, whose husband was dead and who has five children, the last one born illegitamately. Because of that her Mother's Allowance was cut off. Miss Setchell has been spending a great deal of time conferring with welfare offices, etc., in an endeavour to have this allowance re-established. A second case, Mrs. Hincks whose husband has just been let out of jail, where he was detained for a month because of treating his wife abusively. There are four or five children in this home and very little money. Here too, there are a great many social problems. Miss Setchell has many such cases. One wonders how much nursing there is in dealing with these cases. Is it not more social work? Do we need to consider a different type of training altogether for this community worker?

After making the T.B. visits we called at the New Waterford Hospital for the immunization trays. I talked briefly with the superintendent, Mrs. McLaughlin. The hospital has 70 beds, there are 30 students, 5 supervisors, 4 general duty staff nurses. There are no practical nurses. Ward maids are used for the housekeeping duties on the wards, however. Miss Setchell was having her weekly immunization clinic. This was

held in the Legion Hall. The doctors, of whom there are five in New Waterford, take turn about in coming to it. Usually there is an attendance of 20 to 30. They give vaccination for smallpox and combined whooping cough and diphtheria. Scarlet fever toxin is not given. They were taught at McGill that it is not effective. An immunization tray with sterile set-up was obtained from the hospital. Sterile towel was placed on the table, forceps, syringes and needles in a tray. Two students from the hospital came to assist just before the doctor arrived. No notice is given to the mothers about when to return. They all seem to know. If they do not turn up at the clinic when they are supposed to, a penny postcard is sent. Last year there were only eleven who did not finish the complete immunization. All the cards are looked after by the nurse before the doctor comes. This seems to be quite an efficient way of doing it. The routine for immunization is - the student swabs the arm, nurse holds the arm while the doctor gives the immunization. The second student changes the needles and fills the syringe. The Baby clinic is held in this same room twice a month. A volunteer worker assists and the nurse interviews. She has her desk in the far corner where there is a considerable amount of privacy. The nurse can change the formula and she can also add cereals and cod liver oil to the diet. If the mother were going to go to the doctor she probably would not change the formula. She tries to follow up as many cases as possible into the homes.

New Waterford is a mining centre, dirty and smokey. Miss Setchell seems to be a very efficient nurse. She took her course last year at McGill. Previous to that she was in the Navy and has had ten years of operating room experience.

July 28, 1948 - Met with the V.O.N. nurses. Miss D. Armstrong in charge. Explained the survey and left Job Analysis forms which Miss Armstrong will send in later. Completed the information forms. Did not arrange to do any visiting with these nurses. Miss Armstrong is the only one who has had public health training.

Went at 11 a.m. to see Miss McPhee, the Metropolitan Life Insurance nurse in Glace Bay. Her program seems to be pretty much the same as the V.O.N. except I would judge the instructional work is more limited. She does not have any clinic. Miss McPhee has had public health nursing. She is the only Metropolitan Life Nurse outside of Quebec. She has been eight years in Glace Bay and previous to that, she was three years in Fort William.

In the afternoon went with Miss Buffett to her rural area. We visited the areas aroundManidieu and Louisberg. The majority of the visits were T.B. cases. The first one a young girl of eighteen who suspected tuberculosis and was supposed to be on rest. Talked to her at the gate.

Second case - Mrs. O'Neill who has had tuberculosis for the last five years and is now leading a more normal life. Her children took over the household duties and managed very efficiently all during the time she was ill.

3. A Mrs. Bate who had had tuberculosis for about three years. She has three children. Her sister looks after the children.

I was very surprised to find, in most of these homes, electric light and telephones. Their standards of furnishing however, are very low. Some of the houses were very clean but the floors might be in very poor condition and there was very little furniture. They seemed to be content with just essentials.

4. To a case who had recently been discharged from the Sanatorium. Three weeks before he was discharged his wife was taken in. His mother looks after three small children.

5. An elderly woman who was arthritic. Her daughter who was formerly tuberculosis and now there is a possibility of T.B. peritonitis. Is also deaf. Second daughter teaches school in a nearby area. She has forty-nine pupils.

6. A mother who had eight children. It was a very clean home. Nurse called because of a child who had had strabismus. We found the mother had very bad varicose veins and a varicose ulcer. Two children with running ears, one of whom had very large tonsils. The father came in while we were there. He had apparently joined a Blue Cross group and has just been waiting for the slip before having these conditions attended to. The mother however, was not planning to have anything done about her veins.

Following these visits we delivered a couple of posters regarding an immunization clinic to be held in the Navy Hall at Lewisburg next week. We then went to see the old Fort and called for a few moments at the museum. I was disappointed that I could not see the surrounding country as it was foggy all the time we were there. The little harbours and fishing hamlets looked very attractive.

In discussing with Miss MacDonald the solution to some of our personnel prblems she feels that the taking on of the untrained public health nurse is the only solution. Would like to take on more of them with the understanding that they would take public health at the end of a year at least. She did not seem to feel, at first, that a course should be started at Dalhousie. She felt that when there are good course established already that the nurses should go to one of the existing universities. I pointed out to her however, that when the girl gets away from the Maritimes she is frequently offered a job at a much better salary and does not return. Also that an attempt to increase the number of xxxxxx students attending to fill the needs in other provinces that the existing facilities would not be enough. I think she agreed that a course might be started at Dalhousie even under existing conditions. That we cannot await until field work is ideal. The great problem here is definitely shortage. They are all set to expand and will do so as soon as they can get more personnel.

July 29, 1948. - Left Sydney about noon to call at the Gaelic Mod at St. Anne on the way to Baedec. Dr. Baillie drove down with Dr. MacDonald just ahead of me. It was a very beautiful drive down the lake. When we got to the Rock ferry theirs was the last car to go on and I had to wait for the next one. From the other side we drove up to St. Anne, a short but attractive piece of country. The Gaelic Mod is just like one big picnic. When we arrived some bagpipes were being played and there was a competition of singing, Scots songs without any accompaniment. There followed some Highland dancing by groups of girls. Lord and Lady MacDonald along with Premier Angus MacDonald and other notables were on the platform. It was a burning hot day and everybody was feeling the heat somewhat. The Mod was held at the Gaelic College and the bleachers were out on the open on a slope of ground facing down to the lake with the hills on the other side. After about an hour and a half there we drove on to Baedec. Dr. Baillie stayed at the Inverary, but as the whole place was very crowded I could not get a room there and had arranged to stay with Miss Lytle in her apartment. We went fishing with Dr. and Mrs. MacMillan and Miss Lytle in the evening and after that stopped off at the MacMillan's. We did not leave there until after 2 a.m. It was a gay party. Mrs. MacMillan is rather deaf and to have visitors like this was quite an event or so she said. She was most anxious to make a party of it. Miss Lytle also had some other people in her apartment and she stayed at Mrs. MacMillan's.

The next day went with Miss Lytle on a visit. It is a pleasure to find that she is doing a great deal of child welfare and pre-natal work, after seeing most of the other nurses in Nova Scotia concentrating on tuberculosis. Apparently her tuberculosis problem is not so great. Hers is also a unique situation. Dr. MacMillan is the medical health officer. He is a general practitioner and is somewhat of the old family type of doctor. There is no hsopital in the area although before very long there will be a Red Cross Outpost. Consequently there are many home confinements and Miss Lytle assists with them all. She is thus able to give some pre-natal home supervision and able to follow up the supervision through her clinic and her home visits. She has some 85 schools, her territory has been increased within the last year or so. Interestingly enough she is not doing as much pre-natal work in her new area. This seems to have something to do with the doctor and the particular situation which has grown up in and around Baedec. Miss Lytle has

a very nice office in one of the town buildings. The hallway of the building serves as a waiting room when she has a clinic every third Friday. She is also in the office every Friday afternoon and the mothers know this. On the Friday that I was there already by three o'clock more than half a dozen mothers had arrived. She takes them into her room individually and sits down on a comfortable couch and talks with the mother. If only all nurses could have a set-up like this, much greater respect would be paid to the public health nurse and her work would be much more effective. Although I know that this particular method of doing public health nursing may be very much open to criticism in that the public health nurse is almost serving as an assistant to the doctor, never the less, Miss Lytle has established a relationship with her patients which I had not seen elsewhere. She apparently has developed this set-up very much on her own. She did not have a telephone of her own so one day she went out and said to three girls who were sitting on the bench - "How about putting on a dance to-morrow night and paying for a telephone for my office". A dance was put on and the telephone was secured and the monthly fee paid for several months until Council could take it over.

The first visit made with Miss Lytle was an infant welfare visit. It so happened that the mother had come into town. Miss Lytle knew this before she left and Dr. McMillan, knowing that she was going to be home asked her to remove some sutures in a little girl's foot which he had put in previously. I questioned this and wondered if the mother could not have taken the little girl to town. Miss Lytle said, Undoubtedly she could but as she was coming along and Dr. MacMillan had asked her, she was willing to do it. However, apparently Dr. MacMillan does not save himself and would be just as likely to make a call as to ask the mother to bring the child to hospital. This was a very poor dirty home. A six weeks old baby was in a basket in the kitchen, it had never been put out in the sunshine.

The next home was to visit a six weeks old baby, the first of a young mother who was doing very well and is most anxious to have the nurse come and assist her with the baby. She had the baby outside in a crib covered with a screen.

We made a third visit where there were young twins. Both babies had sore buttocks and Miss Lytle gave very good instruction to the mother. This mother also did not have the babies outside. It seems she has twins only a few months old and another set of twins only a year older in addition to a litte four year old girl and she has her hands full.

In the ten years that Miss Lytle has been in this area there have been over 500 home confinements. When the Red Cross Outpost Hospital is established they expect that most of the mothers will come into hospital and it is Miss Lytle's intention to educate them to this. It will however, be rather difficult for Dr. MacMillan to use the hospital. He has been so used to going on his own. We took Dr. and Mrs. MacMillan and Miss Lytle to lunch at the Inverary. Later in the afternoon we drove to Normaway where we were to stay the night and then go on to Inverness on Saturday. Dr. Baillie's mother and father were in the district and in the evening they went fishing. In the morning at 5.30 we went fishing again. I got up and went along with them and then drove on to Margaree Harbour. It was very beautiful in the sunrise. Took a long walk on the bluffs and on one bluff came to an old cemetary where most of the departed McLean's of the area lie buried. I returned back up the valley, taking some photographs on the way and also had a walk up the hillside along an old logging road. After breakfast we set out for Inverness where we were to see Miss McDougall the public health nurse. We found her office in a building on the main street. First of all, I should say that we had been warned that we would find Inverness a very dreary place and it was. It is a coal mining town and apparently for some time the coal mines have not been operating and are just getting back into production. It is dreary and unprogressive looking and a most unstimulating place in which to live. To get into Miss MacDougall's office there was a high step to get into a very small room. There is just no place for privacy and it certainly would not be an inviting place for anyone to come to conference with the nurse. There is not even a sign on the door.

Miss MacDougall's area covers most of Inverness county from Pleasant Bay down to Judique. She does not have Port Hawkesbury. Population is some 18,000.

Chetticamp and area alone have 7,000. This was most surprising as it does not look to be such a large place. Inverness has a population of around 25,000. The hospital facilities are as follows - 2 hospitals in Inverness, each with about 25 to 30 beds. 1 in Chetticamp and 1 in Port Hawkesbury. There are two doctors in Inverness, three in Chetticamp and two in Port Hawkesbury.

Miss McDougall did not seem to be very familiar with the staffing and work in the hospitals. I do not think she has much contact with them or has endeavored to develop the public health nursing contacts. Most of the maternity cases come to hospital. She has had two confinements in the last four years. She admitted that there were still some who were confined at home but apparently the nurse did not call. She stated the doctors are not interested in pre-natal work. There is a check-off system here also. I do not think that she has gone to very great trouble to have the doctors refer the pre-natal cases to her. She has no clinics for babies and no time in which the mothers can come to her office, and as I stated before, it is not a very inviting place to come to. She does not get any lists from the hospitals or is not notified of births. She says that very few mothers are breast feeding their babies. She tries to do all the education she can in the home visit.

There are two tuberculosis clinics held in this area, in the spring and in the fall. Has only about ten cases waiting for hospital.

In relation to venereal disease she says there are plenty of cases which she has not on her file.

There is no welfare representative in Inverness. The nearest is Sydney. She has 77 schools and a population of around 3,000. French is the language used in most of the schools around Chetticant. She said it would be a definite advantage if she were bilingual. There are only three dentists in Inverness county, one in Inverness one in Chetticant and one in Port Hawkedsbury. She has an immunization clinic once a year in Inverness, about fifty attend. Miss MacDougall does the immunizing herself in this situation. Permission has been given for her to do this. The M.O.H. for the rural area of Inverness is a Dr. McNeill, stationed at Madou. He is over 80 and his technique in immunization is very poor. Miss MacDougall was going on her holidays next day and after that expects to be transferred to Halifax County. She has been in Inverness for four years and one would definitely feel that was long enough for any nurse to be in that situation. Miss MacDonald was very concerned about Miss MacDougall. She thought that either there was some physical condition or that there was something bothering her in her home situation. I felt that she was rather slow in her responses and did not have as good a knowledge of the area as she should have. Dr. Baillie, however, did not agree, and thought it was very difficult for her to answer when two strengers came in and started questioning. He felt that she did know the situation and knew what should be done. In the face of the great distances and the large population and the many problems, it must be very frustrating for the nurse. There are so many things to do and she can only skim the surface. Perhaps they need some guidance in the manner in which most work can be done in the easiest way. For instance, I do think that Miss Lytle's system of being in the office and the mother coming in is very good. For one thing, the people are coming to the nurse and not the nurse going to the people. In a town the size of Inverness there are bound to be people coming in from the rural areas for their shopping, and many of them would come to the nurse if she would only try to build up this service. The provincial department should also take more responsibility in obtaining suitable quarters for her if she does not have the initiative to go ahead and get them herself.

We left Cape Breton and drove on to Pictou on Saturday afternoon. We felt that we had had a very interesting and a very profitable time in our three weeks of survey work there. I learned a great deal about the problem. They are much greater than I had realized and their shortage is more acute. The country is very lovely and it should be a very nice place to work, if only there were more nurses and there was

not the frustration of so much to do and so few hands to do it. There definitely needs to be more guidance from the provincial department nursing office. If only there could be someone appointed as an Educational Director, to help the nurses keep up with the latest information in public health nursing and give to them some inspiration. One felt that they were most happy to have someone from outside with whom they could talk over their problems. As it is, more and more seems to be thrust on them without any preparation for it, as an example, the venereal disease. Now the mental hygiene is being developed and they simply have not time to take on more and yet if they don't, other workers will be put into the field.

We stayed in Pictou at the Braeside Inn on Saturday night and on Sunday drove on over the Sunrise Trail through Pugwash and Moncton to Fredericton, where we stayed at the Lord Beaverbrook Hotel. A new one of the Lord Elgin series. It was very hastily constructed and was made ready for the Centennial which was held last week in Fredericton. It has a very beautiful location, right on the river and a promenade at the back goes right along the river bank.

NEW BRUNSWICK

August 2, 1948 - Meeting in Dr. Melanson's office at 10 a.m. with Dr. Melanson, Miss Hunter, Dr. Trask of Saint John and Miss Siemons of St. John, V.O.N. This comprises the provincial consultant committee.

Although Dr. Melanson had been sent the list of questions which we had drawn up he had not distributed them to anyone. Miss Hunter had been given a copy at Sackville, but Miss Siemans or Dr. Trask did not know what the meeting was about.

Dr. Baillie started off in the usual manner by telling them about the Survey. We then asked for their major public health problems. Without any hesitation they all said - lack of trained personnel. This is really very acute in New Brunswick. We asked why there was such a lack of public health nurses. The main thing seems to be that the nurses are not provided with cars and they must have one. At the present time they receive in mileage, 10¢ for the first 8,000 miles; 9¢ for the next 4,000 and 8¢ for anything over that. The Government will buy a car for the nurse and she has three years to pay for it at a very low rate of interest. Even this, however, is too much for the nurse to undertake when she is probably just finished her University course and is in debt for it. They could take on graduate nurses without their public health training but here the problem of getting a car is even greater. A second reason is that it is a rural set-up and they have to take a lot of responsibility with a minimum of supervision and direction. The young nurse feels this very much is almost afraid to set out on her own. They offered scholarships for training, the scholarship amounts to $500.00 and they must agree to stay for two years. This is only a verbal agreement. There has never been any limit to the number to be given because they have never had too many apply. Actually, since 1943, they have only had 5 or 6. Last year there was only 1, and the year before that, none. The salary is very little, if any more, than the nurses are getting in hospital and is not as much as the D.V.A. can give. Apparently there has been a great loss of nurses to the D.V.A., who can offer so much higher salaries. There are only about ten nurses on the Health Dept. staff. They lost four last year and are losing three now and they are having three more to replace them. I think they will all, or practically all, be public health trained. In addition to the Dept of Health staff, there are 8 centres where there is a V.O.N. nurse, about 20 V.O.N. nurses in all. Saint John city has five nurses, T.B. Association, Saint John, has two, V.D. Clinic, Saint John - one. In Moncton their is a school nurse and also a T.B. nurse, supported by the Gyro T.B. Association. In one or two other centres there are also specialized services.

The population of New Brunswick is some 480,000. If there were to be one nurse for 5,000 people, which is needed, about 90 nurses could be employed. They outlined the counties, the number of nurses, and the medical officers in each. Miss Hunter will send me a list. Each county has its own Board of Health. Five counties have to have bi-lingual nurses, This is another difficulty. We then discussed the shortage of doctors and why. It boils down to the fact that doctors will not come because of the salary. Dr. Trask said those he has are only there because they have some other income. He did not feel that they could live on their salary. They stated that the public are ready for the service but they just cannot supply it. They get one program built up and the nurse goes and perhaps the area is without a nurse for some time. They did not seem to feel that any one particular service was a greater problem than another. The nurses concentrated on the greatest need. In some places it is one service, in another another service. For example, in Westmoreland, they are concentrating on the school and child welfare service. They are trying this out as an experiment. Miss Hunter is building up child welfare conferences. She has some 45 and these are held in very small centres. Sometimes not even in a village. It id amazing to them how the rural people will come. At first they seem to be just immunization clinics and the nurses did not like this. But once the immunization is over they are continuing to come and some mothers are bringing babies much too young for immunizatio

nurses, but Miss Bishop apparently has secured it from them. If they have very poor teeth or eyesight they have two dentists and an optometrist to whom they may refer cases, that is patients who do not have their own or who find difficulty in paying. The patients will pay a third and the company pays two-thirds. This amount being deducted from the pay-roll at the rate of one dollar per week. They try to foldow up and do a routine physical examination every one and a half to two years. They have insurance benefits at the end of three months employement when the employee is automatically insured. However, this behefit covers the worker only and does not cover the family.

The second phase of the program is the first aid. This is made an opportunity for health teaching. During the time that I was in the office only about a dozen employees came in for consultation and treatment. Some of these were for straight health consultation. Miss Bishop said that more come in for this than for first aid. There is a very friendly feeling in the plant. All those on the office staff and the executive group call each other by their first names and one has a feeling that the nurse is frequently consulted. I notieced that she was wearing a pin "Safety Committee" The first phase of the program is educational, as mentioned previously, they are doing quite a bit of work in relation to nutrition. They feel very definitely that the worker must be happy in his job and they try to solve any of the little mental hygiene problems which might arise. This year they have obtained the service of the Toronto night classes and have referred several to them. Miss Bishop seems to make very good use of the community resources. She knows them and expressed a desire to become better acquainted with the individual worker. One has the feeling that she uses every possible opportunity to refer the employees to the proper agencies when it is necessary. If there is a pre-natal case, employed by the company or if it happens to be the wife of one of the employees, she refers them to the pre-natal classes conducted by the various agencies in Toronto. Because staphylococcus infection is one of the hazards of this industry or rather one of the dangers to the public buying the product of this industry, there is an inspection of the hands and skin of the workers every morning. If there is any evidence of infection they are moved off the job if they happen to be handling or are in direct contact with the ingredients of the food produced. Dr. Harrison said it was the only baking industry in Canada which carries out this inspection and he seemed quite proud of it.

One had a feeling with Miss Bishop that very definitely she was putting her public health nursing preparation and experience to very good use, even though there are only about four hundred employees, she seemed to be quite busy. She feels that every industrial nurse should have a generalized course. That the hazards of the particular industry have to be learned on the job and that more about industrial nursing can be learned through refresher courses, institutes, etc. She felt very definitely that one needed to have had some community experience.

Later on in the afternoon, Dr. Henderson took me to the Dupont plant where they make bread and cakes. This has considerably more employees. Miss Guy is also a public health nurse and carries on much the same type of program as Miss Bishop. They seem to be using quite a few biologicals, giving vitamin B1, Beminol, Staphylococcus toxoid, etc.

2. Colgate, Palmolive, Peet. This was the second industry visited. It is on Natalie Street. The nurse is Miss Grogan. She has not had public health. Her background was private duty and for the last ten years she has been in this industry. They have about six hundred employees, nearly fourhundred of whom are men. In addition there are two hundred and twenty-four office employees. I was not conducted around this plant so I do not know very much about the set-up. The chief hazard seems to be burns. The medical room is on the first floor and is referred to and named - the First Aid. It consists of an outer office in which the nurse has her desk. A middle room, quite a large size which is the dispensary and two small rooms off of that in each of which there is a bed for patients to rest. Miss Grogan is full time. There is a doctor on

This has been very gratifying to the nursing service as they really want to do a piece of educational work in child health through these conferences. I think this disproves the theory that you cannot have child health conferences in rural areas. Miss Hunter is very insistent on using the word "Conference" instead of"clinic". The need for personnel is so great that they do not know where to start. For example Gloucester County has a population of 52,000 and there is one nurse and she is overwhelmed with all the problems. They are skimming the surface everywhere on everything. For three to four months in the winter the roads in the country are impassable. A doctor stated that one of the most discouraging things about public health is that you get your teeth into a problem and before you finish it you have to start in on another, there are just so many problems. Saint John has the second highest infant mortality rate in Canada. Dr. Trask attributes this mostly to poor housing. Of 1,300 houses which were ordered demolished in 1932, 1,120 are still standing. New Brunswick as a whole has the highest infant mortality rate in Canada.

In trying to find out what they consider their biggest service problem they finally said that probably it was tuberculosis. In New Brunswick the nurses do the immunization and vaccination everywhere except in St. Stephen. There the doctors object to the nurse doing anything for the school children. She does the immunization however, for infants. No one knew why the doctors made this distinction. Dr. Trask has never approached them on the subject.

In relation to mental hygiene, there are no facilities. The nurses are doing a great deal in the homes in the way of preventive mental health through their conferencing with mothers. It was agreed that they are not getting enough training, either nurses or the doctors, in mental hygiene. Dr. Trask says he did'nt know anything about it and did'nt want to know. The nurses felt that the doctors should have more mental hygiene and that they should act as consultants to the nurses in this effect.

Welfare for the province of New Brunswick is under the Minister of Health. There is a Director of Old Age Pensions and Blind. There is a provincial Child Welfare Officer, who is responsible to the M.O.H. This is an untrained person. There is a C.A.S. representative in each county. Only a few of these are qualified workers. Miss Hunter stated that one-half to three-quarters of the T.B. problem is not nursing but welfare. She feels that the nurse should not have to do this. It is just another thing added and they get more bogged down than ever.

After lunch Miss Hunter, Miss Sieman and I met together. We discussed the preparation of the nurse. They both stated that nurses are dissatisfied with their courses. Miss Hunter said - dissatisfaction is so general that there must be something wrong. They felt that there is not enough given on mental hygiene. Sometimes it varies with the year the course is taken. For example, at McGill, one year when Dr. Silverman gave the course, it was excellent. This last year he only took two or three lectures and then was followed by another doctor whose lectures were largely psychiatry Also, the social case work which was given at McGill was very poor and the field work opportunities are not good enough. They do not have enough help in working out the real problems, or at least, in working the problems through to a solution. They feel that more is needed on public speaking. They get a lot of things they already know, but they want to know how to apply this information. What Miss Sieman and Miss Hunter felt is that perhaps they are looking for too much in the course and that after a year or two back in the area they realize what value they did get from it. They go to the course with the idea that they are going to get everything and all their problems will be solved. It would be an idea to see what could be done through Miss Demmings's merit system test in some university, to build on the knowledge the student already has. Let them know the facts they should know but do not know that they will have to obtain these themselves, and then concentrate during the university course on teaching them how to teach public health. Both Miss Hunter and Miss Sieman felt that there was not enough on the basix principles of recording. They said it is a rare nurse who can do a good job on records. For one thing they are done at the tail-end of the day

when the nurse is tired. This is perhaps, bad. They need more on V.D. More and more venereal disease should be included in the generalized program and in so many places she is not being given instruction on this. All nurses should be taught to drive a car. She said that when a nurse has to learn to run a car and has to undertake a rural district both in her first year, it is almost too much for her. Several of her nurses have remarked on this. They felt that the hospital supervisors and instructors do not have any idea of what we mean by incidental teaching. The nurses are not given this idea in the hospital and it is very difficult to pick it up in public health. There is a great need for more teaching in the sanatoria so that the patients will be better educated when they come back to the district. Miss Hunter stated very emphatically that the doctors need to be taught how to work with nurses. By the she meant that so many of the doctors do not seem to know how to plan a program and that they do not realize that they must plan it along with the nurse. In some of the areas the nurses have clerical assistance. The clerk is paid on an hourly basis. The nurses are free to obtain this assitance wherever and whenever they can. Completed key form with Miss Hunter. Felt that this should be done for the xxxxxx provincial department since the service in Saint John is somewhat different and also the one in Moncton would only be one of the rural areas. This should probably be done for each province. There is also need to allow more time in our visits to spend with the provincial workers. They are, after all, the ones who direct the policy. Miss Hunter is to send me her own job analysis, the statistical information, a list of the counties with population, nurses, etc., a copy of the agenda for the staff education program, and a copy of the lectures given to the Normal School students.

After dinner we drove to Saint John, Dr. Baillie going with Dr. Trask and Miss Sieman coming with me. We arrived at the Admiral Beattie to find that our reservations had been cancelled. We obtained rooms in a very nice old house at 30 Queen Street. This is a place which the hotel sometimes use when they have no place for guests. It was a very lovely home, beautifully furnished. Saint John homes seem to be something like the homes in Boston. They are built right out on the street without any lawn, and look like terrible places, but when you get inside, they are beautifully furnished and very lovely.

August 3, 1948 - At 8.30 in the morning met with the V.O.N. nurses and afterwards talked with Miss Sieman and completed key form. Miss Sieman has built up a very good industrial nursing service. It started at Eastern Textiles with the service being a purely health education one. Miss Sieman herself started this. (See form on industrial service for further information). Miss Sieman gave me a list of the other areas where there are V.O.N. in New Brunswick. Moncton - 4; Sackville - 2; also where they do school service and well-baby conferences; Newcastle - 1 where they do schools, tuberculosis and well-baby conference; Chatham - 1, schools, T.B., and well-baby conference; Campbellville - 1 where they do schools and well-baby conferences; Woodstock - 1, and there they also assist the Dept. of Health with T.B. and well-baby conferences; Fredericton - 2, do the school work and well-baby conference; Saint John - 7 and supervisors.

Miss Sieman has developed a very happy staff of nurses. She has done everything to make their work more pleasant and more interesting. When she first came they were doing, very largely, a bed-side service. She has added pre-natal service and the industry and the nurses like it very much better. There is no overlapping of the service with the Health Department as described in the key form a list containing information to admissions and discharges is sent to the Health Dept. every Saturday. They also obtain referrals from the hospital. There are three hospitals of which the largest is the General. There is a Catholic hospital and a Salvation Army hospital. There is not so much co-operation with the latter two. Miss Sieman would like to have more nurses and do a larger industrial program and start pre-natal classes. They have recently added some of the outside areas of Saint John.

In the building which houses the V.O.N. there is also the Children's

Aid Society, Family Welfare and the Tuberculosis Association. Following my talk with Miss Sieman I went upstairs to see Miss Clark who is a tuberculosis nurse. In Saint John the T.B. work is done by this private organization, which is financed by the seal campaign. The staff consists of Miss M.L. Clark, who took her public health in Toronto and Miss MacDonald who has not had public health but has had some post-graduate work in tuberculosis. Did not meet Miss MacDonald as she was away on her holidays. There is one clerk. Miss Clark says they could use another nurse but she wants to have a qualified one, that is, one with public health. But because of the low salaries she finds it very difficult to obtain anyone. They can only offer $1,600. Miss Clark herself is getting less than $1,900. They have a clinic twice a week in the afternoon from 2 to 4 p.m. except during the month of July and August. The medical staff of the Tuberculosis hospital give their services free. They are able to fluoroscope only, the x-raying is done at the hospital. There average attendance is around thirty. The nurses do the home supervision of Saint John city and county. They teach the case and the family the care necessary to prevent the spread of the disease. They are all taught to wash and soak the linen in lysol before washing. The patient should have separate towels and that the dishes should be kept separate with a separate tray and pan for sterilizing. This is taught for all cases at home, including post-sanatorium cases. The frequency of visits depends on the time and the case. Their case load is as follows -

Families - 642 Cases - 363 Contacts - 704

In Saint John the living conditions are very poor. Miss Clark says there is some overlapping with the Health Dept. but they try to avoid this by having the Health Dept. nurses, also the V.O.N., patch test any contacts in the homes that they are visiting. Sample of the records was obtained. They use a family folder and a clinic slip. They have a list for home visits which are kept in a black book carried by the nurses. This slip is attached to the record for the doctor's information when a clinic is held. There are a great many social problems, these are referred to the Family Welfare. As the office of Famil Welfare is just across the hall there is a much better chance of a good working relationship. The head of the Family Welfare is a trained social worker. Miss Clark says they report their cases where there are social problems, these are not only where material relief is necessary. I felt that Miss Clark had rather a good understanding of the social aspects. She feels very definitely the need for a medical social worker in the sanatorium. She feels also that the nurses are not getting enough on teaching in their undergraduate course. As it is not necessary to have affiliation in New Brunswick, many of them are afraid of tuberculosis. The teaching done in the sanatorium where they are at present desperately short of nurses is very poor. Consequently when the patient comes from hospital he has not been educated as he should and needs closer supervision at home. Miss Clark is not able to call regularly at the sanatorium. The nurses are asked regarding home conditions for the case is ready for discharge from the local Sanatorium. However, many of their cases are in sanatoriums away from this area and quite frequently the case arrives home before they know anything about it. Arranged to make some visits with Miss Clark. Asked her to complete a job analysis form and send it to me later. She will fill it in with the idea in mind of analysing the work done in a specialized T.B. service with respect to the amoun which is nursing and the amount which is welfare.

A couple of days later I saw Mrs. Warnford who is head of the Family Welfare Bureau along with Miss Clarke. Mrs. Warnford is a trained social worker. She intended leaving her work shortly after the war but at that time became very interested in the housing and she apparently is the one who is working closely with other officials and pushing the City Council and stimulating their interest. Mrs. Warnford spoke of the close working relationship with Miss Clark and the T.B. problems. She suggested some places to which Miss Clark might take me to show me the housing in the city.

Our first visit was to the emergency housing shelter where we saw a husband who was very nice indeed. This was one of their better tenants. We then

drove around to Rockwood Court Apartments which are being built. They are going to rent for something like $80.00 a month. Mrs. Warnford feels that by paying $15 to $18 dollars a month and heating your own place you are paying more than straight $60 a month rent. Not all agree with this. We then saw some of the other housing developements such as Fundy Heights which were started by the Insurance company and taken over by the Canada Mortgage. Dr. Trask happens to have one of these houses.

We made a visit to a family on the top story of a very rickety old house. They were three flights up. We went in the front entrance. The first flight was dimly lighted. The last two were dark as pitch and I had to feel my way. Only a little over a year ago a rear exit was made for this family. This was somewhat lighter. There were fourteen children in the family. The father is an old thoroughlasty, now working on a boat. The mother is of somewhat dull mentality. The two girls who were at home had taken hold and really tidied the place up. The older of the two girls, 13 years, was a very attractive youngster and very nicely spoken. What an environment for her to be in. Miss Clark is a very nervous individual and it would not be possible to visit with her in relation to teaching which she does in the homes.

It is too bad that in Saint John this program is a specialized one. It is being done, I am sure, quite efficiently by Miss Clark, but would be so much better and so much more interesting to the nurses of the city department if it could be included in their program.

The same is true of the V.D. work. Visited the clinic on August 5th. Mrs. McLaren is the nurse in charge who gives the treatment to the women. Women's clinics are held every day except Sunday from 9 to 12.30 a.m., and from 2 to 5 for five days a week. The mens clinics are held every evening from 6 to 7. Internes from the hospital give the treatment at the men's clinic. Routine treatment is given. If a case comes in which has not been diagnosed they are referred to Dr. Emmett. If they are suspects the nurse takes blood and smears, and if diagnosed positive, treatment is set up. This may be done without the doctor having seen the patient. The penicillin treatment has greatly decreased the work of the clinic. The average per day is about 20, includes both treatments. Mrs. Dunlop is the social worker. She is a trained worker and has had some field work with the V.D. division in Vancouver. She follows up all cases. Every new patient is referred to her. She is supposed to trace the contacts. This may be done by sending out a note or first, making a visit. Both Mrs. McLaren and Mrs. Dunlop state that there is very little delinquency.

August 5, 1948 - Saw Miss Lamb at the V.O.N. Miss Lamb is a student from McGill. She is taking the degree course and I was anxious to find out about it. She has completed her first year. There are about ten in her class. They are asked to get field work before entering the course if at all possible. It was not possible for her to do so. In her first year she took public health nursing; teaching; trends in nursing; psychology nutrition, phsyiology, this includes a three hour lab. and is taken with the pre-meds; organic chemistry which also includes a three hour lab; and social medicine. She then has to have two months field work. She is having her field work with the V.O.N. They all have to do this. She is taking three months. The first month without salary, the last two months they get a certain amount.

In her second year she will take sociology; education; mental adjustment; social medicine; public health nursing and the field work will be in the various agencies around Montreal.

Asked Miss Lamb in relation to her physiology if she did not feel that she had had enough in her preliminary nursing course for public health. She thought that physiology gave her a much better understanding than she had had previously. Organic chemistry, possibly there is not much in this which is going to assist her in public health nursing.

Following my interview with Miss Lamb, went with Miss McIntyre to the industries which she goes to from 9 to 10 every morning. This is a large departmen

store. This was the second industrial nursing service started by the V.O.N. in Saint J John. The store has about 250 employees. Unfortunately, the personnel manager with whom the nurse works is not very cooperative. The room used by the nurse is a small fitting room, it has a bed, a wheel chair, a small table and first aid cabinet. There is no running water. The nurse has tried to get a card for all new employees. It is supposed to be routine that new employees are sent to the nurse. There is no routine physical examination. As Miss McIntyre is there for only one hour each day, it is almost impossible to do anything more than a first aid service. The average daily attendance is July was 4.19. While I was there two women came in to have bandages replaced on their ankles. Both of these seemed to be chronic. Miss McIntyre has just taken over the service and is planning to develop it as far as possible. She has been trying to get the records in order and is going to try to arrange to see three or four new employees each day. However, the difficulty seems to be lack of cooperation with the personnel manager. One wonders how far we are justified in using public health nursing personnel to develop industrial nursing services such as this.

Interviewed Miss Law, Registrar of the New Brunswick Registered Nurses Association, she is very concerned about the nursing shortage and especially the shortage of supervisors and instructors. New Brunswick has 14 schools of nursing, graduating from 185 to 200 nurses each year. The schools seem to be getting their supply of applicants, but the smaller ones are sometimes finding it rather difficult. The three small hospitals which have schools are - Campbellton with 70 beds; Merimache with 65 beds and Woodstock with 65 beds.

Student nurses in New Brunswick have psychiatric affiliation but do not have any T.B. affiliation. There is no public health nurse on any hospital staff. Nursing assistants are used in hospitals. The C.W.T. training program is still going on and these girls are quickly absorbed. Some hospitals are taking in their own and giving their training. Miss Law feels very definitely that the difficulty of the provincial department of obtaining public health nurses is because of having to supply a car. Asked regarding salaries in hospitals - the Saint John general is the best pay. Chief instructor, nurses - $145 a month plus maintenance. Her two assistants - $110 and $100 per month, plus maintenance, respectively. The obstetric supervisor who has had a post graduate course in obstetrics and has had three years experience, receives $145 plus maintenance. Floor supervisors with two years experience, but no post graduate course, receive $110 and maintenance. General duty nurses with two years experience and over receive $115 with meals and laundry only. In the smaller hospitals the general duty nurses receive $1260 to $1380 a year with full maintenance. Comparing with the public health nurse who finds it difficult to get board at $35 or $40 a month, the public health nurse is not much further ahead, if any.

August 6, 1948 - Had lunch and interview with Miss Ramsay who was the social service worker at the Saint John General Hospital. This hospital had a social service dept. about twenty years ago but were not satisfied. It has started up again this last year when Miss Ramsay took it on. Miss Ramsay has had several years teaching experience and has recently taken her social work at Dalhousie. The understanding when she went to the department was that 75% of her time would be spent investigating the financial details of admission of patients and 25% in case work. I think that she has readjusted this now. We discussed social work in general and medical social work. I went over my notes of the Hamilton Institute and gave her an extra copy. She seems very interested in her work but she has a hard row to hoe. She spoke very highly of the cooperation of the nurses.

August 4, 1948 - Spent the day with the Saint John Board of Health nurses. Interviewed the two nurses who were on duty, Miss Donovan and Miss MacDonald in the morning, and visited the clinic in the afternoon. The staff of nurses consists of, Miss Jenning who was on holidays and who acts as a senior nurse. Miss MacDonald who is leaving at

the end of the week is the only one with public health qualifications. Miss Wilcox who was on holidays. Miss Thompson who is leaving to take the course in Toronto this winter and Miss Donovan. Miss Donovan is the one who has acted as senior in Miss Jennings absence.

The area includes the city of Saint John and suburbs and the county of Saint John. Previous to January of this year, three of the nurses did the school nursing p program and three did the infant welfare, including both infant and pre-school. This consisted mostly of clinic work. At the present time Saint John city and suburbs are divided among the six nurses. There are twenty-six schools in this area. These nurses also carry the pre-school. There are five clinics, one held each afternoon. There are 29 schools in the rural areas. These are not definitely assigned to nurses, whoever is available, goes. The work in these schools is done in the spring and fall due to travel conditions. There is no infant welfare program in the county. Each nurse is provided with a street car pass. County work is done with the use of the Board of Health car. A sanitary inspector drives this car and when the nurses want to go to the schools the sanitary inspector drives them. He does his work as a sanitary inspector, which probably takes a very short time and then waits for the nurse. Sometimes the doctor may take the nurse, as has happened this past winter when Dr. Trask has been doing some experimental examinations in the schools. No high school work is done, there has been no patch testing. Pre-school immunizations are done in the rural area in the schools at the same time as the school children. When they prepare for an immunization clinic they let the teacher know when they are coming and send her consent slips. She sends them home and makes out a list of the children in the school.

According to Miss MacDonald a great deal of the time is taken up with pediculosis. There is no regular program of visiting the city schools. Children with pediculosis are excluded and must report to the Health Office for re-admission. If a child has had pediculi and they have been cleared up, he reports at the office. If there are still nits he may be told to come back for re-inspection. This may happen over and over again until the families get into the habit of coming to the office. There is one nurse in the office every afternoon for this purpose. There are sometimes as many as 100 children reporting. She feels that there is far too much time wasted on this and that the teachers could take some responsibility.

The school program consists of -

(a) a general survey of the classes three times a year after holidays. This is usually done in each class and there is a routine class inspection.

(b) Examination of grades 2, 3 and 5. Teeth, throat, hearing and vision. They do not weigh the children. Sometimes, if there are scales at the school, the teacher will weigh the children but the nurse has no record of the weight. Usually this examination is done by taking the children to some vacant room. There are no health service rooms in the schools.

(c) Grades 1, 4, 6, 7 and 8 are given a less thorough examination. Sometimes this is done outside the class and sometimes in.

The parents do not come to the school. Nurses send home notices of defects and try to do as much follow-up work as possible. However, since the nurses are in the school every morning, and each nurse attends two to three clinics in the afternoon, and it is necessary to be on duty at the office one afternoon, this only leaves one or two afternoons a week for home visiting, and this must be divided among school and infant welfare cases.

In relation to communicable diseases, the nurses do not report. For example, if they are told by a teacher that a certain child has chickenpox and that has not been reported to the family doctor, they will not bother reporting it, at least they

have not been requested to report it. The nurse does not make exclusions of contacts. This is done by the teacher. (See Communicable Diseases Regulations on card which is supplied to all teachers.) The case must come to the Health Officer or the private doctor for a certificate for re-entry.

There are no mental hygiene facilities. There is an eye clinic which is attended by one of the nurses every Saturday morning during the winter months. Cases are referred from the school. There is a dental clinic which is held every morning from 9 - 12.

The infant and pre-school programme is chiefly done through the Well-baby clinics, which are held every afternoon except Saturday. The babies are weighed and the mothers are interviewed. In my observations, it seemed as though this interview was very sketchy. The nurse sits down by the mother, while the mother is dressing or undressing the baby and there may be other mothers right nearby. Babies are immunized and vaccinated at the clinic by the nurses. They usually have a volunteer who draws the records and sometimes weighs the baby. She writes the date on the baby's weight card and on the clinic card. The average attendance at the clinic is 45 to 47. The two clinics which I attended, one at St. David's United Church and one at Portland St. United Church. At the first clinic there were 70. 35 were there for immunization, about 10 were new babies. At the second clinic there were 47, and 28 were there for immunization. There were 2 new babies. A list is made by the volunteer of all infants and pre-schools who attend the clinic. These are checked by the nurse with the cards and serves as a count. This seems quite unnecessary. One of the nurses looks after the immunization clinic, she makes out the cards. The baby's clinic records is taken to the office and the information entered at the clinic is transferred to a duplicate card which is kept in the office. This is done so that when the nurses make home visits they can refer and know what was told to the mother at the clinic. However, the record of the home visit is not entered on the clinic card but only on the office copy. Not very many of the clinic cases are followed into the home.

In one of the clinics I attended there was a volunteer. She, however, did not do any weighing. In the second clinic there was no volunteer. There were three nurses. Two working on the immunization and one interviewing mothers.

There is a very great need for nursing supervision and direction. Had a long talk with Miss MacDonald when I took her out on a home visit. She is the third nurse with public health training to leave. The chief reason seems to be Mr. McIntyre, who is the secretary of the Board. He seems to control the nursing situation. Miss MacDonald has frequently made some suggestions and I think she has probably done it in the very best of faith. However, when those to whom the suggestions are made have left training and the one making the suggestions, they immediately rise up in defence. This apparently has been the situation in regard to Miss MacDonald. She has been said to lack tact. She has a very nice approach to the people when I saw her working in the clinics and also during the home visits. She apparently finished her course in Toronto two years ago and is enthusiastic about public health. She did not realize the kind of situation she had gotten herself into, and at the end of two weeks here when she discovered that there really was not medical officer of health, and when she found that the nurse in charge did not have public health training, she went to Mr. McIntyre and said she felt she had better resign. She was however, persuaded to stay on. Several little things arose following suggestions made by her which made her feel that she was getting in deeper and deeper but she resolved to continue since she did not want to leave with bad friends. This has worried her very much and she has lost a lot of sleep over it. She really feels very upset about the whole thing and may be lost to public health. She told me at the end of my interview that Dr. Trask had asked her to resign. This is really a very bad situation. The girl is leaving feeling very frustrated. However, Dr. Trask cannot do very much about it I suppose. He also is in a very difficult spot, having to sit in the office with Mr. McIntyre. The only kind of person who can be put in this situation is a fully

qualified public health nurse who has had some years of experience and she must be put in charge. As Miss MacDonald says, it is absolutely an impossible situation, when a worker is trained to be put under a worker who has not had training. If more supervisors were qualified and were good administrators were available and were employed it would be much better use made of the existing public health nursing staff. This is true in Saint John and in many other places.

Dr. Trask also has Charlotte county. There are two nurses there. One provincial who has a rural area and the Island and one who is a Red Cross nurse subsidized by the government. She does the work in Saint Stephen and Milltown. This area was not visited.

PUBLIC HEALTH NURSING SERVICE OF WESTMORELAND, KENT, AND ALBERT COUNTY, N.B.

Left Saint John, Sunday, Aug. 8th and after a very pleasant drive via St. Martin arrived in Moncton about 7 p.m. On Monday morning reported to Dr. Landry's office. Dr. Landry is the District Medical Health Officer and his office is in the Masonic Hall. Unfortunately it is not in the same building as the public health nursing service. The latter being housed in the Kinsman Health Clinic which is about six or eight blocks away. In this building there is also the V.O.N., the Welfare Bureau, St. John Ambulance, Cancer Society of New Brunswick. This building is to be enlarged and there is a possibility that Dr. Landry's office maybe included in it, although he does not seem to be altogether sold on that idea.

Dr. Landry's area includes the counties of Westmoreland, Kent and Albert. There is supposed to be one nurse for each of the three counties. This last year there has been Miss McLagan who was originally appointed for Westmoreland County and two untrained nurses, the two Miss Roys. As there was only one car, Miss McLagan's, the work had to be arranged so that transportation could be together. Consequently, Miss McLagan has had Westmoreland and Albert Counties and unofficially, has had Kent county. The two Miss Roys finished while we were in Moncton. They are going to take a public health nursing course at McGill and on the 28th of August, Miss McLagan's resignation becomes effective. She is going to take the Administration and Supervision course at McGill. Miss Robadot has just returned from her public health nursing course at McGill University. She was with the agency previous to her training and is now going to be the one remaining nurse for this whole area of three counties, unless it is possible to obtain some assistant.

In Westmoreland County, Miss McLagan started in 1946 with an experiment in the school nursing service. She said she started it because she could not bring herself to doing the routine inspection which nurses do in schools. She does not agree that these are effective and her theory is that the teachers can screen the children and find the defects just as well as the nurses.

In this county there is a very fine and very alert superintendent of schools, I believe he is called District Superintendent, his name is Mr. Chapman and he has worked very closely with Miss McLagan in this project. In fact,she states that many of the ideas are his, although I would imagine she contributed a great many herself.

In June, 1946, she sent out a form asking the teachers to report the defects that they observed. She got a fairly good response from this. In September of 1946 she sent out a manual which she had prepared (see copy) and also asked the teachers to send in a list of the defects which had been corrected. There was also a good response from this. Which proved to her that teachers would report and they would cooperate. There are 171 schools in Westmoreland county (this does not include the separate shcools, of which there are a number). Mr. Chapman's plan for staff education in this area is to divide all these schools into 13 districts. Each of these districts is what is called an "Association" and holds a monthly meeting. On the afternoon of that meeting all the schools are closed. The nurse is present at this monthly meeting or at as many of them as possible, and she has a real plan for health education of the teachers. At the first meeting she discusses the manual and gives it out, although that at the Teacher's Conference, which is a conference of the whole district, and is held for one week in Moncton just before school starts, is the time when she gives out the manual. At these Association meetings she may give demonstration lessons, show films, she tells the teachers what to look for in the children, gives them home reminders for skin diseases, this is one of the most popular of the classes and does everything possible to interpret the work of the nurse and to interpret what real practical health education is,to the teacher. At the conference which is held at the end of August there are general sessions at which the nurse speaks and tells about the general policy of the health department and the relation-

ship to the school, and then the groups are broken down into classes and the nurse has a class for everyone with demonstration lessons, etc., may be given. Miss McLagan takes an active part in the planning of these conferences. Miss McLagan was a school teacher prior to taking nursing and one feels ~~that feels~~ that this background has given her an entre and an understanding of the problems such as few public health nurses have. As Miss McLagan knew this year she was going to be leaving she did not follow up the program too intensely because she felt that it would not be fair to another nurse unless that other nurse was convinced that this was the way to handle the problem. As it is, with the shortage of personnel, it is going to be very difficult to follow it up. However, from the first year she had a very good response in the reporting of defects by the teachers and in the completion of the forms for the survey as contained in the manual, (see copy on file). In the back of the manual it will be noted on the original referral form that the teachers would enter the result of the eye test. When Miss McLagan started out she planned to supply a Snellen Eye chart to each teacher. She, however, met with a snag. The Regional Superintendent refused to supply the eye charts and has done so on repeated occasions. His contention is that the teachers cannot screen children for visual defects. He says the teachers will hang the charts up and the children will memorize the lines, etc. So, Miss McLagan had to make a new form as attached, and leave out the results of the eye test. However, she maintains that the teachers can tell whether or not there are gross defects of vision and that they do this. It is Miss McLagan's contention that it is only gross defects which the teachers refer but that they are as capable of finding these defects as are the nurses. Unfortunately, she has not had the time to concentrate on this project and she did not at the same time as the teachers ~~xx~~ referred in cases do a complete inspection of the class herself to see how the teachers screening and the nurses inspection correlated. If this had been done there would have been some very interesting figures from this study and she has gone to a lot of work to make out cards for the individual cases referred and file them. She also has all the information for each school in a separate folder. Miss McLagan feels that this proves to her that first, teachers can report,; secondly, that they can screen the children for gross defects; and thirdly, that if there is an adequate public health nursing service a much better follow-up service can be done and the health education is greatly improved. By dealing with the 171 or more teachers in that number of schools, there are just that many more hands to give out or transmit education in health. All the nurses of the provincial service have agreed that this is the one way that school work can be done in rural districts in order to get the most out of it. Health, the practice as well as the theory of health education is the responsibility of the school teacher.

This is a project which should be given some thought and I would like to investigate further to see what has been done in Detroit and in other centres in the United States in relation statistics about the correlation of the screening of the teacher and the nurse. This is one way that we could conserve the time of the public health nurse in Canada and make for a far more efficient public health nursing service.

Child Health Program - Whether or not it is because the T.B. service has not been as well developed from the top as it has in Nova Scotia or whether or not there is a ~~xxxxx~~ strong belief that the nurse should be working with the infant and pre-school group, it does remain that a great deal more is being done here in relation to child health and many child health conferences are held, although most of those in these counties are held in centres where there is a little more concentration of population. I am told that in some of the areas they are right in the rural districts and people come for many miles to them. One thing which was emphasized is that it is known in the community that on such and such a day the nurse will be there. This is the same day each month. (see statistical form for the conferences held in these counties.) Shediack conference has just been open for three months and we visited the third conference. The attendance was 50 new, 60 old. Of these 14 infants were under 6 mths. these were not given immunization. 11 were vaccinated, 110 immunizations were given. This conference is held in the Canadian Legion Hall in Shediack. Each of the

conferences are sponsored by some group, (see notes in annual report). If it is necessary to pay rent for the hall, the sponsoring group will do that. They arrange for publicity and arrange for volunteers. They sometimes give some supplies such as oil-cloth, pads, etc.

The conference at Shediac is held offically from 10 to 12 a.m. and 2 to 4 p.m. Quite often it goes on from 9.30 to 6 with hardly a break for lunch. On the day we visited it there were 4 nurses and 2 volunteers. This will not happen again since only Miss Robadot will be left. She will however, have the assistance of the nurse from another county. The nurses here, give the immunization. Miss McLagan gave all the immunizations and the vaccinations during the day and the other three nurses conferenced. In this area, and it is probably true in all the provincial conferences in New Brunswick, the nurse weighs the baby and conferences with the mother while she is dressing and undressing the baby and the conference may be continued after the mother has finished if there is time and if there is more to discuss. Asked the nurses about this, why they did not have a volunteer to weigh the baby. They feel very definitely that the nurse can see so much if she sees the baby naked on the scales and that it is much better for the nurse to do the shole procedure. They would like it too, if this same nurse would do the weighing, the conferencing with the mother and complete it by doing the immunization required on that day. Miss McLagan can cite many cases of defects which would be missed if the nurse did not see the baby with its clothes off. For example, there was one premature baby which had a leg paralysis, which would have been completely missed had they not had the mother undress the baby. There are rashes and other defects which are often uncovered. This system has a great many points in its favor and after all it does not take very long to weigh the baby. In the larger centres it would be necessary to have more than one scale. They had two at Shediac. For a new conference with such a large attendance the work was very well organized and the whole thing ran very smoothly.

Volunteers had been told in the introductory conference that they are the hostess. They are responsible for setting up the conference, seeing that there is heat, and that the place is clean. Sometimes they fall down on this. They pull the records, put on the name and make out the immunization list and generally see that the clinic functions smoothly. This seems to me to be the right attitude towards the use of volunteer assistance. One volunteer at Shediac is Mrs. Birk who was the director of nursing for the course at Montreal University. She is a public health nurse.

Tuberculosis - All the follow-up work that is done outside of Moncton is done by the public health nursing service. In Moncton there is a tuberculosis nurse sponsored by the Gyro Club. She also attends the Dept. of Health clinic to which come many of the cases, or rather all of the cases from outside. Miss McLagan feels that the public health nurse of the district should be in the clinic when the patient comes in as this a very important contact to have. There has not been to date too close a working relationship between the Gyro nurse and the public health nursing service, but this is being improved and cases are being reported better. All the positive sputum cases are hospitalized except for those, I do not think there are many, who refuse. The nurses patch test all children who are contacts. It seems that the general administration of the tuberculosis program in New Brunswick is not at the same stage as it is in Nova Scotia and consequently there has not been so much follow-up for the nurses in N.B. Miss McLagan, however, feels that a great deal of the contact work can be done through the general health education program in the schools and the child health conferences. For example, one of the most important lessons given to the teachers is the demonstration lesson on tuberculosis. I am rather of the opinion that this is the function that the public health nurse should play and perhaps less of the function of the policeman following up in the homes, as is so often the case. Miss McLagan stated that probably 20% of the work of the nurses in relation to tuberculosis is welfare. They make very good use of the Children's Aid Society workers out in the county and in the city of Moncton of course, there is the newly created Welfare Bureau under the direction of Miss Reynolds.

Mental Hygiene - The mental hygiene teaching is incidental in the homes, child health conferences and the school. There are no facilities and no testing facilties under the Dept. of Education. Mr. Chapman apparently, is able to give very good advice to the teachers in relation to special mental hygiene problems. Miss McLagan feels that the public health nurse is equipped to give the advice to teachers regarding any child who is shy or who has a discipline problem, provided that the behaviour of the child is not too anti-social.

Adult Health Education - The chief adult health education is in the form of Miss McLagan's contact with the teacher. When a new Home and School Association is formed she is there to talk to them and she also gives talks to the Women's Institute.

She has been doing a very interesting piece of work with the Interprovincial Home for Women, which a sort of reformatory home for women between the ages of 16 and 30. I believe they are there for anywhere up to four years. Every week during the past winter she has been giving an hour of instruction. She has had to start with very simple things and has discussed table manners, use of cosmetics, cloths to wear, etc. She has also shown films and given demonstrations.

Communicable Disease Control - Sanitary Inspector in each area does the placarding. If there is a communicable disease in the school, the teacher will phone the nurse. If it is one of the minor diseases she tells the teacher to exclude the children according to the card. If there is any trouble, the nurse will go, and of course, if it is a disease such as scarlet fever, the nurse will go immediately.

Immunization - the nurse does the inoculations and vaccinations in the child health centre. In the immunization clinics which have been organized in each school to date, the doctor has done the immunization. I do not know if this plan is to be continued or not. The organization for the school immunization clinic has not been as good. Here, the teachers do not seem to take any active part in the organization of the clinic. They do send out the consent cards and make out the list for the immunization. Miss McLagan told us that when they first covered the schools in Kent County which was her first year here and also Dr. Landry's, before he took public health, no records at all were made out.

Venereal Disease Control - This is included in the program for follow-up. In this Act the public health nurse is defined. She is not defined in the Public Health Act, and it is stated that she is empowered to have any person whom she suspects as having venereal disease examined. Apparently the present clinic is in the city hospital and is a terrible affair. This will automatically cease as the patients can go to their family doctor and he can be paid for treatment. It is very difficult to have delinquent cases reported from the city hospital as there is very poor cooperation in this respect.

Sanitation - The system of sanitary inspectors is a very antiquated one in these counties as in the most of New Brunswick. Apparently there are no trained men. In Westmoreland county the nurse spends a lot of her time fighting with the sanitary inspector over the fumigation of schools. They apparently do this frequent and for no apparent reason. If the sanitary condition in the school needs reporting the nurse would perhaps visit the trustees and she would also report to Mr. Chapman. If water supplies are taken routinely as stated in the manual there would be a charge of $1.00. Miss McLagan has not felt that she would be justified in pushing this as that would take perhaps $200.00 of the special grant which is given for various services.

Staff Education - The public health nursing section of the Graduate Nurses Association in New Brunswick for the area of Westmoreland and Cumberland County in N.S. which brings in the Nova Scotia nurses association, hold regular meetings several times a year in Sackville. All the public health nurses of the area attend and they have very fine programes. They all find this very stimulating. In addition there is a

conference in the spring and another in the fall in Fredericton to which all the nurses go. (Notes from this may found in the provincial form).

Clerical Assistance - it is the policy of the public health nursing service of New Brunswick to obtain part-time clerical assistance where such can be obtained. Miss McLagan states that one-half of the time in the office could be saved if a clerk were available. For some reason, I think it is a personal one, the clerk in Dr. Landry's office cannot be used by the public health nursing service. They have tried the services of one or two part-time people who have been recommended by the National Employment Service. These however, have proved unsatisfactory. They are interviewing one this week to see how she will work out. There is a terrific amount of clerical work to do, especially in connection with immunization. When a child is immunized at the child health centre a record of that is made in five different places. Suggested the use of a card which would be a permanent filing card and would also save the making out of the lists and the recopying of them.

Welfare - There are not many welfare workers. Miss McLagan apparently has been very active in the formation of the Welfare Bureau, which has only been going for the last eight months or so. There are two trained workers in it and it however, is only for the city of Moncton, although Miss Reynolds spends some time in the parish. In the school survey which Miss McLagan did she estimated rather carefully, that 18% of the cases reported represented welfare problems. She made this estimate in connection with the plans to create a Welfare Bureau and to point out the need for it.

VICTORIAN ORDER OF NURSES - MONCTON, N.B.

This agency for which there are four nurses serves the city of Moncton only and does not include any of the suburbs. Miss Fowler who is the nurse in charge was away on holidays and Miss Joy Clark was acting as senior nurse. Miss Clark has only been with the service for one year. She is a graduate of the Bachelor of Nursing course at McGill University. I do not believe she has had any previous experience. The V.O.N. service here is much the same as other V.O.N. services except that they operate a Baby clinic once every week except one Thursday a month. On this Thursday, which is a regular Baby clinic day, an Immunization clinic is held. Dr. Landry does the immunizations in this clinic. A vaccination clinic is held twice a year with Dr. Landry doing the vaccinations.

At the Baby clinic there is no volunteer assistance. There are two nurses, one who does the weighing and some of the conferencing and one who does conferencing only. The average attendance is twenty-five to thirty except in the summer time when the attendance is rather low.

They did start pre-natal classes this last year, Miss Clark taking the classes. They consisted of eight to ten lessons and when they started out there were quite a few but the attendance dwindled down to four at the end. I do not know why this is except that I would judge that Miss Clark might not be a very effectual teacher. Apparently the doctors do not refer pre-natals. Most of the patients referred are referred by themselves or a friend. They have twenty-eight pre-natals on their list now. They average about three home confinements a month.

In relation to infants, they are all followed for one year for home visiting.

Dr. Landry is not on the Board of the Victorian Order of Nurses. A monthly report is sent to Miss Hunter. This seems to be a hangover from the old days and there is no particular reason why they send it to her.

The last morning in Moncton I visited the Tuberculosis Sanatorium which is housed in one of the buildings formerly operated by the R.C.A.F. Miss Bartch is the nurse in charge. There are 120 patients. In addition to the matron, Miss Bartch has nine graduate nurses, one trained attendent and the remainder of the staff are nursing aides . I asked particularly about the salaries. Graduate nurses receive $135 a month gross. Trained attendants, $100 a month gross and the nursing aides, $80 a month, gross The salaries for graduate nurses, considering that they have living-in is considerably better than the salary paid to the public health nurses. Miss McLagan told me that her cheque amounts to $94 a month. She, of course, has some deductions for her car. It is impossible to get living outside for less than $50.00 a month.

In the afternoon went with Miss McLagan and Miss Robodot to their Baby clinic at Hillsboro. This clinic is held in the Memorial Hall. They have a volunteer worker who was a former public health nurse and a graduate of the University of Alberta course. They had 28 infants and pre-schools, 16 of these were vaccinated and 4 received inoculations. Miss McLagan did most of the immunization and she also did some conferencing. They follow out the plan of the nurse who conferences, weighing the baby. This seemed to be more of an immunization clinic than anything else and one wonders still if we are giving enough to our nurses so that they can, in return, offer inducement to the public to return to the Baby clinic for other than the immunization program.

PRINCE EDWARD ISLAND.

August 12th to August 19th, 1948 spent on the Island. As I had been here previously following the C.N.A. and had met the nurses, they had had an opportunity to complete the questionnaire forms which were left with them. These were done very excellently and I have had an opportunity to go over them all with the nurses.

In addition to this and following our meeting, which was held in Friday morning in Dr. Keeping's Office, I have visited with Miss Wheeler in her Summerside area and have attended a Tuberculosis clinic in Summerside and in Charlottetown. I have also visited the hospitals, the P.E.I. Hospital in Charlottetown and Summerside Hospital and have had an interview with Mr. Shaw who is superintendent of education. There is not a V.O.N. service in Charlottetown, although just recently Miss Hall has been speaking to the Rotarians and they are quite enthusiastic about starting this service. The opposition to it comes from the Dept. of Health. Miss Wilson feels that there should not be another nursing service in the area, and if they wish a bedside nursing program that extra staff should be given to them to carry it out. Miss Wilson seems to put a great deal of emphasis on the school routine and although it would not seem so from conversation, I believe that in actual practice that when other programs are suggested there is considerable opposition to the interruption of the routine school program.

A meeting on Thursday morning was attended by Dr. Keeping, Miss Wilson, Miss Ross and Miss Wheeler. It was unfortunate that Dr. Shaw was away on his holidays. None of the tuberculosis staff were brought in. There had been some misunderstanding in that Dr. Keeping had the idea that we were to make a critical analysis of the program. Perhaps that is why there seems to have been some opposition to our coming although I had explained very carefully to Miss Wilson and her staff that we were not, in any sense, doing an evaluation. I think the misunderstanding on her part, if there was any, was inexcusable. I must say that I have had the very nicest reception from the whole staff. Some of them coming back from their holidays to see me.

As stated previously, the greatest emphasis seemed to have been placed on the school program. The tuberculosis work is done by Miss Tate and officially, she is the one who does all the follow-up. She does delegate some of this responsibility to the nurse in the district but this has never been a definitely planned program and there does seem to be some confusion in the minds of the nurses. I believe also, there is some resistance on the part of some of them to carrying out this part of the program. Miss Ross will not do it in Charlottetown nor does Miss Beer want to do it. Mrs. Cameron has done a considerable amount because she likes doing the tuberculosis work and Miss Wheeler is also anxious to do it. At the present time there has been no system worked out whereby the nurses have the records for the family.

School program seems to be pretty much routine. They of course, cannot visit all their schools during the year. I visited with Miss Wheeler, the one school in her area. Schools are open early in the rural districts of P.E.I. because later on there is a three weeks holiday so that the children can pick potatoes. This school was at Cross River, there were 25 children from Grades 1 to 10. The school was not clean, there was no running water and as we wanted to wash our hands before lunch it was necessary for the children to go to a neighbors to get some water. No towels, no soap. There were two rows of double seats. The teacher had not sorted out the children and big ones were sitting with little ones. However, this did not make so much difference because all the seats were the same size and fourteen of the twenty-five children were not able to reach the floor with their feet when they were sitting. Miss Wheeler spoke about this and asked if they would get their fathers to make foot stools for them. This school had not been visited by the nurse for examination other than immunization since 1943. First of all, Miss Wheeler went over the records with the teacher checking the names with the register and eliminating those who had left school. She then lined the children up for weighing and measuring. The teacher recording the weight. There was no reference made to over-weight or under-weight. Following this she tested the vision with the Snellon chart. The vision

testing took exactly 45 minutes. Two children were found with defects. One of these the teacher knew about and the child was getting glasses at the end of the week. The second child had no obvious symptoms and was able to see the board quite well. The defect was only slight and it was not felt that it was necessary to even refer it. Of what value then was all this work? By this time it was noon and as the women of the district were coming to clean up the school in the afternoon, it was impossible for Miss Wheeler to return. On her return she would no doubt, complete the inspection and make out her report. I am sure she would also talk with these children about certain obvious health situations.

While in the school I asked the teacher for the course of study in health. She had to do considerable amount of searching before she found a rather tattered course of study. The health curriculum occupied about two and one-half pages and is as lacking in detail as the Nova Scotia curriculum is full of it.

Miss Wheeler and I went over to a beach near Malpeque for lunch. We discussed the whole program then. She feels very definitely that it is much more important to get into the homes and visit the infants and pre-schools than it is to do the routine school work. She said that in Wellington, the doctor there has about 400/600 confinements yearly. She cannot begin to see even the smallest proportion of the new babies. I believe that birth lists are sent out from the Charlottetown office. She has not made any effort to get names from Summerside hospital. However, I believe that cooperation with the matron there is most difficult. Miss Wheeler feels that the school program is given too much emphasis. The immunization prgram which is carried on every three years causes a considerable interruption and the rest of the program, such as T.B. visiting, if any, and the baby clinics must be interrupted for this.

Miss Wheeler does her rural schools when travelling conditions make it possible and spends the remaining months in the work in Summerside. There she has 800 children in what is termed the "high school" but is actually an elementary school with grades 1 to 10, and 500 in the convent. Her program is to inspect, with the mother present, all grade I children. Miss Wheeler is the only nurse who has made any effort to have mothers present during the inspection. She also inspects the other grades, but does not weigh and measure them consistently. She stated, when weighing the children in Cross River school, that she did not usually weigh the children in the rural schools. However, it was one method of establishing relationship with the children. She was not going in and immediately examing them for defects. There is some point to this, although I do believe more and more, that this is the teacher's function and the nurse goes in and acts as a consultant. That there is another way that she can establish the necessary relationship with the children. Miss Wheeler states that pediculosis is quite a problem, there is also quite a lot of scabies and impetigo. Immunization in Summerside is done each spring or else the children go to their family doctor. There is a charge of 25¢ for the three doses and 10¢ for the reinforcing dose. The doctor gets remuneration by the hour and mileage if he uses his own car. They start immunization at six months and give a booster dose every year. In relation to immunization, if the parent brings the child, this is considered as a consent. In the town schools where the teacher does not know the parents, consent slips are signed. But if in the country, and the teacher knows the parents, they do not bother with a consent slip.

In relation to communicable disease, they do not seem to do anything. The local doctor reports and placards.

Pre-natal work is only incidental.

Up until recently V.D. has been a specialized program, but now the nurses are carrying it in their generalized work.

On our first day in P.E.I. Dr. Baillie and I went to Summerside and talked with Miss Wheeler at her baby clinic there. She has a very nice set-up for it,

but unfortunately only two babies were present. The streets were lined with cars. We could not help but compare this with the situation in Baedec. There is no doubt about it that the relationship established in doing the pre-natal work is a very important one and very helpful in the follow up.

In Charlottetown, Miss Ross carries the school program. Miss Ross had a refresher course with Kellogg a year or so ago and she has been trying to incorporate some of the ideas into the school program here. I do not know if she has met with very much success. Copies of her material are contained in the files. Miss Beer carries two of the Charlottetown schools and also has a baby clinic in Charlottetown. Miss Ross goes to the baby clinic only occassionally. They are very busy, there is very little follow-up work done in infant welfare. The greatest proportion of the time is spent in the school program.

Prince Edward Island Hospital - Charlottetown.

The P.E.I. hospital has 200 beds. There are about 65 students. Miss Nair is the superintendent of the hospital and Mrs. MacDonald is the Director of Nursing. They have 13 so-called, head nurses. There are no actual general duty nurses as such. The work is done by the students. The registered nurses having charge of the floors.

There is considerable confusion in the educational qualifications in P.E.I. Prince of Wales College situated in Charlottetown, at the end of two years they have attained grade 11 and receive a junior matriculation certificate. But grade 11 from Montague, Summerside etc., is not equivalent to the grade 11 from Prince of Wales. It is equivalent to about a 10½ from Prince of Wales, as that is what one year at that college is called and it is considered that 10½ from Prince of Wales is better than grade 11 from the other schools. Grade 11 from the other schools gives entrance to the junior Maritime colleges. An examination is written which is prepared by the Maritime examing Board. In Prince of Wales, the staff there prepare their own examination and their graduates are qualified to enter McGill and Toronto. It is possible for a student at Prince of Wales to take the two years in one and get the same standing. Apparently the schools of nursing wish to take the grade 11 students from Prince of Wales but they will also take students from grade 11 from the other schools. This will not qualify them to take a post graduate course in any of our university schools. In the Registered Nurses Act for P.E.I. there is no grade specified. In the P.E.I. hospital they have the class filled for September and have some lined up for next March's classes. Last spring was the only time when they had difficulty in getting applicants and this year they have more than last. They stated that Summerside has great difficulty in obtaining students. (Mrs. MacDonald is also president of the R.N.A. in P.E.I.and I discussed general nursing with her and with Miss Nair).

P.E.I. hospital had 18 graduates last year. Of this number only one is left in the hospital. 15 have gone to other provinces, one has gone to U.S.A. and one got married. They do not feel that it is salary or working conditions which causes this exodus. The girls just want to see Canada. They take "The Canadian Nurse" and they apply for positions before they are finished. The salary for the graduate nurse is from $110 to $115 a month with full maintenance. The night supervisor receives $160 a month plus full maintenance. They work 8 hours on a broken shift. They are off every second week-end, Saturday afternoon and Sunday and during the next week, they have one whole day off and work Sunday. $25.00 is the allowance for maintenance as far as income tax exceptions are concerned. They have four weeks holiday with pay and eighteen days sick leave, if required. No practical nurses are used and no nursing aides. They have ward maids who do the dusting and sweeping.

MIss McNutt who has just recently graduated from McGill in Public Health, has been employed by the P.E.I. hospital since the first of August. She will be doing general duty work on the floor and will look after the health program for the stude

ents

She will teach health education and may also teach some bacteriology. They would like her to develop some public health affiliation, but I did not feel that there was much enthusiasm for this. Miss McNutt will get $125 a month with maintenance, this is much better than the salary of the public health nurses with the health department. Apparently Miss McNutt prefers to work in the hospital, the salary did not enter into the consideration when taking this position. She is, however, very interested in V.O.N. work and if a V.O.N. service is established in Charlottetown, will probably want to transfer to it.

There is no referral to the public health department of any cases from hospital.

There is no affiliation for tuberculosis.

P.E.I. Sanatorium - The sanatorium has 140 beds. In addition to the matron there are 11 registered nurses. There are 14 trained attendants. 9 of these graduated from the San. last year, the other 5 are students. The trained attendants get from $70 to $80 a month, plus full maintenance. The student attendants receive from $35 to $45 a month, plus maintenance. The course for the trained attendants is two years. At the end of which time there is a graduation ceremony with pins presented. Miss McClelland admits that it does not take two years to train these people but it is one way they have of holding them. She feels they do very effective work. At the present time they give hypos and even streptomycin, although she admits that this is not desirable. They do the housekeeping as well as the bedside care. Miss McClelland feels that the ordinary registered nurse will not do a teaching program anyway and that by using trained attendants, the teaching program is not necessarily suffering. The lack of affiliation for the student nurse so that when she has completed her training, she will know something about tuberculosis, is one of the basic reasons why it is difficult to get registered nurses in sanatoria and also why an adequate teaching program is not carried out. She states that her graduate nurses who are in charge of floors, will very frequently, do bedside care themselves. It seems that she has great difficulty in getting it over to them that that is not their job.

Miss McClelland says that the nurses want a broken shift. On Sunday they have 9 - 3 or an A.M. or a P.M., and in addition have one day a week off at 10 o'clock. Every third week they get a ten off on Saturday and have all day Sunday. The nurses get $105 a month plus maintenance. Miss McClelland said that in discussing the nursing problem in Sanatoria with other San. matrons, who were at the C.N.A., it seemed to be quite general that the nurses preferred to work in a broken shift.

Prince County Hospital, Summerside - Mrs. Boehner, matron. This is a sixty bed hospital and Mrs. Boehner says there are eighty patients, approximately and in addition, about twenty beds for newborn babies and sick babies. I noticed on the maternity floor that there were extra cots in quite a number of the rooms so that conditions are very overcrowded. In addition to Mrs. Boehner there are fifteen graduate nurses. The supervisor is in charge of the floor and her assistant is called the head nurse. There are twenty-five to thirty students. Mrs. Boehner would not admit that they are having difficulty in obtaining students. The majority they take are from grade 11 in schools outside of Prince of Wales. Graduate nurses start at $90 a month and are raised after the first year to $100. The supervisor starts at $110 or rather $120 and the head nurse at $110. They work six days a week and prefer the broken shift, they have amonths holidays. There is one nurse aide on the staff and ward maids, they are not using practical nurses. They do use a practical nurse as a special only. There is no affiliation for the students in Communicable Disease, Psychiatry or Public Health. Mrs. Boehner is looking for someone who would be qualified to be a director of nursing for the school. She says she has an instructor, a nurse who has not had any special training in teaching or supervision, but who was a former school teacher.

Tuberculosis Service - Attended the monthly clinic at Summerside. Dr. Creelman examined the patients who are brought in by appointment and fluoroscope. X-raying is done at the hospital. There were two nurses present at the clinic. Miss Wheeler, whose district it is and Miss Tate who does the special T.B. work. At the clinic the duties seemed to be divided as follows - Miss Wheeler, met the patient, weighed them and had them undress in the cubicle, pulled the files and took new history when necessary and attached a sheet to the records, putting on the name, age, and weight. Miss Tate, completed the notes for the doctor on the attached sheet. She sat in with the doctor in his room. She later went with the doctor to the hospital, where x-ray films were read and took notes for him.

These records are then taken back to Charlottetown for typing and the records are returned to Summerside at the next clinic. Miss Wheeler, therefore, does not get the information before this. She cited examples where this is very inconvenient. There was one new case, a child. The mother stopped Miss Wheeler on the road and talked with her about the case. This was the first she knew about it. In another case she went into the home and found a very ill baby. This was later diagnosed as tuberculosis. Miss Wheeler was not upstairs there was a man with an open case of tuberculosis.

It seemed to me that Miss Tate is merely being a clerical worker for the doctor in this clinic.

Recommendations

1. That there be a more completely generalized service, the nurses doing the T.B. follow-up in the home.

2. The reports go to the nurses at the same time they go out to the doctor or the patient.

3. That Miss Wheeler attend the clinics in her area and that other nurses attend the clinics in their respective areas.

4. A part time clerk be engaged in the Summerside office. She would be for Miss Wheeler and would take the notes at the clinic, and also could go over to the hospital and take the notes there. She would then complete the records right in Summerside.

5. Miss Tate would not attend these outside clinics when the district nurses did.

6. That there be a medical social worker on the Sanatorium staff for the welfare work.

Saw Miss Tate in the Charlottetown office. She went over the books that she has to keep for the annual reports for Ottawa and for the San., also the monthly report for the Welfare. There are four books with the names of all the patients (out) are listed. In some places they have the diagnosis, the municipality responsible, the examinations, mobile unit etc. This is purely clerical work. Miss Tate states that she spends one-quarter of her time on clerical work, one-quarter on welfare, one-quarter on clinic and home visits, and one-quarter on travel and miscellaneous.

Venereal Disease - Miss Cox, until May of this year was employed as the special nurse to do venereal disease work. In addition to taking her public health nursing course she took the special three months refresher course at McGill in venereal disease nursing. However, the last year or so, the number of cases has fallen off so greatly that there was very little for her to do and she became very fed-up with the work and so was transferred to generalized service. She still is a channel through which the cases are referred to the nurses in the district. She attends the Summerside clinic once a month and sees the new cases. Miss Cox completed a very nice Job analysis form and has stated her ideas there. She feels very definitely that nurses need social

case work in order to do venereal disease work and a great deal of it could be done by the medical social worker. The ordinary case works out very well with the public health nurse, but the minute a difficult one comes along then all the skills in interviewing that are available are needed. It is then that the public health nurse feels at a great loss.

Canadian Red Cross, P.E.I. Division - Miss Arsenault is the Commissioner here. Miss Darrach is the nurse whose chief duties are in relation to the crippled children program. There is also a nutritionist, Miss Haines and two or three other workers. The Red Cross branch here is very active.

The Crippled children's work is quite extensive. Dr. Acker comes over from Halifax about three or four times a year. He sees all cases referred for examination. Sometimes he may do the work in the P.E.I. Hospital and sometimes they may be taken over to the mainland for surgery. There is no orthopaedic specialist in P.E.I. At the present time the Red Cross have 250 cases on their records. These may be referred by the doctor, the public health nurse or by the parents. They also have a part-time physio-therapist, she holds corrective clinics at Charlottetown three times a week and in Summerside, every other week. There are sixty children now reporting at these clinics. Last year, the Red Cross sent $12,000 for orthopaedic and also for the supplying of glasses and tonsillectomies for needy children. Any child in P.E.I. who needs glasses and cannot afford to get them can get them through the Red Cross, and any child needing a tonsilectomy can have this done. The doctor contributes his services and the Red Cross pay the hospital.

Miss Haines, the nutritionist, has been working on a school lunch program. She has had good results in fifteen schools and recently has learned of ten other schools who have a hot lunch program. It is really a supplement to the noon meal. She is also available as a consultant, but not has not been used very much by the Health Dept. I fear.

In addition to the crippled children's program, Miss Garrett has also organized home nursing classes. She had one last year and hopes for more this year. They have now four loan cupboards, one in Charlottetown, one in Summerside, one in Hunter River and on Pine Valley. With the exception of the one in Summerside, these are looked after by volunteer workers. There seems to be a very great demand for the material which is available on loan through these loan cupboards. Miss Garrett feels also that there is a great need for bedside nursing service.

In relation to follow up visits on the crippled children, Miss Garrett herself seems to do this. There does not seem to be a referral back to the public health dept.

Dr. Shaw, Superintendent of Education - Dr. Shaw explained the Grade X and Grade XI schooling at Prince of Wales and in the other high schools on the Island. It is very confusing. Previously to last year there was no full year of professional work for teacher training. This has now been instituted. Pupils who come in to Prince of Wales have had Grades 1 to X in rural schools. The first year at Prince of Wales is not the equivalent of Grade XI, it is really X plus or 10½ as it is sometimes referred to. The second year gives them Grade XI standing, which is junior matriculation. This will enable them to enter any university in the Maritimes and also any other university in Canada. It is almost equivalent to Grade XII which is required for other universities but they are accepted anyway. It is also possible for a student so desiring, who has 65% or over when they enter, to take the two years in one and thus write a special matriculation examination. In the other high schools on the Island, the students take only one year beyond the Grade X which is taken in all the public schools. They write the maritime entrance examination, then are eligible to enter the universities in the maritime provinces. They are really very weak students on the whole because it is very difficult to give the background of Grade IX and X ten subjects in the rural schools.

In relation to teachers training, those who come to Prince of Wales, take the first year, the second year would be a straight academic year which they take Grade XI

and receive matriculation, or their second year may be the teacher training year. On graduation from this second year they receive a second class certificate. In order to get a first class certificate they must have a full matriculation, that is two years at Prince of Wales, and then, the year of teacher training.

Prince Edward Island requires one hundred or more new teachers each year in order to fill the vacancies and meet the needs of expansion. The last few years they have been training only fifty or sixty and now need more than double that number.

In relation to entrance for schools of nursing - the girls who have taken Grade XI in the schools outside of Prince of Wales are eligible to enter schools of nursing in Prince Edward Island and may become registered. They would not, however, be eligible to take post graduate course outside of the Maritimes. The nurse who has had her full Prince of Wales would be eligible would be enter a university outside the Maritimes. Dr. Shaw feels that we are right in requesting a higher standard for nurses but he states that universities are traditionally slow in changing their entrance qualifications and feels that perhaps there are some subjects which could take which would be of more value to them, but which are not yet acceptable as qualifying them for entrance to the university.

Setpember 16 and 17th, 1948 - Victoria

On the afternoon of the 16th met with Miss Frith. Both Dr. Amyot and Dr. Taylor were away. Completed key information form.

On the morning of the 17th met with Dr. Amyot and Dr. Taylor and Miss Frith. There was no Consultant Committee formed in this province. At the meeting with the group, they stated that there greatest problem was lack of personnel, especially doctors. The great need was to develop health units and this was being hampered by the lack of medical personnel. There is not nearly as great a shortage of nurses in this province. Miss Frith feels that if she had ten more nurses she would carry on very nicely at the present time. Plans for the future include two teaching centre units for all personnel, plus a number of others for nurses. Dr. Amyot feels that the public health course in British Columbia should turn out a minimum of 80 public health nurses for the next five years to meet the need and expansion in British Columbia. This year they only obtained four from a graduating class of thirty-five. Apparently a great many went to the U.S.

We heard quite a long discourse on the advantages of a uniform for public health nurses. Apparently all the nurses like it very much and there has been no difficulty in getting them to wear it.

It was arranged that we would go to the Central Vancouver Island Health Unit, with headquarters at Nanaimo for the next week, and that after a week in Vancouver we might make a call on the doctor in the North Okanagan Health Unit.

Central Vancouver Island Health Unit

We were in this unit from Monday noon to Friday noon. My observation included the following -

Monday afternoon spent with Miss Priestly in the office.

Tuesday, in the morning we went to Duncan and I went out with Miss Morrison, the nurse there. On our return in the afternoon we called at the Ladysmith Child Health Conference and then went in to see Miss Peters at her home in Yellow Point.

On Wednesday we all went to Port Alberni, there I went out with Miss Beattie who has recently been transferred from Armstrong.

Thursday I went out with Miss Dangerfield in the Nanaimo area and in the afternoon saw the child health conference in Nanaimo.

Friday morning returned to the office to clear up the remaining points with Miss Priestly Friday afternoon, returned to Vancouver.

There are eight districts in this Health Unit. In all there are eleven nurses and a supervisor. The central office is in Nanaimo. Before the health unit was organized there were nurses in some of these districts. In Nanaimo, Duncan and French Creek Districts especially. The service was organized along a bedside nursing idea, and very frequently the older members of the community will harp back to this and want an increased bedside nursing program. They, however, are never able to show a definite need for it. Miss Priestly believes that the need is more for a visiting housekeeper service. When the hospital insurance program is introduced and the chronic cases are discharged from hospital, as is stated is going to be done, there may be a need for an increased bedside nursing program. At the present time the nurses give a demonstration program although there are very few cases done. If there is this need, it is anticipated that the Health Unit will take the load until they find out exactly what it is going to mean. Rather than bring in a V.O.N. service they would prefer to add registered nurses

or practical nurses to their staff. Already there has been an agitation for V.O.N. service in Nanaimo and Miss Robertson has been over talking to the people. They do not know exactly where they stand at the moment.

Auxilaries - Miss Priestly has organized auxilaries in some of the various districts. There is one going in Nanaimo and one in Duncan at least and I believe, one in Port Alberni. These seem a very useful adjunct to the health unit nursing staff. The nurses attend all the meetings and arrange an educational program for them, they also have outside speakers. As a general rule the members of the auxilary represent some organization in the community and therefore report back. This an excellent means of lay education. There is a union Board of Health and as yet,the auxilaries are not represented. Miss Priestly hopes that each auxilary will be able to send one representative to this Board. The Board meets every three months.

Manuals - the manuals are prepared from the provincial office. There is really no general policy manual on public health nursing as yet but there is a reference manual which includes many of the policies which have been sent out from time to time.

School program - This area last year spent most of its time, as far as the school program was concerned, on the Wetzel Grid. They disregarded all former routine and concentrated on the Grid. Children were weighed and measured by the nurse. Apparently before last year, the weighing and measuring had been left to the teachers and when they came to plot the Wetzel Grid they found that the weights were very far out in many cases. They have, therefore, concluded, that the teachers cannot be trusted to weigh and measure the children. However, I do not think that this stands. The teachers, if impressed with the importance of the accuracy of the weights and heights, would certainly be able to do it as well as the nurses. As far as I can make out, before doing the Wetzel Grid, it was the policy in most of the areas in the province for the doctors to examine Grades 1, 4, 7 and 10, and the nurses to inspect all other children. They had been cutting down on routine class room inspection. Miss Priestly says they do not do any of that now. However, when I went out with two of the nurses, they both mentioned that sometimes they did a routine inspection. In going out with Miss Dangerfield in Nanaimo, I noticed that her routine was to call at the schools and visit all the rooms. She makes a visit to the school once weekly. She would ask the teacher if there was anything she had to report. Sometimes there was and sometimes there was'nt. The teachers apparently were quite aware of those with eye difficulties. In one of the class rooms a little boy, when the nurse was there or just as the nurse was leaving, stated that he did not feel well. The teacher did not refer him to the nurse, she took him back to the cloak room and sent him home. This may or may not have been the right procedure. It was, however, rather interesting. Miss Dangerfield announced to the teachers that next week she would be back to do the weighing and measuring of the unsatisfactory cases, since she thought that they were going to continue with the Wetzel Grid, at least for the Grade 1's and the unsatisfactories. This program has not been definitely decided as yet and so there routine of school work is rather in abeyance.

On my visit with Miss Beattie in Port Alberni she did a routine inspection of the classroom and found two skin conditions, one scabies, and one impetigo. On our return to the office we discussed the importance of this. Miss Priestly insists that the nurses do not do class room inspection and the argument was - how important was it anyway to find these two cases. There seemed to be general agreement that it would not have made much difference if they had been missed and the teacher had not referred them. The teacher was the one who should have been alert and referred them to the nurse. However, I do not think that Miss Beattie has impressed this upon her teachers, either in her former area, or that she will in this without some guidance. She is one who had been following routine. She stated to me that she thinks back to what she saw in her field work practice, this was in Ontario, and that is what she tries to follow out in her area here. No doubt Miss Priestly will give her better guidance.

In Nanaimo in my visit with Miss Dangerfield, we went to the North Ward School. There is one very ancient school of four rooms. It is so old that there are

not even doors on the lavatories. However, she is hoping that this will be corrected this year. And on the same grounds there is a very modern school which has just been opened. It also has four rooms, excellent lighting and excellent facilities, running water, etc., in each room. The children and teachers are all delighted, and as one teacher said, it gives quite a lift.

All the records of the class are kept in the unit office in their books which are distinctime of the British Columbia provincial service. This means that as far as schools are concerned, the teacher makes out a list of the children and thenurse takes this to the office and either sorts the records herself and gets them in order, or gets the clerk do it. I rather suspect that the nurse does it herself. This means a considerable amount of work. It means also that the teacher does not have any record at the school. The nurses are supposed when they visit a school to take the records along with them. However, they do not cart the heavy books as a general practice.

Mr. Alfair, the principal in Duncan mentions the fact that the teachers had no records at the school. They have the progress records and he found that the teachers were not using them so developed a system whereby the records were kept along with other material in each class room. It would seem that there should be some space on these records for health information so that the teacher has something in addition to the progress and the intelligence of the child. The high school program is a somewhat modified elementary school program. Nurses call regularly and immunization program is also carried out. I dot believe believe the nurses are used very much for counselling. In the school program, the nurse does seem to approach more the consultant idea. I noticed that Miss Dangerfield checked on posters for the teachers and said that she would bring them along. This type of health service seems to be a much better one than the routine work which is carried on in some places.

The child health centres are quite well developed. I notice they have not yet given up the title "Well baby clinic". In some of the very small areas they may be held in private homes. If the nurse can gather together ten mothers she feels that it is much better to have a child health conference than to take, say, two afternoons at home visiting. The nurses in Nanaimo especially get the lists of discharges from the hospital weekly, and they visit every case. They apparently, are able to do this. Also a birth list is sent from the Victoria office every week. As a rule, however, the nurses have visited previous to this. There are not many requests for demonstration baths. In some of the child health centres they use volunteers and in others not, depending on the size. The routine is very much the same as in all child health centres. One nurse does the immunization in the larger ones, in the smaller ones, each nurse does her own if there is more than one nurse. In their conferences the majority of questions the mothers ask are in relation to diet. The nurses will add to the diet and they might add to the formula. They would not change it unless they feel the mother would not go to the doctor. I do have a feeling however, that perhaps the family doctor is not considered as much as he should be. For example, when visiting I noticed that Miss Beattie arranged with the mother to come back to give the immunization in the home. This is quite correct procedure if the mother cannot get to the doctor or if she cannot get to the clinic. I did feel however, in this case that it would have been profitable for the mother to come out to the clinic or even to her doctor. In this case there was no mention of her even asking the doctor about immunization.

In the small clinic which I observed in Ladysmith the nurse did not have it arranged too well for conferencing. For example, the mother was standing. Her literature was over on another table, this consisted of the provincial and federal literature. In the Nanaimo clinic there was no literature of any kind. However, all the mothers have had "Canadian Mother and Child" and they have also been receiving the infant and preschool letters monthly from Victoria.

There is no set policy in relation to follow-up visits, that is the frequency of visits to infants and pre-schools. I think that if the baby is being brought to

child health centre there is no follow-up in the home. They would however, follow-up in the home if there seems to be a need. Miss Priestly feels that the pre-school program is not well developed. It, as is usual in most places, seems to be that in between period when there is not much done. Miss Priestly would like to get study groups going for the pre-school group.

Pre-Natal - There are very few pre-natal cases refered by the doctor. There does not seem to have been very much done to try to impress the doctors with the contribution which the public health nurse can make to the pre-natal program. Miss Priestly feels that if the nursing group would list their contribution and would try to sell this to the doctors as a service they can use, as they have used other services. She, however, has not yet convinced the M.O.H. of this procedure. There seems to be here, as in other places, a reticénce on the part of the M.O.H. in educating the private practitioners in the community. Miss Priestly feels that the particular contribution which the nurse can make is because she has the time, she can -

1. Show the mother, through visual aid what the whole pregnancy means.

2. She can prepare the mother for breast feeding.

3. She can prepare the mother for the care of the infant.

4. She can help prepare the other members of the family for the reception of the baby.

There are probably many other things which ~~xxx~~ if a group got down and worked on it could be worked out as the contribution of the nurse. I think that this is a very great need at the present time in the pre-natal program, because it does definitely seem to be one of the weaknesses.

Tuberculosis - I visited with Miss Dangerfield one case of tuberculosis. Apparently tuberculosis is not too great a problem. Most of their cases are hospitalized and there are a very few waiting. Miss Dangerfield says very definitely they are much better patients after they return from sanatoria, as they learn there the meaning of rest especially. They teach the patient isolation, precaution for all active cases.

Venereal Disease control - The nurses do a case holding and a case finding program. Since there is an Epidemiologist who will visit on need and a well organized staff education program, the nurses do not seem to feel so lost in doing a venereal disease program as they have in many places. The answer seems to be staff education.

Staff Education - This carried on through a monthly staff meeting. This lasts for about four hours and at this meeting matters concerning policy and administration are those chiefly discussed. Then there are the study groups which also meet once a month. Usually on a Saturday from 11 to 1. Each group decides on a project and when the project is completed it is frquently sent to Victoria where it may be printed and distributed throughout the province if accepted. This adds an incentive to the nurses. There is a North Island study group and a South Island study group. Miss Fisk? told me in relation to the study groups that every nurse in the province is attached to one. This involves a considerable amount of travel time on the part of some but I believe it is considered well worth while.

The following is a copy of the memo which the M.O.H. has written for the nurses in regard to immunization -

"This grants authority to you to perform immunization procedures, including smallpox vaccination from this date until further notice".

Miss Priestly has designed a box to carry the child health centre equipment for those child health centres which are set up each day and may be held in the

smaller areas. It is a wooden suit case made to order, painted black on the outside. It holds the scales, which are collapsible, the plastic cover, the turkish towelling for the pad, immunization sterilizer or pan, and has a pocket for literature and records. At the child health centres the nurses are supposed to wear their white aprons over their skirt and blouse. It was noticed in the Nanaimo clinic that they were wearing their complete uniform and no apron.

Supplies are not sterilized for the immunization, only the needles and syringes. For inoculations they cleanse the arm with Zephryn, 1%. For vaccination they use green soap and then acetone. For the patch test they use acetone.

It was stated many times how much the parents appreciate the mothers advisory letters. They are very pleased to have them also come on the day of the babies monthly birthday. They like specially to see if their child has reached the stage of development as stated in the letters. This is the first province that I have been aware of the use of these letters. They are sent out by the clerks and are not of any work for the nurses.

In relation to the welfare program, where the services are developed as they are in British Columbia, the problems of the nurse are much less. For example - compare British Columbia with Nova Scotia, where it was stated that one-half to one-third of the spent on tuberculosis was spent on a welfare program by their problems.

All the nurses in this unit are graduates from the U.B.C. course, except Miss Beattie who took the course in Toronto some two years ago. There was also a new nurse who arrived the day we left, she had just completed her course at McGill, the degree course and was from Regina. She said that she had written to the employment service in Edmonton but that she had received no reply. Knowing that they are short of nurses in Alberta, this seems rather strange.

VANCOUVER

We spent the week of September 28th in Vancouver visiting the following - Metropolitan, T.B., V.D., Placement Service, Registered Nurses Association and U.B.C., also V.O.N. and the Normal School.

Metropolitan Health Committee - The first day in Vancouver we had a meeting in the afternoon with Dr. Murray, Dr. Pallen, Dr. Willett, Miss Hunter, and for a part of the time Dr. Gundry. We discussed the various problems and procedures in relation to public health. Dr. Murray and Dr. Willett were very gullible. Dr. Murray was more on the defensive than I have ever seen him. There was considerable discussion of the school program and routine physicals. Dr. Murray thinks that these are important.

One of their greatest difficulties is shortage of medical personnel. Some of the reasons for this are stated that the program is too routine. They have no imagination to see what they can get out of it, low salaries, and not enough presitge for this type of public health work.

In relation to dental staff, Dr. Pallen says there is a shortage, the reason being low salaries and that many dentists dislike children's work. Also in relation to the dental program, Dr. Pallen stated that 40 to 45% of the children go to their own dentist - 40 to 45% go to the school dental clinic, and that each year fewer and fewer of the lower grades are going to the school dental clinic and more and more to the family dentist.

In relation to nursing, Miss Hunter has her vacancies all filled, although two weeks ago she did not know which way to turn. She states that nurses like to come to Metropolitan, they have heard about the program and are interested and they know that there is good staff education program and good supervision and nurses want this.

In relation to general training of public health nurses, she feels that they have not had enough about the normal child, or enough on mental hygiene.

We discussed physical examinations at some length. Dr. Murray feels that there is definite value in this but we could not get either Dr. Willett or Dr. Murray to give any really good answers in relation to the value of the physical.

Later on in the week, met with Miss Hunter and Miss Henderson to complete the key information form. The following is some additional information. Through the Federal grant they are getting extra unit clerks, hoping to have one more in each unit. This new clerk will take over all the extra clerical work of the child health program which has not been done by the volunteers. They will also do some school recording such as making up the immunization list, x-ray notices, etc. Where possible, this work will be brought to the unit to do. The reason they do not like to take the clerk to the school is that this year, school stenographers have been made a little more available to the nurses and they do not want to lose this service. The nurses also will dictate home visits and home reports in relation to T.B.

The family welfare operate Visiting Homemaker service for their own cases, that is for clients needing family case work. There is a great need for this service for T.B. cases. Through extra money with Metropolitan now have available, they are going to try to work out some scheme with the Family Welfare whereby they will pay for the visiting housekeepers and homemakers used for T.B. cases. At the present time, for T.B. cases alone there is need for ten homemakers, sixteen housekeepers and there are nine to ten situations where there is need for some hourly help.

The co-ordination with the hospital is improving. All Paediatric cases going to the O.P.D. are referred. This was started by Dr. Patterson and he now has all the paediatricians doing this. There is also referral from Children's Hospital and from staff cases in infants.

In addition to the Job analysis School questionnaires, etc., Miss Hunter is going to have thirty nurses report on conferences with five mothers each. This is in an endeavour to get the questions asked by the mothers and to try to serve as a guide to the information which nurses need to know about the normal child in conducting conferences both in child health centres and in the home. I will try to get this same information from nurses in other cities.

Normal School - Dr. Willet, Miss Hunter, Dr. Baillie and I discussed the Normal School program with Miss Maxwell. Miss Maxwell does all the health teaching, which consists of about twelve class room lectures and in addition there are half a dozen or so special lectures for the whole group together. These latter were questioned, as there seems to be some over-lapping, and it was felt that that time could be used better by Miss Maxwell. She stated that if she had that extra time she would use most of it for visual education - a subject on which she seems to be a bit hipped. Miss Maxwell also has a g Normal School program and she carries out a demonstration service. However, in discussin the work with Miss Maxwell, it was very apparent that she is not getting over to the teacher that they are responsible for health. She does not, or she has not, realized this herself. She tells the teachers what they will do if there is no nurse, that is if they are in a rural school and there is no nurse available readily, and what they would do say, if they were in the Metropolitan area where there is a nurse. She is not putting the responsibility onto the teacher. I was definitely disappointed in this part of the Normal school program. Miss Maxwell also has a health service for the Normal School students. Dr. Willet being the doctor.

Victorian Order of Nurses - Discussed V.O.N. program with Miss Creasor. I do not think that she is altogether sold on any amalgamation with the official health agency. She feels that especially in the larger cities, the voluntary effort is necessary and that with close co-operation, as there is in Vancouver, there is a minimum of overlapping. I am inclined to agree with her. I was very interested in the parent craft classes which Miss Charters is conducting for pre-natals. They have an attendance of around 10 to 16. Classes are operated continuously and I think there are eight lecture for each group. Miss Charters is going to list the questions which the mothers ask at these classes. I hope that this might be some guide to the information which nurses need to know, in order to do home visiting to pre-natals and also conduct group teaching such as this. In relation to pre-natal referrals, the situation seems to be much the same in Vancouver as in other places, although perhaps not so acute. Doctors are not referring a sufficient number of cases. Miss Creasor said that nurses come in from other areas and are impressed with the fact that mothers are going to the doctors in Vancouver much earlier in their pregnancy.

Tuberculosis - Had a conference with Miss Paulson. Discussed chiefly, the teaching program on the wards. Miss Paulson gave me a complete set of the literature which they have for each ward, and an outline of the teaching. The nurse in charge of the patient is responsible for this teaching. Through a well developed staff education program I think that the work being done here is very fine.

In the Vancouver Unit they have 34 ward nurses and 16 attendants or nurse aides. In Tranquille there are 25 ward nurses and 40 nurse aides. This dilution is too great. The teaching program suffers, also the patients are more insecure. They feel that they do not see the nurses often enough and they have a greater fear of something happening to them if the nurse is not there. The attendants wear a white hoover uniform and no cap. An important feature of their program is that the graduate nurses know how to use the attendants, they know what their duties are. This is extremely important in introducing this group into the hospital service. They are taking only students from the practical nursing course and from the former T.V.T. It is very definitely felt that the teaching in the hospital makes the public health nurses work easier and also makes the length of stay in the hospital less. The nurses like this teaching program as long as there is time and they are not too rushed by other duties.

In the T.B. clinic there is a public health nurse in charge and her assistant is also a public health nurse. Miss Paulson rightly feels that the other duties in the clinic are only on the staff nurse level as there is actually little opportunity for teaching.

The social service worker visits the wards on referral by the nurse to the doctor. She does not visit all cases, only those referred.

All workers are on an eight hour straight shift. This is very much appreciated. This did not take extra nurses, just a little re-arranging, for instance, they took half the nurses off night duty and replaced them by aides. They have one month on night duty and one month on evening shift at a time.

Venereal Disease Program - Conference with Miss Beattie who is the nursing supervisor at the V.D. Clinic. According to the new V.D. Act the local health services are responsible. Howevere, in Vancouver, because of the size of the city it is felt that there will always need to be some specialized worker. At the present time, they have epidemiology workers, these are public health nurses. There is a staff of one supervisor, Miss Beattie, seven epidemiology workers in Vancouver, two epidemiology workers for the rural areas. There is also one male worker in Vancouver. In the rural areas these workers act as consultants. In Vancouver they are actually carrying out the program. The Metropolitan nurses are doing a case holding program on select cases. Just recently, one of the Metropolitan nurses has been placed in the V.D. clinic. She interviews and picks out for visiting. Cases she picks out are those where there is a

definite address and where it is quite a straight forward case. No doubt there will be more and more cases referred as the program grows. The male worker is experienced in the services in social case work. He is not a trained social worker. He visits the married men particularly. They try to give as much information as possible to the nurse in the district. They first refer by telephone and then the record is sent. The nurses follow up those not coming for treatment and those named as contacts. They are really very selected cases. There is one social worker and she sees only those cases referred to her. (See copy on file)of type of cases referred). In Victoria and the rural areas the public health nurses do all the visiting but there it is a smaller program. The following is a summary of the job of the epidemiology worker -

1. (a) Interviews each new case before diagnosis
   (b) Interviews each case after diagnosis, gives an educational talk on the value of reporting regularly, what is required of the patient. Contact history is taken also.

2. Each worker has patients to follow up according to diagnosis. They follow up by letter, phone call or visit.

3. Visiting of contacts.

4. Each worker is also able to relieve in the treatment clinic.

Miss Beattie will be willing to send any information or have the nurses make out any job analysis, etc., which I would like in order to have supporting information. My talk with her emphasized the principal that public health workers are the first workers in this program and the social workers are used as consultants. It might be possible to get supporting information for this if necessary.

In further discussion with Miss Beattie, she said the public health nurses do not seem to have much idea about business methods, for instance, filing, correspondence, etc. For example, they will send in letters with more than one subject in each letter and this has to be copied off in the office.

University of British Columbia

Spent Wednesday afternoon with Miss Mallory and Miss Morrison going over the questionnaire for the Provisional Council Committee.

In relation to the merit system unit of the American Public Health Association they are not able to use this at the University on account of the cost. The pre-test would be two dollars and the final test probably would be three dollars.

We discussed the question why do nurses take public health. They felt that it was to get away from the hospital. There is too much pressure there and the hours are longer. They also feel that the nurses find through public health, an opportunity to mix with community groups. This is not so easy in hospital work.

In relation to the nurses from the last class going to U.S.A. this seems to have been quite erroneous information which was given by Dr. Amyot. They thought that only two nurses were thinking of going and they were not sure if they had both decided definitely. Of the class of 35, Metropolitan obtained 15. The Provincial 4 and many others returned to their former occupation in other places.

Placement Service - Discussed the shortage question in British Columbia with Miss Braund. Since June the vacancies have averaged 310 to 325 per month. In 1947 the average was 386 per month. Of these, the public health vacancies listed - Provincial 8 to 10 public health nurses, and 3 to 4 R.N.'s. V.O.N. 5 public health nurses.

Miss Braund feels very definitely that nurses prefer the straight eight hour shift. There may be some older nurses who are reluctant to give up the split shift.

Registered Nurses Association - Asked Miss Wright why the nurses are coming to B.C. She feels very definitely that is the personnel practices which have been well advertised in the Canadian Nurse. Another reason is climate. At least once a week there is an ad. for nurses pointing out that the R.N.A., B.C. agreement is in effect. There has been an increase in the number going to the United States. Miss Wright does not have very much information in the use of the assistant nurse. She does feel that in some of the hospitals they are heavily loaded. The largest majority of the nurses coming in are from the prairies. The R.N.A. of B.C. have agreement with 8 hospitals and two public health nursing groups. But nearly all of the hospitals have accepted the policy.

They are now working on the idea of a centralized school at the University of British Columbia. They also are hoping that the preliminary class students can be given their preliminary period at the University. This would be for all hospitals.

The practical nurse course is functioning and the is at the Technical School which will be the new Vocational School. They are taking 20 every three months. First class will graduate in December, it is a one year course and it is hoped they will be placed through the R.N.A.

NORTH OKANAGAN HEALTH UNIT

October 4, 1948 - We stopped off in Vernon to visit this health unit. Dr. Best is in charge. There are seven nurses. Two of the nurses are situated in Vernon as well as the senior nurse. There is one nurse at Armstrong and area; one in Enderby and area; one in Salmon Arm and area and one in Revelstoke and area. The total population is estimated at about 35,000. There is one Sanitarian and one more to come. They have a sub-office in Salmon Arm at which there is a clerk, as well as the clerk in the Vernon office.

We discussed the program throughout the day. Dr. Best is quite young and very intense about his work. In relation to the school program, they are swinging away from the routine examination of grades 4, 7, 10. He is trying to do all of grade 1 with the parent present. He seems to be making an effort to see the principals and explain the program to them and gain their co-operation in doing this, Miss Denyforce said that they do not weigh and measure the children. They test the eyes every year and they do a physical inspection on all the children. They do not do any routine class room inspection unless in a rare case of communicable disease. They usually do not do it for communicable diseases.

In the towns of Vernon and Armstrong especially, where the former service was a school service, they visiting the schools every day. They are gradually trying to get away from too much school work. Some of the rural schools are visited once a week and others once a month. The nurses may have as many as 13 schools. The greatest travelling distance for the nurse in any area is about 25 miles, except in Revelstoke where it is greater and the population less concentrated for the two or three areas which she visits, which are more distant.

There are child health centres in various centres. A copy of the last annual report was obtained and this gives the listing.

In relation to pre-natal work, Dr. Best had contacted all the doctors. All but two have said that the public health nurse would be of value. They, however, have not followed this up and not doing very much pre-natal visiting at the present time. There is very little, if any, bedside nursing and hardly any demonstration work. As a matter of fact, there is no bedside nursing. Very little demonstration bedside nursing and very few demonstration baths to babies. We had a very enjoyable day starting out in the morning about 11 O'clock and driving down Kalamalka Lake, this means lake of many colours. We drove up the Coldstream Valley for a very short distance. Then after lunch we drove to Enderby, where there is a sub-office, but it is not at the present time, being used because the nurse lives in Salmon Arm. Dr. Best is questioning whether or not an office is necessary here, especially since there is a clerk in Salmon Arm and as it is only 15 miles away it seems wiser to have the nurse use that office. I am inclined to agree with him in that point. From Enderby we went to Salmon Arm where we met the statistical clerk and also Miss Stone, who has just come to the provincial service after three years in V.O.N. in Vancouver. She says she likes the work very much and likes Salmon Arm much better than Vancouver.

Miss ~~Denyforce~~ Stanford told me that Dr. Best did most of the V.D. work. They really have very few cases.

In relation to T.B. it does not seem to be a very great problem. Each nurse has very few cases to supervise.

Left Job analysis and School questionnaire for Miss ~~Denyforce~~ Stanford and Miss Willins to complete. Miss ~~Denyforce~~ Stanford took her public health at U.B.C. eight years ago and Miss Willins took hers at U.B.C. about three years ago. They are each going to complete two forms.

CALGARY

Arrived in Calgary at noon, October 5, 1948.

In the afternoon went to the City Hall and reported to Dr. Hill. This is indeed a city of specialized services. Visits here included observation and conferences with the Child Hygiene clinic nurses, School nurses, T.B. which is under the Kinsman Club, V.D., V.O.N.

The Child Hygiene clinics were started in 1923. Miss Laval was sent by the Provincial Government to organize the clinics. At that time the school nurses were all under the School Board. In 1935 they came under the Dept. of Health, but still doing the specialized services.

Miss Laval started with four centres but now they have only one at the City Hall The reasons given for not continuing the four was that they did not have cars and equipment for them, cars to travel to the clinics. They twice tried branch clinics, but one petered out through lack of customers and other got so large they could not keep up with it because of insufficent staff. In any case it was out of the city at Bow Nest and the people there could not afford to finance it. The present centre is on the third floor of the City Hall. It functions in the morning and in the afternoon, although the afternoons are the main sessions. They have a doctor four afternoon a week. The mothers who come in the morning are chiefly those coming for inoculations.

There are three nurses in addition to Miss Laval in the Child Hygiene clinic program. All of these nurses have had public health, two of them are degree course nurses from the University of Alberta. (Note further on regarding observation in the clinic.)

The nurses visit the homes. Each nurse has a district. The birth registration card comes from the Vital Statistics Dept. Following receipt of this, a card is sent to all the mothers and the doctor is also circularized. If the doctor returns the form saying that it is a good home, nothing further is done by the nurse. If the doctor states the home is poor or a fair home, the nurse follows up. Most of the doctors return the letters. They try to persuade the mothers to come to the clinic. For those mothers that come to the clinic before the visit they make one follow up initial visit. If they do not keep on coming they call again after the baby is six months old regarding inoculations. This is called the follow-up visit. All the birth registrations are filed in the office. At the end of six months all who have not come to the clinic are circularized regarding immunization. When the child is between three and four years old, whether he has been to the clinic or not, they are sent a definite appointment to come for an examination. There seems to be a good response to this. If they do not hear from this, the nurse will visit, especially if it is a child who has been previously to the clinic. If they have never been to the clinic they may not visit and they would not bother if they are living in a good part of the city. Every pre-school child gets free ear, eye and nose and throat treatment, except hospital expenses and the glasses. Every pre-school child gets free dental treatment. A dentist is paid by the city and gives a certain amount of time. Appointments are made by the nurse. When they have finished with the pre-school examinations the records are handed over to the school service.

"The Canadian Mother and Child" is given to those who come to the clinic. They also receive a 24 hour chart and after the baby is over a year old they get the weight scale. The parents are very interested in this.

They do not use volunteers in the clinics. In 1947 there 1,681 new infants (infant goes up to the age of 2 years in Calgary).

It would be very difficult under the present circumstances to cooperate the Child Health clinics into the generalized set-up, as Miss Laval feels that there is nothing like a specialized service.

A student is taken from the General Hospital for one month. She spend this with the Child Hygiene clinic, chiefly weighing babies, and out of this time two or three days are spent in observation with other agencies. There is not a very good understanding of the properly organized student program.

In addition to the work with the Child Hygiene clinic, Miss Laval also inspects the private hospitals. There are about six of these. There do not seem to be any standards for licensing. The hospitals which care for the chronically ill and convalescent are licensed by the Provincial Dept. of Health. Those caring only for aged and infirm are licensed by the Provincial Dept. of Welfare. It is not necessary in either institutions to have a nurse in charge. Miss Laval also inspects and supervises the boarding homes of which there are about 39. The Children's Aid Society have one home which is used for neglected children. Miss Laval does all the visiting. She also is responsible to investigate patients who apply for free insulin. There are not very many of these.

Contagious Disease Department - Miss Watt is in charge of this department. Her chief duties are the inoculations and collection of vital statistics. She now has a nurse assisting her. The inoculations are done from 9 - 10 in the morning and 3 - 5 in the afternoon. They are quite conservative in the type of antigen used in that they are still using diphtheria and whooping cough separate. They have not used any of the triple antige She considers that if fifty children come in for immunization, it is a busy day. I think Miss Watt also follows up if there are any reported communicable diseases. There does not seem to be a very close correlation with the other departments. Miss Watt also does the tuberculin testing for the schools and the inoculations at the city Creche, Dicks and Schicks at the hospital for the students. The city provides her with a car.

School Nursing Service - Miss Dean Freeman came the first of August as the supervisor of the School Nursing Service. Previous to that there has not been a supervisor. She has ten nurses, seven of whom have public health. Miss Freeman herself has had public health at the University of Toronto in 1932 and has had considerable experience with the V.O.N. and army experience and quite recently completed subjects for a degree at Wayne University. Part of her credits were taken in an industrial nursing course. (See notes later on conference with school nurses and visits to the school.)

Tuberculosis Association - Mrs. Curry is the nurse employed by the Kinsmen for the T.B. Association. The clinic is held next to Dr. Hill's office. There is a clinic every Wednesday afternoon when the doctor comes from the San. They give a tuberculin test. Patients may be referred by the doctor, they can go to the San. or the General Hpl. for x-ray. I am not quite clear which group comes to the Kinsmen. Mrs. Curry does follow up in the homes for contacts, etc. She may only visit once following discharge from the San. If they do not return for the x-ray she will follow up. There are no individual records kept. I do not think that Mrs. Curry has had public health and neither has Miss Watt.

Venereal Disease Clinic - This is headed up by Mrs. Harvey who is a R.N. She has the territory from Red Deer to the border. I believe that there is some arrangement for a clinic at Lethbridge. The treatments are all done by Mrs. Harvey and the two nurses. Bloods taken, smears, etc. Mrs. Harvey does the individual interviewing. Apparently no referrals are made to the nurse on any other staff, even out in the Health Units and in the Districts. Patients all come into the clinic and the work being done by Mrs. Harvey and her staff. There certainly is no attempt at generalization of the service.

Victorian Order of Nurses - This is a five nurse agency. Miss B. Richard is the nurse in charge, and in addition to her supervisory duties she also has to carry staff nursing duties. The work of the agency has increased tremendously since two or three years there has been an additional three thousand visits. They are now waiting for their sixth nurse. One of the outstanding features of the program here is the extensive pre-natal health supervision and also post-natal. The Associated Clinic in which there are five doctors doing obstetrics, three full time obstetrics and two doing the occasional case, refer most of their cases to the V.O.N. It seems that about six or seven years ago the idea of the V.O.N. service was sold to them, presumably by the V.O.N. and since that time they have been using the service extensively. All but one of the doctors offers to the mothers two demonstration baths on their return from hospital and they pay the V.O.N. for this service. There are so many prenatal cases referred that the nurses have not time to visit them all, and sometimes only make one pre-natal visit. Other doctors, not associated with the clinic also refer their cases. The V.O.N. have a little difficulty lest the feeling be prevalent that they are working for the Associated Clinic. Another feature is the very popular pre-natal class. Miss Richard conducts the class, she makes it more of a discussion and not a formal lecture. She has not taught pre-natal classes before, but I imagine she has a gift of leading discussion and getting over the material, also stimulating the mothers to talk and ask questions. She says they do ask a great many questions. One of the dairies gives them milk and chocolate milk and/the Board give some money to buy cookies. Following the class they sit around and have refreshments and more discussion takes place naturally.

There is a minimum of overlapping here. They discharge the babies at six weeks. Miss Richard says the city clinic is very popular, but there is need for branches to be opened in other parts of the city because Calgary's population has increased so in the last few years. Miss Richard attends the meetings of the Council of Social Agencies, apparently Dr. Hill does not attend these nor is his agency represented. They have quite a time getting over some of the stumbling blocks caused by him. For instance, in relation to restaurant inspection they finally got all restaurants inspected except those in Chinatown and Dr. Hill said - "O well, they are in the slum area". There apparently have been a few other things which have caused them concern.

For the size of the agency this V.O.N. service has a heavy student program, both from the University of Alberta and from the hospital. The nurses like to have students with them apparently, and I imagine that the program worked out is very good. Miss Richard has it in written form.

It was nice to talk to such an enthusiastic group and to find that the service here is so popular. I regret very much that I have been unable to make any visits with the V.O.N. nurses.

Home Visits - One afternoon from 1.30 to 2.30 I made some visits with Miss Reesor, nurse in the child hygiene clinic. She had picked out four visits. She explained to me on the way that they do the following types of visiting - (1) birth registration. If the letter is returned from the doctor stating that the home is poor or only fair, the nurse will visit, otherwise birth registrations are not visited. (2) a follow-up visit from the clinic. If the mother comes to the clinic the nurse will make one visit in the home to see the home situation. (3) visit at one year. They have a system whereby they put the names down in the black book. For instance, she will put Mrs. Jones on October 1948. In 1949 she will look back to Oct. 1948 notation, see the name Mrs. Jones, pull the card and make that visit. The visits that she had picked out were -

(1) to an infant who had been coming for whooping cough immunization. There was also a pre-school child in the home. (Correction) This child had not come for whooping cough immunization and the nurse was checking. The mother lived with her two children and her husband in one small living room and a small bed room. There was no place for the children to play outside. The place was clean and the mother asked the nurse to sit down She said she would'nt. She covered a lot of ground in a very short time - flashing

from one child to another.

(2) The next visit was to a mother who was supposed to be home with her new baby. However, she had not yet been discharged from the hospital.

(3) Visit to an eleven month old infant living in a hotel room with mother and father. They had moved in from outside Calgary and had been unable to secure any better accommodation. It was a very large healthy looking baby. The chief thing discussed here was the baby's fear of being left alone when the mother left him. This is probably due to living in such small quarters and having to be with his mother all the time.

(4) This was also a not at home visit.

Miss Reesor was most anxious to obtain my opinion and was difficult to explain that I was not coming along with her in that capacity. She seems very anxious to take a post graduate course and really/teach supervision. She spent two years with the school service before the last three with the child hygiene. Having taken her public health course in 1942, she really feels the need of a refresher. She likes this service much better than the school routine. She said she never felt part of the staff there and never felt that she was getting very far. She wanted to know if she should sit down when she went into the homes and I told her that I thought that was the one thing that I would suggest, that public health was important enough for us to take time and the mothers to take time to discuss it with them. After returning to the office she showed me the records. There is very little notation on them. For example - when they make the birth registration visit, the card is already made out in the Vital Statistics Dept. She would visit, find the birth weight of the child and suggest to the mother that she come into the clinic. There would be very little notation on the card of this visit. The fact that she had recorded the birth weight would show that she had made the visit.

Child Hygiene Clinic - It has been stated previously the type of clinic and frequency. The one I observed was the infant clinic as well as the pre-school clinic. The pre-schools come on two afternoons a week through regular appointment and also appointment according to time. The pre-schools were being taken in a corner by a window by one nures. She weighed and measured them, examined their teeth and looked at their feet and filled out the card. After this they were taken in to the doctor for their examination. She explained to me that they also look at the posture and that the doctor also checks the feet. They give exercise forms and he may give some special advice regarding building up of the shoes. It seems to me that they are putting an awful lot of emphasis on this and I wonder if they have the most up to date knowledge.

One child was objecting very much to being weighed and cried very hard. It was impossible to weigh him and so the nurse let him go back with the mother and have another attempt. I could not help feeling that the mental effect on the child was much worse than not having his weight, he looked like a good husky fellow anyway. The interviews with the pre-schools lack privacy. The mother and the nurse were both standing and sometimes the child sat on the window ledge. There could be no possible opportunity for discussion of any mental hygiene problems. It was purely physical.

The infants that were brought, were undressed by the mothers and were weighed and measured by the nurse at the desk at the table. On this day the registered nurse who had been employed to help with the inoculations was doing the work. Usually the student does this. She weighs and measures the child and writes this on a small slip of paper. She then pulls the record and puts a number on it so that all mothers will be taken in order and takes the record into Miss Laval. As the nurses are ready the mothers are called in for conference, but not all mothers stay for this, only those who want to. Sat in on one conference with Miss Laval. This mother was very much opposed to immunization. Miss Laval started in immediately to tell in a rather negative attitude about the values of immunization. It was very evident that the mother was rather emotionally disturbed about this. I would judge that she would probably be in favour, but that the

husband was very much opposed. The mother was not given any opportunity to talk out her feeling on the matter.

It would seem to me that this is a very routine clinic, although it is very popular and the nurses have a great deal of leeway in what they suggest to the mothers. There are a great many phone calls. While I was sitting in Miss Laval's office one mother phoned apparently about a sick baby and advice was given over the phone. Although the large clinic room was crowded the nurses did have a place to conference, except the pre-school and there was that much privacy. I think that perhaps these nurses know their formulas and diets for the infants and pre-schools very well but I rather think that they miss out on some of the other problems that are perhaps just as important, if not more so. There is no staff education. I did not see any evidence of up to date articles to keep them informed of the newer developments.

School Nursing Service.- One afternoon at four o'clock I met with Miss Dean Freeman and her ten school nurses. Three of these have not had public health, the rest are all public health trained and are a very young and alert group. I explained the survey to them. They had quite a number of questions but all relating to their particular job. For example, one nurse was wondering how much time the nurses spend trying to keep the children clothed. It turned out that she was very concerned because the children did not wear stockings to school even in the winter time. It was not apparently any difficulty in relation to finances. That is, the parents could afford to provide the children with clothing. We discussed this and wondered whether or not it is a very important public health matter anyway. Another nurse was concerned because only four out of forty-four children were brushing their teeth. Another wondered how much time she should spend on health talks, she apparently gives a half hour talk to some of her classes about three times a year. I tried to point out my feelings in relation to the responsibility of the teacher and that it is the practical health teaching which should be done and not so much of the theory. I am going to visit with one of the school nurses and will learn more about their routine.

Went with Miss Robertson to Connaught School. This school has about five hundred pupils, Grades I to IX. Miss Robertson graduated from the University of Alberta, Public Health course in 1946. Previous to that she had experience in the navy. Miss Robertson has six schools, one of them is as large as this, the rest is smaller. She had a rather small medical room, called medical inspection room and most of her schools have one. Her plan for that morning was to put the vitamin pills which come in large cans into boxes which they sell to the children for two dollars per box. Hardly the job of a public nurse. In regard to dental appointments, each nurse has a quota of children to send. The dentists do complete examinations on every child during the year and the appointments are made from these cases. Three-quarters of the children, she thought, go to the school dentist.

Miss Robertson's own routine is to go to the class room once a week to find out who is away and if they have a phone she will try to phone the mother. There does not seem to be any effort made to have the teachers phone to find out why the child is away. If there is no phone she will make a home visit if the child is away more than two days. She thinks that most of the home visits are due to illness. If there is a clinical disease, the case will be reported by the nurse to the Health Dept. If the case is in the class they will examine the class about two times and instruct the teacher to watch for symptoms. Teachers do not do any morning inspection. If the case is whooping cough the Quarantine Officer will placard. The teacher re-admits for all cases of illness except the communicable diseases. The nurses do a rapid class room inspection the first week of school and after Christmas. Doctors examine Grades I, III, V, VII and X. In preparation for this, the nurse weighs and measures the children and records on a class health record, The names have been copied on to this from a list which the teacher had prepared. Onto this record goes the wight, the result of dental examination, etc., and from this the information is copiedto the individual card. The nurse also has to copy the information from the history sheet onto the new cards for beginners. Teachers do

only their side of the form. For the grades which the doctor does not examine, the nurse weighs and measures, tests the vision, looks at the throat, feet, etc. In relation to health talks, they average between five minutes and ten minutes. They are not planned before the nurse goes to the class room. She feels that they do not have enough practical experience, especially to talk to Women's Institutes, Home and School, etc.

While I was talking with the nurse a child with a very slight case of impetigo came in. Nurse gave the child ammoniated mercury ointment and sent him home. This seemed quite unnecessary, there was no note sent to the mother or the teacher.

In relation to mental hygiene, there is a visiting teacher and a worker on the school board who seems to look after mental hygiene problems. She has never referred any to the Child Guidance clinic and does not know the workers in the clinic. The nurse does not do any follow up. Miss Robertson feels that they have not had enough mental hygiene. She says that she feels most inadequate when dealing with mental health problems.

The school service in Calgary seems very heavily loaded with routine and the doing of work which is really very ineffectual. It would seem from my casual observation that fifty percent of the time is wasted. Miss Dean Freeman will have a difficult time to get rid of some of these routines.

Faculty of Education, University of Alberta, Calgary Branch.

Went at noon to visit with Miss Chittick who is the health teacher and nurse at the above institution. There are over two hundred students taking education. The course is two years in order to get a certificate but they may go at the end of one year and get a letter of permit. They have to complete their second year either by taking the full year's work or by taking three summer sessions. If they are only going to take one year the government will pay their tuition fees. The medical service includes medical examination for which the student pays four dollars. The nurse does some preliminary work such as weighing and measuring, testing the eyes and filling out the card and the students are then sent down to the Associated Clinic for which the college pays a flat rate of two dollars. In relation to health teaching, Miss Chittick has about 36 hours in the school term. She teaches first of all, factual material where necessary and then teaches them how to teach health. In the curriculum of studies for Alberta there is a definite statement about what the teacher is responsible for (See Course of Studies). It is very interesting that this is so stated. Miss Chittick said that when she goes out sometimes into the schools she will see the nurse working and they are working quite apart from the teacher, and refer very little to her. She feels that the nurses have no idea of what is contained in the Course of Studies. There is a very definite need of correlation here.

Provincial Sanatorium, Bowness - In the afternoon went with Mrs. Curry, Miss Dean Freeman to see Miss Connor. Free treatment has been extended to all T.B. cases in Alberta. The San. has about three hundred beds. About thirty beds are ~~that~~ idle because of shortage of nursing staff. Here they have about 24 displaced persons and like them very much. A new group has quite recently arrived. The nursing staff consists of ten nursing aides who are licensed; four nursing aides who are just in training and two who are going to become licensed. In addition addition there are four practical nurses approved (this category includes former nursing students who have had to drop out) they are more than nursing aides but not as much as graduate nurses, this is a special civil service category). That makes 20 below the graduate level. On the graduate level there are three administration and supervision, 6 charge nurses and 18 staff, which makes 24 doing ward duties. In addition there are some part time, about the equivalent of 3 full time, so this makes 27.

There does not seem to be any clear cut responsibility for the teaching program. Miss Connor says that all are responsible. They have not worked this out

in quite as good a way as they have in British Columbia. (She Manual book and material which is given for instruction to nurse aides, etc.)

MEETING WITH ALBERTA CONSULTANT'S COMMITTEE

On October 18th in Edmonton, met with Dr. Bow, Dr. Somerville, Miss Clark and Miss Evans. Later on Miss McCulla joined the meeting. The major public health problems were stated as -

1. Recruitment of well trained personnel

2. Insufficient salaries to attract and hold the personnel

3. Housing for the Health Department

4. Expansion projects under the Governments grants proposed, dental, industrial, maternal and child health and also expansion of the Division of Health, Education.

They are short four nurses for the Health Units. Basic plans for the Health Units seem to be one doctor and two nurses to sixteen to eighteen thousand population, plus one half-time sanitary inspector. Dr. Somerville feels that in Alberta, they do not need one nurse to five thousand population. Dr. Bow does not agree with him in this respect. Dr. Somerville feels that the present Unit plan is enough to carry on an adequate nursing service. When asked what he meant by an adequate nursing service, it apparently includes practically no bedside nursing. He said that they would give a demonstration in communicable disease only. There is no pre-natal nursing supervision, he said the doctors do not want this. Includes school nursing, communicable disease, and T.B. Venereal disease work is all done by specialized workers and home visiting in relation to these. It includes Child Health conferences and immunization clinics.

Miss McCulla was asked to state what she felt were the inadequacies in preparation, and she listed them as follows -

1. Not sufficient social psychology - students get social case work only.

2. In adequate supervision of field work.

3. Need for greater practice in public speaking.

4. Lack of mental hygiene and basic psychiatry.

She felt that perhaps they get too much in their obstetrical course, 36 hours. She wonders whether or not they should have bacteriology as they have in the Manitoba course. During the discussion, Dr. Somerville agreed that a second nurse at the University for Field Work supervision might be obtained through a government grant fund.

In all, it was quite a successful meeting. There was some discussion also in relation to medical personnel and the inadequacies of their training. It was definitely felt that the lack of a public health person on the staff of the medical school was rather serious. It is during the basic medical training that recruitment for public health can be carried on effectively, just as in the public health nursing course.

RED DEER HEALTH UNIT

The Red Deer Health Unit was the one which was chosen for us to visit. Dr. Weekes is the Medical Officer in charge and there are two public health nurses - Miss Murray and Miss Wright. Miss Murray took her public health course at the University of Alberta in 1942. Miss Wright who is from Prince Edward Island, took her course at McGill, 1946-47. Dr. Weekes is a British trained doctor and has been in this area for a little over a year.

The Red Deer Health Unit originally consisted of five municipalities. It is now divided into two, Lacombe and Red Deer and recently the Poplar Grove area has come under the municipal district. The total population is around 25,000. From Red Deer north about 20 miles, south 21 miles, the whole area is about 42 miles square. There are clinic centres in some ten or eleven small towns. The centre at Lacombe we spent the whole day which actually amounts to about two hours in the morning and two hours in the afternoon. The doctor goes to all the clinic centres.

The program seems to be largely a school and immunization program in so-called Child Health Centres. The district is not divided in two for the nurses and as it is planned to have a third nurse and a fourth nurse before very long, I wanted to find out what the plan would be in relation to districts. Miss Murray did not think they would divide it. This shows a lack of system and supervision in nursing from the provincial level.

Child Health Centres - As stated above these centres are held in some ten towns. The afternoon of October 12th one was held in Red Deer, which I observed. The two nurses were present. The clerk took the names of the mothers as they came in and also entered other information in the book. The purpose was to count the attendance. From the clerk the mothers went to Miss Wright who weighed the babies, they were not undressed for this. Some mothers she did a little conferencing with, but it was never sitting down with them. Those who wanted immunization, which was the majority, went off to another room to Miss Murray. Miss Murray, seated while the mother was seated, gave the immunization and did any conferencing which seemed indicated. This, as is usual, related mostly to diet. They do not use volunteer workers in any of their centres. In some of the smaller ones there is only one nurse. Some of the mothers were sent in to the doctor. These seemed to be the ones that presented problems too difficult for the nurse, and also mothers who might want to see the doctor themselves. The nurse would not hesitate to change a formula if seemed indicated. The nurses were wearing their blue dress uniforms and no aprons were put on for the clinics. I do not think they had any aprons or bags.

School Program - The doctor examines children in the school and all the children in the small schools every other year and the nurse sees the alternate grades every other year. At the beginning of the school term they draw up a plan of the schools and build a time table around this. This is also the way they do their immunization program and at this time they were conducting immunizations in the rural schools. In the winter time they would do the immunization in the town schools. We estimated that about 48 public health nursing days would be spent during the year on the immunization program. All of this seems a great deal of waste of the doctors time. The next morning I went with Miss Murray to the first two of the six schools which she was going to visit for immunization that day.

The first school had only eight pupils and the supervisor. All the children were taking their work by correspondence. The nurse went in, set up her immunization and did the children. A couple of mothers brought along the pre-school children. There was no conversation with the teacher or nothing said to the pupils. The next school where there were 25 children, the procedure was repeated. Neither the teacher nor the nurse said very much to the mothers, of whom there were two with pre-school children. In the first school about seven immunizations were given and in the second about twenty-five. This contrasted very much with what Miss McClure of the Edmonton Rural Health Unit later told me about their program. In the schools they give only the reinforcing

doses and the nurse on her visit will give the re-inforcing dose, will do the examinations or inspections which she is going to do for the year and will discuss any problems with the teacher. She may take anywhere from two hours to the whole day in the school, depending on the number of problems. At the Edmonton rural they have clinic centres throughout the area so the children are brought to them for their immunization. It is very hard to know when the nurse is becoming a technician and when it is justified that she will carry out the immunization. I certainly do not think that it should be done in such a routine fashion in the shhools as it is done in the Red Deer district.

In the first schools with a supervisor there were three Grade VIII girls who were studying their correspondence work. I asked them about the health and they showed it to me. There was a large chart for testing their eyes and also instructions for testing of hearing and a diagram in relation to arches. They were most enthusiastic about the course and said they liked doing the things which were suggested.

Tuberculosis - There did not seem to be a very good program in relation to tuberculosis. I asked to see the records and was given an ordinary letter file. I picked out one case of a young girl for which a report had been sent in 1942, she was then 15 and in school. It was recommended that she stay out of school and that she be hospitalized as soon as possible. The next report was 1944, and the note made that she was still waiting for a bed. I asked Miss Murray who seemd to be in charge of the T.B. file where thegirl was now. She said she was at home and I wanted to know if they did not have any follow-up visit on her recorded. I had been told that the recording of the home visits was just put on the back of the letters. On further investigation, Miss Murray did not know where this girl was. They had no record of her ever having entered San. and there was no record of any home visit. The whole T.B. program seems a bit loose, like this. In their annual report, of which there are two, in neither did the figures agree, there is a very low record of visits to T.B. cases, and indeed, very few home visits of any kind.

Although, it is true that there are only two nurses to 25,000 people, I have a feeling that they are not accomplishing nearly as much as in some of the rural areas in the Maritimes where there is a little bit better organization of the work. It seemed to me that the Child Health Centre was essentially a weighing and an immunization clinic. Incidentally, they measure every child too.

Miss Murray has had over six years experience, most of which has been in Health Units. She has been in this Unit for about three years, and until last year was carrying on without a doctor. Miss Wright has been here a little over a year. She has had experience in the navy before coming to Red Deer.

EDMONTON RURAL HEALTH UNIT

While in Edmonton I spent a part of the day with Miss McClure who is the supervisor of the Edmonton Rural Health Unit. The doctor is Dr. Siemons who is on leave of absence studying at Johns Hopkins. Dr. Gillette of the Provincial Dept. spend a couple of half days each week with the Edmonton Rural Unit. I was very glad of the opportunity to discuss the program with Miss McClure because they really do seem to be carrying out a very fine piece of work. Dr. Siemens is apparenly excellent on public rellations. He has built up a very fine program for teachers and conducts an institute of a month each summer. This course costs as one university credit. It is called "Constructive Medicine" The book containing the syllabus for the course is on file.

The nurses here wear uniforms similar to the one in Red Deer. Miss McClure told me that they spend anywhere from an hour to an hour and a half on home visits. Their school program does not seem to be routine and there is an excellent relationship with the teachers, although I did not have any chance to observe with the nurses, I think that it is probably very much as she told me. They have eleven immunization clinics throughout the area. These are becoming more and more like child health centres and Miss McClure

feels that more time should be devoted to them. However, it was definitely stated that no policy was to be changed while Dr. Sieman was away and so she cannot make any changes now. These really should be child health centres.

Their mental hygiene program is very fine. Mr. McDougall is supervisor and spends a lot of time with the teachers. I also had an opportunity to talk with him. On examination of the family roster I noted that there was a great many that had some notation in relation to the attitude of the mother. This is the first time that I have noticed this. It shows the value of the mental hygiene program in the daily work of the nurse.

Took fairly complete notes on key information form. No job analysis or school questionnaires were left with the Edmonton Rural Health Unit as they were really not included in our Study.

District Nursing - I had not realized that Miss Clark who was Director of Public Health Nursing was not also Director of the Nursing Personnel of the Health Unit. As stated previously there is not nursing supervision in the Provincial office in the Health Unit areas. Miss Clark is now engaged on the Survey, and Miss Augusta Evans is Acting Director. Miss Emerson is her assistant. It was a very busy day when I had time for Miss Evans, and there were many interruptions. The statistical information form for the nursing and also for the Health Unit was left, and this will give a better picture in relation to numbers, etc. I also collected the Manual and other information in relation to district nursing. Two of the nurses who were given Job Analysis exams have returned them. Miss Evans will check and send me the other two.

District nursing seems to be very popular with a certain type of nurse. It is really a treatment and preventive service. The nurses have cottages which are supplied by the municipality and also their fuel and water is supplied, and if they are popular, they get more given to them in the form of vegetables, fruit, etc., then they can eat. The salaries are good; start at $1960.00 and go up in six years to $2400.00. There is good supervision and direction from the Provincial office. A news letter goes out every three months. They have a good record system built up.

During the war years when some Units were started with only one nurse, and without a doctor, these one-nurse units did look to Miss Clark and Miss Evans for some assistance, and they still do to some extent.

I think there are about 35 districts. They are short some six nurses. Miss Evans has advertised, but so far has not had any results. When they start a new nurse they are given three days orientation period in the office. There is a three day refresher course once a year for the district nurses. The Health Unit nurses come in one day each year for a so-called refresher course. However they meet with the doctors and other Health Unit personnel, and quite often do not get beyond the discussion of how much toxoid should be given for immunization.

The district nurses wear uniforms, blue and white, or rather blue with white collar and cuffs. Any district nurse with whom I talked, seemed most enthusiastic about their work. They are the centre in the community. The people come to them for help and when they do this they can get over a great deal of health education.

Alberta Registered Nurses Association - Saw Miss Cogswell who is with the National Employment Service, and Miss E. Belle Rogers. Miss Cogswell is at the present moment an employee of the Registers Nurses Association, but on the first of November, will be taken over by the National Employment Service. I talked with Mrs. Lyons who is head of the Women's Division. She is very enthusiastic about having the nurse in that agency. It is an experiment worth trying. I cannot see that the nurses are going to loose out very much, if any, and there should be a great deal to gain. For example, when young girls come in seeking employment, they can be directed, if they have the necessary qualifications, to Miss Cogswell. She has already taken several groups on a tour of the hospitals. It does not seem to me that they have yet built up a very good record to indicate vacancies. They reported to me 180, and yet they seem to be

a great deal shorter than that. In the smaller hospitals, they are not yet using nursing aides to the extent that they might be, and again, in some of the smaller hospitals, they are using them far more than they should. In some places, they are having them give hypos.

They are planning affiliation with TB starting in January, but not all hospitals and not all students will receive this. The maximum number which the San. in the south can take is eight. So far they only have three slated. When the new San. in the north is built, they will serve the hospitals in the north. At the present time, there is no affiliation in psychiatric nursing. The association here is talking about a central school, and hopes to get some assistance as a Gov't grant. This however, is not a central school under the University.

Provisional Council - One afternoon had a meeting of the Provisional Council of the University Schools of Nursing. Miss Penhale, Miss McCulla, Miss Clark, Miss Evans, Miss MacQuarrie, and myself. We were also fortunate in having Miss Agnes MacLeod present. We went over the questionnaire which had been sent to the University of British Columbia, and the suggestions which they had made for changing it were incorporated. Miss McCulla will send the questionnaires to the other Universities as soon as possible. I mentioned again that there might be some money available if recommendations were made which would need money to carry them out and that if they were acceptable ones, it might be possible to some of the Kellogg grant. No one had any ideas although of what they might be.

Alberta is being rather hard hit as far as public health leaders are concerned. Miss Evans is being married the end of this year, and Miss McCulla is leaving to be married next June. That means there needs to be someone brought in as Director of Public Health Nursing, or rather Acting Director, and Assistant Professor of Nursing at the University. These are two very important positions, and it does not seem that there is anyone in the Province to fill them. There is really quite a shortage of public health nurses in Alberta, when one considers that so much of the Province is uncovered. Dr. Gillette has plans for opening of new Units, but is being held up by a shortage of doctors. I do not think that he is going to adhere to Dr. Summerville's plan of two nurses to one doctor in each Unit. I think he will have a doctor generally supervise three or four such areas. He also has excellent ideas in relation to the use of teachers. He would use them for a screening I think, and certainly intends that they will be the workers in health education. He did not understand what we were meaning when we talked about the public health nurse doing pre-natal supervision. He understood the programme more in relation to the nurse mid-wife. I think, however, he would be very receptive to our type of programme in Canada, and would assist in having the public health nurse carrying out all supervision in pre-natal care.

SASKATCHEWAN

October 18 - Meeting with Provincial Consultant Committee in Regina. Miss Smith, Chairman. Dr. Doyle was present in the absence of Dr. Hayne. Other members included Dr. Walkom, Miss McDonald, and Miss Story of the Junior Red Cross. When asked their chief problems in Saskatchewan, they said right away lack of personnel - personnel whether with or without training, and the lack of trained personnel was very acute. The second major problem brought up by Dr. Walkom was the need for better facilities for work. He was referring specially to the facilities in his Department. He is housed in the basement of the City Hall, and Miss McDonald and the nurses are up under the roof. Dr. Walkom referred to Joseph Mountain's article on the housing of Health Departments. (Might be well to look this up and read it). The third problem was teaching the public what public health really is. There was a considerable bit of discussion in relation to preparation of public health nurses. Dr. Doyle said that they should have a different type of training. When I explained the 26 months course, he agreed that that probably would be the better plan, and then the public health course after it.

In relation to public health doctors, Dr. Walkom felt that they must be educated, they must be doctors, and they should experience.

It was brought out that they are training approximately 34 nurse aides a year under the C.V.T. training programme. There is only one centre at Saskatoon. As far as I could make out in later observations, there is not a great deal of use made of nursing aides in Saskatchewan. This is perhaps too definite a statement, however, for my limited observation, but it does seem to me that they could utilize many more than the number they are training. My observations with the city Health Department included discussions with Miss McDonald, Regina and Dr. Walkom, meeting with the nurses of the Department, visits to a school with Miss Eddy, also a brief visit to a school with Mrs. Heffener, and a visit to a well-baby conference. Miss McDonald realizes that the school programme receives too much attention, or that rahter that too much time is spent on the school work. The nurses weigh the children three times a year. They also do a vision-testing of all grades starting at the kindergarten. I discussed with her the need for gradually getting the teachers to take over some of these practices. We learned that an in-service training programme of the teachers in Regina was being instituted, and emphasized the opportunity that this was for the Health Department to do some real educational work. The course of study for Saskatchewan includes health inspection under all grades, and the following is what appears: "Annual Examination: In schools where there is no permanent medical or nursing service, the teacher is expected to make an initial health inspection during the early part of the first month of the school year. The following should be noted in respect to each pupil: History of past illness, immunization, symptoms of present ill-health, vision,- test by using a simple chart, A written record of observations should be made. The co-operation of parents should be secured when necessary to insure prompt of correction of remedial defects ." If this is included in the curriculum, then Health Department staff are losing a big opportunity to have the teachers carry out more of this observation.work.

One morning I visited Kitchener school where Miss Eddy is the nurse. Miss Eddy is not a trained public health nurse. There are about 750 pupils, and this is a middle-class area. Miss Eddy was doing routine inspection of Grade 8. The nurses do these inspections of all the Grades each year. Miss Eddy's procedure was to have two girls in the office at a time. The whole school had been weighed previously. The nurse took the weight to the class-room. The teacher had already listed the names on the class-room record, and when the nurse weighed she recorded it. Then the nurse had gone over last year's chart and recorded in red the growth in height and weight over the past 12 months. This record was then taken back to the class-room, was supposed to be gone over and posted by the teacher. Miss Eddy said, however, she often found it underneath the blotter on the desk. She said that she weighed the children, or tried to weigh them, four times in the school term. The proeedure for the examination, or inspection, in the medical room, was to have one girl come

up to the window, examine her teeth, tonsils, hair, etc., Then the girl with one eye covered, read the eye-chart. The other eye was covered, and she read the chart with that eye. It would be quite easy for the children to memorize the lines. The second girl was sitting on the couch right under the chart. Then the girl stood in the corner while Miss Eddy stood in another corner and whispered numbers. She whispered anywhere from 12 to 16 for each ear. Although it is the procedure in this school for the nurse to examine the Grade 3, Grade 7 and Grade 9 and referrals with the audiometer each year, they still do the routine whisper test anyway. It was noted in the inspections, of which about a half a dozen were done at the time that I was there, there was no mention made regard to diet, nothing in relation to posture or feet. There was no opportunity either to counsel with the girls since there was always two in the room. It seemed that health education was lacking, and it was largely a checking.for records. The medical room was quite a large one, adequately furnished, but there was only one health poster. Nothing to make it really appealing from the point of health education.

In that school there were two classes below Grade 1, a pre-kindergarten and a kindergarten. Miss Eddy said that the school doctor, Dr. Hannah examined Grade 8 first. The reason for this is so that they will avoid examinations in June. When this was mentioned to Dr. Walkom, he said that he did not know that this grade was being examined first. Then Dr. Hannah examines Grade 1. He does not examine the kindergarten. In relation to vision testing, they test the vision of pre-kindergarten and kindergarten children as soon as possible. The reason given for doing this was that two or three years ago a kindergarten pupil had a rather serious eye-defect, and it was not discovered, so the kindergarten supervisor asked that all kindergarten children be tested.

Miss Eddy has another school,of about 400 attendants. She is at Kitchener Monday morning and all day Wednesday and all day Friday. Part of this time she may be out in the district, but I rather judge that most of it is spent in the school. She is at the second school, Tuesday morning and all day Thursday. Tuesday afternoon is scheduled for visiting. She has a baby clinic on Monday afternoon.

She does a rapid inspection in September only, and thereafter the teachers are supposed to send suspicious cases.

Following observation in the school with Miss Eddy, I went on a home visit with her. It was to a birth-registration visit. The nurses get a list, or rather, they get a record of all the birth registrations, and they make an initial visit. The V.O.N. notify them of any babies which they are visiting up to the 6-weeks period, and all overlapping is avoided so far as is possible. Miss Eddy made quite a nice contact, the mother had had the doctor in that morning to see the baby, because she felt that the baby was not getting enough from her breast. Miss Eddy left a card stating where the clinics were , invited the mother to the clinic, and also left another card so that the mother could send for The Canadian Mother and Child.

Another day visited a well-baby conference of which there are, I think, six,held weekly in the city. At this conference there were two nurses, neither of them had had public health. However, Mrs. Martin the nurse in charge, has had considerable experience in pediatrics, and also has two children of her own. The clinic was held in the basement room of the library. It was very bright and light and warm. There was no private room for conferences. The mothers brought the babies in, undressed them, and brought them to the scales to be weighed. The second nurse weighed the babies, pulled the records. This was all that she did. Then the mothers went to Mrs. Martin for conferencing. Mrs. Martin was very enthusiastic about the conference method. Apparently they had not used it up until a year or so ago. All the nurses have copies of the Metropolitan Conference Guide, and these are liked very much. The usual literature, Federal Department, was on the conference table. They do not use volunteers in any of the child health centres. This is too bad, since it is very dull for the one nurse just to be weighing the baby. I asked Mrs. Martin if they would take turns. She pointed out that Miss Jackson had just been with the Department, but that ordinarily they would take turns.

I asked her if she would not find the weighing rather dull after the conferencing and she admitted that she certainly would.

A visit with Mrs. Heffel at another school did not lend much further information. Mrs. Heffel was reported as a nurse who is extremely interested in welfare problems. One had a feeling in talking with her that the individual counted a great deal and that perhaps the general public health might be overlooked in zealousy to care for the individual and see that his problems were looked after regardless of whether or not the parents would take the responsibility. Mr. Coates, the psychologist came in while we were talking with Mrs. Heffel. I had seen him previously and he had explained the set-up of the Child Guidance Clinic. He seemed quite enthusiastic, and he brought out a point, which I believe, is well taken, namely, that it is better to have a number of psychologists, possibly under the supervision of a psychiatrist. That the psychologist can make the approach with the teacher and examine the child first. The psychiatrist seems to rather frighten people. It is probably because of the association with psychiatry. I think perhaps he has a good point there, in that many of the minor things can be taken care of in this way and the psychiatrist's time is saved for the major problems. At their Child Guidance Clinic, which is described in the key form, the psychiatrist does not examine the child. This psychiatrist is loaned from the provincial department. They seem to be doing a very good piece of work. The nurses are writing very good histories in spite of their lack of preparation and they are all enthusiastic about it. It was very gratifying to see how the public health nurses are brought in to the mental hygiene program and how much they are relied upon for their reports of the child and their knowledge of him and of home conditions.

The nurses do not do immunization. At the Child Health Centres they are referred to the City Hall to a clinic which is open every day. A nurse there does nothing but immunization. There is one clinic which is held in the school on Monday afternoon. The immunization nurse and Dr. Hanna attend it. The immunization nurse, although she will give the immunization at the City Hall, does not give it at this clinic. The theory being that while at the City Hall, Dr. Walton is there in case of emergency and therefore when she goes out there must be another doctor. I think it would be a great saving and make a much better service if the nurses gave immunization at the well-baby clinics.

Venereal Disease and T.B. - is done by a specialized nurse, Mrs. Burns, she has not had public health training either. She spends two and a half days a week at the clinic which is held at the General Hospital. Practically all the tuberculosis work is done by the Anti-Tuberculosis League. Their follow-up from the San. is done chiefly by letter and through the family doctor. But if a case is delinquent in reporting for examination, they are then referred to the public health nurse or the police. Mrs. Burns does the necessary follow-up in the city of Regina, that is, she follows up the cases that are delinquent.

All V.D. contacts are reported to her and she follows them up and gets them to come in for examination. This specialized service seemed to me to be rather a waste. Dr. Walton and Miss MacDonald feel that they need two more nurses. One to fill the present budget vanancy and another would be extra. I feel however, that if they utilized the present nurses to the best advantage, and cut out some of their school routines they would be very well off as far as numbers are concerned. They are handicapped in that only Miss MacDonald and one other nurse, who is due to retire very soon, have had public health training.

Dr. Walton said that they spend ten thousand dollars a year on milk for under weight children in the schools. I wonder if this is money wisely spent.

Victorian Order of Nurses - There are two V.O.N. nurses in Regina. Miss Maddaford is the senior. They have both had public health training. It is rather surprising that, in a city the size of Regina, there are only two. They do not seem to be very busy. Miss Maddaford says that there are one or two nurses with the V.O.N. in Prince Albert and I

think a couple in Saskatoon.

Their pre-natal program is very small. Up to the end of September they had only 48 pre-natal cases. The registered births up to that time were 1,175. They are seeing about 22% of the babies after they come home from hospital. To date they have had 270. These are seen at the request of the mother or doctor. They visit every seven to ten days until six weeks, then they are advised to go to the well baby conference. In order to avoid over-lapping with the Health Dept. they send a list of new babies that they are calling on. I do not think the V.O.N. have made much effort to contact the doctors to have them refer their cases. Miss Maddaford said that 15% of their total visits are to chronics. They could carry a heavier case load. Their student program consists of taking two students each week from the Gray Nun's Hospital. Each student has only one day. Not all the students will get this service. The nurses from the Regina General do not have any public health observation or experience. Miss Maddaford says that the students who have been out with them often follow up and enquire about public health. The V.O.N. also give two hours a week to industry.

Provincial Health Department. - While in Regina I had some interesting conferences with Miss Smith, Director of Public Health Nursing. I was amazed to find so few of the nurses on the staff of the provincial department were public health trained, the vast majority have not had any preparation. Miss Smith does not feel that it would be wise to set up a course in Saskatoon. She feels that Saskatchewan cannot afford to support it and would be better to send their students either to Alberta or to Manitoba. From my observations in Alberta, it is quite probable that they could take extra students from Saskatchewan. I was amazed to learn that the majority of the students in the Alberta course are degree course students. Their numbers fluctuate from 16 in 1947 to 23 in 1948. Next year they expect from 15 to 16 and there are very few who come in from the provincial schools of nursing. I learned more about the course in Saskatoon from Miss McCann, one of the district nurses with whom I spent a day. She had graduated from the course just two years ago. She says that they take their first year in University. During that time they have History of Nursing from Miss Ellis. This is the only subject which she teaches them all the way through. Following their first year at University they go into hospital for three months, at the end of which time they are capped. Then another university year and hospital for three months. When they enter at this time they are put in with nurses who have had much more experience in the hospital and they find this rather difficult as well as embarrassing at times. At the beginning of the third year at University they attend for one-half a year and then go back to the hospital for a straight period, making a total hospital period of about 31 months. At the end of this time they graduate from the school of nursing and from the university with a BSc.N. I feel that the result of this is that the nurses are turned out with degrees and are not prepared in either public health or in teaching and supervision. They have had enough of university for a while and therefore, do not want to go back to study and I think it must be harder for them to see the need for an advanced course. I felt this very definitely from Miss McCann. She is an individual who likes to work on her own. She does not like to take orders from anyone and I felt that she had a great deal to learn in public health but that she did not realize it herself.

Miss Smith seemed rather discouraged about the whole nursing problem in Sask. There is apparently a great shortage of nurses and she does not see much hope for obtaining anywhere like a full staff and that it will be a long time before they can obtain trained people. (See notes and key form for the province).

I had a very interesting day with Miss McCann who is the nurse for the district around Regina. She travels in a circle, about 100 to 125 miles south and then north-west to the Moose Jaw region boundary and north about 100 miles. I rather gather that she and another nurse, Miss Brett, are often sent out on special projects. They do very little school work. Their area is so large. Miss McCann was going with Dr. Clancy, who is a case in himself and who is a municipal doctor, for the immunization program. Dr. Clancy apparently is one municipal doctor who keeps the immunization program up to date.

He gives a booster dose for diphtheria and scarlet fever every second year. He visits his schools every second year, doing one-half each year and takes the nurse along with him. His technique is certainly to be questioned but he knows the people in the district and they certainly were bringing their children in for immunization. The nurse is nothing more than a secretary for him at this time and she spends two days a week for something like seven weeks doing this work. In the other districts, I believe, it is not always the routine to have the nurse go with the doctor. Of course, in many of them immunizations are not done. The district nurses are not certified to give immunization. Miss McCann said that other projects include organizing for the T.B. survey; checking of V.D. contacts and following up the cases discharged from mental hospitals. The nurses seem to like to do this work. I felt that in this district and I suppose it is true in all other districts, the nurse is just touching the high spots. I suppose that it is better that there be one than that there be none at all. They do a certain amount of school work. They will visit a school, inspect all the children, there are no medical inspections. Make out a family folder and card for each child and then, while they are in a community, visit every home, whether there are defects found or not. They may not be able to do this in a school more than once in four years. It seems to me that here is where something ought to be worked out with the teacher, the nurse going in as consultant to them. She would easily be able to contact all schools each year or maybe two times a year on this basis.

Fort Sanatorium - On Saturday I had an opportunity to go to Fort Qu'Appelle and visit the San. for a short period. Miss Pearston is the lady superintendent. There does not seem to be any definitely organized staff education program. There is no medical social worker or rehabilitation officer. The follow-up is done by correspondence. This department is in charge of a Miss McInnis who was at one time on the cure and has been eighteen years in this work. She has devoted her whole life to the erradication of T.B. This flavours of personality. Miss Pearston has about 22 nurses and 38 nursing assistants, I believe. These are not trained nurse aides, they are brought in and just given some on-the-job training. They have a good program for affiliating students but do not have all students from all nursing schools. All the staff are given B.C.G. They have an interesting department called "Prevent" babies born of T.B. mothers are kept there and given B.C.G. and are not discharged until they are nine months old or so. They are also given other immunizations.

HEALTH REGION #1, SWIFT CURRENT, Sask.

We went to this region and stayed there for three days, October 25, 26 and 27. This is a most interesting area as it is their demonstration area for complete medical care. There is no doubt about it, that the availability of facilities for treatment is a very great asset to public health work.

Dr. Simpson Matthews is the director of this region. Miss M.I. McColl is the senior nurse.

In the region there are six larger school units and three or four hundred local school boards. Each municipality is divided into six townships. There is a total population of about 51,000.

On October 26th we took a very long trip around the region, covering 350 miles. Starting at Swift Current, we passed through Gull Lake, Maple Creek and had a side trip down to Cyprus Park. We then went north to Fox Valley to the dental clinic and still further north to Leader, a third of their district offices. From there we drove to Swift Current, arriving somewhere around midnight. The trip was a most profitable one. Our first stop was at Gull Lake, where we met the nurse, Miss Stolhandske, This is a sub-office of the Maple Creek District. Nurse Stolhandske has her living quarters and office in the Hotel Clarendon. She trained at Medicine Hat, and her experience previous to coming with the Health Region, about six months ago, was entirely hospital. She has

a Child Health Centre once a month, about fifteen attend. She complained a bit that the parents go to the doctor for immunization. We felt that this, perhaps, should be encouraged. They bring their babies to her centre to get weighed. Her quarters consisted of one room which served as her sitting room and office, and a second room was her bedroom with partitioned off as a kitchen.

From Gull Lake we proceeded to Maple Creek where there is a very nice district office which also consists of two rooms, an office and another room where literature is kept and child health conference is held. The nurse here is Miss Caza. She has her living quarters elsewhere. Miss Caza says she has about sixty-eight schools. She has three baby clinic centres in addition to Maple Creek. These centres are held once a month. Her centre at Maple Creek is held one day one week and two days the next. She may have as many as ninety come in for these sessions. Miss Caza has also only been with the department about six months. Her previous experience had been hospital work. She seems to be quite a capable girl, but one cannot help feeling that both would benefit greatly from public health training. However, they do a remarkable job without it. From Maple Creek, where we had lunch, we drove down to Cyprus Park. This took about an hour ar and a quarter extra. It is like an oasis in a desert, with lots of evergreens and deciduous trees and is a summer resort. Returning through Maple Creek, we drove on to Fox Valley where the dental clinic was in operation. This dental clinic is mobile and is manned by two dentists and one dental assistant. It moves about from place to place and sets up in the community either in the school or in some other location where power is available. In Fox Valley they were in the Town Hall, right next door to the jail. The usual procedure is to come into the community and to first examine the children in the local schools, at the same time sending out notices to the schools in the surrounding areas, giving them one day appointment to bring in all the children. The children are examined on this day and if it is possible, to do the work, it will be done then, otherwise, they are given appointments to return. This dental service is a part of the Medical Care program and comes out of the medical care for all children up to sixteen years of age Dr. Oliver is the senior dentist and he has three chairs in the Swift Current regional office. This is a very good service and the parents seem to be availing themselves of it.

From Fox Valley we went to Leader where the nurse or rather where the nurses have an old house as an office. The nurses are Miss Katarynych and Mrs. Doyle. Mrs. Doyle is resigning at the end of November. Miss Katarynych is also an untrained nurse. She graduated from the Humboldt hospital and seems to have quite a flair for public health. She would benefit greatly by a course but like the others, seems to be doing a very good job at the present time. The office here is being moved to new quarters which are very desirable. An old house has been brought in from the country and has been remodelled by the local garage operator. This is being rented to the Health Region for something like $45.00 per month. The nurse or nurses, if both live there, will pay $17 per month of the rent. It consists of a very large living room, which will be the office and waiting room for child health centres. Another room off of it, which will serve as the conference room and weighing room for the child health centre and a kitchen and another bed room which will be the living quarters for the nurses. From inspection of these quarters we went to the new hospital. This hospital is one of the union hospitals and has been built for over a year. Miss MacDonald is the matron. She, however, is leaving at the end of this month and is coming on the public health staff. Her reasons for leaving are rather serious. There is a young doctor, a graduate of Edmonton who considers that the hospital is hers. She treats the nurses like dirt under her feet and has brought in nursing aides for which a salary of something like $125 is paid. She has said and told us there, that her nursing aides are a s good as graduate nurses any day. This is a bit hard to swallow. Miss MacDonald told me that she would frequently go into the office and go right past her and get one of her aides to either assist at a minor operation or do some other treatment and Miss MacDonald would not know what was going on. Miss MacDonald is not the first of the matrons to resign for this reason. The only other graduate nurse who comes on is one who works only five days a week. Miss MacDonald has been on call at night. The rest of the staff consists of seven nurse aides, who have not had any training except that which has been given in the hospital. Some times they come

from the nearby hospital at Predate. This is also a serious situation because at Prelate they cannot pay as high a salary and consequently the nurse aides leave there and come to Leader. The hospital is very nice. It consists of twenty beds, three cribs and I believe eight bassinets. It has a surgery, a case room and x-ray department. We had some conversation with Dr. Larsen and I think we let her know what we felt about the nurse aide situation and the fact that there was such a shortage of graduate nurses in the hospital. I think we must have worried her a bit because the next day she phoned Dr. Matthews and wanted to know about the legality of operating a hospital without a graduate nurse in charge. Dr. Matthews is going down next week to discuss the whole situation with the local authorities. Miss MacDonald states that she is going to tell Dr. Larsen why she is leaving and is also going to tell the chairman of the union board, that is the local hospital board. It is rather a tough spot, especially since there is a shortage of nurses

The following are some points in relation to the program which I discussed with Miss McColl at various times.

Staff Education - they have a conference every month from 9.30 to 4.30. In the other regions they usually have only half a day. They discuss administrative policies and then have an in-service training program. Last month they discussed child health centres which included the use of volunteers, conferencing, records, etc. Next month they plan to take up orthopaedic defects. This will include what to look for in the pre-school and school child and a demonstration of a home visit. The following month they hope to take up a mental hygiene program.

Mental Hygiene - the clinic has not started yet but Miss McColl told me the routine which is carried on in Weyburn and Moose Jaw and which they hope to carry on there. They will start first with the Swift Current school and will have one clinic a month. The child is first referred to the family physician. Then the nurse discusses it with him and he will write up a history. We discussed this program later in Moose Jaw with Dr. McKerracher and Dr. DeMay. They emphasized this principle of referral to the family physician, and said they never have had one decline to send the child to the clinic. Procedure will be to take up only one child at each clinic. The nurse and the doctor conference first over the history. The child is then interviewed by the psychiatrist, the mother is interviewed, and then the mother and child together. Following this, there is a short conference of the nurse, teachers, doctor and parent, and following this suggestions are made. Then there is a conference at the school with all of the teachers in that school. The conference which we saw later in Moose Jaw was a little variation to this. We first went in on the conference just after lunch time with the nurses and psychiatrist. The Psychiatrist had seen cases in the morning, and was to still see cases in the afternoon. Following the afternoon cases, a conference would be held with all of the teachers of the school from which the school child had come. Dr. McKerracher emphasized that their program was educational and they keep the case loads small on purpose. The cases are chiefly of three types: 1) those instituted by the family doctor; 2) those referred from the school, and they only take one case from one school each day; and 3) those referred by the nurse. The nurses part is very important in all of this. She always prepares the history and is present at the conferences, and does the follow-up work. An interesting part of this program is that in addition to pre-school and school children, adult cases are also referred. This makes a wide variety for the nurses. Dr. McKerracher is quite convinced that the public health nurse is the one to do the follow-up in the community. Miss McColl said that they consider the mental hygiene program to be 75% educational and 25% service. In connection with this, the course which is given at the mental hospital for public health nurses , social workers, teachers, etc. is a very helpful one. This course is one month in length and nearly all the public health nurses in the province have taken it. They have some very practical work in the preparation of histories and the understanding of these cases.

Returned to Swift Current region. In relation to the schools, there are about 350 schools in the whole area. The nurses have done the basic inspection and immuniza

tion

The basic inspection consists of completing the cards and examining the children thoroughly. The following year or two, they do a rapid inspection, although if the school is very small, say about ten pupils, the nurses feel that when they set up, they might as well do all the children. So, in effect, a basic inspection is done each year in those small schools. In the town schools the teacher weigh. In the rural, the nurses do this. The nurses do not test vision in any of the schools. The nurses are doing a very fine piece of work in attempting to have the teachers establish a hot lunch program. They talk to the parents in the community and then try to arrange an organizational meeting.

In relation to communicable disease control, if the teacher excludes the child she will phone to Swift Current or contact the nurse. The nurse or the office will contact the family doctor and the nurse will visit the family if at all possible. She will not inspect the class. This is left to the teacher, unless of course, it may be for one of the more serious diseases. In relation to sanitation, the nurse inspects the schools and sends in a report. If there is a school which is in bad condtion and she does not get the cooperation of the local school board, then asks the Sanitary Inspector to go out.

Pre-Natal - there is no organized pre-natal program. But the nurses make use of every opportunity possible for teaching.

Child Health Centres - There are some 26 or 28 of these established and Dr. Matthews says that by next year there will be about 35. They seem to have gone all out for this in this Region. It is rather adaptable to it because there are a number of small villages. In the Moose Jaw Region, which we saw later, there are very few and so they have not been able to establish clinics in the more rural centres. They usually have two rooms. If it is not possible to have two rooms, they try to screen off a part. In most cases, the nurses are reported to be using volunteers. The volunteers act as hostesses. In the one clinic which I saw in the airport built at Swift Current, there was quite a crowd and no volunteers were being used. Miss McColl had to take this clinic herself due to a shortage of staff. She said that the nurse who has been there did not believe in using volunteers. Miss McColl felt very definitely that there should be some. This incidentally, was a grand place for some pre-school teaching. In most of the Centres the nurses have the mothers come on the appointment basis. All the nurses like the Metropolitan guide which they have.

An interesting part of their work is attendance at the Teacher's Institute. Each larger school unit has a convention once a year and then each of the smaller units within the larger school unit has an Institute twice a year. This consits of a whole days program and the nurses are attending them and speaking to the teachers in relation to the school health program. They are gradually trying to encourage the teachers to take some of the practical procedures such as weighing and measuring, vision testing, etc. into their health teaching. A very Institute which I imagine is rather typical, was attended in the Moose Jaw Region. (This will be described later).

Miss McColl emphasized the need for public speaking on the part of the nurses. This need of practical field work is probably one reason why it is not wise to concentrate the training in those universities already established where there are already established courses in Canada. They would be too large a group to get the practical experience necessary. Miss McColl seems to be encouraging her nurses to do a lot of community work. This springs probably, from the fact that she, herself, is primarily interested in teaching. The nurses each take about four home nursing classes a year. I discussed these with Miss McColl and it is my feeling that some of the classes, at any rate, could be taken by graduate nurses in the community. It might not be possible to find some in all communities, but it would certainly be in some of them and think this would be good experience and be a meeans of drawing in other workers in the community. I do not know whether I convinced her of this or not because she seems quite set on the fact that the course should be given by one person. The time spent at Swift Currnet was very profitable indeed I am more than ever convinced that there is a need for a public health nursing course at the University of Saskatchewan and a great need for a revision of their present basic course.

MOOSE JAW HEALTH REGION

On Wednesday, October 28, 1948, we spent a day in the Moose Jaw Health Region with Dr. Kinneard and Miss Code who is the senior nurse. Miss Code has just completed her advanced course in Administration at Toronto University. Our first trip was to a rural school about forty miles out of Moose Jaw where one of the two yearly institutes was being held. About 25 teachers were in attendance. Mr. Winters was the superintendent. He called on Dr. Kinneard to speak to the group. Dr. Kinneard gave a most interesting and stimulating talk to them. He started out by saying that they take the teacher into partnership. He urged them to be clerically minded. He brought to their attention a booklet - "What the Teacher Sees" and said that perhaps it should be named "What the Teacher Ought to See". Before showing them this booklet he explained their method of doing the school health program. The teacher screens the child, puts her findings down on the record. Then the nurse screens and the doctor sees those with remedial defects. He sees them at one centre and children from other schools around about are brought in. The parents come too. Then there is a conference with the nurse, teacher and parent. A follow-up home visit is done if the parent does not come. Dr. Kinneard then went on to say that he wants to convince the people of the Region with what the newer knowledge of nutrition has to offer. One way to do that, he feels is to get a program going in the school that is not as dry as dust. The child will then be the ambassador to carry the knowledge back into the home. He would like to see in each community a local nutrition study club. He stated that we had been talking about school lunches for forty years and have got exactly nowhere. He brought into his talk that we want to educate for complete living for the child. He felt that we were not doing that to-day. There followed a discussion program on the hot lunch. Only two out of the group had a program in operation, or being planned. One or two spoke up in favour and one or two against the program. There seemed to be three types. The first which Dr. Kinneard described as merely a gesture. This is where the child brings the ingredients in a jar and this is heated up in the school. The second is where an extra dish is prepared and the children have it and the third is where a real meal is prepared and the children sit around and eat together. He brought out the possibilities of teaching in this and talked about many of these children never at home being able to sit down to a meal properly and learning the right table manners etc. One teacher spoke up about a program she had had at one time. She lived in the teacherage next to the school. She had two older girls. She had the parents discuss a hot lunch program and all were in favour of it. Each family was to donate something. They planned on a two dish meal such as potatoes and a vegetable. Even though there were some poor families in the communities they all could contribute something. The potatoes were prepared the night before by the teacher, she felt that she was not sacrificing too much to do this. Then the hour before lunch time an older girl in the teacherage studying and seeing that the fire was on and that the meal was cooking. The children then sat down to a table and they all enjoyed this very much and there were great opportunities for teaching as she said. I really felt that this was a very stimulating thing to be able to attend this part of the institute and to see how the Health Dept. and the Dept. of Education are working together.

Just after we came back into Moose Jaw we sat down at the conference with the nurses and Dr. McKeracher. This has been described under the Swift Current Region. Later on in the afternoon, we sat in on the conference which was held with the teachers.

I did not discuss the program in all details with Miss Code. In relation to staff education, they have a meeting every Saturday morning which includes all but the two nurses who are situated outside the city. Once a month they come in. They take up administrative policies and staff education. Dr. Kinneard also attends. There is a district office at Morse and one at Central Butte. There are two nurses working in the rural areas, one at each of these offices and two more working in the rural areas but out of Moose Jaw, and two in the city. Three of Miss Code's nurses (six) have had a public health nursing course, so that she is better off than Miss McColl in this respect.

The Child Health Centre was in operation in Moose Jaw in the afternoon. It is held there on Monday, Wednesday, Thursday and Friday from 1.30 to 4.00 p.m. and is by appointment. Two nurses are in attendance. They each have a conference room which is equipped with very nice cupboards, a table for the scales for weighing and measuring and a desk and chairs for conferencing. Each nurse has her own immunization outfit and the complete work for the mothers. There is not a volunteer in this centre but the receptionist, who is full time with the department, draws the records and makes out the card, in effect, she does the same as the volunteer would do. The large hall at the entrance is very attractive and there are some rocking horses, etc., which have been made at the technical school. The few children which are there at one time because of the appointment system, make very good use of these and they are very popular.

Dr. Kinneard is a very interesting person and does a great deal of contact work in the community. He does not believe in having a health educator in the region, he feels that the doctor and the nurses are the health educators and he has done a great deal of work in community forum development. He has a radio program every Monday night for five minutes at 10.25 p.m. He apparently is very good at this. There is a very good library with magazines and books. These however, are mostly in the doctors office and one wonders just how much the nurses ~~xxxx~~ come upstairs from their office to make use of them. I rather doubt that they do and as a matter of fact, Miss Code said that they do not use them very much.

In relation to the school program, Miss Code says that in the city, the teachers are weighing and measruing the children and testing the vision and hearing. They are getting away from the routine in a very effective fashion apparently.

Miss Code and Dr. Kinneard speak to the Normal School students and they also give lectures to ~~xxx~~ both schools of nursing. Miss Code is hoping also to have the students from the schools for at least one days observation.

INDUSTRIAL NURSING

Arranged with Miss Sally Wallace, Consultant in Industrial Nursing of the Ontario Dept., to visit a few industries in Toronto, to get a general idea of what is being done in industrial nursing. The trips were arranged to six industries, two of which have public health nurses, and Miss Wallace considered as very good. Two who had nurses who were not public health and were doing a fairly good job and two nurses, not public health doing an average job.

1. George Weston Co., Ltd. This industry is a baking plant. There are several firms across Canada. The one which I visited was on Peter St. and there they made biscuits only. There are about 350 to 400 employees, with women being slightly in the majority. Of these, about 15 to 20 have taken their First Aid and they are at strategic places throughout the plant. The medical room referred to as "Medical Services" is very small cramped quarters, just off the office on themain floor.

Dr. Harrison is the medical director for Weston's for all Canada. He, however, gives personal service to two of the plants, this being one of them. The other is the cake and bread shop on Dupont and Christie Sts. He spends one hour each day for five days of the week in the plant on Peter St. Dr. Harrison seems to have a fairly good approach to industrial hygiene. He emphasizes the medical aspect. He gave me a paper which he had written entitled "Experience in Health Education and Industry". He also referred me to another which was published in the October 1948 issue of the Canadian Medical Association Journal. The nurse at this plant is Miss Bishop. Miss Bishop is a trained public health nurse who had experience in V.O.N. work before going into industry. She did not want to go into industry at all but started in with hourly service from the V.O.N. and then was persuaded by Dr. Harrison to give her full time. She now likes it very much. She recently attended a Congress in England. Her expenses were paid by the Weston Co., and there she presented a paper on "Industrial Nursing in Canada". Dr. Harrison started out as a plant doctor giving hourly service, but fifteen years ago he became the full time medical director. He employes private practitioners as medical doctors for the various plants throughout Canada. He is quite sold on public health training for the nurse in industry. When asked why, he said - the public health nurse knows much more about how to handle people. The R.N. has no conception of what people live like at home. The R.N. tends to go in and just do first aid. She forgets about the public health angle and about the nutrition education. (Dr. Harrison is very strong on nutrition). He said that formerly he did not think that public health was necessary but his ideas have changed and he is now sold on it. The General Electric he said, had made a definite rule that they would employ a public health nurse where possible. When asked if he considered that the doctor should have special training in public health, he felt that good experience in private practice was more essential and ability to understand and deal with people, he stressed as a most important aspect.

Medical and nursing program consists of a pre-employment examination. The personnel department when interviewing new employees or rather new prospective employees, refer the applicant, man or woman, to the nurse. She fills in a part of the medical card She asks them questions about their health and general attitude. If they give a history of having had bronchitis or otitis media they are not considered since they have found that these are hazards for the baking industry. The nurse fills out as stated before, part of the medical history, takes the blood pressure, urinalysis, Wasserman. Tests the eyes and haemoglobin, also gives them a sheet for a diet survey. (see copy of forms). The person is then referred back to personnel and told that they will becalled in for a physical examination by the doctor in about six weeks time. Following the doctors examination, the nurse follows up for correction of defects. They do quite a bit of work in nutrition. If the person is markedly under-weight or over-weight they bring them back in two weeks and check frequently. They are sent for an x-ray, the charge is 50¢ a plate for all those going to the Gage Institute. Unknown to the patient, the nurse gets a social history. If it is anyone she is in doubt about, she clears with the Social Service Index. This is not usually a service which the Index permits to industria

call. There are no regular calls made by the doctor to the plant.

The program consists of pre-employment examination. The personnel office which employes workers refers the women to the nurse. She does her examination, makes out the card. There is no further examination made by the doctor. The tests done are blood pressure and urinalysis. There is no routine x-ray. For the men, the employing officer makes an appointment with the doctor and he examines them and completes the card and sends it to the nurse. These medical cards are then filed in a locked cabinet. If there are defects, the nurse calls the employee down and recommends correction. I do not know how close follow-up there is on this. The second part of the program is first-aid and this seems to be the chief part. The nurse has a card for each employee on which she notes why the person has come down. In addition there are various lists that have to be made out for the employers. There were about a half a dozen in during the hour to hour and a half which I was in the nurse's office. I did not hear any evidence of any health teaching. I would not say that there is very much educational work done. The nurse takes the attitude that there are enough agencies in the community and that these are a fairly good type of employee and therefore they do not need much health teaching. There is no special work done in nutrition as in the first industry visited. The nurse stated that they have a safety committee which makes a tour of the plant every month. As far as I could make out, this committee is composed of the foremen. She is not on the committee. They report findings to the safety engineer. She says that the company is very safety conscious and that she is teaching safety all the time. She means that she is doing this when they come in for first aid. She makes a tour of the plant once a month to replenish the first aid boxes. She also visits the women's wash rooms once a week to replenish kotex cabinets.

If an employee is ill he telephones in to the nurse and she notifies the foreman. They can be off two days for which they get two-thirds pay. If they are off three days they must have a doctor's certificate to which time they will get full pay until they go on sick benefit in eight days.

There is a cafeteria operated by the C.N.I.B. but the nurse does not supervise this. She has standing orders but they are not signed by a doctor. She does not have very much to do with community agencies and one feels that there is not much referral or understanding of need of referral. Whereas Miss Bishop had a card to give to the employees for the Canadian Mother and Child, Miss Grogan does very little of this type of thing, if any.

When asked what preparation the industrial nurse should have she said they should have some private duty. When questioned further her reason was that she needs the private duty in the average home so that she will see what the workers life is in the home. I pointed out that it was most unlikely that any nurse would have this type of experience now. She felt that the chief things that the industrial nurse needs to know is the emergency first aid, which is most essential and an understanding of people and good common sense.

In comparing these two industries one could see very definitely how thepublic health nurse can make use of opportunities as where the nurse without the public health background does not realize the opportunities there are for teaching.

3. Amalgated Electric, 384 Pape Avenue. This is an industry where they make all kinds of electrical equipment. There are around 600 plant employees and two hundred office employees. About two-thirds of the plant employees are men. There does not seem to be any special industrial hazard in this industry. The personnel consists of Dr. Thornton who spends two hours, five days a week with the industry. Miss Orchard, the nurse in charge and Miss Tindale a younger nurse. Neither Miss Orachard nor Miss Tindale have had public health.

The program consists of a pre-employment examination. This is given befor

they are taken on. The nurse completes the first few items on the medical card and then the prospective employee goes to the doctor. The doctor apparently gives a very thorough medical examination. He tests the eyes. There are no tests such as hemoglobin or Wasserman given. The nurse was rather horrified when I asked about these. She does not go in with the doctor when the girls are examined. She does not try to follow up any defects. This is the responsibility of the employee and the family doctor. The doctor himself does not do much about it. All employees must have an x-ray. There is a safety committee and the doctor is a member of this but the nurses are not. Miss Orchard stated that there is a safety man who goes about the plant all the time. He does not consult with the nurses or they with him. The nurse inspects the wash rooms once a week. There is no educational program. There were several employees in the dispensary when I was there, but there was no evidence whatever of any educational work, it is essentially a first aid service. There is no use of or referral to community agencies and I would judge, very little understanding or knowledge of them. There is a cafeteria which is operated under Industrial Foods. They have a dietitian in charge. Miss Orchard said she would never think of inspecting the kitchen with a dietitian there. There seems to be a great deal of clerical work. Miss Orchard did not feel that the industrial nurse needed any special qualifications. I talked with the doctor briefly, he siad they try to examine all men over forty years of age once a year. He says that a fair percentage of the work outside of pre-employment examinations is applied psychology. The employees will come in and talk to him. He remarked that sometimes they even break down to Miss Orachard.

I had a definite feeling that Miss Orchard was resenting my observation. I felt that perhaps the purpose of my visit was not explained to her. She did not seem at all interested. She would sometimes break off in the middle of a sentence if an employee came into the other room or if the doctor appeard at the door it was "Yes Dr. Thornton" and up she jumped. There are allsorts of missed opportunities here. I asked what would be done if there was a pregnancy. If a married woman becomes pregnant they are allowed to stay on for five months but they do not hear about it until she is ready to leave. If it was an unmarried woman, I asked what would be done, she replied - we will wait until that arises. Apparently they have not known of any such cases. There is no attempt made to refer prenatals to prenatal classes. Miss Orachard said that is up to their own doctor and sometimes the doctors resent it.

4. York Knitting Mills, 900 Queen St. W. There are a total of about 550 employees. About sixty percent men. The medical room is up on the top floor. There are very spacious quarters. A small waiting room, a large dispensary, a doctor's office, two examining rooms and a drug room.

Dr. Gerred spends one hour each day at this industry. The nurse is Miss Banting. She has not had public health training. Sees to some extent the ~~xxxxxxxx xxxxxxxxx~~ educational opportunities. She is rather a nervous type herself.

The turn over in this plant is apparently very great. The employees are, therefore, not given a physical examination until after they have been there about three weeks as they have found from experience that if they stay for three weeks they will stay much longer. However, the nurse does check all before they are hired. The personnel manager goes into the social aspects very thoroughly and the nurse seems to leave all of this to that department. The nurse does a hemoglobin, a urinalysis. The doctor does the blood Wasserman. The nurse reserves one afternoon a week for the visiting of sick absentees. Only 19% of the visits are for occupational, that is, first aid injuries in relation to occupation, the rest are minor medical and surgical cases. She does very little health promotion work, although I think she has made some effort to do some group teaching but did not get the cooperation of the management.

Miss Banting had two months public health in her basic course. She thinks the nurse who has just graduated might be a better bet for industry than the nurse who has been doing private duty because the the nurse who has just graduated would be

right up on her hospital technique. She feels that the public health course is too long. She stated that she got quite a bit from the refresher course in industrial nursing.

I would rank this program definitely higher than that of the Amalgamated Electric and the Colgate Palmolive. It is however, not as good as the Weston and the Christie Brown which I visited next.

5. Christie Brown, King St. E. There are about 1,100 employees. The Health Centre (this is the first place where this name has been on the door) is on the fifth floor and one can perceive a very nice atmosphere when going in. There is a small waiting room where there are very attractive health posters and some health literature. Then the dispensary and a smaller room off that where Miss Smith has her desk and a recovery room off this room. There are two nurses at Christie, Brown's. Miss Smith who has had public health and Miss Hanna who has not had public health, but is very bright and seems very appreciative of having the opportunity to work with Miss Smith and learn from her. Miss Hanna does most of the treatment work I would judge. She also takes her turn with Miss Smith in going about theplant. Miss Smith will be going on to the new plant which is being built and Miss Hanna will be taking over here from her. Dr. Bell is the medical officer and visits the plant sometimes for two hours a day and sometimes for one. He averages up to 20 hours per month. He apparently is very public health minded and Miss Smith considers herself very fortunate in being able to work with him. Unfortunately he was on holidays and I was not able to see him.

They are not able to give a pre-medical examination before employment because they have a very great turn-over and also a great back log of work. Neither does Miss Smith see the employees before employment. She is however, planning for a pre-employment nurse screening. At the present time they all have their medicals after they have been in the plant for two months. They are also planning to do periodical medicals every two years.

Miss Smith incorporates a great deal of health education. Everyone is given a nutrition survey form as at Weston's when they are given their pre-medical. Miss Smith plans to follow up the medical examination every month until defects are corrected. She also follow up prenatal cases and brings them in each month as soon as she knows of the pregnancy. Miss Smith feels that thepossibilities in industry are very great. A list of the items which appear on their daily and monthly reports following, give an indication of the amount of work done and show that it is definitely not a first aid service only. The total visits for occupational and for non-occupational indicate this.

In relation to preparation Miss Smith feels very definitely that the nurse in industry needs public health. She does however, agree that with the present shortage we probably should even say this for the smaller industries. She feels that if the nurse is given some staff experience with V.O.N., or if we even said that the nurse, before going into industry should have some experience in public health, probably in her basic course. A second thing which would help would be adequate consultant service on the provincial level. The refresher courses, Miss Smith felt were not very good as they had been given. The nurse with public health finds that it is a rehashing of her course. The nurse without public health finds that it is above her level. The industrial nursing group under the public health of the registered nurses association is another avenue of education.

In reference to Miss Smith's work - she makes a tour of the plant every week. The nurses alternate in this and they are out of the office from one to two every day. On this tour of the plant they talk with and see every single worker on the job.

Daily, monthly report (A) Occupational diseases and injuries
1. slivers, puncture wounds, 2. burns blisters. 3. abrasions, contusions lacerations.

4. infected wounds. 5. S.B. and I. 6. eye injury or inflammation. 7. fractures and dislocations. 8. strains or sprains. 9. medical conditions. 10 repeat cases.
Total occupational, July 683, August 585, Sept. 517.
11. Safety committee report, July 8, August 7, September 9.
12. W.C.B. report, July 10, August 4, September 6.
13. Sent to St. Michael's, July 7, August 2, September 4.

(B) Non occupational diseases and injuries.
14. skin diseases and conditions, 15 pyogenic infections. 16 headaches. 17 head colds, 18 chest colds, 18 sore throats, 20 flu. 21 eye. 22 ear. 23 nose, 24 teeth, gums and mouth, 25 G.I.system, 26 G.U. system, 27 legs, 28 feet, 27 abrasions and pains, 30 rheumatism, arthritis, 31 heart, 32 nervous, hysteria, 33 fatigue and heat 34 fainting, 35 dysmennorhea,36 injections, 37"over-indulgence", 38 non-occupational injuries, 39 other medical and surgical conditions, 40 repeat cases.
Total non-occupational, July 1083, August 949, Septemebr 1074. 41 functional, July 111, August 66, September 52, 42 functional component, July 58, August 29, Sept. 30.

(C) Health promotion - 43 pre-meds. 44 chest x-ray appointments, 45 underweight 46 overweight, 47 anemia, 48 tests, special, 49 defects corrected, 50 pre-natal, 51 consultation.
Total health promotion, July 265, August 246, September 299.
Back to work, referred to family physician, dentist, clinic, etc, community resources used, over all total - July 2031, August 1780, September 1950. In August this meant 1.82/per employee per month. In September 1.64 visits per employee per month. Daily average, July 92, August 85, September 88.

Physician's Report p Complete examination, new - periodic. Consultation, medical, surgical; Consultation, surgical; surgical. Compensation Cases.
Total personnel seen 69 (July); August 50; September 54.
Conference.
Referred to F.P.
Total hours, July 20; August 17; September 14.

Bell Telephone Co.

Spent two mornings with this company. The head office is on Adelaide Street and there are something like 5600 employees in greater Toronto. There are very fine offices in the medical suite at the head office. There are two part time doctors and two nurses at this centre. They do pre-placement and periodic examinations. In addition to the head office there is another office on the ninth floor of the same building. This is the service for some 1,000 long distance operators. There are two nurses full time there One of them has public health. One of the nurses in the head office has public health. There is a centre on Bay and Grosvenor with about 900 employees, with two nurses, one of whom has public health.

I did not observe any interviews for pre-placement or periodic. However, in talking with the nurse I did not have the feeling that there would be a very great deal of health education done. On the ninth floor, the nurse, Miss Stanley, does not miss as many opportunities. In the long distance section, there is something like a 50% turn-over in employees. Miss Stanley interviews all new employees and she sees them at least once yearly. The sytem is fairly new and she is trying to build it up. She has a tickler file for all problem cases and says she does quite a bit of health counselling. She feels that the greatest benefit from public health training comes from mental hygiene She took her public health course in 1945 in Toronto.

The next morning I visited Miss Ball at the Kenwood exchange. There are about 200 employees there and she is at this office from 10 to 12 every morning. In addition she has three outside work centres or garages. She visits New Toronto once a week; Weston, once a month; Islington, once a month and in addition has other commercial offices. She says that when she visits these outside places that it is mainly taking of blood. They do all the women once a year, and then try to do the low hemoglobins every month. She is responsible for sending the employees in for periodic examinations if they want to go. The nurses, apart from the head office, do not receive the history which is taken, they only receive a card on which is the name of the patient and other identifying information, the weight, hemoglobin and if there are any defects. Miss Ball feels that the industrial nurse starting out now should have public health. She feels that in the telephone system she does not need to know the outside agencies because they look after their own needs. The personnel department apparently do a lot of counselling. In relation to pre-natals she said that she would know them all but very few ask for pre-natal instruction. This is a case of a nurse not having had public health and very definitely missing out on opportunities.

In allthere are eight nurses in the Bell Telephone in Toronto. There is no senior nurse. Dr. Wright says he calls the nurses in once a month for meetings, but they are all individually responsible to him.

Ontario Civil Service Health Centre.

This health centre is situated on the fifth floor of the East Block of the Parliament Buildings. Dr. Hill is in charge, and there is another full time doctor, Dr. Gilchrist. Miss Green is the nurse in charge and there are two nurses working in this block with her. At the moment, neither of these two nurses have public health. In addition, Miss Kidney is in a subsidiary unit in the main Parliament Building. Their service is for the 11,000 to 12,000 employees who are with the province. They all have to have physicals before coming on the permanant staff. As many as possible are done in this unit, others are done in Ontario Hospitals and those who cannot be contacted for examinations in this way are done through the private doctor. He is paid five dollars for the examination. The emphasis is on prevention and health education. (See outline of program and policies in file.)

Miss Green does quite a bit of teaching in the Industrial Nursing course at the University. (This should be investigated.)

Each new employee is given a very complete physical examination. He first of all is interviewed by the nurse. The nurse takes every opportunity possible for health education. The initial interview is about 20 minutes, The tests that the nurses do take 10 minutes, and the doctor's examination about 30 minutes. That is one hour in all for a complete physical. Miss Green keeps closely in touch with outside agencies and uses them a lot for referral of her cases. The pre-natal cases are referred to the outside agency, or if they are staying on at work, they are seen regularly in the office and given the nursing supervision. Over 90 a day visit this health centre.

Bell Telephone Co., Montreal, P.Q.

I paid a short visit to this compnay office in Montreal. Dr. Cruickshank is in charge and Dr. Bews is his assistant. They have ten nurses, none of whom have public health. One does the home visiting. She goes on the fourth day of absence of the employee. This request is made through the medical department. They give pre-employment and periodical examinations. The pre-employment information, as in Toronto, is kept in a central office and is not seen by the nurse outside. When asked if anything was done about pre-natals, I received the usual reply that nothing is done by the nurses. Miss Reid stated that if anything troubles them they always have the doctors. I think the doctors see nearly everything, even of a minor nature and the nurses take very little responsibility. Home nursing is the only group teaching which is done. One nurse, Miss Carter, seems to be assigned to the teaching of individuals. I heard telephone appointments being made for a couple of girls to come up to get their health teaching. A grand job could be done here if there were even one or two fully qualified public health nurses to direct the program. There is no system of staff education or in-service training.

November 29, 1948 - Spent two weeks following this date in Manitoba studying the city of Winnipeg and the Selkirk Rural Health Unit. On the first day met with the Provincial Consultant Committee. Those present at the meeting were - Dr. Donovan, Dr. Elliot, Miss Russesll and Dr. Lougheed and Miss MacKenzie ffom the city of Winnipeg.

Discussion of their major problems.

1. Lack of personnel. This seems to be quite a serious problem in Manitoba as in other provinces.

2. They have had difficulties with transportation. This may be somewhat alleviated with the government grant, some of which they hope to use for the purchase of autos.

3.. Lack of stability of the nursing staff in the city. Over 50% who leave the job get married. There are many who like to go to other places. In Winnipeg the nurses are paid less than teachers, also paid less than Grade B clerks, whose salaries go from $150 to $180; the nurse goes from $145 to $175, this is a nurse without public health preparation.

In the afternoon discussed public health nursing with Miss Russell. In relation to practical nurses, she says they are being used in hospitals and nursing homes, etc. in one year they have licensed 148. Grade 8 and 9 standing is usual. They cannot get a license before they are 21 years of age. They have experimented with the use of the practical nurse in the public health nursing field but it was not a success. Dr. Jackson was most anxious that they be used and so they put one in the Brandon Unit. She was not usccessful there and was later moved to Selkirk and finally was released. Dr. Jackson had an idea that she could do home T.B. visiting. However, she was only allowed to make dressings, clean the bags and set up the clinic. She did not go out to the district. This proved to be more expensive than having a clerk do the job.

In addition to their regular unit staff (they have eleven units set up and hope to set up thirteen more) They have a group of two or three older nurses. They call them "roving nurses". If there is any physician who wants to do medical inspection in the schools or immunization in the areas which are not yet set up as units, they can call on these nurses and they will go out to assist them.

There is a Health Education department with Miss Nix in charge. She herself goes out talking. They did put a worker, trained in health education in the Selkirk Unit but it was not successful. It was felt that in order to keep her busy she would have to do some of the job which the doctor and nurses should be doing.

The Selkirk and the Red River Health Unit are being set up as training centres. Kellogg is giving $40,000 over a period of five years to develop these as teaching centres. There will be centres for teaching all of their staff, medical, nursing, etc. They would like to have the nurse there for two months introductory training, and also to leave the prepared nurse there as a junior nurse, for a year. They would also take the nurse who has not had public health nursing for a year. There seems to be a general belief here that it is better for the girls to have a year in the public health field under good supervision before taking her public health nursing course.

One evening I had a long discussion with Miss Hart, who is directing the course at the University. This year she has 15 public health nursing students. All but one are from Manitoba and all the Manitoba ones are provincial bursaries. Five are from V.O.N. This is the only province for which they obtain assistance for the V.O.N. from the professional training grant. Just now the nursing group are studying how they can build up their school. It has been operating on a year to year basis. There does not seem to be a readiness here on the part of the nursing to start an independent school nor to start a university school. Miss Hart would like to develop a program which would give

two years on the three years training in the hospital. I urged her to get the plan from British Columbia since I felt they should not start out on the premise that we will always have a three year course. It is perhaps wise that she work on the post graduate basis first until she finds her own feet and gets the program well established. In discussing the two years following the three years, she wants to give a degree. I felt that it would be logical in the first year to prepare the nurse for the first level public health position. Then she should go out and get some experience and if she wants to return for a final year, that in that year she should be able to qualify for supervision. That surely the courses to be given in supervision could be made academically sound so that a degree could be given.

In relation to the nursing shortage here, I had a long conversation with Miss Pettigrew. She feels that the thing that they need to do here is concentrate on their present school and try to get instructors prepared through the establishment of the school at the university on a permanent basis. She feels very definitely that they need to concentrate on reducing the wastage of student nurses, which at the present time is about one-third. She feels that it is greater since the eighteen year level entrance age has been in force. She states that now in Manitoba they recruit twenty-five of the girls who graduate from high school into nursing. This is considered by educational authorities as very high. They therefore, feel that it would not be wise to start a new independent school because then the present school would not have enough applicants and the increased number of applicants would come from the students who are not so desirable. In relation to salaries, the general staff nurse is receiving from $100 to $135 per month plus maintenance. Miss Pettigrew says that at Nanette Sanatorium the five nurses on general staff receive $150 a month plus maintenance.

Tuberculosis work in Manitoba is under the control of the Manitoba Sanatorium Board. Miss Wilson, who is an employee of the Provincial Health Department, works in their office, coordinating the work with the Health Units. All information in relation to the patient is sent to the Unit and every nurse knows all the T.B. cases in her district.

Selkirk Health Unit

The Selkirk Health Unit office is in the town of Selkirk, about 22 miles north of Winnipeg. The Medical Director is Dr. Chown. Miss Wilson is the senior nurse but is very soon going to be on the Provincial staff as supervisor. This centre is to be developed as a training centre for all of the new staff members and for students. Support is being obtained from Kellogg for this purpose. The Unit consists of the municipalities of St. Andrews, St.Clements and Brokenhead. There is a large foreign population, largely Ukranian. One of the days I visited with a public nurse. The two visits which we made were to Ukranian homes and I have not visited in a similar type of home where the mothers welcomed the nurse more readily or had a better general knowledge of health. The social worker on the Provincial Welfare staff for a part of the Selkirk Unit Health Area has her office in the Health Unit. She is a Miss Bend, and although young seems to be very capable and very understanding. Her work has to do with Mother's Allowance Adoption, Family Welfare, etc. As yet it has not reached the stage where the nurses are referring their cases to the worker for other this type of social welfare work. The worker told me of a T.B. case who had been quarantined, together with his family, because he would not stay in hospital. There was no move to consult the social worker or to ask if she could do anything to help clear up this man's difficulties in this case. Perhaps she could not do anything but I think this is one field in which, at least the social worker might be used as a consultant.

The doctors is pretty well tied down to a routine school and child health centre program for four days a week. His time is given to one nurse on each of these days. They will go to a school in the morning and to a child health centre with the same nurse in the afternoon. We visited with Dr. Chown and Miss Wilson on their

regular visit to one of the Selkirk Schools. Ordinarily I do believe, the teacher weighs and measures the children and has the vision tested. In this particular class romm the teacher was not one who would do this sort of thing and the nurse had gone the day before to prepare the class for the doctor's visit. Ten mothers were invited and of the ten, eight came. The quarters in which the nurse and doctor had to work were very cramped. The doctor had a tiny little room and the nurse interviewed the mother in the hallway. She interviewed the mother before seeing the doctor and also after seeing the doctor.

While in the school I had an opportunity to look at the health education curriculum. More about this later in the discussion of our talk with Miss Ring of the Normal School.

To date, transportation has been the difficult problem in the Unit as there has not been enough cars to go around. However, out of the Federal and the Kellogg Grants they hope to get more cars. Although Miss Wilson has not yet been relieved of her district, it is expected that she will be free for supervision in the new year.

In the afternoon,we observed the Child Health Centre which was held in the Unit. The volunteers made out the new records and pulled the old records. A nurse, Miss Ancion, who has just come on and is without her public health, weighed the babies and talked with the mothers. However, Miss Wilson, in another room conferenced these same mothers. I think that in the ordinary routine, she would have another volunteer to weigh and measure and she would have Miss Ancion with her to observe the conferencing and then to do some on her own. Following the conference with Miss Wilson, most of the mothers went into the doctor. It is not the custom of the nurses to change the formulas or to add to the formula or decrease it. Usually also, if the doctor feels the formula should be changed he refers the mother to her own doctor. Ido feel that more use might have been made of the strictly nursing conferences. It does seem rather a waste of the doctor's time for him to be present at all child health centres. The nurses do not do the immunization at the centres. In the schools they do the second and third doses and the booster doses. They do not do any vaccination.

I had an opportunity to meet with the staff after four o'clock one afternoon Miss McLeod and Miss Henderson, the two nurses who have had public health seem to be very good. It is their policy here to take on new nurses who have not had public health for a year and then they will take the public health course. I am about convinced now that it is a good idea, providing the nurse can be under proper supervision. I wonder however, if there are not a great many in the province who are not under this supervision. Miss Russell that there are twenty-two who are to take the course next year. eight who are to finish their degree and there are twelve who have not had their public health course but are too old to be accepted at the University. That makes forty-two out of the sixty-seven nurses now working who have not had public health.

On Wednesday morning I visited in the district with Miss McLeod. We did one school visit and a pre-natal and school visit. Miss McLeod has a very good approach and readily draws out the parents. I felt that she had a good understanding of needs and knew just how much she should try to teach in the one visit. Observing her visits rather clearly pointed out to me that the official agency nurse who does not necessarily do anything on her visit, such as weighing the baby and taking a temperature such as the V.O.N. nurses do, can, through good interviewing, make a good approach and accomplish a great deal of teaching. It apparently, is the training of the nurse and her own personality which are the important factors.

The last afternoon we sat in for a few minutes on a conference which Dr. [illegible] was having on a school child referred by the nurse because in her four years at school she had not yet spoken to the teacher. This doctor is recently out from Scotland and

is apparently in charge of the mental hospital in Selkirk. He seems to be very well aware of the need for the preventive approach to the whole problem of mental illness. This is only the second clinic which they have held in the Unit and they are really just feeling their way. Along with him was a Miss Wilks, a psychiatric social worker, she was a nurse and I believe has had social work preparation.

Normal School

Miss Ring, a public health nurse at senior nurse level on the staff of the provincial health department is attached to the Normal School. This school is the only residential Normal School in Canada. It has between 350 and 400 students. Miss Ring is responsible for the health teaching. She teaches 18 hours a week. This means that two different lectures a week are repeated to nine classes. The so-called health services are separated from her. On discussion, I found that what they called the health services, really amounts to the infirmary for the residents. This is looked after by another nurse. Miss Ring, in addition to the teaching prepares the students for the physical examination and goes over the results of the examination and tries to follow up on the defects. From talking to Miss Ring one would gather that she had a fairly good understanding of the objective of the program with the teachers. She felt that she should have teacher training, in order to do th job. She has had public health training and a course or so in health education. She, however, did not have enough credits to take the health education course. The next day we talked with Miss Margaret Nix who is the Director of Health Education for the Provincial department. She was a former school teacher and is a very enthusiastic individual. I think she has found the sledding rather hard here. She apparently has retracted somewhat in her ideas as to the function of the Health Educator and seems to be thinking along the lines which, we at least, feel are sound as the functions of a health educator. Where she goes over the mark is in her enthusiasm and because of her background in child development. She apparently has specialized in that subject. She therefore, frequently speaks to community groups. This is where her function as a health educator and her background of information serves to confuse her function in the minds of the Unit personnel. They naturally assume that all health educators think they should be doing that type of job and therefore, do not to have anything to do with them. If she were less enthusiastic she probably would get the confidence of the nursing staff more readily. She has undoubtedly has a great deal of talent. At the present time she has a health educator in the Dauphin Unit. She agrees that there is not enough for an educator to do if assigned to one of the units as they are constituted today. She would prefer to assign a health educator to three or four units. She would have that person do community organization work, get groups together for education by the nurse and/or the doctor. Explain to the communtiy what the health unit is and so forth. She has just returned from a trip during which time she gave thirteen lectures in relation to the promotion of hospitals. This particular job has been assigned to her and whether or not it is health education, she is going ahead and doing it. In the future she hopes to have health educators who are specialists in certain subjects. At the moment she is thinking of health educators who are specialists in nutrition. They would be graduates of a home economics course who have taken their preparation in health education. She would use these in the units as consultants in nutrition and also in the role of the health educator. This might or might not work. I am inclined to believe it might conflict in the same way as Miss Nix's special area of preparation has caused a misunderstanding.

To return to the Health Education curriculum. In the curriculum for Grade 1 to 6 it is stated, the services of the doctor or the nurse do not relieve, in any way, the teacher of responsibility for giving health instruction and going everything possible to provide for the good health of his children. When the teacher must make the annual examination he should observe the following -

1. Height
2. Weight,
3. Vision
4. Hearing
5. Posture

After each one of these it is explained how to make these observations. It states that there should be a daily morning inspection and explains what forms this should take. In the explanation it describes the healthy child and then the abnormalities which should be looked for. It outlines the teachers responsibility in communicable disease. Apparently, Miss Nix was the one who drew up this course of study. Miss Ring said that it was going to be revised. However, I am not so sure that this is so. Miss Nix is most anxious that a health educator be put in the Normal School. I think she is right in her contention that this position should be filled by a health educator but one who has also been a teacher.

Venereal Disease.

Visited the V.D. clinic which is in the Out-Patients Department of the St. Boniface hospital. This is the clinic for all of greater Winnipeg. The three nurses and doctor are provincial employees. Miss Dickie is the nurse in charge. Miss Armstrong is also in the clinic and interviews all patients as they come in and as they leave. Miss Skinner does the follow-up. The follow-up consists of getting those who have lapsed for treatment and finding the contacts of every diagnosed case. All patients coming into the O.P. department of the hospital have a routine Wasserman and so do all the patients on the public ward. In October they admitted 60 new V.D. cases, in November 56. This was the lowest they have had for some time. Their total case load is around 600 syphilis and a much lesser number gonorrhoea. It did not seem to me that the nurses were very busy. I question very much the value of the initial interview and the follow-up interview. As in other places, it seems to me, it is taking away from the duties of the regular nurse of the O.P. department. It does not seem to me that Miss Dickie has much to do either. However, one cannot get a true picture in an hour. Dr. Backman who is the doctor in charge, is negotiating to get a social worker for those cases requiring case work and rehabilitation. They have been in contact with several V.D. divisions across the country to get their opinion. It is rather doubtful that they can obtain a medical social worker but they are going out to get a qualified social worker and one who has the personality to do this job. This seemed to me to be a very favourable sign as as far as I know it will be the first social worker to be employed in a hospital in Winnipeg

City of Winnipeg.

Spent most of the week with the Health department of Winnipeg. As is usual in ~~this~~ an urban health department, a great deal of the nursing time is spent on school work. Time tables are made up and the nurses spend most of the mornings in the school. The details of their work are entered on the form. They have two specialists, one a dental nurse who goes about the schools examining for dental defects. She does not use any instruments other than a tongue depressor and to me, seems to be doing the work which the nurse in the school should be doing. There is also a nurse who does the audiometer testing. They use volunteers to assist with the adjustment of the ear phones, bringing the children in from the schools, etc.

We visited two child health centres. One, held in the basement of a church. It was very crowded and they were not making full use of an extra room. There were four nurses. One nurse in charge who seemed to float around, one nurse with the doctor, (there is always a doctor present at the child health centres) and two nurses conferencing. There was little, if any, privacy. However, there seemed to be lengthy and very interesting conferences carried on. I looked over several of the records and very little of the conference was entered. Simply something about the feeding and immunization. The second was an immunization clinic. The child health centre is converted into an immunization centre every third week. This is soon going to be every fourth week. At this centre they have about 200 each day. The doctor gives the immunizations, there is a nurse filling the syringes and assisting her. Another nurse getting the children in and two or three other nurses seeing that the records are made out, etc. We had a considerable discussion with Dr. Day, Miss MacKenzie about having a separate clinic like this. They apparently tried giving the immunizations at the regular clinics and found there was too much noise. This however, seems to me to be very poor psychologically. School children come to these clinics for immunization. This would not be good if it were a straight child health centre.

They have a tuberculosis Consultant, Mrs. Saddington. She helps the nurses with their cases, they go over problem cases, keeps a record of all T.B.'s and she visits all T.B. patients in the various sanatoria. She claimed to me that she had medical social service training but Miss MacKenzie says, not. She seems to be quite enthusiastic about her work and is doing a job which needs to be done, but for which there certainly needs to be medical social workers in each of the sanatoria.

The Venereal disease is carried by the provincial. City nurses do not have any of it.

There is a supervisor in charge of nursing homes and foster homes and other welfare institutions. She has nineteen nursing homes. In them there are 445 city cases. She is the only one to do any social service work of any kind with them. She is responsible for the placement of the city cases in these homes, for the guidance and placement of private cases, for ~~xxxxxxx~~ licensing and for seeing that they live up to the by-laws and regulations. She says there is a great need for boarding homes for the well patient. She also has to license the 155 foster homes for children. The visits to inspect these homes are made through the district nurses but she has to clear with the Children's Aid.

One afternoon we spent sitting in on a child guidance clinic session. Dr. Stevens is in charge. Miss MacKenzie has had quite a time trying to convince him that all nurses should take part in the history taking. He has wanted one special nurse. The nurses are however, doing the histories and sending the cases in. Sometimes they are notified of a conference and sometimes not. Frequently the workers go out to a school to hold a conference on a child and the nurse may not be available, probably has not been notified until they arrive at the school. There are no reports sent out. Dr. Stevens insists that it is quite impossible to write a report that is simple

enough to go out.

At the Children's Hospital the Health department have a nurse, she is not public health trained, on the staff of the Out-Patient's department. She sits in a little office and on the door of the office is written "Social Service". Her job is to interview the new patients and those returning for another complaint. It is also hoped that she can see the patient after seeing the doctor in order to do some public health teaching. However, with the rush of the work this seems almost impossible and Miss MacKenzie has promised to give her more assistance. I discussed this matter with Miss MacKenzie and expressed my belief that we should examine these situations very carefully. Where, for instance, does the duty of the ~~Sxxx~~ duty of the Children's Hospital in relation to supplying staff end, and the public health department begin. At the present time, the nurse in charge of the Out-Patient Department at the Children's is public health trained. She has a graduate nurse on her staff and uses two practical nurses. In addition, she has students, for whom she tries to carry out a teaching program. The details of Miss Robertson's work are listed on an outline in the files.

The City Health Dept. has an older nurse who has been very interested in nutrition and who was doing nutrition work before the amalgamation and she is continuing in that capacity but the work is not organized the way it would be if there were a nutrition consultant.

Victorian Order of Nurses

Spent a couple of hours with Miss McKee who is the superintendent of the local branch of the V.O.N. She has, in addition to herself and an assistant 17½ staff nurses, of these 8½ have public health preparation. The remainder are recent graduates, except for one who had V.O.N. experience before her marriage and has now returned as a widow. All the nurses are expected to take public health not later than two years after their employment. Their program consists of (1) maternity cases. In 1947 they had 32 home confinements. They are supposed to refer to the city health department all pre-natal cases. However, they are carrying a few. In 1947 they had 206 patients. It is true that the V.O.N. area comprises most of greater Winnipeg. However, there must have been a great many of these 206 who were city of Winnipeg. They are supposed to refer to the city Health Dept. by phone every month, any who request a visit on return from the hospital. They carry these up to six weeks and then discharge them to the city.

They have quite a large chronic case load. The largest single group of chronics are arthritics. They give a number of injections, insulin, liver, beminal, allergan, penicillin. For all, but liver, they do not need to have an order written by the doctor. If V.O.N. can give these injections why cannot the Dept. nurses do immunization? Their health education program consists laregely of work with mothers and babies up to six weeks of age. They make weekly and weigh the baby and discuss their problems. The V.O.N. do some work with industry and at one industry they go in for two and one-half hours two days a week. This is only to assist the doctor when he does the tests. This happens to be an industry where there is a hazard of lead poisoning. A second industry is to Hudson's Bay House where there are three hundred employees. The nurse goes there for two hours five days a week. This is mainly a health counselling service and assistin the doctor with pre-employment examinations and re-examinations.

Miss Robertson, Western Supervisor for the V.O.N. was in the city over the week-end and I had a discussion with her on Sunday morning. She says that they are planning to put V.O.N. into Nanaimo and Moose Jaw. She says the people want the service. We had quite a discussion as to how you measure ~~xx~~ want and need. I do not think the V.O.N. have any definite survey plan. If they can get their service/~~if~~en they want to. They do not think of the possible wastage of administration and nursing personnel. She told me of the integrated services in Nassau county where the county nurses and visiting nurses each have their own district and carry a complete service except for the school. At. Gibson's Landing in B.C. the V.O.N. have two nurses doing a completely generalized

service. The total population is about 4,000. In Lincoln County in Ontario, they are doing an experiment with the V.O.N. working with the county. This should be seen by us. In Port Arthur and Fort William they are doing quite a bit of pre-natal group teaching. The V.O.N. and the city share in the classes. Four pre-natal classes the V.O.N. the guide for Maternity Centre and they also use a maternity centre birth atlas. They make use of two films, "The Training Table" and one on the birth of the baby. They try to suggest to the nurses that they do not take more than fifteen minutes for the actual talking on their part, the rest is discussion. They do as much demonstration as possible and the mothers are given an opportunity for individual conference.

A very interesting morning was spent at the Winnipeg General Hospital. The first part was in the Hospital Health Service or rather Hospital Social Service Dept. with Miss MacDermott, she is a public health nurse who has had some social work training. She has been in this department some 23 or 27 years. She has two nurses now, neither have public health. Her public health nurses left. They interview all new patients who are admitted to the O.P.D. The agencies will have already notified them regarding the problems of their own cases. They refer all pre-natal cases to the city, they refer all pediatric and orthopedic cases also. She says that in order to do this work the nurse must be able to work with people, must have an interest in people and a working knowledge of all other agencies in the community. They urge a contact of their staff with nursing and with social agencies. They handle a considerable amount of material relief. I still feel that both this department and the department at the Childrens should not be called Social Service department. There may be a place for the public health nurse acting as a liaison but we should not say that she is doing social service. In the case of the General, the so-called social service staff are members of the hospital staff, they are not directly under the nursing service. I am not sure that Miss Pullens agrees with public health nurses doing this work.

Following my interview with Miss McDermott I had a talk with Miss Pullens in relation to the integration of the preventive aspects into the teaching program. In her curriculum this is outlined. She has very sound ideas and they are, I would think, rapidly approaching a central school plan. Several of the hospitals bring their students over and sit in on the lectures at the General Hospital. After lunch I talked with Miss MacDonald who is the Educational Director and Miss Whiteford who has just come back after study and has been acting as a public health nurse and counsellor since July. She has a most interesting program. She is going to do a job analysis and job specification and send this on to me. It seemed to me that she was really doing the kind of a job which a public health nurse should do in a hospital. However, they all agreed that in order to do a job such as this, extra preparation beyond the basic public health preparation is necessary. This person should fit into the educational department of the hospital and therefore needs some preparation in nursing education. All the students of the General Hospital spend five days with the city health department and two days with the V.O.N. In addition to this, each student visits some community agency. She is prepared for this visit by discussion with Miss Whiteford. When she goes out she knows exactly what questions she wants to ask. She then has to write a report on this which is discussed with Miss Whiteford. I heard Miss Wilson remark on how well prepared the student is when she comes out for this day with the Health Unit. She knows exactly what she wants and goes about getting it. Miss Wilson remarked also on how much assurance the students have from the Winnipeg General Hospital. When they are asked to do something they go right ahead and do it. Sometimes the students from the Catholic hospital might do a more finished job but she does not have the same self assurance.

PROVINCE OF QUEBEC.

On January 17th we started our survey in Quebec. In the morning we went to the Legislative Building to see Dr. Gregoire. Found that he was out and would not be back until Tuesday afternoon. Dr. Foley, Epidemiologist, was also out. We returned in the afternoon to see him. The following is some of the information which I gathered from the discussion.

There are 65 Health Units in Quebec, there is still one to be formed and that is on the Island near Montreal. All the health units have three to seven nurses. There is no senior nurse or supervisors, and there is no Division of Nursing in the province. They have in all, about 250 nurses in the health unit, of these, I think only four or five have had public health training. In addition there are some 180 nurses in the medical services. These nurses serve the parts of the province where there are no doctors and I believe they are under a separate division. I am sure there are no public health nurses in this group. All the units have one or more doctors. The nurses are paid $1,300 to 1,640 (later information discounted this, as in Montmagny the nurses there are receiving $1,200) it does not make any difference how long they have been on. Miss Mercier told me that you might be on twelve years before you would receive $1,500. On the other hand if you are on the political appointment, you may be appointed at a larger sum right away. She is a health educator and she receives $1,200. She has her public health and in addition she has some training in health education, all taken at her own expense.

A nurse was appointed to the unit about two months ago without any training She is receiving $1,200. There are two other health educators, one of whom has not her public health training and is receiving $1,500. This is the way politics works in this province. Cars are not provided, the nurses have to buy them. There is an allowance of $350 per year plus five cents a mile.

Eventually they plan to have two to four units in a district and then they will have a senior nurse. They also plan to have a division of nursing in one and a half years to two years. Dr. Foley said the main work in the unit is health education, school, immunization, child welfare. Not more than 25% of the confinements of the whole province, including Montreal, are in hospital. There are nine sanatoriums, none of which is owned by the government, but they are government subsidized. In addition to the nine sanatoriums there are several units in general hospitals but these are not very satisfactory. They are planning a B.C.G. campaign for the newborn up and I think they are planning to put a special nurse in each unit for this. There is no public health nursing course at Laval. On the Q.T., Dr. Foley said they have always been dissatisfied with the course at Montreal University and they are now planning a re-organization of it.

QUEBEC CITY

It has been suggested by Dr. Gilbert that while we were in Quebec we should see something of the city set-up. Dr. Paquet is in charge, he has six graduate nurses, none with public health, and four auxiliary workers. One of the graduate nurses is now taking her public health in Montreal and he said that three of the remaining were ill so that he only had two on when we were there. Dr. Paquet said the he was only the medical officer for the city and that is, in effect, all that he is. He does not do any school examinations, he has the city hospital for communicable diseases and he does immunizations in his office. We could not find out what else he did. Dr. Baillie saw him very briefly on one afternoon and did not return to see him again. I went out with one of the nurses, Mrs. Bureau and from her in conversation and observation, I gleaned the following.

The city nurses do only school work and follow-up from the schools for communicable disease. They also assist the doctor in the City Hall with immunizations. It seems that the auxiliary workers do much the same as the graduate nurses except that they do not do the home visiting. The work in the school consists of a so-called examination, a visit to the homes for absentees who have been away three days and for diphtheria and scarlet fever. That, in effect, is communicable disease control also. If the so-called examination is as I saw Miss Bureau doing it, it is extremely superficial. She had in four children at a time. She talked to them and asked them a few questions about how long they had slept, what they had for breakfast, etc. She looked at their teeth and their throat, felt their glands. There was no rolling up of sleeves or looking at chests or examination of feet or heads, except a cursory glance. The school I visited with her was a college. The colleges are for boys and the convents for girls. This college had 22 classes. We went to all the classes on the lower floor with the absentee list. The children all stood when Miss Bureau went in, she asked them to show their hands and did a little talking, this apparently is what happens every morning. She did not go down the aisles to see the hands but remarked on how clean the hands were. In one class she had them show their teeth and remarked how clean the teeth were. My guess is that 90% had not seen a tooth brush for some time. In the room there were all double seats and the lighting was extremely poor. On the whole however, the children, from a distance, did appear adequately dressed and fairly clean. I noticed two children with quite marked strabismus. There was just a shrug of the shoulders, these were from very poor families of eleven children and fifteen children respectively and what could one do. There was also a child who came up for examination who was twelve years old and in Grade I. Miss Bureau said there were 23 such children and there were no special classes. She does not test for eyes or ears. When I questioned about the vision she did following that, ask the children if they had to hold their books close or far away and if they had difficulty seeing the board. She said that she felt that the observation of the teachers was the most important thing. She has a fundamental point there, but these teachers are certainly not qualified or did they strike me as people who did look for that sort of thing. The one boy with strabismus was not near the front of the room. There is a great deal of clerical work, all the reports (see in file) are done by the nurses, annual report and all. There are individual cards for each child, but she does not use these at the time of the examination. The information is copies from a slip onto these at the end of the year. The teachers do not take any part in the sorting of cards or anything like that. Miss Bureau says that she had five schools - a total of over 2200 children. She visits one school each day. Last week she made 14 home visits, took 44 swabs, she spent two afternoons at the City Hall and she went to her five schools.

The second afternoon, Dr. Baillie and I visited the St. Saviour orphanage in lower town where one of the fourteen clinics of La Gute De Lait was being held. This is the organization which does the child welfare. It is a voluntary agency and they take infants from birth to two years. There is no agency in Quebec for the

preschool age child. There are seven nurses and one superintendent in this agency. There are two nurses in each of the fourteen clinics and all with a doctor. As far as I could observe the nurses simply wiegh and measure the baby and do the clerical work. The doctor does all the consulting. The doctor does not make any examination unless requested. A nurse told me that they visit all the babies, the name is taken from the baptism list. If they do not come to the clinic they do not visitagain or follow up. They do follow up visits from those who come to the clinic and then perhaps do not come for two or three months. I think that is all that they do. These nurses have a very nice uniform, grey, buttoned down the front with a tailored collar and they wear a white cap in the clinic. They were very smart looking indeed.

In the same building we found the Anti-tuberculosis Association offices. The tuberculosis work is done by the Anti-tuberculosis League. They also have six or seven nurses, none of them public health. Of the six or seven, I think actually only two or three do work in the district.

In addition to these two voluntary organizations there is L'Assistance Maternal which operates pre-natal clinics. They have, I believe, five or six nurses. We did not talk to any of them or observe any of their work. There is no organization in Quebec to do the bed-side nursing for other than the Metropolitan Insurance cases. The poor have to go to hospital or have no care. The V.D. is done by two provincial nurses. We were told that one of these had public health training. In Quebec, 3-5% of the population are English, which makes about 8,000 out of the 190,000 population of the city.

MONTMAGNY

Dr. Gilbert had also suggested that we visit the rural unit of Montmagny which is about 35 miles down the riverfrom Levis. We went on Thursday morning the 20th and were met at Levis by the Sanitary officer, Dr. Ferland. The roads were in such icy condition that it had taken him two hours to get in. It was a lovely drive however, as it was sunny and bright. We arrived about lunch time. The Health Unit office is in a large building, a former residence. All of the downstairs are the offices of the health unit, where they have dental clinics, baby clinics, etc. Upstairs is occupied by the family of the Health Officer, Dr. Dumas. There is one health educator, Miss Mercier who has had public health nursing and has had three or four months special course in health education at Ann Arbour. She is one of about twelve health educators. (I will learn more of the work of the health educator from Dr. Gilbert), but as far as I could observe from Miss Mercier's work or rather, as far as I could tell from her description of her work, she is doing just what we would want the public health nurse to do and her work reminded me very much of the public relations work which is being done by the public health nurses in the Swift Current region. In addition to Miss Mercier, there are four nurses, one of whom has just come on in the last two months. In another two or three months she will write a Civil Service examination. When I saw her she was studying a public health book for this purpose. Two of the nurses work in Montmagny town, the other two work out in the districts. They come in in the summer once a week, and in the winter about once a month. They were all in however, at this time as two of them were going to Montreal for the week-end. While this nurse is in this so-called training period, she receives $75 per month. I think the training period is only two months. Then she will get $100 for about twelve years. This is exactly the same as the health educator is getting. The first afternoon we were there, there was a so-called baby clinic but before that there was an immunization clinic and a great many were coming in as there had just been a case of diphtheria. Dr. Baillie and I helped give the immunizations. It was amusing to see Dr. Baillie give diphtheria toxoid and use one needle on several children! He had a very guilty conscience about it I must say. The baby clinic which followed was attended by mothers and babies, all very nicely dressed. As far as I could see, all that the nurse did was

pull the records and weigh the baby and then the doctor saw the babies. There was also a T.B. clinic going on at the same time but fortunately in another room. The doctor who was there with it travels. He comes I think twice a month to Montmagny. As far as I could make out, there was no follow up. The next day I looked over reports and in 1947 there had only been 50 T.B. home visits made for all the personnel It seems to consist pretty largely of the patient and contact, etc., coming in for examination. Then they get the cases into San. if they can. Previous to this doctor they had one whose home was in Montmagny and apparently all open cases got in. They do not think that such is going to happen now. There are fourteen baby clinics, two in Montmagny held every two weeks and the others outside, held monthly. There is a dental clinic also and in the summer the dentist goes to all the parishes. As far as I could make out, the two nurses help in the dental clinic, probably in the parishes, only one. Their work seems to be largely clerical and there is a great deal of it. All the school report is done by the nurses as in Quebec.

In 1947 also, there were only 90 visits to pre-natals. There were 981 visits to new babies. I think they visit all the babies having gotten the list from the parish priest or some other method through the church. There were 12 home visits to school children for correction of defects. The doctors examine the children in the schools, the nurse makes one visit before hand to prepare and then goes back with the doctor. Her work, in addition to the clerical, is largely accompanying the doctor and the dentist. In 1947 there were 757 births. Dr. Baillie has a copy of this annual report. We also visited two schools, the sanitary inspectors took us they wanted to show the modern sanitary facilities. One was O.K. but the other was frozen. One of the teachers is extremely attractive. Miss Mercier is working with them on a school lunch program. She also is giving courses at the Normal School of which there seems to be several in her area. She has three other units beside Montmagny.

We visited also a silk factory where the nurse, Miss Fabre is trying to do a public health nursing job. She is a public health nurse.

VERCHERES HEALTH UNIT

This was the second health unit which it was suggested that we visit. The headquarters are in Vercheres, about 25 miles out of Montreal. The unit comprises territory bordering on the St. Lawrence and the Richelieu Rivers. The total population is about 60,000. According to Dr. Frenette, the roads are very poor and there does not seem to be much communication in the north and south direction. The main roads are along the rivers, in an east, west direction. [redacted] In addition to the doctor there are four nurses - Miss Bertrand who has been two years in the unit; Miss Bourdon, one year in the unit; Miss Godoin, six years in the unit. Miss Bertz, six years in the unit. I talked with the first two nurses, the others were not in on the date of our visit, Jan. 31st. None of the nurses have had public health training. All have cars, the allowance is five cents a mile in the summer and ten cents a mile in the winter. The winter months being, Nov. Dec. Jan. Feb. March. In addition they are paid $350 per year straight allowance. The following seems to be a very accurate account of the work done by the nurses.

(a) School - one nurse has a total school population of 652 children in nine schools. The other has a total of 560 population in about thirteen schools. They endeavour to visit the schools once a month and they examine each pupil once a year. I am not sure what the examination consists of. The doctor examines the children twice in their school life, theoretically. However, this apparently not done. The routine examination is made by the nurse. They have a dentist who visits in each area. He is on the staff two days a week and while he is there one of the district nurses must

accompany him. I imagine he sets up clinics in the various schools. The unit of Vercheres is divided into nine parishes and there are about fifty schools in all.

(b) Child Health - there are five permanent clinics per month, the doctor attends all these. About twenty mothers attend each clinic. One nurse attends each clinic. Although the nurse can apparently give advice and change formulas in the home, when the mother comes to the clinic, everything is referred to the doctor and as far as I can understand, the nurse wieghs and measures the baby and writes the present diet in a column on the card. I asked Dr. Frenette why the nurses could not be given more responsibility in the clinic. But I did not get my point over. The doctor does the immunization. They are rather proud of the reduction in infant mortality since the unit has been organized. In 1941 forty-seven babies died. In 1946 twenty-four deaths, 1947twenty-one deaths, in 1948 two deaths. In 1946 there were 482 babies born; 1947 - 481.

Every two weeks the birth statistics are received from the parish priests and in the protestant community, from the minister. All these babies are visited. Most babies are born at home. Last year in the town of Vercheres area, five were born at hospital and fifty born at home. If the baby is born at home, they go in when it is about three days old and they will give a demonstration bath for the baby but they do not do anything for the mother. They try to visit the babies once a month up to one year.

(c) Pre-natals - They find these out through their other home visits. They don't all go to the doctors, as a matter of fact, apparently the doctors do not want to see them. I should imagine that very few of the pre-natal cases are visited by the nurses.

(d) Tuberculosis - This does not seem to be a problem which bothers them very much. In Vercheres they only have two or three in the homes. They say they record the home visits but I could see little evidence on the charts. I do not think they even visit them all. As one of the nurses remarked - "Can't visit if they do not want to see us."

(e) Venereal Disease - no visiting is done. This apparently is done by the doctor, if at all.

The doctor was very proud of the course of lectures which he gives to women's groups. The subject of these lectures were all those which should be given by the nurses. This was drawn to his attention, but I do not think he has any intention of changing.

There is no Board of Health or any lay group to which they can report. This is really very elementary public health, and one day was morethan sufficient to find out all we needed to know about the program.

Dr. Gilbert

The first contact we made in Montreal was with Dr. Gilbert who is chairman of our Provincial Consultant Committee and who is assistant director of the School of Hygiene, University of Montreal. I saw Dr. Gilbert on another occasion and the following is a summary of the information which we obtained from him.

Dr. Gilbert has organized a course of three month's duration for heatlh educators (See outline) In this course at the present time he has, I think, four nurses all with public health training. To date there have been nine health educators prepared and out working in the province. I think four or five of these have had public health. He stated at any rate, that all of the public health nurses

who have been employed by the provincial health department are now prepared or are being prepared as health educators. I pointed out to him that I felt that thehealth educator was doing many of things which we saw as a function of the public health nurse and there is no doubt that when they had more public health nurses trained and functioning in the capacity of a public health nurse, the functions of public health educator would change. He agreed to this. I think that he had seen the necessity of preparing these poeple in some way so that they have more preparation than just public health nursing. In other words, that he is trying to prepare leaders. Dr. Gilbert sends out a monthly News Bulletin called "Liaison" to each of his health educators. In it he includes extracts from reports which have been sent in monthly by the health educators already in the field. He also includes references and extracts from his own reading. I told him that he is really the Director of Nursing, he laughed at this.

In addition to the course in health education, Dr. Gilbert has organized a course in health for teachers. This is, I think, a one year course (see outline) It has not been done with the cooperation of the Dept. of Education, although this cooperation was asked for. There is no authority for the placementof the graduate from this course but they are working on the assumption that if these people are prepared and available they will be used. It is hoped that they will be used in Normal schools and in high schools for the teaching of health. Dr. Gilbert realized the very great need for the work with the student teacher in the Normal School. He told me that they have eighty Normal schools in the province of Quebec.

Dr. Gilbert has been making very extensive plans for the public health nursing course without the advice and assistance of the public health nursing group. He seems to feel that he has to go ahead and do this on his own. I do not know why he cannot trust the public health nurses. He at least professed to me that it was not his wish to go ahead in this way. Neverthe less he has done so and has in his files a very comprehensive plan for the inclusion of the School for Public Health Nursing under the Faculty of Hygiene rather than under the Faculty of Medicine where it now is. Misss Charbonneau is aware that there are some plans afoot but she certainly does not think that they are to take place in the immediate future. Dr. Gilbert says that it is not his decision but he thinks that very likely the School of Public Health Nursing will be transferred before this next year. The present capacity of this nursing group is about twenty-five and it is limited by field work. I think that under the new plan they hope to bring in about thirty or forty nurses for training. Dr. Gilbert feels that if about 50% of the nurses in the provinces have public health nursing that it will be sufficient. I told him that I thought that when they have 50% they would want 75%. However, it will be along time before 50% are trained and that is at least a very good aim at the present time.

To go back to the plan for the nursing course when it is included with the School of Hygiene, Dr. Gilbert has worked out the curriculum even down to a time table. I think he is planning too many of the straight medical courses for the nurses and he plans to have these given to the doctors and nurses together. There is a certain value in this apart from the fact that the subject matter does not necessarily apply to both groups. However, it is a very good start and he is keenly interested. It is too bad that Miss Charbonneau and others of the nurses are not actively assisting in the plans. Dr. Gilbert said that the School of Public Health Nursing will be autonomous as it is at the present time. However, the fact that the curriculum is already down on paper would not seem to justify this statement. That however, seems to tbe the frenchman's way of looking at things. We discussed the matter of limitation of field work and I suggested that they might possibly employ a field work coordinator such as is described in the Kellogg brochure. He took this brochure out of his files and marked the section very carefully. I pointed out the advantages both from the point of view of the provincial nurses and from the point of view of the university if such a person were employed. Dr. Gilbert was most interested

in the questionnaire sent out by the Provincial Council of University Schools of Nursing and will be interested in the recommendations which they make. There is no doubt about it that this report is very much needed and I think will be very helpful. I am quite sure that they will follow many of the suggestions made. If the course which is outlined does not seem a wise one it is not because they are not sincere in what they are endeavoring to do.

SCHOOL OF PUBLIC HEALTH NURSING
UNIVERSITY OF MONTREAL

Miss Charbonneau is the Acting Director of this school. I visited her on a Saturday morning to go over the questionnaire for the Provinsional Council. She did a lot of work in the two or three days during which she had the questionnaire. These people are really needing a very great deal of help and it seems too bad that the University of Montreal and McGill University public health nursing groups have never got together on planning. I learned this later from Miss Peverley at McGill. I think the French group of nurses would be very quick to accept suggestions from the English group and it seemed to me that Miss Charbonneau would be very appreciative of help and is really doing the best she can under the circumstances. She feels that there will be some advantages in the school being under the School of Hygiene, but I think the thing that she fears is that Dr. Gilbert will be rather a dictator in matters relating to public health nursing.

Provincial Department of V.D. Control

This department is situated in Montreal. I am not sure who the chief doctor is but I saw Dr. Beaulieu. He proceeded to tell me about the nursing service. There was no nurse present, as his nurse, Miss Larose had left the day before to go to Philadelphia for a special three month's course. Dr. Beaulieu used the terms "nurse" and "social service" interchangeably apparently. He said they had 33 nurses but I learned later that two of these are social service workers, whether trained or not I am not sure. Of the 33, fifteen are situated in Montreal and four are in Quebec city. Only two or perhaps only one, have public health training. This one is Miss Connington in Montreal at the Western Division and possibly one in Quebec has had public health. Fifteen of the 33 have the short war time course at McGill. In Montreal, all of these nurses are in clinics, 3 at Notre Dame, 1 St. Luc, 1 Hotel Dieu, 1 St. Joan D'Arc, 2 at Montreal General, 1 Western Divison, 1 Royal Victoria, 1 Verdun, 1 Juvenile Court, 1 Municipal police, 1, Women's Jail, and Miss Larose in the office. In Quebec city two nurses are in hospitals and two are part time at the jails.

These nurses do not in any way deal with the medical service. They interview the new patients to find the contacts. They follow up delinquents and according to his statement, they also do the social service. There is however, nothing done about rehabilitation. Nothing done regarding the marital problems, etc. He says the nurses give good advice and he rather takes a negative approach to the possibility of rehabilitating any of these people. In other words a defeatist attitude to what can be done. He stated that in the health units the medical officers do the work, the nurses do not. The reason being that all the information is confidential and only one person should do it. I asked about the division of medical services to settlers and who did the work in those areas. Apparently when there is any to be done the nurses do it, this bears out the statement made by many that when the doctor wants the nurse to take responsibility for his own advantage, she is allowed to do it. These nurses, of which there are 140, according to a list in Dr. Beaulieu's office prescribe, sell drugs and do all manner of things. In other words, in that area, to the best of their ability, they take the place of a doctor and are supported in this by the Ministry of Health.

I asked Dr. Beaulieu if I could see one of the nurses and suggested that I might go to Montreal General as I was quite near. He however, suggested that I could take a cab to the Western Division as that was where there best nurse was located. I did this and saw Miss Connington. She sees every patients and interviews them for contacts and follow-up. She follows up the delinquents and visits the contacts. She has her public health from McGill. She definitely feels that those without public health are handicapped in this work. They stop at the V.D. problem. They do not check other things, they do not know their community resources as well. With public health the nurse can approach the whole problem as a general health one and not as an isolated thing. She refers cases with medical social problems needing case work to the Case Work Supervisor. She does not do anything case work herself.

The types needing social case work are - the married man with a family whose contact is outside; the unmarried mother; girls away from home, etc. She says they very rarely have meetings. All the nurses in the Division of V.D. Control are called L'Assistante Sociale, that is why there is the confusion between the words "nurse" and "social worker". Before I left Miss Connington I asked to see Miss Howlett whom I had met at Hamilton. She told me that there are standards out now prepared by the American Association of Medical Social Workers, outlining the qualifications for workers in a medical social work department of the hospital. These must be lived up to in order that the hospital receives Grade A standing. I then saw Miss Gask who is in charge of the medical social work deparment at the Western Division and had lunch with the group there.

See notes under "Montreal City" for relationship between the Division of V.D. Control for Montreal and the Provincial Division. All the V.D. work is done by the provincial except for the liaison work done by the two nurses on the V.D. division of the City department.

REGISTERED NURSES' ASSOCIATION, PROV. OF QUEBEC

On February 2nd I visited Miss Upton and Miss Geroux in the office of the Registered Nurses' Association. In Quebec there are 38 Schools of Nursing of which seven only are in the English language. In relation to T.B. affiliation, none of the English schools have affiliation except that a few students get T.B. in connection with their communicable disease work. I think this is at the R.V.H. In the French schools there are two schools ready to give T.B. affiliation, at Cartierville and Laval. So far no students have gone. In relation to psychiatric affiliation, some of the Royal Victoria students get psychiatric affiliation at The Elms. No other English school gets affiliation. In the French schools, two general schools are in mental hospitals, one of these is approved for affiliation. In relation to public health, five Montreal hospitals, English, get one week with the V.O.N., but only for a selected number of the students in these hospitals have this field work period. In the French schools, only a very few have public health affiliation, these are listed on the blue card. However, most of these schools are in an area where the affiliation would have to be with a rural health unit, and following my observation of the work there, it can hardly be called "affiliation". When I remarked to Miss Geroux that we had visited Montmagny health unit, she quickly replied "They sent you to their very best".

In relation to public health nurses on the staff, apparently only Montreal Genereal have a public health nurse and from questioning of later, it seems that this nurse only looks after the Health Service. There is certainly no teaching in public health nor is there any teaching from the medical social work department. This is not the fault of Miss Tennant.

Miss Upton has a list of only thirty nurses engaged by the Division of

Medical Services to Settlers. There apparently are 140. Does the difference in numbers mean that they have not yet caught up with them to obtain their registration or more likely that they are not qualified for registration. According to their figures in 1947 there were 1022 nurses in public health in Quebec. 751 of these were French and 271 English (See blue report of the R.N.A.P.Q. for further information.)

METROPOLITAN LIFE INSURANCE

On the morning of February 3rd I visited Miss Rocque who is the provincial supervisor for the Metropolitan Life. Of a total of sixty-seven nurses in Canada, only two are outside Quebec. One in Glace Bay, already visted and one in Sudbury. In Montreal there are 41 nurses. Miss Cantin is the educational director for the Montreal services. Unfortunately, I was not able to discuss her program with her. This is the chief centre for the visiting nurse experience for the students at the Montreal University. In Montreal there are three district offices ~~xxxxxxxxxxx~~ Quebec city has 13 nurses. There are twelve other centres throughout the province. According to Miss Rocque the following is the program.

1. Bedside care to policy holders and teaching along with this care. They do not have any delivery service. The V.O.N. is under contract for the English speaking policy holders. They will refer the infants to the baby clinic if the doctor approves.

2. The teaching centre is for new nurses and for students from the university. The new nurses spend about six weeks in the Centre and then this orientation period is followed by participation under supervision. Each centre in Montreal has a teaching nurse in addition to the supervisor and head nurse. The head nurse is really the assistant supervisor. All the supervisors, head nurses and teaching nurses are public health. Only 13 in the whole of the Metropolitan Life group are not public health trained. The maximum salary for public health is $185 and the starting salary $160. The nurse working alone gets $10 more. The above figure of 13 was for Montreal alone, and outside of Montreal there are only four nurses without public health and none of these are working in the area by themselves. (Correction) In Montreal there are only nine without public health. Therefore the total in Metropolitan without public health is 13. I was sorry not to be able to visit in the district with the M.L.I. nurses. I missed seeing Miss Garrard in Montreal but will see her in Ottawa and perhaps get more accurate information and will also try to get information as to their plan. According to Miss Rocque, the M.L.I. are having to retrench as far as expenses are concerned. It seemed to me that their overhead in nursing was rather high.

MONTREAL CITY

A. Department of Health. The following information is supplementary to the outline. My first contact was with Dr. Groulx. He gave us a lot of bulletins and a series of radio lectures which he had given. I was interested to note that this series was on public health nursing, yet no nurse was called in to help prepare or to give the lectures. Typical of the French doctor and I guess of the French man. As Miss Geroux says the biggest thing they have to overcome is the Latin complex or rather the Latin block.

The second morning I met with the three assistant directors of nursing. Miss Roy has recently retired as Director of Nursing and no one has been named as acting director or director, as a matter of fact, there is not a Division of Nursing, it is a section of the Division of Health districts. The three assistant directors are Miss Ritchie, Miss Laliberte and Miss Martineau. There is a considerable amount of speculation and bad feeling about who is to be named the chief. Miss Laliberte assumes that she will, and almost acts in that capacity now. Miss Martineau is bitterly disappointed because she fears that she is not going to be named. Miss Ritchie, knowing that she will not be and not wanting it anyway, sits on the side lines. They told me that their greatest problems are the preparation of personnel and it is very difficult to get prepared bi-lingual nurses. Another problem is the lack of educational direction. A third is the lack of time for orientation. They have to put the nurse right on the district when they get them. A fourth is that their supervisors are not too well trained and they have too heavy a supervisory load. They have no training centre and they feel that this is a very great lack.

They feel that the salaries are very low. During thetime I was in Montreal it was announced in the paper that the nurses were going to have an increase. I think this would be a minimum of $1920 and a maximum of $2400, although I am not sure of this. At any rate, the only notification that the nurses have had is what appeared in the paper. The supervisors were very disturbed because there had been no move to increase their salary and as it stands at present, the supervisor is receiving only $20 a year more than the maximum received by the senior staff nurses. They naturally do not like this. I pointed out to them however, that there is one thing they must take into consideration in comparing their salaries with the salaries in other places, the uniforms are supplied by the city and replacement are also supplied by the city, including coat and hat. They get a felt hat once a year and a new spring hat every two years. This is a very generous allotment.

One great disadvantage is that the office of the three assistants and presumably for the director too, when she is appointed, is so far removed from the city hall where the central offices and all the administrative medical staff are located. There are eight district offices. I visited one of these at Maisoneauve where Miss Olivier is in charge. She has eighteen nurses in the district of which ten have public health. In addition there is one dental nurse. Two of her eighteen she uses as floaters. Last week she had five nurses absent and of course, she had to do a lot of filling in herself. The supervisors are going to make a list for me instead of the job analysis of all the things they do which are not supervisory. In Maisoneuve district there are nine baby clinic centres. I think this is the only district where they have nurses' sessions. In all the baby clinics which I observed both here and in other districts there are usually two nurses, sometimes three. One nurse weighs and measures the baby. The other nurse stands and takes the baby into the doctor and greets the mother and returns when she comes out. A third nurse will take the next mother and baby in, etc. They supposedly have conferences but it is just standing at the table when the mother is dressing the baby and the nurse may or may not go over the instructions which the doctor has given, in case the mother does not understand. It seems hard to get over the idea of a really separate conference when the mother is sitting down and the nurse talking to her or with her. They all

measure the baby - why, no one could tell me. In the clinics there are no volunteers. Dr. Groulx had an unfortunate experience two or three years ago apparently, where volunteers sued for pay and he has definitely stated there will be no more volunteers. Certainly a great deal of nursing time is wasted in this respect.

The greater proportion of the nurses' time is spent in the schools. I visted one school, Victoria, and the nurse is doing some work with the teachers and with a special teacher's record drawn up on the Nyswander program. Victoria school has around 460 pupils. The principal is Mr. Fyles, and he is extremely interested in the health program. It is absolutely essential to have a principal who is cooperative before anything like this can be undertaken. Miss Dorian is at this school every morning, she also does visiting in the morning. She has two other schools each of which is about half the size of this one and also a nursery school. She has two afternoon clinics a week. At the first of the year in the school, the children are weighed by the teacher with the help of the principal. That is what has been done in previous years, but this year apparently they were too busy so the nurse had to do the weighing with the teachers help. The children are weighed a second time. The nurse does this herself. For the past three years she has been teaching the teachers to do the vision testing and hopes they will all be able to do them on their own next year. She finds the teachers are much more conscious of the vision of the pupils if they do them. The vision testing is done once a year. She makes a class room inspection two times a year. This is quite a thorough inspection. When she goes into the class she speaks to the pupils and has the children come up one by one, she looks at them for cleanliness, looks at their teeth etc. She sends a letter home to all with dental caries. She checks their general appearance, she picks out the children for the doctor at this time. She has this individual contact with each child which she feels is very valuable. At the end she speaks she speaks to the whole class. This procedure takes about one hour. The doctor examines all the kindergarten and all in Grade I who are new to the school. The mothers of these pupils are invited. The doctor then examines the children in Grades 3, 5, and 7. In another school which I visited, the nurse said that they did their examination on the family basis, for instance, they started out with the pupil in Grade I, but all the rest of the children of that particular family would be examined at the same time with the mother present. In the high school, the doctor examines Grade 8 as new pupils to the school. This is a repetition as they presumably were done in Grade 7 in the elementary school. Actually, all that the doctor gets done are the kindergartens, new pupils in Grade I and Grade 7 and referrals from the other grades by the nurse. The nurse has a conference with the teacher on each pupil in the class, some time following the inspection and if possible, before the doctor's examination. The doctor usually examines all those specially picked out by the nurse and the teacher at this time. The teacher has her card which she has filled in. These cards have been in use for three years and now it is beginning to work and the nurse feels that it helps to keep the teacher interested.

In most of the schools I visited the nurse says that only those who are absent because of illness are reported. The teacher attempts to find out why the child is absent. In the schools the nurses seem to be getting the teachers to do quite a bit of the health work and they are endeavoring to act in the capacity of public health nursing consultants. I am not sure to what extent this is actually done but at least the answers were given to indicate that that was their program.

Child Welfare - As indicated in the remarks above the chief child welfare load is carried through the clinics, of which there are great many and at most of which a doctor is present. I did not feel that there was very much real teaching done by the nurses, it is chiefly a weighing clinic and a doctors clinic. Birth registration notices are obtained and all new babies are visited by the nurses.

Pre-natal - there are pre-natal clinics in the health districts at which a doctor is present. I did not observe any of these clinics but I question the health teaching. I do not think there are any definitely planned pre-natal visits made in the home. If they happen to contact a mother who is pregnant they refer her to the pre-natal clinics. There is an attempt made at pre-natal classes, these I did not observe. In addition to the Health Dept. pre-natal clinics, the Royal Victoria hospital has pre-natal clinics throughout the city. There is however, no home follow-up of these.

Contagious diseases - I found that each nurse has her own school districts and also a contagious disease district. These may not necessarily coincide and the nurse may find herself visiting in a home for contagious diseases and the children in this home attend another school. That is, of course, because of the French schools and the English schools and the Catholic schools and the Protestant schools. Religion certainly complicates the problem in this city. The nurse is supposed to make a visit to every contagious disease and fill out the special epidemiological form. If, even the disease has been reported by a family doctor she must make this visit. Sometimes the disease will have been confirmed in the school by the medical health officer, she still has to make a visit. If it is a school child she has to return to give a certificate of release. If it so happens that the child does attend her school she can have the child come to school for this certificate. However, this does not happen very frequently. The work of the nurse in the district then, is chiefly, school, contagious disease and baby clinic.

Tuberculosis - there is a special staff of nurses for the tuberculosis work in the City Health Dept. This is headed Dr. Le Douceur and an assistant director. The supervising nurse is Miss Dessault, she has seven nurses of which three have had public health. I do not think Miss Dessault herself had had public health. These nurses are responsible for finding the cases for the city or rather this centre is responsible for case finding for the city. They give an x-ray but do not do any clinical examinations. It is supposed to be an auxiliar service for the private doctors. They do however, do gastric tests, and sedimentation. They interview all patients. If there is a social problem they call on the other agencies as they have no social worker of their own. All cases are registered with the Social Index. The nurses do the follow-up in the home. They also do the clinic work. There is one night clinic a week. I question very much that there is any very intensive follow-up work in the home because of the distances they have to travel and the number of clinics they have to attend. There seems to be quite a close working relationship and clearance with the Royal Edward Institute which is the English organization for T.B. and the Bruchesi Institute which is the French organization corresponding to the Royal Edward.

I visited the Royal Edward Institute and talked with Miss Harris who is the supervisor of the nurses. This Institute has a clinic and also about a fifty bed hospital. It was started in 1914 and is a private organization and is not under Community Chest. There are fifteen nurses and one supervisor for the district. Five of these have not had public health. The 350 beds at St.e Agathe are related to the Royal Edward Institute. In Montreal they have a clinic, they cover the city and the surrounding municipalities. Four of the fifteen nurses are in the clinic all the time. One admission nurse is non-public health, one nurse who takes the temperature and weighs is non-public health, another takes the histories of new patients and the fourth who is not public health, is part-time in charge of the pneumo. The remainder to district work and a certain amount of clinic work, for instance, on Saturday morning there is a children's clinic and they have two evening clinics for adults. They have about one hundred known positive sputum cases in the homes. Their case load is 250 to 350 families per nurse, the average is about 300. At the present there are no cars but they hope to have a car provided and a chauffeur. Social work is referred to agencies. They do need a medical social work consultant. Miss Harris seemed to think that there would come a time when the work of the Royal Edward district nurses would be taken over by the city. However, it seemed to me that this is rather

doubtful. I did hear from another source that there is a plan for a rotating service of nurses, in other words, there would be one nurse in charge of the whole Institute, including the beds for major surgery and the [illegible] nurses will rotate on the services. This would be a very good plan and/approach in a specialized way, to the hospital as a community health centre. The Bruchesi Institute is apparently operated in much the same lines as the Royal Edward and I think they have a much larger staff of nurses, possibly around fifty. I did not visit this Institute.

Venereal Disease Division

As indicated previously, the V.D. work for the city is done by the Provincial Dept. There is however, a division at the City Hall headed by Dr. Dussault. He has two nurses, Miss Provost who has just gone to Philadelphia for a three month's course and Miss Roy, Both of these nurses have had public health. This division is two years old,they do not have any municipal clinics. The control of V.D. is the responsibility of the province according to the Act. The duties of the nurses are as follows -

1. Daily interviews with those coming to the office
2. Referrals to clinics or private doctors
3. Open file on all cases.
4. Report all cases to province
5. Get from clinic all information necessary to complete file
6. Traces all cases brought to their attention by [illegible] the Ministry of Health. These may be cases whom they cannot find.
7. Arrange all appointments
8. Call at home or place of work to get contacts
9. Follow up of delinquents.

In 1948 there were 640 interviews. They average 20 minutes per interview.

10. Sometimes take patients to the clinics,
11. Take blood sample
12. Give information to the nurses in training for the public health nursing course
13. Available for lectures

Montreal has 34% of the population of Quebec and 70% of the V.D. problem. This division is in effect, a liaison between the City Health and the Provincial Division. They get their cases chiefly from those coming up for health cards and all these cases who are positive, must be followed up and complete information kept in their files. These are mostly the people whom they interview. They also do liaison work with the provincial department and the municipal police.

Mental Hygiene - This is Miss Laliberte's department as she has been specially trained in mental hygiene. There are eight nurses. 75% of their time is taken up in intelligence testing. In the schools the grouptesting is done by the Education Dept. supervisor and all the group, those that are very much below or above are tested individually by this nurse, psycho-technician. They also test the problem children. The [illegible] psychiatrist will also give intelligence tests and he makes recommendations When they finish a school they have a conference with the teachers and principals and the school nurse. Each of these eight nurses has a clinic at the Centre and she brings her problem cases in to see the psychiatrist. Sometimes this nurse-technician goes to the home, but sometimes the school nurse goes. They have a full time psychiatrist and a part-time psychiatrist and they are getting two psychologists. The psychologists will give psychotherapy. Usually this nurse psycho-technician does the follow-up in the homes. Their work is almost all with school children and there are a few pre-schools. They seem to like this work very much and admitted that, although they spend about 60 to 75% of their time in [illegible] testing, they do not think their nurses training is wasted. In talking with Miss Laliberte afterwards she said

she hopes to use some of these nurses, all of whom have had public health in the various districts and helping with in-service training in mental hygiene. It seems to me that she could have done a whole lot more on this program to date than she already has. The French idea of teaching is doing by telling.

The Mental Hygiene Institute is a part of McGill University and is a diagnostic and treatment clinic. They usually take only referred cases and those generally referred by agencies.

B. Related French Agencies

These seem to be legion. All seem to have separate boards and are all very jealous of each other. There definitely should be some amalgamation. I visited the following -

1. Parochial well-baby clinics or Gouttes de Lait. Miss Gosselin is in charge of this and she took me to one of her clinics, no doubt, one of the best. They have 28 centres. Some of these are open two or three times a week. There are 11 nurses of whom two have had public health, and 19 auxiliaries, who weigh the babies and pull the records. The nurses visit in the homes, they visit all born in their district. The clinic which I observed was in one of the parish institutions. They had very good accommodation, 27 mothers attended this clinic, all of whom saw the doctor. The nurse weighed the babies. There was no conference with the nurse. The babies come every two weeks up to two years. After two years, every month. WhenI questined this they did say some came less frequently. In the home the nurse gives general instruction and sometimes gives a demonstration bath. The nurses wear a blue uniform with a white collar which is very attractive, these are supplied by the agency. They told me that very few mothers nurse their babies.

2. Association des Infermieres Visetues. The nurse in charge is Miss Latour who is huge and I am sure could not do any work on the district herself. She has twelve nurses, none of whom have public health. There is one in training at the university now. They serve the city of Montreal and have been in existence ten years. Their program is bedside nursing. Their chronic case load is the heaviest. There were 1500 to 2000 visits last year. The chief type of chronic is the cancer and the arthritic. They also give injections for liver, vitamin B, Insulain, etc. They do pre-natal work but they take only those who can pay. The poorer cases are taken by Assistance Fraternal (see later). They charge $1.00 to $2.50 per visit for the post-natal. During the pre-natal visits no charge is made. They do not give any home delivery service as they say the doctor usually has his own nurse. After the birth of the baby they go in once a day for eight to ten days. They give a demonstration bath. It seems to me there is very little pre-natal health supervision. There were 1136 visits made in January and only 11 nurses. The nurses come into the office once a week, Tuesday afternoon. Otherwise they go to work from their homes and do not contact the office except by phone. About one-third of their time is spent on travel. They are a Catholic agency and do take English catholics. The V.O.N. turn over all their catholic cases to them. I learned later from Miss Laliberte that the chairman of this Board told Miss Latour that she should not have given permission for me to visit the agency.

3. Assistance Maternal. This is another private agency which does visiting nursing for pre-natal, maternity only and goes to those who are too poor to pay or those that do not wish to go to the Visiting Nurse Association. The nurses in charge is Miss Ouellet, she has sixteen nurses, one of whom has had public health. However, two of the sixteen are not graduates. Miss Ouellet had her public health in Montreal in 1944. At their Centre which is a very nice old house, they have two clinics a week for pre-natals. Pre-natals come here once a month, there are three doctors at each clinic and they have about 40 mothers. The nurses visit in the homes of the

pre-natals once a month and they attend the confinements. Following the confinement they go in every day for ten days and again in one month when they close the case. They give a twenty-four hour service. None-graduates do not go out, one stays on at night and the other is on in the day helping with layettes. At the pre-natal visit to the home the nurses take the temperature, but do not take blood pressure. The blood pressure, urinalysis and Wasserman is done at the clinic. In 1947 there were 1139 pre-natals of which 777 were confined at home. There were 62 infant deaths, and 6 maternal deaths. They have made 13,159 visits. The public health nurses are paid $140 per month; non-public health $135; non-graduates $125. The part-time secretary is paid at the rate of $150 per month. It is very evident that the nurses like this kind of work or they would not stay at a pay which is much lower than that of the city nurses. A purple two piece uniform is provided.

C. Victorian Order of Nurses

The staff of the Victorian Order of Nurses in Montreal consists of a District Superintendent, Assistant Superintendent, Educational Director, and 46 nurses. These 46 include the five district supervisors in the five districts. Of the 46 nurses, 30 have had public health. They hope to have a total of 50 nurses in district work. The program consits of bedside nursing in the homes and they have one industry to which they give one period of two hours per week. In this industry they assist with the medical examinations and follow-up and health counselling service. There is also a home visiting service for this industry. In 1948 they had 905 per-natal patients. They attended 63 home deliveries. 806 new obstetrical cases were admitted on return from hospital. Their pre-natal cases are referred from St. Mary's and the Homeopathic Hospitals and some from private doctors. They fell that their pre-natal program is very weak. There are no pre-natal classes. They do post-natal work on call and follow-up for six weeks. There is no exchange or referral slips. On the staff they have a physiotherapist who has been with them since March 1st. She is an adjunct to the nursing service. At the present time she has 23 cases to whom she is giving physiotherapy. 13 of these cases are for physiotherapy only and ten are getting physiotherapy and nursing care. The type of cases referred are hemaplegias who are referred almost immediately, arthritics and fractures. The nurses have been made aware of the application of orthopaedic principles to nursing. They do not do any actual physiotherapy as I had understood previously.

Miss Weatherhead is in charge of the educational program. They have undergraduates from the Royal Victoria, Homeiopathic, Montreal General and St. Mary's. Each student has one week. Almost all the students obtain this except those from the Royal Victoria. They have post graduate students from McGill, each student has one month block field work. Each has a guide nurse and they have independent work. Miss Weatherhead is responsible for the orientation program for new nurses and for the staff education program for the staff. She attends the monthly conferences in the centres and she arranges for four large staff conferences of the whole group together.

D. Child Health Association

I spent one day with this Association which is directed by Miss Deeth and ther some further time with Miss Kennedy who is a consultant in mental hygiene. Miss Deeth is assisted by Miss Milligan who is in charge of the Health Service aspect. Miss Cook is in charge of the Chandler Centre where the educational work is done. Miss May is in charge of the Rosemount area and I think Miss Kennedy has a district also. In 1921 the Child Welfare Association affiliated with the baby centres. Since 1948 it has been called the Child Health Association. From 1921 to 1948 it was the Child Welfare. It is supported by Community Chest grants, Grants from the province, the city of Verdun, city of Montreal and the Federation of Catholic Charities. There are fifteen public

health nurses and a director, one consultant in mental hygiene. Four of the fifteen are supervisors. They have 47 part-time physicians. The medical staff are on the medical or teaching staff of the university. This very important and it is used as a teaching centre for this university and probably will always be continued as such. Their responsibility as a demonstration agency is to maintain a high standard of service. They have research projects under way. They have been doing one on Lederle's tri-emenol. They are doing one on inherited immunity and they are following up last year's study on the use of multiple antigens. (See the report in the C.M.A.J. Aug./48)

There are two divisions to their work. (1) The Child Health Centre Division which is a family service from birth to school age, and includes the whole family. It provides an educational health service both from the medical and nursing aspects. There are three areas in Montreal and Verdun, serving the English speaking and foreign population. All the English hospitals refer all their public ward discharges to the Association. The total population of the district served is 180,000, of which 75,000 are non-French. Therefore, this Association ~~xxxxxxxx~~ directs its services to a population of 70,000. (2) Health Services Division. This was established in 1930 as a result of a survey of health services of the various social agencies in Welfare Federation. They provide a coordinated health service for all the agencies. The Family Welfare has an association and a clinic is established within their set-up. A social worker is present and she has direct access and is with the physician. In the Settlements they do adult work. In this they get all the social problems of the community right back to the physician. The nurse gives the health teaching, they give this service to all age groups. The Foster-home children have special clinics. The nursing staff of the agencies, of which there are four nurses, meet with the child health association staff. They do Foster homes and receiving homes. The medical staff is under the direction of the Child Health Association medical director, who is Dr. Fleming. The volunteer services are under the direction of two members of the board. They are experimenting with records and they are trying to develop a narrative record.

Child Health Service Division - Those eligible for service are infants and pre-school children in families living within the boundaries and not under supervision of a family physician. They pay a family membership of $1.00 to $10.00 based on income. This includes everything for the family, physical examination for the mother, ~~xxx~~ x-ray, etc., but no dental service. The babies make four contacts with the physicians in the first year - on admission, at three months, at six months and at ten to twelve months. Future contacts as necessary up to six years. Six to forty-five years , once in three years, over forty-five years, yearly. They give immunizations at the clinics. Every family that is under supervision must be visited in the home to know the home conditions. Once in six months, at least, the frequency is based on the need. There is a definite plan for every home visit with a definite purpose in view. There is group teaching. There is a nutrition consultant sometimes in the child health centre. They did experiment with volunteers for visiting in the home, the purpose was to extend the service in the homes through additional visits and interpret the Association service to the volunteers and to interpret the health needs of the community to the volunteers. The reaction of the family was very good. It provides an outlet for the mother - someone who has time to sit down and hear her talk. They are not able to have this volunteer visiting service now because they cannot get the volunteers who can leave home themselves. They cannot get baby-sitters. The nurses are paid $1920 to $2100. They have a five-day week and no uniforms. There is a very good manual. Every nurse takes students, they have a weekly conference of staff and supervisors and a routine supervisor's meeting the first and third Friday mornings and a monthly meeting of the whole staff. They have a nurses council.

In the afternoon I visited Chandler Centre and observed the nurses conferencing with the mothers and the doctors examination. Each nurse has her own clinic

and the mothers referred are from her district.

E. Family Welfare Association - I did not visit the Association but talked with Eleanor Barnstead one evening. She is the case work supervisor. They have about 50 workers and they do more than the family service as they take in single men and women. They have a visiting housekeeper service, I think about 25 visiting housekeepers under the supervision of a social worker, they would like to have more. They provide this service for long term cases. She mentioned one family which has had a visiting housekeeper for ten years.

F. Medical Social Work - at Montreal General Hospital I talked with Miss Tennant about the medical social work department. They take only cases referred by the doctors and nurses. Miss Tennant is most anxious to do something with student nurses but as yet has not been asked about it. Just the other day, at the request of the doctor in charge, she told the internes about the service. She was very pleased to have this opportunity and very pleased that it was requested by the doctor.

CIVIL SERVICE HEALTH DIVISION, OTTAWA

Following a conference with Miss Percy in Toronto on February 19th I visited the Division in Ottawa on February 25th and Feb. 28th. The stated objective of the Civil Service Health Division is to provide a three-fold health service for all government employees. This includes -

1. Preventive service,
2. Diagnostic and advisory facilities
3. Treatment service.

The personnel of the Division includes Dr. Ratz, Dr. Davey, a psychiatrist a psychologist, Miss Percy as chief supervisor of nurses, Miss Gordon, Asst. Supervisor of nurses and Miss Hyndman, Welfare supervisor. They have 25 nursing counsellors. Of these 25, two have a degree; ten others have public health certificates and there are 13 without public health. The work in the various buildings in Ottawa is divided into units. There are five units having one nurse in each, five units with two nurses in each and three units having three nurses in each. The extra nurse is away on post graduate work.

To me the most outstanding points in relation to this service was

1. The Relationship with welfare
2. That they hope to have only four to five hundred people per nursing counsellor and that they consider about ten conferences a day as many as a nurse can handle.
3. The in-service training program
4. How much responsibility is invested in the nursing counsellor for all aspects of the service.

With respect with the relationship with welfare, Miss Hyndman is in the same category as Miss Percy and when the division was set up it was anticipated that she would have a group of social workers but as it has developed, she is really the welfare counsellor helping Miss Percy and the others at the supervisory and administrative level. [illegible] integrate the welfare aspects into the whole program. The nurse is responsible for all these aspects on her level with the patient. In other words, when the patient he [illegible] may come for first aid or some small thing and the nurse takes the opportunity of finding if there are any other problems. If there is something which might be referred to a community agency she does so. If it is a case of a referral to a family doctor she also does this. It is only when she does not know how to handle a case or when she feels that the employee should see the doctors on the staff that she will refer them through to the administrative group. Miss Hyndman has worked in preparation of a manual, listing all the community facilities and resources in Ottawa. This has been of very great help. She has also assisted in designing a folder or record which combines both the health and the welfare and she takes part in the in-service training.

They plan to have a ratio of one [illegible] nurse to five to seven hundred employees. They have found from experience that if there are over seven hundred that the work suffers. Fifteen interviews a day are as many as a nurse can do well. All patients are given an initial interview. All return to work people are seen. This type of thing could easily become a rubber stamp, but the nurses have found that it is one of the best ways of making friendly contacts and finding cases. 42% of the interviews recently have been return to work. In area which I visited there are three nurses, 1500 hundred employees. Since September they have had 5,500 interviews which means about 1,100 per month. The personnel officers in this building are very cooperative and this a means a very great deal to the work of the nurse.

The in-service training program is very well organized. They have ameeting of all the staff for 1½ hours during the week and then there is a further meeting

with the doctors and the nurses separate of another 1½ hours. The nurses have worked together on policies, etc., and this has created a very fine morale, of course it must be stated that the salaries are relatively good in comparison to other public health nursing positions. All the nurses with whom I talked seemed to be very keen on the service. They feel one of the big satisfactions in it is that the people are coming to them for something and this is much more satisfying than when they have to go out to the people as in the district.

I was very impressed with the amount of leeway which each nursing counsellor has. Dr. Ratz feels that the central staff provides a counselling background and that the nursing counsellor is the key pin in the whole service. This certainly seems to be what is working out in practice and with the close supervision and in-service training I am sure there is not any abuse.

I was wondering how the advantages of a counselling service and the staff education could be carried out among industrial nurses in the ordinary community. The only solution I can see is such as the following -

If a city health department would have one of their health officers act as an industrial consultant, this might only be a part time job, and have a full time industrial nursing consultant, then there would be an opportunity to give this needed stimulus and guidance to the nurses who are working in industry within the area of that department. **As in the Civil Service Health Division not all the nurses, or even the majority of them are public health trained but nevertheless they are carrying on a very effective service. The same holds true in the community. Relatively few of the nurses are public health trained but lacking the guidance from a consultant or consultant staff, the program is very weak in most places.**

LECTURE BY DR. BIXLER

HOW WE CAN SOLVE OUR NURSING PROBLEMS MORE EFFECTIVELY

WE must give consideration to those things which compel us to make an effective study.

1. **Pressure because of shortage and increasing demands of all kinds.**
2. **Budgetary reductions . Have to study to see what should be curtailed.**
3. **Turnover and dissaffection in the staff.**
4. **Administrative changes.**
5. **Need to compare service load of the present with the service load of the past.**
6. **Opportunities to expand because of better housing, better equipment, etc.**

We need to know for whom we are making the study,

1. For the administration or
2. The entire personnel of the agency or
3. A selected group or
4. The total public or
5. All of nursing.

What difference does it make which you are studying for,

1. In the completion

2. In the finished job presentation

3. In the style of writing, composition, terminology.

Identifying the problem for study, put a fence around it and do not have too much fencing, that is, have a small problem. Select the part of the area you want to study. People are inclined to bite off somewhat too big a piece of work to do in the time available. It is most important to narrow, to define, to delimit the problem you want to work on. Consider the practical aspect of whether there are data available. If you want an experience in doing a systematic study, begin at home, that is, for example, study your own records. Time and cost are important factors. Interest a number of people in helping. The value to individuals in being in on a piece of research is enormous and a fine moral builder.

Some aspects of the problem which could be studied, for example, what is the educational problem in this institution. This becomes a curriculum study. How is the educational program operated? This becomes a study of method. Where? this becomes a study of background, habitat. A sociological study. Why? this becomes a casual study. Causal study, what are the reasons for. Of what use, becomes the study of outcomes and products. When selecting a title, make it intriguing, for example one study which was called "Do Adolescents Need Parents". What types of study are most likely to succeed in less experienced hands. A problem of limited scope, of simple method in the field which is familiar to us. Nursing needs philosophical research now almost more than at any other time. Dr. Brown's is a philosophical research study. A historical research is one which could be done, for example, the recent story of the Frannice Payne Bolton School of Nursing in Cleveland. This is a very fine piece of resear ch work. Then there is the survey type, Observational and direct observation. We are not as comfortable about experimental research in the social sciences. It is much harder to control the situation.

Planning the study -

1. Arrange a series of work sessions to discuss the steps. Once a week or two or three times a week. Sit down to think the thing out. De-limit the problem. Divide the areas of work, select the people. Choose a chairman and secretary for each group. Build a time program.

2. Collect the data.

3. Summarize the data.

4. Interpretation, This is the most difficult part. It requires creative thinking. This is the process in which you say "what does it mean" "what significance is it?" We must replace impressions with facts. There are enough people studying problems and if we report them we would have enough for a basis for generalization and that would mean a great deal for nursing.

There must be a reason for writing the report. Make this in a planning session. These steps are necessary - a statement of the problem, background, analysis, interpretation, recommendation. There has been a lot of systematic study done in nursing, but not been reported. Therefore, get into the way of findings with other people. The fact that the study is going to be written improves it 50%.

Summary of the foregoing - 1. We cannot afford to study our problems any way but

effectively and we have not time not to do these studies. We must not make important decisions on the basis of snap judgements.

2. Certain aspects affecting the type of study.

3. De-limit the study to make it practical.

4. Planning of the study.

5. Write the study.

6. Never think of exhausting yourself in the thing you do, think of it as an on-going program.

7. Get reinforcement of judgement by having some consultative advice.

TORONTO HEALTH DEPARTMENT.

Started observation and conferencing with the Toronto Health Department, Monday, February 14th.

Conference with Miss Keefer. - In the last two years the Toronto Department have taken on at least 120 nurses, all of whom have been public health trained. They have had an exceedingly high turnover. It is due in part to the fact that there were a number of older nurses who retired and these had to be replaced. However, in ensuing conversations and observations I find that there is a great deal of dissatisfaction among the staff. Miss Keefer has a final interview with them but more than that is necessary in order to determine the real cause of job dissatisfaction.

There are eight districts with eight district supervisors and supposedly in each, a senior nurse. The number of nurses in each district varies from 14 to 20. They have thirty child health centres. They have a great many "not found" visits. Last year they averaged 27%. The budget quota of the nurses is 169.

Miss Keefer is alarmed about the separate divisions of T.B. and V.D. The T.B. have four nurses. Dr. Young is in charge and Miss Larkin the consultant. The V.D. have eleven nurses, Dr. MacKay is in charge and Miss Harrison is consultant. There is a tendency for these divisions to be built up as separate units. These nurses are not included in the budget quota mentioned above. But the division of nursing is expected to find replacements for them. There is also a division of mental hygiene under Dr. Lewis and Dr. Scott. Miss MacEnaney is the nurse in charge. They have a nutritionist, Miss Moyle. There are three consultants - schools, Miss Lovell; Maternal and child hygiene, Mrs. Troop; educational director, Miss Kayle. In addition there is a supervisor of hospital health service, Miss Carroll and an assistant director, Miss Roberts. They also have a senior nurse in the office, Mrs. MacLaren.

It seems to be the responsibility of the nursing division to distribute free insulin and they have 800 people coming to the nursing office for this. There is one clerk on this job full time and two others devote part time to it.

In regard to clerical staff, five of the districts have three clerks each and three districts have one clerk each. They are short two clerks of these above at the present time. There is a very great need for more clerical assistance and also for more supervisors. They hope to have more district offices. Miss Keefer has an idea

to appoint two regional supervisors. I think this would be very bad administrative policy. All the districts have a District Medical Officer in each, not all are public health trained. They do chiefly school work they are not really responsible for district administration. They do not take any responsibility for the tuberculosis, the nurses do this. In addition, they have doctors for secondary schools and additional doctors for the Child Health Centres. The District Medical Officer visits cases of communicable disease.

Meeting of the Nursing Consultant Group in Miss Keefer's Office.

I believe this group meets one morning every two weeks although it may be once a week. Dr. Pequegnat was present for part of this meeting. The consultants said that there chief problems were lack of clerical staff, the need for more supervisors, more suitable quarters for demonstration area. Mrs. Troop brought up the fact that the public health nurses needed in their preparation more emphasis on the pre-natal group teaching method, the actual technique of manual expression of breast milk. Experience in nursing schools, more on normal child development or on mental hygiene and nutrition. There was a feeling that they could have less bacteriology, they need more on counselling methods. There then followed a very interesting discussion on medical social workers. There seems to be a feeling that I may make a recommendation that they do not have public health workers in hospitals. I said that I felt that there was a need for both groups and tried to explain how the medical social worker can act as a consultant and mentioned Miss Clarkson. Miss Carrol said they were getting very nice referrals from her and seemed to be very satiisfied with her type of work. It will be however, a long tim e before the feeling against the medical social work group can be overcome. They are very protective of the public health nurse in hospitals and go back to the fact that this was the way it was started. It is difficult to bring to their attention the fact that we have progressed with the times and that perhaps now there is time for a revision, that we cannot always go along in the same way as the/ thing started out. [illegible]

The district supervisors meet every other Tuesday morning, I was present at their meeting. The consultant group in the central office do not attend this meetings. Mrs. McLaren the senior nurse does, although for why I cannot understand because she never opens her mouth. The V.D. and T.B., consultants were not present at either meetings. This, I think is rather a handicap, especially if Miss Keefer wants to keep the divisions closer together.

The supervisors expressed the needs of the nurse as more public health affiliation in the undergraduate course, the need for more mental hygiene and for social case work techniques. They have a very definite feeling and so have the nurses in the districts, that the social workers are getting more than the nurses do. The social workers feel that they should handle many of the problems in relation to mental hygiene. There is a feeling that the nurses do not recognize our problems. In nutrition they felt that the nurse has a sufficient amount of knowlege but that it is not so very practical. Their chief supervisory problems are the lack of accommodation, desk space, etc., and the changing staff, also that they have too many nurses to supervise.

I was pleased in discussing the public health who they are now taking on the staff that there is a definite feeling that the nurse from the integrated course at the university of Toronto School of Nursing, is, after she has had experience, a better nurse than the nurse going through three years and then taking a year post graduate. This is a different tune than it was nine years ago. They feel that anyone in their first year of experience is on about the same level but once some experience has been gained, these nurses show up to better advantage.

The supervisors discussed the mental hygiene program and all expressed how inspiring Dr. Scott is. They are very interested in the program. Dr. Scott and

Miss McInenany I believe have paid about six visits to each of the districts in the past year and they have taken up case histories. This is very excellent in-service training and shows what can be done as long as such a program is put into effect. It demonstrates that interest is definitely developed in that way. Although the nurses find the writing of the case histories for the mental hygiene division difficult and they take a long time, they seem very interested, they will even do them at home.

Conference with Mrs. Troop, Consultant in Maternal and Child Hygiene. I think there are about seventeen pre-natal classes held during the year. They are under the auspices of the Welfare Council of the Community Chest. There is a talk now that these will be turned over to the Health Dept. as the Welfare Council feel that they have demonstrated the project. The chest controls the budget to which all agencies contribute. The Health Dept. gives $400 per annum and also the time of our nurses to teach four groups. The classes are held from 1.30 to 4.30 once a week for seven weeks, every ten weeks for each of the four nurses. The other three classes are taught by a nutritionist. This means there are ten classes for each mother. Each nurse keeps on in the same district for one year and there is a substitute in case she might be off ill. Their pre-natal group teaching program seems to be better developed than in any other place I have visited. Practically ninety-nine percent of the mothers attending are from private doctors. The staff cases go to the hospital out-patients departments and do usually attend the pre-natal classes. The nurses do not follow up these mothers into the home. In relation to pre-natal health supervision, there seems to be much more done here also than in other places. Mrs. Troop provided some statistics which showed that in 1948 the Dept. of Health made 7438 visits, to 2145 individuals. These were many more than the V.O.N. who made 4718 visits to 1,668 individuals. The V.O.N. statistics were for greater Toronto. The St. Elizabeth's were also for greater Toronto and made 780 visits to 226 individuals. 700 mothers attended pre-natal classes in 1948. This means that a total of 12,936 visits were made and 4,739 individuals contacted through the home visits or the pre-natal classes. This is 38% of the total number of mothers confined in 1948. There were 12,490. This means that there 7,751 pre-natals not contacted in any way by the public health nurses. Approximately 3,461 or 27.5% attended obstetrical clinics. Preseumably these are the ones that are followed up, at least these are included in the follow-up in the home, although it will be necessary to check on this information. This means that 72.5 % of the total pre-natal cases were private physicians.

Mrs. Troop also has statistics which showed the percentage of mothers who returned for post-natal examination. In 1946-55.1%, in 1947-58.3, in 1948-56.4%. These were mothers from the hospital obstetric clinic, not including the Toronto General Hospital.

Infant Welfare program - They get the birth registrations and try to visit all new babies. Last year they visited 89% at least once, 51.6% of all came to child health centres, in 1947 this was 46% and in 1946-40%. This shows a gradual increase in the use of the child health centre. The nurses will give demonstration baths on request and will demonstrate the preparation of a formula. In the child health centres the infants and pre-schools come togeteher. Diphtheria and pertussis immunization is given by the doctor and there are two doctors in every child health centre. Vaccinations for smallpox are not done there, mother must take the baby to the City Hall if she wishes it done by the City Health Dept. In the child health centres they try to have a ratio of one nurse to ten mothers on an average. They never have more than five or six nurses in each centre. Volunteers are used. The average attendance in the centres last year was forty. In the thirty child health centres they have weekly afternoon sessions. There is one centre to an average of 23,000 population. The nurses are not allowed to order new foods, i.e. orange juice or cod liver oil, eggs or vegetables. This is quite a handicap. They can discuss it with the mother and they will say to her that when she goes into the doctor she should ask him about it. The mother sees the doctor when she first brings the baby to the clinic and then p.r.n. There is no nurse's conference

session without the doctor. Mrs. Troop again emphasized the need for the younger nurses to have experience in manual expression and she feels that they are short on knowledge on child development. The nursery school is also desirable, it is regrettable that they do not have nursery school experience.

In relation to breast feeding, a spot count in child health centres showed that 40% of the mothers in the summer of 1947, were breast feeding the babies. This was taken on a thousand mothers with babies under nine months. 75% of those answering a questionnaire prepared for the Welfare Council were breast feeding their babied. There were 400 to 500 in the check who returned the questionnaire, presumably there were more in the group who did not return the questionnairre who were not breast feeding the babies. Mrs. Troop feels that now that mothers are giving so much better care physically to the babies and they are needing so much more help in the social and mental adjustment field, this is where the nurse needs to be prepared to give this help.

Since 1943 they have used about 40 of the V.O.N. in child health centres. The V.O.N. nurses are paid $1.25 per hour. They are limited to the use of this number because they are limited to the payment of 125 hours weekly. There is a great advantage in this plan to both agencies. As it brings the nurses closer together in their work and gives the V.O.N. added interest. They only use the V.O.N. who are public health trained.

Mrs. Troop said that there were 9,000 mothers in Toronto in 1947 who were not contacted by the nurse.

One afternoon I visited the Manor Raod Child Health Centre. Miss McKelvey the senior nurse forthe Yorkville District was there and showed me the routine of the centre. They use a large room in the basement of the church. The attendance of about 60 mothers with infants and pre-schools. They have one small place with a volunteer in charge where the pre-schools play. This is really just a table with small chairs. They have two doctors, one at each end in separate rooms. Dr. Gillies, a private doctor and an interne. The interne apparently gives the immunizations. There is a nurse in each room where there is a doctor. As stated previously they only give diphtheria and pertussis here and the mothers must take the babies to the city hall for vaccination. This seems to me to be a great draw-back. They had two volunteers weighing the babies. They do not measure. One nurse interviews the new mothers and another nurse interviews the old mothers. With the two nurses and the doctors which is an attendance of four nurses plus the one in charge. Two of the four are V.O.N. The Health Dept. nurses arrive at the Centre about 12.45 to set up the child health centre. The volunteers do not help with this. Here again there is no space where mothers can be interviewed privately. This is a great lack in all our child health centres.

Tuberculosis Division - Dr. Alan Young is the Director of this Division and Miss Larkin is the nursing consultant. There is a staff in addition, of three nurses and four clerks. All the T.B. records come to this office. They are put in the register, put on a list for the San. and then decentralized to the district offices and hospital health service if in a hospital. Two of the nurses visit the Sans. Miss Clark visits Weston and later on I am to visit with her. Another nurse visits five smaller Sans. Each San. has a visit about three times a year. The nurse goes to Weston weekly. These nurses act in liaison between the home and the patient and the San. See notes later. In relation to post-sanatorium care they have boarding homes where the landlady gets $66 a month and the patient $10 per month. A third nurse looks after these. The consultant, Miss Larkin, visits the district offices two or three times a year. She does not go very often to the consultant or supervisory meetings. They have a high school survey every fall when they patch test Grade 9 and 12. Of 16,000children patch tested, they admitted ten to San.

Division of Venereal Disease Control - Dr. McKay is in charge but he was out and I did not see him. Miss Harrison is the nursing consultant. They have eight so-called epidemiologists who are public health nurses and one male investigator. He is chiefly responsible for court cases. There are four clerks. One or two epidemiologists are attached to each of the six hospital clinics. They diagnosed cases are referred to them for interview (See notes later and visit to St. Michael's) The epidemiologists follow the contacts. The nurse in the district follows the delinquents with very few exceptions. Miss Garrow is a specialized worker who acts as a liaison at St. Michael's. Interview with her later.

Visit to St. Michael's Hospital V.D. Clinic - St. Michael's has over 700 beds. In the V.D. clinic there are two full time hospital health service nurses. Miss Murphy and Miss Clavir. In addition at the female clinic which I attended, there is an epidemiologist called "Eppy". Miss Cavanagh was the one present when I visited. Then there is Miss Garrow to whom is referred special problems. The routine seems to be this. the new patients are given a number when they come in and they are then referred to the hospital health service nurse. Miss Murphy sees the men and Miss Clavir the women. Clinics are held on separate days. I cannot see that the nurse who is not interviewing that Miss Murphy on the women's clinci day can be kept very busy. The hospital health service nurse explains about the treatment. How long they will have to come and what happens if they don't. However she probably does not do this before the patient is seen by the doctor. Her first interview with the patient she takes the history. The patient then sees the staff doctor. If it is a case of a blood test he takes it then and the patient has to come back in a week. If it is a case of g.c. a smear is taken and diagnosis is given that day. They then go back to the hospital health service nurs for an interview , at which time she explains about the treatment and how long they will have to come and when they must return. The patient is then sent on to the epidemiologist who interviews for contacts. These epidemiologists who are on the division of V.D. Control do the follow up work in the district. If there is a special problem they are referred on to Miss Garrow. I can see the need for this referral to Miss Garrow, it is very important. But why the hospital health service nurse could not find the contacts and refer to the V.D. division I am sure I cannot understand. This is an extra person that the patient has to see and he realizes that this is just one more person who knows his story. Apparently the patients report to the hospital health service nurse about every time they come in. If they do not keep their appointment the nurse informs the hospital health service who notifies the Division of V.D. control at the City Hall. However, if they are delinquent just once, the first time a letter is sent to the district nurse. If she does not get them in then the epidemiologist will follow up. On the last day of the treatment the doctor takes a blood test and they must then return once a week. They are not seen again by the Hospital Health Service nurse. They are now using procain penicillin, ten injections, three each week.

In relation to the treatment at the moment the assistant supervisorof the out patient department gives the treatment for syphillis. Some of the treatments are given by internes. There are also student nurses who are preparing the treatments. The hospital health services nurses also do the ward work. If a patient is found positive the nurse visits and interviews. The epidemiologist also visits for contacts. Here again is duplication and where does the hospital nurse herself, both graduate and student, come into the picture. Are we not again taking all the teaching away from them.

Miss Garrow is an exceptional person. She has had experience in hospital health service work, then she took a three weeks course at the Psychiatric clinic. To her, special cases are referred, also chronic defaulters and she trying to do a study on these to see if they can reduce the number of times they default. Her work is really an experiment and she has only been doing it for seventeen months. She follows her own case to the ward if the patient happens to be admitted. I sat with her while she interviewed a couple of patients. As was suggested in our nursing consultant meeting, perhaps there is some special quality in the individual which fits

them for this particular type of work. I can see that Miss Garrow might be able to do these social aspects very well without the preparation, but that i s not so with the average public health nurse. I was certainly not impressed with either Miss Murphy or Miss Clavir. I then saw Miss Kavanagh, who is the epidemiologist. She interviews the new cases for contacts. The day I visited she had one patient for interview and this happened to be a man who came in. This was unuaual because this was a women's clinic. She will follow up the cases in the district and the defaulters that the nurse was not able to get in. Her last months case load was about 58. She says this is the average for the nurses. It does not seem to me to be a very heavy one. Miss Kavanagh over a year ago completed her degree work in supervision in public health nursing at Columbia University, and yet here she is on this specialized program. She realizes herself she should be in the general field but she says that there is no chance for advancement in this department for a very long time, and they are in need of senior nurses in their districts. I cannot understand it. Miss Kavanagh is in contact with Miss Moore and is probably going to a County Health Unit this year.

Interview with Miss Cale, Educational Director - Miss Cale is responsible for staff orientation, in-service training and the students' program. The orientation consists of the four days of introductory conferences. Afterthis the new nurses go out to the districts and they are/responsibility of the supervisors. The in-service, they try to find out the staff needs. Two hours per week is devoted to staff education. One of these hours is on administration. The staff education hour is for visitors and consultants. There is very little staff participation, they have no bulletin. Each district has a library and there is a nursing library in the city hall, with catalogue of magazine articles. Miss Cale has not yet divided up the responsibility of indexing articles nor has she really tackled the in-service training program. It is largely one of arranging for appointments for the consultants in the districts. She has visited with some of the consultants and admits herself that there is not nearly enough staff participation. I imagine that the amount also varies with the district supervisor All the supervisors took a special administration and supervision course at Toronto University. This consisted of lectures one full Friday each week for the year. None of the supervisors have a special certificate. Two of the senior nurses do have certificates in Administration and Supervision. The student program, the take the certificate for one month, the advanced course for one month and the degree course people come for one month and then each fall for one day a week. They do not have a conference room and do not have conferences with a group of students while they are with them for field work. Miss Cale gives them a lecture at the university. At the present time they are not taking students from hospital. Miss Cale told me about the hospital health instructors meeting which is held monthly and I have been in contact with Miss Smith to attend it. I will get more details of the student program there. The health department also gives observation to medical students in their senior year. This consists of a lecture plus a half days visiting with the nurse in the field. When they introduced this program they dropped the student nursing program. The work with the student nurses is largely through lectures.

Conference with Miss Lovell, School Nursing Consultant - In the schools the doctors do a physical on grade 1, 7 and 9 and the leaving grade and also special referrals. The nurses preparation for the doctors examination consists of weighing and measuring the children, doing the vision test and writing the parents for grade 1 and grade 7. There is a good response to the grade 1 invitations but not to the grade 7. They feel that the children in grade 7 discourage their mothers from coming, and yet they insist on sending out the invitations. The nurse duty for the other grades, that is 2,3,4,5,6, and 8, inspects the children each child in the health service once during the school year. She does the vision test on grade 4 but not on the other grades and any other with vision defects which have been marked up. She weighs the children only where indicated. The teachers, as a rule, do not take any responsibility for weighing or vision testing. Instruction is given to the teachers on a form which is incorporated into the register. The majority of the nurses meet with the teachers and talk with them, but not by any means all the nurses do this.

All defects are referred to the doctor before a note is sent home. After the inspection of a class room, the nurse holds a conference with the teacher. The nurses are not responsible for sanitary inspection. The M.O.H. is and fills out a form yearly. In the high school program there is a great deal of health counselling. There is a Guidance Department set up under the provincial department of education in each Secondary school, the staff consists of a Chief Guidance officer, a man and also a woman. The set up and program varies in each school. Dr. Lewis goes in on request. In some schools the Guidance group works very closely with the nurse. (See notes later on visit to District Office and the school.)

Conference with Miss McEnnaney, Consultant in Mental Hygiene. I did not get a great deal out of this conference except to learn that Miss McEnnaney arranges for the interviews with the doctors and that she and Dr. Scott had made six visits to each district in the last year. This is very commendable. There are some extra nurses one at each school for mental defectives. I do not know how many of these there are. Apparently they did try out social workers but found that they were not successful in this situation. They have two school guidance centres and they have a close working relationship with the social agencies and the hospitals.

Visit to District Office. The morning of February 21st, visited Runnymede District office. This office is on the second or third floor of the Runnymede School. The office space consists of one vacant class room and in addition they have a smaller class room which they use as a lunch room. The nursing supervisor, the doctor and the nurses and the clerks are all in the one large room. Miss Harshaw, is the nursing supervisor, Dr. Moffat, the medical officer of health, I did not meet him. The population of the district is about 89,000. The remainder of the staff consists of a senior nurse, Miss McIntyre and fourteen staff nurses, they have one clerk. In the district there are eleven elementary schools, five separate schools, two secondary schools, and in addition they have a school in the housing unit at Malton, although outside the area of Toronto, this is included in Toronto as the residents are residents of Toronto. There are three child health centres. There is also the school in High Park, the open air school which goes from May to October, it has about 210 children. The supervisor is responsible for the administration of the office and supervision. The senior nurse does most of the outside supervision. During the first year they tried to visit with the nurse three to four times and second year, two times and the third year at least once, and each succeeding year once. They have evaluation reports which are sent in regularly.

A family record is made out if they are going to visit a home more than once. The nurses receive birth registration notices. These are usually received when the baby is five days to a week old and they try to visit the home not later than two weeks. The V.O.N. notify the Health Department of the cases they are visiting and they send follow-up reports, this avoids duplication. Pre-natals, they are not referred to the V.O.N. unless they are to be confined at home. They have a very small T.B. problem. They have individual records for T.B. or if only one individual in the family otherwise the family record covers all.

A staff conference is held once a week at 11 a.m. on Fridays. The first part is administration and the second part if they have some educational report. They have a planned program for the consultants visit and if a consultant is coming, they come from one to two. There is no report from the staff education program. The nurses take part in the mental hygiene program. They get the report from the clinic and they do the follow up in the home. The attendance teacher in the schools checks on absence. The nurses do not have to check on those absent except those reported ill. In this area there are four dental clinics going half time. A dental survey is done once a year by the survey dentist. The nurses are responsible to make appointments during the year.

The department supplies the following magazines - Public Health Nursing, Parents, Child Study, Hygiea, Canadian Journal of Public Health.

Following a visit with Miss Harshaw, I went down to the Health Service room of the school where Miss McIntyre is the senior nurse and was relieving for the regular nurse. Miss McIntyre says that it takes from nine to ten each morning to do re-admissions. She says the teachers screen them quite well. The doctors examines grade 1 and the kindergarten and then grade 7 and transfers in. Grade 4 has a vision test. Miss McIntyre says there is no regular meeting with the teacher to discuss the class. Every class is visited by the nurse. She send for the child with defects first, then those who do not have defects are sent for and inspected in the medical room. I think that Miss McIntyre means that all the children are inspected in the medical room and not in the class room. Then follows a conference with the teacher. The reference above to no conference with the teacher was in relation to education about screening the children that should be sent to the nurse with signs and symptoms of communicable diseases, etc. The nurse weighs those that under weight. Miss McIntyre complained that Miss Jones was behind with her work, she made a remark that she spends too much time on her finger nails or rather on nail-biting. In relationto immunization, the toxoid team comes to the school. they review all the A.D.P. cards and send out the notices to the parents. Vacconations are done by the school doctor in the school. In relation to communicable disease, if a case is found in the class the mother is phoned to see if she could get her own doctor. If not, the M.O.H. must visit to make a diagnosis. Then the quarantine officer visits right after it is reported and he goes back to give release. The nurse may visit first if the child is at home, then the doctor then the quarantine officer. This happens with chicken-pox, german measles, mumps, measles, scarlet fever, diphtheria, polio, etc. The latter three are placarded by the quarantine officer.

I did not see any of the matrons but I believe that these matrons are employed to help eradicate [illegible] pediculosis, now she also apparently helps with clerical work with the nurse. (see notes later re conference with Miss Lovell on matrons.)

Miss McIntyre's duties in relation to the senior nurse position are supervision of the nurses, visiting the boarding homes, student program. Miss McIntyre is one of the older type and I would not think that very many of the modern principles of supervision are followed. I should imagine that there would be little incorporation of mental hygiene either into the instruction or into the supervisory techniques.

Visit to Weston Sanatorium with Miss Clark from the T.B. Division. On the morning of March 9th, met Miss Clark and went with her to the Weston San. This is a T.B. San. of about 650 beds. Dr. Wicks whom I met, is the superintendent, Miss Bell is the director of Nursing. Miss Clark as the public health nurse from the health deparemtne visits each Wednesday for a full day. She contacts the patients who are residents of Toronto. There is a Miss Beckwith who is a graduate of the University of Toronto School of Nursing who admits the patients. She claims to be a public health nurse but has not had any experience in public health. She feels that this is a draw back she should have got some experience in public health first. Her reason for going into the tuberculosis work was that she felt that was a weakness in her public health preparation and would have to get more experience in it. As far as I can make out she sees the patients when they come in and gives them some information in relation to tuberculosis. I suspect that she does not give as much as [illegible] Miss Fenton seemed to try to do but I am wondering if it is not too much even at that. She mentioned the posters on the [illegible] walls for their benefit. These wer not very attractive posters in the room was certainly not an attractive room for the first contact of the patient with the hospital. Miss Beckwith in addition follows up the new patients on the admitting ward. There are two admitting wards, one for men and one for women and the patients are kept here anywhere from a few days to two weeks. They are kept at least until diagnosis is confirmed and it is established how much activity they can have. They may be kept longer depending on the availability of a bed in the regular wards of the hospital.

Apparently Miss Beckwith tries to do some follow-up teaching. After they go to the regular wards there is apparently very little done. There seems to be absolutely no in-service training program ~~xxxx~~ with the graduate nurses. I learned later that most of the charge nurses are graduates of the Weston San. Up until ten years ago it was apparently operated as a school of nursing with affiliation with General Hospital. Miss Bell the superintendent seems to me to be a bit of the old school type. They do take students for affiliation and Miss Elridge is in charge of that program. In addition to Miss Clark coming in from Toronto there is a nurse visiting regularly from York Twsp. another from East York. I went ~~with~~ Miss Bell to visit some of her patients - One was in relation to a transfer from another sanatorium. This man had been in another San. and was sent down to the Toronto General for thoracoplasty. However, this was not done there and he was brought out to Weston. He complained very bitterly about the treatment in the Toronto General. There did not seem to be any problem here as far as the district was concerned or anything that Miss Clark needed to handle. The second case was a man whose problem seemed to be that his wife had been given notice to leave their apartment. He was wondering if there was any way to get around it. This again, is not a health problem but a welfare one. The third, a man whose wife and child lived in one room, she was on Mother's Allowance, he has been told that he can leave the San. very soon and is concerned about getting another living quarters. The nurse said that he should get in touch with the catholic welfare. Here again is a welfare problem. The fourth case was a young lad who had been admitted,about 20 years of age, he cannot read or write. There was no problem as far as the district was concerned. We then went to see a woman who was pregnant. Miss Clark had seen her previously and had discovered that she had been given to understand that the baby would be kept in the hospital as long as she would be there. When she found that this wasnot so she was very upset about it. Miss Beckwith is supposed to follow up these pre-natal cases. Miss Clark wanted to go back to reassure the woman and see if she had adjusted to the situation. She found that Miss Beckwith had not been to see her and was rather put out about it. Miss Clark left the red book which is the bible of the Toronto Health Dept. and some patterns for knitting, the woman was already knitting and seemed to have plenty of patterns. The next visit was to a young girl who was pregnant. She took her also a copy of the bible. The girl has decided to get married and had her engagement ring. Here again it seems to me that this was really a welfare problem, it is quite true that this young girl needs a lot of encouragement and somebody to come to talk to her. In relation to the giving of information, such as the red book, the public health nurse, Miss Beckwith already on the staff could have given this. Or failing this why could these not be given to the charge nurses. It seems to me that every bit of responsibility for this type of thing is taken away from the hospital rather than given to them and encouraging them to know the community resources and ~~xxfxx~~ let them make use of them. There is no doubt about it that someone doing something the same type of work as Miss Clark is doing but more of the welfare and case work is needed and is needed full time on the hospital. Three people, three public health nurses in addition to the public health nurse doing the admitting and a dabbling of the teaching seems to me to be a very confusing picture administratively. Before going on the rounds with Miss Clark I had met Dr. Wicks and I brought up this question of duplication, or possible duplication. There difficulty apparently is funds, how would they get money to pay for this extra worker supposing it would be a good policy to have her on the staff. I pointed out that the tax payer is paying for it whichever way it is and a duplication is a more costly business than a policy which would avoid this duplication. We had a long discussion with one of the occupational therapists who seemed to be a very understanding person. She too meets all the new patients and this even before they have been given the diagnosis and classified for occupational therapy. Her point was that they need to meet people and that every extra contact helps. This is true but this is not her function. There should be a medical social worker in my opinion attached to the staff of the hospital who will pick up these things and who will make the necessary referrals to the district. I think the majority of referrals are welfare. It might be avery good idea for a study to be made on this aspect, even if the nurses who visit the San. could classify their referrals over a period of two months, they would then see what the chief classifications are.

The occupational therapist, vocational guidance man and the principal of the school, Miss Slater, meet in a conference every two weeks to discuss new patients. It is proposed that soon this conference will be enlarged and will include the doctor and the nurse of the wards concerned with the cases they are going to take up. After lunch I had conference with Mrs. Dalvel who was a public health nurse for many years with the health department, the latter part of the time being with the mental hygiene division. She felt that she needed a change and went to Weston to take the postgraduate course. When she was finished with it she was asked to join the administrative staff. I really do not know what her particular position is but she seems to be responsible for some of the education of the nurse aides. They have about 35 nurse aides I think, and about 8 practical nurses, I am not sure how many graduate nurses as Miss Bell did not have the information at lunch time.. Mrs. Dalvel who told me that there is no in-service program for the nurses and she thought that they were rather too rushed to give much teaching. I do not think that she approves of the situation very greatly.

Visit to pre-natal class - In the afternoon went to Glebe United Church where one of the largest of the city's pre-natal classes are held. Miss Bale is the nurse in charge. There were about 28 mothers present, I should think that the majority of them primavarous. It is a very good district. Miss Bale has a volunteer who helps with the registration and prepares the refreshments which consisted that afternoon of apple juice and a wafer. Sometimes soup is served sometimes chocolate, etc. The whole series of lectures are numbered ten. The majority of these Miss Bale takes herself with some of them being taken by a visiting housekeeper [illegible] and there are two taken by a nutritionist alone. I would say that Miss Bale is a very individualistic person. She has a very breezy manner with them. She follows the lecture type pretty largely although she does invite questions. Some of her dictums which are announced might be questioned scientifically and one or two of the mothers did question. Some of these mothers have read a lot themselves and I am quite sure that they were not altogether convinced that Miss Bale was correct. There were displays of book covers and books for children. Apparently the librarian comes one day and brings the books and many of the mothers have had a great deal of assistance because they used the libray afterwards. These looked like very up-to-date numbers. There was Modelling for Mothercraft, How to Improve your Bridge, Books on Home Building, Home Decoration, etc. I should imagine that the mental hygiene aspects are fairly well looked after and that this probably a very good class. Since it is one of the largest classes in the city it seems that Miss Bale is probably very successful. As I was leaving she gave me some notes that mothers had sent to her. During her talks she stressed breast feeding, as a matter of fact she started out by saying there were two announcements which always would be made at this class and one of them was about breast feeding. When she was talking about what they should get ready for the hospital and about budgetting for the baby, she said at the end "and of course you won't be including anything about baby bottles, nipples etc., because you are going to nurse your baby. In reference to the notes received, they all started off announcing the arrival of the infant and all showed very great appreciation of Miss Bale and the instruction. Here is what some of them say - "Miss Bale, I cannot begin to tell you how much I enjoyed the pre-natal classes under your instruction. I looked forward each Wednesday as much for the very definite lift you gave with your sparkling manner as for the fine instructional material. You do us all so much good and I know the other girls as well as I became quite attached to you as a friend". "I am looking forward to getting home to put into practice the valuable information I ganed at the pre-natal classes. They certainly were wonderfully helpful". "I want to tell you how very much I enjoyed your lectures at the pre-natal classes at Glebe United Chursh, each day some new thing turns up and I am grateful for the instruction I got at the classes. It would have been a very weary business, looking after a new baby without having been told what to do and what to expect with a tiny baby. I used to look forward to Wednesday afternoon I spent attending your classes. I came home feeling refreshed and terribly thrilled with what happiness lay ahead with the baby and I don't think anyone else could have made these meetings more intersting than you did". And another one written by a mother when she was still in hospital -

and referring to two other friends who attended the classes - "All three of us have enjoyed the classes immensely, Miss Bale and feel much more confident of this business of being a mama than we would have otherwise. I am afraid I have practically worn my room mates ears off raving about you and the funit was every week. Thank you for making it so."

March 10, 1949 - Had a final interview with Miss Lovell and Miss Keefer. Obtained information from Miss Lovell in relation to the matrons. These are employed so far on the temporary staff but because of civil service regulations they will be on the permanent staff wary shortly, if not already. They ar not picked for any particular qualification, all are interviewed by Miss Roberts. They must be able to handle children well, to make a good approach in the home, etc. They are used to help with the pediculosis problem and they follow up these cases into the homes. The nurses report that the problem is much better,as the matrons have more time they are helping the nurses with the clerical work in the schools,in the child health centres, and one of the matrons comes in once a week to the central office to help the supply clerk. This is the nearest thing to auxiliary help of this natnne employed in official agencies in Canada. If the Toronto Health Dept. can employ eight then perhaps smaller departments might very well look into the matter of employing a lesser number in proportion. I would certainly think that Hamilton which has quite a pediculosis problem might well use such people.

In the final interview with Miss Keefer she mentioned the civic visiting. I had not realized that this was a duty of the public health nurses. If any of the civic employees are ill the nurse must visit to ascertain why they are absent. This is really policing and is a very unpleasant task for the nurses. Miss Keefer complains that as new projects are added it is the home visiting that goes by the board. She feels very definitely there should be more group teaching and I think has an idea that it would save time. I pointed out that I did not feel, that in actual fact, it does save time. [illegible] and that group teaching is good but that the more recent writing does not seem to stress it quite as much as previously.

I was able to discuss in rather general terms the work of the hospital health service nurse. When she brought up the fact that Dr. Brown wants five full time nurses in the hospital for sick children, I pointed out that I thought we needed a very definite and detailed analysis because it seems to me that so often the things that the hospital people did not want to do were put on to the hospital health service nurse and that I felt the hospital had a responsibility to employ an adequate staff. The hospital health service people should only be there for information for the districts, I also mentioned the same thing in regard to the visiting to the San.

Miss Keefer also mentioned that records are not taught at the University of Toronto. Their attitude is that that is the agencies responsibility. It would well to look into the matter and see how much of the principles of recording are taught because these very definitely should be. There are quite a number of complaints from the Toronto Health Dept. nurses about the difficulty of completing records. They have been used to check system records and they do not like the narrative family record which they are using now. Of course, the real answer to this is more clerical staff and dictation by the nurses.

St. Elizabeth's Visiting Nurse Association

March 10, 1949 had an interview with Miss Hefferman, Supt. of the above Association. The staff consists of Miss Hefferman, two supervisors, eleven full time staff nurses, three part time staff nurses, doing night duty only, two clerks and one bookkeeper. One of these clerks is in their Lakeside office. The office at 67 Bond Street serves both as a central office and a district office. Their area consists of the city of Toronto, Mimico, New Toronto, Long Branch, part of Toronto Township and almost all of Etobicoke. They also have Scarboro and I think York Township. Twelve of the seventeen nurses have public health preparation.

In addition to the bedside nursing program, in Scarboro they give health services to three separate schools. There they are paid by the local officer of health. In York township they give a similar service under similar circumstances to two separate schools. In 1948 they made 21,365 nursing visits. The bedside program consists of medical cases, to these they give liver extracts, insulin, etc. They try to teach someone else to give the patient the insulin or to teach the patient themselves, but they do not attempt any teaching for the giving of liver extract. They have not given penicillin, except for those to whom they are giving bedside nursing care. Of their chronic load the largest are the hemaplegias, they do not have many arthritics.

They do not carry any Metropolitan Life policy holders. The charge per visit is $1.50 on a sliding scale.

Formerly they had a very heavy home confinement load between 600 and 700 a year. In 1947 they had 212 home confinements. In 1948, 129 home confinements. This service to mothers on return from hospital is increasing and they are trying to build this up. If the mother comes home on the eighth day they will probably only give two visits. If however, she is discharged on the third or fourth day they will visit to give nursing care to the mother and to the baby. They discharge the cases at the end of six weeks. They have an exchange of information system with the city health dept.

Last year they gave pre-natal supervision to 226 individuals.

One of the St. Elizabeth's nurses teach in the Welfare Pre-natal classes. They also have a pre-natal class at St. Mary's Infants Home. These are the unmarried mothers.

Miss Hefferman says they are three nurses short on the budget, in other words, their quota is 20. The minimum salary for the staff nurse $2087.

They have three down town child health centres in the three down town parishes. These are weekly sessions with one nurse and a doctor at each. They have lay assistants. They also have a tonsil clinic twice a year. Those who cannot afford to go to hospital may have their tonsils out for $10, or if they cannot afford to pay anything, nothing.

Miss Hefferman suggested that I get in touch with the Welfare Council for their recommended policies regarding the grading, duties and salaries of the various classifications of nurses, practical nurse, registered nurse and public health nurse.

I left five or six job analysis forms for the St. Elizabeth's nurses and I am to return on March 31 to meet all the staff at which time they will have these forms completed.

Was there March 31st - met all nurses.
- collected in survey

VICTORIAN ORDER OF NURSES - TORONTO BRANCH

Starting Monday, March 14, spent sometime with the V.O.N. On Monday I had a conference with Miss Cryderman. On Monday afternoon I had made arraggements xx to have Miss Petschnigg of the League of Red Cross Societies, Geneva in this office to discuss public health nursing in Canada. On Tuesday spent all day at the V.O.N. with Miss Cryderman, Miss Leash and Miss Palk. On Thrusday went to a district office and on Friday to another district office and then out with one of the nursing assistants. On Monday returned to the V.O.N. office for a staff education conference.

In my conference with Miss Cryderman she told me something of the national set up. There are 105 branches employing 479 nurses and they give nursing service to oneθthird of the population of Canada. There is a board of directors in all the local branches. The local branches have a great deal of autonomy - Toronto have almost complete autonomy. The National office provide a manual, the large branches make variation. The national recommend salaries, uniform allowance, policies regarding staff education, etx. In order to secure public health nursing staff they give scholarships. It has just been announced that they are offering $750 instead of $500 for the next year. The national is behind the progressive move in regard to staff education, efficiency reports, etc.

The Toronto Branch has 97 nurses. It consists of a director, two assistant directors, an educational director, six supervisors, five senior nurses, the remainder are staff. They employ both prepared public health nurses and so-called junior nurses. They have also five assistant nurses. They loose many of their nurses to take senior posts in official agencies. Miss Cryderman feels very definitely that the official organizations must keep the V.O.N. strong. They took forty new nurses on the staff last year. Toronto is the only branch that gives scholarships of its own.

They have six district offices, varying in size from 7 to 20 nurses.

The objectives of the Associtition are -

1. To give part time skilled nursing services and health teaching.
2. To sit in with the community health program, by taking a greater part in the community health program, i.e participating in the child health centres, in the pre-natal classes and in industry, it adds interest to the work of the nurses and helps to hold them.

The nurses have night duty but have this only for about once every 14 months and then for a two week period. Their sunday duty occurs only about once in 8 weeks, sometimes it is only for half a day. They get compensatory time for this.

There is an initial uniform allowance of $75.00. Apparently Miss Cryderman feels that nurses who are not in uniform do not like it and this fact holds them back from coming to the V.O.N., but once they get into uniform they do like it.

The Toronto Branch have a statistical department, a central switchboard, a business manager, twelve to thirteen secretary. There is one secretary in each district office except one, which has a half time secretary. One of the offices gives a day a week to each of the other four district offices of secretarial time. Each district is divided into sub-divisions for each nurse, so that each nurse has her own district.

In 1948 they 12, 991 patients; 148,628 visists. There has been a great increase in the xxxxx service in the last two years. The increase has largely been in the medical and surgical but mostly in the medical and a great deal of this is due to the increased use of hypodermic therapy visits. The reasons for the increase are

the inadequate number of hospital beds, patients having to be discharged earlier in order to relieve beds and discharges from hospital earlier of mothers and babies and the V.O.N. called in for demonstration care. The maternity case load is down very much over past years.

Because of the service which they give to the Metropolitan Life Insurance they have to do a cost accounting. They can say exactly how much a nurse costs, how much for supervision and how much students costs, etc.

The program consists of -

1. Maternal welfare. The average confinement time is 4 hours.
2. Postpartum care. This is given to the end of the eight day, and the V.O.N. continue to supervise to the end of the sixth week. There is very good referral back and forth to the Health Dept. and a minimum of overlapping.
3. Bedside care to communicable disease cases except diphtheria and scarlet fever.
4. An hourly appointment service. They charge 25 cents more for this, it could be a much bigger case load than it is and they try to discourage it.
5. Child Health Centres - 4 to 6 nurses per week, all of whom are public health trained serve in the centres. The Health Dept. pay $1.25 per hour for two and one-half hours.

(The nursing visit charge is $1.50.)
This service in the child health centre gives another type which makes it attractive to the nurse. In East York previously, all the pre-natals have been handled by the V.O.N. but starting the first of last month arrangements were made the same as with the Toronto Health Dept., that is, the V.O.N. accept the cases on request, take the Metropolitan cases and those cases having home deliveries. All the others from the hospital clinic are followed up by the health department and not by the V.O.N. unless some from the hospital clinic fit into the above three categories. The V.O.N. in East York also help in the Child Health Centres.

Miss Cryderman feels that it is not fair to the official agency to have an incomplet program and neither is it fair to the V.O.N. (Compare this with Winnipeg.)

The finances come from the Welfare Council, City Health Dept., etc., it is necessary to make a budget each year to the Chest. Miss Cryderman pointed out that free nursing work is increasing very greatly. This is indicative of the trend and she feels that before long that nursing care will be free, provided for by the govt.

She made a statement which is so very true - in agencies we are adding on all the time but not taking away a thing.

In relation to student service, the university pays five dollars per student and they receive from the hospitals for the undergraduate students $1.00 for each student.

21% of the fees are from patients.

The nurses work from 83.0 to 5. the weekly average is 39.75 hours per week. They have an hour and a quarter for lunch and have a day and a half off. In each month they have two long days. They have good sick time policies. Salaries - see the outline from Community Chest. They have a policy for complete physical examination and x-ray before employment. Every two years up to forty years of age they must have a physical and an x-ray every year. After forty years of age they have aphysical every two years and an x-ray as indicated. After the initial physical the nurse pays one-half the cost herself.

Conference with Miss Leask, Nursing Assistants. They have five nursing

assistants, one in each of the larger offices. They do not have one in the East York office. These assistants work the same hours and have the same personnel policies as the regular staff. The only difference is, less salary. They are very well liked and are accepted by the nurses. Miss Palk told me later about the orientation program which is very complete for them. The supervisors and nurses feel that about one is ~~the~~ about all the case load they can arrange for. In North Toronto there are about t twelve nurses and one assistant nurse. The assistant nurse does about six visits a day. It is therefore necessary to have between fifty and sixty cases in order to fill her case load and its takes a considerable bit of planning on the part of the supervisor to arrange for this and arrange for the least amount of waste in travel time. They feel that if a qualified nurse were doing straight medical care about six visits per day is about all that she can make so they really do not feel that the assistant nurse in having to cover a larger territory loses time. The assistant nurse does not open the case, theis is done by the graduate nurse. They are not asked to do anything they have not been taught. They give care only to the chronics, where the original teaching has been done by the nurse. The supervisor contacts the doctor and explains that an assistnat nurse is going in. It is also explained to the family, the same charge is made. The assistant nurse may give general nursing care, a simple enema, an sterile dressing, she does not do hypos. A graduate nurse does every fifth visit. This is not direct supervision. The unifrom of the assistant nurse is the same style as the regular nurse but it is green with a gray coat. The asistant nurse does not carry a district but she does carry a case load. This is done because they feel that she is happier having to plan her own daily work and not having it handed to her each day. They report back to the graduate nurse if there is anything they feel they should. They do not feel that these nurse assistants take on too much responsibility and are very well satisfied with their service. The assistant nurse does her recording in green ink. This is a very useful administrative device. They do not have any cars. As a matter of fact there are only eight agency cars for all of Toronto.

There are no special qualifications for the assistnat nurse except that she have the certificate and that she be a mature person. This does not necessarily mean that she be an older person. As a matter of fact, some of them are quite young. They started using assistant nurses in 1947 and took two on that summer. This last year they increased the staff by three more.

The V.O.N. gives service to eleven small industries. One of them only has fifty employees and another one hundred and fifty, the rest have more. The amount of time given to each varies. It is a fully paid for service. Miss Peask goes goes in to explain it to management. They indicate to them the type of service which they will give, if management are only wanting first aid then they ~~xxxxxxx~~ will not go in on that basis. They all must have a doctor either on call or on a part time basis. Most of them have it on the latter. The nurse does the interview before the physical examination and the follow up. Most of the doctors want the nurse there at the time of the phsycial, but a few do this on other days and the V.O.N. rather likes it because it gives the nurse an opportunity to use her time in other ways. In the industry they are doing quite a bit of work in nutrition. They will do first aid work while they are in but they try to minimize this. Each industry has standing orders which have been improved by the doctor ~~xxx~~ in charge. The V.O.N. drew up a sort of standard and it is taken to each doctor, he may change it slightly.

They have an agreement with industry. All the nurses in industry have to be public health. Two or three of them have taken the extra course at the university. They can take this along with their regular public health nursing course, it consists of extra lectures and an extra month of field work. Miss ~~Xxx~~ Milne supervisor in the Runnymed office was the one who first started the industrial nursing and she is responsible for the supervision of the industrial nurses in the eleven plants. The nurses send in a monthly report and one copy goes to Miss Milne (it would be a good idea when I have prepared the work on industrial nursing to have a small committee

consisting of Miss Wallace, Miss Leask and Miss Milne at least.

Pre-natal - It would be a good idea to go to one of the classes the V.O.N. teaches. Miss Leask spoke of the questionnaires which are sent out to the mothers to return about two months after the baby is delivered. I can get information from Mrs. Park on the response to these and I think this would be valuable. In relation to follow-up home supervision of the pre-natals coming to the classes, all those who are carried by the V.O.N. are given home supervision but not as frequently. It is believed to be the policy of the Health Dept. not to visit those cases who come to the pre-natal classes.

Miss Leak and the other assistant Miss McNamara have been doing some work in trying to eliminate non-essentials from the clerical work in the offices. It was found that the supervisors were having to do quite a bit of work which the clerks could do if the clerks could be relieved from some of their work, so they undertook to make an analysis of this. This is a very good idea to suggest for all agencies. They did the work by each of them taking three district offices and going to each and sitting with the secretary for a day. Then Miss Leask and Miss McNamara brought back their findings and had a conference on it. These are some of the things which they found and decided to change.

1. It had been the policy to type out a family record after the nurse had visited a case twice. The nurse had made a summary on the pink slip for the first and second visits. It was found on examination that a great many of these cases were never referred to again and it was wondered if this typing wasnot essential. It was decided that the supervisor would indicate which families should have a family record typed out and it has been found that there are very few. They would suggest the typing for such cases as those that have been taken on the second time, ones where there is a problem and ones where they are going to do a long follow-up. This has eliminated a great deal of work. They made a count in one district and found that there 1,000 of these records which had never been referred to again for last year only.

2. Regarding the examination of the laundry for tears. It had been the policy for the clerks to examine the laundry once a week as it came in for tears. It was also noted that when a nurse takes out an apron she examines it too. Now the clerks only count it. This takes ten minutes whereas it took an hour to do the other.

3. Instead of writing a letter to a doctor for order in relation to hypodermic therapy they have a form letter and it is only necessary to type in the doctor and patient's name

This type of thing needs very much to be done by all health agencies.

Efficiency Reports - These are made on supervisory visits and on box supervision. The box supervision is really a supervision of records to find out the qulity of recording, district management, etc. The report is a narrative one. The examples are not put down but the supervisors must have them in readiness in discussing it with the nurse. so that if a nurse questions a statement made she will have her example right there. They feel that the efficiency reporti is a developmental process. There comes a stage when there is no material difference in development and it is not necessary to write a lengthy narrative report on the nurses who have been longer with the staff. This just means too much work.

The assistant nurse also has a narrative report, the headings are changed slightly for her. The nurses and the assistant nurses find their report.

Conference with Miss Palk, Educational Director.

1. Work with the undergraduate students. They took 92 undergraduate students from the hospitals in Toronto last year. They came for four days each. This roughly one-quarter of the students in Toronto. They will only take if there is a health supervisor on the

hospital staff to correlate the program. The introduction of these students is given by the district office and staff. They do not come to the central office for a conference with Miss Palk. It is usually the senior nurse who sees them. They are also prepared by the hospital/health supervisor and there will be a conference when they go back. They have centralized lectures from the Health Dept. and from the V.O.N. (I am to attend one of these and also the Health Supervisors' meeting following.)

2. Students from the School of Nursing, Degree Course. These students have a half day in the first year and they also return for a half day in the second year. This is followed later by more lengthy field work experience.

3. Graduate students. These students come for one month in April, May or June. There are about twelve each month. These are the ones who have taken the public health certificate course. Those have never had any V.O.N. also have an observation visit in September before they take the course, it is only for two weeks and it is purely observation. These students have about 20 hours of class which is largely discussion and demonstration. They have first a period of observation and then they see in the class room discussion , they supervision, then independent work then supervised. They remain mostly with one field guide. They do not go to a child health centre or to industry. The evaluation of the student is a cooperative effort on the part of the field guide and the senior nurse and the supervisor.

4. The administration and supervisory group from the hospital. They have two hours a week for four weeks conferences with Miss Palk and others on the central office staff. There conferences are on administration, evaluation, student affiliation, etc. and they are taken up from the point of view of the V.O.N. They do not yet have any field work from the V.O.N.

Miss Palk has two preparatory conferences with the staff before taking students. The first conference prepares them for taking students, the second is the actual plan for the students work, the writing of reports, etc.

Miss Palk also gives one hour a week for twelve weeks at the University. The group is divided into conference groups where they each take up detailed work on the home visit, Miss Palk acts as a guide in the pre-natal and post-natal visits. I think they have seven sessions on this, giving six visits before and one visit after.

Staff education program -

1. The orientation of new nurses, this consists of an orientation period for (a) the assistant nurse. This is two weeks of observation and supervision. (b) junior staff nurse, this is the nurse who has not had her public health preparation. They have a class a week over a period of two months. Miss Palk gives them from 30 to 35 hours. (c) The prepared public health nurse, the have a shorter introductory period for agency policies.

2. Staff education program, they have on duty conferences at each district. One of these to be seen. They also sometimes have during the year lectures in the evening which are off duty. These are usually followed up by planned on duty conferences.

On Thursday morning went to the Hillcrest office of the V.O.N. Miss Grant is the supervisor and Miss Watston is the senior nurse. Many of the things which I Dicussed with Miss Watston were things already discussed with Miss Leask. In referring to the efficiency report Miss Grant said that that was the hardest thing that she had to do, but she would not want any other kind, would not like the check system. She says in going out on the supervisory visits with the nurse she is following a suggestion made by Miss Palk. She takes a sheet of paper and divides it into two. The left half is headed"situation observed" and the right half "visit observed". This she feels is a very effective way of writing down an objective account of the

observations. If it is an educational visit she will write down in "situation observed" the actual situation in the home, type of instruction to be given etc., and may note down the questions asked by the mother.

In asking her what she felt about the didfferences between the public health trained nurse and the non-public health trained nurse, she said that there are some who have not had their public health training who are excellent people. She feels it depends on the individual. The nurse must be interested in people and she must be able to make them feel that they are important. She recalled one nurse who did not have public health training who was able to do this. By and large the public health trained person is much better, especially on the educational part.

In the morning went on two visits with Miss Stevenson. She is a young nurse who graduated from the university of Toronto course last September and came on with the V.O.N. then. She is very much in earnest about her work. The first visit we made was to a mother with a young baby. The nurse had given the demonstration bath the previous day and on this day the mother returned the bath. She took the opportunity for teaching but was perhaps a bit over-enthusiastic to get in as much as possible. The next visit was to a family on Richmond St. where a little girl of ten had had a severe burn. She had been in hospital and now was home and the V.O.N. had been asked to go in to do the dressings. This was a very difficult type of situation. There was not a very large income and the nurse had felt that the mother certainly did not know how to spend her money wisely. It seems that this was only the second visit and I noticed that she tried to get in some teaching about budget. She asked me when we left if I thought that it was a very successful teaching situation. I felt that it was one of those cases that we just have to let go on and perhaps after a long contact something might be done, but not on such very short contact.

In talking with Miss Stevenson about the course she seemed very enthusiastic about the integrated program. She said that she did not see how the girls who take the three course and then the year in public health, can get in all the information needed in public health. She feels that by taking it over the longer period they have a chance to absorb it. She was quite enthusiatic about the nutrition classes given by Dr. Robertson. She felt however, that even though there was someone budgetting there was not enough of the practical work. They seem to feel weak in this. This probably an area where there would have to be increased in-service training, where the nurses feel the deficiency as it is rather hard to get it in apparently, int the lectures. She felt that they did not have quite enough on social case work to enable them to recognixe the problems and to use the available resources in the community. This, however, I pointed out was something which came with experience. That the university could not teach them all the resources in the community in which the nurse was going to work because the students come from so many different communities and would be going back to so many different ones.

On Friday morning went to the Hillcrest office where Miss Milne is the supervisor. Miss Milne also supervises the industrial nurses or rather the V.O.N. nurses who are doing work in industry. I arranged to visit with one. (See report later) The purpose of my visit to this district was to go out with Miss Holland, one of the nursing assistants. Miss Holland is the first one to be taken on by the V.O.N. and has been with them for about two years. She seem to be an extremely capable girl and seems to fit in with the rest of the staff very well. I noticed that the nurses were talking to her and treated her just as one of themselves. The green uniform is very attractive. I made two visits with Miss Holland, one was to an elderly lady with arthritis whom she visits every day to get up out of bed. The second one was to a senile case where she goes three times a week to give a bed bath. I did not observe Miss Holland's technique too closely, I think perhaps she slipped on some of the nieceties of it. I noticed that she put her bag down without first having a newspaper, which you rarely see a graduate nurse in the V.O.N. service doing. I thought that perhaps she was a little rough in

giving the bed bath but the patient seemed to like it and no doubt this roughness is not a quality she had because she was a nursing assistant and not a graduate nurse. I have seen graduate nurses who have been equally rough. She seems to like the work, on the other hand she said that when she took the course she knew that she would have to work with elderly people and she just made up her mind to like it. She will probably not want to carry on indefinitely and she feels that you do get into a rut doing this type of thing. She would like to work in a general hospital.

On Monday, March 21st attended a staff education conference at the central office area of the V.O.N. All the nurses came in for tea at a quarter to four and then sat around the table for a meeting. They do not have these conferences at regular intervals. This is one of a series of two or three, based on questions asked by the nurses. These were problems with which they were having difficulty. They related to the scope they had in advising regarding the giving of orange juice and cod liver oil, changing of formulas etc., in their home visits. Also in relation to pre-natal, post-natal teaching. It was brought out in the discussion that the pre-natal welfare visit to the multipara can be very challenging ~~if~~ especially if it is the intelligent woman . The nurse has to have something new for each visit and has to keep reading all the time. It s really takes the best the nurse has and keeps her on her toes. Such visits to the multipara can deal more the relationship of the new baby to the child already in the home and can have more of the mental hygiene aspects of the pre-schools. Then there are always new things being discovered and new articles being written. This material can be used for such health instruction visits.

Again the importance of manual ~~xxxxxxxx~~ expression of breast milk was brought up. This is one of the most important things in helping to return the supply of milk if the mother is beginning to lose it. Miss Palk led the discussion and I noticed of all the nurses present, only one did not make any contribution and I discovered at the end of the meeting that she had just been at the agency for a couple of days. This seemed to be very good.

On Wednesday, the 23rd, attended a pre-natal class at 44 St. George St. Miss Watson of the Hillcrest Unit had charge of this class. She had twelve mothers and her class was on breast feeding largely. Miss Watson had quite a different manner from Miss Bale and I think perhaps a more preferable one. I believe there was more discussion from the group in her class. I noticed the mothers stayed for a long time afterwards and had many individual problems to bring up with her. I looked over the manual of pre-natal instruction which has been prepared by the Community Chest group for the pre-natal classes, it states very definitely that this is a guide and the individual can vary it. This is the outline which they gave -

Class 1 (a) General introduction
(b) Nurses introduction
(c) Nutritionist, importance of pre-natal diet.
(d) Librarian, available literature in public libraries.

Class 2 How the baby grows

Class 3, Food before the baby comes (Part I)

Class 4 and 5 - Hygiene of pregnancy

Class 6 - Food before the baby comes (Part 2)

Class 7 - Equipment for the baby

Class 8 - Feeding and dressing the baby

Class 9 - Food after the baby comes

Class 10 - Child development.

V.O.N. Industrial Service, Toronto.

Went one afternoon with Miss Highmoor to the Highland Dairy on Ontario St. This dairy has about 250 employees. Miss Highmoor is there from 2-5p.m. every Wednesday afternoon. Dr. Bell is the usual but for the past few months his place has been taken ~~xxxxxx~~ by a young doctor from the Toronto Western Hpl., Dr. Calvert. I believe the doctors usual hours are from 2.30 to 4.30. This means that there is very little time when the doctor is not there for the nurse to interview employees or to do any of the follow up work. She is a bit worried about how this can be planned. The policy is to do a pre-employment or at least a so-called pre-employment but it is done two or three months after the employee is taken on and they also do periodic annual examinations. Dr. Calvert did three women when I was there. I talked with him afterwards about whether or not such examinations, which admittedly were not complete physicals, were giving a false sense of security to the people. He did not feel so. I questioned in relation to the policy about x-ray. It is not routine to have x-rays. And they do not even ask it of the employee before coming on. I questioned this and I believe Dr. Calvert agreed. They did have a mass survey last year and were more or less feeling that that was sufficient.

Miss Highmoor took the special industrial lectures at the University of Toronto along with her public health nursing. She feels that they were very valuable and that they enable her to do a much better job in industry. As observed on Wednesday, I felt that she was not doing an awful lot more than assisting at the medical examinations. She got the patient ready, taking part of the history and then prepared the syringe for the taking of blood for the Wasserman and haemoglobin. The doctor took the blood. She checked the haemoglobin. She also did the urinalysis after the doctor had left.