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Public Health Nurses' Bulletin

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EDITORIAL.

Looking through the accompanying pages, one is struck by the improvement in type and style of articles submitted in comparison with those sent in for previous bulletins; perhaps the fact that we are all one year older, and consequently that much more familiar with local problems, is responsible. Whatever it is, here we are again showing definite progress all along the way.

One could wish for more photographs to brighten up the tedium of the printed page, and we hereby make the humble suggestion that next year's articles be relieved by some interesting illustrations which could be provided for by keeping the BULLETIN in mind when an unusual or unique circumstance arises during the year. Are we not all children still when it comes to looking through a magazine—first at the pictures and then at the articles?

B. J.

The world has no such flower in any land,
And no such pearl in any gulf or sea,
As any babe on any mother's knee.
—*Swinburne.*

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THE NEGLECTED AGE.

Arriving here on February 15th, 1932, I am nearing the close of my fifth year in this district. The work has proved particularly interesting and the public appreciative.

School-work demands a major portion of the Public Health Nurse's time here, both in the buildings and home-visiting; and now the Comox Logging Co. has started operations in the local town, it has greatly increased the school population, necessitating nine teachers to take care of the eight grades in the public school (we have not yet a junior-high system). There are four teachers at the high school, a home-economics department, manual-training instruction, and Mr. Bouchard takes care of the physical education. Five years ago there were but seven teachers for the first eight grades, three at the high school, and a manual-training instructor.

Not only has the population increased, but tuberculosis clinics have also gone apace, and instead of two or three visits annually, we are having the service every second Wednesday.

There is still a branch of the work of physical welfare that is neglected—the pre-school age. I include these little ones at my welfare clinics for the infants, but they take more or less of a secondary place, and I feel that so much could and should be done for them in preparing for their future and for school. When given a little praise and persuasion I find them quite easy to reason with and very trusting. There are many here that are growing up around me so much so that they look upon me as a "safety-zone." There has been only one child so far to whom I could not give the second dose of tuberculin. He has a tremendously strong will for his four years and we resorted to the aid of his daddy; when the child was asleep it seemed easier to handle the situation and was successful.

In conclusion, I would like to submit a programme that I feel would be another step in advance and apropos in getting the little ones of the freedom age to take their place in life as healthy citizens—a monthly or bi-monthly clinic where they could be encouraged in the habits of using toothbrush and handkerchief in the form of drills, taught to gargle, to use the thermometer, encouraged in habits of tidiness, and in doing things for themselves. Weighing would help in regard to diet that is best for them, and teeth and tonsils would receive earlier attention. Furthermore, quite often contagious disease is innocently started and (or) spread by these small people because it is not discovered at the onset.

E. G. ALLEN, P.H.N.,
Ladysmith, B.C.

MATSQUI-SUMAS-ABBOTSFORD DEMONSTRATION AREA.

Our last year's report dealt with the initiation of the health-work in this district. This year we are able to show definitely the effects.

Thanks to the Provincial Board of Health, the majority of the children have had their teeth attended to and there is already marked

improvement in the health of many, most noticeable being the decrease in swollen submaxillary glands.

It is now a pleasure to visit the schools and see the majority of the hands go up when the children are asked if they have cleaned their teeth. It does not seem possible that a short time ago many had never had a toothbrush, and, needless to say, it took weeks for some of them to acquire the regular habit of using them. Only the newcomers are the offenders now. For a while last fall it looked as though we were being swamped with Mennonites. Another school had to be opened in the Poplar area, where nature does not provide rich soil. Large families have been attracted to this district from Saskatchewan and other Prairie Provinces, seeking small homesteads or cheap land. Many are now in need, and in some cases emergency relief has been given. With lack of water and crowded quarters, there was an increase in skin-diseases, necessitating frequent exclusions from school and home visits.

In August all the children from the most distant school were transported to the dental clinic in the nurse's car. Two or three children or less, depending on the work to be done, were brought in to each dentist. None had to be persuaded to go, as they all looked forward to the trip to Abbotsford. One little Japanese counted his carious teeth and figured on a trip for each cavity. He was quite disappointed when he was finished in one morning!

The need for proper diet and careful cleansing of the teeth and regular visits to the dentist in the future has been constantly stressed. Many now take milk who never took it before. Alas, some have begun too late—one girl of 14 especially, regrets, after losing most of her teeth, that she never drank milk until last year. In a dairy country such as this it is a tragedy to see how many people do not realize that milk is such a necessary food.

Not long ago, I felt rewarded after having visited a home previously about their milk-supply, also about Benny's tonsils, to find that they had purchased a cow first with their hop-picking earnings, and now the family has a supply of milk, where previously 1 quart of milk served ten, including two babies under 1 year of age.

Quite a number of children have had their tonsils removed, and many more intend to in the near future.

Thanks to the members and staff of the Crippled Children's Hospital, several of our school-children have had treatment, and the benefits they have received has made their lengthy stay well worth while.

One of the present problems is that of obtaining glasses for children on relief, but we hope, before long, to see the way clear to procure them for the most urgent cases.

In many cases of defective vision, the parents, after having a home visit, saw the necessity for glasses and promptly bought them. In others, it was only after showing the parents that their child's

vision had failed during the year following the doctor's examination that they realized the need for prompt attention.

In September a talk was given in each school district about goitre-prevention, and over 800 children sent in their dimes, nickels, and pennies. What a task it was collecting the money, and, later, distributing the iodine tablets!

For the first few weeks in September we were free from infectious diseases. It was too good to last. One morning a phone message came in saying that a child had died from poliomyelitis on Matsqui Prairie. So two weeks were spent checking thoroughly all absentees. There were many away due to the fear of a further outbreak, but, fortunately, no other cases appeared. The odd case of scarlet fever here and there meant that the ceaseless vigil had to be continued.

In October the area suffered a sad loss in the passing of our beloved Director of Education, Mr. P. H. Sheffield. For several weeks new demands were made on the already crowded programme, but it was not long before a new Director was appointed, and we are most fortunate in having Dr. Wm. Plenderleith, who organized the Peace River Block. Under his direction a health unit is shortly to be established, and we can look forward to an extensive immunization programme, and many other necessary activities, as yet only visualized, but not realized.

With all the schools now affiliated with the Junior Red Cross and the new curriculum stressing health, the children are rapidly becoming health-conscious, and, looking back, one can see a marked improvement in the personal hygiene. The parents show increased co-operation by the prompt reporting of infectious diseases and requests for visits when in doubt as to what is wrong with their children.

With the new Philip Sheffield Memorial Auditorium recently opened and a gymnasium constantly in use, under the able direction of Mr. Paul Kozoolin, not only children but many adults are taking an active part in physical education. We are looking forward to the future, which holds much in store for those who wish to avail themselves of all the Department of Education has to offer.

Onward little soldiers,
Marching on to wealth,
All our young school-children
Know the rules of health.

Onward then ye people,
This shall be your song,
" Health " is now our motto,
Join our happy throng.

J. MARYON ARNOULD, P.H.N.,
Abbotsford, B.C.

SKI-ING.

The wonder of wonders that surprised all of Duncan was to see the staff of the Cowichan Health Centre venturing forth to enjoy the winter sport of ski-ing. When ever did any one expect to have sufficient snow on the island to allow for this exhilarating sport? With the old adage foremost in our minds, that " all work and no play makes Jack a dull boy," we attempt to keep abreast of the times by trying our hand at all fashionable sports, for at the present time ski-ing is commanding world-wide attention. Nor does one wonder at this, having experienced even a little of the thrills of skimming through the air.

To experience the feeling of swooping down the hills, the wind against your face and the sound of crunching snow under your skis, is terribly exciting. After a small amount of practice one almost feels

Many will be the falls.

Ski-joring.

like a ship breasting the waves or a bird flying against a breeze. Now, if any one had spoken of ski-ing in these terms the first day I tried, I am quite sure that I should have described it as more like feeling like an elephant on skates than a floating cloud. However, after the first clumsiness is past, practice makes perfect and soon a love of the thrill is developed.

The approved advice to beginners is as follows: Learn to fall, as many will be the skids and the rough spots and the crossed skis that will upset your equilibrium, and many will be the bruises and scratches acquired through your first endeavour. The main point to remember is to remain elastic and to make your knees act as springs to your body to absorb the shocks which might otherwise upset you. The position taken is knees slightly bent, one foot in front of the

other and skis together. Hold your body upright and watch the ground in front of you, adjusting your balance to suit the contour of the ground. As you gain confidence in yourself, refuse to fall. Remain determined to stay on your feet until you are actually thrown to the ground. To slacken your speed, point the tips of the skis together and push the backs of them outwards.

According to C. Falcon, this is the correct way for a beginner to start along the happy way of successful ski-ing. We have tried it and found that, with this expert advice and a little practice, our runs became each time a little less clumsy and a little more perfect. The back yard, the hill behind the house, the country roads, or the rolling fields are splendid places to explore on skis. Try running, jumping, or ski-joring for thrills. Ski-joring is accomplished nowadays by being towed behind a car along smooth and well-packed roads at 20 miles per hour.

Nothing, I am sure, will afford you more good exercise or more howls of laughter than this pastime. We enjoy it and wish you the best of luck in your first ski-jump.

FLORENCE BARBAREE, B.A.Sc., R.N.,
Cowichan Health Centre, Duncan, B.C.

PUBLIC HEALTH.

This winter I was one of the few privileged students who were permitted an insight into the more advanced fields of nursing service. For two weeks, in weather ranging from fitful and watery sunshine to near freezing temperatures, I accompanied one of the three Saanich nurses and visited homes representative of nearly every type of person—homes graduating from mere one-room, hot, overcrowded shacks to little smug stucco bungalows.

Tired and fretful mothers, discouraged and beaten by economic circumstances beyond their ken, relaxed and brightened a little as the nurse stepped through the door. No trouble was too long for the nurse to listen to. Willingly she looked at the whimpering baby's rash, peered down the next toddler's throat, and discussed the disadvantages of rheumatism with the grandmother.

Into the schools I went and watched shy little girls and tousled-headed boys extend their grubby hands and open their mouths to display none too clean teeth for routine inspection. Suspicion of scarlet fever at that time intensified the examination of all school-children's throats; with the teachers' ready co-operation, records of absentees were made and subsequent home visits followed.

"Back-stage" glimpses were obtained upon frequent visits to the central office at Royal Oak. Here could be observed the machinery that set this particular Public Health Unit in motion. All day numerous phone calls appealing for help were answered by a speeding busy nurse.

But as interesting and instructive this part may be, I frankly admit I was more intrigued by the social-service side of the department. To be able to go behind the scenes and see at hand their hopes, fears, successes, and losses was an experience that I shall not readily forget.

M. A. CAMPBELL,
Provincial Royal Jubilee Hospital, Victoria, B.C.

(EDITOR'S NOTE.—Students from the Provincial Royal Jubilee Hospital spent periods of two weeks with the nurses at Saanich Health Centre.)

VICTORIAN ORDER OF NURSES.

The work of the Oliver, Osoyoos, and Okanagan Falls branch of the Victorian Order of Nurses is as comprehensive a branch of the public-health service as one nurse is able to make it, in that it includes school-work, pre-school and infant-welfare work, bedside-nursing, as well as the care of one Indian reserve.

Perhaps a short account of the work among the Inkameep Indians would be of interest to some. One day a week is devoted to the reserve, and only strictly necessary bedside calls are made in the rest of the district that day. After travelling over the very rough road across the reserve, the first place of call is always the Indian day-school. There are usually from twelve to fourteen children present, ranging in age from 5 to 17 years old. These are all given a preventive treatment for trachoma, a disease which was previously very prevalent in this reserve, but is now well under control. They are also weighed once each month, and each day the teacher gives every child a dose of cod-liver oil, supplied by the Indian Department, and sees that they wash their hands and clean their teeth before school commences.

Due to the co-operation of the teacher, there is an excellent health programme carried on in the school, and the children run a flourishing branch of the Junior Red Cross. Occasionally the nurse is invited to attend their meetings and speak to them.

Before leaving the school the teacher reports any sickness among the adult population that has come to his notice, and then the Old Chief's home is always the next place of call. The Old Chief is well over 80, but still in complete possession of all his faculties. It is due to his efforts that this reserve has a school and a nurse, and he is still very much the chief of the tribe, though his son does most of the actual business for him nowadays. His English is, perhaps, a little difficult to understand, and his wife, a bent old lady of much his own age, speaks no English at all.

After these two regular calls have been made various other houses on the reserve are visited. The nurse is always made welcome, and often consulted on a variety of subjects, and even a friendly talk on matters outside health is important. Each house must be visited in turn or the inmates feel neglected, and the friendliness between the

Indians and their nurse is the greatest help and power for good she has; without it very little could be done in time of illness. Contrary to the general opinion, many Indian homes are quite clean and well kept, and the nurse is often aware that they have had an extra brush-up on the day she is expected. The Indians are usually eager to report any illness and will follow instructions as carefully as most white people.

On the whole, the work on this reserve is most interesting and well worth the time given to it. The tribe is, for the most part, remarkably healthy, and tuberculosis, such a scourge on other reserves, is rare among the Inkameep Indians.

L. W. V. CRAFTER,
Oliver, B.C.

REVELSTOKE REFLECTIONS.

After five short months as the Public Health Nurse in Revelstoke, it is time to pause for a few moments to reflect on the work which has been accomplished and on the plans for the future.

Before assigning my reflections to paper let me take this opportunity to write a few words of appreciation of the splendid work of my predecessors, Miss Amy Lee, who so ably laid the foundations of a school-health service, and Miss Agnes Thom, now Mrs. Ingley, who continued and expanded this programme. When I realize the great amount of work which was accomplished by these nurses I feel very humble as I review the past months. And yet I recall the excellent advice we were given as students—" Go slowly and be satisfied to reach a single objective at a time."

The work in the schools occupies the greatest share of the nurse's time. There are two public schools and a high school, with a total enrolment of 640. In September the pupils were weighed, measured, and inspected for dental defects, poor vision, posture, and general cleanliness, and health reports were sent to the parents. A monthly inspection is made in each class-room to check on cleanliness and health and to encourage correction of defects. Rather than follow each inspection with a health lesson, after consultation with the teachers a time-table was arranged so that the nurse takes a lesson in each class-room every two weeks. At the teacher's request some definite subject is taken, otherwise health rules are stressed by means of stories and pictures in the lower grades, and in the upper grades some topic relating to public health is generally chosen. In November we had a cleanliness campaign in the lower grades in each school. The children were very interested in marking their charts, and at the end of the period a prize was awarded to the class-room which showed the greatest improvement. The teachers all agreed on the effectiveness of the campaign.

First aid is taken with the boys of Grades VII. and VIII., and home-nursing with the girls. They are very enthusiastic about these

classes and the certificate awarded to the successful first-aiders is greatly prized. In referring to the home-nursing classes, the mothers often remark: "We had nothing like that when we went to school and I am certainly glad my girl has such an opportunity to learn." Thus one is amply rewarded for any extra time given to these classes.

So far we have been very free from communicable diseases; three cases of chicken-pox and six of mumps being our record since September. Although there was a general epidemic of measles in Revelstoke just two years ago, there are many who have not had this disease, and our fear has been "measles" as we read of the number and oftimes seriousness of the cases in some parts of the Province. However, since we have had two cases of measles in our town, one a pre-school child who had been in Vancouver and another who was a visitor for the holidays, without any one contracting from them, we are now resting somewhat easier, but at the same time always watchful. At present we are in the midst of a mild 'flu epidemic and most are heeding the warning—to stay at home and keep warm if not feeling well. During the past week our average daily attendance has been less than 75 per cent., but we are hopeful for a return to normal very soon.

One hundred pupils have milk every morning recess. The majority pay for the milk, but those who are underweight and cannot afford to buy receive milk free. The Milk Fund is supported by the I.O.D.E. and the Women's Auxiliary to the Canadian Legion. Every child taking milk has made a monthly gain in weight, and there is many a happy smile when weighing-day comes and "Mary" and "Johnny" find that they need no longer be on the list of underweights.

Four of the teachers have become quite enthusiastic over the organization of a Canadian Junior Red Cross Branch in their classrooms. Until the present there have been no branch organizations in Revelstoke and we are looking forward to still further developments.

One really worth-while accomplishment was the administration of toxoid to approximately 200 children—school, pre-school, and infants. Except for a few private cases, this was the first time toxoid has been given here and we were very pleased with the response. The very willing co-operation of the doctors was given and each held a clinic. An article was published in the local paper regarding the value of diphtheria-prevention, and notices were sent to all parents of children under 11 years of age. The great majority of these were returned with their consent to have the toxoid given. One notice was returned with the terse remark: "I don't see any reason in having this toxoid until there is a case of diphtheria in our town." Fortunately there are few parents who are so ignorant of modern public health. We hope to have other clinics in the fall and thus, before long, make diphtheria an impossibility in Revelstoke.

In connection with the school programme the value of the follow-up work cannot be too greatly stressed. The home visit completes the link between the parent, the child, the teacher, and the nurse. Most parents are eager to discuss the health of their children and are

very co-operative in attending to correction of defects. Many a misunderstanding is cleared by the home visit, with the result that the parent realizes that the best is being done for his child.

To date the work with the pre-school children has been through the home visit. Sometimes the chance visit to the home of a school-child is the one of most value. For example, when making such a call one day it was noticed that a little 4-year-old had a very definite squint. The mother also had this defect. When it was mentioned that this could be corrected in the child, the mother replied that she understood it to be hereditary and she had been told by a neighbour that nothing could be done. Fortunately she was a very co-operative parent, and the next time I saw the little girl she had been fitted with glasses. She was indeed a grateful mother, who had merely followed the advice given on a chance visit.

The infant-work is really my " chief delight." It is being carried out on a very small scale, but from small beginnings I have hopes of great developments. A list of all births is obtained from the hospital each month. For the out-of-town mothers a notice is sent for post-natal letters. Those who live in town are visited regularly, and they soon look forward to the Saturday-morning visit of the nurse with her scales, which tell how much baby has gained. Usually the mother has a question ready regarding the health and care of her baby, and then one feels indeed that some service has been given.

So far a pre-natal clinic has not been organized. It has appeared to be more practical to carry on this work through the home visit alone. Perhaps in the future such a clinic may be feasible.

And now to future plans. First is a more complete immunization programme. A very successful vaccination campaign was held last spring, but still there are many in the public schools and 45 per cent. of the high-school pupils who have not been protected against smallpox. We are planning now for a clinic to be held after Easter and are hopeful that many of the above-mentioned pupils, as well as many of the pre-school children, will come for vaccination.

Next is the organization of a weighing-station for the infant and pre-school groups. All public-health workers realize the need for service to this group, for it is here that a good foundation is laid for future health. Just as soon as our blizzards have been forgotten for another season I hope to have the first of monthly " weighing-days." Even if these do not appear very popular at first I shall not be discouraged, because I believe that in time more and more mothers will avail themselves of the opportunity of visiting this station monthly to have their babies weighed and checked for defects, and to obtain literature and advice regarding diet, habit formation, and the countless every-day problems which worry and perplex the young mother who is seeking the best in health for her child.

The third of my future objectives is perhaps only a dream, but none the less a very practical dream. It is the hope that some day the half-dozen or more rural schools which are in the outlying districts

of Revelstoke may have the services of the Public Health Nurse. There is a real need in these small places and an additional great opportunity for public-health teaching.

When the time rolls around again and Dr. Young, without whose kindly advice and encouragement my way would have been less easy, asks for another contribution to the BULLETIN, I hope that my plans will have materialized. Much has been learned by a very short experience in the field; but, oh! how much more there is to learn and how much to do!

LYLE CREELMAN, B.A.Sc., R.N.,
Revelstoke, B.C.

CONSOLIDATION OF SCHOOLS.

FROM A NURSE'S POINT OF VIEW.

Six years ago, in 1931, under the auspices of the Provincial Health Officer, Dr. Young, the Department of Education, and the Red Cross, a Public Health Nurse was stationed in the Sunset Prairie District of the Peace River Block.

The vastness of this territory of scattered pioneer settlements, with weather and road conditions quite beyond description and the remoteness of the part-time Medical Health Officer from the large majority of settlers, constituted real problems to the nurse in this area. The greatest difficulty, however, which had to be met and overcome was that of the co-ordination of medical work in the schools. There was little or no co-operation with the nurse by parents, teachers, or local School Boards, and in an area of some 500 square miles, wherein no general agreement for systematic health-work could be reached, satisfactory results were obtained slowly and with the greatest difficulty.

In some schools ventilation was of the worst kind; in others no adequate washing facilities could be obtained. Drinking-water was frequently of the most unwholesome kind, such as could be procured from a near-by slough, and the common drinking-cup was in general use.

On the appointment in 1934 of Dr. W. A. Plenderleith as Inspector of Schools for the Peace River Block, a plan for the consolidation of a majority of the school districts in this inspectorate was successfully launched with a view to increasing efficiency in school government and the bringing about of other much-needed reforms.

Looked at from the purely educational point of view, the scheme was of the first importance. Local School Boards were often controlled by inexperienced and inefficient men.

This problem was solved after much preliminary opposition by dissolving most of the local School Boards in the area where the Government had in any case been bearing, roughly, 90 per cent. of the financial burden of school administration. Inspector Plenderleith

became Official Trustee for the consolidated area, with full authority for all school expenditures and for appointment of teachers. An Official Correspondent was nominated in each school district so that the Inspector could remain in touch with the needs of each school, and could, through this means, receive suggestions from any one who had grievances to air or improvements to put forward.

Before consolidation the school taxes were unevenly divided in the inspectorate—some school districts paying as much as 25 mills, while others paid as little as 1.3 mills. These inequalities could not at that time be avoided on account of the great differences between built-up developed areas and those still in a pioneering condition. The plan of consolidation effected a cure by making possible one mill rate for the whole inspectorate. Thus improvements in school conditions from all angles have been very happily brought about throughout the area.

A marked decrease in taxation for those under the scheme of consolidation was a welcome feature in many districts, the actual cash saving during 1934–35–36 having been $4,315.70.

Needless to say, the plan did not at first receive the support which later brought nearly every school district under the scheme. In the first place, a strong protest was made through the local press and by locally organized "protest meetings." Much was heard of the dictatorial methods of consolidation which centralized authority in one person and undermined democratic government in school matters, imperilled personal freedom, and thereby destroyed personal interest. With indefatigable effort, however, Dr. Plenderleith set out to meet all objections, attending innumerable meetings throughout the territory for the purpose of explaining the chief points of the plan—namely, decrease in taxation and increase in efficiency and equipment of schools. With the promises given that no reasonable request made by any School Board would be turned down, and with the better understanding of the scheme, the opposition lost its bitterness and prepared to give the plan a fair trial. The result has been remarkable, and to-day all but two of the school districts, whose financial status gave them the privilege of voting for or against consolidation, have entered into the scheme of their own free will.

In addition to the advantages shown in the economic and administrative departments, consolidation has made possible the organization of a complete school medical service in the Peace River Block. In 1935, a little over a year after Dr. Plenderleith's appointment, a Health Unit was formed under the control of a full-time doctor as Medical Health Officer with four full-time and three part-time nurses. An efficient plan was evolved for health-work in every district under consolidation.

Every school under the scheme now has a uniform programme of school hygiene, the main features being as follows:—

(1.) Toxoiding and vaccination for all children are now being carried on even in remote areas.

(2.) A programme incorporating baby and pre-school welfare has been organized; prenatal and postnatal work has been started.

(3.) Two dental clinics have been held, each of which covered the entire inspectorate.

(4.) Eye-glasses have been provided for many for whom this would have been impossible were it not for the assistance given under the scheme for consolidation.

(5.) Addresses and lectures have been given by the staff to many public bodies.

(6.) Adequate nutrition has been aided in special cases by cod-liver oil provided through the Department of Health.

Two modern rural schools have been built with every consideration to proper lighting, ventilation, and sanitation. In passing, it may be of interest to my readers to know of a good scheme for the even heating of rural schools in the coldest of weather which any local carpenter can effect at a cost of about $25. A cold-air draught is brought in under a jacket heater and a ventilator controlled by pulleys is placed in the roof. The blue-print plans can be had on application to the Department of Health, Victoria, B.C.

Other improvements included papering and kalsomining of walls and ceilings in ten schools; reflooring of six schools; repainting of schools; purchase of additional grounds for two schools; fencing and clearing grounds of seven schools; purchase of sanitary paper towels, towel-containers, toilet-paper and toilet-paper holders for thirty-two schools; purchase of water-coolers and sanitary drinking-fountains for forty-six schools; purchase of new stoves for eleven schools; and installation of electric lights in two schools.

Difficulties remaining are mainly geographical. The enormous area to be covered over the worst of roads in both summer and winter, and the very frequent inaccessibility of whole areas due to weather conditions, piling drifts of snow, gumbo mud or flooded muskeg, makè work very severe and exacting. To keep strictly to one's programme is often impossible. In certain instances, therefore, our outposts are left untouched excepting for an annual visit of doctor and nurse. Other difficulties are not uncommonly met with in maintaining co-operation of parents in the observance of quarantine and in the encouragement of health principles in the home. One could wish that more home visits could be made by the nurses, but again the difficulties of accessibility and the scattered nature of the whole settlement make this far from easy.

With the sympathetic help of the former Director, Dr. J. S. Cull, and of his successor, Dr. J. M. Hershey, and with the excellent co-operation of the nurses themselves, our difficulties have been minimized, and what might otherwise prove to be an impossible burden physically and mentally has become a duty cheerfully carried out.

N. E. DUNN, M.B.E.,
Supervisor of Nursing, Peace River Health Unit.

PUBLIC HEALTH NURSES AND EDUCATION.

My dictionary tells me that the word " educate " means " to *bring* up (the child), to *train,* to *bring out,* and *develop,* mentally and morally." We note here that only the child is mentioned, what, then, of the adult? Do we as Public Health Nurses educate our adults and children as we should? Surely there is much to be done. Our time is so taken up by the common round of routine in our schools, controlling infectious diseases, etc., that often we lack time and opportunity to train our large family, the public. There are many ways. Let us consider some of them and the subjects we could present for discussion.

First, the school-child, by the teaching of positive health in all grades. Our new school curriculum certainly has made a big stride forward in the teaching of health. We nurses should not be held responsible, but should supplement the teaching of this most important of subjects from the public-health point of view.

Secondly, more should be done for our junior and senior high-school students. Here we should teach home-nursing and child-care. The boys also should have the same opportunities, especially home-nursing. This could be done effectively through the Boy Scouts' Association. The boys can then earn their Missioner's Badge, the girls, Junior Red Cross certificates, and Girl Guides, their badges. I am glad to note that the new course of studies is making it compulsory for these subjects to be taught. I have been giving these courses for several years and always have very keenly interested students. Also the question of sex education should be taught in Grades VIII. and IX. Personally, I have never had any difficulty in teaching this subject as I have had splendid co-operation from my principal and the parents. I have used the following books with success: " Growing Up," by Karl de Schweinitz; The " Three Gifts of Life," by Nellie M. Smith, A.M. Other groups can be formed, such as youth clubs for older girls and boys of high-school age, also for business girls.

At these groups we discuss: Home-nursing; child-care; sex education; mental hygiene.

Thirdly, we come to the much-neglected adult group. On the Continent and in England much has been done for adult education for several years. Alberta and other Provinces of Canada have been doing splendid work through extension courses from their universities. Last year the extension department of U.B.C. started a course of lectures for adults, and are continuing them this year. In connection with them, study groups have been formed in Kamloops, thereby a greater interest is created by the adults themselves.

The following are our study groups: (1) Economics; (2) current history; (3) modern literature; (4) science of public health; (5) Shakespeare.

The last three groups hold for me the greatest interest. Our Shakespearian group has derived immense value from our studies

from the works of the greatest mind in English literature; but there—this particular subject may not interest many of my readers. As a Public Health Nurse, I feel we all should have definite interests and hobbies outside of our profession. Surely with added interests we should be enriched, thereby making us of greater value to our communities. Now to our science-study group. We have several women very interested in the various angles of this most important science of public health. I am fortunate in having articles dealing with the many phases of public health. These are generously provided by our Department of Health. We read and discuss them at length. I find this group keenly alive to the value of these studies. They wish me to express their appreciation to Dr. H. E. Young for this literature.

The groups have studied and discussed with interest "The New Health Curriculum in the Schools," by Dr. H. B. King. Other subjects we are discussing are: Mental hygiene; sex education for the adult and the child; the pre-school child; child psychology; and many others. There is such a wide field to cover. Then we have the young, keen mind of the student-nurse in our hospitals. There should be found the opportunity of giving public-health lectures. I find them willing to absorb new ideas. Another good method is to write and produce short plays illustrating one's teaching. These I have presented from time to time to our parents at the end of the school term. I am producing "An Ounce of Prevention" next June, using some of my students for the cast.

I have tried to point out a few means of extending education in public health. Of course there are many more. We all have our own ways of developing and teaching, and yet we can all help each other by the exchange of ideas. Education should be the keystone of our work.

"Learning maketh the soul young, it decreases the bitterness of old age. Gather then wisdom, gather sweet fare for thine old age."—*Leonardo da Vinci.*

OLIVE M. GARROOD, R.N.,
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AN IMPOSSIBILITY BECOMES A SUCCESS.

A few years ago the establishment of a dental clinic in Nelson was considered an impossibility. Last year I recounted some of the difficulties we met with in laying the foundation for such a clinic. I should like now to report progress in our new undertaking.

Early last June the School Board appointed three of its members to act as a Dental Committee. Arrangements for financing the scheme had already been completed as outlined in my last article. A preliminary survey had been made by Dr. Walley, and it was the task of this committee, working in collaboration with Dr. Walley and

myself, to work out details and submit its recommendations to the Board. The plan decided upon was as follows:—

(1.) That we have a semi-mobile type of clinic, which could be transferred easily from school to school and could later be mounted on a trailer and used as a mobile clinic to serve outlying districts.

(2.) That necessary changes be made in the three schools to accommodate such a clinic.

(3.) That, as a beginning, we should carry on an educational programme for all school-children, and examine and report dental defects in all children attending our public schools.

(4.) That we would provide free dental care to all children—

(*a.*) Whose mothers were receiving mothers' pensions:

(*b.*) Whose families were on relief:

(*c.*) Who came from homes where the average income was less than $15 per month per person.

These recommendations were accepted, and Dr. Walley was appointed by the School Board to act as half-time dentist. A second-hand dental chair was purchased, together with a second-hand cabinet, bracket table, hand-piece and motor, sterilizer table, and rubber floor-mat. The sterilizer and all instruments were new. The necessary plumbing and electrical changes were made in the schools. Dental records from other centres were studied and a form designed that would best meet our needs.

The last piece of equipment arrived on the day that school opened in September, and on the next day we started our examinations. Out of 460 children attending the Central School, we found 96 per cent. suffering from dental defects. Dr. Walley gave dental talks in all rooms of the school, and by the time the examinations were finished many requests for free treatment had been received. These were referred to the Dental Committee for approval, and almost every one of the 137 submitted proved eligible. Monthly letters on "Dental Care" were mimeographed, and the first of the series were sent out at the end of September, in the hopes that the parents of children not eligible for free treatment might be stimulated into taking their children to their family dentist.

Knowing that it would be impossible to complete all the work requested, we concentrated on Grades I. and II. of the Central School, and on the two upper grades, so that next year we would have a good start both in Central School and in Junior High. Thirty-five pupils had dental work completed at our clinic, the average treatment for each child being nine 20-minute appointments. One hundred and seventeen pupils returned cards signed by family dentists, which with the 4 per cent. already found free from defects brought the number of children with well-cared-for mouths up to 39 per cent. Cards signed by family dentists are still coming in, and we feel that the percentage will be much higher by the end of this term.

On November 19th we moved our clinic to the Hume School. It required barely half an hour to dismantle our equipment and get

it ready for the transfer, and even less to set it up again in its new quarters. Two hundred and fifty children were examined, and there were ninety-eight requests for free work. Twenty-two cases were completed by the clinic and eighteen cards signed by family dentists were turned in. The work was somewhat hindered by the Christmas examinations, and many children who were examined at that time are having their teeth attended to by family dentist now.

On January 15th we moved to the Junior High School. Three hundred and fifty children were examined, and up to the present (February 1st) we have had fifty-five requests for free treatments and have had fourteen cards returned signed by family dentists. The majority of the children are still to be heard from.

A certain amount of emergency work has been done in all schools, both for clinic cases and for children who are under the care of a family dentist. For the latter, a temporary dressing was put in and the child advised to visit his own dentist after school-hours. In this way we feel that we have saved the children a considerable loss of school-time.

The dentists of the town have voiced their approval of our plan. The parents have proven both interested and co-operative. Dental health in the schools is improving steadily, and we hope in time to extend our service to both pre-school children and those living in outlying districts. In fact, we feel that, in spite of the gloomy forebodings of some of our well-wishers, we have made our "impossibility" not only a reality, but an unqualified success.

KATHLEEN M. GORDON, R.N.,
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MAPLE RIDGE AND MISSION DISTRICTS.

The homely old "saw," "You can lead a horse to water, but you can't make him drink," is somewhat illustrative of the persuasion necessary for the carrying-out of public-health principles by the individuals in a district.

It is most encouraging that the persuasion need not be as prolonged or insistent as formerly and that results are more satisfactory. The majority still need leading, while some refuse to drink of the essentials of health hygiene and care, and some go to inferior "springs" of health knowledge. An increasing number are glad to be led, however, and are anxious to partake of the most scientific source available.

The attitude of most of the parents toward the new curriculum in the schools is an example of this. Many are very pleased indeed that their children are being taught nature, science, and health so much more basically and comprehensively. Seldom does one hear now of the complete efficacy of the three R's from parents.

The " powers that be " are endeavouring to supply at least some of the new equipment necessary to carry on the new programme. Some of them are deeply interested.

The earnestness and the endeavour of most of the sixty-six teachers to carry out the new projects is a source of amazement to me. Many have spent their own money for books or articles that would aid them in teaching the subject more efficiently. Great praise is due to these men and women for their very large contribution to the world's progress.

Knowledge of the injurious effects of dental caries, infected tonsils, defective vision, etc., is being gained by more people; also the definite need of a full and balanced diet and proper rest, as evidenced by the decided drop in the number of underweights among the school-children.

The T.B. Survey with the tuberculin-testing of 594 Japanese children by Dr. Lamb and Miss Peters last year has been a productive element in preventive education. Many are anxiously awaiting the early return of Dr. Lamb for the complete survey of all the children in the schools.

Of the 594 receiving the tests, 16.3 per cent., or ninety-seven, had a positive reaction, eighty-eight with the first dose and nine with the second dose. All of them with their parents were X-rayed and examined. Twenty-two of them, including five adults, were to be kept under observation and rechecked. One of the adults and three of the children were put on the " cure." Those on the " cure " have been faithful to their regime and examination six months after showed that they had improved.

The survey has also stimulated interest in the clinics among some of the older Japanese, a number attending the Tuberculosis Clinic in Vancouver, resulting in two more " new " cases being discovered and hospitalized and two others under observation.

Dr. Lamb's six regular clinics held here last year had much larger attendance than previous ones. Four new cases were disclosed and a number of old cases pronounced progressing favourably.

The discussion of a Public Health Nurse for each district here has become official, and the hopes are higher for the time to organize for and hold more toxoid and vaccination clinics, also for well-baby and pre-school clinics and prenatal welfare—more time to go into the homes to give information that will assist them in building and safeguarding their health and usefulness.

MARY E. GRIERSON, R.N.

THE VALUE OF AN ANNUAL SCHOOL HEALTH CUP COMPETITION.

It is always difficult to arouse interest in new and progressive ideas of health and sanitation in rural farming districts, where

things move slowly, and so often the old saying is quoted, " What was good enough for my father is good enough for me."

There is even opposition to the teaching of new ideas shown by some parents, as, for example, when one of our teachers received this letter from an indignant Italian father: " You got no business tell Antonio brusha da teeth! I never brusha da teeth, got good teeth. My sister brusha da teeth, wear them out. They all come out. You teacha Antonio read, write, not what he should do at home."

This true-incident also brings to mind that tale of the sturdy Scotch farmer, who literally " floored " the Health Nurse by doubling up a brawny forearm, saying scornfully: " All this clack aboot vitamins! Look at ma muscle, and I niver had a vitamin in ma life! "

I shall always remember the early days of rural health organization in my district, and tackling this very problem of health education with an old gentleman who had been a much-esteemed school trustee for many years. He did not believe in " This new-fangled idea of having a school nurse; they never had them in his time, and look at him! " We threshed the matter out in the middle of a ploughed field one lovely spring day. He sat on his horse-drawn disk harrows, smoking a pipe, and I stood over my shoe-tops in soft wet soil and thus discussed this important matter of Health education. After a long argument he was won over to the idea of " Giving the nursing a trial," and so the first step forward was made in that district, where now the Health Nurse and her teachings is accepted as a matter of course.

With nine other Rural School Boards to be convinced in like manner of the value of new ideas in school-health work, it was necessary to think of some project which would arouse the personal interest of both School Boards and scholars; stimulate a healthy spirit of competition between school districts, and show how much progress had been made from year to year. A school health cup competition seemed the ideal plan, and when the cup was donated by the District School and Medical Health Officer interest soon began to grow among children, teachers, and school trustees.

Much thought was given by the School Nurse as to the points upon which the competition should be based. It was necessary to evolve a plan which would bear directly on all aspects of school sanitation and health education, as these phases of school hygiene affected school trustees, teachers, children, parents, and janitors. It was also necessary to plan a schedule which would be equally fair to every child and School Board working in the different types of schools. This was indeed a problem, but finally the following schedule with thirteen main sections was drawn up; each section divided into about ten subsections, for which a rating of 100 points was given. A copy was given to all School Boards, teachers, and janitors, as follows:—

	Points.
Section I. Cleanliness of children (general), 7 subsections	100
Cleanliness of children (teeth)	100
Section II. Hygiene of the school-room, 8 subsections	100
Section III. Sanitary condition of the toilets, 9 subsections	100
Section IV. Facilities for drinking-water, 7 subsections	100
Section V. Hand-washing facilities, 7 subsections	100
Section VI. Heating and ventilation of the school-room, 9 subsections	100
Section VII. Lighting of the school-room, 7 subsections	100
Section VIII. Provision for school lunch, 6 subsections	100
Section IX. Equipment of the playground, 10 subsections	100
Section X. Sanitary condition of the playground, 6 subsections	100
Section XI. Response to health education:—	
(*a.*) Consents to goitre treatment (percentage of pupils)	100
(*b.*) Consents to toxoid immunization (percentage of pupils)	100
(*c.*) Consents to vaccination against smallpox (percentage of pupils)	100
(*d.*) Consents to tuberculin test (percentage of pupils)	100
Section XII. Results of health education:—	
(*a.*) Taking goitre treatment (percentage of those giving consent)	100
(*b.*) Immunized against diphtheria (percentage of all pupils)	100
(*c.*) Vaccinated against smallpox (percentage of all pupils)	100
(*d.*) Tuberculin-tested (percentage of all pupils)	100
Section XIII. Interest in health education, 8 subsections	100

The grading throughout the school-year is done by the School Nurse, and the itemized results published in the annual topical report, which is studied with much interest.

Some very tangible results in the different schools have been noted from year to year as a result of the rural schools health cup competition.

For instance: School buildings have been painted and repaired inside and outside. Electric light has been installed. School sanitary arrangements have been improved and necessary requisites provided. Hand-washing facilities and paper towels have been provided. In three schools running water and sanitary bubblers have been introduced at some cost to local ratepayers; in others each child has his own cup. Heating has been improved. Playgrounds have been improved and sports equipment, etc., supplied.

Rural school trustees have most certainly taken an interest and pride in trying to make their own school on a par or even better equipped than other schools in the district; this attitude in years of rural depression and scarcity of funds is most commendable, and encouraging to the School Health Service.

With regard to the children, there is a great improvement in personal cleanliness and good response is given in general to health education, an attitude which is fostered by splendid co-operation of the teaching staffs.

This responsive attitude of children and parents is well shown in the final results published in the 1935–36 Annual Report. With 808 children on the register during the year attending ten rural schools: 99.68 per cent. consented to goitre treatment; 96 per cent. consented to the tuberculin test; 89 per cent. were immunized against diphtheria.

Appreciation of the response to health-teaching in the schools has been voiced by the School Inspector and also by the organizer of the Junior Red Cross.

The value of an annual school health cup competition has thus been well demonstrated, and although the grading throughout the year throws extra work and responsibility upon the School Nurse, yet the final results are worth all the trouble taken.

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AN OBJECTIVE.

When I decided to weave a few words around the above topic, I discovered that, according to the Oxford Concise Dictionary, an "objective" meant a great many things I hadn't thought about, especially in the realm of philosophy. However, I did find, tucked in almost as an afterthought, the idea I had in mind, to wit: "A point aimed at." Why that angle should be so incidental in the dictionary still puzzles me, because I thought that every one has on objective and that the Concise would have given quite a little space to its

ramifications. But isn't that typical of life? The things we revere and hold sacred are of no interest to the rest of the world.

To return to the topic, who was it said that if you aim at a star you may reach the top of the tree, but if you aim at the top of the tree you land on a lower branch? All of which is by way of an introduction to the suggestion that we nurses, of all people, should aim at an objective in life. True, the fact that we *are* nurses proves that we have attained one objective, but it is so easy to settle down comfortably and sigh—comfortably—deciding that we have got as far as we can get. We are so prone to " rust in routine " until we find uncertain relief in wedded bliss or forced retirement. How many of us vowed at

" 50-50 per cent."

graduation: " Well, here's one person who won't spend all her life just doing ordinary nursing "; and yet, ten years later, we are still at the same thing—perhaps in the very same position?

The purpose of these few paragraphs is to suggest that nurses should have an objective at which to work " The point aimed at " is purely a personal choice of course, but if it is in the field of nursing, medicine, farming, literature, business, art, or music, etc., it should most certainly be *beyond* the path of daily routine—however conscientiously we are travelling that path at present Last year a hobby was suggested as a way of relaxation—this will also apply as an objective. I wonder how many tried it!

" The final warning."

In Miss Kerr's article on " Ghosts " we are asked for contributions to her collection of " superstitions." I wonder if the old truism, " Hope springs eternal in the human heart," could be called a superstition! If not, then it is not too much to fix an objective seemingly above our reach—and high as it may be, if reaching it will be primarily for the good of society, a watchful and munificent Providence will

smooth out the path until the goal is reached. Did not Browning realize this when he wrote: "A man's reach must exceed his grasp—or what's a Heaven for?"

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CURIOUS SUPERSTITIONS AND BELIEFS.

"Do you believe in *ghosts?*" In a deep, hollow voice, the questioner stirs our hidden fears, and we feel our hearts beat faster as we listen to awesome tales of mystery and magical apparitions. Then, when the period of tension is passed, we shrug and laugh: "But nobody really believes in those sorts of things to-day!" Perhaps not—perhaps they do. Many of us, supposedly intelligent, wide-awake, well-trained Public Health Nurses, have little secret rites we perform on occasion. Did you ever wish on a new moon? Why? Do you surreptitiously "touch wood" to offset a little mild boasting? Do you *really* believe it helps any?

Since few of us can deny we have a weakness for these superstitions, we may expect that many of the foreigners, who comprise a goodly number of our population, will present serious teaching problems because of the fears that are part of their heritage. Public Health Nurses, whose programmes are developed chiefly along educational lines, may not be confronted by so many baffling situations as their fellow-workers who include bedside-nursing in their services. However, it may be of value to try to discover what is behind the ideas and customs to which some individuals cling so tenaciously, for only by understanding them can the Public Health Nurse offset their effects upon her teaching. The nurse who is tolerant, who has taken the trouble to secure some information on these matters, and who has the happy faculty of being able to understand the other person's point of view will find that she can more readily win the confidence and co-operation of her client and that her suggestions will be received with less resentment. Success does not always follow even where the greatest effort has been used, but many times a mother can be persuaded to try the strange new "Canadian" ways of doing things because of the confidence she places in the nurse and the desire she has to please.

It is possible to mention only a few of the superstitions and customs and traditions that one may encounter. Every nurse who works among foreigners could add to the list. I should be glad to receive information relative to peculiar customs encountered in the various communities.

One of the first beliefs that comes to mind is the reference to the communicable diseases as "children's diseases." To the uninformed mother, communicable disease is as much a part of childhood as cutting

teeth. The theory that these diseases are spread by foul air, by night air, by the odours from garbage-dumps, is still prevalent despite all the teachings to the contrary. At one time the idea of transferring the diseases to animals as a method of cure was propounded. A hair from the head of a child infected with whooping-cough was placed between two slices of bread and fed to a dog. If the dog coughed, it was taken as proof the disease had been transferred to him and the child would recover.

The suggestion of the use of colour in the treatment of disease came later. It so happened that a royal prince contracted smallpox. During his illness he was clothed in red, the hangings of his room were red, and all who attended him wore red clothes. Should any one question the efficacy of red since the prince recovered? Does not grandfather still derive greatest benefit from red underwear in the winter-time?

Another fallacy we frequently encounter is that scarlet fever is spread through the agency of the desquamated skin. A sheet is frequently suspended in a pan of lysol solution to act as an effective barrier in a doorway. Can you visualize the micro-organisms mounting the particles of dead skin as an Arab his steed and galloping through the doorway?

How many people still believe that lockjaw is caused by cutting the tissue between the thumb and the index finger? The whole germ theory of disease is disbelieved by some who demand something more positive by way of proof than microscopic organisms that are too small ever to cause much trouble.

Perhaps the most interesting superstitions centre around the maternal cycle. Almost every foreign woman longs to become the mother of a male child. Deified personages have received the prayers and offerings of women all through the ages. The Romans had five or six goddesses who performed various offices in this connection. In even the more primitive races stress is laid upon the importance of satisfying every wish the pregnant woman may express regarding food. This woman must avoid all fright, or the child will die; she must not bathe, go to a funeral, catch her breath, or cross her hands over her heart lest her baby should develop heart-trouble.

During the confinement many special precautions may be taken. A razor-sharp axe suspended beneath the bed will cut the pains. No dusting or sweeping should be permitted in the patient's room, is another belief. Dust in the air provides a medium through which the evil spirits can approach the mother. The Hebrew mothers dreaded in particular, Lilith, the legendary first wife of Adam who is always working mischief. If a baby smiles on a Sabbath night during the new moon, it is a sign that the enchantress is playing with it. In order to drive her away, one must tap the baby thrice on the nose and utter rude words to its tormentor. Even greater than this fear is the dread that Lilith will come during the labour and steal

the child. As a protection against this she hangs prayers of deliverance on her bed and the walls of her room.

One should never admire a pretty foreign baby, because of the jealousy such expressions may excite among the evil spirits. Near-East people offset a stranger's unwelcome praise by spitting on their infants. Irish mothers mention the name of God in speaking of their children, as otherwise He may punish them for boasting. Brightly coloured beads and other charms may be fastened to the person, crib, or carriage of an infant to deflect the evil glances of the spirits.

These are only a few of the beliefs that might be mentioned. What ones have you found? Let us make a collection of them and so help each other in the solution of the difficult problem such superstitions present.

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WHAT DO YOU REALLY DO?

How many times have we heard: "I have often seen the Health Centre and the nurses driving about, but what do you really do?" This is quite a conundrum.

Several years ago, in an annual report, our aim was stated to be "to improve health, prevent disease, and mitigate suffering throughout the district." Although this is still our object, such a trite reply is inadequate. Our monthly reports are full of statistics, quite uninteresting to the average person, for how little they convey! They show that we do some bedside-nursing; infant, pre-school, prenatal, and postnatal visits; social service and school-nursing with its many problems; but in addition there is a great variety of unclassifiable things that never appear in reports.

This is the story behind what fell into the category of a social-service visit. In the wee small hours one October morn we had an epochal visitation. Answering a loud peal of the door-bell, we were confronted by two policemen bearing four naked children. Imagine our consternation! It appeared that the parents were suffering from some religious delusion and found it necessary to strip themselves and their family of five children, aged 7, 4, and 3 years, and twins of 18 months, and to take to the woods.

The police had answered the call of a passer-by and had managed to pick up the four youngest and to bring them into town to our care. We had just acquired an oil kitchen range and we were more than thankful for the plentiful supply of hot water. The order of the day, or rather night, was mustard baths and hot milk all round; then a search in our "poor and needy" cupboard for something resembling nighties. The children, after this, were put to sleep on chairs, the chesterfield, and a cot in our living-room.

While all this was in progress, one of us climbed into uniform and started off with two car-loads of police officers to the scene of the birthday-suit ceremony in search of the others. Imagine if you can the feelings of the nurse when, as the cars stopped, the hope "that shooting should not be necessary" was voiced. Then, as the men were disappearing into the surrounding bush, one said: "You won't be afraid to stay alone will you, Nurse?" Imagine the darkness and solitude in the country at 3 a.m.

After much searching, the father, mother, and eldest child were found and transported back to Duncan, where the latter two were left in our care at the Health Centre, where they were visited by the doctor. More baths followed, and after giving the mother a sedative we made sure all were asleep. Bed for us was out of the question by this time, so after partaking of coffee two of us set off for the home to gather any available clothes for the morrow.

Realizing that the farm was deserted, we rummaged around a bit more until we found and armed ourselves with some chicken-feed and sallied forth into the barnyard, calling "Chuck, choock" in the approved fashion. After an unsuccessful effort to find the cows, we appealed to a kindly neighbour, who agreed to take charge. Then back home to spend the day caring for and keeping track of our large family until they could be transferred to other care. The day was ruined as far as routine work was concerned, and it was early to bed for all that evening. And so, back to normal.

Clothes are always a problem. But have you ever tried to outfit a family of eight children on $50? Try it some time if you think it is easy. Even try to get clothing for three little ones on $10, or a layette on $5. These duties have fallen to our lot within the past few months. Then, to climax all, we were called upon to produce clothing for a body fifteen minutes before the funeral as the family had failed to appear with the desired articles.

Our "poor and needy" cupboard would be a gold-mine to the owner of a "Used Clothes Emporium." The positively wild ideas entertained by some good-hearted souls about what would be useful to needy families affords us much amusement. The accumulation of hats, "holey" shoes, out-of-date clothes riddled with moth-holes, not to mention the conglomeration of corsets, is priceless.

The Health Centre functions also as a clearing-house for produce—from thoughtful farmers to less fortunate families. Occasionally there is such an inundation that we cannot cope with it. At one time we had a pile of forty-two vegetable marrows waiting for homes. However, there is real satisfaction in knowing that we can always obtain fruit and vegetables when the need arises.

Occasionally we request definite articles through the local press. Recently a call came for a baby-buggy. Within two days we had a really marvellous assortment—some with and some without wheels.

Another phase is that of an unofficial employment bureau. Given a little time, we supply almost everything on demand—from practical

nurses, housemaids, housekeepers, companions, caretakers, to farm-hands. Then, too, we must find homes in town for expectant mothers waiting to enter hospital.

Some even think we provide a free transportation service. One hopeful individual once was very vexed when we refused to convey her to a settlement 20 miles distant when the snow was so deep that even the bus service was disrupted. It seems hard to make all realize that, though we " just drive about," our time is more than fully occupied.

Kindly neighbours add to our troubles. With the best intentions they ask us to call on some one in their district. They do not realize that we cannot always just walk into any home. Sometimes such calls are answered only to find that the report was quite unjustified and the time spent is practically wasted. However, remembering the cry of " wolf, wolf," all calls must be answered.

All in all, we lead a very varied life here in Duncan. There is very little we do not do, but it all adds to the zest of the work and makes for a better feeling in the district, opening more doors to our work. The original question is still unanswered, but I wonder if any one could ever really classify everything in this large field of endeavour.

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JUST ONE CALL.

A message comes in to the nurse. She is wanted up at Yapp Alley.

" Yapp Alley," to the uninitiated, is the name given to a little Finnish settlement situated about 1½ miles up Cowichan Lake from Youbou. The frame houses are built identically, in a straight row along the west bank of Cottonwood Creek. There are two ways only to get to Yapp Alley—either by boat up the lake or, and more usually, by walking along the railway. Just now the tracks have been ploughed clear by the train and have a bank of snow from 2 to 4 feet in height on both sides.

The nurse sets out about 3 o'clock in the afternoon of a day early in February. The air is balmy despite the snow; the mountains arounds are shining in the light of the setting sun.

As she goes past the mill she notices a water-tank—a mass of huge icicles. Peering under the tank, she can almost imagine herself at the entrance of a huge cavern in some far-off glacier. The ice has that clear blue colour that is only found where ice is translucent. Proceeding up the track, the nurse sees the steam from the engine of a train ahead of her and fervently hopes it will stay where it is until she crosses the trestle over the Cottonwood. However, it is not to be—down comes the train and she is forced to leave the track

and take refuge in the bank of snow. Fortunately it is not very deep—only up to her waist. She stands there with snow filling her gum boots and melting clammily down the backs of her legs while the train lumbers slowly by; then, floundering out of the snow, she sets off once more.

Crossing the trestle in safety, she encounters a further obstacle in the shape of an engine, a snow-plough, and a number of flat cars that are drawn up across the only road to the houses that she wants to reach. She stands for a few minutes at loss and slightly confused by the chuffing and hissing of the big engine.

A kindly trainman notices her dilemma. "Want to cross, Miss? Just a minute, and we'll couple up and move the cars." He signals to the engineer; the cars are coupled and move past. She crosses quickly and goes down the trail to her destination.

Two hours later, her work done, she comes back to find the same train drawn up, facing the opposite direction. There is nothing but a bank of snow, 4 feet high, all along her side of the train. The only path is across the track.

"Come through this way, Miss. The men are eating and the train will be here half an hour yet." Looking toward the voice, she sees one of the engineers above her in the cab, leaning down with outstretched hand. Pushed from behind by a sectionman who had just come up, and pulled by the engineer, she reaches the floor and passes through the cab, to be assisted down to the trail on the other side. The sectionman is on his way home also, and as they walk down the track together he regales her with a thrilling story of three cougars he had shot on the mountain above them just the evening before.

About a mile farther down they come upon a string of ten flat cars. There is no way to go around, so, assisted once more, the nurse scrambles up and they walk along the top, leaping from car to car. They must hasten now to reach the siding before another train comes. As the train approaches, the last few steps are taken on the run; the train passes, then it is a clear road home.

The nurse thanks her companion and bids him good night, reflecting to herself how often she meets with such kindness and help as she goes about her work among the people of the district. Climbing the stairs to her room, she notices how the light is fading and stars are beginning to twinkle in the clear sky to the east. Another day is ended—another call has been answered.

ANNIE S. LAW, R.N., B.A., B.A.Sc.,
Youbou, B.C.

PROBLEMS OF DISEASE-PREVENTION.

Disease-prevention—one of our primary reasons for existence—remains a difficult problem under conditions present in the Peace River District.

Prior to 1935, when the Health Unit was organized here, many cases of communicable disease went unreported. Some still go unreported. Due to distance, difficulty of transportation, and scattered population, communicable disease, even when reported and seen, has often almost passed the recognizable stage. The supreme confidence of the settlers in making their own diagnoses and prescribing treatment fills a poor Public Health Nurse with awe. Most of their mistakes are made in being too careless. The idea is very prevalent that " the children may as well have it and get it over with." The method of isolating a case at home is often impossible when one realizes that many of the homes are one-, two-, or three-roomed shacks. There are no isolation hospitals where one might send the stricken member of a family. Also it is frequently impossible to see the case more than once during the course of the disease. All directions *re* care, isolation, quarantine, etc., must be thoroughly given and thoroughly understood at this time. These and other reasons make disease-prevention a " bigger than ever " problem here.

It is interesting to note some special conditions with which we have been confronted. During 1936 a few scattered cases of scarlet fever were found. The reaction of the general public was very marked. Many voluntarily brought their children for immunization. There was much talk *re* closing schools, methods of fumigation (?), periods of quarantine, etc. Many residents still firmly believe that only their having had an old tin of lysol or creosote solution continuously boiling on the stove saved the family from complete obliteration!

Undoubtedly every one was very much frightened of scarlet fever. It proved a good opportunity to teach and demonstrate methods of prevention and control. Talks were given in various schools and at Women's Institute meetings. The value of reporting and isolating suspicious cases early was stressed. One might cite several cases which occurred during the year wherein we were wholly successful in controlling spread of disease. This included cases of measles, mumps, and chicken-pox as well as scarlet fever. In each instance the case had been reported very early to one of our staff. Measures of control were enforced and the results proved satisfactory. One began to feel, with some assurance, that an epidemic would not be possible here. A great deal of toxoiding and vaccinating had been carried out. People were enthusiastic over this and a great deal of literature and information *re* spread of disease in general was disseminated.

Suddenly we were surprised to find that cases of rubella had been at large, unreported, and had spread the disease very thoroughly throughout one country and one town school district before discovered; no one seemed much disturbed. It was " only the German measles," yet school attendance was markedly affected for a month or more. In three known cases children were seriously ill with conditions evidently influenced by rubella, and still much comment and criticism was aroused when methods of control were insistently applied.

Although, at the time of writing, the disease has reached epidemic proportions, we endeavour to remain calm and composed. We suppose rubella will gradually die out as such things do. Conditions have been controlled in so far as possible and we have learned another valuable lesson. It is impossible completely to control spread of communicable disease unless we have 100 per cent. co-operation from every one. Many are unaware that neglect to report cases is liable to fine or imprisonment. Education to recognize early symptoms is essential. Early reporting of any suspicious case would often save much trouble later. People must be made aware of their responsibility in the above respects. In teaching health in schools we should stress these matters. Our future citizens will benefit if they early develop this sense of responsibility. Parents and teachers are often almost totally uninformed. Surely we, as Public Health Nurses, cannot too often discuss problems of disease prevention.

RITA M. MAHON, P.H.N.,
Peace River Health Unit.

JUSTIFICATION FOR THE APPOINTMENT OF A SOCIAL WORKER TO COMPLETE THE HEALTH AND EDUCATION PROGRAMME IN THE PEACE RIVER DISTRICT, B.C.

Discussion of work in the Peace River District of British Columbia must be preceded by a brief description of the country because of its geographic and economic position. It is a valuable wheat-growing area situated about two-thirds of the distance northward on British Columbia's eastern boundary. The only outlet for its product is via rail to Edmonton. In fact, the only reasonable means of access to the rest of British Columbia is by rail or road through Alberta. This isolated area is roughly 2,000 feet above sea-level and comprises some 6,150 square miles, deeply gouged by the Peace River, traversing it from west to east, and its many tributaries. The communities are widely scattered; the main roads graded, but ungravelled on the whole, and transportation difficult and various due to rain, mud, snow, drifts, and ice. The few original settlers of 1911–12 were augmented in 1919–20 and again in 1928–29. At this time there was a great influx of settlers from the dried-out areas of Southern Alberta and Saskatchewan. Some of the latter had known the amenities of life, and, far from young, are valiantly making a second start in a pioneer country. Many more, the invariable transient lured by glowing tales of easy wealth, and still others, the poor, we shall always have with us. To date, save in a few cases, all the homestead buildings are of logs and there are many sod roofs to be seen. The home is usually one room which may or may not have a partition. The chief social pleasures of the people are the local fair in summer and an annual round of dances at Christmas-tide, with the occasional dance between

seasons. Twenty miles is no deterrent to such pleasures, but of necessity in many instances the whole family must go and the return trip is delayed till dawn breaks. In the year 1935–36 the estimated population was 9,000, including 1,400 school-children and 1,000 pre-school, and there were sixty-five school districts.

In 1934–35 a consolidation scheme, which is a Larger Unit of School Administration, with one Official School Trustee, who is also the School Inspector, came into being. As a direct result of money saved the Peace River Health Unit was launched September 1st, 1935, with grants from the Rockefeller Foundation, the Provincial Departments of Education and Health. This Health Unit is a decentralized organization of the Provincial Board of Health, which acts in an advisory and supervisory capacity. There is a full-time Medical Health Officer, four full-time Public Health Nurses, and three part-time nurses, one of whom is a Public Health Nurse. Each nurse has a given number of school districts and makes her home as central to her area as possible. The health programme is a generalized one, save for bedside-nursing, which is only done in emergencies. An active immunization programme is well under way now and, owing to association with the consolidation of schools, free dental clinics for school and pre-school children have been organized each year, and some very necessary tonsillectomies and eye-glasses have been obtained, the parents co-operating to the extent of 50 per cent. of the cost. The home visit, I feel, is the most important factor in the work to-day for a number of reasons. First of all, it is a background to the health picture presented by the school-child. Secondly, the actual type of living-quarters and the homestead environment are deciding factors in what the nurse may hope, at present, to achieve in her teaching, whether in the home or in the school. Thirdly, it serves as a valuable contact with the father, young adults of the family, or other grown-ups, some or all of whom appear from an apparently uninhabited landscape, following the arrival of the nurse's conveyance, be it car, sleigh, or democrat, or be it simply herself on her own two feet. Once contacted thus, the future holds many opportunities for health talks, in meetings along the way or at the combined store and post-office on mail-days. Fourthly, with the number on relief almost decimated following the good crop this year, the home visit is the only way of ferreting out prenatal cases.

Other Government facilities are handled through the Government Agent and the police. Among these are Relief, the Infants, Mothers' Pensions, and Children of Unmarried Parents Acts, etc. Not infrequently the local Public Health Nurse is asked by Government departments, neighbours, or the Church to report on some home. More often that Public Health Nurse feels her hands tied in trying to put over her health-teaching, due to the social and economic problems already obtaining in the home. An official investigation demands special training in social-welfare work and uninterrupted time for the case. The first the Public Health Nurse does not boast; the second

is often difficult because her time is limited by a definite programme of duties. On the other hand, this same nurse traverses her area each month, and through her contact with the school and its teacher she is fairly well posted as to any trends that may be developing in the homes. In at least one area, where there is a " red " element, a moral laxity has crept into the social life of the people and serves as a bad example for the school-children. The isolation and drudgery of homestead life seems to take its toll in the development of mental cases. Now the distance from the Peace River District to Vancouver or Victoria requires at the minimum ten days for a reply by mail in summer, fourteen days or more in winter. Neglected children and delinquents must be sent out to Vancouver with a matron, entailing great expense to the Government because of the distance, time, and rail transportation. Should an experienced Social Worker, with transportation allowed her, be posted in the Peace River District, at least some of the social and economic problems could be straightened out before the situation came to a head. A truer picture could be obtained in questions of relief, mothers' pensions, etc., than that gained at present through the eyes of the police or Public Health Nurse, and greater justice would be done. In cases of neglect it would be possible in certain instances to obtain suitable foster-homes in a distant part of the Peace River District itself. These could be supervised by the Public Health Nurse under the direction of the Social Worker, for the foster-child would be the nurse's school or pre-school child. After all, these children come from homesteads, and if retained on homesteads will probably develop into as good farmers and farmers' wives as their more fortunate neighbours' children. Why should they not remain in this district instead of being sent to a city?

The Government has seen fit to develop in this isolated area of British Columbia two departments from the past—the Larger Unit of School Administration and the Decentralized Health Unit. The former is in its third year, the latter in its second, and both are apparently justifying their existence. The work, however, might be advanced with the co-operation of an experienced Social Worker, and it is legitimate to believe that, under the circumstances, the service of such a person would pay for itself.

L. MALKIN, P.H.N.,
Fort St. John.

VERNON.

Looking back for a few years, I feel that public health here has expanded from year to year, and this last year, despite an epidemic of measles in the early part of the year, has been a good one from a public-health point of view.

During this past year we have had voluntary hospital insurance in this district. Many of our poor people have taken advantage of

this. As this includes treatments, I find our skin-diseases among the children, especially impetigo, are clearing up more quickly with the use of our hospital quartz lamp. Also more diseased tonsils are being removed than formerly.

Dental work is being carried on as usual, our Dental Fund taking care of the teeth of the majority of our needy children. We are finding fewer teeth to fill each year, and our work seems to be changing from a corrective to preventive dental work.

Home-nursing classes are carried on too. We have two a week, when possible, throughout the school-year.

This year we intend to procure glasses for those needy children who have defective vision. A drive has been started to raise funds for this purpose, and we are meeting with a great deal of sympathy and support. A committee representing our local benefit societies, clubs, etc., is being formed, and sufficient funds are in sight to take care of all these cases that do not come under or who are not helped by the Institute for the Blind; our aim being to provide glasses when necessary as soon as defective vision is recognized.

We also are in the midst of a toxoid campaign, and when we finish this we will vaccinate in the spring. We vaccinate our receiving classes and what pre-schoolers we can each year, and henceforth we intend giving toxoid to our receiving classes each year as well. Of course, many of these may have been toxoided as infants, but we intend doing the "left-overs" each year as they come in to school.

In my visits to the homes of our new Canadians, I notice in many cases an increased interest in British customs and a greater desire on their part to improve their standards of living through education. They are getting outside their own narrow circle, and I think the Public Health Nurse appreciates, probably more than any one else, in the rural districts, at least, that these people, poor though some of them are, are contributing a vast amount of wealth in colour, art, music, etc., to our Canadian life.

E. MARTIN, R.N.

TIME IS MONEY—ABSENTEES.

During the last four years in which I have served in the capacity of School Nurse in the City of Kelowna, I have kept records of attendance of the school-children. I have come to the conclusion, which is shared by all teachers, that school-time has a commercial value to the pupil which is seldom appreciated by the child or his parents.

With this point in mind, a great deal of our efforts have been directed at improving poor attendance. There are two reasons for this improvement—one from the school point of view, with which we shall deal at length in this article, and one from the public-health point of view, which is also most important and which has a great bearing on the situation. The public-health point of view is of course the fact

that in checking absentees one is certain to find communicable diseases in their infectious stages, and one has therefore more opportunity to check its spread.

Every morning each teacher sends a list of absentees to my office; wherever possible the reason for absence is noted. These lists are checked every morning. At the moment, with an epidemic of mumps on the wane and intermittent cases of 'flu, we have had over 200 children out in Grades I. to VI. Each child's parent is telephoned or visited unless the child has a reliable brother or sister at school, when they are asked. Daily-attendance graphs have been kept for three and a half years. You will understand that with 200 children away there will be a good many of these in homes where there are no telephones, and also where there are no other brothers or sisters; these cases entail an immense amount of work and time, because all the visits have to be made on foot and the town covers a distance of at least 9 square miles. Checking up attendance has loomed very large in my day's work for some time now.

During this four-year period we have been unfortunate in that we have had numerous epidemics, the most outstanding of which was that of infantile paralysis in September and October of 1934. This was the only time that the schools were closed, and then for three weeks. There were sixteen cases of infantile paralysis and one death; none of the children who recovered developed any serious after-effects. We have also had to contend with mumps, measles, whooping-cough, chicken-pox, and an occasional case of scarlet fever, two cases of typhoid, and those annoying skin-diseases, impetigo and scabies. I expect the majority of my fellow-workers have been called on to deal with one or all of the above mentioned at some time or other.

Absence in the winter and spring is due usually to sickness, but in the fall we have a problem which to date has not been solved—namely, that of school-children looking after younger brothers or sisters while their parents are working at the cannery or packing-house. Many children in this way miss as much as two months of school at the beginning of the term. The only solution for this problem is a suitable crèche in which small children could be cared for all day. Local organizations have been approached with this idea, but they all feel it is too large an undertaking.

Absentees can be divided into the following groups: (1) Those who are ill; (2) children whose help is required if there is sickness at home; (3) children of parents who do not realize the importance of education; (4) children who play "hookey."

Of the above classification, the third is the most dangerous and very often they are responsible for creating such a poor mental attitude to school; it is small wonder that they complain that their children gained very little from education in the elementary schools. Another source of trouble is parents who send children with a rash or other symptoms of infectious diseases. They are also responsible for a great loss of school-time.

I have tried with the data at my command to work out the cost per child per day. This, I realize, can only be an estimate, because the personal factor does enter into teaching more than many other professions. An instance: A lesson has been taught to twenty children out of a class of thirty. That lesson must be repeated for those ten children who were away, and this usually has to be done in school-time. The saying, "Time is money," is as applicable to school-time as to any other time. With a total attendance of 1,153 pupils in Grade I. to Senior Matriculation, the cost *per capita* per day is 33 cents. All expenditure, including sinking fund and interest, came to $73,500.

The *per capita* cost is of course based on the whole school population, but the graphs and average daily absentees of which mention is made are statistics from one school—namely, the elementary, with an enrolment of 663 pupils. The general trend of a graph of absentees in the elementary school is also applicable to the general attendance in all schools, especially if there are infectious diseases present.

Enrolment fluctuates with the years and school costs have their "ups and downs"; so for matters of comparison over the last four years we have used the *per capita* cost for 1935–36. The greatest number of absentees in one day was on March 11th, 1935, when there were 350 children absent. The cost for this day alone was $116.60. For that month of March the average daily number absent was 248; the cost was $82 a day, and for twenty-one days the cost amounted to $1,722.

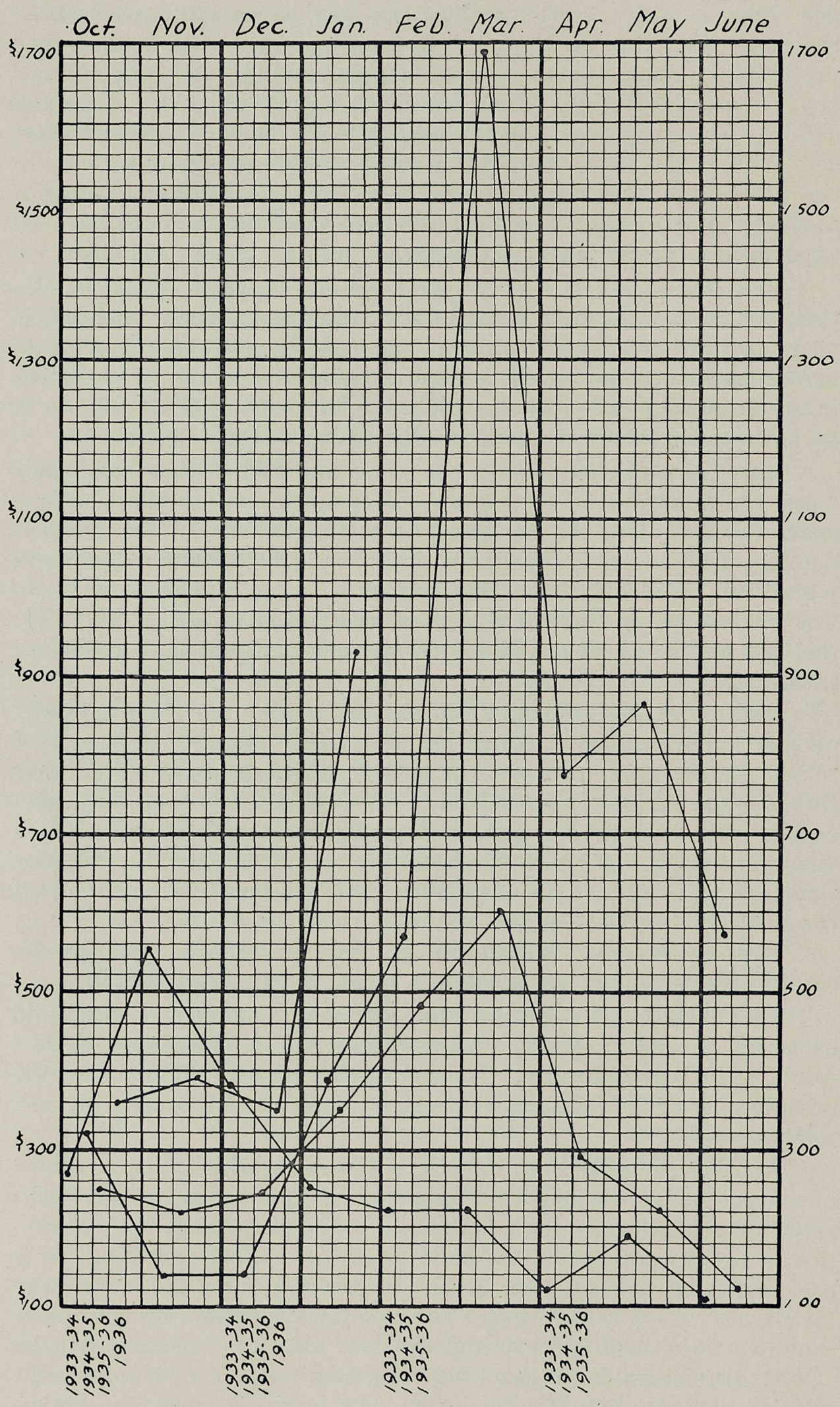
Looking at the problem from another angle: Consider a family of four children, one of which has developed mumps; he is out of school for ten days (school), the cost of which is $3.30. The other three children may come to school for twelve days and then they must remain out of school for sixteen days, or twelve school-days, which amounts to $12. If these three children do develop it in orthodox time (eighteen days), the quarantine cost will be $4.95 and the cost for each child while they have mumps is $3.30—$9.90.

Total cost to city and Government: First case, $3.30; quarantine, eighteen days, $4.95; three mumps cases, $9.90; total, $18.15.

This does not include the all too common occurrence of each child becoming ill with mumps at separate intervals, in which case the cost would be increased greatly. Neither does it include the fact that the breadwinner of the family is very often infected and is unable to work for two weeks.

Another example of an infectious disease in which time is a most important factor—whooping-cough, with its quarantine of six weeks or thirty school-days. For contacts of whooping-cough the quarantine is two weeks, and if the child develops it after that time he is excluded from school for six weeks, so altogether he has to be away for eight weeks of school-time. The cost for one child with whooping-cough to the school is $9.90 and the cost for eight weeks is $13.20.

Endless examples of this kind could be given. Unfortunately the loss is not only that of school-time, but in many cases the child's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health is seriously impaired by these infectious diseases and in this way his work at school is seriously affected. The above examples apply only to one family or one child, but if there is an epidemic present figures can be multiplied a hundredfold.

Consider the following:—

Average daily cost—		Cost per Year.
1933–34	$13.53	$2,191.86
1934–35	31.35	5,548.95*
1935–36	16.50	2,706.00
Average for five months, September to February, 1936–37	26.40	2,490.60

The problem of absentees is a large one, and one with which it is very difficult to deal under the present system. It must be remembered that it is up to all parents of school-children to make themselves responsible for daily attendance for their children. This should not of course be carried to a point of fanaticism; if a child is ill he should of course stay home, but that is really the only valid excuse for absence.

The graph on page 40 represents average monthly costs beginning in October of each year.

M. C. MILES, B.A.Sc., R.N.,
Kelowna, B.C.

CHILLIWACK.

The incidence of slight thyroid in the Fraser Valley has been an ever-existent problem. It has been a challenge to all interested in the welfare and health of the children. The number of cases found in the schools was so great that it was determined to have thyroid tablets given in the class-rooms as a preventive measure.

In 1933 arrangements were made with a local druggist for the nurse to procure the preventive tablets at a cent apiece. These tablets were sold to the children for the same price, but with the stipulation that twenty-five tablets be bought and taken one a week in the class-room.

During the first year of this work, naturally, the response on the part of the parents was not as great as desired. Only 152 pupils of approximately a thousand deemed it worth trying. Possibly many shied from " those new-fangled ideas."

The next term saw a vast improvement, chiefly due to the nurse's forethought in mailing explanatory letters. These letters pointed out the fact that treatment was given goitrous cattle. Then why not wise in humans? Immediately the number of pupils taking the preventive treatment rose to 490.

The school-year 1935–36 showed a little more improvement, bringing the number to 504. In this term the means of obtaining the tablets changed slightly. It was found possible to procure " the choco-

* Just school-time.

late-coated candies" from the Provincial Board of Health at the low cost of forty for 15 cents.

With three years' work, the public's awareness of slight goitre and its possibilities has been gratifying. As a result of this attitude the improvement in the children's condition has been so great that it has not been thought necessary to continue with the tablets; instead, iodized salt for use in the home is now advocated.

One of the two Mennonite districts in the valley proves an example of the advance obtained. This area lies at the eastern end of the Sumas reclaimed area.

In the school-year 1935–36, of the then existing school population of 121, sixty-two children showed signs of varying degrees of slight thyroid. Compared to this, fifty-eight consented to take the preventive treatment.

The year 1936–37 has shown an even greater advance. Of the present 140 students, forty have slight goitre. This means that twelve have been cured and only six new ones found (the new ones are from the Prairies). The remainder have noticeably decreased in size.

A very interesting situation has arisen during this term. At the present we can boast that 58 per cent. of the children are now in the habit of using iodized salt extensively in the home. The teachers have found that the work done in this line has been well repaid. Several of them have remarked that the general result in school-work and behaviour has been noticeable.

If three years can do this, then we hope and believe that several years of continual attention will show itself and become obvious to the skeptical.

EVA MOODY, R.N.

GENERALIZED NURSING SYSTEM.

During the past year the generalized nursing system in Nanaimo has been undergoing a period of trial. Previous to this time the two nurses were doing specialized nursing-work. The School Nurse looked after the school-children, about 1,100 in all, and attended the baby clinics; while the Public Health Nurse looked after the remainder of the work, which included prenatal, bedside-work, maternity cases, infant and pre-school, tuberculosis, mental hygiene, and the clinics.

A year ago it was decided to ask two adjacent districts—namely, Harewood and Nanaimo Bay—to come into the nursing system. These districts were to have a demonstration of the nursing-work for six months, at the end of which time the ratepayers were to vote on whether they would accept the service; and at the same time Nanaimo itself was to try the generalized nursing system for a year.

The first step was to organize a Public Health Board. Under the specialized system in Nanaimo, a committee of interested women, or the Nursing Council as it was called, directed the nursing-work, and

now the committee had to be extended to take in these new districts. Consequently two members were chosen from each School Board, one from each Parent-Teachers' Association, two from the Nursing Council, and the Public Health Nurses. Although a new Board was formed, the Nursing Council remained intact to carry on clinic-work.

The work under the generalized system is divided so that each nurse has her own work in her own district. One nurse looks after Nanaimo as included in the city limits; the other has Nanaimo Bay and Harewood. In order to divide the work more equally, the nurse in the outside district has included in her work the city high school and the Indian reserve, with the result that each nurse has approximately 700 school-children under her supervision. Besides the schools, each nurse has the T.B. cases, prenatal, infant and pre-school, maternity cases, bedside-care, and mental hygiene in her own district. Included in this programme are clinics taking care of the different phases of the work; e.g., dental clinic once a week, chest clinic under Dr. Kincaid once a month, child-guidance clinic under Dr. Crease once a month, and infant and pre-school clinic once a week. Besides this baby clinic there are held monthly a Chinese and Indian clinic.

From December to July several public meetings were held in the outside districts, with either Dr. Young or Dr. Amyot in attendance. The purpose of these meetings was to explain the nursing service to the public, the cost, and to answer any questions they might ask. Education of the public was accomplished by dodgers, sent home with the school-children, press correspondence, and actual conversation with the people. In the meantime the nursing-work was being carried out in the schools and homes, and, through this, much education was done and a splendid contact was made. At the Parent-Teachers' meeting several talks were given.

The six months of trial soon slipped by and the long-looked-for day in July came when the districts were to vote upon the service. Those interested could not see how the districts could possiby turn down such a service, and they were not disappointed as the nursing service again won its case, and thus Nanaimo has added two districts to its nursing service and has for itself the advantages of a generalized nursing system.

MAXINE MORRIS, B.A.Sc., R.N.,
Nanaimo, B.C.

DAY BEFORE CHRISTMAS.

There goes the telephone. "Is that the Health Centre? Can one of the nurses come over right away; Johnnie has a rash and I don't know what it is."

"Has John been in contact with any infectious disease?"

"Oh, no; two weeks ago he slept with his cousin, who developed measles the next day, but he hasn't been near him since." Ugh!

"Well, put John to bed away from other children and I will see him this morning."

The phone again: "Is that one of the nurses? This is Mr. A., of the Christmas Cheer Committee. About that family of Burns with eight children; it has been reported to us that they are always well dressed and really do not need a hamper."

"We are acquainted with the family, Mr. A., and know that the mother makes all the children's clothes from cast-offs from friends. She is a very industrious little body and a hamper would be much appreciated, for they have nothing extra for Christmas."

"Very well, then; we will send them a hamper, for you know best."

The bell again; this time the door—a lady with a parcel of clothes for some needy child. While this one is being taken in, the telephone rings again, more door-bells, more phone calls—for this is the day before Christmas.

Being visitors, we ask: "Is it always as busy as this?"

We receive the laughing answer: "Not quite so bad, but it is a great life."

There are only two nurses for the holiday and they started their day early, and will apparently have little leisure all day as there are nursing calls to answer and hampers to be delivered to several out-of-way places.

The hall was not quite so full of parcels as the office, which had every nook and cranny full; however, it was necessary for one to step carefully. "This one is for Mrs. Brown when she calls; this for Mrs. White; and probably Mrs. Black will be in for a small bottle of Friar's Balsam for Johnnie's cold. These others we will deliver. Please write all messages in this book and one of us will be in from time to time." So ran the instructions, for we were to be left in charge. "What happens if an accident is brought in?" we wail. "Send for the doctor" is laughingly called back as the cars speed away.

The kitchen table is piled high with white gifts brought in for the nurses to distribute to the needy of the district. These are unpacked between answering the many calls of door and telephone. Our voices must have sounded very professional, for some of our callers started explaining their ailments before we could make them understand that we were only visitors, and ask them: "Will you leave your number, please?"

"It wasn't until 1.30 p.m. that the nurses returned and came flying in for a hurried meal, which, like all others, was interrupted by phone calls. They left again almost immediately, and when we had recovered our breath, so to speak, we washed up and tidied things away. There followed a lull of nearly half an hour. What can have happened? But—there goes the door-bell again. A Chinese boy with a parcel for the school nurses. Ginger, I believe.

And so it goes until the nurses return late in the afternoon. Their big hope is that no one has been forgotten and that all will enjoy a Merry Christmas.

N.B.—This portrayal of our Christmas rush was the impression gained by two visitors who took the calls for us the day before Christmas.

I. McMillan, R.N.,
Cowichan Health Centre.

PUBLIC HEALTH ACTIVITIES, NANAIMO INDIAN RESERVATION.

Included in the public-health programme of Nanaimo is the very interesting work on the Indian Reservation. It was a long, hard grind to dispel the resentment of the Indians toward—what they thought—the intrusion of the Public Health Nurse. In fact, it is still very evident in some families. Nevertheless, the majority appear to welcome the nurse and to benefit from her teachings.

The most important phase of work is, of course, the school. Children, about forty in all, from both the local and up-the-river reserves attend. The chief difficulty is the irregular attendance. The parents do not seem to realize the importance of uniform attendance—the most trivial reasons are adequate to warrant absence from school. Moreover, as soon as the fishing season opens, whole families, including the youngsters, pack and travel up-river. As a result duplication of work is necessary when it comes to weighing, measuring, physical inspections, etc. These difficulties, though, are only minor details compared with the difficulty of preventing and controlling the skin-infections—namely, impetigo and scabies, and, worst of all, pediculosis. The children suffering from these infections are not excluded from school. To do this would in no way lessen the close contact of the children. To have them at school facilitates the nurse in treating the cases. Three visits a week are made to carry on these and any other treatments, check up on absentees, when possible, and to carry on a further school programme.

Another definite feature is the infant and pre-school programme. Once a month, in the school-house, is set up a clinic, to which the mothers come to have their babies weighed, and to receive advice from the nurse and doctor, the latter giving a thorough examination at each visit. Strange as it may seem, the mothers regard this as a wonderful piece of service. At our first clinic a few of the mothers, when they saw the doctor, went out to bring in one or two of the more uninterested mothers. Although the clinic is held once a month, any necessary visits are made to join together the stray ends.

Needless to say, tuberculosis is fairly prevalent among the Indians. At each monthly chest clinic, Dr. Kincaid usually examines several suspects and contacts from the reservation. Difficulties arise now from all sides. With two or three families living under one roof, it is very difficult to trace the contacts and then to isolate the infected. And to complicate matters, even at the best of times, two or three visits are required before the Indian realizes that the nurse means business.

Now the prenatal programme. This is extremely slow, for the simple reason that the young mothers are under the thumb of their parents and grandparents, who, after giving birth to a dozen (more or less) of their own, believe that they know sufficient. To cite an example: Just recently a baby was born under the care of the grandmother after detailed arrangements had been made for the doctor. Three days later the nurse, making what she thought was a prenatal visit, found the mother already up and the baby getting along splendidly.

It is evident that there is plenty of room for advancement in the public-health programme on the reservation, but the nurse has to go very, very slowly. Nevertheless, with the splendid co-operation she is receiving from the Medical Health Officer, the future looks bright and rosy.

MADELEINE PUTNAM, B.A.Sc., R.N.

A CITY UNDER A COMMISSIONERSHIP.

The early years of the depression made a very deep impression upon the lives of the people of the City of Fernie. Fernie is a coal-mining town and has no other industry, so, when oil-burners came into being for factory and railway use, there was a great slump in coal and Fernie suffered more severely than most coal towns.

At that time we had the usual form of municipal government, with its attendant expenses, regarding salaries, and also the usual political issues. In January, 1935, we reached a climax, and it was realized by the citizens of Fernie that drastic changes were imminent. At that time North Vancouver was under the administration of a Commissioner, and affairs there were progressing very satisfactorily. It was decided to place Fernie under the management of the same Commissioner, and the new dispensation came into being with the former City Clerk in the position of Acting-Commissioner under the direction of the Commissioner residing in Victoria.

This system automatically did away with the former machinery of government—namely, the Mayor and Council, Police Commission, and School Board; vesting all power in the hands of the Commissioner. Expenses were cut down in a marked degree, especially in regard to salaries. The School Board ceased to function as such, but with our very alert and able Inspectors, and an equally alert principal with an efficient staff, all educational matters are well and ably directed.

The town is policed by the Provincial staff and relief conditions are probed by the Provincial investigators. A member of the Provincial Social Service looks into the pension and neglected-children cases, and the health of the schools, communicable-disease control, etc., are under the management of a member of the Provincial Public Health staff.

Before the slump in coal-mining Fernie was as prosperous and progressive as any place in the Province, with a vast pride in itself as a city. Its machinery of government is unequalled by any other city in the Province—namely, administration buildings, post-office, city hall, schools, banks, coal company's offices; and its hotels, stores, and homes compare satisfactorily with other towns. When we realized that the slump was here to stay, it looked for a time as if we were a doomed city, as there was practically no source of revenue, with the exception of the taxes, and even these could not be met by the people who were forced to go on relief.

We do not say, of course, that a city runs better under a Commissionership than in the old way, but we do know that affairs have run smoothly, the expenses of administration have been cut to the minimum, political issues have been eliminated, and duplication of services and records no longer exists.

Business is carried on as usual and repairs are undertaken. One building taken over by the city for taxes has been utilized as a community club, where badminton, basket-ball, and other games are carried on, and tournaments are held with teams from other towns. Other buildings were torn down and a school-house built, in which to house the newly reopened home-economics and manual-training departments. A gymnasium has also been added to the school, with a fully qualified physical instructor in charge.

We have also organized junior high in our schools and it is working out very satisfactorily. All the grades from VII. up now have the advantage of the instruction of experts in their particular subjects, and we all feel that the more gradual progress of the student from elementary to high school, through the junior high, will be very beneficial, especially from a psychological view-point, as many mental adjustments made at an earlier age and in a more gradual manner will be much more readily assimilated.

This paper sounds more like a discourse on municipal and educational conditions than a health paper, but these conditions, along with mental hygiene, go to make up the health conditions of a community. Our new organization has created a vastly co-operative reaction from all sections, and the physical health of both staff and students is as good and better than in previous years. Also, our name is more conspicuous by its absence in the communicable-diseases reports than most places.

I hope that this account of a town under a Commissionership may be of interest to some of our readers.

WINIFRED SEYMOUR, R.N.

THE KIN KIDDY CAMP.

This, as the name implies, is a summer camp for children, under the sponsorship and supervision of the Kinsmen's Club of Chilliwack. Its young and ambitious members could surely find no other project

worthier of their energy and able efforts, and the interest they show in its advancement and promotion is to their credit as men and citizens.

The camp was established about six years ago at Cultus Lake, which is a lovely spot and a summer resort, at a distance of about 8 miles from Chilliwack.

In the beginning the camp accommodated about twelve or fifteen children, and naturally all the conveniences and necessities could not be provided at first.

As time went on the camp grew, and is now an imposing structure valued at $1,000, with accommodation for about thirty children and for the staff in charge. Last year a kitchen was built on at the back of the building proper, replacing the kitchen previously used, which was separate, small, and far from convenient. There is also a large dining-room, which also serves as a recreation-room, which has a fireplace and is supplied with a radio loaned by some interested citizen. There is also an electric washing-machine and an electric pump furnished, as well as a kitchen range and a good-sized sink.

Daily delivery service from the town of Chilliwack is provided. Vegetables and fruit are donated by farmers during the period the camp is active. Contents from 500 boxes of cereals were consumed last year, as well as a daily consumption of 100 lb. of Edenbank milk, and the menu is varied and interesting as well as nourishing.

The School Nurses select the pupils who go to camp. Tuberculosis contacts are the first consideration, and underprivileged children from homes on relief or from poor homes comes second. Sometimes there is a little difficulty in selecting these, and usually the same families are represented each year at camp. Last year there were about twenty-eight children, half of which number are city children and half being from the municipality.

The staff consisted of a man in charge, and one year a woman in charge of the girls' activities, and a cook.

The camp is open for a month, usually from the middle of July to the middle of August.

The routine is like that followed in most rest sanatoriums. The children arise at half-past 7, breakfast is served at 8, and the rest period at noon for an hour and a half, with the hour of 8 p.m. set for retiring.

Each child is required to take a few personal belongings. These include a blanket and a bathing-suit and a change of underwear, and the rest is supplied by the camp; a uniform for all the youngsters; towels are provided. Soap is supplied by one drug-store and tooth-brushes by another.

A nurse keeps an eye on the camp and a doctor is supposed to drop in every day for general supervision.

The children play and swim and hike. They are weighed and measured regularly and records of these are kept. But the big change lies not in their increased weight, which averages 5 lb., as it does in

their attitude in general; their increased vitality after the first week or so; their improved appearance of brighter eyes and better colour; their greater ability of adjustment to new conditions and new playfellows.

CLAIRE TAIT, R.N.,
Chilliwack, B.C.

NEWS LETTER FROM KEREMEOS.

As I look back on the last six months, I feel that they have been very full indeed; full of activity and interest.

This year we branched out a little and added Hedley School to our district, so now I have four schools—Keremeos, Cawston, Olalla, and Hedley. Hedley is a booming mining town and fortunate in having very progressive and splendid community men in charge of mining operations.

Also are we fortunate in having a local Health Officer very keen on public health; so I feel that my task is unusually easy, simply carrying on what every one thinks is the right thing—namely, teaching health in the community.

At first I did not know just where to fit Hedley School in, but I found a day, the first Monday in each month. I weigh and measure all children (about 100) twice yearly and give out weight-cards. Then each month I weigh the primary-room and underweights and give a physical examination in the intermediate grades. I give a health talk to each room at the beginning of the term on the health rules, and after that as often as is necessary. I get a list of absentees on each visit and call at these homes, thus getting acquainted with the parents; and the parents, through me, with the conditions at school. The attitude of the people is splendid.

In October we did a tuberculin test on all our school-children. Almost 100 per cent. consented to this test. Reactors are being taken to Penticton or Princeton for a check-up. Some went in the fall; others will go this spring.

A case of measles cropped up in Keremeos High School early in December. All non-immunes were infected, but through good co-operation on the part of the infected homes the disease did not spread into the other rooms at school. As a precautionary measure for the rest of this season, with the consent of the Health Officer and the approval of the teachers, I made the rule that any one with a cold or a cough must stay home for four days. In that time symptoms have subsided or show a definite trend.

In the spring I am planning a toxoid clinic, taking in Keremeos, Cawston, and Olalla. We do this every two years, our birth-rate not being very high. This seems to keep us protected.

B. THOMSON, R.N.

PREVENTIVE NURSING.

In a recent number of the *Canadian Nurse* there appeared an interesting article entitled "Helping Marjory to get Well." The writer derived a great satisfaction, as result of the many weeks of labour, in the recovery of one who was so severely injured. Seeing such patients recover and return to their homes and normal life is the greatest reward that curative nursing produces, and that is great indeed; but how about "Keeping Marjory well"? Is there not a thrill in that also? To the nurse who has had experience in both the curative and preventive fields, I think that seeing most of the Marjories and Johnnies taking their places without having had mishaps produces a very great satisfaction.

The writer of the article, referred to above, tells what she learned from the case, but does not refer to what Marjory learned from the experience. The patient had to learn through bitter pain, to say nothing of the expense, that it is very dangerous to use kerosene on a fire. Would that she had learned the lesson in an easier way!

In caring for the sick and injured, do we think enough about how the misfortune might have been prevented? John is recovering from pneumonia; do we think how the whooping-cough which resulted that way might have been prevented? Mary is getting over scarlet, but do we know where she contacted the disease? It sometimes becomes a satisfaction to the Health Nurse to have helped to get Mary isolated when the first signs of the trouble appear, and joy is hers if no other member of the family or class comes down with the disease.

It gives even greater joy to the Health Nurse to see all the children free from infections, for she can devote her time to spreading the good news that Mary need not have diphtheria, T.B., and many of the other diseases that still cause a great deal of suffering and expense. She can teach Marjory the dangers of using kerosene on a fire, and John's and Mary's mothers receive information on preventing scarlet and whooping-cough.

When the School Nurse sees reports of "all present" at school, she then has time to turn her energies to plans for keeping up that record by the various means. She gets great joy from notes like this: "Dear Nurse,—John has a slight sore throat this morning, so have kept him in bed and away from the others till I see if anything further develops. If so, I shall call the doctor and report to you later.—Yours, Mrs. H." Although we are sorry John has not remained in perfect health, we are glad to have such co-operation from parents. Widespread health-consciousness of this kind in parents would soon put Health Nurses out of their positions; but, alas! both preventive and curative nurses are still needed. When shall we all become unemployed because everybody is careful?

We must still keep on guard and help to mend the rents of mishaps and illness so long as we allow these enemies to remain, and get what satisfaction we can from service to others, hoping that "Each to-morrow finds us farther than to-day."

M. A. TWIDDY, R.N.,
Penticton, B.C.

SAYWARD.

We have had quite a strenuous winter—lots of snow and some very cold weather, making it impossible to get around. It is not the amount of work; it is the time it takes to get around this time of the year. We are very fortunate in one thing in this isolated district—we do not get a lot of "infectious diseases."

In the spring and fall we usually have a certain amount of influenza. This last two weeks we had "measles" brought in by one of the young adults who had been visiting Vancouver. So far there have been no other cases outside of his own home; his two brothers and sister have contracted it.

As regards "goitre," some of the school-children have had the iodine-tablet treatment for prevention of goitre. There have been no cases of goitre in the children since I have been in Sayward, which is seventeen years.

As far as co-operation of the people is concerned I am sure the majority of them appreciate the services of the Public Health Nurse. There are always a few in these small out-of-the-way places who have very peculiar ideas as to what a nurse can do and should do. I do what I think is best and what I can.

In Sayward the Public Health Nurse is somewhat different to other places. One has to go places, anywhere, anytime, and do anything.

There is no doctor to call on, except the doctor on the "Columbia Coast Mission Boat," who visits once a month; not always that, as weather and S.O.S. calls always have to be taken into consideration. In cases of emergency I can usually get a gas-boat to Rock Bay Hospital, about 20 miles from here; even that sometimes is difficult as the gas-boats are not always in running-order, and then the only other recourse is to wait for the U.S.S. Co., which only comes twice a week.

E. M. WALLS, R.N.

NOTES OF AN ESQUIMALT RURAL NURSE.

The Esquimalt Rural Nursing Service is representative of what is being done south of Duncan towards that better-health scheme on lower South Vancouver Island. It is the nucleus of what we hope will follow later—a unit, not unlike that of Saanich, fortified with a

full-time Medical Health Officer, with its two or even more fully trained Public Health Nurses. It seems to me that progress made by a committee and the public can be termed concrete, but by a nurse more often abstract and totally eclipsed if she allows it to be "bulletinized." However, there are a few significant changes on the Island comparable with those of the Mainland, and, figuratively speaking, cutting our own cloth a little less material is wasted. Some of our biggest problems have been essentially local and are problems which we have made every attempt to solve ourselves.

First and foremost, in addition to our executive and council, we have a nursing committee, meeting regularly once a month to discuss the particular problems which are daily confronting the nurse. Up to October, 1936, the nurse was a very much disjointed factor as far as the committee was concerned and her presence not required at a meeting. It was with a great deal of effort that new clinics were established, boundaries extended; consequently her progress was slow.

Following in the wake of the new committee, the nurse's equipment was brought up to date; secondly, the new record system has been introduced in part, the binder to follow later on an instalment basis; thirdly, the school service has been extended to the children from this district attending Victoria High School. The follow-up service initiated by the city nurse is completed by the rural one. Epidemics which extend to us from the city in this way, as, for example, our late measles epidemic, are now being checked before many more children are endangered in the country. Fourthly, a loan cupboard was suggested, filled, and kept intact by the nursing committee itself. At the same time an additional fund has been set aside for miscellaneous emergency needs. At all times the E.R.N.S. has been mindful of the indigent, stimulating and assisting when it has been advisable to do so. Sixthly, the committee has stressed the need for more home visits and fewer transportations. It seems advisable to encourage neighbours and friends to help; in the long run more real good is done for the community. Seventhly, fees are payable for visits made to the acutely ill, providing they are in a position to pay. Responsibility of the patient recovering is placed on capable members of the family. The majority very readily accept this care, with a new interest, when instructed by the nurse, who is able to make a seemingly unpleasant task interesting.

The Public Health Nurse in Langford is somewhat of an intermediary, procuring assistance for the undernourished, finances and doctors for the correction of defects. Eighthly, standing orders are to be revised by the new committee and the nurse. Up to the present orders have been verbally given by doctors over the telephone, which from the view-point of the nurse might some day prove very unsatisfactory.

Our greatest difficulty is no doctor in the district. A patient taken to a doctor's office must often wait for a considerable time. Sometimes, to offset this difficulty and to ensure a nurse's speedy return to her

district, responsibility has been assumed by the housemen of Jubilee and St. Joseph's Hospitals. Immediate care has been taken of the patient until assumed by the family doctor.

Lastly, Dr. Grant and the medical men of Victoria and districts adjoining have worked together and held regular meetings to advance methods of communicable-disease control. A very close watch has been kept on the district with regard to streptococcus throats and ear-infections. There has been careful observation of the relationship of school attendances and disease in the respective districts.

Such a measure would prove somewhat satisfactory with regard to the Public Health Nurses. The suggestion has already come from Miss Young that we form a discussion group. A number of the nurses from Saanich, Esquimalt, Rural Esquimalt, and Victoria Centre have already expressed a willingness to co-operate. This should make more uniform our methods of approach and eliminate the unnecessary pit-falls of the nurse who is working alone.

The institutes have, as follows, grown in the extent of their usefulness: Shirley has asked for another clinic and promised to follow up recommendations given by the doctor. Happy Valley and Langford have jointly supported in the past one infant and pre-school clinic; now they have two, one in each district, every other month.

The first toxoid and vaccination clinic, supported by both districts, will be held in Langford on February 13th. A lively interest, too, has been exhibited by the Parent-Teacher Associations; cocoa at noon hour, toothbrushes for distribution, and added equipment for the schools. Through their efforts a first-aid course was sponsored this winter and also occupational courses given to the girls. Last year they canvassed the district to bring in the nursing service, when otherwise there would have been no district nurse; with this stimulation of interest, the following year the difficulty had been almost overcome.

The Canadian Legion, too, has played a part, significant to its members, the returned men and their families.

Educational material has been provided from various sources, which we are attempting to use to further elucidate for the teachers the health programme laid down in the schools.

I think we, too, have made the turn.

DORA WILKIE, R.N.

TOXOID AND VACCINATION CLINICS IN WEST DISTRICT OF PEACE RIVER BLOCK.

I have been in this district just a little over a year and can see many problems which apparently for the time being have no solution, but there are other problems which can be worked out.

I think the most valuable piece of work done here was the toxoiding and the vaccinating of the pre-school and school children. When people live in remote places, 50 to 100 miles from a doctor

or hospital, it is satisfying to them to know that they need not worry about the dreaded diphtheria and smallpox.

The doctor and I arranged a very systematic programme for the twelve schools in the district. The work was to be begun the first week in August and completed by the end of September.

At the beginning of our work the weather was glorious and roads excellent. We completed the first inoculations very successfully. Three weeks later our second series was equally successful. One would be led to suppose that the tales told of transportation difficulties in the " Peace " were a myth.

However, when the time came for the third series of inoculations, things looked vastly different. The morning of September 14th, 1936, found us trapped in our homes with about 3 feet of snow. This made travel impossible and operations were postponed for a week. When this time came, another picture of transportation problems came to the fore. While the snow had gone, the roads were now converted into veritable seas of mud. The doctor started out in his car in spite of it, but after 10 miles of travelling in low gear he was forced to give up.

Our work was not completed until December 15th, and, in spite of all difficulties, the records of toxoid and vaccinations at the end of 1937 are something like this: 68.6 per cent. of all school-children toxoided; 62.6 per cent. of all school-children vaccinated; 62.6 per cent. of all pre-school children toxoided; 50 per cent. of all pre-school children vaccinated.

There was very little opposition to our work. The greatest difficulty is to get to the places to do the work. The majority of the people are very glad to have their children protected from every disease possible.

PAULINE YAHOLNITSKY, P.H.N.

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