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Public Health Nurses' Bulletin

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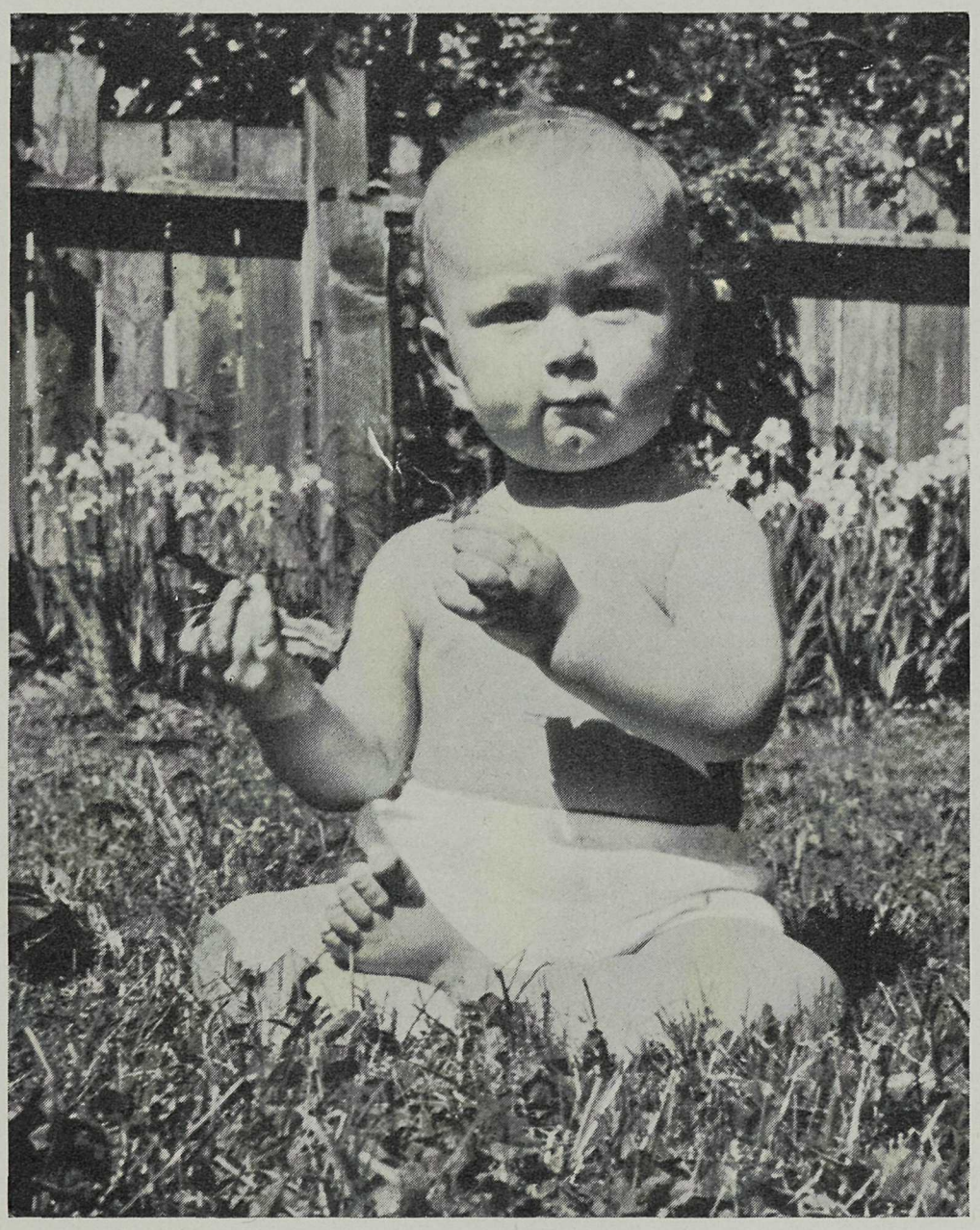
EDITORIAL.

The request for articles for the NURSES' BULLETIN comes around as regularly as Easter does; but we seem to prepare for Easter with much more gusto than we prepare for the BULLETIN—naturally! However, as one nurse to another: Do you not get tired of reading repeated yearly reports in the BULLETIN? We are all engaged in the same type of work; we have all done tuberculin tests; we are all conducting clinics of various types, and are all carrying out a conscientious preventive public-health programme—BUT we can all read the sum total of this work in the annual report issued by the Board of Health. Why, then, fill the one magazine of the year with so many rehearsals of our daily routine activities? So many of us have done just that.

For the benefit of nurses all over the Province, each nurse should submit, for the BULLETIN, a serious—or humorous—article of definite professional or secular value so that each of us may refer to it for information and relaxation. The BULLETIN has been published for fourteen years, and it is a poor commentary on our progressive public-health work that we cannot produce something that could be read with enjoyment. We owe to the Board of Health a tangible return for privileges received, and in what better way could we express this than by making this a REAL BULLETIN?

B. J.



" Hello, Nurse! What's your name? "

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NORTH VANCOUVER EYE CLINIC.

The North Vancouver Health Unit, in common with other organizations of similar nature, has experienced a certain amount of difficulty in correction of physical defects. During the regular physical examination of school-children we found that a fair number had defective vision. Defective to such an extent that it was materially retarding their school progress.

Since the Health Unit is concerned not only with the school-children, but with the health and welfare of the community as a whole, many adults and a few pre-schools came asking us to help them get a proper eye examination and glasses.

For a few years after the inception of the Health Unit we were able to send these cases to the Out-patients' Department of the Vancouver General Hospital. But, due to the enormous pressure of work at that clinic, it sometimes took months to complete an examination. Then one sad day we were told we could send no more.

In December, 1934, an eye clinic was organized under the auspices of the North Vancouver Health Unit. Through the generosity of the North Vancouver General Hospital, in which our offices are situated, we were allowed the use of the X-ray room in which to hold our clinic. Our own two offices, and at times the waiting-room in the hospital, serve as waiting, admitting, and treatment rooms. By treatment is meant the dilation of the pupil of the eye with homatropine and cocaine disks. All patients under 40 require this dilation. It is really surprising the number of women who do not mind admitting they are over 40!

Having no eye, ear, nose, and throat specialist in North Vancouver, we were obliged to go farther afield, and one from Vancouver consented to come over to assist us.

The financing of the clinic is, of course, a difficult matter. The city and district agreed to pay one-third of the usual fee for examinations of all people admitted to the clinic who are on relief. But in this, as in any other, community there are numerous people needing attention who are in circumstances little better, if any, than those who are receiving municipal relief. These people are examined at the clinic through the kindness and generosity of the attending physician.

Payment for glasses presented another difficult problem. The North Vancouver Kiwanis Club was approached and agreed to pay for the glasses for school-children. The Canadian Red Cross Society also consented to pay for five pairs of glasses a month, provided that three of this number were for those for whom the Canadian Legion, War Veterans, or the Army and Navy League would ordinarily assume some measure of responsibility.

We average ten examinations at each clinic. These cases are not all for refractions, because people with various conditions of the eye, ear, nose, *and* throat are referred to our clinic by the doctors in the community.

Since the eye clinic has been established 112 children have been examined, each making at least two visits. The eyes of 103 children have been refracted. The remaining nine children had various conditions of the eyes, ears, and nose. One hundred and fifty-five adults have visited the clinic, 129 of which have been cases of refraction and 26 have been cases suffering from other pathogenic conditions of the eye, ear, nose, or throat.

N. E. ARMSTRONG, R.N.,
North Vancouver Health Unit.

WATER PROBLEMS IN A RURAL AREA.

One of the many public-health problems centres around water, or the lack of water. While water may actually cover three-fifths of the entire earth's surface, it is not always accessible or drinkable.

Water is not technically a food, but it is an essential part of the diet. In addition, it bears an important relationship to personal hygiene, inasmuch as it is necessary for the maintenance of proper cleanliness of the person, the clothing, and other conditions of one's surroundings.

In making a survey of the school area water-supply ten of the nineteen schools had tap-water, two had water carried from near-by streams, two from neighbours' wells; the remaining five used pumps. When water samples were taken and sent to the Provincial Laboratory for tests, only one well was found to be free from fæcal bacteria and five taps and fountains.

One did expect the tap-water to be free of fæcal bacteria, but when three taps from the same water-supply showed the presence of fæcal bacteria it created an unpleasant situation, for the source of the supply had been considered to be pure. After a thorough investigation, much consternation, and further tests, it was decided that the water was only contaminated temporarily. Further investigation showed that the fountain, after having several positive reports, tested negative after it was pulled apart and thoroughly cleaned.

Even though wells have been rebuilt and repaired and thoroughly pumped out and chlorinated, some later showed the presence of fæcal bacteria. This makes us consider the conditions caused not only by sewage, but by birds, mice, etc.

Even though a well seems a safe distance from a toilet, if the dry toilet has been in use twenty-five years, and the cribbing and lining of the once good well has given way, perhaps this, too, may cause recurrence of the fæcal bacteria in the water sample.

The rebuilding of wells is not as simple as it sounds. In the first place it is an expense, especially in gravel. Recently one well was dug in the gravel area, and the first few feet cost at the rate of $1.50 per foot. When 124 feet was reached below the surface they drove a pipe yet another 7 feet. This was not a cheap well; but owing to water being very scarce in the district the expense is inescapable.

It is rather embarrassing when letting people out of quarantine and telling them to shampoo the hair, take a bath, etc., to have them say: "How can we; we have no water? We have to carry it for half a mile."

One often takes it for granted water is available. With many large families living on gravelly land, with very small homes and the barest necessities, the idea of a bath is more often a fad than a fact.

With the installation, where necessary, of wash-basins, sinks, and paper towels in schools, many children are now proud of their clean hands.

J. M. ARNOULD, R.N.,
Matsqui-Sumas-Abbotsford Area.

A RURAL BABY CLINIC.

Out where the sun is a little brighter and the air a little purer, one finds health. Country babies are, on the average, very healthy, but there are still many problems that confront the rural mother. We find, too, that much of the recent knowledge concerning preventive medicine and infant-feeding are quite unfamiliar to her. To bring this more recent data into the country home, and to stress the relationship between proper diet and gain in weight, it was felt that a weighing-station for babies would be of advantage in the Municipality of Chilliwack.

In organizing such a clinic in the winter months, one would necessarily encounter difficulties. Not alone because of the inclement weather and impassable roads, but also because of the fact that the farm-houses are scattered and walking to the nearest hall usually means a distance of one or two miles. Few families can afford the luxury of a car.

In spite of these drawbacks, our first clinic was held in Atchelitz District. The various organizations in this community proved themselves very helpful. First, the Farmers' Institute donated the use of their hall and arranged for the heating of it on Wednesday afternoons. Then through their leaders the Women's Clubs made known the date and place of our first infant and pre-school assembly.

Announcements were also made to the school-children that they might carry the news home to their mothers. The older ones made posters and displayed them in the local store and hall.

Surely such co-operation should produce results, and we are glad to say that it did. The attendance, though small, was larger than expected, and included several pre-school children. We will particularly welcome these at our future clinics because, after all, they are in close daily contact with their brothers and sisters of school age and become possible sources and victims of disease. Education of mothers at these clinics will, we hope, reduce the instance of preventable infections in the home. For this reason, besides weighing

each infant and child and answering numerous questions, we distributed health literature.

Perhaps our present methods may not be helping those whom we most desire to help, but through the organization of this and other clinics throughout the valley we shall learn something more and profit by our mistakes. Then we shall be one step nearer our goal—namely, a well baby through a health-conscious mother.

LILLIAN BLANK, R.N.,
Chilliwack, B.C.

COMMUNICABLE-DISEASE CONTROL.

During 1937 the Oliver, Osoyoos, and Okanagan Falls District was fortunate in having no serious epidemic of communicable disease. This was perhaps largely due to the fact that parents are beginning to realize the importance of early reporting of any suspicious symptoms; and, though there were three separate outbreaks of whooping-cough and two of measles, these were all under control before more than the first case and its immediate contacts were affected. As much publicity as possible was given to these cases, in an effort to teach by example the preventive work of the Medical Health Officer and the Public Health Nurse, so that the future co-operation of the public might be obtained.

Vaccination and diphtheria-toxoid clinics occupied considerable time this year; the arranging and visiting in connection with these taking far longer than the time actually spent in the clinics. However, we were fortunate in obtaining a high attendance at all our clinics, so felt the time had been well spent. Two of the schools in the district are now 100 per cent. vaccinated, and the rest not far behind. In spite of the gloomy forebodings of the anti-vaccinationists, from whom no district is entirely free, few of the children missed even one day of school, and those who were absent were all visited to make sure there was nothing serious the matter. Later the nurse was particularly glad she had made these visits, as it enabled her to deny the occasional story she heard of "the terrible arm Mrs. Somebody had heard little Gladys So-and-so had had."

In 1937 the Government Travelling Chest Clinic visited Oliver for the first time. Previous to its arrival many of the school-children had received the tuberculin test, and all those with a positive reaction were examined. Many adults also took the opportunity to attend this clinic, and, at the request of the nurse, several Indians came down from the reserve. The only active cases found were a sister and brother from this reserve.

Though no doubt much could still be done in this direction, it is felt that something at least has been attempted in disease prevention by these efforts.

LUCY CRAFTER, R.N.,
Oliver, B.C.

THE TUBERCULIN TESTING IN NELSON SCHOOLS.

Having been transferred last fall from the Peace River, I have not yet spent sufficient time on duty to carry out any detailed programme.

What may be of interest to my fellow-colleagues is a detailed account of tuberculin testing in one school, written with the viewpoint of organization, and what may be of most help to the parents and the medical staff. Some may improve on it; to others it may be of help.

The subject of T.B. testing was introduced last year to the public by Dr. F. M. Auld, who is in charge of the T.B. work in this district. This was done by lectures and demonstration. One hundred and twenty-seven first tests were given at the Central School. This year, with the help of Dr. F. P. Sparks, Medical Health Officer, Dr. Auld is tuberculin-testing all school-children.

In the Central School of 450 pupils the T.B. testing has just been completed. The consent forms were mimeographed letters to parents. In the advance grades each pupil filled in his own, with the co-operation of the teacher and nurse. This saved much valuable time and the children enjoyed it. They took them home for the parents' signature. We had 80 per cent. consents from parents. On account of the fact that there were large numbers to be tested and two doctors were working, the class-rooms were used. We had splendid co-operation from the teachers, who acted as secretaries and carefully checked the name of the child as he was done. We found two things of paramount importance—fresh air and plenty of interesting seat-work. The seat-work took their minds off the needle and injection and kept them busily occupied. As a result only four cases out of 390 were referred to the medical room. The technique used was alcohol preparations, an alcohol-lamp for flaming the needle on a metal tray. We worked rapidly at the rate of 100 patients per hour.

All data were recorded on school cards and then filed. All doctors were notified by mimeographed letter of positive reactors. All parents of positive reactions were visited and history written up. They were asked to get in touch with their own private doctor to be referred to the Travelling Clinic. We found 13.33 per cent. positive reactors in the school.

We found this quite an amount of work but it proved so worth while.

Case A.—Six-year-old reactor. On visiting, found other preschool children. The family would give no history, but the grandmother, who lived a quarter of a mile away, had a bad cough. The children often used to visit her. In looking over our Provincial records, the grandmother was found to be a positive open case. With the co-operation of the family doctor, they were again warned of the danger the children were running.

Case B.—No family history, but the child had raw milk as a baby from a herd that was destroyed by the Government.

Case C.—Mother died at home last year of T.B. No check had been made of the three children who showed severe reactions to the first T.B. test. The mother never at any time had been admitted to the Sanatorium, and one wonders what the technique was carried out at home and also what the future holds for those three children.

These are only a few of the interesting cases that the files showed and the importance of this piece of public-health work.

Many of the parents were worried about their children and asked us to have Dr. Kincaid lecture, which he has kindly consented to do, with lantern-slides. He also wished to speak to only small groups. Two days have been set aside for school-children at the hospital for the Chest Clinic. Dr. Kincaid has asked that the nurse attend the clinic.

" It is not truth that makes men great, but men that make truth great."

NANCY E. DUNN, R.N., M.B.E.,
Nelson, B.C.

SIR TRUBY KING—A TRIBUTE.

Women all over the world know the name of Sir Frederick Truby King, who worked all his life to improve the health of children and their mothers. He passed away on February 9th, 1938, at the age of 79, after a long illness.

Dr. Truby King was knighted in 1925 for his work for child and maternal welfare. He was known as " the baby's friend," and his reputation stood so high that the United Kingdom Government once borrowed his services from New Zealand to establish a babies' hospital and mothers' training centre in England.

At the age of 22, Truby King left New Zealand to study at Edinburgh University. After a brilliant career at the medical school, during which time he won a much-coveted honour, the Ettles scholarship, he spent some years in Scotland and England. Then he studied public health and was one of the first few graduates in preventive medicine. He specialized in mental diseases. Returning to New Zealand, he held several important posts before being appointed, in 1889, Medical Superintendent of Seacliffe Mental Hospital, some 20 miles from Dunedin.

Always a profound thinker, Dr. Truby King was stirred at the amount of suffering he noted. So much, he felt sure, was preventable, and he set about finding some solution. It was his conviction that the terrible increase in mental diseases could only be stemmed by beginning at bed-rock; this is, teaching women how best to care for themselves and their children. He began by working quietly among the mothers and babies in and around the village of Seacliffe. For three years he and his wife battled without aid, fighting uphill against apathy, ridicule, and ignorant prejudice.

In 1907, at a public meeting in the town hall of Dunedin, the Plunket Society was formed. Progress at first was slow; only the few and far-seeing gave active support. But one by one the cities and towns recognized the benefits, and branches of the society became widespread in New Zealand.

By 1912 statistics of reduction in infantile mortality showed the value of the society's work, and Dr. Truby King was asked by the Government to establish branches wherever he could find women willing to undertake the management. By 1917 the work had created interest abroad, and about the middle of that year the authorities in England, appalled at the terrible wastage of infant-life there, cabled Dr. Truby King, asking him to establish his system in the heart of the Empire. Miss Nance Pattrick was transferred to his assistance. (She passed on last year after many years as Director of Plunket Nursing, and was known in Kamloops.) Their work was a success and since then Plunket centres have been established in South Africa, Palestine, Australia, Canada, and Brazil.

A great soul has passed on—Sir Truby King, C.M.G., the grand old man of New Zealand. A privileged few in Canada have known him for many years. A man, simple as only the great are, he gave his scientific knowledge freely to all. He was a man of dynamic personality filled with undaunted courage and enthusiasm. He was founder and general president of the Royal New Zealand Society for the Health of Women and Children for twenty-two years. The existence of this society was due to Sir Truby King, who inaugurated it in Dunedin in 1907. The purpose of this society has been described by Sir Truby as follows:—

"It seeks to bring simple common sense, enlightenment, and accurate scientific knowledge and conviction as to the fundamental needs of mother and child into the homes, lay and professional."

The society was started as a league for mutual helpfulness and mutual education, with the full recognition of the fact that, so far as motherhood and babyhood were concerned, there was much need for practical reform and "going to school" on the part of the cultured and well-to-do as there was on the part of the so-called "poor and ignorant."

Sir Truby King's gospel for the health of the mother and the baby has spread world wide. His system of child-care is used in many countries, including Canada. After the Great War he received a knighthood in recognition of his work for the Empire. He visited Canada in 1928 with his daughter and was prevailed upon to address the Canadian Club of Vancouver. I well remember the occasion; the great driving force of his personality, simplicity, and charm. He said:—

"Canada needs immigrants and the best immigrants she can have are healthy babies. Since coming to Canada I hear the cry, 'Back to the land, my boy.' I say to the mothers, 'Back to the breast with your babies,' for it is their birthright."

On another occasion in an address, "Progress in Child Welfare," he said:—

"The main questions are: What sort of parents and what sort of homes and environments have the rising generations had? What sort of mothers have they had? What sort of nutrition, feeding, and care have been bestowed upon them? What sort of example, education, and discipline have they had? And what sort of habits have been formed at home, at school, and at the pictures? The main thing to grasp is the fact that every child is more or less made or marred before reaching school age—say, six years from birth. These six years are of far greater and formative and constructive importance than the next sixty years of life. Not only from the standpoint of bodily form, physique, and freedom from disease, but also as concerns the mind, the moral nature, and the whole future habits and character of the individual."

Mankind has benefited by the truly humanitarian way in which he used his scientific knowledge. His motto always was: "It is wiser to put up a fence at the top of a precipice than maintain an ambulance at the bottom." His work will live for ever through healthy children, who will be a monument to his greatness.

O strong soul, by what shore
Tarriest thou now? For that force
Surely has not been left in vain!
Somewhere surely afar,
In the sounding labour house vast
Of being, is practised that strength,
Zealous, beneficient, firm.

—*Matthew Arnold.*

OLIVE M. GARROOD, R.N.,
Kamloops, B.C.

PEACHLAND-WESTBANK DISTRICT COMMITTEE.

Throughout the year we have carried on a generalized programme. Of necessity, as this district of Peachland-Westbank is more or less isolated, considerable time is spent in emergency and bedside-nursing, but many more hours are devoted to preventive work. However, because of the distance to larger towns, the incidence of communicable disease here is somewhat lower.

Pre-school and infant-welfare work consists of home visits and well-baby clinics, which are attended by Dr. Ootmar, of Kelowna. This year special clinics were held, when forty pre-school and fifty school-children were given diphtheria toxoid.

In the schools all class-rooms, including Grades I. to VIII., are now enrolled as branches of the Junior Red Cross. The children have derived much pleasure and knowledge from their meetings and health programmes. Many physical defects have been corrected and the percentage of underweight pupils has greatly decreased. Tincture of iodine has reduced the simple goitre so prevalent here.

This year our tuberculin survey revealed three boys with positive local reactions. Each was later given another examination by Dr. Kincaid, of the Travelling Chest Clinic. All three reactors had recently come to Peachland from other parts of Canada.

During September and October, when acute anterior poliomyelitis was the cause of great concern in this valley, under the direction of the local Health Officers we used the preventive nasal spray. Peachland school was closed for a short time, but the four other schools remained in session and all absentees were visited.

Our programme includes supervision of the health of the Indians on the near-by reserves. More and more the Indians are reporting cases of illness, seeking advise, and observing rules of quarantine in cases of communicable disease. When a case of measles developed this summer the infection spread no farther than two immediate contacts.

At present vaccination is of great importance as cases of smallpox have been reported near the Border. A few weeks ago Dr. Willits vaccinated many of the Indians and now we are holding clinics for school and pre-school children.

Another step forward in community welfare was the establishment of a Provincial Recreation Centre at Westbank. The good attendance is evidence of the appreciation of the young people, who greatly enjoy the evenings when Jack Lynnes comes from Kelowna to lead our group.

So with great hope we look forward to this year of 1938 for further advancement and increased community health.

M. GOWAN, R.N.,
Peachland-Westbank.

DEWDNEY HEALTH DISTRICT.

One goal, long hoped and worked for, has at last been reached. The Maple Ridge and Mission Districts each has its own Public Health Nurse, and, albeit, Mission, the smaller half as to school enrolment, had five rural schools added to it. Another goal glimpsed in the distance is a full-time Health Unit.

Maple Ridge District has had an excellent nurse all its own since January 1st of this year. The Mission District, together with the areas to the east of it, now has the title of Dewdney Health District. It is comprised of fifteen schools, in rather a scattered area, with an enrolment of 968. For the past few years I have only been able to visit each district every other month, but now I can make more frequent visits, which is much more satisfactory.

In the past two months I have endeavoured to become better acquainted with the homes of pupils, infants, etc. The first month was chiefly taken up with the five " new " areas which have not had a Public Health Nursing Service before. Since there have been no

cases of communicable diseases of any kind, I have had more time for a generalized programme than was previously possible.

Plans are being made for central office and clinic rooms, and by the next year we have high hopes that numerous clinics will be held in this area, and we hope that a medical room will soon be built in an eight-roomed school for us.

Through municipal medical fees for indigents and the assistance of the Comet Club, twenty pupils have had their tonsils and adenoids removed in the past eight months. Ten pupils have received eye tests and glasses through the School Board and twelve others have been able to assume the cost themselves. This is most encouraging and I feel as though the field is just opening up.

MARY E. GRIERSON, R.N.,
Mission, B.C.

" Yeth, I had a thwell time."

THE ORGANIZATION OF A DENTAL CLINIC IN THE KELOWNA RURAL DISTRICTS.

The Kelowna Rural School Districts cover an unorganized farming area of some 200 square miles on the eastern shore of the Okanagan Lake in the interior of British Columbia.

Ten local School Boards have charge of the educational needs of an ever-increasing and changing school population of some 850 children, comprising some sixteen nationalities. Each local Board has difficult problems of financing, due to non-payment of school taxes by many of the farmer taxpayers, and the fact that many parents of school-children are simply land-workers and do not pay any taxes. Owners and renters of small farms receive a poor price for their products, and many land-workers earn a small wage of from 10 to 15 cents an hour during the summer months, necessitating Provincial Government relief during the winter months.

Such is the local situation and such the problem which has always confronted the School Health Service when considering the great need of dental care for the children.

The School Boards, already helping to finance the School Health Nursing Service, felt that they could not take upon themselves the heavy expense of attempting to finance a dental clinic. No other rural organization had means, or any prospect of obtaining the means, for such a project, although frequent reports had been presented and all recognized the need for such a clinic.

The Provincial Department of Health has many calls upon its resources, but yet another strong plea for aid last July brought from Dr. Young a promise that if parents, local School Boards, and four local Women's Institutes would co-operate with the conditions laid down by the Department, that dental care would be provided as a demonstration during the next school-year.

The conditions were that School Boards and institutes should provide suitable working-quarters, with light, heat, and water, and that a high percentage of parents should give consent for dental care for their school and pre-school children, and also be willing to pay a cash fee of $1 for each child treated.

When schools reopened in September, 1937, the campaign began. School Boards were informed of the conditions, and asked to send a representative to form local committees with the School Principal, School Nurse, and a member of the local Women's Institute (if organized). Parents were circularized with a letter setting forth the great advantages of such a clinic for both school and pre-school children, and asked to give a signed consent for the treatment of their children and to the payment of a $1 fee for each child treated.

By the end of October we were able to inform the Department that approximately 70 per cent. of the parents had sent in a written consent to the conditions; that School Boards were much interested

and willing to provide suitable accommodation; and that the largest Women's Institute was most enthusiastic and willing to sponsor the pre-school children's clinic.

The twenty-seven rural teachers were also most enthusiastic, pointing out the need of dental care to the children in health lessons, assisting in distributing and collecting letters of consent, and expressing willingness to be responsible for the acceptance and receipt of fees from the children in the individual classes. Even the collecting of the small fees is in itself a problem, and any success obtained has been due to the repeated efforts and constant reminders of individual teachers to the children under their care. Too much appreciation cannot be given to the teachers for their hearty co-operation, for without their willing aid it would have been impossible to have successfully organized the detailed work of such an intensive campaign. Each teacher was given a duplicate copy of the School Nurses' dental register, and very frequent checks and rechecks were made. This register is invaluable to the clinic assistant as a reference upon which the work of the clinic is based.

In December, 1937, a letter came from the Department of Health, stating definitely that Dr. Ross Currie, D.D.S., would be ready to begin operations in our districts on February 1st. School Boards were again notified and a drive made for fees. By this time about 10 per cent. of our school-children were receiving Government relief, and permission was given by the Department for these children to receive free care, also certain children from the devastated Prairie areas, who were not eligible for relief from the Provincial Government of British Columbia. Also by arrangement with the local Provincial Relief Officer certain fathers of large families on relief were given extra workdays to pay for the dental fees.

The Department had expressed a wish that pre-school children should also have the opportunity for care, so, in addition to the first inclusive letter to parents, a special pamphlet was written by the School Nurse, stating in very simple language reasons for the care of the teeth of small children, and inviting each mother to bring her young children to a free clinic for examination by the dentist at a definite time and place, and a fee of $1 per child would be charged. These notices have been mailed and will be mailed to all mothers of pre-school children in ten school districts, so that all children will have an opportunity to receive dental care when the dentist is in their local school. By these means we hope to have a good response.

Dr. Currie started operations in our largest school district on February 1st, every one helping to set up the clinic in the teachers' room of the school. The Department most kindly provided salary expenses, also for a permanent clinic assistant, which facilitates matters greatly. We are really proud of the set-up of the clinic, also of the school-children, whose clean teeth and excellent behaviour have

been commended. The behaviour of the children is due in no small part to Dr. Currie himself, who combines kindness and firmness with a real understanding of the psychology of childhood.

ANNE F. GRINDON, R.N.,
Kelowna, B.C.

ON BEING A PATIENT.

Have you ever been a patient? Have you ever been admitted to a hospital by a conscientious pupil nurse who insisted on strict adherence to hospital routine by making you get into bed—even though your operation was not slated until 10 o'clock next morning—and you had walked in? If not, you have missed a tremendous experience. It wasn't so much being put to bed; it was having to disrobe with strangers around and no privacy, and having to don that priceless open-backed gown which refused, on principle, to even cover your knees! It gave the feeling that one was all front, and, as they say in the Army, " a good soldier never looks behind " (we hope).

But that was only the beginning. There followed during the course of the evening the inevitable "local prep." and S.S.E. (the request for self-administration being steadfastly refused on grounds of routine), which was the most embarrassing piece of ritual any one was ever subjected to. After that it didn't matter what happened, and absence of sleep and absence of breakfast the next morning you just took in your stride.

The trip to the O.R. is taken with a good deal of speculation; you looked so cute before taking the trip! All dressed up in voluminous socks and tight skull-cap—you felt ready for anything; in fact, you felt very much like a warrior with the nurse pushing you, willy nilly, along the corridors, and, because you were a nurse, the head nurse walking beside, keeping guard. The elevator-man, recognizing you, elevates his eyebrows, and, with a know-it-all laugh, wishes you luck!

The speculation is at fever height when you are ushered into the O.R. theatre. The scrub nurse hears your name—and gasps; the anæsthetist, busying himself, passes some disquieting remark about " getting her under as soon as possible because the Doctor is almost ready," and forthwith proceeds to see how much a part of the bridge of your nose he can make the gas-mask. You say to yourself, feeling quite inebriated by this time with the Nembutal: " I'll fool him; I won't *go* under." And the next thing you know every one is talking at the same time and they are yanking you off the O.R. table and literally dumping you back on to the stretcher. Vaguely you try to think things out. You don't really *care* what they're doing, and, like something detached, you hear your condition being discussed and are dimly conscious of the fact that you have an abdomen which feels strangely different. Suddenly you wake up again to the fact that the ceiling looks awfully small and people very close to you, and with

difficulty you arrive at the conclusion that you must be going down in the elevator; but don't care about anything—it's a glorious feeling—and off you go again.

The next inroad into your consciousness is the fact that you hear your Doctor's voice (sounds like that poem, the "Village Blacksmith"—he hears his daughter's voice, singing in paradise). I don't mean that your Doctor's voice sounds like the village blacksmith! . . . "How are you feeling?" booms the voice, and you say, coyly: "I'm fine; how are you?" And much laughter is heard. I don't know why . . . and you're off again, only to be brought back by the jab of a needle from the intravenous set-up.

The first days and nights roll slowly around, punctuated by hypos at regular intervals, and the forced fluids which you learn to abhor—even to your favourite ginger-ale—which, like lemonade, and orange-ade, and thin soup, all end up as a dark-brown taste. But every one is extremely kind through it all, and finally you arrive at the stage, via gas pains and sedatives, where you begin to take a little interest in your dinner-tray and to make life generally miserable for those in attendance.

You have come through a unique experience, and one which has given you a greater sympathy for your patients, one which, too, has given you a firm conviction that the rest of your life should be spent in gratitude to Almighty God for the privilege of being, once again, a nurse.

B. JENKINS, R.N.,
Supervisor, Saanich Health Centre.

"WHAT WE ARE DOING" AT REVELSTOKE.

I arrived at Revelstoke on Wednesday morning, September 8th, to take over the duties of School Nurse, and to one little girl at least my coming was an event of no little importance. "Mother!" she cried, rushing home from school. "We *are* going to be taken care of. There *is* a new nurse at school!" And, strange to say, Evelyn provided my first home-contact.

The post-term work—weighing, measuring, and inspecting—was the first item on the programme. It was well into October before I had finished the two public schools and the high school. But I know of no better way to become acquainted with the children and of learning who is who.

This done, I took stock—learned what my predecessor had accomplished and what she had planned to do. I carried on from there.

Dental Survey.—A dental survey was scheduled for the fall. To get this project under way as speedily as possible the dentists were approached and their co-operation assured. It would take a little time to arrange for two free mornings. In the meantime we at the schools were busy. The teachers filled in the dental cards with the names of their respective pupils; the co-operation of the School Board

and of the principal was assured, and our dental survey became a reality.

"It is rather startling, once the machinery is set in motion, how fast the wheels go round." On the mornings of October 28th and 29th, respectively, Drs. Marr and Chambers arrived at the schools at 9 a.m. sharp and began their examination. The children came to the nurse's room one after the other, card in hand, and passed before the dentists. They enjoyed it—thought it a special treat; but it was rather a back-breaking job for the two men. A kitchen chair is not the most comfortable equipment to bend over for any length of time. However, it was time well spent, as results proved.

It really is splendid the way the parents have co-operated. Some very encouraging comments were received. "This work will be attended to immediately." "Yes; soon." Or, "Attending dentist." Others followed instructions explicitly and left the report with the dentists. Then came reports from the indigent group, stating why they could not have work done. And so our reports automatically fell into three groups—those having work done; those who had promised; and the latter, indigent group.

A representative group of cards of the indigent class was given to the dentist for an estimate as to the amount of money necessary to put the teeth of these children in order.

Forty-three were represented. The total cost was set at $235. Low charge, $1; high charge, $13; average charge, $5 per mouth.

This group represented one school only. The amount was doubled to meet the need in the two schools and a small margin allowed.

Appraised of these facts and of the great need for aid, Dr. Young came to our rescue with a promised grant of $500 from the Provincial Board of Health. One-half of this amount arrived in January, 1938.

Though the work among the indigents has not progressed as speedily as one might wish, work on the whole has moved forward steadily. Temporary-defects figures do not register much improvement; but this is partly due to the fact that the dentists prefer to leave them, unless they are bothersome, to preserve the dental arch. Of course when teeth constitute a menace to the child's health, that is a different matter. Take the case of Billy, for instance. At the survey my attention was drawn to him. "Several abscessed teeth that should be removed," said the dentist; "and I'm not surprised," he added when he learned that Billy's standing was at the "foot of the class." But the story has changed—there's a new chapter. Billy's dental card now reads: "O.K. Teeth removed. General anæsthetic at home." And he's doing well at school—a changed boy entirely—healthy and happy—his teeth no longer a menace to his health.

To further encourage interest in dental health, the I.O.D.E. have placed in each class-room a beautiful hand-designed Dental Health Honour Roll. As each child's mouth reaches 100 per cent., or as near as possible, a star will be placed beside his name. This will give a

general idea of the standing of each room and should be a source of interest to all.

"There is not one thing in preventive medicine that equals mouth hygiene and the preservation of teeth," said Dr. Wm. Osler. I should like to add: "There is not one thing that will contribute more to this end than a dental health survey. It creates a stir, introduces a note of authority, and cuts the pattern for the work that is to be done."

Tonsils.—Here one faces an entirely different problem. Fear is the demon one has to contend with. I have learned to respect the view-point of the parents. Their faith in their belief is a tangible thing. It is not to be cast lightly aside. For instance, when I am told that one can be born with enlarged tonsils just as with enlarged stomach, I do not contradict such a statement. I take into consideration the fact that my informant is an intelligent person. "Once you have your tonsils out, the next thing is appendicitis," I'm told. A boy of 17 confessed to me: "I'm afraid of the anæsthetic." And I tell you, his is a real fear! No amount of persuasion has so far had any effect.

There is such a difference of opinion as to whether or not tonsils should be removed that the question is open to much controversy. However, I have fortified myself with all the reliable information I could gather on the subject—articles by leading medical men—and it is generally agreed that tonsils should be removed for the following reasons:—

(1) Such enlargement that they cause obstruction of the throat; (2) recurring follicular tonsillitis; (3) swollen glands of the neck; (4) recurring attacks of running ears; and (5) the tonsils acting as a focus of infection.

On the Credit Side.—It took but one visit to convince Evelyn's parents they ought to see the family doctor. She was pale, puny, and odd-looking, and her tonsils were very large. They were wise parents; they followed the doctor's advice for immediate removal of tonsils that were definitely a "focus of infection." Now, instead of standing still, Evelyn is gaining well each month; has improved in appearance and in her school-work remarkably. These parents went about it in a big way; besides Evelyn, two other children in the family (boys) had their tonsils out. All of which demonstrates, if one can but persuade the parents to seek the advice of their family physician and abide by his decision, something lasting has been achieved.

Defective Vision.—Since the beginning of the fall term in September, eleven children have been found to have defective vision requiring correction. Nine have been supplied with glasses—three of these were indigent cases; the remaining two are slated to see a specialist. Several children have had glasses changed—a few are indefinite cases.

We are very fortunate in having a man like Mr. Bews, the local optometrist. He gives all school-children sent to him a careful examination free of charge. I value his assistance highly. Money for the supplying of glasses to indigent children has come through several organizations—the Native Sons of Revelstoke, the Women's Auxiliary to the Legion, and the Rotary Club. This money will be placed in trust to be used for the sole purpose for which it was donated. I feel very happy about this. It means that every child now has an even chance to compete with his fellows. Before me as I write I have a letter received to-day from a grateful mother. She says in part: "I want to express my very sincere thanks to you for getting Sharry her glasses, etc.; she needed them badly." Yes. She did need them badly. Her teacher told me he had to lead her right up to the board before she could see what was written there. I'm sure it must be a source of great satisfaction to the members of the various organizations to realize that because of the aid they have given a little girl's vision is restored.

Milk at School.—As in former years, the I.O.D.E. and the Women's Auxiliary to the Legion supply milk to the schools; also cocoa for the lunches. Eighty children are taking milk this year. Those who cannot afford to pay receive this service free. The paying group are charged 50 cents every four weeks for one-half pint of milk each school-day (including straws). This service has proven a boon to the poorer children. I like to think that the added sparkle in their eyes, and a slight bloom on the cheek, is due to the daily milk service at school. It is a treat to see the group of twelve little children in Grade I. gathered around the table sipping their milk. And were one to watch until the end, one would see the teacher, ever alert, line up her little charges after they had put down their bottles and straws on papers provided—a lesson in tidiness—then march them out of the room and on to the playground—a happy, healthy group.

Communicable Diseases.—Fortunately, there has not been an epidemic to contend with during the past year. One case of mild typhoid, one of measles, and one of chicken-pox about covers our contagious diseases; except for a slight irritation of the eyes which is at present causing a few absentees from school. This condition generally accompanies a cold.

I was told the other day: "We haven't the epidemics now we used to have before the nurses came." Though I could not resist the warning, "Touch wood!"—nevertheless, I experienced a thrill of admiration for the nurses whose teachings had left so profound an impression on the mind of this woman—and she a mother.

"Who keeps the infectious disease going?" questions Dr. Hill; and answers: "Chiefly, the mother." And so it would seem our efforts are producing the desired effect. In the follow-up work in connection with the above contagious diseases, I have found in each instance the mother well informed and co-operative. Suffice to say,

not another case developed in the city from any one of the above "first cases."

There is much more to tell; but one could go on and on, and so I bring to a close this chronicle of events of the past five months by giving you a glimpse of another side:—

"What is life, if full of care, we have no time to stand and stare?"

Literally, on two occasions during the past week, I did just "stand and stare." It was the Annual Ski Tournament, an event of importance to the young people particularly. The school-children had two free afternoons. Some of them were active participants. It really was fun to watch them, puffing in after a 3-mile jaunt on skis, cheeks aflame with colour. Teachers were out in a body, enthusiastic spectators. To me, the men's ski-jumping was a special thrill. It certainly takes courage, perfect co-ordination of mind and body, and plenty of stamina to follow this exacting sport. The youngsters scurried down the hills like rabbits; in the simple "down-hill" a number took the small jump and did remarkably well. Others, of course, came down in a most irregular way—a conglomeration of arms, legs, and skis. However, it kept the spectators interested, and without a doubt the youngsters enjoyed themselves immensely.

"Keep your mind on the great and splendid thing you would like to do, and you will find yourself unconsciously seizing upon opportunities that are required for the fulfilment of your desire.

"Carry your chin in, and the crown of your head high. We are gods in the chrysalis."—*Elbert Hubbard.*

MARGARET LITTLE, R.N.,
Revelstoke, B.C.

THE MENNONITE IN BRITISH COLUMBIA.

By reason of the large influx of Mennonites into British Columbia in recent years, some of the Public Health Nurses find that a great part of their time and effort is necessarily spent among these people. To those who have not been in contact with this religious sect the following account of their history and beliefs may prove of interest.

The history of the Mennonites goes back 400 years. Their founder, Menno Simons, a native of Holland, was a priest of the Roman Catholic Church. In 1537 he left the Church and began preaching his own doctrines. He extolled against war, revenge, divorce, the taking of oaths, infant baptism, and the holding of civil offices. He exhorted his followers to lead a Puritan-like existence and strove to isolate them from the world so as to prevent contact with a secular civilization. Menno's radical programme excited the wrath of Catholics, Lutherans, and Calvinists alike, and here commenced the long years of persecution for his adherents.

In 1583 Menno and his followers were compelled to leave Holland and fled to Prussia. The Prussian noblemen promised protection

from persecution and exemption from military service in return for the Mennonites' agricultural experience. However, after 100 years of prosperity the Mennonites were again forced to find a new home to escape compulsory military service in Prussia.

Catherine of Russia, knowing the ability of the Mennonites as farmers, invited them to settle in South Russia, promising exemption from military service, and educational and religious liberty. Her invitation was accepted, resulting in the migration of some 8,000 Mennonites to Russia during the years 1787 to 1840. Here the sect grew and prospered for another hundred years, and as the Mennonites were forbidden to divide their lands it was soon necessary to buy more land to settle the younger people. "Daughter" colonies spread throughout Southern Russia.

In 1870 the Russian Government demanded military service of the Mennonites, and it was only after much negotiation that they were allowed to perform forestry service instead of military training. Nevertheless, their old feeling of security was gone and a delegation was sent to America to look for a new place of abode.

The Canadian Government in 1872 granted the Mennonites some 720 square miles of land in Manitoba, along the International Boundary, and guaranteed exemption from military service along with other privileges. Soon the migration to Canada commenced and by 1879 over 1,400 families had settled in Southern Manitoba.

During and after the Great War a violent dislike grew among the Canadian peoples of all things German. The Government withdrew the privilege of separate schools for the Mennonites and insisted on attendance at public schools and the use of the English language. Rather than give up the language of their religion, some 4,000 Mennonites left Manitoba for Mexico in the years 1922 to 1925, those remaining accepting the rulings of the Government.

The Mennonites still living in Russia were having their troubles. In 1919 during the Revolution they were compelled for the first time to take up arms to protect themselves from marauding bandits, and later were driven from Russia by the Communists. They came to Canada, arriving here practically destitute, but "with a progressive spirit and a thirst for education."

The first movement into British Columbia started in 1928, some of these people wishing to live in a milder climate, one more like that of their old home in Russia. Settlements sprang up at Yarrow and Sardis, a few miles south-west of Chilliwack. The Abbotsford community came into existence in 1931 and consists of some 100 families.

There are two churches in the Mennonite Colony near Abbotsford and the life of the community revolves around these. The Mennonite Brethren "insist on conversion and adult baptism as the basis of church membership . . . they maintain a Puritan discipline in matters of conduct, with strict injunction to keep the Sabbath. They are forbidden to dance, play cards, smoke, or drink." Their chief "article of faith" makes it impossible for a Mennonite

to bear arms for any purpose. Children attend Sunday-school for one hour in the morning and church service follows. Each church prides itself on its choir.

The Mennonites are careful to keep the German language alive, as it is the language of their religion and has been preserved through the centuries of their residence in Europe. The children attend German school from 9 until 2 each Saturday.

Owing to the near impossibility of making a living from the land on which some of the families are located they have been compelled to accept relief. They live a quiet, sober life, their diversions including community singing, games, plays, reading, and in some families the enjoyment of the radio. Meals, to a large extent, resemble those of their English-speaking neighbours.

In 20 per cent. of the families medical attention is arranged for in the following manner: A Mennonite doctor, with headquarters at Sardis, 20 miles distant, is paid $10 a year by each family. Bachelors and couples without children pay less. The doctor visits the minister of the community each week, who refers him to any family needing medical advice or attention. The majority of the remaining families seldom call a doctor until an illness is well advanced. A large proportion of the children suffer from infected tonsils, adenoids, defective vision, and in some cases malnutrition. Lack of funds prevents the correction of these conditions in most instances, yet the school attendance is usually good throughout the year.

Formerly Mennonites objected to quarantine for infectious diseases; now it is only the occasional family who breaks quarantine.

One observes when visiting and giving advice to parents that much store is set on the use of patent medicines and ointments.

The Mennonites feel that it is " up to God " as to the number of children each couple shall have. Birth-control is unthought of.

Generally speaking, the homes are small, simply furnished, but clean. Adults and children respond readily to kindness and consideration from the outsider. Once the nurse has gained the confidence and liking of the people, she experiences no trouble in having her wishes carried out. The husband is usually spokesman, the wife saying very little. Children are subdued and unresponsive to strangers. At school they are very appreciative of attention given them by the nurse and are keen to follow her advice.

Much work in the medical and public-health fields has yet to be done among the Mennonites. Still, we feel that the result of our labours so far are encouraging.

EVELYN MAGUIRE, B.A.Sc., R.N.,
Matsqui-Sumas-Abbotsford Area.

SEX-EDUCATION.

My public-health experience comprises a period of eighteen months "in the field" in a frontier country. Here I feel there is room for more "sex-education" to offset the "sex-malinformation," which is obviously present, and that in several ways this is an opportunity for the Public Health Nurse. In discussing the following I do not wish to imply that my frontier country is worse than other districts, urban or rural. However, I do point out that the population is small and is seasoned with those who failed to adjust themselves in society "outside," and that, though the population is scattered, everybody knows everybody else and his affairs.

As to the result of sex-malinformation, perhaps the most serious in its consequences is the abortion, and, from what is heard indirectly, these are all too frequent. Then there are the forced marriages, sometimes obviously an outcome of the unsuccessful attempt at abortion. And there are the unmarried mothers too often only in their early teens. Among school-children, though proof may be wanting, we cannot but believe that there is illicit sexual intercourse, for where there is smoke there is fire. Lastly, there is the unanswered question of how life really begins and where babies come from—a subject which has been discussed by Molly and Louise, her older playmate.

Now, Molly is a dear little 8-year-old and probably looks up to 10-year-old Louise, who is also a dear little girl and Molly's only companion in an ungraded school of twenty-five boys and five teen-age girls. Right here with Molly's mother is the Public Health Nurse's opportunity. Later she will visit Louise's mother. In the meantime Molly's mother can be shown how she can refer back to that question and answer it briefly and satisfactorily. Mother may be pleasantly surprised that such a subject can be broached so readily and in such simple terminology. She and her husband and Molly's big brothers have no hesitation about discussing reproduction of the various animals on the homestead, because in that line they have suitable terminology to apply. But in the case of human reproduction they are ignorant and afraid. Then leave with them that pamphlet, "When and How to Tell the Children," and a seed is planted. If mother and dad still feel they cannot handle the situation, at least, now that it has been broached, they are more likely to ask the Public Health Nurse (or another "educator" in the district who has the ability to handle this subject) to take it up with the child herself.

It is wise to realize here that sex-education is in its infancy today, that there are those, whether professional or lay, who are unable to discuss it comfortably with the pupil, adult or child, and that, if it cannot be discussed comfortably, it is a subject best left alone.

Another way of approaching the mothers is in the maternity ward of the local hospital. There mothers are enjoying the freedom from routine household worries and are glad to find and read that charming little book, "Growing Up." Incidentally, it can be men-

tioned here that with it are a complete set of "Mothers' Advisary Letters," which a mother can re-read at leisure. To follow up this beginning there are sex-education pamphlets for the various age-groups which may be used later in the home. "Big Problems On Little Shoulders" has some good chapters on this subject and the problems arising from it, and because of this and its other good material it is a book to be recommended as handbook for anybody interested in child-training. Financing such a programme is an item, but finances are usually overcome where there is a will. For instance, an alive women's group can be interested to buy such literature and loan it out to the members.

True, the present public acceptance of irregular situations within the community is an unhealthy atmosphere in which to bring up a family and it will probably obtain for some time. Yet where the young people have knowledge and understanding there is less likelihood of such an example being detrimental to them. And so, with sex-education permeating society from the parent to the child and on, there is reason to look forward to a time when such situations will not be acceptable and will therefore occur with less frequency.

Bibliography: On request.

L. MALKIN, R.N.,
Fort St. John, B.C.

VERNON.

This year I am going to outline a few of the "high spots" in my general work for the year.

We just got nicely started in our school-work last September when a case of polio developed in our district. Our Medical Health Officer closed the schools for two weeks, and we visited homes and patrolled the streets, in order to keep a close watch on the children. We repeated the same thing again in October for a shorter period of time.

In November our new school buildings were formally opened by Dr. Weir, Minister of Education. These buildings—one a large addition to our elementary school, and the other a new junior and senior high school—are beautiful buildings, and in each of these buildings spacious quarters have been provided for the nurse.

Just after Christmas we began preparing for our tuberculin testing in the schools. Literature and consent-slips were sent to every home where there were school-children. Early in February we were ready, and Dr. Kincaid and nurse arrived to do the testing, which, together with the X-raying, was completed in three weeks. This work was popular with the parents, satisfactory, and very worth while.

Have two large classes in the junior high school, a Little Mothers' League, and also a house-nursing class. Before the Easter holidays we hope to have practical demonstrations by some of these girls, to which the principal and staff members will be invited.

During the months of February and March hot soup and cocoa are being served to approximately 300 of our school-children. Provision is made for those who are unable to pay the small charge made.

Through the kindness of the staff of the Crippled Children's Hospital, many of our children have been successfully treated there. At the present time this district has seven children there undergoing treatment.

We hope to finish up our dental- and eye-clinic work for the year by the end of May.

In June we hold our vaccination clinic in the elementary school for all the pre-schoolers. This is held on the same day that the parents bring their children in to register them for the beginners' class in September.

We also toxoid once a year, doing our beginners some time during their first year in school, September if possible.

We have a very large class of adults and high-school pupils attending the physical-education classes in the Scout Hall. These classes are held under the capable direction of Bill Ladner, one of the teachers on our staff. This class is probably the largest of its kind in the Okanagan Valley.

ELIZABETH E. MARTIN, R.N.,
Vernon, B.C.

THE SCHOOL DENTAL CLINIC.

The health of the school-child is and always will be of prime importance in preventive medicine. This principle is so fundamental in its application that very often a Public Health Nurse is employed for the express purpose of doing only school-work. It is one of the basic principles because, aside from health teaching and training of children at school, it also serves as the best means of approach to a home. A mother will usually welcome a visit from the nurse if it is about her child and his problems.

Among our most difficult problems is the treatment of defects; thus the remedial treatment of defects presents what seem to be insurmountable difficulties at the present time. Children have tonsils, adenoids, poor eye-sight, goitre, and other defects which the nurse feels merit attention. Upon visiting the parents of the child the nurse finds that the parents agree whole-heartedly with the nurse, but they simply cannot afford the expense of an operation or the necessary treatment. Unfortunately, too, it seems that it is those people who are struggling to keep off relief who bear the brunt of this suffering.

Having worked in an area in which there was no dental clinic, I can appreciate a school dental clinic to the full. It is amazing the difference that it has made; at first it seemed too good to be true. To be able to give each child dental treatment free of charge has made a great difference to the health of the children in general. This treat-

ment has been carried on since February, 1936. Emergency toothaches are treated and each child receives the necessary treatment, filling, and extractions, etc., once during his school-life. After their initial treatment is completed they are expected to carry on themselves. To date the older children have all been treated, except new pupils and Grades I. and II. These are the children which are being treated now. When the work was very heavy during the first year there were four school dentists, but since February, 1937, one dentist has been giving us each school morning for the clinic.

The accompanying table will give some idea as to the scope of work carried on since February, 1936. The cost per child over this two-year period has been $3.21. This figure was arrived at by dividing the total cost (borne by the Provincial Board of Health) by the total number of children attending the clinic during that time. Unfortunately, some of these children have stopped school and therefore were not completed cases; so that the $3.21 represents the cost per child attending the clinic rather than the completed cost. This cost does not take into consideration the office overhead of the dentists employed. The number of children treated and the number of patients does not tally because some children had to return to the clinic as many as four and five times.

MARION C. MILES, B.A.Sc., R.N.,
Matsqui-Sumas-Abbotsford Area.

A DITTY FROM THE NORTH.

In B.C.'s Peace River Country, 'tis scarce three years ago,
We started our Health Unit here amid the frost and snow.

People said it wouldn't prosper, " Wait till 50 below,"
Or, " Mud of the Peace River Country just won't let car wheels go."

Our first Director, Dr. Cull, a very wise young man,
Said to his Public Health Nurses, " Let's get busy while we can.

" We'll get to know these people. We'll immunize them all,
And to round up mumps and measles we'll always be on call.

" We'll examine all school children. I'm sure we're elected
To find their defects and their ills and then get them corrected.

" Our duties are many and our handicaps great.
There's hard work ahead—let's blame it on fate.

" The weather and the mud is as bad as they told us,
And now my good nurses, let nothing dare hold us! "

We've immunized the people against what all we can,
And now they're asking more of it. Such are the ways of man!

Teeth and tonsils have had a share of really close attention,
And other problems we've checked off—too numerous to mention.

Three years we have been striving and our Unit still stands true,
Schemes and plans for further service spur us on to work anew.

Of course our staff has changed a bit. Doc. Cull has gone away.
Some of our nurses left us, Doc. Hershey's come to stay.

These are our ways of travel: by boat, by sled, by car,
On horseback, in a wagon. Sometimes on foot we are.

The weather's really not so bad when you dress in proper togs.
Mud roads *can* be conquered—why just chop down some logs!

Most residents now greet us with smiles and pleasant words,
In the local vernacular we're really "not bad birds."

We carry on the same old job we first set out to do.
There's something in it has allure. I'm sure you'd feel it too.

So if you'd like some Public Health work to prevent your getting blue,
Come up to the Peace River Country. She'll put her spell on you.

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

TIME OUT.

1826.

While rummaging through some old papers we found the following "recipe" for an ointment which interested us. It bears the date 1826.

"To cure bruises, sprains, stiff joints, etc.—To 1 teacupful good West India rum add ½ a cup of Neat's foot oil and ⅔ teacup of angle worms. Simmer them together over a slow fire until the rum appears to be evaporated or gone. Strain it and put into a phial for use. This will have a most powerful effect on bruises, stiff joints, etc. (Also, probably, on the olfactory organs.—Ed.) Of course, that was before the days of doing laws and scientific knowledge of doing therapy. Some one may say, "Why waste the rum?"—*Patchwork,* C.M. & S.

HYGIENE NOTE.

The modern girl, comments a health adviser, keeps out in the open air more than her mother did.

Yes, and it's also true that the modern girl keeps more out in the open air than her mother did.—*Lets Go,* C.M. & S.

ETHICAL PUBLICITY.

Sandy joined a golf club and was told by the professional that if his name was on his golf-balls and they were lost, they would be returned to him.

"Good," said the Scot, "put my name on this ball."

The Pro did so.

"Would you also put M.D. after it?" said the new member. "I'm a doctor."

The Pro obliged.

"There's just one more thing," went on the Scot.

"Can ye squeeze 'Hours 10 to 3' on as well?"—*Medical Times.*

Quite Improbable.

At a recent party a game called for each participant to represent the title of some famous book or novel. One elderly lady (who copped the prize) appeared with a large picture of the Dionne Quintuplets printed across her gown. She said she represented Sinclair Lewis' latest novel, " It Can't Happen Here."—*The Doctor.*

Cure or Poison?

Voice over phone: " I can't sleep, doctor, can you do anything for me? "

Doctor: " Hold the phone and I'll sing you a lullaby."—*Sheboygan (Wis.) Press.*

Dignity is one thing that cannot be preserved in alcohol.—*Lets Go.*

How would you answer this?

Betty (aged 7) to her teacher: " Well, Miss A., what I would like to know is ' Who borned God '? "

THE NEED FOR A FIELD SUPERVISOR.

UNIFORMITY OF PRACTICES.

It is obvious that the efficiency of public-health nursing depends upon, among others, the following elements:—

(1.) Uniformity of procedure.

(2.) Up-to-date standards.

(3.) Accurate, up-to-date, and valuable records.

I am sure that each and every nurse in the field is quite confident that, in order to achieve such uniformity, a field supervisor is a necessity, especially in districts farthest removed from the big centres of public health. Take No. 1, " uniformity of procedure "—how often does a nurse carry on at procedure which has long since become obsolete? In the school, for instance, it has been decided in the larger districts, quite recently, that the weighing of underweights each month is no longer considered valuable. However, it is a certainty that many nurses, although they themselves feel that it is a waste of time, do not wish to take the initiative or responsibility of abolishing the practice. This is just one problem; many others are continually coming to light in other phases of the programme.

" Up-to-date standards " is more or less an extension of number one, for only by having supervision of the different changes can the standards of public health be kept at the very highest level. In this way new ideas are introduced into every district at the same time.

In regard to the development of new phases in the field of public health, a good example is the new record system which is being introduced into most districts. Much work, worry, and general depression

would be avoided if there were some one advising how to start the system properly and carry on in a practical way.

A field supervisor would see that record-keeping was consistent in each centre throughout the Province, thereby assuring standardization and continuity of the Public Health Programme.

M. PUTNAM, B.A.Sc., R.N.,
Nanaimo.

CONSTRUCTIVE SUPERVISION.

The scope of work for the Public Health Nurse is so wide that at times it may seem overwhelming. Especially may this be true for the new adventurer, of whom there will be increasing numbers yearly.

A field supervisor in her periodic visits might help the nurse to maintain a right balance in her work by counsel and constructive criticism. May I quote Mary Gardner, when she says:—

"Old educational methods will need constant revision. Perhaps even now we are on the threshold of certain radical changes. In our effort to adjust great numbers of nurses to their work, we have been very insistent on standardization and a pulling-up of the weaker to the level of the stronger. To accomplish this, emphasis has been placed on very definite standardization of method, even down to minute detail. Has the pendulum swung far enough, or perhaps too far, in this direction? Has the time possibly come when public-health nursing can better be served by encouraging a greater individualism?"

Invaluable as are the knowledge and inspiration gained at university, it is after the student is at work and is reacting to the needs of her community—or not doing so—that the stimulus of an understanding and experienced chief may help her to develop that greater individualism for which Miss Gardner appeals.

In the 1932 report, as chairman of the Education Committee of the National Organization of Public Health Nursing, Elizabeth Fox said, in part:—

"More and more we shall need artists, not mechanics; and artists are developed by enrichment of inner experience, not by efficiency methods. How can we stretch our education or how can we modify it to provide that wider and deeper understanding? How can we produce thousands of artists?"

If we in the field are continuing our education, as I hope we are, may we look to the guidance of the field supervisor to help us become artists in our work.

K. GOWARD,
Nanaimo.

AN INTERMEDIATOR.

The need for a field supervisor is generally felt to be a vital necessity by most Public Health Nurses in British Columbia. In many of the more or less isolated districts the nurses feel the need

of some one with whom they could discuss the minor problems and difficulties which they come across in their daily work. Of course there is always the Provincial Board of Health willing to help, but so many problems could be solved much more easily by discussion than by correspondence.

Also, we sometimes see a good nurse in a district to which she is totally unsuited. If we had a supervisor who understood the conditions under which this nurse worked and understood her temperament, it would do away with "round pegs in square holes" and would result in a more smoothly running Public Health Service with less friction between local board and nurse. There are many questions which come up between the district nurse and her local Board of Control that could be settled more favourably by a field supervisor than by the nurse herself. The Board may sometimes feel that their nurse is not doing her duty in the way they would desire, yet do not know how to approach her without causing considerable antagonism. If there was a field supervisor, she could act as a go-between and tactfully explain the situation.

It is always difficult to make a community, as a whole, realize the benefit that may be gained from a Public Health Nursing Service, and though some may want the service most urgently, they may be overruled by the many who can not see the advantages to be gained. Yet, should that service be instituted, those previously in the negative would be the first to make use of the service and in that way learn its worth. Actual demonstration is necessary before some will believe in the value of public-health work. For this purpose a well-trained and experienced supervisor could be of great value. She could go into these districts and spend some time there talking and demonstrating the value of a nursing service to the people. The knowledge gained by the supervisor in her contacts would be invaluable in the choosing of a nurse suitable for that district.

E. SNOWDEN, R.N.,
A. MCINNES, R.N.,
Coombs and Qualicum Beach.

ONE SUPERVISOR FOR ALL PUBLIC HEALTH SERVICES.

During the past few months we on Vancouver Island have been visited by specialized workers of three different phases of our programme—namely, the supervision of students and tuberculosis and V.D. services. If and when we have the beneficial supervision we desire and need, could not at least two—if not all—of these branches be covered by one individual? Granted that T.B. and V.D. work have recently undergone great development in the Province, and admitted that such comparatively new specialized fields require specific instruction to the workers in the field, still the field supervisor would be quite capable of transmitting a full understanding

of the essentials. There is a natural tendency for specialized supervisors to lose sight of the Public Health Nursing Programme as a whole, and to expect rather too much concentration on their particular phases. With her knowledge of conditions in the field, the supervisor would aid us in the absorption of each new development into our programme without any loss of balance in the work. Although the time spent with the several representatives could never be said to be wasted—and we all like visitors at times—still, it would seem that the concentration of the necessary supervision into one department would result in the saving of the nurses' time. This year, when we are all working at "top speed," this point cannot be overlooked.

Our ideal now is a more uniform development of the Public Health Nursing Programme throughout the Province. To gain this end, one of the chief requirements is the early provision of the instructive and constructive supervision of our work by a trained supervisor.

H. KILPATRICK, B.A., B.A.Sc., R.N.,
Duncan, B.C.

HEALTH SUPERVISION OF THE NURSES IN THE FIELD.

We who are "health-workers" know full well the importance of physical fitness. Under our present system the maintenance of the health of the nurses cannot be given the attention it merits. We are not blessed with equal vitality, and in the placing of nurses in the field, "health" should be given first consideration. Even supposing a nurse is pronounced "fit" after her annual physical examination, the question persists, is she capable of taking on and carrying the responsibility of a heavy district? A field supervisor, and such a person only, with her information concerning the district in question, together with her intimate knowledge of the nurses, would be able to place the staff most suitably. Thus, with the establishment of those nurses who are definitely physically able to carry on the work, the deplorable experience of "breakdowns" in the field will be a thing of the past.

Not only the health of new nurses but also that of the established workers is the responsibility of the field supervisor. Naturally our work is heavier at some periods than at others. Our policy throughout is prevention. At present it is almost impossible to obtain relief to allow short periods of preventive sick-leave. With a supervisor in control and central registration of Public Health Nurses not actively employed—such as those who are married—temporary workers could be established.

Furthermore, with a field supervisor at the helm, the many Public Health Nurses would be bound together more closely. One

of the many benefits of such an organization would be a system of pensions. Such a plan is in progress in New Zealand, embracing invalidity as well as superannuation.

H. KILPATRICK, B.A., B.A.Sc., R.N.,
Duncan, B.C.

TRAINED AND PROPERLY QUALIFIED SUPERVISORS.

As the demand for nurses trained in public health is increasing all over British Columbia, so is the need for supervision in public-health nursing. Supervision to be effective can be carried out by a trained person only. A supervisor might be an excellent nurse, but her work useless if she lacked ability and training. Ability by itself would accomplish much, but how much more can be accomplished with training.

How are we to get trained supervisors?

Universities in America are now offering courses of supervision in public-health nursing. One college describes the course as "A fundamental course planned for supervisors of Public Health Nurses." The second half of this course is field-work in supervision, where the student receives opportunity for observation and participation in urban and rural supervisory programmes, the relation of staff members and supervisor, and programmes of staff education.

As yet there is no course offered in supervisory work in public health in this Province. If there was a Supervisor of Public Health Nurses, there would be an opening for field-work in supervision. Students could be given practical experience and taught how to carry out effective supervision. They could have opportunities to put into practice those lessons taught in class.

Nurses particularly interested in supervisory work could perhaps arrange to work and study under the supervisor. Much practical work could be done that is, as yet, impossible. How varied an experience a student might get could she travel with the supervisor and learn the different ways of working with urban and rural nurses—an experience that would be of great value to her in later years when she herself will hold a supervisory position.

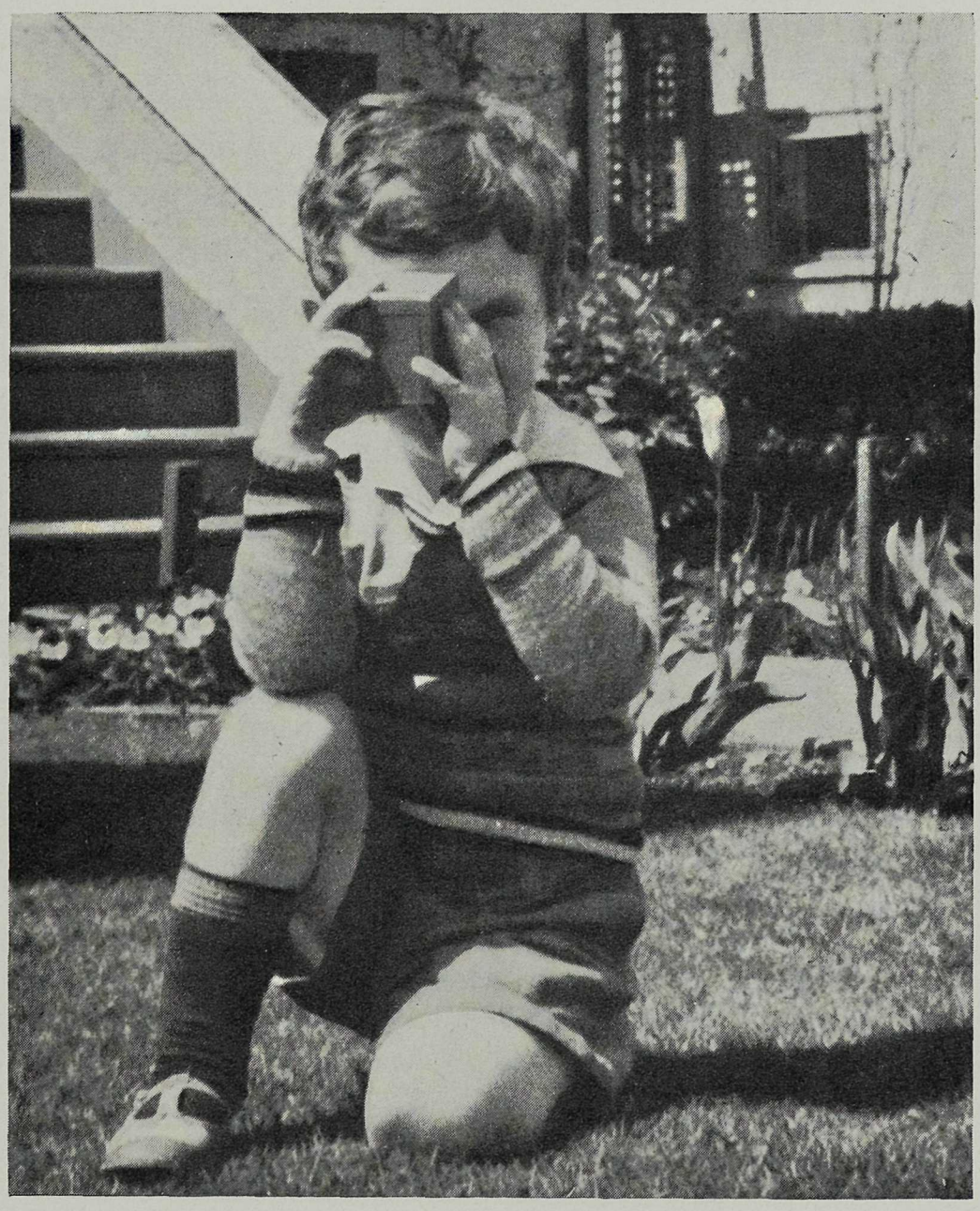
Many are the requirements of the ideal supervisor. These may be dealt with from the standpoint of educational background and experience, and last, but not least, personality.

Not only should she have an academic training with postgraduate work in teaching and supervision, but also a sound cultural background. To reach a full understanding of all phases over which she must assume control she must have had several years' experience in the field, both in rural and urban districts.

To fulfil our ideals of a field supervisor, we must have one who radiates personality and inspires confidence in all with whom she comes in contact. The essential traits are almost without number—tact, enthusiasm, cheerfulness, frankness, and kindliness. These and

many others will show in her ability to work with and for the nurses and spur them on to more and better work. As the day of her arrival on one of her periodic visits comes, all will welcome her again and will be loathe to see her depart.

I. McMillan, R.N.,
A. S. Law, B.A., B.A.Sc., R.N.,
Duncan, B.C.



"I'm getting my picture for the next Bulletin."

CHILLIWACK MUNICIPALITY AT A GLANCE.

With opening of the fiscal year 1937, it was thought wise to start organizing a vaccination campaign; the importance of which was realized when we discovered that approximately only 10 per cent. of the 1,253 children were immunized against smallpox.

Consent-cards with illustrative books were sent to each family. Talks were given in the schools and wherever possible articles were placed in the local paper. Although this district has many so-called "conscientious objectors," not an angry remark was made, no opposing article was sent into the paper, nor was one note sent from an irate parent.

Arrangements were made so that each of the local doctors should have approximately the same number of children to vaccinate and that the work should be done in the schools at a designated time. Each vaccination was to cost 50 cents.

This price was naturally prohibitive in many cases. To overcome this the Provincial Department of Health agreed to pay half the indigent bill if the School Board would pay the other half; this was done.

It took three months to cover the work in the sixteen schools of the municipality. The main reason for the delay was our unwillingness to run the risk of having a communicable disease named as the direct result of vaccination. The campaign came to a happy completion when 710 children were added to the list of immunized.

The Rotarians of this district have taken a keen interest in the welfare of local children. This was plainly shown when they commenced to educate people to a need of dental consciousness. The idea of giving each child the benefit of a dental survey in school, the opportunity of having work done at a reduced price, and the choice of family dentist started the ball rolling in the right direction, and the increase of work was so great that all were encouraged but the dentists.

The dentists seemed to feel that they were losing a great deal of money. The net result was that for the past year it has been found necessary to attend to indigents only; a lowering of the high standard, but unavoidable.

Besides this work, Rotarians at Christmas-time make a point of inviting thirty underprivileged children to a big dinner and Christmas tree. In summer they hold a picnic at the lake with about fifty of the same class of children attending.

Speaking of clubs, the Kinsmen are very active in tuberculosis-work, particularly prevention programmes. Every summer they invite thirty underweight and tubercular-contact children from Chilliwack and district and Agassiz to a splendid permanent camp, named the Kin Kiddy Kamp, for a month. They are closely watched by a doctor and nurse, and have their play, sleep, and work supervised according to Tranquille regulations. This is a splendid work which has saved more than one child from hospitalization. This Club has also, during the winter months, been a great aid in building the health

of indigent children by their donations of cod-liver oil, which is distributed by the nurse.

Whenever Dr. Lamb, of the Travelling Chest Clinic, is in town, the Club is ready to provide transportation to patients who need it. Last year Dr. Lamb was in this district twice and examined eighty-six adults and thirty-four children.

The Kinsmen were a great help in building up the tuberculin survey which was conducted last October. They gave explanatory talks over the radio and sent articles to the local paper.

In the meantime it was necessary to send consent forms and literature to all schools. The number of consents was very gratifying. Approximately 90 per cent. had the tuberculin test. Of the 1,187 children tuberculin-tested, only 126 were found to react positively, and on further examination and X-ray twelve of these needed to be re-checked, but no positive cases were discovered. This was a time-consuming piece of work, but it was so interesting and the results were so encouraging that the time was considered well spent.

A big question in this district is the handling of several problem cases and many subnormal children. A great deal of this difficulty has been solved since we have had a guidance clinic conducted by Dr. Crease, assisted by Miss Kilburn. Last year one adult was recommended for institutionalization, advice given regarding three problem children, and two subnormal children were excluded from school.

Several years ago the need of an eye, ear, nose, and throat specialist in Chilliwack was felt. Through the Department of Health arrangements were made so that a doctor could come to Chilliwack whenever the nurses had enough cases for half a day's work. This work has grown so that last year it was necessary to have this service almost every month, and twenty-five adults and twenty-two children were examined. Such services are rendered at the same prices as in New Westminster; the convenience to the people is much appreciated. Obviously the general public is becoming more keenly conscious of the importance of the care of the eyes.

Since commencement of health-work in 1928 a ladies' organization has been helping the nurses. This organization is called the Auxiliary to the School Nurses. This group of ladies is composed of a representative from each organization in the valley. The progress of work can be reported throughout the district and continual contact with various groups maintained. Each organization contributes some money annually to the Auxiliary to help indigents as the necessity arises.

The "Auxiliary to the School Nurses" holds a meeting each month, at which time the nurses report any outstanding matters, opinions are asked for, and help is sought for obtaining glasses or for having tonsils removed. During 1937, seven pairs of glasses were provided and three children's tonsils were removed. The amount of help that this organization gives the nurses cannot, therefore, be measured because it forms the nucleus of our health-work.

This organization has also been keenly interested in the welfare of the infant and pre-school group. Since a child specialist cannot possibly establish himself in such a small area, it was thought wise to engage one to examine children at a stated time and to emphasize the necessity for regular examinations. It was also decided to hold an annual well-baby clinic at the local fair, with a Vancouver child specialist in attendance.

Last year this work was very gratifying, if attendance is an indication, and in one day 105 infants, pre-school and school children took advantage of the free examination from the municipality; the best attendance for many years.

Such work was made possible the past two years by the co-operation of the Department of Health in paying the fee of the attending specialist and of two doctors.

As a result of such work a change is noticed in the parents' attitude towards the family physician. It is obvious that they are now more inclined to have their children frequently examined than to wait until the need arises.

It is true in all districts that there are many destitute families who need attention, particularly during winter months. Such work has been facilitated here by the forming of a Community Chest. This organization, made up of people interested in the welfare of the unfortunate, collects money from the local business people, gathers clothing and vegetables, and dispenses hampers to the needy at Christmas.

The Community Chest functions all year, but is most active during the winter season. At that time rooms are opened at certain hours to receive requests and grant them when thought advisable. Many families receive beds, bedding, layettes, medicines, new and used clothing and shoes, provisions, vegetables. Sometimes relief is given at the recommendation of the Community Chest.

We find that many children remain at school for lunch, and few, therefore, have anything hot to drink until they return home. Wherever possible this has been corrected by the Parent-Teachers' Associations or Women's Institutes, who form soup committees in order to serve hot soup to children at the noon hour.

Some of these organizations canvass the area for money and vegetables, while others raise a great deal of money through social activities, and in addition the children are required to pay a small sum. Results are hard to measure, but the schools that have had this privilege have had fewer colds.

The most far-reaching result of the year was the appointment of a second nurse in the municipality. A great deal of this work was done by the various local organizations and Dr. Young's timely financial help made the appointment possible last October. A happy day.

Last year was a very active year and we hope to accomplish a great deal more in the future, especially since the people are becoming obviously more health-minded.

EVA MOODY, R.N.,
Chilliwack, B.C.

VACCINATION IN A RURAL AREA.

In November, 1937, a vaccination consent form was given to each pupil in the Matsqui-Sumas-Abbotsford Educational Area. It read:—

"If you wish your child (name) vaccinated against smallpox, please sign this form and return to the school as soon as possible."

There were no high-pressure campaign methods employed, but the necessity for immunization was stressed during home-school visits. Short talks were given in the class-rooms on the nature and purpose of vaccination and literature was distributed with the forms. It was made plain to every one that there was no compulsion whatever about this vaccination campaign. The usual objectors were met with; these were mostly members of religious sects.

The response was, in our opinion, satisfactory. At the time, there were in the fifteen public schools and Consolidated High School of this area some 1,670 pupils. Of these, 1,022 returned signed consent forms and were vaccinated. In addition, mothers brought thirty-nine pre-school children to be immunized and four school-teachers were vaccinated with their pupils.

Vaccination was done in each of the schools by the Medical Health Officer, with the Supervisor of Health Nurses in attendance. Consent forms were carefully checked and rechecked to make sure that no child was vaccinated without the written permission of parent or guardian.

The following was the method used in vaccinating:—

The deltoid region of the left arm was washed with rubbing-alcohol. When this had evaporated, a drop of vaccine was put on the skin and a series of small punctures made through it with the needle. The vaccine was then wiped off with dry cotton. Children who had been dreading the ordeal wanted to know if *that* was all there was to vaccination? They were warned against scratching the scab and told not to use shields or bandages.

There was very little trouble from sore arms. Some "takes" were more severe than others, and in some cases illness due to heavy colds prevalent at the time was attributed by parents to the vaccination. One child developed an alarming rash a week after being vaccinated. This was found, upon diagnosis, to be a mixture of scabies and impetigo. The scars with the method used here were small, and parents who were vaccinated years ago were favourably impressed by the dispatch of the modern method and the neatness of the resulting scar.

A total of 1,065 individuals were vaccinated here. Of these, 210 had been successfully vaccinated previously and showed immune reactions. All of the 855 primary vaccinations were "takes." All school-children were inspected on the seventh day by their School

Nurse, the reactions noted, and each child vaccinated was given a certificate with the signature of the Medical Health Officer.

ELIZABETH OCHS, R.N.,
Matsqui-Sumas-Abbotsford Area.

OUR FIRST YEAR.

As this district is one of the Provincial Health Department's new babies, I write very humbly of the work here.

Prince Rupert, the city 500 miles north of Vancouver, at the terminus of the Canadian National Railway, and built by one of the best natural harbours the world has (so they tell us), really should be a rival city of Vancouver, if all the well-laid plans had worked out that way, and by this time in that case there would have been a well-organized Health Centre and a whole staff of Public Health Nurses. However, in reality, Prince Rupert is a very attractive little city, built on the shelves of rock beside this same harbour, with a very lovely view of the mountains around and the islands across the harbour, particularly as the sun sets behind them, and they did not have a Public Health Nurse till September, 1937.

Much of these first six months, then, have been spent in organizing the work and one cannot mark very much progress yet.

A real epidemic of measles with over 600 cases, an epidemic of whooping-cough, and some scarlet fever made the work a little uphill, like the country around us, but did add a good deal of zest to it. We were very thankful that most of the children apparently made a good recovery.

One project that has been completed is that of giving milk to the school-children. The children here had not been drinking the milk that they should, although there are three dairies supplying fresh milk. It is expensive and the canned-milk habit has become quite the custom. However, the three chapters of the I.O.D.E. took up the nurse's suggestion and have been assisted by other organizations in the city most nobly, and at present a great many children are enjoying a drink of milk during the morning.

As a beginning, the plan was to include only the first three grades, but the demand was soon so great from the older children that it was necessary to include the whole school. Some, I believe, hardly knew the taste of fresh milk, and the nurse has been told of several cases where the children have made it very plain at home that they would like the plan carried out at home over the week-end —when they would never touch milk before. We hope that these children will show much benefit from this extra nourishment and new habit, and that even at this stage some dental cases may be prevented.

A T.B. survey of the schools was done last year by one of the local doctors under Dr. Lamb's instructions—that is to be completed with the new children in the school this month, I hope; and very

soon we plan a vaccination clinic and I hope a toxoid clinic, as there are very few children immunized against diphtheria and a large group not vaccinated.

One of the chief industries of this community is fishing. It is very interesting to watch them " seining " for herring in the harbour. It is the custom to give the first catch away. This amounts to several thousand pounds. One afternoon I happened to be in the school when the message came to tell the children that there would be herring on such-and-such a wharf after school if they would come after it. I wish I had a snap-shot to send you of some of the pictures that greeted me cheerfully that afternoon coming back from the wharf with pails and saucepans overflowing with herring for supper.

There is much work to do in this new district. Sometimes it overwhelms one; but with this beginning we hope that it will grow and that the community will feel the benefit of the Public Health Nursing Service and the Disease-prevention Programme.

E. DOROTHY PRIESTLY, R.N.,
Prince Rupert, B.C.

FERNIE.

The reading of Dr. Young's report in the Medical Inspection of Schools is like the reviewing of one's life before the end of the old year; with this exception: In the reviewing of one's life at the close of the year one very humbly looks upon all the good intentions scrapped and the long list of failures, but, in our superior officer's report, we are struck with the amount we have accomplished and the spirit in which it has been carried out by the nurses and received by the public.

The control of epidemics seems one of the greatest steps in preventive medicine and is the one which gains greatest whole-hearted co-operation from the teaching staff.

The interest that children show in their weights is the best check-up on malnutrition, and even the youngest are quick to see the relationship between diseased tonsils and teeth and healthy growth when it is explained to them; these two defects are attended to in large numbers, especially during the holiday terms.

All serious eye-defects receive attention, and fracture cases, which seemed almost epidemic this year, are out of school for a very short period, as they can get the attention they need from the nurse.

All cases needing medical and surgical attention receive it much more promptly when referred by the nurse, as the mothers very often do not realize the urgency of the case—such as sore throat developing into severe tonsillitis, or a stomachache into an acute appendicitis within a few hours.

The mothers more and more find the nursing service a help, especially in the disorders and ailments of adolescent children; and the student of past years now brings her young baby to be checked over

for weight and to receive advice on diet and any unusual growth or skin condition. The "advisory letters" are much appreciated, especially by these younger mothers; the fathers study them as well.

The more sustained attendance in the schools and the brevity of any epidemic, along with the feeling of confidence both pupils and parents have in the nursing service, are clear indications that the public has become educated to what the public-health service is and in how many ways it can aid them in attaining to a better health standard than ever before.

To copy from the report: "To put in a few words, the benefit obtained is one of value to the community in general and to the school in particular. Naturally, the betterment of health conditions in the school is reflected in the general well-being of the community."

WINIFRED SEYMOUR, R.N.,
Fernie, B.C.

TONSIL CLINIC IN THE PEACE RIVER BLOCK.

The tonsil clinic was in full operation upon my arrival in the Peace River Block. It has proved a very successful method for the removal of diseased tonsils among the children here.

Following the regular examination of the school-children, it was apparent that some were affected with diseased tonsils which were detrimental to the health. Parents in many cases had been informed of these conditions, and except in a few cases had not taken any action. Reasons for this were due chiefly to the characteristic conditions of this part of British Columbia.

The majority of people live on homesteads, some of which are a very long distance from a doctor or hospital. Often the only means of travel is by team, and at times travelling is practically impossible due to poor roads and climatic conditions. Also, on the other hand, during the good weather both men and teams are busy on the land.

Many parents also feel they are unable to meet the added expense which would be entailed in such work. They are really trying to build a home from the beginning, which is typical of pioneering, and they really need their finances for the maintenance of themselves and children.

Another reason, although it may not always be a major one, is lack of knowledge of hygiene and the way to maintain health. Time, money, and mind have been occupied with building a home and making a living. The people do not realize the value of practising all the health rules, nor know that tonsils can be detrimental to health in that they are sometimes the forerunners of serious diseases such as rheumatism and cardiac conditions. However, through the efforts of the staff of the Health Unit, many parents are learning the value of health rules put into practice and are more ready to co-operate.

Because of these difficulties it was decided that a different plan must be put into effect, in order that the work could be done successfully on a large scale. The chief aims were to have the defects corrected and to make no distinction between the economic conditions of the people whatsoever. An arrangement was made with the hospital authorities, the doctors, the Official Trustee, and the Medical Health Officer, whereby a special flat rate was to be paid to cover the hospital and doctors' fees. For the few who were unable to pay the full rate, arrangements were made that they could work out the balance on various schools where there is a certain amount of work to be done such as painting and kalsomining, repairs, moving of privies, and also putting in the year's supply of wood and ice. The payment for the removal of tonsils and adenoids was to be made through the Official Trustee, who also arranged the work that was to be done by those parents who were paying part and working the balance.

Following the completion of these arrangements, the members of the Health staff interviewed the parents, advising them of the need of the removal of the diseased tonsils and adenoids. From those parents who were in favour of the work they obtained a written permission from them, and also made arrangements for payment, to be either in full or part cash and part by working.

The clinic was held during July and August of 1937. The children were transported to and from the hospitals by members of the Health staff. Following the return of the child home, the parents were instructed regarding the post-operative care, as the majority of the children remained in the hospital for a day following the operation. Usually, within the next week, and as far as it was possible, another home visit to note the progress of the child, and also to give further instruction, if necessary. The mothers seemed to appreciate these follow-up visits, as they felt the Health Unit was sharing the responsibility of caring for their children by giving the needed instruction.

One of the greatest factors in the operation of this clinic was the distances that had to be covered in transporting the children. At times trips from 70 to 95 miles were made. In some instances the parents co-operated and brought their children to a central point where they were met by a member of the staff. On one of these trips, which was made partly by boat, members of the staff and two children spent the night on a sand-bar in the Peace River. They felt little the worse for their experience, however, except for lack of sleep, and looked upon the night's outing as one of the episodes that made life in the Peace River Block varied.

Tonsillectomies were advised in 147 cases and 138 children had their tonsils and adenoids removed, showing how successful the first tonsil clinic in the Block proved to be. The results are manifesting themselves, as there is improved health among these children. In

one case, for example, one boy has gained about 12 lb. and is taking a keener interest in his own health.

Thus through the clinics and by other means, the Health Unit here is trying to teach the people of the Block the "*way to health,*" also that "*an ounce of prevention is worth a pound of cure.*"

KATHLEEN SHEPPARD, R.N.,
Rolla, B.C.

VACCINATION AT NORMAL SCHOOL.

As School Nurses we are accustomed to observing vaccinations in children and younger people. We know the usual course of events and can reassure those concerned as to the results. It is unusual for a school-child to be affected to any extent by a "take" or to miss even a day at school because of it. With proper supervision and care of the pustules, there is always invariably a quick healing and a neat scar.

When, however, we consider the question of vaccinating adults, we are not prepared to be dogmatic. There is always the uncertainty as to the extent of the reaction. Some individuals will respond so heartily to the vaccine as to be incapacitated for a day or two, or have a painful arm or painful glands in the axilla for the same period. While this is a very small price to pay for protection against a dread disease, it is often a deterrent to the average busy adult. Those who are working, those who are engaged in important projects, those who are preparing for examinations in the near future, are reluctant to impose on themselves anything likely to interfere with their plans. To the wage-earner the loss of one or two days' work is a serious consideration, and to the student any indisposition is likely to disrupt courses of studies. With these points in mind, it might be interesting to consider some vaccinations done at the Provincial Normal School in January, 1938.

Following an address by the Medical Health Officer on the subject, fifty-one students signed for vaccination. Of these, twenty-one had never been done before and had proper takes. Twenty-nine had been done in previous years. Of these, twenty-two had immune reactions, five had accelerated reactions, one had a normal take. One student had never been done before and did not have a take, or, in fact, any reaction even when revaccinated. There is a possibility, however, that she may have had a mild case of smallpox in infancy.

The "takes" were dressed with very light gauze dressings—fastened with adhesive well away from the inflamed area. The students were given instructions on personal care as well as on care of the pustules, and were excused from physical education for the required period. Only those students were done who were in good health at the time, and aseptic methods were used. The use of the light gauze dressings protected against rubbing of sleeves and possible introduction of infection.

The results from this clinic will be apparent later when these same student-teachers scatter to different parts of the Province and are placed in charge of school-children. The presence of an enlightened and co-operative teacher is often the chief factor in the control of communicable disease in the school-room, and the success or non-success of immunization clinics depends almost as much on the teacher as on School Nurse or Health Officer.

M. R. SMITH, B.A.Sc., R.N.,
Saanich, B.C.

WHAT OF EYES AND EARS?

The great moments when the highlights of achievement play upon the field of endeavour are comparatively few in life and in our chosen work as well.

They do occur, of course, from time to time, as, for example, a big tuberculin-testing campaign such as we had in Chilliwack last fall, with a 90 per cent. satisfactory response from the parents and with results so splendid that not a case of active tuberculosis was found, not even among the older high-school students, among whom one might fear, perhaps, a case or two might be found. Or again the thrill of seeing a child-guidance clinic organized and seeing its excellent services placed in a community and its value increase with the years. Also the day when the Rotarian Service Club decided to make as its great objective a Rotarian dental clinic, which would function as a service taking care of dental defects, especially at first and completely now of those school-children whose parents are unable to shoulder this responsibility themselves. The work and the improvements made in the two years since first it opened cannot be adequately appreciated.

But these are the peaks; in between lies the routine of every day in long stretches. We know it is the constant efforts of each day that really counts. The home visits with a purpose or two; the unremitting attention to details; the interest in individual problems, all of which determine the success of our work. Doubtlessly it is the hard-to-define personality of the health-worker which really means the most and which the people remember the longest.

But to make our routine more valuable and our work more accurate I wish we had a few improvements in the way of good equipment. We find—I know many feel the same way—the ear-testing method, be it whisper or watch test, most inadequate. Last fall, after reading Gates' "Improvements in Reading," especially, of course, the part dealing with vision and hearing tests, I became fired with the ambition to do things better and with greater precision.

In "Improvements in Reading," by Gates, he refers one to write to the McKesson Appliance Company, Toledo, Ohio, regarding these instruments, called "acumeters," for testing the acuity of hearing. They cost $97.50 from the United States and would cost more by the

time we receive them here. Owing to the cost I felt, perhaps, I could not ask for these for the schools at present.

So I made inquiries in connection with the " telebinoculars " for eye-testing. Particulars were received from the Keystone View Company, Meadville, Pennsylvania. Price quoted was $75—probably $85 with excise tax, and so on, by the time received here, and unfortunately prices since then have advanced.

I was very anxious to obtain these telebinoculars and brought up the matter at a School Board meeting. They were in favour, provided the instrument is of value, and naturally wished to see letters recommending it for same. I wrote here and there, but the telebinoculars are not in use in Western Canada, apparently, nor in Eastern Canada either, for no replies were received. Mr. Hudson sent recommendations from various schools and offices in Oregon and Washington and these I expect to present at the next School Board meeting.

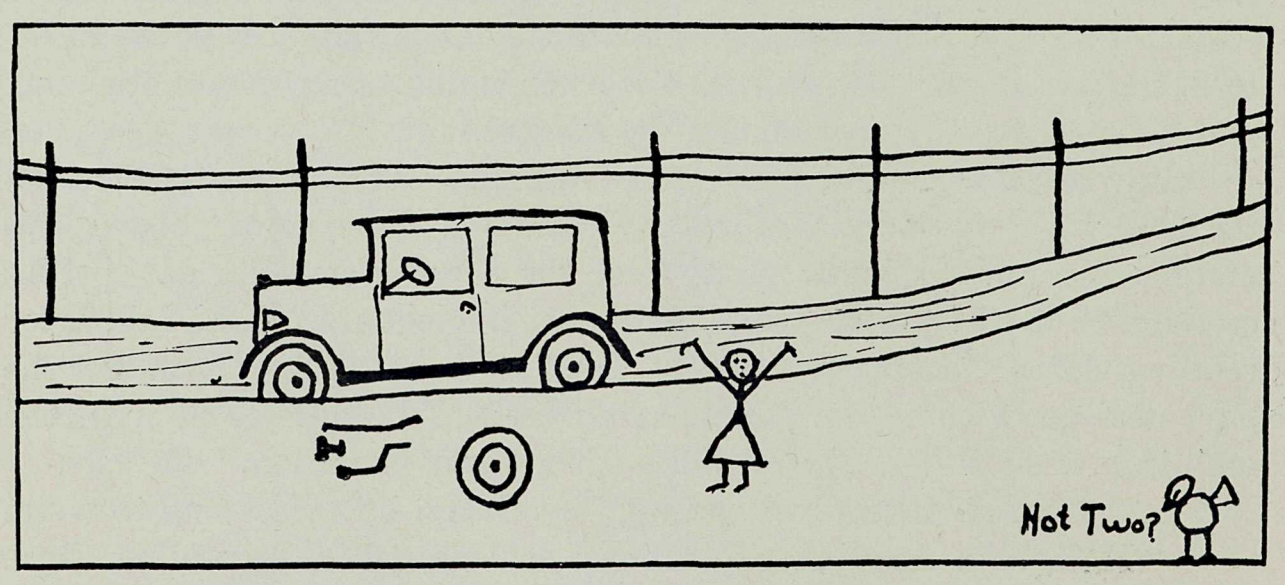
If any of the other nurses know of the value of either of these instruments I would like to hear from them, or if they know where reliable information can be obtained as to their worth I would appreciate it, for, considering that our eyes and ears are the means by which we know the rest of the world, any of these aids in detecting defects early in life cannot, surely, be overestimated.

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

TRANSPORTATION.

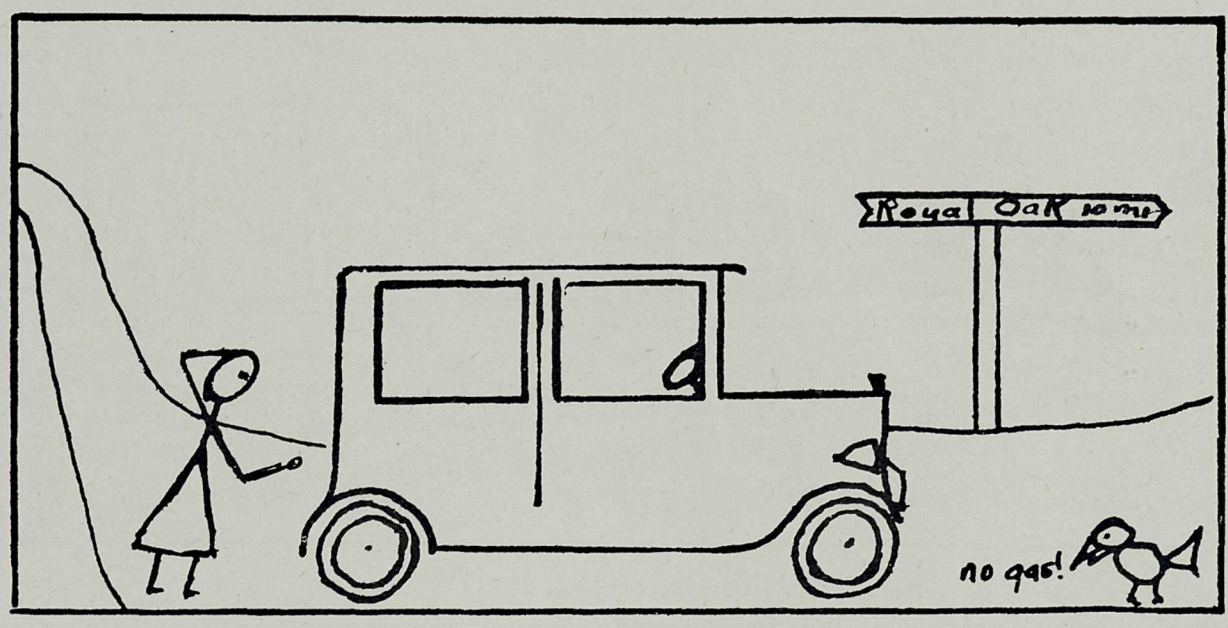
I'm going to write you a fair little ditty,
About one of our nurses in Sweet Garden City;
About trials and worries of car transportation
And how they upset her fine disposition.

She starts in the morning
As fresh as a daisy,
Tho' around about ten
She is feeling quite hazy.



In the course of her travels
She gets stuck in the mire,
Or, what is much worse,
May have a flat tire.

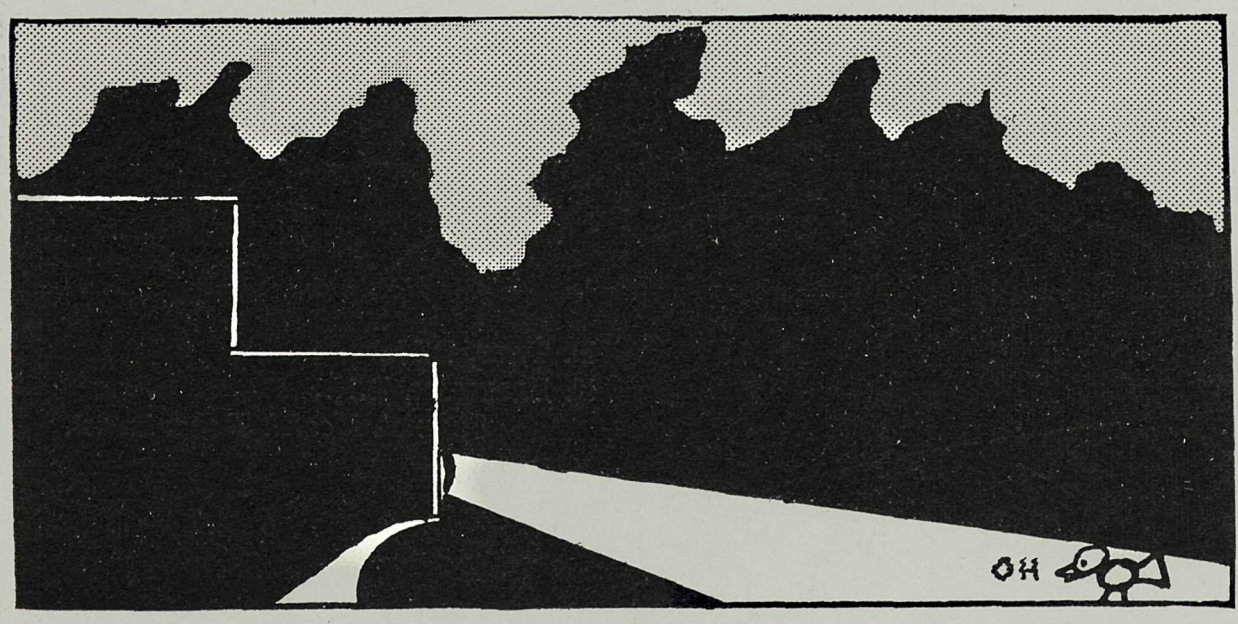
Her arms waving wildly
To people who pass,
She hopes they will help her
And offer her gas.



At night while on duty,
If the telephone rings,
She wonders who *that* is
And grabs up her things.

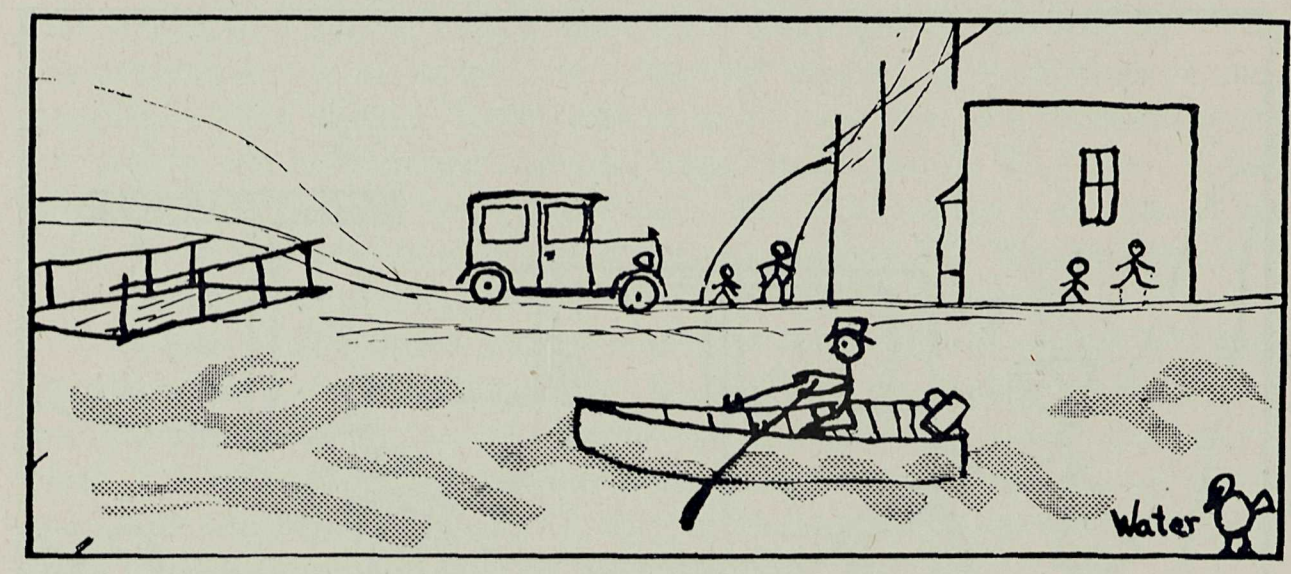
The phone is insistent;
" Oh, nurse," a voice calls,
" Come quickly, my husband
Is fast going bald."

The phone rings again,
This time to suggest,
" My Billie has fever
And spots on his chest."



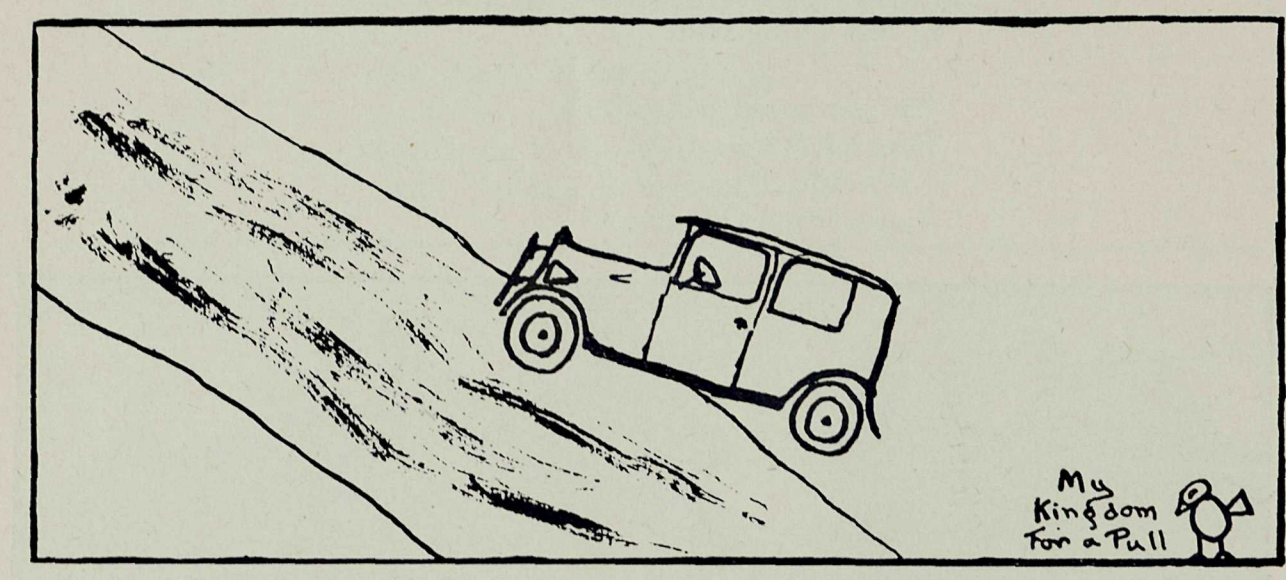
She jumps in her car—
The night's black as pitch—
She steps on the gas,
And goes in the ditch!

On leaving the car
She climbs in a boat,
And then does her best
To keep it afloat.



By the time she arrives
At her destination
She feels very much
Like saying D——!

When at last with her patients
All night she has tarried,
She drags her car home
And decides to get married.



D. TATE, R.N.,
F. FREEMAN, R.N.,
Saanich Health Department.

CONTRASTS.

As I write to-day, with the ground all covered with snow, I am reminded of a beautiful spring day just a year ago. It was a lovely day, one of those green and blue ones so typical of the early spring.

We were holding a toxoid clinic and about thirty-one babies, ranging from six months to four years, had arrived and were waiting for the doctor. They looked awfully sweet all dressed up in pretty pinks, blues, yellows, and whites, with hair all combed and curled. While we waited the conversation centred around child-welfare, and one mother remarked: "I feel just a little bit as if we were leading our lambs to the slaughter. I hate the thought of sticking a needle into these poor little arms." It seemed a good time to draw the contrast between the poor babies who have in the past, for lack of diphtheria toxoid, died the agonizing death of a paralysed throat or a worn-out heart. "What," I asked her, "was a mere pin-prick in comparison to a tragedy like that?" I pointed out to them that they should be grateful for the privilege of immunization against such a disease—and I really think they were. How times have changed—and what contrasts there are between the old ways of doing things and the new!

B. THOMSON, R.N.,
Keremeos, B.C.

A CHILD-STUDY GROUP.

In the 1932 BULLETIN there appeared an article by Miss Kerr on the above subject, but it was not until after her visit last December that we started to organize a group here.

I thought only to start the ball rolling when I invited the first group together and explained the possibilities of such a study, but since a real child psychologist did not appear we have gone on with the study week by week for over a month. Our attendance is not large (average of ten), but we have had some very interesting discussions on food, elimination, clothing, etc. We expect to go on with such subjects as health attitudes, sex-training, emotions of children, play habits, etc., and I am looking forward to these meetings with pleasure for an opportunity to learn about the behaviour of children from the mothers.

We adhere to the discussion method—discussing questions suggested in the helps and those that are introduced by the group.

We use the text, "Parents and the Pre-school Child," by Blatz and Blot, and any other texts which the members may have; also the outline by Jennie I. Roundtree, Ph.D., which has been used in Vancouver study groups.

A similar group of mothers are studying this subject at Naramata. A well-selected committee arranges the subjects for each meeting and appoints leaders.

It seems to me that there are great possibilities in such study groups—possibilities of improving the child's pre-school training, so that there will be fewer problems when school is reached. The attitudes of both parent and child towards health and social problems should also be improved, so that failures in later life will be prevented.

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

GROWING UP.

The new record system suddenly thrust into our midst seems to have been the skeletal structure necessary upon which to fashion even more securely our fields of endeavour, resulting in its further natural growth and development.

Some signs of advancement have been T.B. records sent from head office indicating known doctors' cases in our district. These cases are then able to receive the additional care which has long awaited them and are no longer at a standstill for lack of closer supervision.

The communicable-disease records compiled year by year are of particular statistical value to ourselves. Tonsillitis and sore throats, prevalent more so in the Happy Valley School area, do not seem to be the result of one causal factor, but rather the influx of poor people into an already impoverished district, where education is at a particularly low level and superstition in some quarters still prevails. It is a gradual process, but they are being removed one by one. This factor may also account for there being fewer toxoids done in the same area. There also lacks a certain amount of impetus from the teaching staff, judging from results obtained from other quarters where a whole school has been toxoided, the teacher giving his wholehearted support. There remains much to be done in this locality to awaken the public's interest and to set into motion communicable-disease prevention.

Prenatal supervision is even more adequate with our new system. We would like to receive a monthly letter from our Relief Officer stating the number of prenatals who invariably come to his attention. Transportations to doctors' offices have been provided.

Infant and pre-school developments have been mostly in the nature of well-baby, dental, toxoid, and vaccination clinics. Transportation also provided.

Our greatest strides have been made this year in the school-work, with the provision of a dental clinic in the Langford Women's Institute Hall, also in the work of the School Medical Health Officer, through Dr. Young providing toxoid for five schools. Transportations being provided to these local clinics have saved considerable time for the nurse and expenditure in gas, etc., for the committee. Tuberculin has also been given whenever necessary in our schools and followed up on the advice of the Medical Health Officer with X-ray at the Jubilee Hospital. Water is being piped into Shirley

School, and we hope this will also be accomplished in our other two small schools.

The dental clinic itself deserves some mention, for it was not without real work that it has been set into action. Each Thursday morning the dentist, with his own nurse, visits the clinic, and works from 9 until 12. He is paid $3 per hour; the charges to patients are $1 for a permanent filling, 50 cents for a temporary filling, and 50 cents for an extraction. Up to the end of February the parents have paid $48, other organizations $41, and the use of hall by Women's Institute estimated at $16; from Dr. Young, $100. Operations to end of January, 136. Forty-five children have been treated and the cost to date has been $33. The nursing committee have generously decided to continue this good work for another year. Collections are slow and the problem of raising money in our district is not altogether easy; however, with some bright new idea, we hope the project will continue. Dr. McCarter has consented to meet both Happy Valley and Langford Parent-Teacher Associations with the express purpose of making the parent better acquainted with dentistry as the dentist knows it. He also welcomes any parent who cares to interview him at the clinic.

Our social service is mainly in conjunction with the Welfare Office in Victoria, where contacts are made and deserving people helped by pensions, blind pensions, etc., or are perhaps given relief. Clothing, food, and bedding are given out from local organizations or from individual givers, as the case may be.

The bigger question of sanitation is primarily for the Medical Health Officer, but some information is required for our records, as, for example, toilet facilities, septic tanks, and sewers, which are mostly inadequate. Wooden houses prevail and water-supply is generally good, but milk-vendors are not at all uniform. I think there should be more tuberculin-tested cattle, so that undulant fever in our district would be a little less prevalent.

Most of the people either rent their homes or have them mortgaged; few own property on their own. The Albert Head project has served to keep many people off relief.

The Public Health Nurse avails herself of contacts made in the City of Victoria, especially in the public-health nursing groups, where problems may be jointly solved.

The case-histories are added to day by day and we hope soon to have them ready for inspection. New daily report forms have been introduced, which serve to record more work done and are an economy and saving to the committee.

There is still a maximum of first-aid nursing done, and assistance is given to people so that they may avail themselves of doctors' services in acute illness; while at the same time we are stressing the preventive side of nursing.

D. WILKIE, B.A.Sc., R.N.,
Colwood, B.C.

GIBSONS LANDING.

After much preliminary discussion by the various branches it was finally decided, in June, to call a Public Health Nurse to take charge of the districts, including Gibsons Landing, Sechelt, Wilson Creek, Roberts Creek, Granthams Landing, Hopkins Landing, and Gower Point, the area of which amounts to about 26 miles by 4. A car also was purchased, though not available till some weeks after the district was opened.

To one coming directly from the Prairie the roads at first seemed all hills and turns, but now in retrospect the Prairies seem terribly flat. The beauty of the scenery still impresses one with its changing moods.

With the close of the holiday season in September, six schools, with an enrolment of 199 students, were listed for visits, and despite the fact that several families have left the district the influx has dominated and we now have an attendance of well over 200.

The pioneer work of discovering the infants and pre-school children has resulted in an encouraging list of children, and the contacts thus made will undoubtedly prove their worth still further as the work progresses.

Our first child-welfare clinic was started in January, and while the attendance was not high—the weather being unfavourable—we feel encouraged by our efforts in that direction.

Diphtheria immunization is the leading topic at the present time, and we hope before very long to be really active along these lines.

Whilst there are many pensioners in this locality, their demands have been few, possibly due to the combination of a quiet life and a good climate.

In the early fall a class in St. John Ambulance "first aid" for senior girls was organized and completed satisfactorily, and from the enthusiasm aroused through this group we were obliged to organize an adult group, which, according to regulations, is being taught by one of the local doctors.

Some one from afar has, in writing, remarked that Gibsons Landing had a lonesome sound. I am sure if they were here they might be convinced otherwise, apart from the fact that the trip to Vancouver is only two hours on the boat practically any day. Even yet the trip to town each month savours of an adventure, for there is always so much to do and see in the big city.

LILLIAN A. WOODING, R.N.,
Gibsons Landing, B.C.

ON REGULAR YEARLY DENTAL CLINICS IN THE PEACE RIVER HEALTH UNIT.

For the past three years, 1935–36–37, since the Peace River Health Unit was organized, we have held dental clinics throughout the Block each year. These were made possible through the co-operation of the Provincial Board of Health, which paid the cost of materials, travelling and incidental expenses, and the Official Trustee paid the salary of the dentists, who came in from Vancouver.

A very interesting and important work is being done by these clinics from several angles.

(1.) Absentees from schools because of toothache is a thing of the past.

(2.) The dentists have helped a great deal in stimulating the interest of the parents and children in the care of teeth with relation to general health.

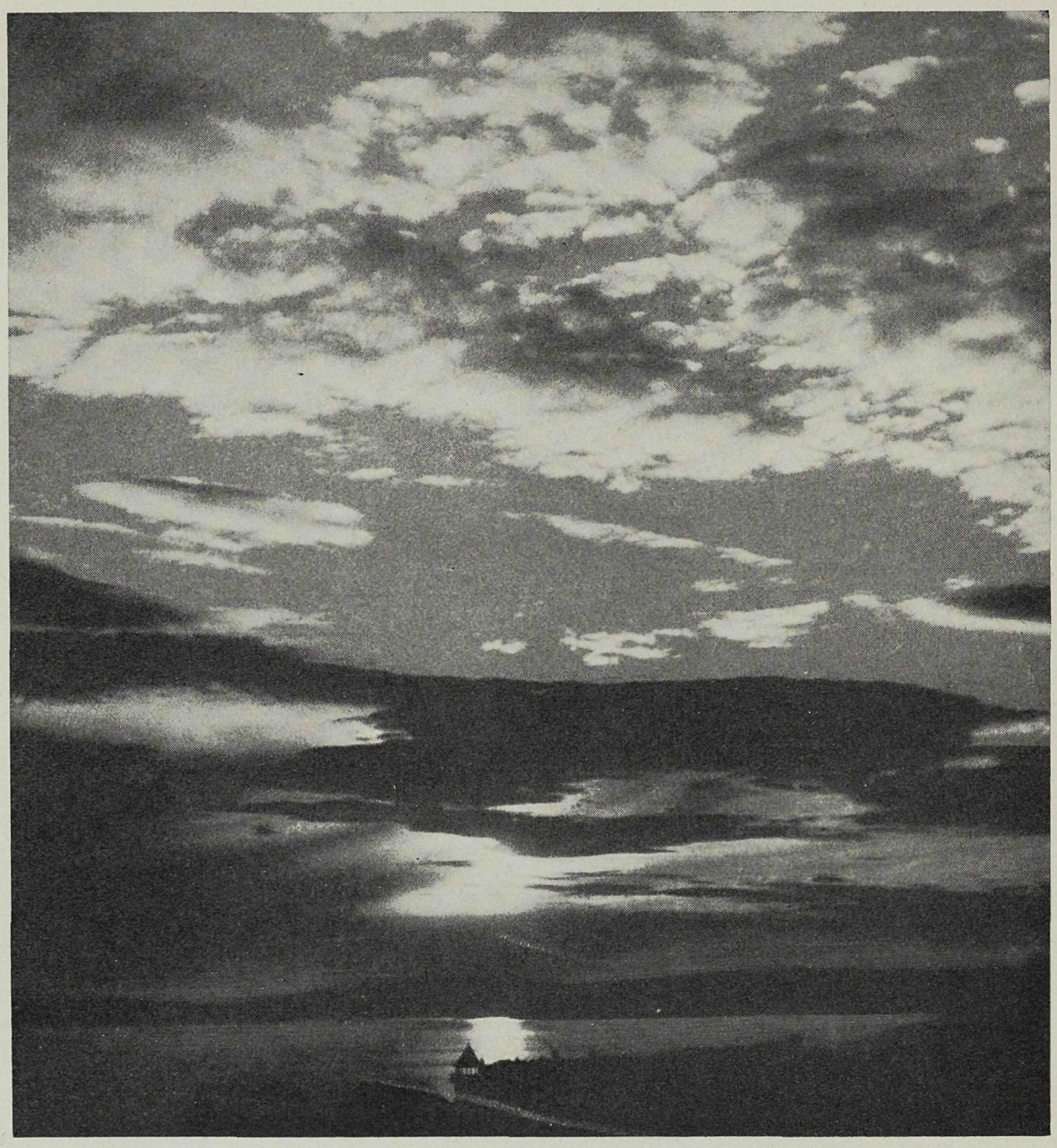
(3.) Extractions have been reduced over 68 per cent. in 1937 over 1936.

(4.) Generally speaking, this work could not otherwise have been done because of financial circumstances.

Years show that a child will develop, on the average, slightly over one cavity per year and also show how quickly teeth will deteriorate with the lapse of one year's treatment (Fort St. John and Rolla received treatment in 1935 and 1937 but not 1936), as in the case of Fort St. John and Rolla, where treatment was not carried out in 1936. It can be understood that yearly treatments of teeth become more a preventive type of work, as a cavity in the course of a year is small and danger to general health is greatly reduced, as also the possibility of extraction of teeth is reduced. Here it may be added that costs are also reduced. In the Peace River Health Unit the cost per child for the year 1937 was reduced to 20 per cent. per child over 1936, and the cost per operation to 10 per cent.

The cost of yearly clinics is high, but we consider it very necessary and would like to see it continued. It would seem reasonable to suppose that a resident dentist would be the solution to cheaper operation of dental clinics in the Block. This would of course eliminate the costs of travelling to and from Vancouver. This would also be advantageous from the point that some arrangement could be made to have children treated who may need immediate care. It is believed that a resident dentist could make a good living doing private work and in this way could do our special work considerably cheaper.

PAULINE YAHOLNITSKY, R.N.,
Progress, B.C.



" The end of the Day."

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