CLASSN. RT 1. B7
SERIES r.2 No. 3
THE LIBRARY
University of British

ISSUED BY THE
PROVINCIAL BOARD OF HEALTH, BRITISH COLUMBIA

Public Health Nurses' Bulletin

VOL. 2 JUNE, 1936. No. 3

EDITORIAL.

MOST of the Public Health Nurses of this Province are familiar with the letter-head of the Department of Health, on which comes the yearly request to "send in your article for the BULLETIN, dear Nurse, as soon as possible"; and most of us are also familiar with the rumpled heads and wracked brains which inevitably follows this yearly request.

It is therefore a source of continual wonder to me that the articles which finally appear are so original and well prepared, and proves conclusively that as we live up to our calling of being able to fashion things out of nothing when working against terrific odds in the field, so we also can produce readable articles at the eleventh hour.

The interesting feature about this BULLETIN, now that it is compiled, is that it will be available for distribution in time for the various conventions for which Vancouver is to be host and which we are being privileged to attend. We have the opportunity through the Provincial Health Officer, who makes these yearly Refresher Courses available to each of us, and the benefit we derive from these visits will be shown in our work as the years go by.

As this volume goes out, therefore, may we echo the words of our new King when he ascended to the Throne: "May we be worthy of the heritage that is ours."

B. J.

TABLE OF CONTENTS.

	PAGE.
HOCKING, Miss J.—A Saanich Sonnet	3
ALLEN, Miss E. G.—Ladysmith and District	4
ARNOULD, Miss J. M.—Demonstration Area	5
CHODAT, Miss I.—Coombs and District	7
CLAXTON, Miss M.—Transportation North of Peace	9
CUNNINGHAM, Miss N.—Baby-welfare, Fort St. John	10
DUNN, Miss N. E.—Dental Clinics, Peace District	12
GARROOD, Miss O. M.—Correcting Defects, Kamloops	14
GORDON, Miss K.—" An Impossibility becomes a Reality "	16
GOWEN, Miss M.—Peachland-Westbank	18
GRIERSON, Miss M. E.—Mission and Maple Ridge	19
GRINDON, Mrs. A. F.—" Selling Public Health "	20
HARDY, Miss M.—Control of Communicable Diseases	22
HOMFRAY, Miss G.—Advertising Public Health	23
JENKINS, Miss B.—" Relax "	24
KILPATRICK, Miss H.—" A Day in a Logging Camp "	26
LAW, Miss A. S.—" Personality in Public Health "	29
MAHON, Miss R.—" First Aid in the Peace "	30
MARTIN, Mrs. E.—Dental Work in Vernon	31
MILES, Miss M.—" Tuberculin Tests in a City School "	33
MORRIS, Miss M.—The Child-guidance Clinic	35
MCMILLAN, Miss I.—" Emancipation of Children's Play-clothes "	37
SEYMOUR, Miss W. E.—Fernie's Progress	38
SMITH, Miss M. R.—" Why Nurses go Grey "	39
TAIT, Miss C.—Chilliwack Rotary Dental Clinic	40
TATE, Miss D.—" An Open Letter "	42
THOM, Miss A.—Health Pursuits in Revelstoke	44
THOMSON, Mrs. B.—Keremeos and District	46
TWIDDY, Miss M. A.—" Progress "	47
UPSHALL, Miss M.—" Mighty Oaks from Little Acorns Grow "	48
WALLS, Mrs. E. M.—Sayward	52
WILKIE, Miss D. W.—Esquimalt Rural Nursing Service	52
YAHOLNITSKY, Mrs. P.—" The District Nurse's ' Soft Job ' "	53
CULL, Dr. J. S.—Health Services under the Larger Unit of Administration	56

A SAANICH SONNET.

Have you seen Dr. Young's little column each month
Of the blessèd events in our midst?
Walter Winchell himself with his very best hunch
Couldn't ever foretell such a list!

The old stand-bys are there who produce every year,
Almost all of the Spring's blushing brides,
Though the lads of the Fleet many miles are from here,
They have added their quota besides!

Even people whose youngest are almost through school
Have their name on the baby-list now,
We should visit each one, but with programmes so full
For a time we just couldn't see how.

We started a clinic for pre-schools and babes,
Every month in a hall it was held;
With a Doctor and Nurse, snowy gowns and the scales,
And a rattle for infants who yelled.

Now the first afternoon was all spent on just three,
And the Doctor said, "Waste of my time."
At the second just one—what the Doc said to me!
Well, the next month the number was nine.

Twenty babies and mothers, some sisters and brothers,
A father who carried a twin,
Our last clinic discovered, said they'd bring the others,
Sure the Doctor was almost all in.

Dr. Young's little column so bad doesn't look,
And the blessèd events seem more blest,
When we find more than half in the new clinic book,
Its good fun to go after the rest.

NOTE.—The above was inspired by the true story of a clinic we started in one part of the District last December. In six months the attendance has increased from two or three to over twenty.

JENNIE HOCKING,
Saanich Health Dept.

PUBLIC HEALTH, LADYSMITH AND DISTRICT.

This district comprises a rather extensive school programme; there are nine schools (752 pupils) taken care of and, with the exception of the local high-school pupils (99), the youngsters are all weighed and inspected each month, weight-cards being given to all pupils 10 years of age and under; this brings in the first five grades. The local high-school pupils are weighed and inspected twice a year and as occasion demands.

I find the weight-cards a valuable contact between pupil and nurse; any constant loss of weight or resistance to gain is found in this way, and I feel it has much to do with the lessening of colds, as the old stand-by, cod-liver oil or its equivalent in some form is being looked upon with a real usefulness; also early and regular bed-time habits on school nights is stressed as a most important factor in keeping up the avoirdupois. This system is put up to the pupil for trial and together we check up the result.

With the exception of the receiving class and new pupils, the annual medical examination has been discontinued at our local schools, it being felt that demands were being met by the Public Health Nurse, in whose responsibility lies the referring to the Medical Health Officer or private physician of defects noted for correction.

I feel that much can be accomplished with home-school visiting. The importance and method of the check of contagious diseases can often be better stressed when entering the home for another reason; the mother's mind is not so distracted as when fighting a hazard and she listens with interest, discussing points that have been misunderstood by her.

We were fortunate this year in having dental work done of which we were sadly in need. Sixty-eight clinics were held to cover the work of the public school; could this branch become an annual work, much time and expense would be saved. I think a system of raising funds towards the cost might be covered in the same way as the public interest in the school sports fund.

Our Grades V. and VI. girls recently had the honour of bringing home the shield for the Girls' Choir at the Nanaimo Festival; this shield has previously been carried by a group for four successive years. Great credit was due the teacher who trained them, and I feel she was also assisting in the aid of the health programme, since without one we cannot have the other.

The six districts taken care of in this territory have from one- to four-roomed schools, the greatest distance being 16 miles north-east of here. A system of hiring transportation was in vogue when I came here; this was satisfactory, with the exception of considerable waste of time, as it meant a wait for either the driver or myself when I had finished at the school, also a double journey was covered. Later on I purchased a car, the Department making an allowance towards its upkeep, and I am now using the car full time as satis-

factory work could not be carried on here without means of transportation. I make it a rule as often as possible to call on an absentee the first day from school.

We are proud of the fact that we have had control of scarlet fever three times within the past three years, each case not spreading beyond inception.

Well-baby clinics are held twice a month and we have infants that do us credit. Just now there are twins that chose January of this year for their birthday, and owing to the long spell of severe weather I have kept up a Monday morning visit with the scales. Bobby has already outgrown his shirt and with his shortened sleeves he greets me with a stretch quite pugilistic; Betty is the dainty maiden and both are behaving as infants should.

Travelling Tuberculosis Clinics are held three or four times a year and the response is good from those whom we suggest a check-up; other clinics are held at intervals.

This district has suffered considerably from the decline in mining activities during the past few years, but we are hopeful, however, of some change in conditions with the assistance of a logging company becoming interested in our locality. This is a most beautiful spot for scenery and climate.

E. G. ALLEN, P.H.N.,
Ladysmith, V.I.

PUBLIC-HEALTH WORK IN A DEMONSTRATION AREA.

The first year of public-health work in the Sumas-Matsqui-Abbotsford Demonstration Area has been one of intense interest. It was my first venture into work of this kind and it was the first public-health work to be done in the area. In the schools of Matsqui and Sumas there had been no medical examination of pupils for five years or more. I arrived in the area only a week after the demonstration had been begun under Inspector P. H. Sheffield, and my first meeting with the M.H.O., Dr. McDiarmid, after reporting a case of measles, was not encouraging, when he stated that there had not been an epidemic of measles for several years, and if a case or two had appeared in the district, nothing could prevent its spread.

The first task was to learn the geography of the district, which comprises 94,644 square miles, exclusive of Huntingdon Village and Straiton (unorganized territory), giving us both highland and lowland and many rough, hilly roads to travel. The Inspector took me to the schools and introduced me to each of the forty-seven class-rooms in such a way that any fear the children might have had of a School Nurse was completely dispelled. The attendance at many of the schools was low, due to an absence of parents and, in some instances, of pupils at the hop-yards. The hop-yards brought our first problem. A few cases

of measles seemed to have originated there and as the people returned to their homes cases began to appear in all parts of the district. However, epidemic proportions were reached in only one school. Then chicken-pox appeared and the odd case of whooping-cough.

One of our principal difficulties has been to educate the public to the need for isolation of infectious cases. When some children were sent home from school with chicken-pox or measles, the parents did not hesitate to take them visiting over the week-end. By addressing meetings of women in all parts of the area, by explanation, persuasion, and occasional threats, we managed to convince the public that children sent home from school with one of the diseases should be kept home.

By Christmas-time the fear of an epidemic seemed to have vanished. At that time we had only a few cases of rubella in the district, and it appeared that the New Year would see us free from preventable diseases. We had not reckoned with the Christmas festivities, however.

A few parents seemed unwilling to keep their children home from the Christmas-tree entertainments and by the middle of January rubella was rampant. The attendance of pupils at school was greatly reduced and for a period of two months nearly 25 per cent. of the teaching staff were away with rubella. During the epidemic twelve cases of scarlet fever appeared in different areas, necessitating a thorough check-up of all absentees and suspects; 244 visits were made!

Last October a medical examination of 1,485 children was begun and at the same time Dr. Quinn was engaged to make a dental survey of the pupils. These examinations have been productive of much good. The medical examination brought the pupils' defects to the attention of their parents. The dental survey revealed such an astonishing percentage of defective teeth that a dental clinic became imperative. The clinic was begun in January. Two dentists at Abbotsford work four one-half days each week and two dentists at Mission work two one-half days each week. Because many of the pupils are brought to their school in buses, it was necessary to convey children to the dental clinic by means of the same buses. From ten to twelve pupils are brought in each morning to Abbotsford. They are taken to the Inspector's office, where they do school-work, read library books, and otherwise employ their time usefully while awaiting their turn in the dentist's chair. At Mission five or six pupils are left in each dentist's office on the mornings when the clinic is operating.

These activities have been received with great appreciation by the people of the area. Many times parents have said how pleased they were to know that sanitary conditions have been improved by the installation of paper towels and toilet-paper, which formerly was supplied to only three or four schools in the whole district. Poor drainage systems which were contaminating wells have also been promptly attended to. A number of undernourished children have been supplied with milk and have shown marked improvement. Every day, by telephone or by letter, requests are made for visits to the homes

of pupils who are ill, and the public seems to be heartily in accord with the work that is being done. The home-visits are extremely important in an area such as this, where so many families on small holdings are on relief. Many of them hesitate to call a doctor because of their inability to pay him. In many cases I have been able to point out the need for immediate medical attention in critical cases.

Without the friendly assistance and support of the people of the district the results we have been able to achieve would have been impossible. The help and co-operation of Inspector Sheffield and Miss Robertson, of the demonstration staff, have been invaluable and my work has been considerably simplified by the elimination of four School Boards. The Women's Institutes, Parent-Teacher Associations, and the Welfare Association have given whole-hearted assistance. The doctors have always been ready with advice and assistance in emergencies. The hospital staff, under the kindly supervision of Miss Archibald, have helped in so many ways. The Municipal Councils, too, have given support and assistance that has been invaluable. Altogether, the help and support that has been forthcoming from the people of this area have been most encouraging and bring conviction—if that were necessary—that public-health work is certainly worth while.

J. M. ARNOULD.

COOMBS AND DISTRICT.

Coombs, Hilliers, and Errington Districts have been under my care since August 1st, 1935, but it has not taken me until the present time to realize that the advice which we were given during our Public Health Course—namely, "that one must not be discouraged if the results of one's efforts are slow in coming to notice; that one must be satisfied to reach a single objective at a time"—is not to be taken lightly.

I admit that at times I have been rather downhearted. Parents have been rather difficult when approached concerning the administration of vaccine or toxoid to their children. My authority in certain school-nursing matters has been questioned. Criticisms have had to be dealt with tactfully yet firmly. But I have had very fine co-operation from my local Nursing Committee, and I am not at all discouraged. I feel that I have gained the confidence of the people in the district, and am sure that all my efforts to reach the main objective of public-health nursing are not in vain.

The programme carried on is a generalized one, the most important phase being school-nursing. Each school is visited twice a week, with a view to checking up on absentees. The teachers have been co-operative indeed, reporting any rash, headache, or other symptoms at once. There has been one case of German measles and two of chicken-pox in the schools, but these have been isolated in time to

prevent any spread of the infection. As the nearest hospital is 30 miles away, and as most of the people in the district are in very hard circumstances financially, correction of diseased tonsils and adenoids has been rather difficult to secure. We are very fortunate indeed to have the services of a dentist in the district twice a month, and it is most encouraging to find parents doing their best to afford dental treatment for their children. The Women's Institute has been very helpful in supplying suitable school clothing for the children of larger families. A Little Mothers' League branch has been formed here and all school-girls over 10 years of age have attended the classes. The mothers have been very appreciative of this service for their girls. The Little Mothers, in their turn, have shown deep interest and willingness to learn "How to save the babies." The boys, of course, must not be left out, so I have started to take first-aid classes with them in connection with the Canadian Junior Red Cross branches here. All the school-children are weighed and examined once a month, particular stress being laid on regular gaining of weight. The poverty of the district, along with the ignorance of mothers in matters of diet and good home-management, is greatly to blame for several cases of malnutrition. However, I am succeeding in making the children "weight-conscious," and this, with the addition of a few helpful hints to parents and the use of current health-literature, is proving successful in clearing up the condition.

Pre-school children and infants are visited once a month and examined. It is one of my chief ambitions to start a pre-school and infant clinic here. But several factors appear to prevent me from carrying on. It is about 12 miles from one end of the district to the other. The only means of transportation is by car, and cars are so few and far between and volunteers are so scarce that it is impossible for mothers to bring their small children to a central clinic. But I am doing the next best thing. I am starting a weighing-station in each of the three districts, once a month. The first one we have just had proved quite successful. The idea is being met with much favour from parents. The prenatal work is being carried on by home-visiting.

I have several things in view for the coming year. Perhaps I may be able to go ahead with the idea of a pre-school and infant clinic. Certainly I am not going to give it up as a hopeless business. I would like to take classes in home-nursing and hygiene. All the school-children are anxious to have instruction in first-aid to the injured, and they shall have it. I would like to meet with parents, perhaps once a month, to discuss health matters of common interest. There is much to be done, and I am full of hopes that, in the coming months, my programme may become more and more complete. I am sincerely thankful for the wonderful encouragement and help I have had from Dr. Young, for, without that, the way would have been much more difficult.

So again I say I am not discouraged or yet disappointed! If the future of public-health nursing in this district holds as much oppor-

tunity as the past has revealed, all will be well and our objectives will certainly be reached!

I. CHODAT,
Coombs.

TRANSPORTATION NORTH OF THE PEACE.

The means of transportation for the Public Health Nurse has always, I believe, been a bit of a problem, especially in a rural district.

The question is how to get the nurse conveyed to and from her work, be it patients, schools, clinics, etc., with the least possible expenditure of money, of her time, and of her energy.

There are, of course, many ways she may travel—from aeroplane to snow-shoes—but not all equally practicable. The means of transportation has to be suitable to local conditions, and usually the cost of maintenance is of vital importance.

If it is financially possible, of course, a small car is the ideal; that is, when climatic and road conditions are equally possible.

I have now worked north of the Peace River for five years, and have travelled to my patients and to very scattered schools, etc., in very many different ways.

At first there was the old Ford car, lent to the nurse "for the duration" (of the car!). "Eliza" was a faithful old car, even if not much to look at. She certainly lacked many things that the average car is expected to possess; but she had a wonderful engine (so every one said) and a very willing spirit, and altogether a nice disposition. Many a time she was left in a mud-hole or astride a stump while I journeyed on to my patient on foot; but she was useful on the roads and saved much time. The horse was used for the trails and more difficult trips, and during the many months of the year when "Eliza" was snowed up or laid off on account of mud. Of course, she was an expense to run, with gasoline at 50 cents a gallon; very shaky and bumpy to ride in; also draughty after the glass in her wind-shield was bumped out, and dreadfully noisy, but there were many regrets when she finally gave up the ghost. Her engine now saws wood in Fort St. John, while her body, converted into a sort of buggy, is pulled around by horses! How the mighty have fallen!

After the demise of the car I stayed steadily with the saddle-horse, varied by "Shank's Mare," except when I was fetched to a patient, when I travelled in a diversity of rigs—from a stone-boat to a dog-sleigh, including a hay-rack, a grain-box wagon, a home-made cutter, a comfortable heated caboose, a bob-sleigh, and many others.

Generally speaking, the roads have improved in the last few years, making transportation easier; but there are still parts of my district almost impossible to get at, except in winter, on account of the muskegs. The steep hills with their winding, precipitous roads pre-

sent a very real obstacle to easy and safe travelling, especially after a Chinook, when the surface becomes glare-ice. Taking a patient to a hospital over such a hill is quite a difficult procedure and requires real team-work.

At one time, transporting an old lady with a dislocated shoulder, we made a safe journey down an icy hill by several men going ahead early in the morning with picks and cutting a groove in the ice to take the sleigh runners at the most dangerous points, while another man riding a steady sharp-shod horse was hitched on behind the sleigh to act as an anchor and hold it from swinging around. It was rather a perilous ride, but, fortunately, the patient was the least concerned of the party, and we reached the bottom safely and thankful. The hill on the south bank of the river was less icy and more easily navigated.

Riding horseback when the temperature is very far below zero is a cold business, and then, if time permits, I prefer to walk. At present I am considering training my two dogs to pull me on a light toboggan. With such a small team I could not expect to go far or over bad trails, but they might manage my hundred pounds on good trails, and it would be decidedly warmer than perched up on a horse.

Of all the many ways I have travelled to visit a patient, perhaps the most unusual (and undignified) was on hands and knees.

Hearing that there was a sick child on the other side of the lake, I left my unshod horse at the house I was visiting; I proceeded to walk the odd half-mile or so across the ice, as advised, instead of going 2 or 3 miles around. For some little way out from the shore the ice was comfortably covered with snow, but out in the wind-swept centre it was plain well-polished ice and I found myself sitting down suddenly every few yards. Finally, in desperation, I took to my hands and knees and crawled across the lake nearly to my patient's door.

Surely there are many ways for a nurse to travel her district!

MURIEL CLAXTON, R.N.,
Cecil Lake, B.C.

BABY-WELFARE, FORT ST. JOHN.

Baby-welfare work has its basic principles that apply in any conditions, but which must be adjusted to the local surroundings. This has been impressed upon me in this field of work here in Fort St. John.

Fort St. John, in the Peace River Block, is what might be called one of the last pioneering districts. This area is sparsely populated, with log cabins miles apart. Most of the inhabitants are farmers who left their land in the Prairies to try to make a living in this new country. The average length of their residence here is about four years. Needless to say, the homesteads are not very well developed and the farmers are far from rich. Fort St. John, consisting of a

row of false-fronted stores, log hotel, post-office, and a few dwellings, is the centre of this district north of the Peace River.

We are fortunate in having two doctors, one a resident physician and the other the Indian Agent, and a very well-equipped Roman Catholic hospital. The doctors visit the outlying districts only in a case of emergency, and the people, because of the long distances, do not come in for medical attention. We are trying to bridge this gap through the efforts of the Peace River Health Unit. Baby-welfare work is an important branch of this programme.

Owing to the fact that these homes are scattered and travelling conditions are poor—horses being used many months of the year—it is impossible to visit all the babies each month; thus the establishment of baby clinics was imperative. The Women's Institutes of the various districts proved a great help in the organization of this work. They were appealed to and took up this work eagerly and as one of their projects. This enthusiasm or community spirit, by the way, seems to be the main characteristic of these people. On this trait much of the success of the clinics depends. The farmers will go miles to the pie social; any community event, however simple, seems to have a great attraction for them.

As it was not convenient for the doctor (who was to attend these clinics) to leave Fort St. John, the clinics had to be started as weighing-stations. It is hoped that a doctor will be in attendance at future clinics when the snow is gone and the trips to the outlying districts can be made in one day instead of several.

The day that the first clinic was held the thermometer registered 25 degrees below zero. Luckily, this was warmer than it had been for several weeks, when it had been ranging between 40 and 60 below zero. Even in this cold weather the mothers and children bundled up and came by the cutterful to the church hall where the clinic was held.

The routine of the clinic is much like that of any other baby clinic, with its weighings, measurings, and advice. The value of cod-liver oil was preached and this food was dispensed to babies where it was impossible for the families to provide it. Orange and tomato juice were spoken of, but as oranges and tomatoes are unobtainable here in the winter, and in season are so expensive, turnip-juice has to take the place of these in many cases. Canned juices are too highly priced for general use.

The babies are, on the whole, very healthy, and mothers are healthy from an outdoor and thus more normal life. The babies are given a good start in the prenatal period and are helped through the first months by breast-feeding. Isolation cuts down the danger of infectious disease tremendously. To reduce this danger to its minimum, however, the idea of vaccination and toxoid inoculation is being introduced. The vaccination-work has started and toxoiding is being planned for the near future.

In regard to pre-school work, much of the time is spent on food problems. The families in many cases do not realize the importance

of a properly balanced diet for the children. For example, it will take much work to teach them that vegetables should be grown in large enough quantities to be available throughout the winter. The defects found in this group, such as tonsils and teeth, will, we hope, be taken care of in the various school clinics.

The Health Unit has been functioning comparatively few months and infant-welfare work is just being established in this northern area. Since development in every line of community education is important, not only to the community itself, but also to the firm foundation of the unit, infant-welfare work as a branch of health education is not to be ignored in this district, where a great deal of work must be done to bring the ideas of preventive medicine to the people's minds.

NORAH CUNNINGHAM, R.N.,
Fort St. John, B.C.

ON ORGANIZING DENTAL CLINICS IN THE PEACE RIVER BLOCK.

A phone-bell broke the silence on one of Victoria's glorious August mornings in the middle of my summer vacation. Dr. Plenderleith, Business Administrator of the new Peace River Health Unit and Official Trustee of the district, wished to see me at his office at the Department of Education. Orders were to return to duty and organize dental clinics throughout the Peace River Block.

Two dentists were coming from the Coast for two months' duty. There are children scattered over a country that sadly lacks communication; perhaps one rural mail weekly and one phone in a district which must serve a very wide territory; transportation is always difficult; some of the districts and people I knew well, of others I had had only a bird's-eye view from passing in a car; every child must see the dentist and only two months in which to do the work—such were the thoughts that went through my head.

It was to the women of the Block that I turned for help. We are fortunate in having many well-organized Women's Institutes and other interested groups of citizens. They are to be congratulated on the splendid way they helped, not only by devoted service, but by the money collected in voluntary donations of 25 cents given to defray expenses.

The southern districts of the Block were zoned into five centres and we worked in empty shops, hotel lobbies, and schools, etc. Committees of women with their conveners were arranged for. Three members were on duty all day. They relieved each other, one member staying on till her relief knew how to do her job. One woman was secretary, another looked after the sterilizing and the instruments, and the third after the wants of the dentist and children. They also arranged that the staff was housed and fed. All equipment was

brought from Vancouver. The nurse in charge had to see that the clinic was set up and that supplies were on hand, including water, which is always a problem in this district, and also to supervise the various work being done by the women each day. She must also see that the children had transportation, and in many cases go after them herself. I found that my Chevrolet roadster would manage fourteen children with a little scientific packing in the rumble-seat. The programme for the next day had to be gone over to see that all would run smoothly.

Dr. Coghlan and Dr. Currie, our two overworked dentists, were marvellous with the children, many of whom had never seen a dentist and who were not, at their first sight of the man with his instruments, very much in love with him. However, they always left good friends, and in some of the difficult cases with an odd dime. There was only one child in the entire area that the dentists were unable to work on.

The following story was heard one day: Dr. Coghlan, who was working on a badly decayed 6-year molar of a rather nervous 8-year-old boy, said: "Now I am going to work in that nice little nest and drive out all the little bugs." "Oh," replied the child, "then I can run away in the nurse's big car" (it happened to be Dr. Cull's Ford V-8—his idea of a big car), "so they won't get in again."

It is of interest to note that the children of some of the districts had very bad teeth, and yet in some of the most isolated spots the teeth of the children were found to be in very good condition. Chewing on hard moose-meat may have something to do with having good teeth. It is thought that some chemical in the water may account for the bad teeth in certain areas.

The work in the northern district was done at the schools, about the same amount of work being covered in both north and south areas. I think that the conservation of the strength of and the nervous strain on the dentist should be thought about. Sleeping in strange beds every night, setting up and unpacking the clinic, and miles of travelling over bad roads, often after eight hours of hard work, should be carefully thought of by the organizing head.

In our most isolated places Mahomet had to go to the mountain. School districts nesting in the fertile valleys of the Peace River and surrounded by foot-hills were visited by boat. With Dr. Cull, Medical Health Officer, dentist, nurse, the school-children's examinations and dental work were done at the same time. Space does not permit me to go into the details of this very interesting trip.

Kelly Lake, outside of the Block, was reached by motoring 70 miles through Alberta in the snow, the party consisting of Dr. Cull, the dentist, and the nurse. It was finished up with a 10-mile drive over muskeg in a wagon that possessed no springs. We arrived at 10 p.m. at the home of Mrs. Ward, graduate of St. Michael's Hospital, Toronto. Mrs. Ward is doing our school-work there and her husband is the school-teacher. Unfortunately, the wire announcing our arrival had not been delivered. The house was in darkness when we arrived,

and most women who had a home consisting of one room would have been quite upset had they to provide extra sleeping accommodation for one woman and three men. Not so Mrs. Ward—she was kindness itself, and soon had hot coffee and a lovely meal set before us. Bed-rolls were made ready and we were happy and warm and soon to sleep. I would like my readers to meet Mrs. Ward, who is doing such marvellous work among the half-breeds and Indians. She is the only white woman in that particular area, but keeps the future of a new country always before her and sees the beauty of Nature and good in everything; a somewhat difficult philosophy to attain in a hard pioneering country conquering the last trails of the North-west.

The urgent need of this work to be done was well known to Dr. Young, Provincial Health Officer, the situation having been presented to him professionally, privately, and by an interested public. We have him to thank for making this great work possible.

The results of the clinic are many, and the good work can already be seen.

(1.) This year there has been a marked improvement in the attendance of the school-children, this fact being brought to my attention by the teachers themselves.

(2.) The children are taking more interest in the care of their teeth.

(3.) The nurses have not to contend with the child crying with toothache, miles from help in 40-below-zero weather and snow-drifted roads.

(4.) The people feel that something, to the most quite beyond their reach, was accomplished by the dental clinics for the children.

(5.) It made a pathway for the staff of the Peace River Health Unit to carry out prevention and health to greater goals.

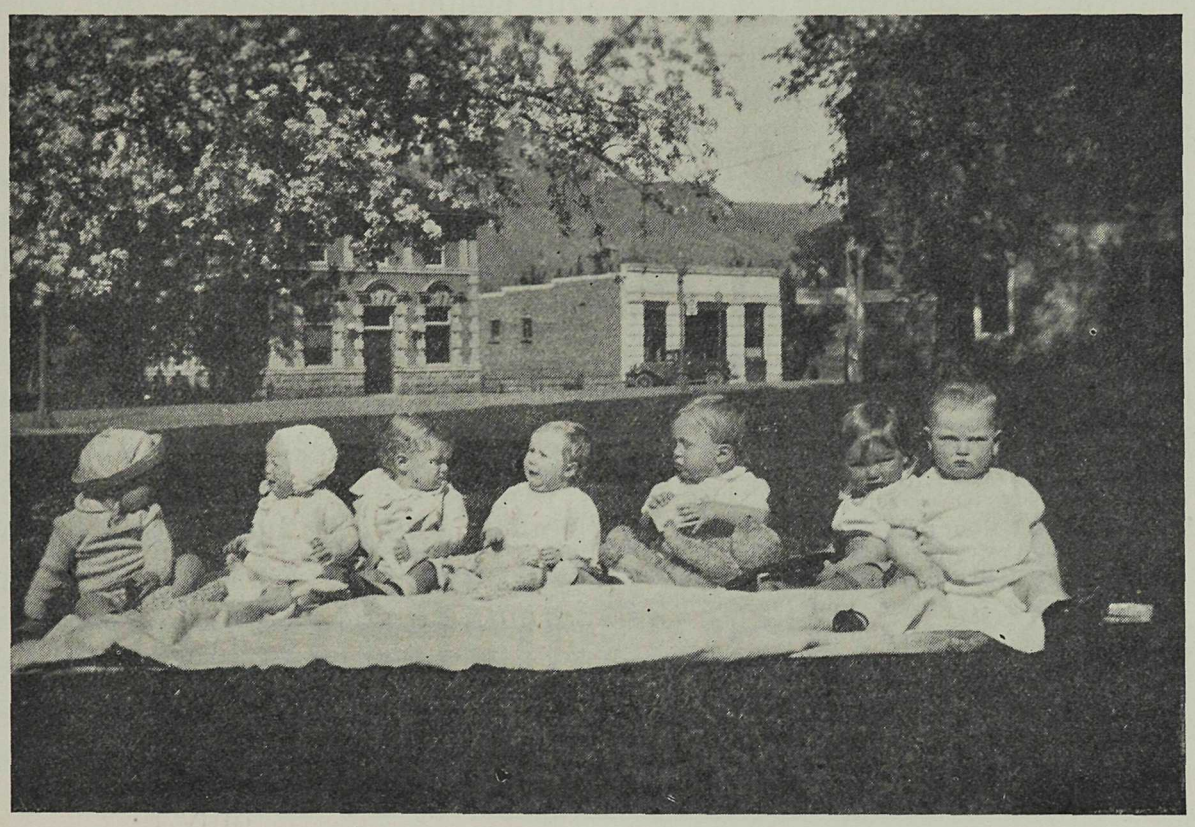
N. E. DUNN, R.N.,
Supervisor of Nursing, Peace River Health Unit,
Rolla, B.C.

SOME WAYS AND MEANS OF CORRECTING PHYSICAL DEFECTS AMONG THE SCHOOL-CHILDREN OF KAMLOOPS.

After writing so many articles for our PUBLIC HEALTH BULLETIN, one finds it difficult to continue annually with something of interest. However, I will tell you something of what we are trying to do to reduce our physical defects. Most of the parents who can afford to have these defects corrected now take the necessary measures. They are realizing, as never before, the far-reaching effects of the neglect of defective tonsils, teeth, vision, etc.

Six years ago I organized a Primrose Tag Day, the proceeds of which were used for our Dental and Medical Fund. This fund had

been used for the purpose of having defects corrected, of children whose parents have found it impossible to do so owing to unemployment. We formed an advisory committee to look after the finances, also to whom I could refer names of children needing treatment. My



Some babies attending Well-baby Clinic at Kamloops.

committee investigates every case most carefully. The children from the Lloyd George and Junior High Schools have assisted on our Tag Days; also we have had donations given to us, amounting to $100, roughly speaking. Altogether we have collected for this fund $788.71

Some mothers and babies attending Well-baby Clinic at Kamloops.

and have given assistance to ninety-eight children. Most of the defects corrected have been defective teeth and vision. This year alone we have corrected 64 per cent. of the defects. In 1925, 66 per cent. of the school-children had defective permanent teeth; in 1936 this was reduced to 10 per cent. Our school population is just over 1,000 and there are only ten children who need glasses. Most of these children have parents who can afford to buy them. Some day I hope we shall have 100 per cent. good vision.

In 1925, 32 per cent. of the children had goitre; in 1936 this was reduced to 5 per cent. For several years the Imperial Order of the Daughters of the Empire have provided us with iodine tabloids for all children showing any sign of goitre. I am pleased to find that this year twenty-five of our high-school pupils have shown very marked improvement, owing to the continued treatment which they have received during the past five years. Toxoid treatment has been given continuously since 1929 to the school-children. We have 62 per cent. of our children protected from diphtheria, and also hold a pre-school clinic and usually treat twenty children annually.

It is quite a grief to me that parents do not realize the benefits that are offered them free of charge. However, it is only by education that we can hope to build the future health of our race.

OLIVE M. GARROOD, R.N.

"AN IMPOSSIBILITY BECOMES A REALITY."

I think that I am just beginning to realize how much planning and thinking and talking and scheming is necessary before anything really worth while is accomplished. So many things around us which are functioning smoothly in our day, things which we take for granted now, have taken hours of careful study, and have had very perilous trips through the sea of public opinion.

It is over three years ago that we first mentioned to the people of Nelson the necessity of a pre-school and school dental clinic. Fully realizing ourselves the appalling dental conditions which existed in our community, we tried to convey to the public the need of dental work and to interest people in a clinic, the purpose of which would be: (1) Education of parents and children as to the need of dental work; (2) operative work for children of the indigent and near-indigent families.

However, a dental clinic was an impossibility. It was not just that we sensed the fact, but we were definitely told that it was. "It would cost too much." "It couldn't be organized so that it would work." "A dental survey had been done before and nothing was accomplished as a result of it."

And so each year we talked and planned and schemed. The need of dental work was becoming greater as the period of depression lengthened. The dentists co-operated to the best of their ability, but there seemed little to offer except extractions. Many of the children

had so many teeth extracted that they were unable to masticate their food properly. There were so many abscessed teeth and more than a few cases of acute rheumatism, which our doctors told us were due to infections of the mouth. There were so many swollen painful faces and so many notes from parents explaining that children were absent from school on account of toothache.

Dr. Young brought a ray of hope to our midst when he visited us last June and addressed a very representative meeting, explaining to those present the need of dental work and offering material assistance.

When the fall term commenced we felt that it would be wise to concentrate all of the time which we could spare from routine work on the organization of a dental clinic. We talked to the Women's Institute, the Gyros, and the School Board. Our first real assistance came from the Nelson Women's Institute, when early in November they voted money for the purpose of carrying on a dental survey.

Dr. Walley, a local dentist, was appointed to do the examinations, and it was one of the most interesting and conscientiously done pieces of work I have ever seen. The children were carefully examined and findings charted on the dental charts provided by the Department of Health. When the examinations were completed we heaved a sigh of relief, feeling that our work was nearly over.

However, we found ourselves faced with the problem of compiling a statistical report which would convey something to our public, and we found that the hours spent on the statistical end of the survey almost outnumbered the hours spent in actual examination.

We were not the least surprised at the results obtained. Doctors, dentists, and Public Health Nurses the Province over realize the appalling need for dental work. The public, however, was surprised. On the whole, people were aroused and genuinely interested. The local press devoted considerable space to the printing of statistical reports. Parents received cards with tooth-defects charted.

The School Board members became interested, and after the matter was discussed from every angle they voted that $1,200 be included in the estimates for the purpose of organizing and carrying on a dental clinic.

The Provincial Board of Health obtained the sum of $306 per year from the Department of Education toward the salary of a dentist and donated the sum of $1,000.

We are planning to commence work this fall. A committee has been chosen to obtain equipment and work out a policy for our dental clinic.

In reviewing the situation, it is gratifying to note that a dental clinic which seemed well-nigh an impossibility a short time ago is now well on its way to becoming a reality.

KATHLEEN GORDON,
Nelson, B.C.

PEACHLAND-WESTBANK.

Four months have passed since I was transferred to the Peachland-Westbank District. In that time I feel that I have learned something of the people, their needs, living conditions, educational background, and religious doctrines.

A generalized nursing service is required, so the many phases of the work must be considered and developed, each as an integral part of a public-health programme adapted to the needs of this community.

Prenatal instruction forms a good foundation for future health-teaching. In most cases the patient is confined in hospital at Kelowna, but some infants are born at home.

Infant-welfare and pre-school teaching is well received. Most of the mothers are anxious for advice and willingly bring their children to weighing-stations. This month we hope to have Dr. Ootmar, of Kelowna, with us at a well-baby clinic in Westbank.

With the splendid co-operation of the teachers the school-work is well begun, but there is yet much to do. Simple goitre is very prevalent amongst the school-children and with the consent of the parents we hope soon to give preventive iodine at school. Plans, too, are under way to form branches of the Junior Red Cross this fall.

When Dr. Lamb and Dr. Kincade visited our district during the first week in May, 155 of the 179 school-children were given the tuberculin test. Ten showed local reaction after the first dose and three after the second. Five of the total were Indians. At this time thirty-two pre-school children were tested and all found to be negative. Of the twenty-three young adults, including teachers, twelve showed positive reactions. In the near future Dr. Kincade plans to follow up this test with physical and X-ray examinations of those reacting to the tuberculin test. This survey has stimulated a community interest in the present campaign against tuberculosis.

Bedside-nursing is necessary in a number of cases. Very often through this branch of the work interest is created in the nursing programme and those who were at one time antagonistic become loyal supporters of the nursing service.

First aid is frequently required, as we have no resident doctor in Westbank and the hourly day ferry service to Kelowna is discontinued at night.

The Indian reserve presents problems of its own. Superstition, old Indian customs, and a little knowledge of modern theories present rather serious difficulties. As an example, there is the Indian girl who had heard there were people ill at Westbank. When I visited her home she asked if every one was well, for she said: "You might bring the germs to us." An Indian lad with lobar pneumonia and a history of tuberculosis was seriously ill and refused to go to hospital, so was of necessity nursed on a very draughty floor. Yet the younger generation is beginning to accept a higher standard of health and will

seek advice and co-operate to a certain extent. Tuberculosis is the greatest problem of the reserve. Those suffering from the disease are undoubtedly infecting others. Yet what is to be done?

Sanitation, the disposal of refuse, safeguarding the milk-supply, etc., are vital problems of this rural area.

In Westbank and Peachland the general attitude towards public health is good. A splendid foundation has been laid by nurses who were here in previous years. With the hearty co-operation of physicians, teachers, members of the local Board, and other organizations, we hope to progress steadily, although slowly at times, towards our goal of good health for all.

MARY GOWEN, B.Sc.

MISSION AND MAPLE RIDGE DISTRICTS.

The " mills of the gods " seem to be grinding a little less slowly. One wonders how much faster public-health projects would be carried out if the " times " were as good as in the 1920's—with public interest aroused as it is to-day. Difficult times seem to be necessary to impress people in general—those who are impressed—with the advantages and need of preventive and scientific measures in the building of positive health.

Undoubtedly there is keener health-consciousness among the laity than there was ten years ago. There is also a greater appreciation of the authorized services available to the public and an increasing demand for them.

The information on health measures that has been given to people by press, air, across platforms, and in the homes is reaping a measure of harvest. In spite of the number on relief budgets and the larger number on small wages, there are fewer underweight children than there were before the " depression." Also there are in this field a smaller percentage of pupils absent from school because of illness other than communicable diseases or accidents.

As an example of public awareness, many have remarked at Father and Son banquets, " in almost every case the son was the better man of the two " (physically). They gave the credit to improved athletics and the greater attention to diet and hygiene, by which the sons have benefited. And, again, the very few times one hears of convulsions during baby's teething period these days as compared to those of mother's day, and the almost universal use of cod-liver oil for babies instead of teething-powders. While one less seldom hears that " Johnny's father and uncles had weak eyes or bronchitis " given as a reason for neglecting Johnny's need of glasses or medical care.

These districts have had rapid growth in school attendance. There has been an increase from 1,700 pupils to 2,400 in the past three or four years in the nineteen schools in an area of about 240

square miles of occupied land. In addition to the natural growth in receiving classes, many have come from the big city and the Prairie Provinces to our fair valley.

Unfortunately, the past winter's routine health-work has been hampered by communicable diseases, chiefly rubella and influenza, but with one good result: many people realize and state that there should be two Public Health Nurses here. This good luck, I really believe, may come in the near future.

There were " repeat " diphtheria-toxoid clinics in the one large centre which were well patronized. There have been inquiries for others as well.

Anti-goitre tablets are still being given to the pupils up to the sixth grade in eight schools. These are supplied by the School Board. Very few cases of enlarged goitre are found in these schools. Milk is also supplied by the Board to under-privileged children in these schools.

In addition to the four regular chest clinics held here by Dr. Lamb annually, a tuberculin-test survey is being conducted at present by this Travelling Medical Health Officer among the Japanese. There have been seven " new " active cases among their young men in the past eighteen months. The hope is that further clinics will soon be held for the rest of the population. These surveys are a great advance in preventive medicine.

There is also need for the application of mental-hygiene principles in our schools, where large numbers of children are almost surely going to find their social adjustments difficult in the coming years. We hope to do something along this line in the near future.

E. GRIERSON,
Mission and Haney.

" SELLING PUBLIC HEALTH " IN THE KELOWNA RURAL DISTRICTS.

The problem confronting every Public Health Nurse working in a rural area is that of " reaching " her public and placing her wares before them so successfully that they will co-operate with interest in her efforts to develop a public-health consciousness.

I will endeavour to present as briefly as possible some educational methods used to attack this problem in the Kelowna rural districts, a farming area of scattered communities of some 3,600 people, embracing sixteen different nationalities.

The continuous health education of the individual by personal contact in the home and school is, of course, second nature to the Public Health Nurse. Personal contacts in clinics also come in this category, but the more intimate personal relation established by the home-visit has been found invaluable, because parents will have con-

fidence in and listen to some one they know personally who is obviously interested in the welfare of themselves and their children.

Education of the public in the mass has been attempted by means of lectures given to many different types of organizations and gatherings—by health exhibits, by health talks in the schools, and by the wide and free distribution of suitable health literature.

The annual School Health Cup competition staged between ten rural schools has been an educational force of a somewhat different nature, arousing keen interest among school trustees, teachers, parents, and children in the health conditions in their own schools. The graded results, embracing every phase of personal hygiene, school sanitation, interest in and response to health education, are fully written up by the School Nurse in an annual topical report, in which she also endeavours to present in an educative and interesting manner every phase of public-health-nursing activity carried on in the communities and schools.

This report (which has grown through the years to a mimeographed booklet of some twenty-one pages) is sent to representative school trustees and other key people in the districts, and is discussed at the annual meeting of the Kelowna Rural Schools Health Association.

Personal interest in child-welfare work has been aroused locally by enlisting the aid of Women's Institutes and other interested persons in the organization and operation of well-baby and pre-school clinics. Clinic work in general has been a prominent feature of the development of the educative, preventive, and curative programme of public-health nursing in the rural areas, as the summary of results at the end of this article will show. All clinics are attended by the Public Health Nurse; those of a preventive nature and well-baby clinics by the district Medical Health Officer. Such clinics held in their own districts are an effective means of coming into personal touch with rural residents. Well-baby clinics especially, where refreshments are served by the Women's Institutes, are really pleasant social and educational gatherings.

Results of Health Education.—The result of seven years of intensive personal and mass health education has been seen in the response of parents and teachers to requests from the Health Service for consent to active immunization of school and pre-school children against scarlet fever, diphtheria, and smallpox; to goitre treatment in the schools, and, most recently, to tuberculin-testing of school-children. Too much appreciation cannot be given to those teachers in the rural schools who have placed before their classes the need for such protective treatments, and have themselves administered iodine for simple goitre prophylaxis, standing behind the Health Service with valuable moral support in their own school-rooms. The teachers have also impressed continually upon the children under their care the need for personal hygiene, and brought before their School Boards the need for

necessary improvements in school sanitation pointed out by the School Health Service.

Some of the practical results of health education may be summarized as follows:—

(1.) Ninety per cent. of 700 rural school-children in ten rural school districts actively immunized against diphtheria, or Schick negative; 50 per cent. of 380 pre-school children on register actively immunized against diphtheria.

(2.) Eighty-eight per cent. of rural school-children vaccinated against smallpox; 48 per cent. of 380 pre-school children on register vaccinated against smallpox.

(3.) Simple goitre reduced in three years in the schools from 66 per cent. to 25 per cent., due to the administration of iodine by the teachers with the consent of parents.

(4.) Ninety-six per cent. of 736 school-children tested with the tuberculin test with the consent of parents.

(5.) Gradual improvement in school hygiene and sanitation as shown by the increasing percentage of points gained yearly by individual schools in the School Health Cup competition. In 1932 the lowest school gained 54.4 per cent. of possible maximum; in 1935 the same school averaged 75 per cent. of a possible grading of 1,200 points.

(6.) One hundred and thirty-two rural well-baby and pre-school clinics, sponsored by Women's Institutes, at which 876 children made 1,265 attendances.

(7.) Four hundred and eighty-nine free clinics of various types, preventive and curative, at which 3,691 adults, school-children, pre-school children, and infants made 8,526 attendances.

On consideration of the above summary of results, it would seem that methods used to " sell public health " to residents of the Kelowna rural districts during the past seven years have resulted in a greatly increased interest in and understanding of public-health aims and objectives.

ANNE F. GRINDON, R.N.,
Kelowna Health Unit.

CONTROL OF COMMUNICABLE DISEASES.

Last May two cases of chicken-pox from one family developed in two class-rooms of Grade I. and two pupils. Previously, when this happened, I inspected classes frequently, excluding any further cases which developed on school-days, and, if I could not contact the parents, hoped that nothing would happen over the week-end. This time, however, I expected the contacts of these cases to develop the disease on days which included Thursday, a school-sports day; Friday, the May Day Festival; Saturday, the children's ball; and the Sunday. There were seventy-five contacts and it was a big task to notify the parents of those children personally. I decided to make use of the

mimeograph equipment at the school and notified the parents by forms which were delivered by the children who were contacts. Eight cases of chicken-pox developed during the holiday, but each one was recognized in the initial stages and no other cases developed from contact with those eight cases. Instead of being alarmed, parents were extremely co-operative and pleased that they had discovered the disease at the first symptom and that they had prevented other children from contracting it.

Since then I have distributed mimeographed information occasionally, stating what diseases are likely to occur, describing the symptoms, and giving instruction about the procedure if anything develops. Parents are always notified if there is known contact at school or anywhere else, and if a family contact is excluded, the mimeographed form is also given as part of the instruction at the home-visit for further reference.

After a year's experience with this method I find that parents are grasping knowledge of the diseases and are co-operating splendidly. Class-room inspections, etc., are continued, but are not as profitable as before.

It is gratifying to have parents realize that a cold may be the beginning of a communicable disease and to have their co-operation at that stage in the development of, for example, measles. I now consider these forms an indispensable part of the education and control of communicable diseases.

M. HARDY,
School Nurse, West Vancouver, B.C.

ADVERTISING—A PUBLIC-HEALTH NECESSITY.

In speaking of advertising public health, let us dwell for a moment on the word "advertise." What does it mean? According to a text on "Modern Business," advertising is an announcement to the world, telling the people what it has to offer. It is an invitation to get acquainted. If it is successful it is a contact that opens the way to permanent friendship, for it radiates friendly fellow-feeling.

Let us apply this to public health. By means of advertising it, we are giving the public an opportunity to be better acquainted with our work, we are making contacts, we are paving the way to permanent friendships, and we are radiating friendly fellow-feeling.

One can readily see why people, being acquainted with any particular type of work, and therefore possessed of a greater understanding of its value, will rally to the cause. Equipped with knowledge of public health, people will put forth a good deal more effort mentally and physically to support it, and it is that added support that we are striving for.

Advertising is a form of education. In all phases of life the task of education must go on year after year—repeating the same

processes. For instance, the multiplication table may not change, but there is always an army of new pupils who need to learn it, and sometimes an army of old pupils who have forgotten it and need to learn it again. Repetition is necessary to assure a permanent place in the memory. Every Public Health Nurse knows how very true this is. In health it is necessary to repeat the same lesson over and over again. If we advertise the lesson we are employing only one more way of putting it across and forming a permanent place in the mind of a person.

Again, advertising is a tremendous force in the life of a people. It is a vital factor in the building-up of any enterprise. Look, for instance, at magazines, newspapers, sign-posters, neon lights. A manufacturer cannot afford to let the public forget his products for one moment. So it is with public health. One must constantly strive to keep the value of this work ever before the public eye.

Moreover, advertising is a force made to overcome barriers of inertia. By this one does not mean that we are displeased with health conditions in our Province. Far from it, but in almost any work there is room for improvement and any effort put forth to further this improvement is of great value. By advertising public health we can mould public opinion by changing old habits and beliefs, by planting new ones, and by overcoming prejudices, and hence lay the foundations for a healthier future.

We are the lights of public health. Let us not hide our lights under bushels.

GERALDINE HOMFRAY, B.A.Sc., R.N.

" RELAX."

In this accelerated day of hectic dashing back and forth from case to case, from school to school, from confinement to confinement, from rubella case to rubella contact, the art of relaxation is almost lost. It is typical of human nature that sight is lost of the things most needed and which are closest to hand. Relaxation is one of these near-by remedies—and how we need to make use of it!

While physical relaxation is a matter of will-power, a matter of just stopping occasionally to get some extra sleep, mental relaxation seems to be more elusive, and to a group of nurses it seems hardly necessary for me to emphasize the value of this capacity for which most of us long and which few have achieved.

In my humble opinion, however, the ideal way to relax is to have outside interests—anything that will take us away from nursing and things that " pertain thereto "—either a *Hubby* or a *Hobby!* I have not tried the former, but I can certainly vouch for the benefits and pleasures of the latter.

A hobby, so I have found, is a path by which one may wander to green fields far removed from the sick and their troubles; where

for hours at a stretch one can create fascinating objects out of materials, and exhibit them later for the pleasures of others. For instance, take china-painting, photography, drawing, etching, gardening, leather, wood or copper work—any of them will lead you off into another world of enjoyment entirely apart from the nursing sphere. A change is as good as a rest, so they say!

These side-lines, or lanes, lead to the development of unthought-of talents, and are not to be compared with various forms of exercise and sports, such as horseback riding, tennis, etc., that lead to nothing but physical prowess. Not that exercise is being condemned in this article—far from it; but it is being contrasted by the satisfaction which a creative urge produces and the tangible results which ensue. After all, it is an achievement to be able to produce unusual gifts for various members of the family at Christmas-time, and the emergency gifts for Aunt Susie's birthday or sister's wedding!

Being a group of nurses—and women—I don't suppose many of you have ever considered photography as an outlet; and yet it is true that most of the outstanding work on exhibition in photographic salons is the work of women.

This particular hobby is one of the most fascinating escapes from Mrs. Jones and her family troubles. To shut oneself up in a dark room and watch the miracle of a picture develop before one's eyes is really a thrill. Besides which, when the world and everything in it is viewed with the one idea of getting interesting pictures out of it, it is surprising what one sees! Then, too, the casual snapshot of a scenic spot will produce a pictorial effect suitable for exhibition if the right portion is picked out and enlarged—the enlarging process being the most intriguing phase of the whole art. One could go on indefinitely with the latent possibilities of this particular hobby, especially when the secrets of colour effects and filters, shadows and angles, worm's-eye and bird's-eye views are explored.

The value of china-painting is more self-evident because all women have a sneaky regard for nice china, and the pride of being able to exhibit china of one's own painting at any tea-party is quite justifiable.

Drawing and etching too. No, it's no use saying, "I never could draw a straight line at school," because you really don't know *what* you can do until you try. I have proved that theory over and over again, even to drawing and painting!

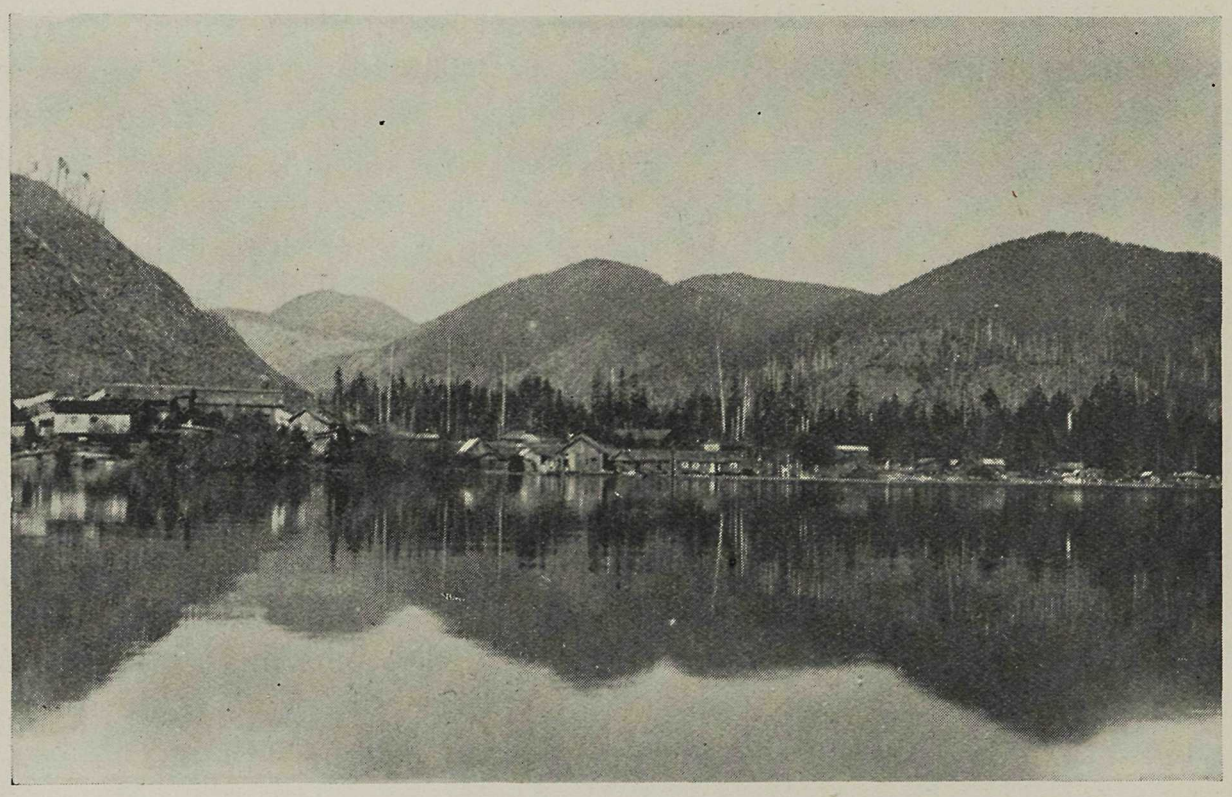
And so I leave the subject for your consideration. By all means dig up something different to do in your spare time that will take you far enough away from nursing or social-service work and give you a new zest with which to attack your evening's activities.

BERTHA JENKINS,
Saanich Health Dept.

"A DAY IN A LOGGING CAMP."

Tuesday comes around again and preparations are made to pay the weekly visit to the logging camp across the lake. Having filled my nursing-bag with all manner of things, I also arm myself, on clinic days, with those cumbersome baby-scales—frame, tray and all.

The first problem is to persuade the worthy boatman to be ready to start on time. Having located this elusive person, we repair to the launch, which is probably tied up at the store float. We then go aboard hoping that the engine will start and, what is more important, will keep going until we have covered the 7 miles up and across the lake.



Camp Six, Cowichan Lake. View 1.

We start our journey and, if the weather is calm, one can settle down to enjoy the scenery for about an hour. The lake, which lies east and west, is about 18 miles from Duncan, on Vancouver Island, and runs for about 22 miles. From the water's edge the mountains soar high above. Numerous bare patches, where other logging camps have been located, show up on all sides. Away in the distance, snow-capped mountain-tops are clearly visible against the sky.

Slowly we chug up the lake, passing the big lumber-mill on our right, until we pass between two tiny islands, and there in front lies Camp Six. The accompanying snapshots may give some idea of the setting. The general impression is of a collection of many weather-beaten frame buildings clustered about the narrow shore, with numerous float-houses oozing out over the lake.

Here in this restricted area live about ninety families, with about 200 men working in the woods several miles from camp. The houses, which are typically lumber-camp abodes, are dotted here, there, and

everywhere. The office, store, and cook-house, as well as numerous bunk-houses and homes, are built on floats which must be hauled in or out as the lake rises or recedes. Woe betide the dwellers if they neglect to push their homes out as the water falls, for they must then maintain their existence at a most uncomfortable angle. Furniture, dishes, and even the linoleum on the floor will slide. Such homes are delightful in summer, but when the winter winds come the sensations are not at all pleasant, for, even after getting back along the floating walk to dry land, one continues to feel that monotonous motion of a water-tossed boat.

Camp Six, Cowichan Lake. View 2.

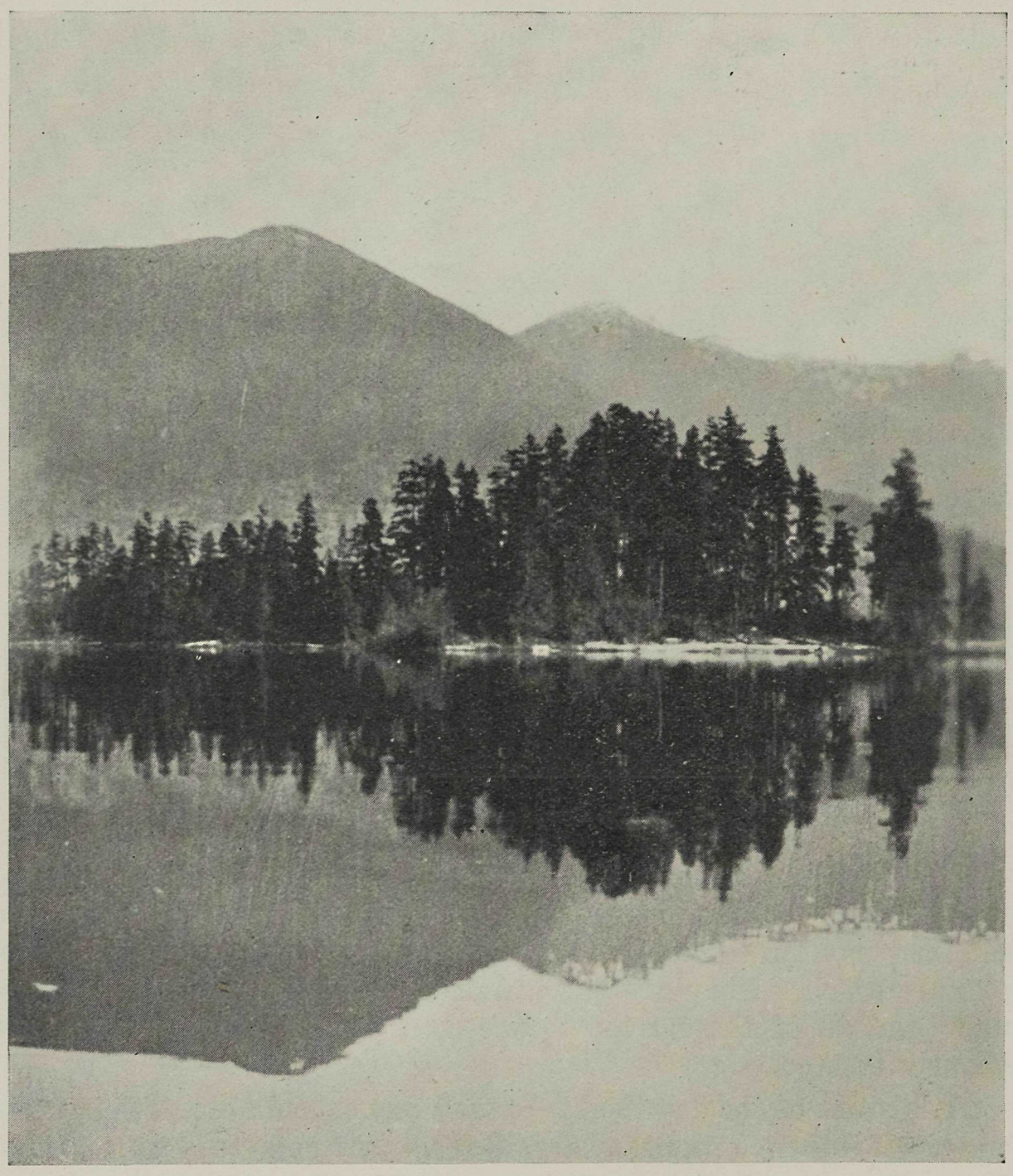
The first objective is the one-roomed school set in its "playground" between the many stumps. The thirty-five children are examined monthly or more often if necessary, and informal health talks are given. They are encouraged to show any ailments to the nurse, and all of these, even to the most infinitesimal scratch, are seriously treated.

The order of the day then is to visit any school absentees in their homes. If it is thought necessary, the cases are referred to the doctor, who pays a regular visit to the camp on Tuesday afternoon. After this it is usually time for lunch and this may be procured in the cook-house.

Every two weeks, from 1.30 to 3 p.m., a well-baby clinic is held in the home of the school-teacher. Here the babies are weighed and advice is given on general care and diet. On the alternate Tuesdays, or after the clinic is concluded, the afternoon is spent in making more home-visits. Such calls will include prenatal or post-natal work, infant or pre-school care, tuberculosis instruction, or,

in reality, anything or everything that can be done to further our programme of health education.

Sometimes there is the difficulty of language, for it is quite a cosmopolitan community, with Finns, Swedish, and Mid-European peoples predominating among our " new Canadians." This, however, is overcome by object-lessons or patient explanations, or, if these fail, an interpreter may be located.



Camp Six, Cowichan Lake. View 3.

All are very anxious to learn, particularly if the subject is the care of the new baby. This seems tangible to them, and such instruction forms a solid footing for a further entrance into the family for some other reason.

After a busy day of winding in and out by the very numerous footpaths and of walking " the ties," supper is enjoyed. The evening is spent in visiting about until the doctor is ready for the return journey—probably about 8 or 9 p.m.

With many a joke about the faulty boats, we climb aboard and are carried down the dark lake until we see around the point the welcome lights of the mill and the homes of Youbou.

HEATHER KILPATRICK, B.A., B.A.Sc., R.N.,
Youbou, B.C.

"PERSONALITY IN PUBLIC HEALTH."

What do we mean by the term "personality"? The dictionary defines the word as "personal existence or identity" or "distinctive personal character." We all know that neither of these definitions is adequate. "Personality" includes these and many more shades of meaning indefinable in even the best of dictionaries. It embodies our character and inherited mental make-up and is influenced by our every-day environment. The reaction of people we meet is their reaction to our personality.

How important, then, is the development of an attractive personality in our daily life, but how much more is it in public health. For public-health workers, be they doctors, nurses, or teachers, are virtually meeting the public constantly. The words "public health" embody this very thought; for it is the public to whom health is brought and taught every hour of the day or night, whenever the opportunity arises.

It is therefore absolutely essential that all contacts with the public should be pleasant and should be forerunners of further contacts. A pleasing personality creates a good impression. Such a one will be asked again and again for advice and will be sought out on many occasions.

A person who will make a good impression on the public does not mean a person who has a great flow of small talk. The ability to talk well is very useful, but it should be used with discrimination. A good talker is not uncommon, but a good listener is a much rarer person. Most people want to talk, but few want to listen. Perhaps if public-health workers would keep this as their motto they would achieve far more as regards their contacts in their work.

Character also comes with personality. A person may be charming to meet, but unless one feels that there is character behind that charm, one soon forgets or grows tired of that person. The public will have no confidence in a weak personality, no matter how charming. People want to feel the strength of will and purpose that should be found in a person to whom they will listen and obey.

Trustworthiness is the very backbone and foundation of personality. If a person is consistently reliable, mediocre work may be forgiven. Deception may seem the easier way out of a difficulty, but, applying an old tag, "You may deceive some of the people all of the time, and all of the people some of the time, but you cannot

deceive all of the people all of the time"; so why not save any trouble and be truthful always.

Were a personality to include all these—charm, character, trustworthiness—workers in public health would gain the confidence, friendship, and co-operation of their people far more easily and quickly than by any other means.

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

"MY FIRST FIRST AID IN THE PEACE RIVER DISTRICT."

Early September saw the establishment of our Health Unit here. I had only been at Pouce Coupe (I was staying there temporarily until I would be able to get to my own district over a river from which the bridges had been washed out) when I was asked to make a quick inspection for contagion over six schools within a radius of 25 miles. Aside from a general sense of direction, I had a very hazy idea of where these schools were, and at that time also I had very little idea of what muddy Peace River roads are really like. So I packed up my little kit and set out on what was booked for a two-day trip.

I shall spare you the details of the journey—that is not what I really set out to write about. Suffice it to say that I have found out after six months here that difficulties of travel and road conditions are the most popular topics of conversation. Everybody always has one better to tell, and I stored up a few treasures of anecdotes of that, my first trip of any length, that still make material for a brilliant participation in any bout of this nature.

On the second afternoon out, about 3 p.m., I arrived at and inspected the last school on my list. Duties over and school dismissed, the teacher and I sat chatting over her desk. She wanted to know all about the new Health Service, and I was especially interested to find out the best road—if any best road existed—back to town.

Glancing at her casually as we conversed, I suddenly saw a huge black spider enter her ear. Controlling an exclamation of horror, I asked her to sit still for a minute and let me have a look at her ear. I thought she might become frightened if I mentioned spider, so she sat there rather cool and astonished-looking while I peered into her ear. Only one wee bit of a black spider leg was visible! All the rest of Mr. Spider was already well out of sight within the ear.

"Now," I thought, "What shall I do; what can I do?—Why, my flashlight!" I am sure the inspiration came filtering through a few years of time from those first-aid classes back in U.B.C. How was it? Oh, yes. "If an insect is known to be in the auditory passage, flashing a light at the external ear will cause him to back out."

Quickly I ran out to the car, thanking my lucky stars for the brand-new flashlight with which it was equipped. I explained to the little teacher, who still seemed rather amazed at the proceedings, but who was a real brick, what it was all about and we settled ourselves as comfortably as possible for a session of flashing. Mr. Spider paid no attention whatever. The little teacher said she could not feel him there at all, and I began to wonder if his entrance into her ear had been an optical illusion of mine. All I could see was a tiny fraction of what resembled a spider's leg. Flash on, flash off; flash on, flash off. What else could one do? Should I fill the ear with olive-oil and chance it floating out? No; I was sure this light-flashing would work eventually.

We tried to carry on a conversation and found it hard to keep off the subject of spiders in ears! I wonder if she realized what might happen if the insect wouldn't come out. Suddenly I saw the leg wriggle, and Miss C. said: "Oh, I can feel him wriggle. Gee, he feels funny." I was glad to find her such a composed young lady. We had been carrying on proceedings already for fully forty minutes and it must have been a nervous strain for her.

Flashing continued for about twenty minutes more, with the leg continuing to wriggle provokingly. We were sure he was trying to wriggle back through the waxy entrance. Two legs appeared, and finally Mr. Spider himself, with a great rush, very subdued and waxy looking, and in an immense hurry to find other cover. I picked him off her outer ear in great glee. Nothing has ever given me greater satisfaction, and as a result of this little experience I am more than ever interested in first-aid measures.

I find many people have pet tricks all their own. Often valuable hints can be picked up. Even our Medical Director of the Unit has some seemingly rather odd theories *re* first aid. Just the other day he told me of a way to control severe nose-bleed when all other measures fail, with the use of a small piece of salt pork in the bleeding nostril. Now, who is going to try that one out?

RITA MAHON, R.N.,
Peace River Health Unit, Dawson Creek, B.C.

DENTAL WORK IN VERNON SCHOOLS.

One of the greatest achievements in public-health work in this district has been the improved mouth conditions of our school-children. We have here as fine a condition of good mouth hygiene and corrected dental defects, I am sure, as you will find in any school in the Province.

It has taken several years to achieve this; but if this standard can be maintained in the years to follow, I shall be satisfied with this phase of our public-health work here.

Our dental programme is a simple and, I think, a sound one, and if administered properly, one that can be carried on for an indefinite number of years. This is how we started it.

The School Nurse in her reinspection of school-children found an appalling lack of interest among some of those parents who could afford to pay for their children's dental work, and also revealed that there were many dental defects among the children of indigents who would never be able to have this work done, or probably not until it was too late to do much good. This condition was persistently brought to the attention of the parents of those children who, we felt, could pay for this work, but something had to be done for the teeth of the indigent child. This was before the days of Government relief.

I have always objected to raising money for this sort of work from proceeds of Tag Days, concerts, etc., as the publicity given to it in such cases would probably have swamped us with requests for assistance from many undeserving cases.

We wanted to start a dental fund, not anything spectacular, but rather in a small way, and gradually build it into something permanent, so we appealed to our faithful friend, the Vernon Women's Institute. Just at this time some Red Cross nursing classes were being held in the Province under the auspices of the Women's Institute. Part of the proceeds from these classes were to go to the Canadian Red Cross Society and the remainder to the Women's Institute. When the classes were finished and the proceeds distributed to the two societies, the Women's Institute here added to their share of the proceeds to make up the sum of $25 and sent it to me for our dental work. It was not a large sum, but it formed the nucleus of our dental fund. Some of our benefit societies and service clubs were interested and they too sent donations when appealed to for funds. This system continued for a couple of years. Then our School Board, recognizing the value of the work that was being done, included a sum of money for dental work in their estimates each year. It was not necessary to appeal for any more funds as the School Board still carry on this work as part of their yearly expenses. For the past few years this money from the School Board, together with the Provincial grant for dental work, constitutes our permanent dental fund.

So much for the financial side; now for the children. This service takes care of needy cases and assists with others when we think it necessary, and applies only to pupils in the elementary grades. We started with the receiving classes and the entrance classes, the beginning and end of our elementary grades here, and gradually continued our work toward the intermediate grades, until now we are able to include all the elementary grades during the year.

We pay particular attention to permanent teeth and mouth hygiene, and we try to do as much as we can each year with a certain sum of money, always keeping some in reserve for emergencies.

That is, we bulk the money and estimate the amount of work to be done each year, usually about seventy-five or eighty children.

This work is divided among our four dentists, and it is done impartially, regardless of age, nationality, or length of residence in the district. The only stipulation is that we must be sure that they are really needy cases and would not be able to have the work done in any other way.

This part of the work I take care of, and I find it difficult many times to decide just where to draw the line. I also make the first appointments.

The work is done as quietly and tactfully as possible. There is no public clinic; in fact, we do not call it a clinic at all. Too much publicity would ruin the spirit of our work, and might also lead to some unpleasant controversies as to whether cases are needy or otherwise.

But I wish to mention our local dentists, without whose hearty co-operation this work would have been impossible. They are doing a wonderful work—underpaid it is true; but nevertheless doing it well, and in this way making a wonderful contribution to the future health of a great number of our young Canadians. I am deeply grateful for their loyalty and support and thank them most sincerely for the many hours of free dental work that they have given to our school children.

ELIZABETH E. MARTIN, R.N.

"TUBERCULIN TESTS IN A CITY SCHOOL."

We have just completed tuberculin tests of 1,700 children and young adults in the City of Kelowna and the rural district. This was carried on by Dr. A. S. Lamb and Dr. G. F. Kincade, Travelling Medical Health Officers, assisted by Miss J. Peters, R.N., and Miss E. Pease, R.N. Since this is the first district in the Interior to be surveyed in this way, I felt that it might be of interest to other Public Health Nurses, who might be called on to organize a clinic, to have a brief outline of our trials and triumphs here.

In the first place, publicity is of prime importance. We sent detailed notices home to the parents about six weeks before the tests were scheduled. We had an explanation of the test in local papers and mimeographed notices of the same were sent to each home with separate consent-slips. If at all possible, I would suggest that you have a letter written by the doctor carrying on the test, pointing out again the difference between tuberculosis infection and tuberculosis disease, these to be given to all children whose reactions were positive.

Dr. Ootmar and Mrs. Grindon arranged the schedule for the tests in the city schools as well as those in the district. I have no doubt that this was probably the hardest work in connection with our preparation for the clinic. To have the schedule so arranged that the doctors were not at three places at once or completely out of work was quite an accomplishment. Each child must be inspected forty-eight hours after the first dose; all the children who were negative at this inspection receive a second dose of tuberculin, and they are again inspected forty-eight hours after the second dose. That means that the doctors must visit the school three times at two-day intervals, and if you have ten or twelve schools to be included

Tuberculin-testing at East Kelowna School.

you will realize the complexity of the schedule. Seventeen hundred children and young adults were tested and positive reactors were X-rayed and had chest examinations in three weeks' time.

If your district is to be the next " victim," try to allow yourself six weeks for preparation and publicity. Sorting and listing the names from consent-slips took three times as much time as the actual testing. As to the test itself, the two doctors and two nurses were such adepts that it took all my time to keep enough children in line to keep the doctors busy. Fortunately, this and keeping the records is all that is expected of you. To give you an idea of the speed with which the doctors and nurses worked, they gave the first test to 394 children in two and one-half hours. It might save you a good deal of time and energy if you have one list according to age groups as well as one according to grades, as I did. A duplicate copy would not be amiss, one for yourself and one for the doctor to keep; otherwise the doctor will borrow yours.

The following statistical report is complete for the actual testing, but to date I have not the reports on chest examination or X-ray.

Eighty per cent. of school-children in rural and city schools were tested.

Over 25.	Age.	0–6.	6.	7.	8.	9.	10.	11.	12.	13.
10	Total	24	24	65	51	77	57	66	57	72
5	Pos. 1	1	----	1	2	1	4	3	3	8
2	Pos. 2	----	2	2	4	3	3	1	7	5
7	Tot. Pos.	1	2	3	6	4	7	4	10	13
70%	% Pos.	4.1	8.2	4.6	11.7	5.1	12.2	6	17.7	18

Over 25.	Age.	14.	15.	16.	17.	18.	19.	20.	Total.
10	Total	79	51	34	28	13	14	2	724
5	Pos. 1	6	8	2	2	2	4	----	52
2	Pos. 2	3	4	3	3	4	2	----	48
7	Tot. Pos.	9	12	5	5	6	6	----	100
70%	% Pos.	11.2	23.5	11.7	17.9	46.1	43	----	13.8

(1.) Total children tested of that age.
(2.) Positive 1: Positive after one dose.
(3.) Positive 2: Positive after two doses.

MARION MILES.

THE CHILD-GUIDANCE CLINIC.

The first "child-guidance clinic" in Nanaimo was held in November, 1935. Suitable clinic-rooms were obtained from the United Church and consist of three separate medium-sized rooms which are upstairs in the Sunday-school hall. These rooms are quiet, well heated and lighted, and are ideal for such a clinic. It is necessary to have the three separate rooms because one room is used for the physical examinations, one for the psychometric tests, and the other room for Dr. Crease's consultations with the patient, parents, or relatives, as the case may be.

The first task in connection with the clinic is to decide upon the patients, who may be referred to the clinic by the supervisor of the schools, Mr. Towell, or by the teachers, doctors, Public Health Nurses, or by the welfare-worker, Miss McCrae. The patient may be a young boy who does not mix well with the other children and who probably has some nervous habits, such as biting his nails, sucking his fingers, or stuttering; or perhaps another child has been stealing for no visible reason at all; or the child may be a sexual pervert. These are a few examples of the cases which are referred to the clinic.

After the patients have been decided upon for the clinic, either Miss McCrae or the Public Health Nurse takes a social history of the case. The social history is made up of the family's understanding of the clinic; the personal history, including the development, health, habits, school-work, and personality of the patient; the family history, and an account of the home and home conditions. An explanation of the clinic is given to the patient and the parents are

asked to accompany the patient to the clinic. Besides this history, Mr. Towell has prepared a " personality rating test " to be used for these children. It is filled in by the child's teachers and attached to his social history. The personality rating test is made up in three main headings: First, attitude towards school-work; second, dispositional traits; third, social traits.

The clinic is held the first Wednesday of every month. Shortly before 9 o'clock on the specified day Dr. Crease, Psychiatrist; Miss Kilburn, Social Worker; and the nurse arrive and the clinic starts. The appointments have been made as follows; Two patients for 9 o'clock, one for 10.30, and the remainder for 2 o'clock. Six patients make a very full day. Dr. Crease and Miss Kilburn read the social histories and meanwhile the nurse arranges the necessary equipment for the rooms and sets up physical-examination room.

In the physical-examination room there is a large oak table, of which Dr. Crease is very proud. This table is most compact and was made in the Occupational Therapy Department of the Mental Hospital. It is used as an examining-table and in it there is sufficient room to store the writing material, pillows, sheets, instruments, etc. The nurse assists Dr. Crease when he examines the patient's eyes, ears, nose, throat, heart, lungs, takes the blood-pressure, performs the Babinski test; any laboratory tests or X-rays are done at the hospital later. The weights and measurements are recorded. During the physical examination Dr. Crease keenly observes the case for any abnormalities (such as speech difficulties) and nervous habits. He talks with the patient and makes him feel at ease, thus gaining his confidence. This examination takes approximately one-half hour. In a fairly large percentage of cases Dr. Crease finds abnormal physical conditions which may account for the patient's behaviour and problems. A case of hæmoplegia was found at one clinic which had existed for many years and explained the child's behaviour and the great difficulty under which he had been labouring.

While the physical examination is being done Miss Kilburn is studying the history and is now ready for the patient, who is taken into the room where the psychometric or intelligence tests are given. During the administration of these tests Miss Kilburn observes the patient's behaviour and how he attacks problems.

While Miss Kilburn is giving the psychometric tests Dr. Crease interviews the patient's parents separately and together. At the completion of the psychometric tests, which take approximately one-half hour, Dr. Crease then interviews the patient.

Later Dr. Crease and Miss Kilburn review the history, the results of the medical examination and the psychometric tests. The problems which are found are discussed and a plan is formulated for the patient's future regarding medical treatment, school, social life, and living conditions. The parents are again consulted and the patient's condition is explained to them, also the type of treatment he should receive. The parents and patients are most co-operative and these

heart-to-heart talks with Dr. Crease do a great deal. They co-operate with him to the best of their ability, and in many cases where the child is being over-protected these talks with the parents have done much for the child.

The clinic day comes to an end at 4.30 or 5 o'clock. Dr. Crease and his associates and the Public Health Nurses gather around the table and the findings are explained, the case discussed, and the treatment to be followed is outlined. The Public Health Nurses report on the progress of the former patients.

Last but not least, the valuable co-operation of Miss McCrae, Mr. Towell, the teachers, parents, and doctors make it possible to have a clinic such as this, and we are hoping that by starting with the children in the preventive work in mental hygiene we will have a stronger race, both mentally and physically.

MAXINE MORRIS,
Nanaimo, B.C.

"EMANCIPATION OF CHILDREN'S PLAY-CLOTHES."

Sweet-pea Festival, July 1st, 1936. To all residents of Duncan and the Cowichan District this means a showing of the finest sweet-pea blooms one can grow. In connection with this display a parade is held and what adult or child does not thrill to a parade.

The Health Centre received an invitation to enter a float again this year. This request brought forth the question of: What can we put on that will emphasize a health project as well as being colourful? Finally it was decided to call the float, "Emancipation of children's play-clothes in the past 100 years."

Having decided on the name of the float, it remained to collect the necessary material with which to work.

First of all, we needed to have a truck promised, so the owner of a local garage was approached and he was only too pleased to offer the use of a suitable car.

The next problem was: Could accurate information be obtained regarding children's dress of a hundred years ago? A letter was written to the Provincial Library telling of our project. In a few days we received a volume illustrating children's costumes since 1775.

The necessary information being obtained, it remained to find children who would be suitable. The teacher of the junior school came to our assistance by selecting seven of her pupils, the children being overjoyed to participate. In fact, it required great tact and diplomacy on the part of the teacher to decide who should enter.

A follow-up visit was then paid to the home to see if the parents were willing for the children to appear on the float, and it was a pleasure to discover that they were as keen as the little ones and all offered to make the costumes; even the fathers offered to assist with decorating the truck.

The children will be dressed in the following costumes: Bathing-suit of 1835 made of heavy striped cotton, high at the neck and well below the knees, will be worn by one of the children who will be standing beside Master 1936. This young man will feature a pair of swim-trunks and a good coat of tan. A second couple will be boys in play-suits. The boy of 100 years ago will wear long tight trousers, a frilly shirtwaist, bright jacket, and a bowler hat, showing a marked contrast to the play-suits of to-day. 1936 will be wearing shorts, a polo shirt, and sandals. A third group of three girls will feature, individually, one 1936 in a gingham sun-suit standing between the other two, who will be attired in the mode of 1835. This will consist of a high frilly-necked long-sleeved dress and long pantalettes topped by a large hat tied with ribbons.

With this little band of children we hope to convey to the public how healthy and unrestricted the children's dress of to-day is as compared with that of 1835.

ISABEL MCMILLAN, R.N.

FERNIE'S PROGRESS.

If change makes for progress, then in the last year we have surely progressed. We now work under a Commissionership, which eliminates School Boards, City Council, and all the rest of the usual city machinery. We also have a new School Inspector, a new principal, several new staff members, and a new Medical Health Officer; so there has been considerable readjusting to do.

Fernie, as the world knows, is no longer a thriving mining centre, but we are still a centre of population, with all the usual problems to face. On the whole, we did fairly well in regard to health until influenza hit us this spring at the end of a month of sub-zero weather, which had sapped our vitality. The month of March ended with 10° below zero, but, in spite of depression, weather, and "King Flu," our children are in good form, with fewer underweights than in the years of plenty. Skin-diseases are very rare and, beyond a few cases of mumps and measles, we have enjoyed splendid health.

I still have a vision of giving health service to all the small schools in the East Kootenay District, and it has been a joy to realize that Mr. Brown, our Public Schools Inspector, shares that vision.

When the September term commences we shall have installed Junior Red Cross in our class-rooms, and I am looking forward to helping the teachers get things in running-order. We shall also have re-established our Home Economics and Manual Training Departments by that time, so I really think we may proudly say that we have progressed in spite of obstacles, even, perhaps, because of them.

WINIFRED E. SEYMOUR, R.N.,
Provincial Public Health Nurse, Fernie, B.C.

"WHY NURSES GO GREY."

Well, you certainly have a queer method of quarantining people. I don't see how you *expect* to keep it from spreading. . . .

What! Peggy can go to school while Elenor has it? Well, that wasn't the way we used to treat it when I was in training (about twenty years ago). We considered it just as contagious as anything else. You don't think a basin of lysol is necessary? Well, when I was nursing we used it—and we never had any cross-infection. . . .

Well, I can tell you right now I don't see what earthly use the Health Department is—the way children are allowed to run around the streets spreading infection. What children? Well, I'm not saying. *I* don't want to make trouble. Why didn't I phone you when I saw them? Well, I'm not mean enough to tattle on my neighbours. You can't do anything about it now? Well, something *ought* to be done. I keep *my* children in—you know *that*. . . .

Yes, certainly. Anything you say, Nurse. Now Billy, mind what the nurse has said. You're to stay in for a week—even if you don't feel sick. No playing with the other boys. You see how carefully she washes her hands before leaving? That's why *she* never gets these things. . . .

And I said—well, there is something wrong somewhere when these people are allowed out so soon after. There they were—peeling all over—shedding large patches of skin every time they walked across the room. Did they have a doctor? Why, no; they weren't sick enough. How did they know it was rubella? Well, my friend was a nurse once. Who were they? Well, now, I don't know that my friend would want the name given. The Health Officer would be interested to see them? Well, no doubt; but I don't care to cause my friend any trouble. . . .

I just called up to ask if I can let her out of the darkened room now. I can? But are you sure it's safe? Well, I want to be careful. And you said her sister could go to school. Well, I'm keeping her right in except when she's there—just to be on the safe side. We didn't let them out at *all* back on the Prairies. . . .

Why *should* my son stay home? He's perfectly healthy even if he was playing with Frank yesterday. I'm sure he won't get it. Well, it's a pity that we can't even send our children to school when they're perfectly healthy. What do we pay our taxes for, anyway? . . .

She said I had no business letting them out to play. And I said the nurse told me I could. They don't have to stay in for twelve days. That shut her up pretty quickly. . . .

And she said she had never heard of anything so ridiculous. Keeping that child home. Why don't they keep the whole class home? She lives right next door and was playing with her that afternoon? Well, I'd hate to have my neighbours come down with anything. I suppose you'd quarantine us, then! . . .

Hello, is that the Health Department? Well, I just wanted to let you know that my neighbour's child is down at the beach—and her sister has rubella. What! She is allowed out until next week? Well, *I* never heard of such a thing. . . .

Well, I didn't phone you because we've had enough of the Health Department. They wouldn't let us sell any milk when the doctor thought Jackie had scarlet fever. Our milk is our bread and butter and it's too bad we can't be let alone. No, Vincent has never had it. What! He'll have to stay home? But he isn't getting along very well at school. It will just put him back some more if he has to miss a week. He never takes things, anyway. Well, it certainly seems a shame. I don't believe Jackie had it, anyway. . . .

Well, you were right, Nurse. She came down with it on the exact day you said she might. It certainly is wonderful the way they do things nowadays. . . .

And he said that if he wanted to make an issue of it they *couldn't* keep his child away from school. The Health Officer was crazy, anyway. He told him so to his face. . . .

What! No placard? And the rest of us can go out until next week? Isn't that fine now! . . .

And he has had to miss nearly two weeks of school—all for nothing. I told you he wouldn't get it. I build him up and keep him strong and healthy. He *never* gets these diseases the other children get. . . .

Well, thank you very much, Nurse, I'm sure. It's nice to know that you are always there to look after the children. . . .

Dear Teacher,—I am sorry Alfred had to stay home yesterday; he had a bad headache and felt dizzy. I am sending him this morning as he seems all right and he eats well, but I suppose if there are any germs floating around he would be in a condition to catch them. I think a great mistake is made in letting the children go back to school so soon after they have had these infectious diseases, and also letting other children in the family go to school while it is in the house. . . .

M. R. SMITH,
Saanich.

THE CHILLIWACK ROTARY DENTAL CLINIC.

During the school-year of 1935–36 three new and important links were forged in the chain of Chilliwack's health and welfare programme.

First, in November the Provincial Child-guidance Clinic was organized; later a permanent social-service worker was engaged, with headquarters in the City of Chilliwack, but who works in the surrounding area as well. Last, but not least, the formation and development of the Chilliwack Rotary Dental Clinic, with a construc-

tive educational and remedial programme which we hope will in time be purely preventive and educational.

In the fall of 1935 the Chilliwack Rotarians, having decided upon a dental clinic as their service-work, organized this clinic. And a service it is in the true sense of the word, involving much effort and work, a great deal of planning, and needing a fine spirit of co-operation in spite of handicaps.

Previously the number of dental defects were appalling and remedial measures inadequate. True, some of the parents took care of these problems regularly, but the majority could not and did not take any action. It was very discouraging, month after month, to inspect these children and find, instead of improvements, a few more defects each time.

A dental survey was made in both the city and municipality. Out of 1,536 children examined, 1,368 or 89 per cent. were found to have dental defects. The whole cost of the work needed was estimated at $7,480.25 on a reduced basis of from one-quarter to one-half of the normal cost.

Due to the extent of the work required and with the object of giving dental care to as many pupils as possible, it was decided that the clinic would function for all public school-children at a reduced cost, and that those who could pay should do so, while an instalment scale should be worked out for those who could not pay in full; those who could not pay after due investigation to be taken care of by the clinic. These are of course numerous.

The Women's Institutes were asked to co-operate with the dental clinic and form committees for the purposes of investigating cases where there was any doubt about financial conditions and abili's. to pay. no

The people who can pay in full or in part have the right to given their own dentist, while for free cases the committee feels name; distribute the work equally amongst all the dentists. ent, that

After the survey was made "consent-slips" were souple, half the parents, stating the work needed and the estimated The latter children took these slips home and were requested to brin patient with signed by parent or guardian, with the necessary mone. A message any explanations the parents wished to make. Thespital. returned were handed to a certain member of the . Holiday. The mittee, who with another member went over them arbound to a chair. findings at the next meeting of the Executive, whereto. It cheers her or arrangements made for investigating, etc.

Tuesday and Thursday mornings are set ay ticking the names for clinic work. s a boy who had been

Transportation for municipal sc is better, but is inspected and problem, which will require sochool. There are several other calls reopen in the fall.

The clinic has been operan, when one boy with chicken-pox says its record is a splendid o chers the day before. These other bo

cost of approximately $700. Largely due to the influence and activities of the clinic, however, we know that about 100 other pupils have had their teeth attended to privately, which also fulfils our aim—care of dental defects in our school population.

When the clinic was opened the sum of money which the Executive Committee had on hand was about $23. Splendid co-operation was received from Dr. Young, whose financial assistance of $350, as well as paying of the cost of the original survey done in November, formed the foundation upon which our Chilliwack Rotary Dental Clinic is built.

The activities of the clinic will be carried on until about the middle of June, and what money remains after running expenses have been paid will be donated to other good work.

The Executive Committee have several plans for an educational programme, beginning with the fall term. Posters, literature, and X-ray films of defective teeth and gums, etc., are to be shown in the Health and Baby Clinic rooms during the days of the annual fair. Later on, radio talks and lectures will be given by the various dentists to Women's Institutes and Parent-Teacher Associations. While, of course, continuous education will be carried on in the homes by the nurses.

Our success depends on the educated individual and it is only through his or her co-operation and understanding of the work can the permanency of the Chilliwack Rotary Dental Clinic be assured.

CLAIRE TAIT, P.H.N.

"AN OPEN LETTER."

ROYAL OAK P.O.,
SAANICH, B.C., May, 1936.

VERA,—You have often asked how I spend my days, so here

The phone rings and I answer: "Hello. Yes, this is one speaking. You would like me to call at Mrs. Mortimer's, give general care and report her condition to you later Doctor."

rings frequently in the morning; often just as we are with a cod-liver-oil can in one hand and a bag in ook tucked under one arm.)

cum School in time to see several teachers before rs. Miss Rockwell, the Primary Grade teacher, ething. A new pupil has arrived and se well-ordered class-room. He rawn to it the more pronounced very good; reading and oral decide that his mother might

consent to an examination by a psychiatrist at the child-guidance clinic. This will mean a visit within a day or two to make arrangements.

In Grade IV. the teacher reports the absence of a child who misses about a week every month with a cold or upset stomach. I have visited the mother time and again, making inquiries and offering suggestions. So far I cannot see that I've accomplished one thing.

The principal hands me a note from a parent which reads: " Nora needs a new scribbler and art pencil. Would the school please provide them? " I know the circumstances of the family well enough to know that 15 cents in school supplies means a bottle of milk less at home. Nora will receive a book and pencil.

For the next half-hour children come to my office to have cuts dressed; while others come for readmission certificates after being away from school. In the meantime a list is made of the absentees in each room, and fortunately it isn't such a formidable one to-day.

I make a call on Mrs. Mortimer, who lives only a few blocks away from the school, and spend an hour carrying out the doctor's orders. The first visit is always the longest, because one never knows where to find towels, soap, basin, or clean linen!

My next call is to a little girl named Patsy Jefferson, because a neighbour has reported that the child has brown, ring-like sores over her neck. Fortunately, Patsy is playing in the front of her home with Jimmy, whom I know. While I am talking to them, Mrs. Jefferson comes out and tells me all about her little girl while I try to sandwich in. I hope when I go back in two days that there will be an improvement.

About 10.30 I telephone to the office to see if there are any calls. Sure enough; Mrs. Lehane would like to see a nurse. There is no address; I am to get that from the postmaster; and no reason given for the visit. The postmaster knows three families by that name; one wouldn't have anything to do with the Health Department, that eliminates them for the time being; another is an elderly couple, half a mile north; the other is a family with four children. The latter is the right one. I cannot do anything when I arrive. A patient with a high temperature and abdominal pain needs a doctor. A message comes later saying Dr. Jones has sent Reynold to hospital.

On the way home for dinner I drop in to see Mrs. Holiday. The dear old lady was held up two nights ago, gagged and bound to a chair. She has some bad bruises and cuts that we attend to. It cheers her up to have company.

Referring to the absentee list again, I enjoy ticking the names off as I make the rounds. First this afternoon is a boy who had been away for three days with a cold. He is better, but is inspected and given a certificate to return to school. There are several other calls made for a similar reason.

I am in difficulty, though, when one boy with chicken-pox says he has been playing with others the day before. These other boys

mothers cannot see why their children should be allowed to go to school for a while, then be kept at home for a given period. I am in disfavour up and down the street.

Then there is Myrtle Ross, a stenographer, who has rubella. I nearly always ask these people where they think they might have been exposed to infection. It's very interesting to hear some of the tales. Myrtle thought she had contracted the infection from a girl with whom she works. I was a bit doubtful. During our conversation she tells me about a party she had attended. Three of the boys had rubella the next day. One was her friend. She hadn't seen him for six months, so I don't expect she would stay ten feet away from him. It was eighteen days after this party that Myrtle had a rash.

About 3.30 every Tuesday and Friday I give Mrs. Saunders a hypo. She always offers me a cup of tea. It's one of the things I look forward to these days.

Mrs. Pearson is my last visit. She is a prenatal and expects to be confined at home. Just as likely as not she will have her baby to-night. Am I glad I'm not on duty? It won't be my night that is going to be disturbed.

I am certainly tired so will end my letter right here.

Yours,
DOROTHY TATE.

HEALTH PURSUITS IN REVELSTOKE.

Once again time to write an article for the NURSES' BULLETIN. We say, " Time flies—alas; ah, no, time stays, 'tis us who go."

Last year, being a newcomer to the Public Health staff, my article was " First Impressions in Revelstoke "; now, after fourteen months in the work, my thoughts turn to a review of the past year.

A retrospective view, although somewhat disappointing, in that we have not seen the realization of all our dreams, is, nevertheless, necessary in our work and proves a stimulus to strive for greater results.

Our thoughts turn back to our ambitious hopes, fresh enthusiasm, high ideals, our altruism, and we ask ourselves, " What have we accomplished? Have I given my best? Has my work been worthy of the trust that has been placed in me by our beloved Chief, Dr. H. E. Young? "

The following will be something of what we have tried to do in this little town on the threshold of our great Canadian Rockies:—

Pre-school Clinic.—This was started for the first time in Revelstoke last June. We sent a written invitation to mothers with children starting school in the fall. We explained the nature of the clinic, which was to be held two afternoons in the week. The response was

marvellous, and we had a 100-per-cent. attendance. The clinic was held in a class-room in one of our public schools. The children were weighed and measured, examined for defects, and a friendly contact made with the child before he or she started to school. I gave a talk to the mothers, " Is your child ready for school," and later distributed a few hundred copies of health literature. The few defects we found were in each case corrected before the child came to school in September.

School-work.—My work is mostly in the schools. We have a total enrolment of 650 in the public and high schools. During the past year there has been a very marked improvement in the health of our children and we are proud of our record. Last year our percentage of underweights in the public schools was 39 per cent., as compared to 5 per cent. at the present, a decrease of 87 per cent. In the high school it was 18.5 per cent., as compared to 7 per cent. this year. I believe this is about the lowest percentage for underweights in the schools of British Columbia.

There may be several reasons for this marked decrease, but I believe the drinking of milk in the schools and cocoa at lunch-time (in the winter months) has to some considerable degree helped. Another reason may be that over 50 per cent. of our children take cod-liver oil during the winter months. There has also been a very fine co-operation from the parents in having physical defects corrected, because undoubtedly these defects were handicapping the health and progress of the child.

Correction of Defects.—This has been my " pet hobby " for the past year and the results have been well worth while. In the three schools there has been a 67-per-cent. decrease in dental defects alone. At the present time the dental defects in the public schools is 17 per cent. and in the high school 13.5 per cent. The greatest gain, however, has been in the numbers of corrected eye-defects. Seventy children have received glasses or change of old lens in the past year. We have only two cases in our schools up to date with uncorrected eye-defects, and both these will be seen by the eye specialist this summer. Thirty-eight children had their tonsils removed, with several lined up for this summer.

Perhaps we are more fortunate here than many communities, in that few of our families are on city or Provincial relief. We are a railroad town and medical care is provided for the C.P.R. families. However, we had about seventy-five children with physical defects whose parents were unable to pay for treatment. It was to assist these cases that we organized the Medical and Dental Fund.

Medical and Dental Fund.—A committee was formed of five public-spirited and health-minded citizens. Meetings were held, articles published in the paper, and letters sent out to every organization in town soliciting their interest and co-operation. I was asked to give talks explaining this project to some of the organizations. Donations came in and very soon we had $125 in the treasury.

Thus our Medical and Dental Fund was launched. A month later we raffled a cedar chest made by a boy in the relief camp and this brought us in another $125. The children sold the tickets and we gave prizes to the two boys and two girls selling the most tickets. How they worked! The whole town and even the surrounding territory was canvassed and 625 tickets were sold. . With $250 in the treasury we were able to send sixty children for dental work and purchased glasses for three children suffering from defective vision. We plan to hold a Tag Day early in June to raise money for this fund.

Vaccination Drive.—In checking over the number of pupils vaccinated in our schools early in April, I was surprised to find only about 10 per cent. vaccinated in the public schools and 41 per cent. in the high school. This seemed to me to be a serious state of affairs, so I decided to talk " vaccination."

First a talk on vaccination and smallpox was given in each grade and the seriousness of smallpox was impressed upon the children. Then a letter was drawn up, mimeographed, and about 500 were sent into the homes. An article was also published in the weekly paper and some follow-up work done by home-visiting. The response was marvellous and in the Easter holidays 385 children were vaccinated, and this total does not include the pre-school children who were done. Now our percentage of vaccinated children is 92 per cent. in one school and 85 per cent. in the other, with several promising to be done in the summer holidays. This is, I think, a practical demonstration of what can be accomplished as a result of a little educational work.

We hope now to start on a " toxoid-campaign " and it will be extremely gratifying if this goes over as well.

And so we have taken stock and feel our balance-sheet does show some favourable gains. Ours is not a material gain and we know that the human asset exceeds in value by five times the amount of the value of material assets in our country.

The most valuable form of wealth is not money but human life. Its conservation should be our greatest objective and our first concern. It has been said that the " wealth of the nation lies in the health of the children," and as Public Health Nurses it is our privilege to be " crusaders " in this great public-health movement.

AGNES THOM, R.N.
Revelstoke, B.C.

KEREMEOS AND DISTRICT.

Having spent the greater part of my nursing-life in institutions and three years in army routine, I find that I cannot work to accomplish anything without a definite plan. I therefore have a definite schedule which I follow all week, leaving margins each day for emergencies. In the course of my work I attend all minor cases

for those on relief, but send all others to a physician. Briefly, the schedule is this:—

Monday.—Keremeos School and all things that come up in connection therewith.

Tuesday.—Pre-school and prenatal work.

Wednesday.—Cawston School in the morning and Hedley Indian School in the afternoon.

Thursday.—Odd jobs and Chopaka Indian Reserve every other week.

Friday.—Keremeos School and doctor's consultations at my house.

Saturday.—School-visits in the morning; off in the afternoon, except for emergencies.

The district is scattered, but I carry on the usual educational programme as opportunity and time permits.

(MRS.) B. THOMSON.

"PROGRESS."

Progress may suggest that we are travelling somewhere on a highway or advancing towards better conditions. Are we, in public-health work, just going on through space towards our objectives or are we keeping carefully to the highway leading to the goal? Sometimes I feel that I am in space or on a detour of difficulties, but have never felt that I have altogether stalled on the way. There have been upgrades too, but even then progress has been maintained, though extra effort has been needed to get over the top.

Our ideal in public-health work, that of producing a health-conscious community of people all working towards the prevention of disease, may be said to be our goal, and what are we as nurses doing to bring about this happy condition? We are just one link in the chain, but are we doing our best to keep that link as strong as the rest?

Progress in some cases is measured by advancement in miles covered in a given time. Schools have a progress record for each student as success in examinations is achieved, but attainments in public-health work can hardly be measured in either of these ways. If the incidence of infectious diseases may be used as a measurement, we in Penticton may have reason to consider we have advanced, for the attendance at school has been continuously good throughout the year. I think that the school attendance may be taken as a good index to the incidence of disease in the community. I find, too, that parents are becoming more and more co-operative in isolating infectious cases and feel that the success in controlling communicable diseases is largely due to this co-operation. People are becoming more health-conscious not only in the home, but towards the whole com-

munity. Thus our health-teaching in the school and home may be showing results.

Through the co-operation of each of the doctors, several clinics were held for immunization against diphtheria. Some 325 children received the treatment and it is gratifying to know that many of the large families have received this protection.

Neighbouring communities have been asking about having the services of a nurse and we are hoping to be able to extend the service to them in the not-too-distant future. I feel our demonstration here has been satisfactory and the effort is being appreciated when people wish the service extended.

Yes, we have progressed. How much?

M. A. TWIDDY, R.N.,
Public Health Nurse, Penticton, B.C.

"MIGHTY OAKS FROM LITTLE ACORNS GROW."

Partly from a misunderstanding, the idea for a Civic Health Week was created; and partly through a printer's error, Health Week became an "annual" event.

Such is Fate; and surely a kindly Fate sat as chairman of the Nanaimo Civic Health Week Committee, for from the time that the idea was created in the first week of September until its successful culmination on the eighth of November, plans and programmes seemed to form themselves and to progress magically to fulfilment. It must have been Fate that made it possible to hold the first Child-guidance clinic in Nanaimo during Health Week; it must have been Fate that arranged for the Provincial Chest Clinic to be held that week; Fate again must have been responsible for the arrangements which brought Dr. Harry Cassidy to Nanaimo then. However, the fact that Fate had a very active and enthusiastic committee, and that the public are always keenly interested in anything pertaining to health, were in no small measure responsible for the success of Nanaimo's First Annual Health Week.

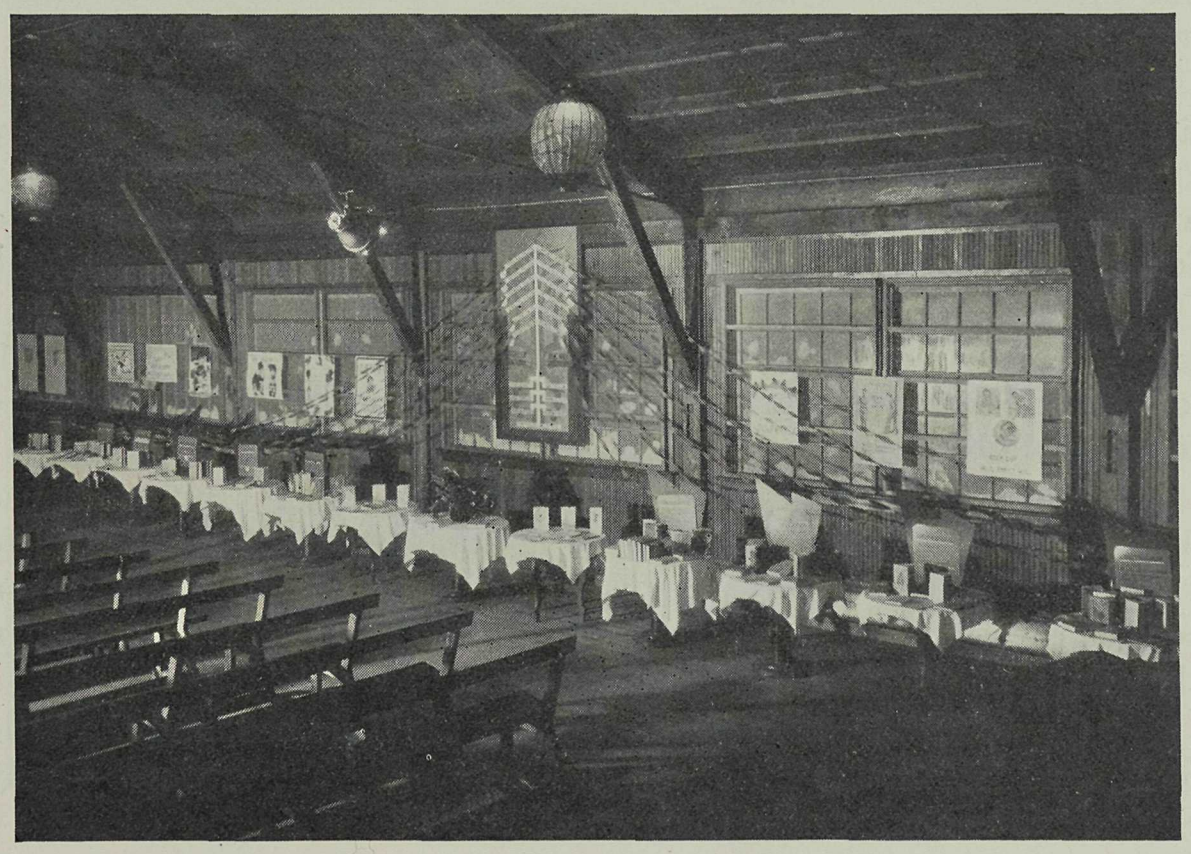
One week before the Health Week the city was peppered with little yellow stickers, which demanded of the people in general, "Are you A 1?" and announcing that November 1st to November 8th was to be a Civic Health Week. (This idea was very good indeed, but unfortunately the glue was on the wrong side and by the following morning the rain had washed most of them off.)

On the same day the Art Department of the High School Centre issued forty large yellow health posters, which were placed prominently in forty store windows on Commercial Street, along with a special health display and a "slogan." These slogans created a great deal of interest, as each slogan related the goods displayed in the window to health. For instance, a beauty "shoppe" featured sham-

poos, and had as its slogan, " Head First—to Health." A hardware store exhibiting enamel pots and pans which were filled with fresh vegetables had as a slogan, "Health in a Pot." A jeweller's store featuring alarm-clocks had the well-known adage, " Early to Bed and Early to Rise, etc." While one enterprising bank had selected the slogan, " It Takes Health to Earn Wealth." A battery and auto supply shop used the following: " To Check Your Battery See Us—To Check Your Health See Your Doctor."

From November 1st to November 8th the days were filled with health events and Health Week became the " talk of the town."

" Man Against Microbe," a movie made available through the Metropolitan Life Insurance Company, was shown, along with the regular feature at the Capitol Theatre on November 1st and November 2nd. A Vaccination Clinic was held on Monday, November 4th,



Demonstration for Health Week at Nanaimo.

and Dr. Drysdale, M.H.O., vaccinated all children who wished to be done and who had the consent of their parents. The evening of the same day Dr. Harry Cassidy addressed a meeting of the Parent-Teacher Association on " Health Insurance." On Tuesday the regular weekly Baby and Pre-school Clinic was held in the clinic rooms at the Legion Hall. On Wednesday Dr. Crease held the first Child-guidance Clinic and on Thursday Dr. Kincaid conducted the Provincial Chest Clinic at the hospital.

Throughout the week special articles on health topics appeared daily in the two local newspapers. The first article came out simultaneously with the release of the little yellow stickers and was contributed by Mr. A. S. Towell, Supervisor of Nanaimo Schools, who

explained the great existing need for health education and the objectives of the forthcoming Health Week. The second, contributed by Mrs. T. A. Barnard, President of the Provincial Parent-Teachers' Association, gave the hearty support of that body to " the group of public-spirited citizens sponsoring Civic Health Week." Other press contributions were: " The Place of the St. John Ambulance Association in Health-work "; " Public Health and Engineering," by the City Engineer, Mr. A. G. Graham; " Mine-rescue Work," by Mr. Geo. O'Brien, Mine Inspector; " Laboratory and Its Contribution to the City," by Mr. G. Darling; " Books on Health," by Dr. Helen Stewart; " Immunization," by Dr. W. F. Drysdale; " Dealing in Futures," contributed by Dr. Amyot.

Besides these, there were of course many news items regarding the activities in progress each day; also two or three editorials, and one full-page advertisement, from which blazed forth the announcement that this was to be Nanaimo's " First *Annual* Health Week."

By the Friday of Health Week Nanaimo's citizens had become literally saturated with health information and had become thoroughly " health-minded," so that it was not surprising to find that on Friday afternoon the streets were filled with men, women, and children bound for the Pygmy Pavilion, where the final demonstration was to be held.

It would require a large volume to describe minutely the various exhibits and programmes of the afternoon and evening, but the following remarks overheard as the spectators viewed the exhibits are indeed enlightening:—

" My teeth are awfully soft; the dentist says it isn't much use filling them any more; and do you mean to say that if all my life I had eaten those vegetables, and drunk that much milk—and taken cod-liver oil—and if my mother had done the same before I was born that I'd have had good teeth to-day? Well! Well! "

" Oh, isn't it just the sweetest thing, the little bed, and the little bath; and look at the little baby clothes all laid out to warm—baby clothes are so simple nowadays, aren't they? "

" Bugs! Bugs! Are those little mites down in the microscope really the germs that cause a person to have T.B.? "

" So that's how they give a patient a bath in bed—well, I guess it's all in knowing how to go about it. You know if I had only known how to do that when our Mary was down with the fever. . . ."

" Yes, I have read of pulmotors; they use them to resuscitate the drowned . . . and in cases of suffocation, you say. Well, it is good to know that there is one in town."

" All these fancy fixings are good for nought; give them a plateful of plain ordinary food and a sweet—but still, if I fussed and fixed a little for our Martie, maybe she'd take to her food better. . . . Why! that's just tapioca pudding, but it looks so tempting the way it's prepared."

At the far end of the hall the wall was brilliant with about 400 health posters, made by the pupils of Grades IV., V., and VI.; prizes for the best of these were donated by the Malaspina Chapter, I.O.D.E. These of course were a source of great interest to proud parents and eager children.

The remaining side of the building, which measured about 60 feet, was devoted to the book exhibit, beautiful new volumes donated for exhibition purposes by Dr. Helen Stewart. It was a colourful display—brightly coloured health posters in the background, with a central poster which stood 6 feet high. This depicted the "Tree of Knowledge," and from each branch, representing a different branch of medical science, an orange streamer led to a small table on which books related to that subject were listed and displayed.

Demonstration for Health Week at Nanaimo.

The programme itself was unusual, in that it took the form of a drama in black and white. Two very, very ideal children dramatized the health habits performed during a very, very ideal day. The hit of the evening occurred when the very, very ideal boy choked and sputtered when he cleaned his teeth, and then wiped his mouth on the sleeve of his shirt. This play was followed by an exhibition of folk-dancing by a class of high-school girls, and an exhibition of tumbling, physical exercises, and pyramiding by the high-school boys.

In addition to this, the audience was very much interested in a demonstration of mine-rescue work given by the Inspector of Mines and the man in charge of the Dominion mine-rescue station here.

It is marvellous that such an extensive health educational demonstration, the success of which depended on the splendid co-operation

of at least fifteen local organizations, forty or fifty local merchants, two newspapers, the University of British Columbia, and of course the Provincial Department of Health, should have evolved from the simple idea to have a small display of health literature and books.

MURIEL UPSHALL,
Nanaimo, B.C.

SAYWARD.

Mrs. Walls reports very little change in Sayward, except for a few cases of chicken-pox and influenza. The district is a healthy one apparently, because the school attendance is good, even though financial conditions are as poor there as elsewhere.

The dentist made a visit during the summer, when quite a lot of dental work was accomplished, which is gratifying.

ESQUIMALT RURAL NURSING SERVICE.

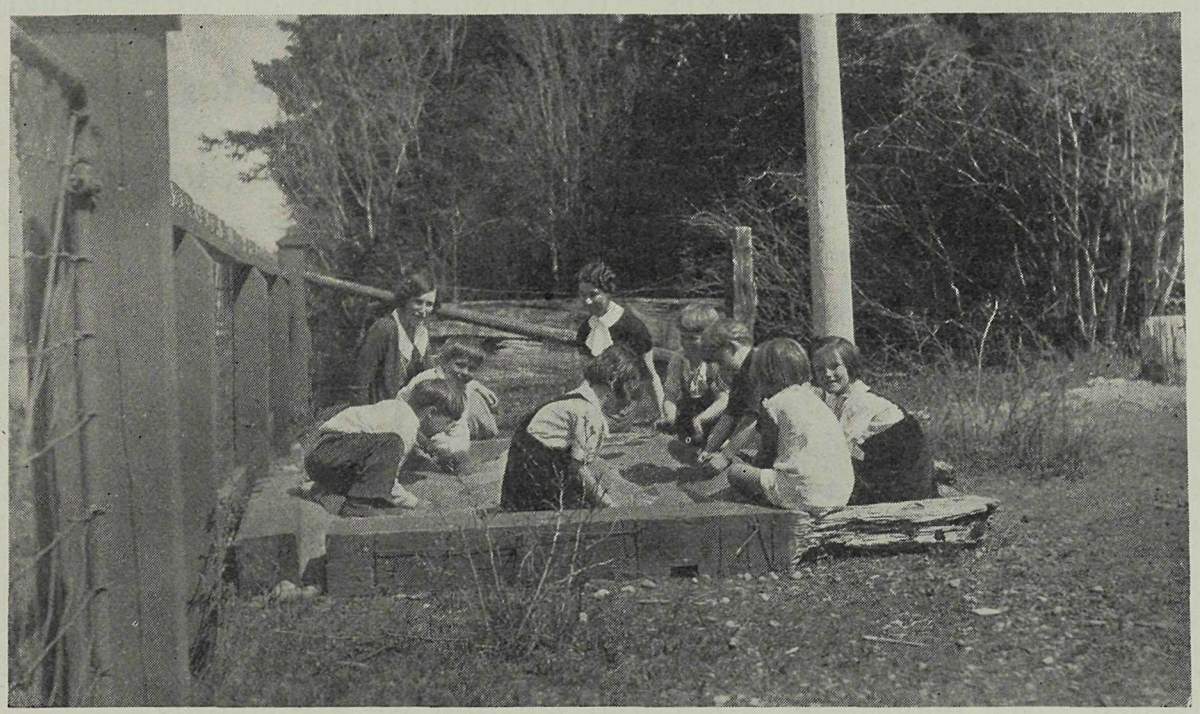
In a rural area, unlike that of a city district, the more pressing needs of the family as a unit must be met. Bedside-nursing has not been the primary consideration, nor too much emphasis is placed upon school when it has been desirable to get into the homes.

The nurse has carefully considered her words for the sake of her organization, the public, and herself. In addition, attention has been paid to the keeping of case records, family folders, and a suitable filing system. With regard to the statistical monthly report, progress may be shown by comparing the previous month and the same month of the preceding year. With the statistical yearly report there may be appraisal and evaluation. A periodic report often provides stimulation and interest. Through such statistical material it may be possible to get community or legislative action to remedy conditions—as, for example, our most recent contribution to State Health Insurance.

Group conferences have been undertaken with trained and competent speakers sponsored through the Parent-Teacher Associations and Women's Institutes for the public. We welcome all such conferences for nurses with doctors sponsored through the Provincial Board of Health. Already much interest has been shown by the staff of the Jubilee Hospital somewhat in the nature of "follow-in" as well as "follow-out" work.

In the schools an attempt has been made to stress the avoidance of fatigue and overstrain in the adolescent, to induce healthy living in the school generally by co-ordinating health with economics in preparation of school lunches, and to increase the attendance by allowing a child to attend school during the incubation of a disease.

A pre-school programme has been attempted during the summer, mainly to detect and correct defects and to immunize the child against specific diseases before he enters school. The pre-school years of life being the most precarious, it would thus seem that a " summer round-up " is urgently needed. In our infant-welfare programme we stress the desirability of breast-feeding, and where artificial feeding must be resorted to we advise raising the standard of milk by pasteurization and special care in handling same. We also urge the early registration of all prenatals.



Sand-pile at Happy Valley School.

The effect of the depression has been particularly noticeable in our district. The majority of our people are on relief and the effect of undernourishment on mentality and teeth entrenches the Public Health Nurse.

Facilities for travelling cannot be met in this scattered district without the co-operation of the nurse; transportation must therefore be considered. Victoria being 8 miles away, and there being no doctor closer than that, our educational programme must often be suspended.

By meeting the people and attending their committee meetings, by assisting in their discussions, helping to advise them in some of their local problems, the nurse must surely benefit, and by concerted effort the aims of our service will be fulfilled.

DORA W. WILKIE, R.N.

" THE DISTRICT NURSE'S 'SOFT JOB.' "

It has been said that the District Nurse has a " soft job " running around in her brand-new car. While the work is extremely interesting, I am going to try to show that it is no " soft job."

In this western district of the Peace River Health Unit the nearest hospital and doctor are 25 miles away from the nurse's headquarters. Roads are poorly built and travel by car is difficult at all times. In summer we have to contend with mud and in winter with snow and ice. Sometimes the distances which need to be travelled are very far and the hours of duty very long.

Any one who has been in this country in the winter knows what it is to drive a car in snow which is 2 or 3 feet deep on the level. Chinook winds can alter the snow-covered roads into lakes of water and later into veritable glaciers. It is in such times that we seemingly get emergency calls.

It was on such a morning that I planned on taking a day off. No sooner had I begun planning what I was going to do at home when there came a rap at the door and a messenger came with, " Nurse, there is a call from —— Valley; a boy is very sick and they want you over there right away."

You start up the faithful car and travel 11 miles over snow and ice. Guarded by a " lucky star," you arrive there safely. You find " Tommy " with a rapid pulse, a high temperature, and a very sore and tender right side. The mother is alone with her four children, the father being away to " town," some 40 miles distant. Between the mother and myself we decide that the sooner we can get " Tommy " to a doctor the better. We leave the other children, the eldest of which is 12 and the youngest 6, in charge of the place to make out as best they can and also to milk and feed the cow until the parents return. We phone the father and tell him we are coming.

We start out about noon and manage to make fair headway for about 15 miles, when all at once the car refuses to go up a small hill. We leave " Tommy " in the car and get out to find we have a flat tire. " Tommy's " mother is rather adept with tools, and between us we take off the offending wheel and put on another. Everything is once more in order and we start off again. After zig-zagging through the snow for the next 20 miles, we arrived at the hospital at 4 p.m., where the anxious father is waiting. The doctor diagnoses appendicitis and decides to operate immediately.

The parents remain in the hospital, and after lunch I start back on my lonely trip to headquarters. I arrive home some three hours later and plan on having a day off some other time.

A month later, at 4 a.m., the whole house is disturbed with rapping and loud talking, and I leap out of bed and run downstairs to answer the call. By this time the head of the house has admitted three young men, the youngest of which is the " patient."

" Sammy " has had an awful attack of appendicitis and should be taken to the hospital right away. " Sammy " does not appear to be ill and seems to be enjoying his " appendicitis." I ask him to undress and put him to bed. I take his temperature and pulse and find both normal. I press on his side and abdomen, and although he says it hurts, the expression on his face seems to belie his statement.

I decide not to take any chances, so prepare to take " Sammy " to a doctor as soon as dawn appears. We have our breakfast at 7 and " Sammy " is much displeased because I thought it best for him not to eat. We start off at 9, and after having some difficulty with the snow we arrive at a post-office and little store which is about half-way to " town " and hospital. Here the father is waiting with a girl who has been very sick; she, too, apparently has " appendicitis." I take her in my car, too, and the father rides behind in the rumble-seat. We arrive at the doctor's office about noon.

The doctor examines the girl and finds acute appendicitis and sends her up to the hospital for immediate operation.

He puts " Sammy " on the table and examines him. He finds there is " not a thing wrong with him." " Sammy " is rather disappointed and still declares that he was sick and says he is very hungry.

We leave the doctor's office and go to a café for lunch before we start for home. The aroma of the eats in the café causes " Sammy " to forget his appendicitis and he eats a full meal of hamburger steak and " all trimmings." On the way home " Sammy " confesses that he was at a birthday party the day before and had " eaten too much birthday cake, got a bellyache, and vomited."

In a district like this, where the doctor is so far away, the nurse comes in contact with many interesting and difficult cases. During threshing season there will be those who get their hands and fingers cut in the threshing-machine; during hunting season they still make mistakes and get shot; children will get burned and scalded in the most unusual ways; expectant mothers will doggedly stay at home and refuse to go to a hospital and the nurse is expected to race the " stork " to the home.

This kind of work, besides the regular routine of school-work, prenatal and child-welfare work, makes the nurse's work very interesting, but far from a " soft job."

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

We have the pleasure of publishing a full account of what can be done under a full-time Health Unit. The Peace River District was opened as a Health Unit with a full staff under Dr. J. S. Cull, D.P.H., and a staff of six nurses. During the summer two dentists examined and treated every child in the district. The account is a full review of an organized Health Unit, beginning as a complete Unit, and contains information for the public that will give them a résumé of how organization, followed by administration through the agency of a trained staff, can produce results.

PROVINCIAL BOARD OF HEALTH.

HEALTH SERVICES UNDER THE LARGER UNIT OF ADMINISTRATION.

BY DR. J. S. CULL, DIRECTOR, PEACE RIVER HEALTH UNIT.

To obtain the proper perspective of the health services of the Peace River Health Unit in this Larger Unit of Administration and to appreciate the benefits accruing therefrom, it is advisable, I think, to give a brief résumé of conditions as they existed previous to 1934-35.

At that time there were two part-time Medical Health Officers acting as School Health Inspectors, one north of the Peace River and the other south. These physicians visited the schools once a year and examined the pupils, sometimes rather hurriedly, and in the great majority of cases without the parents being invited to be present for the examinations of their children. Where defects were found notes were sent home to the parents, but little or no follow-up work was done to stress the importance of early remedial treatment. As a result, really very little actual medical service was brought to the child except where the conditions found were particularly pressing. Dental attention for the school-child was a thing almost unknown until the summer of 1934, when a service of this nature was rendered to certain sections of the district. The reports of the School Health Inspectors regarding the school buildings, equipment, environs, sanitary arrangements, etc., were forwarded to the various School Boards, but owing to the lack of co-operation from these the improvements that were made, based on the Inspector's recommendations, were few and far between.

The weakness of the system lay in two directions: First, in the traditional lack of co-operation from rural School Boards; and, secondly, in the employment of part-time School Health Inspectors. The first has been most successfully remedied by the consolidation scheme under the Official Trusteeship of Dr. Wm. Plenderleith, while the second has been corrected by the installation of the Health Unit. It might be interesting to state briefly why the old system of health supervision has fallen down—because there has been no one continuously on the job to carry out those measures which are necessary

to prevent illness and death, those in charge have often not received the necessary training and they do not have the time to devote to public health with their other duties. It is constantly found that the Health Officer who is paid very little for his services is necessarily obliged to devote his time to the practice of his profession in order to make a living. He consequently pays little attention to public health. It does not pay him to do so. If he were a full-time Health Officer his entire time and energy would be devoted to the prevention of disease in his community. It is not the part-time Health Officer who is at fault, but the now-antiquated system.

After the consolidation scheme had been in effect in this district for one school-year, a considerable sum of money had been saved in the operation of the schools and was set aside for health purposes. This, together with a grant from the Rockefeller Foundation and the Provincial Board of Health, was instrumental in bringing into being the present full-time Health Unit. If the above saving had not been made by the consolidation of school districts, it is doubtful if the school and pre-school children here would ever have enjoyed the health services which are at the present time being presented to them.

The actual organization of the Health Unit took place during the summer of 1935 and the staff started work on September 1st, 1935. The personnel of the Unit consists of a full-time Director, who is Health Officer and School Medical Inspector for the Peace River District; four full-time Public Health Nurses who carry out a generalized public-health nursing programme, including school-nursing. No routine bedside-nursing is carried on by the Health Unit staff. In addition to the above, there are three part-time co-operating nurses, located in the more isolated parts of the district, who take charge of the school-nursing in these areas. The full-time personnel co-operate with these other nurses in an attempt to give as full a nursing service as possible to the people and children of these more distant parts. The population served is estimated as 9,000, with 1,400 school-children and approximately 1,000 pre-school children.

All full-time members of the staff have Unit cars for summer travel and arrangements are made for the use of teams and drivers for winter travel.

These members have all received training in public health, as has also one of the co-operating nurses.

To the best of my knowledge, this is the only Health Unit in Canada operating under the dual head of the Departments of Education and Health. This is, without doubt, the ideal system, for, after all, health and education are really inseparable—each being necessary to complete the other.

The actual work of the Unit began under most auspicious circumstances. Two full-time dentists were appointed for two months and almost the full time of the staff was taken up during September and October with the organization and operation of dental clinics. This service was free to school and pre-school children and did not

apply only to those school districts under consolidation, for arrangements were made with the other School Boards and eventually all the children of the Peace River District were given the opportunity of having complete and thorough dental treatment by a competent dentist. Nothing of this nature applying to the whole district had ever occurred before, and you may well imagine the benefits resulting therefrom. The continued neglect of dental attention in this part of the Province had caused the loss of many six-year permanent molars and a very serious condition of abscesses from badly decayed temporary teeth. The neglect and loss of the six-year molars we found in a large degree to be due to the ignorance of the parents to recognize these to be permanent teeth. Many deciduous teeth had been extracted from three to five years before they were replaced by permanent ones, causing lack of development in the jaw-bones, and resulting in irregularity of the permanent teeth and, in some cases, facial distortion.

In former years absence from school because of toothache was quite common, but this year many of the teachers have been remarking with enthusiasm on the improved attendance.

Below is listed a general summary of the work that was done during the two months that the dental clinics were held. These clinics are to be an annual event and they alone will ensure a marked improvement in the general health of the children.

	Number of Patients treated.	Fillings.			Extractions.	Prophylactic Treatments.
		Amalgam.	Cement.	Porcelain.		
South of the Peace River	659	749	136	113	834	476
North of the Peace River	346	633	61	15	289	338
Totals	1,005	1,382	197	128	1,123	814

Number transported by Unit personnel, 250; males treated, 522; females treated, 483.

The District Nurse makes periodic visits to her schools and examines the children, weighs and measures them, and always is alert for the presence of communicable disease. If a child is found to need medical attention, the Health Inspector is acquainted with the fact either at once or at the time of the regular medical examinations. If the parents are on relief and they are not in a financial condition to pay for the treatment considered necessary, use can be made of a fund which has been set aside under the consolidation scheme to assist cases of this kind; the parents in these cases usually paying 50 per cent. of the cost of the treatment. The 50 per cent. of the cost may be given in wood, ice, janitor-work, or other school services that may be required.

It is expected that arrangements will be completed this summer whereby those children suffering from diseased tonsils and adenoids will be able to have surgical attention.

Where glasses are urgently needed for the preservation of the pupil's eyesight and the parents are unable to pay, the Consolidated Fund is again made use of.

Preventive treatment, such as vaccination, inoculation against diphtheria and scarlet fever, iodine tablets or tincture, etc., are available for all school-children desiring them.

I would like to quote from the article on "Health" by Miss Dorothy Johnson (B.C. Teacher, April, 1936): "Health-teaching should be directed at the parent; medical examinations are often hasty and recommendations are not followed up." I quite agree with her, but would like to say that these criticisms do not apply in this district and should not where any full-time Health Unit is established. We make a particular point of inviting the parents to be present at the time when their children are examined, as this makes an excellent occasion on which to discuss and talk over many health matters, and to advise the parent directly in regard to the care of his or her child.

A considerable length of time is spent on the examination of each child and we feel that we get better results in this way than by just making a hasty examination. It is one of the duties of the District Nurse to follow up any recommendations that are made at this time and to strive continually to show the value of these. I quite agree that much of the value of the medical examination would be lost if this work were not done.

Below are listed some of the figures taken from the Statistical Report ended December, 1935:—

Visits to schools	340
Physical examinations	514
Average per cent. of parents present	63
Children inspected by nurses	2,722
Notes to parents	66
Home-school visits	203
Quick inspections for contagion	763
Exclusions	57
Examined at office	62
Class-room talks	123
Consultations with school officials	248

This brings me to the school building itself. In this connection I may say that the buildings in this area are inspected from a health standpoint. Where poor or improper lighting is found, or different-sized desks are required, poor ventilation, or poor heating exists, a report is forwarded to the office of the Official Trustee stating the facts of the case.

Under the old system one could have sent reports indefinitely to the School Boards and little or no action would have resulted. But now things are different, and in this Larger Unit of Administration "action" is the word of the day. When a report is forwarded the defect or condition is remedied in very short order.

As a result of this the supply of drinking-water, toilet facilities, cloak-room facilities, lighting, heating, and ventilation have all been markedly improved. In the majority of schools in this district the desks are fixed to strips rather than to the floor. Thus they can all be moved over to one side of the room, and this tends to overcome the criticism of lack of space during a physical-education period.

When one realizes that all these changes and improvements and increased health services have come about as a result of the adoption of the Larger Unit of Administration, one cannot be other than in favour of such a system. Little or nothing of this nature existed before, and I doubt if anything of a similar nature could be brought about in rural districts without the adoption of a similar consolidation scheme. It is a pleasure to work under such a system, and as the months go by and we see the improvement being wrought in the health of the children, I feel that the Department of Education is to be complimented for the introduction of such a plan, and I trust that the benefits of the larger-unit system will be extended to other rural districts.

Some general statistics follow. These are from the Statistical Report ended December 31st, 1935, after four months of operation:—

Hours on duty	3,474
Average daily hours on duty	8
Miles travelled—	
Car	11,000
Team	675
Horseback	202
Boat	280
Walked	158
Visitors to office	236
Phone calls received	99
Phone calls sent	74
Letters received	226
Letters sent	229
Investigations for contagion	41
Home-visits *re* contagion	32
Home-visits to T.B. suspects	9
Prenatal visits	66
Infant-welfare visits	146
Infants examined	20
Pre-school visits	120
Pre-school examinations	35
Number transported, other than for dental clinics	37
Nuisance complaints investigated	10
Water samples taken	3
Inspections of water-supply	12
Miscellaneous visits	354
Investigations made	19

Social-welfare visits	59
First aid given	22
Meetings attended	32
Meetings addressed	23
Individual health talks	333
Pieces of public-health literature distributed	261

VICTORIA, B.C.:
Printed by CHARLES F. BANFIELD, Printer to the King's Most Excellent Majesty.
1936.

500-636-9125