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Public Health Nurses' Bulletin

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THE reception accorded the first issue of our get-together bulletin was most gratifying, and whilst the material at hand does not enable us to promise an issue on specific dates, yet we are assured of such an interest that publication will be continued.

The present issue is timed for distribution at the next meeting of the Refresher Course to be held at the University in Vancouver, April 15th to 18th.

The experience gained at last year's course has enabled us to enlarge the programme, special attention being given to the Public Health Nursing Service, and under the able direction of Miss Ethel Johns, Department of Nursing and Health, University of British Columbia, we are promised a most profitable and enjoyable time.

The gradual but solid growth of the Public Health Nursing Service in British Columbia proves its worth, and the Department feels that this progress is due largely to the efforts of the nurses.

The success obtained in any locality rests primarily on the persistence and personality of the nurse. That our nurses have succeeded in the face of many difficulties is shown by the results.

The letters received in the Department from many who formerly were severe critics is the best evidence that the nurse, unaided, has overcome and turned active opposition into approval not only of the work, but of the nurse herself.

The change in public opinion in reference to our work may be visualized by looking at the change in baby's dresses, so well shown in the pictures in this number furnished by Miss McClung.

The Department would suggest that the question of books on nursing be discussed at the Vancouver meeting, especially in regard to those that might be used for reference.

May we take this opportunity of expressing the Department's appreciation of the work of the nurses and to say that it seems to us that the nurses in the Public Health Service believe that the best reward for all endeavour is "work well done."

We are again in debt to Miss Jeffares, of Duncan, for her work as Editor.

SAANICH.

As a member of the Saanich War Memorial Health Centre my experience in public-health nursing has been confined to rural work, and I am in favour of the generalized plan.

There are many reasons why the generalized plan is the only one for rural communities. First, there is the question of expense. We know that the people find it quite a burden at times to support a nurse; in fact, in many districts, even when generously assisted by grants from the Provincial Board of Health, a portion of the people feel it is too great a burden. So one can readily see how utterly impossible it would be to support several nurses doing specialized public-health work.

Secondly, in most rural places, with the exception of the more thickly populated, such as Saanich and Cowichan, there is sufficient work for one nurse only.

Thirdly, it affords greater satisfaction to the nurse herself to know that she can be of service to the entire family in bedside nursing, school-work, T.B., and child-welfare visiting, as well as social-service worker in time of need.

Fourthly, those who have lived more or less isolated lives are naturally quite reticent, and are more likely to confide in one nurse than in several.

During the past three years the Public Health Nursing Service as directed from the Saanich Memorial Health Centre has grown to such an extent that the nursing staff now consists of Nurse Superintendent, two District Nurses, and one School Nurse. Our district is a large one, covering an area of 55 square miles, with a population of 12,000, of which 1,800 are school-children.

In order that the work can be systematized, a nurse is in charge of the prenatal and bedside nursing, another the school-work, and the third the child-welfare work. Do not mistake this for specialized work. For example, I am the second District Nurse in charge of the child-welfare work. I usually begin my day in school-work, transporting the School Nurse and her equipment to her allotted school, gathering together the children who have appointments with the dentist and bringing them to the clinic. If there is a case of communicable disease in a school, I assist by inspecting the children in the class-room daily for ten days, and follow up any absentees with a home school visit. Then, again, the stork has been exceptionally busy and the other District Nurse requires relief. A call comes from the Municipal Hall, "Mr. —— is reported to be in want; please investigate." Now I become the social-service worker. So, too, the other nurses have similar experiences, and we conduct our service under the generalized plan.

The Child-welfare Nurse endeavours each month to visit every infant under 2 years of age and every pre-school age child in the district. At present we have about 600 pre-school age children under our supervision.

Each month a list of births in Saanich is forwarded to the Centre from the Vital Statistics Department. They are visited as early as possible, and almost without exception the mother is glad to see the nurse

New. Babies' Clothes. Old.

and seek advice from her. We tell the mother that if she is worried about the baby to send for us and we will be glad to assist in any way. These visits are recorded and kept on file in the Centre.

We always introduce the subject of the well-baby clinics, discuss the value of them, and invite the mother and baby to attend. Last year several never missed a clinic, and we have mothers who cannot praise too highly the work of the clinics, for had it not been for such and the follow-up work by the nurse, some of them undoubtedly would not have their babies to-day.

We help the mothers in regard to diet both for herself and family. Encourage breast-feeding and discourage canned foods at all times.

As the child grows older, we talk about the importance of clean, healthy teeth; show the right kind of toothbrush (the Hutax); advise consulting the dentist every six months. We look at the throat and tonsils and if swollen or pitted advise consulting the family physician.

We are proud of the fact that the first pre-school clinic in British Columbia was held in Saanich. We believe that if we supervise the child until he is 6 years of age he will enter school in good health and will be able to get the most out of his school-life, because he will not be handicapped by infected tonsils or decayed teeth.

FLORENCE L. FULLERTON, R.N.

A DENTAL PLAYLET.

On December 18th I was invited to attend the Christmas concert given by the pupils of the Yorke Road School in Duncan. This is a one-roomed school and all the children are in the third grade.

To me the most interesting part of the programme, composed of songs, recitations, and short playlets, was the little play entitled "The Bad Molar." This playlet stresses the reason why the "Six-year-old Molar" should be cared for, and makes the reasons clear and interesting to the children, and to the parents as well. A large face was improvised and the children's heads fitted with white cardboard representing the different teeth.

The characters were: The Little Old Woman who lived in a Cave; Jack Central Incisor; Jill Lateral Incisor; Jackie Horner Cuspit; First Baby Molar; Second Baby Molar (the Bad One); Six-year-old Molar; Bicuspid; Mr. Toothbrush; Mr. Dentist.

The Bad Molar has persistently refused to allow Mr. Toothbrush to scrub him, and consequently while the others are enjoying a game he is afflicted with severe pain. Mr. Dentist can do nothing but pull him out. Six-year-old Molar being weak leans over toward First Baby Molar for support. Bicuspid then tries to grow into place, but there is no room, so he must come in out of line, thus spoiling the usefulness and good appearance of all the permanent teeth.

The children were keenly interested in preparing the playlet and are now giving more attention to the care of their teeth.

E. NADEN, R.N.

PIONEER NURSING ON VANCOUVER ISLAND.

Sayward is situated on the east coast of Vancouver Island, 180 miles from Victoria and 135 miles from Vancouver. Coming to Sayward in the month of August, 1920, when transportation was very bad, I found the bridge across the Salmon River was out, and it was necessary to use a rickety foot-bridge built by the settlers or cross by the ferry when the river was low. There have been many improvements, however; we now have a fine new suspension bridge, two others have been repaired, and I believe there is a new wharf under construction.

Shortly after my arrival some of the progressive settlers, hearing I was a nurse, corresponded with the Provincial Board of Health, asking for a School Nurse, and I was given the appointment on part time.

I was visiting a neighbour one day, when two young girls came up and asked if I would go and see a young woman who was ill at a camp about 8 miles distant. Without further delay I left my two girls with the neighbour and started off. About a mile down the road I met the mail-carrier with a note, explaining that the woman I was on the way to see was expecting her baby and could not get out to Rock Bay Hospital, as she had planned. I hurriedly procured as much in the way of supplies as possible and continued my journey. On arrival at the home I set to work, and by 2 in the morning the first baby of the family had arrived, a fine healthy little girl. Never shall I forget my anxiety and fear that everything would not be normal.

A lad cut his foot the other day with an axe and his father came running for me. The cut was long, and after bathing it well with lysol solution, removing worsted and other foreign particles, it was necessary for me to put in two stitches. The wound healed well and the boy was soon walking around.

I find there is a lack of understanding and perhaps of appreciation of what a nurse can actually do, and what I am attempting to do. In several cases, I am grateful to say, some of the most antagonistic members of the district have been glad to send for me in time of need.

It is difficult working alone and not having the advice and assistance of a doctor.

School-work.—I have two schools about 5 miles apart with a total attendance of twenty-three children. After my appointment as School Nurse I had considerable difficulty with the problem of pediculosis. Some of the parents were indignant that I should examine their children. I am glad to say that through constant supervision and treatment unclean heads are past history in Sayward.

Two years ago, with the assistance of the Provincial Board of Health, it was possible to get a dentist to visit the schools. He stayed ten days and attended to all the necessary work. This year, I believe, he is coming in for trout-fishing and I am hoping will be able to attend to the necessary dental work at the same time.

Last year an optician came in and several patients, including two school-children, received treatment.

FOOD COMPARISONS
REMEMBER
USE MORE MILK!
BABY'S PLAYROOM
BABY SHOULD SLEEP ALONE

The Nursery.

The teacher in each school has a first-aid box and is able when necessary to render aid. They also provide a hot drink for the children who bring their lunch to school.

Through co-operation with the Women's Institute we have had a filter put in the lower school, also individual cups and towels.

M. Walls.

KELOWNA FALL FAIR.

We had our first public-health exhibit at the Kelowna Fall Fair in September, 1923, just ten days after my arrival. The time had been very short for the necessary preparation and it was only through the co-operation of the local merchants, who kindly loaned me different articles to supplement the equipment already in use, that I was able to have an exhibit at all. Considerable interest was shown, sufficient to encourage me to greater efforts for the 1924 Fair.

Early in the year I made sure of a larger space in a conspicuous corner. Aside from the articles I was again able to borrow from the merchants of the town, I made and used others to substitute when it came to a question of money in the home. For instance, the making of a baby's bed out of a clothes-basket and the use of a plate for holding the articles for baby's bath.

One of the merchants gave me several end rolls of wall-paper, which, being of a blue-and-white pattern, showed to advantage the baby-clothing hung up in that section of the exhibit.

Comparisons between the "old system" and the "new system" were carried out through the entire exhibit. A great deal of interest was shown in the old-fashioned baby-clothes as compared with the modern, and many were interested in the cradle, but preferred the kiddie-coop and cot, while Peter, the demonstration doll, and who occupied the kiddie-coop, was desired by the children, many of them coming again and again to see him.

The placing of placards on the different exhibits, as, for instance, "Baby should sleep alone," assisted me greatly and made it possible for the people to ask more intelligent questions.

Almost as many men as women came to see the exhibit, and remarks such as "Very enterprising"; "This exhibit is not only good to look at, but means something," were a few of those overheard.

Mrs. D. W. Sutherland was my only assistant in getting the exhibit ready.

M. R. McClung, R.N.

PROBLEMS OF THE PUBLIC HEALTH NURSE.

The first and, I might say, one of the foremost problems that a Public Health Nurse has to face is, strange though it may seem, her committee. A committee in charge of a Public Health Nursing Association is composed usually of public-spirited men and women, who are elected by the residents of the district in which the association operates.

These men and women as a general rule have the true interests of the association and work at heart, but often they lack the necessary knowledge and education in rural nursing, which makes it difficult at times for the nurse. They are anxious to be able to present a good report at the end of the year to the people who elected them to act in their interests, and for this reason are apt to study the dollars and cents before service.

True, the dollars and cents must be looked after, and it is certainly up to the committee to see that the money is spent economically and without waste, as far as is consistent with good service; and sometimes one or two of the overzealous will quibble over trifles which would mean an almost negligible saving to the funds of the association, and at the same time do more harm than good with the general public.

They fail to realize sometimes that the nurse in charge has, as a rule, had many years' experience in this particular line of work in different parts of the country (I am speaking, of course, of the thoroughly experienced nurse), and that her judgment is based upon the study of the people with whom she has to deal and the conditions under which she has to work, and that that judgment is usually sound and reliable.

I am not suggesting that the nurse should be in a position to dictate to her committee—far from it; she is usually quite satisfied to leave the business management in their hands, but in some cases, when a question arises regarding some little point in the administration of the service, it would be well if the committee were to ask the nurse's advice before coming to any definite decision. Much trifling comment and criticism would be avoided if this practice was adopted.

Suggestions for overcoming Difficulties and solving these Problems.—I would suggest, by a course of lectures or talks by some of those in authority in public-health work, and under the direction of the Provincial Board of Health, at the meetings of the Committee or Council, to educate the members regarding the true, fundamental principle of a public-health service; to bring to their notice the vast difference between a public-health service and an ordinary professional nursing service, or other professional service. Their attention should be drawn to the fact that the people who are supporting the service by voluntary taxation have a right to consult the nurse on small matters, by phone or personal calls, should they so desire, without being called upon to pay the nursing fee, as they would if her actual professional services were required.

The result of these talks would be an enlightened Council or Committee, and they, then, in turn would give careful consideration to the election of their Executive Committee, and appoint men and women with a view broad enough to overlook petty trifles and constructive enough to accept suggestions offered for the upbuilding of the service, even though such suggestions may not happen to just coincide with their immediate views.

H. Kelly, R.N.

KEEPING OUT OF RUTS.

By Dr. C. E. A. Winslow.

The point that seems to me of major importance is the necessity of keeping your sense of your work vital, not getting into a rut, not taking the day's round as a day's round of so many places to visit, so many tasks to perform, but cultivating awareness of the possibilities and of the purpose of the work of your organization. Do you remember the story of the ship off the north-east coast of South America, on which the drinking-water had given out? The crew were almost at the point of dying from thirst, when they finally saw a steamer approaching and hoisted a signal of distress. When the steamer came nearer they signalled they were in need of water. The steamer ran up the reply, "Let down a bucket where you are." The suffering crew thought they were being mocked; but after the signal was repeated several times, at last they did let down a bucket and found the water was fresh. They were in the mouth of the Amazon River, where it flows in all its freshness far out into the sea. We are constantly looking for inspiration and encouragement, for big and stirring things outside. The needed inspiration can be found in our daily work if we realize to the full what the public-health campaign actually means and what it is accomplishing.

Remember, too, that you are never alone in the performance of the great tasks to which you are dedicated. The nurse has a tradition; she stands for something.

She is a member of an organization; but she is more than a member of her organization. She is the link between the public-health science and the community. I was tempted to put the name of "Louis Pasteur" on the chart instead of "Public-health Science," because you are carrying the message that Pasteur first discovered in that dingy little laboratory in the Ecole Normale, and that scientific men all over the world are still working out, down to Dochex and his scarlet-fever serum in New York City. The wonderful struggle for the betterment of existence through the healing touch of science in your hands. You are the channel through which the stream flows to the people. You are part of the great sweep of human progress toward a safe and richer life for all mankind.

PUBLIC HEALTH NURSING IN NANAIMO.

Nanaimo is very happily situated for public-health work; it is not too large, easy to get about in, with very little unemployment. A small monthly fee of about $1 provides the service of a doctor for all the employees of the Western Fuel Company and their families. This company's medical service does not include dentistry or the services of a specialist for eye examination. It does, however, provide the service of a doctor for adenoid and tonsil operations, the people paying a small fee for the use of the operating-room and a charge for the day or so they spend in hospital, which usually amounts to about $5 or $10.

Thinking over the work here, our first impressions were the same—namely, how much educational work was needed before any results could be expected, other than those obtained from individual instruction.

The educational work has gone steadily forward in the schools since September, 1923, and in the Nursing Service since May, 1924. Much has been accomplished through the distribution of literature, talks in the class-rooms, talks at Service Clubs, etc., but we still feel the need of "convincing" many of the people and have them assume personal responsibility for themselves and their children.

In the schools, for example, small cuts and abrasions often become infected unless the child comes daily to the School Medical Office for dressing. Soap, hot water, and clean cotton are all that is necessary if treated at the time of injury, and once a day for a short period.

Our greatest advance in the schools has been in the daily care of the teeth. In December, 1923, the dentists made a survey of some hundreds of the pupils and their report convinced the people beyond a doubt that the teeth need daily care at home, as well as regular examination by the dentist.

The regular work in the school has been interrupted by an epidemic of measles and of impetigo in 1923 and 1924, and by scarlet fever in 1924 and 1925. The epidemic gave us an opportunity to instruct in a very practical manner the source of infection, the transmission and the prevention of disease. That the latter is really a matter of individual responsibility was brought home to the pupils as each new case developed.

The Nursing Service includes the usual work, obstetrical and other bedside nursing leaving little or no time for child-welfare work. The results of the prenatal service is very satisfactory, co-operation with the doctors making it possible to report to them any unfavourable symptoms noted.

The teachers appreciate the literature we have for distribution very much, and requests have come to us for literature from teachers outside of the city, where as yet there is no Nursing Service.

We cannot speak too highly of the interest and kindly understanding displayed by our Boards, an interest that never fails, even though we sometimes feel that the results are slow. The doctors, dentists, the different Service Clubs and all the societies interested in the welfare of the public support our work, and thus we feel that the future holds great possibilities for the results of the last years' educational and practical work.

A. A. Lee.
M. J. Woods.

KAMLOOPS.

The physical examinations conducted in the Kamloops schools last winter revealed, as usual, the glaring need for dental attention. Something should be done, and that right early. When approached upon the matter the dentists willingly agreed to conduct a survey among the school-

children. They spent on an average of probably three or four hours each, and the statistics thus obtained were startling; 87 per cent. of the children showed dental defects, and of these 66 per cent. had need of attention in their permanent teeth.

On completion of the survey I was informed that the School Board were having a meeting in a few days to make up the estimates for the year. This left little time to prepare a comprehensive report which at the same time would prove convincing. However, after its presentation to the School Board, that body considered a school dental clinic so necessary, both from the health and from the economic standpoint, they unanimously appropriated funds to provide equipment for a permanent dental clinic; also sufficient funds to guarantee a dentist's salary for the first year.

Unfortunately for the welfare of the clinic, the School Board's estimates far exceeded those of previous years, with the result that the City Council were thoroughly opposed to the extra expense that a clinic would involve. For the following three weeks "Dental Clinic" was freely discussed. It became the favourite topic of conversation on the streets and a number of letters were published in the local paper "*Re* Dental Clinic." The proposed plan did not lack advertising and parents, I believe, were strongly in favour of its being carried out. Unfortunately a few prominent taxpayers strenuously fought the plan by means of public letters. These letters revealed the fact that there were a number of misconceptions regarding dental clinics in general. There was much talk of a "free" clinic. Strange rumours of mollycoddling were cast abroad and great stress was laid on the big burden the taxpayers would have to assume yearly. And this in face of the fact that full explanation was given in the report, which in turn was sent to press by the School Board.

A combined meeting of the Council and School Board was held to consider the estimates. The Council, feeling convinced they were voicing public opinion, brought the strongest pressure to bear against the School Board's action in endorsing the establishment of a clinic. Although the latter had it in their power to stand by their first intention (funds for a school dental clinic being, according to school law, an ordinary expenditure), the opposition was so strong they decided to cut down on the equipment, but still retained the amount for the dentist's salary on their estimates.

The only alternative now was to find a dentist who would do the work in his office; or, failing that, each man take a share of the work. This, as Dr. Young suggested, would create favourable public opinion and be a stepping-stone to the establishment of a proper dental clinic. Great disappointment was felt when the dentists could not see their way clear to carry out the suggestion, and now plans for a dental clinic must be shelved until the time is ripe to bring them to light again.

In looking back upon the efforts of the past few weeks, it is given one to see where proceedings might have been different and to advantage. Nothing big is accomplished in a day. The vast majority of people are conservative and fight stubbornly against the invasion of a new idea,

especially when they are confronted with it suddenly. It looks strange and, because strange, alarming. But warn them of its approach; talk it over with them; point out its fine qualities; soften its alarming features with reason; then when the stranger arrives the door will be thrown wide and the idea, now no longer new, will be welcomed as an honoured guest.

It was the intention to adopt this method with the clinic idea; to go about quietly with a view to making people anxious to accept the new institution by making them realize how worth while the results would be. Unfortunately, or in this case it may be fortunately, the School Board meeting to consider estimates was held at the time and the matter was rushed to a climax, with a view to saving time. We shall not regret what has taken place, for "clinic" has been discussed and rediscussed among large numbers who ordinarily would never give it a passing thought. Hope is still very much alive and we are looking forward to having a dental clinic in Kamloops, and that in the very near future.

I wish to pay tribute to the manner in which Dr. Young rendered assistance. Never once was I disappointed when I turned to him for advice, and the encouragement I received always brought fresh hope.

MARION FISHER.

KEEPING THE OUTLYING SECTIONS OF A RURAL COMMUNITY SATISFIED WITH THE SERVICE THEY RECEIVE.

In order to keep the outlying sections of a community satisfied with the service they receive, it is necessary to keep in mind the following facts:—

(1.) The residents have less actual contact with the world of affairs, and for this reason probably have more time to think of the service they expect and the service they receive.

(2.) They in all probability value the service given them more than do the residents of the towns and cities.

(3.) There is a feeling (quite natural) in the outlying sections that if the nurse is very busy (overworked) the outlying districts will be the first to suffer, knowing that the nurse will attend to the need that can be relieved at once.

(4.) The following points are to be remembered when working in a rural district:—

(*a.*) Keep in touch with the health problems as they arise by organizing a local committee, the convener of which committee should be a member of your Central Committee, and whose duty it is to report to you at once any problem, such as an epidemic arising in the district.

(*b.*) Work for the close co-operation of the teachers and the members of the School Board, as well as that of the resident doctor, if there is one.

(*c.*) Visit the rural school monthly, making your routine class-room inspection, even if for some reason you are behind in your schedule and it is necessary to postpone some important town work.

(*d.*) Get acquainted with the parents through home school visiting, even when there are no defects to report; the parents will be glad to have you tell them so.

(*e.*) Visit the local committee convener after making your monthly visit to the school; give her a summary of the business transacted at the last Central Committee meeting if she was unable to be present; also visit at least one member of the local Board. Do not be afraid of wasting time on co-operative visits; it is not time wasted, but time well spent, especially in rural districts.

I. M. JEFFARES.

PERSONALS.

The first of the public-health nursing students from the University to come to the Cowichan Health Centre for her rural field-work was Miss Hazel Brunker, who arrived February 15th. Since then Mrs. M. Hyde and Miss Anne Hedley have spent two weeks at the Centre, and Miss J. Campbell is expected on the 29th.

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On February 28th the nurses at the Cowichan Health Centre entertained at luncheon in their quarters, the guests being Miss Morrison, President of the Victoria Graduate Nurses' Association; Mrs. Osborne, Victoria School Nurse; Miss McCormack, of the V.O.N., Victoria; Miss Buckley, Victoria Dental Nurse; Miss Florence Fullerton, Saanich Health Centre; Miss Woods, Nanaimo School Nurse; and Miss Davie, of Ladysmith. After lunch the visitors were taken for a drive through the district.

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