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EDITORIAL.

AS PUBLIC HEALTH NURSES we hear a great deal about "keeping fit," generally applied to our physical well-being. What about "keeping fit—mentally"? A difficult proposition for a Public Health Nurse at any time and under any circumstances, but very hard indeed for the nurse working alone in a rural community. The nurse working alone is the real pioneer in the service; many a large public-health service has been built on the foundation laid by the individual nurse working under great difficulty to carry out a wisely planned programme.

Association with others of her chosen profession is perhaps what a nurse working alone misses most, especially if she has just recently left either her training-school or university. The nurses she comes in contact with are either institutional or private-duty workers, and of course their view-point as to the value of public-health teaching may be very different to her own. At the same time, this association with other nurses should be encouraged, as aside from being very pleasant socially, often is a great stimulant to thoughtful discussions of the value of the service to the people of the district.

Public-health publications of all kinds are of great benefit to the Public Health Nurse; the number a nurse should subscribe for regularly is limited to the amount she feels justified in spending. Perhaps no two nurses agree on just what publication is of greatest assistance to them personally. Generally speaking, a nurse does obtain the greatest benefit from a magazine published monthly which deals with the subject in which she is most vitally interested.

Very few Public Health Nurses can afford to purchase for themselves reference-books which they feel may be of assistance to them in their work, and yet many times do they feel the need for such books and are unable to obtain them from any library to which they may have access. Realizing this difficulty, the Public Health Committee of the British Columbia Graduate Nurses' Association have accepted the offer made them by the Provincial Library Commission to place an "Open Shelf" in the library at Victoria at the disposal of the nurses of British Columbia.

A number of books which are of interest to Public Health Nurses particularly are being purchased, and it is hoped to have them placed

very shortly on the "Open Shelf," so that they will be available for the nurses of the Province. The initial number of books available will not be large. It is hoped the nurses will find them very interesting, so interesting that they will use them constantly, thus proving to the sceptical ones (some of these sceptics being public-health workers themselves) that the majority of the Public Health Nurses of British Columbia are anxious to keep abreast of the times in their own particular field at least.

The offer made by the Provincial Library Commission is a very generous one, for they are willing to place at the disposal of the nurses this "Open Shelf," on which will be placed the books handed over by the British Columbia Graduate Nurses' Association, the Provincial Board of Health, or any one interested; to add new volumes from time to time as the nurses themselves demonstrate their interest in the library; also they are willing to pay postage one way, the individual borrowing the book to pay return postage. A bulletin giving a list of books available and their authors will be mailed to all Public Health Nurses in the Province.

Realizing that public-health nursing is an interesting and all-absorbing profession, it is not surprising that Public Health Nurses, in an endeavour to keep pace with the progress of their profession, lose sight of the fact that in order to keep fit mentally it is necessary to keep in touch with what is happening in the world outside their own particular sphere. Remembering this, an effort should be made to attend on all possible opportunities lectures on topics of general interest, recitals, concerts, and other entertainments that may be given in their district. A subscription to a publication of general interest will add greatly to their pleasure and interest in life, thus increasing the Public Health Nurse's efficiency in handling the problems that crop up in her daily life.

ISABELLE M. GIBB.

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SCHOOL NURSING.

Now that medical inspection of school-children, or, as it might be more correctly termed, health supervision of school-children, has been carried on for a number of years, we are reaching the point where we feel that an attempt to evaluate results is warranted.

When medical inspection of school-children was first established, its main purpose was the control of contagion; later was added the physical examination for the detection of remediable defects; while these two objectives are still prominent, a third and a most important has evolved, that of health promotion by means of education in healthy living.

We are reminded that public health has in its development passed through three eras. The first, beginning about one hundred years ago and lasting thirty or forty years, was the era of suppression of disease and was based on the theory that illness was caused by filth. This might be termed the age of sanitation. Following this was a period of disease-prevention, when greater efforts were made to control the environment and regulate the movements of individuals when they affected the public health. The third era has only just begun. It is an era not only of the suppression of disease through sanitation and of disease-prevention, but includes the education of individuals on personal hygiene and rules of right living and in health promotion. In the present-day conception of public health the school-health service occupies a most prominent and important place. Through its specially trained health-workers the school-health service is able to bring to the children, the teachers, the parents, and the community expert information in the three fields necessary for public health—namely, sanitation, preventive measures, and personal hygiene and health promotion.

Can we truly say that health supervision of school-children is showing results, and is accomplishing those things which it set out to do in the prevention of contagion—the detection and correction of physical defects and education in healthful living? Measuring the results of health-promoting activities is difficult, but perhaps a few figures from the report on the Vancouver City schools, as they afford the largest group and as a system of health supervision has been established for a number of years, might be considered. The records show a steady decrease in the number of children found with physical defects of various kinds. For example, in the last few years, malnutrition has shown a decrease of 10 per cent.; enlarged tonsils, 25 per cent.; defective vision, 25 per cent.; and defective teeth, 33 per cent. What is making the difference? We think that the answer can be found in the growing realization on the part of parents, teachers, school officials, and the general public, through health education, of the importance of knowing and applying the principles of sanitation to home and school environment, of the use of modern methods for prevention of disease, and to the education of individuals in personal hygiene. It is resulting in the saving of thousands of dollars to the ratepayers through saving of school-time, not only by preventing loss of school-time through preventable illnesses, but also by the increased ability of the children, through improved health conditions, to take greater advantage

of the facilities provided. It is a well-known fact that children suffering from various physical defects constitute a large percentage of the "repeaters" in schools. In addition to this is the time saved by the prevention of the spread of contagious diseases by the early detection and isolation of infected children, which can only be done by trained health-workers. By this means others are protected from infection and illness prevented which might cause not only a loss of school-time during the active course of the disease, but also be followed by after-effects resulting in poor health and lowered efficiency in later years. A year ago certain regulations in connection with the control of infectious diseases were issued by the Provincial Board of Health, which are applicable only in communities in which an adequate school-health service is maintained. After operating under these regulations for three and one-half months, it was found that in the Vancouver City schools 60,000 school-days at an approximate cost of $18,000 had been saved. At the same time results proved conclusively that a maximum amount of protection had been given the pupils in the schools.

Through the activities of school-health workers, many harmful environmental conditions in school, such as improper lighting and ventilation, unsanitary and inadequate lavatory and toilet accommodation, and other unhealthy conditions, have been brought to the attention of the authorities and remedied. Special classes for handicapped children, such as open-air classes for delicate children, sight-saving classes for those with impaired vision, remedial classes for the correction of postural defects and deformities, special instruction and care for undernourished children, and dental clinics, have been established, all contributing to the improvement of child-health.

The importance of healthy children to the community and to the nation has been too often demonstrated to be doubted, and no effort is too great which will bring about this objective. The promotion of health is work for the community, for parents, teachers, and the children themselves, and for co-ordinating their work and stimulating their efforts the Public Health Nurse, with the school as the centre from which her efforts radiate is essential. School-health work is a part of the great modern public-health movement; and what is public health? We cannot do better than quote the definition given by Dr. C. E. A. Winslow, Professor of Public Health in the Yale School of Medicine, who says: "Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual a standard of living adequate for the maintenance of health; organizing these benefits in such a fashion as to enable every citizen to realize his birthright of health and longevity."

ELIZABETH BREEZE, R.N.,
Head Nurse, Vancouver City Schools.

THE PUBLIC HEALTH NURSE.

Public health is not new, but during the past twenty years it has developed greatly. However, there is still a growing field, and a field in which the public is realizing to an increasing degree the value of effective work.

The nurse has been an indispensable factor in public-health service. She is a link between the school and the home, the community and the home. She, it is, in many cases who has the responsibility of getting over into practice the principles of the new gospel of health-teaching and breaking down old prejudices.

The attitude of the nurse toward the parent and the home is vital. If she is to be a success a friendly relationship must be established. How often one feels an antagonism which gradually becomes less after one or two home visits until there is a feeling of friendliness. This friendly feeling when once established has considerable value in gaining the parent's co-operation. Very often the attitude of the child towards the nurse and toward health-work helps or hinders accomplishment in the home.

The nurse has made school medical work truly effective. Her activities in the discovery of physical defects and in gaining the co-operation of the parent in having them corrected are important phases of the work.

In fighting tuberculosis, as well as in preventing other communicable diseases, the nurse can play an important part. She must not only be grounded in the care of the actively tuberculosis patient and keenly sensitized to her responsibility for the protection against the disease of all members of the patient's family, but she must constantly be on the alert to prevent the occurrence of the disease in susceptible or predisposed individuals. Through her contact with the children in the school and the parent in the home she becomes familiar with home conditions and environment. After finding out all the positive cases in the community she can keep a close watch on the contacts. Children suffering from malnutrition and other defects are also carefully observed, and she sees these children have periodic examinations and emphasizes the necessity of healthful living. Tuberculosis is a disease to be conquered or prevented only by the regular and persistent practice of proper health habits.

In recent years since better and more complete census reports have begun to be made have people become aware of the overwhelming total of yearly deaths of mothers and infants. It has always been recognized the maternal mortality in childbirth is preventable. Florence Nightingale said: "Lying-in is neither a disease nor an accident, and any fatality attending it is not to be counted as so much per cent. of inevitable loss. On the contrary, a death in child-bed is almost a subject for inquest. It is nothing short of a calamity which it is right we should all know about, to avoid it in the future." What was true in Florence Nightingale's day is doubly true in ours. The Public Health Nurse can do a great deal in lowering this appalling death-rate. Persuading the prospective mother in the early stages of pregnancy to obtain a physician's advice might

prevent the catastrophe of a motherless home. The nurse can also teach her how to guard her own health, so that when the baby comes it is endowed with the richest of all heritages—health.

After the baby comes, the mother, especially with her first-born, needs expert advice in the care and feeding of her infant. She should be advised on the importance of breast-feeding, which should be firmly established.

The nurse in the community should see that the 'teen-age girls have instruction in child-care. The girls of to-day are the nation's future mothers.

The duties of the Public Health Nurse are many and varied. Pre- and post-natal work, infant and child welfare, bedside nursing, tuberculosis-work, the prevention of communicable diseases, and teaching health are all a part of her programme.

P. CHARLTON,
Armstrong, B.C.

ARMSTRONG.

The following essay will show the results of the teaching as conducted in the health classes. The writer is a girl of 13 and the essay is her interpretation of the lessons received from the Public Health Nurse. Health habits have been implanted in this child. Is it not worth while?

CARE OF BABY.

Nearly every one loves babies, so they would not want the baby to be unhealthy because of improper care. For the first few months baby does nothing but eat, sleep, and grow.

The baby's clothing calls for great care. It should be suitable to the season, neither too warm nor too cold. When baby is taken outdoors the clothes should be warmer than usual. They should all be made to open down the front and the weight to hang from the shoulders. The vest might be of silk and wool, which is better than pure wool. When washing the clothes, never starch them, but wash in warm water with some nice soap. Do not blue the diapers.

The young baby's food consists mostly of mother's milk, but as he grows older other foods may be added. From an early age baby should have orange or tomato juice every day as well as cod-liver oil.

Sleep is Nature's way of resting the body, and the younger a child is, the more sleep it needs. A young baby should sleep at least nineteen hours out of the twenty-four. When possible baby should sleep alone. Baby should not be allowed to sleep with a bottle or a pacifier in its mouth. The room in which he is sleeping should be screened, cool, well ventilated, and free from flies.

When preparing to bath baby be sure to have everything ready. The clothes may be put out on the table ready for putting on baby afterwards. All necessary articles, such as soap, powder, towels, vaseline, and boracic acid, should be put on a tray near at hand. The temperature of the room is about 70° and the bath-water about 98°, or body-temperature. Have a

separate towel and wash-cloth for the face and body. Never leave baby in the bath very long as he may catch cold.

Play is good exercise for all babies. Toys should be given that are washable and too large to be put easily in the mouth. Baby can be put on a bed with just a few clothes on each day, so as to kick and strengthen the legs and arms.

Fresh air prevents colds and should be indulged in at an early age. In the summer take baby outdoors for a walk or put the carriage in a shady place and screen from the flies; then allow baby to sleep quietly. In the winter take him outdoors if possible, or, if not, dress him in his outdoor clothes and open the doors and windows for an hour or two.

Begin to train baby to good habits when he is young. Bad habits are easy to form but hard to break. One of the worst habits is persistent crying when all baby's wants have been seen to. To break it, first see to all baby's troubles; then let him cry himself to sleep. A pacifier is bad for baby as it is both dirty and dangerous, often spoiling the shape of the mouth and causing adenoids.

To kiss a baby on the mouth is neither clean nor desirable. When carrying baby always support his head and back. Do not lift him up by the arms.

The nursery should be a large, well-ventilated room, screens on all windows and doors. The lights should be protected and out of baby's reach. Everything from the curtains to the floor and furniture should be plain and easily kept clean. White is the best colour for the furniture. Shelves may be put along the sides for baby's toys. The temperature should be kept even at about 65° to 68°.

KATHLEEN CROZIER,
Age 13, Armstrong, B.C.

POST-GRADUATE WORK AT COLUMBIA UNIVERSITY, NEW YORK.

In choosing a subject upon which to write, I am confronted by so vast an array of public-health agencies, all doing good work, much of it new, experimental work, it is difficult to determine what would be most interesting and valuable. There is the splendid work of the Henry Street Visiting Nurse Service, of which we all heard while taking our courses at the University; the Maternity Centre Association, which does a tremendous volume of the maternity-work. When it is remembered there are approximately 125,000 babies born in New York City every year, of whom probably 50 per cent. are born in institutions, it will readily be understood what demands will be made on an organization of this nature.

In 1924 the American Red Cross, Henry Street Maternity Centre, and the Association for Improving Conditions of the Poor decided to merge their activities in a given area of the city, for a period of a few years, in order to experiment with the value of generalized *versus* specialized services. A total annual sum of $65,000 was contributed and the East Harlem Nursing and Health Demonstration was established.

The budget thus secured provided what was probably a larger sum than had been available hitherto for public-health nursing in an area of equal size and population. The Demonstration was therefore an experiment in the co-ordination of nursing activities, with sufficient funds for the development of a programme approximately adequate to community needs.

In a district such as that in which the Demonstration is located, clinics for the health examination of children and adults is indispensable. To supplement the work of the Public Health Nurse, definite provision was made for the inclusion of a programme of nutrition-work with the nursing and medical services.

The Demonstration planned to lay special emphasis on experimentation in fields that had hitherto been somewhat neglected, particularly in health-work for the pre-school child. As that is one phase of our work in British Columbia that has not received its full due of attention, a brief account of some of their procedures might be of value.

Three rooms have been provided for the clinic—one, for the doctor; one, a consultation and demonstration room for the adults to talk to the nurses or nutrition-workers; and the third, a waiting-room. In the last room are the "aids," girls who are paid a regular though small salary to come and look after the children while they are attending clinic, take cases to hospital, set up the equipment, etc.

The rooms are a distinct departure from the uniform white walls of the average clinic. The walls have been tinted in harmonious colours; pretty, daintily made, coloured curtains cover the windows. The rooms are made just as attractive as possible to serve as models which the women frequently copy at home. There is nothing at all pretentious about any of the rooms. The whole purpose is to set mothers and children at their ease immediately.

There is a large personnel in attendance at each clinic to ensure adequate educational work. The same quarters are used for the prenatal, infant, and pre-school clinics. The average attendance at each will show six to seven prenatal examinations made, or fifteen to eighteen infants examined, or twenty to twenty-five pre-school children cared for in the course of one clinic. They have established the practice for the nurse to do all the vaccinating for smallpox and to give the toxin-antitoxin treatments, but only when the doctor is present.

From experience they have found that to secure the best results from their physicians, voluntary service is eliminated entirely. Accordingly, the doctors are carefully selected for each clinic and receive a regular salary of $4 to $5 an hour. They have found it is wise to pay him even for occasional days, when because of a holiday no clinic is held. They have estimated that each type of clinic costs from $800 to $1,000 a year! This includes all items excepting the nurses' salaries. Will it not be a grand day when we can estimate even an approximate amount for our clinics in British Columbia?

In the waiting-room on the pre-school clinic days is a set of equipment guaranteed to bring joy to the heart of any youngster—big blocks, balls, crayons, cut-outs, books, beads, etc. Frequently an elder sister

accompanies the child to the clinic. This is especially true for the Saturday morning one. These big girls are taken in hand by the nutrition-worker, who teaches them simple lessons in preparing food for the little ones of the family.

I was particularly interested in the methods employed for testing the eyes of these little pre-school people. The Snellen "E" chart is used rather than any of the pictograph charts, though they are at hand also. A regular game is made of the test. In fact, at no time is it mentioned that the eyes are being tested.

The game is never hurried. That is one point that is always stressed. Because a little child is apt to become confused when attempting to concentrate on one letter when it is mixed up among a lot of others, a piece of dark cardboard, large enough to reach across the width of the chart, and with a small square cut in it, is placed over the chart so that each letter appears to be in a tiny box. The children may not understand all the directions, but they love to show which way the "legs" of the "E" point.

It has been found the children become less fatigued if a routine of first the right eye, then the left, is always followed. Any abnormal conditions, such as frowns, scowls, squinting, holding head on side, stooped shoulders, or an irregularity in the way the eyes focus, are noted.

When there is any reason for the child to go to the ophthalmologist, he is always ready to go to show the nice man how well he can play the game. About 10 per cent. of the children have been found to require glasses. They are never advised for these small children except when absolutely necessary to protect vision or to prevent more serious developments.

MARGARET E. KERR, R.N.

MY IMPRESSION OF PUBLIC HEALTH AT SAANICH.

Not long ago I had to make a decision. Which of the two courses offered the fifth-year nursing students of the University of British Columbia would I take—teaching and administration or public health? My hospital training had shown me what could be expected from the first, but nothing, up until the time I had to make my decision, had been revealed about the last. Public health, therefore, remained a mystery to me, and the fascination that most people have for mysteries influenced my choice. Gradually, then, I realized the extent of the aims of public health; that the preventive side of medicine is to be stressed with the idea of "keeping well people well." This truly was very different from my former views of nursing.

Still intent on finding out more about these new ideas, I came to Saanich Health Centre, and since then have found that a public-health programme is not as easily carried out as the enthusiastic text-books and various types of literature lead the inexperienced student to believe.

The main difficulties that I have met in Saanich have arisen from a public not educated to the facts that the nurses are not solely curative agents, and that the staff of nurses must be increased as the bedside

nursing increases in order to adequately carry out a public-health programme in conjunction with it. Time changes all things and the results of public health as compared with the results of curative nursing are seen only as time goes by. Therefore, bedside nursing, instead of decreasing as it shouuld through preventive teachings, is still very much on the upward grade. Patients once becoming familiar with the home-nursing service will not only call the nurses time and time again, but will also tell their friends, and unless the staff of nurses is increased accordingly, the public-health programme of necessity has to be neglected. Then, again, a great deal of time is spent nursing chronics. Some months the number of chronic nursing cases constitutes nearly 50 per cent. of the total nursing cases. That the people as a whole in Saanich appreciate the nurses more because of their curative rather than their preventive value has come as an almost startling revelation to me. Because the public is always grasping for something tangible, it is hard to make it realize the value of public-health nursing.

However, in order to arrive at a reasonable solution of this "mystery," the absolute requisite of any mystery—time, preseverance, and patience—must be exercised, and I, the veriest of beginners in public health, will hopefully await results.

MYRTLE HARVEY, R.N.,
Saanich Health Centre.

SAYWARD, VANCOUVER ISLAND.

It is with much pleasure that I submit a small article for this year's BULLETIN.

Taking the year all round, the health of the school-children has been good up to February, when most of the children have been absent owing to severe coughs and cold, rather more severe than usual.

The frosty weather in British Columbia does not seem so healthy as the wet weather, but the children all seem to be recovering now, apart from the common colds. The children are very fortunate, for during my eight years' residence in Sayward there have been no infectious diseases.

The dentist was in the valley last August and through the help of the Provincial Board of Health attended to all the school and pre-school children's teeth, many of the residents also taking advantage of his visit to have work done.

I have also had a supply of useful and instructive literature for children and mothers from the Department and distributed same at various times.

Several expectant mothers have had and enjoyed reading the prenatal literature and letters supplied on request.

The Upper Sayward School has started a "Junior Red Cross" lately and seem very enthusiastic over it. They enjoy reading the monthly letter and book sent out.

They gave a whist drive and dance and realized a few dollars, some of which they are sending to the Junior Red Cross for the Solarium.

The usual annual fair was held in September. The school-children's entries made a very good showing and there were several prizes taken among them.

I would also like to add a word of thanks to the Provincial Board of Health for their help and advice to me when I am in any doubt, also to Drs. Stringer and Mills, of the Columbia Coast Mission, who I can usually reach by telephone if I want any advice in regard to removal or treatment of a patient.

EDITH M. WALLS.

QUALICUM AND DISTRICT PUBLIC HEALTH ASSOCIATION—CLASS-INSTRUCTION.

Since my arrival in this essentially rural district I have been rather surprised and very gratified at the keen interest evinced by both children and adults in educational work as a means of prevention of disease.

I think all will agree with me when I say that the average Public Health Nurse, fresh in the field, dreads the very thought of giving class-instruction. I shall never forget how my knees shook and how very far distant my voice sounded when I gave my first health-talk to a class of school-children. What a sigh of relief when the ordeal was over! And yet it had to be done, for is not education the first step in prevention? My experience is that repetition is the only means of banishing this form of stage-fright, and one grows to enjoy rather than abhor instructional work.

In my district the majority of the boys and girls have not had the benefit of the training which is accorded to Girl Guides and Boy Scouts—even the elementary first-aid which aims at making them cool and observant in emergencies and dexterous in the application of their knowledge. For this reason I organized a class among the senior pupils of French Creek School and gave a course of twelve lessons. All attended regularly and showed keen interest and proficiency.

In times gone by, in cases of communicable disease, the cry was: "Children must have it; let them get it while they are young and be done with it." But with what dire results! Now, fortunately, the majority of mothers are beginning to realize that all communicable diseases are prevention. "But how; and what are the first symptoms?" one hears on all sides. What better way to reach the majority than by class-instruction, especially as it gives rise to much desirable discussion?

We all realize how essential it is to have the patient intelligently cared for in the absence of the nurse. It is surprising how few untrained women know how to apply even a simple fomentation. Suppose the doctor has ordered hot fomentations for a suppurating finger—on goes a messy bread-and-milk poultice! It is not infrequent to hear of a strained back "because when father was ill he was too heavy for me to lift"—when all she needed was to have been shown the knack of turning a patient. There is so much that can be taught by means of organized home-nursing classes; many can be reached in this way who could not have individual instruction, as the average nurse is far too busy.

Think of the confidence that can be instilled into the potential mother by the aid of Little Mothers' classes. How many bitter tears for the parent and injuries to the infant could be avoided when the young mother bathes her baby for the first time!

I find that a set course of lessons, with practical demonstration, given regularly, is of much more value than those given sporadically. Instructive work is such a worth-while phase of our life as Public Health Nurses that it should occupy a greater portion of our daily routine than it does at present. We are repaid many times for our trouble when statistics slowly but surely show a decline in physical defects and deaths which are well known to be so largely preventable.

MARGARET M. GRIFFIN, R.N.,
Errington, V.I.

COWICHAN HEALTH CENTRE.

I suppose most of us who are active in the field of Public Health are from time to time surprised and somewhat shocked at the ignorance still shown by many people of our work, our aims, and ideals; in short, our *raison d'être*. By many we are still looked upon simply as "the district nurse"—busy, no doubt, when there is much sickness about, but at other times probably leading a fairly easy life, waiting about for calls! They do not realize that we might be more consistently busy if we had no bedside-work at all, as then we should be able to arrive at a fuller and more regular programme of educational work. But the needs of the community in this respect have to be met, and, after all, the bedside visit has its uses from the educational standpoint too.

Of course, time and education are gradually changing this view-point, but what can be done to hasten the process? We do want the people to get hold of that idea "prevention." Too often, much too often still, do we hear the fond parent say: "When he's sick I'll take him to a doctor; that's soon enough"; and so we see the child gradually acquiring ill-health from defects unremedied, or the infant becoming an undernourished or rickety child through a faulty diet. However, we must not despair, but peg away and have patience. Publicity, and more publicity, is what we want—access into more and more homes.

This publicity is achieved to a large extent, of course, by talks to different groups, such as the Women's Institutes, the Parent-Teacher Associations, and student nurses; but then there are a great many people who belong to no organizations and never attend meetings of any kind and have no time for reading. These can only be reached by actually visiting them in their homes. Every new home to which we have access is a fresh opportunity. For this reason we like to visit as many parents of school-children as possible, even though there is no actual defect to bring to their notice. To every home where there is a young baby we have that never-failing "open sesame"—the scales! What mother can resist them? And then having weighed the baby and discussed its feeding, all sorts of little matters concerning the health of other members of

the family may be brought up, and we get a good chance to explain our work and what we aim at doing.

The value of the scales as a publicity agent was also brought home to us at the last fall fair in Duncan. We had an exhibit showing the three main branches of our work, and of these there is no doubt that the infant-welfare section proved the chief drawing-card. Here we had our baby-clinic scales, and a nurse present to weigh babies and give advice on their care to any mother who liked to avail herself of the opportunity, and to learn of our child-welfare service. We found many interested mothers and fathers and took the names and addresses of several new babies to be followed up.

And so, opportunities of getting the idea over to the people come to us in many different ways, and the great thing is for us to be always on the alert not to let any of them slip, for if much seed is sown, surely some will bear fruit.

M. Claxton, R.N.,
Duncan.

OLIVER, OKANAGAN FALLS, AND OSOYOOS DISTRICT.

Since the district was only opened on November 26th, 1928, there is very little to report. The area covered extends from Okanagan Falls southward through the fruit country at Oliver and on to Osoyoos, a distance of about 28 miles, including the Indian reserve 8 miles east of Oliver and scattered ranches at White and Green Lakes.

The roads are nearly all gravelled and passable most of the year, making transportation easier than in some districts. We get about in our new coupé, which is very comfortable.

The people are progressive and co-operative, and we also find the local physicians ready to help the work along.

The report of visits to the end of December 28th is as follows: Seven to schools and ninety-four to homes for interviews relating to the organization and in the interests of school and small children. There were twenty-five nursing visits, making a total of 126.

We have only made a start as yet, but the work and district promises to be interesting, there being plenty of opportunities for carrying out a general public-health programme. The people are asking for classes, such as first aid, etc. We hope to have activities of this kind started in the near future.

M. A. Twiddy, R.N.

THE HOME SCHOOL VISIT, SAANICH.

The duties of a School Nurse are almost innumerable. Unless there is an adequate number of nurses in any one district, some part of her work is necessarily neglected.

The nurse must be present during the School Medical Officer's yearly examination of all the children. This is necessary for several reasons.

Parents are more inclined to object to the procedure if a nurse is not in attendance. Again, the nurse cannot have a complete knowledge of the physical condition of each child unless she sees the examination. This takes up a great deal of time.

Weighing and measuring, routine skin inspections, checking up infectious diseases by inspecting contacts daily and looking up absentees, making arrangements for those unable to pay for dental treatment, care of minor skin infections in the school, so that children may not lose unnecessary time for school, keeping adequate records; these and many others are the essential duties of a School Nurse.

What time, then, is left for home school visiting? It is very easy to send home notices concerning defects which the school doctor's examinations have shown, but of what use is it to find hundreds of defects year after year and not have the greater proportion of these corrected? Home school visiting is the only solution of this problem; because the necessity of this is not as urgent as keeping the school free of infections, the home school visiting is put off from day to day in the hope that more time may be available later.

Not one visit but two, three, or four may be necessary. Hope for correction of defects should not be given up as long as the child is at school, because sometimes the sixth or seventh visit will accomplish what has been apparently hopeless on former visits.

There are many reasons why parents need individual attention from the nurse before results are encouraging. The stumbling-block is very often lack of funds. The nurse can usually make some arrangements for such cases if the parents are willing to co-operate, but home-visiting is the only way to accomplish this.

Prejudice is perhaps the most difficult with which to deal. Here we not only have to wear down one set of ideas, but to build up others in their place. This is practically never successful on the first visit. In many cases faddists and quacks have reached the parents before the nurse. The problem is then increased tenfold.

There is also the indifferent parent. Many times we have found that the mother has completely forgotten what defects the physician has discovered. In the face of such indifference one visit is hopelessly inadequate. Often after two or three visits the objective is reached, and we feel that the time has been well spent.

In some cases, if we can point out for what reasons a certain defect should be corrected, we are successful. For instance, if we can convince the mother that infected tonsils or decayed teeth are the causes of repeated attacks of cervical adenitis or that frequent sties are the result of eye-strain, we have no difficulty in persuading her to have these corrected. Whereas a notice to the effect that glasses are needed is ignored unless the child complains that he cannot see.

The causes of malnutrition in a child can be discovered only by close questioning of the mother and investigation of the home conditions. Frequently one visit will correct all the trouble and a healthy, happy child is sufficient reward for the nurse's care.

During the home school visits we can often persuade the parents of the necessity of having their children immunized against smallpox and diphtheria, where a notice is absolutely ignored. Preventable infections are a blot on any community and it is largely due to the efforts of the Public Health Nurse that immunization can be carried on.

Home school visiting is so vitally important that it is better to neglect some other branch of the work if it is absolutely impossible to cover all the field.

ESTHER NADEN, R.N.

THE COWICHAN DENTAL CLINIC.

This short article is not to tell you the whys and wherefores of starting a dental clinic. It is merely to inform you how the Cowichan Dental Clinic is carried on and the need it fills in the district. Mrs. Moss, our President, was the originator and director of the scheme, which enabled Duncan and rural schools to have the services of the dentist at minimum charges.

Our clinic is carried on within the school itself. Usually the teachers' rest-room is the most convenient place to set up our dental chair and table. But in rural schools we are enthroned in the cloak-room amongst rubbers, gum boots, and coats; or, when the sun is shining, outside on the stoop.

On our first visit to the school, Dr. French, the school dentist, examines the children's teeth. The nurse fills out the cards, marking the defects, and the cost of the dental repair is added by the doctor himself. The dental cards are then explained to the children and sent home for the parent's signature. A week or so is allowed to elapse before the second visit in order that all the cards will have been returned. Then the actual work begins.

The children are very interested in the dental work. It is very gratifying to the nurse to find her sometimes languid listeners so enthusiastic and interested. The boys and girls themselves are very anxious to have their teeth attended to, but a few of the parents are not so co-operative. It often requires two or three home school visits, plus plenty of common-sense reasoning, before the parents will comply. After the consent of the parents it is plain sailing.

"Oh, for a stimulus to our health-teaching," is often the cry of our School Nurse. One answer to this cry seems to lie in the visits of the dentist and the doctor. These two visits tend to arouse the children to greater heights of interest and attention to health habits. Such visits are a boon to the School Nurse, who is for ever striving for the formation of these health habits in the young life of the school.

The large Duncan Consolidated School gathers its pupils on buses from a radius of 5 miles distant. Thus a very large area is under the services of our clinic. We, in the Cowichan Health Centre, are very interested in this phase of the work and very anxious to improve, if pos-

sible, its administration. We would appreciate any helpful suggestions along this line. Since the clinic's re-establishment in the last year it has proven to be of great use in the district and we think it is now firmly reinstated.

A. YATES, R.N.,
Cowichan Health Centre.

THE ORGANIZATION OF PUBLIC-HEALTH WORK IN THE KELOWNA RURAL DISTRICTS.

It is a most interesting, stimulating, and (may I add) somewhat alarming experience to be sent to develop all phases of public-health nursing in a territory of some 100 square miles; to be given the opportunity to "sell" public-health nursing to small rural communities, who perhaps have never thought about the matter, or, if they have thought, consider "nursing" to mean bedside care of the sick, and preventive work in general rather a waste of time and very unnecessary! But what a wonderful opportunity to till virgin soil and "make two blades of grass grow where none grew before!" And what satisfaction amid the stress and toil to see the work gradually develop under one's hand!

Kelowna rural districts consist of thirteen small farming communities, scattered over an area of some 100 square miles, each with its school and Board of School Trustees, with a total school population of some 600 school-children.

Six of the School Boards had expressed a desire to the Provincial Board of Health to have a School Nurse, and it was my duty also to visit all the other schools, and convince the ratepayers and School Boards of the value of the health service which could be rendered in their schools and in their community life in general.

On reviewing the total situation and planning a programme, there appeared to be six main avenues of approach. It would be necessary to enlist the sympathy and co-operation of the local physicians, the teachers in the schools, the mothers in the homes, the local women's organizations, the Boards of School Trustees, and the ratepayers at large.

The first step, therefore, was a personal call on each local physician, armed with a letter of introduction from the Provincial Board of Health. In this interview I endeavoured to explain just what I was planning to do, offered my services and co-operation, and asked for their sympathy and co-operation with the work. Here I had a most encouraging and kindly reception. This step is placed first because I feel that in any health scheme it is most important that the local physician should be in sympathy with the work, for they have the confidence of the public at large and have it in their power to greatly hinder or greatly assist the Health Nurse and Medical Officer of Health in their work.

The next step was a call on the Inspector of Schools, which also met with a very kind reception. He very kindly gave me letters of introduction to all the teachers, asking for their co-operation in the schools. These letters were invaluable; they gave the right note to the entry of the School

Nursing Service and secured the splendid co-operation of the teachers, without which the work is so much hindered and its effects neutralized.

So far for the schools, but how was the infant's and pre-school child-welfare programme to be promoted?

Most fortunately there were in four of my districts three local Women's Institutes and a Women's Club. A chat with some of the members and a letter to the secretary, asking for their help and interest, resulted in an invitation to speak on child-welfare work at the various monthly meetings. These opportunities were eagerly seized and the value of child-welfare work and clinics put before the members. Here I met with a most cordial reception and found the members much interested in the health service and willing to co-operate in the promotion of local well-baby and pre-school clinics. I have found that the Women's Institutes in any community are the most invaluable allies in the promotion of health-work in all its phases. It is often the institute which has sponsored the idea of a Health Nurse in the first place, and which holds out a welcoming and helpful hand to the nurse when she arrives.

The next step, of enlisting the sympathy of the mothers, was carried out by home-visiting to infant, pre-school, and school children and to the expectant mother. In a few cases of severe illness a practical demonstration of bedside nursing was given, but it is impossible in a large, widely scattered area, served by one nurse, to give a generalized nursing programme, because it interferes so much with the time that should be devoted to educative work in public health. Even so, the Health Nurse is often called in as a consultant in sickness and wins the confidence of the mother in this way, besides being invaluable to the local physician in the report which she is able to turn in to him. When visiting in the districts where the ratepayers in general did not want a School Nurse, I impressed upon the mothers that if they wished to keep the nursing service they must use their influence at the annual meetings of ratepayers. The results were quite good!

The fifth and sixth steps of enlisting the sympathy of the School Boards and of the ratepayers at large were perhaps the most difficult of all.

The school trustees are locally appointed and are guardians of the school finances, and also responsible for seeing that the provisions of the "School Health Act" are carried out in the schools. I have found that a personal visit when troubles crop up, or a round-table conference, explaining our methods and aims, and in which the advice and aid of the trustees is sought as health guardians, is an excellent way of obtaining co-operation and help.

A personal heart-to-heart talk will do more good than a dozen letters, and the trustees are quick to recognize the fact that the Health Nurse really cares for and is interested in the well-being of the children.

We have partly solved the problem of working with thirteen different School Boards by the formation of a Kelowna District Schools Health Association, to which each School Board is asked to appoint a member. This was made possible by the enthusiasm and interest of a public-spirited

citizen, Mr. E. O. MacGinnis, who voluntarily acted as secretary-treasurer and spent much time in organizing the association. To him we owe a great debt of thanks.

The association deals with the partial financing of the School Nursing Service on a *pro rata* basis for each school-child, and also acts as an advisory committee to which the nurse can bring her problems and give reports. At present our executive is working on the problem of a school dental clinic, a difficult problem for many reasons, chiefly monetary. To enlist the sympathy of the public in general takes time and education. An invitation to speak at the ratepayers' meetings was gladly accepted, but the only way to convince a community of the value of the work is by the results obtained.

I could not close a description of organizing public-health work in the Kelowna rural districts without a reference to the splendid co-operation of our full-time Medical Health Officer and School Medical Officer, Dr. G. A. Ootmar. To work hand in hand with a man of his wide experience in health-work is a privilege in itself, and without his appreciative co-operation very little could have been accomplished. And last, but not least, are the understanding and inspiring letters from the Provincial Board of Health, which always seem to come just at the right moment and are a veritable source of inspiration and comfort.

In spite of all criticism and difficulties, it is a joy to "carry on," for the field is so varied and interesting, the opportunities for service are countless, and there is great satisfaction in even a very partial demonstration of what can be done for the good of a community by the installation of a Public Health Nursing Service.

ANNE F. GRINDON, R.N.

ESQUIMALT RURAL NURSING SERVICE.

We all have our different views as to what a health centre should be and how one should be run, and in the hope that this will bring forth some discussion on the subject (probably at the Nurses' Annual Refresher Course), I would like to use the space allotted to me in the BULLETIN this year as a means to broadcast my views as to what a health centre should mean, and be.

In the first place, my ideal health centre should be exactly what its name implies; it should radiate health. There should be no suggestion of sickness in any shape or form attached to it. Its motto should be "prevention by education." It would be a real educational centre, where advice and information would be given, free, to people of all ages.

The "care of the sick" would, of course, still be a very important part of the work, but the real work of the health centre would be "the care of the well to prevent them from becoming sick."

This latter can only be accomplished through the medium of a well-organized health centre, with a well-trained, thoroughly experienced Public Health Nurse in charge, for it must be realized that a nurse with years of experience in the field has a strategic position for the detection

of mental and emotional difficulties, and through her daily experience learns to distinguish between modifiable and unmodifiable human material. There is so much that can be done along the lines of prevention—by education.

My ideal health centre should have its consulting-room, and a "professional" room where children's teeth would be attended to regularly and where children of pre-school years could be brought by their mothers for regular examination and advice regarding proper feeding and the correction of any defects.

And the health centre could not be ideal without the services of a Medical Health Officer who would make every public-health problem a matter for public-health education, and public-health education a personal education for the people who contribute the funds.

"Three score years and ten" has been for generations the accepted term of the life of man. If one happens to live longer than that, as they occasionally do, he is made much of. The newspapers take the matter up and he is interviewed and asked to what he attributes his unusual longevity. And the reasons given all vary; as a matter of fact, they don't know themselves—they are just *healthy*.

The average term of the life of man, as statistics prove, is far short of the accepted three score years and ten. But the Bible says: "And his days shall be an hundred and twenty years." Then let us strive to give man his biblical quota, and let him have a century of life at least. And while we try to add years to his life, let us be sure to add life to his years and make them hale and vigorous.

Through my ideal health centre we should learn to live health, talk health, think health; publish health news in the right way, through the nurse, through the press, by the motion picture, the radio, slogan, and poster, or in any other way. We would *teach it*. Teach hygiene and have our centre a shining example. Teach the value of play and make the centre an example. Teach the value of happiness and the joy of helping to make others happy and make the health centre again an example. Teach the effect of smiles upon the health, and warn against anger and worry, and not only warn against, but do our best to alleviate the worry that most probably causes the anger. We would make the centre a place where people love to come, where they can bring their worries and get them off their chests; where children love to congregate, and where they may learn truths about themselves and life, and how to care for their precious bodies so that they may grow up to be healthy men and women. It is only by education in the matters of health that we shall be able to cut down the cost of the upkeep of our sanatoriums, hospitals, homes for the incurable, and mental hospitals, etc.

Through my health centre we should keep the people up to the times in regard to health teachings, by supplying health literature, holding meetings, giving health talks, organizing health pageants, teaching hygiene, health exercises, etc. Science may outstrip public knowledge, but hygiene remains to serve the people.

Some of these things I have mentioned I am able to do, but not nearly enough. Funds available do not allow a great deal of margin for improve-

ments. However, some day I hope to see my dream realized. In my district we do a good deal of educational work and I am strongly backed by the Women's Institutes and the Boards of School Trustees. Also I have a progressive committee and am confident of their help and support in any reasonable move. We shall continue to work with and for our public until public opinion is strong enough to back all practical, constructive health-building plans.

HELEN KELLY, R.N.,
Nurse in Charge.

VERNON.

About seven years ago the Women's Institute got behind a movement here to secure a District Nurse for the Vernon District. With the assistance of Dr. Young, a very able and experienced nurse was sent. Miss Payne came highly recommended and proved to be a very courageous and tireless worker. In a short time she had baby clinics and Little Mothers' League classes established and was giving health lectures whenever and wherever possible. She worked largely with the Women's Institute and visited outside districts under the auspices of the Women's Institutes. Miss Payne worked in this district for two years and when she left health nursing was well established.

Miss Dunbar was then engaged by the Board of School Trustees as School Nurse. Miss Dunbar did part of the district as well. At the end of the school-year her health failed and she was obliged to resign in June, 1924.

No attempt was made to get another nurse until the end of the fall term. The people had been insistent in their demand for another nurse in the schools. I was engaged as School Nurse in January, 1925, and have held that position up to the present time. Thanks to the excellent foundation established here by the nurses before me, I have had the best of co-operation between the school staff, School Board, and the parents.

A dental clinic was formed two years ago and is in operation. We hope to see a travelling dental clinic, or something similar, for the whole of the Okanagan Valley in the near future.

Baby clinics are held under the auspices of the Women's Institutes, and I also take charge of any baby clinics held at the Vernon Jubilee Hospital.

Home-nursing classes have been carried on for the past four years, at first with the adults as well, but now with the high-school girls only. This year we have two half-hour classes each week.

The School Nurse is also responsible for the teaching of health to all the grades in the public schools. The new text-books on health physiology and hygiene authorized for use in the public schools are excellent; the language is simple and the subjects are presented in a very interesting way. I have found the following additional books very useful: "The Land of Health," by Hallock and Winslow (published by Chas. E. Merrell Co., New York and Chicago), good for Grades III., IV., and V.; "The Most Wonderful House in the World," by Haviland (published by J. B.

Lippincott Co., London and Chicago); "Good Neighbors," by Haviland (published by J. B. Lippincott Co.); "Healthy Living," Books I. and II., by Winslow (published by Chas. E. Merrell Co., Chicago). These books have been a great help to me this year in teaching health to the lower grades.

Junior Red Cross groups have been organized for the past four years in Vernon schools. One of the best meetings that I have ever attended was held by one of the Junior Red Cross groups this month and was conducted by the children themselves.

On the whole, health-work in Vernon is progressing. We need a District Nurse and the Women's Institute hopes to be able to secure one for Vernon and surrounding districts this year.

I am indebted to the Provincial Board of Health for valuable assistance and encouragement in my work here.

E. Martin, R.N.
Vernon.

PUBLIC HEALTH IN NANAIMO.

The aim of all public-health nursing is education in obtaining and maintaining health. This past year there has been more emphasis on that most absorbing branch of public-health work—namely, child and infant welfare.

A list of the births in the district is now obtained monthly from the District Registrar and, general duties permitting, the first visit is made before the infant is a month old. So far there has been not only a hearty welcome for the nurse on her initial visit, but a cordial invitation to return. The advantages of the well-baby clinic are explained to the mother, who is urged to attend. If unable to do so, a monthly visit to the home keeps the nurse in touch with the progress of the infant. Getting the names of all babies from the Vital Statistics Department means contact with a greater number of mothers in their homes, the effect of which is showing in the increased number being enrolled in the well-baby clinic. Because it is through the clinic that the defects which are beginning are pointed out to the mother, advice is given, and then they are urged to consult their family physician for correction of these defects, it is important to maintain in many instances a newly aroused but keen interest.

Last fall, when the Indians returned from the hop-fields, a well-baby clinic was established at the Indian Mission. The mothers are very enthusiastic and strive earnestly to carry out the nurse's instructions. Beginning January, 1929, the entire reservation was placed under supervision of the nurse. The school now has routine inspection; the sanitation and general hygiene of the homes is being investigated; food problems everywhere to be solved; the pre-school child observed and the prenatal patient advised; and so with the application of these preventive measures the Indian tuberculosis menace is being attacked at the roots.

A. Verna Beckley, R.N.

THE VALUE OF PRE-SCHOOL WORK.

In discussing welfare-work, one is prone to speak of infant-welfare work only. Many people think that when a child has reached the second or third year of life safely all the early dangers are past. They think, also, that if the mother has all the available help and information necessary for the weaning and the teething periods she will be quite capable of bringing the child to school age without mishap.

Let us look first at the home conditions of the pre-school child—the child between the ages of 2 and 6 years. Up to 2 years of age the child has been the most important individual in the household. If there is a Public Health Service in the district, the Public Health Nurse has visited it frequently. Its diet and habits have been regulated. Arriving at the age of 2, it is apparently a healthy, happy, normal child. In all probability a baby brother or sister makes its appearance about this time. The centre of interest promptly shifts. The nurse visits as formerly, concentrating now on the new infant. She may inquire about the health of the runabout and give him a cursory glance. Little intensive health-work is done on his behalf. The mother, unless some definite ailment is apparent, feeds him a general diet, clothes him, and puts him out to play.

The pre-school child of to-day is the school-child of to-morrow. A very large proportion of the beginners in a school are hampered by preventable, removable, or curable physical defects. These are defects which should have been observed and remedied during the pre-school years. Many of the dental troubles, tonsil and adenoid involvements, faulty eyesight, malnutrition, and other defects are due to incorrect health and dietary habits. Proper care in the pre-school years may greatly reduce not only the percentage of these defects, but also much of the permanent harm which may be done.

There are two main reasons why this preventive work should take place in the pre-school years: First, the cost; secondly, the permanent harm that may be done. The latter may also be reduced to dollars and cents. It is through the medium of the "last" that the general public may be most easily approached.

A child entering a school with a remedial defect is a constant source of expense. If it be a dental defect, time may be lost due to toothache, time for repair-work, or time and expense due to future complications. If it be a tonsil defect, loss may be due to general ill-health or repeated colds and tonsillitis. If visionary or auditory defects are present, loss of time may be only due to general retardation. Thus the teacher's time is wasted and the progress of the entire class is retarded by irregular attendance. The School Nurse and the School Medical Officer examine the child and discover the defect or defects. The nurse does all in her power to have the defects corrected. It does not mean as a rule one home school visit, but many home school visits and more time expended. Time is money.

The other reason for the removal of defects during the pre-school years is that much permanent harm may be done to the individual. Faulty eyesight which is neglected may become so aggravated that it will in later

years prohibit the individual from earning a livelihood—again a source of expense to the relatives or to the community. There are many defects which can be remedied easily or without surgical measures in the early years. Strabismus is a very important example of this.

A large proportion of the free patients in the public wards of the city hospitals are suffering from chronic heart or rheumatic conditions due to tonsil infections. Many of these could have been prevented in early childhood. They are now a community expense.

In order that the loss of time—pupils', teachers', and School Nurses'—and that the expense of the indigent patient may be avoided, let the pre-school-welfare work be as intensive as the infant-welfare work. It is not necessary that the pre-school child be seen every month. However, one visit will not be sufficient to convince the parent of the necessity for correction of defects. It is only the constant pressure of repeated visits that will bring results. Pre-school clinics with a capable physician in charge are invaluable. In a rural community these may be managed in conjunction with the infant-welfare clinics. Yearly or bi-yearly visits would be sufficient in the case of the normal pre-school child. Intensive follow-up work or repeated visits are necessary when defects are found or general care is unsatisfactory.

NORA HIGGS, R.N.,
Saanich.

HEALTH-WORK IN PORT ALBERNI.

As it has frequently been said, it is difficult to measure progress in public-health nursing. Perhaps a good gauge is the awakening of the interest of more individuals in the community, not only of those who have been helped in time of illness, but also of those who are in a position to guide the affairs of the district.

An encouraging milestone along the way of the health-work here is the well-baby clinic, starting this coming month, as soon as Meads' baby-scales arrive from Ontario. The clinics will be held in the lodge-rooms of the Order of the Moose twice monthly. The use of these convenient and comfortable rooms has been granted for a very small sum for each meeting.

From the interest shown by the mothers while discussing these clinics with them, we are looking forward to many opportunities to aid in the promotion of the health and in the development of at least some of the coming generation. As elsewhere, it is astonishing to note the number who do not realize the importance of breast-feeding, regular and proper feeding of infants, until it is carefully explained to them.

I think the infant-hygiene branch of the work is the most encouraging, as most of the mothers are keen for advice where the welfare of their babies is concerned.

It is gratifying to hear on some visits, "My neighbour told me to give the baby 'potatoes and gravy,' but I wouldn't until I asked you"; or, again, "I thought I should wean the baby, but I waited until I saw you." Such instances as these help one through a day that has its own problems.

The school-work is an accepted fact by an increasing number of parents. This is shown by advice asked for and co-operation given in regard to correction of defects and to the attention to the diet of their children.

Anti-goitre tablets have been given to Grades I. and II. twice weekly as a preventive measure. As they have only been given since last spring, it is too soon to quote their value in lessening of simple goitres. In giving them, opportunities are frequent for detecting infection and impressing the value of good health habits. The tablets are given in a series twice yearly as treatment to all pupils having enlargement of the thyroid. In most cases there is a marked improvement.

The Parent-Teachers' Association manifested its interest and co-operation by donating a large doll and other equipment for Little Mothers' League classes for Grade VIII. The layette was made by the pupils themselves. I do not think too much stress can be laid on the teaching of the essentials of infant-care in the impressionable early 'teens. Too often other interests take up all their attention after they leave school until long after the knowledge is required.

Intelligent interest has been shown by home-nursing classes, also by a first-aid class of a C.G.I.T. group. In this, as in all branches of the service, a great deal of credit for the progress made is due to the committee and a few more unselfish workers here.

While I realize there is much—very much—still to be done, I am hopeful of further progress in the future.

MARY E. GRIERSON, R.N.

LADYSMITH.

My short stay in Ladysmith has not seen anything very spectacular in the work. Public Health Nurses have to be satisfied with constant trifles in the way of effort and improvement. We alternately become cast down and encouraged, and in order to be happy in the work must be content to balance one with the other.

Ladysmith is just now passing through a time of depression. Anything new and causing expense cannot very well be suggested. We sincerely hope that the worst is over and that the city has a great future ahead of her.

The chief efforts of these months have been in connection with the dental clinic. Preliminary visits enabled me to make many contacts in the homes and served to interest the parents in the work of the clinic and their children's teeth in particular. Our dentist, Dr. Verchere, has been able to accomplish a great deal of good work since he started in January and there is much more to be done. The School Board has now a dental chair and the greater part of the work is done in the nurse's room. This makes it easier to deal with the bigger children, as getting them to the dental rooms is quite a problem nowadays. If the greater percentage of the children could be treated one year, quite a small amount of work would be necessary for the succeeding years. With the help of the Gov-

ernment grant, the fee that has been charged is about half-price. Unfortunately some of the parents cannot afford even this.

In this district we have a large percentage of foreigners, especially Finns. Visiting these people, I have been very much impressed with the beautiful cleanliness of the homes as well as the kindly welcome offered to the School Nurse. It is encouraging to hear that the health-teachings are carried home to the parents. These young Canadians understand the speech of their parents quite well, but as a rule answer in English. What a pity it is that some of them consider the language of their parents something to be ashamed of!

The health-teaching has proved very interesting and handkerchief drill with the first two grades most amusing. The teachers show great interest and have been most anxious to help.

With the co-operation of the art teacher—Miss Tranfield—we held a competition in health posters. The four upper grades did these as part of the school-work, and some very fine ones were completed and are now in the nurse's room, where they make quite a good show. A prize was given for boys and one for girls. The principal kindly lent his aid in the judging. So many fine ones were shown that we felt sorry there were no second prizes.

We were fortunate in having a visit from Dr. Lamb in January, when several patients and six school-children who were contacts were examined. The six contacts were all found to be free of disease, much to our joy.

We have started a branch of the Junior Red Cross and find it very interesting. The children enjoy the magazine very much. At present they are making scrap-books and preparing a portfolio to exchange with one from Durban. As this takes up a good deal of time, one of the teachers has agreed to help with this work.

The Little Mothers' League has been very interesting too. An older class of girls would be more suitable for a real mother-craft course, but the C.G.I.T. seems to be enough for them.

The lack of transportation has meant the curtailing of a great deal of the country work, but great kindness has been shown by the teachers with cars and many others on the roads.

At South Oyster the parents are very wide awake and much interested in all the health-teaching. It is reflected in the condition of the children who attend the small one-roomed school.

H. Peters, R.N.

SCHOOL NURSING IN KELOWNA CITY SCHOOLS.

Kelowna is for many reasons a charming place in which to live and work. It is beautiful and has a pleasant climate and delightful people. The population is about 4,500 and most people are connected with some branch of the fruit industry.

I arrived in Kelowna not long before the great annual event, the fall fair. Mrs. Grindon, Public Health Nurse in the rural districts of Kelowna, and myself were asked to put on a health exhibit at the fair.

After due consideration we decided to stress two things: First, immunization against diphtheria by the use of toxoid; secondly, the need of a school dental clinic. In the spring of 1928, during a diphtheria epidemic, much valuable work was done by Mrs. Grindon and Dr. Ootmar, Medical Health Officer for the rural districts. Many children were Schick-tested and a number were immunized. It therefore seemed a golden opportunity to strike while the iron was hot and to place the idea of immunization before the public. Even the short time which I had then spent in the schools had been sufficient to show me the crying need for dental care. Mrs. Grindon's findings in the rural schools showed the same thing. We therefore seized the opportunity to stress this need also. In putting on the exhibit we were aided financially by the local and rural Women's Institutes and by the Kelowna school trustees. Local merchants were very generous in loaning us any articles we needed. For the immunization exhibit we had two model school-houses. One was closed due to diphtheria; the other open, with perfect attendance, because the pupils had been Schick-tested and immunized. Kewpie dolls were dressed to represent pupils and School Nurse. These, of course, attracted the attention of the children tremendously. Posters and literature further explained the idea. The dental exhibit consisted of a display of toothbrushes, food to build teeth, and a perfect set of teeth. This also was supplemented by posters and literature. In dressing the dolls and making the posters we had wonderful assistance from interested friends. Some of the posters were done by the school-children. The fair lasted for a day and a half, during which time either Mrs. Grindon or myself were with the exhibit ready to answer the numerous and varied questions of the public. The fair was opened by His Honour the Lieutenant-Governor and Miss Mackenzie. We were much gratified by the interest which they took in the health exhibit and by the many questions asked by Miss Mackenzie. About 1,200 pieces of literature were distributed. This came mostly from the Metropolitan Insurance Company. We feel that the time spent on the exhibit was time well spent, because it brought public-health work and some of its aims prominently to the notice of the general public.

My work in Kelowna up to the present time has consisted largely of school-work. Kelowna has five school buildings—the High School, the Manual Training building, and three Public School buildings. They are somewhat scattered, but are all within easy walking distance of each other. In these schools almost 1,000 children are being educated. This year there has been considerable crowding in the Public School and plans are already on foot for another new building. My office is in the newest and smallest of the Public School buildings. Here I keep my supplies and records. I have definite office-hours each day, when the children come to me for minor treatments and for permits to return to school after two or more days' absence.

The medical examination of the pupils by the school doctor was done this year immediately school opened. Since then it has been my aim to inspect every pupil once a month. These inspections have revealed the usual appalling number of dental defects and have made it very evident

that the solving of the dental problem is an urgent matter here. Quite a number of children with infected tonsils have been operated on during the past few months and many children are being treated for goitre. Systematic weighing of the children has been difficult this year, due to the lack of proper school scales. However, I am happy to be able to say that these have just now arrived. Underweight children have been encouraged to take pure cod-liver oil and have been supplied with sample bottles which one of the local drug-stores very kindly provided.

Every Monday morning I get from each teacher a list of absentees. Looking up absentees provides a good entrance to the home and can be combined with much good public-health work. I also make many other visits and the appreciative attitude of the parents makes these a pleasure. It takes a long time to make a few visits, as Kelowna is somewhat scattered and I have to walk everywhere I go. Accounting for every absentee, and seeing that each one has a permit from either a doctor or myself before returning to school, forms a fairly adequate check upon infectious diseases. Mumps has been most persistent this winter, but at the same time the number of cases has not been alarming. Contacts have been saved much loss of time by being allowed to come to school during the non-infectious period of incubation, and then excluded for a definite time according to the Government regulations. This method would not be possible without close supervision. Whooping-cough has been kept in check, children with suspicious coughs being excluded until a definite diagnosis could be made. We are at the present time doing our utmost to prevent the spread of measles.

The educational side of my work occupies a good deal of time, as there are twenty classes in the Public School and every class receives a health talk once a week. The High School unfortunately can find no time for health-work. I take up a definite subject with each class every month and try to present it from various angles. I use the story-telling method in the lower grades, and some of the teachers have shown splendid co-operation in the making of posters and health-books. The distribution of literature is a help in all the grades. The results of health-teaching are especially gratifying among the younger children, who are still at the habit-forming age. Personally, I often feel very much at a loss as to how to teach health, and I would give a great deal to have some more definite knowledge of teaching methods. I feel that teaching is an important part of our work for which we are ill-prepared. One thing which is a great help to me is the health magazine *Hygeia*. It is full of practical knowledge and helpful ideas. The descriptions of the health projects worked out in the schools of Newton, Massachusetts, are a source of inspiration.

My first Little Mothers' League class is now almost over. The members have been keen and enthusiastic. Many other "little mothers" are now anxious to take the course.

This year Junior Red Cross has been organized in Kelowna Public School. Very fortunately Miss Hodge, Director of Junior Red Cross, visited Kelowna soon after the opening of school. She gave an inspiring talk in every room in the school and aroused the interest of the children. Many of the classes have formed branches.

The platoon system, which we have in the upper grades here, makes it difficult to hold meetings, as the pupils have comparatively little time in their own room and with their own teacher. In December the members sold $10 worth of the tuberculosis seals. At the Christmas concert some of the sixth grade children put on a health play, which went over very well. In one of the primary grades the children are using their Red Cross money to buy a mid-morning drink of milk for a little T.B. suspect in their room. It is a pleasure to watch the improvement in this little person. I find the Junior Red Cross in every way a help to public-health work.

Early last fall Dr. Scott-Moncrieff, ear, eye, nose, and throat specialist from Victoria, held a clinic here. Two school-children and several pre-school children attended the clinic. Later we had the advantage of Dr. Lamb's chest clinic. I referred eight children to this clinic. Of these, two proved to be suspects. One boy is remaining away from school until Dr. Lamb comes again. This child is showing marked improvement.

Plans are now under way for starting a baby clinic in Kelowna with the help and co-operation of the Women's Institute.

Six months of work in Kelowna now lies behind me. Whatever has been accomplished is due to the kindness, sympathy, and co-operation which I have received from the school trustees, teachers, doctors, and parents. Dr. Knox, Medical Health Officer for Kelowna, has been a never-failing source of help and encouragement.

Last, but not least, come letters from the Provincial Board of Health, always full of hope and cheer, and always bringing to the fore the great aims for which we are all working, but which, so easily, become lost in the petty vexations of every-day life.

FRANCES LYNE, R.N.

PUBLIC-HEALTH WORK IN KAMLOOPS.

The subject of public health is an ever-increasing study and interest. One wonders sometimes how much the average public knows about this subject. Certainly of late years it has been given a great deal more publicity. There is still much needed. Those interested in this work have a wonderful scope and every opportunity should be taken to educate the public mind. This can be done in many ways—articles, public-health lectures, and also in our schools.

The children will take home and present to their parents more than any Public Health Nurse would dare. We should teach these children the real meaning of hygiene and prevention of disease and the great value of health. Children love anatomy and hygiene. Naturally they have been curious heretofore to understand many problems. It is their right to treat them as intelligent beings and to give them the credit of reasoning powers. It is just wonderful to watch and try to understand the psychology of the child's mind. They are so ready and willing to absorb. One might liken their unfolding to that of a flower. How full of wonder

and trust! How vastly important, then, is the matter of teaching. It certainly makes us feel we must present the truth in a clear and understanding manner, always giving the best we can offer, always creating an atmosphere of definite and positive thinking.

The Junior Red Cross Society here has a wonderful opportunity. I am delighted to say that I have organized five groups in one of our schools—Grades II., III., IV., V., and also the girls of Grades VI., VII., and VIII. They are all very keenly interested. It is a great aid to our health-work. We have health competitions, health plays, musical appreciation afternoons, etc. The older girls meet once a week. At present they are making their caps and aprons, which they will wear later at all of their meetings. We have our business meeting monthly. It is just wonderful the dignity with which these meetings are conducted. We are most fortunate in having Miss Lawrence, a teacher who gives much time to teaching them the pros and cons and the art of committee meetings; also Miss Stocks, who helps us with the sewing. I am giving the girls Little Mother League talks. Later we intend working for a bazaar and will join forces from the five groups. We hope to hold it about the end of May in the Lloyd George School. All the proceeds will be devoted towards paying for a baby we have sent to the Queen Alexandra Solarium from Kamloops.

We were all delighted to have a visit from Miss Meta Hodge last autumn. She gave many interesting talks to the children and certainly left a wonderful impression.

The usual routine school-work is done, including hygiene lessons given weekly to Grades VII. and VIII. of the Lloyd George School. A course of these lessons was also given to First-year High School before Christmas. By these means one feels that one is really getting in touch with the child, who is the real missionary of health. They in their turn take it into their homes. So through the mouths of babes, as it were, we will teach the parents. We also train the young mind to think in a positive and definite direction. The more positive our attitude of mind towards health the happier and healthier we must be. I gave a course of public-health lectures to the parents.

The well-baby clinic is always a joy to attend. We have many young, interested mothers who bring their beautiful babies to us regularly for advice. Last year we held twenty-one clinics, with an average attendance of 15.25 at each clinic. I made many home visits to these mothers. It is the kindness of the Red Cross Society that makes these well-baby clinics possible. We are now delighted to report a new step forward. This year we have organized a prenatal clinic. This will be held twice a month. Expectant mothers will be given private interviews. General hygiene advice will be given, including the teaching of the handling, bathing, and making a cot for baby; urine will be tested and the mother advised to engage her medical doctor. We have already had a very nice baby's basket crib given us by a grateful mother. So we hope to get more in touch with the young expectant mother who needs so much teaching. As Sir Truby King said in his address to the Canadian Club in Vancouver last July, "The country's greatest asset is the mother; the

country's best immigrant is the baby." It was indeed a great privilege to hear his most soul-inspiring address. Quoting him further: "A great deal is said these days of forest-protection from fire, etc., and rightly so. How much more, then, should we value the lives of our mothers and babies, and these children who so soon will be the citizens of the world."

OLIVE M. GARROOD, R.N.

PUBLIC-HEALTH NURSING IN KEREMEOS.

Keremeos, from the public-health standpoint, has passed through a quiet and rather uneventful year. Except for our old friend, the "Common Cold," who behaved very badly during the month of January, a number of flu cases of a fairly mild character, and a pneumonia or two, there have been no infectious diseases for almost two years now. A case of infantile paralysis in a town about 48 miles away gave us a most uncomfortable feeling for a few days. Also a case of mumps, who refused to take himself seriously, nearly caused trouble until he was frightened into submission with the aid of the policeman.

This district is particularly fortunate in its Medical Officer of Health. Not only is he a splendid surgeon and physician, but a keen public-health man as well. During last May and June almost every child in the district underwent a careful and very thorough examination at his hands. With the aid of the Women's Institute, three clinics were held in Keremeos and one in Cawston, each clinic taking children of a different age.

The doctor was tremendously impressed with the babies, about his only criticism being that most of them were overweight. The pre-school children were also found to be above the average. In fact, taking the children as a whole, they are remarkably healthy.

We have always looked forward so keenly to a visit from Dr. Lamb, but look how I would, I couldn't find a single excuse amongst the school-children for asking him to come here. There are underweights, but with one or two exceptions all these make a steady gain. I have followed the plan learned in the Vancouver schools and do not count a child underweight unless it is 10 per cent. below average. According to this scale, I have only 16 per cent. underweight.

In the fall we made a raid on some of the tonsils, getting rid of many old offenders. It was not deemed advisable to hold a clinic in an ordinary dwelling, so I took the children two by two in my own little car up to Hedley Hospital, bringing them back the same day. This certainly took time, but the beautiful clean throats which have resulted from having this operation performed where there was better lighting and a suction apparatus more than justified the extra time and trouble.

About 33 per cent. of the children have a slight enlargement of the thyroid gland, but there isn't a single pupil in the schools showing symptoms of a toxic goitre. The continuous use of iodized salts seems to be a great factor in its prevention.

Teeth, on the whole, are good and the children and parents interested in keeping them in good repair. We have an excellent dentist in town and it is with great satisfaction that I look at his work each month. This month I took real pleasure in marking 43 per cent. of the pupils "O.K." for permanent teeth; a few of these children still need some work on temporary teeth, but a great many more will have "O.K." for teeth before the summer holidays.

In writing my small contribution to the BULLETIN, I am just a little puzzled as to whether the article is from the nurse or from the district, so before closing I would like to say one little word for myself. I am leaving the service soon, but before I go I'd like to put in a special prayer for a supervisor. Not a person who would look too closely at my bag; it is never very tidy and full of all sorts of odds and ends; nor one who would frown upon my winter "uniform," but some one who would come along once in a while and help me growl or gloat, as the case might be. We lone nurses in the far-off districts do so desperately need some one to talk "shop" to occasionally.

KATHLEEN SNOWDEN, R.N.

CO-OPERATION.

It has been proved that co-operation is the greatest factor in the success of any public-health undertaking. Especially is it so in the control of communicable disease. There must be co-operation of teacher, nurse, parent, and doctor. There must be a public-health conscience developed in all responsible persons. The parent who sends a child to school knowing he is developing a communicable disease, for the purpose of finding whether it will be detected or not, is sadly in need of the development of such a conscience.

We have in this district a marked example of the lack of a public-health conscience. Since June, 1928, we have been having an epidemic of one of the so-called diseases of childhood—mumps. It is still thriving and will continue to do so until every person who can have the disease has had it. Why? There are many reasons. One is people believe it is such a slight thing that it is just as well to have it and get it over. We have been shown during the last two or three months that this trifling disease can cause most disastrous after-effects. Also cases and contacts excluded from school are allowed unlimited freedom. It is no uncommon occurrence to be sitting in the darkened theatre and find when the lights are turned up that one's neighbour on the right has a swollen neck. Again many cases have been diagnosed as "swollen glands," but, curious as it may seem, contacts have developed "swollen glands" on the eighteenth and nineteenth day.

What a pity it is that having one disease does not protect one from all others.

NORAH E. ARMSTRONG, R.N.,
Nanaimo.

TUBERCULOSIS-WORK IN BRITISH COLUMBIA.

It is difficult to know where to begin an article of this kind, but it seems to me in order to first give a short explanation or history of the three chief agencies at work: First, the Provincial Travelling Health Officer; second, the Tranquille Tuberculosis Society; third, the Christmas seal.

The Provincial Travelling Health Officer.—In 1923 Dr. A. S. Lamb, who is a tuberculosis specialist, was appointed Provincial Travelling Health Officer by the Provincial Government to travel over British Columbia, holding consultations or clinics with the doctors and assist them in diagnosing and arranging for treatment of tuberculosis patients. This work he is still doing.

The Tranquille Tuberculosis Society.—Some little time before 1923 this society was formed by a group of ex-Tranquille Sanatorium patients. At that time their efforts were chiefly the welfare of the Sanatorium patients. They took over *The Tranquillian,* a paper then being published at the Sanatorium, and funds were raised mainly through subscriptions and advertisements. This money was spent in various ways, possibly the greatest single expenditure being the installation of an excellent radio with head-phones to each bed in the Sanatorium.

The Board of Directors are a group who are intensely interested in the tuberculosis problem from the patients' welfare point of view as well as that of public health, and felt the growing need of discharged Sanatorium patients and their families keeping in touch with a tuberculosis specialist, as well as the need of finding new cases of tuberculosis in as early a state as possible. In order to raise additional funds for this extra work they undertook to sell the Christmas seal.

The Christmas Seal.—The Christmas seal originated in Denmark. A postal clerk, Einar Holboell, was engaged in sorting Christmas mail. Each letter and parcel bore a Government stamp; the stamp cost but little and the purchaser was willing to pay to have his messages carried through the mail. It occurred to Einar Holboell that each letter and package might carry another stamp which would be sold for the benefit of a hospital for tuberculosis children. When the next Christmas came, the Danish mail was helping to start a health message which from that time has travelled through all the post-offices in the land at Christmas-time.

In 1907 the story of the Danish seal was written up in *The Outlook* and was adopted in America for the first time to raise funds for tuberculosis-work. The next year the American Red Cross carried on the enterprise on a nation-wide basis and in 1910 made arrangements with the National Tuberculosis Association to manage the sale. Until 1919 these two organizations worked together. The Red Cross then withdrew and the National Tuberculosis Association, with the help of its affiliated State and local associations, carried on the sale, and the seal has borne the official emblem of the association, the double-barred cross.

The Canadian Tuberculosis Association procures its seals from the National Tuberculosis Association, and in turn each local society procures

theirs from the Canadian Tuberculosis Association, returning a certain percentage of the money obtained to pay for the seals, etc.; the rest of the proceeds go to carrying on tuberculosis-work in their own Province or locality.

In the fall of 1928 the Tranquille Tuberculosis Society decided to use the funds obtained from the sale of the Christmas seals in providing a portable X-ray and a nurse to travel with Dr. Lamb and assist him in his work. Accordingly, in October, 1928, a nurse was put in the field, and in January of this year a portable X-ray was purchased.

Dr. Lamb and his work you are all familiar with. The X-ray is a wonderful help in clearing up the diagnosis in obscure and early cases of tuberculosis. The work of the nurse is more difficult to explain. Her aim is to:—

Keep in touch with the patients at Tranquille and with their families at home.

To assist Dr. Lamb at his clinics, take the X-rays, and do the records.

To arrange for the examination of contacts and suspects at regular intervals.

To help arrange for treatment at the Sanatorium, or at home when necessary.

To get in touch with Public Health Nurses and solicit their aid in finding cases of tuberculosis and looking after them when diagnosed.

To arrange for the necessary supplies, such as sputum-boxes and refills to be given to patients who remain at home or are discharged from the Sanatorium.

Notices are sent to all doctors and Public Health Nurses advising them of the date the next clinic will be held in their locality. If you have cases you would like Dr. Lamb to examine, he would prefer to have the family doctor notified and his consent obtained. However, if there is no family physician and the patient is in such circumstances as to be unable to afford one, they may be sent in without.

It is the wish of this travelling tuberculosis clinic to co-operate with and have the co-operation of all the doctors and nurses throughout British Columbia, and to solicit their help in the fight against tuberculosis.

JOSEPHINE B. PETERS, R.N.,
Tuberculosis Division, Provincial Board of Health.

SCHOOL-WORK IN FERNIE.

Another year has passed with all its ups and downs, and I am optimist enough to claim that it has been a fruitful year, in spite of the fact that so much of what I planned and hoped to do still remains undone.

In order to accomplish any good in life it is always necessary to look ahead and plan carefully, but, after all, meeting each day's emergencies and needs takes up most of our time, and the ideal programme is like the "Rainbow's End."

As service is our key-note we must give it where it is most needed, and this year I have enjoyed so much breaking trail and exploring new fields of endeavour.

I have conducted child-hygiene and hygiene and health classes in six grades—from seventh to tenth—in co-operation with the Home Economics Department. The girls all take a very keen interest in the talks and demonstrations, and practically all of them did well in their final tests. I have been able to give talks to the boys from these grades in the Manual Training Department, and they are keenly interested, especially when I use the large health posters loaned by the Provincial Health Department.

Our dental crusade has borne good fruit and the use of the toothbrush is much more in evidence. Even in the receiving classes the children can discuss intelligently the use of the handkerchief and the teachers take up the drills with them.

This year two of our little ones have been taken in at the Solarium, and we are hoping to have two more leave shortly.

We had a very interesting and worth-while clinic when Dr. Lamb was with us, and we hope that, as these clinics continue, the interest of the community in tuberculosis-prevention will be more keenly and intelligently stimulated. Dr. Lamb addressed the high-school students and his remarks made a keen impression upon them, and I hope will bear much-needed fruit.

The school staff are splendid in co-operation and most of them are up-to-date enough to realize that health is the real foundation of education.

The hospital, the doctors, the dentists, and School Board at all times give most cordial response to any call for assistance, and I feel more and more, as time goes on, that I am getting the hearty co-operation of the parents.

No matter how much one does, there always seems so much more that one should do, but, as "Rome was not built in a day," I suppose the only thing a Public Health Nurse can do in the face of all discouragements and difficulties is to—

Jist grit her teeth,
An' keep on keepin' on.

WINIFRED SEYMOUR, R.N.

PERSONALS.

Miss S. A. Hewertson, Superintendent of Nurses at the Saanich Health Centre, resigned her position in July, 1928, and has returned to Manchester to take up her former duties there. Miss E. Naden was appointed Acting-Superintendent until further arrangements could be made.

Miss Frances Lyne was transferred from Saanich to Kelowna in September, where she is doing school-work. Miss Myrtle Harvey, Nursing '28, U.B.C., has taken Miss Lyne's place.

Miss M. Johnston, '28, U.B.C., was appointed to relieve on the staff of the Saanich Health Centre in December, 1928, due to the ill-health of first one and then another of the nurses. She has since become a permanent member of the staff.

We regret to announce the receipt of the resignation of Miss M. Thatcher, of Duncan. We regret to have to note this as Miss Thatcher has been a very valuable member of our staff. Miss Thatcher expresses her regret that circumstances over which she has no control have compelled her to sever her connection with the public-health nursing work in British Columbia. Miss Blanche Mitchell takes her place. Miss Mitchell has had varied experience, having taught school for two years; Arts Course, University of Alberta, two years; one year in teaching and administration, University of British Columbia; and public-health training in the University of Washington.

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