

XXI. PUBLIC HEALTH NURSING

Glenrose Whitney

Melrose Whitney

PUBLIC HEALTH NURSING

P R E F A C E

For several years, I have been increasingly interested in learning the work of Public Health Officials, now as I am nearing the end of my short time as a student nurse , I am anxious to further my ever unsatisfied knowledge of their work.

This thesis is one short step in that direction.

This thesis, through my own interest in these different topics or problems under Public Health, is an endeavor to stimulate the interest in their work, and also allow them to see the rapid growth and splendid development.

TABLE OF CONTENT

Chapter 1

History of Public Health Nursing.

Chapter 2

Organizations of Social Case Work.

Chapter 3

The Immigrant and the Community.

Chapter 4

The Child During the Depression.

Chapter 5

School Nursing.

* * * * *

HISTORY OF PUBLIC HEALTH

The rapid expansion of health nursing is due not purely to philanthropic impulse, but that it rests upon the solid and stable ground of a well recognized and permanent social need.

In the past, nursing was not a unheard of development, but was deeply implanted into the hearts of people, as far back as records are held.

Nursing was the essential duty of every mother. The woman of a family were limited as to social activities, therefore they were able to care for the helpless, aged and sick. At this time, a limited amount of health teaching was done.

Nursing developed along three lines; first an impulse to care for the sick and helpless. Under this we find the maternal instinct. Secondly, skill and adaptability are necessary. Love is the basis for the essential. Third is knowledge.

Nursing was first done as a matter of good will, but later developed as a form of charity or became under the social problems of the church.

In all ages nursing has been profoundly influenced by the prevailing religious philosophies and beliefs. Though all ancient religions concerned themselves with questions of sickness and health, not all had an identical influence on nursing practice. Some rather tended to foster cruelty and intolerance, while those of an ethical type taught the duty of tenderness and compassion, and provided strong incentives to hospitality and charity. Such religions found congenial modes of expression in fostering care of the sick. Again, the strength of religious taboos and of dogmatic restrictions and observances has been of marked influence in nursing. For many ages, certainly many centuries, nursing has been regarded as a calling impossible except for

those who renounced the world. From this point of view the care of the sick was a sacrifice or expiatory exercise, only to be endured by those having an intensely religious motive. 1.

Probably the first rival of the medicine man was the witch or wise woman. Out of superstitious belief came two types of magic which continued to grow and to develop into what we know today as quackery. Because of the close association of medicine to bedside nursing done by these "wise women", they were believed to have uncanny powers such as causing diseases and illness. This still exists today in some isolated communities.

As man developed his beliefs were shifted through and through and now we find that Buddhism in China in the first century A.D. and to Korea and Japan in the sixth century. The Buddhist fostered the art of healing and built many hospitals. Many goddesses of healing were known.

Most beloved and popular of all the incarnations of Buddha was Kwan-Yen, sometimes represented as a man, but most frequently as a beautiful woman of benign expression, often holding a child in her arms. She was known as the Goddess of Mercy, and regarded as a bodily healer as well as saving from many ills. 2.

Korea and Japan received most of their medical ideas from China.

In Egypt, medical science was progressing rapidly, diseases and drugs were being classified, the art of embalming and use of preservatives was known.

1. A Short History of Nursing, Dock and Sterwar, New York: London, G.P.

Putnam's Son 3rd Edition revised 1933--Page 8-9.

2. IBID--Pg. 27.

Nurses were not mentioned in records as such, but reference is made to temple women or priestesses. The priestess cared for the sick who had resorted to the temples, their actual duties were not clear. As the position of Egyptian women was given more freedom because of religious rulings, they were able to feed the hungry and clothe the needy.

At the beginning of the Christian era, the Romans were centered along two trends of thought--economics and politics.

Women belonging to the Patrician families, had been strengthening their position through a couple of hundred of years of the Republic, and besides a notable dignity in home life they had gained a social liberty which allowed them to go freely about in public. 1.

The independent and dignified position thus held by women in Roman society was to prove of great importance to the development of nursing, for Roman matrons were presently to turn their abilities and money toward its organization. 2.

Phoebe, who was a church deacon was probably the first to organize nursing of the sick poor.

Many distinguished and capable Roman women were able to do visiting nursing, as the early church made men and women deacons with equal rank. The deaconesses were sent far and wide to do their work of visiting and caring for the sick.

The deaconess order finally gave way to a group of monastic women whose origin was the early order of widows and virgins. The rank of the widows and virgins was lower than that of the deaconesses. The virgins lived in their homes with no special restrictions and devoted themselves freely to

1. A Short History of Nursing --Dock and Sterwart-- Page 41

2. IRID---- Page 41

their work. The homes of the deaconesses were often turned into homes of hospitality, as the sick were brought into their homes.

The ecclesiastical widows were those who had a claim upon the church for support. They came an important body, presided over meetings, and taught the gospel, forming a bench of "elders". Their position became so dignified and useful that many widows of independent means were attracted to it, dedicated themselves to the church work, donned a special widow's dress, and from their own homes pursued their charitable labor. Such widows were not church clergy. Their order became especially important in Rome, and Roman matrons, not necessarily widows, joined it on their conversion to Christianity. In the course of the third Century, the ecclesiastical widow, like the deaconess, became an object of some jealous disapproval on the part of men and her sphere of public work in teaching and presiding was gradually curtailed. 1.

Because of the gradual disintegration of the Roman power, the Roman matrons were forced to spend their abilities in founding of monasteries. In these monasteries, the women were allowed to follow and culture any desires. Many carried on and built up hospitals, prepared medicines and generally cared for the sick.

This useful life was organized under the Benedictine rule, founded in the sixth Century by St. Benedict at Monte Cassino, Italy. The Benedictine monasteries were the centers of all learning and civilization up to the twelfth century when universities began to develop and medical study was

1. IBID——Page 45.

attempted. There was a long struggle between science and superstition.

Between the fourth and fifth century, was the greatest period of freedom for monastic women. Monasteries were founded in which there were two houses, one of the monks and the other of the nuns with an abbess directing the two related houses. Again women received a dignified and respected position and were allowed to voice their opinion in religious and political matters.

The abbesses were said to have performed many acts of healing, among the most famous was Saint Brigid of Kildare. She is said to have introduced female monasteries into Ireland. Saint Brigid of Kildare was also called "the patroness of healing."

About the twelfth century, towns began to look upon the care of the sick or the hospitals as a civic obligation as monasteries were being overflowed with this care.

St. Vincent De Paul was the leader and builder of modern nursing and through his work the public was impressed upon and convinced of the need of a genuine nursing service. St. Vincent de Paul was aided by the Augustinian Sisters.

Under the military orders were the orders known as the Knights Hospitallers of St. John, the Teutonic Knights, and the Knights of Lazarus. The Knights of St. John were organized to care for two hospitals, one for women and the other for men. This order gave nursing service for relief work in time of war and for the excellent care of the insane. The method of military hospital organization spread rapidly and soon many

cities had adopted this type of organization and discipline.

The Teutonic Knights carried on an excellent program of military nursing as did St. John, only not to so great an extent.

The Knights of Lazarus did not carry the military pomp and ceremony as did the Knights of St. John and Teutonic Knights, but instead they were organized into two divisions, the hospitallers and the warriors. The main purpose of the Knights of Lazarus was the care of lepers. The organization of this order dates back to the first crusaders. As Leprosy began to die out in Europe, the Knights of Lazars became extinct.

The Knights of St. John was the only order to care for the insane.

The Knights Hospitallers were the first to bring glamor, ideas of chivalry and reinforce traditions of religious life back to nursing.

The Beguines of Flanders was the result of a revolt against the double monastery system. The Beguines were allowed to marry, earn money and have social life. Their work arose from their own original ideas, their particular interest being hospital work. The first Beguine community was built in 1184.

In 1182, St. Francis of Assisi was born and at a very young age, began to work with the lepers. He taught the communities that each must take care of its own lepers. The followers of St. Francis became known as the Franciscan Friars who had very active lives.

An important secular nursing order of men arose in the twelfth century in Montpellier. It was a free brotherhood founded by Guy de Montpellier, about 1180, and came to be especially identified and a large general hospital

along with the towns and cities were more and more taken under the control of the civil authorities, or built anew inside a city wall, as towns grew in importance and in self-government. There was a related order for women nurses in the Santo-Spirito Organization, but historians have overlooked it in their interest in the men's branch which seem to have been of much importance. 1.

St. Vincent de Paul saw the need of a genuine nursing service and therefore the Sisters of Charity were organized. A group of country girls were brought to live in the home of the Dames de Charite and to serve as an apprentice under them. This was very successful and finally the name of Sisters of Charity was given them. The Sisters of Charity were not forced to take vows and because of St. Vincent de Paul's wonderful insight on human nature, no rigid rules were enforced. The Sisters were taught in the main idea of obedience to the Doctors rather than to the priests.

After definite organization, the Sisters of Charity were sent to distant parish houses to do visiting nursing.

Many fields of nursing were entered into by the Sisters of Charity. Some of these fields were founding asylums, homes for insane, charge of hospitals or general parish work. During the Napoleonic War, the Sisters of Charity served in the French army.

At the beginning of the nineteenth century, Freiderike and Theodor Fliedner started an organization of lay women to care for the ill. Through the developments of this one house, many more were started by the Fliedners, they were called the Kaiserworth Deaconesses.

1. IBID--Pg 78-79.

The Deaconesses were taught routine hospital care and the main theme was the individuality of the patients and obedience to the doctors.

In 1865, Kaiserworth developed a preparatory school for probationers. The Deaconesses, as many others in the past, were free to leave and marry, but they were encouraged to make nursing their life's work.

With Miss Nightingale, we find the beginning of modern nursing.

Every hospital was supervised. Each ward of the floor was in charge of a supervisor or head nurse. Nurses were to train and receive a salary.

At last the nurses, through Miss Nightingale's work, were given a position of authority and dignity.

B I B L I O G R A P H Y

Dock and Sterwart,

"A Short History of Nursing"-----G. P. Putman'S
Son, 3rd Edition revised, New York: London, 1933

Nutting and Dock,

"A History Of Nursing"-----G. P. Putman's Son,
New York: London, 1907.

Gardner, Mary Sewall,

"Public Health Nursing"-----The MacMillan Company,
New York, 1930

ORGANIZATIONS OF SOCIAL CASE WORK

Although social work organizations date back only fifty years in America, they are making steady advancements which have been augmented by the Social Security Bill of 1935. "Social case work consists of those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment."¹ Social case work, as a systematic effort to study and treat the social situations of unadjusted individuals, first developed from a recognition of the need to protect family life, and from an interest in the social conditions and behavior difficulties which threaten its welfare.²

Out of early social case work arose the idea of social settlements. A social settlement is primarily a group of people resident in a neighborhood where community needs are obvious, discovering and developing opportunities and resources which may lead toward higher standards of living, broader cultural interests, social justice and education for a better day.³ Settlements have been before

1. Mary E. Richmond, "What is Social Case Work?" Russel Sage Foundation, New York, 1922. P. 98.
2. Grace F. Marcus, "Social Case Work," Social Work Year Book, 1935, Vol. 3, P. 451.
3. Lea P. Taylor, "Social Settlements" Social Work Year Book, 1935, Vol. 3, P. 472.

the public long enough to have lost the glamour of moral adventure that was associated with their early days.¹ As the settlement is uncommitted to a fixed program, it can move with the times and can therefore accomplish so much more than would be possible with a fixed schedule.²

The first settlement was established in London in 1884 by Samuel A. Barnett, and was known as Laynbee Hall.³ In America, the first one was founded by Jane Addams in 1889 and was called Hull House.⁴ These organizations developed rapidly so that in 1930 there were two hundred and six establishments, scattered from coast to coast, with the majority in the east and middle west.⁵ In one hundred and thirty-six of these houses, an enrollment of 153,268 people was shown, with 3,518 clubs and 6192 organized classes.⁶ With the clinics, libraries, playgrounds and general activities included, it was shown that these centers reached 973,418 people, 80 percent of whom were under eighteen

1. Lillian D. Wald, The House on Henry Street, Henry Hold & Co., New York, 1915. P. 309.
2. Ibid, P. 309.
3. Lea D. Taylor, "Social Settlements," Social Work Year Book, 1935, Vol. 3, P. 472.
4. Ibid, P. 472.
5. Ibid, P. 472.
6. Ibid, P. 472.

years of age.¹ Human interest, and passion for human progress, form a tie that binds closer than any conventional relationship.² From this principle, and from social settlements and the workers connected with them, have developed the visiting teacher service, vocational guidance, scholarship aid, manual training and summer vacation schools.³

The entire responsibility for the achievement of beneficial results depends on the personnel of the settlement. The social worker must have a variety of qualifications to be a success, and to be of benefit to those who are being helped.⁴ The worker, coming from a class that has many advantages of wealth, leisure and education, and is endeavoring to share these advantages with people whose surroundings are wholly different, must have a great deal of sympathy for the situation.⁵ Success or failure will depend on the attitude the social worker adopts toward those whom he desires to assist, and the extent with which he can put himself mentally into the position of other people.⁶ He must remember that working people have their own standards,

1. Ibid, P. 472.

2. Lillian D. Wald, The House on Henry Street, Henry Hold & Co., New York, 1915, P. 309.

3. Lea D. Taylor, "Social Settlements," Social Work Year Book, 1935, Vol. 3, P. 472.

4. C. R. Attlee, The Social Worker, G. Bell and Sons Ltd., London, 1920. Pp. 126-141.

5. C. R. Attlee, The Social Worker, G. Bell & Sons Ltd., London, 1920. Pp. 126-141.

6. Ibid., P. 126-141.

different from the upper and middle classes, but not necessarily wrong.¹ In many working class circles it is not the custom to carry on conversation at meals, and unless this is understood, he may feel awkward, and think that his hosts or guests are shy, or annoyed, or desire him to go.² Again, a boy may come to tea with you, and keep on sitting there afterwards while you wonder how to get him to go.³ In your own class it would not be polite to tell him it was time to depart, but he will expect it, and would think it rudeness to go away before you had suggested it.⁴ The social worker must rid himself of the idea that he is a superior person with a superior culture, and is coming down at considerable personal inconvenience to teach ignorant persons.⁵ He must have a great store of patience and put forth an uncalculable amount of effort.⁶ The last and decidedly necessary qualification of the worker is cheerfulness.⁷ Problems that are almost unsurmountable are brought to the social worker and unless he is equipped with a good store of cheerfulness and willpower the difficulties will overwhelm him.

1. Ibid., P. 126-141.

2. Ibid., P. 126-141.

3. Ibid., P. 126-141.

4. Ibid., P. 126-141.

5. Ibid., P. 126-141.

6. Ibid., P. 126-141.

7. Ibid., P. 126-141.

His training should be theoretical as well as practical.¹ He should have a thorough knowledge of social conditions, and should have had study in social and industrial history.² It is necessary that he have a working knowledge of the history of economic thought, and the general principles of political economy.³ The worker must understand the structure of the central and local government, and should have a knowledge of social philosophy and of social psychology.⁴ The practical training a social worker must have is obtained by working with more experienced people.⁵

The tasks of the social worker are many and varied, and perhaps the most important is to act as a pioneer in discovering new social groupings and new methods of advance.⁶ It is necessary to see that proper housing conditions are made and carried out, and as the social worker is in the best position to do this, then it falls his lot.⁷ Miss Octavia Hill, as long ago as in the sixties, started this process, and demonstrated the value to her friends.⁸ Although, as we see, charity is ceasing to be in the main a voluntary ambulance service to

1. C. R. Attlee, *The Social Worker*, G. Bell & Sons Ltd., London, 1920, Pp. 146-151.

2. Ibid, Pp. 146-151.

3. Ibid, Pp. 146-151.

4. Ibid, Pp. 146-151.

5. C. R. Attlee, *The Social Worker*, G. Bell & Sons Ltd., London, 1920, P. 145.

6. Ibid., P. 220.

7. Ibid., P. 220.

8. Ibid., P. 220.

the community, it has paved the way for the social work being carried on today.¹

A form of social worker, the public health nurse, is unlike the independent professional nurse in that she is employed on a salary by public or private agencies, while the independent professional nurse is retained by her patient.² The public health nurse or visiting nurse administers to people in their own homes or in clinics, and teaches them for the sake of their own health and that of others.³ She gives practical help and advice to people who want her help and who need it.⁴ "The census taken in 1931, shows that at that time there were 15,865 full time nurses employed by 4,355 agencies in the National Organization of Public Health Nursing."⁵ As the depression has advanced, health departments and boards of education have assumed greater responsibilities for health supervision, and less for material relief.⁶

As the settlements were started in areas where the working people were as foreigners to the rest of the nation, thus the social

1. C. R. Attlee, *The Social Worker*, G. Bell & Sons Ltd., London, 1920, P. 220.
2. Lea D. Taylor, "Visiting Nurse," *Social Work Year Book*, 1935, Vol. 3, P. 374.
3. Ibid., P. 374.
4. Ibid., P. 374.
5. Lea D. Taylor, "Visiting Nurse," *Social Work Year Book*, 1935, Vol. 3, P. 374.
6. Ibid., P. 374.

worker in the settlement house was like a missionary to a foreign country.¹ The advantages of the settlement house are many, however it has one grave disadvantage. There is very little privacy for the people living in the settlement houses as it is necessary that the rooms of the residents be used partly in common.² The settlement is now used as a place of training for social workers.³ It is a social laboratory where new ideas can be worked out, and experiments planned and tried.⁴

All social case work must have funds and so the idea of the "community chest" has arisen. "Community chests are organizations in local community centers which annually raise funds for private social agencies affiliated with them."⁵ In 1934 there were 414 community chests in the United States and Canada.⁶ The "chest" idea was started in United States and Canada in the early twenties and with it came new principles of administration.⁷ There was to be a single appeal

1. C. R. Attlee, *The Social Worker*, G. Bell & Sons Ltd., London, 1920, Pp. 213-217.
2. C. R. Attlee, *The Social Worker*, G. Bell and Sons Ltd., London, 1920, Pp. 213-217.
3. *Ibid.*, Pp. 213-217.
4. *Ibid.*, Pp. 213-217.
5. Bradley Buell, "Community Chests," *Social Work Year Book*, 1935, Vol. 3, P. 81.
6. *Ibid.*, Page 81.
7. Bradley Buell, "Community Chests," *Social Work Year Book*, 1935, Vol. 3, P. 81.

for funds, the establishment of uniform budget procedures for agencies, and the relinquishing of certain prerogatives by individual agencies so that a joint program was possible.¹ The community chest, besides raising and disbursing funds, is serving more and more as a channel for social agencies and the community, in developing a social program.² There is extreme difficulty in securing and holding qualified case workers in the family welfare field because case work relief agencies are expected to do on less than ten per cent, a relief job requiring at least fifty per cent of "chest" resources.³

At the end of the 18th century, a new class, a middle class, was coming to power, and its members were preparing themselves for their mastery by extending their interests in every direction, and were banding together to give one another comfort and pleasure.⁴ In the nineteenth and twentieth centuries, zealous groups of men and women organized themselves into Clubs.⁵ Abolition and revolution, civil service, municipal politics and silver standard, temperance and women's suffrage all gave excuses for forming clubs.⁶

1. Ibid., P. 81.

2. L. B. Swift, "Community Chests and Relief," Survey, Vol. 64, Pp. 502-3 (September, 1930).

3. Ibid., P. 503.

4. Crane Brinton, "Clubs," The Encyclopaedia of Social Sciences, 1930, Vol. 3, P. 375.

5. Ibid., P. 375.

6. Ibid., P. 375.

What at first appears to be an eccentric whim becomes, with the widening of the humanitarian sentiment, a condition of social order.¹ With the increase in production comes an increase in the concentration of labor.² Clubs have proved themselves a means of outlet for congested nerves resulting from labor conditions, and have directed energies into channels of education and public affairs.³

Youth too has become more aware of the possibilities and advantages of united efforts as can be seen in the organization of fraternities and sororities.⁴ Boys' Clubs are organized in urban communities, through a program of activities carried on under trained leadership in a building equipped for the purpose.⁵ They differ from Boy Scouts and the Y.M.C.A. in that their work is concentrated chiefly in congested centers of population in the larger cities where there is a high percentage of foreign born.⁶ These clubs have had real influence in the prevention of juvenile delinquency, which has been shown statistically by studies made by the national organizations in districts served by certain Boys' Clubs.⁷

1. Ibid., P. 375.

2. Crane Brinton, "Clubs," The Encyclopaedia of Social Sciences, 1930, Vol. 3, P. 375.

3. Ibid., P. 375.

4. Ibid., P. 375.

5. Palmer Bevis, "Boys' Clubs," Social Work Year Book, 1935, Vol. 3, P. 56-58.

6. Ibid., P. 56-58.

7. Palmer Bevis, "Boys' Clubs," Social Work Year Book, 1935, Vol. 3, Pp. 56-58.

In one district in New York City, a decrease of thirty-nine per cent was noted over a previous period, at a time when delinquency in other districts in the same city was on the increase.¹

An organization well known to all of us that has done extensive social case work is the Red Cross. The American National Red Cross originated and was incorporated in 1881, and was reincorporated in 1905.² "It is to furnish volunteer aid to the sick and wounded of armies in time of war; to act in matters of voluntary relief and in accord with the military and naval authorities as a medium of communication between the people of the United States and their army and navy; to continue and carry on a system of national and international relief in time of peace and to apply this system in mitigating the suffering caused by pestilence, famine, fire, flood and other great national calamities; to devise and carry on measures for preventing such sufferings, and generally to promote measures of humanity and welfare."³ The Red Cross carries on numerous projects.⁴ It endeavors to train men and women in administering first aid treatment, promptly and intelligently in emergencies.⁵

1. Ibid., Pp. 56-58.

2. Genevieve Payneir Hendricks, Handbook of the Social Resources of the United States, The American Red Cross, Washington, D. C., 1921, Pp. 26-45.

3. Genevieve Payneir Hendricks, Handbook of the Social Resources of the United States, the American Red Cross, Washington, D. C., 1921, Pp. 26-45.

4. Ibid., Pp. 26-45.

5. Ibid., Pp. 26-45.

Courses and lectures in first aid are offered to members of the communities and to industrial workers.¹ To encourage training in life-saving methods, life-saving corps are organized giving awards for good work.² Health services in small communities have been organized where questions on health may be answered, and also clinics are established.³ The Red Cross has established a home service which was very valuable during the World War in giving financial and personal service to returned men and their families.⁴ Community chapters seek to promote family welfare and child welfare service.⁵ The Junior Red Cross, a branch of the National Red Cross, was organized in the grade schools so that the children might share in Red Cross activities, and also receive training in habits and ideals of service.⁶ Another Red Cross project is their nursing service which is composed of representatives of the army, navy and the United States Public Health Service, the National Organizations of Nurses and the American Red Cross.⁷

1. Genevieve Payneir Hendricks, Handbook of the Social Resources of the United States, The American Red Cross, Washington, D. C., 1921, Pp. 26-45.
2. Ibid., Pp. 26-45.
3. Ibid., P. 26-45.
4. Ibid., Pp. 26-45.
5. Ibid., Pp. 26-45.
6. Genevieve Payneir Hendricks, Handbook of the Social Resources of the United States, The American Red Cross, Washington, D. C., 1921, Pp.26-45.
7. Ibid., Pp. 26-45.

Its work is to give instruction in home hygiene and care of the sick, domestic disaster relief and Red Cross foreign Nursing Service.¹

Ever since the depression hit the world so forcibly in 1929, statesmen and legislators have been working on some means of remedy for the pressing situation and so they derived the Social Security Bill of 1935 as a concentrated effort for betterment of conditions. This act stresses the quality of service to be rendered to the community by public health organizations composed of adequate, well-trained professional personnel.² In this act there are provisions for old-age assistance and benefits, and unemployment insurance.³ Another article in the act provides for grants to states for aid to dependent children.⁴ A provision administered by the children's bureau, gives services for maternal and child health, for crippled children and child welfare.⁵ This act is just going into operation, and so there will be several years before its plans are completely carried out.⁶ Great hopes have been placed on the success of this act of legislation.⁷

1. Ibid., Pp. 26-45.

2. "The Social Security Act" The American Journal of Nursing,
Vol. 36, No. 2, Pp. 153-155 (February, 1936)

3. Ibid., Pp. 153-155.

4. Ibid., Pp. 153-155.

5. Ibid., Pp. 153-155.

6. Ibid., Pp. 153-155.

7. Ibid., Pp. 153-155.

B I B L I O G R A P H Y

- Mary E. Richmond, "What is Social Case Work?" Russel Sage Foundation, New York, 1922.
- Grace F. Marcus, "Social Case Work." Social Work Year Book, Vol. 3, 1935.
- Lea P. Taylor, "Social Settlements" Social Work Year Book, Vol. 3 1935
- Lillian D. Wald, "The House on Henry Street" Henry Hold & Co., New York, 1915.
- C. R. Attlee, "The Social Worker", G. Bell and Sons Ltd., London, 1920.
- Lea D. Taylor, "Visiting Nurse", Social Work Year Book, Vol. 3 1935.
- Bradlry Buell, "Community Chests", Social Work Year Book, Vol., 3, 1935.
- L. B. Swift, "Community Chests and Relief," Survey, Vol. 64, September, 1930
- Crane Brinton, "Clubs," The Encyclopaedia of Social Sciences, Vol. 3, 1930.
- Palmer Bevis, "Boys' Clubs", Social Work Year Book, Vol. 3, 1935.
- G. P. Hendricks, "Handbook of the Social Resources of the United States, the American Red Cross, Washington, D. C., 1921.
- "The Social Security Act" the American Journal of Nursing, Vol. 36, No. 2, February, 1936 .

* * * * *

"THE PROBLEMS OF THE IMMIGRANT IN THE COMMUNITY"

In all the world's history no nation has thrown its gates open to welcome immigrants as has the United States. During the decade before the opening of the World War, immigrants averaged nearly a million a year. The largest proportion are from Europe, but full quotas have come from the other countries, also. They came to what seemed to them a land of promise, bringing their varied customs, traditions, social attitudes, and racial characteristics; their hopes, ambitions, arts and skills, as well as their ineptitudes and disharmonies. The reasons for their coming to a strange land are many. Grace Abbott, after making a thorough study of the reasons, tells us that she found the peasant class in Europe living usually in wretched surroundings, and receiving very little wages from the land owner. In some communities conditions were better, but the tragic situation that each tried to avoid was the fact that they could not raise their standards of living. One member of a family would be sent to the United States to earn enough to bring the rest of the family. Even the hardships to be endured, the possible dangers of the proposed trip did not seem as great as for them to remain where they had for generations with no future hope of advancement. Sacrifices were made, many times years of separation were necessary before this dream could be fulfilled, sometimes never.

The immigrant in America finds himself following a definite

pattern in respect to vocational adjustment. They usually start at the bottom with unskilled work, no matter what their qualifications for better jobs might be. The first generation suffers because of this, but believing their children will have better living conditions, greater advantages, they are willing to make the sacrifice. The second and third generations usually overcome the handicaps of language and education, and leave their original lowly status.

In 1935 there were 38,000,000 immigrants in the United States, foreign born numbering 14,204,149, and their children numbering 26,082,129, according to the census of 1930. As a result the majority of the communities in the United States face an ethnic or interracial problem. The problem is fourfold:

1. The adjustment of the immigrant to his new environment; and the protection, education and assimilation of the foreign born.
2. The second generation: making the children proud of their inheritance, and acquainting the parents with the problems of children growing up in this country.
3. The attitude of the older American community toward the newcomer and his children.
4. Preservation and incorporating into American life their cultural inheritance.

All the agencies in the communities are working together to bring forth a contribution. They attempt to understand the immigrants' own background and culture, and to recognize the value of his contributions to

American social life. Assimilation is no longer thought of as the abandoning of all he brings, but as a process of creation for immigrant and American alike. Social groups find that more can be gained by having a member of their own nationality working with these newcomers. Speaking the same language, they can help to establish the sense of confidence and mutual respect which is so essential to any kind of human relationships.

Many different activities are carried out in communities that must solve the assimilation problem. They are grouped as follows:

1. Personal service and social case work.
2. Education of the foreign born.
3. Group work.
4. Co-operation with agencies of the ethnic community.
5. Social programs with and for the second generation.
6. Fostering the folk arts.
7. Research and technical information services.
8. Education of the general public.
9. Promotion of legislation and social action.

There are two aspects of the public problem that are to be considered in connection with immigration: first, the protection of the United States against the coming of those whose physical or mental condition would be a menace to the present or future health of a community. The second is the raising and maintaining of our present standard of health and sanitation among the foreign as well as the

native born population. This second aspect is clearly the duty of the local community. The first situation is met by holding the steamship companies responsible for bringing aliens to this country when they cannot be admitted. Consequently, the physical examinations are performed before the sailing date, thus eliminating the majority of cases.

The immigrant may not create new problems in a community, but usually complicates existing problems. Much educational work is being done in order to make them appreciate the importance of health. The fact that they come from rural districts and live in congested neighborhoods in our cities makes their need of health education the greater. Public health nurses able to speak the language of the people are much more useful in helping them to solve the problem of healthful living than leaflets, speeches, and moving pictures having been translated into their native languages.

An important problem is that of midwifery. In Europe she plays an important part, and is well educated. The foreign women call in midwives at the time of delivery, in this country, and receives, usually, the poorest type of service. The mortality rate among women and new borns is very high, and will continue to remain so unless the foreign families can be protected against the ignorant and untrained midwife. The community having a large foreign population should have women physicians available for these women who feel it is "shaming" her to have men attend her at the time of delivery. Education and proper training of graduate nurses, requiring permits to practice, would also give a better service to these people. We cannot break

down traditions and customs of generations of the foreign women settled in a community. If this education could be given it would mean an immediate improvement in the standard and care given many women and new-born children, and the gradual elimination of the entirely untrained and dangerous practitioner at present so disastrous to a large group of peculiarly helpless members of the community.

As has been said before, the need of education and sympathy must be foremost in a program that is to be conducted in a community of foreign born citizens. Their confidence must be gained and respected, thereby encouraging the best health standards of these people.

The New York Philharmonic Symphony toured Europe, several years ago, and the French critic, Henry Prunieres, after evaluating the great orchestras of Europe, declared the American Symphony orchestras to be finer than any of them. "..... How it is possible not to achieve such perfection when American orchestras are formed from the best players produced in all countries: brasses from Germany; strings from Italy, plus the instrumentalists trained in America." * This gives us an idea of what is being contributed to American culture by the foreign born. Of the 114 men in this orchestra, 34 are American born, 72 are American citizens, twelve are aliens, but are awaiting citizenship papers.

Communities should encourage the immigrant to bring before the public his arts, the crafts, skills, music, dances, customs and

*Allen H. Eaton - "Immigrant Gifts to American Life" - pg. 16

folkways of the various peoples who compose our population. Not only will those exhibits and entertainments be encouraged, but the appreciation for what they have done may be extended far beyond the event itself to the groups who have made these occasions possible.

Immigrant societies contribute to the content of American life. The extensive practice in physical exercise and games, the participation in dramatics, the chorus singing, the orchestral work, the folk dancing, the literary activities, and the constant use of both the mother tongue and English are all vital contributions to culture in its best sense.

Recreation is an important part of the process of socialization of the individual. Due to the low wages received by the majority of the immigrants, the homes are frequently isolated from recreation of any kind. The larger communities have provided centers where these people may go for group meetings and socials. A director encourages this form of recreation, and the new immigrant feels he has found a friend who attempts to understand him.

One of the obstacles to be overcome is the long working hours necessary to maintain the barest of livelihoods. Mothers and children are too tired to enjoy any kind of recreation as long as they must work in sweat shops fourteen or fifteen hours a day, and continue to receive small wages. Their aid in maintaining the family budget is of primary importance, at the time when they should be learning the new world's mode of living and handling new problems.

The church has contributed untold values as a socializing

agent. Many are handicapped by lack of facilities for carrying on activities that might enrich the social and recreational life of its members. The churches in the communities sponsor sports programs, dramatic and educational programs; their pastors interpret community life to the new members who find life in a city so different from the farms and villages in the fatherland.

The playground associations have undertaken to develop a program in the crowded centers of our cities. Many playgrounds have been well equipped, and they provide games and exercises. Seats are provided for the mothers and fathers to observe their children engaged in sport. The national organization has undertaken to provide a type of playground service which meets physical, manual, aesthetic, social and civic needs for its community. The modern playground is planned as a neighborhood center, fitted with a club-house and regarded as a genuine community project.

The activities have grown to include: sports, dancing, games, pageantry, dramatics, music, social evenings, handicraft classes, holiday celebrations and clubs for children. The decrease in the working hours makes it of vast importance to attract and hold these people where they may be taught the Americanization process. Many, formerly, have fallen into unscrupulous hands, and have been exploited.

The social agent upon which rests the responsibility of the child's development as a member of the community is the school system. With the great opportunities which the school system has to strengthen the mental growth of the nation's children, the school has a problem

of international importance. In some communities prejudices are found that are problems of mental health requiring a modification of habitual reactions which are deeply rooted in the older generations. Each community must solve its own problem. School policy is bound to reflect community policy to a large extent; progressively minded schools are all too often hampered by parent and community opposition, and the reverse is also true. When dealing with the native born and foreign born, it is obvious that a school maintaining an atmosphere of equal opportunity is an invaluable influence in securing fresh approaches to matters of friendly relations.

If the immigration problem is to be met, education must be of the most broadening type. The children of immigrants usually come from homes where the economic handicap is the greatest. Children go to school to learn more than reading, writing and arithmetic. Often the result of schooling occurs in social disorganization, because the teacher has not understood the cultural history and characteristics of the different national groups. Adjustments made by immigrants must be in terms of their past experiences and many of their cultural traits must be preserved for a time to prevent social disorganization. If the immigrants maintain their own schools it is necessary that the teachers employed understand the social order in the United States well enough to prepare the students for a normal adjustment in American life; instead they try to insulate them from American culture.

The school laws should be explained to the immigrant, acquainting him with the years included for compulsory attendance at

classes. Many parents plan to have their children work, and are unaware of the compulsory school laws. The Immigrants' Protective League sends the names of the children arriving at Ellis Island to the chapters in larger cities, thus enabling the school superintendent to check up on the attendance of these children. Immigrants always go to communities where there are other members of their nationality; so it is of great importance for the people already settled here to understand the laws, and thus be able to interpret them to the new arrivals.

The attendance at adult classes is encouraging, and we rely on these classes to teach the immigrant English, and to give him the information he needs to enable him to take his part in community life. The greatest problem, when establishing classes, is to have the hours favorable to the man or woman working long hours. In the larger cities the different sections would probably have classes at different hours during the day. Classes should be held during the entire year, thus enabling all to attend at some time. The frequent formation of new classes and a follow-up system would secure the re-attendance of most of those who leave on account of illness or with the beginning of the busy season in their trade.

Another solution to the problem is having classes during their working hours. Some employers would be willing to do this; but the schools must be ready to cooperate, and a qualified course must be given. Text books must be provided that can be used by adults, and many cities have found advanced volumes for this problem.

Public libraries are beginning to meet the cultural needs of the immigrant, but the books are not available to the great number of immigrants needing them, as they are either too advanced, or too simple.

The immigrant mother learns much from the children entered in the regular public schools. Children return home and interpret American life to her, usually giving the wrong impression. Moving pictures, talks in their own language, lessons in English, if offered at convenient hours and places, would secure the attendance of these women in large numbers.

The training which the immigrant child needs is the same training which has been worked out for the American born child. The most careful adaptation of educational methods is needed. Under the present system, American habits of dress, speech, and manners are very rapidly acquired, and their formal education is adequate. But this is not enough to protect them against the temptations they have to meet. When the child becomes a delinquent, the parents find the situation extremely difficult. The child explains that it is a normal behavior in America, and because of their dependence on the children, the immigrant parents will accept the behavior. The immigrant parent must be reestablished in the eyes of the children. The teacher has the greatest opportunity to prevent this from happening. Cities should insist on their educational systems working out methods that will educate the immigrant children along American lines and at the same time will not destroy the traditions round which the family

life has been built.

The immigrant should have the laws interpreted to him.

The abuses in the courts, the lawyers taking advantage of their ignorance of our language, and the interpreter's false reporting are well known problems of the court. Until justice can be real justice, the immigrant is going to be the victim of many unjust procedures. The peculiar helplessness of the immigrant, as well as the especial importance of having his first conscious contact with our legal machinery impress him with its justice and efficiency, makes the adaption of reforms peculiarly urgent.

In order for a community to formulate a program to deal with the problem, it is necessary to understand the intellectual, the social, and the economic life of the people in their European homes, and we also need to know the special difficulties that they encounter here in the United States. The immigrant usually changes from a simple to a highly industrialized and complex life. The new freedom found here releases him from the restraints of his own village. The social worker or nurse who speaks the language of a group of immigrants can offer a help that is of great value. They go directly into the home, and through this association many problems are cleared that wouldn't be brought to any other agency. Students with the understanding of human behavior, trained to understand the character of this alien group, have the most valuable contribution to make. The problems of the immigrant are of such magnitude, a slight scraping of the surface has just been made here. Their social and political

difficulties will remain with us for many years to come, and it is for us, the native born Americans, to understand that there is a contribution to be made by these newcomers to our shores. Our culture, industry, social and economic life will be broader and of greater intensity if we can combine the best of our American customs and ideals with the best to be offered by the various nationalities. It is hard to accomplish this, for prejudice is hard to overcome. In the different communities different factors may be used--industry in one, education in another, arts and folk dances in yet another, may accomplish this attitude. Community leaders have a responsibility here, to encourage the most progressive of the alien element to help their less fortunate brothers, thus securing for all a place in the community that must be filled before the great purpose of Americanization can be called a success.

B I B L I O G R A P H Y

- ABBOTT, GRACE-----"The Immigrant and the Community" -
The Century Co., New York, 1921.
- BROWN, LAWRENCE G.-----"Immigration" -
Longman's, Green & Co.,
New York, 1933.
- EATON, ALLEN H.-----"Immigrant Gifts to American Life" -
Russell Sage Foundation,
New York, 1932.
- FELDMAN, HERMAN-----"Racial Factors in American Industry" -
Harper & Brothers, Publishers,
New York, 1931.
- YOUNG, DONALD-----"American Minority People" -
Harper & Brothers, Publishers,
New York, 1932.
- SOCIAL WORK YEAR BOOK-----Russell Sage Foundation, 1935.
- ROBERTS, CARTER M.-----"The Playground Movement" -
Public Health Nurse, June 1930.

"CHILDREN DURING THE DEPRESSION"

The years 1930 - 1935, inclusive, saw a deplorable situation arise that will probably effect the health and happiness of numerous future men and women. The economic stress, the emotional reactions attending it, world conditions, and many other factors were important in creating the dependency situation found. The children of the United States suffer as a result, however, it must be admitted that a similar situation existed before the depression, but the number of children concerned were not in the alarming proportion. The dependent child is one who is emotionally, physically and socially handicapped to meet the problems of life as they arise.

The events in the life of a child are parts of a changing panorama. The normal family is more likely to see the child as a whole, sees him intimately, sees him under all circumstances and conditions, than any other group. However, families have defects. They have limitations and uncertainties; all parents are not good parents. The family is the richest medium in which to raise a child, but in many instances families neglect and fail to discharge their duties toward the child. Many conditions exist which threaten the preservation and enrichment of the family, such as the following: acute or chronic disease eliminates the father as a source of family support; low wages do not provide sufficient margin for health; industrial accidents and disease claim the health and lives of a wage earner, making it necessary to lower the standard of living for the family, and usually making it

necessary for the mother to seek employment outside of the home. Diseases of childbirth and pregnancy claim thousands of mothers yearly. Many of these causes could be prevented if an awakened public demanded reform.

When considering the dependent child one should take into account not only the behavior of a single individual, but the social interaction taking place within the group of individuals. Social interaction involves responses, not only to the present stimuli, but also to many previously experienced stimuli now existing only in the form of the meanings which the present stimuli take on through their agency. In this way many inappropriate, as well as appropriate, responses to a particular social stimulus may appear consistently in the behavior of an individual subject. It is because of these factors that the difficulty of attempting to infer the nature of home condition's effect upon the individual.

The following factors are considered when studying child problems, among which are: housing, race, family income, war child labor, social and economic class, institutional care and maternal employment. These factors are all closely inter-related. However, it becomes necessary, when considering these factors, to recognize that association is not causation.

The socially handicapped--dependent and neglected--children are those whose parents are unable to provide, without assistance from others, all that is required for their normal development; or those who fail to do so when able. The basic needs of these children are

identical with those of all other children.

One of the greatest evils of our country is found especially in the Eastern manufacturing centers, the Southern cotton plantations and the Middle West farms. Child labor is on the increase in these sections of the country, especially, since the Child Labor Amendment was ruled unconstitutional. It is difficult to understand and control for all the states have different methods and sets of standards. At least 80 percent, and probably more, of the working children from 10 to 15 years of age are in occupations regulated neither by codes nor, according to the United States Children's Bureau, by state laws. The great mass of child laborers are in agriculture, that they are virtually unprotected by our existing child labor laws, and they go into wage earning from conditions of severe economic distress. The poverty-stricken state of families devastated by years of depression could not but result in their effort to put to work even under bad conditions all members old enough for labor. Child labor is cheap. The size of America's present pool of poverty resulting from the past seven years is an ominous index of the scale of this movement.

A certain proportion of working-class families are never able to earn enough, under prevailing wages, to lift them above the poverty line, and this with the combined wages of all members of the family. A certain proportion of child workers come out of homes such as these. About a third of all child workers come from families whose earnings are habitually below poverty level. Sudden economic crises in a family will raise this figure to twice its proportions. Illness or accident or

death of a breadwinner often precipitates the wage earning of children. Insufficient attention has been paid to these conditions, perhaps because they have not been recognized as derivative of the larger condition of insecurity in which the working class habitually lives. To this class of workers periods of stress are habitual, and it is impossible for them to fully overcome one before another is felt.

The children of this group have few advantages. In some sections three years of school (4 months out of every year) is considered enough. He may become over-educated. The child starts picking cotton at the age of 6, and continues for the remainder of his poor, inadequate life. Children in sweat-shops may attend school daily, but the hours spent at work upon returning home are not going to rest him, make him more alert for his next day's studies in school. Sixteen hours a day is too long for any child, and especially from 7 to 16 years. In some instances four year olds were found clipping threads. The news-boys have increased in number -- the age limit is from 6 years upward -- and in many cases the pay amounts to 5¢ per hour. Of course, the younger the child, the less wages he can command. The Children's Bureau states that for every hour spent in school after the age of 16, a child may expect to gain \$9.00 when he becomes employed. These children do not know the meaning of the word "recreation." They have never had time nor opportunity to learn anything that might improve the conditions. A healthy baby is seldom found where a child must work for long hours before growth is attained.

The interest of the labor parties in child labor has been an

important factor. They have all placed child labor abolition in their platform. If such influence can be exerted in Congress, something will be done, but not until then. Farmers' Unions throughout the South and Middle states have demanded schooling for their children. It is a notable step when their most pressing problems have to do with the relief of intolerably low living conditions and oppression bordering upon peonage. The middle-class is in sympathy with these workers, and are willing to endorse legislation that will help. This may be as a protection of their own professional standards and values and for advancing the general welfare of the masses of people.

It will take years to abolish child labor. Ninety percent of the working children aged 13 years and under, and seventy percent of those aged 14 and 15 are at work in occupations where no regulation exists. Another important factor to consider is the large measure of poverty and insecurity in the working class because of low wages. Economic crises at frequent intervals diffuse this condition, spreading it to all strata of wage earners. Another step would be to provide good schools for children in rural communities, mill towns and small villages.

Laborers employed in seasonal occupations often move at the close of each season. Especially is this true in the agricultural industry. Employers must often bring his help from some distance, and as a result the migrant is permitted to live, even temporarily, under insanitary, non-educational, unmoral, or antisocial conditions. The migrants are regarded as dependents whose economic and social status

is maintained above the poverty line by the migratory earnings. Laws of health and sanitation often are not applied to this group, their children are not required to attend school. They do not remain in a locality long enough to establish residence, so evade the law. California has over a hundred-thousand such children, and all the states have their share of these problem children. These children are retarded in their schooling because of the many months lost throughout the year. Factors contributing to the mental, physical or moral breakdown of the child later in life include: profitless changing from one job to another; economic exploitation; lack of recreation to supply emotional outlets; illiteracy; loss of interest and enthusiasm for school work; social maladjustment.

The health, social and economic deficiencies resulting from migration include: fatigue accumulations, infections of the skin and scalp, communicable diseases, uncleanness, infections from insect bites; undernourished and undersized children and injuries that will be manifest in later life by lowered vitality and decreased efficiency.

Some economists believe there are beneficial effects to be derived from this migration. They believe this form of child labor is preferable to the idleness of the slums of our cities. If the problems presented could be solved there would be no harmful effects. This may be true, of course. Child psychologists tell us that the child whose life is constantly changing about him, later suffers from an emotional strain. The child who can be reared in a stabilized home, poor though

it might be, has a feeling of security that cannot be derived in any other fashion. It would be better to keep these families in one locality, giving aid when necessary to supplement the small wages they earn in the season of employment.

An interesting study was made by the Bureau of Labor Statistics, published in July, 1937. The number of transients at this time is reduced compared with those during the height of the depression. Large numbers of family groups that include young children, are among the total proportion. These families are isolated from the normal activities of the community because of their lives and community attitudes toward them. They usually stay on the outskirts of the town, seldom going to town to trade, to attend church or to take part in community activities. The migrants were found to be living under deplorable conditions. Families were crowded into old cars or trucks that had been fitted out with canvas covering, and carried all the household goods. Only the cheapest camps could be patronized, and more frequently living quarters were set up along the roadside. Health habits were not attended to and frequently the facilities were too inadequate to meet the acceptable standards of decency.

Medical attention was given only when serious emergencies arose; mothers and children were especially neglected and this problem is recognized as a serious menace to the community as well as to the individual health. The same is true of educational advantages enjoyed by these children. They do not stay long enough in one place to be entered in school, or they must work along side of the parents to add

to the inadequate family budget. Usually the family funds cannot provide books and clothing for the children to attend school.

These people would be better off staying in their home town, where they can obtain some relief. Each state's relief load is already overburdened, so it does not have funds to aid the family who is wandering about, loosing the rights of citizenship in their home state.

An interesting study made by Mr. Thomas Winehan, while attending the University of Minnesota. A thesis was written from the first-hand material gathered while associating with this group of boys and girls in 1934. He describes their mental attitude by saying they are willing to work but due to constant unfavorable factors, such as economic conditions, family difficulties, association with men of indifferent attitudes, these boys and girls are accepting their life and will not be able to accept the responsibility of citizenship when it becomes necessary for them to do so. Their association with this society is developing unfavorable ideas, such as stealing, carelessness about dress and mental standards. What is needed is a plan where these youths can develop and grow into useful citizens.

The C. C. C. Camps have not absorbed any of this group for many are far too young to get into the camp, the age being 18. Others have no dependent relatives, so are therefore not eligible. Yet many are high school graduates, some having left college when family finances were inadequate to meet the need. It is estimated at this time, 1934, there were 5,000,000 children needing aid in this country.

Their clothes were rags, the food the most inadequate, and their moral standards not what is recognized as the best.

Serious emotional tensions arose from forbidding obstacles: search for a job and the initiation of a family. The penalties of occupational frustration have fallen most heavily on boys. They were unable to obtain the jobs previously held by youth. This made marriage impossible, and many young women have grown to maturity with no hopes of ever having a home of their own. Their personal losses are in their totality social losses. Parents and older folks dealing with youth do not realize what has happened, and it is hard to arouse sympathy for these youngsters.

Other factors to be considered in relation to this subject is the housing and sanitary conditions found during the depression. Evidence that has been collected during the past few years is sufficiently conclusive in proving that health and housing are ultimately related. It was found that low incomes are responsible for decreased opportunities for self-improvement, for environmental conditions in which low-income groups live. Low incomes may be due to fundamental weaknesses in the general population. There is a constant sifting action in the general population which tends to reduce to a low economic status those who cannot meet the forces of competitive existence.

Many lost their jobs during the depression due to a biological unfitness, for example: poor sight; mental or educational deficiencies; and chronic poor health. Unless these factors are checked by aid from the government or private funds, many families may be reduced to a lower

status of living.

An important factor associated with the housing problem is lack of sanitary facilities. Inadequate sanitary facilities foster the spread of disease. Many houses in slum areas were without private toilets; had improper plumbing, and unsafe water. The houses were poorly constructed, lacked sunlight and fresh air, and many were found to be damp and cold, unable to have adequate heat.

Because of the economic conditions, rooms were over-crowded, to enable the families to pay rent; the slum families were usually of large numbers; or the families were unable to find quarters that were sufficient for the size of the family. Congested dwellings create a maximum opportunity for the spread of disease.

Another factor contributing to ill health in children is malnutrition. Although the largest portion of the income of families in this strata of society is spent for food, children weighed less and their height was lower than children of the families with larger incomes. A study made by Palmer "indicated that no great change in relative weights occurred in children in the low-income groups which maintained the same status prior to and during the depression, but that children who were in comfortable circumstances prior to the depression and were subsequently made poor failed by approximately 2 percent to attain the weight of children in the group as a whole."* It cannot be denied that children whose families were subjected to the violent

*Public Health Reports-----July 23, 1937. Pg. 994.

economic changes during the depression must have been deprived of proper food, and since their relative weights tend to approximate those of the perpetually poor, it is concluded that nutrition is an important bearing upon physical characteristics and ability to resist disease.

Housing and public health are intimately associated; good housing conditions mean a better public health; and poor housing implies a low level of physical well being. Adequate housing implies a moral obligation on the part of any government interested in the welfare of its citizens.

It is the duty of society to safeguard the welfare of children, to insure their normal development, to make sure of advancing the social, moral and economic future of a community. "The country's children are the trustees of its posterity."* The positive values of a wholesome family life are so great and vital to the welfare and happiness of a child that every effort should be made to preserve them for him. To aid the dependent child it becomes necessary to understand the individuals involved, their relationships and attitudes, their social environment, and to formulate and develop an intelligent and effective plan for correction and rehabilitation.

A program of improving the community conditions making for the neglect of children should be developed in each community. This would include commercialized recreation, employment of children, and other degrading conditions, such as prostitution, indecent exhibitions and literature. The importance of education is stressed. If young

*White House Conference on Dependents and Neglected Children. - Pg. 354

couples could be educated for parenthood, much of the ignorance concerning marriage, duties and responsibilities of parenthood and domestic discord could probably be eliminated.

Welfare agencies are equipped to handle such cases, and because of the interest of their community, will be able to prevent many such cases in the future. Adequate resources must be available to carry on this load, and the federal resources must be available to care for migrants, who are becoming more numerous, as well as the permanent cases in the community.

Child welfare agencies with restricted endowments have modified their activities in the light of changing social conditions in order to meet more adequately the needs of dependent children at home or elsewhere, and the plans of the Social Security program is to try to avoid in the future the occurrence of past evils due to narrowly restricted funds, and other aspects of former social programs.

B I B L I O G R A P H Y

- Healy, William and Brouner, Augusta
"New Lights on Delinquency"-----Yale University Press
New Haven, 1936
- Lumpkin, Katherine D. and Douglas, Dorothy W.
"Child Workers in America"-----R. M. McBride & Co. 1937
- Minehan, Thomas
"Boy and Girl Tramps in America"---Gossert & Dunlap
New York, 1934
- Sullinger, Earl T.
"Social Detriments in Juvenile Delinquency"---John Wiley &
Sons, Inc., New York, 1936
- White House Conference ---Section IV -----The Handicapped, Pre-
ventive, Maintenance and Protection"---D. Appleton-
Century Co. , New York, 1933
- White House Conference---Part III.
"Nutrition"-----The Century Co., New York, 1932
-
- "Modern Youth- Retrospect and Prospect"-----W. Wallace Weaver
The Annals- November, 1937
- "Some Factors Which Affect the Relationship Between Housing and
Health"-----J. M. Dolla Valle
Public Health Reports- Vol. 52, No. 30
July 23, 1937.
- "Migrants and Their Problems" -----The Child, Vol. 2, No. 2,
August, 1937

* * * * *

SCHOOL NURSING

The history of school nursing is of interest to anyone who is interested in health education. Public health nursing started in Liverpool, in 1859, with the establishment of the Visting Nursing Association, under the leadership of William Rathbone. So successful was it in Liverpool that this new form of nursing soon spread to London. Amy Hughes was the first school nurse. She began her work in the District School in Drury Lane, London, in 1891. This venture proving successful, the London School Nurses Society was founded seven years later. In 1904 the London County Council appointed a staff of nurses, and placed them under the direction of a superintendent of nursed. By 1918 there was created a Ministry of Health for England, Scotland and Wales.

In the Untied States the need for nursed sufficiently trained to do Visityng Nursing led to the establishment of the Bureau of Public Health Nursing at Teachers College, in 1910. Rural nursing was getting well established in England, Ireland, Canada, Australia, Norway and Sweden. Early work in the United States started in Westchester County, New York, and in the Kentucky Mountains, in 1896. The National Red Cross initiated a ;oan for county nursing, training nursed for this field. This started in 1912 and by 1914 there were 38 nursed serving in rural communities. As a result the public shhool became the center of activity of the nufse—especially in the large areas of the Middle West.

In 1902 Miss Wald persuaded the health commissioner of New York to allow the Visiting Nursing Association to place nurses in the schools for one month. So successful was this experiment that in December of the same year, 25 additional nurses were appointed by the Commissioner of Health. This allowed the medical officer to enlarge his field and program giving physical examination to children. There was a marked increase in enrollment and efficiency as a result. According to Miss Lina Roger, of the New York City schools, the nurse must be the principal's first assistant, friend and advisor to mothers, take children to dispensaries and clinics, conduct tooth brush drills, teach Little Mother classes. Most of the program in this country are patterned after that of Miss Rogers.

The problem of social hygiene is to create a new attitude and standard. "A little space of youth belongs to us; the rest of life to our children." To see with a vivid imagination the results of our own conduct upon our descendants; to build with farseeing constructiveness the heritage we give them; it is these which make the foundation of social hygiene.¹ Two types of nursing seem to be emerging within the past ten years:

Health Service-- control of contagion and the correction of defects.

Health Education-- supervision of the emotional and social aspects of health.

Learning is an active process of growth through experience. When emphasized and translated into action, this concept would do much to

1.

Thomas D. Wood, "Health Education," pg. 27.

further both education and health. Closely allied to the idea that learning is an active process is that concept that health is a way of living. By starting in the first grade, the child may be taught to recognize symptoms, when to consult a nurse or doctor, to remain home from classes. "The aim of the nurse is: For every child continuous and satisfactory growth in control of conduct contributory to health." 1. The school should inform young people accurately and scientifically of the facts of life and human relationships that will help them meet their problems.

"Health Education in schools may be defined as a systematic program for developing the habits, attitudes and knowledge that will contribute to the physical, mental and emotional health." 2. In a broad sense, health education is anything which educated in matters of health. There would be three subdivisions under this heading of "Matters of Health": public health instruction in schools.

The avenues by means of which popular health instruction reaches the public may be regarded as: printed materials, public speeches, motion pictures and miscellaneous activities, which include campaigns, clinics, and contests.

Clair E. Turner lists some fundamental reasons for health education in schools:

1. Increases the attention of public health with education.
2. Present health practices are poor.

1. Mary Ella Chayer, "School Nursing", pg. 22.

2. Clair E. Turner, "Principles of Health Education", pg 24.

3. IBID.

3. Children need training and instruction in healthful living.
4. Habits affect health.
5. Improvement in habits can be accomplished through the public schools. 3.

The interest of mental hygiene of the school child is of comparatively recent origin, but much is to be gained by the cooperation of parent, teacher and nurse. Many times it is advisable to seek advice from a Psychiatrist; and it would be of the greatest value if each school could have one for consulting purposes. The explaining of problems, and aiding parents to make adjustments and concessions are of the greatest help to the school child.

The health of the child should be considered against the background of his home. The school nurse brings the home and the school more closely together. To the visiting nurse is given the credit for pioneer work in parent education. Settlement houses were first established by nurses; the day nursery was established in connection with the settlement houses for the care of those children whose mothers had to work. Then the kindergarten became a medium for reaching the parent to establish better understanding and teach health.

The establishment of the nursery school was a definite step in the preparation of expectant mothers for parenthood. The National Congress of Mothers was organized in 1897. The aim was better training of mothers in care and teaching of their children. By 1908, it had grown in such

amazing proportions it had changed its name to the National Congress of Mothers and Parent-Teachers Associations. "The home and the school are not engaged intotally separate undertakings. The work of each is related to that of the other. The success of each is dependent upon the success of the other. It(the home) must lay the foundation for the work of the school. After the children become of school age, the home and school must march side by side, cooperating as companions and guides to youth in this great endeavor." 1.

The education of the mother from the time of conception is of the utmost benefit. If she can be educated to think of the health of a grown child, she will gladly follow the proper diet prescribed by the doctor for her individual case. The nurse finds that carrying her through delivery, educating her in the best ways possible for caring for her baby, offers the most satisfactory opportunities for opening this method of education. The pre-school child is also under the supervision of the nurse, and when he enters school at the age of six, he should have already been given a perfect health certificate. This program would be ideal, and all nurses strive to attain this ideal, but in many communities, it is not possible for lack of previous health education and lack of funds. It is when the child enters school that the parents, teacher and nurse should combine their resources, and strive for physical and mental fitness.

1. Mary Ella Chayer, "School Nursing", pg. 208.

The health of the child should be considered against the background of his home. The nurse brings these two, the home and school, more closely together. The teacher is the link between the present and the future through the medium of development in child habits, knowledge and attitudes. She is the only person in the public service which maintains complete and continuous contact with children. She can build the foundation of health needs of her pupils. Reports show she recognizes the more serious cases as to malnutrition, and serious defects. If she is trained to assume responsibility, she can develop the best types of health promotion and prevention.

The sympathetic cooperation between nurse and teacher should include:

1. Discussions and agreement between nurse and teacher about health procedures and policy.
2. Actual records which involve a mutual recognition of the health needs of the children.
3. Classroom information included in the nurse's home visit preparation.
4. Presence and participation of teacher in physical examination and of nurse in classroom inspection.

Valuable procedures are selected, and the status of schools in respect to them is described in terms of the frequency with which the procedures are followed.

Selected items suggested for discussion are:

1. How and why to persuade children to improve habits of cleanliness.

2. What the teacher should do when a pupil has a swelling and pain in the region of the ears.
3. "Pink eyes."
4. "Inflamed eyes."
5. A procedure whereby children newly fitted with glasses have reexaminations at proper intervals.
6. The frequency of cavities in particular teeth.
7. "Running nose."
8. A health project for the children on a topic other than diet or communicable disease.
9. What to do in an outbreak of measles.
10. Prevention of cavities in teeth. 1.

The education is of the teacher being of utmost importance; the cooperation of the superintendent and principal is also of the greatest importance.

The nurse must first make the acquaintance of the superintendent and principal. It is through this medium the best opportunity for discovering the desires of the community, the resources, the cooperation of clubs and associations. She will then ascertain the facilities of the medical and dental professions, the public health association, and any other funds she may find of great advantage, such as national government funds, private endowments, county funds.

She should learn the economic status of the community, the cultural status; and should learn how many are able to employ expert medical advice, and who can pay for part of the medical needs of the children.

-
1. "An Evaluation of School Health Procedures."

The public health nurse should visit the schools, inspecting the plumbing facilities as best she can, the general cleanliness, drinking fountains and other facilities, toilet facilities, towels and soap supply, wash basins, the lighting arrangement, the position of seats and supply of light, size and comfort of seats, ventilation and temperature regulation, play ground and safety devices, rooms for rest periods when indicated for special pupils. All this can be accomplished before school opens, and she is ready to receive the new pupil in the first grade and assist in the health examination. This is the best opportunity for examining the child, for the parent usually accompanies the young beginner to school. Many schools send invitations to the home, inviting the parent to be present at the examination. In this manner can the parent be given opportunities to study the health programs of the school. The school physician should be allowed time enough to make a proper examination, and discuss the child's condition with the parent. The nurse should also advise the mother in matters of health, and in this manner a greater opportunity for cooperation may be obtained. Some schools examine the pupils in the fourth or fifth grade. The children have had opportunities for obtaining health information but defects may be present that would be eliminated if an examination could take place in the first grade.

The school should provide a room large enough for a thorough examination to take place. It should be screened to provide a private consultation room for the physician. Gowns should be provided for the children, and

supplies in readiness when the examination starts. The nurse keeps a record of the examination, making notes of follow-up work. She should obtain a complete previous history of the child if possible, also his mental habits and behavior. The child should be weighed^d, measured, vision and hearing tested. The doctor examines for physical defects and makes suggestions for corrections. The case is referred to the family physician; or when the family is unable to have their own physician, the nurse should consult such agencies as are available for the peculiar defect. If a physician is not present at this examination, as happens in many smaller schools, the nurse should examine for defects, including condition of the eyes, ears, nose, throat, skin, breathing, posture, general hygiene and mentality. Where defects are found she should make recommendations for competent professional advise.

The nurse should have members of the Parent Teacher Association assist her in making the records. She is then free to advise the mother, and assist the doctor when necessary. Well planned records should be kept in every school. They are to keep a record of what has been done, which includes correction of defects, immunizations; also health practices with respect to hygiene, home visits, consultations, and other corrective work. A record should also be kept of the cleanliness of the child, care of the teeth, diet, and any other necessary factors pertaining to the child. These cards should not be too small to include all the necessary information. The nurse and teacher find it advisable to plan cards to include the material needed for the children. These records should contain facts only;

any notes necessary should be placed on cards provided for this purpose.

The dietary habits of children are of the greatest importance. the diet of an average child from three to five should include: a quart of milk; one egg; a medium serving of meat; fish or chicken; two vegetables; orange or tomato; fruit; cod liver oil; butter. These foods should be served daily and under no circumstances should they be replaced by bread, cereal, and potatoes. These later foods are added to satisfy the appetite. The child should be weighed each week and should not lose.

Children between the ages of seven and sixteen should have the same basic foods, but in larger quantities. It is desirable that these students do not eat between meals, and should include sugar sparingly.

Up to the sixteenth year some foods are undesirable for all children. Included in this list is found: spices, pickles, pop, tea, coffee, pastires, dried meats, dried beans, and fried foods.

The child should be educated to choose his own food combinations with the greatest efficiency, keeping in mind a balanced diet and a good meal. "The final test of successful food education is the daily practice of the principles of good nutrition, because of realization that a good diet does not just happen, but must be purposefully chosen." Calories may be utilized more economically if the diet is liberally supplied with vitamins. Proteins are utilized more efficiently if the diet is liberal in vitamines and calories; iron is utilized better when copper is present; "Health Education", page 59.

calcium and phosphorus are used effectively only in the presence of vitamin D; and their storage is improved by the liberal use of vitamin A. Shortage of vitamin B is more disastrous when vitamin G is also lacking and calcium acts as a balance wheel for many other mineral elements. Milk is one food with a balance of these important vitamins.

Mouth hygiene should start with the care of the first teeth. Dental care should be given these early teeth when necessary. Introduction to the dentist should not be a painful ordeal, but an interesting visit, where the dentist shows his young patient the numerous articles of interest and gains the friendship and confidence of the child. The parents should teach the proper care of the teeth early in the child's life. The teacher should set an example for her pupils by practicing the rules of mouth hygiene. She has the greatest opportunity to instruct in the use of a tooth brush, mouth wash, and proper dietary. The dentist should make examination of the teeth of school children. By acquainting himself with the various points in which dentistry enters into the economic and health problems of his community, he may be ready to assist in their solution. It is by cooperation of the dentist, teacher and nurse that cares may be eliminated from the classroom, and greater educational standards maintained.

There are 45,000,000 school children in the United States. 30,000,000 of these children are reasonably normal. Large numbers of children suffer from malnutrition, diseases of the heart and lungs, impaired hearing and eye sight, and diseases of the bones. Some present behavior difficulties.

There is need for a constant interchange of purposes between the school and the health department. A health school environment presupposes freedom from communicable diseases. The disease found most common in schools include: scarlet fever, diphtheria, smallpox, chickenpox, measles, pertussis, mumps, and skin infections. Scabies, impetigo and ringworm are included in the skin infections reported to the health department. Conjunctivitis and trachoma are also reported. Strict quarantine are not necessary for all of these however. Scarlet fever, diphtheria and smallpox are placed under strict quarantine. Typhoid and hookworm cause concern, but their control is one of sanitation. The other diseases are controlled through early diagnosis. Nurses should plan to discuss with the teacher the symptoms of these diseases, the necessity of early diagnosis, and the regulations of the health department governing the control of contagion. The parents should be instructed in the care of children showing symptoms of illness. They should be encouraged to keep these children home and report the illness to the schools. The nurse should visit the home at the first opportunity and instruct in the proper handling of food, dishes, clothes and all contaminated articles. She should also encourage the mother to isolate the child and prevent the spread of this disease to other members of the family. If the parents are properly informed they will usually cooperate. The method used in many schools, encouraging children in daily attendance does much to aggravate the communicable disease situation. Many times children insist upon attending school

to obtain a reward, when it would be of much more value to reward them when they remain at home when ill.

The newer knowledge in the prevention of diseases like diphtheria, scarlet fever, and typhoid indicate that modern methods of immunization must come into use to a larger extent before control of these diseases can be accomplished. The control of smallpox by vaccination is a well known fact to the public. It would be ideal if every child could be immunized against these diseases, and a program can only be successful through the cooperation of the community. Protection against other diseases can be taught profitably to children, and decrease the number of cases found in our schools.

In case of an epidemic, the teacher should inspect all children daily. This will save time for the nurse. The suspicious cases are referred to the nurse. The cases that are sent home should always be accompanied, if possible. No child should be sent home until the nurse calls the home to see if the parent is home to receive the child. When the nurse accompanies the child home, she should educate the parents in control and prevention. She is sure the child does not stay outside the school until class is dismissed to play with his friends.

There are several reasons why an inadequate program is found in the high schools, among which are: lack of money, lack of properly trained nurses for this advanced work, the need for a carefully planned program in the school. The effectiveness of the program depends largely on the interest, training and administrative skill of the principal. The program should be

planned to include the health, physical, emotional, and social phases of the student's career.

The program should include the supervision of tuberculosis, nutrition, defects of vision, diseases of the respiratory tract, digestive disturbances, skin conditions, thyroid disturbances, accidents, ringworm, and venereal diseases. All students should be carefully examined, the ideal way being to have a woman physician examine the girls. However, this cannot be done in small, outlying communities.

The prevention and treatment of ringworm is a serious problem where swimming pools, showers, and dressing rooms are maintained. Students should be taught the preventative measures which include the bathing and thorough drying of feet, wearing of sandals on feet when in showers, using the towels on body parts before touching the feet. This prevents the spread to other parts of the body. Care should be taken that bare feet do not touch the floor. If infection does occur, the proper care and treatment is advised being started at once. If allowed to spread, much time is lost from classes, and serious results may follow. 1.

The nurse should plan her program that time will be spent in her office in the high school. Conferences can be arranged, and here the student may feel free to bring problems of social, physical and emotional character. She has opportunities of assisting in the planning of careers, advising when necessary, to gain the most for the amount of energy the student has to offer.

There is a trend in the highschools to teach girls the home care of the sick. A debatable question still arises as to the grade this should be taught, the number of days per week, and the amount of credit received. If a school can afford to give this course, they should, therefore, be willing

to provide a room with all the necessary home equipment. Junior high school would probably be the best place to give a home nursing course. It would include the elementary procedures; importance of securing expert care and attention; general symptoms of illness; taking of temperatures; pulse and respiration; skin eruptions; general administration of drugs; isolation of the sick child and the care of minor accidents.

The office of the nurse should be a conveniently located room, one with good ventilation and well lighted. It should contain a full length mirror, a cot, a scales with a stadiometer if possible, a desk and a supply cabinet.

The supply cabinet should contain:

Covered glass jars, one for tongue blades.

Tongue blades, medium size.

Wooden applicators and tooth picks.

Sterile gauze, absorbent cotton and adhesive tape.

Roller bandages of two widths.

Scissors and forceps.

Two thermometers and two medicine droppers.

Zinc oxide and mercurial ointment

Unguentine, carron oil or vaseline for burns.

Green soap and boracic acid for cleansing wounds.

Iodine

Slings and thin pieces of wood for splints.

Culture tubes and sterile swabs.

Lysol for disinfectant for floors, utensils.

White enamel bowl and basins.

Wash bowl and pitcher if running water is not available.

Outfit of "canned heat" if gas or electricity not available.¹

Among the supply of printed material she should have are:

Health record cards.

Teachers' health habit records.

Absence record blanks.

Daily work sheets.

Daily, weekly or monthly report forms.

Reference slips to refer to individuals or agencies.

Communicable disease regulations in booklet or chart form.

Health department slips upon which to report cultures taken.

Notification of result examination, and reference to family

physician.

Consent slips for signature of parents for immunization and

vaccination. 2.

The nurse should be equipped with a bag large enough to contain the necessary supplies for a home visit. There would be included: dressings, scissors, tongue blades, culture tubes, thermometers, alcohol, soap, paper towels, and the necessary records and blanks.

1. Mary Ella Chayer, "School Nursing", page 244.

2. Ibid----Page 245.

The objectives and functions of the Public Health nurse, as outlined by the National Organization of Public Health Nursing, should be:

Assistance in the promotion and development of an adequate health program in the schools.

Enlistment of the interest of parents in a school health program and encourage them to assume responsibility for health problems with full use of existing community resources.

Coordination of the work of the school with that of other school health forces.

Development of relationship between the home and the school and all health resources of the community.

The qualifications for school nurses should include a high school diploma; graduation from an accredited nursing school; Certificate from a Public Health Nursing Course accredited by the N. O. P. H. N.; Graduation from an accredited nursing school.

The field of the school nurse offers wide development, from pre-natal work to maturity, through years of development. The school child of today has an opportunity to become the healthiest citizen this country has ever known. It is to reach this mark that every school nurse strives, and because of her will more physical and mental fitness be found in future generations.

(End)

B I B L I O G R A P H Y

- Chayer, Mary Ella-----School Nursing
- Turner, Clair Clsmere-----Principler of Health Education
- Gardner, Mary Sewall-----Public Health Nursing
- Smillie, Wilson G.-----Public Health Administration
in the United States
- Hiscock, Ira V.-----Community Health Organization

"An Evaluation of School Health Procedures", Monagram V.

"Health Education", Wood, Thomas D.,

"Advances in Health Education"

"Team Work in School Health Education", Anne Whitney,
PUBLIC HEALTH NURSING(reprint) June, 1936

"The Nures int he Modern School", Lulu V. Cline,
PUBLIC HEALTH NURSING (reprint) June, 1936

"School in a Community Health Council", Harry Arthur Wann,
PUBLIC HEALTH NURSING (reprint) Dec., 1936

* * *

C O N C U L S I O N

Public Health Nursing has many phases and each is a problem in itself with its own solution which must be solved with a staff and executives.

Working against many difficulties, public health work has gradually gained a great foothold into today's public welfare.

School nursing is one of the largest and most interesting phases and today is playing a very active part in the role of public health.

Child welfare and the relationship of the immigrant and the community are steps that are taken to solve the problems of future generation and set up a stable civilization for future world affairs.
