

THE EVOLUTION OF PUBLIC HEALTH NURSING

III

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## The Evolution of Public Health Nursing.

Public health nursing is often looked upon as a fairly recent development in the field of nursing. In reality it extends back to the very beginning of nursing. Public health nursing in olden times was not known as such, of course, and its practice was very different. The public health nurse of today would scarcely recognize her sister of years ago were they to suddenly come together. Visiting nursing was the earliest form of public health nursing and from it all the modern branches have developed.

Omitting the various ancient nursing orders we come to the middle of the seventeenth century and find St. Vincent de Paul founding the Order of the Sisters of Charity. These nurses did both institutional and visiting nursing among the poor of their day.

Toward the end of the eighteenth century Theodor Fliedner and his wife, Friederike, opened a small institution for discharged prisoners. This developed into the Kaiserswerth school of nursing where Florence Nightingale trained. Florence Nightingale is known as the founder of modern nursing for thru her leadership nursing has come to be a profession of gentlewomen. She it was, also, who gave us the foundation for the methods in use today.

The first modern district nursing association was founded by Mr. William Rathbone of Liverpool with the help

of Florence Nightingale in 1859. Because of illness in his own family Mr. Rathbone realized the need of trained nursing care and persuaded his nurse to care for the sick in their own homes for a short time as a trial. This was so successful that Mr. Rathbone established a permanent system of district nursing. This was fraught with difficulties for he had to set up his own training school for nurses.

Directly out of Mr. Rathbone's work grew the formation of Queen Victoria's Jubilee Institute for Nurses in 1887. These nurses had a three year course of training and six months post graduate work. At this time the war intervened. After the war a minister of health was appointed and all agencies interested in health were united. Out of this grew the health visitor and work with mothers and children. At this time the need for special training of public health nurses was realized, training in health preservation as well as in care of the sick.

Nursing in America had been going on since early years. The Catholic Sisters carried on the earliest organized nursing. The New York Hospital started to teach its nurse attendants in 1798. The Nurses' Society in 1839 gave outside training in obstetrical nursing in connection with the Philadelphia Dispensary.

After the Civil war nursing advanced rapidly here as in England and training schools were established fairly rapidly in different parts of the country. The New England Hospital for Women and Children established its

training school in 1872. This was the first modern school of its kind and Miss Linda Richards, its first graduate, is known as America's first trained nurse.

Eight months after the formation of the New England school the first training school founded on the "Nightingale System" was established. This was at Bellevue Hospital in 1873 and was the first to have a nurse as superintendent.

Before training schools were established, however, we find that some care of the sick was being carried on. This had always been done by the Sisterhoods, but the first organized work of this sort was by the Ladies' Benevolent Society of Charleston, South Carolina, in 1813. Later, in this society trained nurses were engaged to work under the visitors. This organization was interrupted during the Civil War but later reorganized and is still in existence.

In 1877 the Woman's Branch of the New York City Mission sent trained nurses out into the homes. This was the first American organization to work in this way. Following this other organizations were formed. Among these we have the district nursing organizations of Boston and Philadelphia in 1886, in Chicago in 1889, and the Henry Street Settlement in 1893. In 1890 there were twenty one organizations of visiting nursing in the United States.

Prior to 1894 most of the care of the sick in their homes was done in connection with charitable institutions and relief giving agencies.

After 1894 the work progressed more rapidly. Los Angeles, in 1898, inaugurated municipal nursing. At this time



we find a tendency toward specialization developing. The New York Department of Health had engaged nurses to care for communicable diseases in 1902. In the same year the City of New York established school nursing, and, in 1903, tuberculosis nursing.

There <sup>was</sup> ~~is~~ no sudden development of public health nursing. It was a process of gradual emergence from visiting nursing and has developed along its own lines. The need for special training for public health nurses was not recognized until the nurses discovered it themselves in attempting to do the work in homes and communities. They realized that giving only home care of the sick was not making any great contribution of lasting value in the lives of people among whom they worked. What was needed was work along educational lines and an emphasis on the preventive side.

The first post graduate course in public health nursing was given by the Instructive District Nursing Association of Boston in 1906. *In connection with Simmons College* From this time on other courses have been developed in various parts of the country in connection with universities and colleges.

An important phase of development of public health nursing opened in 1909 when the Metropolitan Life Insurance Company offered home nursing to its policyholders in the United States and Canada.

Until 1912 each organization for visiting nursing or public health nursing had been working practically independently. Two nursing associations had been formed but not in the public health field. These were the American Nurses' Association, formed in 1896 as the Associated Alumnae,

and the League of Nursing Education formed in 1893 as the Society of Superintendents of Training <sup>Sc</sup> Schools. In response to a need for standardization in public health work,,at the annual meetings of the above mentioned organizations in June 1912, the National Organization for Public Health Nursing was organized.

Public health nursing continued to advance until in 1914 it emerged from its pioneer stage and took its place as a generally needed and accepted development of the nursing field.

The tendency toward specialization, mentioned earlier, became greater as the work progressed. Today we find specialized fields of tuberculosis nursing, school nursing, industrial nursing, maternity and child welfare, and mental hygiene.

Tuberculosis nursing needs a special training for it requires a technic all its own. The nurse must develop her own personality that she may reach the patient and family as a friend as well as a helper, she must be able to teach, she must have a thorough knowledge of all stages of the disease and she must possess almost a sixth sense in the discovering of cases for it is in the earliest stages that these patients can be helped most.

Child welfare has been a problem since early ages. In the early Roman days we find the promotion of an efficient society by the elimination of the weak by death. Now we promote our efficient society by attempting to make our weak strong. The welfare of the child begins before he is born

and so we have nurses trained in prenatal as well as natal and postnatal care of both mother and child. Maternity Center, in New York, is carrying on an outstanding service of this sort. To watch over the health of the child as he grows we have well baby clinics, preschool clinics, and school clinics with free advice and educational literature for mothers.

Returning to the care of the mother at birth we have the problem of midwifery. European countries are solving this problem by educating, licensing and supervising their midwives. They are usually allowed to attend only normal cases tho there are some exceptions. In the United States midwife education and supervision did not begin until the twentieth century and many are still untrained. This applies particularly to the southern states and the prevalence of Negro midwives. The first school for midwives was at Bellevue Hospital , New York City, in 1911. The second school was established at Philadelphia a few years ago. Most of the laws have been enacted during the last thirty years and cover such items as registration, reporting births, prophylactic treatment to eyes, educational requirements, examination and licensure, and sometimes prohibitions as to use of drugs. The most extensive work has been done in New York, New Jersey, and Pennsylvania, where the midwives must be graduates of recognized schools of midwifery or maternity hospitals.

An examination of statistics does not show midwifery to be a determining factor in high maternal mortality, tho the work of untrained midwives is undoubtedly a contributing factor. The mortality rate is low for mothers attended by trained midwives.



In Oregon the midwife situation is no problem. The law requires that they register with the local registrar. None registered in 1932.

However, the fact remains that midwifery is a big problem in some parts of the country. In time it probably will be better to replace all midwives by physicians but this does not seem to be possible yet. Therefore, we should make their training and licensure compulsory and furnish adequate supervision. Nurses with midwifery training have been of great value especially in southern states.

France was the first country to have medical inspection in the schools. This was followed by Brussels in 1874 and by the United States at Boston in 1894. The first school nursing was started in London in 1892. Thru Miss Wald's visit to England and the establishment of four school nurses from Henry Street Settlement in the New York schools as an experiment, the school nurse became part of American life in 1902. Her duties lie particularly in the fields of assisting the teacher in the health education and health inspection, assisting the doctor in examinations and clinics, and to work in the home as a teacher of health education in all its forms. She must be well trained in all the fields which particularly affect the child of school age, communicable diseases, tuberculosis, malnutrition and mental hygiene.

The nurse who is trained in the mental hygiene field has an extremely large opportunity for service. Modern psychology realizes that practically all of the mental diseases of adult life have their beginnings in childhood. The nurse who knows what to look for and who is able to use her influence



for treatment of the children with abnormal mental tendencies can do a vast amount of good. The field is new tho the problems are as old as the human race. Nurses doing mental hygiene work may be employed by a hospital to work in the outpatient department or they may be engaged in public health work. Juvenile courts offer a big field and habit clinics for children who are "behavior problems" are being established in connection with psychiatric work.

Industrial nursing is another specialized field that is developing rapidly. Its first establishment was probably at the Vermont Marble Works in 1895. The industrial nurse's work usually falls into four fields: 1. care and advice of individual employees, 2, collective health teaching and general responsibility for sanitary and hygienic conditions, 3, home visiting for instruction and home nursing, 4, the inauguration of community health work if the plant is located in an industrial village or small town.

At the present time the tendency for the state, county or city to take over the public health work is very strong. Many national organizations have been formed and the local organizations work independently but in cooperation with them.

The organization next in line under the national is the state. The state <sup>health</sup> health organizations have a certain responsibility and authority over the local services. But as the county and city health services increase and become efficient the state acts more in an advisory or consulting

capacity. The duties of the state organization in general are as follows:

1. Has full power in the control of communicable diseases.
2. Keeps vital statistics.
3. Maintains the state laboratory.
4. Has charge of the production of biological products.
5. Has charge of sanitary engineering.
6. Conducts housing and plumbing inspection.
7. Supervises food and drugs.

8. Under the Bureau of Child Hygiene it may carry on maternity and prenatal work, including midwifery, infant welfare, preschool hygiene, and school hygiene.

Often this last duty is performed by the local or county agencies, and the state controls the activities of midwives.

There are two methods of selecting the state health officer. He may either be selected by the governor or by the state board of health.

The county may be organized as a health unit and have a county health association, a full time health officer, and full time public health nurse. Such a unit as this functioning either in a county or city can usually manage its own health problems with the state organization as an advisory or supervisory.

## The Oregon State Board of Health.

The Oregon State Board of Health consists of seven members. Six of the members are appointed by the governor with the consent of the senate. These members hold their offices for four years, but are so designated by the governor that the offices of three members expire every two years. Any vacancy is filled by the governor.

The seventh member is the secretary and is appointed by the Board. He is the State Health Officer and holds office as long as he discharges his duties faithfully. He may be removed at any time by the Board.

All members are physicians and are selected for their fitness for the work.

The secretary receives an annual salary, the amount of which is fixed by the board. Members of the board receive traveling and other expenses when in discharge of their duties.

### Duties of the Oregon State board of health.

1. Direct supervision of all matters relating to preservation of life and health of the people of the state.
2. Keep vital statistics.
3. Make sanitary surveys, investigations, and inquiries respecting causes and prevention of diseases, particularly of epidemics.
4. Full power in control of communicable diseases.

### Meetings of the Oregon State Board of Health.

An annual meeting is held at Salem on the second Tuesday in January.

Special meetings are held when necessary and where convenient.

Three members constitute a quorum.

The board elects one of its members to act as president and adopts rules and regulations subject to the provisions of this Act.

### Oregon County and City Boards of Health.

The Board of Health for counties and cities of Oregon consists of the county judge, county commissioners, mayor, and common council, except where there is a regularly constituted board of health by statute or by ordinance.

The local boards are subordinate to the State Board and the secretary must report all activities to the State Board.

### Oregon Laws Regarding Employment of Public Health Nurses in Rural Districts.

The law of employment of public health nurses in Oregon was passed in 1919<sup>9</sup> as a rider to the law making the establishment of tuberculosis hospitals possible.

By this law visiting nurses may be employed for the different counties. Their duties are:



1. To discover and investigate any/case of tuberculosis existing in such county.

2. To give instruction to tuberculosis cases and others in the county relative to hygienic and sanitary measures in preventing the spread of tuberculosis.

3. To act as visiting nurses in the county and to perform such other duties as may be assigned to them by the Board in accordance with the rules and regulations of the State Board of Health.

4. To report all communicable diseases of which they have any knowledge to the county authorities and State Board of Health.

5. To perform such other duties designated by the board of county commissioners.

6. The visiting nurse shall at the end of each month make a report in writing to the county court which shall show the visits made during the month and the requests made for her services, and such other information as the county board may require.

#### Regulations Regarding the Bureau of Public Health Nursing in Oregon.

1. The State Bureau of Nursing shall herewith become the State Bureau of Public Health Nursing and Child Hygiene.

2. Personnel: The staff of the bureau shall consist of a State Advisory Nurse and a Director of Child Hygiene and other assistants necessary.

3. The State Advisory Nurse and Director of Child Hygiene

are appointed by the State Board of Health.

4. The staff of the bureau must qualify as public health nurses according to the standards of the National Organization for Public Health Nurses.

5. Duties of the State Advisory Nurse: To promote, standardize and supervise public health nursing in Oregon.

6. Duties of Director of Child Hygiene: To direct the welfare and hygiene of maternity and infancy.

The Bureau of Public Health Nursing in Oregon was created by a resolution of the State Board of Health in August 1919.

Its purposes are: to promote, standardize and supervise public health nursing in Oregon especially in rural districts.

During the first eighteen months it was subsidized by the Oregon Tuberculosis Association, with a small subsidy for travel and salary by the American Red Cross for supervising the Red Cross Nursing services and demonstrations in the state.

In 1921 an appropriation of \$20,000 was granted by the state legislature to finance the bureau and a separate budget has since been maintained.

In 1923 the Bureau was joined with the Bureau of Child Hygiene by a resolution of the State Board of Health. Each bureau maintains a separate budget.

The Bureau is under the direction of the Executive Secretary of the Oregon State Board of Health, and monthly, quarterly, annual and biennial reports are required.

The staff in the beginning was the State Advisory Nurse and her associate. The latter was discontinued in 1922 and reinstated in 1928 as a field supervisor.

#### The State Child Welfare Commission Of Oregon.

In its present form this Commission was created by the 1919 legislature. It consists of five citizens none of whom receives any compensation. Three are appointed by the governor, one by the President of the State Medical Society, and one by the President of the University of Oregon.

Its main functions are:

1. To investigate rumors and abuses.
2. The licensing of commercial homes.
3. The approval of private child caring agencies, societies or institutions.
4. Inspecting and certificating of existing child caring institutions.
5. Supervision of child placing.
6. Investigating petitions for adoption and reporting concerning these to the courts.
7. Determination concerning state aid.

In addition to the publicly controlled organizations there are many private associations which provide public health nursing service. For this service, however, the patient must pay and for this reason there is a question as to whether the people who most need help are reached.

The remainder of this paper deals with the various organizations having to do with public health nursing.



## The National Organization for Public Health Nursing.

In 1911, the American Nurses' Association and the National League of Nursing Education appointed a joint committee to consider the formation of a national organization of public health nursing. The officers of this committee were: Miss Wald, chairman, and Miss Gardner, Miss Beard, Miss Crandall and others. This committee reported in favor of a national organization.

At the annual meetings of the two organizations mentioned above at Chicago in June 1912, the National Organization for Public Health Nursing was formed. Miss Wald was the first president and Miss Crandall the first executive secretary.

The membership included nurses who had received a specified minimum education for nursing, lay persons who were promoting public health nursing, and agencies that employed public health nurses. There were also associate members, either individuals or corporate bodies with less voting power.

The objects of the organization were as follows:

1. To stimulate responsibility for the health of the community by the establishment and extension of public health nursing.
2. To facilitate efficient cooperation between nurses, physicians, boards of trustees, and other persons interested in public health nursing measures.
3. To develop standards and technic in public health

nursing service.

4. To establish a central bureau for information, reference, and assistance in matters pertaining to such service.

5. To publish periodicals or issue bulletins from time to time in the accomplishment of the general purpose of this organization.

To carry out the above mentioned objectives the Organization has a staff giving vocational, educational, statistical, and general advisory services. There are sections on Child Welfare, School, Tuberculosis and Industrial Nursing.

The Organization maintains the National Health Library which supplies literature to at least one public library in each state.

It maintains a list of accredited courses in public health nursing offered by universities and colleges and gives information on scholarships.

The Organization publishes a monthly journal, the "Public Health Nurse". This was the original "Visiting Nurses' Quarterly" of the Visiting Nurses' Association of Cleveland, Ohio, which was first published in 1909. It was presented by the Cleveland Association to the newly formed national organization.

The Organization is supported by membership dues and donations.

The state organizations are branches of the national.

## The American Public Health Association.

The membership of this organization is composed of persons interested in public health work. The members are divided into the following groups:

1. Fellows: "members in good standing for two years or more and who, in the judgment of their colleagues are qualified by training, experience and achievement to become leaders of the new profession".

2. Members: those engaged in relatively minor positions in public health work.

3. Associate members: persons who are interested but not professionally employed in the public health field.

The chief work of the Association is the organization of annual meetings which act as clearing houses for the exchange of information and ideas. It has also done much work in the establishment of standards in respect to health legislation, municipal health department practice, salaries of sanitarians, and in milk, water, and sewage analysis.

It holds general sessions and section meetings on laboratory work, vital statistics, public health administration, sanitary engineering, industrial hygiene, food and drugs, child hygiene, health education, and publicity.

The Association is supported by membership dues.

It publishes a monthly journal, the "American Journal of Public Health".

## The Red Cross Activities.

The International Red Cross Committee came into being as a result of the work of Henri Durant. It was founded at Geneva, August 22, 1864. Its immediate purpose was to give neutral relief in time of war. Red Cross Societies were rapidly formed in many countries until now it is a nation wide movement.

The United States entered the Red Cross as a result of the efforts of Clara Barton. Miss Barton had served in the relief and nursing work of the Civil War and in the Franco Prussian War. She formed the American National Committee of the Red Cross and was elected its president. In 1904 the American Red Cross was reorganized and the President of the United States was at its head.

The membership is divided into eight groups, annual, contributing, sustaining, supporting, life, patron, nurse and honorary. The differences between the first six lie in the amount of dues required. Nurses are automatically members of the national organization if they are members of the Red Cross Nursing service. Honorary members are those who have rendered a distinguished service to the organization.

The purposes of the American Red Cross are:

1. To furnish volunteer aid to the sick and wounded of armies in war with the spirit of the conference of Geneva.
2. To perform all the duties devolved upon a national organization by each nation which has acceded to the treaty.
3. To succeed to all rights and property hitherto held and all duties performed by the American National Red Cross



as a corporation by Act of Congress.

4. To act in matters of voluntary relief and in accord with military and naval authorities as a medium of communication between the people of the United States and their army and navy.

5. To carry on national and international relief in time of peace in pestilence, fire, and other national calamities.

The Central Committee of the National Organization organizes state and territorial associations. These local organizations have been formed in all states and are very active along lines of health information, health education, exhibits and demonstrations, and health instruction thru classes. The Red Cross carries on public health work in the state in the absence of any other agency, by the rural nursing service inaugurated in 1912. This name was later changed to Town and Country Nursing Service. Local support is stimulated and nurses sent on request.

*now kept of  
P.H.S.*

## The National Tuberculosis Association.

As early as 1898 the need for a National Association for Tuberculosis was recognized. Much anti tuberculosis work had been carried on in all parts of the country by various tuberculosis organizations, and these needed a central organization to coordinate and unify them.

The man who was directly responsible for the tuberculosis campaign was Dr. Edward L. Trudeau. Dr. Trudeau had spent many years in the field of tuberculosis and had started the Adirondack Cottage Sanatorium at Saranac in 1885.

Out of a discussion about an international congress on tuberculosis, the national organization developed. On March 28, 1904, the United States Society for the Study and Prevention of Tuberculosis was founded. Later, the name was changed to the National Tuberculosis Association. The constitution and bylaws were adopted June 6, 1904.

The officers of the Association were:

Dr. Edward L. Trudeau President.

Dr. William Osler and Dr. Hermann Biggs, Vice Presidents.

General George Sternberg, Treasurer.

Dr. Henry Barton Jacobs, Secretary.

The membership of the Organization may be classified into three groups:

1. Those elected by the board of directors and who pay \$5.00 a year membership dues.
2. Life members: those who pay \$2.00 a year.
3. Honorary members: persons distinguished for original researches on tuberculosis or eminent as sanitarians or

philanthropists who have materially aided in the study and prevention of tuberculosis.

The objects of the Organization are:

1. The study of tuberculosis in all its forms and relations.
2. The dissemination of knowledge about its causes, prevention, and treatment.
3. The encouragement of prevention and scientific treatment of tuberculosis.

During the early years of the National Organization its principle work was in the establishing of state organizations. At the present time all the states and the District of Columbia have organizations and the national organization works largely thru them. It conducts surveys, group conferences, institutes, and maintains a field service. It establishes standards for the construction and maintainance of hospitals and sanatoriums and stimulates research work. The National Association also supplies educational literature to magazines and newspapers and lends lantern slides and motion pictures.

The first seal sale was held in 1908 under the American Red Cross. Now the Red Cross and the National Tuberculosis Association are partners in the work. A certain percentage of the seal sale money of each state goes to the National Tuberculosis Association.

*has withdrawn 1919. seal belongs to N.T.A.*

The Association publishes three journals, "The Journal of the Outdoor Life", the "Monthly Bulletin", and the "American Review of Tuberculosis".

The work of the Association is supported principally by seal sales.

## The Oregon State Tuberculosis Association.

The Oregon Association for the Study and Prevention of Tuberculosis was formed in December 1908 as a result of the state committee for the International Congress. This organization failed for lack of funds.

In 1903 the Portland Open Air Sanatorium was established with the help of Dr. Woods Hutchinson, State Health Officer, and was the pioneer of its kind in the Pacific Northwest.

In 1909 the Visiting Nurses' Association of Portland established a tuberculosis division and this served as the only tuberculosis association in the state for almost six years. For a few years prior to 1915 the State Federation of Womens' Clubs conducted seal sales and did relief work.

Finally, in 1915, the Oregon State Tuberculosis Association was founded under the direction of the National Association. This has progressed rapidly. In 1922 there were sixteen local associations, one state hospital, two private hospitals, one clinic, one open air school, three open air classes, and sixteen county public health nurses. It has also secured a Bureau of Public Health Nursing in the State Board of Health.

The executive secretary is Mrs. Sadie Orr Dunbar.

*I assisted largely in the organization of cases in P.H.N. in U.S.P.H. and in the field of nursing education in O.R.*



## The National Committee for Mental Hygiene.

The National Committee for Mental Hygiene was formed February 19, 1909. Need had been recognized for such a committee before but no definite steps had been taken in that direction. Clifford Beers, by publishing his autobiography "The Mind That Found Itself", and thru his efforts was responsible for the founding of the society.

The chief objects of the Committee are:

1. To protect the mental health of the public.
2. To raise the standard of care for those who are, and for those who are becoming insane.
3. To promote study of mental disorders and educate about their causes, prevention, and treatment.
4. To find data from reliable sources regarding conditions and methods of dealing with mentally ill patients.
5. To enlist the aid of the federal government as far as is desirable.
6. To coordinate existing agencies and organize a society in each state, allied, but independent, like the Connecticut Society.

To accomplish these objectives the Committee planned to publish pamphlets and reports, give lectures, to give special instruction to medical students, and to establish modern psychopathic hospitals in all states. The aid of philanthropists and support of the public was to be secured. Immigration was to be studied in its relation to the prevalence of mental disorders.

The Committee is supported by donations and membership

dues.

Since January 1917, it has published a quarterly journal, "Mental Hygiene".

#### The Oregon Society for Mental Hygiene.

The Oregon Society was formed in January 1932. Work is being started in Child Guidance Clinics with the newly arrived psychiatrist, Dr. Dickson. The objectives of the Society are similar to those of other states.

The objects of the Connecticut Society, which was formed by Mr. Beers as a model, are: 1. To conserve mental health, 2. To raise standards of care.

## The American Social Hygiene Association.

The Society for Sanitary and Moral Prophylaxis which was the parent of the American Social Hygiene Association, was formed in 1905 by Dr. Prince Morrow. The American Bureau of Social Hygiene was formed in 1911.

The aim of the Association is to disseminate knowledge acquired in the medical, psychological, sociological, anthropological and other fields of science, religion and education to form an instructed public opinion.

The objectives fall under eight groups:

1. To preserve and strengthen the family as the basic social unit.
2. To promote educative measures concerning the relations of the racial instinct and the conditions of civilized society.
3. To emphasize the responsibility of the community and the individual for preserving or improving the quality of future generations by educative and social measures.
4. To further social customs which promote a high and equal standard of sex conduct in men and women.
5. To promote the prevention and treatment of venereal disease by appropriate educative medical and social measures.
6. To repress commercialized vice.
7. To ameliorate conditions conducing promiscuity.
8. To cooperate with the various organizations interested in the above subjects with a view to coordinating efforts to secure these ends.

The Association publishes a monthly, the "Journal of Social Hygiene".

## The Oregon Social Hygiene Society.

The Portland Social Hygiene Society was formed in 1911 thru the efforts of Mr. Harry H. Moore of the Boys' Work Program of the Portland Y.M.C.A. It was first a sub committee of the Physical Department of the Y.M.C.A. Dr. Calvin S. White was president, and Mr. Moore, executive secretary.

In order to receive state tax support the name of the Society was changed to the Oregon Social Hygiene Society.

The work of the Society has been principally along educational and advisory lines. Thru its efforts also, a campaign was directed against quacks and nostrums. The Association has always worked hand in hand with the National Association and its aims and objectives are the same.

In 1924, because of rigid economy in the expenditure of state money, the Association lost its state appropriation. The work was carried on until August 1925 when its office was forced to close. The work was carried on however, by some of the most faithful members of the Society, among whom were Dr. Norman F. Coleman, William F. Woodward, Harry W. Stone, and Dr. Frederick Stricker. In February 1926 the office was opened again and has been carrying on actively since then.

The President at this time is Walter W. R. May.



## The American Child Health Association.

The American Child Health Association came into being in 1922 as a result of the amalgamation of the American Child Hygiene Association and the Child Health Organization of America.

The Association is interested in child health from the prenatal stage to the high school age.

It stimulates all movements to promote the health of mothers and babies, to secure adequate birth registration, to popularize periodic health examinations, to develop health habits in children, to improve health instruction, to make standards of health attractive to children, and to develop standards of growth and measurements.

Thru its field service it conducts demonstrations, studies, conferences, lectures, exhibits, and gives advice and aid in developing local organizations.

It distributes many pamphlets and has a monthly publication.

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## The National Child Labor Committee(New York City)

This organization has done much to enact better child labor laws. It has assisted states and was largely responsible for the two federal child labor laws enacted but declared unconstitutional.

Recently it has enlarged its work and now makes surveys of the general child welfare problems of all states.

## The Child Welfare League Of America.

This organization was founded in 1915. Originally, it served as an information bureau for child caring societies.

Now its principal aims are:

1. to investigate for and other subscribing society the care of any child within its district and perform other types of practical service.
2. To promote standards in the various fields of child welfare.
3. To furnish information in regard to experiments that are carried out to help organize surveys in local communities.
4. To provide local agencies with the services of specialists.
5. To encourage the gathering of accurate statistics and to promote appropriate research work.

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## The National Child Welfare Association. (New York City)

The chief service of this organization is in the development of exhibit material for educational and propaganda work. It is largely of a general nature.

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## The National Society for the Control of Cancer.

This society originated in New York in 1913.

Its objectives are to 1. stimulate research as to the cause of cancer, 2. to educate the public by lectures, motion pictures, and literature that cancer may be prevented.

it advocates yearly physical examinations and sponsored National Cancer Week in 1921 and 1922.

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#### The National Committee for the Prevention of Blindness.

This committee was organized in 1918. It distributes circulars, makes available the latest authentic information as to prevention of blindness, maintains a special library, and promotes helpful legislation.

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#### The National Association for the Prevention and Relief of Heart Disease.

In June 1922, a committee was appointed to form a National Association for the Prevention and Relief of Heart Disease.

The organization of this Association is patterned after the Tuberculosis Association in New York.

It is active along two principle lines; research and education.

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#### The National Health Council.

The National Health Council was formed in 1921. It is a coordinating agency composed of the heads of the following organizations:

##### Direct Members:

1. American Child Health Association.
2. American Public Health Association.
3. American Red Cross (in emergencies. Otherwise it is an advisory member.)

4. American Social Hygiene Association.
5. American Society for the Control of Cancer.
6. Conference of State and Provincial Health Authorities of North America.
7. National Committee for Mental Hygiene.
8. National Organization for Public Health Nursing.
9. National Tuberculosis Association.

Associate Members:

1. American Association of Industrial Physicians and Surgeons.
2. National Committee for Prevention of Blindness.
3. Womens' Foundation for Health.

Conference Members:

1. United States Children's Bureau.
2. United States Public Health Service.

The Council has many interstaff committees on publicity, statistics, health films, and health examinations.

It maintains an information service and issues reports on national health legislation when Congress is in session.

It issues a Monthly Digest and has arranged for the publication of twenty books on all phases of public health and known as the National Health Series.

The Council also undertakes the formation of State Health Councils patterned after the national organization.



## Federal Health Agencies.

### 1. The United States Public Health Service.

This is the chief federal organization in the public health field. It has developed from the Marine Hospital Service in 1793 to the Public Health and Marine Hospital Service in 1902. In 1912 the name was changed to the United States Public Health Service.

Its present functions are:

1. The protection of the United States from the introduction of disease from without.
2. Prevention of interstate spread and suppression of epidemics.
4. Cooperation with state and local boards of health.
5. Supervision and control of biological products.
6. Dissemination of health information and public health education.

It has achieved much, especially in the control of disease and the suppression of epidemics.

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### 2. The Children's Bureau.

The Children's Bureau is in the Department of Labor and was formed in 1912. Its first director was Miss Julia Lathrop. At the present time Miss Grace Abbott is Director.

Among its duties are the following: it investigates infant mortality, maternity care, child labor problems, children in sweat shops, physical conditions of children,

malnutrition, delinquency in rural districts, mental defectiveness child neglect and illegitimacy.

It was given the task of enforcing the first child labor law.

It participates in the administration of the maternity and infancy law.

It has made studies of typical juvenile courts, standards for mothers' pensions, and county child welfare organizations.

The Board of Maternity and Infant Hygiene is composed of the Chief of the Children's Bureau, the Surgeon General of the Public Health Service, and the Commissioner of Education.

The Children's Bureau is the most effective and useful child welfare agency in the country.

## The Visiting Nurse Association of Portland, Oregon.

This Association was organized in 1902 with Mrs. Stephen Wise as President.

Its objects were

1. To benefit and assist those otherwise unable to secure skilled assistance in time of illness.
2. To promote cleanliness.
3. To teach the proper care of the sick.

The Association undertook the sale of the first Christmas Seals in Oregon in 1908 and continued to conduct them until the State Tuberculosis Association was organized in 1915.

The plans for a tuberculosis and school nurse were unsuccessful at first. The first school nurse was employed by the City Health Bureau.

In March 1907 a committee was appointed for institutional care of the sick poor.

In May 1909 Miss Emma Grittinger from Henry Street Settlement came and the whole method of work was changed.

In 1910 the preventive stage began. The staff at this time was composed of four members, two for general nursing, one for tuberculosis work and one dispensary nurse. The tuberculosis dispensary was established in 1910 also, and in 1914 the city of Portland furnished the salary of one nurse for tuberculosis work under the supervision of the Association.

1913 marked the beginning of industrial nursing when the Association undertook the nursing for the Metropolitan Life Insurance Company.

The work progressed and in 1921 there were ten nurses

beside the superintendent and two clerical assistants.

The Association was active in the 1919 influenza epidemic and <sup>was</sup> were doing prenatal, maternity, and infant welfare work in 1921. The Cooperative Infant Welfare Society of Oregon was formed by the Association in 1921.

In 1919 the Association entered the educational field and cooperated with the University of Oregon, Portland Center, and the Oregon Tuberculosis Association to give an educational course in Public Health Nursing. Miss Eleanor Gillespie of Western Reserve gave the summer course. In September 1920, Miss Elnora Thomson <sup>became Director</sup> of the Public Health Nursing Course.

The close of the second decade was marked by:

1. Divisions into districts with substations.
2. Generalized nursing.
3. Clinics on a specialized basis.
4. Each nurse developing a health spirit under

the direction of a superintendent of tuberculosis nursing, infant welfare nursing, and general supervisors.



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