

VIII. THE VISITING NURSE ASSOCIATION

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We sometimes forget that not everyone who is ill does go or can afford to go to a hospital to be cared for by a doctor and nurses. There are many people needing nursing care in the home, but through lack of instruction and a helping hand with difficult procedures, their friends or family are unable to care for them. Others need only slight attention and then they could carry on for themselves. Mothers with infants come under this classification. It is this countless number of people and many more that the visiting nurse can, and does help. She is the one that gives bedside care to those who cannot afford full time care, and teaches the prevention of disease. We, likewise, do not realize the many cases of illness that are prevented through the educational program of Well Baby Clinics, Contact Clinics, Immunization Clinics, and posters, and pamphlets.

Historically, visiting nursing began with the beginning of Christianity. The need has continued down through the ages. The field is great, but the public needs educated to the possibilities yet attainable through more support and recognition.

Actually, visiting nursing began with the Jews, many years ago when men probably did most of the traveling. It was then considered part of their religious obligation to society.

Christian hospitals were begun about the fourth century, and visiting of the sick began long before that. Usually re-

ligious orders were interested, and took care of this need.

In 1611, Madame de Chantel started visitation-such as the group Sisters of Charity- first organized to carry on in nursing the sick poor in their homes. The Sisters of Bon Secours in Paris was organized in 1822, and in 1840 another Sisterhood by the same name was begun at Troyes.

Later in the century other organized groups became interested in this type of work. The Kaiserwerth Deaconesses, the Roman Catholic Sisters of Mercy, and various Angelican sisterhoods were included in this occupation. Mrs. Fry's Nursing Sisters, and St. Johns House in London were working along similar lines as were the Little Sisters of the Assumption, founded in 1864 in Paris.

It is not until 1859 that professional lay nurses organized for visiting nursing. This was done under the encouragement of William Rathbone in England. Mr. Rathbone had become interested in the idea when he had a nurse, Mary Robinson, care for his wife in her last illness. He realized that it was because of his wealth that his wife was able to receive the added comfort of a nurse, and that many poor people who needed just such care could not have it because of financial reasons. He persuaded Miss Robinson to work at his expense in the poor sections of Liverpool--and this is the actual beginning of our modern visiting nursing.

\* From material secured in previous research it is of interest to note the development of the local Visiting Nurse Association.

\* Twenty Years of the Portland Visiting Nurse Association by Helen S. Hartley. July 30, 1921

Note: "The data for this historical sketch has been secured from the minutes and existing annual reports of the Municipal Health Bureau and newspaper references; from individual conferences with editors, nurses and physicians; co-operative agencies, and Visiting Nurse Association Board members, past and present." \*

It was not written into the minutes just what was the exact reason for organization of the local group. Socially minded individuals, and organized groups as well as those belonging to a private agency, The City Board of Charities, and those interested in the City Board of Health, were considering health problems.

The Municipal Board of Health had been organized in 1898, and was carrying on health work. It was in 1900 that its first printed report stated that \$979.00 was spent for the care of the indigent sick and the total budget was \$5,921.21. At this time the population of Portland was 90,426, and the largest number of deaths from any communicable disease was 109 from tuberculosis, and a total of 1515 from other communicable diseases. The Municipal Board had difficulty in giving adequate nursing service to a population of over one hundred thousand people in an area of forty square miles.

In each report the great need for milk and meat inspection was emphasized, and the probable effect of such inspection in regard to the deaths from typhoid was predicted. Until 1913 the deaths from typhoid were next to tuberculosis in number. It was impressed upon the minds of thinking people

that something was wrong in the care of the patients as well as in the prevention of disease. The Health Commissioner in the 1901 report foresaw the need for School inspection to prevent contagion. However it was not until 1907 that school inspection came true. Thirty physicians gave their services free and declared the necessity for a continuous and permanent service.

Each Municipal Health Commissioner's annual report emphasized the importance of tuberculosis as a communicable disease. In 1902, it was brought before the public the necessity for prevention of, and protection from tuberculosis through anti-spitting regulations, disinfection of utensils, et cetera. In 1904 mention was made of a sanitorium being constructed.

The Portland Visiting Nurse Association was organized to serve those in trouble. An organization meeting was held at the home of Mrs. Stephen S. Wise on April 17, 1902. Included in objects of the Association were "to benefit and assist those otherwise unable to secure skilled assistance in time of illness; to promote cleanliness, and to teach proper care of the sick." The membership was open to anyone, and the dues were three dollars a year. Among other duties suggested in the first meeting were....."each director shall aid the association by obtaining donations and subscriptions of members."

The constitution and by-laws required the members of the Board to be active, and three consecutive unexplained absences were considered as a resignation. The Board was small in number.

Mrs. Stephen S. Wise.....President  
Mrs. A. A. Morrison.....Vice-President  
Mrs. J. N. Teal.....Treasurer  
Miss Getta Wasserman.....Secretary

Directors were:

Mrs. A. Meier.....  
Mrs. Mary Failing.....  
Mrs. H. W. Corbett.....  
Mrs. John Cran.....  
Mrs. E. P. Hill.....

It was not until 1913 that the group was incorporated.

The early history of the work of the committee's was the history of individual efforts rather than of groups or committees. The meetings were held regularly even when the work began to expand more rapidly as the Board had more reports concerning the needs of those visited and firms approached as well as the report from the paid worker.

The more important committees included: the nurse committee, the supply committee, the publicity committee, and the finance committee. At intervals other committees were appointed of one or two or more members for special assignments. On April 25, 1902, one week after the organization meeting, a public meeting was held at the Unitarian Chapel to acquaint the public with the objects of the group. The recognition given the Association was most encouraging. The Board was prompt to offer memberships, and received quite a number at this time. Seventy-two articles of clothing were given to

start the loan chest. The Good Samaritan Hospital offered the use of the "Free Maternity Bed" for Association patients, and the Woman's Needlework Guild offered to help. The Portland Railway Company offered free transportation on their lines for the nurse on duty.

Mrs. Lucy Morgan was the first nurse employed for home nursing of the sick. At the May twelfth meeting, successful activities were reported. Members of the Board had lists of patients to be visited, and sufficient funds in the treasury to pay a graduate nurse at sixty dollars a month. More publicity was necessary with a nurse to do field work. The plan of work was presented to the Medical Society through Dr. S. E. Josephi; newspapers stated the purpose of the new worker, and cards were printed and hung in drug stores near telephones, and cards were left in physicians offices. A continuous membership drive kept the work of the Visiting Nurse Association before the public. There are no records to show the amount of work accomplished in the first year, but the following physicians offered their services:

- Dr. Woods Hutchinson.....
- Dr. Hubbard.....
- Dr. Bair.....
- Dr. Pettit.....
- Dr. Mae Cardwell.....
- Dr. Amelia Zeigler.....

Soon after Mrs. Morgan became part of the organization, it became apparant that a permanent headquarters was necessary.

In October 1902, the meeting was held in the Chinese Mission. In May 1904, a move was made to the offices of the City Board of Charities. A double room on the sixth floor of the Medical Building was rented at fifteen dollars a month beginning in March 1906.

The Board decided to hire only adequately trained nurses. The problem of fees was difficult. It was first thought that the patient should pay what he could afford at the end of the nurses stay. This did not work out. The Board felt that if the patient could pay one dollar a visit he could afford a private duty nurse. In March 1903, the nurse was instructed that a fee should never exceed twenty-five cents, and the service was limited to those who could not afford the services of a private duty nurse.

After November 1905, it was decided that soliciting for foods be discontinued, and all such needs were referred to the Fruit and Flower Mission.

It became apparant that one nurse could not do all that was needed in the homes. A helper or housekeeper was secured by the nurse through the City Board of Charities when she needed extra help. The Association paid one dollar a day wages. This was tried in June 1903. In December twenty ~~dollars~~ from the regular pay roll went to a helper. This was continued until May. Although the pay was increased to thirty dollars a month, the plan was not workable. Graduate nurse relief was found to be more successful. Sick patients requiring constant care were given special nurses by the Association at ten dollars a week. There seems to have been a general understanding that the regular nurse should be relieved occasionally on salary,

and a substitute provided during her absence.

A year later Miss Rourke, who relieved Mrs. Morgan during the spring, stayed for the summer, and she in turn was relieved by Miss Boss in September, 1904. Miss Boss was allowed laundry service to include three dresses, three collars, and an unlimited supply of aprons per week. She had half a day off a week. The laundry provision followed the requirement for the nurse when on duty to wear a specific uniform. The outdoor dress consisted of a blue bonnet and veil and a blue coat bearing the silver letters V N A on the collar.

Mrs. Corbett presented the Association with the first visiting nurse bag. Interested physicians had the bag fitted.

Miss Boss resigned in April 1905, and a substitute was secured for a short time. Services were discontinued during the summer. In August 1905, Miss Florence Baldwin, a graduate of St. Lukes Hospital of Chicago was employed at sixty dollars a month. Three months later her salary was increased five dollars a month. The daily report blanks to accompany the patients record cards, printed the October before, were suggested by her.

The City Health Bureau employed a school nurse about this time. They had requested a visiting nurse, but the Association could not afford to send one.

In 1905, the Sanatorium previously mentioned was completed near Milwaukie, and named The Portland Open Air Sanatorium. Early in 1905 there was a tuberculosis committee. In April 1906 the nurse recommended sending a patient in the early stages of the disease to the Sanatorium. The Board in February 1906 asked the City Board of Health to have tuberculosis

on the list of diseases physicians are supposed to report.

The Women's Club in 1908 tried to take over the financial support of a full time tuberculosis nurse, but this did not succeed. In November and December the Visiting Nursing Association sold Christmas seals and netted \$1969.07. This was the first year Christmas seals were sold in Oregon. The following year the seal sale funds were used in supporting the tuberculosis clinic suggested by Mr. A. L. Mills.

The Board was interested in having the sick poor cared for in an institution. In 1907 a committee was appointed, and the Board had a petition circulated for a new County Hospital. The women tuberculosis patients were admitted to the County Hospital through an order of the County Court. In April the Peoples Institute asked that the visiting nurse follow up their cases. Miss Walker was hired to assist at a salary of fifty dollars a month raised to seventy dollars a month by the end of the year. In the summer of 1908, Miss Walker took Miss Baldwin's place and Miss Lena Marshall became her assistant. Miss Emma C. Grittinger came in May 1909. Miss Walker resigned early in the winter, and another nurse was requested. About this time a change occurred. Miss Grittinger was a Henry Street Settlement worker, and had her nursing education in Philadelphia. Miss Grittinger changed the record system and arranged for a series of seven lectures on Home Nursing for the Chatauqua Course. Four of the talks were given by well known physicians, and the other three were given by Miss Grittinger. Headquarters were established at 1004 Spaldurg Building in July 1914.

It is interesting to note the methods used to secure the money necessary to carry on the work of the Association. In 1907 the following ideas were carried out: collections from the churches for one Sunday; from one days receipts at "The Oakes", \$86.70 was donated; a benefit football game yeilded \$208.40; for every subscription secured by the Association to the Oregon Journal, the Association received a dollar; a tea given by the Board brought \$727.95; a dance given at the Multnomah Hotel on Thanksgiving Night helped to increase the total in the treasury; the sale of Christmas Seals netted \$1597.41, and the Birthday Tea and membership dues aided in solving the all important financial problem. It was not until 1915 that the Seal sale was taken over by the Oregon State Tuberculosis Association.

The gradual growth of the Association is reflected in the following data concerning the number of workers, patients, and visits.

1910.....Two nurses in general nursing  
One nurse in tuberculosis work  
One nurse at the dispensary

More than four thousand visits were made to more than three hundred patients.

1912.....The same number of nurses made five thousand visits to twice as many patients as in 1910.

1914.....There were four nurses on general nursing duty in the homes, two nurses in the tuberculosis work, an obstetrical nurse, and a superintendent. A total of nine thousand fifty-two visits were made to one thousand three hundred ninety-six

patients. After another two years there was the same number of nurses, but the number of patients increases to one thousand seven hundred. In 1913 a nurse secretary was added, and by 1920 the clerical work had increased to the place where two office workers were necessary.

April 1921.....There were ten nurses, a superintendent, and two clerical helpers in the organization. A total of three thousand one hundred and six patients of thirty-three nationalities received fourteen thousand six hundred eighty-eight visits.

In 1919 the Association had a real task accomplished in their work in the influenza epidemic. The nurse in the field was allowed to use her judgment in sending patients to the hospital in ambulances paid for by the Municipal Health Bureau. The average number of daily visits ordinarily made by the nurse was eight, but during the epidemic it was increased to eighteen. Every cooperative agency and citizen helped in the transportation problem during this time of stress. All garages in the city offered to supply the nurse a way to go from one place to another on her calls. In two months three thousand two hundred seventeen visits were made to nine hundred influenza patients alone. During this epidemic four nurses were loaned by the Municipal Bureau and the Association was proud of its record that every call sent in received a response. This was one of the first big projects for Miss Crowe, Supt.

Another project undertaken by the Association was the Milk Station opened at 270 Fourth St. in 1914. A visiting

nurse was in charge. Mothers with babies came for assistance in regard to their babies' feeding problems. All were urged to use breast milk, but if this was impossible, formula and methods of preparation were given out. Four doctors donated their services. These were Drs. E. Labbee, J. Rosenfeld, J. Bilderback, and R. Hall. There were seventy babies enrolled, and one hundred eighty-six visits were made to the clinic. The nurse made ninety-six calls in the homes. More than a thousand formulas were given out. This project was discontinued in September. Layettes were given away, but all other supplies and clothing were loaned. By 1915 there were seven hundred seventy-nine visits made to expectant mothers to insure the best possible pre-natal care and instruction. Of these one hundred five patients had post partum care too. The milk station no longer exists.

The Visiting Nurse Association in 1920 started a project which has increased in popularity and usefulness up to the present date. This was the beginning of the Well Baby Station at the Neighborhood House on September first. Dr. C. U. Moore, pediatrician, met with the mothers of that locality twice every week to make thorough examinations, advice in development and growth of the child and to recommend proper diets. The following June saw the cooperation of the Infant Welfare Society of Oregon in taking over the expense of the service to the community.

Tuberculosis was ever a problem and the city paid the salary of a visiting nurse as early as 1914 to do this kind

of nursing specifically. By 1920 five hundred thirty-five patients with tuberculosis received home care, and a total of seven hundred thirty attended clinic for diagnostic treatment.

In 1913 the Metropolitan Life Insurance Company gave certain industrial policy holders the visiting nurse service. The contract between the Association and the company has definite requirements as to the number of visits et cetera. In 1920 visits to these cases alone totaled three thousand four hundred fifty-nine.

Miss Jane Allen who had been the special tuberculosis nurse with the Association, organized the Mills Open Air School as part of the city public school system, but limited in the number and type of pupil enrolled. The Visiting Nurse Association assumed the responsibility of the nursing service. Children needing added rest, fresh air and extra nourishing food were referred in for this special attention.

Miss Emma Grittinger was called to the office of the Public Health Nursing Director of the Northwestern Division of the American Red Cross. Her position was filled by Miss Marion G. Crowe, who had come on the staff in 1919. Miss Crowe had taken the Public Health Nursing Course at Simmons College with field experience from the Boston Nursing Association. She became Superintendent of the Portland Association, and with her came a new trend. She was the first person in the association with the public health training, and point of view. In 1919 it was decided that more nurses with public health training should be brought into the field. The University of Oregon Portland Center and the Oregon

Tuberculosis Association, and the Visiting Nurse Association combined to give an educational course in Public Health Nursing. Then in September of 1920, nine graduate nurses were enrolled in a regular nine months course in Public Health Nursing with Miss Elnora Thomson as Director. The students were under the general supervision of the Visiting Nurse Association for their field work in the city. Miss Mary Doyle was employed by the Association to supervise the students in learning home nursing technique. This work in the education of Public Health Nurses continues up to the present time with groups of six or eight students in the field under supervision all of the time.

In the Public Health Nursing Course six nurses two days a week for eight weeks are given training in urban nursing. The course is offered by the University of Oregon Nursing Education Department.

At the present time there are nine Infant Welfare Clinics operating weekly with approximately fifteen hundred babies registered. Immunization clinics are held for the protection of the infant and pre-school child. It is felt that education and prevention is of utmost importance in the service to the public. The clinics are held in centrally located places in the district--preferably the library, The Sellwood Community House, and School rooms are used.

Pre-natal and Well Baby Clinics have done much to reduce the death rate of the infants of the city. This work is done under the supervision of the Association. The en-

tire work of tuberculosis nursing in the city is done by the Visiting Nurse Association too. Since all the cases are required to be reported by physicians, all cases are then seen by a visiting nurse. The City Board of Health notifies the Association as soon as a case is reported. The visiting nurse contacts the doctor reporting the case--finds out what he wishes done, his plan of treatment, and then makes a call on the patient.

Pneumothorax clinics are established now, and also contact clinics. Any private physician may refer a case into the contact clinic. The patient may make one visit first receiving a Visiting Nurse Association permit. At this clinic examinations are made to determine if the patient has contracted the disease through some previous contact. This service is not limited to charity cases and is a free service.

Another item of interest is the fact that the first school nurse was supported by the Tuberculosis Association. The Visiting Nurse Association felt that the children in the parochial schools should have similar nursing service. The Visiting Nurse Association, and Tuberculosis Association helped pay for a nurse and interested Catholic Women's Groups sponsored the nurse's salary. Finally the City Board of Health took over the responsibility of this nursing service. The Visiting Nurse Association was really responsible for awakening the public to an appreciation of their needs, suggesting ways and means of solving their problems.

The present headquarters of the Portland Visiting Nurse

Association is at 1008 S. W. 6th Avenue. The city is divided into twelve districts. There are sixteen graduate registered nurses and three supervisors are on the staff with Miss Marion Crowe as Superintendent. The Board of Directors includes:

Miss Harriet Armstrong.....  
Mrs. A. F. Biles.....  
Mrs. Robert C. Bishop.....  
Mr. C. C. Chapman.....  
Mr. Russell M. Colwell.....  
Mrs. S. Mason Ehrman.....  
Mrs. Frederick Failing.....  
Mrs. Alva R. Grout.....  
Mr. H. A. Hollopeter.....  
Mrs. Walter A. Holt.....  
Mr. E. Palmer Hoyt.....  
Mrs. Stanley Jewett.....  
Mrs. Carl G. Kinney.....  
Mrs. Hall Lusk.....  
Mrs. Coe McKenna.....  
Mr. Abbot Mills.....  
Dr. James Rosenfeld.....  
Mrs. Estes Snedecor.....  
Mrs. John P. Trommald.....  
Dr. Adolph Weinzirl.....  
Mrs. John Winn, Jr.....  
Mr. Clarence J. Young.....

This group of twenty-two members seems large compared with the initial board of five, but when we consider the

scope of the past and present work, we realize the necessity for the increase in numbers.

The Association has seven automobiles. The nurses average nine calls daily. Post-partum care for mothers with newborns are called on first, then the sickest patients are visited, and advisory calls come last. Cases of pneumonia have monthly calls for six months to remind patients that pneumonia is serious. Eight weekly Infant Welfare Clinics for well babies are conducted by the nurses with pediatricians examining the babies for a certain period of months. The clinics are held according to the following schedule and location.

Day	Clinic	Address
Tuesday	West Side	Couch School N.W. 20th Glisan
Tuesday	Sellwood	Community House S.W. 15th Spokane
Wednesday	St. Johns	Library N. Charleston near Lombard
Thursday	Rose City	Library N. E. 40th Hancock
Thursday	Albina	N. Portland Library N. Killingsworth Commercial
Friday	E. Portland	East Side Library S. E. 11th Alder
Friday	Arleta	Library S.E. 64th Holgate
Friday	Woodlawn	N. Portland Library N. Killingsworth Commercial

Besides the Well Baby Clinic there is the new project of the Pre-school Child Clinics. For some time the Parent-teachers Association has worked in this field, but now it has been turned over to the Visiting Nurse Association entirely. This will make it possible to have a complete health record of a child from the time of registration in the Well Baby Clinic

until he is two years old, and then in the Pre-school Clinic from two to seven years. When the child enters school his health record is given to the school nurse. The weekly clinics are held at nine-thirty A.M.

In order that a more realistic picture may be presented I will describe my experiences of a day with the Visiting Nurses in the field.

It was about two minutes of nine on Wednesday May 17, when I walked up the one flight of stairs to the offices of the Association. The nurses were all attired in their dark blue dresses with white collars and cuffs, dark blue coats and hats. They were at their own desks assembling their files and bags ready for the day's work.

Miss Crowe greeted me and introduced me to Miss Halvorson, supervisor of the nurses. She in turn introduced me to Miss Deutsch with whom I was to spend the morning in the field. With another charming nurse we went to the garage down the street where we joined another one of the group and got the car. We drove directly to the Library at St. Johns where the two nurses left us to open the weekly Well Baby Clinic. Miss Deutsch and I then drove several blocks out to make our first call of the day. On the way to the house I was told of the circumstances concerning this case. Until the day before, the Visiting Nurse Association had never contacted this family. Monday night about ten thirty P.M. a nine and one-half pound baby girl had arrived just as the Medical School doctor and a couple of Medical Students came in the house. The Visiting Nurse Association was called by

the Medical School to report the case the following morning. A neighbor woman, Mrs. M., had come into help with the housework and meals for the four boys and the father who worked part of the time.

We arrived at the house about nine forty-five A.M. We were greeted at the door by Mrs. M. who said that she was just getting started at cleaning up the place as she had been busy at her own home, too. Miss Deutsck proceeded directly to the kitchen where a table was cleared, covered with a clean newspaper, and the bag was opened on it in a convenient location. After removing her hat and coat and placing them on a kitchen chair, she washed her hands with green soap from the container in the bag, and dried them on paper towels from the same source. A starched white muslin butcher's apron was taken from the bag to keep her blue uniform clean. From a cupboard in the dining room she brought a cake tin containing two pint fruit jars, one filled with sterile boric solution, and the other sterile water; a saucer with a wash cloth and soap, safety pins, and tooth pick applicators. This tray had been hurriedly assembled the day before, and had been left covered with a paper napkin. Mrs. M. had a good fire in the kitchen stove and plenty of hot water was on heating. She was washing the breakfast dishes. We walked through the living room to the stairway to the upstairs. The place was fairly clean, but nothing was picked up in the yard or house. The nurse called a cheery "Good Morning" to Mrs. Y as we came up the stairs. We went in the room and I was intro-

duced as a nurse visitor. In a large bed elevated on three inch blocks in this small room lay a thirty-five year old woman with a beautiful baby wrapped in pink blankets. By the bed was a small bedside table covered with newspapers on which were several glasses, dishes, pads, and baby oil. In one corner on a couple of chairs was a lovely baby basket. There was a chest of drawers at the foot of the bed with clean linen for both the mother and baby piled on it. The mother at once talked of the baby's condition as well as her own. The mother said she felt very tired. The previous day the baby had had quite a bit of mucus in her throat, and she was not voiding enough. The nurse had encouraged the mother to keep the baby in bed with her in case it choked and also so that she could give the baby water. The mother said it was difficult to give the water but that she had forced about three and one-half ounces. She also stated that the baby was voiding well and expelling large quantities of "black stuff"--meconium, a natural thing for a newborn. The mother asked if this was natural as she said she had not cared for her other children when they were so young. Miss Deutsch assured her it was quite normal. There was suddenly a commotion on the stairway and two four year old boys appeared--one was Johnny Y. and the other was his playmate, Jackie. Johnny had come upstairs to wash in the bathroom and put on clean coveralls. The coveralls were patched and he caught his toe in the patch on the knee. He was most anxious to show his ability to take care of himself, but condescended to let me help to get the coveralls on.

Miss Deutsch proceeded to give the mother routine morning

care, taking her temperature with a thermometer brought in the bag--and giving her perineal care and a bed bath. The baby was placed in her crib where she slept quietly until just before we were ready to go downstairs. Newspapers spread at the foot of the bed served as a place to put the soiled linen and things to be burned.

Mrs. Y. had been attending the Medical School Clinic since January and therefore she had received instructions as to necessary equipment for a home delivery. On her bed was an unbleached muslin mattress protector fitted with newspapers. Under this was a new small rubber sheet. During the bath and bed-making, Mrs. Y. was very cooperative, and she talked of herself without reserve. She said that she had come to America fifteen years ago from Denmark. Two of her brothers were here and one still lives in a nearby state. Her husband has been here seventeen years. He would like to return to Denmark to live were it not that Hitler is so near and there is so much unrest in Europe. She seemed very well informed on the events of the day. Mrs. Y. spoke with a foreign accent. She said she had a sister in Denmark that was a visiting nurse.

In the discussion Mrs. Y. said she had lost a five year old girl four years ago with probable meningitis following mastoiditis. For two years she was in a mental hospital because of a nervous breakdown following the death of this girl. Mrs. Y. is very happy now to have another girl. She seems to have made an excellent comeback and the family moved from another state to Portland while she was in the hospital. She feels that the new environment, too, had done much to

help her forget her sorrow. A Scandanavian Women's Club had given her a Stork Shower and the baby had plenty of clothes, and a lovely basket. This pleased Mrs. Y. very much. The nurse instructed Mrs. Y. about washing her hands before handling the baby, and when caring for her nipples before nursing and made her waste paper bags from newspaper. Mrs. Y. asked to be shown how to make these so that she could do it for herself. She also planned to make cotton balls and applicators. Mrs. Y. had a removable dental plate that she wore only when away from home. She was encouraged to wear it all the time so that her food would be more digestible, and so that she would become accustomed to it. Miss Deutsch inquired about Mrs. Y's diet and suggested that she eat fruits and green vegetables to keep her regular and to drink plenty of milk too. They had two milk goats so there was a good supply for the family.

Clean sheets and a gown made Mrs. Y. look and feel much more comfortable. Just as we were getting ready to go downstairs with the baby, Mrs. M. came to the head of the stairs to say that a Mr. A. wanted to call as soon as Mrs. Y. could have visitors--that Mr. Y. had talked to him the night before and suggested that he see Mrs. Y.

Mrs. M. told us when we got downstairs that Mr. A. was from some Scandanavian Society and had called to see if the family needed anything.

Before Miss. Deutsch left Mrs. Y. she again read to her the sheet of orders that the doctor had left for her. In-

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cluded in the instruction were such items as this--clean nipples with soap and water, soft diet, mineral oil, and breast feeding for the baby.

Downstairs Miss Deutsch put the baby's clothes to warm on a chair by the range. Mrs. M. was on her way to the basement to do a washing and she took the soiled linen from Mrs. Y's bed with her.

The baby was given a bath and a change of clothing. It was wearing a bandage on the left hand where a small piece of skin had been removed at the time of birth. The skin was in the shape of an extra finger, and the baby had six toes on each foot. The mother wants these toes removed as soon as advisable. Mrs. M. was very interested in the baby's bath and hovered about talking instead of doing the washing. She was anxious to see if the baby was alright, and remarked on the baby having the extra toes.

The baby was then returned to her mother. By this time she was getting hungry, and seemed ready to go to breast. The mother's nipples were cleansed and the baby was allowed to nurse. After bidding Mrs. Y. "Good-bye", we went downstairs to put the baby's tray away. A special wash basin was kept for the bath, and this too was put with the tray in the dining room (out of reach of the little four year old boy's hands). With this was left a report of the nurses' comments: Routine post-partum care--flow normal--baby bathed--temperature, pulse, and respiration of mother. The temperature is not taken daily on the baby. Miss Deutsch washed her hands again, removed the apron and packed it in

her bag. Putting on her wraps, Miss Deutsch bid Mrs. M. thank you and good-bye, and we were off again in the black Chevrolet sedan bearing The Visiting Nurse Association in gold lettering on the door.

This type of call would be a dollar if the family could afford it. Since they are in very poor circumstances they will be charged nothing. The Association receives part of the regular one dollar a call if the family is able to pay. The Association is supported by the Community Chest and through its membership fees, and by the income from gifts and donations from friends. The Insurance Company pays for visits to their sick policy holders.

It was eleven forty-five A.M. when we returned to the Well-Baby Clinic in the St. John's Library. The reception room was filled with mothers holding babies in all stages of undress. I was escorted to the examining room by one of the nurses where I observed the woman doctor doing routine examinations on the babies. A slight umbilical hernia on a seven week old baby was held in place with a strip of adhesive tape. The mother was told that this support would help this to improve. It was suggested that she start giving the baby haliver oil, and a small sample bottle was given to her. She was told to return in a month for another check up. The baby was weighed in the reception room where a gain of three pounds was recorded. One of the nurses acted as secretary and took down the doctor's comments on the baby's health record.

There was a large group that day for the clinic, and the doctor had to work fast to get through in time to have lunch and start the Pre-school Clinic at one-o'clock.

Mothers in the Well Baby Clinic were advised to get in at least one hours rest every afternoon for themselves by planning to have any of the children in the home take a nap in the afternoon, too. The mother's were given suggestions for changing diets, acquiring regularity of elimination, and weaning a baby. One mother thought her baby should have an enema every day because of irregular bowel movements. Another washed her baby's eyes out with boric solution because every time she picked it up it seemed to have sore eyes. The doctor suggested that she leave the eyes alone--that the boric acid in itself might be causing the irritation. A young mother wanted to go to work and she did not wish to nurse her baby any longer. She did not think she was feeding the baby enough as it cried after being at breast. A procedure was explained of alternating formula with the breast, and gradually giving the formula alone. The mother had heard that powdered milk was most satisfactory and that hospitals always used it. The doctor persuaded her to use canned milk instead, and explained how she could keep it sweet without a refrigerator.

After lunch the Pre-school Clinic was held. In the reception room the mothers undressed their children and put on angel robes. The nurse wieghed and measured the child and took his temperature. If this was his first time to the

clinic a volunteer worker took down a social and medical history. A fee of twenty-five cents was paid for each visit. Samples of printed literature available at the Oregon Building printed by the Metropolitan Life Insurance Company, the United States Department of Labor, Children's Bureau, and the Oregon Board of Health, were on a table at the front of the room. Posters were tacked on the wall and screen behind which the rectal temperatures of the children were taken. A lock-up cupboard in the back of the room held the clinic supplies.

Appointments are made by the mothers phoning the Association office, or by the nurse on her calls. Some of the mothers had forms published by Hygiea for the National Parent-Teacher's Association Summer Round-Up which has been turned over to the Visiting Nurse Association. Among those attending this clinic was a mother with twin girls about four years old. One was very anxious to coöperate by getting undressed, wearing her robe, and getting weighed and measured. The other twin did not even want to have her shoes removed. By wearing her clothes she let the nurse weigh her and then discovering that it was painless she consented to getting undressed for the rest of her examination. She was most delighted when the nurse gave her and all the other children color and picture books for their very own. These clinics are held every week —; and this is one of the new services being offered under Miss Crowe's ever progressive superintendency.

Physical examinations were done on each child. Any problems the mother might wish help in solving were discussed freely by the doctor. Bed wetting was one problem - a type written page of suggestions for stopping this was given to the mother.

About two o'clock I was again taken into the field. Miss Rich took the car, and we drove a few blocks away from the business part of the district to the home of one of the Metropolitan Insurance Company policy holders. The M. family I was told, had been known to the Association for quite sometime. There are seven in the family, and the father earns seventy-five dollars a month when he has steady work. Strikes have caused the family to live on slim rations at times. A three months old baby boy was born at the Multnomah Hospital. When the Mother had been ill at other times, especially during her confinement, a W.P.A. housekeeper was kept in the home. In the present difficulty, mumps, a distant aunt was trying to help with the housework and cooking. Mrs. M. caught the mumps when the oldest girl came home from school with them. Miss Rich explained that if no one answered the call at the City Hall, a doctor from the Isolation Hospital will investigate a case. Mrs. M. felt that if the girl had been taken to the Isolation Hospital, a lot of trouble would have been avoided.

When we drove up in front of the house, a moth-eaten looking puppy dashed up to greet us. We went to the back door to be greeted by Auntie and two of the children, one a girl about ten, gradually recovering from the mumps, and one

about four, apparantly well. The ten year old was wearing pajamas and a dress. The little girl Patsy had on a shoe of two different pairs, one much longer than the other, and she was sucking on an all-day sucker. The mother was in the back bedroom hunched up in a mess of soiled bed clothes with the three months baby in a crib in the middle of the room, and a two year old girl in a crib at the foot of her bed. Patsy's bed was in the opposite corner. Everything was dirty, and very much out of place. We were told as we came in the door that Mother was "pretty sick". The day before Miss Rich had called and given Mrs. M. an enema. She had requested that some clean sheets be ready for the call on Wednesday, so that she could make the bed fresh after the bath. But Mrs. M. didn't find the sheets. They only had four and so the bath was given and the bed remade with the soiled linen. Mrs. M. was having pain with the swollen glands in her body, and seemed quite miserable. While Miss Rich was given the bath the baby, Marie, two years old was taken out of her crib, and proceeded to get hold of the paper towels on top of the nurse's bag. She was caught before anything else was touched. Mrs. M. was made comfortable and she was quite pleased to be clean again. She apologized for not having the promised bed linen ready. It must have been a joy to have one bright spot in the day to look forward to when the nurse calls, after lying in bed seeing so many things to be done and not being able to get up and do them. Mrs. M. had been ill for five days and the first three days she was without the help of Aunty.

Following this call we drove for several miles to visit Mrs. B. who had not kept her clinic appointment the week before. To my surprise and Mrs. B's delight we realized I had helped to care for her when she had her baby girl six months ago in the Multnomah Hospital. The clinic appointment had not been kept as the five year old boy had been in the hospital for an operation for cleft palate. Since the birth of the baby the family resources seemed to have improved as at the present time they were buying a new home and were having quite a time getting it cleaned and repaired before moving into it on the first of the month.

After seeing all the children and checking on their health, Miss Rich gave Mrs. B. another appointment and suggested that she bring a lunch and have the baby checked before noon and the older children in the Pre-school clinics after lunch.

Our next call was to an apartment house. Mrs. R. had missed a previous clinic date. The nurse had called and had been told by the husband that his wife was visiting at her mother's out of the city. When we called Mr. R. had moved to a smaller apartment next door and he said that his wife and the two children were visiting an uncle. The wife wrote that she had not seen the uncle for a long time so she was not coming home for awhile--so Mr. R. said. He said the children were well. It looked like a case of family separation and the nurse said she would not be returning to that apartment house to call on Mr. R. He seemed rather taken back when he recog-

nized Miss Rich when she knocked on the door of his new apartment.

We drove on to the next call--the home of a very young mother with fourteen months old Cleo, a chubby little girl with a scratch on her nose. She had fallen out of her kiddie-car on the way home for the grocery store. Mrs. C. had missed her clinic date, too. She said that Cleo had been sick that day so she had stayed at home. When asked if Cleo had been immunized, she said that her husband's work had been irregular and they had not been able to afford the extra expense. The nurse explained that the baby should be taken care of as soon as possible as the danger increases from six months to six years. She was told that small-pox vaccination was given free of charge by the City Board of Health. Another clinic appointment was given and we were then on our way to the home office. We arrived about four-thirty P.M. following a very full and interesting day for which I wish to thank Miss Crowe and all of her splendid staff.

I went into Miss Crowe's office then to discuss my day's experiences, and hear of a trip she is taking in the near future.

The University of Chicago is giving an institute for Directors of Schools of Nursing and Nursing Services on June 15, 16, and 17 at Judson Court, 1005 East 60th Street, Chicago. The central theme is to be current problems in the Educational Administration in Nursing. Included in the program are such topics as follows:

1. Planning for the inclusion of Public Health in the basic curriculum.
2. Student affiliation a. from the standpoint of the school

receiving the student. b. from the standpoint of the school sending the students for affiliation. c. from the standpoint of the Public Health Nursing Agency receiving students for experience in community nursing.

3. Providing for Faculty Growth: a responsibility of the administrator.
4. Providing for In-service growth of the Nursing School Faculty.
5. Making provisions for Public Health in the Faculty In-service program.
6. Providing for In-service growth of the Staff Nurse.

Miss Crowe is especially interested in giving student affiliation with the hospitals and the Visiting Nurse Association and she is hoping to get a great deal of inspiration from this institute where she will meet many of her friends in the field of Public Health.

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NOTE: Through the efforts of Miss Marion Crowe, I was able to have first hand information from which to write the latter part of this paper. I am also indebted to her for material concerning the early history of the organization.

# VISITING NURSE ASSOCIATION, PORTLAND, OREGON

ferred by.....	Date of Adm.....	Date of Read.....
a. No.....	Date of Disch.....	Date of Disch.....
st. No.....	Cause of Disch.....	Cause of Disch.....

me ..... Date of Birth ..... Age.....  
 ddress ..... Telephone.....

th Reg. Yes-No..... Leg.-Illeg..... Sex..... Birthplace.....  
 ther: Age..... Health..... Mother: Age..... Wt.....  
 Health ..... Breasts..... Nipples.....  
 Children: Living..... Dead..... Still Birth..... Miscarriage.....  
**TBC IN FAMILY?** **IS BABY CONTACT?**  
 Child: F. T. Prem..... Labor. Nor. Inst..... Hrs. Birth Wt.....  
 Hosp.: Home..... Phys. (or Midwife)..... Fam. Phys.....  
 Feeding: Breast, exclusively..... Mos. Partially..... Mos. Every..... Hrs. Reg. Irreg.....  
 If weaned, why?..... Diet then.....  
 Present Diet: .....  
 .....  
 Colic..... Vomits..... Stools: No..... Color..... Kind.....  
 Diseases .....  
 Habits: Sleep: Day..... Night..... Breathes thru Mouth..... Appetite.....  
 resent complaint.....  
 marks: .....  
 ..... Hist. by.....

## PHYSICAL EXAMINATION

By..... M. D.

..... P..... R.....  
 evelopment..... Nutrition..... Color.....  
 ental Development..... Muscle Tone.....  
 ssue Turgor..... Skin..... Palmer and Plantar surf.....  
 ead..... Ant. Font..... Post. Font..... Bosses..... Cranial Tabies.....  
 res..... Ears..... Nose..... Throat.....  
 outh: Tongue..... Teeth..... Tonsils..... Adenoids.....  
 ands: Ant. Cerv..... Post. Cerv..... Axillary..... Inguinal.....  
 orax: Normal, Triangular, Flat, Square, Costal Malacia..... Rosary..... Groove.....  
 eart: Size..... Sounds.....  
 ings.....  
 odomen: Round, Flat, Dist..... Umbilicus..... Inguinal Hernia.....  
 ver..... Spleen..... Anus.....  
 enitals:..... Vagina..... Hymen..... Penis..... Prepuce..... Testicles.....  
 ine..... Joints..... Epiphyses.....  
 xtremities..... Feet..... Bow Legs..... Knock Knees.....  
 eflexes: .....  
 emarks: .....

mallpox Vaccination.....	Date advised .....	Date Given .....
iphtheria Immunization.....	Date advised .....	Date Given .....
hooping Cough Immunization.....	Date advised .....	Date Given .....