

PUBLIC HEALTH NURSING

XVI.

Anna Marie Powell

H777 1119712 10211

PUBLIC HEALTH NURSING

CHAPTER I--BACKGROUND AND HISTORY OF PUBLIC HEALTH NURSING

Public Health Nursing is both a function of medical and social measures. "It is a manifestation of man's conscious effort to overcome a particular group of hazards or hardships in relation to health, primarily⁴¹." This medical and social relationship can be logically explained by the subsequent statement; as health is an essential factor in human welfare its protection is of social importance and this social recognition of protective health measures is largely dependent upon the philosophy prevailing. Advancement by society in the last few decades in the realm of social betterment by preventive medical knowledge has been noteworthy yet in spite of the progress there is a wide aperture between the available knowledge in the medical realm and the utilization of this knowledge by society. The reasons for the failure of usage of all of these valuable truths by society may be listed as follows (1) the knowledge is not scattered profusely enough to the people as a whole; (2) prejudice prevails throughout the public when a new idea replaces old ones; (3) there must be the assurance that the new pro-

1. Mustard, "An Introduction to Public Health Nursing".

cedure will prove its' worth in dollars and cents; (4) through a selfish motive, the project of the public health measure may be rejected or its enforcement delayed due to the ever common fact that it may interfere with an individual concern.

The history of public health nursing is extensive. Perhaps the first basic influence can be laid at the feet of Aesculapius. He was the son of Apollo in Greek mythology and was the god of healing, whose therapeutic powers were miraculous to the extent that they were beyond mortal achievement. To Hippocrates (460-370 B. C.), a Grecian doctor, medicine gives the credit of the first recognition of the science of medicine and its differentiation from the mythological conception as fostered by Aesculapius. Syphilis, which is recognized widely in the scope of the public health field, was first named by Giralonio Fracastoro (1484-1553) who was a Veronese physicist, geologist and physician, Thomas Sydenham (1624-1689) contributed to public health basics by demanding that specific medical terms be given to specific diseases. He was an English doctor. Antowvon Leeuwenhoeck, (1632-1723), a Dutch merchant, discovered the microscope which has proven invaluable in bacteriology. This discovery

needless to say, consequently, aided in propagating public health work. Immunity was first practised after the discovery made by Edward Jenner (1749-1823) that small pox could be prevented by vaccination for the disease. Malthus (1766-1834) was a pioneer in the scientific study of population problems. He concluded that population increases more rapidly than do available food supplies.

Pierre Bretonneau (1771-1862), a Frenchman, was a specialist in diphtheria. He performed the first tracheotomy for the relief of croup. He, also presented a classic on diphtheria which was published in 1826. Rene T. H. Laennec (1781-1826) was a French doctor whose contribution to the medical world was invaluable. He invented the stethoscope and the art of auscultating body sounds. William Farr, (1807-1883) an Englishman, advanced knowledge in the field of vital statistics. Oliver Wendell Holmes, (1809-1894), while generally known because of his work as an author, was a physician as well. He first vouched the idea that puerperal fever was transmitted to patients by contaminated hands of doctors and attendants. This was a preceding acknowledgement which furthered antiseptic surgery. William Budd (1811-1880) another English physician, made intensive studies of typhoid fever and the method of transmission. Ignaz Phillip Semmelweis (1818-1865), born in

Budapest, made discoveries very similar to those ideas advanced by Oliver Wendell Holmes; namely, that puerperal septicemia was due to uncleanness. By instituting chloride of lime hand washes he helped lay a foundation for clean obstetrics. Gregor Mendel (1822-1884) is famous for his recognition of dominant and recessive characteristics carried by the chromosomes in the process of fertilization. Louis Pasteur (1822-1895), the father of bacteriology, is remembered mostly for (1) the process of pastuerizing milk (2) vaccination for anthrax in sheep and cattle (3) prophylaxis against rabies. Joseph Lister is mentionable as fostering public health work because his use of anti-septic surgery was predisposing to the development of asepsis. Robert Koch (1843-1910), a German physician, is world famous because he first demonstrated the tubercle bacilli. Walter Reed (1851-1924), an American Major in the Medical Corps, proved that yellow fever was transmitted by the Aedes Egypti mosquito. Paul Ehrlich (1854-1915), experimented with dyes and their effect upon tissue but is particularly well known because of his discovery of salvarsan. Fernand Widal, (1862-1929), was a French doctor, who contributed to public health his method of diagnosing typhoid fever and this method is known as the Widal test. Syphilis, which is one of the major divisions of the public health field, is under better control because

of the discoveries made by August von Wassermann (1866-1925) and Fritz Schaudinn (1871-1906). Wassermann developed the method of serologically testing for syphilis and Schaudinn discovered the causative bacteria of the disease, the *Treponema pallida*). These are the most important contributions made by medical science to the new advancing field of preventive medicine.

Side by side with these medical truths we find a different sort of contributions being made by the nursing profession. Briefly those practices which have proven beneficial in public health nursing are (1) the ancient neighborly practice of visiting the sick (2) the adaption of this practise by religious orders (3) the development of the hospital trained nurse (4) the need for trained workers in the homes (5) the specialization of the hospitably trained nurse in the public health field. The following characters are important from the historical standpoint in public health development.

1. St. Vincents de Paul, who founded the Sisters of Charity, an organization which did visiting nursing.
2. Florence Nightingale is the outstanding figure in nursing who is responsible for hospitably trained nurses and the modern method of nursing.

3. The Reverend Fliedner of Kaiserswort was a Lutheran pastor who founded a hospital training school for deaconesses at Kaeserswort, Germany. Florence Nightingale was educated at this hospital.
4. William Rathbone, a friend of Florence Nightingale, founded the first District Nursing Association.

Organizations, too, that were benefactory to the promotion of the public health movement are:

1. The Order of St. John of Jerusalem, which was a military nursing order accompanying the event of the Crusades. It advanced a better type of district nursing.
2. The Queen's Institute in London, which was founded by Queen Victoria in 1887. This Institute laid down strict requirements for visiting nursing and offered post graduate work for qualified graduate nurses.
3. The Ladies Benevolent Society of Charleston, South Carolina, founded in 1813, was the first secular organization to do visiting bedside nursing and to provide trained nurses for those needing them.
4. The New York Mission was the first Society in this country which systematically provided trained nurses

for home nursing.

Not only is the background of Public Health based on the medical and nursing aspects. From the following vocations valuable contributions have been made. (1) Engineering contributes in sanitation (2) Veterinarians do so in their work with animal diseases which are also present in humans such as bovine tuberculosis, anthrax, glanders, tularemia, rabies and undulant fever, (3) the entomologist is considered also because he does valuable research work on disease bearing insects, (4) the mathematician draws formulas and procedures useful in testing hypotheses which are used in numerical data.

In the United States public health nursing was first a local interest which began very sporadically. The Benevolent Society (1813) of Charleston, South Carolina, the Nurse Society of Philadelphia, 1839, the New York City Mission, 1887, and the Society for Ethical Culture in 1878 were all pioneers in the field of visiting nursing. Miss Lillian Wald is considered the first United States public health nurse and she founded in 1893 the Henry Street Visiting Nurses, which is today a great public health organization. Rural nursing in the

United States was first promoted by the American Red Cross when in 1912 it organized its Rural Nursing Service. Now the organization is called the American Red Cross Public Health Nursing Service and occupies a position of very considerable importance in the public health work of the United States.

The Organization for National Public Health Nursing, commonly called the N. O. P. H. N., was founded in 1912 as an expression of the growing importance of the visiting nursing or public health service. It was composed of groups and also individuals from the laity as well as from the nursing profession. Its first president was Miss Lillian Wald and other eminent women whose names are associated with its organization are Ella Phillips Crandall, Mary Beard, Mary Gardner, Edna Foley, Elizabeth Fox and Katharine Tucker. Through supreme effort in trying to combine individual organizations with the N. O. P. H. N., it gradually became the coordinating center for the units hitherto working apart throughout the United States and through its state branches brought them all into a voluntary cooperative unity.

CHAPTER II--THE ORGANIZATION OF PUBLIC HEALTH NURSING IN THE UNITED STATES.

Public Health Nursing throughout the United States is carried on by two major classes, (1) the official and (2) the voluntary. The official agencies are those supported and operated by the Federal, State or Local Government. Voluntary agencies are those which are dependent upon endowments, donations and any other laity method of support. There is no national department of health in the United States Government but the work is carried on principally by the United States Public Health Agency. This service was established in 1798 under the department of the Treasury headed by a Surgeon General. Its administrative divisions are: 1. Personnel and Accounts 2. Sanitary Reports and Statistics, 3. Foreign and Insular Quarantine and Immigration, 4. Domestic--Interstate Quarantine, 5. Marine Hospitals and Relief, 6. Scientific Research, 7. Venereal Disease, and 8. Mental hygiene.

Briefly the duties of the United States Public Health Service are (1) To prevent the importation of disease from

aboard, (2) To investigate the cause and prevention of diseases of public health significance, (3) to supervise the purity and potency of biological products in interstate commerce, (4) To assist local and state health departments with their public health problems, (5) to render medical service to certain beneficiaries.

Voluntary agencies differ greatly in their philosophy, organization and method of operation. Those engaged in the public health field have somewhat dual affiliations with professional organizations. Organizations which are grouped under this classification are, (1) The American Public Health Association, (2) The Epidemiological Society, (3) The N. O. P. H. N. and (4) the National Malaria Committee.

CHAPTER III--UNITS OF PUBLIC HEALTH NURSING.

MATERNITY

In a maternity health program, the main objective is to conserve the life and health of expectant mothers and their developing infants. Maternal deaths may be caused from a number of reasons, the major ones being (1) Puerperal sepsis 38%, (2) Toxemias 25%, (3) Accidents

of Pregnancy and Labor 22%, (4) Hemorrhage 10%, and (5) Miscellaneous 5%, which includes phlegmasia alba dolens, puerperal diseases of the breast, and causes reported by physicians under the term "after childbirth". These are only a general itemization of the reasons for the high maternal mortality rate. In the United States this does not seem to be decreasing and has a tendency to be higher in cities than in rural districts. A good maternity health program should be a part of every community and the principles included in the program should embrace (1) Medical care for every pregnant woman before, during, and after pregnancy. This care should come from the family physician; however, if the family is unable to afford this accommodation, competent care may be obtained from an organized clinic or physicians hired especially to care for the indigent or low income group; (2) Periodic nursing visits. This generally includes prenatal and postpartum calls which is done by the visiting nurse or a county nurse in a small community. Care is given to the mother and babe if needed, but chiefly the mother is encouraged to learn the principles of good hygiene. A teaching program

accompanys bedside nursing in these cases; (3) Finding a suitable place for confinement. Hospitalization is recommended in every case; occasionally, however, for multiparas whose conditions are very satisfactory and no complications anticipated, home deliveries are performed under good aseptic technique; (4) Education of mothers and expectant mothers in a community by means of pamphlets, speeches, news articles, and radio broadcasts.

The work done by the antenatal clinic mentioned above in item one is of great importance because here women who otherwise would receive no prenatal care do so. A complete history, physical examinations, detailed pelvic examinations, urinalysis, Wassermanns, general hygienic instructions, and scheduled home follow-up visits by the public health nurse or social service workers are all part of the work done at the clinic. The public health nurse aids the patients by interpreting and explaining instructions received at the clinic, by showing the patient how to adapt herself in the home environment to carry on instructions, by demonstrating to some member of the family just how to carry on procedures for the patient. In rural districts the public health nurse is

extremely pressed for time and she must eliminate some of the details which can be executed by visiting nurses. Mainly, the county nurse emphasizes the importance of routine visits to a physician, and tells the mother the fundamentals of pre and post natal care and gives her pamphlets for reading which gives the mother a general idea of how to care for the baby. The Maternity Health Program varies in each community but these are mainly the major items included in each program.

INFANT AND PRESCHOOL HEALTH

The Health of the Infant and Preschool child while a unity of public health nursing service is not emphasized as much as other fields of the work. However, there are definite services rendered by (1) private physicians, (2) voluntary health agencies, (3) state health departments, (4) and private hospitals and clinics. The public health nurse includes in her work (1) education of the mother to intelligently care for her baby immediately following birth, through the period of infancy to the preschool age, (2) sees that the parents secure birth registration for their children, (3) securing at least a yearly physical examination for each pre-school child (4) urging correction of physical defects by a physician, (5) education of parents

for control of communicable diseases by prophylactic vaccinations and inoculations. Community sanitation has done much toward bettering infant and preschool health for children. The provision of safe water supplies, pasteurized milk, freedom from flies, and improvements in general cleanliness have been particularly effective in the prevention of dysentery--very common in young children. Communicable diseases are under much better control due to the efforts made by the public health nurse in educating her community. Small pox and diphtheria have been practically eliminated because vaccination and inoculation for each respectively at the age of six months and one year are done by intelligent parents who utilize the knowledge offered to them. Typhoid vaccine while it is not done routinely is injected prophylactically if there are any sporadic outbreaks.

SCHOOL NURSING

The purposes of health work in the public schools are for (1) the early discovery and correction of physical defects, (2) the prevention of communicable diseases (3) the development of understanding and practice of "health principles" by pupils (4) and the provision of a hygienic environment in the schools. To accomplish the outlined work above as a rule there are four major classes of people which form the personnel of the school health team. These are (1) doctors, (2) nurses, (3) dentists, and (4) teachers.

The latter group are principally educated by the public health nurse who emphasizes to the instructor the importance of recognizing early any physical defects in any of her students and particularly early recognition and subsequent reporting of any communicable diseases. Only in a school in which there is a well rounded health program are dentists employed to do routine dental examinations. Usually, the physician who does the physical examination recommends dental care if necessary and the family must do the remainder by communicating with their own dentist. However, in large city school health programs, special dentists are employed. In this case, the school dentist does a small amount of corrective work; however, most dental corrections are made by private dentists.

The school physician as a rule is chosen by the city government and in this capacity performs routine yearly physical examinations on at least part of the enrollment. In this work, he is assisted by the public health school nurse. Yearly examinations on all children is practically impossible as well as impractical because (1) it uses up a lot of time which might be spent profitably otherwise, (2) it tends to make the parents believe that the physical examination is an end within itself where really it is solely for the purpose of determining defects early which must be corrected by efforts made by parents. Included in each

physical examination which is usually given three or four times to each child during the first eight grades (or at least this should be done ideally) are examining, (1) vision and eyes (2) hearing and the ears, (3) teeth, (4) tonsils and adenoids, (5) general skeletal and orthopedic conditions, (6) heart rhythm and soundness, (7) relationship of age-height and weight and a subsequent correction of nutrition and malnutrition, (9) posture and (1) general hygiene of the student. After physical defects are noted in children, the parents are urged to have them cared for by their family physician and if this is impossible it is done by the county health officer. In the school itself nutritional disorders are cared for by providing supplementary nourishments at ten and two and having available hot drinks (chocolate and soups) at the lunch hour. Also, iodine is sometimes given in school as prophylaxis against goitres or disfunction of the thyroid gland. Rest and recreation are, too, a part of a school health program. For wiry, high-powered children, cots should be provided for short rest periods during the recess hour. Games of all kinds are a part of a short relaxa-

tion period in mid morning and afternoon.

The prevention of communicable diseases in school children has not been heretofore mentioned. Earlier vaccination and inoculation for small pox and diphtheria allays the prophylaxis in the school child to these particular diseases greatly because at the school age, immunity has been established. For other communicable diseases, however, the school teacher and nurse must be alert. After recognizing any abnormality, it should be reported at once and the child isolated until examined further. The parents then are notified after the suspicions are confirmed and the child is taken home. The city health department is notified if quarantine measure should be taken by the family physician or city health officer, if the case is an indigent one.

At times, too, the school nurse and teacher are confronted with manifestations of impetigo contagioso, ringworm, pediculosis of the head, and scabies. These should be reported to the school physician or health officer who recommends treatment.

The education of the school children in health prin-

ciples is a part today of even the smallest rural schools. Mainly, points which are emphasized are: (1) reasonably frequent bathing (2) washing hands after toilet and before meals, (3) covering of mouth when coughing or sneezing, (4) brushing of teeth, (5) drinking milk each day (6) eating green vegetables and fruits (7) sufficient rest and sleep (8) and outdoor play.

In order to maintain a healthful environment, the school sanitation should be well cared for. Clean classrooms, proper lighting, dustless chalk, proper desk fixtures, adequate rest periods and nourishment, good ventilations, and pure drinking water which is sanitarily available are essentials in obtaining this healthful surrounding.

This outline of a school health program is one which can be carried out in ideal circumstances but which is adjusted to meet financial and environmental circumstances in every case.

INDUSTRIAL NURSING.

Industrial nursing is a very new phase of work which public health nursing does embrace. It has gone beyond the experimental stage, however. The N. O. P. H. N. has been doing its utmost to create interest in definite standards for industrial nursing and to provide training for graduate nurses interested in the field. Now the only prepara-

tory work is the general public health course which is insufficient in many ways since problems confronted in public health nursing are much different than those encountered in industrial nursing. Occasionally a company offers facilities for students to observe the work of the industrial nurse and this apprenticeship type of training is much more satisfactory than any other because here the nurse is really confronted with the problems that arise in a commercialized business. The duties of the industrial nurse are generally (1) Assisting the physician with physical examinations of employees, (2) Being able to give first aid to any employee injured in his work, (3) Teaching personal hygiene and prevention of disease as much as opportunity affords to the employee (4) Assisting in securing care for correction of defects (5) Coordinating nursing service with the industrial relations program by (a) filing reports (b) filing physical examinations reports. In certain companies a definite program is made for recognizing and treating syphilis in employees. A routine Wassermann is given each employee and

and those having positive reactions are given treatment at a clinic or doctor's office. Arrangements are made also for the immediate family to have the serology test, too. Literature on syphilis is, also, handed to each employee. As a rule in these companys, such a drive is worthwhile and the good accomplished is remarkably surprising.

Insurance agencies are offering company insurance for employees and the money is taken each month from the checks to pay for insurance premiums. This cares for the individual in time of illness by taking care of hospital expense, doctor and any bills for medications until the illness have been relieved. The Mutual Benefit Association is a type of this insurance policy, which arranges for the care of the teeth, removal of diseased tonsils, correction of vision as well as other illnesses. The National Hospital Association is another such industrial insurance agency. Industrial nursing is still in its infancy and offers a great deal in the future to the public health nurse.

ACUTE COMMUNICABLE DISEASES.

Public Health Service has proven its mettle in the evident control or bettering of control of communicable disease, although still many great improvements can be

made. Small pox and diphtheria, which formerly caused terror of the entire country are now comparatively under control due to immunization principles. Diseases which are grouped as acute communicable diseases are (1) chicken pox, (2) diphtheria, (3) measles, (4) meningococcus meningitis (5) mumps (6) poliomyelitis (7) rabies (8) scarlet fever (9) small pox (10) typhoid fever and (11) whooping cough.

Of course, the public health program mainly wishes to be one of prevention rather than care. As stated several times precedingly, small pox absolutely can be prevented by vaccination; diphtheria by inoculation with toxoid followed by a Schick test to see if satisfactory immunization has resulted; scarlet fever is diagnosed by the Dick test but there is no really beneficial antiserum which warrants prophylactic administration. There is an antiserum but the effects from the inoculation are really worse in some cases than the disease itself; typhoid fever is prevented by vaccination against the disease, the immunity lasting over a period of a few years. However, if the community is subject to typhoid fever, it is well to have the vaccination while sanitary conditions are being investigated. Whooping cough vaccine has been given but with discouraging

results. However, there is a newer technique in the preparation of this vaccine, advocated by Sauer, which offers some promise.

After the brief summary above, it can be seen that it is today vital for a public health nurse in community work to early indorse vaccination and inoculation for small pox and diphtheria. This can be a part of well baby clinic work or a part of the school health program and perhaps both. To control the other acute communicable diseases, public health nursing involves complete reporting of all cases early, (2) teaching the need for immediate medical care and assisting with isolation precautions and giving special instructions to the family in interpreting medical orders, (3) interpreting health department procedures to the family, (4) instructing parents, teachers and other individuals (a) the importance of early recognition of symptoms and subsequent isolation, (b) carrying out proper precautions (c) appreciating the importance of adequate convalescent care and (6) helping under medical direction to secure special immunization of children.

TUBERCULOSIS

Tuberculosis presents a very complicated health problem principally because (1) it is a communicable disease,

(2) it is preventable within certain bounds, (3) it affects large numbers of people, (4) there are certain laws and ordinances governing its control in most states (5) the public is not properly educated yet for intelligently assisting with its control. The important health points to be remembered first of all regarding tuberculosis and its spread and (1) There are four types: the bovine, the avian, the human, and the piscine. The bovine type is transmissible to man; (2) The causative organism is the tubercle bacilli which is highly resistant to drying and therefore remains alive for a long period of time in dark dry places; (3) The age range for the occurrences of tuberculosis is principally between eighteen and twenty-five; (4) Tuberculosis seems to run hand in hand with poverty; therefore good nutrition and cleanliness seem essential in its prevention; (5) Infectious materials gain access to the body most commonly through the respiratory, the G. I., and the tonsils; (6) Immunity is not conferred by an attack.

The public health nurse or county nurse surely finds ample opportunity to keep fully occupied in the prophylaxis of tuberculosis. It is a grave problem socially. Nursing care in advancing prevention involves (1) Giving the Mantoux test to school children with X-ray follow-ups on posi-

tive cases and adequate sanatoria care for those needing it if the X-ray pictures disclose positive findings, (2) Assisting the health officer in finding cases outside of the school age, tracing contacts and securing medical supervision (3) Helping to arrange for sanatoria and post-sanatoria care, (4) Teaching the patient and family personal hygiene if the patient remains in the home, (5) Educating the public concerning the prevention, control and care of tuberculosis. This last point can be plainly seen to be the most vital today. By means of literature, lectures, and radio broadcasts, the general public should be educated that (1) a chronic, even though mild, state of malaise needs medical investigation (2) particular care should be given young adults and anyone inclined to be thin and delicate, (3) that cardinal symptoms of tuberculosis are general malaise, loss in weight, chronic cough, elevation of afternoon temperature, night sweats, pleurisy, spitting of blood, (4) that an early diagnosis is essential for recovery, (5) that a negative diagnosis can be made only after there is a negative Mantoux, negative X-ray and negative sputum, (6) convalescing is a full time job and cannot be done on the side, (7) and that tuberculosis is a community problem, demanding social action if better economic conditions and

proper diagnostic and sanatoria facilities are ready for those needing them.

As a rule in the public health program in rural districts, the tuberculosis consideration is one unit of the community program and is carried on by the same nurse. In urban areas, there are definitely organized societies, which care for the problem.

THE VENEREAL DISEASES.

The diseases referred to under this heading are syphilis, gonorrhea, and chancre and means diseases associated with or proceeding from sexual intercourse. Socially, the control of this group of diseases is by far one of the most important health problems. They are all preventable, communicable and affect a large number of people.

Syphilis is caused by the *Treponema pallida*, an organism which is related both to the protozoa and the bacteria. It is recognized by the dark field microscope and serologically by the Wassermann test.

Gonorrhea is caused by a gram-negative diplococci, called the gonococcus. It is recognized pathologically by smears taken from infected areas.

Chancre, otherwise known as "soft chancre", is a

local condition due to the bacillus of Ducrey. It does not lead to a generalized condition but usually causes only a local destruction of tissue.

The place of the public health nurse in the control of these diseases is:

1. To assist in finding, reporting cases and securing medical examination and supervision.
2. Arranging for clinical care.
3. Teaching personal hygiene to the patient and his family.
4. Preventive work with pregnant women in securing treatment before child birth.
5. Disseminating information to womens' club, etc.

The result of the health program combating venereal diseases has been manifested in three directions; (1) Decrease of ophthalmia neonatorum by the use of Silver Nitrate, (2) By active and effective clinics, countless cases have been cured or made non-infectious, (3) The subject of venereal diseases is now open more and discusses more freely in society.

VITAL STATISTICS

The role of the nurse in this respect from a public health standpoint is (1) to teach the importance of birth registration and see that it is done in her community, (2) Cooperate with the registrar by reporting newborn babies, (3) Reporting still births or deaths of infants that live but a short time, (4) Assisting with morbidity and mortality studies.

SANITATION

In the field of sanitation, the community hygiene program is most minutely involved. In this respect the public health nurse should make efforts to (1) ascertain the source of water and the method of excreta disposal (2) teach importance of correction of unsanitary conditions (3) observe and try to improve ventilation and screening in homes visited (4) inquires concerning milk sources and teaches importance of correct handling of milk.

CHAPTER IV--RECENT FIELDS FOR THE PUBLIC HEALTH NURSE

These units of public health service mentioned in the preceding phases are the most important ones considered.

However, new fields are continually opening and among the most recent is the position as stewardess offered by the United Transport Plane Lines. Recently, too, the through passenger trains are employing hostesses who must be graduate nurses. Special qualifications are necessary in both cases and while the airline position is a bit hazardous both are offering good financial advantages.

CHAPTER V--METHOD OF ESTABLISHING A PUBLIC HEALTH SERVICE IN A NEW COMMUNITY.

A public health nurse who begins her work as a county health nurse will beyond a doubt find herself confronted with the matter of organizing a health program within her territory. Perhaps the first step she should take is to acquaint herself with the medical profession in the vicinity and thereby secure cooperation from that source. In doing so, it is well to suggest the organization of a community health committee if none exists. As a rule, this committee is composed of (1) an eminent physician, (2) the mayor, (3) a lay citizen, and (4) the public health nurse. Following this organization, the nurse should geographically and economically acquaint herself with the community. In this way she can ascertain their health needs and can outline carefully her work. Before launching into the program, the nurse should present her outline to the health committee for approval. If the outline is approved, further cooperation should be diplomatically secured from community

activities, such as womens' business clubs, P. T. A. organizations, lodges, etc. If their confidence is won, practically, the whole health regime is under way because the promotion by these lay organizations means a great deal. The county nurse is now able to fully organize her work and commence her duties. After organization is completed and the work has well begun, it is time for the nurse to compare her community nursing program with one from an adjoining community. Defects should be noted in her own program and adjustments made.

CHAPTER VI--SUMMARY OF PUBLIC HEALTH NURSING.

Before concluding, I would like to mention a few characteristics I think are essential in the personality of a public health nurse. First of all, her health should be excellent because superior or at least the very best possible work should be accomplished and if the handicap of poor health is present only inferior work results. The public health nurse should be alert, intelligent and interested in people. Her personality should be one that impresses people with confidence. They should feel as if she knows exactly what is best and what she undertakes is all right. Above all, the public health nurse should be interested in her work, altruistically inclined and physically well groomed.

Public health nursing, as I heard a speaker recently

say, is a dramatic field. It is full of wonders, surprises and possibilities; it is the advancing field in medical science and its offers are tremendous to the right kind of nurses; and to anyone engrossed even a little it should be their ambition to leave no stones unturned until they are in the midst of the opportunities offered by public health nursing to better the environment for present and future generations.

BIBLIOGRAPHY

1. The Public Health Nursing Magazine, March 1937, May 1937 and 1936 issue.
 - (a). "An Industrial Nurse Writes Her Annual Report
 - (b). "Stewardesses".
 - (c) "Is Our Communicable Disease Care Adequate?"
 - (e) "Health Teaching in a Secondary School".
2. Dock and Stewart, "A Short History of Nursing". 1933
3. Manual of Public Health Nursing. 1932.
4. Mustard, "An Introduction to Public Health".
5. Beard, "The Nurse in Public Health".
6. Wetzel's --Notes from History of Nursing Lectures.
7. Rice, "Applied Bacteriology".
8. American Journal of Nursing, December 1936, January 1937,