

PUBLIC HEALTH NURSING  
Past, Present and Future.

XI.

Rosannah Winter

## PUBLIC HEALTH NURSING-----PAST, PRESENT, AND FUTURE.

A study of the development of public health nursing necessitates a glimpse into the history and development of nursing in general, because general nursing is the basis of public health nursing; without the art of nursing, public health nursing could never have existed. Some kind of alleviative work has been done throughout the years; the gradual trend toward the preventive measures for health protection have been built up through generations of caring for the sick and the destitute among the peoples of the earth. The attempts of human beings to care for the less fortunate among them have been accelerated by discoveries in the scientific fields, especially in medicine, which have aided considerably in providing a means whereby the public may be protected from certain diseases as well as cured when illness overtakes them.

From the time when human beings came to this earth to subdue it and make of it a home, there have been those of humanity who felt the urge to guide and care who were unable to care for themselves. Thus, in the first place, the protective instinct caused the parents to cherish and nurture their children. Can we not say that here nursing started? Although it is felt that the mother has always had those qualities, love and devotion for her children, shall we not include the father also? Both the man and the woman have proved throughout history that they are capable of the mutual aid and protection so necessary to the development of the human race. Both have shared their efforts in the field of medicine and nursing; and even though the innate

tenderness of the woman is stronger than that of the man, still man has done his part; can we not say then that nursing began in its earliest stages with the mother and the father in the role of nurses?

Of the earliest history of nursing or of the nurse, herself, little is written; however, since man is but human and is subject to the ills which affect the human family, it is plausible to believe that during the early periods of history and even in primitive days, the sick were cared for in homes or other establishments used for that purpose. During the frequent early wars, some group had to care for the wounded; this must also have been the case during the various epidemics, but there is no record of who performed these services or of any group of so-called nurses during the early part of history. The introduction of Christianity into ancient society probably fostered the ideal of service to fellow sufferers and implanted it more firmly in the new converts; consequently, the nurse in the garb of the church appeared. As civilizations have soared to glorious heights and then fallen, so too have the arts and sciences been taken up and followed, only to lie in decay with the fall of empires. This has also been the story of medicine and nursing.

Public health nursing has grown out of a precedent set by the early visiting nursing organizations; a review of the work done by them will show more clearly why we hold the work of the deaconesses in such high esteem. In the early Christian era, the church established an order of deaconesses who were set apart for a holy calling--caring for the sick and needy in their homes.



These Sisters or Deaconesses had no training in caring for the sick, but they did what they could to alleviate the sufferings of their fellow men. Little was known of disease, and sickness was attributed to evil spirits; so, as far as prevention of illness was concerned, nothing was accomplished. There was little these women could do but visit; still, their love of neighbor and their devotion to the newly acquired religion was sufficient to cause them to make up in tenderness and devotion to their calling what they lacked in knowledge.

The introduction of Christianity gave an opening for unhappy women, as well as those seeking to do penance for their sins, to do nursing. Many were ladies of high estate and considerable education who contributed their wealth, knowledge, and services to aid in comforting the poor and the sick. During this period, women rose and accomplished a great deal in service to humanity. When one realizes the facilities and training they lacked and the work they accomplished inspite of this, one should look upon this religious sisterhood with the utmost reverence.

The church was the charity organization of this period; because charity was the predominating relief advocated, the deaconesses had to rely on it and follow its every order. They investigated families and procured material relief for them. The cities were districted, each with a deacon at its head, and the majority of work was done in the slum districts of Rome. A commendable bit of work was done by the deaconesses until the latter part of the fifth century. The work of this early order of deaconesses inspired the later deaconess movement throughout Europe and the active movements for better and more efficiently

trained nurses which came in the nineteenth century.

Throughout man's presence here on earth, there are indications that some form of social grouping has always existed. This get-together inclination of the human family has made the problem of health doubly difficult to cope with; not only must the individual be protected, but he must have a livable environment and well care for contacts. Early in history the Romans sensed the need for sanitary measures and made the first great contribution to the field of public health by cleaning up the streets, advocating personnel cleanliness, caring for the water supply, and by establishing strict regulations in building, in weighing, and in distributing pure foods. Nothing in community health had been attempted on such a large scale before, and this did not last long; with the fall of the Roman Empire, the sanitary laws went into decay not to be renewed until many years later.

The Middle Ages were a dark period in European history; following the decline of the Roman Empire, Europe experienced a degeneration such as it had never known before. Civilization was retarded; social control was impossible, and a grave degree of unrest was everywhere apparent. Added to this, grim death stalked through the streets in the form of epidemics and plagues; but what was to be done about it all? No one knew the source of disease nor did they make any great effort to learn; without this knowledge, they were unable to conquer the dreadful scourges that were taking many lives daily. Wars raged between nations, and those that were not left to die on the battlefield, suffered untold misery from disease and starvation. Because there was no organized society, practically nothing in the line of nursing was done. For what little nursing was done at this time, credit



must be given to the women of the church. Annie Brainard, in her book The Evolution of Public Health Nursing, aptly phrased the condition in nursing in the Medieval Period where she says, "Without the aid of the nursing sisters and other Christian women of Medieval times, the suffering of the sick poor would have been even greater than it was; and the cause of visiting nursing would have died utterly."

There was, however, some progress made in public health and medicine in the Middle Ages. From the Far East came writings compiled by learned Jewish and Mohammedan doctors; and following this closely, schools of medicine sprang up in Europe. Medical science was progressing. During the Italian Renaissance, disease was studied first hand; surgery was improved, and some hygienic rules were given to the public. Contributions came from the artistic field as well as the scientific one. In the early sixteenth century, Andreas Vesalius, a young professor at Padua, wrote a book and lectured to students on a new subject--the structure of the body. His classes were attended by many young men who had imbibed the spirit and the thirst for new knowledge concerning the body. The art of printing, which had come to Europe from China, made it possible for educational writings to be copied and distributed among the public. Interest in learning was revived and the general public was able to get and read the printed volumes containing medical information. Vesalius set a precedent which was followed by a student of art, Leonardo da Vinci. Da Vinci made a thorough study of the human body in his efforts to perfect his drawings, and he left an interesting account of his findings. A new and inquisitive generation came to the fore, but the older still clung to its ancient beliefs.

The introduction of the printing press, through making the written word more available to the masses, had taken the power from the clergy, the former educators. With the facilities for printing given to the people, the church suffered and declined in wealth and power; consequently, the charities suffered also. What nursing had actually existed was under the direction of the church; when the decline in church power came, a blow came to nursing at the same time; without money, the church could no longer keep up its charitable endeavors, and this was practically all that visiting nursing consisted of. However, a small religious group, the Communities of Anchorites, had begun their massive work of establishing monasteries which were later to have shelters for the poor and the sick connected with them.

Feeble beginnings of that social reform which was to revolutionize society started in the seventeenth century. Small towns were formed, industries were localizing into given areas, and the people were using the guild system as the unit of control over industry and society. Is it any wonder then that side by side with this change in social thought there came into being the first of the organized visiting nursing associations? Conditions among the poor were intolerable and a friend of this group came to their aid. Francis de Sales brought into being a voluntary organization for the purpose of bettering conditions among the poor, of friendly visiting and nursing among this group of unfortunates and called the association the Order of the Visitation of Mary.



Following closely on De Sales' organization came St. Vincent de Paul's Sisters of Charity. This order was more like a modern church society, organized for the same purpose as the former. The sisters made no vows nor promises, but acted under the adopted regulations of the association. They were later called the Ladies of Charity to distinguish them from the church sisters. Mlle. le Gras, a wise and capable woman, was enlisted by St. Vincent to teach and supervise the women as best she could. For the first time there was some definite supervision of nursing under the able guidance of these leaders. The ladies did fairly well but the standards of nursing were not very high.

St. Vincent de Paul was a capable leader with a knowledge far in advance of his time. He recognized that an organization such as his should not be bound down by religious vows and obligations. The Ladies were allowed the freedom that former orders had not known; his instructions to them were, that "Their convent must be the house of the sick; their cell the chamber of suffering; their chapel the parish church; their cloister the streets of the city or the wards of the hospital; in place of the rules which binds nuns to one enclosure, theirs must be the general vow of obedience; the grating through which they speak to others must be the fear of God; the veil which shuts out the world must be wholly modesty." Through his untiring efforts to bring relief to the sick and the poor, he raised up three armies in their service; namely, the ladies of the world who gave of their influence and wealth; the Sisters of Charity who served the poor, and a large association of laymen who were influential and had authority.



There arose during the seventeenth, eighteenth, and early nineteenth centuries, three movements which were responsible for the evolution of visiting nursing to district nursing. A new humanity sprang up with an awakened consciousness of the existing social evils, and efforts were made to cure these evils. Medical science grew and developed into a preventive as well as a curative science; and nursing became a profession with rules and regulations governing it. From a meagre beginning in charitable work, nursing started to take on a different aspect. Leaders sprang up and started to establish institutions where young women could get some instruction in bedside care of the sick. Already England was making strenuous efforts to clean up its cities, rid its streets of vermin, and improve conditions in its almshouses. Pastor Fliedner, on a trip to England, was deeply impressed with the work of Elizabeth Fry and the deaconesses of other churches. He sensed the value of training women for their work among the sick; and returning to Germany, he established the Fliedner Hospital at Kaiserswerth. Success in his enterprise was made possible by his two wives, Frederika then Caroline; both were partially trained in nursing, and through their efforts, Frederika's initiation and Caroline's continuation, was started a woman's society for visiting nursing. The Kaiserswerth Deaconesses figured prominently in the later development of nursing.

These deaconesses were drawn from sturdy peasant stock and were trained in simple, practical household work, letter writing, and reading aloud; finally, they spent a short time in the Fliedner Hospital for nurse training. Consequently, they were poorly trained to do real bedside nursing, and their training was

far from the nurse training known today; however, every progressive enterprise must have a beginning, and the work done at Kaiserswerth served as a stimulus to leaders of nursing work in other countries and trained most of the early pioneers in the nursing field.

Many contributors to modern nursing appeared during the nineteenth century. Foremost among these was Florence Nightingale, a woman of wealth and position, who from her early youth had a desire to do something for the sick and the poor. Overcoming family opposition, she entered the Fliedner Hospital for a three-months course in nurse training. A woman of broad vision, she was far ahead of her time with her ideas of what the well-trained nurse should be. Her education and culture made it possible for her to meet and influence the people who could help her in her life's ambition. Miss Nightingale felt that in order to be a satisfactory nurse, a woman must be morally good, must be technically trained, and must love to nurse the sick.

When in 1854, Miss Nightingale was called to the Crimea she had already spent some time in France with the nursing sisters; and that training added to her Kaiserswerth experience was little actual training in nursing, but she went into the war zone and created an unheard of precedent by working with the army officers to develop new sanitary measures in the army camps and by her splendid grade of nursing. Two years later when she returned to England, she found the people of that empire ready to do her homage. She was famous; she had changed public opinion in regard to nursing and its possibilities and had set the stage for the modern trained nurse. Through a fund raised by the English people for



Miss Nightingale and with the co-operation of St. Thomas' Hospital, she started the first training school for nurses in that hospital. Her aim was to educate the students well in the theory and practice of nursing so that they might become the future nurse instructors throughout the world.

Ray Strachey in Struggle describes Florence Nightingale as the best example of young woman's revolt against the limitations and restrictions imposed upon the young ladies of England at the time of Queen Victoria's ascension to the throne. In a time when the struggle for woman's suffrage was in its infancy, Miss Nightingale, a woman of a pliable and an adaptable disposition, a leader in a socially changing and a restless era, chafed under the social life of her family. She felt that she had a call from on high to do a specific work, and that work was nursing. She sought to dedicate her life to her chosen work; with this in mind, she broke away from her carefully guarded life and attained, in her later life, glorious achievements in her chosen field. It is in tribute to a clever woman and to her splendid work that she is called today the mother of modern nursing.

Interest in nursing gained headway, and a new type of nurse came into being. The fictional Sairey Gamp type, portrayed by Charles Dickens, was a dissolute, ignorant, dirty drunken sort of a neighborhood nurse who carried gossiping tales from house to house; the new type of nurse was called from the ranks of women of education and culture; these responsible women, trained in the nursing techniques and practices, were assets rather than liabilities to society. A definite need for well-trained nurses came at this time; cities were growing rapidly and industries

were developing; the industrial revolution was still in progress; and with the localizing of plants and factories in cities, there came a definite need for public health work among the unfortunates in the congested districts.

Mr. William Rathbone, a worker among the poor, saw the need for nurses among the poor in his community, Liverpool; his contribution came as a result of his observations of and his efforts in behalf of the sick poor in his town. Because of illness in his own home, he saw the beneficiary results of trained nursing care; he immediately set out to plan a means whereby all families could receive the same kind of nursing care in their homes. He employed one nurse and in this small way, he started a district nursing service in Liverpool. Mr. Rathbone wanted his venture to be a success, so he instructed his nurse to visit the families, care for the sick, teach cleanliness in the home, and teach the family how to live clean, healthy lives. In this educational and constructive policy was the new element in the old charity of visiting the sick. The enterprise was so successful that Mr. Rathbone attempted after a short time to enlarge his staff. However, trained nurses were few and public opinion was strong against the undertaking. He stood for his cause and defended district nursing; by 1862 the Liverpool Training School and Home for Nurses was established to train nurses for hospital work, nursing among the poor in their homes, and private duty nursing. Thus was born the district nurse, a sharp contrast to the visiting nurse of earlier history.

District nursing spread rapidly over England following



this initial organization. The Order of St. John of Jerusalem took a foremost position when it met to consider forming a new association which would aid in providing more trained nurses for the care of the sick poor in England. Making London its headquarters, it established sub-committees in each county. Close contact with the communities and branches of the service made it possible to arrange and maintain a standard of work, and easier to obtain assistance for new work. Cooperation with all existing agencies and an improved nurse training were its main objectives.

A survey of the districts by letter and by personal investigation of all places where nursing had been carried on, revealed the fact that the majority of nurses were not sufficiently trained to do a good nursing job in the homes. The nurse disregarded common precautions, instructive measures, and close contact with the doctor. Too little supervision was apparent among the nurses especially in the assignment of cases; more money was needed for the training of personnel, and the association decided that the patients could help support the project. Consequently, a small charge was made to each person visited and the money was used to help defray the expenses of the organization. Realizing the importance and need for more practical as well as theoretical training, the association, now the Metropolitan and National Association, enlarged the hospital course to one year and the district experience to three months and placed Miss Florence Lees, a Kaiserswerth nurse, in the position of supervisor. This important change was an initial step in placing the care of the sick poor in the hands

of trained workers, and it led to the formation of other organizations in the same field.

In 1889, the Queen Victoria Jubilee Institute for Nurses was founded by royal charter. It was associated with St. Catherine's Hospital and trained nurses for district nursing. Through the efforts of Florence Lees Craven and her husband, Queen Victoria allowed her jubilee fund to be used in financing the undertaking, therefore the nurses were called Queen's Nurses. Their work included the supervision and training of the village and cottage nurses in the rural districts. Finding an inferior grade of nursing in the rural areas, they attempted to raise the standards and training among this group; for this purpose the rural branch of the Queen's nurses became a necessity and was formed.

England was long the leader in all nursing matters. Many of the fundamentals of the nurse's training were worked out there, and most of the great nursing movements originated in England. From Great Britian, English nurses went to all parts of the globe to organize schools of nursing. A great work was started; the basic work in nurse training was well under way and the public's health was receiving much consideration. During the colonizing of America, most of the attempts which were made to care for the destitute and the sick were patterned after methods formulated in England.

#### The Growth of Public Health Nursing in America.

America passed through a stage of nursing development such as the other countries of the world had; but with a fairly well



developed outline to follow, its course changed rather rapidly; although the early stages were comparable to the beginnings in English nursing. The kindly neighbor and the church woman, here as in European countries, were responsible for all the nursing that was done through the tedious early colonization period. The isolated colonies suffered from epidemics of a variety of diseases, as well as from hunger and the various nutritional disturbances. For many years disease carried off a great number of the colonists without much being done about it.

The first hospital we have any knowledge of was a small one opened in New York by the West India Company in 1658, to give medical aid to sick seamen. In 1816, this hospital was combined with the New York Workhouse and became Bellevue, an institution combining workhouse, almshouse, and orphan asylum. As well might be imagined, the conditions in the hospital were horrible, and during this time was probably established that fear of hospitals which has carried over in a degree to the present time.

In 1731, the Philadelphia Hospital, later known as Blockley, opened its doors as an almshouse infirmary; the conditions within its walls were no less horrible than those of Bellevue. Not until 1786, when the Philadelphia Dispensary came into being, was there founded an institution whose main purpose was to give care to the poor in their homes. Here the services of the doctor and the nurse combined in an effort to give medical, surgical, and obstetrical service to patrons of the dispensary in their homes.

An epidemic of Yellow Fever and a consciousness of the poverty existing in Charleston, South Carolina, in 1813, caused the for-

mation of the first sick visiting organization in America. The city having a population of 24,000 was districted; and sixteen women were appointed, each to take her turn of three months in visiting the sick. No church was in charge of the work, and all creeds were treated alike; there was also no discrimination between race or color--all were treated equally. Cases were investigated and the unemployed were furnished with work wherever it was possible, but no money was given out to patients as charity. The society continued its work until the Civil War, when an empty treasury caused it to disband. Reorganization took place in 1881, but not till 1903 were trained nurses employed.

Following the Civil War, in which the need for trained nurses was demonstrated, America developed her first modern training schools for nurses; this was an important step in the onward march of public health nursing; but it is not to the hospitals that we must look for the initiative in starting the first visiting nursing work in America, although without the trained nurse the associations would have been handicapped. The Woman's Board of the New York Mission must receive credit for instituting visiting nursing with a hospital graduate in the role of the visiting nurse. Like the Biblewoman of England, this nurse's was of a truly religious character; besides nursing the sick, she served as a missionary among her families, gave religious counsel, and carried the theme that cleanliness is next to Godliness. Lacking in visiting nursing training, she made no attempts to correct conditions in the home or to prevent illness but she did considerable to alleviate the suffering of her patients. The first visiting nurse, a graduate of Bellevue,



was employed and paid by Mrs. William Osborn of New York City. The work was so successful that, at the end of the second year, five nurses were employed and paid by five women of the city.

A few months after the Missionary Nurses started their visiting nursing, the Society for Ethical Culture was formed in New York. The Missionary Nurses were unsupervised and were, in most cases, not under medical supervision; this new society, however, employed nurses to work only in connection with dispensaries and under the direct supervision of a physician. A more modern conception of visiting nursing was inaugurated, having as its nurse a graduate of Bellevue also; she did her visiting in the district served by the dispensary and received her list of patients with instructions from the physician.

Two more pioneer visiting nursing associations sprang up through direct inspiration gained from the work done in Liverpool by Mr. Rathbone. They were the Boston Visiting Nursing Association and the Visiting Nurse Society of Philadelphia. The former was sponsored by members of the Women's Educative Association, whose funds were used to promote and support new undertakings. The organization was called the Instructive District Nursing Association because its main objective was to stress the educational rather than the practical side of visiting nursing. It outlined plans of action and adopted rules for the guidance of nurses in their district work. On the other hand the latter organization, which came into being at approximately the same time, did not stress education but carried on the practical work much as its predecessor had done. The Society kept in close touch with lay people, sought financial aid from

them, and twelve members act<sup>ed</sup> as its board of managers. Service was given to people of moderate means who could pay something as well as to the poor. Special visiting nursing training was lacking here, too; the nurse gave nursing care to the sick, taught cleanliness, and gave instructions in the proper care of the sick in the home.

During the century, cities grew rapidly and the population increased at the same rate; America faced the same problems that had caused England to develop district nursing. Towns were growing and flourishing, and a need was felt in the congested areas especially for the sick care the visiting nurse could give. Visiting nursing associations were formed all over the country; by the turn of the century, the pitfalls encountered in the beginning organizations had been surmounted. By 1902, when the Cleveland Association was begun, the work had advanced to the point where certain principles for the support and administration of such a service had been determined. The Cleveland Visiting Nursing Association engaged all its nurses, fixed their salaries, and used its districts in training new nurses.

New York was large and densely populated and its agencies had failed to carry out their original intention of supplying trained nurses for all the sick poor. Conditions were terrible in the tenement districts; but how terrible none knew better than Miss Lillian Wald and Miss Mary Brewster, whose interest in the tenement group had drawn them into a small top-floor room so that they might better serve these people. These two graduate nurses instituted a new type of public health nursing--



neighborhood nursing--by settling in Henry Street, making friends among the people of the district, and caring for them during their illnesses. Out of this small beginning developed the now famous Henry Street Settlement, which for years has served its neighbors well.

As the scope of public health nursing broadened to meet the social situation, specialized nursing appeared. In England, an inquiry into the feeding of school children by an examining physician called the attention of the school personnel<sup>to</sup> the need for some more adequate supervision of the school child's health. This special work was delegated to the district nurses of London as early as 1892. Not until 1902, did America follow suit. Miss Wald, as always progressive and foremost in the field of public health nursing, presented her case to the school people of New York. She had some difficulty in persuading the school boards; but after persistent attempts, she finally established school nursing in America. Physical examinations had been a part of the school routine for sometime, but Miss Wald suggested that the nurse supplement the work of the physician in the schools which was done.

Tuberculosis loomed as a menace to life and happiness in this country<sup>and</sup> in 1903, ~~and~~ Dr. William Osler called the general public's attention to the need for follow-up work in the homes of tuberculosis patients. His warning was partially heeded when Maryland made the first step in that direction by sending out a medical student to do the work; this arrangement proved unsatisfactory, and shortly after a nurse was assigned the task; visiting nursing had branched out into the tuberculosis field. The

organization of the National Association for the study and prevention of tuberculosis in 1904, quickened the interest and spurred action all over the country for this preventive work. Already the care of the public was being considered; and the nurse, whose work was mainly that of instruction in the home, was rightfully earning the title of a public health nurse.

Specialties in the field increased rapidly. The problem of a high infant death rate was sufficient incentive to stimulate an interest in babies and their care. The baby welfare nurse came to the fore at the beginning of the twentieth century, when solicitous groups sponsored milk stations as a measure against intestinal disturbances and the improper feeding of babies. In Cleveland, the nurse's work consisted in giving all-year attention to the babies in the infant clinic; soon it was seen that in order to make progress, more care than that of the babies had to be given; the care of the mother before and after the baby's birth was necessary. Then came the infant and maternal welfare nurse to do her part in reducing infant and maternal deaths. The period was one of specialization to be sure; as each new problem presented it was felt that a nurse must be trained for the job.

In 1909, Simmons College and the Instructive Nursing Association of Boston, offered a course in public health nursing education. It was to be expected that this initial step would be taken by a group who earlier had stressed the educational aspect of the nurse's work; the opportunity for added instruction came at an important point in the development of public health nursing. The visiting nurse's education had been no more than inadequately equipped hospitals could give. Small attempts had been made to



train the nurse in the district, but a realization of the added theoretical and practical training needed by the nurse had brought into being an institution to fill those requirements. However, the major education of the public health nurse was for years given through the agencies in their districts.

On the heels of industry and through the increasing use of machinery with its attendant working and housing conditions, large businesses employed nurses at first to render first aid in the dressing stations; and gradually the industrial nurse became a part of industry. She was able to keep the employees in better health, thus, reducing the sick list and increasing the output of labor.

Metropolitan Visiting Nursing came as a result of the suggestion in 1909, of Miss Lillian Wald whose interested influence pioneered a great many initial experiments in the new nursing field. This growing business, the Metropolitan Life Insurance Company, instituted a nursing service for its policy holders, and the company, in turn, set out to give what aid it could through its publications and statistical department to the public health field.

The Red Cross Nursing Society which had originated in the mind of Henri Dunant, a Swiss, in 1863 advocated a society for war relief in every country, independent of each other and observing strict neutrality. America was the thirty-second nation to join. Miss Clara Barton, an untrained nurse in the Civil War and the War of 1870, organized a Red Cross Committee. In 1882, the United States Government signed the Geneva Convention and gave the work its official recognition. However, it was dissolved in 1905 by an act of Congress and a new organization was formed under government supervision. The Red Cross's work was mainly disaster relief until the



World War brought to it an enlarged enrollment and added service.

Public health nursing had developed and spread all over the country; and it, like other organizations, grew rather haphazardly. Each agency was a world unto itself with its own laws, methods, and practices. There was a need for a correlation and a standardizing of work to aid progression and to obtain lasting results from the labors of the public health nurse. This obstacle could only be surmounted by a national organization which could act as a co-ordinator and an advisor to the public health agencies. In 1911, a meeting was called to consider a national agency; at this meeting, representatives of the American Nurses' Association, the Society of the Superintendents of Training Schools, and the public health group sat in conference with Miss Lillian Wald as chairman. This meeting brought about in 1912, the National Organization for Public Health Nursing--a nursing organization, having in its membership, for the first time lay members. This was a necessary and a new innovation. The new national nursing association, with its birthday gifts of an emblem and a magazine from the Cleveland Association, set about immediately to get the necessary information required in helping the local public health nursing agencies of the country.

As its first duty, it defined public health nursing as a service which gives organized community service to individuals and families, employs trained nurses, and interprets medical, sanitary, and social problems. Following this, the Association outlined the fundamental principles of public health nursing. Mary S. Gardner, in her book Public Health Nursing gives these nine principles as: "only well-trained nurses should be employed;



teaching should be considered as important a part of the nurse's work as the care of the sick; the rules of professional etiquette should be observed; co-operation in all its forms should be recognized as of primary importance; there should be no interference with the religious views of the patient; suitable and accurate records should be kept; those who can afford to pay for nursing service should do so according to their means, and free service should be provided for those who cannot afford payment; adequate provision should be made for supervision of the nurse's work; the daily working hours of the nurses should be limited, to the end that good nursing may be done and they, themselves, kept physically well."

This central body, whose value was felt immediately, simplified matters in the public health nursing field by stimulating responsibility for the health of the community, developing standards and techniques in public health nursing, developing co-operation between the nurses and other agencies, establishing a central bureau of information, and publishing periodicals and bulletins which contained up-to-the-minute data for use by public health nurses.

By 1914, the pioneer stages of public health nursing had passed; the value of the public health nurse had been felt and her services were called for. Throughout the pre-war period, public health nursing added considerably to its membership. Organized groups throughout the country established agencies to carry on the work; counties, cities, and states were recognizing their responsibilities in matters of community health. The general public, too, was gradually awakening to health consciousness.

At a time, when in all probability public health would have gone on by great strides, the World War came to unbalance the equilibrium of the nation. The thought of this conflict brought dismay to the hearts of the public health workers. Preparations for war were of utmost importance and they were carried out. In the hustle and bustle of war days, a question came up as to what would happen to public health nursing. Thousands of nurses were enlisted for army service; but still, home work had to go on and it did. A work had been started which not even a war could disrupt; in fact, the war stimulated the use of the public health nurse in broader fields of endeavor. The public health<sup>nurse</sup> whose chief work was disease prevention proved of great value in army camps at home and abroad. A modern fighting army required the utmost in medical and nursing service to keep it in good condition, and here the public health nurse fitted into the picture nicely.

War and post-war days were prosperous ones in this country. Commodity prices went to new heights--so did wages! Spending money became a pastime enjoyed not only by the well-to-do but also by the average citizen. Along with the necessities were purchased the luxuries. Health was not neglected in this era of excessive spending as is shown by the growth and development of the public health field. A decided increase in official and non-official health agencies came about; larger staffs with higher wages, greater demands for service, and better equipment to serve were developed. The general public, able to pay for nursing services, helped the private agencies considerably. Long or short post-graduate courses were offered in practically all sections of the country, but still there was a shortage of trained public health nurses.



Inasmuch as the public health nurse's position calls for teaching the prevention of disease and the promotion of health among people, if not trained, she was unqualified to render the service expected of her. Without post-graduate work in the health field and without some knowledge of the value of lay participation in her work, how could she expect to adjust, even in a small way, the multitude of problems she must meet daily. Service to the patient, which was stressed in early nursing, still is of utmost importance; but a broader nursing program involves agency cooperation and teaching. The nurse as a health educator has marvelous possibilities, but in most cases she is not prepared for this new phase of her work.

The changed social situation during the depression years had a marked influence on public health nursing. The market crash reduced families with means to the relief rolls. An unprecedented army of unemployed lived for years on the weekly food orders supplied them through federal funds. All this time medical and nursing service was needed more than during normal times. There were greater demands from the public for nursing service, but there were fewer agencies to give this service, because when the income collected from patients ceased, many agencies had to discontinue their work. Those that remained cut their staffs, lowered wages, and changed their policies. In 1931, according to a public health nursing survey, only one third of the public health nurses were available at a time when they were most needed.

With the changed social and economic situation, public health nursing also underwent a change. Where considerable purely educational work had been advocated, the agencies were forced to place their emphasis on building up more clinics and performing more

bedside care, lessening for a time the purely educational work. The development of numerous relief agencies brought health workers in more intimate contact and in closer co-operation with these agencies than they were before; also, the inability of patients to pay for service necessitated more individual teaching and demonstration in the homes. The specialized nurse was gradually replaced by a more generalized type to allow the small staffed agencies to cover the services required of them.

In the fall of 1931, a survey of public health nursing throughout the country was conducted under the general direction of the National Organization for Public Health Nursing. The results of the survey were published by the Commonwealth Fund in 1934; this cross-sectional study of the complete public health nursing field showed the stage of development, the methods employed, and the points of strength and weakness in the public health nursing program. The surveyors were well-trained public health nurses and the sample districts were selected after careful consideration as to population, geographical location, and general character. All types of public health nursing agencies were included, and the final analysis was based on 834 combined home and school visits. Fifty-seven agencies in twenty eight communities were surveyed; the surveyors took into consideration the organization, the administration, the nursing program, and the performance of the nursing personnel in these agencies. Through this survey was placed in the hands of all people the findings in book form. With the facts before it, the National Organization for Public Health Nursing was able to draw conclusions as to the progress, to the extent to which agencies had recognized and put into practice accepted principles, objectives, and criteria in this field. Out-



Outstanding in the findings uncovered in the survey was the fact that teaching which should be the major point in any health service was low throughout the services. With the exception of pre-natal health supervision, it was found that the services involving bedside care headed the list in quality of performance. There were deficiencies in the services of all departments. The National Organization defined each service, gave information concerning what should be included, and also gave suggestions covering the administration and working conditions of the staffs. Throughout all suggestions, the Association stressed the necessity for accurate statistics and records for all cases, urged teaching by demonstration, advocated extensive lay participation in the work, and cited the extreme necessity of added staff education.

The field of public health nursing does not yet come up to ideal specifications. The public health nursing of the future needs new alignments. First and foremost, the public health nurse should be the health educator of the public. This great responsibility calls for higher education for the nurse in the field of public health, skillful use of nursing techniques and procedures, teaching ability, greater knowledge of the sociological field, and contact with all the latest scientific developments; and this can only be had by constant study. A closer relationship between the physician and the nurse should be developed. The doctor, as the medical consultant of the community, is an essential part of the public health nursing program, and his co-operation is of the utmost importance to the nurse.

There has been an increase in social work during the depression years, and the social worker's and the nurse's work are interdependent; therefore, there should be a new and closer relation-

ship between the two agencies. Public interest must be gained to support health agency activities and to interpret and adjust community problems. The public health nursing field needs and should have the co-operation and help of an interested and informed public; the very life of this work depends on lay support and participation. In the past, this part of the program has been rather neglected; professional people forget, at times, that lay persons are uninterested simply because they do not understand what program is being carried, why it is necessary, and what their part is in the program. A greater degree of participation of lay groups should be encouraged in the public health activities; this can be accomplished only by educating the general population in matters of health, showing them the need for the program, and seeking their aid and advice constantly. Nurses are prone to carry on their work unassisted, but the nurse should realize that in dealing with society, the people in it must be met, consulted, and agree to her program. Public health nursing can only go as far as the public will let it!

There are indications that in the future emphasis will have to be placed on a different age group than it has heretofore. In 1935, the Metropolitan Life Insurance Company issued some interesting statistics which compared age distribution in the United States between the periods of 1850 and 1930. Under the age of twenty, the number of persons had decreased in the population from 52.5% in 1850 to 38.8% in 1930; in the group over 65 years of age, the number of persons had increased in the same period from 2.6% to 5.4%. According to Metropolitan records from its nursing department, the majority of nursing care had been given to children and young adults. With the increase in the older



group in the population, science will turn its efforts to extensive research on the diseases which are most prevalent in aged people. Naturally, nursing care and health supervision will need to enlarge its scope to handle the new situation. A greater emphasis must be placed on the individuals in the aging group. This report also indicates a lowered birth rate and a high infant death rate in the United States generally. Prominent sociologists predict, too, that by 1960 the majority of the population will be in and above the middle-age level. What does this mean to public health nursing? Just that maternal and child welfare work must be accentuated! Greater emphasis must be placed on the health supervision and care of the pregnant woman, the infant, and the young child. Also, the youths of today should be encouraged to have families. In the high schools and colleges, the public health nurse should turn her attention to properly informing the young people in matters of health. It is the youths of today who will be the parents of tomorrow, and it is only fair that they go into the world better informed in personal and community hygiene.

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