P U B L I C H E A L T H

N U R S I N G

Margaret Mounger
Good Samaritan Hospital
May 23, 1939

"Public health nursing is a branch of nursing service which includes all phases of work concerned with family and community welfare, with bedside nursing as a fundamental principle, and developing from it all forms of educational and administrative work that tends to prevent disease and raise the standared of health in the community."

--From the Royal Charter of the Victorian Order of Nurses

PREFACE

Public health nursing is a phase of nursing which concerns the lay people as well as the professional nurse and is of vital importance to all peoples.

Public health nursing is a living, vital work which has had only the beginning in the past and whose great future lies ahead.

Being a nurse, naturally I am interested in knowing about how public health nursing has advanced through the centuries and for this reason, I have attempted to select what I considered important points in the history of progress. This is by no means a complete work, but merely a brief survey of a great work.

CHAPTER 1

THE BEGINNINGS OF PUBLIC HEALTH NURSING IN THE DAYS OF THE ROMAN EMPIRE

Public health nursing is an outgrowth of visiting nursing, and as such we must look for its origin in the first century of the Christian era; for although human sympathy and love must have moved people to visit and care for the sick and suffering from the very beginning of time, still we can safely assert that the first organized visiting of the sick in their homes began in those early days when the primitive church established the order of deaconesses, and placed upon them the Christian duty of visiting and caring for those of their brethern who were sick or in need. "I was sick and ye visited Me," and "In as much as ye have done it unto one of the least of these My brethern ye have done it unto Me." It was natural that the earnest followers of Christ should have laid these words of their Master's to heart and, in founding the society which bore His name, should have placed this duty among the cardinal duties of the Church.

The work of these early Christian women may seem to have little bearing on the work of the public health nurse of the present; and yet, as we study its slow evolution through the ages we shall see that it has a very direct and important bearing and was the source of inspiration for all subsequent servic of its kind. It was the work of these early deaconesses of the church which inspired the deaconess movement in Europe during the early part of the nineteenth century, and which has remained its ideal to the present day. It was the work of the deaconesses at Kaiserswerth which in turn, inspired Florence Nightingale, and that broadminded layman, William Rathbone,

to establish district nursing in Liverpool; and was distrct nursing, transferred to America and given the broader term of visiting nursing, which, branching out to include all forms of social nursing and influenced by the worldwide movement for prevention and prophylasis, developed into public health nursing today.

Love was an activating motive--pure love and unedefiled--for those early Christian women, filled with the enthusiasm of the convert, eager to lay down their lives for the faith, labored with no ulterior motive. They carried on their work of Mercy not with any thought of reward or atonement of their own sins, as became the case in later ages, but out of overflowing love for their neighbor, that the sick and needy might find relief, and that by ministering unto the least of these their brethern they might, in some way, be ministering unto their Lord.

There were three orders of ministry in the early church-bishops, priests, or elders, and deacons, the Greek word for deacon meaning simply "one who serves" and being applied indiscriminately to both men and women. The duties of the deacons and deaconesses were similar-namely, to assist in the ministry of the church, and especially to have charge of the poor and needy among their brethern. The service of the deacons(and presumably of the deaconesses as well) as carried on in the early part of the third century is quite minutely described by Clement, who says: "He is to minister to the infirm, to strangers and widows to be a father to orphans, to

go about into the houses of the poor to see if there is anyone in need, sickness or other adversity; he is to care for and give information to strangers; he is to wash the paralytic and infirm that they may have refreshment from their pains--he is also to visit inns to see if any poor or sick have entered or any dead one in them." (Christian Charity in the Ancient Church. Unhorn Book 11, Chapter 1V.) The deaconess was ordained to her office, like the deacon by the laying on of hands; and the beautiful prayer, attributed to St. Bartholomew, which was used at her ordination shows that she entered upon her service with a feelng of sanctity and consecration.

"O everlasting God, Father of Our Lord Jesus Christ, Creator of man and woman --Thyself look down upon Thy servant not admitted to diaconate, and give her Thy spirit, and cleanse her from all pollution of the flesh and of the spirit, that she may worthily fulfil Thy work thus entrusted to her."

Such was the attitude of these first visiting nurses toward their work--they were set aside for a holy calling, consecrated to a divine ministry; they were following the command of their Master. No matter how hideous or how loathsome the task, they did it with joy and exultation. They were filled with the enthusiasm of the convert, eager to show their love toward God and man and to prove by their humility and devotion that they were in truth, sincere followers of Him Who spent His life in ministering to those in need.

The care given to the sick by these Christian women probably consisted in bathing the fevered patient, dressing

his wounds, giving him food and drink, and in other ways ministering to his comfort. It was purely palliative; it was to relieve suffering, not to cure or prevent disease; the day of the public health nurse was still many centuries away; and yet, although the motive which prompted their work was different the same spirit of service to mankind animated these early pioneers, and what they lacked in science they made up for in tenderness.

The science of medicine at that period was as yet undeveloped and was closely bound up with occult sciences and superstition. Even the most intelligent people of the time believed that famine and plague, sickness and death, were caused by evil spirits which could be placated by offerings and supplication. In fact, this superstition continued for into the middle ages and was a source of anxiety to the Christians for many centuries. During the early years of the Christian era most of the great physicians in Rome were from the East and for that reason were unpupular. Many people preferred to rely upon old prescriptions still preserved in Roman households, rather than to experiment with oriental novelties, or were quite content to follow the treatment carried on in the temples of Aesculapius, which taught the virtue of herb and mineral drug, of regular diet, of bathing, and above all the value of fresh air. These things were good as far as they went; but the proper diagnosis of disease was not yet possible, the idea of prevention was still far distant and the treatment and nursing of the sick was of the simplest

kind and had little relation to cause or prevention.

It has been truly said that the Roman age was no age of charity, though, on the other hand, it was an age of great liberality. But there was a vast difference between the liberality of the pagan and the charity of the Christian; the one sought personal applause or popular favor; the other sought not its own, but sought rather to help the down-trodden, to equalize conditions and to do good to all mankind. The poor man, as a man, was looked upon by the Roman with contempt, and to try to better his condition seemed money thrown away.

The Roman of that day was practically without religious belief, which may, in part, account for his seeming indifference to suffering and his attitude toward the ppor, for without hope of a hereafter or belief in the brotherhood of man what incentive is there to charity? The adage of the Epicurean could well hold sway: "Eat, drink and be merry, for tomorrow we die."

The deaconess, therefore, in her ministrations to the sick, was obliged to rely on the church for material relief, and on herself to investigate and procure whatever was necessary. The church was the great charity organization of the period. It had its special fund set apart for the purpose, the management of which lay in the hands of the bishop; the deacons and deaconesses, in the role of the district visitors and social workers, investigated the condition of the poor, reported cases of distress to the bishop, and made it possible to render to the sick or needy any kind of assistance

required. Moreover, it was considerd one of the duties of the bishop not only to relieve distress but also to visit the sick and to pray ower them for their recovery, following the example of Christ and the Apostles.

While the rich of Rome lived on the hills in their splendid palaces, with marble pillars, fescoed walls, and splashing fountains; the poor, like the poor of every age, were crowded into dirty, squalid quarters in the lower and less healthful parts of the city. They lived in tenements closely resembling the tenements of our day, many of which were owned by landlords whose only thought was how to increase their own income and who, rather than spend money on repairs or improvements, would often let the houses fall to the ground, burying the miserable inhabitants in their debris. The ancient buildings were probably devoid of everything that could have contributed to the well-being or comfort of the inhabitants. Such was the Rome and such the homes in which the deaconess of the early church must have sought her sick and needy; and such the surroundings amid which she worked.

There has been no record left of the cases she carried, but we may feel sure that the usual variety of diseases cared for by a modern visiting nurse were also cared for by her, even though she did not know them by name. She had her chronics--the infirm, the blind, the lame and the paralytic. There were wounds and putrefying sore of all kinds, for antisepsis was not known. There were fevers, and shaking chills, and tumors; and there must have been many burns, for fires were frequent and the great height of the houses and the narrowness of the

streets must have made escapes difficult and burns inevitable, and then there were terrible plagues that rages with such violence that whole cities were decimated.

To teach hygiene and sanitation would have been impossible in an age when sanitation meant little beyond providing proper drainage, sewage and pure water for a commumity, and when hygiene seemed the purogative of the rich only the Science of preventive medicine was utterly unknown, and though a few intelligent and educated men may have realized that certain precautions might prevent certain diseases, the vast majority show no relation between their daily mode of living and the sickness which might beset them, and the gentle deaconess probably had no wider vision than her humble patients.

CHAPTER 11

VISITING THE SICK IN THE MIDDLE AGES

By the latter part of the fifth century the importance of the work done by the deaconesses began to wane, and organized care of the sick in their own homes gradually disappeared.

Meanwhile, vast changes were taking place throughout Europe. The great Roman Empire had fallen, a prey to barbarian borders; the wealth of the once proud people had been dispersed The northern tribes which swept one after the other over Italy and southern Europe had not only sacked and burned many towns and villages and murdered their inhabitants, but with reckless waste, had over-run and destroyed the cultivated fields as well, and where once vineyard, olive grove and ripening grain bespoke place and plenty, disolution now reigned. After such an eruption of barbarinas had raged over the country, the poor and homeless would crowd into the towns; swarms of medicants appeared, and the sick began to display their infirmities in order to excite compassion. Benevolent institutions for the swarms of poor and suffering arose on all sides-houses for strangers, asylums for the poor and hospitals for the sick.

The ancient world had had no knowledge of hospitals, the nearest approach to them being the houses erected near the various temples of Aesculapius, where the sick might stay while they sought advice from the god, or followed the treatment prescribed. These houses, however, were more like inns than hospitals, and were not supposed to provide care or attendance for the sick.

The first hospitals were not intended for the sick only, but were used as a refuge for all in need of an asylum--the stranger, the poor, the orphan as well as the sick. Gradually, as the number of applications increased, separate buildings for the various groups were erected, and the hospital arose.

The first hospital in Rome was the Nosocomia or House for the Sick, founded during the latter part of the fourth century by Fabiola, a wealthy Roman lady, who, having spent all her life in caring for the sick and poor in their own miserable homes, finally used her vast wealth to establish this first hospital for their benefit.

In 370 A.D., Basil, Bishop of Cesarea, had founded the celebrated hospital in that city, probably the first of its kind, and called after its founder "Basilias." This hospital soon became a model for other cities. It seems to have been built on the group plan. In the center was the church, around it, arrainged in streets, were numerous single houses, some for the sick, some for the poor, others for servants, for workshops, etc. The attendants in these hospitals were partly hired and partly volunteers. Their duty was to go out into the city and seek out the sick and suffering, and, when found, to lead them to the hospital and there attend their needs. The volunteers were from every class, many of them being women of noble or even royal birth.

These hospitals were soon found in all the principal cities of the Roman world. In Constantinople John Chrysostom caused two to be erected; Fabiola built one in Rome, and Paula one in

Bethlehem; and in Alexandria, John the Almoner had opened up, besides general asylums for strangers and the sick, seven special houses where poor lying-in women could find beds and necessary food and attendance during child birth. Maternity cases seem always to have received special attention both in their own homes and in institutions.

Almost co-incident with the rise of hospitals was the rise of monastic life. As early as the third century many holy men and women, desiring to lead a religious life, had fled from the wickedness and temptation of the great cities to find refuge in the solitude of the wilderness.

By the fourth century we hear of the first Communities of Anchorites, consisting of a collection of huts not placed near together, as in cities, but scattered about at a distance from each other in the desert or on the mountain side. This was the first embryo of the monastery, which finally found form under Pachomius, who, in 325 A.D., founded a religious house at Tabenna, an island in the Nile (Robertsons History of the Christian Church Vol.2, page 7) where a group of 1400 men lived the ascetic life under one roof and under one control. Pachomius became their abbot, or father, and gave out a rule for the conduct of the community, thus becoming the founder of the true monastic life. His sister, Syncletica, at his suggestion, started similar work for women and founded the first community house for nuns.

Monasteries were now erected in all parts of the world, an connected with them were usually hospitals for the care and entertainment of strangers and the sick. The nuns would look

after the women while the monks took care of the men.

Many religious orders now arose; some were strictly cloistered, others uncloistered; some devoted themselves to religious exercises and contemplation, others to learning, others again to the care of the sick. Among these latter were many famous orders, some of whom gave nursing to any who were ill, others again devoted themselves and their houses to the special care of certain diseases. Thus, the Order of St. Anthony treated the terribele inflammation of the intestines and the dysenteries known under the generia name of St. Anthony's Fire; the Johannists, who devoted themselves to the great epidemics of pestilences; the Lazarists who possessed remedies against leprosy, small pox and pustular fevers; and the Templars, who tended particularly pilgrims, travelers and soldiers. Thus, little by little, in all parts of the world we find institutional care supplanting the care of the sick in their own homes, and monks and nuns taking the place of the old-time deaconess, who gradually but inevitably, disappeared, until by the sixth or seventh century she was practically unknown.

For over a thousand years, therefore, namely from 600 to 1600 A.D. we find practically no organized care of the sick in their homes. During these long, dark ages the progress of civilization throughout Europe was slow. Society consisted of but two classes, the clergy and the nobles-the peasant, the artisan, the tradesman were ignored-they were but the workers who produced the means of existence for the upper classes. Health was a matter of luck, sickness a visitation from God.

The church continued to bear practically the whole burden of public charity, helped out by charitably inclined individuals; but the general condition of the peasant remained the same from one generation to another and no hope or thought of betterment appeared.

During the eleventh, twelfth and thirteenth centuries the number of floods, earthquakes and cyclones that visited Europe was appalling. The Black Plague of 1348 was probably the most destructive of all these terrible epidemics. It seems to have come originally from Asia into Italy, passing into Western Europe and England. Some historians estimate that one-third of the population perished from this plague. The poor naturally succumbed more readily to the disease, for not only were they undernourished, but their houses, both in town and country, were superlatively unsanitary, being dark and damp with little air and no sunshine. At that time there were practically no public sanitary measure, and the public health was unconsidered. The results of this terrible epidemic, however, seem to have awakened the authorities to certain dangers, and in some places the houses and streets, or even the quarters of the town in which the disease had raged, were closed and certain precautions were observed.

A few women's names stand out for work done at this time; Genevieve, a simple shepherd girl of Nauterre near Paris, whose charity in time of fever or famine was unequalled; Padegonda, the Queen of France, who "loved to serve the sick with her own hands", Margaret, of Scotland, who distributed all she

had for the use of the poor, who washed the feet of beggars, and herself nursed the sick. It was her daughter Matilda, good Queen Maud, who 1148 founded the Hospital of St. Katherine in London, whose charter included nursing the sick in their homes, and which many centuries later, was adopted as the Corporate Ancestor of the Jubilee Institute for District Nursing.

One of the most celebrated women of this transition period was Elizabeth of Hungary (1200), who, dying at the still youthful age of twenty-four, yet left behind her a reputation for gentle, sweet charity, which has gone down the ages and made of her a saint.

A great number of active secular or religious orders sprang up, especially during the twelfth and thirteenth centuries, as a spontaneous reaction against the repression of the older church orders. Among the earliest of these was that of St. John of Jerusaleum, or the Knights Hospitallers, founded in 1050 to care for the many pilgrims who fell ill from the fatigues and hardships suffered during their long journey to the Holy Land.

One of the oldest and most persistent of the secular sisterhoods was that of the Beguines. The whole movement of the Beguines was a reformatory effect towards greater freedom for women. Despite all opposition, however, the people upheld them. By the beginning of the fourteenth century the whole number of Beguines was estimated at 200,000.

The Grey Sisters, or Sisters of Mercy, founded in 1222, was a Tertiary Order that resembled the Beguines in many respects. They were uncloistered, they devoted themselves to good works, and especially to nursing the sick in their own homes.

The Sisters of the Common Life, a little group of women who gathered about Gerhard Groat during the middle of the fourteenth century, stirred to good works by the eloquent appearance of this impassioned preacher, was another lay association that closely resembled the Beguines. It has been said of them that "They were eminently Visiting Nurses". (Nutting.Vol.1., page 274.). The Brethern of Misericordia, founded in Florence in 1244, and still existing here today, was a remarkable order of home visitors. They wore black gown and masks, in order that they might not be recognized, and went among the poor, nursing the sick, and bearing the dead to their burial.

Visiting the sick in the middle ages was not a science. It was a work of mercy, a Christian duty that ranked high among the many deeds of personal charity practiced in those days for the sake of one's soul.

CHAPTER 111

THE BEGINNINGS OF SOCIAL REFORM

The seventeenth century saw not only a great advance in social understanding, but in science and literature and general culture and refinement as well.

The discovery of America and the opening up of new fields of adventure and thought had widened man's outlook and contributed to increase his general stock of knowledge. Such men as Bacon, Shakespeare, Corneille, Racine, Moliere brought philosophy, literature, and drama to their highese level. During the century a brilliant group of doctors and chemists succeeded in divorcing medicine proper from its long connection with alchemy and occult science, and new knowledge and the application of knowledge, scattered the shadows which for so long had hampered its advancement. In spite of the general advance of medical knowledge, however, the simple rules of hygiene remained strangely unrecognized.

St. Frances de Sales was the first to enlist the sympathies and help of the great ladies of the period and to induce them to give their time, as well as their money to organized service for the sick poor. This organization was called the Order of the Visitation of Virgin Mary. Although Frances de Sales was the first to enlist the sympathy of the public in an organized effort to nurse the sick in their own homes, it remained for Vincent de Paul to introduce the modern principles of relief, and to place visiting nursing on a plane which it had never before reached. His conception of charity was a new one; he believed that not only the rich and influental, but the humble as well should contribute toward the relief of distress; he

showed that it was not money or marital relief alone that counted, but brotherly sympathy and personal service as well: he taught that promiscuous giving was harmful, and that one must investigate the condition of the poor, must find out their needs, must ascertain the causes of the poverty and wherever possible remedy them, and must get the unemployed work and put them in such a position that they might be able to help themselves. He realized also the right of the poor to their family life and the benefit to be derived from a recognition of the family unit, and urged that whenever possible the home be kept together, even if it were necessary to pay the rent for a time, or to lend furniture.

By this time medical, as well as nursing care, was becoming available for the poor. Doctors gave their services freely, and in times of epidemics often gave their lives as well, for even the best of them had hazy ideas as to protection from infection.

St. Vincent de Paul's Dames de Charite carried on their work for ten years without a central control or supervisor. St. Vincent de Paul suggested that Mlle. le Gras should assume the direction of the work in the field. She eagerly accepted the position, and 1627 became what we might call the first Supervisor of Visiting Nurses. She was a lady of noble birth. At the time that Vincent de Paul suggested to her the supervision of the Dames de Charite she had been a widow for two years. Her original intention had been to enter a convent, but her health was somewhat delicate and after talking to St. Vincent de Paul, and seeing the work that was being done by his Ladés, she decided to abandon her first idea and,

to accept the position suggested and devote herself to good works in the world instead of behind the cloister wall. This was in 1627. Mlle. le Gras immediately took up the task of visiting the various places where the Ladies were working. Before starting out on a visitation tour she always took written instructions from Vincent de Paul, as to what she should do, and how best to do it.

Factory reform was one of the manifestations of the early eighteenth Century as well as evil conditions brought to light. Social legislation was in itself a revolution.

One of the first evils investigated was that of the prison. John Howard in the eighteenth Century and Elizabeth Fry in the early nineteenth, were indefatigable workers in the cause of prison reform. Other evils attacked were bad housing, and poor sanitation; lack of education; the misery of little chimney sweeps; and the frightful conditions attendant on the employment of women and children in the mines.

In the meanwhile, the science of medicine itself was making rapid progress. A better knowledge of the human body; a better understanding of the signs and symptoms of disease; and especially the discovery producing bacilli; had made possible a more scientific study of mans diseases, especially in connection with cause and prevention.

Gradually the attention of the public eas being drawn to the fact that dirt meant disease, and that in order to protect the public health the authorities must have power to

initiate and to enforce sanitary measures. Prevention was beginning to be the watchword for health.

In 1836 Theodor Fliedner, a pastor to the little church at Kaiserswerth undertook a new type of social work. He instituted refuge for discharged women prisoners, opened an infact school; and started the hospital and training school for deaconesses. The course of instruction was simple but practical. The works of mercy were such as:

1. Visiting the poor or the sick at their own houses.
2. Visiting hospitals, workhouses or prisons.
3. Feeding, clothing, and instructing destitute children.
4. Giving shelter to distressed women of good character.
5. Assisting in the burial of the dead.

Nursing was beginning to be looked upon as a vocation, as a "calling" to a high duty, which demanded, notonly the love, self sacrifice, and self consecration, thought sufficient in the middle ages, but a novitiate of training as well, a training of mind, and of hands, but particularly hands.

The history of Florence Nightingale's work in the hospitals of Scutari and the Crimea is fully and vividly known. She found disorder, a lack of the commonest necessaries for comfort and the most frightful suffering among the sick and wounded; she installed systems of order, supplied needed articles from her private funds, and, assisted by her thirty-eight nurses, brought tender nursing care to the sick and suffering. The story of her work in connection with the re-organization of the Army Medical Department and Army Hospitals; the Sanitary

Commission for India; with reformers, sanitarians, statisticians; as general adviser in all matters pertaining to hospitals, sickness, health and nursing in general, is full of keen interest.

Although her wonderful achievements in the Crimea, as well as at home, had been the outcome of her knowledge and ability as a nurse, the establishment of the first training school at St. Thomas'sHospital with Mrs. Wardroper as matron, was proof to her contention that nurses should be carefully trained for their work and that the training should embrace something more than a mere routine to be learned by experience alone.

The knell of the "Sairy Gamp" type of nurse had sounded. From henceforth nursing was on a different plane. More and more it assumed the character of a profession; more and more it allied itself with science; more and more it called to its ranks women of education and culture. Florence Nightingale had shown the way and had opened up a new career to women for all time.

William Rathbone, to whom we must accord the credit of inaugurating district nursing, was a citizen of Liverpool, England. The following extract from Mr. Rathbone's little book of District Nursing, gives a general outline of the duties of the district nurse: "The district nurse was expected to devote at least five or six hours a day visiting the sick. She was to investigate as soon as possible all cases recommended to her by proper persons and in proper from; to take the recommendations to the Lady Superintendant to be filed by her,

and then to report upon the cases and take at the earliest opportunity. She was to report any case in which she judged that additional nourishment would hasten the recovery of the patient; and cases which would be better dealt with in a hospital or workhouse and any case in which the neglect or disobedience of patients as their friends made her efforts fruitless. She was to render all the assistance which the medical men might require in any operation, and to do whatever was necessary for the patient, and which but for her would be left undone. In the homes of the sick poor this includes, of course, many things not generally supposed to come under the title of nursing at all, but which in their case, are most important accessories to it, such offices, for example, as cleaning the sickroom of lumber and unnecessary furniture, sweeping floors and lighting fires. It was the nurses' duty, moreover, to teach the patient and his family the necessity of cleanliness, of ventilation, of regularity in giving food and medicine, above all the implicit obedience to the doctor's directions, and herself set an example of that neatness, order sobriety, and obedience which she was to impress on others. She was exhorted to regard as scared any knowledge of family matters which might come to her in the course of her duties, to avoid and discourage scandal, and especially to interfere in no way with the patient' or other people's religious opinions. As a rule, the doctor and the nurse could seldom visit the patient at the same time unless, by special

arraingement, and to avoid the inconvenience resulting therefrom a slate and pencil were hung up in the patient's room, on which the doctor could write his instructions and make an appointment with the nurse, and on which she could enter any fact or ask any questions which she might think necessary."

Similar district nursing set-ups were started in various parts of England, especially in the large industrial towns, such as Manchester, Lancaster, and Birmingham, where the suffering among the laboring classes was most acute.

During all these years in which nursing in the Old World had been making such rapid and marvelous progress both in hospitals and in the care of the sick poor in their homes, nothing towards its development had taken place in the new.

The first hospital in America was a little one opened in New York in 1658 by the West India Company for the use of its sick seamen. A little later it was combined with the New York workhouse, and by 1816, having taken the name of Bellevue, furnished quarters not only for the sick and insane, but for able-bodied paupers as well.

The first District Nursing Association in this country prefixed the word "Instructive", and from that time forward the teaching, not only of home care of the sick, underlying principles of hygiene, sanitation, disinfection and other health subjects, became a fundamental part of the work of the visiting nurse. The Instructive District Nursing Association of Boston, and the Visiting Nurse Society of Philadelphia were the first to be established in this country.

In 1893 Lillian D. Wald, a graduate nurse of the New

York Hospital Training School for Nurses, impressed by the sight of a woman in a rear tenement sick under unspeakably distressing conditions, conceived the idea of establishing a neighborhood nursing service for the sick in the tenement region of the lower East Side of New York. She instigated the Henry Street Settlement.

The first special work undertaken by district nurses was undoubtedly school nursing, begun in London in 1892, by the Metropolitan Nursing Association. This was the start of one of the most important in the whole field of public health nursing.

The honor of establishing school nursing in America is due to Miss Wald, who in 1902, suggested the use of nurses to supplement the work of doctors in the schools of New York. The New York Board of Health relized the value of the nurse in the school and appointed several to assist with the work. These nurses are sometimes called the first Public Health Nurses.

CHAPTER 1V

VITAL STATISTICS

From a public health standpoint, vital statistics are extremely important. They constitute the record from which health agencies learn what is happening to the population: how many new individuals are born each year, how many die and from what causes; whether a particular cause of death occurs most frequently in one age or another, or more often in males than females, in whites or Negroes. However, statistics must be used with caution, and this especially the case with vital statistics.

Broadly speaking the term vital statistics refers to those statistics which reflect biologic happenings, current or cumulative, in the group under consideration: births, deaths, population, illnesses, marriages, divorces.

In a more narrow sense, the term vital statistics refers to statistics of 1.births, and2.deaths, 3.population. Statistics of sickness in the population are frequently classified separately, as "morbidity statistics". Though some health departments procure information as to number of marriages, such figures are seldom subjected to critical analysis. Divorce statistics are considered more by social agencies than by health departments.

Each state has a law requiring, in general, the following: Births: That any physician or midwife who attends a birth shall report it to an official, commonly called a "Registrar".

If a birth occurs without either doctor or midwife present, the head of the family is usually the one responsible for reporting. Deaths: If his patient dies, the doctor must give a certificate as to cause of death, date of death, etc. With this certificate, the undertaker obtains from the registrar, who may also be the town clerk, a burial permit. If no doctor is in attendance, or if there is reason to suspect foul play, the coroner signs the death certificate. He may insist upon an autopsy, or a coroner's jury.

All vital statistic laws requiring reporting of births and deaths are state laws, and the Federal Government exercises no direct authority in this connection. The Federal Government however, does participate in the collection and utilization of vital statistics, along the following lines: 1.Through the Bureau of the Census which (1)makes a nationwide census, and publishes results every ten years, (2)collects from various states, transcripts of each birth and death certificate and publishes summaries of these events. 2. Through the Bureau of the Public Health Service which collects from the states weekly reports of the more importan communicable diseases and publishes these findings in "Public Health Reports", a weekly pamphlet, important to publich health workers.

The Federal census are made by listing certain information for every person resident in the United States at a given time. The first census was taken in 1790, and there has been one each

ten years since that time. Information is obtained by "enumerators" who visit every home and obtain records as to name, age, sex, occupation, color, nativity, etc. Other important economic and sociological data are obtained at the same time.

CHAPTER V

ORGANIZATION AND ADMINISTRATION OF PUBLIC HEALTH NURSING

In its organization and administration, health work must be regarded as society's instrument for the discharge of inherent or assumed responsibilities.

The kinds of agencies carrying public health work may be divided into two major classes: (1) official, those supported and operated by the Federal, state, or local government; and(2) voluntary, those not operated or supported by the government, but depending upon endowments, donations, patients' fees, campaign subscriptions, or contracts.

The way in which an official health agency approaches public health problems depends to some extent upon the agency and the problem. In ordinary circumstances the health departmets workhas been confined to measures designed to maintain health in the population as a mass and to prevent disease. A modern conception is that the individual, as a citizen, has a right to expect the government to furnish treatment if he is otherwise unablt to obtain it, regardless of the character of his illness.

The official agencies are responsible for carrying out the public health laws; for enforcing quarantine, for various types of inspection, as food, ventilation, sewage disposal; for vital statistics collection and preservation.

The authority of the Federal government in matters pertaining to the public rests upon those parts of the Constitution

of the United States setting forth: 1. Authority to regulate commerce with foreign nations and among several states, and with the Indian tribes (Article I, Section 8).
2. Authority to make treaties (Article III, Section 11).
There is quite a difference in the authority and responsibility of the Federal Government and of state governments in health matters. The former is concerned with (1) the prevention of the importation of disease from abroad, (2) the prevention of the interstate spread of desease, and (3) the maintenance of the health of the nation as a whole, in general but not in detail. A state has as its duty the prevention of diseases only within its borders and with maintenance of the health of its own citizens.

There is no national department of health in the United States Government. The word "department" as hereused refers to a major executive unit, headed by a secretary, who is a member of the President's cabinet. The principal health agency of the Federal Government is the United States Public Health Service. This service, established in 1798, has an extraordinary fine record of achievement. It is a bureau in the Treasury Department, headed by a Surgeon General.

The Bureau of the Public Health Service has eight administrative divisions, as follows: (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) Veneral Diseases, (8) Mental Hygiene.

An important element within the United States Public Health Service is the National Institute of Health. This is a research laboratory formerly known as the Hygienic Laboratory. Aside fom research activities, all vaccines, sera, and similar biologials handled in interstate commerce, may be assayed, and passed upon by the Institute.

Other agencies of the Federal Government which, directly or indirectly, engage in health work are: (1) The Bureau of the Census. (2) The Bureau of Indian Affairs (Department of Interior). (3) The Childrens' Bureau (Department of Labor). (4) The Civil Scrvice. (5) The Employees' Compensation Commission. (6) The Veterans' Bureau. (7) The Army and Navy Medical Copps.

In the organization and operation of a state health department there is usually: (1) A board of health; (2) A state health officer. (3) A number of administrative divisions or bureaus: Commumicable disease control, sanitation, laboratories, maternal and child hygiene, local health work, public health nursing, health education, food sanitation, vital statistics, and sometimes others.

Present day objectives in public health nursing are:

1. To assist in educating individuals and families to protect their own health.

2. To assist in the judgment of family and social conditions

that affect health.

3. To assist in correlating all health and social programs for the welfare of the family and community.

4. To assist in educating the community to develop adequate public health facilities.

The major requirements for a successful public health nurse are a pleasant personality, judgment, tact, energy, and intellectual honesty; ability to present technical matters in a simple, understandable and, interesting manner; a willingness to teach by demonstration. She needs a good preliminary education, at least high school, preferably college, and a well rounded nursing education. She should have postgraduate work, preferably a full academic year, in public health.

CHAPTER VI

PUBLIC HEALTH NURSING TODAY

The main objects in most of the state divisions or bureaus of public health nursing are to encourage local communities to organize and support the service in their own midst, and especially to assist in the development of child welfare, prenatal work, or anti-tuberculosis measure. In some states they can only give supervision and advice in others, they can also finance the work, in whole or in part.

Much of this work, most of it in fact, is carried on in small towns or rural communities, in which the county is usually the geographical unit for the service. Health centers are organized, clinics held, and schools inspection instituted, besides general home visiting.

This extension of county and small town public health nursing has been greatly assisted by the so-called Peace Program of the Red Cross. When the war ended, the Red Cross found itself with a splendid organization of local chapters extending over the whole country. The cessation of war activities left these groups of enthusiastic men and women without employment, and they would naturally soon have dispersed. The Red Cross felt, however, that it was unwise to lose the interest and co-operation of an already well organized group of active people, when there was so many activities needing their help; and so planned what was known as its Peace Program. This program included, as one of its most important features, the development of public health nursing in localities where it did not already exist, and in cooperation with other health organizations already in the field.

Because of its policy to initiate work only communities

where no public health nursing activities in this line were confined to small town or rural districts. The great majority of these nurses were employed by Red Cross chapters, the rest were maintained in part of wholly by state, county, or town, or by local organizations in affiliation with Red Cross chapter supervised by Red Cross supervising nurses.

At the present time Red Cross public health nurses are to be found in all of the forty-eight states, as well as in Alaska the Virgin Islands, and Porto Rico. In most cases, as we have already said, the county is the unit of work, and wherever possible the service is carried on and supported in cooperation with local organizations or health authorities.

Not only have city, state and county been demonstrating the value of the nurse in public health work, but the Federal Government is well has continued to employ her. The activity of the United States Public Health Service during the war was, as we have seen, very great, and the employment of the public health nurse in the Extra-Cantonment Zones opened the way to several new fields of work. Many of the war-time activities were necessarily abandoned after peace made their continuation no longer needful, while, in other cases, the local community assumed the responsibility for the work which the United States Public Health Service could no longer maintain. Nevertheless, the usefulness of the public health nurse had been so thoroughly demonstrated that the Bureau wished to continue her service in various divisions of its work.

Perhaps the most significant single factor in the development of public health nursing at the present time is the rapid extension of state direction and control. This is due in considerable measure to the influence of war and the epidemics of 1918-19, and especially to the peace program of the American Red Cross.

The first, and perhaps the most notable, law providing for a state public health nursing service is that of New York enacted in 1913.

During 1920 and 1921 the National Organization for Public Health Nursing became one of the Constituent members of the National Health Council and of the National Child Health Council. This latter connection offers almost unlimited opportunities, not only for more efficient and economical administration, but for expansion and increasing effectiveness of service.

Its staff includes the following positions: executive secretary, assistant to the esecutive, educational secretary, librarian, assistant librarian, eligibility secretary, membership secretary, statistical secretary, assistant statistician, editor, assistant editor.

It publishes a monthly magazine "Public Health Nurse". It maintains a library department, the plan of which is to place literature on public health nursing in a selected library in each state and to circulate "pocket libraries." Forty-three such centers have been established, the libraries selected

being usually state libraries of those of universities. The library departments keep account of publications on classified subjects in the field of public health. The library also maintains an active advisory service through correspondence. The organization has standing committees on the following: Public Health Nursing Education Organization and Administration, Legislation, Records and Reports. Four sections have been created for the development of the following special subjects: Tuberculosis Nursing: Child Hygiene Nursing: School Nursing; Industrial Nursing.

A War Service of the Organization was of considerable importance. A Washington office was maintained during the war. The executive secretary was loaned to the Council of National Defense, where she served as secretary to the three committees on nursing of the Council. Of the work, Surgeon Blue said: "For the first time in its history, the United States Public Health Service, during the recent war, organized a division of public health nursing. The work which these nurses performed was of inestimable value. It is not too much to say that without their aid our success in keeping down sickness in the extra-cantonment zones and in making the venereal disease rate in our army lower than that of any other army in modern times, could not have been achieved."

Of special importance also was the war work of the Sub-Committee on Public Health Nursing under the chairmanship of Miss Mary Beard. This committee secured special Red Cross

enrollment of public health nurses, exclusively for public health work. It served, through a secretary, on a special advisory committee to the Red Cross Department of Nursing. It was largely instrumental in securing special service chevrons for Red Cross nurses, public health nurses and others, who stayed at home as a patriotic duty. It prepared a series of lectures on the historical, social, economic, and clinical aspects of veneral diseases for the use of training schools, of public health nurses and social workers in veneral disease clinics.

The activities of the Committee on Home Nursing, of which Lillian D. Wald was chairman, were as follows: It prepared for the Committee on Labor a report on the extent of industrial nursing in the United States and of the industries in which nursing care is especially desirable. It placed at the disposal of all the industries, especailly those engaged in war work, information concerning the location of existing public health nursing agencies whose services could be utilized in case of emergencies on other need. It interested the United States Shipping Board and the National Emergency House Commission in the importance of providing accommodations for public health nurses in their plans for housing units.

Soon after the war, the National Organization for Public Health Nursing entered into working agreement with the National Tuberculosis Association and the American Red Cross, which offered an admirable opportunity for combined service in the standardization and extension of public health nursing.

In the Extra-Cantonment Zones the work had in most places been in cooperation with local health authorities, and had been greatly in the nature of demonstration and assistance. After the war if was found that where such demonstration had resulted in the establishment of local full health service the health work progressed satisfactorily; where not, it retrograded steadily. This justified the Federal Service in starting what is called the "Cooperative Rural Health Plan." Through the cooperation of the United States Public Health Service with local health authorities, the Red Cross, the Tuberculosis Association, etc., a whole time health service is established in a geographical unit usually a county or a group of townships or towns including general sanitary and hygienic measures, school inspection, antituberculosis work, child welfare and maternity, and industrial hygiene. In all this work the public health nurse is, of course, an active agent. These nurses assist the various offices in carrying out the measures for the prevention of disease and the promotion of health, holding clinics, inspecting school children and giving general advisory instruction. They do not give bedside care. As with State and Red Cross county work, a special feature is the promotion of infant welfare and maternity hygiene.

The Federal Service is also supplying a few public health nurses in the follow-up work with disabled soldiers. After the war it was found that many men were being discharged from

hospitals as arrested cases of tuberculosis, others were leaving the hospitals contrary to medical advice; and while the former did not, perhaps, need active hospital care they did need health instruction and supervision. There are also many mental cases in dire need of help and advice, if not of hospital care. To meet, in part, this great need, a section of public health nursing follow-up work was established in the Fourth District of the Federal Public Health Service, comprising the states of Maryland, Virginia, and West Virginia, with a Chief Nurse in Washington, and one nurse in the office of each State Supervisor in the three states. The interest and cooperation of the Red Cross, the state, county and city nursing organizations and other associations were solicited and a general scheme worked out by means of which any ex-soldier needing nursing care or supervision or advice in health matters could be taken care of through local cooperating nurses.

It was found that within the three states comprising the Fourth Division there were some 300 public health nurses, belonging to state, county, Red Cross, visiting nurses associations, or tuberculosis associations, all of which expressed their willingness to cooperate in every way with the Federal Service. This follow-up work has proved to be of great value. Many cases of tuberculosis and of unsuspected mental disease have been discovered and timely instruction and assistance given; health literature published by the United States Public Health Service has been distributed, and, when

necessary, sanitary sputum outfits have been furnished. When a tuberculosis patient is bedridden he is referred to the local visiting nurse association for care, while those suffering from mental disorders are visited at intervals of from thirty to sixty days according to their condition.

Besides these two distinct types public health nursing service, the Federal Bureau is also supplying advisory public health nursing service in connection with its Division of Venereal Diseases.

The passing of the so-called "Maternity Bill" in November 1921 has exercised a far-reaching effect on public health and public health nursing. This bill provides for federal cooperation with the states in promoting the welfare of maternity and infancy; the administration of the act is given to the Children's Bureau of the United States Department of Labor, and the Chief of this Bureau is made the Executive Officer. A Board of Maternity and Infant Hygiene, consisting of the Chief of the Children's Bureau, the Surgeon-General of the United States Public Health Service, and the United States Commission of Education, is given certain powers of review and approval.

That public health nursing is gradually being looked upon more and more as a public function, to be paid for by state, county, city, or even federal taxes, and made available for all, is certain.

Yet this does not mean that the need for the work of the private associations is disappearing; rather, are their activities and opportunities increasing and broadening. Everywhere we see visiting nurse associations cooperating with and

supplementing public services. The foundation of their work is still bedside nursing in the home, but in almost every act in the technique of bedside care the true visiting nurse is planting the seed of prevention and giving instruction in the principles of public health. Again, the private organization is necessarily the laboratory where new pieces of work are tried and tested for an experimental period-its part has been to demonstrate the value and practicability of a thing and to carry it through that period of life when the mortality of good things is highest, which of course, is precisely the same period as far human infants-the first few months of existence.

This new development and extension of work to meet new needs are constantly being nurtured by these associations, until such time as, their value being proven, they can properly and logically be taken over by the public service. And since the field of the public health nurse is constantly enlarging, the deamands upon the old visiting nurse associations have been steadily increasing-their experience, their standards have helped to mould and influence every type of public health nursing working the country; and they have been largely the training ground from which have gone forth the workers who have sown the seed of their harvests.

CHAPTER V11

THE NATIONAL ORGANIZATION OF PUBLIC HEALTH NURSING

Until 1912 the nurse had never associated herself with other American public health nurses in any country-wise orgization to set standards for her special work, and to strengthen it by mutual association. Such standards as existed were on the whole good, but they were set merely by the example of the stronger and better organizations. Leaders in nursing affairs had long been troubled by the situation, feeling that in the unprecedentedly rapid growth of the work lay danger unless some method of standardization could be devised.

In building, each stone rests upon some other stone. To the American Nurses' Association (formed in 1896 as tge Associated Alumnae) and to the League of Nursing Education (formed three years earlier as the Society of Superintendents of Training Schools.) the National Organization for Public Health Nursing owes its existence. In order to secure such standardization a joint committee was appointed in 1911 by the American Nurses' Association and the Society of Superintendent' of Training Schools. The members of the Joint Commitee were: Lillian D. Wald, Chairman, Anna W. Kerr, Jane A. Delano, Ella Phillips Crandall, Mary Beard, and Mary S. Gardner.

In 1912, the National Organization for Public Health Nursing came into existence with Lillian D. Wald as its first president, the purpose of which was expressed in its constitution as follows:

"The object of this Organization shall be to stimulate

Organization for Public Health Nursing took its place as one of the twelve original members; and in the same year, became one of the group of national health agencies to establish headquarters in the Penn Terminal Building at 370 Seventh Avenue, New York.

The National Organization for Public Health Nursing since its inception in 1912 has recognized the importance of the educational problem and through its Educational Committee has not only led progressive thought on the subject but has been throughout the country active in the furtherance of educational standardization.

responsibility for the health of the community by the establishment and the extension of public health nursing; to facilitate efficient cooperation between nurses, physicians, boards of trustees, and other persons interested in public health measures; to develop standards and technique in public health nursing service; to establish a central bureau for information, reference and assistance in matters pertaining to such service; and to publish periodicals or issue bulletins from time to time in the accomplishment of the general purpose of this Organization."

Like the League for Nursing Education, this organization bears a close relationship to the American Nurses' Association, but it differs from the other two national nursing organization in that it provides for lay membership, thus bringing in the great body of lay menaand women engaged as directors and officers of local associations in guiding the policy of public health nursing. The value of such and organization was immediately felt. Standardization was simplified and the advantage of a central representative body generally appreciated. When public health nursing staggered under the overwhelming demands of the war upon the nursing resources of the country, the National Organization for Public Health Nursing was able to make clear the necessity of this branch of the public service, with the result that public health nursing was early recognized as one of the important factors in national convention.

With the establishment of the National Health Council in 1930, the National Health Council in 1920, the National

CONCLUSION

The work and time spent on research of Public Health Nursing has been extremely interesting and educational.

This paper contains but a sketch of the work already accomplished.

Though the author's interest in Public Health Nursing began long ago, it has increased considerably through the study made on this paper.

BIBLIOGRAPHY

Survey of Public Health Nursing: New York: Commonwealth Fund. 1934.

Manual of Public Health Nursing, prepared by the National Organization of Public Health Nursing, New York: The Macmillan Company, 1926. Second edition, 1932.

Gardner, Mary Swall: Public Health Nursing, New York: Macmillan 1935.

Cabot, Richard and Dicks, Russell L. The Art of Ministering to the Sick. New York, Macmillan Company 1936.

Cladwin, Mary E.: Talks to Nurses, Philadelphia: Saunders Company. 1930. Chapter XV.

Education Committee of the National Organization for Public Health Nursing, Katherine Tucker, Chairman. "Shifts in Emphasis." The Public Health Nurse, 20:399-404. August. 1928.

"Volunteer Service for Public Health Nursing Organizations." The Public Health Nurse, 23;34-38. January 1931

Annie M. Brainard: The Evolution of Public Health Nursing; Philadelphia, W. B. Saunders Company

Harry S. Mustard, M.D. An Introduction to Public Health. New York. The Macmillan Company. 1938.

Ryan, M. E. Public Health Nursing, New York. The Macmillan Company, 1922.

Mayzeh, P. Ravenel, M.D. A Half Century of Public Health. 1936.