THE PUBLIC HEALTH NURSE

by

Anna Regina Coyne

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CHAPTER I

History and Development of the Public Health Movement.

"Nursing as an art to be cultivated, as a profession to be followed, is modern," once wrote Sir William Osler, "nursing as a practice originated in the dim past, when some mother among the cave-dwellers cooled the forehead of her sick child with water from the brook."[1]

Nursing has thus come down through the centuries, dating from far before the Christian era, becoming a tradition of many religious orders, to sink at last in the early part of the nineteenth century into degeneration, ignominy and decay. On the foundation of a long tradition of self-sacrifice has been built the present structure of public health nursing. Most movements are developments, but few have their roots so directly planted in a past filled with inspiration. In that past, skill as we understand it now, was often lacking because requisite knowledge to produce the skill did not exist, but a spirit of service was the motive power; a spirit that one hope may always remain, or modern nursing with all its knowledge and skill will lose more than it will gain.

Visiting nursing, the care of the sick in their homes by

1. Goldmark, J. Nursing and Nursing Education in U. S. p. 41.

those who made such work their business, has undoubtedly existed in almost all ages. When we read of the care given the sick in the centuries before Christ in such enlightened countries as India, Egypt, Greece and Rome, we cannot believe that this care was strictly confined to the hospitals. Visiting nursing is mentioned in the New Testament as one of the forms of charity, but long before the Christian era, it was declared to be incumbent on every Jew "to visit the sick, in order to show them sympathy, to cheer and aid and relieve them in their suffering."[2] With the growth of the primitive church such work was a recognized part of its activity and Deaconesses, Widows, Nuns, Sisters all concentrated their lives to nursing work. Perhaps the first visiting nurse we know by name was Phebe, who, St. Paul said, "hath been a succorer of many."[3]

With the rise of monasticism came more concerted action for the care of the sick. For centuries the monasteries and convents stood for all that was then best in nursing and we who now see a great secular profession, should not forget that it would have fared ill indeed with nursing if it had not been for the monks and nuns of the middle ages.

From the Crusades sprang the military nursing orders, most prominent among them, the order of St. John of Jerusalem, which functioned for many centuries in England. During the latter part of the eleventh century new nursing orders sprang up outside the church, such as, the Beguines, which is said to have numbered two hundred thousand women working in Belgium, France,

2. Gardner, Public Health Nursing, p. 4.
3. Brainard, Evolution of Public Health Nursing, p. 422.

Germany and Switzerland; the Sisters of the Common Life; and the order of the Santo Spirits. All through the middle ages these nursing orders existed, many of them tertiary orders, some for men, some for women, some for both sexes and in them both, rich and poor, royalty and middle class alike, gave their services to the sick.[4]

In all the past, however, there is perhaps no more prominent figure in the history of public health nursing than that of St. Vincent de Paul, who in the middle of the seventeenth century, with the help of Mlle. Le Gras, founded the world famous order of the Sisters of Charity. He had seen the failure of many previous schemes of visiting nursing and he was determined that the sisters should not become religious in the monastic sense--"Nuns," said he, "must have a cloister, but the Sisters of Charity must go everywhere--their convent must be the home 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 hospitals; in the place of the rule which binds nuns to one enclosure there must be the general vow of obedience; the grating through which they speak must be the fear of God; the veil which shuts out the world must be holy modesty."[5] He recognized the need of instruction for the sisters and his knowledge of what we now call social work was so far ahead of his time that he may be said to have founded the first charity organizations on principle not unlike those accepted at the present time.

4. Gardner, Public Health Nursing, p. 4-5.
5. Brainard, Evolution of Public Health Nursing, p. 46.

It seems incredible that with such a noble background that nursing should have sunk to the level at which we find it in the eighteenth and nineteenth centuries. Even during this dark period, good and devoted women were giving their lives to the relief of suffering but it was only individual effort. Even where nuns and sisters were still in nominal charge of the sick in hospitals, they gave less and less personal care to the patients and as a rule in every country, the great body of the sick poor was being cared for by overworked, ignorant and unprincipled women. No dignity was attached to the office of nurse and in many places no effort was made to obtain women of good character as the duties were considered too disagreeable to attract the respectable. Conditions were recognized by the doctors and efforts were occasionally made to arrange some instruction to hospital attendants, but no effort was made to secure the services of a higher type of woman.

It remained for Florence Nightingale, when nursing was at the lowest ebb of a great tradition, to capture the imagination of the world by her work on the Crimean battle fields; reform the whole administrative machinery of British Poor Relief with relation to health matters, and then to found the modern secular profession of the hospital trained nurse. Her assertion that nursing was a work for gentlewomen fell like a bomb upon the people of England. Cook, in his life of Miss Nightingale, says that the reason she is considered the founder of modern nursing was because "she made public opinion perceive, and act upon the preception, that nursing was an art and must be raised

to the status of a trained profession."[6] Thus, in 1859, aided by a Mr. William Rathbone of Liverpool, was founded the first District Nursing Association in the modern sense of the word.

As there were no women with training to go out and do this work, Rathbone organized the Liverpool Royal Infirmary with a home for nurses and made arrangement by which systematic training should be given to nurses to care for those in the infirmary as well as both rich and poor in their own homes. It was for the first time recognized that the nurses must be trained, that they were social reformers as well as attendants on the sick; that they were not almoners; that they had no right to interfere with their patients' religious views.

From then on the development of district nursing in England progressed. In 1875, the Metropolitan and National Nursing Association was founded with its great departure from previous methods in the employment only of nurses drawn from the ranks of educated women, so-called gentlewomen.[6]

In 1887, when Queen Victoria, devoted seventy thousand pounds to the furtherance of district nursing, a new era in Public Health work began and the movement was raised from the sphere of individual effort to a great national institution. An institute for nurses was established where the Queen's Nurses, who were to engage in district work, took a six months post graduate course after first graduating from a regular three year course. Partially trained nurses were known as Village Nurses, and these were under supervision of the Queen's Nurses. The

6. Gardner, Public Health Nursing, pp. 8-15.

Cottage Nurse, who resemble our present day practical nurse, was soon to come into existence.[7]

In America, as in England, the sick have been cared for by the religious, both in and out of hospitals, since the early settlement days. The early Canadian settlers and the Jesuit priests who came for the purpose of converting the savages, saw in the nursing skill of the nun, a means to an end. Montreal came into existence as a mission consisting of three communities, one of priests to manage the affairs of the colony, one of nuns to teach and one of Sisters to nurse the sick.

The Pilgrim, however, came to America to make a home for himself and not to convert the Indian, and as a result, he was not as interested in the nursing skill as a means of conversion. But sickness entered the colonies as well as Canada and as the towns grew: hospital provision was made. Blockly and Bellevue were started as poor houses and poor indeed, was their nursing history for neglect and cruelty often prevailed. Philadelphia Hospital and Massachusetts General were the first to be designed solely for the care of the sick and were fortunate in securing women of good character for nurses. However, actual training schools did not open until as late as 1861, when the Civil War gave impetus to the movement, and women everywhere became interested in better care of the sick.[8]

Many efforts had been made by individuals and the laity to visit the sick in the homes and nurse the sick but most of these movements became overshadowed by the spirit of almsgiving. In

7. Gardner, Public Health Nursing, pp. 8-15.
8. Gardner, Public Health Nursing, pp. 16-31.

1877, however, an American organization known as the Woman's Branch of the New York City Mission, first systematically sent trained nurses into the homes of the "sick poor." A rapid growth followed and by 1890, twenty-one organizations engaged in visiting nursing, but these were all separate enterprises. The first national nursing association met in 1893. In 1898, Los Angeles inaugurated municipal nursing.

Then began to appear tendencies toward specialization such as, obstetrical nursing and in 1903, the first nurse was set apart for tuberculosis work. And as the demands upon the nurse multiplied, the question of her training became increasingly important. She began to feel her own limitations and the need for special training for the various social problems that confronted her. In England, since 1888, this need had been recognized and post graduate courses established, but not until 1906, did America seek to adopt this plan. As a result, town after town, was forced to make a beginning with nurses who had never done a day's public health work--thus, much valuable time was lost in overcoming the mistakes made through ignorance.

In 1912, the National organization for Public Health Nursing was established and in the same year the American Red Cross inaugurated a system of rural nursing similar to that in England and Canada. During the war for the first time in its history, the U. S. P. H. Service organized a public health nursing division, which sent recruits to the cantonments and the front where they worked along with the Red Cross. With this move the early pioneer stage drew to a close and in the years which have

followed, the work has flourished and has expanded into most every public health endeavor that has been undertaken.[8]

8. Gardner, Public Health Nursing, pp. 16-31.

CHAPTER II

Aims and Objectives in Public Health Nursing.

The history of public health evidences the fact that, with the increased complexity of the social order the scope of the public health nurse has attained to illimitable proportions. In the earlier days, emphasis was laid on bedside care: the ideal of the nurse was to leave patient and bedroom as immaculate as hospital regime demanded; it was not considered important to teach the members of the family to do all they could for the patient, nor was much attention given to the instruction of the family in matters of general hygiene.

As preventive medicine developed, demands arose for teachers who could spread among parents, children, teachers and employers, the scientific knowledge acquired in the laboratory. In outlying districts where there could be but one nurse for a widely scattered population it became the common practice for this nurse to carry on the health teaching program.

Today, the two ideals of public health nursing are: the bedside care of a sick person under the direction of his own doctor, and the instruction of the patient's family in home nursing and the laws of health in accordance with the teaching of the modern health officer. Home nursing is taught by demonstrating to the members of the family how they may carry on dur-

ing the long hours between her visits. Her visit may make all the difference between success and failure in the community health program. If successful, the visit will correlate the home with the health class, public school and clinic.

Disease prevention has grown to be a community interest in many localities. Since we have learned that a large proportion of our children are infected with tuberculosis bacilli, public health nurses are concentrating upon the health of all children. They are recognizing the danger in bad early mental habits and are helping parents and children to correct them. They are seeking to stimulate the interest of the schoolchild in his own ability to become physically fit; and the child has become an eager ally in the school nurse's program for health. And as the public health nurse has found her own unique place in local health programs and has learned to fill it, she has come to be sought as a consultant and counsellor, wherever comprehensive plans for the promotion of a public health program are made.[1]

There has been until recently, little attempt at standardization of technic in teaching people how to keep well, and there has been a great deal of uncertainty as to what ought to be the content of a public health nurse's visit; yet, the nurse cannot do effective health teaching in the home unless she has a definite working program which she has been fitted to carry out.

It was for this reason that the committee on Field studies of the National Organization for Public Health Nursing arranged

1. Beard, Nurse in Public Health, pp. 1-11.

under the title of "Objectives" a terse statement of the goals toward which the public health nurse should direct her efforts, enthusiasm and efficiency. The statement in question was the first effort towards outlining the range of the public health nursing services in all their various aspects.[2]

These objectives were published as late as September, 1931 in the Public Health Nurse, and the committee in preparing them hope to fill several needs noted in field work. One of these is a need for a measuring rod for individual nurses that they may know to what extent they carry out a complete visit and a complete service.

Health officers, both state and local, have sought clarification as to the exact extent and nature of public health nursing and may find the objectives useful in planning their own services. Public health nurse executives have needed a check on the program of their organizations. Members of boards and committees have sought help in studying the adequacy of their local services in relation to community needs. The public at large is interested in a better understanding of the part of public health nursing in the whole movement for better health. At best these objectives can be construed as a tentative program whereby the individual worker can be directed and safeguarded against the possibility of overlapping or neglect.

Public health as it is understood today, is an organized community service rendered by graduate nurses to the individual, family, and community. This service includes the interpretation

2. "Objectives in Public Health Nursing." Public Health Nurse, September, 1931.

and application of medical, sanitary and social procedures for the correction of defects, prevention of diseases and the promotion of health, and may include skilled care of the sick in their homes.

The general objectives of all public health nursing services as defined by this committee, are:

1. To assist in educating individuals and families to protect their own health.
2. To assist in the adjustment 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.[2]

Public Health administration it seems, is becoming more and more a problem of salesmanship. Popular health instruction through the medium of the printed page has done much to modernize the layman's conception of disease prevention. The daily paper, health department, bulletin, radio, etc. play an important part in the health education program and the most important single factor is the public health nurse--she is associated with nearly forty to fifty per cent of the activities of the health department. She is often the sole representative of the health officer, which enters almost every home, in the community. She is the educator, friendly guide and consultant to assist in solving the many simple but perplexing problems of child-raising and motherhood. Dr. Hastings of the Toronto Health Department has said, "that a nurse in order to be successful must be a conversationalist, not an incessant talker or mechanical doll, but one that

may intelligently act as a saleswoman for the health department."[3]

Special Objectives

I. School hygiene.

In school health service the nurse works with the teacher, as well as with the physician and parents for the health of the child and is a connecting link between the school medical service and the home. This applies to both public and private schools.

The objectives of a public health nursing service to school age groups are:

1. To assist in communicable disease control by the recognition of early symptoms and by securing immunization.
2. To assist the physician in medical inspection and in the routine periodic physical examination of every school child.
3. To assist in securing the correction of defects and in promoting health.
4. To assist in securing special examinations and such follow-up work as is necessary.
5. To participate in the promotion of hygiene and sanitation of the school plant.
6. To assist in securing proper instruction of pupils and parents in the principles of healthy living.
7. To provide or supervise adequate nursing care to all sick children.

In the immunization programs the nurse has played an active part. Here again her ability in salesmanship is the impetus back of propaganda for the movement. She arranges with the aid

3. "How the Nurse Can Help the Health Officer Get His Message Across, American Journal Public Health, vol. 20, pp. 930-34.
4. "Objectives in Public Health Nursing, Public Health Nurse.

of the teacher to have consent slips given out; she visits the homes and interprets to the parents the reasons for immunization in a language they will understand. And after the clincs are held, she conducts the follow-up work in checking up on parents who have not taken their children to the family physician or to the clinic. She keeps up the movement by visiting at the homes of new babies and urging immunization when they have reached the proper age.[5]

In small communities she must conduct her own school inspection, reporting what she finds as abnormalities and urging follow-up work by the family physician. She also reports all symptoms of communicable disease and in communities where there is a health officer, she should be his right hand man and be relied upon to visit the homes where communicable diseases exist in order to explain and check up on quarantine; to emphasize the importance of convalescent care to prevent sequellae; and to investigate the source of infection. This should offer a real opportunity for effective health education.

If any real progress in child hygiene is to continue, it will come through greater cooperation between home and school. No other agency can play the part in child guidance that the school does. The teacher finds it hard to make contacts with the parents, that is to say, helpful contacts. Parents' visits to schools are only too often occasioned by a desire to criticize the teacher, and most teachers do not find it feasible to make many visits to the homes of their charges. The rural nurse

5. Sheahan, M. "Diphtheria Prevention on a State-wide Basis and the part the Public Health Nurse has taken." American Journal Public Health.

in her position of friend to the school and friend to the home is able to bridge the gap between them.[6]

II. Maternity Service and Child Welfare.

The maternity service includes nursing care given during pregnancy and delivery, and care given to the mother and newborn baby after delivery.

The objectives of a maternity service are:

1. To get in touch with all prospective mothers as early in pregnancy as possible.
2. To see that they are provided with both medical and nursing supervision throughout the maternity cycle.
3. To instruct both parents in hygiene and infant care.
4. To instruct in the preparation for delivery.
5. To arrange or provide nursing assistance during delivery.
6. To provide or supervise adequate nursing care for mother and baby.
7. To secure physical examination of newborn baby.
8. To secure medical examination for the mother.

Along with these may be considered the objectives outlined for the infant and child of pre-school age, namely:

1. To secure medical supervision and physical examination for every child.
2. To assist in getting complete birth registrations.
3. To instruct the mother in the importance of breast feeding and other dietary requirements.

6. Champion, M. E. "The Place of the Public Health Nurse in the Rural Health Program."

4. To give instruction in the hygiene and daily regime of the child.

5. To assist in communicable disease control by the recognition of early symptoms.

6. To assist in securing the correction of defects.

7. To provide or supervise adequate nursing care for all sick infants.[7]

Prenatal nursing is the most exacting and most difficult to inaugurate. As a prenatal nurse, the worker is solely and simply an agent of the family physician. She should carry on her list, only patients who are under the care of a physician and should not, under any circumstances, allow herself to be maneuvered into the position of taking responsibility for a prenatal patient unless the patient has employed a physician, and unless that physician wishes the assistance of a nurse in the supervision of his patient. Hence, it is up to the nurse to make every effort to get the expectant mother to the doctor. She should see that monthly visits are made during pregnancy. Often in rural communities, she takes the blood pressure, makes the urine analysis herself and reports results to the doctor. This is especially true in our western states where a nurse may have a territory of one hundred or more square miles. The nurse must take it upon herself to do all she can when she is in such a community.[8]

7. "Objectives in Public Health Nursing." Public Health Nurse September, 1931.
8. Anderson, D. R. "Why New Mexico Public Health Nurses Cooperate in Maternity and Infancy Work." American Journal Public Health. Vol. 16, pp. 473-475. May, 1926.

III. The Tuberculosis Service.

The objectives of a tuberculosis service are:

1. To assist in finding all cases of tuberculosis and all contacts.
2. To assist in arranging for medical supervision and early diagnosis.
3. To assist in the securing of complete reporting of all cases of tuberculosis.
4. To secure and supervise nursing care in the homes.
5. To assist in securing institutional care.
6. To teach personal hygiene to the patient.
7. To secure examination, provide continuous supervision and teach personal hygiene to all contacts.
8. To assist in providing post-sanatorium care and supervision.
9. To assist in providing the means of rehabilitation.

Tuberculosis presents no simple problem. It is no respecter of age, class, race or sex. It is found in great cities, small towns, healthy looking villages and in the scattered farm houses of lonely districts. The public health nurse "is the fulcrum upon which rests the communities' resources for the prevention of Tuberculosis. Clinics and physicians are helpless without her." The special duty of the nursing profession lies in the analysis of the procedures accepted as the scientific method, both for the prevention of the disease and its treatment of patients, who have been unfortunate enough to break down with an active case. Education of the public in the theory and practice of the law as it relates to public health must be effected.

A nurse entering this field must remember that although her

work lies largely with the individual, her problem is a community problem. Though she cheers and nurses the patient, though she procures aid for his destitute family, though she preaches the doctrine of healthy living, she will barely have touched the main issues unless she prevents the spread of infection. Because of this fact, she needs special preparation for this work. She is dealing with a unique disease which has no special cure in a background of poor social conditions. Education can only be promulgated by one who is well versed in public health practices. The tutorical system of education alone can penetrate the reluctant public mind. When social and medical problems mingle so intimately, a special human need has been created and this need should find its rational answer in the entrance into the tuberculosis field of one who possesses a talent for social work in addition to a technical nursing knowledge.[9]

IV. Mental Hygiene Service.

Mental hygiene as part of a public health nursing program ramifies through all of the other phases of the program and is inseparable from them.

The objectives of a public health nursing service in mental hygiene are:

1. To make more productive all the nurse's contacts with individuals and families through her better understanding of human psychology and teaching methods.

2. To increase her awareness of the significance of variations of human behavior so that she may make more

9. Emerson, K. "Relation of Public Health Nurse to Tuberculosis." Public Health Nurse. Vol. 22, pp. 2-4. January, 1930.

intelligent use of mental hygiene resources.

3. To equip the nurse to assist in the care of the mentally sick in their homes.

No social movement has had such rapid growth and widespread acceptance as has mental hygiene. Patients with the simple difficulties can be brought to the physician or psychiatrist. Mental hygiene clinics which have been established should have to deal with the individual whose unusual behavior, attitudes and personality traits bring him at odds with society. Changing the attitude within the patient as well as the attitude of the environment are problems which require tact, education and personality. The health worker must be an investigatory, scientific nurse rather than the harried pent-up, overinquisitive individual, who renders her services odious. Treatment of the unadjusted individual cannot be carried out within the clinic. It means a manipulation of environment in schools, courts, homes, health agencies and the like. The question of the child problem may need an unbiased evaluation of emotional factors existing within the home. The burden of the treatment and the follow-up work of these milder cases all rest with the nurse.[10]

V. Social Hygiene Service.

Social hygiene includes those health problems which directly or indirectly have grown out of the sex instinct.

The objectives of a public health nursing service in the

10. Rademacher, E. S. "Mental Hygiene Clinc- A public Health Nurse's Resource." Public Health Nurse. Vol. 23, pp. 123-126

control of syphilis and gonorrhea are:

1. To assist in finding all cases of venereal disease and all contacts.
2. To assist in providing continual medical and nursing treatment and follow-up care.
3. To assist in securing complete reporting of all cases of syphilis and gonorrhea.
4. To instruct the family in personal hygiene.

Problems of public health nursing, have to go with all that relates to the control and prevention of venereal disease and the health education it involves. Thus social hygiene should be made a conscious part of every public health nurse's training that she may be able to explain and advise about everything that relates to human physical life. For the care of the patients, for her own protection and for the preservation of the physical integrety of the race, the causes, evidence and treatment of these diseases should be explicitly understood by the nurse. Nursing has a wonderful tradition that has come down to it through the ages. Wherever human suffering exists, it is the nurse's privilege to be on hand. Perhaps this privilege can be no better exercised than ministering to a class of patients, whose physical suffering is augmented by the fact that a stigma is attached to the disease which has attacked them. The public health nurse can here far overshadow the ordinary social worker by a purely professional attitude, rather than a moralistic one, which the latter assumes. In this way she may gain a personal understanding that will perhaps help her to do

her part in bringing the venereal diseases out of their present hiding places.[11]

VI. Orthopedic Service.

The objectives of a public health nursing program for orthopedic conditions are:

1. To find all cases with orthopedic defects, particularly the pre-school child, in an incipient stage in order to prevent deformity.
2. To secure medical care and treatment.
3. To give nursing care during the acute stage as necessary and to instruct the family under doctor's orders in order to prevent the development of deformity.
4. To give after-care especially to poliomyelitis cases and to teach muscle exercises to the patient and to some member of the family.
5. To aid in securing the necessary treatment for physical rehabilitation.
6. To secure education in vocational guidance.

VII. Industrial Nursing Service.

Industrial Nursing Service includes activities in behalf of the health of employees of commercial and industrial concerns, initiated within the industry. It may be given to employees only within the establishment, or it may be given outside the establishment to employees or to employees and their families.

The objectives of an industrial nursing service are:

1. To assist in securing medical examination of incoming persons in industry.

11. Moore, E. L. "New Approach to Social Hygiene Problems through Public Health Nursing." The Public Health Nurse. Vol. 22, pp. 627-629. December, 1930.

2. To assist in securing periodic medical examination of all employees.

3. To assist in the promotion of proper hygiene and sanitation of the plant.

4. To assist in teaching hygiene with emphasis on health promotion.

5. To assist in the prevention and treatment of accidents.

6. To secure medical and nursing follow-up care of employees.

7. To assist in securing in the plant and in the home an environment which will enhance the health of the worker.

This recent form of public health nursing as yet is practically in the making; that is, the nursing care and instruction of industrial workers, in connection with their employment. Here in numbers alone, without going afield to render service, the industrial nurse and physicians share rich possibilities for preventive work. If industrial medicine and nursing were organized and the personnel adequate, the largest proportion of the entire nation would be reached by the preventive health programs.

Surgical first aid work is usually an introduction to the nurse's subsequent more extended activities in preventing disease and disability. The important thing is to get the workers under proper medical care, and actively forward their health. Usually, the public health nurse makes her first contact, in the first-aid room where the employee comes with minor injuries and it is here that she obtains her foothold in the factory, and the confidence of her patients. From this vantage point, she is able to keep her eye on all places likely to show the bad effects of

the work on employees, and on which particular job produces the most hazard. Then in view of the knowledge thus gained, she can speak to the workers on desirable methods of preventing possible injury, or arrange a transfer of workers physically unfit for certain operations to work better suited to their physical condition. Also, she may render valuable service in bringing the facts to the attention of the employer so that safety devices etc. may be utilized. Se must keep adequate and concise records for compensation claims. If her duties permit, she may gain a knowledge of home conditions of employees by home visiting which is essential to advising them in matters of health. Often, indeed, the health and industrial productivity of the worker, is markedly increased by the nurse's aid in remedying home conditions. Above all she has an excellent opportunity to teach and promote the general public health movement.[12]

VIII. Adult Health Service.

The objectives of this service are:

1. To assist in encouraging periodic health examinations.
2. To teach the fundamentals of personal hygiene.
3. To assist in the prevention and retardation of those diseases specific to adult life.

In other words, her duties in this field are to more and more emphasize the trend toward preventive rather than curative medicine.

12. Goldmark, J. Nursing and Nursing Education in U.S. pp. 149-160.

IX. Morbidity Service.

Morbidity service is often called bedside nursing and is concerned primarily with the care of sick persons under or pending medical direction.

The objectives of this service are:

1. To assist in securing early diagnosis and adequate medical care.
2. To provide or supervise adequate nursing care for all patients ill at home.
3. To instruct someone in the home to give care.
4. To teach hygiene and the prevention of disease.
5. To assist in securing any needed special care for the following types of patients: orthopedic, arthritic, heart, diabetic, carier, etc.

It has been said that the public health nurse has become involved in so many other projects than actual care of the sick, that the term "nurse" is almost becoming a misnomer.[13] Bedside care must always remain a part of her work, however, for it is most often through sickness itself that the door is opened to her. Difficult as it often is to convince the people of the facts of prevention when well, parents anxious over their sick children will usually be found responsive to the efforts of the nurse to help them and the influence of the nurse who comes into the home, rolls up her sleeves and gives bedside care to a patient, is likely to be considerable. Without doubt her instructions to the family as well as her own actual service to

13. Randall, M. "Public Health Nurse in a Rural Health Department." American Journal Public Health. Vol. 21, pp. 737-750. July, 1931.

the sick will greatly reduce the subsequent cases of disease and prevent many sequellae.[14]

14. Beard, M. The Nurse in Public Health. pp. 6-11

CHAPTER III

Education of the Public Health Nurse.

To educate a public health nurse to carry out all the functions of her calling in a creditable manner is not an easy task, and it has not as yet, been accomplished to anyone's satisfaction, least of all to the public health nurse herself.

It is not strange that alert young women with initiative, imagination and a liking for responsibility tend in growing numbers to enter the field of salaried public health service. Here they find continuous income, fixed hours, independence in personal living, and the satisfaction of giving well-organized aid and protection to large groups of needy and appreciative people.

Public health administrators are continually talking about the shortage of nurses for their work, yet there are about five applicants for every nursing appointment in the public health field. The difficulty is one of quality of applicants rather than quantity. The criticism of applicants is that many of them are not even high school graduates. Also many of these nurses do not seem to regard the patient as a human being--they lack the public health view. As the public health movement grows, it is of importance for the schools of nursing to raise entrance requirements sufficiently so that their graduates will

have a reasonable chance of being accepted for public health work. They should also devise various ways and means of bringing home to the student in training, a realization of the fact that patients are not just sick people in hospital beds, but are members of families with a complex background of human interests and problems which those in attendance must try to understand if they are to render good nursing and medical care.

Apparently, most hospitals make very little attempt to base their training upon a careful study of what the students are going to do when they get out. The service of the student nurses in wards does not prepare them to be good nurses, except in so far as the routine of bed-making, dusting, taking temperatures, giving treatments and baths, etc., repeated many times over, in the sense of acquiring facility, may be said to be educational. She is usually too busy with this routine to take an active interest in the theoretical or laboratory side of her work. The student nurse except in a few hospitals, seldom gets an opportunity to make rounds with the attending man or to talk over the personal and human problems of nursing with him that she might find better ways of caring for the patients assigned to her charge.

Most hospitals are understaffed. They are trying to carry more work than can possibly be handled by the students enrolled and this has two serious results. First, although students may be taught the technique of good bedside nursing, they soon learn that under the heavy load they are not really expected to practice these techniques in their fullest detail. Second, often

students are kept at work where they have already had sufficient experience to save on time and skill, rather than to have just apportionment of time to each service.[1] Except in those schools, usually connected with universities where the education of nurses is a project, separate and distinct from the administration of a hospital, there is no one in the whole school of nursing to whom the education of the student is of paramount importance. Superintendents of nurses are, of course, deeply interested in their schools. They may make great sacrifices for their students, but the fact remains that wherever the position of superintendent of nursing service and principal of a school of nursing is held by one person, she must give first attention to safeguarding the welfare of the patients in her hospital, and she must over and over again, sacrifice the education of the students to that end. Not until schools of nursing are controlled by persons whose chief responsibility is educational and not administrative, can the nursing profession hope to secure graduates with thorough basic nursing education.[2]

The university schools of nursing have been the first to recognize that some steps must be made to remedy the present situation. These schools have recognized that in order to educate young women in nursing, they must be given didactic instruction in classroom and laboratory; they must have technical training in hospitals and must have a definite knowledge of health and the social maladjustments that undermine it. Read-

1. Beard, M. Nurse in Public Health, p. 190.
2. Burgess. Nurses, Patients and Pocketbooks, pp. 458-461.

adjustments must be made so that the hospitals will become the laboratories of the nursing schools the same as they are for the medical schools and no longer institutions for which the nursing schools were created to serve.

Most progress in nursing education which has been made during the past ten years has been chiefly in bringing to light the difficulties inherent in our present practice of nursing, rather than in any conclusive reform in the standards of nursing education. An important problem is in regard to practical methods of introducing preventive medicine into the already overcrowded curriculum. In some schools a separate course in public health nursing exists side by side with the regular school of nursing. Perhaps, the nursing school is in the college of liberal arts and the course in public health nursing in the school of social work. Under such conditions there is little correlation between the public health course and the technical training of the student nurse.

Within the past three years the nursing school at Yale has been testing a plan combining bedside and public health training in one curriculum. This curriculum covers the usual course of three years' training and is known as the "case method." The head nurse assigns each student to one group of patients and for these patients, she plans the care under the guidance of the supervisor. There is a relief nurse assigned to work on the group and together they must collect all data about the patient's family and his relation to the community which must be taken into account in the light of his present and perhaps

future disability. She must learn all the little tricks that must be employed in getting around the numerous whims and fancies of the patient. Each ward service is followed by two weeks in the outpatient department and then later by follow-up work as far as possible in the home. Thus, the professional training of the student in the actual care of the sick is strengthened by a knowledge of the underlying theory in regard to disease and also the social, psychological and hygienic aspects of the case. Thus, the student has been given a basic education in public health aspects which will develop an open mind which insures a continuous process of growth and development. More experience she must certainly have, but this with the above background, she will seek and acquire.

The entrance requirement for this course is the completion of two years of college. To date, somewhere less than one hundred nurses have been graduated under this plan with very satisfactory results. These nurses appear to feel more interest in the comfort of the patient and to appreciate that those under their care are not only physically ill at ease, but anxious and preoccupied with the responsibilities brought on by illness; an attitude which is very essential for the public health worker and which is seldom acquired in the usual post-graduate course.

The University of Toronto inaugurated a new plan for public health nursing, which is of four years' duration and designed through the entire course to fit the student for public health nursing and for that field alone. Pre-requisites are those usual for university entrance, but no degree is granted

in this course.[3]

The importance of training other than routine hospital work is especially necessary in rural work. Here the nurse must teach all ages and kinds of people. She must enter into the community life and be sympathetic with it. She must organize committees, cooperate with the medical profession, teachers, county boards, etc. She must be ready to speak in a convincing way about her work, handle emergencies, plan ahead programs and analyze and evaluate the results of her work. She must be able to keep accurate records, utilize resources economically, work cooperatively and intelligently with other agencies and be able to diagnose the community needs.

She must have a knowledge of normal home and child life; wield influence without aggressiveness; make herself socially acceptable to the best people of the community; and withstand hardships of travel, weather and living conditions. In fact, she needs almost to be a paragon of virtue and wisdom.[4] To achieve this state of excellency she needs an adequate training in public health nursing for the broad comprehension it will give her, as well as experience of some length under close supervision for the understanding of family problems and the wisdom in dealing with human nature. She needs health, character, background and personality which she must acquire through home training, high school, and college, her nurse's training, her outpatient work, her experience in private duty and her

3. Beard, M. Nurse in Public Health, pp. 198-204.
4. "Preparation Public Health Nurse should have for Rural Work." American Journal Public Health. Vol. 20, pp. 734-740.

supervised work in visiting nursing.

The outlook in nursing education appears to be more promising at present than in past years. Leaders in this field are all uniting to bring about more intelligent training for the nurses of this generation. An attempt at restandardization of the minimum qualifications for those appointed to positions in public health was made by the Committee on Education of the National Organization of Public Health Nursing in March, 1931. Minimum qualifications for all nurses in public health which must be reached by 1935, were set down by this committee as follows, with the hope that these qualifications might be advanced with the years as the quality of nursing education and practical training is improved. Those offered below are merely a representing stage in development and progress:

Staff Positions:

I. For nurse on staff providing well qualified nurse supervision.

   A. At least high school graduation or its equivalent as determined by the state department of education.

   B. Fundamental nursing education namely:

      1. Graduation from an accredited school connected with general hospital, having daily average of fifty or more patients. Curriculum should include practical experience in caring for men, women and children together with theoretical and practical instruction in medical, surgical, obstetrical and pediatrical nursing. Such experience may be secured in one or more hospitals. Preference be given to the public health service who has training in communicable diseases (T. B. and venereal) psychiatric disease and mental hygiene, specialities in eye, ear, nose, and throat, outpatient clincs and two months affiliation with some well organized community health agency.

II. For the nurse working alone--that is, without qualified nurse supervision:

A. B. C. as stated above.

D. In addition:

1. At least six weeks' instruction in public health nursing in one of the recognized courses and one year's experience under adequate supervision; or,

2. Two years' experience under adequate supervision; or,

3. A public health course endorsed by the National Organization of Public Health Nursing.

III. Supervisor or Director in an organization.

1. Supervisors.

A. B. C. as stated above.

D. At least one year's supervised experience in a well organized public health nursing agency.

E. A public health nursing course endorsed by the National Organization of Public Health Nursing. In making promotions, personal qualifications, such as, technical skill in the field she advises, ability to impart information, to win confidence, to inspire voluntary requests for health, ability to delegate work, to stimulate initiative, correlate work with that of other agencies in related fields, etc.

2. Educational Directors.

All these general qualifications together with advanced academic preparation including educational subjects if possible. In addition to teaching ability and signs of imagination so that she can fit her individual and group teaching to the immediate needs of her staff, and to the broader developments in the communities' health program. She must have vision and foresight to be a few steps ahead of present practice.

3. Directors.

A college degree. At least two years in family service of public health nursing. Experience as

a supervisor and assistant director. Administrative ability to organize and direct. Such background as would prove her teaching ability to interpret the needs of her organization and her community to the committee and board members, and to be a leader in community health developments.[5]

5. "Minimum Qualifications for Those Appointed to Positions in Public Health." American Journal Public Health. Vol. 21, pp. 526-528. May, 1931.

CHAPTER IV

Relation to the Private Practicioner.

The efficiency of the public health nurse's work must be in a large part conditioned to the physician's with whom she comes in contact, such as those to whom she persuades people to go for remedial services, and those under whose direction she gives nursing care. Nursing and medicine are, and apparently always have been, separate professions. But since they are working, even though their techniques are radically different, for exactly the same object--the health of the patient--it is essential that they work in harmony. Nurses and physicians fighting together for the life of a desperately ill patient are not individuals, but partners bound together by their determination to pull the patient through. Would that all nurses and all physicians could work together in this professional comradeship in the field of public health nursing as well.

There is conflicting evidence as to the value of the visiting nurse as expressed by the doctors throughout the country. Evidently, the services, the personality and the tact displayed by the individual nurses themselves have most to do with forming the opinions of our practicioner.

From Indiana, one doctor writes, "This community is unfortunate in having a Visiting Nurse's Association, which is attempting to give a fair sized hospital force all the experience

in outside or home nursing. There does not appear to be enough demand from the sick to keep all students busy, so the daily papers are scanned for births, accidents and reported illness and like "the ambulance chasing" lawyer, a nurse arrives on the scene and insists on being allowed to administer to the needs of the patient whether she be wanted in the home or not. She continues to repeat her daily visits so long as she is tolerated and the fee forthcoming. Sometimes she calls the physician that evening or the next day and tells what she has done. More often the physician has no knowledge of her intrusion until he makes his next call on his patient.

This is not the whole situation. A life insurance company maintains a staff of nurses who not only seek, but demand access to every policy-holder who may be sick, no matter whether the physician or patient or both prefer that this 'pest' attend to her own affairs."

From Maine comes, "Our particular problem is in supplying nursing care to patients who cannot afford to pay a graduate nurse. This need is supplied in part by a visiting district nurse, and in part by practical nurses who are worse themselves."

From Kentucky, "Visiting public health and practical nurses are of no use to me in my work. They cause confusion and loss of confidence in the attending doctor and only too often are salesmen for some favorite specialists."

From Michigan, "The visiting nurse is the solution of this problem, and the one I am using, drives her own car and can wash and dress eight babies and change and care for the mothers in one forenoon and they don't all live in the same ward either. She had, however, a lot of practice after she was an R. N. before she could do it."

The nurses themselves write:

From Wyoming, "The attitude of physicians toward nurses is unbearable. They expect catering to their personal practice, and in general, look at nurses as beneath them socially. This has all come about because of the great numbers of poorly schooled young women who have been accepted in schools or nursing, and is caused particularly by many of them also having had questionable home background. A principal of a high school recently told me that it would be useless to try to persuade any of their graduates to enter a nursing school, because it is one of the "despised callings'. Physicians and the leading lay people do not want nurses who have education or even good minds. They seem to wish to keep them in the servant class."

From California, "My work takes me into homes of poverty, and sometimes filthy ones, where they need instruction and advice that I can give them. They almost always seem at a loss

to know what to do, because of ignorance, and they appreciate the little services I can give them. As a rule, the doctors never stop long enough to give the family much instruction, and many little things come up that they would like to know about, but do not like to ask the doctor on the case."

From Massachusetts, "I find that my worst barrier is having to work with all of the doctors. It is so hard to work with them when I know they do not approve of my doing anything different than they have told me to, whether it is a glass of water or an alcohol rub. As one of the local physicians told me, 'If you see anyone dying, let him die unless I tell you what to do. If you know the medicine I have ordered is going to kill him the next minute, give it!' Needless to say, I stay clear of this doctor's cases."[1]

We glean from the above letters something of the antagonism which often exists between the two professions. Where physicians are awake to the overwhelming needs of prevention, they have welcomed and aided in developing public health nursing; where they have been uneducated to this issue or have feared jeopardy to their own practice or authority, they have failed to cooperate with public health nursing or have offered obstacles to it. So, for instance, in two rural communities, not far distant from one another, the medical support accorded to public health nursing showed the most marked and informing contrast. In one of these communities, a well organized and well supported visiting nurse association had in the course of a few years succeeded in so well demonstrating the value of preventive as well as curative nursing that the six physicians practising in the township were all actively cooperating with the association. An excellent beginning had been made in preventive work in the schools, in prenatal and tuberculosis in-

1. Burgess, M. A. Nurses, Patients and Pocketbooks, pp. 186-265

struction, etc.

In the other community nothing was done in the way of prevention. Of the six physicians practising in this township, not one had any vision of preventive medicine. Two of them justified themselves by insisting that their people would gladly pay to be cured in sickness but would not listen to advice on keeping well. The nurse, in this instance, who was but a few months out of training school, with no experience in public health nursing, was striving, overworked and discouraged, to supply the necessary bedside care. In this community, only an experienced public health nurse with constructive ability could demonstrate to the populace, what preventive nursing means and thus in time educate it to meet its obligations in the way of health and to support preventive as well as curative efforts.[2]

Striking is the successful nurse's initiative and success in getting her families under medical care. The woman who "always describes symptoms to the druggist who prescribes," the children needing tonsillectomies, the orthopedic cases brought under the care of a specialist, all testify to the reinforcement of the physician's scope and authority through the public health nurse. Far from interfering with the work of the physician or seeking to displace him, public health nursing is tested by the nurse's success in persuading her families to consent to the remedial and preventive work of the doctor.

It is obviously necessary that in rendering bedside care the ordinary professional ethics between nurse and doctor should

2. Goldmark, J. Nursing and Nursing Education. pp. 127-129.

prevail, according to which the doctor and not the nurse, is recognized as in charge of the case and responsible for it. But in the new functions which have devolved upon the public health nurses--in teaching prevention of disease, in discovering suspicious symptoms in the homes, schools and work-places of a community, and in arousing community interest in public health measures--a wide range of opportunities has been opened.

How strict and rigid the rules governing professional etiquette have been in the past are outlined in a standard volume on public health nursing which reads as follows: "The public health nurse should not diagnose, should not prescribe, should not suggest a hospital to a patient without the concurrence of a doctor, should not recommend a particular doctor or change of doctors and should never criticise by word or unspoken action a member of the medical profession."[3]

In Wisconsin, the State Medical Society has approved a list of standing orders prepared for use of visiting nurses until individual orders are obtained from the attending physician. These orders are always superseded by orders of the attending physician.

Standing Orders for Public Health Nurses:

N. B. Insist on calling the family physician or a physician in every case.

1. For all new patients:
   Cleansing bath, p.r.n. (except in suspected respiratory cases). Instruction in hygiene of the sickroom with special emphasis on good ventilation, cleanliness, and

3. Goldmark, J. Nursing and Nursing Education, p. 129.

diet, suited to the patient's condition and needs.

2. For patient with undiagnosed fever:
   Liquid diet.

3. Infantile Diarrhea and Infantile Convulsions, and for infants with undiagnosed fever:
   Normal salt flushing, p.r.n. (In all abdominal cramps and pains, advice strict fasting and call physician at once. No physics or laxatives).
   No food.
   Boiled water for twenty-four hours (no food).

4. Burns:
   Remove clothing if not attached to skin. If adherent, cut away as much as possible of clothing and apply soda or boric solution dressings. If burn is severe and physician cannot be reached, get into hospital as quickly as possible.

5. Acute abdominal pain:
   Caution against enemas or cathartics until physician has ruled out ruptured appendix.

6. Colds.
   Liquid diet.
   For adults, plenty of hot water to drink.

7. Communicable disease: suspected, fevers, sore throat, etc.
   Isolate.
   Boric solution for eyes and nostrils, p.r.n.
   Vaseline or cold cream to lips and nose, p.r.n.
   Oil rub, p.r.n.
   Liquid diet.
   Proper disposal of excreta.

8. For discharging ears:
   Cleanse the outer ear with moist boric solution swabs.
   Dry thoroughly.
   Do not irrigate.
   Emphasize need of prompt medical attention.

9. For minor injuries: cuts, bruises, infected fingers, scratches
   If seen soon after accident iodine or mercurochrome.
   Otherwise recommend hot boric packs.

10. For suspected pleuresy:
    Apply tight binder to chest.
    Urge that physician be called.

11. Suspected pneumonia:
    Isolate.
    Fresh air treatment if possible.
    Make patient comfortable--bathe hands and face, cleanse

mouth, change bed, etc.
Liquid diet.
Proper disposal of excreta.

12. Sore throat.
Liquid diet.
Isolate, if possible, until physician sees case.

13. Suspected typhoid:
Milk diet.
Emphasize needs of screens, fresh air, cold drinking water (boil, if possible), disinfection of stools.
Proper disposal of excreta.

14. Ulcers, chronic:
Cleanse with boric solution.
Apply hot boric dressings and firm bandage.

15. Obstetrical cases for mother:
Cleansing bath.
Local cleansing with lysol solution (1½%).
Change pads.
Breast binder, p.r.n.
Low S. S. enema, p.r.n.
Consult physician for orders.

16. For baby:
Alcohol dressing to cord.
Oil and bathe.

17. Pediculosis:
Moisten the hair thoroughly with equal parts of kerosene and sweet oil, rubbed in well at night. Repeat for three nights. Then wash hair well with soap and and water in which a little soda has been disolved. Comb the hair with a fine toothed comb dipped in strong vinegar to remove the nits.[4]

We see that none of these orders would interfere with any physician's opinion. It is only where the nurse, perhaps over-enthusiastic with her work, and tense over some acute case which needs attention, takes it upon herself to overstep these bounds and begins to make diagnoses, prescribe or recommend particular doctors, that disagreement and opposition results. With tact

4. "Suggested Procedures for County Nurses." Bureau of Public Health Nursing. Wisconsin State Board of Health.

and a command of facts, nurses can be well able to protect their patients and the community from lapses in preventive care on the part of the physician, without arousing resentment and thus further the cause of preventive medicine.

CHAPTER V

Conclusion.

In attempting to visualize the program of public health nursing the conclusion is obvious that the Public Health Nurse has become a fixture in our modern community. The extent of her service is far reaching as all of the people need the public health nurse some of the time, and some of the people need her most of the time. Her services should be made available in every community for all people needing part time care. It has long since ceased to be thought of as "charity" and is now regarded as a community activity conducting services available to groups which is supported by the community itself either through taxes, payment by patients or by such contracting parties as insurance companies and industries, or through contributions from individuals or community chests.

It is a good social practice to charge a fee wherever possible, so that the air of the almoner may be avoided. The amount is based on the careful reckoning of the actual cost per visit, services being given always, however, to those who cannot pay as well as those who can.[1]

Although supervision under a well organized health service

1. Nelson. "How the Public Health Nurse can best Serve the Community." Modern Hospital. Vol. 37, pp. 128-136. Sept, 1931

looms largest in relation to the scope of the public health nurse's work, and although bedside nursing still occupies an important part in her daily routine, her main object, of course, is to be able to reach as many people in the community as needs the type of service that she is theoretically prepared to give. Her field should include availability of nursing service for sick in homes under all conditions and the teaching of health to all types of people through all age periods in relation to all functions of public health. Those who cannot pay should be assisted in getting the service through funds that are available from some other source. And as the technical equipment of public health nursing becomes better and the nurse herself begins to know more about the causation and prevention of disease, and the hygiene relative to maintaining the health of the individual, we are beginning to use her services in what is known as a generalized rather than a specialized program: i. e., there is a tendency to use the nurse to perform as many health services in the home as are needed rather than to have nurses with special equipment go into homes for special functions. This evolution has taken place in the last few years, as the relative importance of hygiene and health supervision has been in the ascendency over the cure of disease. Official agencies are more and more assuming an increasing responsibility not only for the cure and prevention of communicable diseases, but also for health supervision particularly of those groups that need it, namely, the infant, the pre-school and school age groups.

The efficiency of the public health nurse may have been

somewhat inconsistent in the days that are past but the time is here when her importance is unmistakable and her influence a vital part of a community's happiness. It should, therefore, devolve upon the medical and nursing units to affect the co-ordination we have attempted to outline in the field of public health nursing.

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Approved by J S Evans

Joseph S. Evans

Professor of Medicine

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