

establish homes where nursing mothers may go, and whilst caring for their own children, may also take one or two orphan children as well, these "wet nurses" being under official and medical control.

THE PART OF THE TRAINED NURSE IN THE CAMPAIGN AGAINST TUBERCULOSIS.

BY MISS M. L. JOHNSON.

*Supt. of Visiting Nurses, Cleveland, U.S.A.*

Miss Johnson's valuable paper was read by Mrs. Hampton Robb, who that morning had arrived in Paris, and was accorded a very cordial reception.

GREETING FROM THE NATIONAL ASSOCIATED ALUMNÆ.

Before proceeding to do this, Mrs. Robb conveyed to the Conference the warm and affectionate greeting of the National Associated Alumneæ of the United States, and stated that at the Annual Convention of this Society, held at Richmond, Virginia, in May last, she was appointed to represent it at the Conference.

No delegate could have been appointed more representative or more welcome.

Miss Johnson showed that the campaign against tuberculosis could be carried on in two main directions—(1) by the care of individuals, procuring for the patient the food, rest, and fresh air which he needs, and (2) by educating the community in regard to the question. Professor Osler had said that "the tuberculosis problem is a home problem." Thus the work of the tuberculosis nurse from a preventive and educative standpoint was very important. She must introduce into the patient's home a knowledge of the methods to be adopted, and must continue her visits till good has accrued therefrom. Even where little could be done for an individual patient the visiting nurse could do good work by notifying the removal of tuberculosis cases so that the sanitary authorities could disinfect the premises, and the new tenants did not come into infected quarters. The nurse could also advise the patient that the protection of his family from infection depended largely upon him. She could persuade him to sleep alone, her ingenuity would be exercised in providing him with fresh air, she could insist on the use of sputum cups and paper handkerchiefs, she could procure proper food for the patient through philanthropic societies. The establishment of Light Labour Bureaux was useful in providing suitable work for hopeful cases. Compulsory notification was needed. In Cleveland the nurse sometimes persuaded whole families to come to the dispensary for examination. The classification of cases adopted was "negative" "suspicious" and "positive." A most indispensable part of the work of the tuberculosis nurse was the holding of tuberculosis classes for children and adults.

THE PHYSICIAN AND NURSE IN THE PUBLIC SCHOOL.

BY MISS ROGERS,

*Chief of the Staff of Public School Nurses, New York Board of Health.*

Miss Rogers stated in her paper, which was read

in French by Dr. Hamilton, that investigations made in New York City, in 1896, during an epidemic of scarlet fever, and diphtheria, resulted in the appointment of 150 inspectors to act under the New York Board of Health. Each inspector was given two or three schools, and required to report daily at each school, examining children sent to him by principals or teachers. Only contagious cases were taken charge of by the inspector, and if such a case was discovered a message was immediately sent to the Health Department, so that the diagnosis might be confirmed by a medical man, and adequate directions be given to the family. Cases such as scabies, itch, etc., were sent home until a cure could be shown. The objective point in this system was exclusion.

In 1902 routine inspection became the rule, thus relieving the teachers from selecting suspected cases.

The serious depletion of the class rooms as the result of thorough inspection occasioned criticism from the official head of the Department of Education. The introduction of the school nurse was then proposed by Miss Wald, of the Nurses' Settlement, who offered to arrange for a three months' experiment. This was done, the staff organised, and the duties of the nurses arranged. The nurse receives her instructions from the supervising nurse, and, on entering a school for the first time, reports to the principal, and obtains a place in which to work. She also interviews the doctor, and obtains the names of the children from his cards. The Supervising Nurse receives a written and verbal report weekly from each nurse, and forwards a general summary to the Chief Inspector. The nurses visit children excluded by the Medical Inspectors in their homes, a most important part of their work. The nurse explains why the child is sent home, and what is to be done, and, when necessary, gives practical instruction, and impresses on parents the necessity for medical advice. Experience has shown that this work is amply justified by its results.

During July and August, when the schools are closed, the nurses are assigned to "Summer Corps" work, in visiting the tenement houses. Another branch of the work is the "Contagious Service."

MISS ANNA L. STANLEY,  
*School Nurse, Philadelphia.*

An interesting paper on School Nursing in Philadelphia was contributed by Miss Anna L. Stanley, which will appear in the Transactions of the Conference.

THE PLACE OF THE SCHOOL NURSE.

BY MISS HELEN L. PEARSE,

*Superintendent of School Nurses under the London County Council.*

Miss Pearse explained that when the Nurses appointed by the London County Council first took over their work they gave their time to a variety of duties, and rendered a sort of first aid

[previous page](#)

[next page](#)