

PUBLIC HEALTH VISITING.*

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As a career for women Public Health Visiting is becoming more popular. Within the last five years the number of women doing Public Health Visiting in this city has increased from nine to thirty-seven. Five years ago there were eight Sanitary Inspectresses and one Infant Health Visitor, and now there are thirteen Sanitary Inspectresses, ten Infant Health Visitors, and fourteen Phthisis Visitors. All these women are specially trained for their work, and besides their special training, they must possess endless tact, patience, and sympathy, and a sense of humour—the saving grace of all social workers.

The Sanitary Inspectresses being the oldest institution, I will tell you about them first. They hold their appointments under the Glasgow Police Order Confirmation Act of 1904, and their principal duty is visiting the houses. All ticketed houses come under their jurisdiction and are visited periodically with the object of ascertaining that they are being kept in a cleanly condition—viz., the walls, ceilings, floors and bed and body clothing; all the contents, in fact. When a house or bedding is found dirty, the Sanitary Inspectress has power to serve a police notice, under Section IX of the 1904 Act, ordering the cleansing of such house within forty-eight hours and bed and body clothing within twenty-four hours. The Sanitary Inspectress also visits the schools in her district fortnightly and inspects such children as are sent to her suspected of being in a dirty, neglected or verminous state. The homes of those children found dirty, neglected or verminous are then visited and the parents warned and advised and given disinfectants if necessary. The condition of the house and bedding is also noted and, if required, steps are taken to have it also cleansed. Then, the Sanitary Inspectress makes the first visit to all the babies notified to the M.O.H. as having been born without a doctor in attendance.

The Infant Health Visitor visits infants only, and advises regarding their feeding and clothing; gets mothers to take baby to the consultation centres, to see the doctor and get baby weighed fortnightly or weekly, as is required, and acts generally under the doctor. She also takes charge of B.B.A. babies (that is, babies born before attendance arrives), delicate and sickly babies, and—most important of all—babies suffering from ophthalmia neonatorum. Her work is really of absorbing interest. She sees results in the growth and proper development of the babies and makes friends with and influences whole families through the medium of the infant.

The Phthisis Visitors, as their name implies, visit phthisis patients in their own homes, and

attend at the dispensaries along with the doctor. The Phthisis Nurse is a power in the land. She advises as to the keeping of open windows, burning of sputum and the keeping of separate beds for the patients, and where such are not procurable, beds are lent by this department, along with blankets and other bed-clothes, the Sanitary Department doing all infected washings.

The Phthisis Visitor attends at the giving of tuberculin and watches the cases, taking temperatures daily herself and teaching the patient or his friends to do it whenever possible; and when the patient is bed-ridden or very ill, she attends daily, bathing and dressing and even making food for the patient, doing everything, in fact, that a Visiting Nurse can do.

Members of the three branches of the service are constantly coming upon evidences of each other's presence in the district.

One woman will say to me, "Joohn had the Sanitary Nurse here the day, and he's to gang doon tae the doctor and he'll mebbe be getting awa tae the Sanatorium." And a young mother, whom I know the Infant Health Visitor had a great deal of trouble with—so had I, but along different lines—proudly held up her baby and told me, "The baby nurse was here yesterday and she was pleased wi' her noo," and so on.

That is a rough outline of the various duties of the Public Health Visitors in this city, but when on the district they must be prepared for anything.

The "Sanitary Lady" is expected to be a perfect walking encyclopædia and to know, among other odds and ends of information, the hours to attend at the various infirmaries and dispensaries for treatment and advice, how to apply to the S.P.C.C., the Parish, or the C.O.S., for Fresh-Air fortnights and Mothers' Rests, how much a son should allow his mother out of 20s. a week, and whether somebody's daughter should go back to her husband or stay on with her mother and work for herself. That last is a common occurrence. Yesterday I met a woman I hadn't seen for some time; she stopped me and said, "Div ye min' ye advised me to leave him five years ago? Weel, I've din it noo, an' I wish I'd ta'en yer advice lang ago." They don't generally take that kind of advice, I may say.

The Sanitary Inspectress is expected to do whatever comes in her way. Tying up cut fingers, dressing sore legs, showing how to make starch poultices—a thing very often much in request for impetigo of the head—as well as her ordinary business of examining houses and children and filling up reports on birth cards.

I think one of the most delightful parts of our work is the unexpected things that are always happening. One morning I was paying what I hoped would be my last and shortest visit before lunch. I climbed three stairs, knocked at the door, and was admitted, with some difficulty (he could barely reach the door-handle) by a child of about three years. The mother was in bed and there was no one else in the house. She had

* Read at the Scottish Nursing Conference, Glasgow, February, 1914.

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