

2. *To Help in the Prevention of Disease.*—We were a long way from teaching prevention, but the Public Health Nurse had special opportunities in this connection.

The ordinary individual did not realise the early symptoms of disease, the nurse did, and, therefore, could connect the individual with medical treatment. Thus the great fatality of cancer was partly because the early symptoms remained unrecognised. There was an enormous opportunity for the Public Health Nurse to help in cutting down the mortality from this scourge.

3. Then there was the restoration of the sick to health by giving them nursing care. Ninety per cent. of the people were sick in their own homes; a very small percentage could afford private nurses, and the care of such people was largely a question for the Public Health Nurse.

The Public Health Nurse was the family health worker. You could not draw a defining line between a case of sickness in a house and a low grade of health of the other members because, often, they were intimately connected. To handle the family as a whole was a most constructive piece of work.

The nurse who came into the home in a time of sickness and anxiety reached the heart of the family as no one else could. Perhaps she had been in the home six or eight times caring for the baby with pneumonia. She discovered that one of the brothers suffered from tuberculosis, one of the children suffered from some defect of the eyes, and that the family did not know how to feed the youngest child. After gaining the heart of the family it was willing to listen to her advice, because it was given by one who knew what she was talking about, and who had given practical demonstration of her care for its interests.

The nurse of the sick, therefore, should also do the preventive work; and, if it was argued, that she had not time for it, that objection was to be met by giving her a small district.

What should be the preparation of the Public Health Nurse? First she needed a sound education. Some of the best Nursing Schools had quite a number of University Graduates as pupils. Public Health Nurses could not have too much knowledge. There must be a thorough scientific training for the nurses of the future.

The care Public Health nurses are able to give was gained through clinical experience in the wards of hospitals, and the great proportion of Training Schools now had an additional course in Public Health Nursing.

Most of the hospitals gave a three years' course of training; others were about to experiment as to a course including two years in a university, two years in a hospital, and one year in conclusion in the university, which included insight into social questions.

The schools had to meet two kinds of criticism: One, that they were over-educating nurses. This was feared by a certain section of the population and a few doctors. The answer to that was that if you were to be a messenger of health you must

understand the message you had to carry; formulas would not suffice. The second objection was that the spirit of nursing would be lost. The spirit of nursing was dear to nurses. Since the days of Florence Nightingale they had had a glorious tradition, and they were not going to do anything to lower it; but they wanted nurses who were more intelligent and more constructive, and there was no opposition between nursing and knowledge. To nurse meant to nurture, and nurses must give the most skilful and tender care, but they must go far beyond that. They must go to the bedside in the district, and while there must note the things which need correcting.

We must have a service shot through and through with a force of a spiritual nature, that spiritual conception which she had heard so beautifully expressed in words set to lovely music at St. Paul's Cathedral on the previous Sunday.

*"To give light to them that sit in darkness and in the shadow of death, and to guide their feet into the way of peace."*

Public Health Nursing meant that in England—meant it everywhere.

ADDRESS BY MISS KATHERINE OLMSTED.

Miss Olmsted said that the International Course in Public Health Nursing was designed to meet the needs of different countries:—

1. Those which had good Nurse Training Schools.
2. Those which, when the Training Schools were good, were not interested in Public Health.
3. Those countries in which nursing was not advanced at all.

From 32 different countries they had had nine students of the first group, 22 of the second, and 17 of the third. Miss Olmsted described visits which she had paid to past students in their own countries, and how much they had accomplished even after the short training they had received. She wished she could convey to her audience some of the thrill which went through her at the thought that these students would go back to countries where there was great indifference and great opportunities. Out of 31 nurses graduated before these last 25 were now doing Public Health work and three had returned to Training Schools.

She described a visit to Miss Christopher in Bulgaria and going out with her in a drosky to an orphanage. There was an uproar as the children swarmed round her, and she inquired what it was about. Miss Christopher told her they wanted a story, and she had told them how English boys washed their ears, and had found also this way of carrying home the fact that English boys brushed their hair.

Miss Christopher made a Health Study which was submitted to the Minister of Health, who said it was wonderful, and he did not understand how she could have learnt so much in one year. All the school teachers in Bulgaria were called together, and Miss Christopher would give instruction to them in health matters under the doctors.

In Hungary, 118 health centres had been started; when one of their students returned she was put

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