

## PUBLIC HEALTH SECTION.

Thursday, July 11th, 3 p.m.

## THE CITIZEN IN RELATION TO THE PUBLIC HEALTH PROGRAMME.

Mlle. J. Hellemans, President of the National Federation of Belgian Nurses, presided over this Section, when the first paper was presented by Dr. Helen R. Y. Reid, LL.D., B.A., Lady of Grace of the Order of St. John of Jerusalem. Dr. Reid said that the citizen has a contribution to make, whether he be found in the Health field as a patient, or as a volunteer on the Boards of Health Associations, as doctor, nurse or director of a Public Health organisation, or again as Public Health official with Governmental authority. On the world's Health stage, every one is a citizen, and each, in turn, must play his part.

It is now an established fact that sanitation, food control, communicable disease control, and improved environment are the foundations on which the superstructure of other public health services stand. To local public authorities have been given many statutory duties in respect to sanitation, nuisances, water supply, food control, river pollution, housing, communicable diseases, hospital accommodation, and so forth. Following these we have a duty recognised as belonging to the state of ascertaining what the situation is—the notification of births and infectious diseases, the certification of sickness and the registration of death. Here the citizen may give co-operation by helping to make these records adequate and correct. We recognise, too, the state's obligation in the matter of industrial legislation. Factory Acts and workmen's compensation, not primarily of state origin, are now under state control—though here, in this field, we see the voluntary organisation of employers or employed supplementing and sometimes going in advance of government in preventive and constructive health measures. However, it is when we reach the field of maternity and child welfare, of personal hygiene, of the control of special diseases, of research, of demonstration, of all that is included in the word *Nurture*, that we find the latest manifestations of governmental endeavour in preventive health work. The question, therefore, follows—should there be a systematic division of service, an effective delimitation of the actual fields of work between the two agents, public and private? If such division is not possible, should there not be co-ordination and co-operation? In either case, who is to take the initiative in instituting the necessary measures? On which agency should this responsibility best fall?

Dr. Reid said, in conclusion, "Seeing health needs sanely and seeing them whole" is perhaps, the chief contribution, as it is the most difficult, which the citizen can make in relation to the public health programme.

The discussion was opened by Miss Nellie Healy of Dublin.

## THE STUDY OF THE NORMAL CHILD AS A PREPARATION FOR PUBLIC HEALTH NURSING.

This subject was discussed in its Physical aspects by Mlle. Grenier, Ecole de Puériculture, Paris, and in its Mental aspects by Miss Winifred A. Rand, A.B., Merritt Palmer School, Detroit, U.S.A.

## PRIVATE DUTY SECTION,

Thursday, July 11th, 3 p.m.

The Chairman of this Session was Miss Cornelia Petersen, Director of the School of Nursing at the Municipal Hospital, Aarhus, Denmark.

We have already printed the paper prepared by Miss Isabel Macdonald, Secretary of the Royal British Nurses Association, and presented by Miss E. J. Haswell on "Developments in Private Nursing" which has attracted considerable attention.

## THE FINANCIAL ASPECTS OF MEDICAL AND NURSING SERVICES.

Miss Elizabeth Gordon Fox, A.B., National Director of the Public Health Nursing Service of the American National Red Cross, Washington, discussing the Economics of Nursing, said that there were so many facets to this problem of the Economics of Nursing, and it is so basic that she hesitated to attempt a twenty minutes' exposition for fear of over simplification and consequent misinterpretation. She summed up with the following conclusions:—

Concerning private nursing, we conclude:

1. That we shall always need a supply of private nurses for critical illnesses, medical, surgical, obstetrical and psychiatric.
2. That this need, strictly speaking, is probably much smaller than we are accustomed to think.
3. That to meet this need we do not require as large a body of private nurses as we now have.
4. That private nursing is a luxury within the reach of possibly only about ten or fifteen per cent. of the people.
5. That, notwithstanding, critical illnesses occur among the 85 or 90 per cent. who cannot afford a private nurse, as well as among the 10 or 15 per cent. who can.
6. That since private nurses are making only a bare living, they not only cannot reduce fees for the families who need them though unable to afford them, but are in need themselves of being assured a more stable and adequate salary.
7. Therefore, that some other way must be found to furnish private nursing in accordance with the patient's need rather than his income.
8. That on the other hand, families are often straining resources disastrously to provide nurses for patients who could be served satisfactorily by the group nurse or student nurse in the hospital, or by the hourly or visiting nurse. These families are straining after a luxury which they do not need, cannot afford and which private nurses should not be expected to provide at a loss. This presents a psychological problem calling for the re-education of the public.
9. That the present individualistic system of private nursing is working both to the grave disadvantage of the sick, because of the great inequalities in distribution and the high cost, and also to the equally grave disadvantage of the private nurse herself who must assume all the risk of an unregulated and uncertain demand and of equally unregulated competition.

(To be continued.)

## THE HISTORY OF THE INTERNATIONAL COUNCIL OF NURSES.

The second instalment of the History of the International Council of Nurses, compiled from official documents by Miss Margaret Breay in collaboration with Mrs. Bedford Fenwick, appears in the October issue of the *I.C.N.*, the official organ of the International Council of Nurses. It deals (1) with the third Regular Meeting of the International Council of Nurses at Cologne (1912) and includes a number of interesting illustrations; (2) with the Business Meeting in San Francisco, in 1915; and (3) with the Meeting of Members of the Executive at Atlanta, U.S.A., 1920. Those wishing to secure copies of this issue (price 1s. and postage) should write at once to Miss Reimann, R.N., M.A., Secretary of the *I.C.N.*, 14, Quai des Eaux Vives, Geneva, Switzerland, as we understand it is already nearly sold out.

The third instalment, dealing with the meeting of the Grand Council in Copenhagen in 1922, and of the Executive in 1923 in the same city, will appear in the January issue of *The International Nursing Review* as the *I.C.N.* is hereafter to be known.

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