

The Medicine of Tomorrow and the Position of the Nurse.

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WE are sure that many nurses of the world who were not privileged to be at the International Conference of Nurses last June, will be intensely interested to read this, and very much admire the vitality of the Icelanders on their survival of almost insuperable national calamities:

In speaking on the question of Medical Care and the Future Position of the Nurse, I find, in the same way as Dr. Höjer has done, that to visualise what will happen in the future, the best way is to examine, to some extent, what happened in the past decades, as we cannot ignore the influence of the past on any future developments.

In Iceland, perhaps more so than in any of the other northern countries, the state of public health affairs was in most respects quite medieval up to a comparatively short time ago. Ghastly conditions prevailed from the beginning of the 15th century until the close of the 19th century, when definite improvements set in at last, after the nation had so nearly perished through starvation and disease. The 15th century begun with the "black death" raging over the country and killing off about one-third of the population. It returned again at the end of that century causing a great deal of damage and death. Twenty years later a deadly plague of smallpox raged in the country killing thousands of people. All these terrible plagues together with want and starvation due to natural catastrophes, such as volcanic eruptions and polar ice, aided by terrific poverty, almost dragged the people who had, centuries before, possessed such remarkable culture, down to such a distress both intellectually and physically, that it proved almost fatal to the whole nation. The nation's struggle for existence will be most clearly seen by observing how it fared at various times, its life being reflected in the number of its inhabitants. In 1703 the first general census was taken in Iceland and the population proved to be just over 50,000—which is believed to be much less or perhaps not half of what it was at its best. At the beginning of the 19th century there were fewer inhabitants than there had been in the 18th century in spite of a very high birth rate.

Epidemics kept on raging and killed people like flies. Starvation and actual famine caused large numbers of deaths. Housing and sanitary conditions were extremely poor. Misery and conditions similar to those lasted well into the 19th century. There were whole decades when the population made no progress and, at times, directly decreased. The infant mortality rate remained tremendous. In the middle of the 18th century one-third of all the children who were born, died in their first year, and in some years as many as one-half and even up to two-thirds of them died. Ordinary epidemics as measles, diphtheria, whooping cough and influenza proved fatal to a large percentage of the population.

During this time medical care in Iceland was non-existent. In 1760 the first significant step towards future developments in medical care was taken, when a medically trained official was appointed to be an executive officer of public health for the whole of the country. The next step was taken when doctors-to-be and midwives were provided with some training, and in 1766 the country was divided into districts for doctors and midwives. The first measures to prevent leprosy spreading were taken at that time. Leprosy being then a very prevalent disease in the country. At the same time the first precautions were taken to try to prevent epidemics entering the country from abroad. The first practice of preventive medicine as we know it to-day took place in 1802 when vaccination for smallpox by Jenner's

method was carried out through the agency of and at the expense of the State, and it has been compulsory by law since 1810. These measures resulted in completely suppressing smallpox from the country soon after vaccination began. The first and the only institutions or hospitals for the sick were established in 1652 by a very powerful and prominent member of the church, for people suffering from leprosy. There was, of course, no medical care given in these institutions, as no medically trained men existed until more than half a century later.

About the middle of the 19th century there were eight district medical officers in the country and approximately 7,000 people to be taken care of by each one of them. When the size of the country, which is 39,709 square miles, is taken into consideration and that no roads existed or bridges over the most dangerous rivers, and that this small population was scattered all over this big and difficult land, these few doctors could not have given much medical care to the people. Following closely the steps taken to train and appoint doctors to take care of the people, was the training of midwives. They were taught by the chief medical officer of health in a short course. At that time there were 34 midwives in the country and at least three had had some additional training abroad. The midwives were, during that time and until 1900, the only help that the doctors had. They assisted with deliveries and took care of the mother and the newborn infant. It is known that they gave what nursing care they could in their districts, as up to that time no nurses existed.

In 1904 the population had increased to nearly 80,000. District medical officers were 42. At that time there were 30 births per 1,000 of the population against 17 deaths per 1,000. The infant mortality rate was 113 per 1,000 of the population—somewhat higher than in Norway and Sweden at the same time, but lower than in Denmark, Finland, Germany and Great Britain.

There had been tremendous improvements in the economic conditions and the people had achieved a much better and more healthy standard of living. Due to the activities of doctors, midwives and other sanitary officers there had been enormous progress in all sanitary matters. Leprosy and hydatids were definitely disappearing and are now practically past history.

The first graduate nurse to work in Iceland was of Danish nationality and was appointed matron of a Leper Hospital in 1898. The first Icelandic nurse was a graduate of the Royal Infirmary, Edinburgh, Scotland. She was appointed matron of a mental hospital in 1907. Up to 1920 very few graduate nurses worked in Iceland. It was during the First World War that several young women went abroad for their nursing education, chiefly to the Scandinavian countries. After graduation these women returned to Iceland, and many of them became pioneers in nursing and did much to interest other women in the same field. They felt the need for well educated women to further nursing and public health in the country.

In 1930 a State Hospital was opened and at the same time the Icelandic State School of Nursing was established and the State Hospital became the long awaited teaching centre for nurses, midwives and doctors. The School of Nursing has been a small one, approximately 10 nurses graduating each year. Now it is being enlarged and it is hoped that in a year or two the number of nurses graduating will be 20 to 24 yearly, at least. There are 130 graduate nurses working in the country, 105 in institutions and 20 in public health work, five in private nursing. There are no public health nurses working in the rural districts and few in urban areas outside the capital town. With the new Social Insurance Scheme in force it is contemplated that one of the biggest preventive and public health programmes for the whole population, that ever has been thought of, will be commenced. To do this we want 75 more public health nurses and almost as

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