sequent studies of a similar nature have been undertaken by a number of medical societies and city, county, and state health departments in their own localities, using the same schedule that was devised for the larger study. The White House Conference on Child Health and Protection has published a committee report containing a frank account of the failings of obstetric education in this country and recommendations for its improvement. Large attendance is reported at graduate courses in obstetrics which have been offered to physicians by state boards of health and county medical societies in a number of places. State boards of health have continued their efforts to train midwives in places where the midwife still exists.

The fact that during the period 1921 to 1929 there was a significant downward tendency of about 2 per cent a year in the deaths due to albuminuria and convulsions, which may largely be prevented by prenatal care, would seem to indicate that popular education in this respect is bringing results. Recent surveys show, however, that even now the great majority of women do not receive such care, and it is of great importance that facilities for education in maternal health should be increased.

The Children's Bureau has three projects for promoting uniform reporting of statistics relating to children and child welfare. In 1920 it began to assemble and analyze reports on the issuance of work permits as a means of providing current information regarding the number of children receiving official permission to leave school for work. In 1927 it began to assemble reports from juvenile courts and to work out with the courts uniform practices in defining and recording cases, so that comparable delinquency trends would be available. Finally, in 1930, it took over the project for current reporting in selected metropolitan areas in some 22 fields.

The closing statement of this illuminating report should be taken seriously to heart by everyone interested in the welfare of the child.

Child welfare workers everywhere look to the coming year with much anxiety. It will take great effort to maintain the standards of service for children which were slowly developed during the years before the depression, to make sure that their interests are safeguarded in the general economies which the depression has made necessary. Neglect of the health, education, and general welfare of children will be permanently costly to the children and to the future of the country.—


PUBLIC HEALTH NURSING*

Twenty Years of Red Cross Public Health Nursing—In 1910 Lillian Wald, R.N., who was responsible for the establishment of the Henry Street nursing service and the school nursing service in New York City, wrote Jacob Schiff, one of the farseeing members of the Board of Incorporators of the American Red Cross, thus:

In the older countries armies of trained nurses are sent into remote country regions to nurse, to educate, to bring scientific, advanced humanitarian and sanitary messages to the public. In America, in a few sporadic instances only, are nursing care and protection against infection possible to the sick country person. . . . Why should not the Red Cross Society undertake the organization of a vast, far-reaching scheme of country nursing, getting such support and cooperation as may be possible from the dwellers in mountain, farming or lonely desert regions, coordinating and guiding all, and bringing the help of the nurse to scattered, isolated families? . . . There could be no larger or nobler work possible to the Red Cross Society of a country dedicated to peace.

This letter was presented at the annual meeting of the Red Cross, but no action was taken until the annual meeting the following year when Mr. Schiff offered $100,000 to start the enterprise and Mrs. Whitelaw Reid offered $10,000 for scholarships to prepare nurses for rural nursing. A trial year was agreed upon and was so successful that in 1913

* Please send printed matter or other material relating to public health nursing to Eva F. MacDougall, 6 State House Annex, Indianapolis, Ind.
"The Town and County Nursing Service" was established with a well chosen committee to sponsor it.

The efforts of this service were directed along three lines—spreading the idea of public health nursing throughout the country, seeking qualified nurses as the demand grew, and giving the nurses guidance and encouragement to insure their professional growth and success.

One by one, to the southern mountains, to mining camps, to farming counties, to small towns, to an industrial village, went Red Cross nurses, often the first to undertake rural work in a given state, and with them went a constant stream of wise advice and encouragement.

From the very first the Red Cross realized that nurses needed special training to do this rural work and against great odds clung to high standards. The first nurse in charge of this service worked closely with the few postgraduate courses for public health nurses then in the country, and with leading visiting nurse associations, and was aided by Mrs. Reid's scholarship loan fund.

The World War had a crippling influence on the growth of the Red Cross nursing service, but at its close it received a tremendous impetus as many of the chapters which had been working at high pitch now turned their attention to community welfare needs. Red Cross nurses returning from military service were available for rural positions, and many hundreds were rushed to postgraduate courses on scholarships. National Headquarters increased its supervisory staff both in the office and in the field to keep up with the enormous demand for nurses in the rural communities and to direct the work into safe channels. At the height of the boom period the Red Cross had 2,100 public health nursing services which it had launched.

As war surpluses dwindled chapters began to think of getting tax support for their public health nursing services. Many transferred them to school boards and county health departments for financing after the demonstration had been made. Other chapters entered into partnership with public agencies in financing nursing services, and this proved a sound principle.

In the last few years the Red Cross has turned its activities to providing more nurses to meet the needs more adequately in a given community, and to refining its nursing procedures. Its thrice revised manual on rural school nursing is the leading textbook in this field.—Elizabeth A. Fox, Twenty Years of Red Cross Public Health Nursing, *Red Cross Courier*, XII, 6:173–174 (Dec.), 1932.

It would be interesting to know the number of states in which the American Red Cross was responsible for the establishment of a department of public health nursing in the state board of health. In 1920 the Red Cross nursing field representative for Indiana became also the director of the Department of Public Health Nursing for the State Board of Health. The state furnished her office but the American Red Cross continued to pay her salary and expenses until a few months later when the State Tuberculosis Association began to share equally in financing her. Later the State Board of Health took over all the financial responsibility for the department.

It would be difficult to overestimate the influence the American Red Cross had in establishing both city and rural public health nursing services in Indiana. Official funds are usually not forthcoming to finance a nursing service unless a demonstration has been made for from 1 to 4 years. The Red Cross chapters and county Tuberculosis Associations furnished funds and supervision for the demonstration here.

Now when official funds are again
failing and the continuation of many rural public health nursing services is in danger these nonofficial agencies are again filling the breach until they can again be officially resumed. E. F. M.

Why Not Make Use of the N.O.P.H.N.? — Katharine Tucker, R.N., general director of the National Organization for Public Health Nursing, who was appointed a member of the New York State Health Commission by Governor Roosevelt, has been appointed consultant in public health nursing to the State Department of Health.—Health News, New York State Dept. of Health, IX, 44:179 (Oct.), 1932.

To anyone who knows how haphazardly public health nursing started and is being carried on in many state health departments, the arrangement made between the New York State Health Department and Miss Tucker will have a strong appeal. Let us hope that it will set a precedent for other states to follow.

As a Private Physician Sees Us—If one physician asks another what he thinks of public health nursing he is apt to be greeted with a stare that asks "Now what are you about to start?" Then he probably replies that he knows very little about it. Sometimes he may remember a personal experience with a nurse when she was believed to have done such and such and said so and so.

In Toronto a physician thinks of a public health nurse as one who spends her time in teaching rather than in nursing. Members of the Victorian Order or the St. Elizabeth Order do not usually occur to him as being public health nurses. He does not know how the teaching nurse spends her day, and what he hears about her comes to him second hand. She is a member of a group; he is on his own. He fears her because he does not know her and because she appears less as an individual than a group member. If he could only know her as an individual his apprehension about her activities would probably fade away.

A nurse can make no better contact with a physician than to be present at a confinement in a private home. Yet very few public health nurses are in delivery service. It is very seldom that the nurse who gives prenatal supervision to a patient does the actual obstetrical nursing also. There may be another nurse who does the follow-up infant welfare work. The continuity of favorable relations between one physician and one nurse is broken and the arrangement makes the physician seem unimportant.

It is astonishing how long a doctor remembers an indiscretion of a public health nurse. It makes him twice shy of her. Every doctor should be asked to report any indiscretions on the part of nurses to their organization so that misunderstandings could be adjusted at the beginning.

It would be good for the doctor to know of the nurse's constant attempt to refer his patients to him, keeping herself in the background; it would help a great deal if he could know what the nurse is able to do for him. He already makes use of the public health laboratory; he should make equally good use of the public health nurse in getting her to see that the families he is attending carry out his instructions. But how can he be assured that she will not give advice to his patients without his expressed desire unless he knows her well enough to trust her?

The doctor gets a long distance view of public health nurses busying themselves with what appear to him as trivialities. For much of this work he cannot see the need of a nurse's training.

A doctor's survival in his profession depends on whether his advice is accepted, the public health nurse's does not. In her zeal to help a family in
health matters she may forget that the family physician must assume the responsibility; potentially he is the most important cog in the working out of preventive medicine.

There are many fair minded physicians who are more content and easier in their minds when the public health nurse does not visit their patients. The nurse who criticises the physician would soon cease if she had to assume his responsibilities for only a short time.

Those interested in furthering the welfare of preventive medicine could not do better than in interesting the private physician in this work. It is infinitely more important to make sure of his cooperation than to attempt the training of the whole public. By the very nature of his education and work he will be the most easily interested. When the time has come that his importance is realized and full use is being made of him and when his confidence is sought and won, then will he seek out the public health nurse in his work. Then and only then will he think well of public health nursing.—

As the Public Sees Us—It would be a great deal easier for the public to understand what public health is if the public health workers could only agree on a definition themselves. In the Survey of Nursing Education in Canada nurses were even asking themselves if nursing was a profession.

One lay person gave this definition of public health nursing, "It is not really nursing at all; it is a camouflage to call it nursing it is really the teaching of hygiene, and it is called nursing because people are more in favor of nursing than teaching; and so it is easier to get it paid for out of taxes."

The public is a composite of groups in the community, all of which have different ideas of public health nursing.

The tax payer comprises one group. He sees public health nursing as "the latest fad to deplete his 'wad' or the last frill to empty the tradesman's till."

The best way to meet this gentleman is to subject him to a steady drip of information as to the cost of public ill-health.

The individualist is in another group. He likes independence of mind and body and dislikes "molly-coddling." In self defense we need regulation of public health in our modern communities; public health is not an individualistic matter.

There is the conscientious objector whose religious faith or social prejudices make him look askance at any attempt to coerce him in health matters. Simple statements as to the achievements of public health in saving child life, and in reducing infant and maternal mortality are probably most effective in convincing him of its value.

Then there is the conscientious critic who has known a case where a public health nurse diagnosed a case or tried to treat a patient. He thinks public health nursing is an unauthorized invasion of the physicians' territory. The public health and nursing profession are with this critic in his views, but "he should not judge a stocking by its holes."

The public is a little suspicious of a nurse who lectures instead of poulticing; that is why the work of the visiting nurse has such strong appeal; it appeals to the emotion and instincts, and "the public loves to feel and hates to think."

Despite all these apparent criticisms of public health nursing the Canadian Survey states that the attitude of the public is 59 per cent ideal toward public health nursing. "There is a growing volume of instructed opinion behind this work despite the fact that, in this time of financial distress, economies are apt to take strange directions."—Adelaide M. Plumptre, The Public Looks at Public Health Nursing, Canad. Pub. Health J., XXIII, 10:463 (Oct.), 1932.