

# Public Health Nursing

By P. S. CAMPBELL\*

TO many persons an account of the extent to which public health nursing has developed will come as a surprise. Few know of the conspicuous part placed by nurses in the general movement for better public health and few, only, have any knowledge of the increase in the number of nurses, not only in the larger centres of population, but in the smaller towns and rural communities as well. This movement is now past the experimental stage and a great deal of information has accumulated, from which the project itself can be evaluated and the results measured. Among the more noticeable results are the beneficial effect on the health of school children, the increasing importance placed upon pre-natal and post-natal care, and the extent to which general health educational propaganda has permeated into the homes, even in some of the more remote rural districts. Advice given by the physician, either through the public clinic or in his office, will not bear fruit unless it is carried into the home by the resourceful nurse, on her visits there. In this way, only, can the doctor be sure that his advice is being adhered to, that directions are being carried out, and that the home occupants not only understand, but actually put into practice the methods prescribed for building a healthy people.

While the public health nursing movement is a development of recent years, nevertheless, it is firmly established and well entrenched in many places. In other districts, especially rural ones, it is still in its infancy, but everywhere the tendency is towards its expansion. In addition to health workers, certain business interests were quick to see its worth. Insurance companies now regard money spent on such services as a real investment. One large company a few years ago, started in a small way to appropriate funds for the support of a few field nurses—The object was not alone a humanitarian one, but it was also for the purely business purpose of saving money in death claims. It was soon observed that the experiment was a decided success and its nursing service has grown, until it now covers large sections of North America with hosts of workers. That the company is entirely satisfied with the results is borne out by the fact that its scope has increased to the dimensions indicated.

Public health nursing has so far developed that it has become an essential part of almost every health activity. Especially does it occupy an important place in the hygiene of the mother and

child and in the prevention and control of all communicable diseases. The toiler in this service goes out to meet the people, both in the schools and in the homes, and otherwise assists physicians in giving practical application to all measures that have been initiated for the prevention of disease.

One does not have to go far in public health work to realize that a competent public health nursing service is not only desirable, but is definitely essential to the proper functioning of any modern health program. A few years ago a provincial nursing service was inaugurated in Nova Scotia by the Department of the Public Health. Since that time a group of specially trained nurses has been continuously on duty in the schools and in the homes as well.

In the school, search is made for defects which tend to prevent the children obtaining full benefit from the educational system provided and attempts are made to have all remediable defects corrected. Pupils are taught the dangers attending infectious diseases, how to avoid contracting them, and each individual's responsibility in preventing their spread. Special consideration is given to the correction of insanitary conditions discovered in connection with school premises and to the abatement of nuisances generally.

From the school and with the approval of the family physicians, the nurse's activities take her into the home, where some of her most valuable work is accomplished. Having entered the home, she seizes the opportunity to devote as much time as possible to maternal and infant welfare and the adjustment of family or social conditions affecting health. Due to the nature of her work, the public health nurse becomes a health-supervisor, and since health-supervision includes health education, a wonderful opportunity presents itself for bringing education into the household where it is needed most. After attempting the distribution of health propaganda through pamphlet and newspaper copy for years, many health authorities are now of the opinion that the person best qualified to carry health education into the home, is the nurse who enters the home to do health work.

It is not the business of the nurse to make diagnoses. Acting always under the authority and instruction of the physician, her work is to teach the expectant mother the care she should take of herself; to instruct the actual mother in infant feeding and care of the developing child; to teach sufferers from infectious diseases the precautions they must exercise to prevent their spread;

\*EDITOR'S NOTE: P. S. Campbell, M. D., is Chief Public Health Officer for Nova Scotia.

to help remedy conditions in communities which predispose to disease; to locate and endeavour to have remedied, defects in school-going children; and to teach the little ones in the schools simple laws of hygiene and the means to be employed in protecting their own health and promoting that of others. Very special attention must always be given the children, for if we are to have a healthier people, we must prepare the foundation with healthier children.

In no other sphere does the nurse render a more essential service than in the field of tuberculosis control. She is familiar with all that constitutes proper care of the tuberculous sufferer, and alive to her responsibility for the protection of those associated with the sufferer. She is familiar with the means to be employed in the household, not only to bring about the arrest of the disease, but of more importance, the prevention of its spread to others. During her first visit, time is consumed in gaining the confidence of the patient and his associates. With this confidence well established her opportunities for doing effective work are almost unlimited. She not only talks to the patient and his family, but she demonstrates and re-demonstrates what can be done in the circumstances. In this way her work becomes efficacious. The objective of the nurse is to bring to the tuberculosis patient all those things which are necessary both for the treatment of the disease and the prevention of its spread.

During the past year a group of ten provincial

nurses inspected 38,120 school children and visited 12,178 homes in the interests of 17,493 persons. In addition upwards of 5,000 interviews were had with parents and public officials and many hours were spent in clinics.

The whole public health progression of our time is more and more becoming an educational movement, having as its aims, the prevention of disease, the prolongation of life, and improvement in the hygienic conduct of community life. In teaching the individual the principles of prevention the public health nurse has proved herself the most effectual agency at the disposal of health departments. The scope and character of her work have not been understood. She is an investigator, advisor and educator. Special training and experience qualify her to bring sympathy and relief to many sufferers, and it is logical to predict that soon the public health program of any community, large or small, will be evaluated or measured by the extent to which its public health nursing service has been developed.

Public health nursing is the most difficult branch of the nursing profession. The time consumed and difficulties encountered in obtaining results, the adverse criticism of intelligent but misinformed people, the difficulties of travel and the indifference of many people, necessitate the development of knowledge, resourcefulness and perseverance never demanded of those engaged in the less exacting yet more spectacular divisions of surgical and bed-side nursing.

## Administration of Poor Relief in Nova Scotia

By T. D. MacDONALD\*

### I

THE following purports to be a description of the provisions for the administration of poor relief as contained in Chapter 48 of the Revised Statutes of Nova Scotia, 1923, "The Poor Relief Act", as amended in 1924, 1927, 1928, 1929 and 1934, with references to certain provisions of other statutes which are related thereto, and with references to a number of Nova Scotia cases decided upon that Act.

The gist of the Act may be shortly stated in the words of the 11th Section:

"The Overseers in every poor district shall furnish relief and support to all indigent persons having a settlement in such poor district, when they are in need thereof."

Although it was suggested by the trial Judge in a case decided in 1902 that the Overseers of the Poor are under no obligation to give relief to paupers having no settlement in their district<sup>1</sup>, the opinion has been expressed in later cases that it is the Overseers' duty to look after all paupers in their district in the first instance regardless of the fact whether they have a settlement in such district or not, and if they relieve those having a settlement in any other poor district, there is ample provision made by which they can recover any relief given to the poor of such district<sup>2</sup>, and that the primary liability and responsibility of providing relief for the poor is placed upon the Overseers of

\*EDITOR'S NOTE: T. D. MacDonald, LL.B., is Assistant Attorney General of Nova Scotia.

1. Overseers of the Poor, District No. 5, Cumberland v. McDonald, 35 N.S.R., 394.

2. Bushby vs. Town of North Sydney, 46 N.S.R., 549.