

HEALTH VISITING AS A CAREER FOR NURSES

By DR. RUTH YOUNG.

LET me put two pictures before you. Here is a nurse faced with a baby 15 months of age, weighing 10 lbs. miserably thin, wailing all the time, unable to digest the food it should be receiving, dependent entirely on the scanty milk supply offered by the mother who is already 5 months pregnant with another child. The baby cannot walk, has only four teeth, the anterior fontanelle is widely open, the bowels are irregular and the mother gives the baby a dose of opium twice a day as the only means of securing a few hours of peace. The baby is handed over to the Hospital as a desperate measure and the nurse is given charge of it. The doctor sees the baby regularly and prescribes the right food and medicine, but the care of the baby falls to the nurse. After weeks, in fact months, of work she succeeds in getting the baby to digest normal food, causes his limbs to assume the rounded outlines normal to his age, makes him strong enough to stand and then to walk, trains him in habits of cleanliness and self-control, makes him sleep without opium, in fact restores him to something of what he ought to have been.

Here is a Health Visitor on her rounds. The Health Officer reports to her that a baby has been born in a certain house. She visits the house every few days at first, then once a week, and after six months once a fortnight. She is able to give the mother advice about the baby from the moment of its birth practically. She instructs the mother about the feeding, clothing and general care of the infant, what its needs are in the way of sleep, fresh air and exercise. She can detect a trifling departure from normal health and correct it before harm is done. When the time comes to give the baby extra nourishment, she tells the mother what to give and how to prepare it and helps the baby past this critical time. At 15 months the baby weighs 21 lbs. is plump but firm, has 12 teeth, can stand alone, and take a few steps by itself, eats and enjoys rice, dal, vegetables, fruit, etc., is happy all day and sleeps all night, and is clean in its habits.

Which baby is the best, the one who has been coaxed back to health after a long period of wasting and lack of development, or the one who has never had a serious set back? Remember, the first baby can never be as sturdy as the second. It will bear all its life traces of the struggles it passed through as an infant. Which baby would a nurse be most proud of, in which job would she take most joy and pride?

Or again take two women: one is aged 50 and is suffering from incurable cancer of the uterus. She has to be kept in hospital, nursed and cared for, her sufferings relieved as far as possible till merciful death ends her pain. The other is aged 20, she is expecting her first baby, the Health Visitor watches her, takes her for periodical examination by a doctor, sees that she engages the proper kind of dai for her confinement, helps her to make the

right kind of clothing for the baby, advises her about the kind of food she should have and how to secure that her baby should be born healthy and strong. Which service means most to India, the care of the woman who is a physical wreck, or the care of the young mother who can give new healthy lives to the State?

Perhaps some will think that what is meant is that the care of the sick and feeble should be left to the young and vigorous. It is true that the former need all the love and attention we can give, but are we not at present giving them almost all our strength, to the neglect of the others? We find scattered up and down the country hospitals for women and children with many nurses in them. The majority of these nurses are learners. When they have completed their training what do they do? The greater number continue to work as nurses, they obtain posts as staff nurses, or charge nurses, they do private or institutional work, in some way or other they continue their work as nurses and care for the sick. This form of work undoubtedly has a big appeal. Nurses know how necessary they are, they are touched by the need they see around them and despite the hard work and often meagre pay of the work, they cheerfully undertake it. But is there not another side to consider? Would it not be better if some of the suffering and illness we see around us never existed? Surely the answer must be *YES*. Is it in our power to prevent it? The answer again is *YES*, particularly in the case of children. It may not be possible to prevent the growth of cancer or the development of a cataract, we cannot foresee the circumstances that lead to broken limbs or other accidents, but surely we can secure that women are safe at the time of delivery, that infants are brought up in the right way and that epidemics are kept from spreading. These things can be done if there are workers to undertake the tasks. And how much worthwhile it is to try! Every nurse feels a sense of triumph if she succeeds in successfully bringing an enteric patient through a long illness, or pulls round a baby who has had a bad attack of broncho pneumonia. But does it not bring a sense of triumph, too, to prevent attacks of enteric or pneumonia, and how much better for the patient never to have these illnesses! No doctor, no nurse, can ever be sure that some ill effects are not left behind. The woman who has had enteric may have gall stones later on as a result, the baby is all the more liable to a second attack of bronchitis because it has had one. Then there are diseases like syphilis, tuberculosis, eye troubles which may lead to loss of sight, and hosts of others which need never be. What a golden age is before us could we but rid the world of such infections and who would not rejoice to see the day come. It may not come in our generation, but come it will ultimately, and the more workers we have the quicker.

Is it therefore an unreasonable thing that the Health Schools are crying out for the candidates which they find so hard to get for training? Far from it, and trained nurses are just the kind of recruits that are

needed. Young girls fresh from school are obviously unsuited for the work which carries much responsibility. Trained nurses are no longer quite young, they have already had experience of life, have been trusted and given responsibility and have besides during their training learnt habits of observation, attention to detail, dealing with emergencies and other qualities which are most valuable in Health Visitors' work. Their knowledge gives them authority and so they are able to impress the woman among whom their work lies.

It will not be out of place to mention some other advantages of Health Visitors' work. The work though not easy, is full of interest. It brings one into touch with women in their own homes and surroundings and the study of ordinary human nature is always fascinating. The life is healthy, for the workers spend much time in the open air, their work makes them take exercise. The salaries are good and the workers are provided with free furnished quarters. For women with powers of initiative the openings are untold. A thoughtful and energetic Health Visitor can remodel the habits of a whole class of people; some times Health Visitors have charge of the welfare of workers in industrial areas or of sepoys' wives and children where they have much power and infinite opportunities for educating women and children in habits of health. The work has its rewards and thrills too, who would not be pleased and proud to see the infant mortality rate go down surely as a result of patient work and effort; the dais trained, clean and self-respecting, the expectant mothers safe and the toddlers well cared for and clean, and above all who would not prize the affection and gratitude of the women for whom she labours? The best rewards always come from the work itself and Health visiting is no exception to the rule.

From "the Nursing Mirror and Midwives' Journal" A Policy of Prevention.—The prevention of disease rather than its cure is now becoming widespread as the modern Gospel of health, and there is no more ardent disciple of the new movement than Sir George Newman, Chief Medical Officer of the Ministry of Health. When the Ministry was first formed in 1919, Dr. Addison the Minister of Health at that time, asked that a national policy should be formulated, and Sir George Newman replied with his "Outlines of the Practice of Preventive Medicine", which had a great circulation all over the world. He has now just published a revised edition containing 30 or 40 pages and several new sub-sections. It forms a very complete Manual of public health, and explains in detail the accepted national policy of the future, which is to aim at the positive promotion of health, rather than at fighting a battle against sickness already incurred. District nurses and health visitors who are daily realising more and more the importance of a preventive campaign should feel grateful to Sir G. Newman for his early and untiring efforts in educating the public where enlightenment is so badly needed.

Disagreeing in little things and agreeing in great ones is what forms and keeps up a commerce of society and friendship among reasonable men and among unreasonable men breaks it.