

CONTRIBUTED ARTICLES.

PUBLIC HEALTH NURSING COURSES FOR GRADUATE NURSES.*

BY MADAME DARDENNE.

I should like you to bear in mind the fact that I shall deal only with specialisation in public health nursing.

There are in Belgium some very excellent nurses training schools. The programmes are controlled and a diploma is only awarded after an examination has been passed before a jury of the provincial commission.

The law of September 1921 provides for two years' general study and one year of specialisation, three years in all—in order to become a diplomæd hospital or public health nurse. Before the war the nurses of the Cavell School did visiting nursing among the poor and school nursing in the city schools, but did not receive any special preparation for the work.

In Belgium, as in other countries, the nuns and members of different benevolent societies visited the poor and the sick; relief was the main object of this service and hygiene was quite ignored.

The events of the years 1914—18, the social evolution which resulted, the experiences and knowledge gleaned from our neighbours during exile, aroused a movement in favour of district nursing in Belgium.

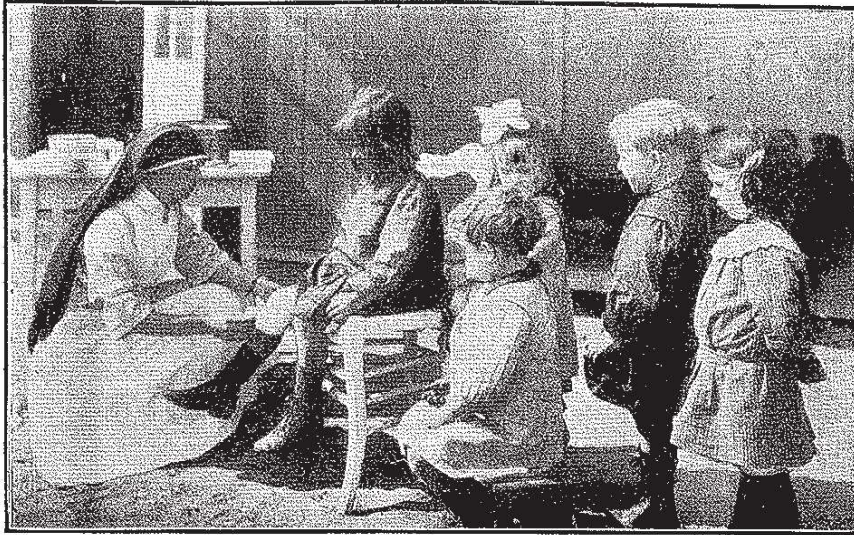
Several competent and energetic persons met in Brussels to organise a school for public health nurses under the title of "Association des Infirmières visiteuses de Belgique."

Some doctors, well oriented in social hygiene, were already employing public health nurses to help them to realise their projects, but these were few in number. In this respect Professor Malves of Liege was a veritable pioneer, but practically only in the one branch—tuberculosis.

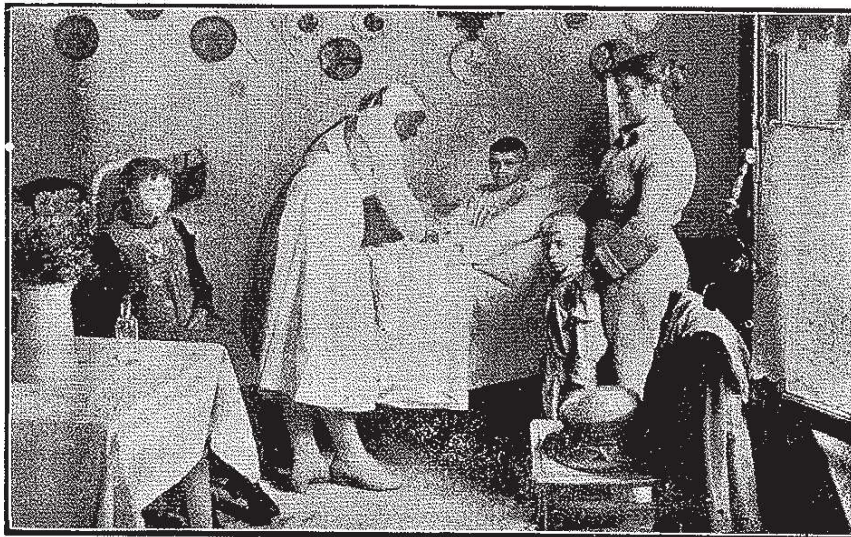
At first it was proposed to give a short training in public health work so as to cope with the needs of the different services, but it was soon realised that a fundamental hospital training was essential and should be followed by specialisation.

We now come to the vital question of what the course should comprise. Our personal experience and the study of reports—chiefly American reports—lead us to advocate a one year course (9-10 months) following the two years' practical and theoretical course which covers all general subjects (anatomy, physiology, deontology, etc., as well as practical work in the care of medical and surgical cases, contagious diseases, maternity, etc.) which are not recapitulated in the special course.

* Read at the Second Annual Meeting of the European Council for Nursing Education, Paris, March 15th, 1923.



BELGIAN VISITING NURSE ASSOCIATION
(School nurse applying a bandage)



(School nurse visiting a patient)

Should the public health nurse specialise in one branch of public health nursing only—school nursing, infant welfare or tuberculosis nursing? We say emphatically no, rather let her specialise in all branches.

Practical work is most essential in the training of all public health or hospital nurses. Theoretical courses are relatively easy to organise, and by applying to the medical profession, excellent classes can be arranged. These professors all advocate practical instruction being given in conjunction with the theoretical courses. Perhaps the word "instruction" does not quite express what we mean, for it is not exactly instruction that is given. The pupils do their daily practical work in company with the trained public health nurses who act as their models, and whose methods they observe.

The value of the training to the pupils depends upon the suitability of the monotress. All should have the same technique, the same methods of work, so that the pupils may thoroughly understand their mission. Much is to be said in favour of the system of a single nurse undertaking a whole district and combining the care of the sick with inspection of schools, pre-natal, tuberculosis, infant welfare work, etc., If, however, the pupil works with a specially trained monotress she will probably get a better training in each branch.

We think it advisable, in the training of the public health nurse, to commence with two or three lessons on demography, three or four lessons on combating the social scourges (alcoholism, pauperism), several lessons (four or five hours) on the care of women before and after confinement (repetition of the second year course).

A course of practical maternity work is also essential.

Puericulture (10 hours).—Repetition of second year course, with additions (the public health nurse having an important task to accomplish in the fight against infant mortality); propaganda advocating breast feeding, infant care.

Practical work.—Infant service in the hospital, infant welfare consultations, technique of home visiting, daily visits (1 month).

The School Child (10 hours).—Psychology, pedagogy, school inspection, etc.

Practical work.—The school clinic and its dependent services, inspection, care and assistance at special examinations (nose, throat, ears, teeth), physical exercises, shower bath supervision, swimming bath, rest cure, weakly and abnormal children, visits (2 to 3 months).

Prophylaxis of contagious diseases, especially as regards disinfection in the homes.

Tuberculosis (10 hours).

Practical work with the nurse in the prophylaxis service, visits (1 month), laboratories (could be done in 6 weeks or 1 month).

Fight against Tuberculosis, organization, etc. (5 hours).

Practical work (1 month or 6 weeks).

Dispensaries (1 month).

Fight against Venereal disease (2 hours).

The practical work is given at the consultations but is not yet completely organized.

Nutrition cooking classes—demonstration (3-4 hours).

Industrial nursing :—

Practical work in the factory dispensary (1 month).

Mental Hygiene.—The first course will be held in May (10 hours).

These courses are especially arranged with a view to training public health nurses in the supervision of mental cases in the homes.

Practical work in the mental service of the hospitals—home visits to mental cases and instruction of families.

Every one in our country realises the necessity for looking after mental cases in their own homes and of training public health nurses to be able to discover the natal mental defects in nervous or melancholy patients, who are not well looked after and whose ever growing irritability, without careful supervision, may lead to serious accidents.

All these courses, except the last, have been given for the last two years and improved according to requirements. To complete the programme it is necessary for the public health nurse to have a knowledge of the civil relief organizations of her country, as well as of the laws for the protection of women and children :—

Civil law and administration (3 hours).

Relief organization (2 hours).

Social service (3 hours).

Laws concerning female and child labour (8-9 hours).

Social economy (2 hours).

Total—18-20 hours.

The pupils have daily evidence of the utility of these courses, and during the practical instruction they become thoroughly familiar with the work.

The public health nurse, more than the health visitor, becomes the confidant of those she cares for as she can help them. The health visitor should become the collaboratrice of the public health nurse, especially in the large centres, but the two quite distinct professions are still frequently confounded.

Everyone today agrees that the public health nurse with her medical knowledge is alone qualified to give advice in many cases. In the present tentative period a certain amount of overlapping is inevitable, but it is to be hoped that time and experience will ensure ideal collaboration.

CONCLUSIONS.

Judging from our experience only nurses who have already had two years' training as resident, in conformity with the law, who possess the necessary good sense, good heart and moral qualities, should be admitted to the special public health nursing classes. Both for the good of the patient and of the nurse herself the public health nurse should not be trained in one special branch only, as we at first thought advisable.

We are at present encountering a good deal of opposition owing to the ever increasing demand from schools, associations, for combating tuberculosis and venereal diseases, mental hygiene, etc., for public health nurses who are quite indispensable in the development of the work. Our methods entail careful

selection, a long period of training and residence at a nursing school ; this latter is frequently opposed by parents and many suitable candidates are lost in consequence. It is the everlasting dilemma of quality *versus* quantity, which is particularly disturbing in the domain of nursing.

FOR LEISURE HOURS, A RAINBOW TEA SET.

By MISS E. GRIFFIN.

When Christmas comes near we most of us turn our thoughts to the making of gifts for our friends and patients.

I think this tea set will interest many members who like to make pretty and uncommon things.

It is a tea cloth and tea serviettes to match. The cloth was made of a piece of cotton crepe in a pretty shade of blue, fringed all round for about two inches. In one corner was a spray of daffodils in applique in their natural colours. The material for the patches was crepe or gingham.

The six tea napkins were as follows : the first was white crepe with a blue morning glory and leaf in one corner. A pink one had a group of white snowdrops with their long leaves. A pale blue one repeated the daffodils of the table cloth. A lemon coloured one had mauve bluebells on it. A mauve one had a wild rose and the sixth was green with arum lilies in the corner. Each napkin was fringed like the tablecloth.

All the little sprays were done in applique work in crepe or gingham and the result was charming. It is a new idea to have these rainbow sets and they can be made out of any scraps left from frocks.

The applique is very easy to do and no tracing is required (you can trace it if you wish). The flower and leaf shapes are cut out a tiny bit larger than they are wanted and the edge is turned in and the flower tacked in place on the cloth, next it is hemmed all round neatly. A line of stem stitch or buttonholing finishes it. The middles or any marks are added after. These are done in two strands of any stranded cotton, Peri Lusta or Convent of Filoselle. The cottons used should match the flowers in colour.

The set I saw was called " The Rainbow Set " and was so pretty, I felt that others would like to hear about it. It could be carried out in other materials, such as gingham or any coloured washing fabric, and the edges could be hemstitched instead of fringed. This is merely a matter of taste. The flower sprays could be embroidered instead of being done in applique.

In India it is difficult to get such things ready traced, but transfers are easy to get. If you can draw then your troubles are over and the whole flower garden is open to you. Or you can make your own designs or alter transfers to your liking. The drawing or transfer must go on to the patch, or you can have two and put one on the cloth and the other on the patch, but as the patches have to be cut out, it is obvious the marks must be on them.

Sweet peas, poppies, daffodils, morning glories, wild roses, all make good patterns for applique. If you cannot get the shades of material you want, get some madapallam and dye it with pastex or twink it to the shade you want.