

instead of whole-time health visitors a saving of expenditure will be accomplished. All those who believe that such is possible without the sacrifice of a very large amount of public health efficiency are invited to inquire very closely into the relative expenditures in those areas where the two different systems are at work, and also to examine carefully the standard of work which obtains in the areas concerned.

I have not in the foregoing remarks alluded in detail to the question of expenditure, as I have throughout the whole of my public health work contended that in connection with health only secondary consideration should be given to expenditure and that the system which is likely to give the best results is the one which should always be employed. It just happens that in this case there is overwhelming evidence that, assuming that approximately the same results are obtained in the two cases, the employment of the whole-time health visitor, both for urban and rural areas, is far more economical and entails much less public expenditure. I have never been able to subscribe to the theory that makeshift systems are good enough for rural areas. No one suggests for a moment any other system than the employment of whole-time health visitors for urban areas, where the district nurses are usually far more efficient and better trained, and so I suggest that it has only to be proved that the whole-time system is practical in rural areas, for that system to be accepted by all people who consider that the health and well-being of the rural population is just as important as of those who live in towns.

THE DISTRICT NURSE AS HEALTH VISITOR.

BY

H. J. CATES, M.D., D.P.H., County Medical Officer, Surrey.

During the recent economy campaign once again was heard the voice of the advocates of the employment of district nurses as health visitors.

To judge by the amount of lobbying that has lately been going on, it seems that a serious attempt will shortly be made to force County Councils generally to use district nurses for public health purposes. The motives which lie behind this movement are not always apparent, but there is no intention in these notes to suggest a reason for the recrudescence of the activities of the supporters of the district nurse.

There are several insuperable difficulties to the

economical and efficient use of a district nurse as a health visitor.

In the first place there must be dual control, the nurse will look to the Nursing Association for her salary and nursing supervision, while she will do the public work under the direction of the County Medical Officer of Health.

Every day experience shows that the employee of two masters is apt to be the servant of neither. While it is true that in some localities to meet this objection the county superintendent of health visitors has been appointed superintendent of district nurses, yet this compromise is rarely satisfactory, because the official of the County Council becomes subservient to a committee of voluntary workers, many of whom have influential positions.

Much is being made just now of the possibility of overlapping in public health work, and examples are given of counties in which visits are paid to a house by various officials all engaged in health work, the tuberculosis nurse, the school nurse, the health visitor and the school attendance officer. Doubtless this may occur when the administration is faulty, but the remedy is easy and lies in the allocation of all this work to one health visitor in each area and not in placing the duties of school nurse and health visitor on the district nurse, who ought to give her whole time to midwifery and home nursing.

The duties of a district nurse are partly routine and partly of the nature of emergencies. There is the daily list of home visits for dressings, maternity cases and other nursing, and there are the sudden calls for confinements, accidents and serious illnesses.

A health visitor who carries out all the usual public health work has the following up of children found to be suffering from defect or disease at the time of medical inspection, visiting under the Notification of Births Acts, and inquiry into instances of tuberculosis, ophthalmia and other diseases; there are routine visits, but in some cases, for example the ophthalmia investigations, the visit must be made at once—delay may lead to the blindness of the infant.

Then there are the fixed appointments such as medical inspection in the schools; surveys of children to discover uncleanness, dental inspection, attendance at maternity centres, school medical and dental clinics.

These fixed appointments—unless due notice is given—cannot be changed without great inconvenience to parents and teachers. The arrangements for the inspection and the actual treatment are carried out by the health visitor, and her sudden absence is a difficulty not easily overcome.

In country districts mothers and children often travel long distances to a centre, and it may be somewhat serious if the journey is made in vain.

Where a district nurse attempts to perform public health work it is clear that there are bound to be many occasions in which fixed appointment must be neglected on account, for example, of a midwifery case or some other unexpected emergency.

Between the district nurse and her patients there usually exists a friendly relationship promoted by the intimate nature of the nursing work. She is regarded almost as one of the family, and owing to the method of selecting candidates adopted by some nursing associations she may be actually working in the village in which she lived as a child.

A considerable part of the time of a health visitor and school nurse is occupied in issuing and following up official notices for verminous conditions, defects and diseases discovered in the course of medical inspection.

It is hardly necessary to state that where a district nurse carries out school work, the service and following up of notices will place her in a difficult and unfair position that few people would care to occupy. On the other hand, if she is relieved of this branch of the work, another person will have to do it, and overlapping and friction will follow.

As time goes on health visitors have more and more to do with the investigation of infectious diseases, the examination of contacts, and the taking of swabs; it appears very undesirable that a woman so engaged should undertake midwifery and the nursing of non-infectious cases.

There is already a dearth of candidates to be trained as district nurses; in many areas the nurses have too much to do; if additional duties are placed upon them some part of the work will be neglected.

It is doubtful whether further economy can be effected in expenditure on public health services without loss of efficiency. In fact, in some areas carefully thought out schemes which have been built upon by cautious experiment extending over a quarter of a century are now in jeopardy.

Economy in public expenditure has become a catch phrase to be used or ignored as occasion demands; fortunately, when advanced as a reason for the employment of district nurses for public health purposes in rural areas, inquiry will show that the phrase is hollow and that it is not to the interest of the community, or of the district nurses themselves, that they should be so employed.

A UNIFIED NURSING SERVICE.*

BY

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In contrasting the whole and the part-time welfare worker, it is not the voluntary worker I have in mind. Of recent years an attempt has been made—and is at present being actively pursued—by the Queen Victoria Jubilee Institute to annex in the spacious name of a “ unified nursing service ” all public health preventive nursing, the duties of which would be undertaken by the nurses of local district associations in addition to their routine sick nursing work. This is the part-time health worker I have in view, as opposed to the whole-time nurse employed in preventive nursing by the public health local authority. And it is because I regard the two types of service, sick nursing and preventive nursing, as having little in common and tending in practice to react detrimentally on each other in comparatively closely settled communities that I am strongly adverse to the combination of duties in areas similar in characteristics to my own county.

Where the local authority or its officials have no experience of the growth of the efficiency of a whole-time welfare service over a number of years I can readily understand the appeal, in these days of financial stress, of the propaganda carried on at present. Those urging combination have, so far as I am aware, no practical experience of a whole-time service or what it means to the medical officer of health. There cannot be the same thorough efficient work from the part-time nurse undertaking the combined duties of sick—and preventive—nursing as from the whole-time local authority nurse.

In Fife, our nurses act as health visitors, tuberculosis nurses, and assistant inspectors of midwives. From the first the aim has been to concentrate all executive public health nursing work in the local authority's nurse with a view to limiting the officials likely to seek entrance to the home.

I cannot well imagine how my work could possibly proceed without the whole-time health visitor, for the investigation of necessitous families, the supervision of the tuberculous, the provision of additional nourishment, inquiries into still-births and other accidents of pregnancy and the question of provision of the service of midwife or doctor in confinements for necessitous women. No other

* Extracted from an Address at the Aberdeen Conference of Health Visitors.