

**GHQ/SCAP Records (RG 331, National Archives and Records Service)**

**Description of contents**

(1) Box no. 2827

(2) Folder title/number: (10)  
**In Service Training for PH Nurses**

(3) Date: \_\_\_\_\_, 1942 - Jan. 1947

(4) Subject:

Classification	Type of record
752	t

(5) Item description and comment:

(6) Reproduction:  Yes  No

(7) Film no. \_\_\_\_\_ Sheet no. \_\_\_\_\_

(Compiled by *National Diet Library*)

775013

*Anna Pauusa*

# Your SOCIAL HYGIENE NEWS

THE AMERICAN SOCIAL HYGIENE ASSOCIATION—1790 Broadway, New York 19, N. Y.

Vol. 22, No. 1

*T.K. McG* January, 1947

## 1946—A YEAR OF TRANSITION— The American Social Hygiene Association's Executive Director Reports on Work of the First Peacetime Year

A summary of the Association's Annual Report, to be published in full in the January Journal of Social Hygiene. Reprints free on request.

Publication Office, 374 Broadway, Albany 7, N. Y. Published monthly by the American Social Hygiene Assn., Inc. Entered as 2nd class matter Nov. 19, 1925, at the Post Office at Albany, N. Y., under the Act of Aug. 24, 1912. Editorial Office, 1790 Broadway, New York 19, N. Y.

## 1946—A YEAR OF TRANSITION

WALTER CLARKE, M.D.

Executive Director,  
American Social Hygiene Association

THE YEAR 1946 was a time of transition for the American Social Hygiene Association. For the second time in its history the Association, after again making an honorable record of service during a world war, gave its attention to problems of reconstruction.

The nation's armed forces, with magnificent wartime records behind them, were demobilizing. Industry was shifting from war to peacetime production. Vast industrial populations were readjusting to changing economic conditions. Millions of people were on the move. Transportation facilities and cities were overcrowded. The severe housing shortage remained acute. Juvenile delinquency caused grave concern. Many wartime marriages ended in divorce courts. In some places venereal disease incidence increased. Prostitution racketeers tried to profit by postwar confusion and letdown to revive their traffic.

### New and Old Responsibilities

Although various wartime duties and staff assignments were completed, the Association continued to have, under the EIGHT-POINT AGREEMENT OF 1946, a share in protecting the armed forces from venereal diseases and prostitution, and our responsibility in regard to civilian problems in this field increased as postwar turmoil helped VD infections spread.

Social hygiene wartime losses in personnel had been high, including the death of a number of valued Association staff members, who were "war casualties" in a real sense, since they gave their whole strength to the war effort. During the year, also, a number of older staff members retired from full-time service, adding to the

problems of the transition period the necessity of finding and training personnel to carry on.

### Financial Problems

Another transition problem to be faced was that of financial support for the national program. Early in 1946 the National War Fund, from which the Association had received its support for three years past, notified the Finance Committee that funds allocated for the twelve months beginning October 1, 1945 must suffice for three months additional. This reduced available resources for 1946 from the expected \$380,000 to \$280,000. Since Fund support was to end December 31, 1946, in order to provide for 1947 it was also necessary to set aside part of the reduced 1946 income for personnel and facilities to rebuild the Association's fund-raising mechanism.\* These adjustments were necessarily reflected in decreased program.

### Building for the Future

Recognizing the need for postwar guidance and advice from as large an experienced group as possible, the General Advisory Board was reorganized, and under the chairmanship of Dr. John H. Stokes, is studying various questions of policy and program regarding some of which recommendations have been made to the Board of Directors. The special Committee on the Future of the Association, with Dr. Robert H. Bishop, junior, as chairman, made an exhaustive study in the light of postwar needs, and recommended certain structural changes in organization, including the creation of a new office, Chairman of the Board of Directors, to which position Dr. Snow was elected.

\* The Association's budget for 1947 (\$420,000) and the program it is intended to implement were approved by the National Budget Committee of the Community Chests and Councils. Memberships in the National Information Bureau and the National Health Council have also been helpful in postwar financial planning.

## HOLDING THE POST

Believing that the Association required it to provide national leadership for some years to come of the organization, its present experienced personnel and service, were regarded as important.

### Emergency Goals

The main emergency effort during 1946 aimed to preserve hygiene gains made during law enforcement, in public medical care, and in public health. The failure of Congress to the Social Protection Division Security Agency beyond this task more difficult.

### Measure of Success

As we study the national 1946, it is possible to record degree of success in this regard. The line has been held against racket, not everywhere, but in majority of places. This is through the Association's efforts have been welcomed and community leaders than ever has been no great epidemic in United States as there. Although the general venereal have risen here, the estimated incidence rate is still only believed to exist before 1936 civilian health organization county and local—has actually ended in 1946 as compared with Public opinion has never been the social hygiene program. Association itself has never publicity. Through the "Ten Social Hygiene Day promotion

transition period the necessity  
training personnel to carry on.

ion problem to be faced was  
support for the national pro-  
1946 the National War Fund,  
Association had received its  
years past, notified the  
that funds allocated for the  
beginning October 1, 1945 must  
months additional. This re-  
resources for 1946 from the  
to \$280,000. Since Fund  
December 31, 1946, in order  
it was also necessary to set  
reduced 1946 income for per-  
to rebuild the Association's  
anism.\* These adjustments  
reflected in decreased program.

ture  
need for postwar guidance  
a large an experienced group  
General Advisory Board was  
under the chairmanship of  
es, is studying various ques-  
program regarding some of  
tions have been made to the  
The special Committee on  
Association, with Dr. Robert  
as chairman, made an ex-  
the light of postwar needs,  
certain structural changes in  
ding the creation of a new  
of the Board of Directors, to  
Snow was elected.

budget for 1947 (\$420,000) and  
ded to implement were approved  
et Committee of the Community  
Memberships in the National  
and the National Health Council  
l in postwar financial planning.

### HOLDING THE POSTWAR LINE

Believing that the Association's mission re-  
quired it to provide national voluntary leader-  
ship for some years to come, the preservation  
of the organization, its prestige, its trained and  
experienced personnel and its facilities for  
service, were regarded as imperative.

#### Emergency Goals

The main emergency effort of the Association  
during 1946 aimed to preserve the great social  
hygiene gains made during the war—gains in  
law enforcement, in public health control and  
medical care, and in public interest and support.  
The failure of Congress to continue funds for  
the Social Protection Division of the Federal  
Security Agency beyond July 1, 1946, made  
this task more difficult.

#### Measure of Success

As we study the national scene at the end of  
1946, it is possible to record an encouraging  
degree of success in this major undertaking.  
The line has been held against the prostitution  
racket, not everywhere, but in the great ma-  
jority of places. This has been revealed  
through the Association's field studies which  
have been welcomed and approved by more  
community leaders than ever before. There  
has been no great epidemic of syphilis in the  
United States as there has been abroad.  
Although the general venereal disease rates  
have risen here, the estimated annual syphilis  
incidence rate is still only about half that  
believed to exist before 1936. The structure of  
civilian health organizations—federal, state,  
county and local—has actually been strength-  
ened in 1946 as compared with the war years.  
Public opinion has never been so firmly behind  
the social hygiene program as in 1946 and the  
Association itself has never had more or better  
publicity. Through the "Team Plan," through  
Social Hygiene Day promotion, through field

work and publicity 37 new social hygiene socie-  
ties and committees have been set up to pro-  
mote all aspects of social hygiene throughout  
the nation.

#### Long Range Objectives

War experience emphasized the importance  
of sex promiscuity not only as the main factor  
in the spread of venereal diseases, but as an evi-  
dence of failure of such institutions as homes,  
schools and churches to meet personality needs  
of developing individuals. Education, guidance  
and training by parents, teachers and religious  
leaders can help youth to lay firm foundations  
in knowledge and character, and to mold sex  
conduct into socially and personally satisfac-  
tory patterns. In recognition of this oppor-  
tunity, the Association reorganized its educa-  
tional program under competent professional  
direction and made good progress in launching  
broad educational activities.

#### Methods and Materials

Leadership training was extended during the  
year by providing faculty services to the Uni-  
versity of Utah for an outstanding course for  
teachers in family life education, by continuing  
cooperation in a course in Health and Human  
Relations with the University of Pennsylvania  
and for the 6th year conducting the course in  
venereal disease control at Harvard University.

Our publications, the JOURNAL OF SOCIAL  
HYGIENE and the SOCIAL HYGIENE NEWS, our  
books, pamphlets, posters, exhibits and motion  
pictures continue to be called for widely and to  
exert influence.

#### Around the World

World trends in health and welfare were  
recognized by our Committee on International  
Relations and Activities, which set up a Liaison  
Office for International Social Hygiene Agen-

cies and Activities to serve the Association and the International Union to Combat Venereal Diseases in working with the various commissions of the United Nations Economic and Social Council, and the specialized agencies UNESCO and the World Health Organization. Late in the year the Association sent Dr. William F. Snow, as Chairman of the International Committee, to study conditions in Europe, and to attend the first postwar meeting of the International Union, of which he was elected president at this time. On his return home, Dr. Snow rendered a great service to our armed forces abroad and to Europe generally by urging and securing approval of United States government provision of penicillin for treatment of venereal diseases among German civilians.

#### United We Stand—

In all its activities the Association has worked steadily, as it will continue to do, in support of and in unity with the United States Public Health Service, through cooperative projects, and consultant services which permit free exchange of advice and information. The cooperation of a large number and variety of other national agencies, both federal and voluntary, and their state and local units, has aided progress. The continuing provision by the Association of information on prostitution conditions to public officials, including Army and Navy officers, and the peacetime supplying of social hygiene educational materials for the armed forces, are examples of a special kind of cooperation which will remain a definite obligation as long as large numbers of young men are in military training. With other groups now developing, such as the National Social Welfare Assembly and the National Health Council's Citizens Committee, the Association is joining in planning and working for the future.

#### FORWARD INTO 1947!

The Association goes ahead into 1947 with a determination double in purpose and in strength:

*First*, to make permanent the splendid social hygiene gains of the past few years;

*Second*, to achieve steady advances for the future.

#### Hold Fast What We Have

The gains to be held include the efficient maintenance of (1) the excellent organizations and facilities built up for venereal disease control by the states, counties and communities with federal aid provided through the U. S. Public Health Service, and (2) of equally important services for law enforcement against prostitution, for delinquency prevention, and for rehabilitation of sex offenders, as established by state and local authorities in a majority of places.

#### Prevention is the Watchword!

Objectives for renewed future emphasis include expansion of all efforts on the preventive side of social hygiene problems, especially extension of professional education for teachers and youth leaders and more and better help to parents and others concerned with the training and guidance of children and youth for life.

#### Our Strength is in Union

In all of these vital aspects of social hygiene work, the Association needs and asks the cooperation of all agencies and individuals who have at heart the health and welfare of the nation—and of the world.

Citizen groups, especially, whose understanding support of official social hygiene activities is one of the strongest forces for advancement, are urged to join with the Association in re-dedicating themselves in 1947 to united effort and action, for enduring peacetime progress.

775013

AMERICAN SOCIAL HYGIENE ASSOCIATION  
1790 Broadway, New York 19, N. Y.

I hereby apply for membership in the American Social Hygiene Association, including subscriptions to the Journal of Social Hygiene, the Social Hygiene News, and on request receipt of new items published by the Association.

- ∞ One Year's Membership \* . . \$ 5.00 ( )
- Life Membership . . . . \$100.00 ( )

I enclose \$..... or bill me ( ) for this amount.

Name.....

Street and Number.....

City..... State.....

\* Membership, with publications limited to Social Hygiene News, \$2.00 per year ( ).

**You Are Invited to Become a Member  
of The American Social Hygiene  
Association**

The American Social Hygiene Association, sole national voluntary agency leading the citizens' fight against the venereal diseases, is a non-profit organization, wholly supported by private gifts.

Individual memberships constitute an important part of Association resources. Members are a great and treasured resource because they are the vanguard group that awakens the people in every community to the tasks of social hygiene.

At the same time, memberships strengthen the Association's financial resources, permitting us to broaden the Social Hygiene movement and intensify our national program.

**WILL YOU JOIN ASHA?**

**A<sub>6</sub>** **Public Health Nursing Division**  
 City Health Department  
 1014 City Hall Houston 2, Texas  
 Phone Capitol 9371

E46

**R** \_\_\_\_\_ Date \_\_\_\_\_  
 For Baby \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Birth Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz.  
 Present Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Height \_\_\_\_\_ in.

**FEEDING FORMULA**

1. \_\_\_\_\_ ounces water \_\_\_\_\_ level
2. \_\_\_\_\_ tablespoons \_\_\_\_\_ (Carbohydrate)
3. \_\_\_\_\_ ounces Carnation Milk \_\_\_\_\_

Stir well and pour this formula into \_\_\_\_\_ bottles  
 of \_\_\_\_\_ ounces each.

Feed baby every \_\_\_\_\_ hours, or \_\_\_\_\_ times daily.  
 Hours for feeding \_\_\_\_\_ A. M. \_\_\_\_\_ P. M.

Consult your baby's doctor again for check-up  
 on \_\_\_\_\_

**Additional Instructions**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Doctor or Nurse  
 (over)

### INSTRUCTIONS FOR PREPARING THE BABY'S FORMULA

By following these simple instructions the baby's milk will not spoil even though it is not kept on ice for a period of 24 hours or more.

#### NECESSARY ARTICLES

1. A sterilizer, with a piece of chicken wire cut to the size of the bottom of the sterilizer. A good sterilizer can be easily made by using a pot or a can similar to a 5 quart oil can.
2. An old dish or a lid.
3. A spoon.
4. One funnel.
5. A small pan to mix the formula.
6. Brown wrapping paper cut in squares of 4 inches by 4 inches.
7. A small jar with a lid in which to keep the nipples.
8. Nipples, one for each feeding.
9. Some string.
10. Seven nursing bottles, one for each feeding for a 24-hour period. One of the bottles must have the ounces marked on the glass in order to use it as a measuring glass. The other bottles may be of any kind as long as the nipple fits them.

**Clean Utensils** — All utensils used in the preparation of the baby's formula must be well washed with soap and water and rinsed. It is not necessary to boil them because the nursing bottles with the prepared feedings are sterilized in the steam bath.

**Care of the Hands** — Before preparing the formula or feeding the baby wash your hands carefully with soap and water. Keep in mind that whatever goes into the baby's mouth must be scrupulously clean.

**Looseness of the Bowels or Diarrhea**—This common complaint so often seen in babies is often due to carelessness in the preparation of the formula or in the manner of sterilizing the prepared feedings. Therefore, follow these instructions carefully.

### HOW TO PREPARE THE FORMULA

1. Measure the Carnation Milk, water and carbohydrate according to the prescribed quantities.
2. Mix well the ingredients in a clean pan.
3. Pour the prescribed amount of the mixed formula into each feeding bottle.
4. Cover each nursing bottle with a piece of brown paper, 4 inches square, and tie securely with a string.
5. Place the bottles in the sterilizer.
6. Fill the sterilizer with cold water up to the neck of the feeding bottles.
7. Be careful that the nursing bottles fit snugly in the sterilizer so that there will be no danger of their falling into the water when it begins to boil.
8. Put the sterilizer on the stove. As soon as the water begins to boil, cover the sterilizer with a loose lid in order to allow the steam to escape.
9. When the water begins to boil, please note the time and allow it to boil for 30 minutes.
10. At the end of the 30 minutes, remove sterilizer from the stove but do not uncover and do not empty the water. Place the sterilizer with the bottles somewhere out of reach of other children. It is not necessary to put the bottles on ice.
11. It is very important that you do not uncover the sterilizer until it is cold. When it is time to feed the baby, remove the cover and take out one bottle, and replace the cover.

#### KEEP THIS CARD

This feeding formula card, containing the formula prescribed at the clinic or by the doctor, must hang near the table where the formula is usually prepared. Follow instructions exactly as given and do not be guided by the advice of neighbors or relatives in regard to the baby's formula.

### HOW TO FEED THE BABY

1. Wash your hands with soap and water carefully.
2. Take out one bottle from the cold sterilizer and heat in a pan of hot water.
3. Boil the nipple 5 minutes immediately before feeding the baby.
4. Remove the brown paper which covers the nursing bottle.
5. Put the nipple on the nursing bottle and feed the baby.
6. If the baby does not finish the feeding in 20 minutes, discard what is left in the bottle. Do not keep it for the next feeding.
7. After each feeding, the nursing bottle and nipple should be rinsed in cold water and brushed with soap suds.
8. Each nipple should also be turned inside out and scrubbed with a brush in soap and water to make sure that all milk particles are removed.
9. Between feedings, take care that the sterilizer containing the bottles is always covered and kept away from the reach of other children.

### OTHER FOODS AND HELPFUL SUGGESTIONS

The water given to the baby during the day, gruels and strained vegetables should also be prepared according to the above instructions. The cooked gruels and strained vegetables should be put in wide mouthed jars, covered with brown paper, securely tied and placed in the water bath to boil 45 minutes.

Please do not give the baby any home remedies and always consult the doctor if you have any doubts.

Hold the baby in a semi-upright position in the curve of your arm when you feed it. Keep the neck of the bottle full of milk. Hold the baby over your shoulder for a few minutes in the middle of the feeding period and after he has finished eating, pat him gently on the back so that he can get up any air he has swallowed.

**NOTE:** You may continue to give your baby Carnation Milk after weaning from the bottle. The same good qualities which have helped to make your baby a strong, healthy child will continue to help him all his growing years.

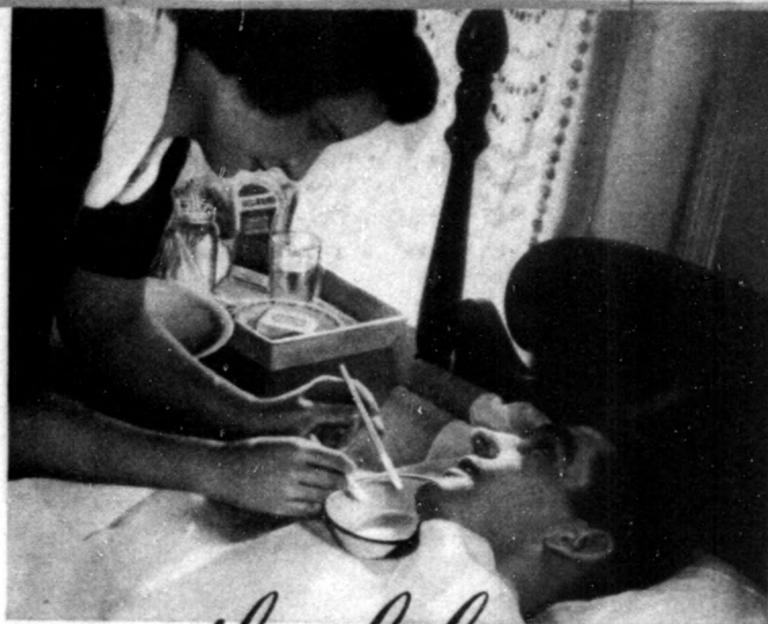
# ANSWERING THE CALL

THE METROPOLITAN NURSE  
will care for you as your doctor directs  
when you are ill



**METROPOLITAN LIFE  
INSURANCE COMPANY**

HOME OFFICE: NEW YORK  
Pacific Coast Head Office: San Francisco  
Canadian Head Office: Ottawa



## *A Company that helps to care for you when you are ill*

**T**HE METROPOLITAN Life Insurance Company provides skilled nursing care without charge to ill policyholders in those communities where Nursing Service has been established. This service is paid for by your Company and is not a charity. There is no deduction for it from your policy. The Visiting Nurse calls at the home and stays long enough to give to the policyholder the necessary nursing care as ordered by the doctor. She also teaches the family how to give care to the patient and how to prevent the spread of disease.

### **How Is This Service Carried On?**

By graduate, registered Nurses who are employed by the Company; or by the local Visiting Nurse Association having a contract with the Metropolitan and rendering this service at Company expense.

### **Which Policyholders Are Eligible for This Service?**

Those who have Industrial policies (Monthly and Weekly)  
Intermediate policies—less than \$1,000  
(policy number followed by the letter C)  
Special Class policies—less than \$1,000  
(policy number followed by letters S.C. or B.S.C.)  
Group certificates

*Visiting Nurse - phone 755*

### **Some Things You Should Know About This Service**

1. It is for those who are ill at home. It is not for those ill in a hospital.
2. Only one visit may be made by the Nurse to anyone who is not under the care of a licensed physician.
3. A policyholder who develops an acute illness may have a number of visits depending on his condition, the care required, and the doctor's orders. This service may be given as soon as the policy has been issued and delivered in the home. In many communities, nursing care is available for the communicable (catching) diseases, especially those of children.
4. In cases of chronic illness—that is, a continued illness—the Nurse will make several visits to teach someone in the family how to give the necessary care. She cannot continue indefinitely her visits to the patient.
5. The Nurse does not give anesthetics or assist at operations.

### **Care for Expectant Mothers**

1. Except for Group certificate holders, a policyholder must be insured for six months before she may have maternity service.
2. The Nurse will visit the expectant mother to teach her how to take care of herself before the baby is born.

*The mother should notify the Nurse as soon as she knows that she is going to have a baby.*



3. The Metropolitan Nurse does not care for the patient during the time of the birth, but will help the expectant mother to arrange for necessary care.
4. The Nurse will give care to the mother in her home after the baby is born.
5. A new baby, whether insured or not, may have care during the time that visits are made to the mother. An insured newborn baby of a mother who is not insured may not have care unless he becomes ill.

Quincy Visiting Nurse Service  
310 MAJESTIC BLDG.  
PHONE 858

*4 ways to call*



### A METROPOLITAN NURSE

1. Ask your doctor.
2. Telephone or send someone for the Nurse.

To telephone  
the Nurse, call

3. Telephone the Metropolitan Office.
4. Ask the Agent to send a Nurse.

Call the Nurse early, especially in severe illnesses, such as pneumonia.

*Important*

Always have your policy and Premium Receipt Book ready to show to the Nurse when she makes her first visit.

*What*

**Every Nurse Should Know  
About the**

**INTERNATIONAL COUNCIL OF NURSES**



**Temporary Headquarters**

**INTERNATIONAL COUNCIL OF NURSES**

**1819 Broadway, New York 23, N. Y.**

**What Is the International Council of Nurses?**

The I.C.N. is a federation of nurses' associations all over the world. It is a nonsectarian and nonpolitical organization.

**What Does the I.C.N. Stand For?**

The I.C.N. stands for self-government by nurses in their associations for the purpose of improving their service to the sick and raising the standards of education and professional ethics.

**Who May Become a Member of the I.C.N.?**

One nurses' organization in each country, whose constitution and bylaws harmonize with those of the I.C.N. can become a member.

**Can an Individual Nurse Become a Member of the I.C.N.?**

Every nurse belonging to a national association which has membership in the I.C.N. is automatically a member of the Council.

**What Advantages Does the I.C.N. Offer to Its Members?**

The I.C.N. offers international recognition of the professional standards and educational achievements of individual nurses' associations and protects the interests of its members.

Through its meetings and congresses, at which representatives of all member countries may meet, the I.C.N. offers a forum where national and international

[ 2 ]

problems of the nursing profession can be discussed and ways of solving them found.

The Council provides a means of communication between nurses of various nationalities, and aids those nurses who seek to complete their education in countries other than their own by arranging programs for them.

The I.C.N., through its international position and its publications, has great influence on progressive thinking and has stimulated the development of the various fields of nursing, their practice, and legislation affecting them. This will help toward a more general understanding among the peoples of the world and thus contribute toward a stable peace.

The I.C.N., together with the League of Red Cross Societies, has been instrumental in setting up an international memorial to Florence Nightingale in the form of an educational foundation. The Florence Nightingale International Foundation offers opportunities for postgraduate studies to professional nurses.

**What Is the History of the I.C.N.?**

The I.C.N. was founded in London in 1899 by Mrs. Ethel Bedford Fenwick, who felt a great need for an international body that could represent the interests of nurses all over the world. The following list gives the names of all member associations in the order in which they joined the I.C.N.:

National Nursing Council of Great Britain  
 American Nurses' Association  
 Nurses' Association of Germany  
 Canadian Nurses' Association  
 Danish Council of Nurses  
 National Council of Nurses of Finland

[ 3 ]

National Nurses' Association of Holland  
 Trained Nurses' Association of India  
 New Zealand Trained Nurses' Association  
 National Federation of Belgian Nurses  
 Nurses' Association of China  
 Norwegian Nurses' Association  
 South African Trained Nurses' Association  
 Bulgarian Nurses' Association  
 National Association of Nurses of Cuba  
 National Association of Trained Nurses of  
 France  
 National Council of the Trained Nurses of the  
 Irish Free State  
 National Council of Polish Professional Nurses  
 Brazilian Graduate Nurses' Association  
 Filipino Nurses' Association  
 Graduate Nurses' Association of Greece  
 Swedish Nurses' Association  
 Yugoslavian Graduate Nurses' Association  
 Nurses' Association of Austria  
 Graduate Nurses' Association of Czechoslovakia  
 Estonian Nurses' Association  
 Hungarian Nurses' Association  
 Icelandic Nurses' Association  
 Nurses' Association of the Japanese Empire  
 Australian Nursing Federation  
 National Association of Trained Nurses of  
 Roumania  
 National Association of Nurses of Registered  
 Training Schools of Switzerland

#### Who Are the Officers of the I.C.N.?

The officers of the I.C.N. are: the president, three vice-presidents and the treasurer. They are elected by the Grand Council which meets every four years and

[4]

their term of office lasts until the next Grand Council meeting. The officers, together with the presidents of the national associations, constitute the Board of Directors, which meets at least every two years. The Board of Directors plus four accredited delegates from each member country compose the Grand Council.

#### How Is the Work of the I.C.N. Carried Out?

The I.C.N. carries on its work at its headquarters offices and through the following fourteen committees:

- Membership Committee
- Congress Program Committee
- Publication Committee
- Nominating Committee
- Education Committee
- Public Health Committee
- Private Duty Nursing Committee
- Ethics of Nursing Committee
- Revision of Constitution and Bylaws Committee
- Finance Committee
- Advisory Committee
- Headquarters Committee
- Florence Nightingale Foundation Committee

#### How Does I.C.N. Headquarters Function?

The Board of Directors appoints a nurse as executive secretary who is in charge of headquarters. The executive secretary travels a great deal, visiting member associations and those who want to become members.

Up to 1937, headquarters offices were in Geneva, then they were moved to London. After the outbreak of the war it was thought advisable to move to the

[5]

country where the incumbent president of the I.C.N. is residing. Since then the office has been maintained in the United States, where it will remain for the duration, and business has been carried on as far as possible.

The work at headquarters has been limited due to the war but as countries are being liberated contacts are being resumed and plans for rehabilitation and reorganization are being made. Many new problems have arisen. Among those much thought is given to postwar planning in nursing and affiliated fields all over the world.

A compilation of nursing laws of all countries and their history is being made. This work will be the first of its kind and very important in the future development of nursing legislation.

With many countries cut off from each other through the war, I.C.N. headquarters has been an important center of information and communication. Nurses traveling outside their countries have been given assistance in planning their trips to best advantage. Educational programs as well as instructive visits to nursing centers have been arranged. Headquarters has kept in close touch with Army nurses abroad supplying them with information which facilitated their contact with nurses in liberated areas.

As soon as possible after the war a Congress will be convened. Up to 1937 Congresses were held regularly, each time in a different country. It has been a tradition of the I.C.N. to give the newly elected president a watchword for her period of office. The watchwords express the high ideals of the Council and have proved true guides through the years of untiring devotion to the cause of the profession. The following

[ 6 ]

is a list of all Congresses, the acting presidents, and the watchwords they gave:

Buffalo	1901	Mrs. Bedford Fenwick (England)
		"Work"
Berlin	1904	Mrs. Bedford Fenwick (England)
		"Courage"
London	1909	Sister Agnes Karll (Germany)
		"Life"
Cologne	1912	Miss A. W. Goodrich (U.S.A.)
		"Aspiration"
San Francisco	1915	Cancelled
Copenhagen	1922	Baroness Mannerheim (Finland)
Helsingfors	1925	Miss Nina Gage (China)
		"Service"
Montreal	1929	Mlle. Chaptal (France)
		"Concordia"
Paris	1933	Dame Alicia Lloyd Still (England)
		"Loyalty"
London	1937	Miss Effie J. Taylor (U.S.A.)

[ 7 ]

**LIST OF I.C.N. PUBLICATIONS**

**HISTORY OF THE INTERNATIONAL COUNCIL OF NURSES 1899-1925**, by Margaret Breay and Ethei Gordon Fenwick.

**THE INTERNATIONAL NURSING REVIEW**, a quarterly magazine, publication suspended in 1939, to be resumed at earliest possible date.

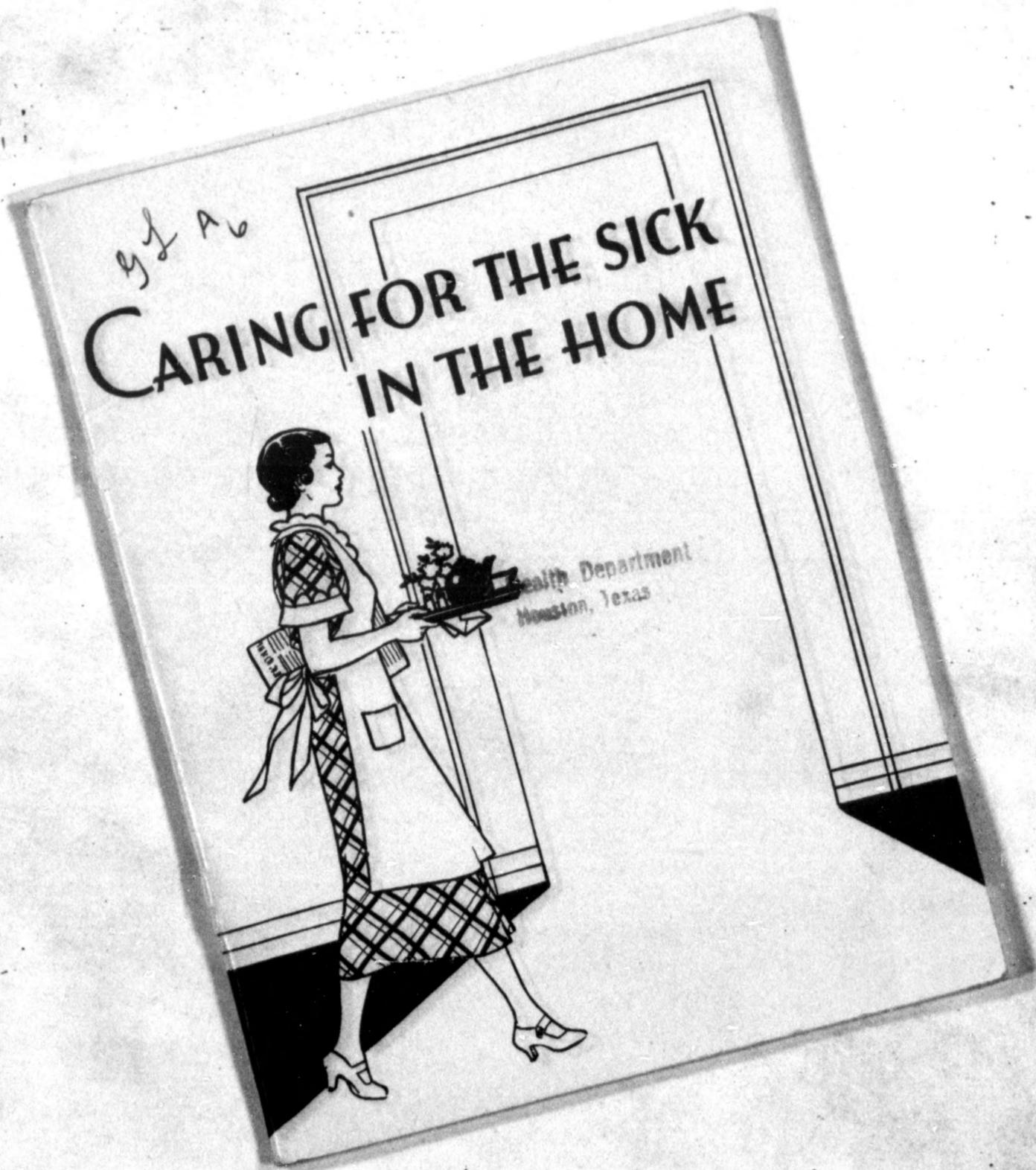
**THE EDUCATIONAL PROGRAMME OF THE SCHOOL OF NURSING**, prepared by Isabel M. Stewart, Chairman of the Committee of Education.

**HEALTH STATISTICS**, a pamphlet prepared by the Chairman of the Health Statistics Committee, Frau Oberin Alice Pietzcker.

**CONGRESS PAPERS**

**NATIONAL REPORTS**

**CONSTITUTION AND BYLAWS OF THE INTERNATIONAL COUNCIL OF NURSES**, last revision 1937.



CARING  
FOR THE SICK  
IN THE HOME



LIFE CONSERVATION SERVICE  
OF THE  
JOHN HANCOCK MUTUAL LIFE  
INSURANCE COMPANY  
OF BOSTON, MASSACHUSETTS

COPYRIGHT, 1942

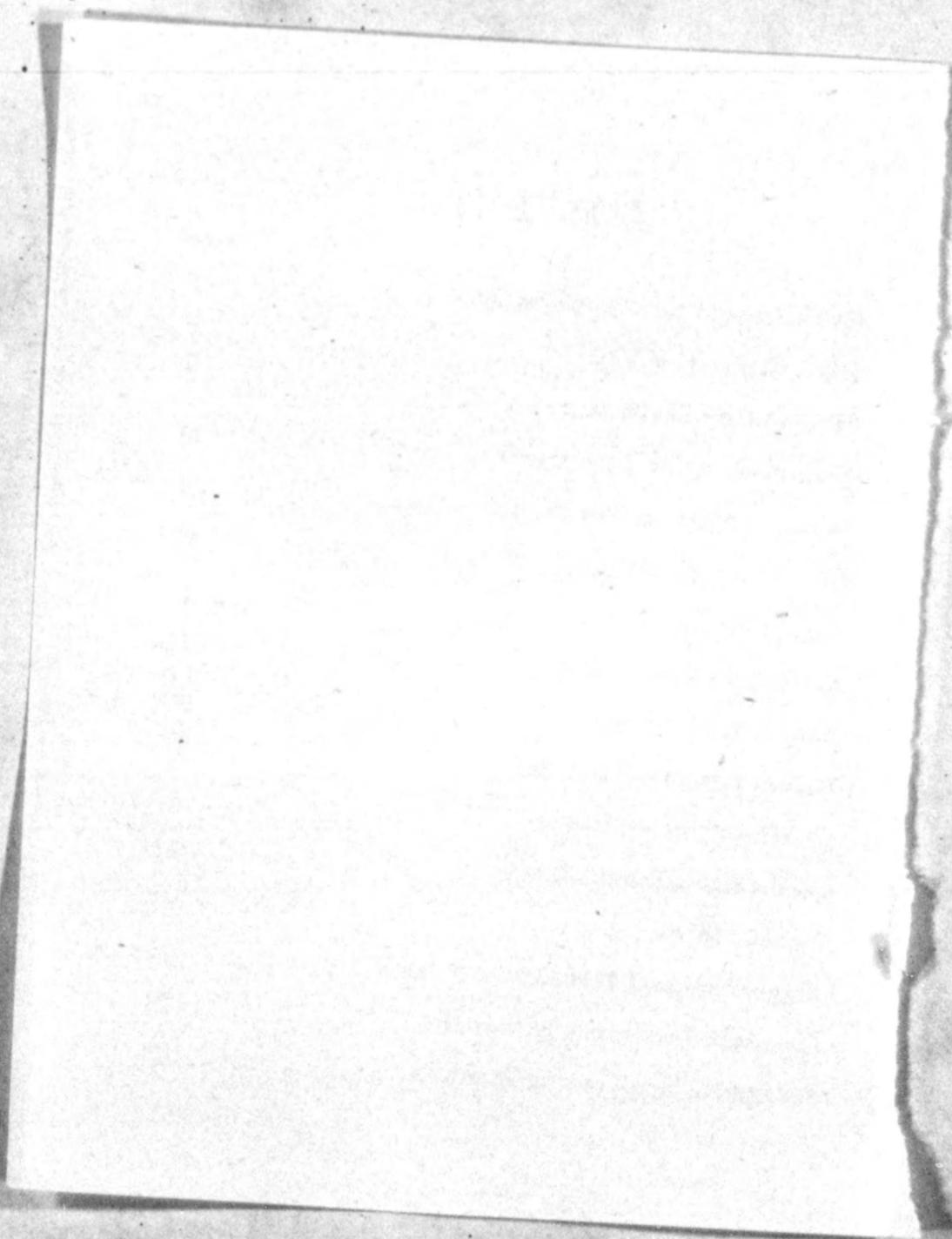
JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY  
OF BOSTON, MASSACHUSETTS

78-3-42

## CONTENTS

	PAGE
CARING FOR THE SICK IN THE HOME . . . . .	5
DAILY ROUTINE OF CARE . . . . .	7
HOW TO GIVE THE BEDPAN . . . . .	8
HOW TO TAKE THE TEMPERATURE . . . . .	10
WASHING THE FACE AND HANDS . . . . .	11
CLEANSING THE MOUTH . . . . .	12
CARING FOR THE HAIR . . . . .	13
SUGGESTIONS ABOUT MEALS . . . . .	14
HOW TO GIVE THE BED BATH . . . . .	16
CHANGING AN OCCUPIED BED . . . . .	19
CHANGING THE NIGHTGOWN . . . . .	21
GIVING THE CLEANSING ENEMA . . . . .	22
PREVENTING BEDSORES . . . . .	23
MAKING SURGICAL DRESSINGS AND PADS . . . . .	25
OBSERVING INDICATIONS OF ILLNESS . . . . .	28
EMOTIONAL NEEDS OF THE PATIENT . . . . .	28

775013



## CARING FOR THE SICK IN THE HOME

**I**T IS recognized that good nursing care is of great importance in the successful treatment of serious illness and contributes much to the comfort of the patient. For this reason, the John Hancock Mutual Life Insurance Company offers within certain limitations a visiting nursing service to its Weekly Premium policyholders who are sick.\* But, important as is the visit of the nurse to the patient, it is clear that there are other needs which must be met throughout the remainder of the day. Someone in the household must be prepared to meet these needs and to give certain types of care in the nurse's absence; for convenience, this person will be referred to hereafter as the "attendant," and it is to her that this book is addressed.

Let it be clearly understood at the beginning that this booklet in no way takes the place of the doctor or the nurse. Its aim is to set forth some practical suggestions which will enable the attendant and the family to supplement most effectively the services of the nurse, and to assist in giving the care according to the doctor's orders. As it is the doctor who prescribes all treatments, he should always be consulted

\* The regulations under which the service is provided are described in detail in the leaflet THE JOHN HANCOCK VISITING NURSE.

for directions regarding any change in the daily care of the patient. It is expected that the nurse, while she is in the home giving care to the patient, will demonstrate for the attendant the particular procedures outlined in this little book which apply to the case.

A definite plan of care contributes to the comfort and welfare of the patient. It should be remembered that the sick person has mental as well as physical needs. The longer the sickness the more acute these mental needs may become. So, it is important that all members in the household give consideration to the mental and emotional difficulties of the sick person. A patient upset by confusion, unnecessary noises, family discussions or irregularities in his care may be as greatly handicapped in getting well as is the one whose physical needs are neglected.

A daily routine well observed avoids confusion for the patient and makes certain that none of the necessary procedures is forgotten. When the routine is followed as a matter of habit, the attendant's energy is conserved, her mind is free to watch the patient, and to keep up other household duties, as well.

## DAILY ROUTINE OF CARE

7

*Daily Routine of Care*

**T**HE nursing routine which follows is intended for the ordinary bed case. It will, of course, be modified by the physician depending upon the nature of the patient's illness, the seriousness of his condition, the progress of the disease, the presence or absence of fever, and the ability of the patient to help himself.

It would be well to ask the nurse to repeat the demonstration of any of the following procedures if they are not clear, and to give the necessary instructions about keeping a temperature chart.

Make out schedule for giving medicine, special treatments, meals and water as ordered by the doctor.

Begin the day by offering the patient the bedpan, give it again before each meal and whenever else it may be asked for.

Take the temperature, if the doctor orders it.

Wash the face and hands, brush the teeth, and rinse the mouth.

Straighten the bed, make the patient comfortable, and serve the morning meal.

Allow the patient to rest an hour, then give the bed bath, paying especial attention to the prevention of bedsores.

Make the bed, with fresh linen if needed.

Dust with a damp cloth, air the room, and put it in order.

8

## CARING FOR THE SICK IN THE HOME

Throughout the remainder of the day, give frequent attention to the patient's position, doing everything needed for his comfort.

Give especial attention to the bed after meals, brushing out crumbs, straightening sheets and shaking pillows.

In the evening, the patient should be made ready for the night, his face and hands washed, his teeth brushed, and his back rubbed. Then the bed should be straightened.

### *How to Give the Bedpan*

**A**LL too frequently, the patient's strength is overtaxed when he is encouraged to go to the toilet because the attendant does not know just how to give the bedpan. The weakened patient should not be deprived of the convenience of a bedpan, for it helps greatly in conserving his strength.

In cold weather, the bedpan should be warmed. It will also be more comfortable if the part of the pan that supports the buttocks is covered with a soft towel.

To give the bedpan, bend the patient's knees and raise the gown. With a hand under the hips, help the patient to raise them, the patient assisting by pressing on his heels and shoulders. If he is helpless, two persons may be needed to help him do this. When the hips are raised, put a newspaper pad or a folded sheet (to protect the bed) under the patient

## HOW TO GIVE THE BEDPAN

9

and then slide the bedpan in place. Do not try to force it under hips insufficiently raised.

While the patient is using the bedpan, assemble toilet paper, a basin of warm water and pieces of soft cloth. If he is able, allow the patient to complete the toilet unassisted. If he is helpless, the attendant must clean and dry the patient as thoroughly as possible.

Raise the patient's hips again well above the bedpan and slide it, with the newspaper pad, out from under him. Be sure that the skin does not stick to the metal for it may be injured as the pan is drawn away. This is a frequent cause of bedsores.

If necessary, turn the patient on his side (by putting the hands well under the hips and drawing the patient gently toward the edge of the bed) and wash the parts again, drying with pieces of soft, old cloth. If the physician requests it, observe the character of the stools, then cover the bedpan with the newspaper. Empty into toilet and clean it thoroughly with scalding water at the first opportunity.

Wash the hands thoroughly.

### *How to Take the Temperature*

**E**ACH time the thermometer is used, the mercury must first be shaken down below the  $96^{\circ}$  mark. This is done by holding the thermometer firmly at the end away from the bulb and shaking it briskly with a downward thrust. Now rinse the thermometer in cold, running water and place it in the patient's mouth under the side of his tongue. Tell him to keep the lips closed and see that he keeps the thermometer in place for three minutes. (Time this with a watch.)

Read the thermometer immediately after it is removed from the mouth. Then wipe it with a pledget of cotton moistened with soap, rotating the thermometer as the cotton is pulled toward the bulb. Rinse the thermometer in cold, running water and place in tumbler with a wad of cotton in the bottom to protect against breakage.

The normal temperature is  $98.6^{\circ}$  and is so marked on the thermometer. The temperature should not be taken by mouth after a hot or cold drink has been given (or after a hot tub bath) for it may result in an inaccurate reading.

If the temperature cannot be taken by mouth because of the age or condition of the patient, it may be taken by rectum or under the arm; the doctor or the nurse will demonstrate these special methods.

Record the temperature as requested by the doctor.

## WASHING THE FACE AND HANDS

11

*Washing the Face and Hands*

**A**SSEMBLE warm water, pitcher, basin, wash cloth, soap and towels on table or chair near bed. Protect the table with a towel or newspaper pad. Cover the patient's pillow with a towel. See that the water remains warm. Have wash cloth saturated but not dripping, and wash the face and neck. Dry immediately.

Wash the hands, one at a time, in the bowl placed near the patient on a newspaper pad. Soap the wash cloth well and wash hands and arms. Rinse and dry thoroughly.

*Cleansing the Mouth*

**T**HE toilet tray should contain toothbrush, glass, basin, mouth wash and toothpaste. If the patient is able, let him brush his own teeth and rinse his mouth. If he is helpless, place a basin with a little water in it on a newspaper under the patient's face so that he may spit into it after the mouth has been cleansed. Brush the teeth



**CARING FOR THE HAIR**

13

gently with a soft toothbrush and any mild toothpaste. If the gums are inflamed, it may be better to use a cotton swab in place of the brush.

If the doctor has not prescribed the mouth wash, a scant teaspoonful of bicarbonate of soda to a glass of water may be used.

If the lips are crusty and dry or the mucous membranes of the mouth or nose are inflamed or broken, apply the healing ointment prescribed by the doctor, after the mouth is rinsed.

*Caring for the Hair*

**I**N giving care to the patient's hair night and morning, protect the pillowcase with a towel. If the hair is long, part it in a straight part down the center of the head from forehead to neckline. Have the patient turn the head or lie, first on one side, then the other, and brush or comb the hair gently one side at a time, beginning near the ends of the hair and holding the strands above with the hand to lessen the pull on the scalp.

After the snarls and tangles have been combed or brushed out, braid the hair, starting the braid at the side, but not too close to the patient's ear. Turn the head and repeat.

If the hair is short, it should be brushed gently but thoroughly back from the face, one side at a time.



### *Suggestions About Meals*

**T**HE doctor, of course, outlines the general diet to be given and the nurse is usually called upon for suggestions in carrying out the doctor's orders. But this does not lessen the attendant's responsibility to prepare and serve the meals attractively.

The tray should be made just as attractive as it can be, and the food served in the most appetizing manner. The in-

## SUGGESTIONS ABOUT MEALS

15

valid's appetite is usually poor and appearance does much in creating a desire to eat.

The meals should be made up of only a few dishes, but this does not mean that there cannot be a normal variety. They should be well cooked, the hot dishes served hot and the cold foods kept chilled.

The bed tray should be arranged, as shown in the accompanying picture, to make it convenient for the patient to help himself. If he has to be fed, it is still good practice to have the tray placed in front of him.

The attendant must not hurry the meals of the helpless patient. She must appear to have plenty of time. She should alternate liquid and solid foods and give the patient only a



16

## CARING FOR THE SICK IN THE HOME

little at a time. Raising the patient's head by placing the hand under the pillow will enable him to drink from a tumbler, providing it is only about quarter full, but a bent drinking tube should be furnished for the bed-ridden patient.

*How to Give the Bed Bath*

**I**N giving the bed bath, it should be remembered that the patient must not be chilled or exposed unnecessarily. Therefore, only one part of the body should be washed at a time, and it should be dried and covered before the next part is washed. Elderly patients and tiny babies especially must be protected from chilling.

Before beginning the bath, close all doors and windows to prevent drafts and see that the room is warmer than 70°.

Assemble pitcher, basin, pail for waste water, towels, newspapers, cloths, blanket, clean bed linen and toilet articles near the bed.

The bath water should be comfortably warm; have hot water in a pitcher to keep the bath water at the desired temperature by adding small amounts.

All bed covers, except a blanket and the upper sheet, should

## HOW TO GIVE THE BED BATH

17

be taken from the bed. Then place over the patient the blanket to be used to cover him during the bath, and pull down the bed blanket and upper sheet from beneath it. If two bath blankets are available, one may be put under the patient for his comfort and to save laundry.

Move the patient to the side of the bed, assisting him to move by lifting the hips if he is helpless. Remove the nightgown and tuck blanket about patient to keep him warm.

Place a large bath towel under the part of the patient to be washed, and move it as the bath proceeds.

Begin by washing the face. See that the wash cloth is wet but not dripping and hold so that all the corners of the wash cloth are grasped in the hand.

Dry the face with a soft towel and then wash the neck and ears using soap. After rinsing and drying them, wash the hands and arms, placing the hands, one at a time, in the basin and scrubbing the finger nails.

Wash the chest and abdomen (being sure that the water is warm) and expose the patient as little as possible. Give especial attention to the folds of the skin and dry thoroughly.

Turn the patient on his side to wash the back, the buttocks and the thighs. Dry thoroughly and put on the nightgown (warmed in cold weather).

18

## CARING FOR THE SICK IN THE HOME

Give the patient's back and other points where bedsores may develop from pressure a thorough rubbing with alcohol. (In cold weather, the rubbing alcohol should be heated by placing the bottle in a pan of hot water.) Apply toilet powder if desired.

This is a good time to change the wash water which must be renewed at least once during the bath and whenever else it becomes dirty or too cool.

Turn the patient on his back again. Uncover and wash one leg at a time.

Wash the feet. If it is desired to soap the feet in the basin, the knees are flexed and the feet put in the water one at a time, the bed being protected by newspapers covered with a towel. Rub the feet briskly to loosen dead skin.

Finally, wash the genital regions. If the patient can take this part of the bath himself, provide all the articles within easy reach.

After bath is completed remove bath towel from under the patient. Place the top sheet and a bed blanket over the bath blanket. Then remove the bath blanket from under the sheet and complete the bed-making as described in the next section.

## CHANGING AN OCCUPIED BED

19

*Changing an Occupied Bed*

**I**N making a bed with a patient in it, the object is to complete the change with as little moving of the patient as possible. The bedclothes should be loosened from under the mattress without jarring him unnecessarily.

Remove the bedspread and all blankets but one. Fold them and put over a chair.

Holding the remaining blanket in place, pull down the



sheet from under it. Remove the pillows and help the patient to move close to one side of the bed, turning him on his side.

Fold or gather the bottom sheet and the draw sheet\* throughout the entire length and push them close to the patient's back. Occasionally it is wise to bolster up the mattress gently by working it with the hands under it before replacing the sheet. Place the fresh lower sheet on the exposed half of the mattress with the folded portion close to the patient's back and tuck in securely at top and bottom. Replace the draw sheet, if used, and tuck both sheets in at the side.

Now, help the patient to move to the fresh side of the bed. This is done best by bending the patient's knees and moving his legs over to the fresh side. Then by supporting the hips with the hand, the patient is assisted to move the upper part of his body over the roll of bedding.

From the other side of the bed remove the soiled sheet and spread out the fresh one and the draw sheet, tucking firmly under the mattress all around, being sure there are no wrinkles.

Place the fresh upper sheet and a blanket over the blanket used to protect the patient from exposure. (In cold weather the sheet should be warmed.) Then draw the blanket from under the sheet. Tuck in the sheet, being careful not to pull

\* A draw sheet is a narrow sheet placed across the bed under the patient's body. The use of a draw sheet will prove a great saving in the patient's bed linen.

## CHANGING THE NIGHTGOWN

21

too tight over the patient's feet. A verticle fold in the sheet and blanket allows ample room.

Complete making the bed to suit the season.

*Changing the Nightgown*

**I**N removing or replacing the nightgown, care should be taken not to twist the patient about more than is necessary.

Raise the hips, helping with the hand beneath them, then pull the nightgown well up to the armpits.

Then, with one hand supporting the patient's raised shoulders, slip the gown from the back over the head.

Remove the sleeves of the gown one at a time. If one arm is injured or helpless, remove the sleeve from the better arm first.

In replacing the gown, gather the back of the gown from the bottom to the top. Put sleeve on injured or weakened arm first, then on the well arm. Slip the gown over the head and by reversing the process described above, slide the gown over shoulders and hips.

If the exertion overtaxes the patient, the gown may be slit down the back. Draw arms through sleeves and tuck in the gown under each shoulder.

### *Giving the Cleansing Enema*

**I**N giving an enema, protect the bed by placing a rubber sheet, or a pad of newspapers covered with a towel, under the patient's hips.

The irrigating outfit consists of a syringe or douche can with a long rubber tube, a stopcock and a hard rubber nozzle. The liquid to be employed is prescribed by the physician. (If soap solution is used, the nurse will gladly show you how to make the solution using a mild soap.) The liquid should be comfortably warm. A jar of vaseline and a bedpan also will be needed.

Place the patient on his left side, unless otherwise directed by the doctor. Have patient bend his knees.

Hang the bag or can not more than two feet above the mattress level. If it is higher, the liquid will flow too fast and may cause the patient great discomfort.

Lubricate the nozzle with vaseline and allow the liquid to flow from the nozzle until all air (indicated by a jerky flow) has been expelled from the tube. Then shut it off.

After the nozzle is inserted gently into the rectum, release the stopcock slowly to start the flow of liquid.

If the patient has too strong a desire to expel the enema at the beginning of the injection, stop the flow a moment and press the buttocks together with a towel. When the

## PREVENTING BEDSORES

23

impulse to evacuate has been controlled, lower the can a little to allow the fluid to enter more slowly.

As soon as the injection has been completed, turn the patient on his back and put the bedpan in place. But encourage the patient to retain the enema as long as possible. When it has been expelled follow the directions for cleaning the patient outlined under the use of the bedpan.

*Preventing Bedsores*

ONE of the very real contributions that the attendant can make to the welfare and comfort of the patient with an illness of long duration is the prevention of bedsores. These are caused by long continued pressure and are aggravated by moisture, roughness of bed, lack of cleanliness, and friction produced in moving. They occur most frequently at the end of the spine, the elbow, heel, shoulder, hip, knee, or back of the head, wherever the bones are prominent beneath the skin. Aged or feeble patients are most likely to suffer from bedsores.

Keeping the skin clean and dry, the bed smooth, and relieving prolonged pressure by turning the patient at intervals will prevent the trouble. Pillows or pads may also be used to relieve pressure.

The patient should be moved every hour or so. Small

pillows can be used to change the patient's position, and a partially inflated air ring or a home-made, doughnut-shaped ring pad of cotton may be used to protect the end of the spine.

The parts of the body subject to pressure should be washed at least twice a day, dried thoroughly, and then rubbed with alcohol (or whatever the physician has ordered) to stimulate the circulation and tone the skin. Toilet powder may then be applied.

The bed should be kept as free as possible from wrinkles, crumbs and hard particles.

Excessive redness or dark discoloration like a bruise may be the first sign of a bedsore. The patient should be watched at each bath for these danger spots. If they are discovered, the patient should be kept off the spot and the doctor should be notified. It is important that the healing ointments he prescribes be applied carefully and faithfully.

Every effort must be made to prevent the breaking of the skin on the areas subject to pressure. Avoid friction from too vigorous rubbing while bathing the parts, drying, or applying alcohol. When assisting the patient to move make sure the skin is not irritated by unnecessary friction against the bed linen.

MAKING SURGICAL DRESSINGS AND PADS

25

*Making Surgical Dressings and Pads*

**A**LTHOUGH it is impossible to cover in this booklet a discussion of the surgical care to be given to open wounds, for the treatment varies with the condition and requires skilled nursing, it is possible to consider some general principles for handling dressings.

The hands should be scrupulously clean whenever handling the dressing tray or materials and when applying the dressings.

It is wise to keep separate from household supplies all materials to be used for surgical dressings. A covered tray or box provided solely for holding absorbent cotton, adhesive tape, alcohol, dressings, etc., is a great convenience. And there should always be kept at hand a good supply of paper bags or newspapers to hold soiled materials.

The doctor will prescribe the treatments to be used. No ointments or other medicaments should be applied without his advice.

Any material which is to come in direct contact with an open wound or any break in the skin should be sterile. The most satisfactory dressing is made of surgically clean gauze supplied in rolls or folded in squares, which are packed in paper covers. These may be purchased in all drug stores. In cutting or handling the sterile dressing, the fingers should not touch the part which is to be applied to the open wound.

and the dressing should not be allowed to come in contact with anything else before it is applied. The dressing, which should cover the entire affected area, should be held in place by a bandage or adhesive tape. The nurse can demonstrate making dressings and bandaging.

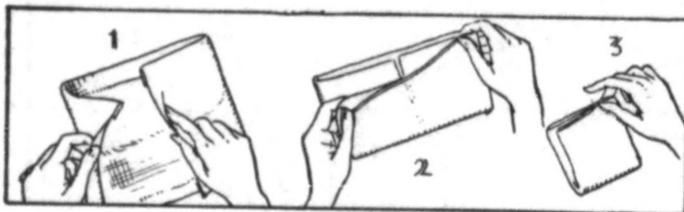
The thickness or the amount of the dressing varies with the nature of the sore. For certain wounds with slight discharges, it may be possible to use soft, clean, white cloth over the sterile dressing to save gauze which is costly. These cloths should be washed clean, ironed with a scorching hot iron, folded, and ironed again.

When the sore is draining profusely, a pad, which may be required to absorb the discharge, should be placed over the sterile gauze. This pad is made by wrapping a square of absorbent cotton with gauze or clean, soft cloth. The nurse should be asked to demonstrate the making and sterilization of pads.

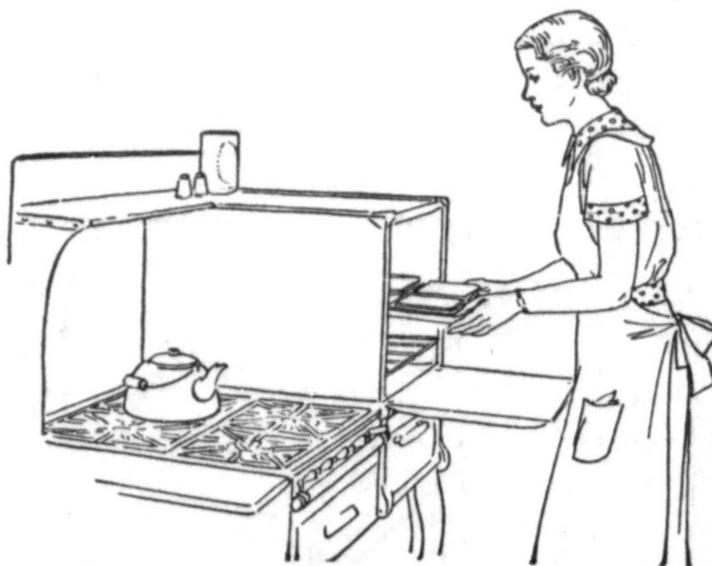
Dressings that have been soiled should be placed in paper bags as soon as they are removed and later burned. If some of the dressings must and can be used again, they should be boiled in soap powder solution, rinsed and boiled once more in water without soap. They should be dried and ironed with a scorching hot iron before being used the second time. The attendant should handle soiled dressings carefully so as to avoid contaminating her hands, and, when completed, hands should be scrubbed thoroughly with soap and hot water.

MAKING SURGICAL DRESSINGS AND PADS

27



HOW TO FOLD PADS



GAUZE PADS MAY BE STERILIZED BY BAKING IN OVEN SET AT 350° FOR ONE HOUR. IF NO REGULATOR IS ATTACHED, BAKE IN SLOW OVEN WITH A LARGE POTATO. WHEN THE POTATO IS BAKED, THE PAD IS STERILIZED.

### *Observing Indications of Illness*

**T**HERE are certain indications of changes in the patient's condition that may be observed by the attendant as she gives care. When any change occurs it should be reported to the physician. It is expected that the attendant will know how to get in touch with the doctor without delay.

Changes in the temperature, the facial expression, the breathing, the condition and color of the skin and lips, all may have some significance. The presence of pain should be reported to the physician, using the patient's own words to describe it.

### *Emotional Needs of the Patient*

**T**HE attendant who has the responsibility for the care of the patient must see that all the members of the family realize that they have obligations also. If the patient's condition requires it, the house should be kept quiet. Disturbing family problems must be kept out of the sick room and visits by members of the household must be governed solely by their effect upon the patient and not by the wishes of the visitors.

The family owes it to the patient to give up for his use the

## EMOTIONAL NEEDS OF THE PATIENT

29

best available room in the house, the one admitting the most sunlight, the one best ventilated and coolest in summer, the one most free from street noises.

On the other hand, the patient suffering from an illness of long duration must be made to realize that he has some obligation to the rest of the family. He should not be encouraged to insist upon unnecessary curtailment of the customary household activities.

The convalescent patient's burden can be borne best, if he is not entirely helpless, by giving him something to do.\*

\*DIVERSIONS FOR THE SICK will be found a helpful booklet. A copy will be sent free.



30

## CARING FOR THE SICK IN THE HOME

If dressings are needed, it will help him both to pass the time and to give him the feeling that he is assisting if he is allowed to cut and fold them. Any simple household task will make him feel that he is doing his share.

Women who are semi-invalids or convalescent patients may be given sewing or knitting as a means of getting the mind away from self. For children, all sorts of inexpensive materials for handwork are obtainable, such as colored crayon and picture outfits, cut-out pictures, simple sewing, and frames for needlework. In this matter, too, the advice of the doctor and the nurse will be helpful in deciding the projects best suited to the particular needs of the patient's mind and hands.

The fretting, unoccupied patient is not easy to care for and his emotional or mental difficulties only aggravate his condition and retard physical improvement. Therefore, giving attention to the mental needs of the patient, making him as content and happy as the circumstances permit, is every bit as necessary as good physical care.

The nursing procedures set forth in this booklet may seem at first rather detailed, but they will well repay careful study. In any illness of long duration some sort of routine is bound to be established, and it is important that at the beginning those procedures should be adopted which will make for ease of care and the comfort of the patient. It is for this desirable end that this little book is published.

775013

Life Conservation Service  
of the

*John Hancock*  
MUTUAL  
LIFE INSURANCE COMPANY  
OF BOSTON, MASSACHUSETTS

L 78-3-42

PRINTED IN U. S. A.