

Public Health Centennial Gazette

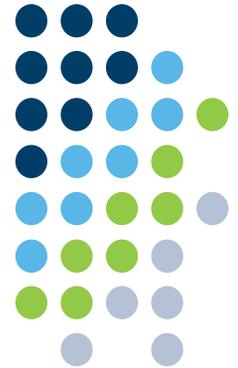
TEN PAGES

PRICE COUNTY

FEBRUARY EDITION

This month, we take you back to the roles of a Public Health Nurse.

Introduction	2
First Defined Role of County Nurse—1913	2
Revised Role of County Nurse—1919	2
Sharing the News of the Public Health Nurse Office	3
First Monthly Public Health Nurse Report	4
Standing Orders	6



1920—2020



Healthy People in Safe and Vibrant Communities



In 1913, Wisconsin took a fundamental step towards making Public Health what it is today, by defining the role of a public health nurse.

Wisconsin Statutes 1913—Chap. 36 s.697—10m

Hygienic expert and visiting nurse. SECTION 697—10m. The board of supervisors of any county is authorized and empowered to employ a graduate trained nurse, whose duties shall be as follows: To act as a consulting expert on hygiene for all schools not already having medical inspection either by physician or visiting nurse, to assist the superintendents of the poor in their care of the poor in the county who are in need of her services; to give instruction to tuberculosis patients and others relative to hygienic measures to be observed in preventing the spread of tuberculosis; to aid in making a report of existing cases of tuberculosis; to act as visiting nurse throughout the county and to perform such other duties as a nurse and hygienic expert as may be assigned to her by the county board. Such visiting nurse shall at the end of each month make a report in writing to the county clerk, which report shall show the visits made during the month then ending and the requests made to her for services, and such other information as the county board may from time to time require. [1913 c. 93]

Once the Wisconsin Law Public Health Nurses was revised in 1919, so did the definition of a public health registered nurse.

Wisconsin Statutes 1919—Chap. 76e s.1141n

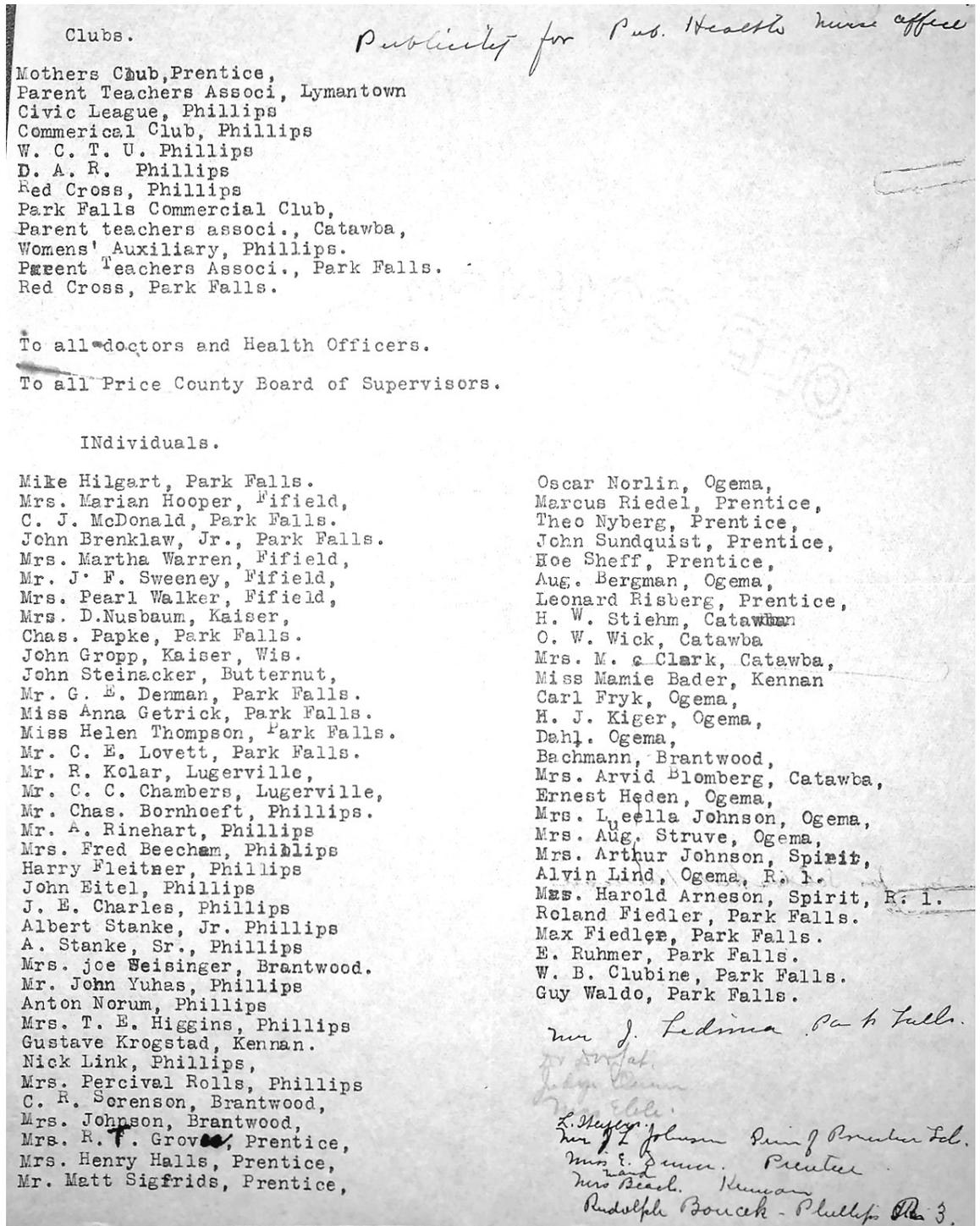
Section 1411n. 1. The board of supervisors of every county shall, within two years after July 1, 1919, employ upon the certification of the state board of health, as herein provided, one or more public health registered nurses, or public health instructors, whose duties shall be as follows: To act as health supervisor for all schools not already having school inspection either by a physician or a school nurse; to assist the superintendent of the poor; to instruct tuberculosis patients and others in preventing the spread of tuberculosis; to assist in reporting existing cases of tuberculosis and other communicable diseases; to assist in investigating cases of delinquency, neglect and dependency of juveniles, including state aid to dependent children, in counties not employing a probation officer; to assist in investigating cases of non-school attendance in districts where a school attendance officer is not employed; to assist in investigating cases of infringement on child labor laws; to investigate cases of crippled children due to infantile paralysis or other causes; to act as health instructor throughout the county and to perform such other duties as may be assigned to her.

Sharing the News of the Public Health Nurse Office

Price County was proactive and hired Ernestine Kandel before July 1st, 1921, when the law made the employment of county nurses compulsory. At this time, Price County was one of the few counties in Wisconsin to make such an appointment. Ernestine Kandel began her duties of "County Nurse in Price County" on August 20th, 1919. As you can see from the included document, the county was

very excited to publicize the news of the public health nurse by creating a list of clubs and individuals which with to share the exciting news.

During the first month of employment, Ernestine reviewed the county vital statistics, completed school inspections and held "mothers meetings," along with many other activities.





ERNESTINE KANDEL
PRICE COUNTY NURSE
PHILLIPS, WIS.

First Price County
Nurse Monthly
Report—August 1919

August Report.

I began my duties of County Nurse in Price County August 20. after seeing the Chairman of the committee.

Spent the first day looking up vital statistics and found a very high infant mortality, even after making allowances for faulty registratic Called on County Officials ,Doctors,Clergy, and heads of the various departments of the Red Cross.

Held a Mothers Meeting in Pinewood school explaining School inspection and the results expected from it. Also explained the many other uses they might have for the help of the County Nurse.

Medical inspection Pinewood school.

Enrollment 13. Results shown.-4- defective teeth.
-2- tonsils and defective nasal breathing.
-1- defective vision.

Mothers Meeting Stonelake school Brannon.

Medical Inspection Stonelake school.

Enrollment 18. Results shown.-7- defective teeth.
-3- Tonsils and defective nasal breathing.
-2- defective vision.
-1- scabies.

Mothers Meeting Morner school Prentice.

School Inspection Morner school.

Enrollment 23. Results shown.-8- defective teeth.
-6- Tonsils and defective nasal breathing.

Mothers Meeting Larkin school Ogema.

Medical Inspection Larkin school Ogema.

Enrollment 34. Results shown.-10- defective teeth.
-5- Tonsils.
-1- defective hearing. (running ear)

Unable to meet the Mothers of Woodland Echo school as thro some delay in the mail, notice of the meeting had not been received.

Medical Inspection Woodland Echo school Eisenstien District.

Enrollment 37. Results shown.-8- defective Teeth.
-13- Tonsils.
-1- enlarged glands of neck.
-i- very backward in school work has defective nasal breathing, defective hearing, and vision.

Notices sent to all parents .advising that the children be taken to a doctor for examination.

Organized Health Crusaders Club in above schools explaining that the object of the Club was better Health.

Went to Luggerville and found a great many cases of whooping cough.

Visited families and explained the importance of preventing the futher spread of the disease.

Visited four homes which were very unclean and in which there were children with running ears not having medical attention, one child being very ill Advised seeing a doctor at once, and returned several days later to find that the doctor had not been called but a decided improvement in cleanliness was observed in one case. Promised to see the doctor that day.

Visited one expectant mother in the country gave advise and sent literature Visited family of delinquent girl .Will try to make plans for her future.

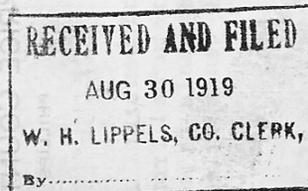
Looked up four soldiers returnrd from Hospitals not in need of medical attention . Explained terms of U S. Gov't Insurance and advised imediate transferring of Insurance.

ERNESTINE KANDEL
PRICE COUNTY NURSE
PHILLIPS, WIS.

Called on all doctors and Dentists in neighboring towns visited.
Called on T.B. patient returned from General Hospital* (against the principles of general hospitals to keep open cases of T B among other patients.) May be able to send patient to Sanatorium as there are five children in the home.
I4- Business Letters written.

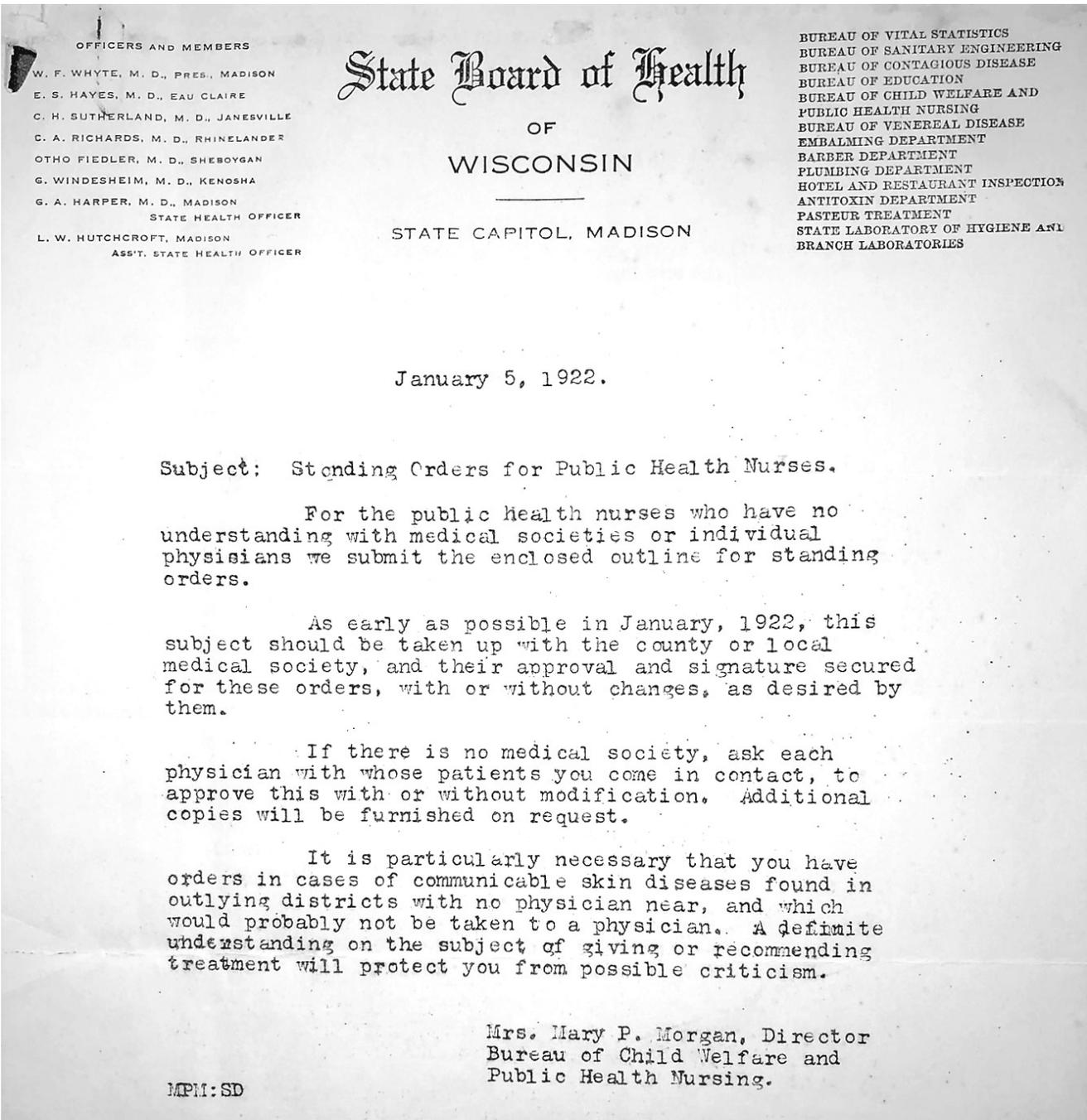
Ernestine Kandel, R.N.

*Monthly report of
County Nurse
Chapter 311 Laws 1919*



Back Page of the August 1919
Monthly Report—showing that
the document was received and
filed by the county clerk, as
dictated in the Wisconsin
Statutes 1919—Chap. 76e s.
1141n.4.

One of the first duties of a public health nurse was to meet with all the local physicians to get public health nurse standing orders signed. During these visits, the nurse also assured the physician that she was there to support his work, not replace him. Current day practice, Public Health has one medical advisor that helps assure the safe delivery of health care services by providing formal delegations of medical acts to licensed professional nurses. **Note:** Price County Health and Human Services no longer recommends any of the following medical practices or treatments.



STANDING ORDERS FOR PUBLIC HEALTH NURSES

N. B. Insist on calling the family physician or a physician in every case.

FOR ALL NEW PATIENTS. Cleansing Bath, P. R. N.
Instruction in hygiene of the sick-room with special emphasis on good ventilation, cleanliness, and diet suited to the patient's conditions and needs.

FOR PATIENT WITH FEVER UNDIAGNOSED.

Liquid Diet.
Sponge for R. T. 102.5

FOR INFANTS AND CHILDREN, WITH FEVER,
UNDIAGNOSED.

Normal Salt Flushing, P. R. N.
Diet---Boiled water for twenty-four hours.

BURNS.

Remove clothing if not attached to skin. If adherent, cut away as much as possible and apply normal salt or boric solution dressings.
If severe burn, get into hospital as quickly as possible.

COLDS.

Liquid Diet.
For adults, plenty of hot water to drink.

INFANTILE DIARRHEA AND INFANTILE CONVULSIONS.

Normal Salt flushing, P. R. N.
No food.
Boiled water for twenty-four hours.

(In all abdominal cramps and pains, advise strict fasting and call physician at once.)

FOR INFECTIOUS DISEASES, Isolate.

Boric solution for eyes and nostrils, P. R. N.
Vaseline or cold cream for lips and nose, P. R. N.
Oil rub, P. R. N. for all desquamating cases.
Liquid diet,
Sponge for R. T. 102.5

FOR DISCHARGING EARS.

Cleanse the outer ear with moist boric solution swabs.
Dry thoroughly.
DO NOT IRRIGATE.
EMPHASIZE NEED of prompt medical attention.

FOR DRESSING MINOR

Cuts, bruises, Infected Fingers, scratches.
Advise medical attention. Apply tincture of iodine if found soon after accident. Otherwise recommend hot boric packs.

FOR PLEURISY. Apply tight binder to chest.
or antiseptic sol. as good as iodine

PNEUMONIA. Cold air treatment if possible.
Sponge for R. T. 102.5
Liquid diet.

SCORE THROAT. Liquid diet.
Isolate, if possible, until physician sees case.

TYPHOID FEVER.
Sponge for R. T. 102.5
Milk diet.
Emphasize need of screens, fresh air, cold drinking water,
(boiled, if possible) disinfection of stools, -see that
patient is under a physician's care.

ULCERS, Chronic.
Cleanse with lysol or boric solution,
Apply hot boric dressings and firm bandage.

OBSTETRICAL CASES.
FOR THE MOTHER
Cleansing bath.
Local cleansing with lysol solution.
Abdominal binder.
Change pads.
Breast binder P. R. N.
Low S. S. Enema, P. R. N.

FOR THE BABY.
Alcohol Dressing to cord.
Oil and bathe.
Soap suppository, P. R. N.

PEDICULOSIS

Moisten the hair thoroughly with equal parts of kerosene and
sweet oil well rubbed in at night; repeat for three nights.
Then wash hair well with soap and water in which a little
soda has been dissolved. Comb the hair with a fine toothed
comb dipped in strong vinegar to remove the nits.

SUSPECTED SCABIES

Exclude from school; refer to family physician. If not near a
physician recommend 20% sulphur ointment to be rubbed on every
day over affected parts.
Recommend that clothing be changed frequently while treatment
is going on and when cured that clothing and sheets be boiled
and blankets washed.

INFLAMMATION OF EYELIDS

Exclude from school, and refer to family physician. For
chronic inflammation try to secure a standing order for simple
treatment.

SUSPECTED IMPETIGO

Exclude and refer to family physician! If not treated or cured in three weeks, refer to local health officer.

SUSPECTED PINK EYE

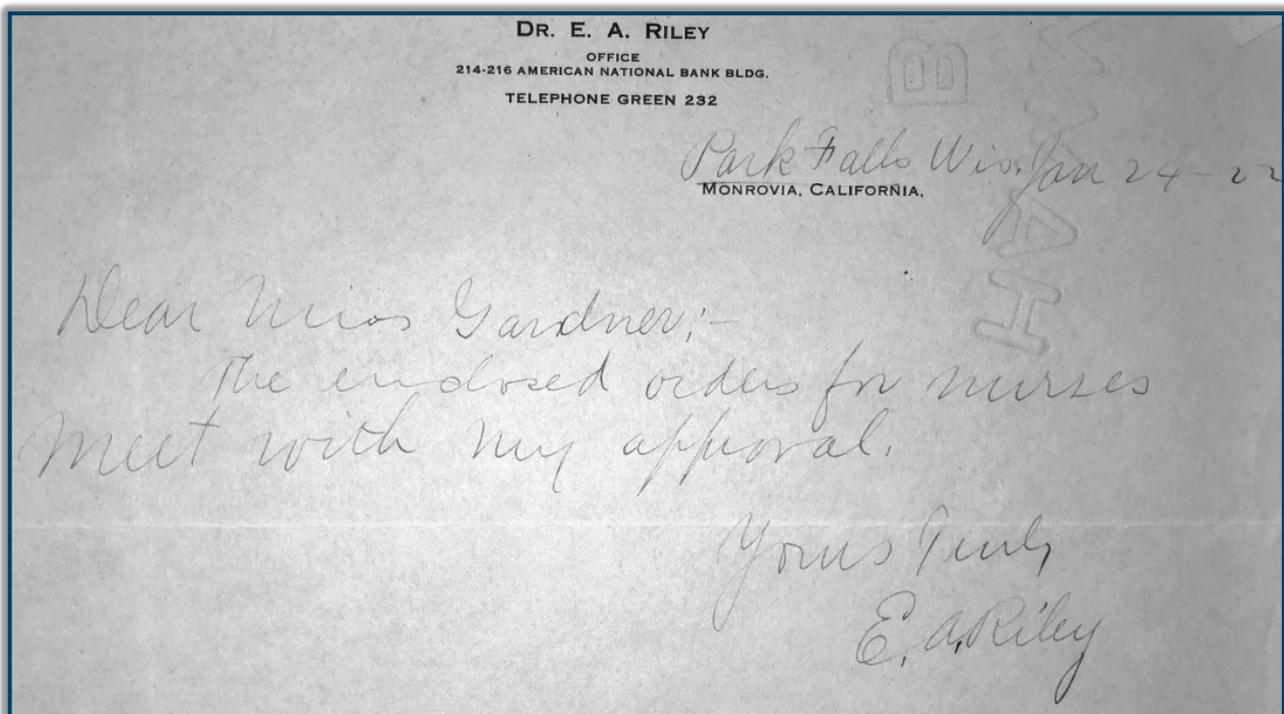
Secure definite orders if possible.

N. B.----Any or all of these orders may be cancelled or substituted for at any time by the physician on the case who prefers to leave specific written orders in each family. These standing orders are merely suggested as aid to both the physician and nurses, and will be carried out when no other orders are left, providing the attending physician so desires.

Approved.

(Signed) J. A. Franca M.D.
for Price County Medical Society.

In the fall of 1921, Ernestine left Price County and was succeeded by Teresa Gardner. Both Ernestine and Teresa were passionate advocates of public health efforts and the continually evolving role of the public health nurse.



Unfortunately, in 1924, many Wisconsin Counties found themselves strapped financially. Counties across the state, including Price County, petitioned the state to make the position of county nurse voluntary. The state fulfilled the request and dropped the mandatory portion of the law. Many counties discontinued the county nurse service, Price County being one of them. August 31st, 1924, Teresa Gardner's county nurse's contract expired and Price County lost its public health nurse position.

Documentation shows that the county recognized the variety of health needs and many people called upon the county nurse to satisfy those needs. With so many needs identified and the lack of a clear public health nurse definition, it was easy for persons to make more demands and overextend the role of a public health nurse.

Upon leaving Price County, Teresa wrote to Mary P. Morgan, the Director of the Bureau of Child Welfare and Public Health Nursing, on June 11th, 1924, stating that "the field is so large and so much you wish to accomplish is left undone for lack of funds and time..."

Price County reinstated the public health nurse position in the late 1930's, after public health framework was properly in place.

