REPORT ON THE WORK OF HEALTH VISITORS IN A CHILDREN'S DEPARTMENT IN HOSPITAL

BY

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In May, 1949, with the co-operation of the Cardiff City Health Authority, a scheme was started whereby two of the authority's health visitors were seconded to work in the children's department in United Cardiff Hospitals. This provided a practical link between the health authority and the hospital, the usefulness of which has become increasingly apparent as the experiment has proceeded. For some years it has been our custom to inform the superintendent health visitor for the City of Cardiff of the discharge of any child from hospital whose home we felt ought to be visited and whose mother seemed to need extra help and guidance. This was never a good arrangement, first, because of the inevitable delay in getting the relevant information to the district health visitor concerned, and, secondly, because the patient and his illness were relatively unknown quantities to her.

It seemed essential, therefore, that the health visitor should know these children while they were in hospital if she was to follow them up intelligently. Accordingly, two health visitors from the Cardiff City staff were seconded to work in the department of child health, and a report of their work for the year August, 1949, to July, 1950, is presented.

Health Visitors' Duties

The duties of these health visitors are divided between hospital attendances and home visiting. When in hospital they are present at the teaching rounds to undergraduates and generally take part in the work of the department by giving valuable information on medico-social histories of the children concerned. Thus, the medical student is introduced to the work of health visitors, and his interest stimulated in medico-social problems. During the child's hospital stay the health visitor learns his medical history and visits the child's home, bringing back useful and practical information. It is her practice to write a short account of her findings on the child's case notes. She thus makes herself known to the family and co-operates with them after the child's discharge. The child, too, knows her in hospital and welcomes an old friend. On the child's discharge from hospital the health visitor, armed with all the necessary medical information, sees that the medical aftercare is carried out, but as soon as she is satisfied that her attendance is no longer necessary the family are passed on to the health visitor of the district. Every encouragement is made to co-operate with the district health visitor and the home is visited together if possible. In order to strengthen further this link between hospital and public health department the hospital health visitors continue to share the accommodation with the other health visitors in their department in the public health offices. In addition, the hospital health visitors each have a small district of their own in which they act as routine health visitors.

The following list of duties summarizes the type of work done:

1. To pay an investigation visit to the home of the child while he is in hospital and to report on the suitability of the home and the parents to receive the child on his return, together with comments on the desirability of convalescence or special schooling, etc.
2. To supervise, on discharge home, the medical treatment ordered—for example, feeding, breathing exercises, medicines, etc., and, if need be, to contact the general practitioner in charge of the case.
3. To arrange for the child to attend the appropriate follow-up clinic, and if necessary to arrange for transport.
4. To advise and help in getting other members of the family or household medically examined—for example, for tuberculous contacts and familial disease.
5. To bring to the notice of parents the many organizations through which help can be obtained and guide them in their use—for example, National Assistance Board, Women's Voluntary Services, Order of St. John Medical Department, Queen's Nurses Association, Home Helps, Children's Officer, N.S.P.C.C., etc.
6. To give advice on when and how to obtain such benefits as free milk, vitamins, and school milk.
7. To report to the appropriate authorities any comments concerning housing or other social problems.

The Year's Work

Follow-up: August 1, 1949, to July 31, 1950

Children visited	361
Visits paid	2,935

Type of Cases Visited

Chest infection	143
Diarrhoea and vomiting	76
Nephritis and urinary infection	29
Miscellaneous	29
Feeding difficulties	19
Heart and rheumatism	17
Pyloric stenosis	16
Surgical	16
Convulsions	9
Anaemia and jaundice	7

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Case Reports

Two case reports illustrate the character of the work done:

Case 1.—A boy aged 12 years. In hospital with severe rheumatic carditis and heart failure. Discharged home on November 4, 1949. Home fairly satisfactory, mother a widow. Child to attend rheumatism clinic every two weeks. Ambulance conveyance arranged. November 14: walks around house a little. Front room being distempered by uncle, and child has bed downstairs. Mother informed she can get milk daily from school. January 10, 1950: name given for home teaching. January 19: readmitted to hospital. June 20: discharged from hospital; note sent to National Assistance Board for aid to buy single mattress, and note to St. John's about back-rest, bed-table, etc.; new chair supplied by W.V.S.; home teaching arranged; follow-up attendance arranged; supervision of doctor's treatment; nursing help given.

Case 2.—A girl aged 3 months. Admitted to hospital on March 16, 1950, with severe gastro-enteritis. Home conditions unsatisfactory—parents uncooperative. Local health visitor makes similar report. Reason for father's apparent hostility is that he has been out of work for 12 months awaiting hospital admission for hernia operation, and is embittered at having to be dependent on the National Assistance Board. Full particulars of financial position taken and National Assistance Board almoner informed. Advice given on sterilization of feeding utensils and general hygiene. April 29: baby discharged home. May 1: baby satisfactory, but house dirty and father hostile. May 5:

baby seen at infant welfare clinic; gaining weight but not taking vitamins. May 12: good progress—now taking vitamins; dirty bottle on table; further advice given on sterilization. May 26: financial grant from the National Assistance Board for clothing. June 4: free milk and vitamins obtained; baby well; transferred to district health visitor on September 17: father operated on in July, and later returned to work.

Comment

Criticism is sometimes heard that these arrangements may cut across and interfere with the work of the almoner. In fact, the almoner of the department works very closely with the health visitors and takes responsibility for carrying out many of the services that are recommended. This concord is made easier by their meeting at the bedside of the child as members of the department's staff. In practice we find that, whereas the health visitor's duties are primarily those related to the carrying out of medical treatment and those of the almoner the use of the social services available, the two have so much in common to contribute that there is manifest need for both.

It is our desire to establish a rota among the health visitors of the city for this hospital work. In this way postgraduate hospital experience will be gained by the health visitors in turn, and we believe their work will thereby be made more interesting.

It is hoped that this brief report of a year's work will be of interest to others who are anxious to wed the social and clinical sides of child health. To us it has been most helpful and stimulating to have the guidance and advice of these ladies in our department, and we believe that some such scheme should be introduced wherever local geography makes such an arrangement practicable.

HACKNEY HOSPITAL MATERNITY WING

On May 2 H.R.H. the DUCHESS OF GLOUCESTER formally opened a new maternity wing at Hackney Hospital and unveiled a commemorative tablet. The MINISTER OF HEALTH, speaking at the ceremony, said that no part of the National Health Service gave greater pleasure or pride than what was done for the treatment, care, and welfare of mothers and children. The decrease in infant and maternal mortality gave a feeling of satisfaction, but, although much progress had been made in this direction, the battle to save the lives of mothers and children must still go on. Hackney Hospital itself was a living example of the progress made during the last 100 years.

Alderman H. E. GOODRICH, chairman of the Hackney Group Hospital Management Committee, said that the new wing had accommodation for 109 mothers (including one bed for eclampsia cases). The original plan had been for only 86 beds, but, thanks to the enterprise of Dr. F. A. Bryning, the medical superintendent, it had been possible to extend the number and to introduce many other improvements which had not been thought of when the building was first planned in 1937. Her Royal Highness then formally declared open the maternity wing, and there followed a dedicatory prayer by the Bishop of Stepney.

The New Wing

Maternity beds are provided in wards of not more than six beds. There are observation windows in the doors of each bedroom, and patients can summon attention by means of light signals. In addition to the main ward lighting, each bed has its own wall-lamp, and cubicle curtains are installed in all wards having more than one bed. Each floor has a solarium provided with radiant heat, overlooking an ornamental garden. On the top floor is the receiving-room and four rooms, each with four beds, for antenatal cases; also an examination room, a doctors' room, and a comfortably

furnished day room and balcony solarium. The delivery section is in the west wing of this floor. There are three first-stage rooms, two single and one three-bedded; four labour wards with Chassar Moir beds (one room larger than the others for operative delivery), and an operating room. The labour rooms, theatre, and the room for eclampsia cases have piped oxygen. There is a night nursery which can be used for babies who disturb their mothers' sleep. The premature babies' unit consists of a main nursery with thermostatically controlled heating and a "cooling-off" room, also with piped oxygen supply, and there is a special milk kitchen. Ultimately it is intended that one floor shall form an isolation floor. At present the ground floor is devoted to complicated cases, such as those requiring caesarean section. The baths are so designed that the nurse can have her feet under the bath and thus be directly above the patient for convenient lifting.

The Duchess of Gloucester was taken on a tour of the new department, and presented an inscribed silver christening cup to the first child to be born there. It may be added that Hackney Hospital is the responsibility of the North-east Metropolitan Regional Hospital Board, but the planning and the beginning of the execution took place while it was still under the London County Council.

CHIROPODISTS IN CONFERENCE

SIR HENRY COHEN ON PROFESSIONAL STANDARDS

SIR HENRY COHEN opened the annual convention of the Society of Chiropodists, held in London from April 26 to 28. He recalled the fact that it was the British Medical Association which initiated the movement leading in 1936 to the setting up of an independent Board of Registration of Medical Auxiliaries, and no organization had given the Board a fuller measure of support than the Society of Chiropodists.

"I have long been convinced," said Sir Henry Cohen, "of the major contribution which your work makes to the comfort and efficiency of mankind, and for 20 years I have been a Fellow of your society, not, I confess, having entered by the hard way." He went on to suggest that in place of the society's motto, *Post curam otium*, which was, after all, "equally applicable to all forms of treatment, they should adopt the phrase used by Plutarch in telling how Pythagoras deduced the stature of Hercules from the length of his foot—*Ex pede, Herculem*—for this succinctly conveyed that aspect of chiropody which established its true status and purpose. The work of chiropodists was concerned with the foot not only as the site but as the index of disease. Those who had laid the foundations of the training of chiropodists had stressed the importance of bringing to the study a mind suitably prepared, and had demanded that appropriate standards in general education be attained. They had emphasized that modern concepts of disease and therapeutic measures depended for their understanding on the basic sciences of physics, chemistry, and biology; that it was necessary to know the normal structure and functions of the body if those disturbances, which were called disease, were to be recognized, and that before a disease could be prevented or cured its causes and effects must be known.

"Thus a syllabus has been devised which conforms to well-established and well-tried educational principles, and those of you who have had the advantage of being trained on the lines it lays down have been so well grounded in the understanding of your professional work that not only should you be competent to deal with the common problems of your craft but you should be able also to manage the unusual, the novel, and the unpremeditated situation, and—perhaps even more important—you will recognize that some of these problems lie outside the field of your own professional competence and you will seek aid from your professional colleagues. And you should not hesitate to acknowledge your limitations."