

**MANUAL FOR HEALTH  
VISITORS AND INFANT  
WELFARE WORKERS**

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Manual for health visitors and infant welfare workers by Enid Eve

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# Manual for Health Visitors AND Infant Welfare Workers.

BY  
SEVERAL WRITERS.

EDITED BY  
MRS. ENID EVE,

*Late Ministry of Health, formerly Chief Health Visitor and Sanitary Inspector  
to the Metropolitan Borough of Holborn.*

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TO THE MEMORY OF THE  
LATE COUNCILLOR WALTER HAZELL, J.P.

THIS BOOK IS DEDICATED.

Who by his ever open purse and his ever ready sympathy  
did everything in his power to realize his own ideal of  
making Holborn the " Model for the World " in  
Infant Welfare work, 1907-1919.

By whose bounty many infant lives have been saved and  
who was an example for all Councillors in that he  
recognized and esteemed as honourable the work  
of a Health Visitor.





## PREFACE.

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IT is with much pleasure that I accept the invitation to write the preface to "The Manual for Health Visitors," largely because I have been so closely associated with the evolution and development of the work of these indispensable officials. It is nearly twenty years since I first became convinced of the necessity of such appointments if further advance was to be made in the improvement of the health of the nation. When the twentieth century dawned great improvement was to be observed in the general death-rate, caused to some extent at least by the better removal of nuisances, improvement in water supplies, &c., but probably to a still greater extent by the better food supply and higher wages of the working classes. A closer examination of statistics showed however that there had been practically no improvement in the infantile death-rate and that therefore the causes which made for the great slaughter of infants had not yet been touched. To some of us in active public health work at this time, this seemed to point to the fact that the home was the chief factor, and if advance was to be made something must be done to stir the conscience of, and educate the mother as to her real duties to her children. If this be so (and facts appear to prove it) obviously the work of dealing with the mother inside the home must be carried out by women, who hitherto had had no definite place in the public health service—hence the origin of the health visitor in the modern sense. It is a fact that in one or two London and Provincial areas, women inspectors had been appointed for special duties of inspection, and had done good

work, and though they carried out certain work now performed by health visitors their duties were not specially associated with the home and the infant. Here I feel constrained to say a few words about official titles. From the earliest days I have set my face dead against the association of inspectorial work with health visitors' functions. I have long ago protested against the title of Lady Sanitary Inspector. The lady I take for granted, and to my mind and in my experience too, the inspectorial idea is bad, both for the official and her work. My practice has been to instil into the minds of my own staff that they go to the house as a friend of the family and not merely to find causes for reproach. The question of status, official power and emoluments can all be met, as they have been to some extent already, by proper enactment, and there is no reason why an unsuitable title should be perpetuated. I know many do not like the title "health visitor," but nobody yet appears to have discovered one equally expressive and unobjectionable.

A question now occupying the minds of the profession and others interested, is that of education. The Ministry of Health has recently evolved a scheme which has evoked a good deal of criticism, but one which speaking generally I distinctly favour. I believe it to be desirable that the health visitor should be highly educated in general subjects, and should commence her professional training early. I am quite aware of the difficulties of employment of young health visitors and that probably there will be a hiatus between the completion of her training as such and her obtaining an official appointment, but so important do I consider early special training that I think means must be found to deal with the newly qualified. It is obvious that there must be a large increase in the number of women workers and probationary work will probably be available under a larger and improved scheme. It is the custom in certain areas at the present time to appoint trained nurses as

health visitors, and some of my colleagues hold the view that a fully trained nurse makes a right type of health visitor. From this I entirely dissent. In saying this I have not the slightest wish to minimize the value of the nurse's work. I give way to no one in holding her self-denying labours in the highest esteem, but I am convinced by long experience that the training of a nurse, not only does not fit her, but actually to some extent unfits her for the best performance of a health visitor's duty. The idea of her (the nurse's) suitability has probably arisen from the fact that in many districts a health visitor's work consists only in looking after infants and working at infant welfare centres. For long I have held the view that not only from the point of view of the work, but also from that of the health visitor, her duties should be varied and it was on account of this that I instituted a conjoint appointment of so-called health visitor, school nurse, tuberculosis visitor and midwife inspector. Experience has shown me that the practice is correct and absolutely necessary in county areas. From the point of view of the work, it is desirable that the number of persons visiting the home should be limited, so that the mother particularly should not be unduly worried. Travelling too is reduced if one woman in an area is capable of dealing with all varieties of home health work, while the soul-chilling effect of dull routine is lessened by the larger sympathy engendered by increased scope of work. A health visitor should therefore in my opinion be fitted to undertake in her own person, all types of work stated above.

I think I ought to give a caution to those who desire to become health visitors. The work is hard and exacting. It is hard physically and no one who is not strong should think of taking it up. It is often trying to the temper and those with irritable dispositions are not likely to succeed, but at the same time, the well qualified, strong and well-balanced woman, has opportunities for good given to few. In modern social conditions the