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Preventive Medicine in Camp

An Address Given to the Chicago Camping Association in May, 1945

By

Kate Pelham Newcomb, M. D.

IN the course of my private practice, I was called one day to see a new family, all of whom were ill with scarlet fever. The sickest—a little boy of six—was looking me over and finally he burst out with: "Are you a working doctor, or just a talking one?" As I am a North Woods doctor, the answer is simple: I belong to the first group and my ability to share "verbally" is not always too great.

My first introduction to camp work was about ten years ago when a camp director called me and asked if I knew anything about eczema. The camp had so many cases of it, and the intern on the camp staff was floored. (Those were the good old days when we were cast out of college able to do beautiful surgery, but unable to recognize whooping cough or measles.) Anyway, "Could I come?" I could, and I did.

Camp was about to close, and the eczema proved to be impetigo. We rolled up our sleeves and for a day or two, the boys looked like circus clowns, but we sent them home looking fairly respectable. From then on, I had more or less contact with this camp, finally took over as medical director, and my camp education began.

In our consideration of camp health, let's begin with the nurse, for after all, the success of all things medical in camp is in her hands. If she co-operates well with the counselors, gets along with the children and meets their problems intelligently, the infirmary will be a place of joy, and vice-versa.

I have talked with many camp nurses, and find that most of those who did not get along had the wrong slant on what was expected. When you are working under high tension in the city, a summer in the North Woods sounds enticing: one thinks of swimming, sun bathing, and long, dreamy leisure hours. Perhaps the care of a hundred or so campers will take an hour or even more a day—but even so. . . .

Then the nurse arrives. Camp nursing turns out to be a full time job, and that is where trouble starts. However, all of this can be avoided if the director and the nurse have a frank understanding before the camp opens.

Of course, the nurse must have a rest hour and some hours for recreation daily, but, on the other hand, when she is on duty, she must expect to give her best. She must realize that there will be bed patients who must be cared for as hospital cases. She must know that children often come to the infirmary for very trivial things, or things apparently trivial. Patients come to a doctor's office the same way, but it is often because they are "down" for some reason and need a "lift." I hate to see children "shoved" out of the infirmary unless we are sure their being there is just monkey business.

We can also explain to the nurse that *system* in the infirmary is important, and that office hours can be established and adhered to.

First of all, however, the nurse should arrive with a full knowledge of what lies before her. What seems to me to be the next important feature of camp medical life is establishing an understanding and cooperative relationship between the nurses and the counselors who live with the campers.

In the camp where I have been medical director, the infirmary department meets with the counselors and sectional directors just before the opening of camp. At that time we try to explain our aims and methods, that we want each child to go home from camp in good health, rested, with a minimum of weight loss or better still, a gain, and with as few infirmary hours and visits to his credit as possible. However, if he needs to be there we want him there.

We ask the counselors to give their campers the "once over" daily, to note whether a child looks tired, is irritable, has "sniffles" or a tickling cough, and also to note any loss of appetite. All of these are forerunners of illness which, if taken early, can perhaps be avoided. Such cases should be brought to the camp medical department early for consultation. The smaller children need to be questioned as to their bowel movements.

This conference should establish a good cooperative feeling between nurse and counselors, and that is what we must have for a successful medical program. Counselors themselves should report their own symptoms likewise. Many colds, etc. develop from counselors who feel that "the show must go on" and who do not take adequate care of themselves.

Just before conferences the nurses carefully check the medical records of each camper, and at the close of the meeting they discuss the abnormalities and idiosyncracies of the individual with the sectional directors and counselors. "Forewarned is forearmed."

My greatest interest in camp health lies along the lines of preventive medicine. Following are some of the steps we have worked out.

1. After the campers come from the train and are checked at the camp office, they come directly into the medical department for check-up before getting their cabin assignments. This check-up covers only weight, temperature, a rapid check of eyes, nose, ears and skin for acute conditions, and feet for fungus infection. This enables us to catch any germ before it has made its rounds of the camp. We have found scabies (explained as more eczema), chicken pox (dismissed as pimples), and measles—("yes, brother John just got over them but my little boy just couldn't bear to miss camp"). Of course we have found pink eye, colds, sore throats, etc. This has not been all at one time, however, but the discoveries have probably prevented the spread of many colds, sore throats, and other ailments.

Any foot infection is treated at once, and red throats, colds or temperatures are "bedded down" in the infirmary. This procedure takes but a relatively short time, and as the campers go from us to food, it does not seem to dampen their spirits.

A camper's activity should be geared to his vitality.

Photo by Arthur C. Allen

2. All campers are weighed weekly and after camp trips. Any undue loss of weight is noted and called to the attention of the counselor who sees that either a camper's activities are restricted, or that more rest is ordered. I find quite a number of children who need a day in bed after a trip, and they take it gladly. The four cylinder child just cannot keep up with the twelve cylinder one, and yet one cannot drop the entire program to the four cylinder level. In the camp that I have been quoting, they try to strike a happy medium in the program, and then give extra food and rest to the low vitality group. The parents surely appreciate this care, too. So many of them have expressed themselves accordingly.

A third measure in preventive medicine in camp is ear care. All ears are checked at the initial examination mentioned, and those with impacted wax are noted. This is removed before the camper starts swimming. It surely has lessened ear difficulties.

4. All overnight trips are checked out and in the infirmary. This way we get any little cuts and scratches or rashes that may have developed. All incoming trippers take warm soap showers just in case they may have met up with poison ivy. To prevent undue sunburn, hats are worn on trips out of camp, and swimming suits are not worn on trips.

5. All private first aid kits are confiscated. There is no doctoring in the cabins. All trips, of course, have a first aid case packed by the infirmary.

6. We try to catch the common cold at the first sniffle or cough; we isolate it at once, and proper treatment usually nips it in the bud. In my private practice, I have been trying out a new treatment this year. So far it is working, so we shall use it this summer. Colds are most contagious in their first three days, and so just early isolation alone will prevent their spread.

7. All of these preventive measures are of little avail if dishes are carelessly handled, because dishes are germ carriers of the first order. With properly washed dishes, diarrhea may be nipped in the kitchen. The mechanical dish washer, with scalded dishes and no wiping, is ideal.

8. All kitchen help, and all staff members should have pre-camp medical examinations similar to those the campers have. They should check into the infirmary at the beginning of camp. We suggest examining all kitchen help routinely once a week.

Now I have some odds and ends of health comments.

1. A daily written report should be placed on the director's desk by the nurse each morning just as soon as she has the day lined up. A supplementary report should be placed there if new cases develop during the day. I cannot imagine anything any more

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Day Camping . . .

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service clubs, community councils, etc. Functions should include public interpretation, advice to camp director, recruitment of volunteers, etc.

2. Parent advisory committee, to include parents of campers. Functions should include parent education, advice to camp directors, etc.
3. Day camp committee of the operating agency, usually appointed by the operating agency, i.e. Community Council, Boy Scouts, Girl Scouts, Settlement, etc. Functions include policy formation, finance, training, recruitment, public interpretation, etc.

Health and Sanitation

Facilities and areas used must be kept in good condition. They should be inspected by the camp director or camp committee before the opening of camp for the elimination of any existing hazards, such as poison ivy, unguarded cliffs, deep water, traffic dangers, etc., and should be inspected regularly thereafter.

Space should be allowed for personal belongings of individual campers and staff.

If perishable foods and milk are kept in camps, provisions for keeping them cool must be made. Milk must be kept at a temperature not in excess of 50 degrees.

Unless a city water system is used, written approval water used must be obtained from state or local departments of health. Ample water must be available for all purposes. Tests should be made within two weeks before camp opens and periodically thereafter.

On trips or hikes away from camp, water must be known to be safe or be made safe before using.

The swimming area must be inspected by a qualified person and declared safe and adequate. Swimming water must be approved by the state or local department of health and its recommendations must be carried out.

Facilities for water disposal, such as latrines, drains and showers, must be adequate and so located that the drainage will not contaminate the water supply.

Latrines must have pits that are fly-tight, or plumbing in good condition, and must be kept clean at all times. *Handwashing facilities must be provided at the latrines.* There must be one unit to every twenty persons.

If dishes are used, they must be thoroughly scraped before being placed in water. After they are rinsed, they should be submerged in near boiling water (180 degrees) for one minute, after which they will dry in three minutes without toweling. Dishes and cutlery ould be kept free from dirt and insects.

State public health requirements pertaining to dish washing should be followed.

All garbage and refuse must be disposed of promptly and completely by incineration, by burying, or by removal from camp. The place where the garbage is disposed of, if on the site, must be kept sanitary.

The area surrounding garbage cans must be kept clean and dry. It is desirable to place cans off the ground on cement, stone, or wooden slats.

A physician should be available on call and near enough to insure protection in case of an emergency. Arrangements for emergency admissions to a designated hospital should be made in writing prior to the camping season.

Safety procedures should be an integral part of instruction in all camp activities where accidents and injuries are likely to occur. This instruction should be the responsibility of the members of the camp staff assigned to the leadership of such activities.

First-aid equipment should be available and should be in charge of persons competent to supervise its use. Transportation should be available at all times for use in emergency.

Principles of good diet should be considered if meals are served at camp.

All food handlers should be subject to the rules and regulations of the Board of Health.

There is a direct relationship between the program and schedule of the camp and the health of the camper. Tensions, pressures, and strains put upon a camper by a competitive, overstrenuous, overcrowded, overstimulating program are a serious detriment to the camper's health. The program should be so arranged that the camper's resistance will not be lowered by undue fatigue and overstrain.

Full consideration should be given to the influence of social and emotional adjustment on child health, and every effort should be made to secure for each child such an adjustment to the activities, life and spirit of the camp as will result in a feeling of happiness, security, and a sense of belonging.

Reprints of the above article on Day Camping are available from the American Camping Association Office, 343 South Dearborn Street, Chicago 4.

Preventive Medicine . . .

(Continued from page 6)

embarrassing than to have a parent call and inquire about the health of the child, and the director not know that anything was amiss.

2. I believe that parents should be notified at once if a child is ill, or if he has anything more than just a very minor injury. This was very forcibly called to my attention this year. In one camp, I made calls

just in cases of specific illness, and the parents were billed by me. The case in point was not a clear cut illness and had to be isolated for 36 hours while we were awaiting developments. The child was not very ill, but evidently no information was sent to the parents as the camp feared the publicity. The months went on and the whole matter slipped my mind. Right after Christmas I received a check from the child's father. He was most indignant because he found out about the child's illness second-hand, and he took his anger—as he said—"out on the one who had been the child's friend." Of course the secrecy defeated its one purpose, because the camp lost a good camper and had some bad publicity.

3. The giving of allergy shots is quite a feature in some of the camps. Much time can be saved if this allergy group is called together at the beginning of camp and told the day and the hours of the "shots," and that whether or not they wait twenty minutes after the shot at their own doctor's office, they must do so in camp. This "must I wait" is a time consumer.

4. As to camp bathing, I think hot soap showers at least twice a week is the best method, but in the infirmary the tub is a boon and a blessing. If there are no facilities for hot bathing, the campers should soap themselves when they go swimming.

5. Extra care is necessary on extremely hot days. The program should be lightened, salt intake should be increased, and campers and counselors as well should keep out of the sun.

In my "guinea pig" camp, we check out in the same manner as we check in. If a child is being sent home with any cuts, colds, sores and so forth, we write a note to the parents, telling the treatment we have used and suggesting consultation with the family doctor if the condition does not seem satisfactory. If a child has had an eye difficulty, or unusual throat or ear trouble, or more than average susceptibility to cold or fatigue, we suggest to the parents that perhaps the family doctor could use some corrective measures so that the child would spend less time in the infirmary and more in camp enjoyment another year.

Camp is a place for the normal, well child. It is not a sanitarium or a hospital. Fine as it is to help a child who is physically handicapped (that is, one with a heart ailment, the "queer" child who adapts poorly, the bed wetters, or the extreme neurotics), the average child's camp should not be asked to solve such problems. Normal children are cruelly frank, and they are distressed by the abnormal.