

children, then of seventies more, until the three hundred have been searched for vermin. If favus, ringworm, or sores existed in the first group, it has been given every opportunity to spread among all thereafter touched, for no method of disinfection or even of cleaning from adhesions is used in the process.

Of course common-sense would say, "Use a steel bodkin, and dip it each time of use in a solution of mercuric perchloride."

After the nurse has finished her work, the floor, which is covered with head and body lice (I am not exaggerating, for I have seen and am reporting an occurrence remembered), is swept and cleaned by a sickened caretaker. The nurse wipes the pencil on her skirt, and pursues her way to another school.

If the children there be cleanly, vermin appears, suddenly and fortuitously, and, at the close of the inspection, a few weeping girls will mark their sense of the utter degradation to which they have been publicly exposed.

If my presentation of the facts, and this protest, can do aught to prevent the recurrence of practices by no means uncommon, it will be no matter for regret that an account, enforcedly gruesome in detail, and not particularly obscure in language, has been obtruded upon the reader."

"A Registered Teacher" professes to be able to substantiate his amazing statements, and will, we hope, be called upon to do so. Of the nurses of whom he speaks with so much contempt, we are informed: (1) That they are fully qualified, the majority holding excellent certificates from recognised training schools; (2) that each nurse is provided with a bag, in which she carries a metal comb, a bowl, a disinfecting lotion (Cyllin) for use during the examination of the children's heads; (3) if, on looking at a child, ringworm or favus is suspected, the nurse uses her forceps, kept for this purpose alone, in parting the hair, and afterwards sterilises them in a small spirit lamp which she carries for the purpose. As regards the "sickened caretaker," who has to sweep up vermin wholesale, if such a practice now exists in any school, which we doubt, the name should be reported to the authorities. As to his tale "being gruesome," unfortunately we are all aware of the fact that numbers of neglected children attend the schools infested with vermin, and, fortunately for these poor little ones, there are well-trained sympathetic nurses who are constantly striving to improve their present deplorable condition—not only in the schools but further afield. It requires a very high sense of duty and very good courage to tackle the duties required of School Nurses, not the least being the visits to the slum homes of the most desperate

cases—in places where policemen hesitate to go—and where, protected by their uniform, these valuable women workers penetrate in an attempt to enforce the principles of cleanliness and self-respect upon the parents, in the interests of the sad little victims of parental ignorance and neglect.

A more gratuitous attack has never been made anonymously upon a more worthy class of women, and we hope the *Westminster Gazette* will hasten to make apology for this unwarrantable article.

One of the most instructive papers read at the last Annual Convention of the Nurses' Associated Alumnae at San Francisco was on "Some Phases of School Nursing," by Miss Lina L. Rogers, R.N., Supervising School Nurse, New York City, and is well worth studying in its entirety. Some of the arrangements are eminently practical, for instance:

The staff was organised and the duties of nurses decided upon as follows: The nurse receives from the supervising nurse the following information. The schools in which she is to perform her duties and the hours for visiting each school. On entering the school for the first time, she reports to the principal and obtains a place in which to work and the method for receiving the children designated by the medical inspector.

The doctor is interviewed and the details obtained from his cards. These cards give the following information: Name of child, disease, date when ordered under treatment, date of exclusion, date of readmission. The nurse keeps a duplicate set of cards for her own use. A code system was devised by which numbers could be used instead of the name of the disease, and reads as follows:

CODE.	
1. Diphtheria.	12. Varicella.
2. Pediculosis.	13. Pertussis.
3. Tonsillitis.	14. Mumps.
4. Pediculosis.	15. Zero.
5. Ac. Conjunctivitis.	16. Scabies.
6. Pediculosis.	17. Ringworm.
7. Trachoma.	18. Impetigo.
8. Pediculosis.	19. Favus.
9. Zero.	20. Molluscum contagiosum.
10. Scarlet Fever.	21. Ac. Coryza.
11. Measles.	

The zero numbers are given to children having no disease so that all may be treated in the same manner.

Cards are kept for each class, and while the nurse prepares the "dressing table," a monitor is sent for a limited number of children. While these are being treated, others are sent

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