

attendant, who cleanses the children, at their disposal.

Our nurses do a considerable amount of home-visiting, so that in reporting cases for prosecution, justice may be tempered with mercy, and the circumstances of the parents be taken into account. I am afraid ours is not a very interesting work to the outsider, but to those who work in the schools it becomes very absorbing. This question of cleanliness is so all-important to the child's health that I do not think it can be too much pressed; if you could see as I do, the dirty, neglected, unhealthy child, with pale, meagre face, and often sore eyes, and not only one or two, but often forty or fifty of them; and then see the difference that a thorough cleansing, even only once a week, makes in their general health and appearance, you would not think any other of a nurse's many vocations more valuable.

Here is the strength of a nation! These are the future fathers and mothers of our race! We hope that we are able to raise their standard of self-respect, and prove to them that care of their health and surroundings should be their most important duty.

And now, lastly, what kind of nurse must this be who works in this way in the schools?

She must, of course, be thoroughly trained, she must be very conscientious, as she works to a great extent alone, and must have good observation, or she will fail to pick out children requiring treatment in the schools.

And she must possess a very kind heart, so that she can talk to the children without frightening them, and sympathise with the difficulties of the parents.

There are two last most essential characteristics for a school nurse, one is *Tact*, which must be her greatest quality in her dealings with teachers, to whom she is often a great nuisance, and then there must be *Enthusiasm*, without which she will not do much good; oh, how necessary this is when we suffer from the depression produced by having to go over the work again and again, with very little apparent success.

I feel that in this connection, I am a great boon to nurses, for they only see their own little bit, and I can tell them of it as a whole; and it is encouraging to hear that good is really being done, when we are feeling very disheartened.

I hope I have not taken up too much of your time in telling you of this comparatively new branch of our work; and may I say, in concluding, how strongly I feel that the spread of the knowledge of Hygiene and Public Health is quite as much the vocation of the

nurse as the nursing of people back to health when they are already ill.

#### THE PHYSICIAN AND THE NURSE IN THE PUBLIC SCHOOL.

We have already given a résumé of the paper by Miss Rogers, Chief of the Staff of Public School Nurses, New York Board of Health, in our report of the Conference, and it will appear in length in the Transactions. We now print at length the very valuable section relating to contagious work.

##### CONTAGIOUS SERVICE.

The nurses who are assigned to the contagious work (scarlet fever, measles, and diphtheria) report daily, except Sunday, at the Willard Parker Annex, receive their list of calls, which are sent by post from the different inspectors, and prepare their bags for daily rounds. This bag contains an aseptic gown, cap, gauze, cotton, thermometer, scissors, sol. carbolic acid, bichloride tablets, boric ac. pv., alcohol, and Tr. Green soap. Other things are added as needs arise. Each nurse changes her dress for one of a washable material, and is ready to begin "rounds."

Arriving at the home of her first patient (those most seriously ill being visited first) she removes her hat and wrap, hangs them in the least infected spot, puts on gown and cap, and prepares a solution of bichloride for her hands. Her first duty will be to learn what treatment has been ordered by the physician in charge of case, and she then carries out the orders as expeditiously as possible.

The usual mode of treatment where no orders are left, is giving a bath, cleansing mouth, and making the bed clean and comfortable.

A written record of everything done for the patient is left for the physician. All clothing is immersed at once in a disinfecting solution. The necessity for this, as well as isolating separate dishes, is impressed on the family. Having left the patient as comfortable and clean as conditions will permit, the nurse removes her own protective clothes, replaces them in the bag, and having disinfected her hands, goes on to the next case.

When all cases for the day have been visited, the nurse returns to the office, puts her nursing outfit in a basket provided for the purpose, and sends them to the disinfecting station for sterilisation. This is done each day.

The district nurse's work consists principally in giving baths for reduction of temperature, for general cleanliness, and to assist desquamation. Inunctions of various kinds are given, enemata, irrigations, and spraying of different affected parts. Mothers are instructed in the proper preparation and administration of food and medicines, suggestions are made regarding ventilation, isolation, etc., and how clothes and dishes are to be disinfected. Hangings and old clothes are removed from the walls, children are taken from

[previous page](#)

[next page](#)