

Education Authority provide free treatment, and that only for such conditions as ringworm, and the possible extension of free treatment will be referred to briefly in another place.

In the course of her inquiries the school nurse will meet with four classes of parent. Firstly, there is the "ideal" parent who will have already acted on the advice given, and has put the child under the treatment of a medical man. Secondly, the parent who, although able to afford to do so, has delayed taking such a course on account of indolence or negligence concerning the well-being of the child. With this class, the School Nurse should do her utmost to awaken the sense of responsibility and the desire to give the child the best chance of future well-being and freedom from those ailments, minor or major, which may make the difference between a healthy useful citizen and one whose low standard of health prevents him taking his due and proper share in the work of the world. It will be found that a very large proportion of the notifications will be concerned with bad teeth, defective vision, and enlarged tonsils and adenoids, and it must be fully realised that these conditions, important as they are in their very existence, are to be regarded as serious inasmuch as they have far-reaching effects on the physique and stamina of the growing child. Thus the existence of bad teeth in the mouth is serious on account of the probable contamination of the other teeth, the frequent attacks of sore throat and tonsils, which may result from their presence, and the gastric disturbance which they may cause, a condition which may become chronic and handicap the child in later life; and the chest trouble arising from the deficient air entry in a child who has enlarged tonsils and adenoids, and the causation of partial deafness by these conditions must also be borne in mind. A working knowledge of cause and effect in these matters is not difficult to acquire, and will give the school nurse stronger persuasive powers in talking to parents who are inclined to regard the original condition as of little account.

It is most desirable that the nurse should be regarded by the parent as one who has the interest of the child at heart, and not as one who is sent to chide; and a knowledge of human nature will be of the utmost value in an attempt to win over a reluctant parent to the side of progress.

The third class of parent is not very frequently encountered, and this is fortunate, for it is a class which is difficult to deal with. Such a parent may tell the nurse that "their tonsils is in the family; his father suffered for years with them, and didn't have no treat-

ment, and anyhow the boy eats hearty enough." An extreme type of this class may resent the nurse's visit as an indication of unwarranted interference, and although an instance of such resentment may not be met with for many weeks, it behoves the nurse to have in her armoury such tact and patience as will win for her a somewhat difficult battle. It is well to listen just long enough to obtain the drift of the main argument, and having done so to set out the facts of the case in hand, emphasising the advantages which will result from the remedying of the child's condition, and the disadvantages of neglecting the trouble.

The next class is the poverty stricken parent who although sincerely anxious to have the child attended to, cannot afford to consult a medical man. The excuse of poverty may be given falsely by an indolent parent, but the nurse should not form opinions too hastily, and it is better to err twice on the side of leniency than to distrust the statement of one honest parent who is handicapped by the woeful fetters of extreme poverty. At present the only way of obtaining medical treatment for such poor children is by means of the voluntary hospitals or of the Poor Law Medical Service. The obtaining of tickets for the former, particularly in the special departments, is becoming increasingly difficult; and resort to the latter is looked upon with aversion by the honest poor; so that the free treatment by the Education Authority of this class of child is within the bounds of probability, and will open a still wider field of work for the school nurse. This, however, is a controversial matter, and on this account, nothing but a brief reference to it is made.

During her visits, the school nurse should obtain much information concerning the state of cleanliness of the home, the condition of the other children, and the habits of industry or sloth of the parents. Such information must be obtained in an unobtrusive manner, and mainly by the exercise of keen observation during the visit, and it is hardly necessary to remark that the information so obtained for reporting to the medical officer should be regarded as confidential.

TRAINING, ETC.

Such are the duties of the School Nurse, and in conclusion, I wish to indicate briefly what may be considered to be the essentials for the post. A thorough general hospital training and good experience in children's wards are necessary qualifications, but training in a children's hospital, although an advantage, need not be regarded as essential. Experience, not necessarily prolonged, of district nursing will be of

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