

have the Sub-Committee insisted on the importance of including trained nurses on the Advisory Committee, and on the Health Committees to be created under the Act.

The failure of the Sub-Committee to appreciate the importance of trained nursing in the Bill is due, presumably, to the fact that expert nursing opinion, in connection with legislation, was not sufficiently represented. Indeed, at the Conference at which this Sub-Committee was appointed it was not, in the first instance, proposed to put a trained nurse upon it at all, though representation of medical women, and of certified midwives, was included as a matter of course. Yet, in the consideration of what will really be a National Health Act, both the work and the views of trained nurses should have had exhaustive consideration, and the National Union of Women Workers missed its opportunity of helping Societies of Nurses affiliated to it by failing to invite them to share in its deliberations.

THE MORAL.

The fact that in the deliberations, manifestoes, amendments and depositions on the National Insurance Bill by medical practitioners and the organized women's societies, the vital importance of trained nursing has been absolutely ignored, should prove a salutary lesson for the most apathetic nurse. That a class of skilled workers, of at least 50,000 in number, whose labours are invaluable to the community, can be classed with "agricultural labourers" in any legislative measure without either remark or protest, is proof of the neglect and injustice with which trained nurses have been treated by the Legislature, and of the urgent necessity for State recognition of their professional status. When after years of arduous training their work is ignored, the trained nurses of this country may well feel indignant, and realize, as the intelligent minority do, that without the power of the parliamentary Vote they have received less appreciation and consideration from Parliament than many dumb animals. If women nurses were enfranchised, an Act of Parliament regulating their qualifications and registration would have been in force for twenty years, and their profession accorded, by now, the privileges of the analogous professions of medicine and midwifery to which they are entitled.

MEDICAL MATTERS.

THE HEALTH OF SCHOOL CHILDREN.

The Annual Report of Sir George Newman, M.D., Chief Medical Officer of the Board of Education for 1910, just issued, is chiefly a record of the work carried on by the local education authorities in England and Wales in the field of school hygiene (including medical inspection and the treatment of school children) under the general direction of the Board.

Sir George Newman states that the physical condition of the six million children on the school registers lies at the foundation of the health of the adult population. The conditions of life, both in respect of personal hygiene and environment, which result in a high mortality under one year of age, lead on to a high degree of sickness and disablement among children of school age; and in the same way, but probably in a still greater degree, the sickness of children leads to disease and disablement among adolescents and adults. Every step, therefore, in the direction of making and keeping the children healthy is a step towards diminishing the prevalence and lightening the burden of disease for the adult; and a relatively small rise in the standard of child health may represent a proportionately large gain in the physical health, capacity, and energy of the people as a whole. Many of the diseases and physical disabilities of the adolescent and the adult spring directly out of the ailments of childhood. . . . The problem both of preventing and of treating the defects of children, which are discoverable by medical inspection, thus assumes an import both more extensive and more serious than that of curing the individual child.

The machinery now brought into operation aims, in the first instance, at securing an effective harmony of action between all who are concerned with health questions in each area, and upon a genuine and intimate co-operation between their officers, medical men, health visitors, school nurses, teachers, and attendance officers. Next the different branches of school medical treatment require to be unified under the school medical officer. There are six of such branches, namely, medical inspection, medical treatment, the sanitation of schools, the provision and management of special schools for the defective, physical training, and the feeding of school children. These six are but parts of a single undertaking, from all of which it will be seen that the care of school children is a very important bit of national work, and that school nurses and others engaged in it should be skilled and experienced workers.

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