

Stations in charge of School Nurses, nine of the former had whole time nurses, and nineteen hospital and association centres, with part time nurses paid for by the London County Council.

The advantage of these Treatment Centres, which were adapted private houses, was that they were for school children only, the parents were kept waiting as little as possible, both in getting treatment and when actually at the centre. Being attended by the Council nurse, there was better co-ordination between them and the work of the doctor of the schools. If this connection were broken the parents became distrustful, and pressure had to be brought to bear to get the parent to take the child for treatment.

The qualification for a school nurse was a three years' certificate from a recognised training school, and extra qualifications such as M.A.B. training, out-patient, district, midwifery, and children's training, were an advantage, and the certificate of a Sanitary Inspector and Health Visitor was an advantage.

The school nurse must be well trained, as she often had great responsibility. Tact, good temper, skill, observation, were all essential.

The school nurse was the essential link between doctor, school, and parent. The work of the school nurses was one of the most important that trained women were asked to perform, they acted as missionaries of health to the people, the possibilities of good that could be done for the future race could scarcely be exaggerated. Although difficult and often tedious in the doing, yet it carried its own compensation. Nurses taking up the work became much interested in it and, personally, she felt it the greatest satisfaction to take part in the growth of work so necessary to a proper education. How could a child make full use of its mental powers while hampered by want of bodily health? It was waste of time and money to spend the services of highly trained teachers upon children hampered with defective eyesight or hearing or suffering from enlarged tonsils or adenoids and other evils.

If the object of education was the bringing up of a good citizen, the whole of the child's capacity should be developed together, and this could only be done with the most watchful care that mental activity did not outstep bodily strength, and that all hindrance to vitality were, if possible, removed.

School nurses had good holidays, but their work was very hard when on duty, and they needed all the holidays they could get.

School work might be combined with some other forms of nursing, but not, in the speaker's view, with midwifery. There was much infection in the schools, and in connection with it the nurse had to visit the homes of children suffering from infectious diseases and to go further into the area of infection. The combination of school and insurance work would, she thought, be quite possible.

DISCUSSION.

In the discussion which followed Miss Mary Gardner inquired whether the school nurse had not a great deal of clerical work after her school work was done.

Miss Pye, Secretary of the National Union of Nurses, said that by good nursing of the insured sick the duration of sickness could be shortened, but the scheme did not include the uninsured sick. Co-operation in nursing the members of the insured and uninsured members of the same family was needed to avoid overlapping, or father would have the insurance nurse, mother the district nurse, and Tommy the school nurse. If trained nurses put their heads together they could evolve a scheme.

Miss Musson raised the question of nursing in the rural areas, in some of which sufficient financial support was not forthcoming to maintain either a trained nurse or a certified midwife.

Miss Pearse having replied, Sir Victor Horsley said that Miss Herbert had raised the question of the special training required for nurses in rural areas, and the question of "exhibitions" to enable them to take midwifery training after leaving the general hospital, and of the necessity for State aid of nursing education. Nurses should claim that. Medical education was subsidized, and if the nursing profession were standardised it should come forward and get its due.

He quite agreed with Miss Bartleet that the question of remuneration of nurses and their hours of work was one of lack of money with hospital committees. He hoped to see the creation of a State Nursing Service. In reference to the criticism of nursing work by lay persons, to which Miss Bartleet had alluded, no untrained person was justified in criticising the professional work of trained people. In regard to Miss Pye's remarks, the public should be roused to the fate of the uninsured which was bound up with the Poor Law question. It was a very important one. Overlapping would, he thought, with organization, settle itself.

The remuneration of nurses in sparsely populated areas, referred to by Miss Musson, could only be settled in one way. The question at present existed in regard to the medical profession in the islands on the north-west of Scotland. The establishment of a State Service, the population contributing what they could afford, was the only satisfactory method of dealing with it.

(To be concluded.)

In reporting Miss Musson's speech last week, on "The Economic Position of the Nurse," we quoted her opinion that for nurses the ideal to be aimed at was 52 days' rest in the year, not including days on the sick list. Further that a holiday of 30 days and two days off duty in each of the remaining months would give the nurse the rest other people enjoyed. To this, should be added the words, "on 52 Sundays in each year," as 52 days off in the year does not represent all the rest that most workers enjoy.

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