

THE PUBLIC HEALTH.

THE HEALTH OF THE SCHOOL CHILD.

In the Report of the Chief Medical Officer of the Board of Education for the year 1931, entitled "The Health of the School Child," Sir George Newman is specially reassuring of the condition of nutrition of school children throughout the country. He says:—

"It is satisfactory to learn that the depressed state of industry and the need for national economy does not appear to have exerted, as yet, any measurable physical ill-effect upon the child population. But this important issue should continue to receive close attention.

"The number of children inspected in the specified age groups during 1931 was 1,759,186, or 35.7 per cent. of those in average attendance. In addition, 1,084,467 children were referred for some special reason by parents, nurses, school teachers, or attendance officers. The total number of 2,843,653 children thus passed under review represents 57.7 per cent. of the average attendance. The number of reinspections carried out was 1,953,708. The principal defects and their incidence are shown in the following table:—

	Routine Inspections (1,759,186).	
	No. of Defects.	Incidence per 1,000 Inspections
Malnutrition	19,737	11.2
Skin disease	20,157	11.5
Defects of vision	99,758	87.7*
Squint	15,400	8.8
Other eye diseases	14,568	8.3
Defects of hearing	6,759	3.8
Otitis Media	8,891	5.1
Enlarged tonsils and adenoids	113,562	64.6
Other throat and nose defects	10,261	5.8
Organic heart disease	3,071	1.7
Pulmonary Tuberculosis:		
(a) Definite	341	0.2
(b) Suspected	1,145	0.7
Non-pulmonary tuberculosis	1,310	0.7
Nervous diseases	3,520	2.0
Deformities	16,383	9.3

* In calculating this figure the entrants have been left out of account.

"Thus 800,000 morbid defects await treatment, sometimes more than one occurring in the same child. The percentage of children found in 1931 to be suffering from definite defects (excluding dental disease and uncleanness) requiring treatment was 20.0 (of which 9 per cent. were due to defects of vision, and 6 per cent. to adenoids and enlarged tonsils).

Sir George states that a new kind of self-respect has grown up, a health conscience. Of this there was abundant and undisputed evidence, the children as a whole were cleaner, better in physique, better fed, better clothed, better nurtured, than they had ever been since we possessed records of them, and this evidence was clinched by the simple fact that their parents had themselves been through the same hygienic discipline, and knew its value.

The average cost *per capita* for that part of the school medical service which concerned medical inspection and medical treatment was 8s. 2d. In one district it was as low as 3s. 2d. and in another as high as 21s. 10d. The cost for London was set at 11s. 7d. Sir George points out that "Common-sense dictates to us all that to attempt to educate children whose bodies or minds are impaired by ill-health or physical defect, would be futile and wasteful."

THE LONDON COUNTY COUNCIL AND NURSING.

At two recent meetings of the London County Council, its Central Public Health Committee, of which Dr. F. Barrie Lambert, is Chairman, have sent up recommendations which affect nursing conditions, one very adversely—without, we believe, any consultation with the General Nursing Council for England and Wales.

Extension of Training.

The London County Council proposes:

(a) That, as from and including 1st April, 1933, the period of training in general nursing for probationer nurses at hospitals and institutions under the management of the Central Public Health Committee be extended from three years to four years, that the period of training of nurses undertaking supplementary training in general nursing be increased from two years to three years, and that the salary to be paid in each case in respect of the additional year's training be £50 a year.

(b) That the trial period for probationer nurses be extended from three months to four months (and any approved extension thereof up to a total trial period not exceeding six months).

No explanation is forthcoming of what the extra training is to consist, or if the nurses are to be prepared at the end of three years to fit them to sit for the Final Examination of the G.N.C. as provided in the Statutory Rules.

Departmental Sisters—Qualifications. Unregistered Nurses Eligible.

The second recommendation of the Central Public Health Committee—providing that non-registered Nurses shall be eligible for the well-paid positions of Departmental Sisters—is a slur upon the Profession of Nursing.

The Council on June 21st, 1932, decided that applicants for the position of sister-housekeeper, one of the grades of female nursing staff dealt with in regulation 631, the members of which are required to be trained in nursing, should, if not State-registered nurses but otherwise qualified, be eligible for appointment to that position. Departmental sisters (massage, X-ray and electrical departments) need not of necessity be State-registered, but will be specialists in their own particular branch of work. In the circumstances, we consider that, provided an applicant for appointment to any of these positions is suitably qualified, she should be eligible for appointment although not a State-registered nurse. The General Purposes Committee will deal with the necessary amendment of the regulation.

On November 22nd last the following recommendation, submitted by the General Purposes Committee, was agreed.

That applicants for the position of departmental sister (massage, X-ray and electrical departments) who are not State-registered nurses but are otherwise suitably qualified be eligible for appointment to any of those positions on the appropriate salary scale provided for in regulation 631.

The London County Council, which is a rate-supported body, has therefore agreed to place patients for whose health they are responsible in the charge of women, bestowing upon them the professional title of "Sister," who are devoid of legal status under the Nurses' Registration Act. We protest most strongly against this decision of the London County Council.

We ask Dr. F. Barrie Lambert, who is a registered medical practitioner, if she is prepared to advocate that the Massage, X-ray and Electrical Departments attached to L.C.C. institutions shall be supervised by unregistered medical practitioners? Should any such suggestion be made by her Committee, we feel sure the General Medical Council would take exception to such unprofessional conduct. We earnestly urge the General Nursing Council to take action in support of Registered Nurses when defining their "prescribed scheme of training."

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