

## OUR PRIZE COMPETITION.

### WHAT ARE THE DUTIES OF THE SCHOOL NURSE AS A HEALTH SUPERVISOR ?

We have pleasure in awarding the Prize this month to Miss Josephine Gilchrist, M.B.C.N, Women's United Services Club, 12, Drumsheugh Gardens, Edinburgh.

#### PRIZE PAPER.

In most large towns where schools are capable of holding a thousand or more children in one building, school medical service is carried on as an independent unit, and the duties of the school nurse are thus more interesting, intimate and comprehensive than would be the case in sharing the work of maternity or tuberculosis departments.

In addition to the necessary professional qualification of State registered nurse, the diploma or certificate from a university school of social study and training and a course in individual psychology, such as the late Professor Adler advocates, equip one more efficiently in dealing with the many-sided character of educational work involved. The aim and scope with regard to the education and welfare of the child have developed enormously since the school medical service was legally initiated in the Act of 1907.

Attendance at school is compulsory, medical inspection is legally instituted, but acceptance of medical treatment is voluntary and the position of the nurse as health supervisor is the connecting link between the Authority and the individual concerned. She it is who is looked to in the last resort, at least, to keep on good terms with the parents and get the right thing done. She must enter into the ideas, difficulties, efforts and discouragements of both parents and children, and have a large store of patience and perseverance in overcoming resistance and apathy, and a sympathetic appreciation of the pathos and humour which pervade the daily routine of her duties.

Here the supervision comes under three headings :—

1. *Preventive*—As in routine inspection of age groups, with parents present; class inspection for detection of uncleanness or incipient infection of any kind.

2. *Curative*—As in following up cases requiring treatment which has become apparent during routine examination. Treatment at clinics or in special schools.

3. *Educative*—Visiting homes, advising as to feeding, clothing, personal hygiene, sleeping arrangements, isolation of contacts in infectious disease, signing of treatment cards.

The above aspects of health supervision have, naturally, developed in the last twenty years. The outstanding neglect, cruelty, verminous conditions and malnutrition met with in the beginning have to a great extent been controlled, and in some cases eliminated, though systematic inspection and weekly or fortnightly visits are directed principally to the prevention of nits, unclean persons, scabies and skin infection generally, and play a principal part in safeguarding health. Infectious diseases, such as diphtheria, have been prevented by the voluntary immunisation of infant entrants, the parents being advised and encouraged to protect their children.

Curative measures for physical and mental defects are met by special schools, sunray, extra milk, and rest.

Myope cases, hard-of-hearing cases, stammerers, are treated in special schools and classes.

Problem children are supervised in child-guidance clinics with the parents' consent and co-operation.

Delicate children are drafted to school in the country for a period of a month or more. The nurse's duty is to persuade, if necessary, and co-operate with teachers, medical officers and parents by home visiting to get the work carried through.

The sphere of the nurse's services is still being widened by the supervision of nursery schools.

Vocational guidance in the intermediate schools has been adopted as an experiment over a large number of pupils in order to ascertain the walk of life to which they are most suited. Thus, preventive, curative, educative supervision dovetail into one another and help to bring about a fitter, healthier, happier future for the present-day pupil and citizen.

It is interesting to note that the ideals laid down in connection with the Save-the-Children Fund, and adopted by the League of Nations Assembly, 1924, are being realised universally.

Briefly, they are (a) "The child must be given the means requisite for its normal development, both materially and spiritually." The co-operation between home and school, the social aspect, such as the Nursery School Mothers' Club, when school medical officers give addresses on matters affecting children's health and the more common children's diseases, the mothers bring knitting or sewing and have tea and talk afterwards, and the Parents' School Association, when excursions to industries are organised, such as factories, printing works in their district.

The improved lighting, heating and sun aspect of recently built schools and opportunity for gardening.

(b) "The child that is hungry must be fed." School dinners and milk are provided at a small charge.

"The backward child must be helped." With special tuition.

"The delinquent child must be reclaimed." School Medical Psychologist co-operates with child-guidance clinics.

(c) "The child must be the first to receive relief in times of distress. All schools have a free-food roll, free boots and clothing."

(d) "The child must be put in a position to earn a livelihood and must be protected against every form of exploitation."

There is an advisory committee for juvenile employment and bureau for registration, also an after-care committee for those needing special guidance and supervision.

(e) "The child must be brought up in the consciousness that its talents must be directed to the service of its fellow-men." Vocational guidance, comprising group tests of linguistic intelligence, a group test of mechanical aptitude, standardised group test in general educational subjects.

Individual test of practical ability, an individual temperament schedule, incorporated in school and home reports, and a special medical examination by medical officer and nurse.

#### QUESTION FOR NEXT MONTH.

What is Hysteria: its Nature, Symptoms and Treatment ?

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