



THE HEALTH VISITORS' LEAGUE SECTION

The Honorary Secretary of the League, Miss M. Raynor, C/o Dr. Jean Biggar, 11, Lansdowne Rd., Calcutta, will gladly receive reports and articles for insertion in this section.

THE WELFARE OF THE PRE-SCHOOL CHILD

By J. M. CALDER

Superintendent Health Visitor, Manchester

Today we discuss this question of the toddler on three main lines :—

- (1) Health visiting in the homes.
- (2) Medical consultations in maternity and child welfare centres.
- (3) A limited number of day nurseries, nursery schools and nursery classes.

The 'Gap'

Health visitors have been concerned for some time about the very small number of toddlers who come within the purview of the local maternity and child welfare services. Parents and public health workers alike have had good reason to congratulate themselves on the success which has followed their efforts on behalf of babies in the first year of life, but here is something upon which there is no room for congratulation. Why is it that so many children who, thanks to our carefully planned infant welfare service, have such an excellent start in life, lose this good start by the time they enter school? Toddlers, it seems, are not as healthy as they should be simply because our two great services—the child welfare service and the school medical service—cater, generally speaking, for babies from birth to two years old and for school children from five years old to school leaving age; there is a gap between the ages two to five, though this, of course, is more true of some areas than of others.

Overcrowding at the Centres

The tendency, in the early days of the infant welfare movement, to concentrate on the health of the baby under one year has made it difficult for mothers to grasp that the health of the older child is of equal importance. Most maternity and child welfare workers are only too well aware of the disadvantages under which they have been working in recent years—serious and continued overcrowding in the centres, and lack of money to provide special toddlers' sessions. This harassing 'overcrowding' applies also to health visiting in the homes, and only a fraction of what could be done in a truly educational and preventive service—in class teaching and home visiting alike—has ever been possible (except in a few well endowed areas).

If the health visitor is school nurse and tuberculosis visitor also she knows how often infant and toddler visiting is set aside for routine medical inspections in schools, or special tuberculosis visits, or, in the case of the health visitor doing specialised work, how visits to toddlers are neglected because of investigations into cases of infectious disease, primary visits, centre relief, or any of the other special duties undertaken by the average health visitor.

The problem of caring for the toddler is not as simple as it seems, and its solution depends upon many factors. The life of a child is a process of

adaptation to environment. This can be divided into three distinct periods: the baby period, the toddler period and the school period. We are concerned at the moment with the middle group—the toddler—but we should always remember that the essentials for the healthy development of any child are: (a) suitable food, (b) good mothering, and (c) freedom from infections.

Problems of the Toddler Period

The toddler period presents more problems than the baby period. The food is more varied and complex, and time and skill, more knowledge of food values and cooking, are required in its preparation. Moreover, the child's reaction to unsuitable food is less rapid and dramatic, and mistakes in feeding are, therefore, not so obvious. Exercise in the open air is no longer passive, and the child's activities out of doors need to be supervised. He ceases to be more or less isolated, and so is exposed to the infections brought to him by the family, and others. Repeated attacks of respiratory catarrh and their sequelae may lead to malnutrition, anaemia, poor chest development and chronic bronchitis.

This is the period for which, where the home environment is unsuitable, and the mothering bad, nursery schools are desirable, for the risk of infection can be balanced against the advantages of space for play and any training in habit formation, and so on, unlikely to be given at home.

What, then, do you think is the best way of supervising the health of the two to five year old? His care demands a high degree of skill from the house-mother, and anything which will improve her standards is desirable. Many mothers are brilliantly efficient, as we all know, but there are too many mothers who simply muddle through. Some, of course, are lethargic from under-nourishment, but many from sheer inability to manage. Possibly, in areas which have been industrial for several generations, like some of the manufacturing towns in the north, women have lost the tradition of good housekeeping and mothercraft acquired by contact with older members of their family; few girls enter marriage nowadays with any skilled knowledge of housekeeping and child care. Any publicity, such as rent rebates, or prizes, for mothers who show they can manage home and children skilfully should be valuable, and we might well follow the example of Germany and certain Scandinavian countries which organise courses of instruction to young married women *before* they become mothers. The health visitor, then, must go on teaching women in their homes.

Reasons for Absenteeism

What of the centres? Toddlers do not attend the centres as they should. Why?

(1) Because mothers do not realise the need. The ideal of a good physique, good teeth, and so on, filters down slowly. It is enough for many mothers that a child is not obviously ill.

(2) Because, having perhaps attended the centre regularly during the child's first year, many mothers lose the habit and tend to put off returning.

(3) Because some sensitive mothers fear that the toddler will behave badly, as even the best toddlers will.

But, at the back of all their reasons, many mothers cling to the belief that examination and observation are unnecessary; and that is why the special toddlers' sessions and birthday clinics at centres have never proved as popular as they ought to be.

Nursery Schools for All?

What is the alternative? Propagandists insist on nursery schools for all toddlers irrespective of the sort of home from which they come. How are these to be provided to accommodate the million in excess of the 7,000 who now enjoy such a service? How could this be done in rural areas?

Then, again, can anyone visualise the problem of staffing such schools? It has been suggested that a number of girls aged from 16 to 18 could be recruited to look after this million and train as nursery nurses. Are they to be thrown back, semi-educated and semi-trained, on the labour market at the end of their service in nursery schools? Would their parents allow it today?

The Dangers

The question is, *Should* children with good mothers, companionship, and a reasonable standard of living be taken out of their homes at the age of two to four to be looked after by other persons so that they may have the theoretical advantages of nursery school routine? A Member of Parliament only the other day said something that is apt to be forgotten these days—that the mother *is* the person who should look after her children. No, apart from the very grave dangers that come from congregating large numbers of young children together, the scheme for nursery schools on a large scale appears neither practical nor likely to yield the desired results.

In the course of its development, too, the school medical service has concentrated on the detection and treatment of actual defects—physical disabilities which affect the health of the child as a school child whose attendance or absence from school affects the grant-earning capacity of the school—rather than on the origins and causes of these defects. In a recent enquiry during an epidemic of measles it was found that mothers would often send their young children to school against their better judgment even when the children complained of feeling unwell, rather than be harassed by notes from the teacher or a visit from the school attendance officer.

For the only child, or the child whose environment is unsuitable, nursery schools and classes meet a real need, but they are expensive and do not offer a solution to the problem; nor do they alter the fact that the child still remains for a considerable portion of the 24 hours in his own home.

Contact with the Mothers

'It is clear that the success of any efforts to secure adequate supervision of the health of young children will depend to a large extent on the efficiency of the health visiting staff.' It is a truism that, in 'welfare' work, it is contact with the mothers that counts. This contact is best secured by friendly home visits and by having the child brought to the centre for constructive medical consultation, and examination by the medical specialist there. Such intimate, individual consideration of the child's needs is not possible at a routine medical inspection in school. In a centre it is possible to discuss the toddler's management and health, and the mother can bring up her difficulties and the doctor can air her feelings about the child. In any "welfare" scheme, however, the treatment of minor ailments should be carried out, and, to secure the maximum benefit for the children under school age, there must be absolute co-operation between the maternity and child welfare service and the school medical service.

Yet mothers must still be trained in the care and management of their own toddlers. The years up to five are a continuous mental and physical

process, and it is during these years that many maladjustments take place which, if not prevented or detected early, lead to more serious defects and much suffering later. Many parents are interested in child psychology and problems of behaviour as well as the physical health of their children; this is evidenced by the enormous number of magazines and periodicals publishing articles on such subjects which command a ready sale in the homes of all classes.

Health visitors, therefore, in view of their important contribution to the welfare of the toddler, must be able to detect and refer to the medical officer all children for whom medical supervision is required, and be trained to instruct and guide the mothers in all problems concerning the welfare of children under school age.

From '*The Nursing Times*'.

THE CHILD FROM 6 TO 9 YEARS

A difficult period in many a child's life lies between the age of 6 and 9 years, when it is losing its first teeth. The physical and psychological aspects of this phenomenon and their reaction on the child are very often misunderstood and the child unjustly accused of troublesomeness and fretfulness. Parents are liable to forget that the child is passing through a difficult period, when it needs more care and a suitable diet. The essentials of the diet necessary for the protection and maintenance of health are generally known and observed. When a state of ill-health arises dietetic measures varying according to the particular case are necessary for the restoration of the normal state, but in children these requirements for various reasons are frequently neglected. This neglect is the more surprising inasmuch as those requirements essential for normal health are even more necessary in the nutritional disturbances of children no matter whether these disturbances are primary or secondary.

After many years' research combined with detailed clinical investigation we can confidently recommend Sanatogen as a complete or a partial replacement food in the treatment of nutritional disturbances in children and the varied symptoms and conditions arising therefrom.

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Sir Charles A. Cameron, C.B., M.D., F.R.C.P., D.P.H., formerly Medical Officer of Health and Public Analyst, Dublin, etc., wrote:

'I have arrived at the conclusion that Sanatogen is a substance of the highest nutritive value, containing, as it does, a large amount relatively speaking of organic phosphorus—that is, phosphorus which is offered to the tissues in exactly the form in which it can be easily absorbed. It is an excellent nerve food.'

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