

must be collected tactfully by the nurse during her visiting as they materially alter the programme to be undertaken for the child.

If the home conditions are fairly good and the nurse feels that the mother will follow her advice regarding diet, rest, fresh air, sleeping conditions, etc., the child is allowed to continue at school being weighed monthly in every case, a weight chart being kept. On these charts is marked the normal line showing what this child should be for its height and age, and each month the child is weighed the chart is marked in order to observe whether the child's actual weight line is following this normal line. The normal line is checked every six months when the heights are retaken.

Should the home conditions be unsatisfactory then immediate steps are taken to try and get the child built up at the McCarthy Convalescent Home or at the seaside at Otaki, while arrangements, if possible, are made to remove the source of trouble from the home. Following this holiday the child returns to school and is kept under observation in the manner previously described.

At the time of this monthly weighing, or at any time that the nurse observes a decrease or stationary weight or any untoward symptoms among these children, arrangements are immediately made for the child to be examined by the School Medical Officer, and the parents are encouraged to bring them in to see the doctor if they are worried about them in any way. In addition, this group of children is examined by the doctor yearly at the school during routine examination. In this way the children are kept under close medical supervision.

Some personal observations in regard to these children might be made here. It has been noticed that while in the majority the weight line will be below the normal, in some cases the adverse is true, the child appearing to have some glandular affection with a distinctly overweight line. These cases are of great interest,

Again the child might have a stationary weight for a period and be found to suffer from enlarged tonsils and adenoids. On these being removed further loss in weight may immediately follow, but it is very striking to note how the weight curve will soon rise again and continue to steadily improve.

In visiting the homes the difficulty of influencing the fixed beliefs and habits of parents, even when these are to the detriment of their children, is very evident. For instance, a mother whose child was operated upon for enlarged tonsils and adenoids at three years, and again at six years of age, and still suffers badly from nasal obstruction, persisted in the child sleeping in the parents' room with the head of its bed reaching into the wardrobe because she did not like to re-arrange the plan of the bedroom. This home was quite a comfortable one and the mother apparently of average intelligence.

Though the work is at times discouraging it gives great satisfaction to look back and see the number of children whose parents have followed our advice, even when it has involved such definite steps as building on a sleeping porch for the child, or removing from a crowded city area to the suburbs.

Great care has to be taken in handling some children as the parents are apt to become over-anxious, and their concern re-acts unfavourably on the child. For instance, one boy in Standard VI. asked about his weight most anxiously and always showed signs of dejection if there was no increase. In such cases a tone of cheerfulness and commonsense has to be adopted to overcome a tendency to worry.

The ignorant family of large numbers frequently requires much winning over before even entrance to the home can be obtained, but once the mother realises you are there to help her she will make every effort to follow your advice. Perhaps this type of case gives as much satisfaction to the nurse as any in that she has overcome any personal prejudice and ignorance.