NOTES ON A MIXED SHORT-TERM DAY NURSERY

BY

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The nursery which is here described is situated in a pleasant country-house on the shores of a beautiful lake. It has a large garden, which supplies the house with vegetables; and poultry provide the nursery with fresh eggs. It was first established as a day nursery with a view to the reception of the children of women working at a large neighbouring war factory. However, the requisite number of children were not forthcoming, and in late 1943 it was amalgamated with a neighbouring nursery, which had been used solely for the reception of young children during the period when their mothers were having a further confinement. Under this new arrangement residence was provided for 21 children, and day children up to a similar number could be admitted; throughout the year the residential part of the nursery varied from 17 to, during rush periods of evacuation, 24. Day children numbered from 5 to 10.

Throughout 1944 the nursery was thus taking three different types of children: (1) There were 10 children attending daily who came into the nursery between 7.30 and 9 a.m. and left between 5 and 6 p.m. (2) There were 97 short-term children aged from 1 to 5 years who were admitted during the sickness or confinement of their mothers. These were to a large extent the children of mothers evacuated from dangerous areas. (3) There were 14 children whose mothers were employed on war work that, because of the hours or other circumstances, made it impossible for the children to be with them. It was expected, and has generally been fulfilled, that the mothers should visit these children at week-ends and keep in touch with them.

The nursery is divided into three groups: a day and night nursery for 0-1 year, for 1-3 years, and for 3-5 years. It is obvious that a nursery of this varied type presents considerably more problems than would arise from a complete day nursery or residential nursery. The constant admission of new children for only a short time creates a greater risk of infection being brought in; they enter unclean and untrained, and these difficulties are corrected only when it is time for them to leave.

The staff consists of: (1) The matron, who is a fully trained State-registered nurse. She has a position of considerable responsibility, as children are sometimes admitted at only a few hours' notice, and one must rely on her examination of the new arrival to exclude infection. Moreover, the whole character of the nursery depends entirely on her—whether the atmosphere is that of an institution or a home. (2) Two child-care reserves; two nursery assistants; and three probationers. At first sight this staff will seem excessive, but when one considers the length of the day's programme (detailed below) and also that every member is entitled to three hours off duty each day, a day off each week, and three weeks' holiday each year, I think it will be agreed that such a staff is necessary. Indeed, quite apart from the care of the children during the day, all the children's clothes and napkins, etc., are washed by the nursery staff, and only the heavy linen is sent to the laundry. The mending, marking, and ironing of all the clothes are done by the staff, largely in the evening.

The daily programme for the children is as follows:

6 a.m.—Children under 1 given milk.

6.45 a.m.—All children awakened; toilet; orange juice; wash.

7.15 a.m.—Breakfast: Porridge or corn flakes; prunes, bacon, fried bread, or fresh eggs, scrambled or poached; bread-and-butter, jam or syrup, rusks, milk.

8 to 8.30 a.m.—Toilet; wash; free play.

9.30 to 10 a.m.—Cocoa or milk and biscuits; cod-liver oil and malt.

10 a.m. to 12 noon.—Out for walk or play in the grounds, and sleep in the prams or in the night nursery; toilet.

12 noon.—Lunch: Soup or mince or fish, or cheese dish, potato and gravy, and two vegetables when possible; rice or semolina, custard and fruit (own produce bottled or fresh in season) or prunes; sponge puddings; orange juice.

12.45 to 2.30 p.m.—Toilet; wash; rest period.

2.30 to 4 p.m.—Toilet; either walk or play, or drawing; plasticine; imaginative play; nursery rhyme songs to piano. Older children love to gather leaves, twigs, and flowers for nursery.

4 p.m.—Tea: Dates and grated carrot, or shredded cabbage; fresh scrambled eggs; home-made cakes or junket, bread-and-butter, rusks or biscuits.

4 to 5.30 p.m.—Toilet—bathing and bed. Preparation of daily children for home.

9.30 to 10 p.m.—Baby-feeding and toilet.

Diet and rest for the 3-5 year children are the same as for the 1-3 year group. The older group has more constructive play, including chute, sand-pit, and swings; and songs and dances to the piano; also, their walks are taken in the surrounding woods and field, and to a near-by farmyard. Their bedtime is 6.15 p.m., after bathing.

Infectious Diseases

During the year all the children had chicken-pox, and many had rubella; in both instances the infection was traced to a day child. Three of the young staff were also affected by the latter disease. One child was admitted and discovered to be in an advanced stage of whooping-cough, but all the children were at once immunized and there was no further case. Every one of them has, of course, been immunized for diphtheria. These infections were of a mild type, and gave rise to no complications. During the whole year there was no other case of sickness necessitating the children being kept in bed, and the general standard of health was excellent. During the first few days of admission a child is fretful, and generally needs up to 48 hours to settle down; this also is a period of extra work for the staff, and may account for the fact that the short-term residents do not gain weight in proportion to the permanent ones.

The day children vary in age from 2 to 5 and also in the length of time they attend. They all gained weight, to an average of 5 lb. 8 oz. The 97 short-term resident children aged 1 to 5 years were admitted for a period of two to seven weeks, and gained weight as follows: 1-2 years, 12 oz.; 2-5 years, 1 lb. 14 oz. The 14 permanent residents who were in the whole year gained weight as follows: 0-1 year, 16 lb. 4 oz.; 1-2 years, 7 lb. 9 oz.; 2-3 years, 6 lb. 14 oz.; 3-5 years, 7 lb. 8 oz.

Conclusions

The nursery has really been fortunate in avoiding the more serious types of infectious diseases, and was even unaffected by the influenza epidemic. This result may be in some way due to the fresh-air policy, but it must be admitted that the risk of such infection is very great. As a short-term nursery for children of mothers who were being confined in our maternity home or had been taken suddenly ill, it has been exceedingly useful. It has been invaluable in dealing with the children of the group of London expectant mothers who were evacuated to this district in the summer.

The improvement in weight, health, and general condition of the whole-time resident children is most gratifying. One satisfaction has been that nearly all the mothers have kept in touch with their children and helped so far as was possible. It is of course open to argument whether mothers of children of these ages should work; personally, I am not convinced that children under 2 years of age should be away from the mother. However, there are certain reasons during wartime, and in the cases of illegitimacy, where this course seems essential.

Finally, I would stress that the success of a nursery depends to a very great extent on the matron. She must be given responsibility and be trusted to run her nursery without undue interference; her success will depend as much on her motherliness as on her nursing skill. Our matron was the widow of an R.A.F. casualty, and had her two children in the nursery. These children received the same care and attention as all the others, and no more.

C. L. Steinberg (*U.S. nav. med. Bull.*, 42, 567) in the course of five months has seen 10 cases of meningo-encephalitis in a total of 165 cases of mumps. As mumps meningitis is rarely fatal pathological reports on the condition are few, but Larkin and Gordon found congestion of the pia mater with patchy infiltration of the parenchyma along cerebral vessels.