THE FACTORY NURSERIES

BY

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Since the end of the war a great many of the wartime nursery schemes operated by local authorities have dwindled or vanished altogether. This may be partly because the general public pressure in favour of nurseries has lifted and also because a more cold-blooded examination of the position has thrown doubt upon their value as a contribution to the solution of problems of labour shortage.

The main interest of the maternity and child welfare department of the authority is in the welfare of the child, not the economic productivity of the mother, and it is often the most necessitous rather than the most highly skilled mother whose child is admitted to the council nursery. From the point of view of labour supply there are too many loop-holes, and it is not always possible for the nursery to maintain an accurate check on the attendance of the mothers at work or to evaluate the comparative national importance of the proposed employments of those on the waiting list. In addition the expense of the nurseries is very great and now falls to a far larger extent upon local funds than during the period of the wartime special grant. The local authorities are therefore showing some resistance to Government efforts to persuade them that it is the duty of the local ratepayer to make a substantial contribution for a generalized, and doubtful, return.

While the number of nurseries has declined, it is worth noting that this has been accompanied by a considerable increase in the number of nursery classes provided by the education authorities in the schools as part of the education service, and a great expansion of the school meals service. The staff used in the nursery classes is in the ratio of one to every seven or eight children as against one to four in many of the day nurseries, but otherwise some of the same objections apply; far more serious is the difficulty that they do not accept children under 2, and that they are normally open only during the usual school hours and during term time. They cannot take the place of the day nursery.

These changes have taken place simply as part of our general peacetime plan for normal social services. They are not intended to relate to our present situation, which is such that we are fighting for our lives in the export markets of the world and our labour supply position is worse than at almost any time during the war. Except in areas with a high concentration of export industries the picture does not present itself to the public mind with the sharpness of its ominous reality, and it is doubtful whether public opinion on the restarting of large-scale nursery schemes by the local authorities would in most areas be more than lukewarm, if not actually hostile. Against this background of doubt and hesitation a new development is being tried out on an increasingly large scale—the factory nursery.

Here the employer is responsible for the whole expense beyond what can be charged to the mother, and the cost is still near the 35s. mark. Charges are low, and usually not on a sliding scale but on a flat rate varying from 1s. to 2s. per day in different factories for a five-day week. This means that a net cost of 25s. to 30s. per child is being borne by the firm. In spite of this great expense the North-West Region, which contains almost all the factory nurseries now opened, presented the following picture at the time of going to press:

Factory nurseries

Open	..	66,	providing	2,549	places
About to open	..	23,	"	875	"
In project stage	..	15,	"	570	"
Total	..			3,994	"

Private firms do not lightly incur such costs as these. Their interest is in the freeing of mothers for factory work, and the schemes are well worth examination from the labour-supply point of view.

Administration of Nurseries

The key points are, of course, the staff used and the mothers released. Each factory need open its nursery only for the period covering its own full-time day and can therefore usually manage to run on the number of staff officially recommended by the Ministry of Health—i.e., one to every five children. Many factories have maintenance and service staffs and a doctor actually on the spot or near at hand, and these can often include the nursery in their normal day. Nurseries may draw their food from the factory canteen and neither buy nor cook their own. The nursery is appropriately sited in the sense that no extra travelling time is required, and some firms collect the mothers and babies in a special bus each morning. The mother can often see the nursery garden and playroom from the windows of the factory.

The employer has a direct interest in seeing that the nursery is used by the mothers most valuable to him and will even hold a place open, refusing the applications of the less skilled if he has hopes of securing a worker in a higher category. He has also the best means of knowing exactly what work the mother is doing and whether she is actually at work. He does not allow the mother who takes a day off for shopping or an afternoon at the pictures to use the nursery while she does so, nor can she usually send the child while she is sick, since it is not primarily a welfare service but a very costly method of getting labour.

Most of the factory nurseries take only one child from each family as a rule, but some categories of labour (e.g., drawframe tenters in the ring spinning industry) are so vital—since their absence can cause a bottle-neck affecting a wide range of subsequent processes and numbers of other workers—that an employer may be prepared to incur the expense of two or even three children rather than lose the mother. There are similar instances of nurseries taking a child of over nursery age during the school holidays, or the child of a male key worker whose wife is sick and could not attend to it.

The nurseries are being allowed to recruit helpers of all ages over 15, and it is an interesting fact that while almost all other occupations can offer vacancies but cannot fill them the factory nurseries have no difficulty in obtaining staff. Some employers are even able to vary their staff from week to week according to the numbers of children being accommodated.

Most of these helpers are between 17 and 40 years old and could theoretically be employed in factory work themselves. They are unskilled, however, and presumably unwilling, and their usefulness would be small as compared with that of the mothers they now release. The more highly skilled the work in the area the more worthwhile the nursery becomes. In some areas where nearly all the work is skilled or at least requires a degree of dexterity only acquired after long practice as much as two-thirds of the labour force is female and up to 80% of these are married. In the case of cotton a record of prolonged unemployment and bad conditions in the past has diverted the juvenile entry to other occupations. Until the new attractions of higher pay, shorter hours, more modern machinery, much better working conditions such as exist at many undertakings now, together with the new gain in national prestige, have had time to take effect, the outward flow will not be reversed. This may take a decade; and it is difficult to see what in the meantime is the acceptable alternative to nurseries. The size of the labour pool which they can hope to tap is indicated by the success of the housewives' evening shifts and the long waiting lists at all the nurseries.

There are areas where the labour-supply advantages of even the factory nurseries are not quite so clear—e.g., where the released mothers are doing work which is not so skilled that it could not be done by young unmarried women at present working in the nurseries. It must be realized, however, that the two groups—staff and mothers—have sorted themselves out into those who, on balance, prefer nursery to factory work and those who are willing to go into the factory. It is possible to criticize this solution from the point of view of the children, even against a background of bad and overcrowded housing conditions, low rations, and the difficulty of meeting the high cost of living beyond bare necessities out of one income. But those who do so must also face the realities of the present situation. They must be prepared to consider the alternative

of a return to wartime control of labour, of direction of women to work of the highest priority only, however "unsuitable," and of juveniles into the undermanned industries, whether in their own home towns or away, and the further alternative of much longer hours for men of all ages.

Registration with Local Authority

There has been strong criticism of the nurseries themselves. Reference has been made in Parliament to "cases of bad overcrowding . . . premises deficient in ventilation or sanitary accommodation," and staff "completely untrained and not suited to the work." The Ministry of Health, though able to give priority in certain areas for building materials, etc., has otherwise had no more than an advisory function and could neither inspect nor control such nurseries.

The Nurseries and Child-Minders Regulation Act, which received the Royal Assent a few weeks ago, now lays the responsibility squarely upon the shoulders of the local welfare authority and the local medical officer of health. Nurseries are in future to be registered with the local authority, whose authorized representative may enter the premises at all reasonable times, if necessary on a warrant from the justices. The local health authority may require the appointment to the staff of persons qualified as they may specify and in such numbers as they decide. They can also require the adequate maintenance and equipment of the nursery, medical supervision of the children, and an adequate and suitable diet.

As one M.P. remarked, voicing the general opinion, "the regulations are wholly desirable." Nothing is required to be done before the expiration of a "reasonable time" from the commencement of the Act, and as the greatest difficulty is likely to be that of obtaining trained staff the interpretation of a "reasonable time" must be liberal. Present economies of labour due to the supply of meals from the factory canteen may also disappear in some cases. But the advantages of the factory nurseries in regard to sitting and maintenance are solid, and the vital fact that the employers, who bear the cost, also select the users should ensure that they continue to make a real contribution to the solution of our labour problem.

STREPTOMYCIN TREATMENT OF TUBERCULOSIS

MINISTRY OF HEALTH STATEMENT

The allocation and distribution of streptomycin will henceforth be on a regional basis. The beds will be so staffed and equipped as to ensure the necessary scientific control of the treatment. It is therefore hoped that, so far as possible, doctors having suitable patients will endeavour to admit them to these beds.

In view of the recent and proposed future extensions of the scope of streptomycin treatment of tuberculosis in this country it is desirable that all who are likely to use the drug should be aware of certain limitations and dangers associated with its use. Even for the three types of tuberculosis (acute miliary, meningal, and ulcerative tracheo-bronchial and laryngeal) for which streptomycin constitutes the best treatment yet found and appears to produce a cure, this is only in a minority of the meningal cases, and it certainly does not produce 100% cures in miliary cases. Clearly, streptomycin is not a panacea even in these forms of the disease. By far the most important toxic effects of streptomycin are vestibular changes, compensation for which is visual and cannot therefore be achieved in a poor light.

The production of streptomycin-resistant strains of *M. tuberculosis* is, however, the greatest potential danger, because it is two-edged. Thus a patient with very early pulmonary disease who might have responded to other recognized forms of treatment alone but who is given streptomycin "prematurely" may be found, in the event of relapse or extension of the disease, to be beyond the reach of streptomycin treatment. From the public health point of view there is clearly a risk of old chronic cases spreading infection with streptomycin-resistant strains—so that patients acquiring meningal or miliary tuberculosis from them cannot hope, in their turn, to be benefited by streptomycin treatment.

HOSPITALS IN SPECIAL SCHEME

- A. Tuberculous meningitis and acute miliary tuberculosis.
B. Tracheo-bronchial tuberculosis.

An asterisk indicates university hospital centres.

Newcastle Region

	Beds
A. *Royal Victoria Infirmary, Newcastle	18
City Hospital for Infectious Diseases, Walkergate, Newcastle	12
Sunderland Royal Infirmary	?
Fleming Memorial Children's Hospital, Newcastle	2
Newcastle General Hospital	12
Poole Sanatorium, Nunthorpe, Middlesbrough	6
Phillipson Children's Sanatorium, Stannington	12
Cumberland Infirmary and I.D. Hospital	6
B. Poole Sanatorium, Nunthorpe, Middlesbrough	?
City Hospital for Infectious Diseases, Newcastle	?
Cumberland Infirmary	?

Regional Distribution Centres:—(a) Newcastle General Hospital: Mr. Wing, Chief Dispenser (Newcastle 35211). (b) Pathological Laboratory, Cumberland Infirmary, Carlisle: Dr. Faulds (Carlisle 590). (c) Newcastle Royal Victoria Infirmary: Dispenser (Newcastle 25131).

Leeds Region

A. *General Infirmary, Leeds	2
*St. James's Hospital, Leeds	6
*Seacroft Hospital	5 cots
*Pinderfields Hospital, Wakefield	10
*Killingbeck Sanatorium	6
Hull Sanatorium, Cottingham	6†
York City Hospital	3
Scottion Banks Sanatorium, Knaresborough	6†
Middleton Sanatorium, Ilkley	6†
Grassington Sanatorium*	4† + 2 cots
St. Luke's Hospital, Bradford	6
Huddersfield Royal Infirmary	3
Halifax General Infirmary	3

Regional Distribution Centre:—Leeds Blood Transfusion Laboratory, The Bridle Path, York Road, Seacroft, Leeds: Dr. T. S. Marshall (Leeds 45091-2-3).

Sheffield Region

A. *Children's Hospital, Western Bank, Sheffield	Sheffield Group	12
*Royal Infirmary, Sheffield		
*Royal Hospital, Sheffield		
City General Hospital, Sheffield		
*Lodge Moor Isolation Hospital		
*Winter Street Hospital		
Derby Isolation Hospital	..	1
Nottingham General Hospital	}	6
Nottingham City Hospital		
Leicester City General Hospital		
Lincoln County Hospital	..	4
B. *Sheffield Group (as above)	..	12
Ransom Sanatorium, near Mansfield	..	10
Newstead Sanatorium, Mansfield	..	4
Leicester City Isolation Hospital and Sanatorium	..	12
Bransby Hall Sanatorium, Lincoln	..	5
Grimsby Corporation Hospital	..	5

Regional Distribution Centre:—City Hospital, Hucknall Road, Nottingham: Dr. W. Morton (Nottingham 66292).

East Anglian Region

A. *Addenbrooke's Hospital, Cambridge	..	10
Ipswich and East Suffolk General Hospital	..	4
Norfolk and Norwich General Hospital	..	4
Peterborough Memorial Hospital	..	4
B. Papworth Sanatorium	..	6
Kelling Sanatorium	..	6
White Lodge Hospital, Newmarket	..	4

Regional Distribution Centre:—Addenbrooke's Hospital, Cambridge: Mr. Hopkins, Chief Pharmacist (Cambridge 4451).

North-West Metropolitan Region

A. *Middlesex Hospital	..	8
*St. Mary's Hospital	..	10
*Hospital for Sick Children, Gt. Ormond Street	..	8
*University College Hospital	..	8
*Royal Free Hospital	..	10
*Charing Cross Hospital	..	10

†Including tracheo-bronchial.
‡Tracheo-bronchial only.