



# DANGER TO A CHILD'S HEART

## RHEUMATIC FEVER IS CHILDHOOD'S GREATEST HIDDEN ENEMY

It occurs between the ages of 5 and 14 years chiefly, and causes most of the heart disease that strikes at people under the age of 35.

Rheumatic Fever affects school children more seriously than any other disease, and if not taken care of properly, may cripple or shorten life.

It may attack in a straightforward and recognisable manner, starting off with a sore throat, tonsillitis or a cold. There may be feverishness, or nose-bleeding, disinclination for food, inflamed joints that are painful, and a temperature of up to 103°. Usually the pain begins in a single joint and spreads to others. The heart will beat rapidly and there will be night sweats.

If that happens then the picture is clear. It is Rheumatic Fever. It means calling in the doctor and obeying his instructions. Prolonged rest in bed is an important part of the treatment.

Often, however, rheumatic fever does not announce itself so clearly. There may be a sore throat, a slight fever, a nose-bleed, poor appetite, and a complaint about those "growing pains" in muscles or joints. Or there may be merely irritability and nervous habits. These, too, can indicate rheumatic fever, especially if the family has a rheumatic fever history.

St. Vitus dance (chorea) in children is a nervous manifestation of rheumatic fever, and it damages the heart just as seriously if not treated. Twitching or those so-called "growing pains" may be a danger signal.

Quick recognition of the symptoms and immediate medical treatment will check this under-cover threat to the heart. One attack of rheumatic fever often leads to others, and the second and third attacks are most frequently the source of heart damage.

Damp, fatigue and exposure favour the disease. In a susceptible child, therefore, take particular care against weather changes, provide suitable clothes, and insist on proper sleep and rest, and a balanced diet.



### WATCH OUT FOR THOSE DANGER SIGNALS

FOR A HEALTHIER NATION

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# NURSING THE SICK IN MIND

## A Day At Porirua Mental Hospital

"DID you hear about poor old so-and-so? It's confidential, and I'm not supposed to tell anybody, but he's been sent to an asylum!"

Spoken with the air of a conspirator who has a choice piece of scandal to impart, the whisperer reflects the prejudicial and totally incorrect attitude of many of the public towards patients of mental hospitals—hospitals which care, in a modern and expert way, for the sick in mind.

That this prejudice should not exist is obvious. The only difference between a general and a mental hospital is that one applies curative measures to the body and the other to the brain—and also the body, if required.

### Girls in Uniform

This is an age of uniforms. Women in large numbers have donned some garb which is a symbol of service. From Waacs to tramguards, V.A.D.'s to post-women, and ammunition workers to Land Army girls, they put on a uniform for the day's work. They are seen frequently in city and town streets, but there are other girls in a uniform of pink and white or blue and white who rarely come into the public eye. They are the nurses in the mental hospitals.

A staff reporter of *The Listener* had the interesting experience of being locked up at Porirua the other day. The senior matron did the locking up. And as she opened the door of a ward to let a small party of visitors out, she counted, from force of habit . . . "Four, five, six—yes, I think we're all here; nobody who should be kept in!" And so we passed from a ward in which constant observation and attention is necessary to pleasanter places and the freedom of the grounds, and other wards where a remarkable work of curing the mentally sick is being done.

That work would progress more rapidly and more efficiently were it not hampered by the lack of staff, the cause of which is chiefly ignorance and prejudice. We talked to the patients, we chatted to the nurses, the sisters, the Medical Superintendent, and the Matron. We were invited to make inquiries.

### One Big Complaint

A first-hand picture of how the waking hours of patients and nurses are occupied was presented. The nurses were quite free to express their views. There was one general complaint—and a strong one: "If only we had a bigger staff it would be better for all concerned. The work is very interesting, but it's hard as we are placed at present." Not many years ago there was a waiting list of girls keenly anxious to take up psychiatric nursing. That list disappeared, mainly because of the remuneration offered to women in war work and in occupations where vacancies occurred through men going overseas.

The normal staff hours at Porirua are 42 a week, with overtime at time and a-half, and double time for Sundays. Some of the girls receive, through overtime, more than the matron, but

she does not mind that. She, too, joins in the cry for more staff. Some of the girls work five days and some eight days before having their day off, whereas, normally, they should have one day off in three, and a month's furlough in six. Under present conditions that is impossible.

Most of them take a philosophic view, but the authorities are afraid that, unless the staff is increased considerably and immediately, the nurses will be having breakdowns. Some are working 11 to 13 hours a day and showing the strain. If half-a-dozen go sick, everybody suffers.

### Compulsory Direction Failed

At one time there were various bars to appointment as a mental hospital nurse. Now, the only qualifications are mental suitability and physical fitness. Manpower officers will release a girl from any job she is in at present if she volunteers to take up psychiatric nursing. It has been given the highest priority but is subject to the employer's appeal.

The Manpower Department has found that compulsory direction of girls to mental hospitals is not a success. Some girls can't adapt themselves and others will not. In the end they prove unsuitable and have been transferred. On the other hand, according to an official, there are girls who entered into the work with enthusiasm and who would now not leave it. They look on it as a humanitarian career, and there is an added attraction in the fact that the status of the mental nurse has been raised until it is looked upon as among the highest in the community service.

Porirua Hospital admits more patients than any other mental hospital in New Zealand. It never says: "We are full up and can't take any more," although the earthquake meant a considerable loss of accommodation. There are, to-day, 1,200 patients (which includes 527 admitted last year). Of these, 154 are voluntary boarders who can leave by giving seven days' notice.

It is not generally realised that the voluntary boarder system is in practice. This means that a man or woman, feeling the stress and strain of everyday life, and suffering a temporary breakdown, may enter the hospital on his own initiative for treatment and rest. Such patients are not held compulsorily, as the unenlightened seem to think.

"Has the war meant an increase of patients?" we asked.

"No," said the Medical Superintendent. The effect of war strain on mentality had been somewhat exaggerated. A man went through a terrific strain for a period, but, generally, when he returned to normal conditions his mental outlook righted itself.

"How long have you been working here?" we asked a staff nurse.

"Five years, and I like it more than ever. I have no intention of leaving it, unless I get married."

"I've been here only five months," another told us, "and though at first

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