Health Visiting as Social Service.

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(ABSTRACT).

I. *What is Health Visiting?* History and development of the work. Growth of the work directly related with growth in activity of the social conscience. Maternity and child welfare work and tuberculosis visiting. Other duties frequently assigned to the health visitor: School nursing, mental deficiency visiting, work in connection with infectious diseases.

II. *What is Social Service?* History and development of the underlying ideals and of the practical results. Mediæval ideals and achievements: schools, hospitals and almshouses. The industrial revolution: the right of "free bargaining" and its result. Francis Place's model factory, 1820. The duty of social service partially realised by the community in relation to its most helpless members, *i.e.*, infants, invalids and the aged. The first Factory Acts, the first Education Act, and the first Public Health Act. The Notification of Births Act, a younger member of this great family.

III. *Health Visiting and the Spirit of Social Service.* Health visiting, the branch of social service primarily connected with the care of mothers and babies. In common with other branches, *i.e.*, the treatment and nursing of the sick, the education of children, the safeguarding and humanisation of industry and the care of the aged, the work is in a transition stage between being the result of voluntary effort and a branch of the Civil Service. The great virtue of voluntary effort is the ideal which inspires it. The great virtues of State and municipal effort are permanency and completeness. Need for preserving the spirit of social service in official work.

IV. *Co-operation with other branches of Social Service:* (a) *official*; (b) *voluntary*. Official: other officers of the Public Health Service, the Education Service, the Factory Inspection Service, the Poor Law Service. Voluntary: Voluntary Infant Welfare Centres, Voluntary Tuberculosis Dispensaries, Voluntary Hospitals and Voluntary Relief Agencies. If co-operation is to be vital, the Health Visitor must possess knowledge and breadth of outlook. Knowledge can best be acquired by training: need for the recognition of University Social Study Diploma courses as part of the training of a Health Visitor. Breadth of outlook essential to inspiration. A vision of the unattained essential to achieving the attainable.

Among those who took part in the discussions were:—Miss Norah March (London); Prof. A. Bostock Hill (Bembridge); Miss A. E. Moss (Battersea); Dr. J. A. Fairer (Leicester); Mrs. E. A. Warren (Leicester); Dr. Arthur Wilkins (Stafford); Dr. Rocyn-Jones (Newport).