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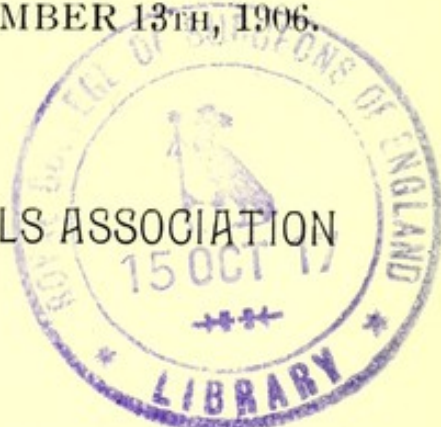
The Need, Objects, and Method of the Medical Inspection of Primary Schools

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A PAPER READ BEFORE THE MEDICAL OFFICERS
OF SCHOOLS ASSOCIATION, DECEMBER 13TH, 1906.

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The Need, Objects, and Method of the Medical Inspection of Primary Schools

RALPH H. CROWLEY,

General Secretary, National Association of Public Health Officers,
London.

A PAPER READ BEFORE THE ANNUAL MEETING
OF THE ASSOCIATION OF PUBLIC HEALTH OFFICERS



LONDON:
J. & A. CHURCHILL,
15, WHITEHALL PLACE.

THE NEED, OBJECTS, AND METHOD OF THE MEDICAL INSPECTION OF PRIMARY SCHOOLS.

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I feel it a considerable honour to have been asked to open a discussion on this subject at a meeting of our Society.

It seems to me peculiarly fitting that a Society which has done so much in the past in the matter of school hygiene in so many of our great residential schools should, ripe with so much experience, turn its attention to the same question as it affects our elementary schools.

This twentieth century has opened with vistas of possibilities in very many directions ; some of us wonder whether there is any direction along which the future will show that these possibilities were more pregnant with meaning than in that direction which is indicated in the phrase " the medical inspection of schools." To many who may not perhaps have had occasion to give particular attention to the subject, it may not seem to involve very much—it may be a drain put right here, a child examined for defective vision there, or perhaps an epidemic of some infectious disease inquired into and action taken. To those of us, on the other hand, who are actively engaged in the work, the possibilities, direct and indirect, arising as necessary corollaries of medical inspection, seem almost endless. It will be found that, apart from immediate benefit in a variety of ways to individual children, it will form the foundation of new thought with regard to our ideas of education, proving an important factor in leading to the abolition of the watertight-compartment theory at present so general, and that it will point with irresistible force to the conditions under which our children live, and will in this way unquestionably have an important bearing on the solution of some of our urgent social problems.

But I find that I have pre-supposed that the need is admitted, and, indeed, I cannot think it possible that there can be any in an audience of this kind who are not convinced

that such is the case. It is curious, though, how slow we, even medical men, have been to realise it. Evidence on the matter has, however, come as an avalanche during the past few years, and anyone who is not already convinced from practical experience of the condition of our schools and of our children has a mass of facts now at hand from which there is no getting away.

Whether the question be considered from the point of view of the school buildings, including the problems of ventilation, lighting, and all the other factors making up the child's environment during school hours, or from that of the child itself, its physical capability of profiting from the education it is forced to submit to, or from that of the dangers from infectious disease to which it is exposed, or from that of the school curriculum and the necessity of ensuring that a sense of proportion is kept and that education should proceed on sound physiological lines—from any and all of these points of view it must be granted that there is a need, and a great and pressing need, for medical inspection.

But if this admits of no question, the same cannot be said of that of how to carry it into effect. Around this question, alike abroad as in Great Britain, has waged, and is waging, a good deal of controversy. Much of this arises from the fact, common to so many other controversies, that we may all be presumably talking about the same thing—in this case, medical inspection—yet as a matter of fact what that implies varies very greatly in different people's minds, and it would therefore seem very necessary to endeavour to come to some common agreement in considerable detail as to what are the objects to keep in view, for in no other way can we hope to arrive at the best methods to adopt for obtaining these objects.

It is, for instance, obvious that if by medical inspection we mean, say, reports on the buildings, with, perhaps, an annual report on the eyesight thrown in, the method adopted will be a very different one from that necessary if we take it to include a daily visiting of the schools with the avowed object of preventing the spread of infectious disease.

And, further, if we succeed in agreeing on what objects we think should be aimed at, it will be found that the method will necessarily vary according to whether we are dealing with a county area, a big city, or a smaller borough.

What, then, are the duties which may be considered as advisable, ignoring for the time the question of expense, for the education medical officer to carry out? They may be

classified under the following ten headings, proceeding, speaking generally, from those involving less to those involving more detail.

(1) To act as general adviser to the Education Committee in all matters relating to the hygiene of the school and scholar.

(2) To carry out a sanitary inspection of the school building, including in this the important problems of ventilation, heating, lighting, seating, cloak-room accommodation, and other details.

(3) To pay attention to the spread of infectious disease, and to advise *re* the exclusion of particular scholars or school closure.

(4) To separate out special classes of children, *e.g.*, the blind, deaf, cripple, mentally defective, and epileptic.

(5) To make a periodic—say, quarterly—inspection of the school and scholars, the latter to be examined from the point of view of any defects which may prevent the child from benefiting from the instruction given, and also in order to ascertain any condition of ill-health or malnutrition which may obtain.

(6) To examine certain children alleged to be absent from school on the score of illness.

(7) To medically examine members of the teaching staff as occasion may arise, and to give instruction to the teachers on school hygiene.

(8) To make any special investigations and inquiries which may suggest themselves.

(9) To examine each child on its first admission to school and to record certain data, such examination to be repeated at an interval of, at most, three years, and as often as may seem expedient should any defect have been found.

(10) To pay a visit to each school daily with the avowed object in view of keeping a sufficiently close eye on the children in order to prevent the spreading of infectious disease.

Given these as desirable objects (omitting the last for the time being) to be aimed at in medical inspection, how can they best be carried out?

The first obvious condition, necessitating, I think, no discussion, is that there should be a medical adviser to the Board of Education, who should direct, co-ordinate and stimulate. Next, we may clear the ground by stating one important principle which should be universally applied, *viz.*, that every education authority, be it a county, city, or borough authority,

should have a medical adviser. This appears to me a *sine quâ non*, whatever further arrangements such authority may make for carrying out the more detailed duties.

This proposition affirms the very important principle that all work done in connection with school inspection, be it of the schools themselves or of the children, should be at the instigation of and under the control of the Education Committee. Perhaps there is nothing of more importance as regards our educational system at the present time than that the Education Committee should take an all-round view of its work and should come clearly to recognise that these matters are as closely connected with the education of the children as is the intellectual work which is looked upon as its special province.

Coming now to the question as to upon whom this duty should fall, I believe we may deduce an obvious corollary from what I have already said, viz., that the education authority of each of the larger county areas and of each of the larger cities and boroughs should retain its own Education Medical Officer exclusively for school purposes.

In these areas, at any rate, it would not be possible for the work to be adequately done by any existing Health Officer. In what one feels to be unanswerable confirmation of the opinion stated above, I would refer you, so far as the counties are concerned, to the most interesting report of Dr. T. Henry Jones to the Surrey Education Committee, published in full in the *B.M.J.* for February 17, 1906. The experience of Manchester, Newcastle, Bradford, and elsewhere confirms the opinion expressed in regard to the larger cities and boroughs.

In the smaller county areas, or in towns of a less population than, say, 100,000 or 150,000, two courses are open, the work being undertaken either by the Medical Officer of Health or by a specially appointed medical officer, not necessarily, of course, a whole-time one. The one arrangement which is not permissible is that the work should be done by a man who merely ranks as an assistant to the Medical Officer of Health. I do not think that any law need necessarily be laid down on the question as to which of the above alternatives should be adopted. Probably one locality will favour one plan, and another another. Local considerations must inevitably play an important part; the existing Medical Officer of Health, for instance, may have his hands as full as he wishes, or he may not be cut out for work of this kind. One thing, however, is obvious—that, whoever does the work, there will have to be a harmonious working between the Public

Health Officer and the Education Medical Officer. Where the work is undertaken by the Medical Officer of Health, let me, however, reiterate the principle already laid down, viz., that it should be in all its branches under the ægis of the Education Committee.

The system above sketched is, I submit, the minimum possible. It arranges for the carrying out of, at any rate, the first eight out of the ten duties already enumerated, and this by responsible officers, none of the work being relegated to assistants excepting in the case of large county areas and of a few of the largest cities, where assistants would be required to enable even these first eight duties to be carried out. It is a minimum which involves no great expense—an expense, indeed, almost negligible, even allowing for adequate payment for the work done, when compared with the huge sums already spent on compulsory education.

I pass now to the question of greater detail in medical inspection—how far it seems advisable, and if advisable, in what way it can best be carried out. The chief question around which this centres is, “Is there to be a daily medical inspection of the schools?” This procedure is warmly advocated by some, and the case for it is fully put in a leading article in the *B.M.J.* for February 17, 1906. It is advocated almost solely on the strength of its being the only possible way in which the spread of infectious disease through a school can be prevented, and it is claimed that not only would this be of great benefit to the children, but that, so far as the local authority is concerned, any expense entailed would be largely, if not entirely, met by increased grant due to better attendance.

I am not myself clear that it is proven that by this daily medical inspection a great difference would be made *quâ* the incidence of infectious disease. All that is required can be done as regards, for example, scarlet fever and diphtheria, by paying special attention to the school as occasion arises, the influence of the school in spreading the disease, by the bye, being as generally over-estimated in the case of the first disease mentioned as it is under-estimated in the case of the second. The question really largely resolves itself into that of whether measles—which is, of course, the disease which plays the greatest havoc in school attendance—could be controlled.

Considering how extremely infectious the complaint is even during its very earliest stages, how easy it would be even for a medical man to pass over a case at the earliest stage among a large number of poor and snuffling infants,

especially when there is nothing to warn one when the first, the most important, case is about to occur, and how insuperable would be the difficulties of preventing such an infectious child from actually mixing and sitting in class before being singled out, it seems very open to doubt whether a great deal could be accomplished in this direction as a result of daily inspection. Still, it may be conceded that, at any rate, some advantage might be gained and that, associated with, as a necessary corollary, the closing of the class, for the requisite time immediately on discovery of this first case, the age at which measles would be contracted could be possibly advanced. Daily inspection on this score would anyhow only be necessary in the Infants' departments, and routine daily inspection on any other ground than this does not seem to me either necessary or commendable. Were, however, such a method adopted the duty would obviously fall on a general practitioner in the neighbourhood.

We now come to the suggested duty involving the examination of every child on its first admission into school, together with arrangements for periodic re-examination at intervals of, at the most, three years. I feel that such a record made with the parent present, stating the usual clerical particulars, the infectious diseases from which the child had suffered, the physical condition of the child, the weight and the height and the result of a physical examination, would be of the greatest value. Such a record would follow the child through its school life, and would be sent on, on application, to any other school to which the child might remove.

Such recording would, of course, involve a large amount of labour. Take, for instance, a county area or a city with say 50,000 school children. This would mean, as a rough estimate, that there would be some 6,000 fresh admissions each year, and were the examinations spread over the whole year, it would mean approximately the examination of some 30 children daily. Work of this kind would be very monotonous if a large number of examinations had to be made by one man continually day after day, and it would I believe best be done by men in general practice, the number appointed depending largely on how scattered were the schools. It should not be more than necessary; probably in a city each man might well have an average of half a dozen a day, though no doubt in practice the examinations would be done in batches. Thus in the case supposed, where the population of the city was from 250,000 to 300,000, some half-dozen practitioners might well be appointed to carry out the work.

Finally, as regards methods, there is the question of the appointment of specialists to do certain work. To this question I shall briefly refer later, suffice here to say that the appointment of specialists, *e.g.*, oculists, aurists and dentists, is not necessary *quâ* inspection; any medical man can detect the cases needing attention; it is only when the question of treatment comes in that the question of specialists arises.

Having now perhaps sufficiently covered the ground as to what should be done, it would be as well to briefly point out what is actually being done in this country.

Abroad, speaking generally, the importance of school hygiene in all its branches is much more fully recognised than here. It is really surprising how little we have done. Taking the Report of the Inter-departmental Committee on Medical Inspection and Feeding of Children attending Public Elementary Schools, it will be seen that there were, at the time that that report was drawn up, *viz.*, during 1905, only two County Councils out of 48 which had approved of any kind of organised scheme of medical inspection. In the county boroughs, arrangements of a more or less systematic kind had been made in 27 out of 71, while in the boroughs and urban districts there were only respectively 14 out of 136 and 12 out of 56 authorities where action had been taken.

I now pass on to allude briefly to an important but difficult aspect of the subject, one which to most people has not presented itself, since it only comes home in places where systematic medical inspection has been for some time in force. Medical inspection is obviously but a means to an end. It is something, undoubtedly, to know facts; but still, if the responsibility of the community were to stop at the fact of mere inspection, it would seem doubtful whether the process would be worth the carrying out. It is not enough to know that such and such a percentage of children have defective eyesight or hearing, or other physical defect, or are dirty or are too underfed or physically unfit to benefit from the instruction given; but the question will arise at once, "How can these conditions be remedied?" And the same question will arise in regard to the hopelessly unsatisfactory conditions so often surrounding the child during the time it spends at school, the overcrowding, bad ventilation, lighting and seating. These latter, however, are a question of expense only, and do not involve, as the former considerations do, that of the relative responsibility of the parent and the Education Authority.

I know from experience how much of the work entailed in medical inspection is wasted, either through the indifference of the parent or through financial inability to do what is

required, *e.g.*, in the case of getting the child spectacles. Then, too, in the case of the underfed, there are few more pitiable sights than the ill-nutritioned children in our schools, and the picking of these out has so far been of little avail, though it seems that more definite action is likely to be taken with regard to such children in the near future. This is not the occasion upon which to discuss the responsibility of the parent for seeing that these defects, which hamper a child through school life, are remedied; the point however upon which one feels clear is that it will not pay the State, to put it on no other ground, to allow parental neglect to stand in the way of the child's education, using the word in its fullest meaning.

The opening up of all these difficult questions makes one realise, as I suggested at the commencement of this paper, how many-sided and deep-rooted is this question of medical inspection. It is not merely an individual child here and another there which is concerned, for the children are the nation of to-morrow; and it is the utmost folly, and I would even say wickedness, for the nation of to-day to neglect them, and even to injure them, as it has done and is doing. Medical inspection will usher in the dawn of a brighter day; it will aid in giving us a more true idea of what education means for these children of our elementary schools; that it is not to be looked upon as, in the main, a mere commercial asset, but as the means of the development of a complete life.

In conclusion, I cannot leave the subject of medical inspection without reference to the important part which the teacher will have to play. Indeed, our hope is in him and in her. The success and the advantages to be gained will be in proportion to the harmonious working together of doctor and teacher. The former, to be really helpful, will have much to learn at the hands of the latter, while the teacher must, from his earliest days onwards, be carefully trained in all matters relating to the hygiene of the school and of the scholar. There is no happier augury for this coming century than this close association between the doctor and the teacher.

THE PRESIDENT said that no politics were known in this Association, but that he was sure everyone was anxious, in connection with the Education Bill now before the two Houses of Parliament, that the religious difficulty should be got out of the way, especially for the sake of one addition which had been made to the Bill, namely, the introduction of official medical inspection of primary schools. He did not

think he would be going beyond the mark in saying that that was one of the most momentous changes, in its bearing on the health of this country and the physical development of our children, that had been decided upon for many generations. It was a most difficult subject, and politicians were very much at sea as to the extent to which this medical inspection should be carried. Members of the County Councils of the country were very anxious indeed on the subject of the expense. The funds at their disposal for educational purposes were limited, and they maintained that the needs of the country districts in regard to medical inspection were not so great as those of the urban districts, and they were very anxious that they should not be committed to a very large expenditure. The Council of the Association thought that this was a subject on which, without prejudice, and in a perfectly open-minded way, this Society could express its views. And it was unanimously agreed that Dr. Crowley, who had had considerable practical experience in one of the largest Northern manufacturing towns, should introduce the subject this afternoon.

DR. KERR said that someone else who had acquaintance with some other branch of the subject might have extended Dr. Crowley's remarks a little further, so that the whole question could have been set out before discussion. However, when the State made compulsory education a requirement, as far as the elementary schools were concerned, then, of course, medical inspection almost followed as a necessity; because, especially in England, where there were such very different social grades, where some grades were almost threatening danger to others, if children were to be compelled to go to school, the authority which compelled the school attendance should also guarantee that the school attendance should not be harmful. For that reason it was necessary to make the schools safe, both in the buildings, in the sanitation, in the children attending, and in the work which was done there. In the elementary schools one of the first things that was required was to ensure that the children should be clean, free from disease. That elementary idea the teachers ought to be able to carry out themselves. Still, experience had shown that neither teachers nor Government inspectors paid much attention to cleanliness until the doctor and nurse began to go into the school. And in very many schools, even to-day, probably 50 per cent. of the children were verminous. The question of infectious diseases only forces itself into notice through the action of the Medical Officer of Health. That question is important in this way: that people seem to think the chief

part of the work of the school doctor should be the dealing with those infectious diseases. But this forms a very minor part of such work. The whole of that particular work might be taken away from him and put somewhere else, without the slightest trouble or detriment either to the school or the results. Some of these diseases can be controlled, others seem to be beyond control. Daily visits of the doctor would be of very little use in preventing infectious diseases. In one disease, diphtheria, so prevalent in London, a daily visit of the doctor would do something to prevent. But as much can be done without daily visits by simply visiting at the point where the disease is threatening, and taking precautions. Fortunately, bacteriological means give almost complete control over that disease. Then there was scarlatina, which cropped up from time to time. Much could be done to control it. But it was extraordinary how little was known about that disease and its dissemination. They had been trying in London to do something with it lately, but it was difficult to devote the time and attention necessary to follow up the scattered facts which make up its history. Probably about 80 per cent. of the population always escapes scarlatina, and may be said to be immune to it. So any effects which exist are very diluted, and it cannot be said that schools have very much to do with its dissemination. Measles was quite a different matter, and the daily visit of a doctor or of half a dozen doctors would not make much difference where a child with measles gets into a school where the majority of the children have not had it. The prevention of infectious disease becomes a matter of importance, especially where a large section of the population is neglectful of its children. Most extraordinarily neglectful some of them are. Some of them could not tell when their children were born. Only that day a mother had not been able to tell him the ages of her three children, nor the month the last was born; she could only tell him that she expected another in March. People subject to disease and dirt, who neglect their children, are an ever-present danger to other people, and the State or authority should step in and do something, both for the sake of the children and for other people. For the sake of the children, because every child born has the right during its helpless time to be protected and looked after by somebody. It was well to take the history of the child as soon as possible after it came into school. That would have to be done by making out a personal health card, as is done in some German States, and following up the child. It is doubtful whether we have at present the

means of doing that as fully as it ought to be done, but no doubt it would come in time. The examinations of the children took a great deal of time, though many things could be found out about them and many things remedied which are not remedied. Unless somebody apart from the parents follows up these children nothing is likely to be done. When the defects are found and nothing is done by the parents, is the State to step in and do something? They are sometimes, by the aid of managers, teachers, and people interested, got to hospitals. They are seen there once or oftener, and perhaps the doctor spends some time over them, and still the parents refuse to have anything done. There is this great difficulty, which will have to come up for solution, that a large number of children are now being detected requiring treatment in some form, and this treatment, if it is to be done, will have to be undertaken by the authorities before long. It is all quite beyond Acts of Parliament at present, but these would have to be modified also. It meant a great deal more than appears at first sight, because all the hospitals in London together could not do the amount of satisfactory treatment which is wanted for the children of London schools. Hospitals, even large hospitals, say they can only treat so many children, half a dozen or so per day, whereas they would have to treat hundreds to deal with the subject as is required.

Coming now to the children who are comparatively healthy, the whole curriculum wanted looking into from the medical or the child's developmental point of view, and the tasks required to be suited to the capacity of the pupils. The child at one age can learn to do well and delightedly one thing, but cannot learn to do something else; and the small boy who is set to do Latin grammar when he wants to be using his hands, suffers. He had no doubt the classical learning imparted in most of our secondary schools had a deteriorating and cramping effect on the brains of the children submitted to it. Fortunately, he personally was not submitted to it, because he could not learn and so escaped. But he daily saw its evil effects upon others. Not to dwell too long on the primary schools, we had, as far as the national interests were concerned, to consider that period also between the age of leaving school and the age of responsible employment. Something there ought to be done. Nothing, or very little, is being done at present; and for want of more attention children are getting into habits of life which are detrimental afterwards.

In the higher and secondary schools towards which education is tending, medical inspection will be required,

of a very particular and exact nature. So far as we have gone at present there is no doubt that in the secondary schools over-pressure begins to come in. The child forces itself to work inefficiently, and drives itself when its brain can neither think nor take in what it is dealing with, when it is making impressions which do not last. In the case of girls especially this is very harmful to their general health. It is found constantly in secondary schools which are being inspected, and also among pupil teachers. In that way medical inspection will play a great part in the future, in the detailed control of the individuals who are undergoing higher education from fourteen upwards. Another aspect in which medical inspection would do much good is in relation with the teachers themselves. Hitherto, in many cases, especially in elementary schools, teachers have had to get up a certain amount of knowledge in a short time. They have been kept at it hour after hour, so that there has been no time to think and properly digest the mental pabulum put before them; and on the day they get their certificate many of them seem to have finished with mental work as students for the rest of their lives. And these people afterwards go through the routine, almost senseless, uninteresting routine, which becomes mere constant repetition; and many of them break down often in comparatively early middle life. The most common cause of this is the neurasthenic condition, which is most troublesome and lasting. He thought if interest in their work was developed, as it would be by medical inspection of the children and schools, and they were to use their brains in a more general way, and were to examine the children and treat them as individuals instead of *en bloc*, the whole interest of the teaching life would be increased, and the enormous amount of nervous ill-health would be diminished. This medical inspection would result, both to teachers and children, in the diminution of pressure all through school days, and would be exceedingly useful in enabling the children to attain their natural possibilities.

DR. RICHARDS wished to thank Dr. Crowley for his interesting paper, but was obliged to dissent from some of his conclusions. He did so because for many years past he had been of opinion that the work of the Medical Officer of the Education Authority should be co-ordinated with that of the Medical Officer of Health. The organisation of medical inspection should be considered apart from the practice of medical inspection. All those who, like himself, had held the dual position of Medical Officer of Health and Adviser to the

Educational Authority, would agree that the organisation of school work must be in the hands of the Medical Officer of Health. As to who should carry out medical inspection he had an open mind, and he thought, with Dr. Crowley, the practice must differ in different districts. Dr. Crowley referred to the paper of Dr. Henry Jones, of the Surrey County Council. A few weeks ago Dr. Richards had some conversation with Dr. Henry Jones, who generally agreed with him on this point, and confessed that the absence of co-ordination added to the difficulties of the Education Committee's Medical Adviser.

Most of the members of this Society had to do with secondary schools, and they might need reminding that the problems in elementary schools are entirely different. If the Medical Officer to a secondary school finds that a child is suffering from illness, it simply needs a note to the parent to have it put right. But in elementary schools the ill-health of the children depends largely on the insanitary conditions under which they live. He would mention a case in point that occurred during the last few days. A child found to be verminous was excluded from school, and an inspector was sent to inspect the house. He found that the bedding and the whole clothing of the family required disinfection. If there were a separate School Medical Department sending their Officer to the house, and a separate Health Department sending their Officer to disinfect the premises, there would be much waste of time, possible friction between the departments, and resentment by the public of the intrusion of so many officials. It frequently happened that the cases urgently needing attention in elementary schools could not be put right on account of poverty. Only yesterday he had had the case of a child with incontinence of urine, who had been sent to school day after day in an offensive condition. On visiting the house it was found this partly arose from the fact that the mother was a widow, out at work from six in the morning to six in the evening, and she did not know in what condition the child went to school. In case after case it is found that school inspection necessitated domiciliary visits; and if we are going to have another set of inspectors doing this work, we shall be unnecessarily duplicating the staff and arousing public resentment. Dr. Crowley had found, even in Bradford, where he had nothing to do with the Health Department, he would need medical assistance if the work were to be done as thoroughly as he would like. Why should not that assistance be organised as part of a common Public

Health service, in which the work of the Education Medical Officer and of the Medical Officer of Health would be fused ?

With regard to daily visits he was in general agreement with what Dr. Crowley and Dr. Kerr had said.

He wished to emphasise the fact that there is a large amount of gross work to be done in schools. Dr. Kerr said that about half the children are verminous, and that applied all over the country. Rather more than half were verminous in Croydon, and until these grosser conditions had been remedied he thought a lot of the more special work to which reference had been made could be postponed.

With regard to treatment he was in agreement with the statement that when medical inspection is once undertaken on a large scale we are bound to go in for treatment. They had found it so in Croydon already. At the beginning of this year they found nearly 200 children excluded from school because they were suffering from ringworm, and the local authority had authorised him to organise the treatment of this disease, and had already secured most encouraging results. It had been stated by Dr. Kerr that there are no legal powers to undertake treatment; he rather differed, because provincial sanitary authorities already had Statutory powers to build hospitals and treat diseases, and this was a further argument why the work of the Education Committee and of the Sanitary Committee should be fused in as far as the health of the children are concerned.

DR. WILLOUGHBY (Eastbourne) said he came specially to learn, but he would like to emphasise all that Dr. Richards had said. For some years he had been Medical Officer of Health and Medical Officer to an Educational Authority in the same place; and the way in which the work of the two departments dovetailed was wonderful, especially in infectious disease work. Dr. Crowley had spoken of Medical Officers of Schools attending to this work, but as Medical Officer of Health one is bound to know all the conditions affecting the infectious diseases which are going on; and therefore the Medical Officer of Health must have to do with school children all the time, whether he is Medical Officer to the Education Authority or not. To have two separate organisations working at the same infectious disease would be an unnecessary expense and lead to unnecessary friction, even among medical men. As to the point raised about the Medical Officer of Health having anything to do with ophthalmic work, personally he had been able to effect much good, and finding by a rough test that 10 per cent. of the children

have defective eyesight, his practice had been to send a circular to the parents of these children saying they must have the eyesight seen to. This had been done by only about one in eight or ten of the parents written to. There were some so hopelessly poor that the work must be done for them. These children were suffering daily in school from headaches and otherwise, and so occasionally an ophthalmic specialist and himself did the necessary refractions for those whom they found could not pay; and what was necessary was being done gratis in the most severe and necessitous cases. Treatment is bound to follow inspection; one could not see children going on in that way without doing something for them. As Dr. Richards had said, the Sanitary Authority has, in many cases, power to spend money in this direction, indirectly if not directly, though possibly the expense of some of the things done, if detected by the auditor, might be disallowed. The Sanitary Authority can do, and does, so much work for school children that the longer he was connected with education work the more he was sure that in districts the size of Eastbourne, at all events, the work of the Medical Officer of Health and the School Medical Officer must be co-ordinated, even if the same man does not carry out the work; otherwise there would be everlasting friction and unnecessary expense. In large cities like London and Bradford, of course, it would be impossible for one man to do the work. As it would be impossible for the Medical Officer of Health of the County Council to do all the work himself, so it must be impossible for the School Medical Officer—say, for instance, Dr. Kerr—to do the work himself. Just as the Medical Officer of Health cannot be a specialist in eyes, ears and throats, but is a specialist in health work, so Dr. Kerr, he took it, was a specialist in education work; but was equally not also capable of doing the ophthalmic work or all the various abstruse sorts of medical work that was necessary for school children. There must be co-ordination of the two offices, at all events in all places but large cities; and the man at the helm to arrange and co-ordinate the work should be, in his opinion, the Medical Officer of Health.

DR. BUTLER (M.O.H., Willesden) said he also held a dual appointment, similar to that of Dr. Willoughby, and in the district where he was Medical Officer they had 20,000 to 25,000 children in elementary schools in a population of 140,000. He held that dual position because when the question first arose as to the medical inspection and hygienic control of schools generally, it was obvious that to have in a district such

as his two independent health authorities would inevitably lead to friction and to considerable waste of time and administrative energy. It was more especially with a view to avoid that that he developed in his district, with the aid of his Council and Education Committee, a scheme for the hygienic control of schools, and partial, at all events, medical inspection of children. After two or three years' experience of that he was convinced that only when the Public Health Authority and the School Health Authority are co-ordinated in one responsible medical officer can such work be done properly. It had been said that infectious diseases form a comparatively insignificant part of the work of the Medical Officer for Schools. It may be an insignificant part of all the work that should be done, but at the present time it is so important a part, and is so large in the amount of work which it entails, and is so pre-eminently the work of the Medical Officer of Health, that he was sure that it, at all events, could only be done by him. He had had himself over 4,000 cases of communicable disease, exclusive of those notified under the Statute, intimated to him during the year, all of which were dealt with by the officers of his department, acting under supervision. 4,000 cases represent an enormous amount of work, and these cases which come to the knowledge of the Medical Officer of Health can be dealt with only by domiciliary visits as well as by school inspection; and these visits can only be made where there is an organisation that already has statutory powers of entry and power to deal with the conditions which are found. The Medical Officer of Schools would not, if he were made an independent authority, have those powers of entry. There exists at the present time large administrative machinery and legislation which has permitted organisation which fits in with the medical inspection of schools. That is all to the good and favourable to the view that the Medical Officer of Health should either himself (or with someone acting under him) be Medical Officer of Schools. Where there are 20,000 children it is not possible for the Medical Officer of Schools to deal personally with each case; it must be done by organisation. There are over 10,000 children in his district whose eyesight is examined every year, and that could not be done by any Medical Officer who is appointed even solely and exclusively for school work. Such inspection as that can only be done through the co-operation of the teachers, and it is a simple matter to issue precise instructions to them which they can follow, which will enable the child's acuity of vision to be measured. And medical inspection at present goes only so far as to discover the cause of the ill-health

or defect; it does not, for most part, involve treatment. What is required to be known is, Does the child require medical treatment? If it is a case of vision, is it of such a character that it should come under an ophthalmic surgeon? A teacher is capable of measuring a child's visual acuity, and when he finds it is below normal, he should intimate it to the Medical Officer of Health or the Medical Officer of Schools, who in turn will intimate the fact to the parents, who send the child to an ophthalmic surgeon or ophthalmic hospital. The same system would apply to adenoids, and to discharges of all kinds. The teacher must be instructed what to look for, and what cases to bring under the notice of the Health Officer, and that officer can direct the parents as to the necessity for treatment. That is the most that can be hoped for in the first instance. In some degree treatment is already undertaken. The Medical Officers of the Isolation Hospital in his district already deal with cases of ringworm, where parents cannot or will not get other medical attendance. Ringworm is a case in point. The teacher is capable of recognising or at least suspecting it after a little instruction; he can exclude such cases from the school, and intimate the fact to the Medical Officer. Cases in Dr. Butler's district are visited by the Lady Health Visitors, and medical attendance is urged upon the parents; and wherever it is found that the parents cannot afford it, or even to take the child to the hospital—which means a journey to town—they arrange for such cases being treated. It would be extremely inhuman to let these cases, with little or no tendency to natural cure, go on from year to year and do nothing to check the spread of the disease. They had been able to arrange in his district—and he thought Dr. Richards had been able to do so in Croydon—to take such cases and treat them under the powers which are given by the Public Health Act. These are the broad facts relating to this question. Those who had had experience of the dual work were emphatically of opinion that it would be the greatest possible mistake if there were two Health Authorities, working often at cross purposes, in one district. It is a branch of Public Health work, and the Medical Officer should be trained in the future to cover this work. There are practically no medical officers of public elementary schools at present; we are at the commencement of organisation in regard to medical inspection of schools, and in very few districts is there any special provision for this work.

DR. THOMAS said there [was nothing which impressed him more in work in schools than the fact that the doctor is by that brought into relation with every branch of social

work, everything that goes to make up the social work of the State. It is the pivot and it will be the point from which all organisation will spring. One is constantly brought into relation with the Medical Officer of Health and his work, with isolation hospitals, with Poor Law Authorities—for starving children must be fed—with children considered to be imbecile, for whom Boards of Guardians refuse to do anything, with charitable organisations, such as the Charity Organisation Society, with the Prevention of Cruelty to Children Society, with hospitals and with private practitioners in a much more intimate way than the Medical Officer of Health (in his old definition). He thought the Medical Officer of Health should control everything that goes to make up the health of the population. But he would ask those who were both Medical Officers of Health and Medical Officers to the Education Authority which part of their work they considered the more important. He thought those who have acted as both would unhesitatingly say the education side is the most important. What is going to happen if the Medical Officers of Health are asked all over the country to take up education work? There are a few of them who throw themselves with zeal into the school work, but there are many unwilling to do that; some do not even wish to take it over. It is forced upon them; and we see in the medical papers advertisements for medical assistants to the Medical Officer of Health to give their whole time to examinations in schools at £120 or £150 per annum in very large boroughs; this is happening almost weekly at present. Medical Officers of Schools feel that medical inspection is far too important to be paid for at that rate. A lot of this conflict between the two aspects is due to the fact that four years ago there were two different authorities in every township and council area, one looking after education and the other after public health. That has been altered by the Education Act of 1902. It is now the same authority, and he did not see any difficulty in bringing about co-ordination when there was the same authority responsible for education and public health. Even if there are two officers, one the Medical Officer of Education and the other the Medical Officer of Public Health, there is only the question of conferring together on the part of colleagues. If these are to be combined, he felt it would be very disastrous if medical inspection of schools should be pushed on one side as a subordinate branch of work, and done by a very ill-paid assistant to the Medical Officer.

DR. LAUDER (Southampton), after thanking the Association for having extended to him an invitation, and Dr.

Crowley for his excellent paper, said that he was quite in accord with the expressions of Dr. Thomas—particularly when he said “The child of to-day is the nation of to-morrow.” It was impossible to disassociate school work from public health work without weakening both. Dr. Crowley had advocated decentralisation. It would seem that the main object of putting elementary education under the Sanitary Authority was for the purpose of centralisation. Were Medical Officers to continue as heads of each department, authority and usefulness would continue divided. Dr. Crowley may have been correct when he said Medical Officers of Health are not fit to do school work (Dr. Crowley said he did not say so). Dr. Lauder: But if they are not fit let them have officers who are fit.

Dr. Thomas had said he came in contact with Medical Officers of Health and Poor Law Officers, but he (Dr. Lauder) would go so far as to suggest that the Poor Law should be under the Sanitary Authority in the same way as the Education Committee, when they would probably obtain what they had not heard much of that afternoon—that was, treatment. Most of the remarks had been confined to the examination of children, but the treatment had been a matter practically untouched. He believed that what was required was proper organisation, under one head, of the Health Department. Whether the present Health Officers were fit or not was not the point, but there should be one medical head of a proper organisation. They were told that many of the cases which were examined required treatment, and in such cases the parents were financially unable or hopelessly incapable of taking care of the children. At present, the Sanitary Authority and the Education Authority, as one, were incapable of dealing with such cases; consequently it would appear that the examinations so much spoken of were not of so much practical advantage to the individual pupil as they would probably be, from a statistical point of view, in demonstrating the advantages that would accrue by bringing the Poor Law administration under the same authority as the Education Committee, when the children of persons financially unable or socially incapable to assist their children could receive a further benefit of the careful examination of which they had been pleased to hear so much.

He had the advantage of being Medical Officer of a Borough, Port, Schools and Fever Hospitals, with a staff available in each, and he could easily realise that if each authority had an independent medical head how the interests common to all might be impaired, without the advantages

which the present position gives of concentrating, more or less, a big staff and other resources where expediency dictated. At present they had at Southampton an assistant who examined the sight of children, not for the purpose of treatment or supplying glasses, but to advise their parents, and placing them in the most desirable positions in their respective classes.

Ringworm, Scabies, &c., were treated in certain cases for the protection of the schools and to prevent the attendances going down. Very much more could be done with the staff of inspectors and nurses available. But if there were a Medical Officer of Education in Southampton, what staff would he have? He might have a couple of clerks in his office, but he would have nothing like the control which he (Dr. Lauder) had. They wanted centralisation. What had been advocated by the reader of the paper was decentralisation, and that meant weakness. The child of to-day is the man of to-morrow, and the schools of to-day contained the nation of to-morrow. The A, B, C of their training and treatment to-day spells the physical, mental, and moral character of the coming generation, and is a matter worthy of the unification of all the resources of a community.

DR. HAYWARD expressed his regret that at Medical meetings and Hygiene conferences discussions which would be more profitably concerned with the methods and aims of medical inspection in elementary schools tended rather to degenerate into a combat between Medical Officers of Health and the Medical Officers of Education Authorities for the possession of the schools. This was not the main purpose of these meetings, the chief object of which should be the welfare of the children and the best means of attaining that end by whichever department the inspection was organised. He was in entire agreement with the reader of the paper, that daily inspection of classes during an epidemic by the Medical Inspector was impracticable and unnecessary; it would involve a serious interruption of school work, and in a large district could not be carried out satisfactorily by one Medical Officer, even if he devoted his whole time to the work; the expense would also be very great. At Wimbledon, during an epidemic, the teacher of each class when a case had occurred carried out a daily inspection, and excluded from school any children who showed suspicious symptoms; it was quite possible to train teachers to perform this duty satisfactorily.

Again, a full medical examination of each child on entry and the keeping of a record of progress during school

life was no doubt desirable as an ideal, but, apart from statistical purposes, it was difficult to see how the ultimate benefit to the child would justify the expense, the large amount of time and work involved, and the interruption of school work by such detailed examinations. Medical inspection of schools was in its infancy, and it was necessary to move cautiously, and be on our guard not to convert schools which existed for educational purposes into institutions for collecting statistics or into ante-rooms for hospitals.

It was quite clear that inspection could only be a means to an end, and that end must consist in an attempt to remedy the evils brought to light. In a large number of cases the parents were unable or unwilling to carry out the recommendations of the Medical Officer, and he deprecated the view that treatment should be carried out by rate aid as tending towards socialism, the pauperisation of the parent, and the lessening of parental responsibility; it was preferable that help should be afforded by the organisation of voluntary agencies in each district, and allusion was made to the excellent work done in Wimbledon by the local branch of the Invalid Children's Aid Association; in suitable cases, he made recommendations to this Association, and parents were thereby helped to obtain spectacles or children were taken to hospital, or to local medical men, for treatment, or were sent away to convalescent homes.

Reference was made to the method at Wimbledon of employing school nurses who worked under the direction of the Medical Officer. A weekly visit was made by them to each school, in addition to home visits for the purpose of interviewing and instructing parents. The value of this work could not be over-estimated; a personal interview by a tactful nurse was often far more efficacious than an official notification from the School Doctor; the standard of cleanliness and the effective treatment of verminous conditions had been vastly improved by their aid, and they were welcomed both at the schools and in the homes. Without the assistance of these nurses, and the Association he had mentioned, the mere inspections and recommendations he made would too often have proved barren in their results.

DR. LOUIS PARKES (Medical Officer of Health, Chelsea) said that, in his opinion, if permanently good results were to follow the medical examination of children in elementary schools, gratuitous treatment by the State must be a supplementary procedure in the case of those children whose parents were in such necessitous circumstances as to render them

unable to pay for medical advice and treatment. In many of the districts of London and of the large provincial cities this would mean a majority of the children attending elementary schools, as the relief of defective conditions of eyesight, hearing, &c., often involved skilled treatment for long periods, and it was not fair that charitable institutions like hospitals should be burdened with these cases, the relief of which was the business of the State. The State, having once embarked on compulsory education, was bound to take the necessary steps to ensure that the children were fit to receive education, and that the educational facilities afforded were not being wasted by reason of the children being physically unfit to derive benefit from their schooling.

The proposed reform of Poor Law administration would offer an opportunity for combining together in one department the three State medical services of Public Health, Educational Supervision, and Medical Relief of the necessitous sick. The fundamental idea underlying each service should be "prevention," and not merely the relief of the individual. This was the basis of all Public Health work; but the same principle should underly the administration of the other State medical departments, namely, that the relief of individual suffering should lead to measures for the control and amelioration of the conditions which originated the illness. If this principle were once accepted, State relief for all cases of sickness would soon justify the expenditure of State funds that it would involve, not only by a reduction in the cost of maintenance of the sick poor, and by the relief it would afford to the medical charities, but also by reason of the improved standard of health of the rising generation, this, in its turn, meaning an increased national efficiency and a larger output of capable workers.