

**Medical inspection of schools in Providence. Address / by Charles V. Chapin.**

**Contributors**

Chapin, Charles V. 1856-1941.  
London School of Hygiene and Tropical Medicine

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Address by  
**DR. CHARLES V. CHAPIN**  
Superintendent of Health  
Providence, R. I.



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Medical Inspection of Schools  
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By  
DR. CHARLES T. CHAPIN  
Superintendent of Schools  
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## MEDICAL INSPECTION OF SCHOOLS IN PROVIDENCE.

It is with much trepidation that a mere health officer ventures to address such a distinguished gathering of educators as I see before me. It is certainly a great loss that Mr. Small could not be here and talk about this subject from the standpoint of the school official. He could tell you far better than I, and from a less biased standpoint, of the successes and failures of this kind of supervision.

The medical inspection of schools was first put into practice in this country in the city of Boston in 1894. It was suggested, and the service was organized and put in practice by Dr. Durgin, the well known and successful health officer of that city. The plan worked so well in Boston and met such hearty approval from the teachers, the parents, and also from the medical profession, that it at once attracted the attention of health officers and school officials throughout the country. Many other large cities in the United States undertook the medical supervision of their schools along the lines laid down in Boston. Smaller cities also followed in their wake, and in 1906 Massachusetts made such inspection compulsory throughout the state. The success obtained in Boston led to a renewed discussion of the subject in England, and our English friends are now very generally putting into practice this sort of school supervision. Most of our large cities have developed a quite elaborate system. They have a

large number of medical men appointed as school inspectors, sometimes two or three hundred. School nurses have also been appointed to follow the children to their homes, and to see that they receive proper treatment. Even special clinics and hospitals have been established in some instances. It is perhaps not wise on this occasion to present an elaborate discussion of the subject, or to go into the details of the work as it is carried on in the great cities. Most of our large cities are now well provided for, and I presume that you would be more interested in what is done, or what can be done in the smaller communities. We have not in Providence attempted any such elaborate scheme of inspection as is in force in Boston, or New York. In fact, we have only made a very modest attempt at freeing the schools from certain contagious diseases, and relieving the pupils from certain physical hindrances to their school work. As it is to be feared that there are many other communities in our fair land that have not as much money as they would like to spend, it may be interesting to know what we have done in Providence with a very small appropriation.

From the time when Dr. Durgin organized this work in Boston I had hoped to attempt something of the sort in Providence, but one unforeseen expense after another used up the funds at the disposal of the health department, so that the opportune time never seemed to come. The demand for school inspection in my city really came from the schools, and not from the health department. Teachers were continually calling upon the health officer for advice, and asking him to visit the schools to investi-

gate cases of suspected contagious sickness, or of infection by various parasites, or to give expert opinion as to the physical condition of certain children. The health officer had not the time to personally accede to all these requests, and furthermore he is far from being an expert in all departments of medicine. Many of our teachers had heard of what was being done in Boston, and were very desirous of having a similar system established in our own city. At last, in 1894, the teachers and parents of the pupils in one of our large grammar schools subscribed a sum of money, and hired a physician to act as school physician for one month. They were very much gratified with the results obtained. This gave me the opportunity to ask for a special appropriation to start an inspection service for all the city schools. If such a service was important enough for the parents and friends to put their hands in their own pockets to pay for it, it was certainly important enough for the city to undertake. No more effective argument could be made to a council in advocacy of school inspection than that the parents of children were willing to pay for it themselves. We began with an appropriation of \$1,000.00, which was certainly very small for a city of 175,000 inhabitants, the population of Providence at that time. Two inspectors were appointed who were to give their mornings to the work. One of these physicians was a woman, and I would say that I consider women physicians eminently adapted for the examination of children and for dealing with teachers, and parents.

In most cities, as you know, the plan is for an inspector to visit each school each morning. For

that reason a large number of inspectors have to be employed. It was manifestly impossible for the two inspectors in Providence to visit the one hundred schools except at considerable intervals. Even when the inspector visits the school each day he does not examine all the children. For his routine work he only examines those that the teachers pick out as probably needing medical attendance. Thus even with a system of daily inspection the primary responsibility for selecting children for examination falls on the teacher. The essential difference between school inspection in Providence and in other cities, is that in Providence the children to a large extent come to the inspector; while in other cities the inspector goes to the children. The way in which inspection is carried on in Providence is somewhat as follows:

First, it frequently comes to the knowledge of teachers that children in the school have suspicious eruptions on the skin, sores or ulcers, discharges from the ears, difficulty with vision or hearing, or other bodily ailments or abnormalities which, however, do not to any extent affect the general health of the child. Such children are perfectly able to go to a physician, and if the physician is furnished by the city there seems to be no good reason why they should not be willing to do so. On every school day in the year one of our school inspectors is on duty at the City Hall, between twelve and one o'clock. When the teacher finds a child which she thinks needs medical treatment, or concerning which she wishes advice, she gives to the child a note to the school inspector, stating what she sus-

pects the trouble is, and sends the child to the City Hall. The child is then examined by the medical inspector and is given a report of the findings, which it carries to the teacher, and a duplicate report is kept on file in the office. The teacher is then expected to see that the child's parents are notified, and if any treatment is necessary to see that it is carried out.

Second, all cases of scarlet fever, diphtheria or other of the more important contagious diseases which come to the notice of the health department, are of course immediately reported to the schools where the children of the family attend. But it occasionally happens that teachers find children suffering from what they suspect is one of these diseases, or hear rumors of unreported cases in the neighborhood. If a suspected child is found in school it is at once sent home, and all such, and all rumored cases, are immediately reported by the teacher to the health department, and the school inspector is at once sent to make an examination. The plan is that dangerous cases shall be at once sent home, but the majority of the children who need the attention of the inspectors are not usually urgent cases, and may be allowed to remain in school until they go to the City Hall for examination, or until the inspector visits the school. Experience has shown that the teachers exercise excellent judgment as to what cases should require immediate exclusion.

Third, it, of course, greatly economizes the work of the inspectors to have as many as possible of the cases requiring inspection sent to the City Hall, but there are occasions when it is impossible

to do this, because the child is too young to go alone, or because the parents are not interested, or for other reasons. If the case is such that the teacher thinks no harm would result from its remaining in school for a day or two, a request may be sent to have the inspector call at the school, when, as sometimes happens, there are several suspicious cases in a school, a visit to the school should be requested. As a matter of fact, such requests are made every day or two from one or more schools.

Fourth, the inspectors when not making special calls at the schools, or visiting the children at their homes, are supposed to visit the schools in routine, confer with the teachers on all matters relating to the hygiene of the school, and examine all children who may need attention. In this way each school is visited about once in four to six weeks.

Of course, if we had more inspectors they could accomplish a great deal more work, but nevertheless our small force has done a vast amount of good, which I believe is fully appreciated by the teachers. I feel sure that they would regret exceedingly to have the inspections discontinued. During the year 1906-7 about 3,200 children were found to be suffering from some affection worthy of attention. This is exclusive of cases of pediculosis. It is interesting to note that in Boston, with about three times the school population of Providence, the large corp of inspectors employed in that city discovered only about 10,000 cases requiring attention, exclusive of pediculosis and vaccinations. For the benefit of those who are not familiar

with school inspections it will be of interest to know that of the 3,200 children requiring attention, 930 had some trouble with the eyes, and 319 of these were found to need glasses, 94 of the children had some difficulty with the sense of hearing, 180 had enlarged tonsils, 97 had adenoids, a large proportion of which required an operation. There were 43 cases of itch, and 36 of ring-worm, and nearly 250 children had supurating sores, due chiefly to lack of cleanliness. Only 37 cases of infectious disease were found, of which 3 were diphtheria, and 9 were scarlet fever. Besides the above, about 350 cases of pediculosis received the attention of the inspectors. Our inspectors have always devoted a good deal of attention to backward children. We have special schools for such in Providence and school inspection has done much to improve the physical condition of the children, resulting indirectly in many cases in notable mental improvement. The condition of children living in tuberculous families has also been a subject for investigation, and a number of such have been induced to attend fresh air camps during the summer, and to become members of our newly established fresh air school during the winter.

It will be seen that in school inspection as carried on in Providence, and indeed in most cities, the teacher as well as the physician plays the part of inspector. The teacher picks out those children whom she thinks may have some contagious disease, or are infected with parasites, or have some infectious skin disease, or trouble with the eyes or ears, and refers them to the physician for further examination. The inspectors simply furnish the

convenient authority to which the teachers may apply. Repeated conferences with the inspectors do much to educate the teachers and to lead them to work in harmony with the physicians. We have not as yet issued any formal instructions to teachers, but I think it would be well to do so. The very excellent "Suggestions," issued by the Massachusetts Board of Education, might well be adopted for use in other states and cities. Test cards to enable the teachers to roughly determine the condition of the eye-sight have been placed in all the schools, and the teachers have been shown how to use them.

The medical inspection of schools was originally undertaken to check the spread of such diseases as scarlet fever, diphtheria, measles, etc. It was hoped that a large number of incipient and mild unrecognized cases of these diseases would be found by the school inspectors on their daily round. These expectations have not been fulfilled. If the reports of the inspectors in different cities are examined it will be found that comparatively few of these cases are discovered, and most of them probably would have been discovered by the teachers, or the health officer, even if there had been no formal inspection service. Indeed it is not probable that many cases of such diseases as scarlet fever and diphtheria are to be found in the schools. Personally I do not believe that the schools are a very important factor in the spread of these diseases. Intimate personal association resulting in the transference of secretions, is much less likely to obtain in school than out. Even if unrecognized, and perfectly well, carriers of disease germs do attend

school, they are not nearly as likely to spread disease there as they are when playing in the streets or in their own back yards. So far as the restriction of scarlet fever and diphtheria is concerned, the medical inspection of school has accomplished little. But it is amply justified on other grounds. School inspection gives assistance and advice to the teacher, helps the children with poor eye-sight, or defective hearing, shows what should be done for adenoids and enlarged tonsils and trachoma; gets rid of unsightly skin diseases; cures and prevents the spread of scabies and ring-worm, and helps to free the children from unpleasant parasites.

When we began our work in Providence the first trouble we had was with defective eye-sight. Neither of our two general inspectors is an oculist and it was found that the parents of children would not consult a specialist for advice. The children of the really poor could be sent to a hospital, but wage earners of moderate means, not realizing the importance of attending to their children's eyes, would refuse to pay for suitable advice, and, of course, would be refused treatment at the hospital, on the ground that they were not really needy. Hence we soon found it necessary to employ an oculist of our own; a public spirited physician who has done a large amount of work for the very moderate compensation of \$500.00 per annum. All children whom the other inspectors think need expert advice, are sent to the oculist with a letter, and he later reports to the health department the conditions found. The teachers are then notified and are supposed to follow up the cases. We then had difficulty in getting the parents to purchase glasses,

which are sometimes quite expensive. An arrangement was made with a leading optician to furnish glasses at a considerable discount, but even then a certain number of people were unable to pay for them. Contributions from local clubs and societies have provided for them in such cases. The teachers generally have taken the greatest interest in seeing that the children receive the treatment advised by the inspectors, often visiting the parents, or taking the children to the hospital, or to a physician. Our director of physical culture has also done a good deal of work in urging parents to action, and the inspectors themselves have taken much time outside their regular hours for similar missionary work.

Another hinderance to successful school inspection is the inability of a considerable proportion of the practising physicians to properly treat the children that are sent to them by the school inspectors. Before we employed our oculist we were greatly annoyed by parents consulting cheap and incompetent physicians or mere opticians. We have found that the average family physician in the majority of instances cannot cure scabies, and frequently makes slow progress with ring-worm. We send most of our cases of scabies to the hospital, and the school inspectors treat the ring-worm, the city furnishing the necessary ointment. Medicines are also furnished for one or two other common affections, and petroleum is supplied for getting rid of head lice. We purchase crude petroleum by the barrel, and one of the men in the office puts it up in half pint bottles. The teachers take great interest in this form of parasitism, and will frequently in-

spect all their pupils, and then send to the health department for the number of bottles of petroleum desired. This free treatment, as indeed medical inspection itself, is a form of medical socialism, but the writer sees nothing to fear in that word, neither does he believe that this inspection and treatment tends in any way towards pauperization. In any event, it is not nearly as objectionable as our free text-books.

Medical inspection, as does much health department work, causes considerable friction with the medical profession. The shortcomings of the profession have been referred to, and it is but natural that they should resent any criticism of the same, either direct, or implied, coming from public officials. The family physician particularly, resents having any of his patients advised to consult a specialist, yet if we expect to have defects remedied that must be done. Again, mistakes in diagnosis on the part of the inspectors must occasionally be expected, as no one person can be an expert in every branch of medical practice, and even experts have been known to err. It is readily seen that such errors may be the cause of decided friction between parents, the family physician, and the school inspector. Yet on the whole inspection has worked decidedly well, and with surprisingly little friction, and I believe that a large amount of good has been accomplished.

We would like to extend our work. Quite a number of cities have added the trained nurse to their service. She visits the children in their homes and shows them, as well as tells them, how to get rid of lice, how to cure ring-worm and scabies, and

how to heal open sores and discharging ears. I have questioned whether it would not be well to employ such a nurse in Providence, but I am inclined to think that it would be better to have another medical inspector. The nutrition of school children is now receiving considerable attention, and also their general physical development. Some municipal and state laws require the thorough examination of every child once a year. How thoroughly that is carried out I do not know. If it is done well, it must require a large number of skilled physicians. It seems to me that even if all the children are not subjected to such a thorough examination at least the more feeble, poorly nourished, and backward children should be, and for this purpose I would like to see our force increased. Our inspectors are much impressed by the poor condition of the teeth of school children, and the utter lack of the parents' interest in this important matter. It seems as though something ought to be done to prevent this reckless disregard of this portion of the child's anatomy. Yet it is difficult to see how anything can be accomplished except by the employment of municipal dentists. These are employed quite generally in Germany, and to some extent in England, but I am afraid that our people would not take kindly to such a socialistic movement.

In conclusion, I would say that I believe that school inspection is a good thing, and that it is possible to accomplish a great deal with a very small expenditure of money. Even the smallest communities should provide for such inspection, though in many instances it may be difficult to obtain the

advice of specialists which is so often needed. I am firmly convinced that school inspection is properly a function of the health department, rather than of the department of education. There is no reason why the two departments should not always work together in entire harmony, as they have done in Providence. The health department is a clearing house for contagious diseases, and hence can keep its inspectors closely informed in regard to all cases of such disease. Most important of all, the health officer has a knowledge of medicine, and of physicians. He knows who are good physicians and who are not. One of the greatest difficulties in the way of carrying on medical inspection with a large number of inspectors, as is done in many cities, is the impossibility of finding a sufficient number of physicians qualified for the work. A school inspector ought to be a man, or woman, who is an expert in several lines, and if this is too much to expect, we should at least demand that he be thoroughly educated in modern medicine, and with considerable experience in hospital and clinic work.

10.4.20  
H.C.

