THE QUALIFICATIONS AND TRAINING OF THE SCHOOL MEDICAL OFFICER.

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THE work of the school medical officer is varied, and to be completely equipped for his duties his training should be equally varied. Certain qualifications are especially desirable. As at present constituted the duties carried out by the school medical officer greatly depend upon the nature of his appointment. In counties, for example, the medical man actually appointed as school medical officer is, in nearly all cases, the county medical officer of health, and his functions are in the main administrative and not clinical at all, the actual work of school inspection being carried out by medical assistants, whole or part time. A similar arrangement is in force in most of the larger boroughs and cities. In the small towns, on the other hand, the school medical officer usually carries out the clinical as well as the administrative work and is also the medical officer of health.

Dealing more particularly with the school medical officer who is actively engaged in the work of school inspection it may be said that the following are the most important qualifications:

A. A good general training, with experience as a resident medical officer in a teaching hospital. His essential qualification is that he should be good at clinical work and have confidence in his own diagnosis. His main business is to sort the sound from the unsound, the normal children from those which show or begin to show deviations from the normal. All that is summed up in the expression "good clinical ability" is his greatest asset. I have said that the previous holding of a resident hospital post is invaluable, because this is the best way to consolidate that precision and accuracy in clinical diagnosis which should have been learnt as a student, but much that is learnt in hospital is no help to the school medical officer in his actual work and may even at first be a hindrance. In hospital it is not the early stages of disease which are seen, but its later manifestations. The medical man who works in the schools has to be on the look out for the beginnings of disease, and he must unlearn many of his hospital acquired impressions.

Confidence in the soundness of his diagnosis is essential. It is inevitable that his opinion will occasionally be at variance with that of the general practitioner in regard to individual children, and it is of the utmost importance

that he should be able to meet adverse criticisms, not with the belief that he is certainly right and infallible, but with reasonable confidence in the probable certitude of his opinion being correct.

B. Special experiences in certain branches of clinical work.—Defects of eyesight, skin diseases, diseases of the throat and nose, are prevalent amongst school children, and experience in them is a very valuable asset to the school doctor. If any table of defects ascertained to exist in school children is scanned it is at once obvious how large a proportion of defects belong to these three groups. A knowledge of the control of infectious diseases is valuable, but for the most part appertains to the work of the medical officer of health.

In view of the recent Mental Deficiency Act increased knowledge of mental defects is valuable. In some quarters there is a tendency to take the line that the diagnosis of mental defects in children requires an expert, and therefore all possible cases should be referred to such an expert much in the same way as eye defective cases are referred to the school oculist for final diagnosis or treatment. This tendency should be resisted, since there is no reason why the school medical officer should not undertake this work, and if his training is inadequate it should be supplemented. The work of this officer will become intolerably monotonous if he is considered incapable of dealing with all these branches of work and everything is referred to some expert officer.

The flow of public opinion is all in favour of the school authority undertaking more and more in the direction of the treatment of school ailments, and the experience and training of the school doctor should fit him to take his share in this work. The more he is capable of efficiently performing minor operations, such as the removal of tonsils and adenoids, the X-ray treatment of ringworm and the correction of errors of refraction, the more valuable will he become. It is by an extension of his range of work that any monotony in the performance of his duties is to be overcome.

C. Some knowledge of school work.—The school medical officer should take a wide view of his functions. His whole province is the school child and all influences which affect it, and he cannot fully carry out this broad conception of his duties without considerable study of school work and life. Such matters as the character of needlework and

the times of day at which it is done, the types of books and paper used, the relationship of the lessons to one another, are all of considerable importance, and should not be neglected as purely educational and outside his sphere of work, while feeding and dietetics in relation to school children is a very important branch of knowledge to study.

It is very valuable to understand the point of view as well as the work of teachers. This cannot be taught beforehand, but it should be acquired. Teachers play a most important part in school medical inspection, and to ensure their co-operation is of the greatest value. A school doctor who is ignorant of the teachers' work and point of view will be less effective in securing their co-operation than one who knows how to fit in his advice and instructions so as to interfere as little as need be with school work.

(D) *Some experience of and sympathy for the work of general practitioners.*—A sympathetic knowledge of their difficulties and point of view is a valuable aid to smooth working, as also is a knowledge of medical etiquette. In rural work especially the influence of the local medical practitioner is very powerful, and "my doctor right or wrong" often governs the outlook of the class of patients who send their children to the public elementary schools. Their diagnosis and opinion is frequently received as the statement of an oracle, and considerable tact and self-restraint are necessary when differences of opinion arise.

(E) *Experience in administrative work.* The amount of administrative work to be done will largely vary with the position of the school medical inspector and with the amount of centralisation practised in the Public Health Department. In the higher posts administrative experience and ability are essential qualifications. This is a qualification which cannot be properly taught beforehand, and the school medical officer must diligently practice its acquisition after he is appointed. Some men never seem to acquire it, and this is a qualification more inherent than most. What there is of it can however be developed.

The importance of being able to marshal results so that the deductions from them are apparent to a lay committee, and the need for system in record and work need no emphasis. Even if in a subordinate position the school medical officer should be able to write special reports dealing with any special subject under investigation.

The progressive extension of the work of the medical officer of health will inevitably lead to the school work being more and more put directly under the charge of the senior medical officer who is actively examining school children.

Every school medical officer for the sake of scientific progress should make it his business to carry out some scientific studies in connection with his work. The field is large and there is room for everyone. Of course it means extra work and overtime work, but it is always the little bit extra which tells in regard to advancement, and this is a most valuable means of acquiring ability in report writing and handling results. The complaint that the work of a school medical officer is dull and monotonous has a good deal of truth in it, but need not be true if the worker is animated by the scientific spirit. The field of investigation is wide and fertile, and if the worker is keen in the tilling of it the monotony should vanish.

(F) *Experience in public health work.*—In many advertisements for the post of school medical officer the possession of the D.P.H. is either required or recognised as an additional qualification. Since the school medical officer usually looks to a public health appointment as his ultimate career, such a qualification is of great value to him, but its importance in connection with his actual work is overrated, and is far inferior to good clinical experience. The sanitary condition of the school, and particularly its lighting and ventilation, are an important part of his work, while the training for the D.P.H. gives him valuable experience in handling statistics in bacteriology, while it trains him in the appreciation of the "public health standpoint."

The school medical officer frequently has to carry out some elementary bacteriological examinations, chiefly swabs for the diphtheria bacillus and hairs and stumps for the ringworm fungus.

From the above considerations it is evident that the school medical officer should be a man of clinical ability with certain added special experience and knowledge. The possession of a diploma in public health, while evidence of training in certain required directions, does not cover more than a few of these requirements. Some degree or diploma giving evidence of training in these special matters should be available.

The regulations for the different D.P.H. diplomas are unsatisfactory and out of date

even for purely public health work. It is a matter for consideration whether they should be revised or extended or a fresh diploma instituted. Since school work is essentially preventive in its outlook and ultimate effects, my personal view is that it is better to extend the existing D.P.H. rather than create a fresh diploma. At least two sections (public health and school medicine and hygiene) should be created. A new part I, common to both (or all) the sections is required with separate parts II, III, etc., which could be taken according to the branch of work selected. The junior school medical appointments should not of necessity require the possession of such a diploma, but for the higher appointments with increased pay it should be essential.

The question of the necessary qualifications for a school medical officer cannot be dissociated from the question of his future, and this must be briefly discussed.

There is at present much dissatisfaction in regard to the position of school medical officers, and undoubtedly their present status and prospects are unsatisfactory.

Their commencing salaries although not high are fairly good in my opinion, but there are no prospects of increase of position commensurate with the importance of the work. Only a small percentage can become medical officers of health, while there are a few, a very few, senior posts as school medical officers worth obtaining and keeping. For the rest there are no prospects at all, and these junior school medical officers must either remain junior officers or later take up private practice.

It is beyond the scope of this article to discuss the solution of this difficulty. It is not merely or chiefly in my opinion a question of increased pay, and should be considered in relation to the developments of medical work in connection with public bodies which are bound to take place in the near future.

PUBLIC HEALTH NURSES IN NEW YORK STATE.—The following qualifications for supervising public health nurses are insisted upon by the New York Public Health Council:—They must be registered nurses and shall submit satisfactory evidence of training and experience of not less than two years after graduating, in either of the following branches:—Maternity work, infant welfare work, social service, tuberculosis work, care of infectious diseases or school-nursing.

THE SELECTION OF SCHOOL-DENTISTS.

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NOW that school dental clinics are being established by local education authorities throughout the country, some words of guidance on the selection of dentists for such posts may be of service.

It is often thought that the possession of a dental diploma, or even the mere fact of being "registered" without a dental diploma, is sufficient evidence of suitability for the post of a school clinic dentist.

Indeed it is a common impression that one can easily get a young, recently qualified dentist who can efficiently carry on the work of a dental clinic.

My experience of such institutions is that the success of a school dental clinic is largely bound up with the personality of the dentist engaged; his work can scarcely be called popular in the vulgar sense of the word, and it is only by the possession of much tact and the ability to manage children and parents that he can develop his work to its fullest advantage.

Some local committees have in the case of part-time dentists insisted on limiting their selection to local applicants; this, in the writer's experience, is not a satisfactory plan, as it limits unduly the selection of applicants, and, moreover, it is not an unmixed advantage for a part-time school dentist to have a practice near at hand to which he may be tempted to hurry away at odd times.

This temptation is not by any means a hypothetical one, and should be kept in mind in appointing a school dentist.

Another point of importance is that the dentist should be possessed of some teaching capacity, in order to explain to parents the treatment required for their children in simple everyday language; school dental treatment should be preventive as well as curative, and a few words on the care of the teeth may do much to excite the interest of the parents, and thereby spread abroad the importance of dental hygiene and its relation to health.

My own experience of the type of dentist most suitable for school clinic work is that, where possible, he should either be a general practitioner, with experience of the management of children, or else one who has held an