PHYSICAL INSPECTION.

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(FELLOW.)

THE children represent the raw material out of which the next generation is manufactured, and it is important that not only should this material be as good as possible, but that it should be prevented from deterioration while under the control of school authorities.

It would be lamentable if during a process which is intended to produce good and efficient citizens unfavourable influences were allowed to operate in the opposite direction. That there are such influences, which to some extent cannot be avoided, is quite certain; any more than similar influences can be entirely avoided in the analogous case of aggregation of the general population in urban communities. Aggregation implies an increased probability of spread of infection, whether in towns or in schools; and an essential first point in the inspection of schools must be the application of the best means for preventing the spread of infection.

I regard prevention of infection as the prime, if not also the main function of the physical inspection of children. The community undertakes a most serious and unwarranted responsibility when it masses large numbers of children at the most susceptible period of their lives without taking every possible step to minimise the great risks which are incurred by such aggregation.

I do not think that the daily visit of a medical man—especially as has been advocated of a medical practitioner—to each school will meet this requirement. The magnitude of his task would defeat the object in view. He would, if his duty were to be thoroughly carried out, need to inspect several hundred children, or failing this could only see the children selected for him by each teacher; and the latter, however willing, would usually make a selection which would only very imperfectly meet the requirements of the case.

Infectious diseases in schools can only be combated through the proper and efficient administration of a complete system of notification of infec-

tious diseases. Each notification is the starting point for investigation of unnotified and overlooked, as well as of notified cases, and the true medical inspection of schools—so far as infectious diseases are concerned—consists in investigating the cases and the contacts with them by every means, including bacteriological, which modern science now renders available, and in arranging for the necessary periods of exclusion of the suspected children from contact with other scholars.

In my opinion the daily visit of a doctor to each school, *in re* infectious diseases, is not only unnecessary, but would be inefficient. The school doctor, whoever he be, must act on information received from the Medical Officer of Health's office, and in conjunction with the latter, and special visits for special purposes would be much more efficient than routine visits, which would inevitably tend to become perfunctory.

In connection with this point may I refer to an aspect of the question which is likely to escape observation. Elementary schools have escaped to a large extent from the examination incubus with which they were handicapped in the past. Now grants are given for average attendance, and there is serious risk that the pressure to secure high percentage attendances may, unless carefully supervised in the interests of weakly and convalescent children, do as much harm as examinations to which a smaller number of children would be subjected. This danger has been increased by the unfortunate abolition by the Board of Education of the epidemic grant, and is at the present time exceptionally great in consequence of the spasmodic effort towards economy with which local authorities have been recently seized, an effort which, when it does not subject unfit children to education, is most commendable.

The school nurse has, I think, come to stay in connection with school organization, and I am, personally, not without hope that she may gradually reduce the work of school attendance officers, which will be more efficient and less likely to do harm when directed chiefly to cases of carelessness and neglect, while cases of sickness are investigated by the school nurse. Of course, I do not suggest that the nurse should undertake medical work; but under the Medical Officer of Health's supervision she can, like a sanitary inspector, make preliminary investigations of great importance, and can do much to ensure the early detection of infectious diseases and their proper isolation.

Dr. Kerr has shown the way in London in utilizing nurses for the diminution of pediculosis and other conditions of communicable uncleanness in school children. I regard this work as of the utmost importance, not only in preventing elementary schools from continuing to be centres

of danger for cleanly children, but also in greatly improving the health of the dirty children themselves, and in making them less prone to acute infectious diseases.

In Brighton we have had a school nurse at work for six months, and I am more than gratified with the good results of her work in improving the standard of cleanliness of the children in our elementary schools. We have carefully enforced the rule that no responsibility must be removed from the parents. Directions are sent to them as to what is necessary to cure the contagious condition; but no materials are supplied, and the responsibility for the carrying out of these instructions is entirely left to the parents.

As practical men and women we must have regard to considerations of expense; and a doctor must not be employed when a nurse or a teacher will suffice. The doctor's true function is in organizing and supervising the necessary detailed non-medical measures, and not in attending to such minutiae as he would be expected to supervise if a regular daily visit by him were the established practice.

It is not, I think, foreign to the subject under discussion to allude to the immense unnecessary loss of life due to the attendance of children at school under the age of five years, at which age compulsory attendance begins. Measles and whooping-cough are more fatal than all the other infectious diseases put together, and as fatal diseases they are almost entirely confined to children under five. If, therefore, we could postpone attacks of these diseases until this age has been attained, the mortality from them would become very small. This could in a large measure be accomplished by excluding these children from school attendance. Doubtless occasionally even then measles or whooping-cough would be brought home by older children, but it would be the difference between "retail" and "wholesale" infection, and the total result would be an enormous saving of life.

It is admitted, I believe, by all that no educational advantage accrues from school attendance at these tender ages. The only indirect advantage usually claimed is that by allowing the attendance of the babies, more regular attendance of their older sisters is secured. But in Scottish schools they secure a better education without this premature exposure of tender babies to concentrated infection; and it ought not to be impracticable, where necessary by means of small crèches or otherwise, to provide for children under five whose mothers are obliged to go out to work, and thus prevent the wholesale risks of infection to which they are now subjected. The use of these crèches should be strictly limited to the

children of mothers obliged to earn money. Parental responsibility cannot lightly be diminished without doing harm not less to the parents themselves than to their children.

Systematic physical inspection of school children appears to me to be indispensable if we are to make progress in solving the more urgent problems of poverty. I do not believe that the physical condition of children of a given class is now worse than that of the past. The public press in the last two years has contained numerous articles on this subject, but not one of them, so far as I can judge, furnishes satisfactory evidence to this effect. I venture to think there has even been improvement as compared with the past. We must set against the deteriorating tendency of urban life the improving effect of better sanitary conditions, and of cheaper and more wholesome food.

But one point is certain: the children of the poor are punier than the children of the well-to-do. That comes out clearly in all the statistics of height and weight which have been collected. There can be little doubt that this is mainly a question of clothing and food. If we are to secure a remedy for this condition, we must know the exact facts. Action on the strength of mere impressions may do more harm than good. The provision of food for school children may, by undermining the already enfeebled efforts of parents to support their children, eventually do more harm than good. We must know regarding every child whether it comes up to the average weight and height. If not, domiciliary visits are required; and if the parents are not, though able to do so, doing their duty, advice or admonition is indicated. I admit that in actual practice it is extremely difficult to secure sufficiently good evidence to prosecute neglectful parents: but it must be noted we have not hitherto had the exact data which would be furnished by quarterly weighings of each child at school.

Much can be done to help parents and encourage them in self-help, as has been shown by Miss Frere in connection with the Tower Street schools in London. The wholesale provision of free meals is not the best means of improving the physique of the school children, though such meals may be necessary in carefully-selected cases. I am strongly of opinion that private charity will always meet the needs of these cases, when the charitable public know that the free meals will only be given in instances in which the meals are really needed. I may mention our local experience in the present winter. A voluntary committee has given during the present winter nearly 33,000 breakfasts to children in the elementary schools, giving as many as 800 children at a time a breakfast of bread and milk on five days a week. It was, however, made a condition

of receipt of this charity that a preliminary investigation should be made of each case. The following table classifies the cases up to date:—

	Number.	Percentage.
Widows and deserted wives	104	.. 13
In receipt of parish relief	16	.. 2
Parents out of work and no earnings coming into the house.. .. .	125	.. 15)
Parents out of work, but small earnings of other members of household	126	.. 15)
Parents in work, but earnings insufficient	175	.. 21
Cases not recommended as needing meals when inquiry made	182	.. 22)
Parents declined the help, although children had been recommended by head teachers as cases probably needing help.. .. .	107	.. 12)
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Thus one-third of the recommended cases either declined or were found not to be in need of breakfasts. This clearly indicates the necessity for careful investigation at the homes of the children; for to give meals to children whose parents can supply them is calculated to diminish the self-respect and independence on which alone national character can be built up.