

## THE MEDICAL OFFICER OF SCHOOLS, HIS WORK AND HIS REPORT \*

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**I**T is proposed, in the course of the next few days, to indicate to you the outlines of work which you may be called upon to do as medical officers of schools.

As students of medicine you were interested in the application of medical knowledge to the individual, then later, as public health students, you had to consider mankind in the mass. With school work both views have to be taken. You consider the constantly changing developing children, both individually and in the mass. School hygiene is probably regarded in England at the present time, as being more intimately part of the general public health service than it has ever been hitherto. There are several points of contact as in the matter of infectious and contagious diseases, and also out of school and home conditions, but the more you get to know about it, the more will you appreciate that the trend of the future must be specialization and differentiation combined with such administrative co-ordination as is necessary.

The most valuable asset of the medical officer in the schools will be restraint of judgment; to recognise and insist upon those things alone which are requisite and necessary; to be always rather inclined to make the best of circumstances, and whilst going fearlessly forward, to remember the value of compromises, of obtaining results by subconscious instruction rather than apparently extreme demands, and to await occasions and opportunities for further developments. If the proper seed is sown the crop will come.

As a public official, the school doctor has two sides to his work. He has to work economically and efficiently with business men, who are only inclined to regard definite results. In the case of the children, he has to differentiate them as to health and fitness for education. Comparatively slight experience and not very much time is needed to classify children as being normal, or crippled, deaf or blind, or otherwise unfit for school. Fine diagnoses are not called for, but it may require considerable experience and time to obtain other than these merely practical results.

\* Introductory Lecture of a course of lectures on the Medical Inspection of School Children, delivered at the Rooms of the Society of Medical Officers of Health, on January 11th, 1909.

For instance, to say that a child should be compelled to attend a school for the blind; or that parents should have pressure put upon them to obtain surgical treatment for a child, or to differentiate between aphasia, deafness or imbecility in a particular case, may mean a very considerable experience of special medical practice.

Personally, I had fifteen years' experience for hours daily in hospital wards and out-patient rooms, before beginning this school work in London, but, fortunately for the majority of cases, our practical aims are simple compared with any scientific enquiries or desires. In any case, then, all the circumstances are taken into account and a compromise generally adopted which gives the best scientific or medical result for the amount in trouble or money which is to be expended. You, for instance, would not dream of asking for a daily disinfection of school premises, nor in respect to sanitary fittings would you require the same extreme precautions in school offices as in a private dwelling house. Manhole covers, which in the drainage arrangements of a house would be desirable, might involve dangers from the school point of view, far beyond any sanitary advantages.

The educational aspect of all school work, medical or otherwise, must never be forgotten. There is a possibility of medical inspection even rising to have an educational value in the school.

A well marked tendency can be noted in recent legislation to put all matters connected with the evolution and development of the individual under one heading and one case.

Whenever the State concerns itself in any way with the developing child, as a child, from the day the mother's care is changed for the baby room, till the full age for school exemption is attained; whenever the State interferes to aid or control during the plastic period of development, this action is regarded as educational. It is the only wide and philosophic view of education that can be taken. Whether it be teaching the ordinary conventions of civilized life, reading, writing, and so on, or cleansing or feeding at the public expense, removal from evil surroundings, or protection from cruelty or overwork, care in nursery schools, or medical inspection or treatment, in each case where there is any public duty or power conferred by law that has been given to the education authorities.

Further carried out, this very important and

unifying principle will simplify legislation and bring all educational branches into due relation and proportion, and avoid future conflicts and tangles of overlapping authorities.

With a sufficient educational representation on the Royal Commission on the Feeble-minded, they would have avoided the mistake of suggesting two separate authorities to do medical enquiries in the elementary schools. One, the medical staff of the education authority, doing the medical inspection of the ordinary children, and acting in intimate relation with the public health, and the other a staff under the authority of the proposed Board of Control, necessarily a separate staff, as they have all to do with lunacy and asylum work, sent to look for and superintend the children they consider feeble-minded. However, there is little likelihood of such proposals ever being formulated for legislation.

The officers who do medical inspection are officers under the education authority. Many considerations at once suggest that there should be reasonable security of tenure for the medical officer of schools, say after the expiry of twelve months' probation.

The Board of Education have for the purposes of their own code decided to "recognise" school medical officers, and can, therefore, I presume, if they think that circumstances justify such action, refuse to recognise a particular officer nominated by the Local Education Authority. Whether this power could ever be of effective service in protecting officers against dismissal without cause or because of too efficient public service is another question.

A few months ago in Lancashire, an able and experienced school medical officer, who during nine years had built up as thorough a system of school superintendence as was possible, was replaced quite against his wish by a medical officer of health, who had yet to win his spurs in this work, and the sequel was seen a few weeks after the transfer, in an advertisement for a cheap assistant for the medical officer of health. This week it is a Yorkshire university town which affords the current example of how not to do it in provision for an efficient medical inspection.

The whole work of school hygiene has yet to be undertaken. Medical inspection which is a part, perhaps might even be called the foundation, has almost been taken for the whole, in being made a statutory duty. Treatment, which is a permissive power of the

authorities, is almost the corollary of inspection, and the purely educational hygiene which is of immense importance, is as yet practically almost non-existent.

The greatest importance is to be attached to having a definite aim in all your school enquiries. Without a definite object in view, a school visit is almost wasted, and you are apt to waste other people's time too.

The importance of regarding teachers as colleagues is great. In school the head teacher should always be regarded as the captain on his own quarter-deck. Teachers are necessary helpers, and in some ways their knowledge of the children is as important to interpret the medical inspector's results as his own training.

As a hospital surgeon I have heard terrible accounts from patients of my own doings as school doctor, and *vice versa*. With this experience you may be advised never to believe any adverse statement about an outside or absent practitioner, but at the same time believe your own eyes, and deal practically with the facts actually before you. Your own evidence is more worth to you than the opinions of anyone else.

Sometimes, too, it will save future trouble if you make a rule of never saying more than is absolutely necessary about any individual case. But anything in the nature of a decision should always be noted at the time, with the exact facts on which it is based. Even if decisions have not to be supported later in the witness-box, they may have to be reviewed or accounted for, and definiteness in every case is a necessity. It is where women mostly fail.

Now as to reports. To deal with these at the beginning of our course may seem rather like putting the cart before the horse, but it happens to be convenient.

The school doctor should arrange, if possible, to report personally to the sub-committee under whose order of reference he works, whether general purposes, elementary schools, or whatever the name may be.

He should arrange that a report by the medical officer of schools stands as a routine matter on the agenda papers at regular intervals, say quarterly, and read it personally to the committee. He is the medical adviser, and, having given advice, his responsibility in any affair ceases.

There may be other special reports asked

for where it might be advisable or advantageous to the committee to have his personal attendance and assistance.

In the writing of reports, brevity and simplicity are of the first importance. Sir Clifford Allbutt in his "Notes on the Composition of Scientific Papers," a little book published by Macmillan's, advises never to put in a word that can be left out, and it is good advice.

It will be a help in reporting on any topic if the writer states clearly for himself—

- (i.) The exact subject to be dealt with,
- (ii.) The method of enquiry.
- (iii.) The facts obtained.
- (iv.) The conclusions arrived at.

Too formal a style of reporting, or too classified a manner of setting out things, especially if numerous obvious facts are included in the classification, always detracts from the impression produced. Reports for committees should be clear, and if the expression may be allowed diagrammatic. The particular point required should stand out above all others.

The Annual Report, required by the Board of Education, is to be made by the medical officer of schools to the education committee, and two copies are to be forwarded with any observations the committee may wish, to the Board of Education. It is to be hoped that the observations may never be a cause of friction between the committee and their officer.

The report has also to be made up to coincide with the calendar year. For school work numerous objections to this occur, as the school years are mostly bounded by the summer vacations. It also throws the writing of the report on the medical officer of schools at his busiest time, but the importance of uniformity is so great that the date of our last London Report has been altered to end with the year ending with December 31st.

Circular 596 of the Board of Education gives an analysis of topics which it is suggested the annual report should include. That circular was somewhat limited in its scope as it only applied to the Administrative Provisions Act for 1907, so that the report is only dealt with comprehensively from the medical inspection point of view. Educational hygiene proper, the effects of lessons, fatigue

and so forth are not directly included in the topics of the circular, but should be included in your work.

The hints and outlines suggested in this Circular 596 are well worth study by all. Common sense is all that is required for the interpretation. There is no desire that you should do everything—in fact the circular states much "will not immediately be attainable."

*Section (a)* suggests a general report on matters of school hygiene. Very little need be said except as to matters which require amelioration, but a good scientific method for the medical officer to follow would be in successive years to take up one topic, such as ventilation, lighting, furniture and so on, and for that year prepare to deal exhaustively and completely with that one subject, merely glancing at the others.

The next *section (b)* on the correlation of school and public health services will be dealt with practically under the later sections on treatment and on infectious diseases.

The third *section (c)* asks for certain returns which are an administrative check on the work done. The value of such returns is only relative, because such matters as the number of visits paid to schools or departments, the average time per head taken in examination, may bear no relation either to the amount or value of the work done.

In *section (d)* a review of the facts disclosed by medical inspection is asked for, under the headings of Circular 582, including tables showing the height and weight of children inspected according to sex and age at the date of inspection. On this matter of tables, one must call the medical inspector's attention to the uselessness for any purposes of comparison of any tables not prepared in accordance with certain rules. The majority of figures about medical work in schools published in this country, and often abroad, too, are of comparatively little use from this defect. Even the extensive range of observations on school children carried out by a British Association Committee through a series of years, lost in value for want of analysis according to age.

The basis of selection must always be stated in any group of children you deal with. Social selection is most important; the children of a slum school are physically inferior for their age to those in suburban schools. The class (socially) should always

be somehow expressed. The sexes should always be stated separately; that is done in London from the start by having the records for boys all tinted blue, and those for girls white.

In analysing any qualities the next point to attend to is age. The age should be recorded in years and months; as a check, the date of birth should also be given on the record cards; it is sometimes useful; and if at any time separate crops of children, that is, those born in the same years, are required for investigation, this would be necessary. For age groupings the age last birthday should be used. Sex and age are the first analyses. Sometimes it is useful to further analyse by school standard. This is a rather indefinite basis, but still defines the child's intellectual capacity better than any estimate of the teacher will usually do. As the average height in standard increases for children at any age, so does their physical measurements also increase.

Whatever subject is being set out, the total number of children, normal and abnormal, should always be given. Even if percentages alone are stated, it is always more satisfactory to know whether the percentage is on a dozen or ten thousand cases.

The *Section (e)* asking for a general review of home circumstances, and social and industrial conditions to the health and physical condition of the children inspected, expresses what is likely to be beyond your ken in any exact way for a long time. Our London enquiries have been long, difficult and without very definite result in such matters as nutrition even. These enquiries are likely to be beyond most men, simply because they cannot afford time, and, indeed, the Board suggest a consideration of these facts in so far as they have come under notice.

*Section (f).*—Review of the methods employed or available for the treatment of defects is to be dealt with in a special lecture.

*Section (g).*—The review of action taken to detect and prevent the spread of infectious diseases. The recognition of the personal spread of these diseases has altered our ideas as to school closure and school dissemination. The most important observation which every medical officer will make will be his helplessness, whilst a premium remains on getting children into school, whether in risk of disease or not. The old epidemic grant, whereby absences for infectious disease were allowed to count

as if attendance for grant purposes, would amply repay the expenditure if the rule were re-established, as no doubt it will be in some form or other ere long.

*Section (h).*—A review of the adequacy of methods for special education. The Blind and Deaf Act of 1893 is compulsory, but the Act of 1899 (Defective and Epileptic) is adoptive and does not cover much of the country yet. It may be your duty to recommend the Authority to put this into force.

*Section (i)* concerns instruction in personal hygiene and temperance, physical and breathing exercises, and open-air schools, school camps and so on. These are all matters in which the Board of Education have practically entire control, and consequently the medical officer will be chary of giving advice until he has carefully considered all the educational points involved. He has now not only to be a hygienist, but an educationalist also.

On the whole the range of the annual report is well set out in this circular. Its preparation will be an education to the medical officer in the things he has omitted. It will keep the work up to a high level if conscientiously written. It will need a long amount of preparation, but in school hygiene it is as in all other branches of medicine, and, as Professor Osler has taught us, the master word in medicine is work. How much need is there, then, of public recognition of this, and adequate remuneration for the men and women who do the work.

The medical officer in the school has all the more need to work conscientiously, in that the work of the next half dozen years will have far-reaching effects, far greater possibly than anyone now suspects.

It will alter the training, ideals and status of the teacher for the better, and with this it will profoundly modify the official regulations and syllabuses which enmesh every minute of school life. It will also go far to introduce a high-grade public medical service. The coming of the school clinic means reform of the present wasteful and inadequate system of hospitals.

But beyond all these is the far-reaching social and political effects of a widespread ideal of healthy lives for all; this will have its reaction in the freeing to all people of the natural conditions of air, water and land now held as the possessions of a few.

May we all help towards that happy end.