SCHOOL CLINICS:

OR CENTRES FOR THE MEDICAL TREATMENT OF SCHOOL CHILDREN IN POPULOUS DISTRICTS.*

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IT is now universally recognised that medical inspection of schools forms an integral part of every modern system of education. But medical inspection is only a single branch of school hygiene. As long as there are in the schools children suffering from preventible and remediable diseases, of which both the parents and the teachers are ignorant, so long systematic medical inspection can be justified as a State institution. The aim of school hygiene must be to improve the conditions of mental, moral, and physical development, to prevent disease in childhood, and finally to lead to a science of education.

But, even in this one branch of school hygiene, medical inspection by itself is insufficient: medical treatment is its natural corollary. But experience in the populous districts of England shows that less than one-sixth of the defective children discovered by inspection are actually treated. Many of the children are not even presented for treatment, while many others are not efficiently treated, or, at all events, are not materially benefited.

The chronic diseases of children requiring treatment are parasitic and contagious affections, defective vision, carious teeth, chronic diseases of the eye, ear, throat, and skin; and for all these chronic conditions the existing means for treatment are wholly inadequate. There are family doctors, hospitals, and Poor Law dispensaries, none of which really fulfil the requirements. The family doctor does not exist in the homes of the poor, and even a little higher in the social scale it is unreasonable to expect him to prescribe for children with defective vision or to cure such chronic complaints as discharging ears. He gives a bottle of medicine and advice which, for a multitude of reasons, is not followed. Anything more is a labour of love.

Then, again, hospitals are not suitable places for the treatment of such cases. That is not their *raison d'être*. The very weight of numbers is too great, the cases are too chronic, and the treatment too tedious for voluntary workers.

Moreover, the central hospitals are quite inaccessible for the people living in outlying districts, and many of the patients must be kept waiting an inordinate length of time. But even so, many of these children who do attend hospitals are inadequately treated and not materially benefited, whilst on the other hand Education Committees frequently receive serious complaints about the large numbers of school children applying for hospital treatment.

The Poor Law Dispensaries, of course, are wholly unsuitable for the treatment of school children, nor do they appear capable of adequate re-organisation under existing social conditions.

Ignorance, apathy, and neglect of parents, inadequacy and inaccessibility of existing institutions, real poverty of the people, the tedious nature of efficient treatment for these chronic cases, and the general standing of the medical practitioner in poor districts are factors hindering treatment; so much so that even a decent and respectable poor parent has the utmost difficulty in obtaining efficient medical treatment for his children. Apathy and neglect is the natural result.

The individualist solves the problem thus: "Leave all to time and to general social evolution. There is no short cut to social reform. Why was not this appalling need for treatment discovered thirty years ago? Give us time, the strength of the people lies in the family."

Another plan is to exclude all children suffering from such defects from school and to summon the parents for their non-attendance. But it is essential to show the parent how it is possible for him to obtain the necessary treatment for his children. This plan has been tried and found wanting, and, in the case of teeth especially, it is impossible for any of the existing institutions to provide the necessary facilities.

On the other hand the socialist demands the municipalisation of all medical services, including treatment—a suggestion which, at present, cannot be supported even on superficial grounds.

The only practical remedy lies in the *establishment of school clinics or centres for the medical treatment of school children under the guidance, direction and control of the Education Authority*. The school clinic should be modelled partly on the special clinics for the treatment of teeth at Strassburg, Bâle, Lucerne, and Zurich, and partly on the lines of the

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general school-polyclinics which have been established in Switzerland at Lucerne, La Chaux-de-Fonds and Neuchatel. These latter exist chiefly as consulting rooms for the school doctor, and only secondarily for actual treatment of a few parasitic and minor affections. The ideal clinic would consist of a small building of five or six rooms—a large waiting hall and dispensary, consulting rooms for physician and for dentist, one dark room with special apparatus for examining eyes, throats, ears, etc., and a room for dental and other minor operations. A trained nurse should be in charge under the direction of the responsible medical officer of the education authority. Two days a week for the teeth, one for the eyes, another for the throats and ears, and two for the other general conditions. These rough particulars will afford some idea of the organisation that will be required; but the exact details will depend on local conditions and requirements.

Additional Advantages.—In addition, the school clinic offers the following advantages:—

1. It will serve as a convenient place for further detailed examination of all children discovered to be defective on and after admission.
2. There will be little interference with school routine.
3. Absences of children attending hospital, etc., will be more under control.
4. Better accommodation for the work of the school nurse in connection with parasitic and contagious diseases.
5. The district school doctor, the school nurse, and the attendance officer could conveniently attend the consultations of the visiting physicians so that greater co-operation may result.
- (6). The general simplicity and uniformity of the system offer unique advantages.

There is no need for further details at present until the following principles have been accepted; first, that school clinics shall be established in populous districts under the control of education committees for the treatment of certain specified conditions, and that all treatment shall be gratis (though cost price should be charged for the provision of spectacles, etc.) Attendance should not be compulsory, but the education authority should have legal powers to enforce the efficient treatment of all defective school children; failing this they should be excluded from school and the parents summoned.

SCHOOL DOCTORS IN GERMANY.*

THE Board of Education have recently placed on sale a pamphlet with the above title, which is No. 4 of the Board's series of Educational Pamphlets. The pamphlet, which is the work of Mr. W. H. Dawson, gives some interesting information on the progress of school hygiene in Germany, and it is well worth the attention of all who are interested in this important branch of public health work. The following extracts will indicate the nature of the information contained in the pamphlet.

While humanitarian considerations have no doubt largely influenced public opinion in favour of the employment of school doctors in Germany, the strongest, the determining motive has been the recognition of medical supervision of school children as a logical consequence of the State's appropriation of the school as its peculiar concern.

If the State—so the argument runs—requires the unintermittent attendance at school of children from tender age onward for a period of six, seven and eight years, it incurs a large measure of direct responsibility for their physical welfare, and at least it is morally bound to take due precautions that injury to health shall not befall those whom it may be said, to some extent, to withdraw from parental care and oversight. And not only is this responsibility held to apply to the surroundings in which the child passes so many of its years—the buildings, the classrooms, the playgrounds, the right ordering of which involves questions of sanitation, ventilation, lighting, heating, and the like—but it is held to embrace no less the pathological aspect of the question, as implied by the influence of school life and discipline upon the health of body and mind.

THE FIRST EXAMINATION.

It is regarded as essential that the first examination should take place as early as possible after a child has reached school age, and most towns which have instituted it require it to follow immediately on the admission of the child. Some towns have two examinations of newly admitted children—the first a more or less cursory one, with a view to determining which children should, for reasons easily detected, be put back for half a year or a year as the case may be, and the second a thorough examination with a view to obtaining a full record of the child's physical and mental constitution, as a guide to the plan of instruction to be followed. The interval which falls between the first and second examinations, of course, allows time for careful observation.

This double method is followed at Frankfort-on-Main amongst other places.

In Berlin the plan has hitherto been followed of submitting to a preliminary examination all

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