THE INFLUENCE OF THE SCHOOL MEDICAL OFFICER UPON SCHOOL ATTENDANCE.*

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SINCE the introduction of medical inspection, by the passing of the Education (Administrative Provisions) Act, 1907, our elementary schools have witnessed considerable administrative changes. The advent of the school medical officer, an officer now regarded as having, in the words of the Code, "specific functions in the system of public elementary education," was indeed epoch-making. His influence in the schools, even in this short time, has gone far to improve the hygienic conditions both of schools and scholars, and when we reflect for a moment on the conditions existing in our public elementary schools prior to medical inspection we marvel that such were allowed to exist so long, both education and health suffering for generations as a result of the nation's apathy.

Although his influence in the schools has been exerted in many directions, I propose to deal briefly with only one of these—the influence of the school medical officer upon school attendance.

The first question deserving consideration is the age at which infants are admitted to our elementary schools, and the regulations pertaining to the same. Though the lower age limit of school attendance is an old and well-worn subject, it still merits further discussion, as the problem has not yet been, in my opinion, effectually solved. The age at which attendance is compulsory is five, and according to Article 43 of the Code, "no attendance may be reckoned for a scholar who is under three years of age," so that the period between the ages of three and five is optional as regards attendance at school. It is the attendance of such children that should receive the attention of school medical officers.

Arguments have been brought forward by eminent hygienists in favour of the exclusion from our schools of such tiny babies, admission not being allowed until they had reached the age of five or even six. It is estimated that one-tenth of all the children attending our elementary schools are under five, and Dr. Newsholme, who has written rather extensively on this subject, asks "whether it is justifiable in the interests of the children, of their parents, or of the ratepayers and taxpayers, that

one-tenth of the teaching staff, one-tenth of the expenses of administration, and almost one-tenth of the total school accommodation should be used for children under five years old." I unhesitatingly aver that money thus spent, under present social conditions, is well spent, and my contention is that more still should be spent in the enlargement and better equipment of our infant schools for the reception especially of children from three to five years of age.

It is not with the children of the higher or middle classes we are concerned, but the children of the poor.

Many of these babies are undoubtedly better off in school than in their homes, where they are allowed to crawl about on filth-laden floors, in ill-ventilated and odorous rooms, too often penned indoors while their mothers go a-gossiping with their equally gossipy neighbours, or visit the nearest beer shop for their accustomed morning draught. It is under such degrading conditions that many of our school children are nurtured. Is it not far better for these little ones that they be taken away from such an environment for at least four hours a day, and placed in more hygienic surroundings in the company of other children of a similar age, where their time can be spent in a manner beneficial to them at that tender age?

Sir Thomas Clouston, in advocating a higher age for compulsory school attendance, speaks of the newly-admitted infant thus:—"He has at last made the great transition from the home to the school, from his cradle community to the community of strangers, from the soft nurture of family sentiment to the realities of discipline." Yes; but I fear that many of the homes from which our elementary school children are drawn lack that "soft nurture of family sentiment" referred to by our respected psychologist; and the strain of the infant school, conducted in a proper manner, should be to such children an infinitesimal quantity.

I do not mean to deal at any length in this paper with the pros and cons of the lower age limit for school attendance, but would like to refer for a moment to the question of infectious disease, an argument frequently brought forward in favour of the exclusion of children under five years of age from our infant schools.

It is admitted that school attendance influences the spread of infectious disease by the crowding together of children in school, and that measles and whooping cough are extremely

* A paper read before the Midland Branch on March 6th, 1913.

fatal infectious diseases among children under five. Although over 90 per cent. of deaths from measles occur under five years, it does not follow that children should on that account alone be excluded from school until they have reached five or six years of age. Statistics show us that the fatality of measles between the ages of three and five is very much less than between one and three, and that it decreases very slowly indeed from five to eight. It is most fatal, then, among children under three years of age.

FATALITY OF MEASLES AND WHOOPING COUGH
IN ABERDEEN IN 20 YEARS.*

Age.	Fatality—i.e., No. of Deaths per 100 Persons attacked at each age.		Attack-rate per 1,000 of population at each age.	
	Measles.	Whooping Cough.	Measles.	Whooping Cough.
0	13.9	12.5	44	69
1	10.0	10.1	86	74
2	3.4	3.3	86	73
3	1.6	2.2	79	65
4	0.9	1.6	75	54
5	0.7	0.5	86	52
6	0.5	0.7	75	36
7	0.5	0.1	47	19
8	0.4	0.3	21	9

* Wilson, G. N., *Public Health*, Vol. xviii., p. 69.

We have in the notification of suspected infectious disease by head teachers and school attendance officers a useful weapon for the control of infectious disease in our schools, and I hold that the hand of the medical officer of health is really strengthened in this connection by the attendance at school of children from three to five, and by the judicious use of such notification.

By the detection, for example, of cases of measles occurring among these younger children, and their immediate exclusion, steps can be taken to control the spread of infection among the infants, and parents can be warned by leaflets, sent through the head teacher, of the seriousness of the condition and the necessity for care on their part in the prevention of complications and of further infection among other members of the family.

By drawing attention to these points I do not for a moment suggest that the age for *compulsory* school attendance should be reduced from five to three, but that these younger children, especially in the more thickly populated areas, should be encouraged to attend school rather than discouraged.

There are, of course, instances in which such early attendance would not be recommended ;

for example, where children live so far from a school in rural districts that it would be impracticable and injurious to their health to attend.

The regulation at present in force regarding the attendance of children under five is found in Article 53 (c) of the Code, which reads:—

“Where the Local Education Authority have so determined in the case of any school maintained by them, children who are under five years of age *may be refused* admission to that school.”

In many areas, as in Warwickshire, the county in which I work, it is usual for teachers to admit children under five years of age so long as there is sufficient accommodation in the infant department for them. This is the point I wish especially to draw attention to. I hold that there should be accommodation for all who seek admission, and that the babies should in every school be properly catered for.

In some schools in my division of the county attention is paid to the physiological requirements of these tiny infants, in that they have sufficient floor space wherein to join in games, ventilation and lighting sufficient, suitable baby chairs and tables, means for rest when sleep overtakes them (that is, the provision of hammocks or hammock chairs), and above all a teacher specially adapted to the management and proper education of babies of this age. Unfortunately these ideal conditions are rarely to be met with, but instead we too often find the huddling together in the one room of infants of all ages ; not infrequently do we find infants sharing a corner of a room which should rightly be used by the older scholars only, possibly the only room available ; desks totally unsuited to their requirements ; in fact, no attempt is made to look after the interests of these young babies, and yet local education authorities continue to admit them so long as there is accommodation.

If children under five years of age are to be admitted, they should not be allowed admission until the school medical officer is satisfied as to the suitability of the department, from a true hygienic point of view, for their reception. It is through his influence that the regulations relating to this matter will receive further attention and amendment, for which, I am firmly convinced, there is a pressing need.

There is at present considerable controversy over the suggestion that the age at which children should leave school should be increased to fifteen or sixteen years of age, but this does not concern the school medical officer to any

great extent. It is a problem rather for the educationalist or sociologist to determine, and is quite beyond the scope of this paper.

The next matter affecting attendance that I shall deal briefly with is the attendance prize system. It is customary for many local education authorities to encourage regular attendance by offering prizes to those scholars who make upwards of, say 95 per cent. possible attendances during the year. Although such a scheme may have its advantages in stimulating the children to attend regularly and punctually, thereby augmenting the Government grant, it is also an important factor in the spread of infectious disease. One frequently hears of children struggling to sit out a school session, suffering possibly from headache, sore throat, or sickness, even vomiting in school, yet, with a prize in view, they endeavour at all risks to put in an appearance, if only for the sake of an attendance mark.

If such indisposition should result in scarlet fever, diphtheria, or other infectious disease, how easily is it spread to others in the class! The grave danger, too, that the child is running is too frequently ignored altogether by the over-anxious parent.

The possibility of an attendance prize is occasionally found to be a cause of delay in obtaining treatment, especially hospital treatment, for defective vision, as recommended at medical inspection, the journey to hospital being put off till the summer vacation, too often resulting in no treatment at all.

If the system is to be adhered to it is only fair to the child that absence on the recommendation of the medical inspector, or absence on account of illness, should be allowed for, but better still would it be if the system were abolished altogether.

I have spoken of absence from school as a result of infectious disease, but attendance is affected very seriously by illness other than infectious. Many children are, without doubt, kept away on account of trifling ailments, while others may be seriously ill, and yet the parents are unable through poverty to seek medical aid. In such cases there is no evidence forthcoming as to the cause or possible duration of absence from school, and these the school medical officer is called upon to investigate.

In boroughs this is a comparatively easy matter, the attendance officer summoning the absentees to appear at a centre for examination; but in county areas there is experienced

considerable difficulty in carrying this out, and without a large staff is well-nigh impracticable.

Attendance would no doubt be greatly improved were the school medical officer to work in close touch with the attendance officer, and inquire into every absentee whether in possession of a medical certificate or not. Were this adopted, I rather fear the work would grow enormously, as parents would defer seeking medical advice from their family doctor, expecting a consultation free and gratis from the school medical officer or his representative.

As the average staff at present available in the school medical service is quite inadequate for the co-operation between attendance officer and school medical officer to the extent I have just suggested, we must still look to the general practitioner for help in this direction.

This question leads me now to touch upon the rather delicate subject of exclusion certificates granted by general practitioners.

Although at the commencement of medical inspection there may have been a little feeling of resentment on the part of the general practitioner to the incursion by the school medical officer into his domains, I think that feeling is rapidly vanishing, and in my district at least, and I believe it is now general, a much better understanding exists between the two services. There is still, however, an occasional difficulty with reference to exclusion certificates.

The duty of attendance officers is to see that children of school age attend school regularly, and if not in attendance to ascertain the reason for their absence. It is to aid in the latter that the services of the school medical officer are called upon, and it is in this connection that conflict may arise with the general practitioner.

That certificates for non-attendance at school are issued rather too freely by some members of the profession must be, I am sure, the experience of most school medical officers, and I think some measures should be taken by such officers, either through the British Medical Association or through some other channel, to bring home to those practitioners concerned the desirability for the exercise of greater caution in the certification of school children.

At present we are placed in the undesirable position of buffer between the school attendance officer and the practitioner. An absentee is brought to us for examination, and we certify as to the child's fitness to attend, but it not infrequently happens that immediately

pressure is brought to bear upon the parent by being summoned in the first instance before the Local School Attendance Committee or school managers, a certificate is promptly forthcoming that the child is unfit to attend school. I find that by far the majority of these troublesome cases concern children near the leaving age, when parents are anxious for them to leave school and commence work.

On the production of such a certificate I have heard of managers remarking, "Let the doctors fight it out between themselves!" the parent meanwhile being dismissed without so much as a caution. In such an eventuality the only course to be adopted which appears to me at all practical, if we wish to defend ourselves, is to call upon the practitioner concerned and discuss the case with him.

In country districts this entails considerable delay, adding to the child's absence from school, besides being occasionally a none too pleasant task. But if practitioners would only appreciate the difficult situation thus created, they would, I feel sure, if approached in a reasonable manner, help us in this matter by exercising greater care in the certification of school children, especially near the leaving age. Wily parents, through exaggeration or imagination of subjective symptoms, are frequently accountable for this state of affairs, as it is not to their interests to inform their family doctor of a previous examination by the school medical officer, in the hopes that he will, by his certificate, refute that officer's testimony.

There is one other group of children whose attendance at school deserves some consideration, and with whom the school medical officer must concern himself. I refer to those not naturally robust, who are pale and undernourished, whose capacity for intellectual work is in consequence lowered, who may have come from tubercle-infected homes, who may themselves be actually suffering from early pulmonary tuberculosis without signs sufficient to attract attention, or who may be suffering from the effects of chorea or rheumatism, such children, I say, require special consideration by the school medical officer with regard to their attendance at school. If children of well-to-do parents are at all run-down, or are suffering from any of the conditions just mentioned, they are at once taken away from school and sent into the country or to some suitable seaside resort, where, with proper care and attention, they regain, in course of time,

their lost bodily and mental vigour, and are able once more to hold their own with their more robust and fortunate companions.

Not so with our elementary school children. Weakened by disease, or by insufficient feeding, they struggle on, endeavouring to keep pace in their education with their class mates, to result in a gradual failure in health or in the onset of a serious illness, and if excluded from school are oftentimes worse off at home with parents who cannot appreciate that their health is endangered, or, if they do, are quite unable to help them to regain their strength. Such children fall an easy prey to tuberculosis, maybe not while attending school, but during the period of adolescence, when the strain of work proves too great for them, and it is for these that some scheme should be organised, not only in connection with our town schools but with our country schools also, whereby the health of weakly children could be recuperated and the attendant evils guarded against.

In connection with our town schools we have, or may have, such institutions as open-air schools, sanatorium schools, and residential schools of recovery, but in country areas little provision, if any, has been made for the class of child I am at present referring to.

Those country children actually suffering from consumption, notified pulmonary tuberculosis, will no doubt be catered for, but we must go a step farther back, and deal effectually with the suspects and the physically weak. The organisation of a system of convalescent or recovery homes is, I think, the most practical solution of this question; homes to which the school medical officer could draft selected cases for residence for varying periods according to particular needs. So long as Government grant is based on attendance it should be only fair for attendance at such convalescent homes to be counted towards the total number of attendances reckoned for grant, so that there need be no complaints from the attendance department on that score, the school medical officer having a perfectly free hand to send cases to these homes for as long as he deems necessary for the purpose of recovery. The necessary medical attention for such homes could be given by the school medical inspector, including the diagnosis by tuberculin, of the tuberculous children, the administration of all being supervised by the school medical officer.

Although such an undertaking would at first sight appear prohibitive, it must always be borne in mind that it is the welfare of the

future race we are striving after in all the big medico-educational schemes that have been evolved during the last few years, and this cannot be attained without, as we all appreciate too well, great pecuniary sacrifice from the present generation.

Though attendance generally may have suffered since the advent of the school medical officer, through the exclusion by him of children suffering from infective skin disease, verminous heads, and the like, and also through time spent in attending hospitals both as out-patients and in-patients, in the remedying of defects found at medical inspection, it will all make for better attendance in the near future, when there should be fewer defects to remedy, when the cleanliness of school children, as is evidenced even now in the schools of Warwickshire, has reached a distinctly higher standard than in the pre-medical inspection days, and when the child has received from his earliest entry into school that medical supervision which should stand him in good stead when he has to go out into the world and face the ever-increasing competition that lies before him.

DISCUSSION.

THE PRESIDENT thanked Dr. Wood for bringing forward this interesting subject. He had always taken great interest in the question of school attendance, and was strongly of the opinion that children should not attend school until the age of five. Under present conditions he thought that the bulk of the children between the ages of three and five were better anywhere than at school. In regard to infectious diseases, his own experience was that with measles and whooping cough most of those attacked were below five years old.

DR. MANLEY thought, in regard to the age of school attendance, that, unless we had the ideal surroundings suggested by Dr. Wood, school attendance should not be insisted on in the case of infants below the age of five. The question of finance was of great importance, and he thought that education authorities would hesitate to spend much money in providing accommodation for infants between three and five. He deplored the formation of a service of medical inspectors who had had no experience in general practice. He thought that this was one reason for friction with general practitioners. Unless the school medical service understood from experience the difficulties under which general practice was carried on, a certain lack of sympathy would result. Great tact was necessary in dealing with practitioners. With attendance officers he found that without regulations he had been able to get fully into touch, and he found that the school attendance officer was practically under his direction. By

giving this officer an interest in his work—which was very monotonous—he found that this officer became a very valuable official. Lastly, he referred to the great pride which a school medical officer could undoubtedly take in the work he was able to accomplish, which he thought was more easily recognisable than that possible in general public health work.

DR. AUDEN referred to school attendance as one of the most important and difficult problems with which we had to deal. He related their experience in Birmingham in regard to the arrangement they had come to some eighteen months ago with the British Medical Association; under that arrangement in cases of prolonged illness a report or certificate was asked for from the doctor in attendance; last year he dealt with over 2,000 such certificates, which came directly to him. On the whole he found that the amount of labour involved was out of proportion to the result obtained. With regard to the attendance of children under five, he questioned whether schools were ideal places for such children to spend their time in; he was in favour of the French system of crèches under supervision. He failed to see how teachers were especially capable of looking after infants, and his views were different from those of Dr. Wood on the matter. Teachers were not usually trained in the matter of looking after babies. Outside of England no civilized nation made attendance compulsory under the age of six. In Norway he once discussed this matter with a Norwegian educationalist, who said: "You English do some silly things, but this seems the silliest thing that I have ever heard of." Dr. Auden criticised the furniture of schools for infants. And he spoke of hop-picking as a very valuable hygienic outing for two weeks for school children. In regard to the unification of the school attendance service with that of the medical service, he thought that the solution would be found in insisting on a Royal Sanitary Institute certificate or in making the attendance officers health visitors. He referred to the great waste of money in large towns involved by the army of attendance officers employed under the present system.

DR. BOSTOCK HILL differed from Dr. Wood on the subject of infants' attendance; he did not believe in sending such infants to school and placing them under teachers. Doubtless they were sometimes taken from undesirable surroundings, but they were often put into an environment equally undesirable. He did not agree with Dr. Auden in the amalgamation of the school attendance officer and the health visitor; the former often had to adopt measures of a coercive character, and these were not suitable powers to place in the hands of health visitors. In regard to the prize system, he thought this pernicious, in that it was an inducement for children to attend

school from homes where infectious disease existed. He did not agree with Dr. Manley's dictum in regard to the absolute necessity of a school medical inspector having had a great previous experience in general practice; he thought that years spent in gaining this experience would be largely a waste of time if they were merely preparatory to taking up a school appointment.

DR. HAMILTON WOOD briefly replied on some of the points raised.

APPOINTMENTS.

DR. WM. ANGUS has been appointed assistant medical officer of health for the City of Leeds.

DR. J. J. BUCHAN has been appointed medical officer of health for Bradford.

DR. W. L. BURGESS has been appointed chief tuberculosis officer for the City of Dundee.

DR. A. G. CALDWELL has been appointed one of the assistant tuberculosis officers for the County of Durham.

DR. A. G. R. CAMERON has been appointed assistant and deputy county medical officer of health of Durham.

DR. A. A. GROSVENOR has been appointed medical officer of health of Stevenage U.D.

DR. T. SHADICK HIGGINS, of Birmingham, has been appointed medical officer of health of St. Pancras.

DR. ERNEST HILL, formerly health officer for the Colony of Natal, has been appointed medical officer of health for the municipality of East London, South Africa.

DR. C. W. HUTT, M.A., M.D., D.P.H., has been appointed senior school doctor of the County Borough of Brighton.

DR. G. W. N. JOSEPH has been appointed medical officer of health for Warrington.

DR. D. F. MACRAE has been appointed one of the assistant tuberculosis officers for the County of Durham.

DR. G. J. M. MARTIN has been appointed assistant school medical officer of Portsmouth.

DR. W. G. M. MUNROE, of Maidenhead, has been appointed consulting tuberculosis medical officer for the County of Middlesex.

DR. E. D. PARSONS has been appointed assistant tuberculosis officer for Northampton.

DR. N. C. PATRICK, of Glenavy, has been appointed tuberculosis officer for the County of Antrim.

DR. A. B. RAFFLE has been appointed school medical officer under the Durham County Education Authority.

DR. R. D. SMEDLEY has been appointed county medical officer of health of West Sussex.

DR. D. M. TAYLOR, school medical officer at Halifax, has been appointed resident medical officer at the Sanatorium for Consumptives, about to be established by the Corporation at Shelf.

DR. D. T. TORRENS has been reappointed medical officer of health to the Market Rasen U.D.C.

DR. ENID WALTERS has been appointed school medical officer for Bromley.

DR. A. C. WATKIN, of the Brompton Hospital for Consumption, has been appointed tuberculosis medical officer to the Salop County Council.

DR. ADAM WHITE has been appointed tuberculosis medical officer for Herefordshire.

DR. C. L. WILLIAMSON has been appointed one of the assistant tuberculosis officers for the County of Durham.

DR. L. A. M. WILSON has been appointed assistant medical officer by the Edinburgh School Board.

DR. W. T. WOOD, of Creswell, has been appointed medical officer to the Blyth and Cuckney R.D.C.

DR. WM. YEATES, of Neville's Cross, Durham, has been appointed by the Tynemouth Town Council clinical tuberculosis officer and assistant medical officer of health.

REPORTING OF VENEREAL DISEASES.

THE Department of Health has undertaken an extensive study of the venereal diseases in New York City and is desirous of obtaining as full information as possible as to the prevalence of these diseases. By virtue of the resolution of the Board of Health of the City of New York, dated February 20, 1912, the superintendents of all public institutions have been required since May 1, 1912, to report promptly all cases of syphilis, chancre or gonorrhoeal infection coming under observation. All physicians were requested to furnish similar information concerning their private patients (omitting name and address), but no attempt was made at that time to reach every physician in the city.

Cases reported by private physicians will be filed by case number, which will be given the physician for future identification, when his report is acknowledged.

A supply of report cards to be used for this purpose will be forwarded on request. All information is regarded as absolutely confidential and is not accessible to the public nor are the records deemed public records.

The Department of Health makes, without charge, the Wassermann test for the diagnosis of syphilis, and also provides facilities for the free bacteriological examination of discharges for the diagnosis of gonorrhoeal infections.

Outfits, with full directions for obtaining specimens, can be had free at any of the department supply stations, a list of which will be mailed on application.

A diagnosis clinic for venereal diseases is held daily between 9 and 10 a.m. at the central office of the Department of Health at Centre and Walker-streets, where patients may be referred by physicians for the performance of the Wassermann re-action and for examination of fresh specimens for the presence of treponema. *No patients are examined unless referred by physicians* (excepting those who have no physicians), and under no circumstances are the results of examinations reported to the patients. A similar clinic is held at 307 West 33rd-street on Wednesday evenings, between 8 and 9 p.m., for the benefit of applicants unable to attend during the day.

FOOD AND CONTAGIOUS DISEASES.—DR. H. R. BURITT, the school medical officer of Newport, Mon., reports that a boy suffering from ringworm, who was too busy to attend the clinic for treatment, was employed in the delivery of bread, and that two brothers suffering from contagious skin disease were engaged in supplying pastry to the public.