

## THE ORGANIZATION OF MEDICAL ASSISTANCE FOR SCHOOLS IN A LARGE COUNTY.

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IN view of the fact that medical inspection of schools is now imposed as a duty upon all education authorities, it is important to consider the problem of its organization in county areas, in which the difficulty of combining efficiency with economy is vastly greater than in compact urban districts. The subject was taken up by the Surrey Education Committee in 1905, when an Education Medical Officer was appointed to organize the work in the county. At that time there was no immediate likelihood that medical inspection of schools would be made compulsory; it was, therefore, necessary to avoid arousing any latent public hostility to this new project involving fresh expenditure by recommending an extensive and costly scheme at the outset. The method adopted was rather to allow the work to grow gradually as the need for it became obvious, by taking up the most pressing subjects first, and by dealing with them as far as possible with the means nearest to hand.

Communicable diseases naturally called for immediate attention; the allied subject of school attendance certificates had also to be dealt with early; matters affecting the grants earned for school attendance are necessarily of primary importance. A system of regular and prompt notification by teachers and school attendance officers of every case of absence or exclusion by reason of any communicable disease whatever was instituted throughout the county in October, 1905, special directions being drawn up and forms provided for this purpose. After the adoption of this system, it became possible to give approximately correct figures showing the effects of communicable diseases upon school attendance in the county; it was found that 13 per cent of the 60,000 children on the registers were excluded on account of such diseases, and that some 140,000 attendances were lost in the course of a year from this cause alone, excluding the effects of school closure, and the more remote after-effects of the various infectious diseases. Arrangements were, therefore, made at once for securing the systematic co-operation of Medical Officers of Health in the elementary schools, upon the lines indicated in the following report, submitted to the Education Committee in June, 1906:—

“The particulars given in another part of the report with reference

to communicable diseases are such as have not been available in a county area before, and they show very plainly the pressing importance of the subject. For one medical officer to cope with it is manifestly impossible. Some effort was made in this direction before the system of regular notification came into force, visits being paid, upon request, to affected schools, but even contagious diseases are so widespread that they cannot be adequately dealt with in this way, much less infectious diseases.

It became necessary therefore to organize at once some scheme for dealing with the whole subject, in order that the information now made available by the notifications might be put to immediate use. The sum of £150 sanctioned in the estimates for the purpose of medical assistance, affords the means for a tentative scheme.

It would be of the greatest advantage to attach to each school, or small group of schools, a doctor residing near at hand, who should be able to examine any children submitted to him without delay. But in present circumstances this system is impracticable for the whole area of the county ; its cost is found to be prohibitive.

The work involved is manifestly public health work, and its performance by doctors specially appointed to deal with schools would necessarily involve overlapping of functions, and considerable expense. Medical officers of health have hitherto dealt fully with the notifiable infectious diseases, and to a limited extent with measles and whooping cough, in the schools ; but not, as a rule, with such ailments as chicken-pox, mumps, and the contagious diseases, unless it were occasionally to apply closure for a serious outbreak of any of them. Though these latter ailments have no appreciable effect upon death-rates, and are therefore not considered important from the point of view of sanitary authorities, their effect in the schools during one half term has been shown with some exactness in the table given above, and they certainly come into the purview of preventive medicine. As there is a medical officer of health for every district, who is responsible for the prevention of disease, it is only reasonable to endeavour to secure his full co-operation in the schools. If this can be done for the whole area of a county, upon a comprehensive basis, it will provide for one important branch of medical supervision of schools, in the least costly way, by the use of the means nearest to hand.

With this object in view, I have recently made arrangements with twelve Medical Officers of Health, to undertake certain duties in connection with schools, for the remainder of this financial year, as an experimental measure. The districts for which they act contain altogether 182 schools, of which the highest number in one medical

officer's area is 51, and the lowest 4. It is advisable to make such an experiment on as large a scale as possible, in order that districts varying widely in their circumstances may be included. It is hoped that similar arrangements may be made for many of the schools still unprovided for, before the end of the present term.

The Medical Officers of Health concerned agree :

1. To visit each school in their districts at least once a year.
2. To pay as many visits as may be needful to any schools invaded by any communicable disease, and to take all necessary steps for dealing with outbreaks. This refers to all infectious diseases, notifiable and non-notifiable, and to contagious diseases, which are to receive due attention.
3. To report upon any sanitary defects observed in the schools.
4. To examine any children referred to them for school attendance purposes. Only such children as school attendance committees or officers are doubtful about are to be submitted for examination, and their number is to be kept as low as possible ; they are very few in most districts, being restricted practically to suspected malingerers. In order to minimize trouble, the names of any children needing examination will be sent to the medical officers concerned, who will fix their own time for holding the examinations at some school or other convenient place. In large districts a week may elapse before such examinations can take place, but they are not generally of an urgent nature, and it is hoped that the arrangements suggested will facilitate the work.
5. To make a short quarterly statistical return of the work done in the schools.

The number of school visits involved under this arrangement will naturally vary greatly, and can only be ascertained by direct experiment. A difficulty therefore arises in fixing a reasonable rate of remuneration. For the convenience of all parties concerned, this should be a stated yearly sum, and should cover all the duties specified above. This might be calculated either upon the number of schools in a district, or the average number of children in attendance. The medical officers of health have expressed their willingness to accept a nominal fee per school for the experimental period comprising the remainder of this financial year. The cost of the work for that period will be £95 11s., and I beg to recommend the Committee to authorize that expenditure, together with a further sum, calculated upon the same basis, for any other schools which may be included later in the same arrangement, the whole amount not to exceed the £150 set

aside for the purpose in the year's estimate. I may point out that this sum will cover a great part of the cost of school attendance certificates, for which a separate estimate has hitherto been made.

If this experiment prove to be successful, it will provide for the urgent requirements of schools in connection with all communicable diseases, both infectious and contagious, and for the examination of a limited number of children for school attendance purposes. The Education Medical Officer will then be enabled to devote more attention to the routine visitation of schools, the examination of children for mental and physical defects, and to the various other duties enumerated in the report of October 16th, 1905.

It may be well to draw attention to certain advantages and disadvantages of such a scheme. Among the advantages are :—

1. The medical officers of health will be brought into direct official relation with all the elementary schools in their districts, which will be to the benefit both of the public health and of the schools. The opportunity thus given for visiting schools and examining scholars will greatly facilitate any steps necessary for the prevention of infectious diseases, supplementing the early information furnished by the school notifications.
2. And special measures required in the schools will be undertaken at once by the medical officers, e.g., taking swabs for bacteriological examination in diphtheritic cases, and investigation of sanitary defects.
3. The subject of school closure will, it is hoped, be dealt with upon a more uniform system than is at present in force.

Among its disadvantages—and no scheme for dealing with such a subject on a large scale can be without them—are :—

1. Several large combined sanitary districts are under the supervision of single medical officers of health, who may find it difficult to visit the schools often enough. But an immediate visit to any district in which there is an outbreak of infectious disease is always required, and the school is generally concerned in such an outbreak. There is not quite so much urgency with regard to contagious diseases, and medical officers will probably find it possible to combine a visit to an affected school with some other necessary journey, within a few days of receiving notification of an outbreak.
2. Small sanitary districts are under the supervision of medical officers of health in private practice, and there are obvious drawbacks to the examination by them of children who may be the patients of other doctors. But such examination

would only be for school purposes, and would have no concern whatever with treatment. The same difficulty exists in connection with general sanitary work in these districts, but does not prevent its efficient performance.

On the whole it is hoped that the advantages may be found to outweigh the disadvantages."

The tentative scheme outlined in the above report was gradually extended, and now provides for all save six of the 262 schools under the control of the Education Committee, for dealing with which the co-operation of nineteen medical officers of health has been secured. Complete uniformity of practice in all parts of the county is neither desirable nor possible, having regard to the widely varying conditions and requirements of the districts included in it. Matters of detail have, therefore, to be adjusted as occasion arises, and hitherto this has been done without difficulty.

In a later report, written in April, 1907, it is stated: "In present conditions the advantages both to the schools and to the public health of employing medical officers of health for the purposes specified quite outweigh the disadvantages, having regard to efficiency and economy. In many districts it must be acknowledged that the medical officers have done far more work for the schools than could have been demanded or expected of them under the existing arrangement; even in districts whose conditions are unfavourable much useful work has been done. I would, therefore, recommend that the same arrangements be continued for the next financial year at a total cost not exceeding £300."

"If further duties, necessitating detailed physical examination of all children upon their admission to school, are to be imposed upon education authorities, it may become necessary later to modify the present system in order to meet increased requirements, which will also necessitate increased expenditure."

It must be pointed out that these extracts from official reports refer only to the methods adopted in Surrey for dealing with the purely public health side of medical inspection. The subject of the routine inspection of elementary schools for the physical examination of individual scholars, the special examination of blind, deaf, defective, and epileptic children, and the general supervision of school premises, equipment, and any other cognate matters affecting the health of scholars, has been dealt with separately, and is not referred to here.

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