

## THE PUBLIC HEALTH.

### THE HEALTH OF THE SCHOOL CHILD.\*

The twenty-second Annual Report of Sir George Newman, Chief Medical Officer of the Board of Education, for the year 1929, presented to the Right Honourable Sir Charles Trevelyan, Bart, M.P., President of the Board is just published. It consists of a summary of the work done by the Local Education Authorities under the supervision of the Board of Education throughout England and Wales in 1929.

### THE SCHOOL MEDICAL SERVICE IN 1929.

The Report states:—

#### Medical Inspection.

The foundation of the school medical service is the systematic and routine medical inspection of all the children in attendance at public elementary schools, whether sick or well. The number of children inspected in the specified age groups during 1929 was 1,831,637 or 37.3 per cent. of those in average attendance, a decrease of 81,110 compared with the figure for last year. In addition 905,690 children, who were referred for some special reason by parents, school teachers, or nurses, were examined by school medical officers. The total of 2,737,327 children thus passed under medical review represents 55.8 per cent. of the average attendance. The number of re-inspections carried out was 1,808,469.

The above is a brief record of duties carried out under statutory obligation. But the practice of medical inspection is also being applied in a limited yet increasing degree to the pre-school and post-school sections of the community. The Circular issued in December, 1929, by the Ministry of Health and Board of Education to Education and Maternity and Child Welfare Authorities calls attention to the position of the Child under School Age, more particularly the child between the ages of 2-5, with regard to the public medical services, and urges the need for more systematic medical arrangements to cover that gap between the time when he attends with a fair degree of regularity the Maternity and Child Welfare Centre and when he comes under the care of the school medical services. It cannot be said that any arrangements yet made succeed in effectually filling that gap, yet there is a general recognition of the need for bringing a medical service, based on the same principle as the school medical services, to bear on the pre-school community. In certain areas parents of children between three and five are circularised or visited by school nurses and advised to bring their children to the School Clinic, where a medical inspection, comparable in every way with that undertaken in the schools, is carried out. In many areas again systematic visitation of children of pre-school age is undertaken by the local Health Visitors, and when there is any doubt as to health or physical condition the parents are persuaded to have the child examined by their ordinary medical attendant or brought to the health centres. In most areas where such supervision is exercised, the facilities for treatment available for school children are made available to pre-school children. In areas where the officers of the Maternity and Child Welfare Authority and the Education Authority are one and the same, this administrative linking up of the services is a comparatively easy matter. Education Authorities from their side are adopting measures such as the provision of Nursery Schools and Nursery Classes which will result in a carrying back of their medical services to bring a certain proportion of children between two and five under medical inspection. It is too soon as yet to estimate to what extent increased provision of this nature will be made, but, though we may look for-

ward to active developments in the near future, it will remain true for many years that under existing statutory powers the majority of children will not come under the ægis of the School Medical Service until they reach the age of five.

Yet more might be done in the supervision of the "toddler" without invoking the more expensive and elaborate provisions mentioned above. There is no reason, for example, provided the Local Education Authority concurs, why when parents are invited to routine inspection in the schools, they should not be encouraged to bring their younger children with them, and submit them for examination to the school medical officer. Such a procedure would involve but little administrative difficulty, and would be particularly valuable in rural areas where established health centres are few and far between and where generally speaking there is no organised medical care for the children of pre-school age. With the tendency to carry the principle of medical inspection backwards to cover the pre-school child, there is proceeding a similar movement to extend it forwards to cover children of post elementary school age. The medical inspection of the majority of Secondary School children is now a statutory obligation on the part of local education authorities, and in many areas the medical examination of technical and continuation school pupils is also undertaken. Most significant of all perhaps is the development by progressive business firms of voluntary organised medical services, to promote the physical interests of workers, more particularly young workers of between 14 and 16 years of age, who at present do not come under any public medical service. This is a valuable supplement and extension of the inspection by the Certifying Factory Surgeon. Medical inspection, therefore, has assumed a wider significance and application than that laid down by statutory obligation. From its original conception as the basis of a medical service for school children has grown its recognition as a fundamental necessity in any public medical service which has as its object the maintenance of the health and efficiency of the community as a whole.

Turning now to that important adjunct of medical inspection, namely, *systematic surveys of the children by school nurses*, for conditions of uncleanness, we find the volume and efficiency of this work is maintained, and the progress as regards personal cleanliness, which has been noted for several years, has continued in the year under review. The total number of inspections carried out by school nurses was 14,060,428, representing an average of 2.9 inspections per child. The number of individual children found unclean was 701,300 as compared with 850,842 in 1926, 777,498 in 1927 and 712,721 in 1928.

#### School Nurses.

The total number of nurses in the service of Education Authorities is 5,272 of whom 2,262 are district nurses not employed directly by the Authorities. Of the remaining 3,010, 1,365 give their whole time to the School Medical Service, 1,564 are whole-time officials giving part time to public health, and 81 are part-time nurses. The nursing staff of the Education Authorities is equivalent to 2,062 whole-time nurses, in addition to the part-time service of district nurses, the extent of which cannot be estimated.

#### THE HUMANE KILLER.

We are glad to note that the Bill introduced into the House of Commons by Lieutenant-Colonel Moore making the use of the humane killer in slaughter-houses compulsory was read a second time without a division on December 12th.

Colonel Moore has already piloted through Parliament a similar measure for Scotland, and we hope that the skill with which he secured a second reading for the English Bill, in spite of some inevitable opposition, will result in its speedily passing through the necessary stages and being placed on the Statute Book.

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