

## Medical Matters.

### THE SCHOOL CLINIC.

Mr. Ernest T. Roberts, Chief Medical Officer to the School Board of Glasgow, writing from the School Board Offices, 16, Royal Exchange Square, Glasgow, contributes to *The Child* an article on the above subject, in which he says:—

The subject may conveniently be considered under two heads: (1) Examination clinics; (2) treatment clinics.

(1) *Clinics for examination of special cases* were commenced by me in October, 1909, at the offices of the School Board of Glasgow, Saturday mornings being reserved for this purpose. The work has gradually increased, and it is now necessary also to set apart Tuesday afternoons and Thursday mornings. Infectious diseases of the skin, for example, ringworm and scabies, are examined on Thursdays. The cases not included in this category are seen on Tuesdays and Saturdays, and amongst these may be mentioned (a) phthisis, a number of which are recommended for sanatorium treatment; (b) children absent for long periods, and suspected of being employed by their parents, or believed to be receiving no proper treatment; delicate children, some of whom are recommended for change of air; (c) physically defective children are examined for admission to special classes, generally, however, at suitable centres, or in their homes, though a few are seen at the office. A nurse is always in attendance to assist at the examination. The examination of mentally defective children usually takes place at the schools at which they are being educated prior to their transference to the special classes. The cases are submitted by the school medical officers, the head masters, or the attendance department.

(2) *Treatment Clinics.*—At present no clinics for the treatment of disease have been established under the School Board. By means of a printed form parents are notified of the existence of any disease or defect discovered by the School Medical Officer, and are urged to obtain proper medical advice. In the case of poor children this may mean a dispensary or hospital, but the responsibility for the choice in this direction is left with the parent. It should be noted that there is a legal duty devolving upon parents or guardians to "provide medical aid" for their children. Section 12 of the Children Act, 1908, clearly defines this position.

There are many conditions which could be treated at a convenient centre, such as the School Board Offices. I refer to skin diseases,

especially the infectious varieties, such as ringworm and impetigo, pediculosis of the head, chronic inflammation of the eye, otorrhoea, etc. The treatment of this last-named condition is often very unsatisfactory when carried on at home, whereas it is a common experience in the centres for physical defectives that ears, which might otherwise go on discharging for long periods, when attended to regularly by a trained nurse, heal up quickly. Similarly children in attendance at the ordinary schools who are the subjects of otorrhoea, could receive treatment daily at the school clinic. Much good might also be done by the establishment of a dental clinic for the treatment of necessitous cases. A great number of children suffer from decayed teeth, and although this condition is pointed out to the parents very little is usually done to remedy it.

Dr. Andrew J. Laird, Medical Officer of Health to the Borough of Cambridge, and Medical Officer to the Education Authority, who also contributes an article to our contemporary on the same subject, writes:—

In the short space at my disposal I do not propose going into the arguments in favour of municipal school clinics, and will content myself with pointing out that, strong as those may be, they apply with special force to *dental clinics*. There are at least two reasons for this: (1) The elementary school child would, without such clinics, go practically untreated; the only treatment they would ever be likely to get would be by unregistered practitioners, and this would probably be limited to extractions; and (2) conservative dental treatment requires to be carried out year by year throughout school life, and the expense of such treatment, say for several children in a working-class family would present an effectual bar to the work being done. This is amply borne out by experience at Cambridge, as well as at Cardiff and Kettering.

The age period, five to eight years, was adopted.

*The Method of Examination.*—The age period being different from that required for medical inspections, examinations of the dentist are carried out quite apart from those of the School Medical Officer. A careful and detailed examination of each tooth is made with the help of probe and mirror. It is early caries that we wish to deal with. . . . This is a matter of extreme importance, as there is an entire absence of pain when the caries is treated early. If treatment is delayed until caries is extensive pain results, and children will not return the following year, with the result that so much work is simply wasted.

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