

THE NATIONAL HEALTH, DEVELOPMENT OF LONDON SCHOOL MEDICAL SERVICE.

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Before 1900 it was apparent that many children were absent from school owing to ringworm and its allied conditions. Some work in the direction of supervising such children had already been carried out in Bradford under Dr. James Kerr, who, in 1902, was appointed to the London Education Service. In 1903, the London School Board employed three nurses, whose duties were to examine cuts, sores, and to supervise the personal hygiene of school children. The annual reports of the Medical Officer of the London County Council (the authority which assumed control of London education in 1904) show that the scheme has consistently grown, and the nursing staff has been augmented from time to time until it can be said that in London to-day every school child is seen by a nurse three times a year and that facilities for disinfection of body and clothes have been brought within reach of every verminous child. Furthermore, by the co-operation of the Borough Councils, much good is done (under the L.C.C. General Powers Acts) in the direction of cleansing the homes of such children, together with the bedding and articles of furniture therein.

Although a beginning had been made in London in the direction of general medical survey of school children as far back as 1889, no definite scheme of inspection medically was organised until 1898, when two part-time doctors were appointed specially for dealing with defective children; and, following the opening of schools for physically defective children, nurses were appointed to each of such special schools.

At a later date, eight oculists were appointed by the London School Board, and from 1905, under the London County Council, the medical and nursing staff has been increased at various stages as the scope of the medical inspection work has been widened. There are now upon the staff over 300 nurses.

So far the work had been organised on a purely voluntary basis, but the desire for rendering more effective the inspections by both doctors and nurses was apparent, and in 1907 the Council obtained Parliamentary powers to inspect and cleanse compulsorily (where necessary) all children in the schools provided or maintained by the Council. (Similar powers were given to all education authorities in 1908 under the Children Act.) A great impetus was thereby given to the work of the school nurses in connection with the cleanliness scheme. A further large expansion of school nursing work was authorised about the same time by the passing of the Manual Inspection clauses of the Administrative Provisions Act, 1907.

With the inauguration of medical inspection it soon became evident that there was need for some scheme specially adapted for school children whereby treatment could be obtained for the various ailments disclosed at the inspections. It must be remembered that London is in a unique position as regards the facilities and opportunities provided for hospital treatment, and the Council decided that, as far as possible, advantage should be taken of existing institutions; but at a later date the wide distribution of children requiring medical treatment rendered it necessary to make special arrangements with voluntary associations for the establishment on clinic lines of treatment centres, particularly in the outer parts of the area. The agreements with these associations provide that the nursing staff of the clinics shall be supplied from the Council's nursing staff.

The work of the school nurse does not end with the medical inspections and examinations for personal hygiene.

In London constant watch is kept for the early detection of outbreaks of infectious disease, and it is here that the services of the school nurse are invaluable. All cases of skin disease and rashes are reported to the medical officer for action, and until a certificate of freedom from infection is received the child is kept under observation. The value of such work in stopping possible epidemics of scarlet fever, measles, &c., can scarcely be over-estimated, and in fact it is known that the help of school nurses in controlling such diseases has lessened the incidence of them and brought about a reduction in the severity of the attack.

The school nurses must, of course, be extremely tactful in their dealings with parents. Great emphasis is placed on the inculcation of simple rules of hygiene in the parents of school children, and in this the influence of nurses is very great. It is, perhaps, not possible always to appreciate the difficulties under which many parents labour in London in maintaining a high standard of cleanliness in the family. It is here that sympathy and understanding must rule the work of the school nurse. In its early days much opposition was experienced to the cleanliness scheme, but the patient work of the school nurses, spread over many years, has convinced parents that what is required is their co-operation.

From the foregoing it is obvious that the nurses employed in the education service should not only be thoroughly trained in general hospital and institutional work, but should have had experience in the nursing of infectious disease. Great emphasis should moreover be placed upon experience in the out-patient department of a hospital, as it is here that the nurse is to gain the intimate personal knowledge of the public.

I have touched upon the growth of school nursing work in London and the subject of the qualifications required to make a successful school nurse. As showing the growth of this Service, I cannot do better than quote figures from the annual Medical Reports of the London County Council. During the year ended March 31st, 1907, 20,110 children were examined at routine medical inspections; the number examined in the year ended July 31st, 1912, was nearly 260,000; in the year 1920 the number was 307,735, apart from 158,000 "re-inspections" of children previously noted for observation.

Medical treatment for defects found was in 1912 provided for nearly 28,000 children; in 1920 the number was 197,000.

The responsibility for the working of the cleanliness scheme has rested more entirely upon the shoulders of the nursing staff. The Reports referred to show that in 1912 600,000 examinations were made by school nurses; in 1920 this number was almost 2,000,000.

There has undoubtedly been a wonderful improvement in the standard of personal hygiene throughout London schools. The gross uncleanness noted at times in 1902 has now completely disappeared.

It is well here to quote from the Annual Report of the Council for 1922, wherein the Medical Officer, referring to former difficulties, states: "So great was the resentment of the parents that riots and assaults became fairly frequent," but that now "it is good to note also the disappearance of the acute opposition on the part of the parents which formerly marred the Council's cleansing scheme."

From the time of its inception the standard of cleanliness has been steadily raised. Whereas in the early years chronic cases only were dealt with, it is now the practice to refer even the cases of slightest infestation to the cleansing centres. In 1912, 10,000 children were thus cleansed. In 1922, 50,000 children were dealt with. The increased figure is due to the raising of the standard and the greater facilities for dealing with these children. It is common knowledge that scabies was almost epidemic towards the end of the war period. In 1918, nearly 10,000 children were bathed at the cleansing stations; by 1922, this number had fallen to nearly 4,000.

[previous page](#)

[next page](#)