

Action by Sanitary Authorities to Combat Influenza Outbreaks.

Efforts to lessen the opportunities for infection.

In this connection Sir George Newman mentions:—
 "Notwithstanding the wide distribution of advice, the importance of isolation of the patient and of protection of those in attendance on him appears to be only imperfectly realised. One of the most tragic features of the last pandemic was the high mortality in hospital staffs. It is possible that some of this might have been prevented by the observance of the precautions ordinarily adopted in nursing acute infectious diseases.

Disinfection.

The routine disinfection of premises and articles after use by influenza patients is not called for, but a thorough washing and cleansing of rooms and their contents and of washable articles, bedding or apparel is desirable. The practice of spraying halls and places of public resort with a disinfectant fluid is of doubtful utility, and only tends to create a false sense of security.

Organisation of domiciliary medical and nursing service and division of district into areas for this purpose.

Where, in serious epidemics, difficulty is experienced in securing early and adequate professional treatment of the cases as they arise there is sometimes advantage in forming a "pool" of unattached medical men whose services can be placed at the disposal of practitioners as required. In the larger areas part of such a "pool" may be formed by the use of the health authorities' own medical staff.

Shortage of nurses is often a more serious problem, but much may be accomplished by subdividing the districts into small areas and using one or more nurses in each area as a nucleus round which a service of voluntary helpers can be gathered. In extreme emergencies it may even be advisable for a local authority to suspend temporarily its maternity and child welfare work and to liberate its health visitors for domiciliary nursing. The co-operation of the local district nursing association, if such exists, should be enlisted in carrying out any scheme of nursing which may be decided upon.

Summary as to local action.

It is evident that in some directions local authorities can do much good by energetic action during a wave of epidemic prevalence. Measures can be taken which in the aggregate may reduce the opportunities of exposure to infection, and by thus helping to space out the epidemic something is done to prevent the serious dislocation of the ordinary life of the community which it produces—a dislocation which itself increases the danger by making proper care of the sick difficult. The most important services which can be rendered, however, consist in the *organisation of the available nursing service and the provision of assistance to influenza-stricken households.*"

The Memorandum may be purchased directly through H.M. Stationery Office, Adastral House, Kingsway, London, or through any bookseller. Price 2d. It should be procured and carefully studied by all concerned in the care of the sick and in Public Health Nursing.

YELLOW FEVER.

Mr. Edward Hindle, lecturing before the Royal Society of Tropical Medicine and Hygiene, said that there was an urgent necessity for some additional method of protection against yellow fever in West Africa, and the Colonial Office had decided to give his yellow fever vaccine a trial in our West African colonies. By the general use of tested vaccines he had every hope that yellow fever would cease to be a source of danger.

THE HEALTH OF THE SCHOOL CHILD.

The Annual Report of the Chief Medical Officer of the Board of Education (Sir George Newman) for the year 1927 has been presented to the Right Hon. Lord Eustace Percy, M.P., President of the Board of Education.

The Introduction states that 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 1927. Of necessity, much of this return must take the form of a large collection of dry facts and figures concerning the physical character and condition of upwards of two million children. For their true interpretation, however, we must understand the design and purpose of the whole scheme. Sir George Newman continues:—

"Under present circumstances, and in the felicitous absence of military conscription, it is only when 85 or 90 per cent. of the children of the nation are gathered at school that we can marshal a typical group of the population in any convenient and comprehensive way. For a doctor and nurse to go from house to house to examine school children would be a wasteful and cumbrous method of survey, both inconvenient and ineffective. School time is also chosen because one of the purposes of attending to the health of school children is that they may be made fit to receive the education provided for them at the cost of the State. Clearly it is futile to spend vast sums of money on education of pupils who are unable on account of physical or mental defect to reap advantage from such schooling. Hence, the scheme consists, in effect, of a medical examination of all the children, sick and well, to be carried out by a doctor appointed by the local education authority, on an agreed schedule approved by the Board; and in order that the burden of work and its cost may not be prohibitive the normal child is subjected to medical inspection only once in three years or three times in its school life of nine years (5-14). This means that there are some two million children medically examined every year, or, say, 10,000 every school day. Those who are found to be suffering from disease, defect, or physical impairment are referred to their family doctor or to the nearest school clinic, or to the school nurse. In order to carry out this extensive business, some 2,000 doctors are employed, 600 school dentists, and nearly 5,000 nurses; and there are 1,500 school clinics. Thus the medical inspection is conducted in the 20,000 elementary schools in every town and village of the land, whilst the medical treatment is undertaken in the home, at the doctor's surgery, at the school clinic or in the local hospital, in accordance with the particular medical requirements of each case.

At first sight it may appear to "the man in the street" that this is, indeed, an elaborate scheme for finding the sick child and healing him of his malady. Why cannot the school teacher, he asks, send any ailing child to the nearest doctor? And anyhow, why need there be any medical examination of a healthy child? The answer is that the dividing line between health and sickness, between ease of body and disease, is not easily drawn. Let us enter for the first time a village school in "England's green and pleasant land," and see for ourselves what was the justification for this visit of the school doctor. We will ask the head teacher to stand her children in a row that we may look at them. There are, let us say, 40 of them, aged 5 to 14 years. At first glance they seem, with few exceptions, to be a healthy and apparently robust bundle of children, without any obvious need for a doctor; half of them are boys, and half are girls. The doctor makes a preliminary survey of them. First, he asks for the roll, and when this is called he learns that ten children are absent from school and opposite the names of eight of them sickness is entered as the cause of absence—here, then, is the first indication of disease in

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