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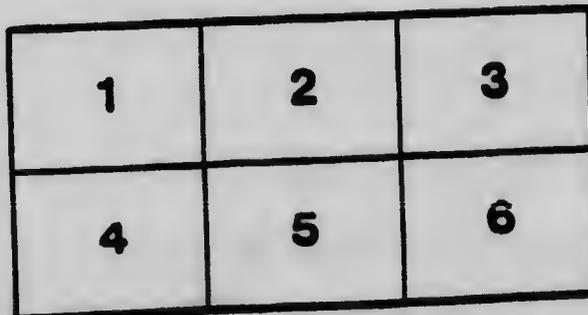
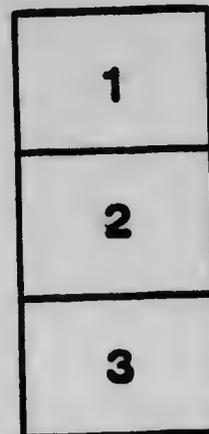
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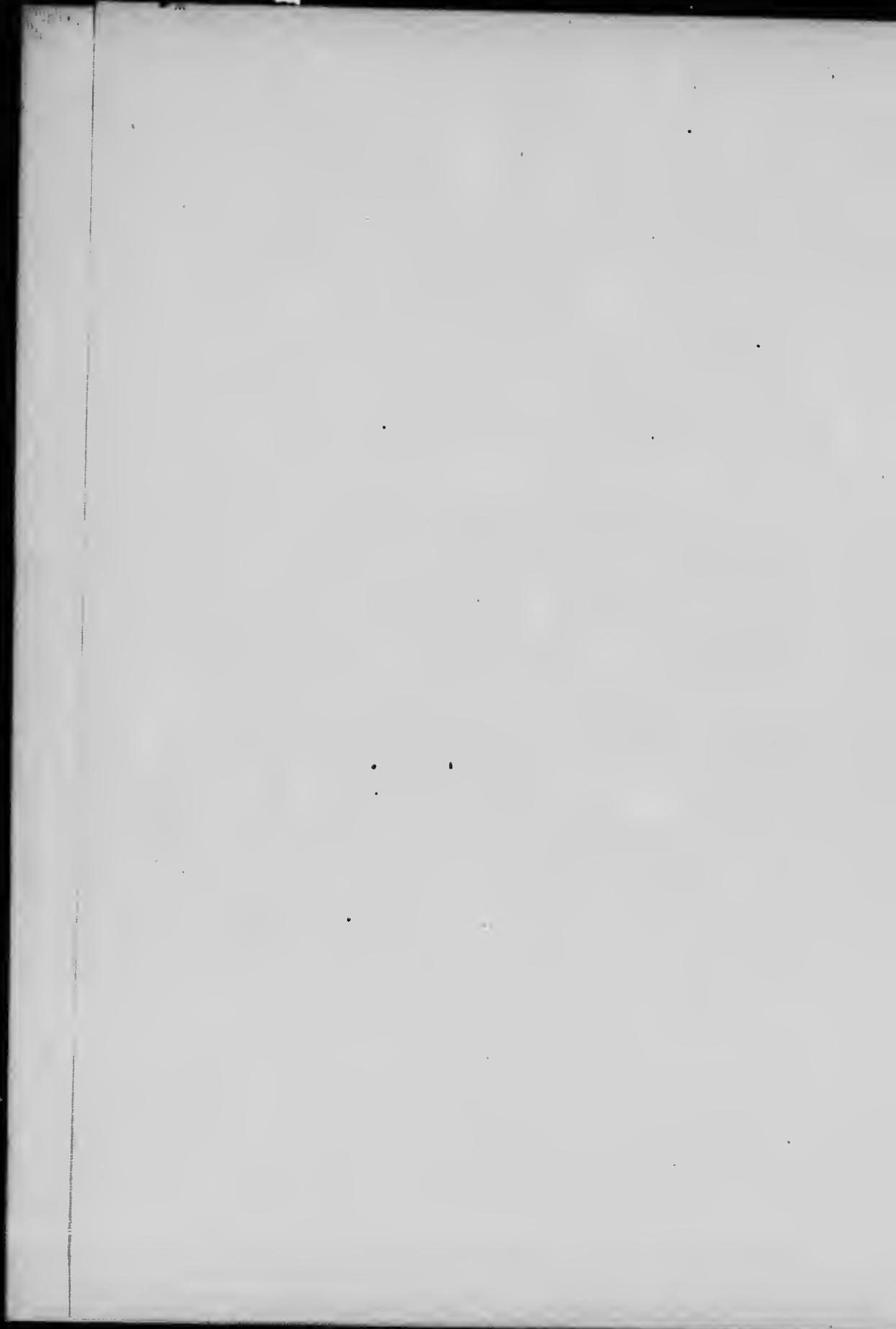


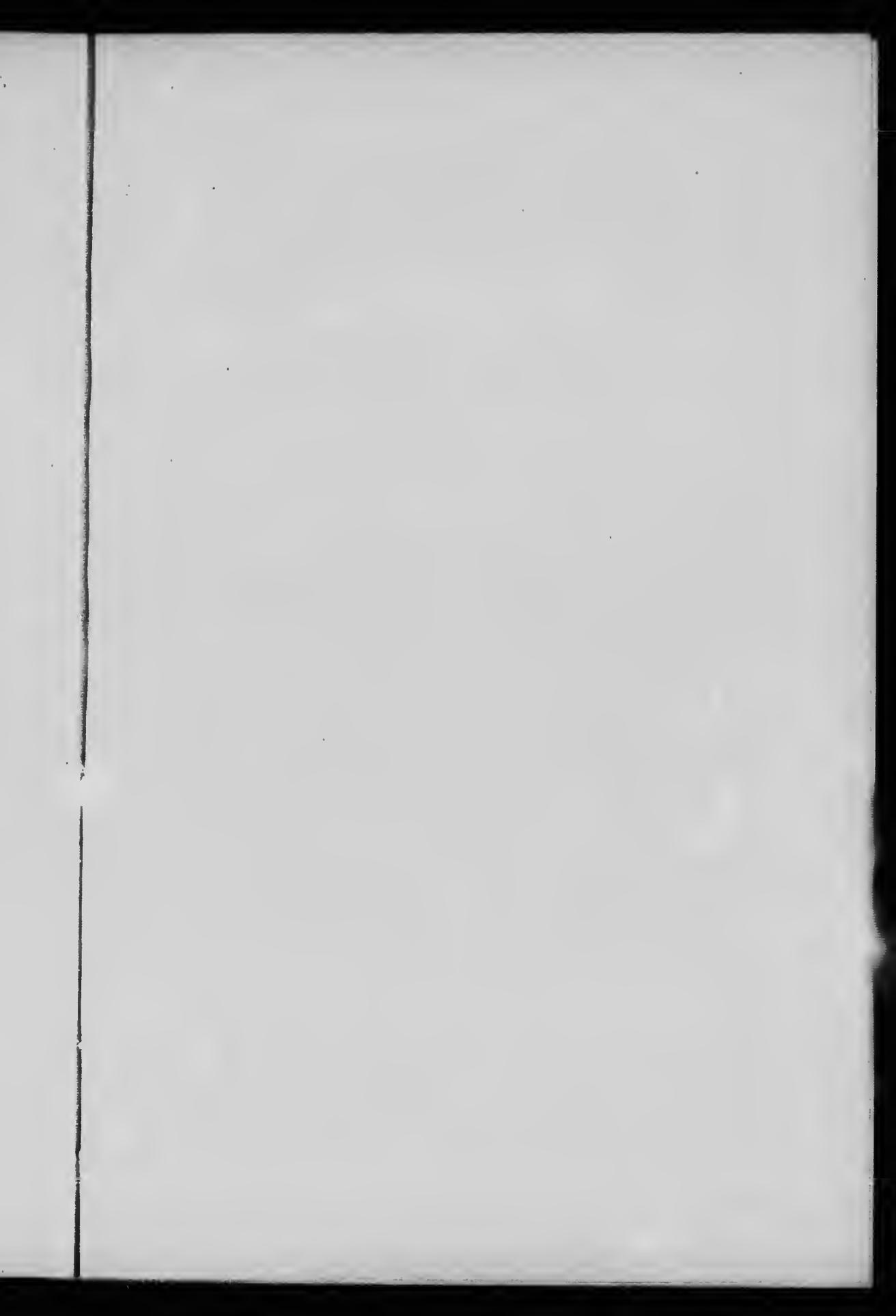
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2/Department of Education,1/Ontario

3/EDUCATIONAL PAMPHLETS, No. 8

5/1914

4/Medical School Inspection

BY
MINA WILSON
AND
MAUD HOTSON



PRINTED BY ORDER OF
THE LEGISLATIVE ASSEMBLY OF ONTARIO

TORONTO:
Printed and Published by L. K. CAMERON, Printer to the King's Most Excellent Majesty
1914

Printed by
WILLIAM BRIGGS
20-37 Richmond Street West
TORONTO

PREFATORY NOTE

This Pamphlet is the eighth of a series which the Department of Education publishes from time to time. The other Pamphlets are:

The Montessori Method, 1912.

Industrial, Technical, and Art Education, 1912.

Reports of Visits to Schools in the United States, 1913.

Visual Aids in the Teaching of History, 1913.

List of Reproductions of Works of Art, 1914.

Report of Visits to Schools in the United States, 1914.

Organization and Management of Auxiliary Classes, 1914.

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MEDICAL SCHOOL INSPECTION

INTRODUCTION

Notwithstanding the excellence of our school system, and the ability and intelligence with which it is administered, there are many children who, by reason of physical defects which might readily be corrected, are unable to take full advantage of the education offered through the medium of the schools. The following instances, selected from different Public and High Schools, will serve to illustrate this:

A boy attending High School was a good student and a fearless football player. Being smaller than most of the boys, the onlookers wondered at the way he dared slip in between the heavyweights, or face the brunt of attack. A teacher noticed that he never joined in baseball, and inquired the reason. "I'm afraid of the ball," he confessed, with just a trifle of embarrassment. The teacher laughed. To any one who had watched him chasing the football, the suggestion of fear seemed a joke. Not long afterwards, the boy and his teacher were chatting again, when he complained of the severe headaches he often had. "Have you ever had your eyes tested?" she asked. He had not. Being in the city a few weeks later, he went to a specialist for examination, and on his advice procured glasses. His headaches were cured, and the baseball team had another player, for, to eyes that could see, the swift little ball held no terrors. The boy, some time ago, graduated with honours from the High School and needs now to use his glasses only for close book work.

A child trying Entrance Work was less fortunate. Her work always looked black and untidy, especially her drawing book. One day the teacher gave special directions to "draw the lines lightly." Coming around shortly after, she found great, heavy black lines as usual. "Did I not ask you to do that lightly?" she inquired. "Why, I could not do it any lighter than that," the girl replied, "the pencil will not make it lighter." The teacher took the pencil and drew a heavy black mark. "Do you see that?" she said. "Yes." "Isn't that lighter?" drawing another with less pressure. "Yes." "Isn't that lighter?" drawing a still lighter line, but quite easily discernible. The child looked up with a smile. "There is no mark there," she said. "No mark!" echoed the astonished teacher. The surprise in the face before her was sufficient to tell the story. The girl was quietly advised to have her parents get her glasses. As she continued at school without them, the teacher in a few days called at her home. The mother explained that the father would not get glasses for her. He said there were two or three pairs around the house now, if she wanted them. Very shortly afterwards the child left school. Her father said, "She has had enough schooling." The child was broken-hearted over having to leave, but what did that matter!

A girl had been in the first class at school for some time, making very little progress. The teacher, a bright, sympathetic young woman, was loth to regard the child as stupid. She said she was not well; she caught colds very often. The attention of the doctor was called to her, and he suggested that it might be necessary for her to go to a throat specialist, and offered to examine her more carefully himself if she would come to his office. An examination showed that it was a very bad case of adenoids and diseased tonsils. Through the kindness of friends, the mother was able to visit the city specialist and have the growths removed. The last report showed that the child had greatly improved. She had passed through several

classes at school, and her name was usually on the honour roll. Colds seldom troubled her, and she was breathing like a normal child. Her mother said: "You know I never thought that anything was wrong, for she was always like that."

A High School girl made many mistakes (twenty to thirty) in copying French sentences from the black-board, and, when spoken to, said she was a little shortsighted, but did not wish to wear glasses. "Well," said the teacher, "there is no use in such work as this; you had better either get glasses or give up French." The girl had her eyes tested and fitted with glasses. When she looked at her mother, she exclaimed, "Why, Mother! Your face is so different; I'll have to learn to know you all over again!"

Johnny was six years old when he came to school, but he could neither hear nor speak. He was a very neglected looking boy, which was not surprising, since his mother went out washing, and other little ones at home made many demands upon her time. Johnny's teacher wondered day after day if something could not be done for the poor little chap. Finally she appealed to an ear specialist, who said that he would examine the child and do what he could for him. Johnny's mother objected, but the teacher's persuasions prevailed; he was allowed to go with his teacher to the ear specialist. The specialist pronounced it a case of adenoids, and offered to remove them if the child was put in the hospital. Consent was finally won from Johnny's mother, and through the help of friends he was installed in the hospital. The operation and hospital care restored the child's hearing, and he gradually learned to talk. Encouraged by such results, the teacher had Johnny's little brother, four years of age, who was also deaf and dumb, taken to the hospital for a similar operation. He likewise regained his hearing, and learned to talk much more quickly and easily than his older brother.

Many such instances might be given of the individual efforts of teachers to have children in their classes carefully attended to. The relation between teachers and parents, however, is a very delicate one, and though teachers may lend their influence and directly assist in a movement for the improvement of the school children, the direct help of an outside organization accomplishes the purpose in much shorter time, with less effort, and, possibly, less friction.

CO-OPERATION OF SCHOOLS AND WOMEN'S INSTITUTES

The connection between the school and the Women's Institutes, in so far as the present movement for medical school inspection is concerned, came about in this way:

Miss E. J. Guest, M.A., at that time Vice-principal of the Parkhill High School, became a member of the Women's Institute of Parkhill, and was for several years a member of the Programmatic Committee. Through her influence and that of her students, some of whom chose teaching as their profession, the schools became of more vital interest to the community, and especially to the Women's Institute. The latter finally appointed a School Committee to gather information.

The report of this Committee was to the effect that the Public School needed a thorough house-cleaning, better lighting and ventilation, and a fire-escape. A deputation was sent to the Board of Education, and, after some serious discussion, the Board decided to act on its suggestions. The Public School was re-painted inside, new seats put in, and a fire-escape built.

Although, by the withdrawal of Miss Guest from the town and teaching station, one bond between the Women's Institute and the schools was broken, the newly-awakened interest in the care of children continued. The following year a Mothers'

Committee of Institute women was formed to study the care and feeding of little children, and twenty babies were registered on the Institute roll. The Programme Committee interviewed the local doctors, and they each promised to give a talk on some phase of child-culture. These lectures were much appreciated; but as a country doctor's time is not his own, even to the extent of having regular office hours, he cannot be certain of fulfilling lecture engagements, however willing he may be; and arrangement for them must necessarily be uncertain, and of an impromptu character.

With no library to consult, the Mothers' Committee found it difficult to secure good literature on this subject. Pamphlets on other subjects came frequently, but information about children was only to be found in large volumes, usually written for the student with time to read extensively. The opportunity open for educational work by physicians and nurses was evident, but it was equally evident to those seeking for help that a small town or country district could not meet the demand for qualified persons to devote the necessary time to the supervision of the children and their environment. The individual experiences of teachers, the frequent statement of the family physician or of the dentist that the child should have been brought to him for treatment months before, the seeking of young mothers for knowledge—all showed the need for some organized effort to supervise the health of children, and to teach the fundamentals of hygiene to both children and parents.

MOVEMENT INITIATED BY NORTH MIDDLESEX WOMEN'S INSTITUTE

It was evident that a system of medical school supervision, which would relieve the distress and even positive suffering of scores of school children, and supply the knowledge of the means to be employed for the preservation of their health was a great need in the community. In the meantime, the persistent efforts of Branch and District officers of the Women's Institutes throughout Ontario were already bearing fruit. Districts were locally well organized, were holding very successful annual District Conventions, and were looking for something in which they might all co-operate. Just then, the District of North Middlesex selected a member of the Parkhill Institute as their President. She decided that her official work as President should be directed to the promotion of medical school inspection in rural schools, and the District Executive unanimously agreed to invite Dr. Helen MacMurehy, of Toronto, to address the June Convention on that subject. Meanwhile the subject was informally discussed. Were school children in the smaller towns really suffering from defects, or was medical school inspection necessary only in the city? In order that Dr. MacMurehy should have a opportunity to see the school children, and gather a few facts from the locality, the Parkhill Board of Education was asked to grant her permission to visit the schools before going on to Ailsa Craig. This was given, and the Board appointed two of its members, the local dentist and the medical health officer, to accompany her to the school.

On arriving at the school Dr. MacMurehy first gave short talks to the different classes, meantime noting children to be examined. A few she picked out, and others, who were suspected by the teachers of having some defect, were sent out by ones or twos to a quiet spot under the maples on the playground, where a minor examination was made. The two representatives of the School Board were much interested, and agreed that the results showed the need for further investigation.

A large audience was awaiting the speaker at the District Convention Hall in Ailsa Craig. The address was followed by a resolution to the effect that steps should be taken to institute a campaign for medical school inspection in rural dis-

tricts, and that the Minister of Education and the Secretary of the Provincial Board of Health should be asked to advise and assist in this educational health work.

The District President, during the following autumn and winter, spoke on medical school inspection at the various Branch Institutes, when making her annual visits. The keen sympathy of the women in this work for the school children of the district encouraged the Executive to apply to the Minister of Education and Provincial Board of Health for suggestions as to methods of carrying on the work. As a result, Dr. Struthers, Chief Medical School Inspector of Toronto, was secured to give an illustrated address on medical school inspection in Canada and elsewhere, and Dr. D. B. Bentley, District Health Officer, also gave an address, in which he mentioned personal incidents that showed the need of medical school inspection.

FIRST INSPECTION AT PARKHILL AND ADJOINING DISTRICT

Parkhill was selected as a convenient centre for the meeting, which was well advertised by the local press, the trustees, and the school teachers. Through the country schools dodgers were distributed to parents within a radius of ten miles, and special notices were also sent to all rural and town trustees and councilmen. In spite of a rainy evening, the district was surprisingly well represented, some of the people driving twelve or fifteen miles over muddy roads. The addresses were very much appreciated, but possibly the after meeting in the Women's Institute rooms will live longest in the memory of those who attended it—the rural and town trustees and councilmen, the Women's Institute Executive, medical health officers, teachers, and local doctors. A demonstration talk was given on the results of neglect of teeth, adenoids, etc., the doctor making use of one of the school boys to make his subject clear. Talking of ways and means for beginning a campaign, the people came to the conclusion that the appointment of medical school inspection committees in different centres should be the first step. A Committee was thereupon named for the centre in which the meeting was held. It was composed of the Mayor, one member of the Town Council, one of the Board of Education, the medical officers of health for the country and town, the local dentist and physicians, and five members from the Women's Institute.

WAYS AND MEANS

Do children living in a fine agricultural country need medical school inspection was the question to be answered. There were no carefully collected data which would furnish a conclusive answer. The Committee decided to have a demonstration as an experiment, and gather facts for themselves. The Board of Education gave permission to go through the schools. Local doctors and dentists offered medical and dental services free for the examination of the school children, and, on request, Dr. Struthers recommended an experienced school nurse who might be available for a short time. Where would the money come from? The Women's Institute School Committee and officers were called together to consider finances, and funds were guaranteed by individual members. That the arrangements made should be understood by the parents, and that they should have an opportunity of helping to make the work a success for the children by contributing to the expenses, if they wished, a house-to-house visitation was made by members of the Institute. The expressions of satisfaction from many mothers, when they learned of the coming of the nurse, were most encouraging to the Committee. The contributions which the residents of the town very willingly gave, covered the expected cost, and left

a balance for the future. Definite arrangements had scarcely been made with physicians and nurse when two other Institutes, one in the next village, and one in the country, asked that they might join in paying for an inspection of their schools. So it came about that the first rural medical school inspection in Ontario included one country school, one village school, one high school, one Roman Catholic separate school, and one public school in town. The data of defective children and home visits by the nurse were as follows:

Sylvan Country School:	
Pupils examined	20
Pupils defective	18
Nurse's visits to homes	15
Allsa Craig Village School:	
Pupils examined	75
Pupils defective	53
Nurse's visits to homes	34
Parkhill Public School:	
Pupils examined	138
Pupils defective	58
Parkhill Separate School:	
Pupils examined	41
Pupils defective	25
Parkhill High School:	
Pupils examined	77
Pupils defective	38
Nurse's visits to homes in Parkhill	85

This inspection showed that over fifty per cent. of the school children were defective in some respect, and, of course, in different degrees, and also showed that rural schools need inspection as much as city schools.

For the continued success of medical school inspection, it was thought desirable that those who had a deep personal interest in the work should be kept informed of its progress. Arrangements were, therefore, made by the nurse to set aside part of a day for the special purpose of giving mothers an opportunity of coming to her personally for anything in which she might be of assistance.

At the first meeting of the Women's Institute held after the inspection, the nurse gave a full report of her work. She also submitted a report to the Board of Education. The trustees unanimously approved of the undertaking, expressed their desire that it should be carried on during the next school year, and promised their assistance in every way possible.

In September, 1913, Dr. James Kerr, of London, England, who had been invited through the Department of Education to give addresses on medical inspection in schools, visited several Institute centres for this purpose.

Dr. Kerr began at Bradford, in England, the work of medical school inspection, which he continued with conspicuous success, as Chief Medical Officer of the School Board of London. He is now (1914) Research Officer to the Education Committee of the London County Council.

His talk on Health at Parkhill Town Hall was a very fitting close to the first rural medical inspection of schools in Ontario.

SECOND MEDICAL SCHOOL INSPECTION IN NORTH MIDDLESEX

The report of this first inspection was endorsed by the North Middlesex Women's Institute at their District Annual Convention the following June, and a District Educational Committee was appointed to extend the work through the whole district in every possible way. By the following October a plan had been formulated whereby medical school inspection might, through the co-operation of Branch Institutes, be extended to many country schools.

The ten Branch Institutes in the District each guaranteed ten dollars, making a fund of one hundred dollars, which would make possible the return of the nurse for one month in the autumn, and allow an inspection of those schools nearest to the Institutes contributing.

The inspection had shown that local medical men, with private practices to attend to and emergency calls coming in at any time, could not do the regular systematic work which was required for medical school inspection. The Committee found it a waste of the nurse's time to have the morning's work interfered with by the doctor being called away to his own private practice. There were various other reasons why medical school inspection could not be successfully carried on with the aid of local physicians alone. The District Committee decided, therefore, to appeal once more to the Department of Education and the Provincial Board of Health, with the special request that the services of the District Officer of Health, Dr. Bentley, of Sarnia, be granted for ten days so that he might go with the school nurse to make the second inspection in October and November. This request was granted.

Transportation arrangements for the first inspection were not difficult; but for the second inspection, (extending to schools twenty-five miles apart and necessarily including some accommodation in country homes), special organization was necessary. The doctor and the nurse had their headquarters in the town, and residents were very generous with offers of conveyances for their use in visiting the schools. Institute officers through the country arranged the place of meeting for each day, and reported to the convener of the Committee. During the second inspection greater attention was given to the educational side of the work.

Coming from a recognized Health Specialist, Dr. Bentley's talks on the laws of health, drainage, sanitation, etc., carried weight with the people, and were made more interesting and instructive by means of demonstrations. At one country school, where boards had been put across the flooded grounds to make a bridge to the school entrance, the boys were taken outside, and the doctor said: "You boys live on the farm; how many of you have done ditching?" They all had. "Would it not be as easy," he asked, "to dig a drain as to build a bridge?" They agreed that it would, and then and there began a drain which was finished before the doctor left the school. Around a well, where the drinking water was obtained, a puddle had collected. "To-morrow morning you would be drinking that water," said the doctor. The boys soon had this drained off also.

This inspection included all the schools which had been reported upon in the spring. The nurse's home visits (191) showed that sixty per cent. of school children, found defective in the first inspection, had received the necessary attention from their own family physician and dentist in the interval. The defects reported include only adenoids, defective vision, carious teeth, and enlarged tonsils. Other cases, such as anæmic children, of whom there were seventy-four, were not included in the report.

DR. BENTLEY'S REPORT TO THE WOMEN'S INSTITUTE OF NORTH MIDDLESEX

I wish to express my appreciation of the efforts made by your association to impress the parents of your county with the necessity of better care of school children, and to thank you for the assistance given to Miss Brick, the school nurse, and myself, in making an inspection of your district.

A complete report of our findings is set forth clearly in Miss Brick's report, and shows:

Total number of children inspected	821
Total number of children defective	432
Total number of defects	659

While we found in some schools that the general sanitary conditions were fairly good, there is great need for better supervision on the part of school trustees, of lighting, ventilation, heating and cleaning of rooms, protection of water supply, screening of closets against vermin and flies in the summer months, and providing these buildings with doors which will keep out rain and snow in other seasons.

Lighting. Every school-room should be so lighted that all pupils can see the black-board without eye strain.

Ventilation. Pure air is necessary if our children are to be kept healthy.

Heating. This should be perfect.

Cleaning of school-rooms. Children spend more hours of the day in the school-room which is only scrubbed once or twice a year, than they do at home which is thoroughly cleaned every week, if not every day. The janitor should be instructed how to sweep the school without creating dust.

Protection of wells. The protection of these from drippings and seepage by close fitting covers is important.

Basins and towels. Children are not allowed to eat a meal at home without at least washing their hands. It is far more important for them to take that care at school. How can they do so in the majority of schools? Individual towels or sanitary paper towels should be in every school.

Outside closets. These are dangerous either near a school or near a home when not screened against vermin and flies.

Neglect on the part of school trustees to properly supervise and keep their school-rooms and premises in a perfect sanitary condition no doubt accounts for the deaths from that dread disease, Tuberculosis, being so high among our teachers and students in Ontario, as shown by the statistics for 1912:

Students, male; of those who died	28.1 per cent. due to Tuberculosis.
Students, female; of those who died	42 per cent. due to Tuberculosis.
Teachers, male; of those who died	14.2 per cent. due to Tuberculosis.
Teachers, female; of those who died	32.2 per cent. due to Tuberculosis.

I would urge upon the trustees the necessity of getting in closer touch with the local medical health officer, and with him endeavouring to improve the sanitary conditions, this officer can also arrange to give attention to medical inspection of the children, either personally or otherwise, and thus the trustees will feel that they, at least, are doing all they can for the children. The most important part of the work, however, is to have each home visited after the inspections, and no one can do this better than a competent nurse.

After the inspection of each school I gave a short talk on health topics which I tried to make interesting to the children. In this way we can, I am sure, gain the support of the young in our work on their behalf. Trustees can easily arrange for visits and talks of this character from the medical officer of health or some other physician at intervals, to the great advantage of all.

December 6, 1913.

As a result of analysing the reports of the first and second inspections, the Educational Committee of the North Middlesex Women's Institute found:

1. That a medical health officer and school nurse are both necessary for efficient work with children, mothers, and trustees.
2. That the health officer, to do systematic work and win general support, requires to have no local practice to take his time or thought, but must be an independent Government official.

The report of this second inspection, and the favourable editorials which appeared in the local press from time to time, gave the people a chance to learn what was being done, and helped the work along very much.

Perhaps no one could understand the practical value of medical inspection better than the school teachers, many of whom requested that certain children be examined, and in this way helped to make a success of the work. Parents, too, sent requests through the teachers, that they might talk with the nurse about their children. Those whose children were found in any way defective were advised to take the child to the family physician.

FIRST SCHOOL CLINIC AT PARKHILL

Of the number thus reported, there were several children who had adenoids or diseased tonsils. To have these properly attended to parents would be under the necessity of leaving home and taking their children to the city hospital, where they could secure the services of a specialist and nurse.



PARKHILL SCHOOL CLINIC

President of the Women's Institute, Chairman of the Medical Inspection Committee, and some of the children in the Clinic.

It is easy to put off a disagreeable duty, and difficult to realize how much it means to a child to have immediate and constant care. There seemed every reason to believe that through the indifference of some parents, and the inability of others to bear the necessary expense, several children reported for severe cases of adenoids

and diseased tonsils would have nothing done for them. But if the children could not be taken to the specialist, why should not the specialist be brought to them? The school nurse would be available for another week, and could give them daily attendance at their homes, which would be much better for such minor operations than going to a strange hospital.

Dr. Thompson, of London, Specialist in Diseases of the Eye, Ear, Nose, and Throat, consented to do the operating. Local physicians promised free services as anaesthetists. The arrangements were made for a children's clinic. Two front rooms in a large residence, which had just been freshly cleaned and papered, were lent by its owner for an emergency hospital. One large, well-lighted room, with a fireplace, was set apart for the operating-room. The other was divided by heavy screens into a waiting-room and rest-room. The school nurse had visited all the mothers the night before to make sure that the children would be on hand, and had given directions about their preparations for the morning.

The next morning parents and children were waiting when the specialist arrived. A second nurse from a neighbouring town, who was interested in the inspection, offered her services in the operating-room, and two members of the Institute took charge of the rest-room. Twelve children from town and country were examined, and nine selected for operation, some of them for the removal of both adenoids and diseased tonsils. After a couple of hours on the cots in the rest-room, they were taken home, and visited by the nurse later in the day. Attended daily by the nurse for a few days, the children recovered rapidly.

Improvement was very marked, and the parents expressed the greatest surprise that so much difference could have been made in their children. One father said, "We could hear Mary breathing all over the house before the operation, and now she sleeps like an ordinary child, and is very much brighter in every way. She can go out in all sorts of weather now, and never catches cold, as she used to."

The following extracts from compositions, written for the teachers, are given to show the grasp the boys and girls have of the purpose of medical supervision, and the common-sense way in which they apply the advice given. It is interesting to see the change in the attitude of some nervous children, who were rather afraid of the coming of the school doctor and nurse.

The compositions show very clearly that the majority of public school children are wise enough to wish to be strong and healthy, and are not without appreciation for those who assist them in that direction.

I was delighted with the nurse and doctor as they instructed the children in taking care of their own health and that of others. Since the nurse and doctor have been here, I very seldom miss cleaning my teeth, as it is impossible for me to eat and enjoy my meals if they aren't clean, and my face and hands washed.

(Girl, fourteen years old)

When I heard the nurse and doctor were coming, I was very glad because my eyes were aching. They told me my eyes were weak. . . . I got my eyes tested, and had to put a liquid in my eyes, and I am to get them tested again.

(Boy, twelve years old)

To be ready for the nurse and doctor I cleaned my teeth well, and tried not to be nervous. . . . I was very well pleased with the visit of the nurse and doctor, for I had a six year tooth, the nurse said, so I got it attended to; whereas if I did not have it attended to, I might have had very bad teeth.

(Girl, ten years old)



MAPS IN RELIEF—BIRLEY HOUSE OPEN-AIR SCHOOL

I was pleased with the visit of the nurse and doctor, because I was glad that I was in a good, healthy condition. The visit of the nurse and doctor was of this benefit to me:

- (a) I sleep with my window open at night.
- (b) I digest (masticate) my food better.
- (c) I clean my teeth twice a day, and I only used to clean them once a day.

To make our school and school grounds better, I have not thrown anything around the school grounds that will create flies, because they carry germs and spread them. In the school I hold a handkerchief in front of my mouth when I cough, so that if I had any germs nobody would get them.

(Girl, fourteen years old)

I was glad of the visit of the nurse and doctor for this reason. They told me my teeth were in bad shape, which I am now having attended to. To make our school grounds better, we try to avoid spitting, and keep them clean so as to keep away flies and germs.

(Girl, nine years old)

It is school inspection by nurses when they just examine something about you, and then tell the doctors what is wrong. They mark down what is wrong, and explain to your parents. The object is to keep you in good health and have good eyesight; also your teeth are supposed to be good. They want to do it to show you how to take care of yourself, and to be clean about yourself.

It is of value to a child to keep her or him in good health. It is of value to the town to give them a good idea how to be clean. It is of great value to Canada to keep the country clean and not dirty; and to people who are very poor and live on streets, it is of great value.

(Girl, ten years old)

FINANCING

The financing of the children's clinic, which cost almost \$100, is given as an illustration of the generosity of public-spirited citizens in a good cause rather than as an estimate of the cost, or as a practical method of financing. The cost of supplies, amounting to fifteen dollars, was paid by the Board of Education. Several of the parents were not able to pay the full cost, so the list was gone over carefully, and an estimated fair amount charged each. The fees of parents able to pay, supplemented by gifts from citizens, made it possible to bring the specialist and nurses to the children, so that they were saved the disadvantages of travelling to the city, and were able to have the advantages of home surroundings after treatment. Moreover, help was brought to those who could not otherwise have been given necessary treatment.

There is no doubt that the thorough and systematic work of the nurse, the untiring attention she gave to the children both before and after the clinic, and the sympathy and confidence she inspired, were largely responsible for the success of the undertaking. Many mothers still speak of Miss Brick in terms of gratitude.

The Parkhill Medical School Inspection Committee was fortunate in being able to secure Dr. Hill, Director of Institutes of Public Health for Ontario, for a series of talks on the New Public Health. Questions asked by different persons in the audience drew forth interesting discussions, and made the meetings enjoyable as well as instructive. The voluntary contributions taken at these meetings were added to the medical school inspection fund. This series of talks brought to a close the medical school inspection in the district for the year of 1913-14.

EXTENSION OF MEDICAL SCHOOL INSPECTION TO OTHER COUNTIES

When the report of medical rural school inspection for North Middlesex was submitted by the convener of the District Educational Committee, at the Annual Convention of the Ontario Women's Institutes, held in Toronto in November, 1913, under the auspices of the Department of Agriculture, the following resolution was carried unanimously:

"That whereas the accompanying report of medical inspection of rural school children shows that a surprisingly large percentage of these children are, either from the ignorance or the carelessness of their parents or guardians, suffering in health from lack of proper medical attention, and clearly proves the need of the supervision; the representatives of the Women's Institutes of Ontario assembled in Convention, this 20th day of November, 1913, earnestly request:

1. That the Provincial Department of Education take steps to provide for the early establishment of a provincial system of medical and dental inspection of school children.
2. That a special grant of money be set aside towards the employment of a competent school nurse in each school district, to follow up the work of the School Health Officer, and for whatever else may be deemed necessary to the success of the work."

A Committee was appointed to present the resolution to the Minister of Education. The Committee was composed of representatives from counties that were agitating for medical inspection of schools. A deputation of about fifty gathered at the Parliament Buildings, and had an interview with the Minister of Education, who expressed his interest in the movement, and promised to place the matter before his colleagues. Before the deputation left the Parliament Buildings a Committee on medical school inspection for Ontario was appointed. This Committee decided to leave the North Middlesex Educational Committee, which had already organized the work and gathered the data, free to take the next step, and that Committee therefore sent out the following circular letter:

CIRCULAR LETTER

Parkhill, Ontario, December 29, 1913.

To Ontario Women's Institutes.

Dear Fellow Workers:

The serious attention of the Ontario Women's Institutes Convention held in Toronto, November 20th and 21st, was given to the reports of medical rural school supervision in North Middlesex for the year 1913.

Two inspections, one in the spring and one in the autumn, showed: First, that of 351 children examined, 192 were defective. Second, that of 821 children examined, 433 were defective. The inspection covered eighteen country schools beside village and town schools. (For full report see Institute Department, Canadian Home Journal, January number.)

That over fifty per cent. of the supposed healthy rural school children should be found defective is a serious matter. In view of the decreasing birth rate it is important that the best of care should be given through the public schools to all the children of the province. It is self evident that taxes spent either by the Government or by local Boards of Education for children in this condition is to a certain extent wasted.

The organization of work in North Middlesex demonstrated that the present Ontario District Health Officers with school nurses to assist and report to parents, is a splendid staff for carrying on medical school supervision with a very little additional expense.

The high percentage (sixty per cent.) of defective children taken by their parents to their own family physician between the first and the second inspection proves that parents are ready to have their children attended to when school reports show the necessity.

Moreover, the District Health Officer talking in the schools to trustees, parents, and pupils secured, even in one short inspection, many improvements in water supply, drainage, and sanitary arrangements, which will help to keep the children well. Much appreciation was expressed by mothers for the home visits of the nurse, which resulted in good, not only to school children but to younger children who are thus kept well to enter school later.

The delegates in Convention unanimously passed the resolution accompanying the report, and a deputation presented it to the Minister of Education, who promised he would place it at once before the Provincial Cabinet.

We, the District Medical School Inspection Committee for North Middlesex, therefore beg the co-operation of all Ontario Women's Institutes in securing the backing of their municipal representatives, and ask that your Branch bring this matter, with the resolution here given, before your Trustee Board or Board of Education, Board of Health, and Municipal Council; and obtain the signatures of their chief officers as well as of your own Branch officers, to the resolution inclosed herewith.

As Secretary of the Special Committee appointed by the Superintendent at our recent Convention to consider the matter of a Provincial system of Medical-Dental Inspection, I would be pleased to know that your Institute has taken some action in this matter. I would be pleased to answer any inquiries which you wish to make in regard to the matter under consideration.

Very truly yours,

MAUD HOTSON,

Secretary of Committee

RESOLUTION OF THE ONTARIO WOMEN'S INSTITUTES

Resolved: That we, the Municipal Representatives (Trustee Board, Board of Education, Board of Health, Council, and Women's Institutes, or any two or three of these) ofdo earnestly request that, in view of the reports of medical inspection of rural school children, which show that a surprisingly large percentage of these children are either from ignorance or carelessness of their parents or guardians, suffering in health from lack of proper medical attention and which clearly prove the need of other supervision:

1. That the Provincial Department of Education and Provincial Board of Health take steps to provide for the early establishment of a Provincial system of Medical and Dental Supervision of school children.

2. That a special grant of money be set aside towards the employment of competent school nurses, and for whatever else may be deemed necessary to the success of the work.

3. That a copy of this resolution be given to our local member of the Provincial Legislature, and that he be urged to support this movement in every possible way.

In January, 1914, the resolution on medical school inspection was submitted to the County Councils of Lambton and Middlesex, and was unanimously adopted by both Councils. In moving the resolution at the Middlesex County Council, Mr. Fred. Laughton referred with commendation to the past year's work of the Council's publicity agent in bringing new labourers to Ontario farms, but asked if our native-born children were not as valuable and as worthy of care as any we could bring from outside.



THE PAVILION—SHEWESBURY HOUSE OPEN-AIR SCHOOL

There was an immediate response to the letter sent out by the North Middlesex Committee. Letters came to notify the secretary that the resolution had been signed and sent to their member. Others inclosed it to be checked and sent on. Many emphasized the need for the work, and asked for material to be used at public meetings. The interest was widespread. Here is an extract from the letter of an Institute President, who felt that the difficulties in the way of medical school inspection in the remote districts were too great to be overcome:

As ours is a small settlement in an unorganized district, it is not likely that we would receive any benefit from a provincial system of medical and dental inspection, but the copy of the resolution I received from you has been signed by our school boards and officers of the Institute and is on its way to Toronto. Is that all we can do to help?

There were so many requests for an inspection that the Committee of Ontario Women's Institutes on Medical School Inspection decided to hold demonstrations in each of the seven different Health Districts of Ontario, and to have the demonstrations in centres where local Women's Institutes would be responsible for organizing the work. The Provincial Board of Health promised the services of the District Health Officers for a limited time, and, through the Institutes Branch of the Department of Agriculture, competent nurses were provided to work with the doctors. The local Women's Institutes organized and arranged the transportation, and, where the nurse did the "follow-up" work, paid for the extra services of the nurse. The Committee decided that the educational work of doctor and nurse should have a prominent place in the demonstrations, that data should be gathered, and that the "follow-up" work of the nurse would be the means of correcting defects in many school children.

In the following pages are given reports sent in from different centres in which demonstrations were held:

INSPECTION IN THEDFORD, FOREST, AND EAST LAMBTON.

March 31st—April 7th, 1914

REPORT OF SCHOOL NURSE, MISS IDA HOBBS

I assisted Dr. Bentley with the inspection of the pupils of Forest, Thedford, and eleven country schools in the surrounding district. We made 571 inspections; 347 children were found defective, and 512 defects were noted.

In Miss Livingstone's class in the Public School of Forest, thirty-eight were inspected; nineteen were reported to have impaired vision. Upon inquiry these pupils were found to have spent a year in the basement of a church while the new Public School was under construction.

In Thedford similar conditions were found. In a class of fifty, twenty-one were found suffering from defective vision. These children were reported to have spent a little over a year in a dark building at the back of a tailor-shop in the village, while the new school was being built.

In several of the country schools not only were the trustees present but many of the parents. A deep interest prevailed in many sections.

The Institutes of Forest and Thedford in East Lambton were the first to organize, and ask for the demonstration. With the exception of one school, two of whose trustees did not wish to have their school inspected (although the parents in the neighbourhood were favourable to inspection) Boards of Trustees very willingly gave their consent and offered to render every possible assistance.

MEDICAL SCHOOL INSPECTION

Several schools, not in connection with the Institutes, wrote the District Secretary asking that their school children might be inspected; but in the short time that the doctor had at his disposal, only one extra school could be included in the inspection. One of the country schools listed for inspection was closed for the day on account of the teacher's absence; but the parents and trustees gathered the children together—fifteen or more—and drove them to a neighbouring school, so that they might not miss the inspection.

The splendid results in remedying defects, which followed the demonstrations in North Middlesex and East Lambton may be attributed largely to the efforts of the school nurse, who was able to follow the children to the homes. Without this "follow-up" work by the school nurse, the best results of medical school inspection would be lost.

REPORT OF INSPECTION IN WELLINGTON COUNTY

A. Consolidated School, Guelph.—Inspected April 7, 8, 1914

By Dr. McNally, District Health Inspector

Dr. Roberts, M.O.H

Nurse, Miss Jean Cameron Smith

Pupils examined	122
" Clear Cards	44 or 37%
" Marked Cards	78 or 63%
Lack of personal hygiene	39 or 32%
Requiring dental treatment	55 or 46%
Requiring medical treatment	32 or 27%

As follows:

Ears, 6; Eyes, 12; Throat, 13; Skin, 1.

B. Rockwood School—Inspected April 9, 1914.

By Dr. McNally, District Health Inspector.

Dr. McCullough, M.O.H.

Nurse, Miss Jean Cameron Smith.

Pupils examined	78
" Clear Cards	11 or 15%
" Marked Cards	67 or 85%
Lack of personal hygiene	13 or 17%
Requiring dental treatment	53 or 70%
Requiring medical treatment	21 or 27%

As follows:

Ears, 3; Eyes, 10; Throat, 8.

INSPECTION IN EAST SIMCOE

ABSTRACT OF REPORT OF MISS JEAN CAMERON SMITH

The Special Committee of the Women's Institute for East Simcoe, of which Mrs. William Bacon, of Orillia, is convener, approached the Separate and Public School Boards of Orillia with a view to having the schools inspected in March, 1914.

On March 23rd, Miss Jean Cameron Smith was sent to Orillia by the Department of Agriculture in Toronto, and under the direction of the Committee visited three rural branches of the Women's Institutes, namely, Washago, Warminster, and Uthhoff, for the purpose of explaining how the work of medical inspection could be undertaken in the schools of each place. At Washago, Miss Smith had the benefit of Mrs. D. M. Harvey's assistance in addressing a meeting in the public school, and at the other two places Mrs. Bacon delivered addresses.

On March 27th a meeting of the united School Boards of Orillia took place in the Public Library building, under the auspices of the Women's Institute Committee, and the Boards decided unanimously to give their consent to a medical school inspection when it could be arranged by the Ontario Department of Public Health to allow the District Health Inspector, Dr. Clinton, of Belleville, to take charge of the work. The School Boards also offered to co-operate with the Women's Institute in bearing the expense.

On April 28th, Dr. Clinton, accompanied by Miss [redacted] a graduate nurse, began this work by visiting the rural schools of Uthhoff, Washago, Warminster, and Marchmont. On April 29th, the Separate School of Orillia was partially inspected in the morning, and the doctor and nurse went on the noon train to Washago and inspected the pupils of that school. At each of the out-of-town districts, a number of interested ratepayers and parents were present, and thoroughly appreciated the work as it went on. That there was urgent need for the rural inspection the statistics quoted amply prove.

On April 30th the work of inspection in the Orillia Separate School was completed, and the pupils here had the benefit of the assistance of Dr. Kennedy, dentist. On the same afternoon Mount Slaven School was visited, and on May 1st the James Street Ward School. Dr. Clinton was called away before the work of examining the pupils in the West Ward, South Ward, and Central Schools was completed. Grateful acknowledgment is made of the help given in dental examination by the local dentists, Drs. Kennedy, McLean, W. McPhee, and Moore, who have offered to give, later on, a free dental clinic for the benefit of any school children whose parents or guardians are not in a position to pay the usual fees.

A phase of work which is not always introduced into school medical inspection appears to have been beneficial, namely, the holding of a series of mothers' meetings while the inspection was going on in Orillia. James Street and South Ward had a combined meeting in the school-room of the latter district, West Ward and Mount Slaven meeting took place in the Model School, and the Separate Schools and Central School had meetings in their respective buildings. At each the nurse gave an address and invited discussion. The consequences of neglected adenoids, enlarged tonsils, imperfect vision, carious teeth, etc., were carefully explained, and many questions answered. About one hundred families were represented at these meetings.

MEDICAL SCHOOL INSPECTION

STATISTICS OF MEDICAL INSPECTION FOR EAST SIMCOE

April 28, May 17, devoted to actual inspection.

May, 1, 19, 21, 22, 23, devoted to mothers' meetings and reports.

Nurse addressed four mothers' meetings; one teachers' meeting; and one public meeting.

No. of pupils examined	1,277
" " requiring medical treatment	608
" " requiring dental treatment	957
" " free from defects	171
" " requiring medical and dental treatment	1,106
No. of dental defects	957
No. of medical defects	723
Total number of defects	1,680
Cases of defective hearing	46
" imperfect hearing	136
" nasal obstruction	92
" enlarged tonsils	403
" other defects	46
Cases of marked neglect of personal hygiene (not classed with medical or dental defects)	83
Percentage requiring medical treatment	46
" " dental treatment	76

In the above inspection there was included the Model, Central, South Ward, James Street, Mount Slaven, and Separate Schools of Orillia, as well as Warminster, Marchmount, Uthoff, and Washago Schools.

INSPECTION IN MANITOULIN AND ST. JOSEPH'S ISLANDS

JUNE, 1914

Dr. Caroline Brown, of Toronto, examined children in sixteen different schools in Manitoulin and St. Joseph's Islands, with results as follows:

Total number of pupils examined	347
Total number of defects found	324

The defects included vision, enlarged tonsils, defective teeth, defective hearing, enlarged glands, and defective breathing.

In her report Dr. Brown states: "There was marked lack of personal hygiene in many cases, especially in the care of teeth. A keen interest was aroused, and trustees came to several places where inspection was being made."

It is apparent that with the assistance of so many local representative bodies, Trustee Boards, Boards of Health, Municipal Councils, and Women's Institutes, in conjunction with the Provincial Government Departments directly concerned, much has been accomplished in a very short time, which would otherwise have been the work of years.

Moreover, even in this experimental stage of medical school inspection, there has been established a co-operative relation between the schools and the homes. Through active participation in this work for their children, and through direct reports from doctor and nurse, women have had a chance to understand what children need, and to apply the teachings of the inspection in their own homes.



WASHING—MONTREALS HOUSE OPEN-AIR SCHOOL

RESULTS OF FIRST MEDICAL SCHOOL INSPECTIONS

In conclusion, the results of these first medical inspections in the rural schools of Ontario show that a comparatively large number of the pupils in our rural schools suffer from defects which must be remedied if our provincial system of education is to produce the best possible results. The vision and hearing of many pupils are seriously impaired; enlargement of the tonsils and the presence of adenoid growths prevent proper breathing and proper physical development; teeth are dirty and decayed, because they have not been properly cared for; cleanliness and personal hygiene are too often neglected, the children are not taught how to keep themselves and their clothing clean; and there are many other diseased and defective conditions which demand attention.

The organization and administration of these preliminary inspections show that difficulties vanish when the interest and good-will of the community is aroused. The Boards of Trustees in every instance permitted the inspection, and gave all needed facilities for the work; the teachers assisted greatly in its success; and the co-operation of the medical profession, especially of the District Medical Officers of Health and the local Officers of Health, made the work not only possible, but eminently practical and useful. Finally, the services of an experienced school nurse, and proper consultations with the parents, enabled those in charge of the work to attain the real aim of medical inspection, inasmuch as some of the children to whom treatment was most necessary, obtained it at once and were greatly benefitted.

The medical inspection of schools has a good effect upon public school buildings and their surroundings. These are better cared for and kept in a much cleaner condition; and the ventilation is better.

This preliminary work on medical inspection in some of the rural schools of the Province is a demonstration of the benefits which would be secured by establishing a general system of medical inspection of schools as part of the system of education in the province. It would, no doubt, be necessary that great care should be exercised in organizing and administering such a system, but the advantages would be correspondingly great. The work should be thorough, the records should be simple, and the aim of improving the child's health so that he may be a better scholar and a better citizen, must be steadily kept in mind in everything that is done. Records are important, but, when a defect is recorded, the matter must be kept in hand till the child's health is made as good as it can be made, and every advantage should also be taken of physical training with this end in view.

In many cases the parents know of troubles from which the children suffer, but do not realize the importance of treatment, thinking it "not worth while," or thinking that nothing need be done for their children, because other children have the same troubles.

The usefulness and success of any system of medical school inspection depends upon securing physicians and nurses of high personal and professional qualifications and character to do the work. Organization and administration, as already pointed out, are very important in saving time, avoiding friction, and concentrating effort. But without high personal and professional qualifications, character, and intelligence, in those appointed to the important offices of medical inspector of schools, and school nurse, no system can succeed. Great consideration must be shown to the parents and to the rights of the family and the family physician. The medical school inspector and the school nurse can do a great deal to protect the community from epidemics of contagious diseases.

The need for medical school inspection has in theory been long recognized by all those who understand its purpose, and the physical condition of many children. The facts gathered in these Ontario demonstrations are reported in the belief that medical school inspection has passed beyond the theory stage, and has become a practical necessity for healthy home life, for enabling children to profit by school life, for developing both in rural and urban districts a people strong enough to make the limitless resources of the Province subservient to their ends and to do their part in safeguarding the nation.



REMEDIAL TREATMENT—EVELYN HOUSE, DEPTFORD HEALTH CENTRE

MEDICAL SCHOOL INSPECTION IN GREAT BRITAIN AND ON THE CONTINENT

In giving some account of medical school inspection in Great Britain and on the Continent of Europe an attempt is made to select for consideration, in each country mentioned, but one feature of this inspection work. Each of these special features has been chosen on account of its value in relation to the medical school inspection already in progress in the rural districts of Ontario, considering how it came to be, what it is doing for the child at the present time, and glancing at the outlook for the future.

SPECIAL FEATURES

1. Britain: The administrative measures which state the recognition of governmental responsibility for the physical fitness of school children, and the means used to put these measures into effect.
2. Switzerland: The co-operation of city and outlying districts for the benefit of school children.
3. Italy: Medical school inspection as begun through private enterprise, and not yet centralized, or fully supported by one governing body.
4. Germany: The Forest School (Waldschule), the outcome of medical school inspection.

It should be understood that in the places visited there was to be found much valuable material which would be of great interest to specialists in different branches of medical school inspection, but which is necessarily omitted in a brief review of this kind.

GREAT BRITAIN

"It is an ill wind that blows nobody good." The South African war, which stirred the Colonies to join the Mother Land in her struggle with the Boers, also opened the eyes of the British Government to an unsuspected and greater danger at the very heart of the nation. Of the recruits who offered themselves for service in the war, from 60 to 75 per cent. failed to measure up to the army standard, and were rejected as unfit. This was especially alarming, since the army standard had already been lowered four times since 1845. The minimum height of the soldiers in 1845 was 5 ft. 6 in.; in 1872, 5 ft. 5 in.; in 1883, 5-ft. 3 in.; in 1897, 5 ft. 2 in.; and for the Boer war soldiers were accepted with a height of only five feet.

A Royal Commission was appointed to pursue investigations throughout England and Scotland. The findings of the Commission showed beyond doubt that not only men and women, but great numbers of school children were suffering from defects of many kinds, and from lack of suitable food and clothing. The report brought the physical efficiency of school children within the sphere of practical politics. The British Government accepted the responsibility involved, and by comprehensive legislation and substantial grants made it possible to begin practical work at once.

The Education Act of 1906 made provision for the supplying of meals to children of school age. Unfortunately, attention was centred on the parent, and while authorities were finding out if the parent were deserving, the child was still neglected. A duplicate Act framed for Scotland in 1908 gave the School Boards power to supply the meals of any child first, and to secure information about him later. Moreover, provision by the Board for a needy child was made compulsory.

Already through the influence of Miss Margaret McMillan, for ten years a member of the Bradford School Board, medical school inspection had become part of the Bradford school system and had gained some foothold in London. This paved the way for special legislation for the whole country.

The Education Act of 1907 made it the duty of education authorities to provide for the medical inspection of children on admission to a public elementary school, and on such other occasions as the School Board might direct. It also gave power to make arrangements for attending in other ways to the health and physical condition of school children.

SCOTLAND

Scotland, with its farming country surrounding the cities, and its remote districts, almost inaccessible, presents difficulties very similar to those in Ontario. Medical school inspection has gone rapidly forward under government initiative. The following extracts show the purpose and point of view of the Scotch Department of Education:

* "The first (purpose) is that School Boards should satisfy themselves that every pupil under their charge is fit to profit by the education offered. Where pupils are not physically sound, it may be necessary to modify the nature of their education and the environment in which they are taught, to suit their individual capacities.

"The second purpose of medical inspection is to secure that the health of the pupils shall be maintained at the proper standard. This involves a carefully organized scheme of medical supervision, and 'following up' to see that the necessary treatment is obtained.

"But a few years of medical inspection have revealed the presence of such an overwhelming amount of disease and malnutrition among school children, that existing facilities for the treatment of those conditions have proved themselves inadequate to deal with the number of cases requiring treatment. From the beginning it was realized that medical inspection and supervision were but initial steps to the greater task of grappling with the problem of improving both the personal health and the environment of the nation's children. Medical inspection has already forced upon our attention the need for an extended application of medical science to child life generally. It has already raised a whole series of problems, both immediate and remote, that demand attention.

"Perhaps the first and most urgent problem to be dealt with is the treatment of present suffering and disability. Schemes for medical treatment are everywhere already grafting themselves into the original scheme of medical inspection. This addition to the organization of the school medical service is giving rise to increased complexity of administration. But the intimate relation of schemes for treatment with schemes for inspection is of the utmost importance from every point of view. It gives additional interest, if such were needed, to the routine work of medical inspection. It brings the medical inspector into closer touch with the child. He now not only issues a notice to parents directing their attention to need for treatment, but himself become the medium through which treatment may be obtained. The advantage of this arrangement is of much greater significance than in merely simplifying the 'following up' of cases, and in making treatment more readily accessible to the child. It brings the medical officer into clear personal relation with the child, and serves to shift his point of interest from the disease to the child himself. This is a gain of the first importance, for the interest of medical inspection and supervision, its vitality, and its future development, as an important factor in social growth, depend not so much upon the love of an abstract study of disease and physiological growth, as upon the inspiration generated by contact with, and love for, the living child."

For the purpose of simplifying the organization of medical school inspection, and employing whole-time medical officials for the district, School Boards have been brought into relation with the public health service through county committees. In all but six counties the Medical Officer of Health either acts as supervising medical officer, and secures the necessary assistance for the work of medical school inspection, or performs the double duty of Medical Officer of Health and school

*Annual Report on the Medical Inspection of School Children in Scotland for 1912



TREATMENT IN DUNFERMLINE REMEDIAL CLINIC

medical officer. In every case where a supervising officer exists he is also the medical health officer. In this way more thorough, effective work has been carried on, and valuable time of highly paid officials has been saved.

Some School Boards in the cities have worked out a system of their own. These systems are recognized by the Scotch Education Department only in those cases "where the population of the area is sufficient to justify the employment of at least one whole-time medical officer."

Medical school inspection is now carried on in every town and county in Scotland. In half a dozen centres, counties have united for better management of the work. Free treatment is being given to an increasing number of necessitous children in the cities and parishes, and is being extended gradually into the country.

In accordance with the purpose of securing a proper standard of health for pupils, the medical health officers are devoting their time partly to advancing the work of physical training for pupils and to consulting with instructors as to exercises best suited to correct defects. Health talks given to parents and children are made the means of a better understanding between medical officers and parents.



IN THE MORNING—EVELYN HOUSE CAMP

The tactful and sympathetic personal connections thus made possible are gaining results obtained in no other way. The home is being regarded as "the point at which health must be ultimately controlled."

The school nurse in Scotland is an essential part of both the home and the school side of the educational as well as the routine work of medical inspection, and, "where school nurses are employed, their services are becoming more and more highly prized."

School children are for the most part regularly examined on entrance, when about to leave school, and usually once or twice in the interval. Since the attendance of the parents at the regular routine inspection may be regarded as an index of the interest taken, it is worthy of notice that, in general, the percentage of this attendance is high—in Glasgow, for instance, over 72 per cent.

The reports of inspection in the country show a large number of children suffering from bad nutrition, which the medical school officers attribute to two causes—first, the substituting of tea and jam for the once universal nutritious dish of oatmeal porridge and milk; second, the missing of the hot mid-day meal. In many districts country children live at considerable distances from the school, and cannot go home at noon. Already efforts are being made by School Boards, teachers, and others to provide hot meals at school. Farmers have taken the matter up, and have contributed home-grown produce to a local fund for providing suitable, nourishing, hot dishes at school during the noon recess.

Dr. Gordon A. Lang, Medical School Officer for the mainland district of Inverness-shire, in an address to the Second Guildhall School Conference on diet, etc., held in London, in which he explained to the Conference the system of feeding school children in his district, said that: "in practically every country school in the district, a hot meal of some sort is given. Some give soup, meat, and bread; others, soup and bread; others, soup alone; and many more give cocoa and milk, with or without bread. The system is a voluntary one, and the money to meet the cost was raised by concerts, entertainments, and subscriptions." He also said that "the prevalent feeling on the subject of diet for school children was that the food should be simple and nutritious; that part of it should be sufficiently solid to require careful mastication; and that the teeth should be put and kept in a fit condition to perform the work required of them."

COOKING CENTRE IN GLASGOW

The feeding of school children in the cities in Scotland has been a different problem altogether from that of the country. Feeding centres in the cities have been established for the benefit of those neglected children whose parents cannot or will not provide for them. The Bill for provision of meals, brought before Parliament in 1908, provoked a great deal of discussion. The deeply-rooted Scotch feeling for parental responsibility was stirred, but the report of the Royal Commission on Physical Degeneration in Scotland pointed so positively to necessitous children as a national danger that they could no longer be overlooked.

By the Education Bill of 1908 School Boards were required to provide for those children who were unfitted by lack of food or clothing for ordinary school work. This Bill also provided:

"That the School Board, where they deemed it necessary, owing to the condition of the child, shall have power to make temporary provision for the child out of the school fund, pending the completion of the procedure hereby prescribed, and to recover the cost of such provision from the parent or guardian, unless it is shown to the satisfaction of the School Board that such parent or guardian was unable, by reason of poverty or ill health, to supply sufficient and proper food or clothing for the child, or to give the child the necessary attention."

The charitable societies of Glasgow had been carrying on the work there with more or less success. In 1910, the problem grew too great for them, and the Glasgow Board of Education, in the summer of that year, found itself with 2,000 children to be fed the following winter. The trustees, however, were equal to the emergency. During the summer food was purchased in large quantities and temporary halls were hired in twenty-three districts. Necessary attendants and vans for conveying the food were also engaged. In the last four years the work has been well organized, and a suitable cooking centre has been built.



COOKING CENTRE IN GLASGOW

THE CENTRAL COOKING CENTRE

The central cooking centre has a capacity of 5,000. Dinners cooked in this centre are packed in specially constructed vessels that will keep the contents piping hot for several hours. These vessels are loaded into the delivery motor wagons by 10.30 a.m., and distributed by twelve o'clock to the thirty-four feeding centres, including twelve cripple schools. Dishes are also sent from the cooking centres, and returned there for washing.

This centre is an interesting place to visit. Raw material for cooking is all prepared by machinery driven by electric motors. The potato-peeling machine is fitted with water and drain connections, so that potatoes can be washed, pared, and drained off at the rate of forty pounds a minute; by careful peeling one bag of potatoes is saved in every ten bags. Vegetable-cutting machines, meat-mincing, and batter-mixing machines, and a dishwasher which washes, cleans, sterilizes, and dries all kinds at the rate of 8,000 pieces an hour, have been installed. Cooking is done in steam-jacketted boiling pans and ovens. With such labour-saving machinery one chief cook and six assistants can cook 2,000 meals twice a day, that is, breakfast and dinner, and do all the other work of the cooking centres.

In the office of the chief cook are samples of staple materials used for food. Supplies which do not come up to the required standard contracted for by the School Board are returned. The cost of a dinner (not including administrative charges) is about nine tenths of a penny.

Clothing from a reserve stock held by the Glasgow School Board is also distributed, with due consideration for the feelings of the children. Children who are found by teachers or medical inspection officers to be in need are given a private note to the officer of the clothing department for whatever is required. For a girl, the outfit consists of two sets of underwear and two pairs of stockings, an undershirt, dress, boots, and coat; for a boy, two sets of underwear, two pairs of socks, two shirts, a suit, boots, and coat, or sweater. The boy's outfit costs twenty-two shillings, and the girl's twenty shillings.

The clothing supplied is of good material and well-made, and is such as is commonly worn by boys and girls, so that the child is in no way distinguished by a uniform, or recognized as an object of charity. The pawnbrokers co-operate with the Board, and a secret mark placed on the inside of garments enables them to recognize and reject any that may be offered for sale or pawn; but only an occasional pair of boots has been offered since the Board began this work.

Last year 3,000 children were supplied with whole or part outfits—some with boots only. The total amount spent by the School Board in this Department for the year was £1,600. If parents are found able to pay, the amount spent on the child is, later, recovered by the Board.

EDUCATION ACT OF 1913: SCHOOL CLINICS

The medical examination of school children in Scotland soon showed that while a great many children were taken to the family physicians for needed attention, there were many school children whose parents either were not able, or neglected to have anything done to correct the defects reported by the medical officer. That school boards might have full power to deal with these children the Education Act of 1913 (Scotland) defined the duties of school boards in regard to medical treatment of children as follows:

"Where as a result of medical inspection, or otherwise, it is brought to the notice of a school board that a child attending a school within their district is in need of medical (including surgical and dental) treatment, the board shall have, and shall be deemed since the commencement of the Education Act, 1908, to have had, the same powers and duties with reference to the provision of medical (including surgical and dental) treatment for the child as they have with reference to the provision of sufficient and proper food, or clothing, or necessary personal attention, under and in virtue of section six of the said Act. In carrying out the provisions of this Act or of section six of the Education Act, 1908, a school board shall have power to act in combination with one or more school boards, or with the Secondary Education Committee for the district."

Already the Scotch Education Department had sent out a notification of a grant of £7,500 to be divided among those school boards which gave medical treatment to necessitous school children. The arrangement for 1914 was that the Department should give a grant for the treatment of necessitous children equal to the approved expenditure of the school boards. Detailed estimates of the proposed expenditure were to be sent in by January, 1914. The following extract shows the effort made by the Department to encourage school boards to take advantage of the grant offered:

"In all cases where a School Board finds it impracticable to deal with the problem of medical treatment effectively and economically, by independent action, it is strongly recommended that the Board should communicate without delay with the Secondary Education Committee who may be able to devise a comprehensive scheme, covering the whole range of treatment proposed to be given within their district."
—*School Education Department, Circular 455.*

This Government grant made the way open for school clinics. Dunfermline had opened one clinic two years previously, but the Glasgow School Board established the first school clinic under Government patronage in October, 1912. Edinburgh followed with one a few months later. Many centres for treatment have since been opened in other places. Sometimes, when the numbers are not great, a school, or a physician's or dentist's office is used.

A morning visit to the general school clinic in Glasgow is thus described:

"It is a private house furnished for the duties of doctor and nurse as a hospital would be, but with much more of the atmosphere of a home. Many mothers were waiting with their children. In the X-ray room a small boy was being treated for ringworm by the nurse, while the mother sat near. The specialist in skin diseases was attending a number of children who had been taking the X-ray treatment, and were well on the way to recover. The ear specialist had a few new cases to examine, and many old ones to give an opinion on to the waiting mother and the nurse. Nurses are in attendance at all examinations to assist, and to give the minor treatment required from day to day.

"There is a great deal of eye trouble in Glasgow, for which special provision is made at this centre. The dental chair, in a beautiful, large, light room, was kept well filled, though most of the children are sent to the special dental clinic provided for school children. A large operating-room, recovery, and waiting-rooms, occupy the remainder of the building."

It is interesting to note that in Edinburgh it has been found that, by allowing parents to pay by instalments, quite eighty-five per cent. of the cost of spectacles



X-RAY ROOM—CLASS. W GENERAL SCHOOL CLINIC

can be recovered. The parents of non-necessitous children in country districts have been found to avail themselves of the services of the school board oculist and to refund the oculist's fee.

OPEN-AIR SCHOOLS

Schools for children needing continued special attention have also been opened in connection with medical school inspection. In these schools provision is being made for physically-defective children, including cripples and delicate children, and for mental defectives. On the Ayrshire coast is a Rest-house and an Open-air School for convalescent children, with a staff of two permanent and three temporary teachers. Here teachers are offered the opportunity of going to recuperate without having to give up work, and those who avail themselves of the privilege come back to the city, well and strong.

The Scotch Education Department is encouraging the establishment of open-air schools, as the following extract from Circular 448 to Scotch School Boards shows:

"The Department is at the same time prepared to consider the question of making grants in aid of open-air schools for children suffering from tuberculosis or other ailments requiring open-air treatment, or in aid of any similar arrangement for improving the health of school children. They will be glad to have before them the proposals of any Boards which may be contemplating arrangements of the special character indicated."

CO-OPERATION OF PARENTS NECESSARY

The school boards soon realized that to neglect the child till it reaches school age, and then try to build it up, is not the most economical method of procedure. So they are now, by means of classes, or through the home-visiting by school nurses, educating the prospective mothers, instructing them how to take care of themselves and the little ones, and how to clothe and feed them properly. Milk depots under special medical officers and nurses are the means of reducing the mortality among infants under two years of age. The problem now before the Board is how to look after children from two to five years, or until they reach the school age.

What has been the actual effect of all this work on parental responsibility in Glasgow, which is spoken of as one of the best governed cities in the world? In the first place the school boards in Scotland accept responsibility only for those children whose parents, through inability or carelessness, are not taking the responsibility upon themselves. While children are made more fit to profit by the educational advantages which natives of Scotland have always prized so highly, parents are held responsible for refunding as much of the cost of feeding and clothing as they can. In this way duty has been brought home, parental responsibility has been strengthened rather than weakened, and the standard set by the school boards emphasizes the essentials in development and acts as a stimulus for many whose children are not classed as necessitous.

CARNEGIE DUNFERMLINE TRUST

The old historic town, where the remains of King Robert Bruce rest under the altar of the ancient Abbey, is becoming known for its valuable work in educational hygiene and school clinics, made possible through the generosity of one of its sons, Andrew Carnegie. Any account of Scottish medical inspection would be incomplete without mention of the Carnegie Dunfermline Trust.



TREATMENT IN DUNFERMLINE REMEDIAL CLINIC

Dunfermline has a population of about 30,000, and is but a short train-ride from Edinburgh. The Trust, in the year 1906, had examined 2,000 school children and established a school clinic. Consequently, when medical school inspection was made compulsory for Scotland's school boards, the Dunfermline School Board with the sanction of the Scotch Education Department, gave over their powers in this respect to the Carnegie Trust. Under the able direction of Dr. Ross, chairman of a carefully chosen group of trustees, and Dr. McKenzie, administrative medical officer and principal of the Dunfermline College of Hygiene, it has been possible, with the ample funds at their disposal, to pass quickly through the experimental stage of medical inspection work and to launch out into direct educational work and make it easy for people to grow strong and happy, as well as to be cured when ill.

The initial step taken by the Trust was the opening of public baths, with a good-sized swimming pool. People flocked in, and the idea of giving some instruction was suggested. This grew into a Remedial Department, which previous to the opening of the medical school clinic had four years' experience, with an expert in charge to correct deformities by means of special exercises, massage, etc. The Remedial Clinic has proved its importance in any system of education where the health of the school children is considered.

The College, opened as a training-school in physical education, was in 1909 recognized by the Scotch Education Department as a central institution for the purposes of the Education (Scotland) Act. This year the heads of the different departments that have been proved worth developing will be gathered under one roof in a magnificent new building, now almost completed, and well-equipped for college and clinic work.

As it is a College of Hygiene and School Clinics, students-in-training are enabled to study in a centre where systems of school physical education and hygiene will be brought into vital relationship, each correcting and supplementing the other, and both directly related day by day to the education of the school children of the country. In the union of different departments, the College holds a unique place in the training of teachers.

Besides the Remedial Clinic, there is in Dunfermline a general Medical School clinic for the treatment of affections of the eye, ear, nose, throat, and skin, which is open four hours daily; a Dental clinic, open twelve hours per week; and an Eye clinic in charge of an expert who tests eyes, attends to eye diseases, and corrects errors of refraction. Glasses are not given by the Trust to necessitous children, as various charitable societies have undertaken such work. Last year over 2,000 deficient children visited the clinic, and the total attendances numbered 20,000.

The four illustrations on pages 29, 37, 39, 41 show the application of remedial exercises to school children and children under school age at the Remedial Clinic under the Department of Medical Inspection and the Dunfermline College of Hygiene and Physical Education. The close connection between these two departments is having exceptionally good results. The exercises shown are given by the students of the college under the direction of a specially trained teacher who has studied this subject in Stockholm at Dr. Arvendesen's Institute.

In spite of the varied and extensive work carried on, the officers of the school clinics at Dunfermline greet their small patients with that consideration and charm which marks those who have much to give, and can take time to do the smallest service well. In return, the children show great faith in the nurses and doctors, looking on them as their friends.



TREATMENT IN DUFERLINE REMEDIAL CLINIC

Children of four or five years of age go in with a bruise or scratch, for doctor and nurse are able to take time to treat them with respect. Two boys were on their way to school, when one fell and bruised himself, the other, who had had his ear treated at the clinic, took him there, where he assured him that the nurse would attend to him. At one of the school clinics (Old Baths) a dainty mite, fresh from her mother's careful hand, appeared in the doorway, hesitating as her eye fell on strangers. But in answer to beckoning, and question as to what was wrong, she came slowly forward, turned her head on one side, and pointed to her ear hidden under shining hair. The nurse had been attending to her ear, and she was coming for her turn again. She walked to the high chair by the nurse's table, climbed skilfully up, seated herself with head on one side, and waited the nurse's convenience.

On their entrance to school, children were found to be suffering from serious defects due to ignorance of their parents. Consequently, Dunfermline opened a mothers' school to meet two afternoons a week, in connection with their medical inspection of schools. At first, only mothers with small babies attended, but now all children up to school age are being brought in. Every child is weighed and examined on admission, and the parents are given special advice about each one; also demonstrations on infant feeding and other useful subjects are given. Cradles constructed from banana crates are used in the nursery, and the mothers are relieved of their babies during class hours. The use of these cradles shows how the baby may be made comfortable through the adaptation of very commonplace materials. The home of each mother attending the class is also visited, and any needed help or advice willingly given there.

The method of procedure at Dunfermline is to examine each child four times during school life—at entrance, at eight, at eleven, and at thirteen, that is, just before leaving. Minor inspections are made each year, that is, their height and weight are taken for comparison with the previous year, and a general note is made of the child's condition. If the child seems to need further attention, it is examined thoroughly as a "special," but since the school clinic is free to all children who feel any need for it, very few "specials" are found in the schools.

If the trouble is too slight to require a doctor's attention, the child is cared for by the nurse at the clinic. If more serious, a card is sent to the parents asking that they go with it to their family doctor. A letter, with post-card inclosure, is sent at the same time to the family doctor, who, if he accepts the case, initials the card and returns it to the Chief Medical Officer. If he thinks it best that the child should go to the clinic, he fills out and signs the detachable part of the letter, and sends it to the medical officer at the clinic.

In all cases where the letter has been sent to the family doctor, and no word is received, and the child does not, within a few days, appear at the clinic, the nurse visits the home to learn the reason. All cases are "followed up" until action is taken by some responsible person. Children recorded for uncleanness are not reported by letter, but the nurse immediately makes a visit to the home.

This co-operation of medical school officer and nurse with family doctor is achieving most satisfactory results.

To save the time of the medical officers and nurses, the clerical work is done, as far as possible, by stenographers. The Civic Guild, too, relieves nurses of the routine visiting of homes for the purpose of obtaining minor information about the attendance of children at the clinics. The Civic Guild is an organization for the general well-being of the town and its citizens, and by the extension of its interests



TREATMENT IN DUNFERMLINE REMEDIAL CLINIC

to include the welfare of children, valuable assistance has been given to the Medical School Inspection Department.

The work of the school nurse is an important part of this Medical School Department. She assists the doctor at routine inspections, and does systematic visiting of the schools to see that children are kept up to the prescribed hygienic standard. She visits the homes of children who need her, and gives them treatment when they come to her in the clinic. She also conducts class work on the subjects of Home Nursing and the Care of Infants. One half of each lesson is devoted to theory and the other half to practical work by the pupils of the class.

The following is a list of the subjects:

1. Various kinds of poultices and their uses; bandaging.
2. Fomentations; mustard plasters; bandaging.
3. Care of eyes, skin, teeth, nails; regular habits.
4. Cleanliness of head and hair.
5. Meaning of fever; taking pulse and temperature.
6. Bathing of a baby.
7. Clothing of infants.
8. Infants' foods.
9. Hemorrhage, and how to arrest it.
10. Bed-making.
11. Home-nursing.
12. Consumption in the home.

Through the College and school clinics, scientific investigation and the improvement of children are daily going forward hand in hand at Dunfermline. Their valuable contributions to education must affect, not only Scottish institutions, but also those farther afield.

ENGLAND: MEDICAL SCHOOL INSPECTION IN LONDON

In England also medical school inspection has gone rapidly forward. In 1904, the Medical School Inspection staff of the London County Council consisted of one officer, Dr. James Kerr, formerly of Bradford, one assistant medical officer, one half-time and two quarter-time assistants, besides oculists and nurses.

The detailed inspection required by the Education (ad. P.) Act of 1907 gave to the London County Council the problem of working out a system of inspection for the school children in a population of almost eight millions. This detailed inspection was begun in 1909. Much still remains to be done, but the machinery set in motion during the last five years is a tribute to the administrative ability controlling it.

At the present time all school children are given a general examination—weight, height, lungs, spine, eye, ear, nose, throat—at least three times in their school life: once on entrance, once at eight or nine years of age, and again before leaving age, that is, between twelve and fourteen years. The school nurse sees each child once in three months, and any child found requiring attention is sent by her, or the teacher, or the doctor, for a special examination. To the regular examinations, parents are invited to come with their children, that they may understand what is required and furnish any necessary information.

In one very poor district about twenty-five mothers came with their children for the morning inspection by the school doctor. Gathered for one purpose, they were yet so different. One sweet-faced woman held a baby in her tired arms. She looked as though the responsibilities of home-keeping were almost too much for her, and she was glad enough to have some one help in the management of the children. A stout mother sat complacently with her boy, unconscious that his neglected teeth and his mouth breathing were already hindering his progress at school, and would count against him later in the work-a-day world. However, the doctor said it was so, and if he could make the child "smarter," she was quite willing. A restless little woman, looking like a butterfly with wings bedraggled, seemed impatient to be gone. It is surprising that busy mothers, some stretching the family purse to keep a home cosy; some working out by the day to make ends meet, should so willingly set everything aside to go, when requested, to the school inspection. As the doctor remarked, "We do not realize how much it all costs these parents." Sometimes with few conveniences, the mother must take several days to nurse a sick child after an operation. "They are very brave," said the nurse; "how they manage it, I do not know."

The mothers on this particular morning gave an appreciative hearing to the doctor's advice on such matters as the best way to keep a bedroom fresh, the amount of sleep a child should have, how to prevent toothache, the amount of clothing required by a healthy child; some children had twelve thicknesses on, and some only three.

The children waiting for their turn were surprisingly good. "It is extraordinary how these babies put up with examinations," remarked the doctor. One alert, dimpled girl thought it all a great piece of fun, while the boy who followed her cried before he came near, and would not be pacified, even when the doctor inconsistently remarked: "We'll think you're a girl if you cry like that."

The extension of the scheme of medical inspection over the large population under the London County Council made it necessary to extend also the system of treatment for children whose parents were not able to pay the family physician



NURSE BANDAGING CHILD—DEPTFORD HEALTH CENTRE

for the attendance recommended by the school doctor. The accessible hospitals were overcrowded, and the Council recognized that further facilities were needed to cope with the increase of attendance. Arrangements were, therefore, made for the treatment of certain defects at the Medical Treatment Centres.

MEDICAL TREATMENT CENTRES

The first centre was opened at Hampstead in July, 1910. By the end of 1912 the Council had made arrangements with eleven hospitals and seventeen treatment centres for the treatment of 54,208 children suffering from diseases of the eye, ear, nose, and throat, and from ringworm and minor ailments. Arrangements had also been made for the treatment of 18,850 dental cases each year. Besides attending to the children's teeth, it is the duty of the dentist to give advice about the care of teeth to parents who gather in groups for that purpose. Children who are found defective in the school inspection may go to the treatment centre for either medical or dental treatment.



EXERCISE FOR STRAIGHTENING CROOKED BACK—DEPTFORD HEALTH CENTRE

One centre visited was a private house, which a woman's care had made very attractive. It was spotlessly clean, with nurses in white. The prettily decorated waiting-room had books scattered on the table, and a rear door opened to the garden. Special rooms were provided for dental work, eye work, for operating, for rest-rooms, and for the use of X-rays. A nurse is in constant attendance and gives the minor treatments.

While treatment is free to necessitous children, parents pay one shilling, if possible, and the Borough Council makes up the difference. During 1912-13, a grant of £60,000 was placed in the government estimates for educational work in connection with medical school inspection. Of this, the amount allotted to the London County Council for medical treatment (not including inspection) was £12,988 8s. 10d., or fifty-eight per cent. of the expenditure.

In addition to treatment centres the Medical School Inspection Department has established cleansing stations, where school children from the crowded districts may be bathed, their clothing sterilized, and any necessary attention given them. Many schools have no children who need to be sent here, while others have many. The important problem is to secure a better understanding between the parents, the nurses in charge, and the school doctors, so that public opinion will aid the cleansing work and children will not lose their self-respect, while being made clean.

Under the Medical School Department are also fresh-air schools, defective schools, and physical training-schools for special children, as well as medical inspection training-schools.

ORGANIZATION: STAFF

The staff of the Medical School Inspection Department consists of the Medical Officer of Health, who is also Chief School Medical Officer, a Deputy Medical Officer, a Medical Research Officer, and a number of assistant medical officers, besides part-time officers, and part-time inspecting dentists.

Two of the assistant medical officers devote their time to the direction of the work of inspection, the investigation of epidemics, and other problems in connection with the schools, while three give their time to special branches of work, such as fresh-air schools, schools for defectives, home nursing, etc. Twelve part-time officers also give their time to these special branches of medical inspection. It is interesting to find that twelve of the medical officers and school doctors are women.

The staff of nurses consists of one superintendent, six assistant nurses, and over a hundred general nurses. About ninety devote their time to medical inspection in the schools and home visiting—each child is visited by the nurse once in three months, and oftener, if necessary. Twenty-two are kept busy in the cleansing stations, and a dozen are in the treatment centres. It is also the duty of nurses to weigh and measure the children and gather other important information before inspection by the doctor.

Each school or group of small schools has a Care Committee of three to six members, which is an important part of the medical inspection staff. The members of these committees are voluntary helpers and are gathered together by specially paid organizers under the Council's Care Committee. These committees were first formed in connection with the feeding of necessitous children. The rapidity with which this work was established caused difficulties, and there were, at first, many complaints of the standard of food allowed by the educational authorities. Members of Care Committees have done much to improve conditions by gathering information about children, and by improving the administrative side of the work. One member of a Care Committee who thought the food supplied should be of a standard suitable for any child to eat, took a sample of it to one of the Council. He wished to ignore the matter, but, when pressed, said impatiently: "Well, what do you suggest that I do about it?" "Why, I suggest that you take it home and feed it to your own children," was the reply. The standard of food was raised.

The duties of the Care Committees now include visiting the homes to gather information about children who are having, or should have, medical treatment. Changes made in arrangements for "following up" children, and the extension of treatment work, are making great demands upon the members of Care Committees. The best results have been obtained where members of the committee have been residents of the school district in which they work, and possess some common interest with the people.



LUNCH AT THE DEPTFORD NURSERY



GENERAL VIEW—DEPTFORD CHILDREN'S HEALTH CENTRE

DEPTFORD HEALTH CENTRE

The Deptford Health Centre in the south-east part of London has for some time been making experiments in connection with medical school inspection from two points of view—one, the harmonious development of the child; the other, the administration of the work on a business basis. This section of the city has for years been a manufacturing district, and gradually the weak, the unskilled, and the poor have drifted into its narrow streets and crowded houses.

The Health Centre, established by Miss Margaret McMillan, began with a school clinic, which treated the children reported by the school doctor as unfit for school. That these boys and girls might be given the full attention they required, camps were opened, one for boys and one for girls. Here they could sleep out-of-doors, in single beds, have daily hot and cold shower baths, and regular meals, and continue their education in an open-air school under good teachers. Children live here from week to week, but return home to take dinner with their parents. The



CORNER OF BOYS' CAMP SCHOOL—DEPTFORD

work and life of the camps are directed to making strong, healthy, self-reliant boys and girls. The doctors, nurses, and teachers are carefully chosen for the work, and are in close touch with each other and with the children in different departments of the Centre. They are all specialists in some branch of educational work. The nurse, who is always to be found in the clinic, has managed to dispel the air of fear and repugnance which usually pervades such a place, and has made it a spot to come for help and even for play. Little girls play with their dolls near the dentist's chair, awaiting their turn. Improved methods of treatment have, indeed, in clinics of every country, made it possible for dentists to do their work with little objection on the part of the children. The Deptford nurse treats from 130 to 140 children a day, but for all this hard work she has plenty of time to talk to her patients and even to play with them. There is no fear of her, and no inclination to give her trouble. "I hope I won't get well soon, else I can't come, I suppose, any more," said a boy ruefully. "If you please, nurse," said a little girl eagerly, "can't I keep coming yet awhile. I've got a pimple."

The addition of the Evelyn House to the Health Centre has made it possible to do a great deal of preventive work. On Saturdays the Evelyn House is used by the doctors and nurses as a hospital. Then Miss Riddell takes every child who has undergone an operation for adenoids and trains him or her in new breathing habits. She brings the curvature cases into her classes and undertakes the long task (continued for months and even terms) of straightening crooked backs, of lifting flattened feet, of drawing back rounded shoulders. She teaches the use of the toothbrush before giving oral lessons. Then begin the drills of stiffened lips, etc., etc. The teacher in charge of this side of medical work is a specialist in physical training, and a graduate of Dunfermline College of Hygiene.



CORNER OF THE GIRLS' OUTDOOR DORMITORY—DEPTFORD HEALTH CENTRE

The success of the camp school made it possible to open a nursery where younger children could be left from Monday morning till Saturday noon by their mothers, on payment of a small fee—one shilling a week. Parents who, in their overcrowded rooms and noisy streets, found the children a drag on tired body and strained nerves, drop in on their way home to see the children here, and give them the affection for which there was no time before. In the camp and nursery, children are learning ideals of home life, otherwise impossible to conceive of. They are growing strong in body and spirit.

The Deptford Camp School experiment looks like a good business enterprise, affording excellent returns for the amount spent. *Early records kept in the clinic showed that children were constantly being treated, cured, returned home, and then coming back again with the same trouble for more treatment. One child was reported to have been cured and returned to the clinic seven times. Last year 7,000 children were treated in the Deptford clinic. If these children could be kept in health, it would be a great saving of the doctor's and nurse's time. The Camp School takes charge of those children whose parents, through ill-health, ignorance, or neglect, are not able to provide happy, healthy homes for them, and prevents such recurrences of disease, and consequent need of treatment from doctor and nurse.

* "The School Clinic To-day."—Margaret McMillan

SWITZERLAND

CANTON OF GENEVA

The rosy-checked Swiss children, watching their goats among the mountains of Switzerland or playing in the school grounds through the country, seem in little need of Medical School Inspection, but even here the doctors are kept busy.

Each of the twenty-five Cantons in Switzerland controls its own educational system, and therefore its medical school inspection. The Canton of Geneva is the oldest centre of learning in Switzerland, and spends more than one third of its total public expenditure on its educational work. This amount does not include technical schools, school museums, etc. Medical school inspection is under the Department De L'Intérieur, Service d'Hygiène, and includes all school children, both in the city and in outlying districts.

During the year one thorough examination and two lesser examinations are made of the children. Reports are then sent by all the school doctors directly to the Service d'Hygiène, where clerks send out the reports to individual parents. The parents are not compelled to have their children attended to.

One of the most interesting features of the medical inspection is the polyclinic, doing duty for the whole Canton. One special day in the week is reserved for the children from outside the city, and that day is always a very busy one, the waiting-room being generally crowded with children accompanied by one or both parents. The clinic is maintained by the Board of Public Instruction.

In the city of Geneva there are soup kitchens in the principal schools. These furnish in winter, at a moderate price, warm meals for pupils who desire them. A committee of citizens from different parts of the city is charged with the oversight of this interesting institution.

CANTON OF ZURICH

In Zurich, the largest city in Switzerland, the work is only yet in its inception, but presents some unique features. One school doctor has charge of the 20,000 school children, with a nurse and two secretaries to assist him. The doctor spends his mornings visiting the schools, and his afternoons are devoted to the examination of the children, who have been selected by the teachers or himself, as requiring special attention. To his offices in the municipal buildings the children come with their parents, and if, on examination, they are found to be in need of special treatment, they are sent to different clinics in the city.

There is also the Canton Dental Clinic for the school children, supported, as in Geneva, by the city and country. Here one dentist, who gives his whole time, and two assistant dentists, who give part time, are kept busy.

A great deal of attention is being paid to backward children in the Canton of Zurich. These are placed in special classes, not more than twenty-five in a class. Special examinations by the school doctor have shown that some of the children in these classes are there, not on account of feeble-mindedness, but because they could not be well developed in the ordinary classes, on account of their defective hearing. With specially trained teachers in charge, the work for backward children of the Canton is very successful.



CANTON DENTAL CLINIC, GENEVA, SWITZERLAND

ITALY

THE PEOPLE'S BATHS

Medical school inspection in Rome has been initiated, and is still largely supported, by private enterprise, although the governing bodies are slowly recognizing the necessity for financially assisting, and therefore regulating, the administrative work. There are three centres of work especially interesting, the People's Baths (*Bagni Populi*) and elementary schools, the schools in the Talamo Houses, and the schools on the Campagna. A committee was formed in Rome, composed of men and women who have voluntarily devoted themselves, among other benevolent activities, to improving the health condition of school children.

As an experiment, a bath was built in Trastevere, one of the poorest quarters of Rome, with individual sprays of hot and cold water to be regulated as desired, a few tubs for little tots, and separate dressing-rooms, where a class of about thirty may be accommodated at one time. To these baths, the school children in Trastevere (six schools in all) are marched by the teachers once in eight days. Half an hour is allowed for a class of thirty to make use of the bath.

Last year (1913), the women members of the Committee gave personal attendance to the children during bath hours. This year (1914), by placing in charge an experienced nurse, much needed relief has been given. The People's Baths have been so successful that one is being built in each district in Rome, with a section for the use of school children.

REMEDIAL TREATMENT AND INSPECTION IN SCHOOLS

The new movement for the health of the school children has led to the building of several new schools, where a special room is set apart for the doctor and nurse, and another, fitted with apparatus, where remedial treatment may be given. The nurse from the Baths accompanies the doctor on his routine inspection. Special children, picked out by the teachers, are first examined in the doctor's room, and minor ailments treated by the nurse. The doctor then passes through the classrooms to see each child there, doing ten classes of thirty-five or forty pupils in an average of three and a half minutes each. Children requiring further examination are selected and examined in his room, and take remedial treatment, under supervision, in the room set apart for it. The work is still in its infancy, but a high standard of efficiency has been set by those in charge.

Once a week, Dr. Ascerelli, the school doctor, takes charge of a class of girls, giving a lesson for an hour on the care of children. Part of the time is devoted to a talk, and the remainder of the time to a demonstration. Arrangements were made for some of the delegates to the International Council of Women meeting in Rome in May, 1914, to go to one of these school classes. The presence of these foreign women was forgotten by the group of Italian girls, so interested were they in the tale that the doctor was telling of the time when Rome, at the height of her splendour, had thirty-six public baths for the daily use of the people. The doctor then explained how to prepare a baby's bath—the proper temperature, the value of soap, etc., after which the school nurse took charge of the bathing of the baby.

THE TALAMO HOUSES

The Talamo Houses or People's Modern Houses (*Casa Popolara Moderna*) are apartment houses of good architecture, built to supply good homes at a reason

able rent to the people. Some of the apartments have six rooms and a kitchen; some are even as small as one room and a kitchen, and these are rented to minor civil clerks, street car conductors, etc. Besides the children's school (*Casa dei Bambini*), which opens off a pretty inner court of grass, flowers, and trees, there are the baths downstairs, with tub or shower baths, which may be used daily at a small charge.

In a Talamo House there is one special room, with a woman in charge, set aside for the children to study in after school hours. If the mother is busy, or goes out working by the day, the children are under supervision by the school all day. In this House half a dozen sewing-machines are provided free of charge, and irons and gas may be had at two cent an hour. A good sized library, with magazines, which can be used as a lecture-room or for special evenings, is of great educational value. The school teacher, as well as the doctor, lives in the House, and may enjoy all its conveniences.



TALAMO HOUSE

One of Dr. Montessori's first schools

The children's schools in the Talamo Houses are open to the children of the families in the House. The doctor, who is in residence, has charge of all the people, both in the home and in the school. To his office in the court may be taken, free of charge, any of the children, or for a small fee (twenty cents) he will go to the apartments to see them. The school teachers measure the children once a month, and weigh them once a week, sending the report to the doctor. The Talamo Houses are great educational centres, teaching healthful living. There are seventeen in Rome.

Like other medical work for school children in Rome, the work at the Talamo Houses is carried on by private enterprise. It was in connection with the schools in these Houses that Dr. Montessori was first given an opportunity of trying out her ideas in educating children, which have since attracted world-wide attention.

THE SCHOOLS ON THE CAMPAGNA

There are about 2,000 children attending the sixty-one schools scattered over the Campagna, which surrounds the city of Rome. The director is appointed by the school society which had the schools established, and which still is largely responsible for the administration and the support of the work. Regular government inspection is under the Sanitary Department. The doctor comes out once or twice a year; the remainder of the medical school supervision is all voluntary, and treatment is managed through the co-operation of nearby hospitals.

For centuries the Roman Campagna had been a dangerous malarial district. No one could live there. Even the rough mountaineers dared only venture down from the mountains to cut a little hay, and then return to the safety of the higher



CAMPAGNA SCHOOL, ROME

lands. But the malaria land was good agricultural ground, and when, fifteen years ago, the scientific work of medical men (among whom was Dr. Celli), proved the mosquito to be the cause of the fever, an effort was at once made to reclaim the land for agricultural purposes.

The reclaiming of the land meant, too, the reclaiming of the mountain people. The problem was to induce permanent residence on the waste land and to protect the people from the mosquito. This large extent of land is owned by four princes, but permission was obtained from one of them to make some experiments in bringing the hill people down as cultivators, and protecting them. The doctor's experiments were almost a failure because of the ignorance of the people. For example, they did not seem to understand the value of the cotton screening put on their windows, as a protection against the mosquitoes, and in the fruit season, when they wished a bit of cotton for straining purposes, they just tore it off. The experiments looked like failures, but revealed the degradation of the people. Dr. Celli's wife came to the rescue, and, as convener of a committee of women, began the movement for the establishment of schools and the medical care of the hill people.

All the difficulties which gather around the educating of a people dependent on great landowners in the older civilization, faced this little group of women, but it was contended that these people, born on Roman land, were citizens, and by law could not, therefore, be denied the privilege of elementary education and health supervision given to Romans. In spite of all opposition, the first school was established ten years ago. Teachers in Rome gave their services free on holidays and in the evenings, so that about six months' school could be held during the year. Now, nine schools are open all day (9 a.m. till 4 p.m.), and the remaining fifty-two are evening and holiday schools.

Seven hundred and five lire (about \$140) are given by the Government to the School Society for each school, and inspectors are sent out once a year. The grant suffices to pay for the transportation of teachers and doctors. The Government loans at two per cent to farmers who would undertake to reclaim the land have helped the economic plan.



THATCHED STRAW HUT—CAMPAGNA, ROME

In the older places modern cement houses are built, with schools for the children, and stables, in which the dairy cows may be shut in from the mosquitoes during the three dangerous months, July, August, and September.

Some of the primitive villages may still be seen, where the people are living in their original thatched straw huts. A visit to two of them, under the guidance of Signora Celli, revealed ignorance and disease on every hand. The people came out to meet the visitors, bringing their sick children to Signora Celli for her advice. Two very small children were alone in a straw hut, with a low opening which served as door, window, and chimney. The children were barely distinguishable in the darkness—one on an untidy bed, another on the floor. The mother had gone to the hospital where the baby lay hopelessly ill.

The people are encouraged to help in supporting the school. Here, each child brought eggs, two a week, to help in the purchase of a sewing-machine for the girls

to learn sewing. The programme of work for the schools was first made out by Signora Celli and the small committee of women; now the School Society, composed of men and women, still directs the organization and financing of the enterprise.

Difficulties which seemed insuperable have been overcome by persistent efforts, and no doubt these primitive people will soon be enjoying the comforts of civilized society, as those in other parts of the reclaimed Campagna.

GERMANY

MEDICAL SCHOOL INSPECTION, CHIEFLY URBAN

Germany during recent years has devoted much time to the study of the health of school children. Medical school inspection is now being carried on throughout the larger towns and cities, but it has not yet been extended to smaller centres or to the country. At the beginning of the year 1914, there were in all Germany 1,759 school doctors employed. The administration of the work is sometimes under the education authorities, sometimes under the health authorities, or, as in Munich and Nürnberg, the medical school inspection officials are answerable partly to the district health officials, and partly to the education officials.

By means of polyclinics, Germany has used her hospital system to provide for the treatment of children. While the value of these polyclinics can scarcely be doubted, there seems reason to believe that something better could be supplied for the majority of school children.

Many cities employ a chief medical officer who gives his whole time to the work, and other medical officers who give but part time. The larger places require that at least eye and ear specialists be included among the school doctors employed. The extent of examination of children also varies in different centres. Some require an examination only on entering school, others on entering and leaving school; still others have weekly consultation hours reserved for school children, besides the regular examination. This last arrangement has met with most success in Halle, where four consultation hours are reserved weekly.

In Germany, much of the regular duty of a school nurse has been done by the Red Cross or other nurses. School nurses have just recently been added to the staff of medical school inspection in Breslau, Cassel, Essen, Hanover, and Charlottenburg.

Since, in Germany, each centre has its own independent system of inspection, each defrays its own expenses. Charlottenburg, which offers the advantages of inspection and treatment not only to school children, but to every member of the family, has many specialists employed in the different departments. That the Charlottenburg Lung Department alone costs 150,000 marks (\$37,500) annually shows the city's willingness to help in building up a healthy community. Constant effort is made to have all share as much responsibility for themselves as they are able. Special officers are, therefore, employed to keep record of incomes and collect according to the ability to pay. The lack of any uniform system has thus far made it impossible for school doctors to furnish reliable comparative statistics of their work.

CHARLOTTENBURG FOREST SCHOOL

The Charlottenburg Forest School (*Waldschule*) is one practical outcome of the Medical Inspection Department, and has been a model for other places in Europe and America. The school, like other public schools, is under the administration of the educational authorities. The cost per child is two marks (fifty cents) a day. Parents pay according to their ability—usually from one cent to twelve cents per day—the balance being defrayed by the educational authorities.

Trains bring the school children from the city every morning and return them in the evening, the school day lasting from 7.30 a.m. to 7.00 p.m. Every effort is made to restore the children to health as quickly as possible, and, so far as it is consistent with this aim, to carry on their education at the same time. The children

are, therefore, given an abundant supply of nourishing food at regular periods (five times a day), and are comfortably clothed, so that they may be out of doors on damp as well as on bright days. Classes are held only in the mornings, with thirty minutes' class-work alternating with fifteen minutes' play. Rolled in warm rugs, the boys and girls sleep or rest on reclining chairs under the trees for a couple of hours in the afternoon.

Looking at the merry groups amusing themselves in swinging, building their houses, or spading in the sand piles, it seemed impossible that such happy, industrious children should all be suffering from serious defects. Some fifty girls called in for their first spinal examination by the attending specialist crowded eagerly forward. The result showed that all but two had defective backs that needed special exercises for correction.

The doctor and teachers agreed that the improvement in the children, even in a few weeks, was very noticeable, and often the short term was sufficient to return them to their ordinary classes in good condition, and able to keep up with the daily school work. Nor are the children the only ones to improve; the teachers also are much benefited by the outdoor school life.

Unfortunately, when restored to health, children are constantly returned to the same home conditions which produced the first trouble. The problem before Charlottenburg is that of making homes healthy, so that children returned from the Forest School may continue to be well and strong.

LESSONS FROM EXPERIENCE IN ONTARIO AND ELSEWHERE

The trend of this branch of educational work in older lands, and the obstacles that have been surmounted elsewhere, may help to a clearer understanding of the work of medical school inspection in Ontario, and to a solution of the difficulties that present themselves.

The first difficulty has usually been the selection of medical men to do the school inspection. It was everywhere easy in the beginning to take local doctors with private practices and give them a certain amount of inspection to do. Experience is proving to one centre after another that the best results are obtained by increasing the areas sufficiently to require one doctor's full attention, and then choosing an efficient man willing to give his whole time and energy to it. This, however, has been successful only where the work is put on a broad educational basis, and where routine examinations take a less important place than was customary at the beginning.

The difficulty of correcting defects has been met in different ways which are proving successful. The most important and effective means have been the work of the nurses in visiting homes to "follow up" defective children, and the special hours of the nurse in school or clinic, where parents or children may go for treatment or advice. Remedial work, where a specially trained teacher, by means of massage, exercises, or special apparatus, re-makes the defective into a strong, graceful, well-poised individual, has opened a new path which means so much to the general physical training of school children that no Medical Inspection Department can afford to be without this branch of treatment.

At the present moment the greatest obstacle in the Medical School Department of every country is the lack of understanding between those who undertake the responsibility of children in the homes, and those who undertake the responsibility of them in the schools. The good work of the one is often unconsciously undone by the ignorance or neglect of the other.

The beginnings of work in rural Ontario point to a way of avoiding this obstacle. Through local Committees on Medical School Inspection, and through Women's Institutes, a common meeting-ground has been found possible, so that efforts may be directed both from within the home and from without, for the care of children's health in home and school. These two agencies, supplementing each other, and going forward with united purpose, will eventually bring to weak children, even in the remotest districts, the advantages and delights of restored health.

