THE SCHOOL MEDICAL SERVICE.*

By CATHERINE O’BRIEN.

THIS service looks after the health of school children. Although medical inspection and treatment are important duties of the service they are incidental to prevention, and the main object of the School Medical Service is not to find defects and treat them, but to keep all children fit and well and ensure that they leave school with a sound knowledge of healthy living.

A complete service includes:

1) Medical inspection of:
   (a) Public elementary school children;
   (b) Secondary, trade and continuation school children;
   (c) Abnormal, i.e., physically and mentally defective school children.

2) Facilities for medical treatment of public elementary school children, including:
   (a) minor ailment clinics (also cleansing department);
   (b) throat, nose and ear clinics;
   (c) eye clinics;
   (d) skin clinics, including x-ray treatment of ringworm;
   (e) artificial sunlight clinics;
   (f) orthopaedic clinics.

3) Dental inspection and treatment of public elementary school children.

4) Hospital treatment in respect of operative treatment of enlarged tonsils and adenoids, deflected septum and orthopaedic defects.

5) Maintenance of beds for anaemic and debilitated school children.

6) The care of the abnormal child. This includes the education and, within certain limits, the medical and institutional care of the deaf, blind, physically defective and educable mentally defective. It also includes the provision and maintenance of special schools for mentally and physically defective children.

7) Following-up in their homes children found to be defective.

8) Cleanliness surveys of children in public elementary schools.

The generalised establishment of a School Medical Service Scheme was made possible with the passing of the Public Health Act of 1919—an Act which provided for the recoup-

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ment to Local Authorities from the Central Authority of 50 per cent. of the expenses incurred in the scheme. This Act was applied to Ireland in 1920. It laid down certain specific regulation attaching to the School Medical Service, both as to medical inspection and treatment of public elementary school children. It also made compulsory the appointment of public health medical officers. The Rockefeller grant has been of great assistance in Counties Kildare, Donegal, Kerry, Mayo and Galway towards financial support of the scheme. Provision already existed for the treatment of children under the Poor Law, Voluntary Hospital, etc., schemes. They were not abolished by the establishment of the School Medical Service, nor replaced by it.

Dublin inaugurated its School Medical Service Scheme in 1928, the school-going population in that year being 54,000. The extension of the city boundaries in 1930 to embrace the urban districts of Rathmines, Rathgar and Pembroke, together with the increase in the population of the County Borough, now brings our school population to 81,226. It has almost doubled within the past nine years.

The minimum proportion of the school-going population which should undergo routine annual inspection is one-third. Thereafter, children found defective should be seen upon completion of treatment, and the "observation" group inspected at regular intervals. Defaulters who fail to obtain treatment subsequent to the doctor's visit to the schools must also be seen again. This latter group alone constitutes over 80 per cent. of the Dublin school-going children. The scheme has to be adapted to our own particular needs and conditions, and by concentrating on the entering and leaving groups in each school during each year, and by substituting an age limit of 5-8 years for the former, with 11-14 years for the latter, we hope to effect the maximum amount of improvement in our school-going children. In a complete school scheme not alone would children be medically inspected on the three statutory occasions in their school life, i.e., within the first six months after entering school, between 8 and 9 years, and on attaining the age of 12 years, but they would also have a pre-entry and pre-leaving inspection. This latter is especially important to ensure that boys and girls do not choose an occupation or training unsuitable or likely to prove detrimental to their own particular physical and mental make-up. This special pre-leaver inspection I regard as so essential that I would like to confine the scheme entirely to children over 11 years, who would be followed up closely and persistently to ensure that they did not leave school with defects untreated. Flat-footed, knock-kneed, round-shouldered young persons gladdened by the prospect of soon attaining school-leaving age and entering the factory or workplace, with their too frequent bad teeth, poor visual acuity, faulty breathing, and poor standard of cleanliness, clothing and general keeping constitute the material of which the pre-leaver group is too often constituted, and which I consider need special attention. The tuberculous element—the contacts and suspects in