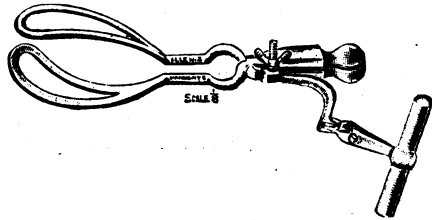


MEDICAL AND SURGICAL APPLIANCES.

Aris Traction Forceps.

DR. E. C. STACK (Burton-on-Trent) writes: The advantages I claim for the design of tractor illustrated in the accompanying drawing are that the forceps have the very simple attachment of the original "Neville's," which enables them to be used equally well with or without the tractor. Also the tractor can be put on or taken off at any stage of the delivery. They differ from and are superior to the original "Neville's" in that the latter were admittedly



not in the real pelvic axis, while my tractor, $1\frac{1}{4}$ in. longer in the longitudinal limb, gives practically the same axis of traction as Milne Murray's and the other more recent

instruments, an axis through which force is much more economically applied and delivery more easily effected than in the original "Neville's." With forceps of this design the general practitioner has a reliable instrument for all those easier cases where instrumental delivery may be desirable, and at the same time a powerful help in really difficult midwifery. The blades can be made to suit the wishes of each user.

BOARD OF EDUCATION.

FOURTH ANNUAL REPORT OF THE MEDICAL OFFICER.

The fourth annual report¹ of the medical officer to the Board of Education, which made its appearance some two months later in the year than its predecessor, is divided into fourteen sections, each dealing with one or more of the various aspects of school work, and some eight appendices. Nominally it relates only to the year 1911, but it contains information as to many events subsequent to the end of that year.

An introductory chapter, in which the contents of the volume are described as a summary of work done rather than a full appreciation or searching criticism thereof, indicates certain main tendencies perceptible during the year.

(a) Concurrently with improvement and extension of arrangements for remedial treatment (which will be further encouraged by the Treasury grants) local education authorities are taking a more comprehensive view of their responsibilities.

They realize that the prescription of drugs, the performance of operations, and similar forms of remedial treatment do not necessarily go to the root of the matter or cover the whole field, and that any effective scheme for the upbringing and equipment of the subnormal child must involve the liberal use of such preventive and curative means as physical exercises, provision of meals, manual training, and special and improved methods of education.

(b) Consonant with the general character of the policy set forth by the Board of Education in sundry memorandums, the active interest of a good many local education authorities is extending outside the limits of actual school life. Hence they are endeavouring to make the work of school hygiene (a term apparently used to cover every measure concerned in the medical guidance of the education of children) effective by means calculated to improve the physical and domestic influences to which a child is submitted before it reaches the age of 5 years and thus comes directly under the care of the education authority. Similarly, they are regarding the mental and physical fitness of the child for good employment on leaving their schools as a criterion of the methods adopted thereat, and are becoming more and more reluctant to lose touch with the leavers when they obtain their first employment. Among other results has been the bringing into existence of work described as "mother-craft," which is stated to be having an indirect but beneficial effect on

the health and rearing of children prior to their attainment of school age.

(c) During the year was demonstrated the necessity—of a school medical service is to be effective—of the whole work done in connexion with schools being under the jurisdiction of the local education authority, which should place the school medical officer in such a position that he can really be responsible for the unification of all the various activities concerned. These are medical inspection, medical treatment, sanitation of schools, provision and management of special schools for the defective, the teaching of physical training and personal hygiene, and the feeding of school children. Only if properly correlated can the full value of these contributory activities be secured.

MEDICAL INSPECTION.

Numbers Inspected.

Satisfaction is expressed at the fashion in which local education authorities have grappled with the duties imposed upon them in regard to medical inspection. Their arrangements for the year ending July 31st, 1912, included the inspection of about a million and a quarter entrants and leavers; while at least a quarter of a million ailing or defective children were specially inspected, apart from the requirements of the code. Besides this, in over a hundred areas arrangements were in action for the inspection of groups intermediate between the entrants and leavers. Several authorities have completed the inspection of all the children on their rolls.

Schedule of Medical Inspection.

The schedule of medical inspection originally suggested by the Board, and in regard to the suitability of which there was some dispute, is stated to have worked well. Few defects, it is believed, are overlooked when the schedule is properly used, and little or nothing that might be regarded as investigation of an inquisitorial or unnecessarily elaborate character has taken place. In the case of 344 schools permission has been accorded to hold the inspection elsewhere than as originally prescribed, namely, on the school premises.

Organization.

Satisfaction is also expressed at the amount of co-ordination secured between the Public Health and the School Medical Service. At the end of the school year terminating July 31st, 1912, schemes of medical inspection had been approved in 302 out of a total of 317 areas, and in 243 of these the school medical officer was also medical officer of health. In 135 areas such medical officer was not deemed to require an assistant, but in the other 167 areas there were altogether 597 assistants, 212 being whole-time and 385 part-time officers. In the 15 areas whose arrangements had not been approved at the time of writing the report (October, 1912), there were 45 school medical officers. The School Medical Service for England and Wales thus consisted of 943 medical practitioners wholly or partly employed in this work, 74 of them being women. The arrangements for medical inspection in the county of London, which in previous reports were the subject of severe animadversions, are detailed, but no opinion concerning them is expressed beyond saying that their reorganization, which was in view at the time of the last report, had since been more or less completed.

Nurses and School Attendance Officers.

In more than two-thirds of all the areas nurses or health visitors are employed in connexion with the school medical service. Those in the direct employ of the authority, either as whole or part time officers, numbered 632, while in some other areas nurses were supplied as required by local nursing associations. Some progress was also made during the year in bringing about closer co-ordination between the school attendance department and the medical service. A school-attendance officer, especially if he be a whole-time officer, can be of great service to the medical department by keeping it posted up in regard to absences due to medical causes.

Miscellaneous Matters.

During the year a large number of special inquiries by school medical officers or their assistants were either in

¹ Annual Report for 1911 of the Medical Officer to the Board of Education. 1912. London: His Majesty's Stationery Office. (Med. 8vo, pp. 334. Price 1s. 5d.) (Cd. 6530.)