

under efficient full-time instruction up to the age of sixteen. Even now, of course, many persons between sixteen and eighteen years of age are in attendance at such schools, and will therefore be subject to the medical provisions, and the number may be expected to increase steadily till compulsion is in force. Further, the Act gives local education authorities power to arrange for establishing or aiding nursery schools for children over two and under five years of age, and for attending to the health and physical welfare of children attending these schools.

Thus most children and young persons between two and eighteen years of age, and all those between five and sixteen, are brought within the purview of the school medical services. They must all be medically inspected, and medical treatment may be provided for all of them and must be available for most of them under the auspices of the local education authorities. It is clear that there will have to be a great increase in the number of medical men or women engaged in the work of medical inspection, who are usually whole-time officers; and that the arrangements for giving medical treatment, which in most cases have hitherto been far from satisfactory or adequate, will need to be very carefully considered in the interest both of the public and of the profession.

The conditions laid down by the Act (either directly or by reference to the Education, Administrative Provisions, Act, 1907) under which medical treatment may be provided are three: First, the arrangements must be sanctioned by the Board of Education, who may require authorities to submit complete schemes for their consideration. Before submitting a scheme the authority is required to consult the other education authorities concerned. This is important, for schools and children in a non-county borough or urban district may be subject to the administrative supervision of more than one authority. The authority is required also to give suitable publicity to its proposals, and to consider any representations made by parents or other persons or bodies of persons interested. Secondly, the authority may provide treatment by encouraging or assisting the establishment or continuance of voluntary agencies, and may associate with itself representatives of voluntary associations for the purpose. Thirdly, the authority must not establish a general domiciliary service of treatment by medical practitioners for children and young persons, and must consider how far it can avail itself of the services of private medical practitioners. This last condition was inserted in the Act on the initiative of the British Medical Association; and though its wording is not as strong as the Association desired, taken in conjunction with the other conditions and assuming a continuance of the sympathetic attitude of the medical department of the Board of Education, it should be a valuable protection to some professional interests. The attention of practitioners in every area should be drawn to these conditions, and to the opportunity they offer for making the views and influence of the profession felt.

The medical clauses of the Act are already in force in so far as they confer powers, but not in so far as they impose duties upon local education authorities; that is, authorities may now be allowed to extend their medical services in the directions indicated, but will not be obliged to do so until the Board of Education name an "appointed day" for this purpose. Representations have been made by the Association to the Board that, both with a view to the securing a wider choice of practitioners by authorities for their services and in common fairness to the men who are now doing naval and military work, it is desirable to postpone the appointed day till some reasonable period after the end of the war, and it is probable that this will, in fact, be the course adopted.

There are a few minor points in which the medical profession is affected by the Act. Two of these may be mentioned. The administration of the Employment of Children Act, 1903 (except in the City of London), is transferred from public health authorities to local education authorities. In some areas this had already been done, where possible, by resolutions of the authorities themselves; but some important matters will now come under the consideration of the school medical officer as such, instead of the medical officer of health as such. No change is made by the Act in connexion with mentally defective children, but whereas it was formerly optional for a local education authority to take cognizance of

certain classes of physically defective or epileptic children and to provide for their education, it is now made obligatory for them to do so. This, again, will add to the duties of the school medical officer in a large number of areas.

The really immense addition which the Act makes to the medical services administered by authorities which are not primarily concerned with health emphasizes the importance and urgency of the need for unifying all health administration both centrally and locally; and it is interesting to note that the President of the Board of Education himself, in one of his speeches on the bill, expressed the opinion that the medical functions of the Board would ultimately be transferred to a Ministry of Health. The double provision which is being made for the medical treatment of some classes of persons, the possibility of aggravating the confusion and overlapping already too evident in this connexion, the danger of the development of undue specialization to the detriment of the education and practical experience of the general practitioner, and the narrowing of outlook of the manufactured specialist himself or herself, will be more obvious to the members of the medical profession than they can be to others. Herein, in addition to other reasons, lies the necessity for the profession to make its influence felt in the administration of the Act and the need for local administrators to take advantage of the experience and knowledge of the profession. But, though alive to these dangers, there is no doubt that the medical profession welcomes, as warmly as any other section of the community can do, the improvements which the Education Act, 1918, makes it possible to effect in the education and physical welfare, and therefore in the efficiency and happiness, of our people.

SHELL SHOCK AND WAR NEUROSES.

WITH the approval of the D.G., A.M.S., the course of instruction in shell shock and war neuroses will be resumed at the Maudsley Neurological Clearing Hospital, Denmark Hill, S.E.5, on September 20th, at 3 p.m. It will be open to all medical officers of British Navy and Army Services, to officers of the American Medical Service and to civilian practitioners.

The success of the first course, which was attended by twenty officers belonging to the medical services, Imperial and Dominion, and twenty civilian practitioners, has induced the Director-General to permit this systematic course, which will extend over three months, to be given.

SYLLABUS.

Practical Teaching.—Daily instruction and practice in diagnosis and treatment for officers of the medical services. Mornings, 10 a.m. to 12.30 p.m.; afternoons, 2 p.m. to 4 p.m., except Saturdays and Sundays.

Systematic lectures with demonstrations of illustrative cases on Tuesdays and Fridays at 3 p.m.

1. The anatomy, physiology, and pathology of the nervous and muscular systems applied to the diagnosis, prognosis, and treatment of shell shock and war neuroses.
2. The physiological and pathological conditions underlying shock—emotional, commotional, and surgical.
3. The methods of examining cases of functional nervous disorders (hysteria, neurasthenia, and psychoses) and the determination of fitness for military service.
4. The methods of differential diagnosis of organic and functional disease and the combined conditions.
5. The diagnosis of conscious simulation (malingerer), unconscious simulation and exaggeration.
6. The general principles of treatment of functional diseases of the nervous system.
7. General aspect of the surgical side of neuro-muscular disabilities.
8. General principles of psychology as applied to war neuroses and shell shock.

The course of lectures will be open to all officers belonging to the British, Colonial, and American medical services, and to civilian practitioners who obtain a letter of introduction from a physician or surgeon attached to a university or hospital medical school.

Applications to be made to Brevet Lieut.-Colonel F. W. Mott, M.D., F.R.S., Maudsley Neurological Clearing Hospital, Denmark Hill, S.E.5, where the course will be held. All applications will be submitted to the D.G., A.M.S. No fees will be charged.

AN Order has been issued by the Local Government Board extending the expression "local authority" contained in the Local Authorities (Food Control) Order (No. 2). 1918, to include the county council of an administrative county.