THE VALUE OF MEDICAL CERTIFICATES FOR STUDENTS ENTERING A UNIVERSITY

BY

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The University of Wales Student Health Service introduced a system of medical certification for new entrants to the current academic session. It had become apparent that, in order to ensure effective continuity of medical care, information about the health of entrants was needed before the beginning of the session, particularly in the case of students who would be living away from home. Moreover, experience had shown that a number of students each year embarked upon courses of study with definite careers in mind, only to find, subsequently, that entry to the career or profession of their choice was debarred on medical grounds of which they were quite unaware. It was felt that, with the co-operation of the entrant's general practitioner, arrangements could be made for continuity of medical care for those who needed it. By asking appropriate students to attend for interview soon after the commencement of the academic session advice could be given about the medical requirements of particular careers and courses of study, and possible future disappointments avoided. It was emphasized that the purpose of the certificate was not to exclude prospective entrants to studies on medical grounds, that forms would be issued only to students who had already been accepted, and that information provided would be treated in the strictest confidence.

Form of Certificate.—General practitioners were not asked to examine the entrants but to give an opinion, based on previous knowledge, about their general health and to state whether there was a history of illness or disability likely to be a handicap to a university career or which would make continued supervision or treatment necessary. Rheumatic carditis, congenital heart disease, disorders of special sense organs, asthma, bronchiectasis, diabetes mellitus, epilepsy, pulmonary tuberculosis, and congenital or acquired orthopaedic disorders and disabilities were given as examples. A specific question was also asked about disorders of a nervous character, and space was provided for additional comments.

Results

Many of the comments, though not necessarily relating to the specific questions asked, were of considerable value. It was evident that without exception practitioners had co-operated whole-heartedly in what must for many have seemed an additional chore. Such remarks, for example, as "I have known the candidate since infancy—he has always been fit—is keen on all forms of sport and comes from a very good home background—he should make a good student" were not infrequent.

Of the 1,024 certificates returned, 723 related to men and 301 to women. The total falls short of the actual number of admissions to the University, because a small number of students from Welsh and English homes failed to return certificates and few were received from Colonial and Overseas students, many of whom arrived in this country only a few days before the beginning of term.

Not all the disorders and disabilities notified are included in the accompanying Table, but only the more interesting and important. The numbers are too small upon which to

base prevalence rates for the sexes separately, but prevalence rates for the sexes combined have been calculated. In addition to the conditions in the Table, one man was admitted with "mild pneumoconiosis"; and, among the women, one was almost totally blind, and another, a married

Disorders and Disabilities Notified

Conditions	No. of Men	No. of Women	Persons	
			No.	Prevalence per 1,000 Entrants*
Previous history of pulmonary tuberculosis (including pleural effusion and hilar adenitis) ..	4	2	6	5.9
Under surveillance as tuberculosis contact ..	1	2	3	2.9
History of asthma:				
Still having attacks ..	13	2	15	14.6
Attacks in the past—now infrequent ..	6	2	8	7.8
History of rheumatic fever:				
Without residual disability ..	4	1	5	4.9
With residual cardiac lesion ..	4	2	6	5.9
Epilepsy ..	3	1	4	3.9
Psychological disorders (anxiety state, schizoid personality, "is highly strung," enuresis, stammer) ..	14	5	19	18.6
Bronchiectasis, pulmonary fibrosis ..	1	2	3	2.9
Ear, nose, and throat (recurrent sinusitis, deflected septum, otitis media, deafness) ..	8	4	12	11.7
Diabetes mellitus ..	1	1	2	1.9
Surgical conditions (sequelae of operations or awaiting operation) ..	7	—	7	6.8
Orthopaedic conditions (including congenital defects and deformities, osteochondritis of spine, tuberculosis, etc.) ..	7	1	8	7.8

* Based on the number of certificates received.

woman, was in the last trimester of pregnancy. Two of the students with epilepsy had hoped to enter the teaching profession and were advised to think of alternative careers. One of the students with rheumatic carditis developed subacute bacterial endocarditis after little more than two months in residence. As to the remainder, their medical conditions and academic progress will be watched with special interest.

University administrators are, not unnaturally, reluctant to apply medical sanctions to university entrants. Few would disagree with this point of view. If this memorandum does nothing else, however, it draws attention to the value of the family doctor's report as a means of identifying students with disabilities at the beginning of their university careers.

Thanks are due to Provost R. M. F. Picken, to Professor F. Grundy, to my colleagues, Drs. R. A. N. Hitchens and Edith McKnight, and also to the many general practitioners who returned the certificates.

In the recently published Annual Report for 1951 of the Director of Medical Services of British Guiana reference is made to malnutrition in schoolchildren. At routine medical inspections of children in the rural areas 85% of nearly 1,000 children showed signs of defective nutrition due to deficiency of vitamin A and vitamin B complex. Seventy-four of these pupils were infected with ascaris, 23 with hookworms, 10 with both ascaris and hookworm, 3 with *Trichuris trichiura*, and 138 with scabies. Among schoolchildren in the city of Georgetown the most prevalent defects detected were dental caries in 90% and signs suggestive of deficiency diseases from the lack of vitamin B complex and vitamin A. All children found to be suffering from nutritional defects as a result of poverty were provided with a midday meal at the nearest school breakfast centre, and all under-nourished children received supplies of cod-liver oil and liver extract to accelerate the rate of recovery. Children taking school meals also received 10 g. of food yeast daily as a supplement to each hot lunch. "This measure effected a fair degree of improvement in the health and general efficiency of the pupils."