#### Contributors

Maidenhead (England). Borough Council.

#### **Publication/Creation**

1917

#### **Persistent URL**

https://wellcomecollection.org/works/f6smpzmv

#### License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org

#### Maidenhead

OTGIMA MADENNE

Education Committee.



#### MEDICAL INSPECTION OF SCHOOL CHILDREN.

TENTH ANNUAL REPORT

#### OF

# School Medical Officer

#### 1917.

Maidenhead : Printed by R. LoosLey, 55, Queen Street. 1918.



#### Maidenhead

#### Education Committee.



#### MEDICAL INSPECTION OF SCHOOL CHILDREN.

#### TENTH ANNUAL REPORT

OF

### School Medical Officer 1917.



#### TO THE CHAIRMAN AND MEMBERS

#### OF THE

#### EDUCATION COMMITTEE

#### OF THE

#### BOROUGH OF MAIDENHEAD.

#### LADIES AND GENTLEMEN,

This, the tenth Annual Report of the School Medical Officer, differs in several respects from those of previous years. For reasons of economy and the difficulty in connection with printing, separate discussion of the various defects and ailments found in the course of inspection has been omitted, but as these have been fully dealt with in the report for 1914 and previous years there is little need to repeat what has already been said. The usual tables showing results of inspection for each school have been replaced by the modified official tables issued by the Board of Education and although these do not afford a means of comparing one with another the conditions found in the local schools, they give main facts of school medical inspection as a whole.

The total number of scholars falling within the groups to be examined is rather higher than in the previous year, namely 839 as compared with 791 and is largely to be explained by the inclusion of children who may be classed as temporary residents.

Special cases, re-examinations and other odd units amount to approximately the same number as in previous years, but it should be noted that the figures given in Table I. are for those examined at school and do not include the scholars sent up to the weekly inspection clinic on Friday mornings by teachers and others. With regard to physical, hygienic and other defects, the total numbers are much the same as before but the general impression gained in the course of inspection is that one does not find now so many severe cases as, say, five or six years ago, also, that an ever increasing proportion of ailments and defects have received attention before the child is due to appear for inspection. This may reasonably be attributed to the fact that parents are beginning to recognise for themselves the defects which handicap a child during school life and further to seek appropriate treatment of their own accord. It is a practical outcome of one of the aspects of School Medical Inspection which is not always recognised namely, that routine inspection has an effect in educating parents to pay attention to the symptoms caused by the common defects of childhood and to know that these are abnormal conditions which ought to be remedied.

In reviewing the work of the year it must be acknowledged with regret that treatment of the more important cases has fallen far short of what was hoped for. The arrangements for treatment at the Cottage Hospital which were agreed upon in 1913 fell through on account of those members of the Medical Staff who were mostly concerned with this work entering Military Service so that the clinics could not be held regularly. Another contributing factor was the vacancy in the office of School Nurse which occured twice in the year so that the system of "following up" was somewhat dislocated. In the matter of surgical treatment, it should be mentioned that the Ray Mead Children's Hospital—a private institution—has done valuable service in attending to a considerable number of school children whose parents have applied there on their own account for treatment or have been referred there.

At the time of writing this report, steps are being taken to establish a dental and an oculist's clinic at the Guildhall so that in the course of the current year ample provision will be made for proper attention to defects of eyes and teeth, while enlarged tonsils, adenoids and similar affections of the throat and nose will be treated as far as possible at neighbouring hospitals as before.

Minor ailments are mostly attended to at the weekly inspection clinic which continues to grow with increasing vigour. During the past year no fewer than 210 school children were sent up for various causes and the total attendances made in the course of the 44 occasions on which the clinic was open reached 540. As in former years the "Mayor's Fund" has been applied to for assistance in necessitous cases particularly for a supply of milk (one pint daily) to be sent to school for the benefit of certain poorly nourished or delicate scholars. This was done in 20 cases, also clothing and boots were supplied in four cases and spectacles in two cases.

The common illnesses causing loss of attendance at school are shown month by month, in the subjoined list. None of the more serious infectious diseases were prevalent and only in one case was it found necessary to close a school viz. the Council Infants which was closed from March 30th to April 17th, on account of chicken pox, measles and whooping cough.

#### Illnesses affecting Scholars in 1917.

January ..... Influenza.

February	Coughs and Colds, Broken Chilblains.
March	Influenza, Coughs, Tonsilitis, Mumps.
April	Measles, Chicken Pox, Whooping Cough.
May	Mumps, Measles, Chicken Pox.
June	Mumps, German Measles.
July	Measles, Diarrhœa.
August	Holidays.
September	PVery little sickness.
October	Sickness and Diarrhœa.
November	Colds, Diarrhœa.
December	Many cases of Impetigo and Scabies.

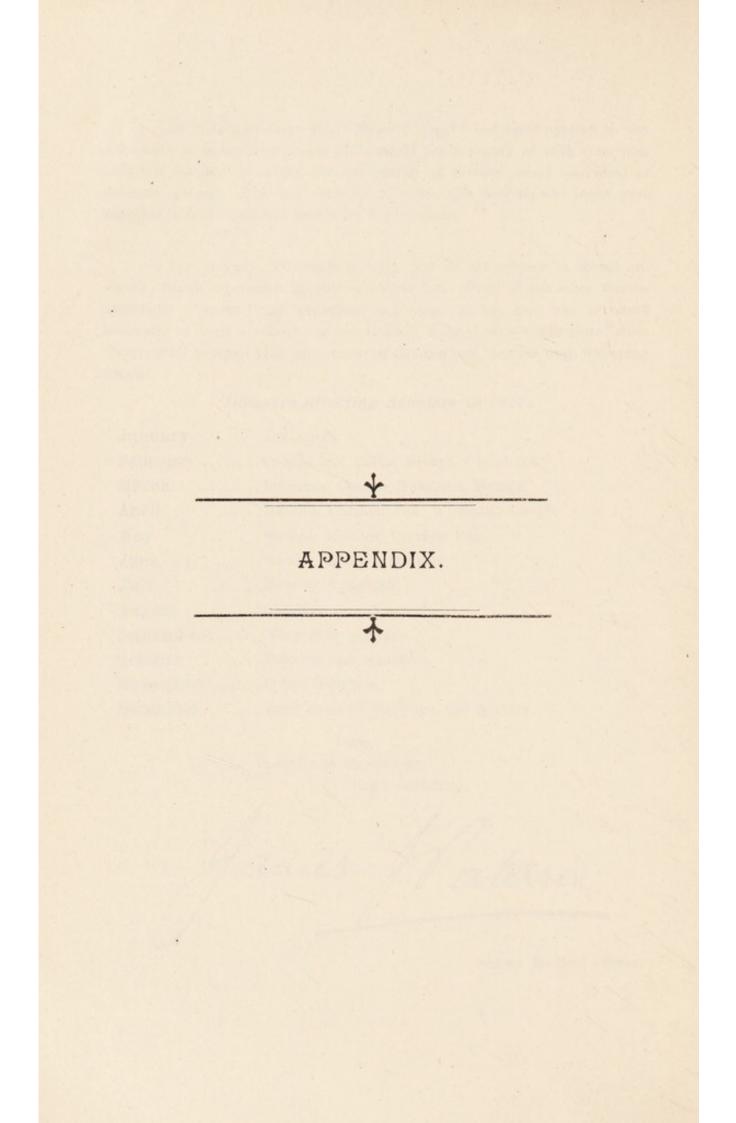
I am, Ladies and Gentlemen, Yours faithfully,

ances aturson

School Medical Officer.

Digitized by the Internet Archive in 2017 with funding from Wellcome Library

https://archive.org/details/b29779893



# **Table I.**Number of Children Inspected.1st January, 1917, to 31st December, 1917.

#### A. "Code" Groups.

#### Entrants.

Age	Under 5 years	5 years	6 years	Other ages	Total
Boys	Nil.	133	13	13	159
Girls	Nil.	126	16	13	155
Totals	Nil.	259	29	26	314

Intermediate Group. Leavers. Other Grand Age-8 yrs. 12 yrs. 13 yrs. 14 yrs. Ages Total Total Grand Boys ... 137 120 Nil. Nil. Nil. 257 416 Girls ... 148 Nil. 268 120 Nil. Nil. 423 Totals 285 240 Nil. Nil. Nil. 525 839

B. Groups other than "Code."

#### Intermediate Group.

	9 years.	Special cases.	Re-examin- ations.
Boys	1	16	23
Girls	2	35	36
Totals	3	51	59

**TABLE II.** Return of Defects found in the course of Medical Inspection in 1917.

$\begin{array}{c c} \mbox{observation, but not} & \mbox{retartment.} \\ \mbox{referred for treatment.} \\ \mbox{referred for treatment.} \\ \mbox{(3)} & \mbox{(4)} \\ \mbox{(2)} & \mbox{(4)} \\ \mbox{(4)} & \mbox{(2)} \\ \mbox{(4)} & \mbox{(4)} \\ \mbox{(4)} & (4)$	Nu Nu		- Sp
$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		-	obser obser
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		(4)	treatment. (5)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	 (a) 122	53	5
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	(c) 224 (c) 13	8 -1   	15   1
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	10 7 (e) 2 1	1111	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$			10 2
(g) $341$ (h) $152$ (i) $42$ (j) $29$ (k) $30$ $ -$	5 16	1	3 1
$\begin{array}{c} 152 \\ 42 \\ 29 \\ 30 \\ 30 \end{array}$	 (g) 341 (	2	67
	152 ( 42 ( 30 ( 30 (	20   <u>-</u>	თ⊣თ

	and and a	111	
	∞	()	2 
-     .	- 00 +	-	5 (B)
Heart and Circulation Anaemia Organic	Pulmonary. Tuberculosis Definite           Chronic Bronchitis           Other Diseases	Epilepsy	Nou-plumonary. Tuberculosis Glands Bones and Joints Other Forms Deformities Other Diseases or Defects
Heart and Circulation	Lungs	Nervous System	

- (a) Nutrition poor or much below average.
- (b) Nutrition below average but not requiring special treatment.
- (c) Verminous.
- (d) Nits only found.
- (e) Abcesses, Eczema, Seborrhoea, and other sores.
  - (f) Alopoecia.
- (g) With dental abcesses, etc., and specially referred for treatment.
- (h) With 4 or more teeth decayed.

- (i) One or both Tonsils somewhat enlarged requiring operative treatment.
- (j) Pharygeal Adenoids but not at present requiring operative treatment.
  - (k) Nasal obstruction from causes other than Adenoids.
    - (1) Infantile paralysis.
- (m) Enuresis, Discharging Sinus, and Rupture.
- (n) Old injuries, Sebaceous cyst, Enlarged Thyroid.

## **Table III.** Numerical Returns of all ExceptionalChildren in the area in 1917.

		1	Boys.	Girls.	Totals
Bli (Including pa	nd rtially blind).	Attending Public Elementary Schools Attending Certified Schools for the Blind Not at School	1	3 2	2
(Including th	d Dumb nose partially af).	Attending Public Elementary Schools Attending Certified Schools for the Deaf Not at School	2	- 11	2
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools Attending Certified Schools for Mentally Defective Children Notified to the Local (Control) Authority during the year Not at School		1	1
	Imbeciles.	At School	-	-	-
	Idiots.		-		
Epileptics		Attending Public Elementary Schools Attending Certified Schools for Epilepics Not at School	1	1.1.1	1

Table III. (continued).

			Boys.	Girls.	Totals
Table	Pulmonary Tuber- culosis.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School		6	15 
Physically Defective.	Other forms of Tuber- culosis.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School	1 4	1	7
	Cripples other than Tuber- cular.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School		3	5 
Dull or Bac	kward	Retarded 2 years Retarded 3 years	- . not . 5	recor 3	ded. 8

Elline

# Table IV. Treatment of Defects of Children during 1917.

Total	Miscellaneous	Hearing	Vision and squint	Mental condition	Speech	Tuberculosis non-pulmonary	Deformities	Rickets	Skin	Nervous system ·	Lungs	Heart and circulation	Teeth	Ear disease	External eye disease	Nose and throat	Nutrition	" Body	Clean. Head	Footwear	Clothing		Condition.	
43	1	1	1	1	1	-	1	1	23	!	1	1	+	3	4	1	1	1	00	1	1	ycar.	From	Number for whic conside
280	19	0	48	1	10	1	4	1	81	1	~	1	~1	16	12	20	23	4	21	00	1	New.		Number of Defects four or which treatment wa considered necessary.
323	19	6	49	1	10	1	en	1	104	1	4	1	11	19	16	-21	24	4	24	00	1	Total.		Number of Defects found for which treatment was considered necessary.
55	00	00	1	1	00	1	1	1	1	1	1	-	1	1	1 -	6	03	1	6		1	no report is available.	for which	Number of Defects
228	14	00	8	1	10	1	4	-	104	1	4	-	6	15	8	10	21	4	18	00	1	treated.	of	Number
127	6	1	1	1	1	1	1	1	08	1	1	1	6	4	2	9	1	4	II	00	1	Rem- edied.		Result
73	6	1	7	1	1	1	4		17	1	12	!	1	6	00	1	18	-	7	1		Im- proved.		Results of Treatment.
28	10	19	1	1	12	1	1	1	7	1 .	1	1	1	-	3	1	00	1	1	1		Un- changed.		atment.
63	10		41	1	1	1	1	1	1	I	1	1	5	00	7	01	1	1	1	1	1	not treated.	Defects centage	Num- ber of
70.9	75.6	50.3	16.3	100.0	0.08	100.0	0.08	1	100.0	100.0	100.0	1	54.5	78.9	50.0	47.6	87.5	100.0	75.0	3.0	100.0	of Defects treated.	centage	Day

•

# **Table V.** Inspection, Treatment, Etc., ofChildren during 1917.

<ol> <li>The number of children (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).</li> <li>The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)</li> <li>The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)</li> </ol>	1. Т	The total number of children medically inspected (wether Code Group, special or ailing child).	893
<ul> <li>3. The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)</li> <li>4. The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing,</li> </ul>	2. T	defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but	
referred for treatment (excluding un- cleanliness, defective clothing, etc.) 159 4. The number of children in (3) who received treatment for one or more defects (ex- cluding uncleanliness, defective clothing,		not referred for treatmenty.	253
<ol> <li>The number of children in (3) who received treatment for one or more defects (ex- cluding uncleanliness, defective clothing,</li> </ol>	з. Т	referred for treatment (excluding un-	
treatment for one or more defects (ex- cluding uncleanliness, defective clothing,		cleanliness, defective clothing, etc.)	159
etc.) 112	4. Tł	treatment for one or more defects (ex-	
		etc.)	II2

