

**[Report 1920] / School Medical Officer of Health, Maidenhead Borough.**

**Contributors**

Maidenhead (England). Borough Council.

**Publication/Creation**

1920

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Maidenhead

Education Committee.



MEDICAL INSPECTION OF SCHOOL  
CHILDREN.

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THIRTEENTH ANNUAL REPORT  
OF

**School Medical Officer**

**1920.**

Maidenhead:

Printed by R. Loosley, 55, Queen Street.

1921





Maidenhead  
Education Committee.



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TO THE CHAIRMAN AND MEMBERS  
OF THE  
MAIDENHEAD EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I present herewith the Thirteenth issue of the Annual Report of the School Medical Officer for the year ended 31st December, 1920.

The Report this year differs considerably in form from its predecessors in that the Memorandum of the Board of Education relating to the arrangement of Annual Reports of School Medical Officers, has been followed item by item.

In accordance with the Board's suggestion, the Statistical Tables have been compiled according to the form set out in the Report for 1919 of the Chief Medical Officer of the Board. This re-arrangement of the Report, although it does not afford comparison between schools in the area, is nevertheless, more valuable as the figures will be more comparable with those of other areas.

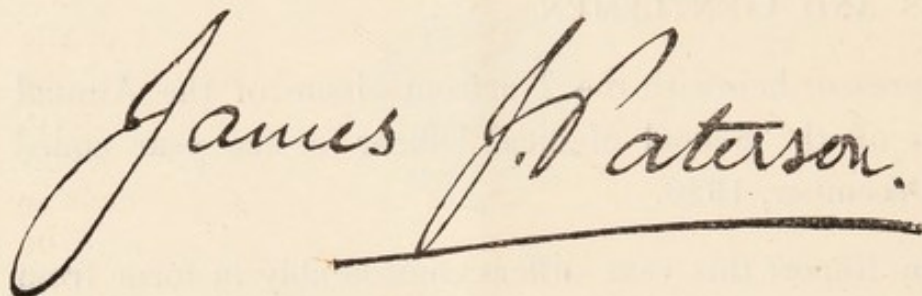
It is also to be noted that a very gratifying proportion of children have their defects attended to at the various Clinics established in connection with School Medical Service, and that a much higher standard of personal cleanliness is observable amongst school children in consequence of the attention given to these matters by the School Nurse and her Assistant.

I acknowledge with pleasure the able assistance given in this connection by the School Nurse, the School Attendance Officer and the various Teachers who have materially contributed to the efficiency of the Service.

I am,

Ladies and Gentlemen,

Yours obediently,

A handwritten signature in dark ink, reading "James J. Paterson." The signature is written in a cursive style with a long, sweeping underline that extends across the width of the name.

M.D., (Lond.)

School Medical Officer.

Guildhall,  
Maidenhead,  
March, 1921.



## Maidenhead School Medical Officer's Report, 1920.



**1 Staff.** The names, qualifications and capacities of the various members of the School Medical Staff are given in the appendix, the only change during the past year being the addition of a part-time Assistant School Nurse whose services for two hours per day are secured from the recently formed Maidenhead Nursing Association, by an agreement entered into on the 27th April, 1920, between the Local Education Authority and the Nursing Association. The Assistant Nurse commenced duties on 20th September, 1920.

**2 Co-ordination.** The School Medical Officer being also Medical Officer of Health for the District and Medical Advisor to the Local Infant Welfare Centre, no special arrangement is necessary for co-ordinating the work of the School Medical Service with that of other Services. As the Infant Welfare Centre was opened in October, 1915, the infants who then attended the Centre, are now beginning to appear in School as Entrants, and it is hoped that as they come up for routine inspection, an effort will be made to co-relate the record of their infant life with that of their school life. There are no Nursery Schools or Certified Homes for Debilitated children in the neighbourhood.

### **3 The School Medical Service in relation to Public Elementary Schools.**

**(a) School Hygiene.** With the exception of the Council Schools for Boys and for Girls in Gordon Road and the Boyn Hill C.E. Schools for Boys and for Girls, the other Schools in the Town can hardly be said to conform with the type of modern school buildings. The chief defect being in regard to lighting, which in most cases is either at the back of the class or front and back. In some cases the



quantity of light has been improved by the insertion of new windows, but as these are usually on an opposite wall, the inconvenient effect of cross lighting is at once apparent. Generally speaking, cloak-room accommodation is insufficient in the older Schools, and as often as not, the pegs are situated in a corridor or passage where there is no means of drying the clothes or preventing them being knocked down and trodden upon by children passing in and out. Sanitary Conveniences on the whole, are sufficient in number and reasonably well kept, but additional lavatory accommodation, or improvement of the existing installations is much needed in the older schools, and more particularly at the Council Infants' School in King Street. Very little attention has been paid to the provision of drinking taps, and as often as not, the scholars use the taps over the lavatory basins for the purpose of drinking. During the War period, very little was done in the way of replacing old or dilapidated equipment, *e.g.* desks, blackboards etc., and most of the schools have to be content with the old fashioned form of bench or desk.

Braywick C.E. School (Mixed and Infants) is a good example of an old building being adapted to modern requirements. The original School is said to have been a Courthouse in the time of Queen Anne ; but with additional windows and recently built cloak-room and general repairs, the School has been raised to quite a satisfactory standard.

In the newer Schools the general method of heating is by hot-water pipes, and in the older Schools, closed stoves are used.

On the whole, playground accommodation is sufficient for the number of scholars attending the various Schools ; the chief exception being the very small playground available for the Girls and Infants in East Street. About half of the playgrounds are of concrete, the rest being gravelled. The general cleanliness of the school rooms is on the whole satisfactory.

**4 Medical Inspection.** The preliminary arrangements for the routine inspections at school are made by the School Nurse. Two rounds of inspection are made in the course of the year, one before the Summer vacation, the other after. As far as possible, the dates of these periodic visits are made to correspond with those of the previous



year. The Head Teacher of each department is requested to make out a list of the scholars due for inspection according to the instructions contained in a circular letter and to forward it to the School Medical Officer a few days before the inspection is due. The cards corresponding to the scholars' names on the list are found, and any necessary alterations as to address, school, age, date of inspection etc., are made and the cards handed to the School Nurse. Immediately previous to the inspection, usually on the same morning, the heights and weights of the examinees are taken and entered on the cards by the School Nurse while the routine inspection is carried out by the School Medical Officer in accordance with the Board's Schedule. Notice of inspection is sent by the Head Teacher of every department to the parents of the children who are to be examined, by means of a printed form for that purpose. The groups of children inspected are Entrants, Intermediates and Leavers. The number of children who were examined under these heads is shown in Table 1 at the end of the Report.

In about half the Schools, inspection takes place in a room not used for class purposes, but in the others, one or more classes have to be displaced for the time being, in order to provide for school inspection. In the summer time this does not cause any inconvenience, as the classes displaced can be held in the playground, but in winter time or wet weather, the general working of the school is disorganised for the time being by the amalgamation of different classes.

## **5 Findings of Medical Inspection.**

(a) **Uncleanliness** Routine medical inspection is hardly the time to discover the usual state of cleanliness or otherwise of the scholars because the parents have ample notice of the time when inspection is to take place and accordingly prepare the child for the occasion. On the whole, there are very few children who could be described as habitually dirty and ragged, and these are mostly confined to certain families who seem incapable of attaining any reasonable standard of cleanliness. Out of 769 children examined, 8 were dirty as regards the body, 33 presented marks of body vermin, 4 were described as having ragged and dirty clothing, 84 as untidy, and in 70 cases, the footwear was



distinctly in a bad condition. Thanks to the repeated visits of the School Nurse, a great improvement is now noticeable in the condition of heads. In the course of the routine inspections last year, only one girl and three boys in the selected groups presented live vermin in their hair, while 130 girls and 50 boys showed the presence of nits. In addition to these however, there were 32 cases of verminous head and 2 cases of verminous body dealt with at the Minor Ailments Clinic; these being cases outside the routine groups, discovered by the Teacher or School Nurse.

(b) **Minor Ailments.** Comparatively few minor ailments were discovered in the course of routine inspections as these are usually dealt with as they arise by the Teacher sending the child straight away to the Clinic. A total of one hundred and forty-eight defects of miscellaneous nature were detected amongst the routine groups, most of which were subsequently dealt with at one or other of the Clinics.

(c) **Tonsils and Adenoids.** A considerable number of children, especially the younger ones, showed definite enlargement of one or both tonsils, but not all of these required surgical treatment, in fact, it has been the practice hitherto to advise such treatment only when definite symptoms of obstruction are present, such as mouth breathing, snoring at night, recurrent deafness and general ill-health or lack of chest development. Actually, 172 cases of enlarged tonsils were noted, and 13 where adenoids were present to some extent as well. Twenty-one of these were referred for surgical treatment. On the other hand, in 27 cases, tonsils had already been removed, and in 29 cases, adenoids had also been attended to. In addition to these there were 18 cases where breathing was obstructed owing to various defects or deformities in the nose such as deflected septum, enlargement of the inferior turbinate bones and post-nasal adenoids. Twenty-three cases of habitual mouth breathing were noted and the Teacher's attention was directed to these for special care during the breathing exercises practised at School. In 4 cases, the speech of the child had that peculiar "thick" quality which arises from the enlargement of the Tonsils.

(d) **Tuberculosis.** The conditions under which Routine inspection takes place are hardly conducive to exact exam-



ination of the chest, but in every case where the presence of Tuberculosis may be inferred from the past history or present appearance of the child, or the family history, further examination is carried out at the Minor Ailment Clinic or the case is passed on to the Tuberculosis Officer for final opinion. In one way or another, 3 definite cases of Tuberculosis, 3 probable cases and one case of chronic bronchitis were detected amongst children of routine groups. Amongst the other forms of Tuberculosis, there were noted, 1 case of tuberculous glands of the neck, 1 case where a finger of the left hand had been removed for Tuberculosis of the bone, and one other form of this disease.

(e) **Skin disease.** The commoner skin diseases such as Impetigo, Ringworm, Scabies etc., are usually apparent on the face and hands, so that they can be recognised by the Teacher, who, according to instructions, sends the child forthwith to the Clinic for treatment, so that only a few casual cases are met with at the Routine inspections. As a matter of fact, only 7 cases of Impetigo and 3 cases of other skin diseases were detected in the Routine groups.

(f) **External Eye Disease.** 13 cases of Blepharitis, 1 of Conjunctivitis and 1 of Corneal Ulcer were noted. Most of the cases of Blepharitis were of a very mild degree, and verbal instruction to the parents was considered sufficient, but two cases of this disease also the case of Conjunctivitis and the one of the Corneal Ulcer were referred to the Eye Clinic for a more thorough course of treatment.

(g) **Vision.** Each eye is tested separately, by reading Snellen's standard type at a distance of 6 metres (approx. 20 feet). In some of the Schools it is impossible to find sufficient space for this test, and allowance has to be made for the shortened distance at which the child stands. The pattern of test type used is that of the small letters commonly used in school reading, known as Dr. Lloyd Edwards's modification and published by Davidson of Great Portland St., London, because it has been found by experience that many of the younger children could not recognise the square block capital letters on the standard test card.



The result of this examination for children of 8 years and older is given in the following table :

	6/6	6/9	6/12	6/18	6/24	6/36	6/60	6/0
Right Eye	430	17	15	9	4	1	—	—
Left Eye	426	21	15	10	3	1	—	—

In 19 cases, the examinees were wearing glasses, in which case, vision was taken both with and without the glasses, and where in the former case the visual results approached that of the normal eyesight, the child was not reckoned as defective.

(h) **Ear Disease and Hearing.** Most of the cases of "running ears" are detected apart from the routine inspections and sent up to the Clinic. There were however, 3 cases of discharge from the right ear, and 2 from the left ear, occurring in the course of routine inspection, while 7 children were distinctly deaf in one or both ears ; that is to say, could only hear the whispered voice at half distance or less, and 3 cases where there was impairment to a lesser degree.

(i) **Dental Defects.** Decayed teeth is the commonest defect amongst all school children, but there certainly seems to be an improvement in this respect for out of the 769 children examined, 213 showed a sound set of teeth, while 198 had 4 or more decayed. The constant repetition of the injunction to "clean your teeth" together with a liberal distribution of cards containing instructions as to the care of the teeth seems to be bearing fruit at last, for, in the upper classes especially, there is evidence that the children do habitually use a toothbrush, and one does not now so frequently see teeth coated with slime and tartar as in pre-War years. In 39 cases a note for the Dental Clinic was given to the scholar on account of the very bad condition of the teeth, and the majority of these subsequently received the necessary treatment.

(j) **Crippling Defects.** Among the crippling defects, there were noted 7 cases of Rickets in early childhood, and 17 other forms of defects including such defects as Cleft Palate, Harelip, Knock-knee, Infantile Paralysis and various malformations of the chest, depressed sternum, "pigeon breast" and the like.







**7 Following Up.** A good deal of what would be considered following up work is done at the Minor Ailments Clinic which would be more appropriately termed, the "General Clinic," as it is the custom of the children who receive treatment elsewhere than under the Local Education Authority's Scheme to come to the Clinic to be re-examined by the School Medical Officer, so that a record of the nature and extent of treatment received may be placed upon their Card. Where however, information is not obtainable in this way, the School Nurse either visits the home or sees the child in School. The total number of visits to homes for this purpose amounted to 138 while the visits to Schools in connection with School Medical work amounted to 142. In addition to these, the School Nurse spent 21 sessions at School for the purpose of a survey of general cleanliness of the children, in the course of which she personally made 2,036 individual examinations.

The general work undertaken by the School Nurse includes attendance and assistance at the General Clinic, Eye Clinic and Dental Clinic, also at the disinfection station. She also accompanies the School Dentist in the course of his routine inspections at School. In connection with the Routine Medical Inspection, the preliminary arrangements for the inspection such as weighing and measuring the children are undertaken by the School Nurse who also assists the School Medical Officer during the actual medical inspection. At other times, visits for the purpose of following up are paid as well as surprise visits to Schools for cleanliness surveys.

The Assistant Nurse's work is confined chiefly to assistance at the general clinic and the cleanliness surveys at the Schools.

The School Attendance Officer (Miss Glover) attends the chief meetings of the general clinic and takes an active part in securing the regular attendance of the children thereat. In this way, a close connection is established between school attendance and school medical treatment, so that no child need be absent from school owing to any untreated defect or ailment.

**8 Medical Treatment.** (a) **Minor Ailments.** The nature and extent of the work done under this head may be gathered from the figures published in Table II, where, under



this heading, the nature of the disease and the number of defects or ailments dealt with is recorded. The general clinic is open every morning at the Town Hall from 10 a.m. during School days, this hour being chosen so that the scholar may in the first instance go to School and obtain the attendance mark and then proceed with the knowledge of the teacher, to the Clinic. As a rule, the children from the various schools come in batches, the younger ones in company with the older scholars; and after receiving treatment, they are returned in similar groups to School so that the morning school session may be completed.

**(b) Tonsils and Adenoids.** In January, 1920, the old arrangement with the Maidenhead Cottage Hospital, which lapsed during the War period, was revived for the treatment of tonsils and adenoids etc.; but owing to the reconstruction, enlargement and re-fitting of the Institution, it was not until towards the end of the year that cases referred by the School Medical Officer for treatment could be received. In consequence of the extended facilities now available at the Maidenhead Hospital, children referred for tonsils and adenoids can now be dealt with as in-patients, that is to say, they are received in the new Childrens' Ward of 12 beds the day before operation and are retained there for a few days afterwards. This is a great advantage compared with the former arrangement, by which these cases were treated merely as out-patients returning home an hour or so after the operation; thus exposing the children to the risk of serious complications. During the period of reconstruction 31 cases of tonsils and adenoids were dealt with, as in former years, at the Ray Mead Childrens' Hospital—a private Institution—which has always rendered very valuable and extensive service in the way of treating school cases.

**(c) Tuberculosis.** Tuberculosis work in this District is carried out by the County Authority, and as the County Tuberculosis Officer holds a Clinic at the Town Hall on the 4th Monday of each month, advantage is taken of this to refer to him all cases of actual or suspected cases of Tuberculosis occurring amongst school children. Special reports made by the Tuberculosis Officer are copied on to the child's Card, and his directions as to home treated cases are carried out by the School Nurse. The extension of the Children's



section at Peppard Sanatorium, Oxon, now permits a considerable number of children to be treated institutionally where the home circumstances are unfavourable. A large amount of good is done in this connection through the agency of the Mayor's Poor Box, by which money is available for providing delicate children with milk to be drunk at school during playtime.

(d) **Skin Disease.** The commoner skin diseases such as Impetigo and septic sores are treated by the School Nurse at the Minor Ailments Clinic. Ringworm cases, which are now steadily diminishing in number, are mostly dealt with in the same way by shaving the parts affected and inunction of strong antiseptic ointment. X-Ray treatment is not available in the neighbourhood. Scabies, which has been particularly prevalent of late, is also dealt with at the Minor Ailments Clinic, but long standing cases or cases where the body as a whole is involved are dealt with at the disinfection station, completed last year. Here, the children are immersed in a sulphur bath, while the clothes can be fumigated or baked in a hot-air chamber in another part of the building. Fifty-two treatments of this nature were carried out during the past year, some of them being old standing cases which had resisted other forms of treatment for many months.

(e) **External Eye Disease.** The milder cases are dealt with at the Minor Ailments Clinic, but those of a severe or long standing nature are referred to the Oculist for periodic examination.

(f) **Vision.** All cases of defective eyesight requiring treatment are referred to the Oculist who holds a Clinic on the 4th Wednesday of each month. Spectacles prescribed at this Clinic are supplied at a somewhat reduced rate, by contract with a local optician and in cases where parents are unable to purchase spectacles ordered, the Local Education Authority assists them wholly or in part according to circumstances. The amount spent under this head during 1920 was £5 9s. 0d. in respect of 17 cases.

(g) **Ear Disease.** Children suffering from "running ears" are dealt with in the first instance at the Minor Ailments Clinic, where the School Nurse instructs the parents how



to keep the ears clean by syringing. In cases where further treatment is required, the parents are referred either to their own Doctor or where operative treatment is necessary, a note is given for attendance at Hospital. It is part of the duty of the School Nurse to follow up these cases from time to time in order to ascertain whether there is any occurrence of the discharge or not.

(h) **Dental Defects.** Children discovered in the course of Routine Inspection at School, suffering from gross dental defects, are immediately referred to the Dental Clinic, and so also are children sent up to the general clinic for the same reason. During the past year, an effort has been made to inaugurate the Board's scheme of Dental Inspection at School, and for this purpose, the School Dentist has visited all the Infants' Departments in the Borough, with the exception of two, and has examined the dental condition of children between the ages of 6 years and 8 years. Of the 175 children thus examined, 106 were referred for treatment, and of these, 76 received treatment before the end of the year. In a few cases parents preferred their children to be treated privately.

About the middle of the year, the smooth working of the Dental Clinic was somewhat upset by a dissatisfied parent writing to the Local Press complaining of the severe treatment meted out to his child; describing in graphic language, how 7 teeth had been ruthlessly extracted, leaving the child in a very exhausted condition. As a matter of fact, the teeth extracted were decayed fragments of the temporary set, most of which could have been removed without instruments at all. As the public are not acquainted with the details of dentistry, the letter made an extremely harmful impression, which is only gradually being overcome.

By a resolution dated the 15th March, 1920, the Education Committee determined to charge a fee of 1/- in respect of each attendance, the fee to be remitted in cases where the parents are unable to pay. The amount collected under this head during the past year amounted to 52/-.

(i) **Crippling Defects and Othopaedics.** There is at present no Orthopaedic Clinic in the District, although a movement has recently been set on foot to establish one,



either at the Town Hall or at one of the Local Hospitals. A few of the cases were treated locally and some received attention at one or other of the London Hospitals. Where surgical boots or instruments are required, an effort is made to collect sufficient subscribers' letters for the Surgical Aid Society to help, and occasionally, the Mayor's Poor Box is called upon to pay the balance or the cost of travelling to and from London. The chief difficulty, however, is to keep surgical boots in a good state of repair as local bootmakers do not as a rule, undertake this special kind of work.

**9 Open-Air Education.** In certain of the schools, it has become more and more a custom to arrange for the classes to be held in the playground during Summer months. The arrangements for these classes are left entirely to the discretion of the Teacher, but there are no special facilities provided for open-air teaching.

**10 Physical Training.** Apart from School drill, there is no organized physical instruction given.

**11 Provision of Meals.** The Local Education Authority has never undertaken the provision of meals under the Acts of 1906-1914, as there is no great occasion for such provision in this District. It should however, be noted, that if the attention of the School Medical Officer is drawn to any delicate or poorly nourished child whose health might benefit by a regular supply of milk, this can be furnished through the agency of the Mayor's Poor Box. In a number of cases, a pint of milk is delivered daily to the School to be given to the child under the supervision of the teacher, at convenient times during the morning and afternoon sessions.

**12 School Baths.** Apart from the ordinary lavatory basins there are no special washing facilities at School. During the Summer months, when the Corporation's Open Air Swimming Bath is available, scholars are admitted at a nominal charge of one penny, the bath attendant being instructed to see that they make themselves reasonably clean by use of the shower bath before entering the Swimming Bath. For children suffering from scabies or other skin diseases, a bath has been installed in a special room in connection with the School Clinic where medicated



baths are given under the supervision of the School Nurse. The number of baths given last year amounted to 52.

**13 Co-operation of Parents.** A day or so previous to the Routine Inspection at School, a printed note is sent to the parents of each child due for examination, stating approximately the time the child will be examined and inviting the parents to be present. On a counterfoil attached to this notice, the parents are requested, if unable to be present, to fill in particulars of previous illness of the child, and also to mention any condition to which the parents may wish to draw the attention of the School Medical Officer. In former years, the attendance of parents was rather better than it is at present; then, about 70-80% of the Infants parents were present, about 50% of the intermediate group, and about 40% of the Leavers group. During the past year, the attendance by parents were:

Infants	...	176	-	58%
Intermediates		106	-	49%
Leavers	...	86	-	35%

**14 Co-operation of Teachers.** The work undertaken by teachers in this connection, consists of preparing a list of scholars due for examination according to instructions contained in a circular letter sent to them a week or so before the inspection takes place; setting apart a room for medical inspection, and preparing such other facilities as may be required. The weighing and measuring of the examinees, formerly done by the school teachers, is now undertaken by the School Nurse. As a rule, the Head Teacher of the department is present during inspection and advantage is taken of this by the School Medical Officer to point out at the time any defects which may have an influence on school work. It is also generally understood amongst the teachers, that when they observe any defect or ailment, the child should be sent to the general clinic at the first opportunity. The attitude of the teachers as a whole, is in full sympathy with School Medical Services, and the School Medical Officer desires to acknowledge in addition to the help given at routine inspection many small but effective services rendered by the teachers, which cannot always be recorded in words.



**15 Co-operation of School Attendance Officers.** The School Attendance Officer is in daily communication with the School Medical Officer and School Nurse, and habitually attends the principal meetings of the general clinic. She also renders very valuable service in securing the attendance at the general clinic of scholars who are absent from school on account of minor ailments, which the parents consider of too trivial a nature to trouble about, but nevertheless, prevent the child from attending School.

**16 Co-operation of Voluntary Bodies.** There is in this District, no Childrens' Care Committee or similar body, and occasionally the want of such an organization has been felt when, for example it was desired to make arrangements for sending a delicate child away to a Convalescent Home for the benefit of its health. It would be a distinct benefit if some arrangement could be made with a Holiday or Convalescent Home—not too far away, by which a child might obtain a holiday with a change of air and surroundings, to complete recovery after illness, or to improve its general health.

The Local Inspector of the National Society for the Prevention of Cruelty to Children is in frequent communication with the School Nurse and School Medical Officer, and very valuable help has often been afforded by the Society's Inspector in keeping a watchful eye on parents who are neglectful of their duty. In the past, there have been several instances, where, through evidence given by the School Nurse and School Medical Officer, the Society has been able to obtain a conviction against parents who have been guilty of gross neglect, but it is satisfactory to note, that cases where police court proceedings are necessary, are becoming very rare.

**17 Blind, Deaf, Defective and Epileptic Children.** No special survey of school children has been made with a view to ascertaining the number of Blind, Deaf, Defective and Epileptic Children in the Borough. The majority, however, of those coming under these heads have already been noted either at the Routine Inspections or through the agency of the School Attendance Officer, or at the general clinic, and a list of such children has been prepared with a view to keeping trace of their history. Two



deaf and dumb children are at present maintained at the Royal School for Deaf and Dumb, Margate. Efforts have also been made from time to time to find places in special schools or Institutions for other grossly defective children, but without material result; partly because no vacancies can be found, and partly because of the unwillingness of the parents to allow their children to be sent away. In some instances it has been considered more advisable to allow the defective child to remain in attendance at School, although unable to take full advantage of the instruction offered, than to exclude him or her from school altogether. There is no special school or class for defective children within this area.

**18 Nursery Schools.** There are no schools of this class in the area.

**19 Secondary Schools.** There are two Secondary Schools in the Borough namely: The County School for Boys and the County School for Girls. The medical inspection of pupils attending these Schools is undertaken by the County Authority.

**20 Continuation Schools.** These have not yet been established in the Borough.

**21 Employment of Children and Young Persons.** Bye-laws relating to Employment of Children and Young Persons have recently been approved and come into force on the 1st April, 1921.

**22 Special Enquiries.** No special enquiries have been conducted by members of the School Medical Staff during the year.

**23 Miscellaneous.** Thirteen persons have been examined by the School Medical Officer as to fitness for employment as teachers in the Local Elementary Schools; these include:—1 Male Pupil Teacher, 5 Female Certificated Teachers, 1 Male Certificated Teacher, 5 Female Uncertifi-



cated Teachers and 1 Male Handicraft Instructor. None of these presented any defect which would be likely to shorten the full time of their services or to interfere with efficient teaching.

<sup>24</sup> Statistical Tables. The six statistical tables required by the Board as set out in Appendix G. of the Report of the Chief Medical Officer for 1919, are included at the end of this Report.





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## APPENDIX.

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## SCHOOL MEDICAL STAFF.

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School Medical Officer	—	J. J. Paterson, M.D., (Lond.)
Oculist	—	R. S. Charsley, M.R.C.S., L.R.C.P.
Dentist	—	T. Campbell Dykes, L.D.S., (R.C.S. Eng).
School Nurse	—	Miss E. Impey, A.R. San. I.
Assistant School Nurse (part time)		Miss S. C. Evans.
Attendance Officer	—	Miss M. Glover.
Clerk (part time)	—	R. A. J. Walton.

## GENERAL STATISTICS.

*March 31st, 1920.*

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Number of Public Elementary Schools	—	6
„ Departments	—	13
Total number of places	—	2856
(Including 862 Boys ; 895 Girls ; 1,000 Infants ; 99 Mixed).		
Total number of Scholars on Registers	—	2330
(Including 705 Boys ; 785 Girls ; 840 Infants).		
Average Attendance	—	2046
(Including 616 Boys ; 679 Girls ; 650 Infants ; 101 Mixed).		



## Borough of Maidenhead.

**Table I.** Number of Children Inspected.

1st January, 1920, to 31st December, 1920.

### A. Routine Medical Inspection:

#### Entrants.

Age ...	3.	4.	5.	6	Other Ages.	Total.
Boys ...	Nil.	1	126	22	16	165
Girls ...	Nil.	Nil.	122	13	5	140
Totals	Nil.	1	248	35	21	305

Age ...	Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
	8.	12.	13.	14.			
Boys ...	92	119	—	—	1	212	377
Girls ...	127	125	—	—	—	252	392
Totals	219	244	—	—	1	464	769

### B. Special Inspections.

			Special Cases.		Re-Examination (i.e., No. of Children Re-examined).
			at School.	at Clinic.	
Boys	...	...	24	238	13
Girls	...	...	21	229	21
Totals			45	467	34

C.—Total number of *individual* Children inspected by the School Medical Officer, whether as Routine or Special cases (no Child being counted more than once in one Year).

No. of individual children inspected.
1,381 (Approx).



**TABLE II.** Return of Defects found in the course of Medical Inspection in 1920

Defects or Disease.		Routine Inspections.		Specials	
		Number referred for treatment.	Number required to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number required to be kept under observation, but not referred for treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition .....	6	90	3	4
	Uncleanliness :				
	Head .....	4	180	32	—
	Body .....	8	33	2	—
Skin ...	Ringworm :				
	Head .....	—	—	13	—
	Body .....	—	—	6	—
	Scabies .....	—	—	48	—
	Impetigo .....	7	—	82	—
	Other Diseases (non-Tubercular) .....	1	2	28	2
Eye ...	Blepharitis .....	2	11	9	—
	Conjunctivitis .....	1	—	1	—
	Keratitis .....	—	—	—	—
	Corneal Ulcer .....	1	—	1	—
	Corneal Opacities .....	—	—	—	—
	Defective Vision .....	28	30	14	1
	Squint .....	6	2	3	—
	Other conditions .....	1	—	1	—
Ear ...	Defective Hearing .....	3	7	3	—
	Otitis media .....	5	—	17	—
	Other ear diseases .....	—	—	6	—
Nose & Throat	Enlarged Tonsils .....	14	138	15	—
	Adenoids .....	1	7	1	—
	Enlarged Tonsils and Adenoids ...	6	—	4	—
	Other conditions .....	8	10	13	—
	Enlarged Cervical Glands (Non-Tubercular) ...	1	44	9	—
	Defective Speech .....	4	11	—	—
	Teeth ; Dental Disease .....	39	159	45	—
Heart and Circulation.	Heart Disease :				
	Organic .....	2	1	—	1
	Functional .....	—	2	—	3
	Anaemia .....	2	—	—	1



(1)		(2)	(3)	(4)	(5)
Lungs ...	{ Bronchitis .....	—	1	—	1
	{ Other non-Tubercular disease .....	—	—	—	—
Tuber- culosis	Pulmonary :				
	Definite .....	8	—	7	—
	Suspected .....	—	3	5	—
	Non-Pulmonary :				
	Glands .....	1	—	2	—
	Spine .....	—	—	—	—
	Hip .....	—	—	—	—
	Other Bones and Joints .....	1	—	—	—
Nervous System	Skin .....	—	—	—	—
	Other forms .....	1	—	—	—
	Epilepsy .....	—	—	1	1
	Chorea .....	—	—	1	—
Deform- ities	Other conditions .....	—	3	2	—
	Rickets .....	—	7	—	—
	Spinal Curvature .....	—	—	—	1
Injuries	Other Forms .....	8	9	2	1
	Other defects and diseases.....	—	—	23	—
Infectious Diseases .....		3	10	10	3
Number of individual children having defects which required treatment or to be kept under observation.....588		—	—	3	6

Number of Children who attended Minor Ailments Clinic in 1920 ... 602

Number of Attendances ... 4315

**Table III.** Numerical Return of all Exceptional Children in the area in 1920.

		Boys. Girls. Totals.		
Blind. (Including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools .....	4	2	6
	Attending Certified Schools for the Blind .....	—	—	—
	Not at School .....	—	1	1
Deaf and Dumb. (Including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools .....	—	1	1
	Attending Certified Schools for the Deaf .....	2	—	2
	Not at School .....	—	—	—
Mentally Defective.	Attending Public Elementary Schools .....	—	2	2
	Attending Certified Schools for Mentally Defective Children .....	—	—	—
	Notified to the Local Control Authority by Local Education Authority during the year .....	—	—	—
	Not at School .....	3	2	5
	Imbeciles.	At School .....	—	—
		Not at School .....	—	1
	Idiots.		—	—
Epileptics .....	Attending Public Elementary Schools .....	—	—	—
	Attending Certified Schools for Epileptics .....	—	—	—
	In Institutions other than the Certified Schools .....	—	—	—
	Not at School .....	2	—	2



Table III. (continued).

Boys. Girls. Totals.

Boys. Girls. Totals					
Physically Defective.	Pulmonary Tuberculosis	Attending Public Elementary Schools .....	6	8	14
		Attending Certified Schools for Physically Defective Children .....	—	—	—
		In Institutions other than Certified Schools .....	—	—	—
		Not at School .....	—	—	—
	Crippling due to Tuberculosis	Attending Public Elementary Schools .....	6	5	11
		Attending Certified Schools for Physically Defective Children .....	—	—	—
		In Institutions other than in Certified Schools .....	—	—	—
		Not at School .....	2	1	3
	Crippling due to causes other than Tuberculosis i.e. Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools .....	1	3	4
		Attending Certified Schools for Physically Defective Children .....	—	—	—
		In Institutions other than Certified Schools .....	—	—	—
		Not at School .....	—	—	—
	Other Physical defectives, e.g. delicate and other child-suitable for admission to Open-Air Schools ; children suffering from severe heart disease.	Attending Public Elementary Schools .....	1	1	2
		Attending Open-air Schools ...	—	—	—
		Attending Certified Schools for Physically Defective children other than Open-air Schools .....	—	—	—
		Not at School .....	—	1	1
At Industrial School .....		2	—	—	
Dull or backward .....	Retarded 2 years .....	15	12	27	
	Retarded 3 years .....	1	2	3	

**Table IV.** Treatment of Defects of Children  
during 1920.

A.—Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—				
Ringworm—Head ...	14	13	1	14
Ringworm—Body ...	6	6	—	6
Scabies ...	48	48	—	48
Impetigo ...	89	89	—	89
Minor Injuries ...	23	23	—	23
Other skin diseases ...	29	29	—	29
Ear Disease ...	18	18	—	18
Eye Disease (external & other)	17	17	—	17
Miscellaneous ...	104	83	7	90

B.—Treatment of Visual Defects.

Number of Children.									
Referred for Re- fraction.	Submitted to Refraction.				For whom Glasses were pre- scribed.	For whom Glasses were pro- vided.	Recom- mended for tre- atment other than by Glasses.	Received other forms of treat- ment.	For whom no treat- ment was con- sidered necess- ary.
	Under Local Educa- tion Au- thority scheme Clinic or Hospital.	By pri- vate pra- ctitioner or Hospital	Other- wise.	To- tal.					
51	49	—	—	49	46	46	3	3	—



TABLE IV. (continued).

### C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	Number of Children.			
	Received Operative Treatment.			Received other forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
41	5	31	36	—

#### D.—Treatment of Dental Defects.

## 1. Number of Children dealt with.

[illegible]

**TABLE IV.** (continued).

2. Particulars of Time given and Operations undertaken.

No. of half days devoted to inspection.	No. of half days devoted to treatment.	Total No. of Attendances made by the children at the Clinic.	No. Permanent teeth.		No. of temporary teeth.		Total No. of Fillings.	Number of Administrations of General Anæsthetic included in (4) and (6).	No. of other Operations.	
			Extr-acted.	Filled	Extr-acted.	Filled			Perm-anent teeth	Tem-porary teeth.
1	2	3	4	5	6	7	8	9	10	11
3	17	183	36	4	352	5	9	—	3	—

**TABLE V.** Summary of Treatment of Defects as shown in Table IV. (A, B, C, D and F, but excluding E).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ... ..	408	337	8	345
Visual Defects ... ..	51	49	—	49
Defects of Nose and Throat ...	41	5	31	36
Dental Defects ... ..	190	172	—	172
Other Defects .. ...	—	—	—	—
Total ... ..	690	563	39	602



**TABLE VI.** Summary relating to Children medically inspected at the Routine Inspections during the year 1920.

(1) The total number of children medically inspected at the routine inspections ... ..	769
(2) The number of children in (1) suffering from—	
Malnutrition ... ..	6
Skin Disease .. ...	10
Defective Vision (including Squint) ... ..	66
Eye disease ... ..	16
Defective Hearing ... ..	10
Ear Disease . ... ..	5
Nose and throat ... ..	170
Enlarged Cervical Glands (non tubercular) ... ..	45
Defective Speech ... ..	15
Dental Disease ... ..	198
Heart Disease—	
Organic ... ..	3
Functional ... ..	2
Anæmia ... ..	2
Lung Disease (non tubercular) ... ..	1
Tuberculosis;	
Pulmonary { Definite ... ..	3
{ Suspected ... ..	3
Non-Pulmonary ... ..	3
Disease of the Nervous system ... ..	3
Deformities ... ..	24
Other Defects and diseases ... ..	13
(3) The number of children in (1) suffering from Defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ... ..	422
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing etc.) ...	166
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing etc.) ... ..	143

# TABLE VI. Summary of data on children and adults

Reported at the British Association, 1966, p. 100.

The following table gives a summary of the data on children and adults reported at the British Association, 1966, p. 100.

Age	Sex	Height (cm)	Weight (kg)	Body mass index (kg/m <sup>2</sup> )	Mean systolic blood pressure (mm Hg)	Mean diastolic blood pressure (mm Hg)	Mean pulse rate (beats/min)
10-14	M	140.0	35.0	17.9	110.0	70.0	70.0
10-14	F	135.0	30.0	16.3	105.0	65.0	65.0
15-19	M	165.0	60.0	22.0	120.0	80.0	70.0
15-19	F	155.0	50.0	20.7	115.0	75.0	70.0
20-24	M	175.0	70.0	22.6	120.0	80.0	70.0
20-24	F	160.0	60.0	23.4	115.0	75.0	70.0
25-29	M	175.0	70.0	22.6	120.0	80.0	70.0
25-29	F	160.0	60.0	23.4	115.0	75.0	70.0
30-34	M	175.0	70.0	22.6	120.0	80.0	70.0
30-34	F	160.0	60.0	23.4	115.0	75.0	70.0
35-39	M	175.0	70.0	22.6	120.0	80.0	70.0
35-39	F	160.0	60.0	23.4	115.0	75.0	70.0
40-44	M	175.0	70.0	22.6	120.0	80.0	70.0
40-44	F	160.0	60.0	23.4	115.0	75.0	70.0
45-49	M	175.0	70.0	22.6	120.0	80.0	70.0
45-49	F	160.0	60.0	23.4	115.0	75.0	70.0
50-54	M	175.0	70.0	22.6	120.0	80.0	70.0
50-54	F	160.0	60.0	23.4	115.0	75.0	70.0
55-59	M	175.0	70.0	22.6	120.0	80.0	70.0
55-59	F	160.0	60.0	23.4	115.0	75.0	70.0
60-64	M	175.0	70.0	22.6	120.0	80.0	70.0
60-64	F	160.0	60.0	23.4	115.0	75.0	70.0
65-69	M	175.0	70.0	22.6	120.0	80.0	70.0
65-69	F	160.0	60.0	23.4	115.0	75.0	70.0
70-74	M	175.0	70.0	22.6	120.0	80.0	70.0
70-74	F	160.0	60.0	23.4	115.0	75.0	70.0
75-79	M	175.0	70.0	22.6	120.0	80.0	70.0
75-79	F	160.0	60.0	23.4	115.0	75.0	70.0
80-84	M	175.0	70.0	22.6	120.0	80.0	70.0
80-84	F	160.0	60.0	23.4	115.0	75.0	70.0
85-89	M	175.0	70.0	22.6	120.0	80.0	70.0
85-89	F	160.0	60.0	23.4	115.0	75.0	70.0
90-94	M	175.0	70.0	22.6	120.0	80.0	70.0
90-94	F	160.0	60.0	23.4	115.0	75.0	70.0
95-99	M	175.0	70.0	22.6	120.0	80.0	70.0
95-99	F	160.0	60.0	23.4	115.0	75.0	70.0





