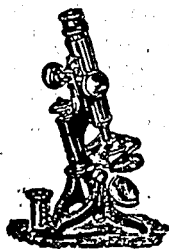


Medical Matters.

THE INFANT IN THE SCHOOL MEDICAL EXAMINATION.



Dr. A. D. Edwards, Deputy Medical Officer of Health, and Assistant Medical Officer to the County Borough of Newport, Mon., contributes an interesting article to the *Lancet* on "The Infant in the School Medical Examination," in which he points out that the examination of the infant of four or five years of age forms a large part of the work of the school medical officer, and as the class is, on account of the tender years of children, the most difficult to deal with, it is necessary that the examination should be conducted warily, and with least possible disturbance to the child. It is not sufficient that the examining medical officer should exhibit in a general way the characteristics of tact and kindness; for if one timid infant returns to its class frightened and tearful after the medical examination it is certain that many, if not most, of the other children from that class will come to the examining room with a predisposition to cry and to be frightened, and there will then be an increased possibility of a large number of examinations being carried out under the most disadvantageous circumstance—that of a frightened, crying child.

Fear of the unknown is well marked in all children, and in the infant class with which we are dealing it is probably the most powerful instinct next to that of mother-love. Only a few months before the medical examination these children of four or five years of age have made their first venture out of the home circle into the daily school life, and their instinctive fear of the unknown and of the unusual is often increased by certain attendant circumstances. A notification of the pending medical examination has usually been sent to the parents, and the child hears the subject discussed at home. A result of the notification is that on the morning of the examination the child often receives an unusually thorough washing, and is then arrayed in clothes donned only on Sundays and special occasions. The unusually vigorous ablutions and the Sabbath apparel mark the day as special, but the child has gathered from the home conversation that it is not a pleasure-giving day, and probably by the time it arrives at school is in a state of nervous tension, which, if his feelings are not carefully considered during the examination,

will surely end in fright and tears, thus rendering the examination a matter of extreme difficulty; and the return of such a child to its class will result in much trouble in the examination of children immediately following. The examination should be conducted in such a way that even a nervous or timid child should be put at ease. It is neither necessary nor wise to have in the room any adult besides the medical officer, the school nurse, and the head teacher. In the case of a very timid child, the presence of another child from the same class, preferably one who has been examined and has "made friends" with the medical officer, is an advantage, but it is inadvisable to keep one child waiting its turn and watching the examination of another.

The order of the examination is important. Thus the weighing and measuring should not be done first, for an infant is apt to become uneasy if made to stand on the scales immediately after entering the room, so that the proceeding should be left until the child's interest and confidence have been gained; nor should the mouth and throat be examined until the end. Two things should be avoided during the examination—fussiness and sudden and rapid movements. The confidence of a nervous infant may be won by gentle attention, but to be fussed over by two or three adults at the same time is to the liking of no child.

The distrust of jerky and sudden movements which is displayed by infants of four or five years is the same instinct which is described by Richard Jefferies as existing in wild animals, and gentleness in voice and gesture should be therefore the habit of every school medical officer.

With the instinct of the true child lover, Dr. Edwards suggests that the child should be invited to regard the stethoscope as a new kind of toy. Hearing may be tested by asking the child to hold the chest piece to the ear in order to "hear the bird sing." Whilst this is held to the ear a sibilant whistle may be produced, and the fact that the little bird is heard to whistle may be ascertained, not by questioning but by observing the child's face, for the resulting smile is not only almost invariable, but is the most valuable affirmation to be obtained. During this performance, which need not take more than 30 seconds, the school nurse should be loosening the infant's clothing, and the child should by this time be interested enough to place the stethoscope on its chest when asked to do so, and it will be an advantage to allow the little hand to remain on the end of the stethoscope whilst it is moved to different parts of the chest.

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