

THE UNIVERSITY OF MANITOBA

HEALTH SERVICES IN THE SCHOOLS OF MANITOBA

BEING A THESIS SUBMITTED TO THE COMMITTEE
ON POSTGRADUATE STUDIES IN PARTIAL FUL-
FILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF ARTS

BY

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WINNIPEG, MANITOBA

APRIL 1933

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CHAPTER I

INTRODUCTION

Introduction

The purpose of this thesis is to discover the provisions for health services and thereby health education¹ in the schools of the province of Manitoba. Until recently health education was regarded merely as a subject of instruction; today, it is considered one of the main objectives of the training afforded by a system of public schools. E. G. Payne² attributes this change in emphasis to changing social conditions:

"The increasing complexity of community life and the declining relative influence of other educative agencies, such as the family, the church and the neighborhood, have thrown upon the schools a new task with reference to all the state's educational needs, and among those needs health occupies an important place."

¹ Helgesen, Cora T. "Problems in the School Health Service," Proceedings of National Educational Association. Washington: National Educational Association, Vol. LXVI, 1928, p. 555.

² Payne, E. G. "Health Education in Schools," School and Society. New York: The Science Press, Vol. XXIII, March 27, 1926, p. 388.

The Problem Defined

Health services may be viewed from the standpoint of training in the theory of health and also from the standpoint of improving the health of children through bettering physical conditions in and about the school premises. Training in the theory of health involves instruction as well as practice in the observation of health rules. In this thesis the writer undertakes to investigate and report on Manitoba school health services as they are revealed (1) through a study of existing physical conditions on school premises, and (2) through a study of the provisions made for health instruction and for health practices in the school.

Sources and Treatment of Data

Data were secured from statutes and regulations governing the provision for and administration of health services in schools. Valuable documentary evidence was obtained through a study of the annual reports of departments of health, and of departments of education; from the reports of public school inspectors and public health nurses on the physical conditions in the schools; from

clinic records, health programmes, health forms, copies of radio addresses, and newspaper articles. Personal interviews were held with those in charge of the work in the Provincial and city health departments. Letters addressed to health and education departments enabled the writer to secure from every province of the Dominion the most reliable information available. This material was analyzed, and what appeared to be worth while evidence is organized under the various topics treated in the subsequent chapters of this report.

Data secured by the method of analysis of reports and by interviews do not always provide a complete and accurate picture of the operation of a plan of instruction in that it is difficult to eliminate the tendency to overstate results. Only by means of observation and the critical examination of the effects of such a plan may this difficulty be overcome. The writer had little means of securing data by these methods, hence was compelled to rely upon statistics and published articles and reports. All such matter available was carefully examined and so forms the basis for the findings herein reported.

Form of the Report

Chapter II contains a brief historical account of the development of school health services in several countries, as well as in Canada in general and Manitoba in particular. Chapter III is devoted to a study of school health legislation and regulations. These enactments are compared with what the writer sets up as an ideal standard of health control. An attempt is also made to show the influence of existing enactments upon Provincial health workers. The health programme of the public schools and of the normal schools of the Province is discussed in Chapter IV, and the work of agencies assisting in the furtherance of these programmes examined. Chapter V contains a statistical study of the reports and findings of public health nurses and of public school inspectors, pertaining to sanitary and physical conditions in thirty ungraded rural and ten graded town schools in representative municipalities of Manitoba. The health services of the St. James-St. Vital Full Time Health District is reviewed in Chapter VI; that of the City of Winnipeg School Medical Service in Chapter VII; and the efforts of the Junior Red Cross Society of Manitoba in Chapter VIII. The final chapter presents a summary

of the more important tendencies in the field of health training in the schools of the Province.

CHAPTER II

THE HISTORY AND PRESENT STATUS OF HEALTH WORK IN SCHOOLS AS REVEALED BY REPORTS AND STUDIES

Introduction

School health work, meaning school health supervision and education, historically, is a nineteenth century Old World Development.¹

The writer intends, within the present chapter, to point out this early nineteenth century development as it took place in Europe and then to proceed with later nineteenth century developments. These two steps will in turn be followed by a third in which an attempt will be made to show the present century developments together with the present status of school health work in the chief of those countries of the world where attention is given to the matter. Each of these three stages of development—early nineteenth century, later nineteenth century, and present century—will fall into a section of its own. The third section will draw special attention to health work as

¹
Wood, T. D. and Rowell, H. G. Health Supervision and Medical Inspection of Schools. Philadelphia: W. B. Saunders Co., 1928, p. 17, p. 19.

carried on in the schools of Great Britain, the United States, Canada in general, and Manitoba in particular.

Any trends of the present time that may be drawn from the data collected will then conclude the chapter.

Early Nineteenth Century Development—In Europe

The early period,² according to Wood and Rowell, might be said to extend from 1833 to 1874. During this period France, Germany, Great Britain, Russia, Finland, Sweden, Austria, and Belgium all took one or more steps towards the instituting of improvements in school health. These improvements³ range from individual investigations of the education of idiots to government regulations for the construction and ventilation of school buildings.

In France.— The first nation to begin school health work was France, in 1833. During that year school authorities were made legally responsible for sanitary conditions of school premises and for supervision of the health of school children.⁴ Shortly thereafter physicians were appointed to inspect all public schools in France.

2

Ibid.

3

Ibid.

4

Ibid.

In Germany.- One of the pioneers in the application of hygiene to school life was Germany.⁵ Vision tests of school children were carried out in 1866 and 1867 in Breslau and Dresden.⁶ As a result of the Breslau tests there was originated the modern movement towards the hygiene and medical inspection of school children.⁷

In Great Britain.-⁸ In 1848 the government of Wales drew attention to school lighting and ventilation. In 1872 the Scottish Education Act embodied regulations for the site and construction of schools.

In Belgium.-⁹ To Brussels is given the credit of establishing the first truly modern school medical inspection system. School physicians visited each school three times a month. In Belgium school dentists and oculists carried on their first work.

Other Countries.- The work carried on in the schools of Russia, Sweden, and other European Countries was along similar lines to those pointed out in the four preceding paragraphs. It is not essential that a note be written upon each of these countries during this, the first period, of health work in the schools. One point, however, should

⁶ Wood, T. D. and Rowell, H. G. Op.cit., p. 20.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

not be overlooked; local Boards of Health were in control of all early school health work.¹⁰

Later Nineteenth Century Development—1874-1900

Wood and Rowell¹¹ have considered the period from 1874 to the present as the modern period—the one which "includes the really important advances in school health supervision." Keene,¹² on the other hand, does not break his historical sketch of school health work into any definite periods. As already inferred in the introduction of this chapter the writer intends to break this "Modern Period" into two sections, ending the first of these at the end of the past century: first, for convenience, and second, for presenting in the latter part conditions as reports and studies show them to be today.

During this last quarter of the nineteenth century development continued in the countries already mentioned. Other countries too took up the work of improving school health conditions. A brief synopsis of the work done in a few of these countries follows.

In the United States.— A study of the height and

10

Ibid., p. 17.

11

Ibid.

12

Keene, C. H. The Physical Welfare of the School Child. Boston: Houghton Mifflin Co., 1929, pp. 81-91.

weight of twenty five thousand school children was made in Boston in 1875. Twenty years later, 1895, Boston established a system of medical inspection of school children.¹³

In 1897 New York City appointed one hundred and thirty four school physicians.¹⁴ Chicago and Philadelphia¹⁵ began health work in the schools in 1895 and 1898 respectively. Connecticut¹⁶ soon passed legislation requiring the eyesight of school children to be tested.

In Great Britain.-¹⁷ The first school nurse was appointed in England in 1887. Four years later London appointed its first school physician. In 1898 the School Nurses' Society, a purely voluntary organization, was established in London. The advent of the Boer War in the last year of the century turned the public eye towards the problem of national physique. Fifty per cent of the volunteers were rejected owing to physical unfitness.

In Denmark.-¹⁸ During 1881 and 1882 research into the health of thousands of school children of Denmark was instituted. In 1896 Copenhagen began regular medical work in schools.

¹³ Wood, T. D. and Rowell, H. G. Op.cit., pp. 20-22.

¹⁴ Ibid.

¹⁵ Keene, C. H. Op.cit., pp. 84-85.

¹⁶ Ibid.

¹⁷ Wood, T. D. and Rowell, H. G. Op.cit., pp. 21-22.

¹⁸ Ibid.

In Sweden.-¹⁹ An examination of the health of Swedish school children was held at the first of each school term, beginning 1878. Six years later, a Royal Commission was "appointed to investigate health conditions in schools." In 1895 primary schools of Sweden received medical inspection. During the next year a committee of the Swedish Dentists' Society examined the teeth of eighteen thousand school children. In 1898 thirteen cantons were carrying out health recommendations in their schools. Much progress had been made in Sweden.

In Germany.- Keene²⁰ credits Wiesbaden with inaugurating true medical inspection, 1889, whereby pupils were examined on entrance to school and during "the third, fifth, and eighth years of the public school course." In comparing the Wiesbaden system with that of the United States Keene²¹ states that:

"The provisions of the Wiesbaden plan were much more thorough than most of the communities of this country (United States) have even yet (1929) adopted."

At Wiesbaden the heart, lungs, throat, spine, and higher sense organs were examined. The height and weight of individual pupils were recorded. Parents were notified of defects. The school physician did not provide remedial

¹⁹

Ibid.

²⁰

Keene, C. H. Op.cit., pp. 82-83.

²¹

Ibid.

treatment.²² Wiesbaden became the model for many other German cities.

In Norway.- By 1885 there were school physicians in a few Norway localities. By 1889 permissive regulations allowed school physicians where the expense could be met.²³ In 1891 regulations stated that school children of Norway should be given a physical examination three times each year.²⁴

In South America.-²⁵ In 1888 interest in school health work was awakened in both Chile and Argentina. The former country began a system of school medical inspection at that time. The latter appointed a school medical board for the medical supervision of primary schools. In Argentina, too, under the direction of the National Board of Health, investigations were made into the control of disease and into the physical condition of several thousand school children of the secondary schools.

In Other Countries.- Thus was there a gradual growth of interest and of activity in school health work throughout the last of the nineteenth century in these countries (chiefly European). Russia, Hungary, Roumania, Switzerland, Mexico, Egypt, and Japan all took some interest in the matter too. An unnecessary repetition of facts somewhat

²² Gulick, L. and Ayres, L. P. Medical Inspection of Schools. New York: Charities Publication Committee, Russell Sage Foundation, 1908, p. 20.

²³ Wood, T. D. and Rowell, H. G. Op.cit., p. 21.

²⁴ Keene, C. H. Op.cit., p. 83.

²⁵ Wood, T. D. and Rowell, H. G. Op.cit., p. 21.

similar to those above would occur were each one of these countries just named dwelt upon separately. The few countries seemingly most important, where growth was greatest or earliest, have here been chosen to illustrate our period, 1874-1900.

Twentieth Century Development and Present
Status of School Health Work

We are not to understand that there was any direct change in the matter of school health work with the coming of the twentieth century—except, perhaps, in countries affected by the Boer War. As already definitely pointed out, the chief reasons for this new period are two: convenience, and the fact that so very much having been written during the past few years about present health work in the schools of the world it behooves us to devote considerable space to this fresh material.

In Great Britain

Growth.—²⁶ In 1900 the first school nurse was employed in London as a result of an outbreak of ring worm. Two years later a commission in Scotland urged medical inspection of school children. In 1904 the London County Council

²⁶
Ibid., p. 22-25.

established a staff of public health nurses. By 1908 medical inspection had become compulsory in England, Wales, and Scotland. Education authorities were made responsible for this inspection. In 1923 throughout Britain there were programmes covering all branches of school health work. During his school career each child was medically examined three times.

Present Status.- "The supervision of the School Medical Service (in England and Wales) is.....delegated by the Minister of Health to the Board of Education under powers given by the Act (Education 1907)."²⁷

Lord Eustace Percy²⁸ infers that the medical department is given "wide powers of dictation" in the wording of the elementary school regulations, for:

"The premises of a school must be sufficient, convenient, and healthy the number of children ordinarily attending must not exceed the recognized accommodation and classrooms must not be overcrowded."

Under the topic "General Hygienic Measures in Schools"²⁹ in the Annual Report of the Chief Medical Officer of the Board of Education for 1928, we read:

²⁷ Daley, W. Allen. "Health Services," The Year Book of Education 1932. Editor in Chief: Lord Eustace Percy M. P., London: Evans Bros., Ltd., 1932, p. 482.

²⁸ Percy, Lord Eustace. The Year Book of Education 1932. Op.cit., p. 12.

²⁹ "The Health of the School Child," Annual Report of the Chief Medical Officer of the Board of Education 1928. London: His Majesty's Stationery Office, 1929, p. 35.