

**[Report 1924] / School Medical Officer of Health, Cardiff County Borough & Port.**

**Contributors**

Cardiff (Wales). County Borough & Port Council.

**Publication/Creation**

1924

**Persistent URL**

<https://wellcomecollection.org/works/p7uegzkn>

**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](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



**CITY OF CARDIFF EDUCATION COMMITTEE.**

---

# ANNUAL REPORT

**FOR 1924**

OF THE

## SCHOOL MEDICAL OFFICER.

---

**RALPH M. F. PICKEN, M.B., Ch.B., B.Sc., D.P.H.,**

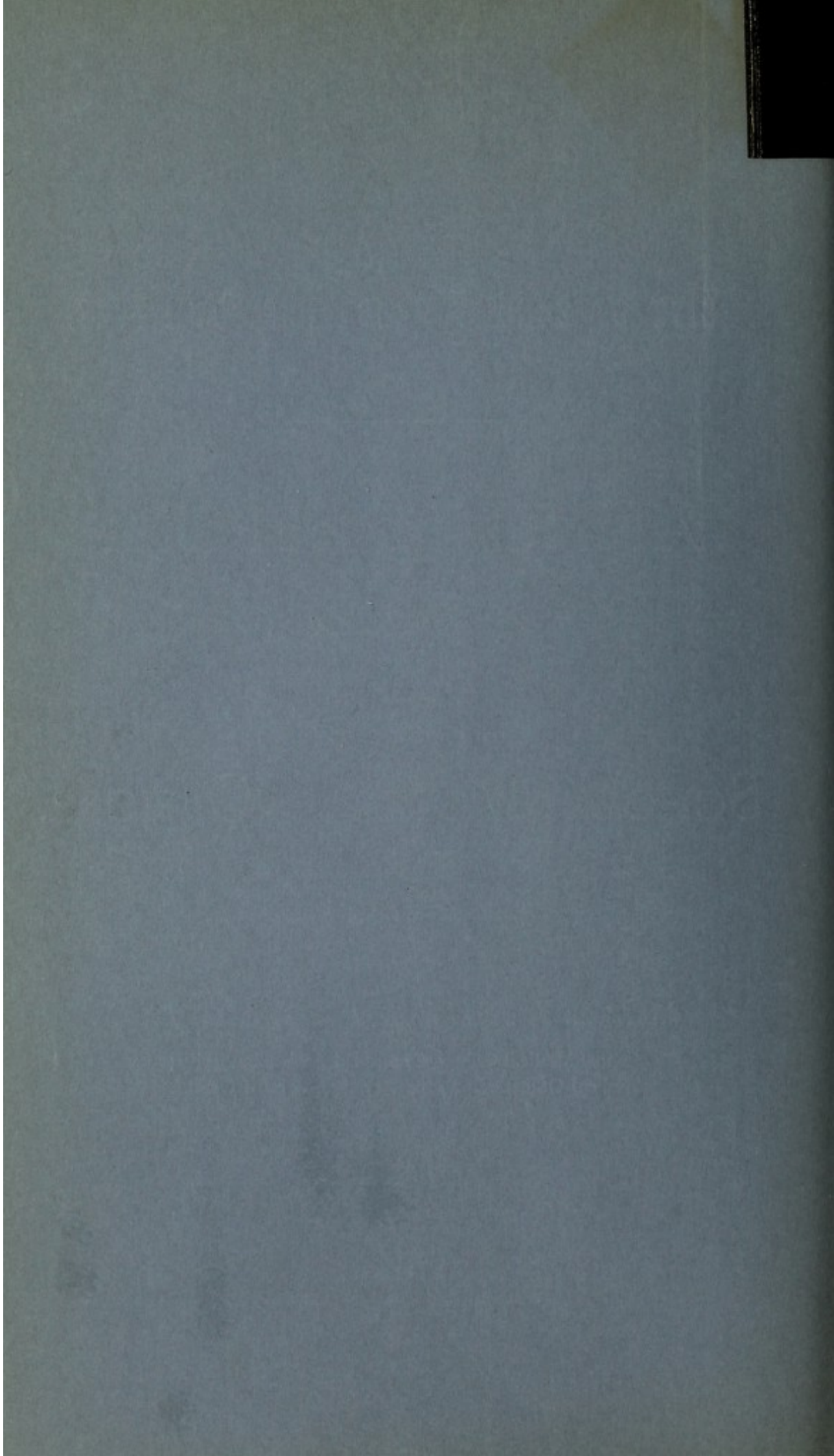
School Medical Officer, Cardiff Education Authority ;  
Medical Officer of Health, City and Port of Cardiff.

---

CARDIFF :

F. HODGE AND CO., GLADSTONE STREET.

1925.







**CITY OF CARDIFF EDUCATION COMMITTEE.**

---

**ANNUAL REPORT**

**FOR 1924**

OF THE

**SCHOOL MEDICAL OFFICER.**

---

**RALPH M. F. PICKEN, M.B., Ch.B., B.Sc., D.P.H.,**

School Medical Officer, Cardiff Education Authority;  
Medical Officer of Health, City and Port of Cardiff.

---

CARDIFF :

F. HODGE AND CO., GLADSTONE STREET.

1925.

CITY OF CARROLL EDUCATION COMMITTEE

# ANNUAL REPORT

FOR 1924

## SCHOOL MEDICAL OFFICER

RALPH E. FICKER, M.D., D.P.H.

School Medical Officer, Carroll County, Iowa  
Medical Officer, Carroll County, Iowa

# CONTENTS.

Introduction .. .. .	5
Changes in the Staff .. .. .	7
Co-ordination .. .. .	7
School Hygiene .. .. .	7
Medical Inspection .. .. .	7
Findings of Medical Inspection .. .. .	7
Enlargement of the Thyroid Gland .. .. .	8
Defects among Entrants .. .. .	8
Re-inspection of Children found Defective .. .. .	8
Physically Defective Children .. .. .	9
Mentally Defective Children .. .. .	9
Mental Assessment in Juvenile Delinquents .. .. .	9
Blind Children .. .. .	10
Deaf Children .. .. .	10
Routine Inspection of Children in Special Schools. .. .. .	10
Infectious Diseases .. .. .	11
Vaccinal State of School Population .. .. .	11
Sequelæ of Epidemic Encephalitis in School Children .. .. .	12
Following up and the Work of School Nurses .. .. .	13
Cleanliness Surveys .. .. .	13
Medical Treatment .. .. .	13
Ringworm .. .. .	14
Minor Ailments .. .. .	15
Visual Defects .. .. .	15
Defects of Ear, Nose and Throat .. .. .	17
Crippling Defects and Orthopædics .. .. .	19
Dental Inspection and Treatment .. .. .	19
Provision of Meals .. .. .	19
Physical Education .. .. .	20
Employment of Children and Young Persons .. .. .	21
Medical Examination of Teachers .. .. .	22

## APPENDIX I.

Tables. ..	
I.—Return of Medical Inspections .. .. .	23
II.—Return of Defects Found .. .. .	23
III.—Exceptional Children .. .. .	26
IV.—Defects Treated .. .. .	28
V.—Average Heights and Weights .. .. .	33
VI.—Re-inspection of Children .. .. .	34

## APPENDIX II.

Extracts from Report on Clinic Accommodation, etc. .. .. .	35
--	----





# CITY OF CARDIFF EDUCATION COMMITTEE.

---

CITY HALL,

CARDIFF,

March, 1925.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit the Annual Report for 1924 on the medical inspection and treatment of school children.

*Work of the Department.*—There has been a further increase in the total number of children medically inspected, as well as a very great increase in the time devoted to such laborious special work as the examination of mental defectives, fuller enquiry into cases of physical deficiency, and the X-ray treatment of ringworm. The absolute limit of the capacity of the present staff and accommodation has been attained, both as regards quality and quantity of work. At the time of writing 622 cases are awaiting preliminary examination at the throat and nose clinic, 42 are waiting operation for enlarged tonsils and adenoids, 237 are on the list for examination at the vision clinic, and 382 must take their turn for notice to attend the ordinary inspection and minor ailment clinics.

The needs of the position are fully stated in a report of 27th June, 1924, most of which is reproduced here in the form of Appendix II. The scheme adumbrated therein has been adopted and approved by the Board of Education and only awaits the acquisition of suitable premises to be put in operation. It is satisfactory to record that these substantial developments were passed through a series of Committees and the Council without opposition. I am told, however, that there is some concern as to the expansion of this 'unremunerative' Department, and it is suggested that we ought to advertise our work more widely. Although there is no objection to legitimate publicity methods—quite the reverse; they are an essential part of public health education—the Department has at present no time for window-dressing. The increasing calls made upon us by the public are evidence in favour of the quality of the service we give, and the waiting lists quoted above are our best testimonial.

The imperfect character of the present Report and its late issue are further instances of the present stress of things in the Department. The delay is entirely due to my inability to find time for my own share of the work involved.

*Mentally Defective Children.*—The problem of special school accommodation for mentally defective children is no nearer a solution. It has to be realised that suitable quarters cannot be found in a corner of some elementary school, and a remodelled dwelling-house will not meet the case without building. Considerable outlay has to be faced. The time is rapidly approaching when the school for mental defectives will be full to overflowing, and yet the Board of Education is still dissatisfied with the rate at which we are finding defective children. The inevitable increase in the rate of ascertainment will make the position all the more difficult.

While the Department is daily coming into closer contact and more intimate relations with the teaching profession, we need their keener co-operation in the ascertainment of mental defectives. Reference is made in the Report to the developments which have taken place in this branch of the work. The institution of special classes in elementary schools for dull and backward children would not only go far toward simplifying the discovery of the defectives, but would also enable us to put doubtful cases on trial for a period without stigma.



*Physically Defective Children.*—Our records of physically defective children are still regarded by the Board of Education as too low as compared with a standard based on national statistics. Although there are obvious fallacies in any such crude comparison of one area with the whole country, it is probably the case that many children suitable for education in a special school have not been specifically recorded. Where a special school for physical defectives exists, there is an incentive to seek out and keep tally of suitable cases for admission. Where such a school has not been provided, it is difficult to arouse interest among the staff in records which appear to be only of theoretical or remotely practical importance.

A scheme for the treatment of cripples has been approved by the Board, but the outpatient clinic is not in operation yet because of the many obstacles which have been encountered in finding suitable premises for a central clinic.

*Nursery Schools.*—Interest has recently been aroused in the provision of schools for young children in Cardiff. So far as nursery schools have a bearing on the health of the children, they would appear to raise similar questions of structure and administration as open-air schools for delicate children of more advanced years. It may therefore be found convenient to consider the two types of school together before any definite line of action is taken in either direction, in order to explore the possibility of attaching to a school for physically defectives accommodation where selected children under five years of age may also be admitted. It seems clear that the children who ought to be admitted to nursery schools are those who are in danger of swelling the lists of the defectives when they arrive at ordinary school age, and if such schools are to be truly preventive in function the methods of the open-air school should be followed in their management.

*Special Enquiries.*—In the body of the Report will be found reference to enquiries which have been made by the medical staff into medical problems arising in connection with the work of the Department. Attention is particularly directed to notes by Dr. Coulthard on the mental condition of juvenile delinquents (p. 9), on cases of encephalitis lethargica (p. 12) and on the results of operative treatment for tonsils and adenoids (p. 17).

*Education in Hygiene.*—This subject has again been under consideration by the Education Committee, and has been referred to the Propaganda Sub-Committee of the Health Committee for their views. It may be noted here that the hygiene of most text-books is out of date, and the same is largely true of what has been learned by school teachers during their training. Hygiene depends for its facts mainly on the sciences of physics, chemistry, anatomy, physiology and epidemiology. Knowledge in these sciences is growing day by day, and it is desirable to find some way of keeping those who have to instruct the children in hygiene in touch with modern applications of science to the subject.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

RALPH M. F. PICKEN.

## CHANGES IN THE STAFF.

No changes took place during the year with the exception of the new appointment of a shorthand-typist in the person of Miss H. Warren.

## CO-ORDINATION.

There is nothing to add under this head to what has been said in previous Reports. Co-ordination with the other health services is effective and complete.

## SCHOOL HYGIENE.

Fairly full records are now in existence as to the sanitary state and structural suitability of most of the schools. Minor defects are notified for remedy as occasion arises.

## MEDICAL INSPECTION.

The work of inspection during the year is shown in tabular form in Appendix I, Table I.

The total number of elementary school children examined was 9,922, as compared with 10,740 in 1923, while 930 were examined in secondary and high schools, as against 810 in 1923.

In addition to routine inspections, special examinations were made at the instance of the medical officers, teachers, attendance officers, parents or otherwise, at the clinics or in schools, in the case of 3,481 children, as compared with 3,162 in 1923. In addition, 3,165 children were re-examined during the year, as compared with 1,854 last year, while the actual number of re-examinations made was 5,238, as against 3,504 in 1923.

## FINDINGS OF MEDICAL INSPECTION.

Details of the defects requiring treatment or observation which were found at routine and special inspections are set out in Appendix I, Table II. Of the 14,333 children (routine and special) examined, 3,768, or 26.3 per cent., were found suffering from one or more defects requiring treatment (excluding uncleanness and dental diseases). The number and percentage of instances in which certain diseases or defects were referred for treatment or observation are shown in the following table :—

			Defects.		Percentage.
Malnutrition	..	..	114	..	0.8
Uncleanliness	..	..	254	..	1.8
Skin Diseases	..	..	1,051	..	7.3
Defective Vision and Squint	..	..	947	..	6.6
External and other Eye Diseases	..	..	168	..	1.2
Otitis Media	..	..	206	..	1.4
Other Ear Diseases	..	..	143	..	1.0
Enlarged Tonsils only	..	..	845	..	5.9
Adenoids only	..	..	67	..	0.5
Enlarged Tonsils and Adenoids	..	..	120	..	0.8
Other Nose and Throat Defects	..	..	59	..	0.4
Enlarged Cervical Glands	..	..	34	..	0.2
Defective Speech	..	..	3	..	0.02
Dental Diseases (found by Medical Officers)	..	..	876	..	6.1
Heart Disease	..	..	94	..	0.7
Anæmia	..	..	65	..	0.4
Lung Diseases—Non Tuberculous	..	..	174	..	1.2
Tuberculosis (All Forms, including suspects)	..	..	34	..	0.2
Nervous Diseases	..	..	35	..	0.2
Deformities	..	..	61	..	0.4
Other Defects and Diseases	..	..	238	..	1.7

As usual the proportion of children showing defects of one kind or another varies little in comparison with previous years.



*Enlargement of the Thyroid Gland.*—The importance of the thyroid gland in the economy of the human system has been realised for many years, and the advance of scientific knowledge is daily adding to the arguments for maintaining this organ in a healthy condition. It is recognised that an exceptional strain is thrown upon the thyroid at certain stages of life, especially in the female, and that deficiency of iodine intake is associated with impaired function of the thyroid. Among the children who had attained the age of 12 years at the commencement of 1924 and who were examined during the year, 105 were found to have enlargement of the gland (18 boys and 87 girls). Placed against the numbers examined (2,872, comprising 1,415 boys and 1,457 girls), this gives a percentage incidence of 3.65 (1.27 per cent. of boys and 5.99 of girls).

In the Report for 1920 a note by Dr. Sheasby on this subject was printed. Dr. Sheasby has continued to carry on an enquiry in co-operation with Mr. Sugden, M.Sc., F.I.C., of the Cardiff and County Public Health Laboratory, into the significance of indican in the urine of children with simple goitre. Twenty-four urines from goitre cases and ten from normal children have been examined, but no definite conclusions have yet been drawn from the results. A further series is being proceeded with.

In view of the importance of an adequate supply of iodine, the Cardiff water supply is being examined by Mr. Sugden for this element. The technical procedure is very laborious, involving the evaporation of large quantities of water, and the results have not yet arrived at a stage for publication.

*Defects among Entrants.*—The table on page 7 above, and the more detailed returns in Appendix I, Table II, refer to children in all groups. Table II, B, of Appendix I shows the proportion of children entering school who required treatment, and a special table (IIC) is again included showing those who required treatment or observation for defects of various kinds. The proportion of entrants found at routine examination who suffered from such defects as required immediate treatment (exclusive of uncleanness, pediculosis and dental diseases) amounted to 13.7 per cent., as compared with 15.7 last year, while the percentage is increased to 26.4 if defects requiring either treatment or observation are taken into consideration. This latter figure compares with 31.9 per cent. last year. Nearly a third of the defects recorded were affections of the nose and throat, of which the majority were enlarged tonsils and adenoids.

#### RE-INSPECTION OF CHILDREN FOUND DEFECTIVE.

During 1924 a survey was made by the medical staff of cases in certain categories referred for treatment or observation during 1923. The total number of children overtaken in this survey was 2,102, showing 2,197 defects (See Appendix I, Table VI). Such defects as malnutrition, uncleanness and infectious skin diseases, which are continuously under supervision because of exclusion from school, and dental diseases regarding which fairly full knowledge is obtained through the clinic organisation, were omitted from this enquiry. Several of the children previously found defective were absent or had left school at the date of re-inspection.

In the first place it will be observed that 1,078, or about one-half of the children re-inspected, had not received any treatment, this number including some cases of such a serious nature as heart disease, anæmia, lung diseases, deformities, and even tuberculosis. The state of the defects on re-inspection, classified according to whether or not they had received treatment, may be shown as follows:—

	Percentage.			
	Cured or improved.	Not improved.	Worse.	Totals.
Treated at School Clinic .. ..	93.9	6.0	0.1	100
Treated Elsewhere .. ..	80.3	18.9	0.8	100
Not Treated .. ..	19.1	79.7	1.2	100
All Cases .. ..	55.7	43.6	0.7	100



Almost half these defects had not improved since first inspection, the great majority being untreated cases.

#### PHYSICALLY DEFECTIVE CHILDREN.

The number of children known to be physically defective is recorded in Appendix I (Table III). During the year the problem raised by such children has been repeatedly under the consideration of the Special Schools Committee.

#### MENTALLY DEFECTIVE CHILDREN.

During 1924 the class of child admitted to the Special Day School was completely altered, and the numbers are now growing so rapidly as the result of more vigorous ascertainment, that the Special Schools Committee will shortly be faced with the question of accommodation.

The numbers of children of special school age known to be mentally defective at 31st December, 1924, whether under the Education Authority or Mental Deficiency Authority were as follows :—

Classification.	Education Authority Cases.		Mental Deficiency Authority Cases.		Totals
	Attending Special School.	Not at School.	In Institutions or Guardianship.	Under Supervision at Home.	
Feeble-minded .. ..	44	21*	5	7	77
Imbeciles .. ..	—	—	15	37	52
Idiots .. ..	—	—	9	9	18
Totals .. ..	44	21	29	53	147

Double the number of mental defectives known last year (74) has now been discovered, and the numbers are daily increasing.

During the year there was a very great increase in the number of children specially examined for suspected mental deficiency, amounting to a total of 125. Of these, 35 were regarded as not defective, 59 were certified as feeble-minded and suitable for education in a special school, while 31 were passed on to the Mental Deficiency Committee. The latter group consisted of 6 feeble-minded, 22 imbeciles and 3 idiots.

#### *Note by Dr. Coulthard on Mental Assessment in Juvenile Delinquents :—*

Evidence has been accumulating for some time of a definite relationship between mental inferiority and crime, particularly in the case of borderline and high-grade feeble-minded persons.

Casual or hurried examinations of delinquents and criminals frequently fail to detect any but marked mental inferiority (low-grade feeble-mindedness and imbecility), and thus cases which should be dealt with under the Mental Deficiency Act, 1913, have been overlooked.

During 1924 the Local Authority's medical officers examined 41 delinquent boys, and in 29 of these the "mental ages" and "intelligence quotients" were estimated. The results of these examinations are tabulated below. It will be seen that if an intelligence quotient of 90 per cent., be taken as the lower limit of normal mentality, 18 of the 29 are definitely subnormal. Of these, four are definitely classed as mentally defective, and the other four are borderline cases for further observation. It should also be noted that four cases classified as dull and backward also approximate to the borderline.

\* Absent pending arrangements for admission to Special School or because of illness or physical defect.

Number of Cases.	Intelligence Quotient.	Mental Grade.
1	101	Normal.
2	100	"
4	95	"
1	94	"
3	92	"
1	87	Dull and backward
2	86	" " "
1	84	" " "
1	83	" " "
1	82	" " "
1	76	" " "
1	75	" " "
1	74	" " "
1	73	" " "
4	70	Borderline
1	65	Feeble-minded.
1	62	"
1	58	"
1	45	Imbecile.
29	81.5	

The reports from head teachers on the 29 boys throw more light on the anti-social characters of some of the lower-grade cases. Thus, one lad whose intelligence quotient is 70 per cent. is stated to be "spiteful, untruthful" and to have a "strong bent for theft," and another (intelligence quotient 75 per cent.) is "mischievous" and a "fearful liar." "Association with bad companions" is considered to be the cause of another boy's (intelligence quotient 83 per cent.) appearance in the police court.

The reluctance of some teachers to admit mental inferiority and feeble-mindedness in their pupils is difficult to understand. For example, a delinquent whose intelligence quotient is only 75 per cent. is considered to be "normal at school" notwithstanding the fact that at 10 years of age he is only in Standard 1, and the quality of his work is so poor that he is not due for promotion.

#### BLIND CHILDREN.

The number of blind and partially blind children is given in Appendix I, Table III. It is obvious that, if the partially blind children (51 in number) are to be adequately dealt with, much better accommodation must be provided than that now used for this purpose at the Special School.

#### DEAF CHILDREN.

Further search for partially deaf children suitable for special training has resulted in the discovery of 27 such cases. If these children do not recover their hearing and the numbers known to be so affected increase, it will be desirable to make special provision for them.

#### ROUTINE INSPECTION OF CHILDREN IN SPECIAL SCHOOLS.

The children attending the special schools were examined as usual twice during the year. The numbers of individual children examined were as follows :—

	Boys.	Girls.	Totals.
Special School for Mentally Defective Children ..	37	20	57
Oral School for Deaf Children .. ..	17	18	35
School for Blind Children .. ..	20	2	22
Totals .. ..	74	40	114



The diseases or physical defects discovered and recommended for treatment were :—

Disease or Defect.	Number.
Uncleanliness .. ..	7
Skin Disease .. ..	1
External Eye Disease ..	2
Defective Hearing .. ..	2
Otorrhœa .. ..	1
Total	13

In addition, every child in the Special Day School for Mental Defectives was submitted to a thorough mental overhaul every six months, with a view to assessment of progress and the elimination of unsuitable children from the school. As a result of these re-examinations, 1 was transferred to an ordinary elementary school and 19 (1 feeble-minded and 18 imbeciles) were transferred to the care of the Mental Deficiency Committee, whilst in the remaining cases the classification was not changed.

#### INFECTIOUS DISEASES.

The decline in the incidence of scarlet fever and diphtheria continued, 100 cases of the former and 91 of the latter among school children being notified, as against 184 and 105 respectively in 1923. The numbers of school children notified as suffering from various infectious diseases were as follows :—

Enteric Fever .. ..	5
Scarlet Fever .. ..	100
Diphtheria .. ..	91
Pneumonia .. ..	31
Acute Poliomyelitis ..	4
Encephalitis Lethargica	2
Erysipelas .. ..	3
Chicken-pox .. ..	692*
Tuberculosis—Respiratory	7
.. Other Forms ..	22

The following cases of non-notifiable infectious diseases were intimated by head teachers or school attendance officers, or were otherwise ascertained :—

Measles .. ..	802
German Measles .. ..	3
Whooping Cough .. ..	241
Mumps .. ..	220

Toward the end of the year measles became epidemic, and the above figures reflect only the beginning of the outbreak.

*Vaccinal State of School Population.*—In view of the threatening position of small-pox during the recent years, the following table showing the state of vaccination of the children is again included :—

\* Including cases notified by head teachers after 20th July when statutory notification by medical practitioners ceased.



STATE OF VACCINATION OF 10,852 CHILDREN INSPECTED (ELEMENTARY, SECONDARY  
AND HIGH SCHOOLS.)

Age—Years	Vaccinated.	Unvaccinated.	Totals.	Percentage Vaccinated.
3	82	44	126	65.1
4	856	530	1,386	61.8
5	775	490	1,265	61.3
6	328	224	552	59.2
7	130	87	217	59.9
8	301	155	456	66.0
9	1,985	1,060	3,045	65.2
10	39	15	54	72.2
11	126	68	194	64.9
12	1,846	737	2,583	71.5
13	488	176	664	73.5
14	66	17	83	79.5
15	84	16	100	84.0
16	68	9	77	88.3
17	29	4	33	87.9
18	13	1	14	92.9
19	1	2	3	33.3
Totals	7,217	3,635	10,852	66.5

*Note by Dr. Coulthard on the Sequelæ of Epidemic Encephalitis in School Children :—*

The after histories of cases of epidemic encephalitis (sleepy sickness) in children are of interest if only to demonstrate the "social problems" which occur as a result of pathological interference with normal mental and physical development. The incidence of the disease since 1918 seems to have been lower in Cardiff than in most other large towns. The following notes cover all the non-fatal cases of school age which have been traced :—

Case 1. Sickened during winter 1918-19 when 4½ years of age. The mother states she was feverish, drowsy and limp for two or three weeks. The child made an apparently complete recovery and attended school for two years. During the latter part of this time attendance was irregular owing to headaches. A fine tremor of the right arm and hand appeared and later the right lower limb became similarly affected, so that standing and walking became difficult. The muscular inco-ordination and headaches increased in severity until six months later nerve blindness ensued, since when the headache has ceased. To-day the child is quite blind, presents a marked strabismus, a Parkinsonian facial immobility, and a somewhat spastic paresis of the right limbs which has improved to a slight degree with massage.

Case 2. Had encephalitis lethargica in 1920 when nine years of age. Since then his moral fibre has deteriorated. His head master states that instead of being the clean, well-behaved lad he formerly was, he is now dirty and destructive in his habits, and he is degenerating into a youthful "apache." His school work is not very good, and in dictation he shows a curious tendency to spelling-inversion. The only obvious physical stigma is a tonelessness of the facial muscles, which gives him a somewhat mask-like face.

Case 3. Was one of twins, the other being a monstrosity. Evidence of a neuropathic heredity is also present; a maternal uncle was an imbecile and a maternal aunt has recently developed acute chorea of the hemi-paretic type. This lad, however, enjoyed good health during early childhood and attended school for a year, making satisfactory progress. At the age of five, during 1919, following a prodromal scarlatiniform rash, he developed an obscure disease, which in the light of present knowledge would seem to have been epidemic encephalitis. Since then his motor control has gradually degenerated and he has never been able to return to school. To-day he appears twisted and crippled, his gait is spastic and almost scissor-like. His facial expression is one of idiocy and he is continually slobbering. Though his mental powers are very defective, they are still of a much higher order than one would expect from his general appearance. His mother states, however, that both his motor

control and intelligence are deteriorating. His mental age, as estimated by his responses to intelligence tests (Burt's and Terman's revisions of the Binet-Simon tests), is  $6\frac{1}{2}$  years, and his "intelligence quotient" 60.5 per cent. Assuming that the child's intelligence was normal before his illness, then his mental age has advanced only  $1\frac{1}{2}$  years during a period of over five years. Also assuming that this rate of progress continues and that no further deterioration occurs, then at sixteen years his mental age will be under eight years, and his "intelligence quotient" under 50 per cent. (imbecile grade). It is only fair to state that his physical condition prevents him from learning to write, draw, etc., and this accounts for his inability to score in some of the tests.

Case 4. Is stated to have had lethargic encephalitis in February, 1922, when 14 years of age. His mother recollects that his illness was characterised by profound lethargy and somnolence. An interesting sequel in this case is an inversion of the normal sleep periodicity, thus when not actively engaged he will become drowsy or sleep at all times during the day, but at night he complains of restlessness and an inability to sleep. His behaviour is good, but he shows almost complete indifference to the normal activities of youth.

Case 5. Sickened with encephalitis in March, 1920. At this time he was an intelligent lad of 11 years in Standard VI. at school. His stepmother states that he was most considerate and helpful in the home, and that he was a clean well-mannered boy. Since his illness he has become lazy, dirty in his habits and careless of his appearance. He is now foul-mouthed and violent tempered, and frequently abuses the other children in the home. Owing to his general inefficiency and his habit of annoying customers he has lost many jobs and is now unemployable. Physically he presents marked Parkinsonism—he has a squint, a mask-like expressionless face and tremors of the hands and arms. His mental abilities shew little deterioration. He can read and write well and give an intelligent account of his activities, his home and his surroundings. He answers the Binet-Simon tests fairly well. Naturally his parents are anxious to send the lad to a suitable institution. Yet in spite of his moral perversions and temperamental instability, he cannot be certified under either the Mental Deficiency Act or the Lunacy Acts.

#### "FOLLOWING UP" AND THE WORK OF SCHOOL NURSES.

The number of cases visited by the nurses was 3,976, compared with 2,882 in 1923, and the number of visits made, 6,023, as against 3,631 last year. These were distributed as follows :—

	First Visits.	Revisits.	Totals.
Defects of Vision .. .. .	860	367	1,227
.. .. Teeth .. .. .	776	259	1,035
.. .. Ear, Throat and Nose ..	1,033	789	1,822
Other Defects .. .. .	1,307	632	1,939
Totals .. .. .	3,976	2,047	6,023

The primary effect of the improvement in following up is the accumulation of a large number of cases awaiting treatment at the clinic.

*Cleanliness Surveys.*—The nurses paid 487 special visits to schools, making 59,668 examinations of children for uncleanliness, when 2,297 children were found to be harbouring vermin and 2,640 to have nits. Of these, 3,820 were subsequently re-examined, and 1,539 were found to have been cleansed. The percentage of children found verminous at these surveys in each of the years 1922, 1923 and 1924 was 3.8.

In addition, the nurses assisted the medical officers and the dentist at routine and special examinations at schools and at the clinics, and themselves attended to a large number of children at the City Hall. The number of children cleansed by the nurses at the Corporation Cleansing Station was 112, and the number of baths given 296.

#### MEDICAL TREATMENT.

Details of the defects found and the extent to which they received treatment are fully set out in Appendix I, Tables II and IV. Of 9,172 conditions calling for medical or dental treatment, 4,913, or 53.6 per cent., were ascertained to have been treated either at the school



clinics (4,500) or otherwise (413). If dental defects are excluded, the proportion of other defects receiving proper attention is increased to 76.9 per cent., which is an improvement on previous years, and may be attributed to the greater efforts of the nursing staff.

The existing school clinic accommodation is incapable of allowing any expansion of the work. At the date of writing the first step in providing a system of district clinics is being taken.

*Ringworm.*—As shown in Table II, A, 348 children were found to be suffering from ringworm, the more troublesome scalp form occurring in 189 cases. By far the majority (329) were treated under the supervision of the medical staff of the Department, 31 by X-rays.

During the year an X-ray apparatus was installed, and the following note shows the economic value of adopting this method of treatment promptly :—

*Note by Dr. Coulthard on X-ray Treatment of Ringworm of the Scalp :—*

Treatment of ringworm of the scalp by X-ray irradiation was commenced at the school clinic in the middle of June 1924. Between that date and the end of the year 31 cases were treated to a conclusion. In 29 cases the entire scalp was irradiated (5 areas), in one case one area, and in another two areas only were irradiated, as the infection was strictly localised.

In 23 instances the children were passed fit to attend school. The periods of absence of these children from school under other treatment before being submitted to X-rays and after X-ray treatment are shown below :—

*Before treatment by X-rays :—*

Period of absence from School.	Number of Children.
Under 1 week ... ..	6
2 - 3 weeks ... ..	4
4 - 5 " ... ..	1
7 - 8 " ... ..	2
12 - 13 " ... ..	1
15 - 16 " ... ..	2
26 - 27 " ... ..	2
40 - 41 " ... ..	2
45 - 46 " ... ..	1
49 - 50 " ... ..	1
Total. ... ..	22*

The average period of exclusion from school by this Department before X-rays were applied in these cases was 98 days. To this has to be added in some cases a long period of treatment by private practitioners before the cases came under our notice.

*After treatment by X-rays :—*

Period of absence from School.	Number of Children.
3 - 4 weeks ... ..	1
4 - 5 " ... ..	1
5 - 6 " ... ..	3
6 - 7 " ... ..	2
7 - 8 " ... ..	5
8 - 9 " ... ..	3
9 - 10 " ... ..	5
10 - 11 " ... ..	1
16 - 17 " ... ..	1
20 - 21 " ... ..	1
Total ... ..	23

The average period of absence from school after X-ray treatment was 61 days. The period was unduly prolonged in several cases by intercurrent illness or by failure to attend for observation during the school holidays, so that cure was really more rapid than the average period would indicate. Careful microscopic examination in these 23 cases failed to reveal any evidence of persistence of infection.

\* In addition one child who had not previously attended school was treated.



Of the remaining 8 cases, two failed to attend for observation, one of these having left the country, and the other still suffering from the sequelæ of measles. In the other six cases epilation of the infected areas was incomplete. All but one of these have been recently retreated, but sufficient time has not yet elapsed to make a final report as to the success of the retreatment.

The results are summarised in the following table :—

	Treated.	Successful.	No Report.	Requiring Retreatment.
5 areas	29	21	2	6
2 „	1	1	—	—
1 area	1	1	—	—

28th February, 1925.

*Minor Ailments—Queen Victoria's Jubilee Institute for Nurses.*—A great deal of assistance has been rendered in the treatment of minor ailments by the nurses of the Institute, to whom 127 new cases were referred for treatment, and who paid altogether 4,927 visits to the homes of children in order to administer treatment. Details of the work are given below :—

Disease or Defect.	Carried over from 1923.		Referred for Treatment during 1924.		Totals.	
	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.
Skin :—						
Ringworm ..	12	447	46	1703	58	2150
Scabies ..	..	..	2	22	2	22
Impetigo ..	2	42	34	591	36	633
Other Skin Diseases	1	98	9	663	10	761
Minor Eye Defects ..	1	147	15	757	16	904
Minor Ear Defects ..	1	13	3	93	4	106
Miscellaneous ..	2	48	18	303	20	351
Totals ..	19	795	127	4,132	146	4,927

*Visual Defects.*—The work of the special eye clinics is shown in Table IV, Group II, (a). Altogether, 881 children were referred to these clinics, of whom 758 were examined for errors of refraction. Thirty-two failed to return for completion of examination. Of the remaining 726, glasses were prescribed in the case of 640, and by the end of the year 588 had already obtained them. The increase in the number of children obtaining glasses is very striking, and is largely due to the efforts of Miss Jones, the Senior Clinic Nurse, to the increasing interest of teachers, and to the provision made for free supply in strictly necessitous cases.

The following additional tables amplifying the information given in the prescribed tables (Appendix I), have been prepared from records made by Dr. Sheasby :—

## ANALYSIS OF CASES TREATED AT EYE CLINIC.

			Squint.			Errors of Refraction.				
			1-5 years.	5-10 years.	10-15 years.	Hyper- metro- pia.	Myopia.	Astigmatism.		
								Hyper- metropic.	Myopic.	Mixed.
Boys	..	..	10	52	35	95	44	149	30	20
Girls	..	..	9	45	29	95	42	149	43	32
Totals			19	97	64	190	86	298	73	52

## OTHER DISEASES OF EYE.

	Conjunc- tivitis.	Phlycten- ular Conjunc- tivitis.	Blepha- ritis.	Cataract.			Congenital Disloca- tion of Lens.	Optic Neuritis and Choroiditis
				Con- genital.	Capsu- lar.	Trau- matic.		
Boys .. ..	16	6	24	2	—	2	2	2
Girls .. ..	21	19	29	—	1	1	1	2
Totals ..	37	25	53	2	1	3	3	4

	Kera- titis.	Nebulae	Leuco- ma Adher- ens.	Mucocele.	Tuber- cular Iritis.	Corneal Ulcer.	Iritis.	Nystag- mus.	Persistent Pupillary Membrane.
Boys ..	3	13	3	—	—	1	1	3	1
Girls ..	6	26	2	—	1	—	—	2	—
Totals	9	39	5	—	1	1	1	5	1



*Defects of Ear, Nose and Throat.*—The children treated at the special clinic suffered mainly from enlarged tonsils or adenoids, or both these conditions. The numbers dealt with vary little from year to year, as the amount of this work is limited by the clinic accommodation. It is important to estimate from time to time the effect of these operations and accordingly the following note is included here :—

*Note by Dr. Coulthard on the Results of Operative Treatment of Enlarged Tonsils and Adenoids.*

With the object of obtaining precise information as to the value of operative treatment in children suffering from the effects of enlarged tonsils and adenoids, careful records have been kept since 1923 of the subjective and objective symptoms presented by all cases recommended for operation. In the majority of cases Dr. A. Mason Jones, Assistant Surgeon to the Ear, Throat and Nose Department of the Cardiff Royal Infirmary, carried out the operations. The selection of the cases for treatment, the subsequent examinations six months after operation, and the record keeping were undertaken by an Assistant School Medical Officer.

Of the 286 cases operated on during 1923, 237 reported for re-examination during the latter half of 1923 or the first half of 1924. Similar information as to cases operated upon in 1924 is not yet available, as a large number are still awaiting re-examination at the expiration of six months.

The results of these examinations are summarised in the following tables :—

HISTORY OF GENERAL HEALTH.

		Good.	Fair.	Bad.	Total.
Before operation	...	128	67	42	237
After operation	...	132	89	16	237

HISTORY OF SPECIFIC COMPLAINTS.

Complaint.	Before operation.		After operation.	
	Present.	Absent.	Present.	Absent.
Sore Throat—				
Occasional or Slight	13	79	19	24
Frequent or Severe	145		5	
				213
Dysphagia—				
Slight	27	136	6	7
Marked	74		1	
				230
Snoring—				
Occasional	4	53	22	38
Marked	180		16	
				199
Nose-bleeding-Occasional	59	178	8	229
Colds—				
Occasional	2	34	72	129
Frequent...	201		57	
				108
Coughs—				
Slight	10	93	24	63
Frequent...	134		39	
				174
Earache—				
Slight	7	116	13	32
Severe	114		19	
				205



## PHYSICAL CONDITIONS OBSERVED BEFORE AND AFTER OPERATION.

Defects.	Before operation.		After operation.	
	Present.	Absent.	Present.	Absent.
Tonsils—				
Much enlarged ...	31	21	0	205
Moderately .. ...	98		1	
Slightly .. ...	87		31	
Adenoids—				
Much enlarged ...	10	38	0	209
Moderately .. ...	118		0	
Slightly .. ...	71		27	
Post-nasal Discharge ...	176	61	54	183
Mouth Breather—				
Marked ...	143	75	40	160
Slight ...	19		37	
Nasal Speech—				
Marked ...	167	33	29	159
Slight ...	37		49	
Adenitis—				
Palpable or enlarged ...	221	16	133	104
Otitis Media-Recent ...	60	177	23	214
Deafness—				
Marked ...	79	127	20	190
Slight ...	31		27	

## MENTAL STATE BEFORE AND AFTER OPERATION.

	Before operation.	After operation.
Mentality—		
Bright or Average	165	174
Dull or Backward	72	63

The majority of these children had been under observation for some time before operation was advised, and had for various reasons failed to improve under medical treatment.

As the tables indicate, the operations were highly beneficial in most cases, and the relief from colds and sore throat, earache, deafness and frequently otorrhoea was marked. Where symptoms such as snoring, mouth breathing and nasal speech persisted for long after operation, it was generally found that the mothers had taken no pains to correct the faulty habits or to make the children practise the remedial breathing exercises advised.

It is popularly thought and sometimes stated by medical men that enlargement of the tonsils and adenoids may give rise to serious mental dulness and backwardness, or even cause mental deficiency. There seems to be little evidence of such serious mental associations. It would appear that such dulness as accompanies the adenoid enlargement is mainly caused by a catarrhal deafness, and that backwardness in school may be occasioned by poor attendance owing to frequent colds and sore throats. No evidence is forthcoming that native intelligence is increased by the removal of tonsils and adenoids, though an improvement in the hearing and health of the child is naturally productive of increased vivacity.

It has not been found practicable to subject these children to mental tests before and after operation, and the mental grading has therefore been somewhat arbitrary, depending on the responses of the children during examination and on their scholastic attainments. Terman, who has carried out mental tests under similar conditions, reports that there is seldom any improvement in the "intelligence quotient" after removal of the tonsils and adenoids.

Records of heights and weights before and after treatment have been taken, but are not included in the above tables, as after the children are graded according to age and season of the year, the numbers are too small to be of any value for comparison with the average child.

*Crippling Defects and Orthopaedics*—The number of non-tuberculous cripples in attendance at elementary schools at the end of 1924 was 89, while 23 others were prevented from attendance at school because of their defect. No cripples were in attendance at or resident in a special school for this type of children. An orthopaedic scheme has been adopted and approved by the Board, of which the following are the main heads :—

1. Payment at an agreed rate to the Prince of Wales' Hospital for the in-patient treatment of crippled children (other than tuberculous), and the recovery of the cost thereof from the parents, their ability to pay being measured by reference to the scale of income already in use by this Department and approved by the Ministry and the Board.
2. Payment to the Hospital for splints, special boots, apparatus, etc., and for subsequent alterations thereof.
3. The equipment of a room in the central clinic for the out-patient treatment of cripples, including (a) Bristow Table for Electricity, (b) Ladder, and (c) Plinth.
4. The appointment of an Orthopaedic Nurse, with knowledge of massage, for the treatment of children at the clinic, following up in the homes and maintaining contact with the Hospital as required.
5. An arrangement with Major Alwyn Smith, Surgeon to the Prince of Wales' Hospital, to attend the clinic monthly, in order to advise the medical staff and see cases in consultation with them.
6. The cost to be divided equally between the Education Committee and the Maternity and Child Welfare Committee.

#### DENTAL INSPECTION AND TREATMENT.

The work of the School Dentist is summarised in Appendix I, Table IV, Group IV. As mentioned in the last Report, it has been found most profitable to confine his operations to the children attending schools in one area, and even then it was possible to deal with only 68 per cent. of those requiring treatment. The new cases treated have fallen from 2,208 to 1,728, but the cases retreated have increased from 376 to 1,218. Altogether there has been an increase of 362 in the number of children treated. The number of schools covered by the Dentist is limited to 8, with a total population of 8,805 children. In addition he has attended to certain other children specially referred to him.

#### PROVISION OF MEALS.

The arrangements continued throughout the year on the same lines as formerly, but the number of children fed has fallen still further than last year. The following statement of the meals given in 1921, 1922, 1923 and 1924, has been kindly supplied by the Superintendent School Attendance Officer :—

		No. of Canteens.	No. of Meals Supplied.	Average Weekly No of Meals.	Average Weekly No. of Children fed.
1921	..	13	594,411	11,655	1,148
1922	..	12	182,094	3,501	434
1923	..	8	35,700	686	144
1924	..	7	27,378	526	110



## PHYSICAL EDUCATION.

Miss Maud M. Brown, Chief Organiser of Physical Education, has kindly contributed the following report on physical education during 1923 and 1924 :—

Three hundred and seventy visits have been paid to girls, mixed, infants and special departments, to baths, playing fields and parks, and to the Pupil Teacher's Centre. Sixty-four demonstration lessons have been given. One hundred and thirty-four teachers training classes have been held. Two hundred and forty-two sessions given to the work of organisation.

The standard of physical education in the schools varies considerably, and there is much work to be done to make it satisfactory. The teachers on the whole are growing in enthusiasm, and improvement is noticeable in the classes taken by those teachers who were able to take advantage of courses of instruction in physical education arranged by the Education Committee. It is very marked that those teachers who prepare their lessons beforehand have gained a really progressive result, and the children show this in increased healthfulness, enjoyment and alertness. The work taken on the whole is too cut and dried, too formal and mechanical. Much freer work is wanted, more individuality, more spontaneity and a greater freedom of movement. There should be more life in the physical training lessons, they should be really interesting, and a great deal of attention should be given to the movements which produce good posture.

The amount of time given to physical education is inadequate. It is highly essential that children should be physically fit in order that they may take full advantage of the education provided for them. When educators grasp the idea that the human being is a unity, when it becomes clear that weakness of body reflects on the mind and morals—in the same way as the condition of the mind affects the body—school life will then mean the training for life of the whole human being, and equal time will be devoted to development of body and mind. It is recommended that 20 minutes a day should be included in the time table of upper schools, and two periods of 15 minutes each day for infants.

A lecture on the Aims and Objects of Physical Education was given to head teachers on December 13th, 1923, by invitation of the Head Teachers' Association.

*Teachers Training Classes.*—The following classes have been held :—Two courses for upper school teachers on the Board of Education Syllabus of Physical Training, 1919. Four courses for upper and infant school teachers in country dancing. One games course for upper school teachers.

The number of entries for these courses is satisfactory, being a total of 458. The enthusiasm of the teachers who have attended these classes is to be commended, and the attendance is good. Twelve teachers gained the Local Physical Training Certificate. Fifteen teachers gained the Elementary Country Dance Certificate of the English Folk Dance Society.

*Playing Fields and Parks.*—Twenty-six departments are taking advantage of facilities given for use of playing fields and parks. Full advantage cannot be taken by all departments until some provision is made for conveyance of the children from school to the field. Mr. Pettigrew, Chief Officer of Parks, has been most helpful in giving permission for use of pitches in Llandaff Fields, Lock Fields, Roath Park, Splott Park, Victoria Park and Loudoun Square. We are fortunate to have permission to use Sophia Gardens Field and the Barracks Field for organised games.

Full advantage of the facilities at the public parks cannot be taken as so often the pitches are quite unfit for use. There is great need for a playing field for schools in Grange-town and Docks area.

*Organised Games.*—A games representative has been elected by each girls and mixed department to meet to discuss rules and arrangements for organised games. Rounders rules have been drafted and sent to all girls and mixed schools, and each of these departments has been provided with rounders bats and balls. Nineteen rounders matches have been played. Canton National Girls and Grange-town National Mixed Schools are to be congratulated on winning five matches out of six played. Other departments who have played matches are Eleanor Street C. Mixed, Hawthorn C. Mixed, Kitchener Road C. Girls, Lansdowne Road C. Girls, Llandaff C. Mixed, Ninian Park C. Girls, Metal Street N. Girls, St. Mary's N. Girls (Bute Terrace), St. Mary's Mission N. Mixed, St. John's N. Girls, Tredegarville N. Girls, St. David's R.C. Girls, St. Patrick's R.C. Mixed and St. Peter's R.C. Girls.

Provision is now needed for a winter game, and it is recommended that net ball posts be supplied to those girls and mixed departments which show sufficient proficiency in their games, and that each girls' and mixed department be supplied with two full-sized footballs for use in organised games of training value.

*Accommodation for Wet Weather.*—The greatest value is gained during exercise out of doors, but owing to the fact of there being a number of days when this is impossible, and bearing in mind the importance of daily physical exercise, accommodation for wet weather is to be recommended. The sheds in most playgrounds are too narrow to be of much value, and the overcrowded condition of most schools necessitates the use of the central hall as a classroom. It is recommended in these cases to change round classes, with one class always in the hall for physical training, the hall being free in fine weather.

*Playgrounds.*—The deep sinks are dangerous, and sinks level with the surface of the playground are recommended.

*Swimming.*—The swimming for girls in Cardiff schools is below the standard of that of most other big cities. A suggested scheme for swimming instruction was drawn up, with the result that three swimming instructresses were appointed by the Education Committee. Although they were unqualified women they are interested in their work and ready to take help given, and all three have worked for and gained their Bronze Medallion for Life Saving during the season. The teachers and children appreciate the arrangements made, and more schools are gradually taking advantage of the facilities, though full advantage cannot be taken of the open-air baths. The time table is not full at either because the distances from the schools to the baths are too great. A short tram ride would remedy the disadvantage.

*Folk Dancing.*—A demonstration lecture on folk dancing was given by Cecil J. Sharp, Esq., at the City Hall on May 14th, 1924, 600 being present. A country dance party was held at the Drill Hall, Dumfries Place, on May 17th, 1924, when about 250 teachers and others joined in the dance. Two demonstrations of country dancing were given in Sophia Gardens by about 700 school children on September 1st and 6th, 1924. The teachers and children are to be congratulated on the good general result.

#### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

During the year 8 boys and girls were examined at the clinics at the request of the Juvenile Employment (Education) Officer and medical reports were sent for his guidance in placing these juveniles in work.

The following tables relating to the employment of children of school age and young persons have been kindly furnished by Mr. Ben Williams, Juvenile Employment (Education) Officer:—

TABLE I.

Age of School Children Employed out of School Hours.

	12 years.	13 years.	14 years.	Totals.
Boys .. .. .	53	142	71	266
Girls .. .. .	1	9	3	13
Totals .. .. .	54	151	74	279

A child under the age of 12 years cannot now be legally employed.

The approximate number of child employees under old conditions was 2,000. They were from 10 years of age and upwards and worked anything up to 36 hours a week, before, between and after school hours.

TABLE II.

Nature of Employment of School Children Employed out of School Hours.

Nature of Employment.	Boys.	Girls.	Totals.
Assisting in Shops .. .. .	—	—	—
Delivery of Bread .. .. .	13	—	13
Delivery of Milk .. .. .	15	1	16
Domestic Work .. .. .	1	—	1
Errands .. .. .	156	2	158
Miscellaneous .. .. .	82	9	91
Totals. .. .. .	267	12	279



The hawking of newspapers is illegal except for boys over the age of 15 years. Boys between 15 and 16 years need a licence for this work.

TABLE III.

Number of Hours of Employment per Week (including Saturday and Sunday) of School Children Employed out of School Hours.

Number of Hours per Week.	Boys.	Girls.	Totals.
1 .. ..	—	—	—
2 .. ..	2	—	2
3 .. ..	1	—	1
4 .. ..	1	—	1
5 .. ..	28	—	28
6 .. ..	—	—	—
7 .. ..	7	1	8
8 .. ..	—	—	—
9 .. ..	—	—	—
10 .. ..	—	—	—
11 .. ..	1	—	1
12 .. ..	20	1	21
13 .. ..	12	2	14
14 .. ..	12	1	13
15 .. ..	161	5	166
16 .. ..	2	1	3
17 .. ..	20	1	21
Totals	267	12	279

Fifteen hours per week is the maximum number of hours which a child may be employed under the provisions of the Bye-Laws made under the Employment of Children Act, 1903, as amended by the Education Act, 1918, excepting in the delivery of milk and newspapers where two hours employment is allowed on Sunday mornings, which makes a maximum of 17 hours per week for these two employments.

*Entertainments Section.*

Cases licenced by the Cardiff Education Committee and examined by the School Medical Officer during the year, 13.

Cases visiting Cardiff on licence from other areas during the year, 5.

MEDICAL EXAMINATION OF TEACHERS.

All teachers newly appointed under the Education Authority, pupil teachers entering the Training Centre, and other teachers sent for special reasons are examined by the medical staff, and reports are forwarded to the Director of Education on a form specially prepared for the purpose.

During 1924 the numbers examined were :

	Males.	Females.	Totals.
Pupil Teachers .. ..	3	31	34
Teachers .. ..	15	52	67
Totals .. ..	18	83	101

The actual number of examinations made was 118.

## APPENDIX I.

YEAR ENDED 31st DECEMBER, 1924.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

	Elementary Schools— Code Group Inspections.			Secondary and High Schools.		
	Boys.	Girls.	Totals.	Boys.	Girls.	Totals.
Entrants .. ..	1,837	1,751	3,588	310	306	616
Intermediates .. ..	1,779	1,683	3,462	—	—	—
Leavers .. ..	1,415	1,457	2,872	183	131	314
Totals .. ..	5,031	4,891	9,922	493	437	930

B.—SPECIAL INSPECTIONS.

				Elementary Schools.			Secondary and High Schools.		
				Boys.	Girls.	Totals.	Boys.	Girls.	Totals.
Special Inspections.	{ At School .. ..	..	..	756	605	1,361	3	28	31
	{ At School Clinic .. ..	..	..	976	1,097	2,073	10	6	16
Totals .. ..				1,732	1,702	3,434	13	34	47
Re-Inspections.	{ At School .. ..	..	..	824	847	1,671	28	28	56
	{ At School Clinic .. ..	..	..	1,677	1,823	3,500	6	5	11
Totals .. ..				2,501	2,670	5,171	34	33	67

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

DISEASE OR DEFECT.	ROUTINE INSPECTIONS.				SPECIAL INSPECTIONS.			
	Elementary Schools.		Secondary and High Schools.		Elementary Schools.		Secondary and High Schools.	
	Requiring Treatment.	To be kept under Observation.	Requiring Treatment.	To be kept under Observation.	Requiring Treatment.	To be kept under Observation.	Requiring Treatment.	To be kept under Observation.
Malnutrition ... ..	49	48	...	4	7	6	...	...
Uncleanliness ... ..	223	1	1	...	28	1	...	...
Skin :—								
Ringworm :—								
Scalp ... ..	25	...	...	...	164	...	...	...
Body ... ..	17	...	1	...	141	...	...	...
Scabies ... ..	38	...	1	...	102	...	...	...
Impetigo ... ..	26	...	...	...	357	...	...	...
Other Diseases (Non-Tuberculous) ... ..	21	4	...	...	153	1	...	...
Eye :—								
Blepharitis ... ..	41	...	1	...	65	...	...	...
Conjunctivitis ... ..	2	...	1	...	29	...	...	...
Keratitis ... ..	1	...	...	...	2	...	...	...
Corneal Opacities ... ..	3	1	...	...	3	...	...	...
Defective Vision (excluding Squint) ... ..	416	2	45	1	363	5	14	...
Squint ... ..	56	1	...	...	44	...	...	...
Other Conditions ... ..	2	...	...	...	16	...	1	...
Ear :—								
Defective Hearing ... ..	92	...	7	...	38	...	1	...
Otitis Media ... ..	105	1	6	...	94	...	...	...
Other Ear Diseases ... ..	1	...	...	...	4	...	...	...



TABLE II. A—continued.

DISEASE OR DEFECT.	ROUTINE INSPECTIONS.				SPECIAL INSPECTIONS.			
	Elementary Schools.		Secondary and High Schools.		Elementary Schools.		Secondary and High Schools.	
	Requiring Treatment.	To be kept under Observation.	Requiring Treatment.	To be kept under Observation.	Requiring Treatment.	To be kept under Observation.	Requiring Treatment.	To be kept under Observation.
Nose and Throat :—								
Enlarged Tonsils only ...	636	15	26	...	166	2	...	...
Adenoids only ...	31	1	...	...	34	1	...	...
Enlarged Tonsils & Adenoids ...	75	2	...	...	43	...	...	...
Other Conditions ...	19	1	...	...	37	2	...	...
Enlarged Cervical Glands (Non-Tuberculous) ...	15	8	...	...	8	3	...	...
Defective Speech ...	...	...	...	...	1	2	...	...
Teeth :—								
Dental Diseases ...	763	...	...	...	112	...	1	...
Heart and Circulation :—								
Heart Disease :—								
Organic ...	10	33	...	1	6	11	...	...
Functional ...	4	18	1	2	4	2	...	2
Anæmia ...	24	12	1	1	14	13	...	...
Lungs :—								
Bronchitis ...	24	47	...	...	16	4	...	...
Other Non-Tuberculous Diseases ...	13	53	...	...	6	11	...	...
Tuberculosis :—								
Pulmonary :—								
Definite ...	...	...	...	...	1	...	...	...
Suspected ...	2	...	...	...	14	2	...	...
Non-Pulmonary :—								
Glands ...	...	...	...	...	9	2	...	...
Spine ...	...	...	...	...	...	...	...	...
Hip ...	...	...	...	...	1	2	...	...
Other Bones and Joints ...	...	1	...	...	...	...	...	...
Skin ...	...	...	...	...	...	...	...	...
Other Forms ...	...	...	...	...	...	...	...	...
Nervous System :—								
Epilepsy ...	1	2	...	...	5	2	...	...
Chorea ...	...	...	...	...	15	6	...	...
Other Conditions ...	...	...	...	...	4	...	...	...
Deformities :—								
Rickets ...	2	4	...	...	2	1	...	...
Spinal Curvature ...	2	1	...	...	...	...	...	...
Other Forms ...	15	6	3	1	15	9	...	...
Other Defects and Diseases ...	78	23	5	2	95	33	2	...

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE AND SPECIAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

	Elementary Schools.			Secondary and High Schools.		
	Number of Children.		Percentage of Children found to require treatment.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.		Inspected.	Found to require treatment.	
Entrants ..	3,588	491	13.7	616	62	10.1
Intermediate ..	3,462	607	17.5	..	..	..
Leavers ..	2,872	573	19.9	314	28	8.9
Totals ..	9,922	1,671	16.8	930	90	9.7
Specials ..	3,434	1,984	57.8	47	23	48.9
Grand totals	13,356	3,655	27.4	977	113	11.6

TABLE II. C.

ENTRANTS FOUND SO DEFECTIVE AS TO REQUIRE TREATMENT OR TO BE KEPT UNDER OBSERVATION, SHOWING THE NUMBER OF INSTANCES IN WHICH THEY SUFFERED FROM MORE THAN ONE DISEASE OR DEFECT.

Referred for Treatment or Observation as suffering from (1)	No. of Entrants (2)	NUMBER OF DEFECTS REFERRED FOR TREATMENT OR OBSERVATION											Total No. of Defects (15)	
		Tuberculosis —Pulmonary (3)	Tuberculosis —Non- Pulmonary (4)	Heart (5)	Anæmia (6)	Respiratory —Not Tuberculosis (7)	Vision (8)	Ears (9)	Nose and Throat (10)	Eyes (external and other) (11)	Skin (12)	Teeth (13)		Other Defects (14)
Tuberculosis—Pulmonary ..	1	1	..	..	..	..	..	..	..	..	..	..	1	2
Tuberculosis—Non-Pulmonary ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Defects of Heart ..	18	..	..	18	..	..	..	..	3	..	1	..	..	22
Anaemia ..	16	..	..	..	16	..	..	..	..	..	..	1	7	24
Respiratory Defects (Not Tuberculosis) ..	69	..	..	..	..	69	..	..	6	2	..	4	3	84
Defects of Vision ..	15	..	..	..	..	..	15	1	2	..	..	..	3	21
.. Ears ..	23	..	..	..	..	..	..	23	1	..	..	5	3	32
.. Nose and Throat ..	291	..	..	..	..	..	..	..	291	4	6	39	29	369
.. Eyes (external & other) ..	47	..	..	..	..	..	..	..	..	47	2	6	4	59
.. Skin ..	36	..	..	..	..	..	..	..	..	..	36	6	2	44
.. Teeth ..	305	..	..	..	..	..	..	..	..	..	..	305	29	334
Other Defects ..	126	..	..	..	..	..	..	..	..	..	..	..	126	126
Not requiring Medical Attention 2,641	2,641	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTALS ..	3,588	1	..	18	16	69	15	24	303	53	45	366	207	1,117



TABLE III.  
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Totals.
Blind (including partially blind).	(i) Suitable for training in a school or class for the totally blind.	Attending Certified Schools or Classes for the Blind .. .. .	19	2	21*
		Attending Public Elementary Schools .. .. .	..	..	..
		At other Institutions .. .. .	..	..	..
		At no School or Institution .. .. .	..	2	2
	(ii) Suitable for training in a school or class for the partially blind.	Attending Certified Schools or Classes for the Blind .. .. .	..	..	..
		Attending Public Elementary Schools .. .. .	22	29	51
		At other Institutions .. .. .	..	..	..
		At no School or Institution .. .. .	..	..	..
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a school or class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf .. .. .	10	11	21†
		Attending Public Elementary Schools .. .. .	..	..	..
		At other Institutions .. .. .	..	..	..
		At no School or Institution .. .. .	..	..	..
	(ii) Suitable for training in a school or class for the partially deaf.	Attending Certified Schools or Classes for the Deaf .. .. .	..	..	..
		Attending Public Elementary Schools .. .. .	10	17	27
		At other Institutions .. .. .	..	..	..
		At no School or Institution .. .. .	..	..	..
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children .. .. .	33	11	44
		Attending Public Elementary Schools .. .. .	..	..	..
		At other Institutions .. .. .	..	..	..
		At no School or Institution .. .. .	15	6	21‡
	Notified to the Local Control Authority during the year.	Feeble-minded .. .. .	7	1	8
		Imbeciles .. .. .	26	17	43
		Idiots .. .. .	3	..	3
	Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics .. .. .	..	..
In Institutions other than Certified Special Schools .. .. .			..	..	..
Attending Public Elementary Schools .. .. .			..	..	..
At no School or Institution .. .. .			5	5	10
Suffering from epilepsy which is not severe		Attending Public Elementary Schools .. .. .	16	6	22
		At no School or Institution .. .. .	..	..	..

\* In addition 1 boy not residing in the area is in attendance.

† In addition 6 boys and 4 girls not residing in the area are in attendance.

‡ Including 1 boy and 1 girl attending private schools.

TABLE III.—continued.

			Boys.	Girls.	Totals.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	2	2	4
		At other Institutions .. .. .	..	..	..
		At no School or Institution ..	5	9	14
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	..	..	..
		At Certified Residential Open Air Schools .. .. .	..	..	..
		At Certified Day Open Air Schools .. .. .	..	..	..
		At Public Elementary Schools ..	5	6	11
		At other Institutions .. .. .	..	..	..
		At no School or Institution ..	1	3	4
	Delicate children ( <i>e.g.</i> pre or latent tuberculosis, mal-nutrition, debility anæmia, etc.).	At Certified Residential Open Air Schools .. .. .	..	..	..
		At Certified Day Open Air Schools ..	..	..	..
		At Public Elementary Schools ..	60	63	123
		At other Institutions .. .. .	..	..	..
		At no School or Institution ..	14	17	31
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. .. .	2	2	4
		At Public Elementary Schools ..	8	9	17
		At other Institutions .. .. .	..	..	..
		At no School or Institution ..	6	9	15
	Crippled children (other than those with active tuberculous disease) <i>e.g.</i> children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools ..	..	..	..
		At Certified Residential Cripple Schools ..	..	..	..
		At Certified Day Cripple Schools ..	..	..	..
		At Public Elementary Schools ..	58	104	162*
		At other Institutions .. .. .	..	..	..
		At no School or Institution ..	13	18	31†

\*Comprising :—

	Boys.	Girls.	Totals.
Cripples .. .. .	41	48	89
Severe Heart Disease ..	16	52	68
Chorea .. .. .	1	4	5

† Comprising :—

	Boys.	Girls.	Totals.
Cripples .. .. .	9	14	23
Severe Heart Disease ..	3	3	6
Chorea .. .. .	1	1	2



TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR 1924.

## TREATMENT TABLE.

*GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)*

Disease or Defect.	Number of Defects Treated or under Treatment during the Year.					
	Elementary Schools.			Secondary and High Schools.		
	Under the Authority's Scheme.	Otherwise.	Totals.	Under the Authority's Scheme.	Otherwise.	Totals.
<b>Skin :—</b>						
Ringworm—Scalp ..	191	4	195	..	..	..
"    Body ..	138	2	140	1	..	1
Scabies .. ..	138	1	139	1	..	1
Impetigo .. ..	367	5	372	..	..	..
Other Skin Diseases	182	6	188	..	..	..
<b>Minor Eye Defects</b> (External and other but excluding cases falling in Group II)	45	7	52	..	..	..
<b>Minor Ear Defects.</b>	8	..	8	..	..	..
<b>Miscellaneous</b> (e.g., minor injuries bruises, sores, chil- blains, etc.) ..	137	4	141	..	..	..
<b>Totals .. ..</b>	1,206	29	1,235	2	..	2

GROUP II. (a)—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I.).

	Number of Defects Dealt with.							
	Elementary Schools.				Secondary and High Schools.			
	Under the Authority's Scheme.	Submitted to Refraction by Private Practitioners or at Hospital.	Other-wise.	Totals.	Under the Authority's Scheme.	Submitted to Refraction by Private Practitioners or at Hospital.	Other-wise.	Totals.
Errors of Refraction	678	14	9	701	21	4	..	25
Other Defect or Disease of the Eyes (excluding those recorded in Group I.). ..	124	..	5	129	2	..	..	2
Totals ..	802	14	14	830	23	4	..	27

	Elementary Schools.	Secondary and High Schools.
Number of Children for whom Spectacles were Prescribed :— .. ..		
(a) Under the Authority's Scheme ..	619	21
(b) Otherwise .. ..	21	4
Number of Children who obtained or received Spectacles :— .. ..		
(a) Under the Authority's Scheme ..	569*	19†
(b) Otherwise .. ..	21	4

\* Including 71 at half cost and 24 free of charge.

† Including 1 at half cost.



## GROUP II. (b)—Additional Particulars with reference to the Treatment of Visual Defects.

	Elementary Schools.	Secondary and High Schools.
Examined at the Specialist Clinic .. .. .	856	25
(a) Examined for Errors of Refraction .. .. .	736	22
(1) Examination completed .. .. .	678	21
(2) For whom glasses were prescribed .. .. .	619	21
(3) For whom glasses were provided :—		
(a) By parents only under local Authority's scheme	474	18
(b) With assistance of Local Authority .. .. .	71	1
(c) Free of charge .. .. .	24	—
(4) For whom glasses were not prescribed .. .. .	59	—
(5) Failed to attend for completion of examination .. .. .	32	—
(6) Other treatment required :—		
(a) Glasses also prescribed—included in (2) .. .. .	16	—
(b) Not requiring glasses—included in (4) .. .. .	5	—
(7) Received other treatment .. .. .	21	—
(8) Old Cases (1923) for whom glasses were provided in 1924—		
(a) By parents only under Local Authority's scheme	75	4
(b) With assistance of Local Authority .. .. .	8	—
(c) Free of charge .. .. .	2	—
(b) Examined for Defects other than Errors of Refraction .. .. .	103	2
(1) For whom treatment was recommended .. .. .	102	2
(2) Received treatment .. .. .	101	2
(3) For whom no treatment was considered necessary .. .. .	1	—
(c) Number of attendances of Vision Cases at the School Clinic .. .. .	1,913	47

## GROUP III. (a)—Treatment of Defects of Nose and Throat.

	Elementary Schools.	Secondary and High Schools.
At Special School Clinic :—		
Examined .. .. .	630	16
Received operative treatment .. .. .	346	13
Received operative and other forms of treatment .. .. .	39	—
Received other forms of treatment only .. .. .	190	4
Attendances of nose and throat cases .. .. .	1,766	43
By Private Practitioners or at Hospital :—		
Received operative treatment .. .. .	13	—
Received operative and other forms of treatment .. .. .	—	—
Received other forms of treatment only .. .. .	22	—

## GROUP III. (b)—Treatment of Serious Ear Defects.

	Elementary Schools.	Secondary and High Schools.
At Special School Clinic :—		
Examined .. .. .	152	4
Received operative treatment .. .. .	—	—
Received operative and other forms of treatment .. .. .	—	—
Received other forms of treatment only .. .. .	143	4
Attendances of serious ear cases .. .. .	409	6
By Private Practitioners or at Hospital :—		
Received operative treatment .. .. .	1	—
Received operative and other forms of treatment .. .. .	2	—
Received other forms of treatment only .. .. .	21	1



## GROUP IV.—Dental Defects.

						Elementary Schools.	Secondary and High Schools.
(1) Number of Children who were :—							
(a) Inspected by the Dentist :							
Aged :							
Routine Age Groups	5	..	..	..	..	499	—
	6	..	..	..	..	880	—
	7	..	..	..	..	683	—
	8	..	..	..	..	591	—
	9	..	..	..	..	296	—
	10	..	..	..	..	84	—
	11	..	..	..	..	51	—
	12	..	..	..	..	113	—
	13	..	..	..	..	76	—
	14	..	..	..	..	30	—
Total						3,303	—
Specials						1,442	150
Grand Total						4,745	150
(b) Found to require treatment						4,113	145
(c) Actually Treated						1,668	60
(d) Re-treated during the year as the result of periodical examination						1,138	80
(2) Half-days devoted to :—							
Inspection						29	—
Treatment						402	—
Total						431	—*
(3) Attendances made by children for treatment						3,637	186
(4) Fillings :—							
Permanent teeth						1,323	182
Temporary teeth						398	—
Total						1,721	182
(5) Extraction :—							
Permanent teeth						577	46
Temporary teeth						3,459	40
Total						4,036	86
(6) Administrations of general anæsthetics for extractions						1,078	35
(7) Other operations :—							
Permanent teeth						535	34
Temporary teeth						239	4
Total						774	38

\* Not differentiated.

## Treatment of Dental Defects by Private Dentists :—

	Elementary Schools.	Secondary and High Schools.
Children treated	75	4

## GROUP V.—Uncleanliness and Verminous Conditions.

## Elementary Schools.

(i) Average number of visits per school made during the year by the school nurses.	..	4.3
(ii) Total number of examinations of children in the schools by school nurses.	..	59,668
(iii) Number of individual children found unclean :—		
With vermin .. .. .	2,297	
With nits only .. .. .	2,640	
		4,937
(iv) Number of children cleansed under arrangements made by the Local Education Authority :—		
Previously verminous .. .. .	212	
Previously with nits only .. .. .	238	
Previously verminous found to be free from vermin but not free from nits .. .. .	1,089	
		1,539*

## GROUP VI.—Treatment of all other Defects.

Disease or Defect.	Defects treated.		
	By Private Practitioners, at Hospital or Tuberculosis Dispensary.	Otherwise.	Totals.
Malnutrition .. .. .	13	24	37
Enlarged Cervical Glands .. .. .	—	—	—
Heart Diseases .. .. .	1	—	1
Anæmia .. .. .	5	18	23
Diseases of Lungs (non-tubercular) .. .. .	3	1	4
Pulmonary Tuberculosis .. .. .	—	—	—
Other forms of Tuberculosis .. .. .	6	—	6
Diseases of Nervous System .. .. .	11	1	12
Deformities .. .. .	4	1	5
Other Diseases and Defects .. .. .	3	1	4

TABLE V.

## AVERAGE HEIGHTS AND WEIGHTS OF CHILDREN INSPECTED.

## Elementary Schools.

Age-Years.	Boys.			Girls.		
	Number.	Average Height.	Average Weight.	Number.	Average Height.	Average Weight.
		ins.	lbs.		ins.	lbs.
3	71	37.7	32.8	51	36.8	33.1
4	674	39.5	36.8	638	38.9	35.5
5	613	41.7	40.0	571	42.6	38.7
6	252	42.8	43.0	247	43.8	41.5
7	104	45.7	48.1	100	45.4	42.7
8	230	49.2	56.1	218	49.0	53.4
9	1,360	49.4	57.8	1,360	49.9	55.8
12	1,133	54.7	72.2	1,114	55.8	75.4
13	246	55.4	76.4	308	56.5	78.9

\* Fifty-nine were actually cleansed by the school nurses, 11 of the verminous cases being dealt with at the Corporation Cleansing Station. The remaining cases were cleansed by parents on advice given by the nurses.



TABLE VI.

RESULTS OF MEDICAL RE-INSPECTION OF CHILDREN FOUND DURING 1923 TO REQUIRE TREATMENT OR TO BE KEPT UNDER OBSERVATION.

	Treated at School Clinic.			Treated Elsewhere.			Not Treated.			Totals.			Total Number of Defects.
	Cured or Improved.	No Improvement.	Worse.	Cured or Improved.	No Improvement.	Worse.	Cured or Improved.	No Improvement.	Worse.	Cured or Improved.	No Improvement.	Worse.	
Eye Diseases ..	415	19	..	22	5	..	23	258	10	460	282	10	752
Ear Diseases ..	72	13	..	17	4	1	16	53	..	105	70	1	176
Diseases of Nose & Throat	232	10	..	36	11	1	123	461	1	391	482	2	875
Enlarged Cervical Glands	5	2	..	5	..	..	1	8	1	11	10	1	22
Defective Speech ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Heart Diseases ..	4	1	..	4	2	..	7	20	1	15	23	1	30
Anæmia ..	26	2	..	30	7	..	6	12	..	62	21	..	83
Lung Diseases (Non-Tubercular)	45	4	..	28	4	..	18	27	..	91	35	..	126
Tuber- culosis { Pulmonary	1	..	..	..	2	..	..	..	..	1	2	..	3
Non-Pulmonary	1	..	..	2	4	..	..	..	..	3	4	..	7
Nervous Diseases ..	4	..	..	3	..	..	..	1	..	7	1	..	8
Deformities ..	11	..	..	28	4	..	3	8	..	42	12	..	54
Other Defects & Diseases	11	2	1	16	2	..	9	11	..	36	15	1	52
Totals ..	827	53	1	191	45	2	206	859	13	1,224	957	16	2,197

Total number of children re-inspected : 2102.

## APPENDIX II.

SCHOOL MEDICAL AND MATERNITY AND CHILD WELFARE SERVICES.  
CLINIC ACCOMMODATION, etc.*Extracts from Report to Joint Health and Education Sub-Committee.*

.....  
*Present Expenditure on School Medical Service.*—.....I have thought it worth while to show in tabular form (Table I) a comparative statement of the cost of the School Medical Service in Cardiff and in other large towns. Cardiff is the town numbered 12 in the table; this table includes all the large towns over 200,000 in population except those which are too large to be comparable, e.g., London, Manchester, Liverpool, Birmingham.\* Nottingham is omitted because the information was not supplied. Swansea and Newport are included for local reasons although under 200,000 population. In fairness to the other towns I have not identified them by name in this report, but the figures are exactly as obtained from their officers. The towns are arranged in order of expenditure per school child, and it will be seen that Cardiff is second from the bottom of the list. Cardiff is doing less for the health of the school child than almost any other comparable town in the Kingdom. I do not think the Committee desire that we should retain this position now that the Board of Education are willing to sanction a reasonable extension of the School Medical Service. It may also be useful to note that, if Cardiff were conducting the service on a level represented by the average cost of the boroughs concerned, the additional annual expenditure (without deduction in grant) would amount to about £4,000; and to reach the level of those making the most expensive provision would mean an increased cost amounting to £7,500 per annum.

In order to arrive at an estimate of the accommodation required, it is necessary first of all to consider *seriatim* the defects of the existing scheme .....and what amplification of the service would meet their criticism.

*Dental Treatment.*—The most serious deficiency lies in the provision for dental treatment. The Board themselves estimate that one dentist working under the most favourable conditions can overtake the dental care of about 3,000 children each year. Allowance being made for about 20 per cent. of school children who do not require treatment, this would mean in Cardiff the employment of about 10 school dentists. It is impossible to say without further experience whether this estimate is anywhere near the mark, but it is now quite obvious that our one dentist cannot touch the fringe of the problem, and that even the two for whom Dr. Walford asked in 1920 would still have fallen far short of the requirement.....It is clear that the Committee cannot seriously tackle this problem of dental treatment without providing accommodation at an early date for at least three whole-time dentists. With less than three I cannot see any prospect of avoiding the total neglect of some schools in the City. In relation to premises this involves the provision of accommodation for 30 dental sessions per week.

*Special Inspections and Medical Treatment.*—At present four combined clinics are held each week for inspection and minor ailment treatment. These are badly overcrowded and many cases referred by teachers have to be disregarded altogether. The number should be doubled immediately, and provision should be made for at least 10 such clinics at a fairly near date. The inadequacy of the arrangements for treatment of diseases of the throat and nose mentioned by the Board calls for an increase of the present two clinics per week to four at least, while it is probable that the Board's suggestion as to increasing the number of vision clinics may also have to be adopted. Further, in making provision for operation clinics for throat and nose diseases it will be necessary to find suitable quarters for keeping 8-10 children over night.

\* If these had been included the average cost would have been very much higher.



In any effort to meet the problem of the crippled or deformed child..... regard should be taken of the view which the Medical Inspectors of the Board hold that a session for remedial exercises, massage, etc., should be held every day, *i.e.*, five clinics per week.

Suitable accommodation must also be found for the X-ray apparatus, and at the same time it is desirable that accommodation should be provided in the same premises for electrical treatment of cripples.

Accommodation is also required for examination of school teachers, mental deficiency cases of all ages, children referred from the Juvenile Employment Department, for maternity and child welfare and ante-natal clinics, and venereal diseases clinics for women and children.\* The maternity and child welfare and ante-natal work affected would be that part which is already centralised in existing clinic premises or carried on in temporary quarters in the areas where district clinic premises ought to be established.

*Summary of Accommodation Required.*—The following is a statement summarising the present and proposed provision as set out in the preceding paragraphs:—

						Number per Week.	
						At present.	Required.
(i) <i>School Clinic Sessions:—</i>							
(a) <i>Medical:</i>							
Minor Ailment and Inspection	..	..	..	..	..	4	10
Throat and Nose	..	..	..	..	..	2	4
Vision	..	..	..	..	..	2	3
(b) <i>Dental</i>	..	..	..	..	..	10	30
(ii) <i>Clinic Sessions for Children of all Ages:</i>							
Orthopædics	..	..	..	..	..	—	5
(iii) <i>Maternity, Child Welfare, etc. Sessions:—</i>							
Maternity and Child Welfare Consultations	..	..	..	..	..	7	7
Ante-natal Consultations	..	..	..	..	..	2	4
Venereal Disease Consultations for Women and Children	..	..	..	..	..	—	3
Totals	..	..	..	..	..	27	66

From these figures it is possible to arrive at an estimate of the amount of accommodation required, for with ten available half-days per week, accommodation for more than six contemporaneous clinic sessions must be found in order to enable 66 such sessions to be held in any week. In addition a suite of rooms is required for the special examination of mental defectives and other special cases already enumerated, while an X-ray room with ancillary premises, and a ward capable of accommodating 8-10 operation cases are essential. This means that at any one time there should be available 7 treatment rooms of one kind or another, an X-ray room and a ward, with adequate waiting rooms to serve them.

*Arrangement of the Accommodation.*—Centralisation of the clinic work certainly makes for administrative convenience, better supervision and economy in management. For these reasons, I was at first disposed to recommend a large central clinic. On further consideration, however, it seemed to me that the convenience of the public was our first concern, and there is no doubt that their convenience would be best served by a scheme of district clinics. In order to obtain confirmation, or otherwise, of my views I have been in communication with a number of School Medical Officers in other towns where a variety of arrangements exist, and I have been impressed with the general consensus of opinion that in any town of considerable area district clinics are a necessary condition of a successful school medical service.

\* By minute 2721 of the Maternity and Child Welfare Committee of 16th May, 1923, the treatment of venereal diseases in women and children at our clinics was approved.

The future development of the public medical services is, and is likely to remain for some years, so uncertain that any provision made should be as elastic and adaptable as possible. So far as it is possible to anticipate the future needs, immediate proposals should be so designed to fit in with the ultimate whole. The history of the modern public health services is one of rapid and somewhat haphazard growth during the last sixteen years. This development is far from complete, and an attempt should be made to mould the expansion of the existing arrangements in such a way that any future transference to the Local Authority of medical services now provided through other channels will find the Authority ready with at least the nucleus of an organisation for dealing with them. This, I believe, can best be achieved by adopting the principle of the district clinic centre.....

*Summary of Proposed Accommodation.*—The above proposals may be put summarily as follows:—

Clinic Centre.	Number of Consultations Accommodated at one Time.	Additional Accommodation.
Central .. .. .	2	X-rays, Electricity, 10 bed ward.
Mynachdy .. .. .	2	—
Canton .. .. .	2	—
Glossop Terrace .. .. .	1	—
Total .. .. .	7	

*Staff.*—In order to do the work for which the Board have asked, certain immediate increases of staff are necessary. As already indicated, two additional whole-time dentists are required and two nurses or attendants to work with them.

The additional minor ailment, inspection, ante-natal and venereal disease clinics, and the administration of anæsthetics for the throat and nose specialist, will absorb the whole time of an additional medical officer, while the services of the throat and nose specialist may be required at least one additional half-day per week.

One ordinary school nurse, apart from the attendants on the dentists, will be required to cope with the extra clinics. It is hoped that the nursing staff thus augmented may, if they are relieved of some clerical work, be able to overtake the additional following up work entailed by the new clinics as well as the increase in cleanliness surveys asked for by the Board.

In order that the new problem of orthopædics may be properly visualised and put on the road to a solution, it is essential that a specially trained orthopædic nurse should be appointed, devoting half her time to school children and half to children under school age. Her routine work will be supervised by one of the medical officers, but an arrangement should be made for a consulting orthopædic surgeon to attend at the clinic once each month. His fees would, of course, be partly chargeable to the School Medical Service and partly to Child Welfare. Some provision should also be made for defraying the cost of treatment in the Prince of Wales Hospital of necessitous cripples.

The adoption of the district clinics will cause a heavy strain on the clerical staff, which is already inadequate. At present part of the time of the nurses is taken up by clerical work, and this part will now be required entirely for work for which they are properly qualified. At present, also, the typist of the Department is largely engaged in typing correspondence, reports and other documents relating to school medical work, necessitating a great deal of overtime. No part of the salary of a shorthand-typist in the Department is borne by the Education Committee. The new proposals will double the amount of clerical work in relation to clinics, and in order to cope with this and to relieve the school nurses and the typist, three additional female clerks will be required, one of them qualified as a shorthand-typist.

*Cost.*—..... For this financial year the total net cost chargeable to the Education Committee will be about £700, and for next year about £1,800, while £175 is chargeable to Maternity and Child Welfare, against which must be set a saving of £26 per annum in rental of premises which will no longer be required.

RALPH M. F. PICKEN.

City Hall,  
Cardiff,

27th June, 1924.



TABLE I.

Statement showing the cost of Medical Inspection and Treatment of School Children in certain Towns.

	Average Number of Children on School Registers, 1923.	Actual Revenue Expenditure (less Grants, etc.), Year ended 31st March, 1923.	Cost per School Child, <i>i.e.</i> cost to local Education Rate.
		£ s. d.	s. d.
1	42,772	6,560 0 0	3 0.8
2	16,175	2,431 10 0	3 0.1
3	65,152	9,594 11 8	2 11.3
4	36,496	5,121 6 5	2 9.7
5	27,778	3,857 4 7	2 9.3
6	85,717	9,906 16 8	2 3.7
7	45,272	5,058 3 6	2 2.8
8	35,013	3,878 8 10	2 2.6
9	56,965	5,435 2 6	1 10.9
10	48,914	4,462 12 6	1 9.9
11	38,349	2,712 4 5	1 5.0
12*	36,365	2,241 19 3	1 2.8
13	50,000	2,875 0 0	1 1.8
Average	44,997	4,933 9 3	2 2.3

\*Cardiff.