[Report 1937] / School Medical Officer of Health, Cambridgeshire County Council.

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CAMBRIDGESHIRE
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

for the Year 1937

AND REPORT ON PHYSICAL

EDUCATION IN THE COUNTY

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St. Tibbs Press (Cambridge Chronicle, Ltd.), St. Tibbs Row, Cambridge

INDEX.

Introduction.

At the end of 1936 there were 126 Public Elementary Schools under the control of the County Education Committee (57 Provided and 69 Non-Provided), comprising 126 separate departments. The average number of children on the school registers for the year ended March 31st, 1937, was 8,500 the average number in attendance being 7,554.

Staff.

Services in connection with school medical work were rendered by the following:—

*R. French, M.D., D.P.H., *School Medical Officer and Medical Officer of Health.*
*T. H. Harrison, M.B., Ch.B., D.P.H., *Assistant do.*
*W. Paton Philip, M.C., M.B., D.P.H., D.M.R.E., *Tuberculosis Officer.*
*J. C. G. Evered, L.D.S., (Edin.), *School Dental Surgeon.*
*N. G. Clements, L.R.C.P.S., L.R.F.P.S., L.D.S., *Do.*
W. H. Harvey, M.D., *Bacteriologist.*
J. C. W. Graham, M.D., D.O., *Ophthalmic Surgeon.*
E. H. Ezard, M.D., D.Sc., *Ophthalmic Referee.*
Miss A. Graham, *Superintendent of County Nursing Association.*
*G. G. Galpin, *Chief Clerk and Enquiry Officer under the Mental Deficiency Acts.*

* Whole-time Officers of the County Council.

Co-ordination.

The details of the arrangements for securing co-ordination between the various branches of the Education and Public Health services and of the other services provided by the County Council have been set out in many previous reports. They remain unchanged and repetition is unnecessary.

Hygienic Condition of Premises.

The Buildings Sub-Committee has continued throughout the year to give attention to the hygienic condition of the schools, with the result that there is a progressive improvement in the standard of accommodation and equipment provided, though a good deal requires to be done to make the schools as a whole in accordance with modern views on the subject.

It will be remembered that in the report for 1936, special attention was drawn to the state of West Wratting School and it is a pleasure to be able to report that the Managers there have accepted a tender amounting to £189 for improvements to the school. The work is to be carried out in accordance with the specification of the County Architect and is to include repairs to roofs and ceilings, improvements to offices for both sexes, improvements to lighting and ventilation with the insertion of two new windows, external painting, and provision of permanent fenced playground.

Similarly, the Managers of Isleham Fen C.E. School have accepted a tender amounting to £175 for the demolition and rebuilding of the existing sanitary accommodation and for the provision of a new playground.

The Buildings Sub-Committee considered the state of Ashley Council School and as a result of their recommendations to the Education Committee it has been decided to carry out improvements to the ventilation, lighting and sanitary accommodation at a cost of £250.

During the year, the attention of the Managers of Shudy Camps School was drawn to various unsatisfactory conditions there and it was pointed out that the minimum work required to make the premises satisfactory would consist of the renewal of the floor in the main room, overhaul of the roof, repairs to windows, re-decoration of the school and repairs to the sanitary block.

Among other improvements may be mentioned the laying on of public water supplies at Great Chishill and Balsham, including the provision of a drinking fountain in the latter case, the renewal of the floor at Burwell St. Andrews, resolutions to instal electric light at Waterbeach Infants, Foxton and Fulbourn and extension of the playground at Fowlmere.

Contributions of half the cost of improving playgrounds amounting to £400 have been made at Caxton, Cheveley, Graveley, Isleham Fen, Litlington, Madingley, Papworth St. Agnes, Soham C.E., Thriplow and West Wratting.

Once again it is possible to record a contribution of great magnitude towards the improvement of the general standard throughout the County in the completion of a third village college, namely that at Linton which was brought into use in September, 1937. An account was given in the report for 1936 of the amenities provided by the Bottisham Village College and the design of the Linton Village College follows much the same lines, providing well ventilated and well lighted class rooms, up-to-date sanitary accommodation and well equipped rooms for the carrying out of medical examination and certain forms of treatment, particularly refractions.

Medical Inspection.

The three prescribed age groups have been fully inspected during the year, but, as was the case last year, the re-inspections were not as complete as usual owing to the necessity for completing the nutrition survey, details of a portion of which have already been reported. Apart from any other loss of time, it is hoped to revert to the ordinary practice in 1938, but it should be realised that the available staff is only just sufficient to carry out the routine work.

There were no changes in staff during the year and Dr. Harrison continued to be responsible for the carrying out of the whole of the routine inspection in elementary schools.

The numbers examined will be found in Table I, appended to this report, the principal totals being:—

Routine examinations	2,607
Specially presented	242
Re-examinations	1,876

All these figures represent slight falls as compared with those of the previous year. The routine examinations can be classified as follows:—

Entrants 864, intermediates 937, and leavers 806.

Findings of Medical Inspection.—The defects disclosed are set out in the Board's Tables IIA and IIB appended to this report. The following items call for special comment.

Malnutrition.—The figures relating to this condition as revealed at routine inspection are set out in Table IIB. The figures compiled from the nutritional survey will be considered separately. In 1937, 512 children were classed as of excellent nutrition, a percentage of those examined of 19.64, as against 18.64 in 1936 and 9.44 in 1935. The number classed as of normal nutrition was 1,903 or 73 per cent., as against 68.43 per cent. in 1936 and 81.83 per cent. in 1935. Adding the two figures together it appears that 2,415 children could be considered as of normal or "super-normal" nutrition in 1937, a percentage of 92.64, as against 87.08 in 1936 and 91.27 in 1935.

There is ground for satisfaction in the steadily rising number of children classified as of excellent nutrition and, though the fluctuating nature of the figure for normal nutrition may be puzzling at first sight, it is probable that it does represent a definite improvement since, apart from a month at the beginning of 1936, the same observer was responsible for the figures for the years 1936 and 1937, while different observers were concerned in the comparison between 1936 and 1935.

The figures for sub-normal nutrition were 190, or 7.3 per cent., slightly sub-normal and 2 or 0.08 per cent., definitely bad. In 1936 there were 12.75 per cent. slightly sub-normal and 0.18 per cent. definitely bad, while in 1935 the figures were 8.45 per cent. and .28 per cent respectively. It will be seen therefore that the figure for definitely bad nutrition has fallen steadily during the three years and that the figure for slightly sub-normal has varied in conformity with that for normal children.

Since children are not put into the excellent class or the definitely bad class without a clear reason, it may be taken that the trend of the figures in both these classes is satisfactory in character. The border line between normal and slightly sub-normal is so ill defined that a variation in one direction or another, unless marked, is of much less significance, especially where different observers are concerned. As it is, the figure for excellent and normal nutrition combined is the best in any of the three years for which comparative figures are available.

The nutrition survey was carried out in 45 schools. Unfortunately by inadvertence the examination in some of the schools was duplicated, so that a total of 134 schools appears to

have been surveyed, in spite of the fact that there are only 126 complete departments in the area. During 1937, 2,559 children were examined of whom 158 were placed in Class C and 3 in Class D. This means that 161, or 6.3 per cent. of those examined showed some degree of undernourishment as against 7.6 per cent. of 6,156 children examined in 1936. There is thus a slight improvement which, while it may not mean very much, certainly suggests that matters are moving in the right direction. The number in Class D gives a percentage of 0.12 as compared with 0.08 for the previous year, but the numbers involved are so small that comparison is not worth while.

As was the case last year, there was considerable variation as between individual schools. There were six schools in which no malnutrition was found, namely Teversham, Chittering, Quy, Conington, Great Bartlow and Orwell Infants. In the case of the first two, however, the number of absentees was very high and each of these schools is so small as to make the fact that malnutrition is completely absent of little or no statistical significance. Sufficient was said in the report for 1936 to show how wide and scattered was the variation and how inexplicable it appeared to be in individual cases, so that it is not proposed to give a further detailed list of " high " and " low " schools in 1937. The figure varied from nil in the case of the six schools mentioned to 45.4 per cent. in the case of Thriplow. There were only five schools where the number examined was over 100 and for purposes of comparison with the list published for the year 1936, the percentages of malnutrition at these schools was Waterbeach Parochial 3.0, Cheveley 3.3, Fordham 4.2, Willingham 4.4 and Isleham 7.1. In the corresponding list for 1936, no school had a lower percentage of malnutrition than 4.1 and there were seven schools with a higher percentage than 7.1. In 1937, no school had more than one child each in Class D and the three schools concerned in making up the total figure of 3 were Cheveley, Swaffham Bulbeck and Shudy Camps.

As has been indicated, it is not proposed to repeat these nutrition surveys each year and it will be interesting to see what improvement takes place in the figures when the next survey, say in five years' time, is carried out. Unfortunately, however, it will not be carried out by the same observer and therefore strict comparison will not be possible.

Uncleanliness.—There were 42 (routine 37, special 5) children found by the Assistant School Medical Officer to have nitty or verminous heads, as compared with 72 in the previous year. Of the 42, 14 required immediate remedy as compared with 37 in 1936 and 28 were noted for observation only. The percentages of unclean children based on routine examination only have been:—

	1933.	1934.	1935.	1936.	1937.
Total found unclean (all degrees)	2.3	1.9	2.1	2.5	1.6
Requiring treatment ...	1.1	1.4	0.8	1.3	0.5

Thus, while the percentage found unclean was the highest for the five year period in 1936, it is very much the lowest in 1937.

It is perhaps too early to say to what this may be due, but it may be hoped that, in spite of the fact that it was only in existence for nine months of the year 1937, the routine inspection now carried out by the school nurses may already be beginning to have an effect.

The 20 children found to have uncleanly bodies at routine inspection were in the proportion of 0.8 per cent., compared with 1.5 per cent. in 1936 and 4.0 per cent. in 1935, so that this condition appears to be steadily declining. None of the cases was actually infested with body lice.

Visual Defects.—The figures for refractive errors, including cases of squint, for the past five years are as follows:—

	1933.	1934.	1935.	1936.	1937.
Referred for Treatment:					
Routine	64	84	70	102	142
Specially presented ...	20	27	15	18	27
For Observation:					
Routine	184	165	138	225	272
Specially presented ...	23	36	11	32	19

Once again the steady increase in the figure for these conditions is to be noted. In 1936 the opinion was expressed that there had evidently been some difference in the standard of examination as between that year and previous years, but as the same observer was responsible for the majority of the figures in 1936 and 1937 it seems doubtful whether this can be considered a complete explanation. If the rise is a real one, its magnitude is somewhat disquieting and some investigation as to the reason would appear to be required. It may be, however, that the increasing part played by the school medical service in the treatment of these conditions is a partial explanation, in that children who might formerly have been taken elsewhere for treatment now wait for the advice of the Assistant School Medical Officer on the subject. The number of cases of external eye disease is, on the whole, slightly less than that for the previous year and there has again been no outbreak of conjunctivitis.

Nose and Throat Defects.—The total number of cases of chronic tonsillitis discovered (routine and special) with or without accompanying adenoids, was 307 as against 221 in the previous year. Based on routine inspection only the percentages for this and previous years are as follows—1934, 3.4 per cent.; 1935, 4.6 per cent.; 1936, 7.7 per cent.; and 1937, 10.8 per cent. This figure also appears to be a steadily increasing one and the explanation is not apparent. The difficulty of deciding precisely what constitutes chronic tonsillitis may have some bearing on the matter and it would seem that the alteration of the nomenclature which took place a few years ago may have had an opposite effect to that intended. The alteration referred to is that from "enlarged tonsils" to the present "chronic tonsillitis." Doubtless the Board of Education considered that the old term covered many trivial conditions and endeavoured to eliminate some of them by narrowing the field, but at least there could be little controversy as to what constituted an enlarged tonsil, while there may be much as to the

precise significance of chronic tonsillitis. There were four cases of adenoids only, as compared with eight in the previous year, and only one required treatment, as against two in 1936. There were thirteen cases of adenoids associated with chronic tonsillitis as against ten in the previous year, but only two of them required treatment as compared with the figure of six for 1936. The number of " other conditions " of the nose and throat discovered was 520, a fairly big increase over the previous year's total of 416, which was itself noted to be an enormous increase over the total of 91 discovered in the year before that. Certainly therefore the total amount of nose and throat defect shows no tendency to decrease, but it is difficult to say how much of the apparent increase is due to different standards or more careful observation.

Dental Defects.—These are dealt with in the reports of the School Dentists, which are appended, and in Table V.

Orthopaedic and Postural Defects.—A total of 178 cases of deformity was discovered as against 119 in the previous year. Of these 70 were cases of rickets (48 in 1936). There was only one case of spinal curvature, a fall from the figure of nine recorded in 1936 to the figure recorded in 1935. The number of cases of deformity is very large as compared with the figure for previous years and the number requiring treatment is correspondingly large (80). At first sight this appears very disquieting, but it should be realised that the deformities are of a minor character and consist in the main of round shoulders and flat feet. The nature of the treatment required is simple exercises such as can be carried out in school or at home. Only one case of tuberculosis of bones or joints was discovered at routine inspection though there were in addition two such cases in orthopaedic hospitals following examination by the Tuberculosis Officer.

Heart Disease and Rheumatism.—Seven cases of organic heart disease were found, as against four in the previous year, but only one required treatment. The number of cases of functional heart disease fell from twenty-eight in 1936 to fifteen in 1937, all of which required observation only.

Tuberculosis.—As has been the case for some years now, no instance of either suspected or established pulmonary tuberculosis came to light as a result of school medical inspection. Ten cases of other forms of tuberculosis were found (four in 1936) of which seven were glandular (two in 1936). At the end of the year, one child was at a certified special school suffering from the pulmonary form of the disease and three suffering from the non-pulmonary form. Four cases of arrested pulmonary disease and thirty-seven of non-pulmonary disease were at ordinary elementary schools.

Diseases of the Skin.—The following figures show the incidence of the principal contagious skin diseases:—

	Discovered at Routine Inspections.	Notified by Teachers or Nurses.	Total.
Ringworm of the scalp	1	—	1
Ringworm of the body	1	19	20
Scabies	4	1	5
Impetigo	11	147	158

The increase in the number of cases of ringworm of the scalp noted in 1936 has not been maintained and the figure has again fallen to insignificance, especially in comparison with the troublesome part which this condition played in school children in former years. The number of cases of ringworm of the body has increased slightly, but this form of the disease is comparatively amenable to treatment and shows little tendency to spread through a school. The number of cases of scabies is again low and no doubt reflects the general improvement in the cleanliness of children nowadays, for it is a comparative rarity. The very considerable increase in the number of cases of impetigo is a matter for extreme regret, however, but the explanation is not apparent. This figure has not been so high since 1933. Cases are excluded from school as soon as recognised, but the disease is very contagious and is easily spread from child to child. How far the use of common towels plays a part in this is problematical, but there can be no doubt that if some scheme could be devised whereby each child could have the use of a separate towel, the risk of spread of contagious skin conditions would be considerably diminished. Apart from this, however, impetigo shows unexplained fluctuations in epidemicity comparable with that shown by other forms of streptococcal disease (scarlet fever, erysipelas and puerperal septicaemia).

Following-up.—The figures set out hereunder give some account of the work under this head during 1937. The general arrangements are the same as those of previous years.

1. *Visits to Schools:*—

(a)	Routine Medical Inspection	205
(b)	Verminous Inspections	353
(c)	Other purposes	1192
		1750

2. *Visits to Homes of Scholars:*—

(a)	Following-up to secure treatment ..	7073
(b)	Special enquiries into infectious and contagious diseases	2054
(c)	Special enquiries into refusal of dental treatment	2562
(d)	Other purposes	825
		12514

Except under the heading 1 (c) there has been an increase in every category and the total number of visits is greater than that of the previous year by 1,948. The figure for verminous inspection shows a particularly large increase, owing to the fact that regular quarterly inspections have replaced the special inspections of former years.

Arrangements for Treatment.

These arrangements have continued unaltered during 1936, except as regards the method of discovery of verminous conditions.

Malnutrition.—The main stand-by in the treatment of this condition has been the scheme for the provision of milk in school, supplemented, where the arrangements allow of it, by the mid-day meals provided at certain schools. Unfortunately the number of schools having milk schemes was somewhat less at the end of 1937 than at the end of 1936 (116 as against 121). The number of children receiving milk also declined from the figure of 4,764 at the end of 1936 to that of 4,484 at the end of 1937. There was, nevertheless, an increase in the number of children receiving free milk which rose from 330 at the end of 1936 to 380 at the end of 1937. It may be remembered that at the end of 1935 the number was only 135, so it may be said that this figure is steadily rising.

It is a matter for regret that there are still a number of schools without a supply of milk. It is understood that the difficulty is largely financial, but in spite of the fact that the Milk Marketing Board's terms for the supply of small schools have recently become more attractive, there has been no indication of any increased inducement to supply, nor have the concessions made with regard to the supply of milk in bulk affected the position appreciably. One or two producers have indicated their unwillingness to continue to supply unless the concession is extended to them, but it cannot be said that any school previously without a supply has actually secured one because bulk supply has been allowed.

The following figures show the types of milk supplied in the schools of the County, based on the supplies in operation at the end of the year:—

Tuberculin Tested	11
Pasteurised	11
Accredited	57
Ordinary	37

The proportion of ungraded milk supplied therefore shows a considerable fall and it is pleasing to be able to report that this fall is reflected in an increase in the amount of tuberculin tested and pasteurised milk supplied, while the proportion of accredited milk remains at the same level.

Once again every possible effort has been made to encourage the consumption of milk and, in particular, " milk days " at which demonstrators from the National Milk Publicity Council have displayed the advantages of milk consumption and to which the parents are, of course, invited, have been held at Balsham, Comberton, Haslingfield, Isleham, Linton, Melbourn, Swavesey, and Willingham.

The arrangements for the supply of free mid-day meals to undernourished children at those schools where they are available have continued during the year and, as will be detailed later in the report, there has been some increase in the number of such schools. Free meals were being supplied to 61 children at the end of the year.

Cod liver oil and malt has also been supplied in certain cases.

Ill nourished children admitted to residential open air schools during 1937 numbered 8, making, with 4 in residence at the beginning of the year a total of 179 who have been maintained in such institutions since the arrangements started.

Uncleanliness.—It was stated in the report for last year that it had been decided to institute routine inspection of the schools for the detection of verminous conditions by the School Nurses and the arrangements duly came into force during the year 1937. For financial reasons their operation had to be delayed until after the commencement of the financial year 1937-38, so that even now a full year's working cannot be reported. They follow the lines detailed in the report for 1936.

The total number of visits to schools during 1937 for this purpose was 353, an average of 2.8 per school instead of the average of 4 which is thought desirable during the year. The total number of examinations carried out was 21,374 and the number of individual children found unclean was 456. Many of these children were found to be unclean on more than one occasion and the actual number of instances of uncleanliness (counting each child as an instance each time it was found unclean) was 617. Some cases were of a comparatively minor character and the number of instances in which exclusion from school was necessary was 159.

All these figures are very much higher than the corresponding figures for 1936, as was pointed out would probably be the case and the fact may be taken as complete justification for the institution of these routine inspections. Obviously, however, they will not be serving their full purpose if they do not lead to ultimate improvement and it is gratifying to be able to report that there is a definite indication that this is already taking place, as the numbers of unclean children found at succeeding quarterly examinations has fallen steadily. Doubtless there will be an ultimate residuum of persistently unclean families and it will be necessary for the Education Committee to consider taking stronger measures to deal with them.

Although the School Nurses give advice and help to parents with regard to the cleansing of children it must be emphasised that this is not really their responsibility and that the parents must be held liable for seeing that their children attend school in a proper state of cleanliness.

There are, of course, no cleansing stations in the rural area and no prosecutions have been undertaken in respect of verminous conditions during the year.

Minor Ailments and Diseases of the Skin.—No special features are to be reported with regard to these conditions and their treatment.

Visual Defects.—A total of 285 children was dealt with during 1937, an increase of 82 over the figure for 1936. This might be expected in view of the increase in the number of errors of refraction discovered at routine inspection. Of this total, 259 received

treatment under the Committee's scheme (177 in 1936) and 26 through private practitioners or otherwise unofficially. Of those who came under the Committee's scheme, 176 were dealt with by the Assistant School Medical Officer as against 105 in 1936 and 83 by Dr. Graham at Cambridge as against 72 in 1936. In addition to the 176 elementary school children the Assistant School Medical Officer examined 3 children attending secondary schools. Spectacles were prescribed for 272 cases (excluding higher education cases) and received by 246 with the aid of the Committee. It will thus be seen that there has been an increase in every category of this work and that in the case of the Assistant School Medical Officer the increase has been very considerable. As this is work which must be carried out with care and cannot be hurried, the demands on his time made by it are very heavy.

There has been no change in the arrangements for carrying out the work except that the increase in the number of Village Colleges with properly equipped clinic rooms has proved a great convenience and has obviated the bringing of a certain number of children to the Shire Hall for examination. Apart from this the Education Committee has authorised the hiring of a room at the Soham Social and Literary Institute for the carrying out of refractions in that village. The arrangements there are of a somewhat makeshift nature, but the size of the village and the distance from Cambridge make it desirable to have special facilities there.

Nose and Throat Defects.—The total number of children treated for these defects was 53, of which 44 received operative treatment, as against 30 in the previous year. This again is in conformity with the increased numbers of nose and throat defects found at routine inspection. Of the 44, 33 received their treatment under the Local Authority's scheme and 11 made their own arrangements. The number receiving other forms of treatment was 9, so far as is known, but it is difficult to be certain that this represents the total number.

Dental Treatment.—The arrangements detailed in the report for 1936 have continued in operation during 1937, there being two dental surgeons, each with a dental attendant, working full time in the County. Equipment is taken round in a small van and the work is carried out in the schools, where the convenience of the accommodation varies greatly. In some instances rooms situated near to the school are engaged for the purpose, but apart from the village colleges, none of the available accommodation is really suitable and there can be no question that the provision of a properly equipped travelling clinic will facilitate the work considerably. It has now been decided that such a clinic shall be purchased. The clinic sessions at the Shire Hall, principally held on Saturday mornings, have been continued during 1937 and here again the provision of properly equipped rooms in connection with the new building for the diagnosis and treatment of tuberculosis will be a great improvement. The provision for school children will, of course, be quite separate from that for tuberculosis patients.

In the course of the year the two dental surgeons have inspected 7,826 children, including 359 special inspections, and 3,321 have received treatment. The number inspected is 87 more than that of the previous year and the number treated is 33 more. These figures are exclusive of the treatment carried out for secondary school children, details of which will be given later in the report.

The percentage of elementary school children requiring treatment was 67.0, which is substantially the same figure as that for the previous year. There is therefore all the more ground for supposing that the suggested reason for the rise in the figure noted in 1936 was the correct one, namely that the appointment of a second dental surgeon had made more careful work possible with a consequent increase in the ascertainment rate. There is, however, a very considerable difference between the figures of the two dental surgeons in this respect. Only 57.01 per cent. of the children inspected by Mr. Evered were found to require treatment, whereas of those inspected by Mr. Clements, 77.8 per cent. required it.

The percentage of children receiving treatment of those found to require it was 63.3 and there seems to be no reason to vary the opinion expressed in the report for 1936 to the effect that the refusal rate appeared to have attained a more or less constant level. The acceptance figures for the last three years have been 62.9 per cent., 63.7 per cent. and 63.3 per cent. respectively.

The Education Committee has been rightly concerned because a greater number of parents do not accept the services of the school dental surgeons on their children's behalf, and instructions have been given that in the case of every school where the refusal rate is over 45 per cent., the attention of the appropriate branch of the Women's Institute should be drawn to the matter, or, failing that, the attention of the School Managers. This has been done in every case since the instruction was issued and only time can show whether any tangible result has been achieved. . In the meantime some of the Branch Presidents of the Women's Institutes have investigated the matter and their reports in many cases confirm the view that it is the wishes of the children that form the stumbling block.

The refusal rate is again very similar in the case of each dentist, the respective figures being 30.9 and 34.0 Although the discrepancy is higher than it was last year, it is clearly no greater than might be expected as between two groups of schools selected at random.

In accordance with custom, the School Nurses visited the great majority of families in which a refusal occurred and 2,562 such visits were made.

The total number of fillings was 2,524, a considerable fall as compared with the figure of 3,009 recorded in 1936, though still well above the figure for 1935 (2,069). The fall was largely made up of a smaller number of fillings in temporary teeth and it is, of course, a controversial matter to what extent time should be spent on this form of work. The life of temporary teeth can often be prolonged as far as necessary by simpler treatment than filling and the number of " other operations " which increased from 1,715 in 1936 to 2,526

in 1937 indicates the reason for the fall in the number of fillings. There has also been a fall in the number of extractions from 6,198 to 5,471 and it is a matter for regret that this fall affects temporary teeth entirely, there having been a slight increase in the number of extractions of permanent teeth.

Again the lecturer of the Dental Board of the United Kingdom visited the area in 1937 and a fortnight's campaign was carried out in schools. The disadvantage that these campaigns educate the children and not the parents has continued to operate in 1937, but it is now to be removed in some measure, the Dental Board having intimated that it does not object to parents being invited to the lectures in future.

Orthopaedic Treatment.—The usual grant to the British Red Cross Society was paid during the year and there has been no change in the number and situation of the clinics.

The following figures give some account of the work in the area (exclusive of the Borough of Cambridge) covered by the County School Medical Service.

Age.	*New Cases.*	*Old Cases.*	*Clinic Visits.*	*Home Visits.*
Under 5 ...	33	118	318	77
School Age ...	22	163	422	37
Adults ...	29	87	179	21
	84	368	919	135

The number of new cases is lower than in 1936 in respect of every class of case. It is difficult to be sure of the precise meaning of this fact. If it indicates a smaller number of the population as being in need of treatment it is, of course, a matter for satisfaction, but if it indicates neglect to obtain treatment, the reverse is the case. It seems hardly possible that the latter alternative should be the correct one in view of the efforts made to detect these conditions in children and to urge upon the parents the advisability of having them treated. It may merely mean that some of the defects of a more minor character are receiving adequate care from other sources.

The number of clinic visits shows some increase in the case of school children and a decrease in both the other classes, while there is a considerable all round increase in the number of home visits.

Besides the grant made direct to the British Red Cross Society, the Education Committee has assisted various individual cases in the provision and repair of splints and appliances during the year. This form of help was granted on 7 occasions, different children being concerned each time. In addition to the supply of appliances of a strictly orthopaedic nature, mention may be made of the fact that assistance was given with the supply of two artificial eyes and one denture.

The crippled child who remained in the Manfield Orthopaedic Hospital at the end of 1936 was discharged during 1937, but another crippled child was admitted and still remained in hospital

at the end of 1937. Three children of school age were given treatment at appropriate institutions for tuberculosis of bones and joints under the Public Health Committee's scheme for the treatment of tuberculosis. All were new admissions and two remained in institution at the end of the year.

Tuberculosis.—The following are the figures relating to the treatment of this disease in school children for the year 1937.

Admitted during 1937:

	Boys.	*Girls.*	*Total.*
Lungs and Thoracic Glands	—	1	1
Cervical Glands	1	—	1
Knee Joint	—	1	1
Hip Joint	1	1	2
Total ...	2	3	5

Remaining on January 1st, 1938:

	Boys.	*Girls.*	*Total.*
Lungs	—	1	1
Cervical Glands	1	—	1
Knee Joint	—	1	1
Hip Joint	1	—	1
	2	2	4

All these figures are very similar to those of the previous year.

Other Defects Treated.—Of 46 letters of introduction given to Addenbrooke's Hospital, 17 were for tonsils and adenoids, 5 for other conditions of the nose and throat, 3 for ear disease, 4 for external eye disease, 4 for defective vision, 1 for dental treatment, 3 for orthopaedic conditions, 6 for psychological difficulties and 3 for other conditions.

Neglect.—During the year 23 children in 14 families were referred to the N.S.P.C.C., in 6 for general uncleanliness and neglect, in 2 for a verminous condition, in 4 for failure to obtain treatment for defective vision and in 2 for failure to obtain orthopaedic treatment. In one of the cases of vermin and in one of failure to obtain treatment for an orthopaedic condition, reference on two separate occasions was required.

The Education Committee made the usual subscription to the Society's funds.

Infectious Diseases.

The following table shows the number of schools from which notifications of infectious disease were received from Head Teachers during the year:—

Diphtheria	1
Scarlet Fever	21
Measles	42
German Measles	11
Whooping Cough	54
Chicken Pox	29
Mumps	42

The School Medical Officer furnished 195 certificates for purposes of calculation of attendance where the Head Teacher had notified its reduction below 60 per cent. for a week owing to infection, the special grounds being first verified in every case. Special visits were paid to schools by the School Medical Staff on two occasions in connection with scarlet fever, to the homes of children on account of suspected diphtheria on two occasions and to the homes of children on account of the fact that a report from a School Nurse gave rise to suspicion that some cases of chicken pox might be small pox on one occasion. Needless to say, the suspicion proved to be unfounded in the last instance.

Eight schools were closed during 1937 on account of infectious disease as follows:—Scarlet fever 1, whooping cough 1, measles and whooping cough 3, influenza 1 and epidemic catarrh 2. This unusually large number indicates no reversal of the opinion that school closure on account of infectious disease is generally both ineffective and inadvisable, there having been special circumstances in each of the cases where the policy of closure was adopted.

The number of instances of cases of diphtheria reflects the continued low incidence, amounting almost to complete absence, in the County generally and the number of instances of scarlet fever is only one higher than that of the previous year. There has been nothing in the nature of a large outbreak, but at Duxford there were a number of cases spread over a long period which gave rise to the usual demand for school closure. Careful enquiry definitely established the fact that the school played little or no part in the continuance of the disease in the village, however.

Nothing of note can be added to the remarks made as to facilities for diphtheria immunisation in the report for 1936. Two of the three rural district councils have decided not to institute any facilities and Chesterton Rural District Council has agreed that it will provide the necessary materials for use by practitioners who desire to immunise children of under school age. As no provision is made for the payment of any fee to the practitioner, this means practically nothing so far as the immunisation of the child population generally is concerned, and the fact that the scheme applies only to children of under school age seems to imply that some other body, presumably the Education Committee, can undertake the work in the case of children of school age. This, of course, is not the case.

The almost complete absence of diphtheria for a number of years tends to breed a complacent attitude on the subject, but it cannot be too strongly emphasised that the influence of immunisation on the progress of an actual outbreak is minimal in character and that the work should be pressed forward in non-epidemic times.

Provision of Meals.

During 1937, three more schools were added to the list of those providing a hot mid-day meal for children who have to remain at school all day. The complete list at the end of the year was Bassingbourn Council, Bottisham Village College, Burwell Senior Council, Fordham C. of E., Isleham C. of E., Linton Village College, Sawston Village College and Soham Senior Girls.

At the three Village Colleges a uniform charge of 2½d. per meal is made and the charge varies at the other schools from a minimum of 2d. to a maximum of 3d. according to the number of children in one family taking the meals.

It will be obvious to anyone that these charges are extremely low and clearly nothing like a satisfactory meal could be provided unless the payments made by the children were supplemented so that the whole or the greater part of the children's payments could be spent on actual food. The Education Committee has endeavoured to ensure that this shall be so up to 1937 by purchasing the whole of the initial equipment and by paying the cost of the domestic help required in connection with the meals. In addition to this, some schools have received gifts of food, especially vegetables and fruit, from parents and other interested people.

Nevertheless, it has been evident for some time that the meals were lacking in certain respects, more particularly in their first-class protein and fat content. In other words instead of providing just those constituents which are so necessary to health and proper growth and which are so often lacking in poorer homes, the meals were merely perpetuating the inadequacy of some of the home feeding in these respects. Moreover, by encouraging the belief that a full and sufficient meal was being provided, they probably encouraged parents to economise even more than they would otherwise have done in the provision of proper meals at home.

Without a knowledge of the precise constitution of meals at home, it is difficult to say precisely what should be the constitution of the mid-day meal at school, but it seems fair to say that in view of the fact that it is undoubtedly regarded as the main meal of the day an average daily provision per child of 50 grams of first-class protein and a total energy value of not much less than 1,000 calories should be the aim. (It should be remembered that the schools concerned are practically all senior schools, all the children being eleven years old or over.) In contrast to this it was found that a typical meal at one of the village colleges had a total energy value of 242 calories and a first-class protein content of 12.7 grams. Even allowing for the ⅓ of a pint of milk per day which some of the children receive, the total values received at school would be 368 calories and 18.7 grams of first-class protein. Another meal had a calorie value of 640, but in this case the protein content was only 15 grams, while in a third case the calorie value was 950, but, though it contained a total amount of 23 grams of protein, there was no first-class protein at all.

The Education Committee has given consideration to these facts and has decided that in view of the uncertainty about the home feeding of the children it will not decide on a complete course of action until the receipt of a report on an investigation into family budgets which it is understood is proceeding in the County. In the meantime, however, it has been decided that in addition to the assistance already given, the Education Committee shall pay the cost of all fuel used in the preparation of the meals and shall also

be responsible for replacement of equipment whether rendered necessary by ordinary wear and tear or by accidental breakage.

As has been said earlier in the report, 61 children were receiving mid-day meals at the cost of the Education Committee at the end of the year, as against 38 in 1936.

Co-operation.

A full account of the various voluntary bodies with which the Education Committee co-operates in the working of the School Medical Service was given in the report for 1936 and it is not proposed to repeat it here. Suffice it to say that a full measure of co-operation with all the voluntary bodies concerned, with the local sanitary authorities, teaching staff and between the various departments of the County Council has continued during 1937.

Blind, Deaf, Defective and Epileptic Children.

Details regarding exceptional children in the area will be found in Table III at the end of this report. During the year, 8 children were sent to open-air schools and one to a special school for the mentally defective.

The year's record of children maintained in institutions is as follows:—

	Mentally Defective.	*Epileptic.*	*Deaf.*	*Blind.*	*Physically Defective.*
Remaining Dec. 31st, 1936	4	—	5	2	1
Admitted in 1937 ...	1	—	—	—	11
Discharged in 1937	—	—	1	—	6
Remaining Dec. 31st, 1937	5	—	4	2	6

All the children in the Physically Defective column except four were in open-air schools. One case of coeliac disease and one of heart disease went to special schools for the physically defective.

Mental Deficiency.—Seventeen cases of mental deficiency were brought to the notice of the Education Committee during the year. Of these 12 were for purposes of ascertainment and record only; three were notified to the Mental Deficiency Committee as ineducable in a special school or class, one being a " special circumstance " feeble-minded child in whose case the consent of the Board of Education to notification was obtained, and two were recommended for admission to special schools. Both of the low grade cases notified to the Mental Deficiency Committee as ineducable were placed under Statutory Supervision and in the case of the " special circumstance " case a Petition for his admission to an institution was ordered to be presented. The Petition was, however, dismissed and the boy has remained in the care of his parents.

One of the two children recommended for admission to a special school went to the Royal Eastern Counties Institution, Colchester, and the other had to await a vacancy there. She was admitted early in 1938.

The Education Committee has given some consideration to the question of the education of mental defectives, and it has been decided that the policy of sending to special schools those children only whose home circumstances are in some way defective should be extended to embrace all children capable of receiving benefit from special education whose parents are willing. Owing to the fact that it is necessary to send the children some distance from their homes, the majority of the parents are not willing and therefore the increased cost of the policy is not at the moment considerable, but it should be realised that should the trend of parental opinion on this matter alter to any extent, a great deal more money will have to be provided.

Medical Inspection in Secondary and Technical Schools.

All candidates to whom County Minor Scholarships and Free Studentships at the Technical School had been awarded were examined, the numbers being as follows:—

	Boys.	*Girls.*
Cambridge and County High School for Boys	43	—
Cambridge and County High School for Girls	—	37
Soham Grammar School	13	—
Ely High School	—	7
Perse Schools	7	3
Cambridgeshire Technical School ...	20	19
	83	66

All candidates were considered fit on health grounds to hold their scholarships.

Of 19 candidates with defective sight, 8 were already wearing suitable spectacles and 11 have since had spectacles provided, all from private sources.

Dental treatment was found to be required by 26 candidates. For 6 it was provided by the County School Dentists and for 20 privately.

Apart from those whose defects had been treated, periodic re-inspection was thought to be required by 14 pupils on account of defective sight, 14 for nose, throat and ear defects, 22 for flat feet, 5 for postural defects and 22 for general conditions.

In addition to the work above detailed, the complete routine inspection which has become customary at the secondary schools was carried out in 1937 and followed the same lines as that in 1936. Most of the entrants at the County Boys' School were examined at the Shire Hall during the summer holidays and all the remainder

were examined at school during the autumn term. The grouping as to age was the same as that of the previous year.

The total number inspected was as follows:—

	Male.	*Female.*
County High School for Boys	244	—
County High School for Girls	—	218
Soham Grammar School	77	—
Technical School	79	58
	400	276

These numbers are an increase of 26 over the figure for the previous year.

Excluding scholarship entrants, the principal defects detected among the 676 pupils examined were as follows:—

	Male.	*Female.*	*Total.*
Subnormal Nutrition	12	1	13
Nose and Throat Defects:			
For observation	61	55	116
For treatment	3	2	5
Defective vision:			
For observation	61	47	108
For treatment	18	15	33
Defective hearing	10	12	22
Orthopaedic	28	29	57
Circulatory	3	2	5
Other conditions	16	8	24

The proportion of undernourishment remains substantially unaltered, but unfortunately it cannot be said that the improvement in the condition of the boys has been completely maintained, let alone further improved, and the stationary figure has been achieved by a still further fall in the already low figure for the girls. It is noteworthy that in all the secondary schools only one case of undernourishment in a girl was detected, this being at the Technical School. In 1936 there were 9 cases of undernourishment among the 396 boys examined, or 2.3 per cent., while in 1937 there were 12 cases out of 400 examined, a percentage of 3. In the case of the girls there were three instances of undernourishment among 254 examinations, or 1.2 per cent. in 1936, while in 1937 there was one case in 276 examinations, a percentage of 0.36.

The figures for the various schools and the more detailed classification as to nutrition are appended hereunder:—

	Nutrition A	*Nutrition B.*	*Nutrition C.*	*Nutrition D.*
County High School for Boys	75	159	10	—
County High School for Girls	104	114	—	—
Soham Grammar School	21	55	1	—
Technical School (Boys)	23	55	1	—
Technical School (Girls)	25	32	1	—

The position as regards definitely bad nutrition has reverted to that of 1935, there having been no cases in the secondary schools.

The highest percentage of undernourishment in 1937 existed at the County High School for Boys (4.1 per cent.) The Girls' Technical came next with 1.7 per cent., Soham Grammar School and the Boys' Technical being equal with 1.3 per cent., and the County High School for Girls had no cases at all.

If the figure for excellent nutrition is considered, the County High School for Girls leads with 47.7 per cent., fairly closely followed by the Girls' Technical School with 43.1 per cent., after which come the County High School for Boys with 30.7 per cent., the Boys' Technical School with 29.1 per cent. and Soham Grammar School with 27.3 per cent. Except for the fact that the Boys' Technical School takes precedence over Soham Grammar School, the order is the same as that in 1936 and in the case of all the three boys' departments the figures also correspond remarkably closely. In the case of each of the girls' departments, however, there has been an improvement on the quite creditable figures of the previous year, of much the same order in each case, a slight advantage going to the County High School for Girls.

There has been a substantial fall in the number of cases requiring either treatment or observation for defective vision, but some increase in the number of nose and throat defects All this increase concerns girls and fortunately it is not of a serious character as the increased number of cases is in respect of those requiring observation only, there having been a definite decrease in the number requiring treatment in both sexes. Though the number of cases of defective hearing is not in itself large, it is a matter for comment that it is twice the figure for the previous year (22 as against 11). Other defects remain very much as before, orthopaedic defects in particular showing practically no change (57 as against 58).

In addition to the foregoing examinations, 179 boys and 97 girls were re-examined because of defects previously found. Of the boys it was found that 10 should have further treatment for dental caries, 22 for defective vision, 8 for poor nutrition, 1 for enlarged tonsils, 1 for nasal obstruction, 1 for defective hearing and 1 for pes cavus. Of the girls, 11 were found to require further treatment for defective vision, 2 for dental caries, 2 for poor nutrition and 1 for enlarged tonsils.

All secondary schools were completely inspected and treated by the County School Dentists.

The results may be summarised as under:—

	Inspected.	*Required Treatment.*	*Received Treatment.*
County High School for Boys	461	143	87
County High School for Girls	393	131	74
Soham Grammar School ...	151	102	64
Cambs. Technical School ...	166	124	94

As was pointed out in the report for 1936, the figures for acceptance are governed largely by the ability of many of the pupils in secondary schools to make their own arrangements for treatment. While many of the elementary school children excuse themselves from treatment on the grounds that they are obtaining treatment privately and never, in fact, obtain it, the same cannot be said of secondary school pupils.

Much of the treatment of secondary school children was carried out at the Shire Hall, both during school holidays and on Saturday mornings.

Payments by Parents.

There is no change to report under this head.

Health Education.

This has proceeded on the same lines as in former years.

Miscellaneous.

Special reports have been furnished regarding the fitness of teachers for duty and medical certificates furnished by 61 teachers on appointment have been advised upon. A large number of reports have also been furnished on the fitness of children for school attendance.

It is a pleasure once again to acknowledge the great assistance given by Dr. T. H. Harrison, the Deputy County Medical Officer, in the compilation of the figures on which this report is based. It is with great regret that the fact must be recorded that this is the last occasion on which he will be in a position to give this help as he is leaving the service of the County Council to take up a position in Plymouth. Thanks are also due to the School Dental Surgeons, Mr. Evered and Mr. Clements, for their reports and statistics relating to dental treatment, to Dr. Paton Philip for valuable help with regard to children suffering from tuberculosis and allied conditions, and to the clerical staff of the Public Health and Education Departments for all the work connected with the keeping of the records and the extraction of certain figures necessary for the writing of the report.

R. FRENCH,

School Medical Officer.

Dental Inspection and Treatment.

Report by J. C. G. Evered, L.D.S. (Ed.).

During 1937, children of all ages were dealt with in the schools of the County.

The year's work is set out in detail in the statistical tables appended to the School Medical Officer's report, but certain information may usefully be stated here in tabular form.

1. *Schools dealt with:*

A.	Schools inspected and treated	84
B.	Schools inspected only	11
C.	Total schools visited (A + B)	95

2. *Children dealt with:*

A.	In schools inspected and treated	4567
	Required no treatment	1934
	Required treatment	2633
	Received treatment	1636
	Refused treatment	997
	Temporary teeth extracted	2835
	Permanent teeth extracted	380
	Fillings	1146
B.	In schools inspected only	509
	Required no treatment	248
	Required treatment	261
C.	In total schools visited (A + B)	5076
	Required no treatment	2182
	Required treatment	2894
D.	Special cases	172
	Temporary teeth extracted	65
	Permanent teeth extracted	12
	Fillings	89

Of 5,076 who underwent routine dental inspection 2,182 or 42.9 per cent. required no treatment, while 2,894 or 57.01 per cent. did require it, being 5.3 per cent. lower than last year.

The number of schools inspected and treated this year is slightly lower, being 107 last year and 95 this year, this being due to the time taken up with the inspection and treatment of the children at secondary schools (County High Schools for Boys and Girls). A number of them were treated at the Shire Hall during the Easter Holidays, but a large number had to be treated at the schools during the school term.

In schools both inspected and treated during the year, of the 2,633 children requiring treatment, 62.1 per cent. received it, the parents refusing for the remainng 37.9 per cent., the percentages for last year being 63.5 per cent. and 36.5 per cent. respectively.

In 8 schools there were no refusals, and in 26 schools the refusals were under 5.

The numbers of temporary and permanent teeth extracted were 2,835 and 380 respectively, and 1,146 fillings were done.

The following work was done at Secondary Schools (County Schools for Boys and Girls):—

Number Inspected	854
Required no Treatment	580
Required Treatment	274
Received Treatment	163
Temporary Extractions	33
Permanent Extractions	36
Fillings	364
Other Operations	73

I must take this opportunity of thanking my dental attendant for her very excellent work and the help she has been to me. Thanks are also due to the teaching staffs for the very cordial and valuable help they continue to give me in my work, also to the nursing staff for their work in interviewing the parents of children for whom treatment has been refused.

J. C. G. EVERED, L.D.S. (Edin.)

Report by N. Gordon Clements, L.R.C.P.S., L.R.F.P.S., L.D.S.

I have pleasure in submitting my second report as School Dental Surgeon. During the year 1937 both elementary and secondary school children were treated, and in certain cases, some children not yet of school age.

All the schools attended in 1937, with the exception of six elementary schools were different to those attended in 1936, and this fact still makes it impossible for me to draw a comparison between my reports. However, I think I can say with certainty, that both the parents and school children of Cambridgeshire are becoming increasingly "tooth conscious." This is well borne out by the requests one receives from the children's parents for permission to attend the Saturday morning clinic in the Shire Hall. This clinic is run for emergency cases and for the carrying out of any type of prolonged treatment, which would hinder the routine work in the schools.

As it is only possible with the existing staff to visit each school once a year, the Saturday morning clinic also attempts to give treatment to those with dental trouble during the intervening twelve months. Naturally, it is only those who are anxious about the condition of their mouths who take advantage of this, but it is a matter of satisfaction to know there are several patients who consider it worth while to travel 20 miles and back to attend the Saturday morning clinic.

Unfortunately, there are still far too many persistent refusals. It remains a mystery how some parents can allow their children's mouths to get into the appalling condition of sepsis one sees only too often, and make no attempt to remedy matters. If a similar condition existed in any other part of the body those same parents would be clamouring for admittance to a General Hospital or

Infirmary. All of which goes to prove that the serious results of neglect to general health are simply not realised.

Then again, there is the case, which is always with us, of acceptance only when pain is present. Generally one finds so much work to be done in the mouth, that several visits are required before a satisfactory job can be completed. By this time, the young patient is less inclined than ever for dental treatment. and in many cases does not accept again until troubled with toothache.

The third type of refusal, is that which prefers to go to his or her own private dentist. Quite 90 per cent. of these patients giving this excuse never see a private dentist. Of the remainder only 1 per cent. could be called dentally fit after treatment. The others will probably have one or two extractions done without any attempt being made to have carious teeth filled. This, of course, is by no means the fault of the private practitioner, but of the patient, who informs his dentist that he only wants extractions. However, I feel certain, with patience and the spread of knowledge on the subject, we shall be able to remove many of the existing difficulties.

The following figures relate to the work in elementary schools during the period:—

1. *Schools dealt with:*

A.	Schools inspected and treated	44
B.	Schools inspected only	6
C.	Total schools visited (A + B)	50

2. *Children dealt with:*

A.	In schools inspected and treated	2900
	Required no treatment	577
	Required treatment	2323
	Accepted treatment	1605
	Received treatment	1498
	Refused treatment	718
	Temporary teeth extracted	1828
	Permanent teeth extracted	428
	Fillings	1295
	Scalings	37
	Root Treatments	4
	Gold Inlays	1
	Gum Treatments	14
B.	In schools inspected only	620
	Required no treatment	204
	Required treatment	416
C.	In total schools visited (A + B)	3520
	Required no treatment	781
	Required treatment	2739

D. Special Cases:—

Temporary teeth extracted	33
Permanent teeth extracted	38
Fillings	107
Scalings	6
Root Treatments	10
Crowns	4
Gold Inlays	1
Gum Treatments	6

781 did not require treatment out of 3,520 or 22.2 per cent., 2,739 did require treatment out of 3,520 or 77.8 per cent., 1,605 of these 2,323 requiring treatment accepted treatment or 69.0 per cent.

During 1937 I gave short talks on care of the teeth to children in several of the schools, and to mothers at the child welfare centres. Literature was also distributed as part of our propaganda campaign.

I should like to convey my sincere thanks to the teachers and district nurses who played such an active part in reducing the number of refusals. If it were not for the help they give in quietly talking to the children and parents, and in encouraging them to take advantage of the treatment offered, the number of refusals would be even greater. Thanks are also due to the dental attendant whose help is invaluable.

The following figures relate to secondary schools:—

Total number inspected	317
Required no treatment	91
Required treatment	226
Accepted treatment	165
Received treatment	158
Temporary teeth extracted	19
Permanent teeth extracted	93
Fillings	300
Scalings	17
Root Treatments	4
Crowns	3
Gold Inlays	1
Gum Treatments	8

91 children did not require treatment out of 317 inspected or 28.7 per cent., 226 children did require treatment out of 317 inspected or 71.3 per cent., 165 of these 226 requiring treatment accepted treatment or 73.0 per cent.

It is very heartening to know that the County Council has decided to assist us in our work by providing, in the near future, a travelling dental clinic. Only those who have worked at school

dentistry in rural areas, and know the unhygienic conditions and terrific handicaps one has to face, can fully appreciate the significance of this coming innovation. Not only will it greatly assist the dentist, but it will be welcomed by the teachers in smaller schools, who are at present of necessity put to some inconvenience by our visit.

One also looks forward with lively anticipation to the erection of the new clinic in the grounds of the Shire Hall. With a permanently fitted surgery this will save a great deal of valuable time which at present is lost in assembling and dismantling equipment.

N. GORDON CLEMENTS, L.R.C.P.S., L.R.F.P.S., L.D.S.

TABLE II.

A.—Return of defects found in the course of Medical Inspection in 1937.

Defect or Disease. (1)		Routine Inspections		Special Inspections	
		Number referred for Treatment. (2)	Number requiring to be kept under observation, but not referred for Treatment. (3)	Number referred for Treatment. (4)	Number requiring to be kept under observation, but not referred for Treatment. (5)
Skin.	Ringworm:				
	Scalp	1	—	—	—
	Body	1	—	—	—
	Scabies	—	—	4	—
	Impetigo	7	—	2	2
	Other Diseases (Non-Tubercular)	10	7	1	—
Eye.	Blepharitis	4	21	1	—
	Conjunctivitis	2	3	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	4
	Other conditions	7	13	2	4
	Defective Vision	131	262	25	15
	Squint	11	10	2	4
Ear.	Defective Hearing	6	5	4	3
	Otitis Media	2	2	—	—
	Other Ear Diseases	—	2	—	9
Nose and Throat	Chronic Tonsillitis only ...	13	260	2	19
	Adenoids only	1	2	—	1
	Chronic Tonsillitis & Adenoids	2	6	—	5
	Other conditions	13	496	4	7
Enlarged Cervical Glands (Non-Tubercular)		5	59	—	7
Defective Speech		6	2	—	2
Heart and Circulation.	Heart Disease:				
	Organic	—	6	1	—
	Functional	—	15	—	—
	Anæmia	1	3	—	—

Defect or Disease. (1)		Routine Inspections		Special Inspections.	
		Number referred for Treatment. (2)	Number requiring to be kept under observation, but not referred for Treatment. (3)	Number referred for Treatment. (4)	Number requiring to be kept under observation, but not referred for Treatment. (5)
Lungs.	Bronchitis	9	32	—	5
	Other Non-Tubercular Diseases	—	—	—	1
Tuberculosis.	Pulmonary:				
	Definite	—	—	—	—
	Suspected	—	—	—	—
	Non-pulmonary:				
	Glands	4	2	1	—
	Other Bones and Joints ...	1	—	—	—
	Skin	—	—	—	—
	Other Forms	—	1	—	1
Nervous System.	Epilepsy	—	—	—	—
	Chorea	—	1	1	1
	Other Conditions	—	10	1	5
Deformities.	Rickets	20	49	—	1
	Spinal Curvature	1	—	—	—
	Other Forms	57	43	2	4
Other Defects and Diseases		69	109	25	69
	Total	384	1,421	78	169

TABLE II.

B.—Classification of the Nutrition of Children inspected during the year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	864	165	19.097	645	74.653	53	6.134	1	.116
Second Age-group	937	133	14.194	719	76.734	85	9.072	—	—
Third Age-group	806	214	26.551	539	66.873	52	6.452	1	.124
Other Routine Inspections	—	—		—		—		—	
Total	2607	512	19.639	1903	72.995	190	7.288	2	.076

TABLE I. Medical Inspections of Children Attending Public Elementary Schools.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	864
Second Age Group	937
Third Age Group	806
Total	2607
Number of other Routine Inspections	—
Grand Total	2607

B.—OTHER INSPECTIONS.

Number of Special Inspections	242
Number of Re-Inspections	1634
Total	1876

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
Entrants	4	78	78
Second Age Group	69	41	96
Third Age Group	58	51	86
Total (Prescribed Groups) ...	131	170	260
Grand Total	131	170	260

TABLE III. Return of all Exceptional Children in the Area.

Blind Children.

At Certified Schools for the Blind	1
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	—
Total	1

Partially Sighted Children.

At Certified Schools for the Blind	1
At Certified Schools for the Partially Sighted	—
At Public Elementary Schools	4
At other Institutions	—
At no School or Institution	1
Total	6

Deaf Children.

At Certified Schools for the Deaf	3
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	—
Total	3

Partially Deaf Children.

At Certified Schools for the Deaf	1
At Certified Schools for the Partially Deaf	—
At Public Elementary Schools	1
At other Institutions	—
At no School or Institution	—
Total	2

Mentally Defective Children (feeble-minded).

At Certified Schools for Mentally Defective Children ...	5
At Public Elementary Schools	29
At other Institutions	—
At no School or Institution	8
Total	42

Epileptic Children (severe).

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	2
Total	2

Physically Defective Children.

(a) Tuberculous Children.

(i) Children suffering from Pulmonary Tuberculosis.

At Certified Special Schools	1
At Public Elementary Schools	4
At other Institutions	—
At no School or Institution	—
Total	5

(ii) Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools	3
At Public Elementary Schools	37
At other Institutions	—
At no School or Institution	—
Total	40

(b) Delicate Children.

At Certified Special Schools	5
At Public Elementary Schools	24
At other Institutions	—
At no School or Institution	2
Total	31

(c) Crippled Children.

At Certified Special Schools	1
At Public Elementary Schools	30
At other Institutions	—
At no School or Institution	7
Total	38

(d) Children with Heart Disease.

At Certified Special Schools	—
At Public Elementary Schools	2
At other Institutions	—
At no School or Institution	4
Total	6

Children Suffering from Multiple Defects.

Mental Defect and Epilepsy.

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	4
Total	4

Mental Defect, Epilepsy and Crippling.

At Certified Special Schools	—
At Public Elementary Schools	1
At other Institutions	—
At no School or Institution	—
Total	1

Mental Defect, Epilepsy and Partial-sight.

At Certified Special Schools	—
At Public Elementary Schools	—
At other Institutions	—
At no School or Institution	1
Total	1

TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1937.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp			
X-Ray Treatment ...	—	—	—
Other Treatment ...	—	—	—
Ringworm—Body	13	6	19
Scabies	1	—	1
Impetigo	135	12	147
Other Skin Disease ...	7	3	10
Minor Eye Defects— (External and other, but excluding cases falling in Group II)	14	—	14
Minor Ear Defects	—	—	—
Miscellaneous— (*e.g.*, Minor Injuries, bruises, sores, chilblains, etc.) ...	—	—	—
Total	170	21	191

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of Defects Dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)
Errors of Refraction (including Squint)	259	26	285
Other Defect or Disease of the eyes (excluding those recorded in Group I)	9	1	10
Total ...	268	27	295

Number of Children for whom spectacles were prescribed:—

(a)	Under the Authority's Scheme	246
(b)	Otherwise	26
	Total ...	272

Number of Children for whom spectacles were obtained:—

(a)	Under the Authority's Scheme	245
(b)	Otherwise	26
	Total ...	271

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.													
Received Operative Treatment.												Received other Forms of Treatment. (4)	Total Number Treated. (5)
Under Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme (2)				Total. (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	31	2	—	—	11	—	—	—	42	2	9	53

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

Number of Children treated under the Authority's Scheme:—	
Residential treatment with education	1
Residential treatment without education	—
Non-residential treatment at an orthopaedic clinic ...	41
Number of Children treated otherwise:—	
Residential treatment with education	—
Residential treatment without education	—
Non-residential treatment at an orthopaedic clinic ...	3
Total number treated	45

Table V.—Dental Inspection and Treatment.

(1)	Number of children inspected by the Dentist:—				
	(a) Routine Age-Groups	5	...	862	
		6	...	835	
		7	...	856	
		8	...	854	
		9	...	854	
		10	...	933	
		11	...	705	
		12	...	694	
		13	...	742	
		14	...	132	
				——	7467
	(b) Specials				359
	(c) Total (Routine and Special) ...				7826
(2)	Number found to require treatment				5244
(3)	Number actually treated				3321
(4)	Attendances made by children for treatment				5174
(5)	Half-days devoted to (Inspection 101) (Treatment 631) Total ...				732
(6)	Fillings (Permanent Teeth 2298) (Temporary Teeth 226) Total				2524
(7)	Extractions (Permanent Teeth 808) (Temporary Teeth 4663) Total				5471
(8)	Administrations of general anaesthetics for extractions ...				Nil.
(9)	Other operations (Permanent Teeth 1006) (Temporary Teeth 1520) Total ...				2526

Table VI.—Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses	2.8
(ii.)	Total number of examinations of children in the Schools by School Nurses	21374
(iii.)	Number of *individual* children found unclean	456
(iv.)	Number of *individual* children cleansed under Section 87 (2) and (3) of the Education Act, 1921	Nil.
(v.)	Number of cases in which legal proceedings were taken:—	
	(a) Under the Education Act, 1921	Nil.
	(b) Under School Attendance Byelaws	Nil.

Report on Physical Education in the County of Cambridge for the Year ending December 31st, 1937.

The past two years have witnessed the formulation of national schemes intended to awaken the nation to appreciate the positive view of Health and Fitness through exercise and physical recreation and to the provision on an adequate scale of facilities for fulfilling those schemes. The Board of Education's Circular 1445 of 1936 might well be regarded as the charter of educational physical training, to cover the school-life of the individual, whilst the White Paper " Physical Training and Recreation," issued in January, 1937, and implemented by the Physical Training and Recreation Act of Parliament, later in the year, set on foot a more elaborate organisation for the encouragement of physical recreation among adolescents and adults. The order of events in this comprehensive national campaign is significant, for the physical fitness of the child at school is of vital importance as the foundation of any positive national health scheme. The successful development of physical recreation among those who have left school will depend to no little extent on the foundation of physical capacity and of practical interest in physical activities established during school life. Much of the apathy towards organised training for keeping fit, observable especially among men and youths, may be laid at the door of the indifferent and uninteresting forms of training and methods which characterised the so-called DRILL in schools of former years.

Briefly, the Circular urged Local Authorities to arrange in their organisation for the co-ordination and development of adequate schemes of physical training in all types of educational institutions under their control, and to improve and extend the means for fulfilling them, including the provision of equipped gymnasia, playing-fields and swimming-baths, and the appointment of more trained and specialist teachers. On the other hand, the White Paper " Physical Training and Recreation " widened the powers of Local Authorities of providing, or aiding the provision of, more extensive facilities for the promotion of the physical welfare of young people. At this stage it may be of interest to review the situation as existing in Cambridgeshire in the light of these national schemes, especially as it has developed during the past year:—

1. *Schemes of Training.*

The appointment of Organisers of Physical Training made possible the local training of the great majority of the teachers so that the latter were able to base their training on the 1933 Syllabus which has continued to serve as the official scheme for most schools, and for all Infant and Junior children. Additional courses have been taken during the past year for the teachers concerned, and a number of them have supplemented their local training by attendance at Vacation Courses. The daily period of organised activity takes the form of physical exercises, agility training. games or dancing.

2. *Facilities.*

With the opening of Village Colleges and the consequent re-organisation of schools in certain areas, it has been possible to extend the physical training scheme for the Senior children by the equipment of all college halls with portable gymnastic equipment, and the appointment of specialist teachers. The schemes are more suited to the capacity and interests of Senior children, although falling short of those possible in a fully-equipped gymnasium.

In some of the re-organised Junior Schools, spare rooms have become available for indoor work in bad weather, thus ensuring regular and effective training throughout the year. On the other hand, in most village schools, whilst playgrounds have been improved in many of them, facilities for indoor training in inclement weather are definitely bad, and impose serious limitations if its period is prolonged. The replacement of the older pattern of desk by tables and chairs, which are more compact and portable, has facilitated the clearing of floor space for indoor lessons.

3. *Playing Fields.*

Each Village College now has its playing-field and at Bottisham and Linton the acreage has been extended to admit of adequate pitches for boys' and girls' organised games simultaneously, and of additional pitches for those above school-age. They are not yet being played on and temporary use of local recreation grounds is being made.

Many other schools within the County have the use of a field for games lessons, in many cases by the good-will of the owner, a few by renting, and often use is made of public recreation grounds. The maintenance of the grounds in a fit condition for play throughout the year, and the marking of suitable pitches for children's games are problems which, without ownership, cannot be solved by the schools alone, and often set serious limitations on the value of the organised games lessons.

All schools in the County have equipment for the playground work suggested in 1933 Syllabus. No equipment for organised games lessons in fields has been supplied as yet, although they form an integral part of the general scheme. It would be advantageous if the voluntary efforts of the schools in this respect could be augmented by the assistance of the Authority, to facilitate training by smaller groups.

4. *Swimming.*

For want of suitable facilities, organised swimming instruction plays a very small part in the area, but within the last year or two, baths have been built at Royston and Newmarket, and one or two schools have made use of swimming-pools in Cambridge after school hours. With the approval of the Committee it will now be possible to develop this form of training in all schools within convenient reach of baths.

5. *Secondary Schools.*

The organisers have been consulted by and have co-operated with the Head Teachers and specialist teachers in Secondary Schools to an increasing extent. Among these schools there is considerable variation as regards the conditions in which the training is carried out. At Soham Grammar School the need for accommodation for indoor training and for suitable equipment is urgent.

6. *Recreative "Keep Fit" Training.*

Recreative classes for those of post-school age have increased progressively in number and influence each year until, at the commencement of the current season, one of the major problems was that of providing the required number of leaders suitable in training and personality for taking them. Accommodation varies from the fully-equipped gymnasia in Cambridge Borough and the Village College halls on the one hand, to the partly-cleared space in schoolrooms and village halls and huts on the other. In the latter category it is most exceptional to find any equipment available, and the scope of the training is very limited.

7. *Voluntary Organisations.*

The Organisers are members of the Juvenile Organisations Committee, through the agency of which they have been able to co-operate with and assist some of the voluntary organisations interested in physical training. For example, a short course in physical training was conducted last autumn for officers and instructors in the district companies of the Boys' Brigade.

It will thus be seen that there is ample scope for co-ordination for the development of a well-planned, continuous and progressive training at all stages, both primary and post-primary, especially in a rural area such as Cambridgeshire, where there is wide variation in conditions and particularly when transference from one type of school to another is taken into account.

8. Within the Elementary Schools the chief physical training needs at the present are:—

1. The further training of the teachers, and
2. The improvement of conditions, particularly in non-provided schools where some of the playgrounds are very bad.

Most Cambridgeshire teachers have shown a commendable willingness to attend training courses, many of them having attended several in the last three years. On the other hand, there are some who, although responsible for physical training in their schools have had no training whatsoever and in outlook and method are out-of-date. A marked difference in spirit and effect between the lessons of these two main categories is evident. The process of demonstration of training methods by the organisers when visiting schools fails in its purpose in the brief time available unless there is an established background based on the training and experience of the teacher. In the intervals between visits lessons often become stereotyped and dull, and little real progress is made, for want of that background.

For those teachers in some of the outlying schools, attendance at classes centralised in Cambridge is difficult on account of expense and the lack of communications. For them the best solution would appear to be in the organisation of area courses of limited size. A course of this type was held at Fordham in the past year, and a further course at Melbourn has been arranged. It is suggested that similar facilities might be provided for teachers in other areas in the present year. Durng the year the following courses were held:—

MEN: Recreative Physical Training.
Winter Games.
1933 Syllabus Course (Refresher).
Senior School Course (Part in fully-equipped gymnasium).

WOMEN: Recreative Physical Training.
Winter Games.
1933 Syllabus.
1. For Infant Teachers.
2. For Junior Teachers.
3. For Teachers in the Fordham Area.

Senior School Course.

The general tone and atmosphere of the daily lessons in most of the schools continues to be good, and in a few really excellent. The alertness and performance of the children give evidence of regular and progressive training in marked contrast with those in schools where teachers lack knowledge of the subject, so that the lessons become a burden and are all too readily omitted. The two main requirements in regard to the playground lessons at present are:—

1. More effective direction of the efforts of the children, especially in localised exercises.
2. Greater variation in form and type of lesson, so that they may not become stereotyped. More use should be made of the excellent programme of Minor Inter-team games available (e.g.. Post Ball, Circular Pillar Ball) which are particularly valuable in rural schools where space is often restricted and the chidren often of a type who seldom have the opportunity for inter-team competition except at school.

Particular attention has been given in the Teachers' training courses to the development of better technique in physical exercises, and it is hoped that it may have its effect on the posture, carriage and footwork of the children. In the schools where training is regular and on sound lines, these are usually satisfactory. Almost invariably the standing position receives its due share of attention during the physical training lessons, but it must be admitted that much of the value of this is lost by neglect of general carriage at other times. Adequate ventilation, suitable school furniture (and this has improved considerably recently), with regular and

invigorating periods of organised physical exercise and active play intervals will do much to prevent round shoulders, flat chests and shallow breathing, and will have a beneficial effect on the mental alertness of the children.

The services of the organisers have been called upon for advising teachers on corrective exercises for a variety of malpositions, reported in specific cases by the School Medical Officer. These have consisted mostly of cases of round shoulders or flat feet. It is worthy of note that most of the latter cases have been found in an area where the general standard of footwear for physical training is particularly bad. Landworkers are notoriously "heavy-footed," and where chidren have most contact with the land there is stronger emphasis of training in spring, rhythm and lightness of foot, but this is not always supported by parents by the provision of suitable shoes. This attitude is characteristic of a few definite localities, in which progress is very slow.

The apparatus supplied for this form of training (ropes, hoops, balls, etc.) is in sufficient quantity to admit of practice by small groups, so that everybody is active almost throughout the lessons. The number of requisitions for the replacement or repair of apparatus has increased and gives evidence of the wider use made of this system. The increased number of requests for paint for marking playgrounds out permanently forms another sign of activity.

The training in village colleges with portable apparatus and specialist teachers has been carried on long enough for some estimate of its effect and value to be made. Their more extensive equipment and better facilities generally have helped to produce more of the "gymnastic" atmosphere than is usually obtained in the un-reorganised schools. With this the personal equipment of the children has improved and training on apparatus offers them a type of work which holds their interest and tests their powers. Rural children are usually less athletic and agile, and they require much coaching in the simple forms of the training, but where it has been possible to work through a longer, progressive course there is evidence of greater athletic capacity and interest before they leave school. It is hoped that this may encourage their interest and active participation in physical activities after leaving school. A striking feature of all sides of the training, including school games, is the gradual welding of groups of children from rural villages into composite class teams, a process which very soon produces a higher loyalty to their new school.

Under most Authorities recreative physical training for those of post-school age has now become a marked feature of Further Education. In Cambridgeshire there has been a steady increase in the number of classes from 1935 until last autumn, when the number of applications for classes far exceeded that anticipated, and there was difficulty in providing the number of necessary teachers, and sometimes suitable accommodation. In the Borough

of Cambridge all classes were held in the newly-erected and fully-equipped gymnasia at the Central, Chesterton and Coleridge Evening Institutes. Unfortunately the gymnasia were not completed until December, and programmes had to be improvised during the first few weeks of the winter term. At the Central Evening Institute, classes had to be postponed until after Christmas. The delayed start caused some disappointment and much of the effect of the publicity gained was undoubtedly lost. Nevertheless, eleven classes for men and youths, and fourteen for women and girls have been conducted in Cambridge by the Authority.

Outside Cambridge Borough there was a very marked increase in requests for Women's Classes, many of them through the co-operation of the Women's Institutes of the County. For men and youths' classes the increase was less pronounced, but new centres were established at Fordham, Histon and Melbourn, and separate classes for Juniors and Seniors were arranged at Bottisham. Men in the County schools with the necessary athletic ability, personality and training for recreative work with youths and men are very few, and a further serious difficulty is the lack of suitable equipment, which is essential if the youths' interest is to be maintained. In the village colleges, where it is available, classes have generally been more successful than in village school-rooms, which have no comparable facilities. Experience suggests that there will have to be a wider recruitment of leaders.

(Signed) B. RICHTER.
H. PAYNE.