**[Report 1938] / School Medical Officer of Health, Cambridgeshire County Council.**




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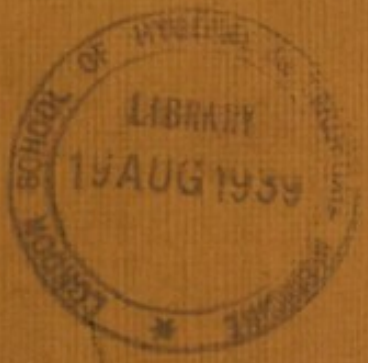


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OF THE

## School Medical Officer

for the Year 1938

AND REPORT ON PHYSICAL
EDUCATION IN THE COUNTY

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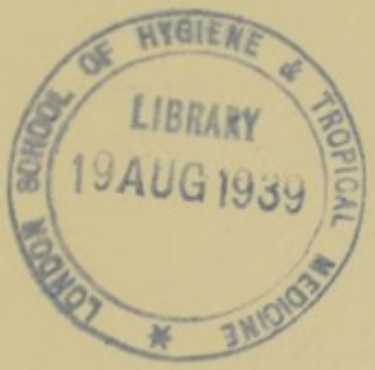


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*Printed at Pendragon Press, Papworth Everard, Cambridge.*

# INDEX

## Introduction.

At the end of 1937 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, 1938 was 8,390 the average number in attendance being 7,489.

## 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.* (To 9th April, 1938).
*J. N. Matthews, M.R.C.S., L.R.C.P., D.P.H., *do.* (From 14th May, 1938).
*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.

## Hygienic Conditions of Premises.

There was no major development such as the completion of a village college to record under the above head in 1938, but the usual steady progress in matters of detail has continued.

The work at West Wratting School mentioned as being contemplated in the report on the year 1937 was completed, the more important items concerned being the provision of new windows with improvements in both lighting and ventilation, repairs to roofs and ceilings, improvements to the offices and the creation of a permanent playground.

At Shudy Camps too, which was mentioned as specially unsatisfactory at the end of 1937, improvements have been put in hand, consisting of a new floor to the main room, repairs to offices and cloakrooms and internal and external re-decoration.

Public water supplies have been installed at Bassingbourn and Stapleford Schools and improvements with regard to water have been effected at Melbourn and Meldreth by the provision of electric pumps to serve both schools and head teachers' houses.

An extra stove has been put into the main room at Soham Girls' School and two new stoves have been provided at Stetchworth, while at Histon a circulating pump has been fitted with a view to the improvement of the heating of the school.

It has been resolved to instal electric light at Fen Drayton, Great Chishill, Over and Willingham.

Extra offices have been provided at Cottenham and Fen Drayton while at Isleham Fen the existing offices were demolished and rebuilt. In addition to those schools already mentioned, the offices have been improved at Stapleford School and at this school also four new lavatory basins have been fixed and two new windows inserted.

At Fulbourn Council School a disused classroom has been adapted to provide additional cloakroom accommodation.

At Balsham School a new filter has been fixed to the cesspool and the overflow has been drained to the public sewer in the main street.

Playgrounds have been re-surfaced at Burwell Senior School and Cottenham School and the site of the playground has been extended at Fen Drayton.

## Medical Inspection.

The three prescribed age groups were fully inspected during the year and, owing to the absence of any nutrition survey, it was found possible to revert to the practice of former years and to make the work of re-inspection practically complete.

Dr. Harrison left the service of the Council on April 9th, and his place was taken by Dr. J. N. Matthews who had previously held a similar position in the County Borough of Brighton. He commenced duties on May 14th. This has necessarily affected the continuity of the work in some degree and, in particular, some of the variation in the figures as compared with those of the previous year must almost inevitably be attributed to a change in the observer concerned. The full effect of this will probably be more apparent in 1939 and subsequent years, as Dr. Matthews was only partly responsible for the work in 1938.

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

| | |
|---|---|
| Routine examinations ... ... ... ... | 3,413 |
| Specially presented ... ... ... ... | 208 |
| Re-examinations ... ... ... ... | 3,010 |

All these figures, with the exception of those for children specially presented, show considerable increases over those for the previous year and the increase in the case of routine examinations affects all age groups which can be classified as follows :—

Entrants 1,149, intermediates 1,187, and leavers 1,077.

*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 are set out in Table IIB. In 1938, 615 children were classified as of excellent nutrition, a percentage of those examined of 18.02, as against 19.64 in 1937 and 18.64 in 1936. The number classed as of normal nutrition was 2,424 or 71.03 per cent., as against 73 per cent. in 1937, and 68.43 per cent. in 1936. Adding the two figures together it appears that 3,039 children could be considered as of normal or super-normal nutrition in 1938, a percentage of 89.05, as against 92.64 in 1937 and 87.08 in 1936.

The figures for sub-normal nutrition were 352, or 10.31 per cent., slightly sub-normal and 22, or 0.64 per cent., definitely bad. In 1937

there were 7.3 per cent. slightly sub-normal and 0.08 per cent. definitely bad, so that both figures represent definite increases over those for the previous year, though that for slightly sub-normal nutrition is still lower than the figure for 1936.

It will thus be seen that there has been a definite fall in the figure for good nutrition, with a corresponding rise in the figure for poor nutrition, and both sub-divisions of each group are affected in this rise and fall. No doubt this is one of the figures which show the effect of a change in the observer concerned, but a further factor may be that a more rigorous classification of the figures themselves has been adopted. In 1937, the record cards of some of those children classed as of normal nutrition were marked in such a way as to indicate that there was a slight doubt as to their complete normality. For classification purposes, these cards were grouped with the cards showing no doubt at all and the figures swelled those for normal nutrition. As it seemed questionable whether such a proceeding really fulfilled the intentions of the Board of Education as to classification, that procedure has been revised in 1938 and any child in whose case there is the smallest doubt is now classed as slightly sub-normal. This factor would not, however, affect the figures for excellent and definitely bad nutrition and it must be admitted that, apart from the necessary allowance for change in observer, there has on the whole been a step in the wrong direction as compared with the previous year. Nevertheless, it may be noted that the actual amount of variation in each case is comparatively small and that the figure for normal nutrition does represent an approximate average of the three years 1936, 1937 and 1938.

As has been said previously, no special nutrition survey has been carried out in 1938. Previous experience has shown that it is difficult to do this work without curtailment of some of the regular activities and therefore it will be necessary to repeat such surveys at comparatively infrequent intervals, say every five years.

*Uncleanliness.*—There were 39 (all routine examinations) children found by the Assistant School Medical Officer to have nitty or verminous heads, as compared with 42 in the previous year. Of the 39, 21 required immediate remedy as compared with 14 in the previous year and 18 were noted for observation only. The percentages of unclean children based on routine examination only have been :—

| | 1934 | 1935 | 1936 | 1937 | 1938 |
|---|---|---|---|---|---|
| Total found unclean (all degrees) ... ... | 1.9 | 2.1 | 2.5 | 1.6 | 1.1 |
| Requiring treatment ... | 1.4 | 0.8 | 1.3 | 0.5 | 0.6 |

The percentage found unclean in 1937 was noted as being the lowest for the five-year period and it is pleasing to record that that for 1938 is lower still. Later in the report, the work of the nurses in dealing with this condition will be discussed and there can be little doubt that the change of method instituted in 1937 is having good effect.

Thirty-four children were found at routine inspection to have uncleanly bodies, a proportion of 1 per cent., as compared with 0.8 per cent. in 1937 and 1.5 per cent. in 1936. This is the first time for four years that this figure has not fallen and it is to be hoped that the arrest in the decline may prove temporary only.

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

| | 1934 | 1935 | 1936 | 1937 | 1938 |
|---|---|---|---|---|---|
| *Referred for Treatment :* | | | | | |
| Routine ... ... | 84 | 70 | 102 | 142 | 111 |
| Specially presented ... | 27 | 15 | 18 | 27 | 12 |
| *For Observation :* | | | | | |
| Routine ... ... | 165 | 138 | 225 | 272 | 295 |
| Specially presented ... | 36 | 11 | 32 | 19 | 11 |

Except in the case of children discovered at routine inspection noted as requiring observation only for this condition, the steady increase in the numbers of visual defects which has been apparent for the last two years has received a check. When allowance is made for the rise in the one particular figure mentioned, the total is not greatly below that of the previous year (429 as against 460) and no doubt the difference in distribution is accounted for by a difference of opinion between the two observers concerned as to what constitutes an " observation" case and what necessitates treatment. Actually some of the very marked rise between 1935 and 1937 may be due to the fact that, owing to the sudden death of the Assistant School Medical Officer in 1935, there was a hiatus in the service in that year and cases left undetected as a result remained to swell the totals of the two subsequent years. Why the maximum should be reached in the second of the two years following 1935 is not absolutely clear, however. At all events, it may be hoped that 1937 was the peak year and that there will at least be no continuance of the increase though, in the absence of any known cause other than individual variation for visual defect, there is no reason to anticipate any remarkable decrease. The number of cases of external eye diseases is substantially unaltered.

*Nose and Throat Defects.*—The total number of cases of chronic tonsillitis discovered (routine and special), with or without accompanying adenoids, was 276 as against 307 in the previous year. This figure also breaks the steady rise which was noted in the report on the figures for 1937. When expressed as a percentage of the number of routine examinations (only those cases found by routine examination being, of course, included) the fall is even more striking. The following are the figures for the five-year period—1934, 3.4 per cent. ; 1935, 4.6 per cent. ; 1936, 7.7 per cent. ; 1937, 10.8 per cent. ; and 1938, 7.6 per cent. There were four cases of adenoids only, the same figure as that of the previous year and all were thought to require observation only. There were 23 cases of adenoids associated with chronic tonsillitis, as against 13 in the previous year, and of these 13 were thought to need treatment as against only two in the previous year. The number of " other conditions " of the nose and throat discovered was 255 which is far and away the lowest number for the past three years, although it is still greatly in excess of that of 91 noted in the year 1935. It would seem therefore that, in the light of the figures alone, the opinion expressed in the 1937 report that the amount of nose and throat defect showed no tendency to decrease should be modified, but there is no reason to vary the view then expressed that differing standards of classification play an important part and it is

doubtful how far the detailed discussion of figures is really of any value so long as the conditions peculiar to Cambridgeshire obtain. In larger counties where the staff is larger and where the changes induced by the loss of one member are tempered by the retention of others, the position may be somewhat different.

*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 257 cases of deformity was discovered as against 178 in the previous year and 119 in the year before that. Of these 32 were cases of rickets as against 70 in 1937 and 48 in 1936. It may be hoped that the figure for this particular condition represents a real fall as by now the careful attention which is paid to infantile nutrition and management would seem to be failing in its purpose were the reverse the case. Of all the cases of deformity discovered only 73 were thought to require treatment and, in spite of the great rise in the total, this figure is actually seven less than that of the previous year. This in itself gives some clue to the comparatively slight nature of the deformities found and the rest of the story is largely told by the fact that the bulk of the increase in the total is made up of cases of spinal curvature which numbered 113 in 1938 as against one only in 1937. Clearly it is highly improbable that there has been a sudden increase of this magnitude in cases of gross spinal curvature and, in fact, the great majority of these cases may be called by the less terrifying name of round shoulders. Practically all can be cured by simple exercises at home or at school, but it seems surprising that even this remedy should be required when routine physical exercises play so prominent a part in the school curriculum. No case of tuberculosis of bones and joints was discovered at routine inspection but there was one such case in an orthopaedic hospital following examination by the Tuberculosis Officer.

*Heart Disease and Rheumatism.*—Seven cases of organic heart disease were found, the same number as in the previous year, and twenty cases of so called functional heart disease as against fifteen in the previous year. Only one case of organic disease and two of functional disease were considered to require treatment.

*Tuberculosis.*—Again no instance of suspected or established pulmonary tuberculosis came to light as a result of school medical inspection. Only four cases of other forms (all glandular) were discovered as against ten in the previous year. Of these two were thought to be in need of treatment. At the end of the year there were two children at certified special schools suffering from the non-pulmonary form of the disease and none suffering from the pulmonary form. Three cases of arrested pulmonary disease and twenty-seven of non-pulmonary disease were at public elementary schools, while there were three cases of the non-pulmonary form at no school or institution.

*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 ... | 2 | 1 | 3 |
| Ringworm of the body ... | 3 | 26 | 29 |
| Scabies ... ... ... | 1 | 6 | 7 |
| Impetigo ... ... ... | 10 | 109 | 119 |

There has been a slight rise in the figure for cases of ringworm of the scalp, but the numbers are so small as to preclude any deduction as to significance, and in any case the figure is still very much below that for the year 1936. Ringworm of the body also shows a rise of doubtful significance, but in this case the rise seems to continue a rise noted in the previous year. The number of cases of scabies is of the same order as in the previous two years and impetigo has fallen from the rather high level of 1937 to approximately the level of 1936. Nothing can be added to the remarks made in previous years as to causation, but again the large amount of absence from school caused by what should be an entirely preventable condition may be stressed and it may not be out of place to mention once more the common school towel as an important factor facilitating spread.

*Following-up.*—The following figures relate to the work under this head during 1938. There has been no change in arrangements.

1. *Visits to Schools :—*

| | |
|---|---|
| (a) Routine Medical Inspection ... ... ... | 213 |
| (b) Verminous Inspections ... ... ... | 474 |
| (c) Other purposes... ... ... ... ... | 1070 |
| | 1757 |

2. *Visits to Homes of Scholars :—*

| | |
|---|---|
| (a) Following-up to secure treatment ... ... | 5767 |
| (b) Special enquiries into infectious and contagious diseases ... ... ... ... | 1406 |
| (c) Special enquiries into refusal of dental treatment ... ... ... ... ... | 1973 |
| (d) Other purposes... ... ... ... ... | 876 |
| | 10,022 |

This work has shown considerable increases in each of the previous two years, but, for some reason which is not clear, there has been a distinct fall in 1938. All categories are affected except those relating to routine inspection, verminous inspection and visits to homes of scholars for "other purposes." The figure for verminous inspections has risen considerably, as will be explained later in the report.

## Arrangements for Treatment.

No alterations in the arrangements for treatment have taken place during the year, but information relating to various aspects is appended hereunder.

*Malnutrition.*—Once again the scheme for the provision of milk in school has been the main method of approach in the treatment of this condition. At those schools where a mid-day meal is provided, it has been possible to supplement this source of extra nourishment, but unfortunately this is of effect in only a few schools and those chiefly senior schools.

At the end of 1938, there were 119 schools operating milk schemes as compared with 116 at the end of 1937, but actually the position is not quite so satisfactory as it would appear to be because at five schools the supply consisted of dried milk, so that although the total number of schools having some kind of milk was three more than the total at the end of the previous year, the number having a fresh milk supply was two less.

Throughout the year, the old difficulties with regard to milk supplies (chiefly financial) have continued to recur and the School Attendance Sub-Committee has given prolonged consideration to possible methods of overcoming them. The supply of dried milk was one of the expedients suggested and, with the approval of the medical staff of the Board of Education, it was put into operation in appropriate cases. Its extension to the seven schools still without a supply of any sort is contemplated, but there are difficulties in the way. In the first place, on account of the preparation required, dried milk is only suitable for the smaller schools and at least two of the schools in the list can hardly be included in this category. At two others in the list, a sufficient number of children to take a supply of any sort cannot be found and lastly there has appeared in other cases to be a likelihood of the commencement of a fresh milk supply, so that some hesitation about the instituting of dried milk supplies has been inevitable.

There has been a rise in the figure for children receiving milk both free and for payment. The number receiving it for payment at the end of 1938 was 4,641, as against 4,484 at the end of 1937 and the number receiving it free was 455 as compared with 380 in the former year.

The following figures show the types of milk supplied in the schools of the County at the end of the year :—

| | |
|---|---|
| Tuberculin Tested ... ... ... ... ... | 10 |
| Pasteurised ... ... ... ... ... ... | 16 |
| Accredited ... ... ... ... ... ... | 52 |
| Ordinary ... ... ... ... ... ... | 36 |
| Dried ... ... ... ... ... ... | 5 |

The number of instances where " ordinary " milk is supplied is less by one than the figure for the previous year, but unfortunately the number of tuberculin tested supplies has also dropped by the same figure and the number of accredited supplies by five. The figure for pasteurised milk has, however, increased by five and the balance of the increase in the total is accounted for by dried milk, which, as has been stated, had not previously been supplied at all.

The scheme of inviting parents to lectures and demonstrations on the value of milk and methods of using it under the auspices of the National Milk Publicity Council has been continued, and during 1938 " milk days " as they are called were conducted at Bottisham, Fordham, Fowlmere, Over and Steeple Morden.

Free mid-day meals were given to those children considered to require them by reason of their nutritional state and financial circumstances at those schools where they are available, but unfortunately there has been no increase in the number of such schools during 1938. The number of children whom it was possible to feed in this way was 90 at the end of the year as against 61 at the end of 1937.

As in former years cod liver oil and malt has been supplied either free or at a small weekly charge whenever it has been thought to be appropriate.

Ill-nourished children admitted to residential open-air schools during 1938 numbered 6, making, with 4 in residence at the beginning of the year, a total of 185 who have been maintained in such institutions since the arrangements started.

*Uncleanliness.*— During 1938 a full year of routine inspection of the schools for verminous conditions was completed by the School Nurses. It may be remembered that in the previous year the record covered nine months only for financial reasons.

The total number of visits to the schools for this purpose was 474 as against 353 in the previous year, an average of 3.80 per school, as against 2.8. The 1938 figure falls very little below the figure of 4 per year considered desirable. The total number of examinations carried out was 26,678 (21,374 in 1937) and the number of individual children found unclean was 309, as against 456 in the previous year. Thus though a very much larger number of children was examined, a considerable fall in the number of unclean children was apparent, a striking tribute to the efficacy of the work. As was the case the previous year, some children were found unclean on more than one occasion and the number of instances of uncleanliness, counting each child as an instance each time it was found unclean, was 461 as against 617 in 1937, again a gratifying reduction. As in the former year, many of the instances of uncleanliness were of a minor character and exclusion from school was required in 68 only, as against 159 in 1937.

Thus there can be no doubt that there has been an all-round improvement in the state of affairs in 1938, both as regards numbers and severity, and this would seem to be complete justification for the institution of routine inspections and for the extra expense involved.

While this fall continues, it would probably be a mistake to be unduly severe with parents careless in respect of these matters. It must be remembered, however, that the presence of verminous children in school may inflict very considerable hardship on children kept in a clean condition and on their parents, and a demand for strong measures may consequently arise.

There have been no prosecutions during 1938 for these conditions.

*Visual Defects.*—A total of 297 children was dealt with during the year, an increase of 12 as compared with the figure for 1937. Thus, in spite of a fall in the numbers of defects found at routine inspection, there

has been a slight rise in the number of cases treated. Doubtless, however, some of the cases treated in 1938 were actually discovered in 1937 and there would naturally be some time lag in the correspondence of these two numbers. Of the total, 256 received treatment under the Committee's scheme (259 in 1937) and 41 through private practitioners or otherwise unofficially. Of those who came under the Committee's scheme 164 were dealt with by the Assistant School Medical Officer as against 176 in 1937 and 92 by Dr. Graham as against 83 in 1937. In addition to the 164 elementary school children, the Assistant School Medical Officer examined 5 children attending secondary schools. Spectacles were prescribed for 277 cases and received by 235 with the aid of the Committee.

*Nose and Throat Defects.*—The total number of children treated for these defects was 42, of which all received operative treatment. In the previous year 44 had received operative treatment. Twenty-five received their treatment under the Local Authority's scheme and 17 made their own arrangements. There is no positive information as to the numbers receiving other forms of treatment, but this figure has never been easy to ascertain and it is probable that many children did receive non-operative treatment in the course of the year.

*Dental Treatment.*—No change in the arrangements for the giving of dental treatment was made during 1938. The travelling clinic authorised to be purchased was not delivered until after the end of the year and, though it is in use at the time of writing, an account of it does not properly belong to this report. The new accommodation at the Shire Hall was also not put into use until 1939.

During 1938, the two dental surgeons inspected 7,158 children, including 303 special inspections, and 2,725 received treatment. All these figures represent falls as compared with those of the previous year, 668 fewer children having been inspected and 596 fewer treated.

The percentage requiring treatment was 57.4, a fall of nearly 10 per cent. as compared with the figure for the previous year. If this fall is a real one, it is cause for great satisfaction, but time will show whether there is adequate reason for this. The fall has affected Mr. Clements' figures to a greater extent than Mr. Evered's. As was the case in the previous year, there is a considerable discrepancy between the figures of the two dentists in this respect, though, as can be deduced from what has been said, the discrepancy is less marked in 1938. Whereas in 1937 the difference between the two sets of figures amounted to 20 per cent., in 1938 it was only 13 per cent., Mr. Evered's percentage requiring treatment being 54.5 and Mr. Clements' 67.8.

The percentage receiving treatment of those found to require it was 66.4 and it is pleasing to record that this is the best figure attained since the year 1930 when it was approximately 70 per cent. Although only 3.1 per cent. better than the figure for 1937, it is quite definitely above the level of the rate for the past few years and it may be hoped that it is only the beginning of a rise of a more satisfactory character.

The improvement in the refusal rate has occurred in the case of each dentist and once again there is very little difference between their figures in this respect, Mr. Clements' refusal rate being 30.6 and Mr. Evered's 33.4 per cent.

The total number of fillings was 2,169, which continues a fall recorded in the previous year. The total number is only 100 more than the number done in 1935 and some explanation seems to be required. It appears probable that a number of teeth were filled immediately following the appointment of a second dentist which were not worth this form of treatment and experience has shown the wisdom of extracting them rather than of filling them. In spite of this, however, there has also been a fall in the number of extractions, but fortunately it is not necessary to repeat the regret expressed in the previous year's report on account of the fact that this fall affected temporary teeth only, since 1,419 fewer permanent teeth were extracted in 1938 as compared with the figure for 1937. Doubtless, therefore, the smaller number of children found to require treatment plays its part in the case of both fillings and extractions and the precise influence of other factors is difficult to evaluate.

The usual visit of a lecturer from the Dental Board of the United Kingdom took place during the year, and for the second time it was possible to carry out a fortnight's campaign instead of the week which was customary in former years.

*Orthopaedic Treatment.*—The grant to the British Red Cross Society and arrangements as to clinics remained unaltered during 1938.

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

| *Age.* | *New Cases.* | *Old Cases.* | *Clinic Visits.* | *Home Visits.* |
|---|---|---|---|---|
| Under 5 ... | 32 | 95 | 251 | 17 |
| School Age ... | 48 | 184 | 464 | 79 |
| Adults ... | 46 | 104 | 253 | 2 |
| | 126 | 383 | 968 | 98 |

The number of new cases shows a total rise of 42 as compared with the figure for the previous year and it is actually 25 higher than the figure for 1936. Thus the fall noted in 1937 has not been maintained and the present rise more than offsets that fall. The rise affects both school children and adults, there having been a fall of one in the case of children under school age.

The number of clinic visits is also greater than that of the previous year in the case of school children and adults, but considerably lower in the case of children under school age. Home visits to school children are more numerous by 45, but the numbers have decreased in both of the other two classes.

In addition to making a grant to the British Red Cross Society, the Education Committee has assisted various cases with the provision and repair of splints and appliances during the year. This form of help was given on 17 occasions, 13 children being concerned. Besides appliances of a purely orthopaedic nature, a denture, an artificial eye and an inhaler were also provided with the assistance of the Committee, making the number of occasions of contribution or provision 20 in all.

The crippled child who remained in hospital at the end of 1937 was discharged during 1938, but three more were admitted to various institutions during the year. There were no new admissions of cases of tuberculosis of bones and joints under the Public Health Committee's scheme for the treatment of tuberculosis, though one case previously admitted remained throughout the year and was still in an institution at the end of 1938.

*Tuberculosis.*—The following are the figures relating to the treatment of this disease in school children for the year 1938.

*Admitted during* 1938 :

| | *Boys.* | *Girls.* | *Total.* |
|---|---|---|---|
| Lungs and Thoracic Glands | — | — | — |
| Cervical Glands ... ... | 3 | 1 | 4 |
| Abdomen ... ... ... | 1 | — | 1 |
| Total ... | 4 | 1 | 5 |

*Remaining on January* 1*st*, 1939 :

| | *Boys.* | *Girls.* | *Total.* |
|---|---|---|---|
| Cervical Glands ... ... | 1 | — | 1 |
| Knee Joints ... ... ... | — | 1 | 1 |
| | 1 | 1 | 2 |

The complete absence of admissions for lung disease may be noted but otherwise there is nothing calling for comment.

*Other Defects Treated.*—One hundred letters of introduction to Addenbrooke's Hospital were given, 23 for tonsils and adenoids, 2 for other conditions of the nose and throat, 5 for ear disease, 2 for external eye disease, 2 for dental treatment, 43 for orthopaedic conditions, 10 for psychological difficulties and 13 for general medical and surgical conditions. There has been a considerable rise in the number of references to hospital, almost entirely due to the much larger number of orthopaedic cases.

*Neglect.*—During the year 14 children in 10 families were referred to the N.S.P.C.C., in 4 for verminous conditions (with some implication of neglect in other directions in one of the cases), in 2 for unsatisfactory clothing and neglect, in 2 for unsatisfactory clothing without actual neglect, in 3 for general neglect, in 1 for failure to obtain treatment for defective vision, in 1 for failure to provide special boots and in 1 for suspected cruelty.

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 :—

| | |
|---|---|
| Scarlet Fever ... ... ... ... | 20 |
| Measles ... ... ... ... | 51 |
| German Measles ... ... ... | 8 |
| Whooping Cough ... ... ... | 6 |
| Chicken Pox ... ... ... ... | 41 |
| Mumps ... ... ... ... | 23 |
| Infantile Paralysis ... ... ... | 1 |

The School Medical Officer furnished 86 certificates for purposes of calculation of attendances where the Head Teacher 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.

One school was closed on account of measles, owing to special circumstances and in general it may be said that in the absence of such circumstances the policy of refraining from school closure is connection with infectious disease has been followed.

Diphtheria has continued low in incidence throughout the County and no cases were notified from the schools of the rural area. No doubt this does not tend to stimulate any public demand for immunisation facilities and, so far as children of school age are concerned, such facilities are conspicuous by their absence, though a small beginning has been made in Chesterton Rural District with the immunisation of children under school age. At the risk of wearisome repetition it must again be stated that the process cannot be expected to prevent outbreaks of diphtheria unless a sufficient number of children are immunised in non-epidemic times and that its influence on the progress of anything but a prolonged epidemic after the outbreak has occurred is probably not of a high order.

## Provision of Meals.

It is a matter for regret that it has to be recorded that no new schools providing a hot mid-day meal were added to the list during 1938, but the difficulties of providing this service in many schools of the type found in the rural area are considerable. The schools giving the facility were detailed in the report for 1937, but for the sake of completeness it may be stated again that they are 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'.

As in former years, a uniform charge of 2½d. per meal was made at the Village Colieges and charges from a minimum of 2d. to a maximum of 3d. according to the number of children from one family taking the meal were made at the other schools.

It was pointed out in the report for the year 1937 how difficult it is to provide a really nutritive meal at these prices and certain forms of assistance given by the Education Committee whereby it was ensured

that a maximum amount of money was devoted to the actual purchase of food were detailed.

Further consideration to the matter was given during 1938 and an interim report on an investigation into the home feeding of the children was presented to the Committee. It was not felt, however, that the information it provided was sufficiently complete to enable the Committee to take decisive action and up to the present it has not been possible to do more than to insist that in the case of the Village Colleges a co-operative system of buying after advertisement for tender shall be instituted. It is hoped by this means to ensure that not only is the maximum amount of money available ear-marked for the purchase of food, but also that maximum value for the money expended is obtained.

Ninety children were receiving mid-day meals at the cost of the Education Committee at the end of 1938 as against 61 at the end of 1937 and 38 at the end of 1936.

## Co-operation.

There is nothing to add to the remarks made in many previous reports under this head.

## Blind, Deaf, Defective and Epileptic Children.

Table III at the end of this report gives details of exceptional children in the area. During the year 6 children were sent to open-air schools and three to special schools for the mentally defective.

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

| | *Mentally Defective* | *Epileptic* | *Deaf* | *Blind* | *Physically Defective* |
|---|---|---|---|---|---|
| Remaining Dec. 31st, 1937 ... ... | 5 | — | 4 | 2 | 6 |
| Admitted in 1938 ... | 3 | — | 1 | 2 | 9 |
| Discharged in 1938 | 1 | — | 1 | — | 8 |
| Remaining Dec. 31st, 1938 ... ... | 7 | — | 4 | 4 | 7 |

All the children in the physically defective column except 6 were in open-air schools. Three cases of crippled children went to special schools for the physically defective. The case of coeliac disease mentioned in the previous year's report was discharged during 1938.

*Mental Deficiency.*—Twenty cases of mental deficiency were brought to the notice of the Education Committee during the year. Of these 11 were for purposes of ascertainment and record only ; six were notified to the Mental Deficiency Committee as ineducable in a special school or class, all being placed under statutory supervision, two were recommended for admission to a special school and one was notified to the Mental Deficiency Committee on leaving a special school at the age of 16. In the last case a petitition for an Order for institutional care was presented and she was admitted to the Royal Eastern Counties Institution.

Both the children recommended for admission to a special school went to the Royal Eastern Counties Institution, one of them proceeding to Littleton House, Girton, which is a branch of that institution. Together with one case previously approved which was on the waiting list at the beginning of the year, these made a total of three children admitted to special schools for the mentally defective during the year.

## Medical Inspection in Secondary and Technical School.

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 ... ... ... ... ... | 41 | — |
| Cambridge and County High School for Girls ... ... ... ... | — | 37 |
| Soham Grammar School ... ... | 14 | — |
| Ely High School ... ... ... ... | — | 6 |
| Perse Schools ... ... ... ... | 5 | 5 |
| Cambridge Technical School ... ... | 23 | 17 |
| | 83 | 65 |

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

Of 19 candidates with defective sight, 11 were already wearing suitable spectacles and 4 had spectacles provided from private sources. One had a defect not suitable for treatment by glasses and 2 had defects so slight as to require re-inspection only. One boy known to possess glasses did not bring them on the occasion of his examination. He was advised to wear them constantly but subsequent re-inspection in school showed that the advice was not followed.

Dental treatment was found to be required by 42 candidates. For 17 it was provided by the County School Dentists and for 25 privately.

Apart from those whose defects had been treated, periodic re-inspection was thought to be required for defective sight by 16 pupils, for nose, throat and ear conditions by 8, for postural defects by 12 and for general conditions by 13.

Besides the above work, complete routine inspection of all the secondary schools has been carried out as in the two previous years. Once again the entrants to the County Boys School (fee payers as well as special place holders) were examined as far as possible at the Shire Hall during the summer holidays. The age groups were the same as those of previous years. An innovation during 1938 was the examination as intermediates and leavers of special place holders at the Perse School for Boys.

The total number inspected was as follows :—

| | *Male* | *Female* |
|---|---|---|
| County High School for Boys ... ... | 262 | — |
| County High School for Girls ... ... | — | 217 |
| Soham Grammar School ... ... | 91 | — |
| Technical School ... ... ... | 77 | 60 |
| Perse School for Boys ... ... ... | 21 | — |
| | 451 | 277 |

These numbers are an increase of 52 over the figure for the previous year.

Excluding scholarship entrants, the principal defects among the 728 pupils examined were as follows :—

| | *Male* | *Female* | *Total* |
|---|---|---|---|
| Subnormal Nutrition ... ... | 15 | 3 | 18 |
| Nose and Throat defects : | | | |
| For observation ... ... | 76 | 75 | 151 |
| For treatment ... ... ... | 11 | 6 | 17 |
| Defective vision : | | | |
| For observation ... ... | 70 | 60 | 130 |
| For treatment ... ... ... | 24 | 15 | 39 |
| External eye conditions ... ... | 1 | — | 1 |
| Defective hearing ... ... ... | 10 | 4 | 14 |
| Orthopaedic ... ... ... ... | 43 | 20 | 63 |
| Circulatory ... ... ... | 3 | 3 | 6 |
| Other conditions ... ... ... | 13 | 7 | 20 |

There has been a rise in the figure for malnutrition in the case of both boys and girls, from 12 to 15 in the former and from 1 to 3 in the latter. Whereas there were no cases of malnutrition at the County High School for Girls in 1937 and the only case occurring in a girl was at the Technical School, in 1938 there were three cases at the High School for Girls and none at the Technical School. The fifteen cases of subnormal nutrition in boys gave a percentage of those examined of 3.3 as against 2.3 in 1937 and the three cases in girls gave a percentage of 1.1 as against 0.36 in 1937. Actually both figures were approximately the same as those for the year 1936.

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

| | *Nutrition A* | *Nutrition B* | *Nutrition C* | *Nutrition D* |
|---|---|---|---|---|
| County High School for Boys ... ... ... | 67 | 185 | 10 | — |
| County High School for Girls ... ... | 55 | 159 | 3 | — |
| Soham Grammar School... | 16 | 72 | 3 | — |
| Technical School (Boys) ... | 13 | 62 | 1 | 1 |
| Technical School (Girls)... | 18 | 42 | — | — |
| Perse School for Boys ... | 10 | 11 | — | — |

It will be noted that there was one case of definitely bad nutrition, namely in the boys' section of the Technical School, as against none at all the previous year.

The highest percentage of undernourishment in 1938 was at Soham Grammar School where it was 3.3, but the County High School for Boys followed fairly closely with 3.1 per cent. and the Boys' Technical had 2.6 per cent. The County High School for Girls had 1.4 per cent. and the Girls' Technical and Perse School for Boys had no cases. It should be remembered, however, that the numbers examined at the Perse School were small and can hardly be considered to form a fair sample.

The most striking feature of the figure for excellent nutrition is the all round fall which has taken place in 1938. This is very difficult to explain, except on the score of a varying standard, though it may be noted that there was no change in the observer in the case of the secondary schools. The Perse School for Boys heads the list with 48 per cent. of excellent nutrition, but the small numbers examined make the figure of doubtful value. In the schools where the figures may be considered representative, the two girls' departments head the list as in the previous year, but the Girls' Technical School displaces the High School for Girls from the first position. The actual figures are 30 per cent. in the case of the Technical School and 25.3 per cent. at the Girls' High School as against 43.1 per cent. and 47.7 per cent. respectively in 1937. There is far less discrepancy between the High School for Girls and the High School for Boys than there has ever been before, the figure for the latter being 24.4 per cent. as against 30.7 per cent. in the previous year. Soham Grammar School and the Boys' Technical School had percentages of 17.6 and 17.0 respectively as against 27.3 per cent. and 29.1 per cent. in the previous year.

There has been some rise in the number of cases of defective vision both in the class requiring treatment and in that noted for observation only but the figures are still below those for the year 1936. The number of cases of defective hearing has fallen from the rather high figure of 1937 almost to that of 1936. There is little change in the figures for other conditions. That for orthopaedic defects is slightly higher (63 as compared with 57), but the proportion to those examined is substantially unaltered.

In addition to the foregoing examinations, 239 boys and 118 girls were re-examined because of defects previously found. Of the boys it was found that 14 should have further treatment for dental caries, 18 for defective vision, 3 for poor nutrition, 2 for enlarged tonsils, 1 for blepharitis, 1 for spinal curvature and 1 for an undescended testicle. Of the girls, 11 were found to require further treatment for defective vision, 3 for dental caries, 2 for poor nutrition, 2 for enlarged tonsils and 2 for defective hearing.

All secondary schools (other than the Perse 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 ... | 465 | 282 | 198 |
| County High School for Girls ... | 388 | 213 | 159 |
| Soham Grammar School ... | 160 | 65 | 39 |
| Technical School ... ... | 171 | 67 | 45 |

It is not possible to make any useful comment on the percentage of those requiring treatment who actually receive it, owing to the considerable number of children in secondary schools who are treated privately, but it can be stated that the very evident improvement in the dental condition of the secondary school children as a whole which followed the institution of dental inspection and treatment has been well maintained.

As before, a good deal of the treatment was carried out at the Shire Hall during School holidays and on Saturday mornings.

## Miscellaneous.

Special reports have been furnished regarding the fitness of teachers for duty and medical certificates furnished by 26 teachers on appointment have been advised upon.

Acknowledgement of the valuable help given by the Deputy County Medical Officer, the School Dental Surgeons, the Tuberculosis Officer and the clerical staff of the Public Health and Education Departments in furnishing the statistics required for the compilation of this report is made with grateful thanks.

R. FRENCH.
*School Medical Officer.*

## Dental Inspection and Treatment.

Twenty-fifth Annual Report by J. C. G. Evered, L.D.S. (Edin.).

During 1938, children of all ages (5-14) 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 ... ... ... | 86 |
| | B. Schools inspected only ... ... ... ... | 24 |
| | C. Total schools visited (A+B) ... ... ... | 110 |
| 2. | *Children dealt with :* | |
| | A. In schools inspected and treated ... ... ... | 4632 |
| | Required no treatment ... ... ... | 2152 |
| | Required treatment ... ... ... | 2480 |
| | Received treatment ... ... ... ... | 1654 |
| | Refused treatment ... ... ... ... | 826 |
| | Temporary teeth extracted ... ... ... | 2448 |
| | Permanent teeth extracted ... ... ... | 362 |
| | Fillings ... ... ... ... ... | 1072 |
| | Crowns ... ... ... ... ... | 2 |
| | Root Treatments ... ... ... ... | 10 |
| | Artificial Dentures ... ... ... ... | 1 |
| | Other Operations ... ... ... ... (Silver Nitrate, Scalings, etc.). | 920 |
| | B. In schools inspected only ... ... ... | 971 |
| | Required no treatment ... ... ... | 398 |
| | Required treatment ... ... ... | 573 |
| | C. In total schools visited (A+B) ... ... ... | 5603 |
| | Required no treatment ... ... ... | 2550 |
| | Required treatment ... ... ... | 3053 |
| | D. Special cases ... ... ... ... ... | 168 |
| | Temporary teeth extracted ... ... ... | 175 |
| | Permanent teeth extracted ... ... ... | 16 |
| | Fillings ... ... ... ... ... | 75 |
| | Other Operations (Silver Nitrate, etc.) ... | 91 |

Of 5,603 who underwent routine dental inspection, 2,550 or 45.5 per cent. required no treatment, while 3,053 or 54.5 per cent. did require it.

The number of schools where both inspection and treatment was carried out was 84, and of this number 63 were small schools with an attendance of 50 and under, which I think to some extent explains the large proportion requiring no treatment, as in these small villages there is not such a large consumption of cheap sweets as in the larger and more prosperous villages, where it is quite common for children to have money for sweets every day.

It is a well known fact in dentistry that the poorer the family the better the teeth.

In schools both inspected and treated during the year of the 2,480 children requiring treatment, 1,654 or 66.6 per cent. received it, the parents refusing for the remaining 33.4 per cent., the percentages for last year being 62.1 per cent. and 37.9 per cent. respectively. These figures show an increase of 4.5 per cent. for the acceptances.

In 8 schools there were no refusals, and in 29 schools the refusals were under 5.

In accordance with the Committee's wish the Village Colleges have been inspected and treated at six monthly intervals ; I have treated Bottisham twice and Sawston once.

The Dental Caravan was delivered just before the end of the school year, but as it was not used I am unable to comment on it in this report, but I am looking forward with lively anticipation to its use next year, and particularly to its effect on refusals.

The following work was done at Secondary Schools (Soham Grammar School and Cambridgeshire Technical School) :—

| | |
|---|---|
| Inspected ... ... ... ... | 331 |
| Required no Treatment ... ... ... | 199 |
| Required Treatment ... ... ... | 132 |
| Received Treatment ... ... ... | 84 |
| Refused or Received Treatment elsewhere | 48 |
| Temporary Extractions ... ... ... | 4 |
| Permanent Extractions ... ... ... | 24 |
| Fillings ... ... ... ... ... | 147 |
| Scalings and Other Operations ... ... | 14 |

I must again 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.

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

I have much pleasure in presenting my third annual report to the Cambridgeshire Education Committee.

During 1938, much time was taken up inspecting and treating children attending the secondary schools (County High School for Girls, and County High School for Boys), and I am pleased to note a marked increase in the acceptance rate. Although the number of elementary pupils inspected during the past year is not so great as in 1937, the number of children taking advantage of dental treatment shows a slight rise.

The refusal rate, however, continues to be a problem which must be faced, and an attempt made to solve it. An improvement could reasonably be expected if a scheme of elimination, similar to that at present in operation in many counties and boroughs throughout England, were to be adopted, and which is showing satisfactory results.

This would mean cutting out from both inspection and treatment all children, who after several opportunities, persistently refuse to accept. Before a refusal became final however, a letter could be sent to the parents pointing out the folly and selfishness of the course they were pursuing, and stating plainly, that, if continued, the consequences would be the exclusion of the child from all dental benefits in the future, unless they were prepared to sign a form accepting treatment till the end of the child's school life.

If this scheme came into force, much valuable time would be saved, both at inspections and at times of treatment,where it has been my practice of late to reinspect the refusers and attempt to convert them to a different point of view. Once again time is lost, when the chronic refuser eventually accepts, as sometimes happens, for by that time the mouth is generally in such a hopeless state that constructional work is impossible. The time of the school dentist should not have to be spent upon the relief of pain which is the result of neglect, but upon work which will prevent pain ever occurring.

In this County every child is examined once a year, and in those cases where it is considered necessary, the parents are asked to bring the child to my clinic in the Shire Hall on Saturday mornings, either three or six months later, where dental defects can be dealt with in time. The more intelligent mother responds, and an interest once created in the health of her child's mouth is practically always maintained. Habits of mouth hygiene, and " tooth brush drill ", in which she may have shown carelessness and apathy in the past, now assume a new importance, and the dentist has ever a valuable ally. Again I suggest that more time should be spent on the mouths of children who are interested and willing, and at the same time an intensive propaganda carried out amongst the backsliders, in the hope of bringing in the younger children.

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

1. *Schools dealt with :*

| | | |
|---|---|---|
| A. | Schools inspected and treated... ... ... | 20 |
| B. | Schools inspected only... ... ... ... | 6 |
| C. | Total schools visited (A+B) ... ... ... | 26 |

2. *Children dealt with :*

| | | |
|---|---|---|
| A. | In schools inspected and treated ... ... | 2223 |
| | Required no treatment ... ... ... | 731 |
| | Required treatment ... ... ... | 1492 |
| | Received treatment ... ... ... | 1036 |
| | Refused treatment ... ... ... | 456 |
| | Temporary teeth extracted ... ... | 765 |
| | Permanent teeth extracted ... ... | 261 |
| | Fillings ... ... ... ... ... | 1083 |
| | Scalings ... ... ... ... ... | 43 |
| | Root treatments ... ... ... ... | 14 |
| | Gold Inlays ... ... ... ... | 1 |
| | Gum treatments ... ... ... | 13 |

| | | |
|---|---|---|
| B. | In schools inspected only ... ... ... | 343 |
| | Required no treatment ... ... ... | 94 |
| | Required treatment ... ... ... | 249 |
| C. | In total schools visited (A+B) ... ... | 2566 |
| | Required no treatment ... ... ... | 825 |
| | Required treatment ... ... ... | 1741 |
| D. | Special Cases :— | |
| | Children treated ... ... ... | 135 |
| | Temporary teeth extracted ... ... | 31 |
| | Permanent teeth extracted ... ... | 30 |
| | Fillings ... ... ... ... ... | 114 |
| | Scalings ... ... ... ... ... | 6 |
| | Roots treatments ... ... ... ... | 10 |
| | Gum treatments ... ... ... | 5 |
| | Dentures ... ... ... ... ... | 2 |

825 did not require treatment out of 2,566 or 32.2 per cent., 1,741 did require treatment out of 2,566 or 67.8 per cent., 1,036 of these 1,492 requiring treatment accepted treatment or 69.4 per cent.

There are two Dental Surgeons, each attending a given set of schools. It has been the custom for me to change over at the end of the year, and, for the next twelve months, attend the schools previously in the care of my colleague. This means that the individual dentist does not get the opportunity to follow up difficult cases. A dentist does not consider his work is complete when he has filled a tooth. He desires to see the affect after a short period of time, so that he may be given a chance to essess the value of his treatment. By so doing he will gain in judgment, accuracy and skill, and this experience will benefit the community he serves. Under the present arrangement, two years is allowed to lapse before he sees his cases again.

We cannot eliminate, either, the value of personal contact. If a dentist is allowed to visit a given set of schools every year, the parents get to know him, and, once assured of his interest in their child, soon become willing to discuss the type of prophylactic treatment best suited to the needs of the individual child, and which must be carried out between one year's inspection and the next. If two different opinions are given, the parents become confused, follow neither, and the child suffers. Again, the technique of each dentist may vary so widely that the overlapping of treatment causes many most unnecessary complications, and once more time is lost. In addition, a child gets used to one dentist, and with careful handling, fear is lost and confidence gained. The new attitude is passed on to younger brothers and sisters and friends, with a corresponding reduction in the list of refusals.

Although the number of fillings done in Secondary and Elementary Schools is higher than previously it is disappointing to note no reduction in extractions, especially of permanent teeth. In some instances these teeth have been removed because of overcrowding, in others because the child has refused treatment for several years and constructional work is once more impossible. I maintain again a true appreciation of these figures cannot be given, unless the individual dentist is allowed to attend to his own group of schools, and see the children at least once a year.

The following figures relate to secondary schools :—

| | |
|---|---|
| Total number inspected ... ... | 853 |
| Required no treatment ... ... ... | 358 |
| Required treatment ... ... ... | 495 |
| Received treatment ... ... ... | 367 |
| Temporary teeth extracted ... ... | 48 |
| Permanent teeth extracted ... ... | 137 |
| Fillings ... ... ... ... ... | 707 |
| Scalings ... ... ... ... ... | 26 |
| Root treatments ... ... ... ... | 10 |
| Gum treatments ... ... ... ... | 4 |

358 children did not require treatment out of 853 inspected or 41.9 per cent.

495 children did require treatment out of 853 inspected or 58.09 per cent. 367 of these 495 requiring treatment accepted treatment or 74.1 per cent.

To my dental attendant, who never spares herself in unstinting service, and upon whose help I so much depend, my grateful thanks is due.

The value of the support which teachers and district nurses can contribute cannot be over estimated. I am very much indebted to all those men and women upon whose help and encouragement I can confidently rely. Their opportunity for " getting at " the children in home and school is unique. It is not necessary for me to emphasise the importance of this branch of service, from the point of view of the health of the coming generation, and I would make an appeal to all teachers and nurses for redoubled efforts in the future, so that this work, which is not only of local but national importance, may proceed more swiftly, and without undue hindrance.

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 1938.

| 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 ... ... ... | 2 | — | — | — |
| | Body ... ... ... ... | — | 1 | 1 | 1 |
| | Scabies ... ... ... ... | — | — | 1 | — |
| | Impetigo ... ... ... | 6 | 1 | 3 | — |
| | Other Diseases (Non-Tuberculous) ... ... ... | 9 | 10 | 3 | 1 |
| Eye. | Blepharitis ... ... ... | 8 | 32 | 1 | — |
| | Conjunctivitis ... ... ... | — | 2 | 2 | — |
| | Keratitis ... ... ... | — | — | — | — |
| | Corneal Opacities ... ... | — | — | — | — |
| | Other Conditions ... ... | 4 | 15 | 2 | 1 |
| | Defective Vision ... ... | 98 | 271 | 9 | 10 |
| | Squint ... ... ... ... | 13 | 24 | 3 | 1 |
| Ear. | Defective Hearing ... ... | 4 | 12 | — | — |
| | Otitis Media ... ... ... | — | — | — | — |
| | Other Ear Diseases ... ... | 14 | 11 | 2 | 10 |
| Nose and Throat. | Chronic Tonsillitis only ... | 7 | 234 | 1 | 7 |
| | Adenoids only ... ... ... | — | 3 | — | 1 |
| | Chronic Tonsillitis & Adenoids | 8 | 9 | 5 | 1 |
| | Other Conditions ... ... | 7 | 239 | 2 | 7 |
| Enlarged Cervical Glands (Non-Tuberculous) ... ... ... ... | | 4 | 101 | 1 | 5 |
| Defective Speech ... ... ... ... | | — | 9 | — | 1 |
| Heart and Circulation. | Heart Disease : | | | | |
| | Organic ... ... ... | 1 | 4 | — | 2 |
| | Functional ... ... ... | 1 | 15 | 1 | 3 |
| | Anaemia ... ... ... | — | 3 | — | — |

| Defects or Disease. | | Routine Inspections | | Special Inspections | |
|---|---|---|---|---|---|
| | | Number referred for Treatment. | Number requiring to be kept under observation, but not referred for Treatment. | Number referred for Treatment. | Number requiring to be kept under observation, but not referred for Treatment. |
| (1) | | (2) | (3) | (4) | (5) |
| Lungs. | Bronchitis ... ... ... | 5 | 20 | 1 | 5 |
| | Other Non-Tuberculous Diseases ... ... ... | — | — | — | 3 |
| Tuberculosis. | Pulmonary : | | | | |
| | Definite ... ... ... | — | — | — | — |
| | Suspected ... ... ... | — | — | — | — |
| | Non-Pulmonary : | | | | |
| | Glands ... ... ... | 1 | 2 | 1 | — |
| | Bones and Joints ... ... | — | — | — | — |
| | Skin ... ... ... ... | — | — | — | — |
| | Other Forms ... ... | — | — | — | — |
| Nervous System. | Epilepsy ... ... ... | 1 | — | — | 1 |
| | Chorea ... ... ... | — | 1 | — | 2 |
| | Other Conditions ... ... | 2 | 7 | — | 1 |
| Deformities. | Rickets ... ... ... | 5 | 27 | — | — |
| | Spinal Curvature ... ... | 18 | 94 | 1 | — |
| | Other Forms ... ... ... | 46 | 60 | 3 | 3 |
| Other Defects and Diseases | ... ... | 48 | 214 | 19 | 44 |
| | Total ... | 312 | 1421 | 62 | 110 |

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 | 1149 | 205 | 17.84 | 865 | 75.28 | 78 | 6.79 | 1 | .09 |
| Second Age-group | 1187 | 152 | 12.80 | 895 | 75.40 | 131 | 11.04 | 9 | .76 |
| Third Age-group | 1077 | 258 | 23.95 | 664 | 61.65 | 143 | 13.28 | 12 | 1.11 |
| Other Routine Inspections | — | — | — | — | — | — | — | — | — |
| Total | 3413 | 615 | 18.02 | 2424 | 71.03 | 352 | 10.31 | 22 | .64 |

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

A.—ROUTINE MEDICAL INSPECTIONS.

| | |
|---|---|
| Number of Inspections in the prescribed Groups. | |
| Entrants ... ... ... ... ... ... | 1149 |
| Second Age Group ... ... ... ... ... | 1187 |
| Third Age Group ... ... ... ... ... | 1077 |
| Total ... ... ... ... ... | 3413 |
| Number of other Routine Inspections ... ... ... | — |
| Grand Total ... ... ... | 3413 |

B.—OTHER INSPECTIONS.

| | |
|---|---|
| Number of Special Inspections ... ... ... | 208 |
| Number of Re-Inspections ... ... ... ... | 3010 |
| Total ... ... ... ... ... | 3218 |

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

| Group. | For defective vision (excluding squint). | For all other conditions recorded in Table II A. | Total. |
|---|---|---|---|
| Entrants ... ... ... | 1 | 67 | 67 |
| Second Age Group ... ... | 47 | 72 | 110 |
| Third Age Group ... ... | 50 | 73 | 113 |
| Total (Prescribed Groups) ... | 98 | 212 | 290 |
| Grand Total ... ... | 98 | 212 | 290 |

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 | 3 |
| At Certified Schools for the Partially Sighted | — |
| At Public Elementary Schools | 10 |
| At other Institutions | — |
| At no School or Institution | — |
| Total | 13 |

*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 and Partially Deaf | 1 |
| At Public Elementary Schools | — |
| At other Institutions | — |
| At no School or Institution | — |
| Total | 1 |

*Mentally Defective Children* (*feeble-minded*).

| | |
|---|---|
| At Certified Schools for Mentally Defective Children | 7 |
| At Public Elementary Schools | 27 |
| At other Institutions | — |
| At no School or Institution | — |
| Total | 34 |

*Epileptic Children* (*severe*).

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

*Physically Defective Children.*

(a) Tuberculous Children.

(1) Children suffering from Pulmonary Tuberculosis.

| | |
|---|---|
| At Certified Special Schools ... ... ... ... | — |
| At Public Elementary Schools ... ... ... | 3 |
| At other Institutions ... ... ... ... ... | — |
| At no School or Institution ... ... ... ... | — |
| Total ... ... ... ... ... ... | 3 |

(ii) Children Suffering from Non-Pulmonary Tuberculosis.

| | |
|---|---|
| At Certified Special Schools ... ... ... ... | 2 |
| At Public Elementary Schools ... ... ... | 27 |
| At other Institutions ... ... ... ... ... | — |
| At no School or Institution ... ... ... ... | 3 |
| Total ... ... ... ... ... ... | 32 |

(b) Delicate Children.

| | |
|---|---|
| At Certified Special Schools ... ... ... ... | 5 |
| At Public Elementary Schools ... ... ... ... | 28 |
| At other Institutions ... ... ... ... ... | — |
| At no School or Institution ... ... ... ... | — |
| Total ... ... ... ... ... ... | 33 |

(c) Crippled Children.

| | |
|---|---|
| At Certified Special Schools ... ... ... ... | 2 |
| At Public Elementary Schools ... ... ... ... | 23 |
| At other Institutions ... ... ... ... ... | — |
| At no School or Institution ... ... ... ... | — |
| Total ... ... ... ... ... ... | 25 |

(d) Children with Heart Disease.

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

*Children Suffering from Multiple Defects.*

Mental Defect, Crippling and Epilepsy.

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

Mental Defect, Heart Disease and Partial Sight.

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

Mental Defect and Epilepsy.

| | |
|---|---|
| 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, 1938.

TREATMENT TABLES.

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 ... | — | 1 | 1 |
| Ringworm—Body ... | 12 | 14 | 26 |
| Scabies ... ... ... | 1 | 5 | 6 |
| Impetigo ... ... ... | 80 | 29 | 109 |
| Other Skin Disease ... | 9 | 3 | 12 |
| Minor Eye Defects— | | | |
| (External and other, but excluding cases falling in Group II) ... ... | — | — | — |
| Minor Ear Defects ... ... | — | 4 | 4 |
| Miscellaneous— | | | |
| (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) ... | 1 | 5 | 6 |
| Total ... | 103 | 61 | 164 |

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) | 256 | 41 | 297 |
| Other Defect or Disease of the eyes (excluding those recorded in Group I) | 4 | 6 | 10 |
| Total ... | 260 | 47 | 307 |

Number of Children for whom spectacles were prescribed :—

| | |
|---|---|
| (a) Under the Authority's Scheme ... ... | 237 |
| (b) Otherwise ... ... ... ... ... | 40 |
| Total ... | 277 |

Number of Children for whom spectacles were obtained :—

| | |
|---|---|
| (a) Under the Authority's Scheme ... ... | 235 |
| (b) Otherwise ... ... ... ... ... | 40 |
| Total ... | 275 |

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'sScheme (2) | | | | Total. (3) | | | | | |
| (i) | (ii) | (iii) | (iv) | (i) | (ii) | (iii) | (iv) | (i) | (ii) | (iii) | (iv) | | |
| 8 | — | 15 | 2 | — | — | 17 | — | 8 | — | 32 | 2 | — | 42 |

(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 ... ... ... | 2 |
| Residential treatment without education ... ... ... | — |
| Non-residential treatment at an orthopaedic clinic ... ... | 46 |
| Number of Children treated otherwise :— | |
| Residential treatment with education ... ... ... | — |
| Residential treatment without education ... ... ... | — |
| Non-residential treatment at an orthopaedic clinic ... ... | 26 |
| Total number treated ... ... ... ... ... | 74 |

## Table V.—Dental Inspection and Treatment.

| | | | | |
|---|---|---|---|---|
| (1) | Number of children inspected by the Dentist :— | | | |
| | (a) Routine Age-Groups ... | ... 5 ... | 527 | |
| | | 6 ... | 642 | |
| | | 7 ... | 700 | |
| | | 8 ... | 674 | |
| | | 9 ... | 709 | |
| | | 10 ... | 712 | |
| | | 11 ... | 959 | |
| | | 12 ... | 919 | |
| | | 13 ... | 869 | |
| | | 14 ... | 144 | |
| | | | —— | 6855 |
| | (b) Specials ... ... ... ... ... ... | | | 303 |
| | (c) Total (Routine and Specials) ... ... ... | | | 7158 |
| (2) | Number found to require treatment ... ... ... ... | | | 4107 |
| (3) | Number actually treated ... ... ... ... ... | | | 2725 |
| (4) | Attendances made by children for treatment ... ... ... | | | 5938 |
| (5) | Half-days devoted to (Inspection 83) (Treatment 601) Total ... ... | | | 684 |
| (6) | Fillings (Permanent Teeth 2023) (Temporary Teeth 146) Total ... ... | | | 2169 |
| (7) | Extractions (Permanent Teeth 653) (Temporary Teeth 3244) Total ... ... | | | 3897 |
| (8) | Administrations of general anaesthetics for extractions ... | | | Nil. |
| (9) | Other Operations (Permanent Teeth 1245) (Temporary Teeth 1300) Total ... ... | | | 2545 |

## Table VI.—Uncleanliness and Verminous Conditions.

| | | |
|---|---|---|
| (i.) | Average number of visits per school made during the year by the School Nurses ... ... ... ... ... | 3.761 |
| (ii.) | Total number of examinations of children in the Schools by School Nurses ... ... ... ... ... | 26678 |
| (iii.) | Number of *individual* children found unclean ... ... | 309 |
| (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 Cambridgeshire for the Year ended 31st December, 1938.

During the year there has been throughout the country an unusual expenditure of effort and money on physical fitness. Under the National Scheme, Area Fitness Councils have now been set up as separate bodies for developing facilities for physical recreation among adolescents and adults. At the same time the part played by Local Education Authorities has not grown less important. In this area the Fitness Council came into existence early in 1938, but with new developments both in the schools and in Adult Classes the Education Committee's part in physical education has steadily increased.

The necessity of co-ordinating the branches of physical education was referred to in the last report. While the work in the schools will form the greater part of this report it must be understood that adult physical training is no less important and should form part of a continuous scheme.

The success of the work in the schools depends on three things: suitable space indoors and out of doors and sufficient equipment ; skilled and interested direction by the teachers ; and the co-operation of the parents.

## I. FACILITIES.

While no new Senior School was opened during the year the Village College at Linton had only recently been opened so that there were in this area new opportunities for physical training both at the Village College and at the schools reorganised. In Council Schools the improvement of playgrounds has continued and most of these are now adequate in fine weather and can be used reasonably soon after rain. On the other hand there has been little improvement in Non-Provided Schools where many playgrounds are most unsatisfactory. Many have a surface of earth with traces of gravel laid in the distant past so that even slight rainfall or a spell of frost produces a covering of mud and makes them unusable for a long period. In this way children are deprived of exercise in fresh air and sunshine, particularly in winter when they need it most. The state of these playgrounds is an urgent problem.

*Playing Fields.*

A survey of fields used by Elementary Schools for organised games has been made and shows :—

| | | |
|---|---|---|
| Fields owned by the Education Committee | ... | 5 |
| Fields rented by the Education Committee | ... | 2 |
| Public Recreation Grounds used by Schools | ... | 30 |
| Private fields lent to schools for games purposes | ... | 39 |
| Number of schools without the use of a field | ... | 36 |

Most of the 36 schools without the use of a playing field are small full-range schools in which field games are almost impossible. There are, however, some larger schools which are deprived of an essential part of their training through the lack of a playing field. Chief among these are Melbourn, Wood Ditton, Caxton and Dry Drayton.

It should be emphasised that, except in the six fields owned or rented by the Committee, it is not possible to lay out pitches suitable in size and type for the special needs of children. Further, fields in which the grass is left to grow for hay or for grazing are of little use in Spring and early Summer. Even in some of the Public Recreation grounds this is done when Parish Councils have no special funds for maintenance. Since maintenance is no less important than the provision of grounds a more effective method is essential.

The playing fields at the Village Colleges have had regular and varied use during the year and their proximity to the schools has proved a great advantage. At Bottisham and Linton the newly seeded extensions have not yet been used but in the present year really fine grounds should be available which, in addition to serving the schools, should provide attractive facilities for those over school age. Meanwhile the planned lay-out of each ground has been postponed and temporary adaptations have been made.

*Equipment.*

The Committee have now approved expenditure on field games equipment and as a result a better organisation of lessons of a wider variety of games will be possible. The equipment for playground lessons has been maintained but its storage is often inadequate. The use of a box for the apparatus of each team, excluding mats, would provide regular training in tidiness and responsibility and would prevent delays between lessons.

During the year more portable equipment has been provided for the training of Senior children at schools where conditions are suitable. At Cottenham and Willingham there is now a limited amount of equipment for the use of senior boys by day and for the recreative classes in the evening.

*Swimming.*

A small number of schools have included swimming in their schemes for some time past. This, however, took place chiefly out of school hours and 1938 was the first year in which there was any definite organisation of swimming by the Education Committee. This was made possible by the opening of new baths at Newmarket and Royston and by the co-operation of the St. Ives Urban District Council, which placed its river-bath at the disposal of Cambridgeshire Schools. The new public (not publicly owned) baths at Newmarket and Royston are newly built, heated and filtered baths with excellent accommodation and with an instructor available for assisting the teachers. Swimming lessons may now be given in school hours if the bathing place and the arrangements made for the safety of the children are satisfactory. Results in this first year have been encouraging and well worth the provision made by the Committee. A total of about 320 children from the following schools received instruction :—

| | |
|---|---|
| Newmarket : | Ashley<br>Bottisham Village College<br>Burrough Green<br>Cheveley<br>Dullingham<br>Kirtling<br>Stetchworth Heath<br>Wood Ditton |
| Royston : | Bassingbourn<br>Melbourn |
| St. Ives River Bath : | Elsworth |
| Jesus Green, Cambridge : | Histon |
| Gt. Shelford River Bath : | Sawston Village College |
| West River : | Cottenham |
| River Lark : | Isleham |

The weather made instruction in rivers difficult but it is estimated that about 50% of the children learned to swim. It is important that land drill should be taught systematically before instruction in the water.

In making arrangements for swimming, the distance between schools and the bathing place is important. In most cases only children with bicycles could attend but where it was available bus transport was used for longer distances. The whole scheme worked successfully in spite of the bad weather and it is hoped that more schools may be able to take part next season.

## II. SCHEMES OF TRAINING.

It is clear that as opportunities for extending the scope of Physical Education are provided, the schools take advantage of them. The daily physical exercise lesson remains as the foundation of the training given in the schools and to this the teachers generally devote themselves with a real sense of duty, whatever the conditions may be. As time passes it becomes more difficult to prevent lessons becoming stereotyped and periodical "refresher" courses become necessary. Cambridgeshire teachers show a commendable readiness to attend these but the conflicting demands of other classes, the inaccessibility of some villages and the long distances involved in travelling to Cambridge make attendance very difficult. In the more remote areas a short course of demonstration lessons to supplement the infrequent visits of the Organiser appears to be the solution to this important problem. A short course of this type was held in the early summer in the Stetchworth area and was attended by every Head and Assistant teacher in 10 schools. It is hoped to repeat this experiment in other areas during the Summer and Autumn terms.

The difficulty of drawing up table schemes suitable for the different age groups is emphasised in the many small schools of the County in which a single class may contain several age groups. As a result little progress is made by the older children. The solution lies in the wider use of the team and group system in the practice of activity training. Teams exist in all classes, but commonly fail in their complete function

for want of effective leadership. Lessons are almost invariably active and enjoyed by the children but, often for lack of a well defined aim, the children are exercised rather than trained. The rural child does not need exercise so much as training—in good carriage, footwork, lightness, rhythm and spring. Only inspiring and effective direction regularly and consistently given can produce these. There is still need for greater regularity in bad weather, when carriage deteriorates rapidly and posture training is more necessary than ever.

## III. CO-OPERATION OF PARENTS.

Training in footwork is of primary importance for rural children, many of whom have or will have close contact with work on the land. Unfortunately these children are as a rule very heavily shod, especially in winter, so that there is little chance of giving them this training. The provision of shoes depends on the persistent appeal of the teachers and the co-operation of parents. Many parents have genuine difficulty in providing shoes whilst others regard them as a cheap substitute for boots in Summer but an expensive extra in Winter. On the other hand the state of some playgrounds in Winter make changing into light shoes inadvisable unless there is some indoor accommodation as an alternative.

The co-operation of parents is also required in providing suitable special clothes or in encouraging the removal of surplus ordinary clothing. In some schools all the children change and it can be no mere coincidence that here the training is almost invariably good. Uniformity in dress gives an air of tidiness and helps to produce an attitude conducive to a good standard of work. The co-operation of the parents is also important in schools at which shower baths are available, since the use of the shower is at once prohibited if the parent fails to provide a towel. Experience in the Village Colleges has shown that rural children do not spontaneously take to the idea of a shower bath after exercise, although the parents probably require to be educated in this respect more than the children. The longer experience of Bottisham, however, suggests that persistent concentration can overcome initial doubts.

An important factor in securing the co-operation of parents in these matters of hygiene is the need for accommodation for storage of clothing and drying towels. At present there are no available facilities; losses are frequent and some of the methods adopted by the children for coping with the problem are positively unhygienic.

## IV. GAMES AND ATHLETICS.

During the year school and area competitions in games and athletics out of school hours were started. Some schools have played matches for a long time but nearly all are now interested in one or more of the following competitions for trophies given by :—

| | |
|---|---|
| Alderman M. V. J. Webber | Athletics |
| Councillor A. R. Fordham | Football |
| Alderman H. Franklin | Cricket |

A Committee of teachers and the Organisers was appointed to organise the competitions.

The Athletics competition showed the interest which is aroused if transport and other difficulties can be overcome. The County was divided into eight areas, in each of which a preliminary meeting was held to select a team to compete in the County Meeting at Fenners, Cambridge. Most schools took part in the preliminary meetings. The number of competitors of each sex at Fenners was 418, all children over 10 years of age. In spite of rain at the beginning the meeting proved its value in giving an opportunity for healthy competition, well graded and on a scale not ordinarily possible in a rural area. It also showed that regular training in Athletics is desirable for all children rather than for the few.

## V. RECREATIVE "KEEP FIT" TRAINING.

For the first time for several years there was no increase in the number of Evening Recreative Classes. It is difficult to give any definite reasons for it, although it is reasonable to suggest that the Crisis of the week preceding that in which classes opened, and subsequent distractions by A.R.P., and other campaigns, were very disturbing influences. In spite of the more extensive publicity attempted by the Committee and supported by that of the Area Fitness Council, there was less support for classes both in the County Area and in Cambridge Borough. The formation of a large number of small classes, many of which must close when their numbers fall, reduces the number of sessions available. This causes disappointment to keen members, and since in any case it is difficult to get the proper spirit in a small class it may be better to try to build up larger classes at a smaller number of centres.

The general spirit in the recreative classes has been good and in most there is a nucleus of members who have attended in previous years. There has been marked progress in the standard of training in the equipped gymnasia in Cambridge and a more attractive and satisfying programme is being evolved. Whilst some good youths' classes have been formed and the proportion of younger men has increased, the demand by older men has never been sufficient to justify separate classes. In contrast, the classes for older women have been better attended than those for girls.

The Organisers continue to keep in close contact with local voluntary associations and the Area Fitness Committee and their help has been sought on many occasions during the year for public demonstrations, addresses and other activities connected with physical education. During the Summer and Christmas terms there have been courses for training club-leaders and other non-teachers in the leadership of recreative "keep fit" classes and it is hoped to form from these a panel of leaders qualified to take or assist in classes.

(Signed) H. PAYNE.
R. BENNETT.