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CHESHIRE COUNTY COUNCIL.

EDUCATION DEPARTMENT.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1918,


BY

MEREDITH YOUNG,

M.D., D.P.H., D.S. Sc.,

Of Lincoln's Inn, Barrister-at-Law,

Lecturer in School Hygiene, Victoria University of Manchester.



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County Medical Inspection Staff, 1918.

Chief Medical Officer :

MEREDITH YOUNG, M.D., D.P.H.
(County Medical Officer of Health).

Assistant Medical Officers :

West Cheshire—*REGINALD LAWRENCE, M.D., D.P.H.

East Cheshire—ADA L. BARRETT, M.B., Ch.B.

North Cheshire—R. W. MACPHERSON, M.D., D.P.H.

South Cheshire—*MARGARET G. ORMISTON, M.A., M.B., Ch.B.

* On Active Service.

Health Visitors :

Twenty-two (whole-time) Health Visitors.

District Nurses :

Three (part-time).

Lecturer in Sick Nursing :

MISS HAWKES.

Chief Clerk :

VINCENT O'CONNOR

(Clerk to the County Medical Officer of Health).

Offices :

43, Foregate Street, Chester.

Telephone :— 1017, CHESTER.

CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

Annual Report

OF THE

CHIEF SCHOOL MEDICAL OFFICER.

1918.

Staff.

This has remained as in 1917, with the exception of Dr. R. Lawrence, who was called up for Army service during the year. In September Dr. Apthomas was appointed whole-time School Oculist. Additional Health Visitors have been appointed, bringing the total up to twenty-three.

Children Examined.

The total number of children examined has been as set out in the statement below:—

CODE GROUPS—			Corresponding Figures for 1917.	
Entrants	...	3,391	...	5,228
Leavers ..	...	2,792	...	4,425
Eight year olds	...	1,817	...	3,057
		8,000		12,710
OTHER GROUPS—				
Intermediate Group (other than 8 year olds)	...	352	...	363
Special Cases (excluding vision)	...	2,127	...	668
Re-Examinations	...	931	...	564
Special Vision Examina- tions ..	...	780	...	—
		4,190		1,595
Totals ..	...	12,190		14,305

Classified according to sex the totals are (excluding special vision examinations):—

Boys	...	5870
Girls	...	6540

Further details are contained in Table I. appended hereto.

Table I.—Number of Children Inspected 1st January, 1918, to 31st December, 1918.

(A.) "Code" Groups.

(B.) Groups other than "Code."

Ages.	ENTRANTS.						Inter- mediate Group.	LEAVERS.					Grand Total.	Inter- mediate Group (other than 8 years)	Special Cases.	Re-examina- tions (i.e. No. of Children Re- examined)
	3	4	5	6	Other Ages.	Total.		12	13	14	Other Ages.	Total.				
Boys . . .	39	292	684	495	290	1810	948	904	365	10	80	1359	4117	252	1042	459
Girls . . .	38	286	648	416	193	1581	869	935	375	25	98	1433	3883	100	1085	472
Totals...	77	578	1332	911	483	3391	1817	1839	740	35	178	2792	8000	352	2127	931

The ages of those examined in the several groups in the various districts are set out in the following Table:—

Table II.—Shewing Children examined and classified according to Districts.

DISTRICT.	Entrants.						Inter- mediate.	Leavers.				Grand Total.	Intermediate (other than 8 years.)	Special Cases.	Re-examina- tions (No. of Children Re- examined.)
	Age in years.				Other ages.	Total.		Other ages.	Total.						
	Age in years.														
	3	4	5	6											
Boys.							8	12	13	14					
Altrincham and Bowdon ...	4	32	79	63	44	222	108	41	11	3	7	62	12	182	—
Ashton-under-Lyne and Stockport	17	31	75	58	16	197	99	57	18	—	—	75	59	185	—
Bebington and Neston ...	—	55	152	135	112	454	130	225	103	2	22	352	57	15	12
Chester Union	1	5	24	10	14	54	41	31	13	—	3	47	9	12	7
Hoylake and West Kirby	—	4	—	3	8	15	—	—	—	—	—	—	—	78	41
Knutsford and Wilmslow	6	18	33	24	12	93	56	70	17	2	2	91	6	1	51
Lymm	1	13	24	10	—	48	26	11	3	—	4	18	8	11	28
Macclesfield and Hayfield	2	3	43	54	27	129	46	65	35	—	3	103	—	170	—
Northwich Union District	9	83	116	70	17	295	200	143	58	3	35	239	42	47	136
Runcorn Rural	3	32	52	16	6	109	84	93	17	—	2	112	22	71	46
Runcorn Urban	—	1	46	24	12	83	72	78	40	—	2	120	30	48	86
Sale & Ashton-upon-Mersey	3	14	28	24	19	88	50	59	45	—	—	104	1	95	—
Tarvin and Whitechurch ...	3	1	12	4	3	23	36	31	5	—	—	36	6	127	52
Total	39	292	684	495	290	1810	948	904	365	10	80	1359	252	1042	459

Table shewing Children examined and classified according to Districts—Continued.

DISTRICT.	Entrants.						Inter- mediate.	Leavers.				Grand Total.	Inter- mediate (other than 8 years.)	Special (Cases.)	Re-examina- tions (No. of Children Re- examined.)	
	Age in years.				Other Ages.	Total.		Age in years.			Other Ages.					Total.
	3	4	5	6				12	13	14						
GIRLS.																
Altrincham and Bowdon ...	8	23	81	56	54	222	47	29	14	6	3	52	321	—	165	—
Ashton-under-Lyne and ...	8	45	62	58	30	203	116	100	52	—	3	155	474	—	213	—
Stockport	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bebington and Neston ...	1	4	14	53	29	251	130	169	92	14	24	299	680	48	41	13
Chester Union ...	—	—	—	13	8	40	15	15	4	—	—	19	74	8	41	25
Hoylake and West Kirby ...	3	19	40	30	21	113	64	53	25	2	1	81	258	5	65	57
Knutsford and Wilmslow ...	1	10	20	18	6	55	11	16	7	—	6	29	95	4	13	21
Lymm ...	3	13	58	42	17	133	80	51	23	—	—	74	287	—	176	—
Macclesfield and Hayfield ...	2	86	113	75	9	285	172	190	56	—	55	301	758	6	41	159
Northwich Union District ...	6	26	51	9	7	99	75	80	22	—	2	104	278	15	37	42
Rancorn Rural ...	—	1	47	28	2	78	75	108	20	—	3	131	284	13	43	56
Rancorn Urban ...	3	10	29	30	7	79	60	97	57	3	—	157	296	—	118	1
Sale & Ashton-upon-Mersey ...	3	1	12	4	3	23	24	27	3	—	1	31	78	1	121	50
Tarvin and Whitechurch ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total for Girls	38	283	648	416	193	1581	869	935	375	25	98	1433	3883	100	1085	472
Total for Boys	39	292	684	495	290	1810	948	904	365	10	80	1359	4117	252	1042	459
GRAND TOTAL	77	578	1332	911	483	3391	1817	1839	740	35	178	2792	8000	352	2127	931

Table III.—Return of Defects found in the course of
Medical Inspection.

DEFECT OR DISEASE.	CODE GROUPS.	SPECIALS.
	Number Referred for Treatment.	Number Referred for Treatment.
MALNUTRITION ...	67	38
UNCLEANLINESS—		
Head ...	569	92
Body ...	194	44
SKIN—		
Ringworm—		
Head ...	26	13
Body ...	8	7
Scabies ...	7	8
Impetigo ...	61	14
Other Disease ...	—	—
EYE—		
Defective Vision or Squint ...	571	167
External Eye Disease ...	65	7
EAR—		
Defective Hearing ...	59	36
Ear Disease... ..	68	69
TEETH—		
Dental Disease ...	1143	202
NOSE AND THROAT—		
Enlarged Tonsils ...	401	89
Adenoids ...	209	71
Defective Speech ...	5	6
HEART AND CIRCULATION—		
Heart Disease—		
Organic... ..	11	2
Functional ...	27	3
Anæmia ...	78	12
LUNGS—		
Pulmonary Tuberculosis—		
Definite ...	2	2
Suspected ...	5	1
Chronic Bronchitis ...	52	12
Other Disease ...	—	—
NERVOUS SYSTEM—		
Epilepsy ...	—	—
Chorea ...	4	7
Other Disease ...	—	—
NON-PULMONARY TUBERCULOSIS—		
Glands ...	10	6
Bones and Joints ...	5	3
Other Forms ...	4	—
Rickets ...	4	—
Deformities ...	9	2
OTHER DEFECTS OR DISEASES ...	176	102

Nature of Defects discovered on Inspection.

The most prominent conditions brought to light by medical inspection were the following:—

	Cases.
Uncleanliness	899
Skin Diseases	146
Defective Vision	738
Dental Disease	1345
Enlarged Tonsils	490
Adenoid Growths	280
Tuberculosis—	
(a) Pulmonary	4
(b) Glandular	16
(c) Bones and Joints	8
(d) Other Forms	4
Anæmia	90
Rickets	4
Mal-nutrition	105

Uncleanliness of head or body was found in $7\frac{1}{2}$ per cent. of the cases examined, defective vision in over 6 per cent., dental caries in over 11 per cent. and tonsils or adenoids in over 6 per cent.

Anæmia and mal-nutrition were discovered in a percentage of cases slightly higher than the record for the previous year, but the figure was only 1.8 per cent. for the two conditions.

The very low incidence of rickets and of tubercular conditions is worthy of remark.

Treatment of Defects.

During the year 11,482 cases of defect were discovered and from the previous year 2,722 cases still untreated or not remedied were carried forward. This made a total of 14,204 to be dealt with during 1918. As the result of visitation, &c., 10,729 or about 75.5 per cent. were treated. Of the number treated 5,908 (or 41.25 per cent.) were remedied, 3,543 (or 25 per cent.) were improved and 1,278 (about 8 per cent.) were unchanged. No fewer than 2,843 cases of defect (20 per cent.) remained untreated at the close of the year and in 632 cases no completed report is available.

It is necessary to inquire where the leakage exists in the matter of treatment and when one does so one finds that defective teeth head the list with 1,097 cases, nose and throat conditions (enlarged tonsils and adenoid growths) came next with 623 cases and defective vision come next with 487 cases.

These are precisely the conditions which your Committee have resolved to provide for in the appointment of a School Oculist, the making of arrangements for operative treatment of adenoids and enlarged tonsils and the recent decision to appoint a School Dentist.

It is gratifying to note that, amongst other things, 3,603 uncleanly heads have been completely cleansed and 1,301 improved, that 490 cases of diseased teeth have been remedied and 603 cases improved, that 426 cases of defective vision have been remedied and 199 improved, and that 402 skin affections have been cured and 304 improved.

Further remarks on special conditions are contained in subsequent paragraphs and the Table appended contains a complete summary of work done under this heading during the year:—

TABLE IV.—Treatment of Defects of Children during 1918.

CONDITION.	No. of defects found for which Treatment was considered necessary.			No. of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No. of defects not treated.	Percentage of defects treated.
	From previous year.	New.	Total.			Remedied	Improved	Unchanged		
Clothing	23	273	296	5	288	73	215	...	3	100
Footgear	6	154	160	4	156	43	113	...	...	100
Cleanliness of body	46	263	309	7	290	101	189	...	12	99
Cleanliness of head	886	4423	5309	181	4939	3603	1301	35	189	97
Nutrition	22	217	239	63	93	...	68	25	83	97
Nose and throat	315	1003	1318	67	628	301	116	211	623	50
External eye disease	44	291	335	19	294	148	105	41	22	99
Ear disease	36	174	210	15	136	16	89	31	59	76
Teeth	759	1834	2593	101	1395	490	603	302	1097	60
Heart and circulation	37	202	239	6	206	95	85	26	27	91
Lungs	23	223	246	16	215	108	50	57	15	94
Nervous system	3	39	42	...	32	...	19	13	10	76
Skin	41	899	940	26	871	402	304	165	43	96
Rickets	19	35	54	4	42	...	11	31	8	85
Deformities	11	12	23	2	16	...	...	16	5	74
Tuberculosis, non-pulmonary	13	36	49	2	45	...	13	32	2	96
Speech	5	3	8	...	...	...	...	...	8	...
Mental condition	2	20	22	...	10	...	...	10	12	46
Vision and squint	369	1046	1415	94	834	426	199	209	487	66
Hearing	34	102	136	5	71	6	34	31	60	58
Miscellaneous	28	233	261	15	168	96	29	43	78	70
Total	2722	11482	14204	632	10729	5908	3543	1278	2843	75.5

The "following up" of children the subject of some defect has been carried out by the Council's Health Visitors except in three districts, viz., Middlewich, Heswall and Bosley and North Rode. In these special areas the personal interest taken in the work by the Hon. Secs. of the District Nursing Associations has been of great value: without this I am convinced that the work would not have been the success it has. At the same time I am not satisfied for many reasons that this system is the best one under existing circumstances. I hope that the day is not far distant when the whole of the nursing services of the County, including sick nursing (both of children and adults), health visiting for all purposes—medical inspection, mental deficiency, tuberculosis, and maternity and child welfare (including midwifery)—will be administered by one body instead of several as at present.

The Council's Health Visitors have done their work exceedingly well despite difficulties of transport. They have had to report to me a fair number of cases of neglect necessitating the sending out of warning notes to parents reminding them of the provisions of the Children's Act and a reference in other cases to the N.S.P.C.C., but in no instance has it been necessary to carry the matter further and to threaten prosecution. Some of the laxity in attending to the children's health recently has, no doubt, been due to the mother and elder members of the family being engaged on well-paid work away from home: this should shortly disappear.

Your Committee are now given power (by S. 39 of the Act of 1918) to prosecute any person under S. 12 of the Children Act, 1908, for persistently neglecting their children, i.e., for failing to provide adequate food, clothing, medical aid, &c. And a "child" for the purposes of the Act means a child up to the age when his parents cease to be under an obligation to cause him to receive elementary education or to attend school. This direct power should considerably strengthen the hands of your Committee.

Minor Treatment Centres.

Owing to depletion of staff none of these could be established during the year 1918. Your Committee has however authorised the equipment of 20 such Centres at premises now or hereafter to be taken as Maternity and Child Welfare Centres at a cost for materials at each Centre of £15, arrangements to be made as between the two Committees concerned for joint payment of rent, cleaning, heating and lighting. It is hoped that in a very short time Centres will be available at Sale, Runcorn, Hoylake, Middlewich,

Congleton, Lymm and Nantwich, and that similar arrangements will be possible at Heswall, Lower and Higher Bebington, Ellesmere Port, Whaley Bridge, Marple, Middlewich, Northwich, Sandbach, Hoole, Altrincham, Winsford and Bollington. The conditions to be treated at these Centres will be diseases of the skin such as pediculosis, impetigo, ringworm, scabies, eczema, etc., discharging ears, septic wounds, burns, blepharitis and other external eye disease and similar conditions towards which experience has shewn parents to be somewhat apathetic but which nevertheless are responsible for much loss of school attendance as well as diminution of receptive and retentive power on the part of the sufferers.

The equipment of these Centres will consist of simple apparatus for cleaning, douching and dressing and a few simple ointments, lotions and medicinal applications. In course of time they may be further utilised as Eye Clinics and Dental Clinics.

Dental Clinics.

In September, 1917, your Committee expressed its willingness to take over the responsibility for the conduct of the Dental Clinic at Wilmslow Council School and to be responsible for its maintenance so soon as the services of a competent dentist could be secured for it. This Clinic was carried on at an approximate cost of £32 until May, 1918, when, despite free advertisement, it became impossible to obtain the services of a dentist. An attempt is now being made to revive it, as it has abundantly proved its worth.

A Dental Clinic has been equipped at the Council's Maternity and Child Welfare Centre at Hoylake and others are in contemplation in districts where similar Centres exist, viz., Sale, Lymm, Nantwich, Congleton, Runcorn, Northwich and Middlewich. These dental clinics can be made available for mothers as well as children under the Council's Maternity and Child Welfare Scheme, the cost of equipment and maintenance being divided equitably between the two Committees concerned.

Cleanliness.

Close upon 900 children were found to be uncleanly at the time of medical inspection and the condition had to be reported to their parents for attention. This state of matters is due to some extent to a slackening of parental oversight caused by War conditions.

It is sincerely to be hoped that before many years shower-baths will be regarded as an essential part of school buildings.

They are, in my view, a much more necessary part of the equipment of a school than a swimming-bath, though one would like to see both attached to our larger schools. A good many schools in this country are equipped with swimming and shower baths, the latter being almost an essential unless the water of the swimming bath be changed frequently. Baths of this kind not only *produce* cleanliness, but they also *teach* cleanliness besides assisting in physical and moral development. They have also been found to exert a moral influence on the parents and the homes, resulting in cleaner clothing for the child and counteracting those unwholesome personal habits which bad home surroundings so often generate. There is nothing in the shower-bath to which any parent could possibly object. The time taken up by it is only 10 or 12 minutes per child, three minutes of which are spent under the shower. One shower-bath for every 20 or 30 children would enable each child to have a bath once every week. The average cost per bath in America is $3\frac{1}{2}$ cents. (less than twopence), which includes services of attendant, cost of water, heating, soap, towels, laundry, &c.

Defective Vision.

Dr. Griffith Apthomas commenced work as School Oculist in September. During the portion of the year left to him he has examined the eyes of 780 children and in addition seen a large number of infants who required treatment for one or other external eye disease but for whom spectacles were not ordered. Glasses were prescribed by Dr. Apthomas in 550 cases and prescriptions for other conditions were given in a number of instances. This work is being carried on with the best possible results.

A scale of charges to be paid by parents of school children for spectacles supplied under the arrangements made with various opticians throughout the county has been approved by your Committee as under:—

No. of Persons in House.	Total Income of Family, <i>less</i> Rent.			
	20/- to 30/-.	30/- to 40/-.	40/- to 50/-.	50/- to 60/-.
2	Charge 2/-	Charge 3/-	Charge 4/-	Charge 5/-
3	" 1/6	" 2/6	" 3/6	" 4/6
4	" 1/-	" 2/-	" 3/-	" 4/-
5	" Nil.	" 1/6	" 2/6	" 3/6
6	" Nil.	" 1/-	" 1/-	" 3/-
7	" Nil.	" 6d.	" 1/6	" 2/6
More than 7	" Nil.	" Nil.	" 1/-	" 2/-

This scale is to be adhered to as a general rule, but where there are exceptional circumstances (such as illness) the School Medical Officer is authorised to accept a lower or no contribution at his discretion.

The Nose and Throat.

The arrangement of a scale of fees for the performance of necessary operative treatment of adenoids and enlarged tonsils has been a somewhat troublesome matter, but has now been concluded. The scale of charges has been fixed as under:—

£1 11s. 6d. per child for the services of the surgeon and anæsthetist; 10/6 for the use of the operating theatre, this fee to cover the whole of the operations performed on the same occasion; 7/6 per bed per night when the child should in the opinion of the surgeon be retained in hospital after the operation. All cases are to be operated on in hospital. It is my duty to arrange with parents about the operation, to obtain their signed consent and to arrange batches of operations in different centres where hospitals exist. Forms have been drafted to cover parents' consent, notification to surgeon, claim for professional services, &c.

The *Handcock method* for preventing adenoids appears to be founded on correct physiology and is described by Miss Isabel Ormiston, M.B., Medical Inspector of Schools, Tasmania, as under (*Lancet*, Aug. 24th, 1918):—

“This new treatment consists in the production of a sneeze by lightly touching the nasal septum near the tip of the nose with a slightly irritant adhesive powder, made from iris root and soap. The powder is not sniffed up into the nose.

“The effect of the sneeze is to expel the catarrh or mucus from the nose and the adjacent sinuses. This stimulation should be repeated till a ‘dry’ sneeze results. The free flow of lymph which accompanies the sneeze acts as a most efficient washout, and no doubt acts, too, as a natural protective fluid against the bacterial invasion present in adenoids.

“The children who are old enough to blow their noses are then taught a handkerchief drill. They stand in line, and at the word of command they grasp the bridge of the nose and raise the elbow to the height of the shoulder, and then blow forcibly. The position of the elbow automatically expands the lungs, and ensures a strong current of air being forced through the nose, which is held at the bridge to prevent pinching of the nostrils.

“RESULTS.—Under the supervision of Dr. Octavia Lewin an experimental clinic of this nature has been in existence for six months at the Roll of Honour Hospital for Children, Harrow Road. The Committee is so satisfied with the results that it is to be continued as part of the Hospital routine.

"I have been observing this simple method of treatment for the past four years and have found the results most gratifying. The first marked improvement is curiously enough in the digestive system. The dyspepsia and constipation, which are so common an accompaniment of adenoids, are the first symptoms to disappear. Perhaps some student of reflex action could explain this. We know that the nose is an early indicator of indigestion, alcoholism and gout; so perhaps it is not surprising if the digestive system can be reflexly affected by a nasal stimulus.

"Deafness due to the blocking of the Eustachian tube also disappears quickly.

"The time taken for the shrinkage of the growth varies. Generally speaking, the younger the child the quicker the result. A great deal depends on the intelligence of the mother, as the treatment must be carried out every day. In older children and adults with nasal obstruction a certain amount of manipulation of the head and neck is necessary to stimulate the lymphatic circulation.

"One of the chief advantages of this form of treatment is that large numbers of school children could be treated simultaneously at little cost. School nurses could be quickly trained to carry out the treatment under the supervision of the medical inspectors of schools. At the present, when, owing to the shortage of staff, the out-patients' departments of the various hospitals find it impossible to cope with the number of cases from the board schools, it seems the ideal moment to introduce the system into our schools.

"A clinic has lately been started at the Westminster Health Society, 60, Greek Street, Soho, where the enthusiasm of the mothers over the improvement in their children is most encouraging."

I am of opinion that the toilet of the nose is not so thoroughly attended to by the majority of people as it should be. Blowing the nose is not always successful in clearing away the whole of the dust and dirt that has become adherent to the mucous membrane: washing it internally with tepid water certainly ensures this and is not a difficult or unpleasant thing. In addition to the mechanical flushing effect of washing, a stimulation of the natural secretion of the nose is caused by the water, the two things together resulting in a thorough cleansing of the passages and of those important sinuses opening into them. The benefits of a hearty sneeze are well-known and are readily explicable by those who understand the anatomy of the nose. Anyone who cares to try

will find similar and probably greater benefit from washing the nose internally. If children were encouraged to practise it once daily at least I feel sure they would benefit by it in a good many ways; it would probably prevent the development of exuberant adenoid tissue in those who were predisposed to this condition.

Rickets.

Though the number of cases discovered in school children in this County is not a large one, the effect on the health and development of the child is so serious that the condition continues to deserve special consideration. One finds far too much stress laid on the condition of the bones in cases of rickets and one would like to remind all concerned of the saying of Jenner that it is as much a mistake to regard rickets as a disease of bones only as it would be to look upon typhoid fever as merely a disease of Peyer's patches. The catarrhs of the stomach and intestines and of the lungs and the irritable condition of the nervous system occurring in rickets are certainly of greater importance than the osseous changes and deformities, for they more frequently produce a fatal result than any maldevelopment of bone can cause. The "lime" theory of the causation of rickets has virtually been disproved and the theory which has best borne the test of experiment and of therapeutical application is the one which ascribes the occurrence of rickets to deficiency of fat and protein (meaty) food in the diet—in other words the "too early vegetarianism" theory. Give a ricketty child plenty of fresh milk daily with the yolk of an egg and other animal food pretty frequently and a little cod liver oil or cream and it will not be long before the condition vanishes and deformities disappear or lessen almost of their own accord.

The prevention of rickets is closely associated too with the housing problem and the abolition of sunless, airless, damp and insanitary houses. This is exemplified by the results obtained in open-air schools and in Convalescent Homes where often remarkable benefit is derived by the rachitic child. The money spent on this form of treatment results in actual saving, for in Glasgow (where rickets is said to account for over one-half of the physically defective children in the schools) *"the average cost of educating these children is from two to three times that of educating the ordinary school child"* (A. S. Macgregor, M.D., Asst. M.O.H. and Tuberculosis Officer for the City of Glasgow).

The view just expressed agrees with the findings of Dr. L. Findlay, who, as the result of recent careful research into the dietetic and home conditions of children suffering from rickets, announces that the three paramount causes of this

disease are improper housing, absence of facilities for open-air life and imperfect parental care (*Glasgow Medical Journal*, May, 1918). Poverty in itself appeared to be of no consequence. Ample cubic space and ventilation in the home, cleanliness of person and clothing and ample exercise in the open air are, in his opinion, the soundest preventives.

Probably the whole truth lies in these two views taken together, for one cannot expect sound metabolism without both proper food and good digestion: fresh air is a food-accessory of the first importance and exercise is necessary for good digestion.

Epilepsy.

No case of epilepsy was discovered during the year under review. We have, however, a number of epileptic children in special Institutions and several on our books for whom no accommodation can be obtained at present.

There is an excellent field in this connection for the study of pre-epileptic states and particularly for the elucidation of the etiology and pathology of the condition. A close investigation of family history and of early brain lesions and in particular a careful inquiry into any anomalies of behaviour and temperament is needed if the cloudy atmosphere of speculation as to causation is to be cleared up and if treatment is to be rendered possible at an age when some hope of cure is to be anticipated.

The early recognition of possible epilepsy (pre-epileptic states or "epileptic equivalents" as the conditions have been named) is of extreme importance and here the assistance of the teacher may be of great value. These conditions are manifested (to quote from Dr. A. F. Hewat's article on the subject in *The Defective Child*) as follows:—

"The typical epileptic temperament shows itself in a variety of different ways. The child has little power of sustained effort or initiation, the memory for recent events is impaired, he is conceited and self-assertive and may become abnormally pugnacious and self-willed. The temperament changes from a gay joyousness to a disinterested lethargy without apparent cause and sometimes at rapid intervals. As they grow older they may become deeply interested in religion, especially if this subject be brought much before them: their ideas of right and wrong are feeble in the extreme and their actions do not bear out their expressed religious views. . . . Such children tend to develop at times a 'dreamy state,' where there is often a feeling of unreality and the child is erroneously punished for

inattention. Night terrors, short phases of mental blankness, self-abuse and, as the child grows older and nears puberty, a certain amount of dulness, irritability, inattention, even stupidity and laziness, may develop.

Minor attacks of epilepsy (*Petit Mal*) may assume a variety of phases—sudden feelings of chokiness, twitchings of the face or limbs, giddiness or faintness, a staring look in the eyes lasting a minute or more, sudden awakening in the night without obvious cause especially if happening regularly, sudden pallor, or sudden loss of consciousness often occurring in such a manner as to interrupt an act for a few seconds, the act being completed when consciousness returns. The care of the pre-epileptic must be hygienic, dietetic and educational and the main lines of such care are regularity, simplicity and patience in everything. Fresh air, simple plain diet slowly and regularly taken, regular functioning of all the excretory organs, avoidance of all mental or nervous irritation and education given through the eye, ear and hand and frequently changed as to subject are all essential to the successful treatment of this condition.

Physical Exercises.

What little I have been able to see of physical drill has convinced me that there is still room for improvement in the exercises. Whilst one recognises that certain preliminaries of a more or less set character have to be taught by means of fairly rigid exercises one would like to see more left to individual instinct once this stage has been passed. One remembers that when learning boxing the first things one had to practise were the different "guards," the stand and a few things of that kind: after that development on individual lines was freely permitted. Something on these lines should be not merely sanctioned but encouraged in connection with physical drill and all methods involving Teutonic rigidity should be discouraged. In properly conducted physical exercises the drill element should be cut out as far as possible because of its leading to lack of interest and staleness and any suppressive, restrictive or contortive factors should similarly be eliminated. I am speaking now of exercises for the healthy: remedial exercises are quite a thing apart and each case demands special consideration. Whilst I believe that breathing exercises are of benefit in cases of asthma, adenoids, neurasthenia, &c., I cannot think that Nature needs much assistance from Art where the breathing-organs are normal and the *viæ* free from obstruction.

Organised games are in my opinion of far more value to the child and far more physiological in their aims and results than set schematic drills. Give a child an incentive to run

and it will run as well as it can and until its object has been attained or its heart sends out signals of distress. It is far better to train on these lines than to develop a number of muscles which are of no particular use or to produce a "pouter" chest. Elements of fun, competition, altruism and individualisation should be much more freely introduced into all physical exercises: the children will then get more value from them because they will be interested from start to finish.

Physical Training.

Mrs Hart has kindly furnished the following Report on Physical Training for the year ended 31st March, 1919:—

"The work during the 12 months ended March 31st, 1919, has fallen under two heads. (1) General inspection of the Physical Exercises in the Elementary Schools. (2) Demonstrations.

"General Inspection.

The Schools were carrying on the Physical Exercises in the ordinary manner until the outbreak of Influenza in October, 1918. From that date until Easter 1919 many departments were closed or unable to carry on their regular work owing to the absence of members of the Staff. The continued wet weather prevented many schools from using their unpaved playgrounds and in only a few cases is there a hall which can be used in wet weather. The most noteworthy point has been the increased demand amongst the teachers for a knowledge of games and dancing, showing that many of them now feel the importance of the recreative side of the work and realise that the more formal exercises do not suffer but rather can and do improve if a just proportion of time is given to each side of the subject.

"Demonstrations to Teachers.

An important experiment was made, in the early part of this year, with a more advanced type of Demonstration—previous Demonstrations were simply Model Lessons. Three Demonstrations were given, each in a different centre, and 18 schools participated. Different branches of the work, such as Physical Exercises, Dancing, Singing and Running Games, were demonstrated by typical classes of elementary school children. The classes taking part in the Demonstrations were prepared by their own class teachers working under my direction and supervision, with the helpful and enthusiastic co-operation of the Head Teachers. The majority of the girls taking part provided themselves with tunics and slippers,

the boys all removed their collars and worked in jerseys or 'shirt sleeves' and, in many cases, in slippers. I should like to record my high appreciation of the way in which the Heads and Staffs assisted in this matter. Without their help the Demonstrations could not have been successfully carried through.

Board of Education Conference.

A conference of Women Organisers and Inspectors of Physical Training employed by Local Education Authorities was arranged by the Board of Education. This took place in July and two Medical Officers of the Board of Education, three of H.M. Inspectors of Physical Training and about 30 Organisers were present. Papers were read on different subjects and two classes of Infants demonstrated two widely different types of Physical Exercises. Some Eurythmic movements by elementary school girls and some dancing by an advanced student of dancing were shown. * The Conference was the first of its kind and time did not allow of much discussion of the matter presented.

Visits of H.M. Inspectors.

At the beginning of October two of H.M. Inspectors of Physical Training visited the County and inspected the Physical Exercises in about 18 departments.

Statistics.

Number of Departments visited, year ended 31st March, 1919:—

	One Visit.	Two Visits.	Three or more Visits.
Girls' Departments	14	3	1
Boys' Departments	17	—	—
Infants' Departments	25	2	—
Mixed Departments over 170			
average attendance	40	8	1
Mixed Departments under 170			
average attendance	113	8	—
Total Number of Visits, 259.			

"The work in Physical Exercises done in the 200 schools visited may be classified as under:—

	Good.	Satisfactory.	Unsatisfactory.
Girls' Departments	1	12	—
Boys' Departments	—	13	1
Infants' Departments	5	18	—
Mixed Departments over 170			
average attendance	5	37	2
Mixed Departments under 170			
average attendance	4	89	13

In addition to the above-mentioned visits, special visits were paid—

- (a) To all the classes preparing to take part in the Demonstrations;
- (b) Along with H.M. Inspector, to the 18 departments visited by her.

“Organised Games, etc.

In certain districts in the County organised games—apart from those taken in Physical Training lessons—and swimming are provided for on the approved Time Tables. Up to the present I have not been able to give attention to this branch of Physical Training work beyond making suggestions about it to teachers.

The various Administrative Area Sub-Committees are being urged to arrange facilities for organised games.”

School Closure.

This is carried out through this Department in every district in the County (except the Municipal Boroughs) on reports received from the District Medical Officer of Health, Head Teacher or School Correspondent. In the Northwich Urban and Rural Districts the Medical Officer of Health apparently is disinclined to relinquish the power of advising closure—a circumstance which at times leads to the difficulties inseparable from dual control.

Influenza was responsible for most of the closures effected: in a very few schools antiseptic nasal douches (potassium permanganate, 1 in 5000) were supplied by the District Medical Officer of Health to be sniffed up the nostrils of the scholars out of the hollow of the hand. Disinfection of schools after outbreaks was not advised, but merely thorough cleansing and aeration and I am of opinion that a similar procedure would be equally efficacious in the case of the other common infectious school ailments.

Cost of Medical Inspection.

I am indebted to the County Accountant for the following figures:—

PAYMENTS AND RECEIPTS FOR YEAR ENDED

31st MARCH, 1919.

PAYMENTS—	£	s.	d.
Proportion of Salary of Chief Medical Officer...	237	10	0
Expenses of Chief Medical Officer ...	13	19	0
Proportion of Allowance to Acting Chief Medical Officer (from 21st May, 1918, to 6th July, 1918) ...	36	15	6
Proportion of Salaries of Assistant Medical Officers ...	605	4	10
Expenses of Assistant Medical Officers ...	107	15	0
Salary of School Oculist (from 6th September, 1918, to 31st March, 1919) ...	216	13	4
Expenses of School Oculist ...	57	15	5
Salary and Fees of Dentist (Wilmslow Dental Clinic) ...	27	0	0
Proportion of Salaries of Health Visitors ...	674	2	7
Expenses of Health Visitors, including Uniform, &c.) ...	294	4	8
Drugs, Materials, etc. ...	2	4	5
Conveyance of Children ...	7	3	1
District Nurses—Special Fees ...	23	7	0
Printing, Books and Stationery...	69	2	5
Postages, Carriage, etc. ...	31	12	8
Proportion of Office Staff Salaries ...	218	6	4
Advertising and Sundries ...	7	12	8
Proportion of Rent, Rates, Heating, Lighting, and Cleaning of Central Offices ...	35	8	5
	<hr/> £2665 17 4 <hr/>		

RECEIPTS—

Grant from Board of Education <i>re</i> Medical Inspection of School Children ...	£954	11	7
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V. WILLIAMS,
Cheshire County Accountant.

