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CHESHIRE COUNTY COUNCIL.

EDUCATION DEPARTMENT.

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1920,

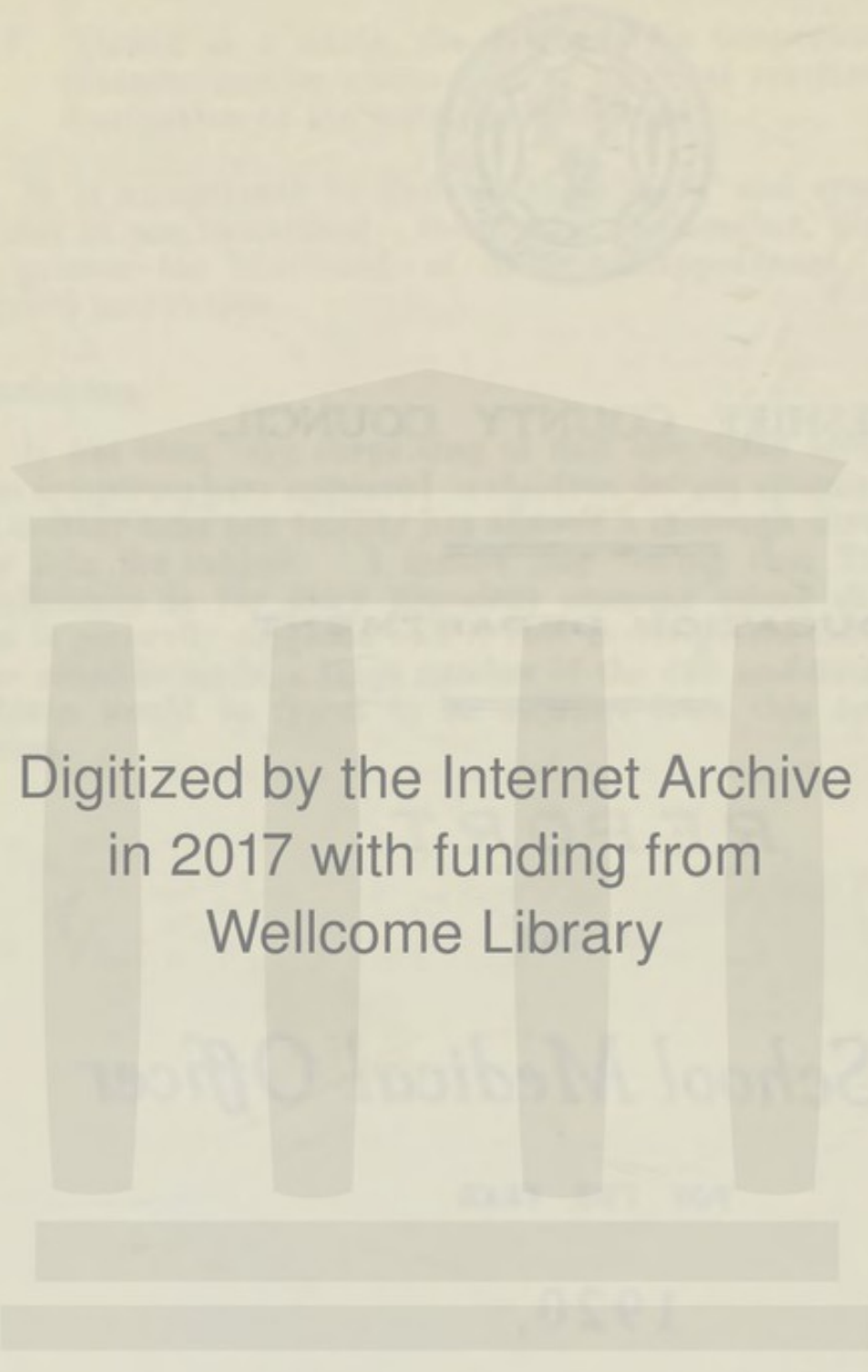
BY

MEREDITH YOUNG,

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

Lecturer in School Hygiene, Victoria University of Manchester.



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County Medical Inspection Staff, 1920.

Chief Medical Officer:

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

Assistant Medical Officers:

West Cheshire—R. L. LAWRENCE, M.D., D.P.H.
 East Cheshire—ADA L. BARRETT, M.B., Ch.B.
 North Cheshire—W. W. STACEY, M.D., D.P.H.
 South Cheshire—MARGARET ORMISTON, M.B., Ch.B.
 School Oculist—DR. GRIFFITH APTHOMAS (until April).
 School Dentist—GEO. E. SMITH, L.D.S.
 School Oculists—} LT.-COL. F. E. MAYNARD.*
 } DR. AUBREY JELLY.*
 * Part-time.

Health Visitors:

Thirty (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 EDUCATION COMMITTEE.

*To the Chairman and Members
of the Cheshire Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present you with my Report on the administration of the Scheme for Medical Inspection of School Children during the year 1920.

This Report follows as closely as possible the lines laid down by the Board of Education and to the extent compelled by these it is probably stereotyped. One endeavours as far as possible to break new ground and to encourage special research in this work, but it is somewhat difficult to do this when one knows that certain routine work has got to be completed within the year. School Medical Inspection would be much more interesting work if one could take one's Assistants off routine work now and then and give them some specialised problem to work out. I do this as far as is practicable and it has, so far, always proved worth while.

Your Committee have advanced the work of attending to the health and physical condition of your school children by the appointment of a whole-time School Dentist and two part-time School Oculists: all of these Officers have done excellent work. The time has come when the appointment of another School Dentist should be considered by your Committee.

The work of Medical Inspection has now, I think, got back to pre-war conditions. But a good deal remains to be done. In particular the establishment, as early as practicable, of some special classes for mentally defective children is an urgent need.

I am indebted to your Committee for the kindly consideration you have always accorded to suggestions made by me and

to all those with whom the administration of the Scheme of medical inspection and treatment has brought me in contact for their hearty and willingly accorded co-operation and assistance.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

MEREDITH YOUNG.

43, Foregate Street,
Chester,

June 10th, 1921.

CHESHIRE COUNTY COUNCIL.
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
CHIEF SCHOOL MEDICAL OFFICER,
1920.

Children Examined.

The number of children examined during 1920 has been as under :—

CODE GROUPS—

Entrants	...	...	...	8,106
Leavers	...	...	...	8,107
Intermediate Group (8 year olds)	...			4,183

OTHER GROUPS—

Special Cases (excluding vision)	...	...	...	3,149
Re-Examinations	...	...	...	1,167
Special Vision Examinations (including Re-Examinations)	...			1,107
Totals	...	...	...	<u>25,819</u>

Further details are shewn in the Tables appended.

General Arrangements for Medical Inspection.

The age-groups of the children examined have been as follows:—

- (a) Entrants of whatever age :
- (b) Children between 8 and 9 years of age :
- (c) Children between 12 and 13 years :
- (d) Children over 13 who had not already been examined on reaching the age of 12 years :
- (e) Children noted by the Medical Officer to be delicate or suffering from some ailment needing attention or put forward by the Head-Teacher for the same reason.
- (f) Re-examinations of children inspected on a previous occasion.

Statistical details shewing the numbers examined in each of the above groups are given in Table I. at the end of this Report. It will be noted from that Table that the "special cases," *i.e.*, children selected by the Teacher or Medical Officer form a fairly large number of the total, *viz.*, 3,149 in all.

There were 8,106 entrants and 8,107 leavers examined and 4,183 of the Intermediate Group (aged 8—9 years). The total number of children examined was 24,712, exclusive of those examined by the School Oculists or the School Dentist. The figures shewing number of examinations of eyes and teeth are given separately.

Co-ordination.

The work of the school medical service is linked up with the other health services of the County, all being carried on in the same Department and under the supervision of the one chief. The same Health Visitors follow the child from the Infant Welfare Centre to the school and the home. Debilitated children under school age are dealt with under the Council's Maternity and Child Welfare Scheme, cots being available at several Infirmaries for such cases.

The Hygiene of the Schools.

Many years ago complete schedules covering every aspect of sanitation were filled up for all the Elementary Schools in the County and are now filed at my office. Each time an Assistant Medical Officer visits a school he fills up a "follow-up" Sanitary report dealing with conditions such as are likely to be neglected—cleanliness, refuse removal, warming, ventilation, &c.—and a note is sent to the Managers when anything is found requiring their attention. During the past year

the conditions calling for remedy have been chiefly the bad state of playgrounds, insufficient heating, want of means for drying clothes and boots in wet weather, insufficient number of wash-bowls and towels and absence of soap, and inadequate supply of toilet-paper. Special appliances for ventilation are found to be rationally used and much more attention is being paid to correct lighting methods.

As regards natural lighting too little attention seems to be paid to the rule that every scholar should be able to see a patch of sky : Forster of Breslau was the first to draw attention to this many years ago and if teachers would only test the value of it for themselves they would need no other incentive to putting it into actual practice. It makes just all the difference between adequate and inadequate lighting.

Decoration of school walls, &c., has been pretty generally neglected during the past few years and in some schools a considerable amount of money will have to be spent to restore this matter to normal.

The older schools, of course, are the ones where defects of lighting, heating and ventilation are most in evidence and where remedy is a difficult matter. But on all hands I find Managers quite willing to do what is practicable to improve the health conditions of their schools.

An increasing number of classes are being held in the open air and where possible children are taken into public parks and for country rambles.

The Findings of Medical Inspection.

(a) *Uncleanliness.* The total number of cases of uncleanliness of head or body exclusive of actual skin diseases referred for treatment was 886, or approximately 3.6 per cent. of the cases examined. This is really a very low percentage if it represents the real situation for the number of school children shewing signs of present or recent infestation of the head or body with vermin is as high as 25 per cent. in many towns.

(b) *Minor Ailments.* This group is chiefly made up of skin diseases. The numbers referred for treatment were as under :—

Ringworm of Head	...	86 cases.
Ringworm of Body	...	28 "
Scabies	...	68 "
Impetigo	...	260 "
External Eye Diseases	...	172 "
Ear Discharge	...	133 "

Impetigo continues to be one of the commoner school diseases. The particular form of this disease appears to be Tilbury Fox's streptococcal impetigo. The treatment of it is perfectly simple and consists in the removal of the crusts by means of soaking with warm water, boracic lotion or bread poultices (the latter not advisable because of infection of surrounding skin) and the subsequent application of white precipitate ointment. There is no excuse for the condition being allowed to become chronic.

Scabies has been more to the front of late years for well-known reasons. Ringworm was not so much in evidence last year as previously.

(c) *Tonsils and Adenoids.* There were 535 children found to be the subject of both enlarged tonsils and of adenoid hypertrophy, 341 suffering from enlarged tonsils alone and 219 suffering from "adenoids" alone. The total therefore of children who were defective under this particular heading is a large one.

Two cases of what has been termed "Aprosexia" were brought to my knowledge during the year. This is a form of mental dulness arising in children with marked nasal obstruction due to adenoid growths. Dr. John Thomson (*Clinical Study and Treatment of Sick Children*) states that the condition may be due to "blocking of the circulation through the nose and naso-pharynx interfering in some way with that of the frontal lobes. The children are usually quite bright and lively at times: but, often, especially when the mucous membranes are swollen from catarrh, they become dreamy, absent-minded and timid to such a degree that their teachers may suspect them of being mentally defective. The connection between these symptoms and the adenoids is proved by the immediate and striking improvement which follows the removal of the latter." The two cases referred to shewed marked improvement within a month of the hypertrophied tissue being removed.

An objection which I have heard to operative treatment of adenoids on more than one occasion is that it will impair the faculty of singing, and it has been necessary to point out that such a thing as alteration of the voice except for the better (by removing the nasal twang) is excessively rare. It may happen, of course, when the faucial pillars are torn or lacerated or the attachments of the soft palate are interfered with, but such happenings, I am told, are exceedingly uncommon and should not occur when proper care is exercised. At all events the risk is so trifling compared with the benefits to be derived that it should deter no parent.

(d) *Tuberculosis.* There were only two definite cases of pulmonary tuberculosis discovered and 38 suspected cases were referred to their own doctor or to the County Council Dispensary for observation. In addition there were 13 cases of tuberculosis of glands and three cases of bone or joint disease referred for treatment.

(e) *Dental Disease.* There were 1,396 children found to be the subject of dental disease sufficiently serious to be referred for treatment, that is roughly 7 per cent. of the scholars examined (excluding examinations for vision).

(f) *Other Diseases.* These included 33 cases of organic or functional heart disease, 41 cases of chronic bronchitis, 44 of anæmia, 9 of deformity, and 18 of chorea (St. Vitus' Dance).

(g) *Vision.* The two School Oculists (Drs. Maynard and Jelly) commenced duties about the beginning of September and have held an average of three sessions per week since that date. The County is roughly divided into an Eastern and a Western section for their purposes.

Briefly summarised their findings are as follows:—

	Eastern Division.	Western Division.	Total.
No. of children examined for first time	525	389	914
„ schools „ ...	44	50	94
„ children re-examined	60	133	193
„ „ atropinised	303		
„ prescriptions for spectacles issued	236	247	483

Conditions discovered on inspection.

Squint	...	...	71	33	104
Hypermetropia	...	...	221	215	436
Hypermetropic Astigmatism	...	...	149	142	291
Myopia	...	...	19	15	34
Myopic Astigmatism	...	...	41	33	74
Mixed	„	...	18	15	33

In addition cases of cataract, microphthalmos, nebulæ, spring catarrh and enophthalmos were encountered.

Special leaflets on Myopia and Squint were printed and circulated to parents whose children were the subject of these conditions. The leaflets were adapted from those in use in the County of Durham, the School Oculists being consulted as to the adaptations. Copies of these leaflets are appended:—

SQUINT.

When an eye is turned the condition is called Squint. Children who suffer from Squint are often said to be cross-eyed, or to have a "cast" in an eye.

Many parents attribute Squint to a fall, a fright, an attack of measles and many other reasons; the real reason for the Squint is that one eye sees better than the other, and the child gives up using the weaker eye by simply turning it inwards or sometimes outwards.

You are earnestly asked to remember the following facts:—

- (1) Children do not grow out of Squint.
- (2) An eye that is turned is an eye that is not being used.
- (3) An eye that is not being used is an eye that will soon become almost blind.
- (4) If proper spectacles are obtained as soon as the Squint is noticed the condition may be cured.
- (5) No child who squints is too young to wear spectacles.
- (6) When you notice a Squint in your child's eye immediately—
 - (a) Write to the School Medical Officer for advice. ●
 - (b) Cover the straight eye completely with a light bandage or a shield for two hours every day—this causes the child to straighten and use the squinting eye, thus preserving and improving its sight.

MYOPIA.

Myopia or "short sight" exists whenever the eyeball is too long from back to front. Myopia, in a slight degree, is sometimes present from birth, the eye being simply larger than usual in all its dimensions. In the majority of cases Myopia is acquired; the coats of the eyeball are frequently weak and yield to the pressure within the eyeball and thus become stretched.

In Progressive Myopia the stretching is apt to continue until the child reaches the age of sixteen or eighteen years; the eyesight gradually becomes worse, and late in life serious complications within the eye may take place.

Your child shows symptoms of Progressive Myopia. To prevent the eyesight from becoming worse you are strongly urged to take the following precautions:—

- (1) See that your child is never without his or her spectacles until bedtime.
- (2) Ask that your child always may sit in the front row of seats at school.
- (3) Discourage your child from reading and writing out of school hours, especially in a poor light.
- (4) Encourage fresh air and out-of-door exercise.
- (5) Have your child's eyes examined by the School Oculist at least once in every two years, oftener if possible.

If ever you are anxious or in doubt about your child's eyes, write for advice to the School Medical Officer.

(h) *Thyroid Gland.* Dr. W. J. McIvor reports that he finds deficient development of this gland in many cases. Enlargement, he states, is common in both boys and girls about the time of puberty and there is associated with it in many instances accentuation of the second sound of the heart and usually no signs of anæmia. Hypothyroidism (a condition caused by deficient action of the thyroid gland) shews itself in Dr. McIvor's experience more rarely by atrophy of the gland, defective nutrition, anæmia, ichthyosis, &c., and by stunted growth, broad hands, scanty hair, dry skin and mental backwardness. He has noticed that those with enlarged thyroids do not suffer from adenoids: in such cases he has also observed unnaturally moist hands with a history of profuse night-sweating and disturbed sleep.

(i) *Chorea and Rheumatism.* Dr. W. J. McIvor finds in his area (Crewe, Nantwich, Malpas, &c.) a large number of children suffering from rheumatism—not necessarily in the joints but more in the form of tonsillitis. Chorea is also common in this area—in some schools to the extent of ten per cent. of the scholars. The chief aid to diagnosis, he finds, is the inco-ordination of the tongue movements corroborated by bad writing, nervous temperament, rheumatism and often organic heart disease.

Infectious Disease.

The arrangements for notification to this office and to the District Medical Officers of Health continue to work reasonably well. There appears still to be some misunderstanding about the steps to be taken in connection with verminous and

uncleanly children. Three days should suffice for the removal of verminous conditions themselves, that is of actual infestation: a week or so may be needed in addition for the clearing up of inflammatory and eczematous conditions of the skin caused by the presence of vermin. But after the removal of the vermin there is no need to exclude the child from school and if the child be otherwise in good health any non-attendance becomes a punishable offence and it is for the School Attendance Authority to decide as to prosecution or otherwise.

The teachers on the whole have co-operated loyally in the measures planned out to prevent the spread of disease and I find that there is much less now of what used to be too commonly in evidence, viz., an attempt to make out a case for school closure when real grounds for this did not exist.

Following Up.

The Health Visitors are now provided with distinctive report slips for the different kinds of case which they are to visit, this arrangement facilitating greatly the keeping of records at this office. They have visited the 4,377 children referred for treatment on as many occasions as were required, besides dealing with the numerous children excluded from school for uncleanness and verminous conditions (6,680 cases). They visit the schools in their area about four times annually on an average, "dirty" schools being visited more frequently. The combination of duties of tuberculosis visiting, school medical inspection, maternity and child welfare and Mental Deficiency Act work is, in my opinion, an excellent one and should not be disturbed.

Treatment of Defects.

The only departure which has been made during the year under review has been the appointment of two School Oculists and a School Dentist, though advantage has been taken in a considerably greater number of cases of the arrangements previously described, especially of the provision for the operative treatment of enlarged tonsils and adenoids.

School Dental Clinics have been equipped at the Council's Maternity and Child Welfare Centres at Hoyleake, Runcorn, Lymm, Nantwich, Congleton and Sale and the Education Committee have taken over the Dental Clinic at the Council School, Wilmslow, presented by Miss E. M. Greg. It took so long to get back to pre-war conditions, particularly as regards staff, that it was not possible to get the Minor Treatment Clinics sanctioned by your Committee into working order. This will be remedied shortly.

I append a few notes on certain special aspects of this question of treatment.

(a) *Minor Ailments.* These are chiefly dealt with at the children's homes under the supervision of the Health Visitor. Out of 747 minor ailments referred for treatment 569 were actually treated—a fairly high percentage.

(b) *Visual Defect.* There were 1,440 cases referred for detailed examination by the School Oculists. Of this number 546 received treatment under our own scheme and 395 were treated by private practitioners or at Hospitals. In 451 cases glasses were prescribed and in 267 cases the necessary spectacles were obtained. 172 cases were referred for treatment other than by glasses and 82 of this number received treatment.

(c) *Defects of Nose and Throat.* Of the 1,095 children referred for treatment under this heading 229 received operative treatment under your Committee's scheme, 204 were treated by private practitioners or at Hospitals and 101 received other forms of treatment. So far no contribution has been asked from parents towards the cost of operative treatment of tonsils and adenoids, but a scale will be put before your Committee at an early date fixing the contributions on a basis similar to that in force for the provision of spectacles.

(d) *Dental Defects.* 2,894 children were inspected at the Schools and 2,696 were referred for treatment. In 845 cases treatment by the School Dentist was accepted and this number was actually treated. The total number of attendances at the Dental Clinics was 2,298 and the operations included the following:—

Permanent teeth extracted	...	310
Permanent teeth filled	...	622
Temporary teeth extracted	...	1840
Temporary teeth filled	...	254
Gas extractions	...	132
Permanent teeth-scalings	...	259
Temporary teeth-dressings	...	174

The parents contribute sixpence per case treated irrespective of the work done or the number of attendances.

There is ample work for another School Dentist if not for more than one. The children's teeth ought to be inspected at least four times annually and to do this in 341 schools, with an average attendance of 55,123, is utterly impossible with a staff of one dentist and one nurse. In time some of

the minor work can probably be entrusted to the special nurse who attends on the dentist, but even this arrangement will only overcome a small part of the difficulty.

Mr. F. St. J. Steadman heavily indicts the indifference of the medical profession to the effects of dental sepsis on the health and physique of children (*Lancet*, 1920, i., 303).

The pale, tired and sleepy effects of this intoxication are emphasised by him, as also the absence of the natural lustre of the eye. These effects are in part due to want of, or disturbed, sleep. Gastro-intestinal disorders with offensive diarrhoea and considerable pain are common and these are often accompanied by night-terrors, wasting, fretfulness, loss of appetite and pallor. That the effects are caused by the sepsis and not by the imperfect mastication is proved by the fact that after proper extraction and almost before the gums have healed the child's health improves.

Anæmia, typhoid and scarlet fevers, tuberculosis and other conditions are, according to Mr. Steadman, prejudicially affected by the pressure of dental sepsis. Glands originally enlarged through absorption of septic matter may subsequently be found to be tuberculous. Local effects such as pharyngitis, tonsillitis and otitis media may also develop from the septic focus. Steadman, who has treated many thousands of such cases, advocates the extraction of all deciduous (milk) teeth which shew infection of the pulp (not necessarily exposure of the pulp, for many pulps are infected before becoming exposed) and he emphasises the desirability of removing all these teeth at one sitting.

To quote the words of the late Sir Wm. Osler—a physician of world-wide eminence—"Oral Hygiene and the Hygiene of the mouth: *there is not one single thing more important to the public in the whole range of Hygiene than that.*" And yet it is a fact which no one can deny that the teeth are more neglected than any single organ of the human system. Apathy reigns supreme despite the fact that diseased teeth cause more illness and bad health in children than anything else. Even a slight cut on the finger receives more immediate and more rational care than a badly-decayed tooth and yet the danger to the system from the former is a mere trifle compared with the latter. Even proper diet is of less importance to a child than a clean and healthy mouth.

(e) *Tuberculosis.* Cases of these conditions are referred to their own doctors or to the Dispensaries and are dealt with under the Tuberculosis Scheme. Incipient cases of pulmonary tuberculosis and bone and joint disease are accepted at the

West Kirby Convalescent Home and cases of the latter variety are also treated at the Leasowe Hospital for Children and at other well-known Institutions.

(f) *Crippling Defects.* The West Kirby Convalescent Home is our mainstay for the treatment of these conditions, though I believe a certain number of children are dealt with at the Mid-Cheshire Orthopædic Clinic which is annexed to the Victoria Infirmary, Northwich. The beds at West Kirby are kept continuously occupied and the treatment given there is excellent in every respect.

(g) *Blind, Deaf, Dumb and Epileptic Children.* The Table given in Appendix G shews in detail the number of these exceptional children and what is being done for them.

(h) *Mental Deficiency.* The number of these for the year under review is as under:—

Feeble-minded—

Attending P.E. Schools	...	...	113
Attending Certified Schools	...	...	16
Not at School	...	...	26

Imbeciles—

Not at School (notified to Local Authority)	...	...	44
<i>Idiots</i> (notified)	...	...	10

Dr. W. Wrigley Stacey made an intensive examination of 108 cases reported to be definitely or doubtfully mentally defective and attending schools in Altrincham and the neighbourhood. These children were examined in a most thorough and painstaking manner, using the Stanford revision tests for the mentally defective. As a result of the examination the cases were classified as follows:—

Fit to attend an ordinary P.E. School with a little special attention	...	...	64
Educable only in Special Classes for the feeble-minded	...	...	29
Best educable in Open-air Schools	...	...	14
Needing special education for stuttering	...	...	1

Special reports embodying the results of examination and suggesting methods of dealing with the children concerned were sent to all the Head Teachers of schools attended by the 64 children reported as fit to attend an ordinary P.E. School. For those needing education in Special Classes no provision has yet been made. In cases where the home conditions were reported to be unsatisfactory the facts were given to the Health Visitors and they visited and saw that all possible improvements were carried out.

Dr. Stacey expresses the view that in many Schools the Babies' Classes are far too large—in one instance the number of babies under one teacher varied from 40 to 50 during the year. In babies' classes individual attention is required more than in any other and if this attention is lacking the child's education starts on a bad foundation. He finds, too, as I have frequently noted, that amongst teachers there is a tendency to adopt a scholastic rather than a mental standard for backwardness and for mental efficiency. The mental tests to which reference has been made are not based on a scholastic footing, but on a basis of development of the essentials of intelligence and so are much more reliable for diagnostic purposes than many mental tests in fairly common use.

I append Dr. Stacey's notes of a few illustrative cases:—
Case 19.—F. J.

Height, 43½ ins. Chron. age, 6 years, 5 months.
Weight, 38 lbs. Mental age, 5 years.
Head, 64 cms. Intelligent quotient, 78.

Mother, father, grandfather and one child live in a house 2 up, 2 down. This is the most difficult child I have had to deal with so far. Her thoughts are very wandering and concentration very poor. She has a small head (round) with no orbital ridges, prominent eyes, high dome to mouth, mouth breather, but no enlarged tonsils and no apparent adenoid condition (Has had operation for T. and A.) Ordinary school, but needs careful training.

Case 23.—B. Y. (aged 8).

It is impossible to estimate the mental age of this child, as the only words she can repeat are "Baby," "Teacher," "School." These she has only just (within the last few days) begun to say, and in a very inarticulate manner. She appears not to know the meaning of these words and no one has heard her attempt any other word. I am informed the *home conditions are extremely bad and alcohol plays a large part.* So far as my judgment goes, she has no physical defects which could point to "feeble-mindedness." I made a point of spending some time (20 minutes) in the classroom, where she was with the other babies, and saw her threading beads correctly, even to the right colours, and watching the other babies and copying their actions. Also with much repetition of "Go and get a doll out of the cupboard" she walked from her desk and eventually with coaxing got a doll, which she fondled with a degree of satisfaction to herself. She is frail, sensitive and gaining mastery over her fretfulness. She looked

happy among the babies. With this evidence I would hesitate to diagnose feeble-mindedness, but am rather inclined to lay stress on "Alcohol in the mother and bad home influence," and I should try for a time a "*backward class*." It is a sad case and might, if my information is correct, be better met by placing the child "under proper guardianship."

Case 69.—E. R.

Height, 47ins. Chron. age, 7 years, 5 months.
 Weight, 51lbs. Mental age, 7 years, 4 months.
 Head, 51 cms. Intelligence quotient, 98.8.

Mother, father, 5 girls and 4 boys live in a house, 3 down, 2 up. This is an interesting case from the fact that the child speaks her letters phonetically, but cannot pronounce the words, consequently reading and writing from dictation is nil; so will be designated backward, yet mentally she is normal and quite a sharp child. She can copy both letters and figures. Left internal strabismus. Needs glasses. Ordinary school.

Case 100.—A. B.

Head, 52 cms. Chron. age, 10 years, 2 months.
 Mental age, 6 years, 8 months.
 Intelligence quotient, 65.

Mother, father (engine driver), uncle and one boy live in a house 3 down, 3 up. This boy is of very poor physique. He has left internal strabismus and nystagmus: wears glasses: muscular movement weak and only partially under control: marked tremor of hands and tongue, asymmetry of face, walks with legs apart and heels come down first with toes well pointed upwards: knee joints active. Commenced to walk about 4 years of age: commenced school late in life and until very recently was afraid of dogs and cats. Has attended both Infirmary and Eye Hospital, Manchester. This case would be best treated by Open-air School.

Provision of Meals.

The feeding of necessitous children (under the Provision of Meals Acts, 1906—1914) has been carried on throughout the year at Centres in Altrincham and Sale.

The Clothing Factories in Nantwich suffered a period of 'short-time' in the Autumn of 1920, and consequently a Feeding Centre was opened in Nantwich on 1st December, 1921.

After some weeks working, it was discovered that a Voluntary Committee in the town was also supplying meals, and to prevent overlapping the Centre maintained by this Authority was closed on 12th February, 1921.

Distress among the children in Bebington and New Ferry became apparent in February, 1921, and on February 19th, a Feeding Centre was opened in that neighbourhood; at first (the number of children fed being small) at the Cookery Centre of New Ferry Chester Road Council School, but later (as the number of applicants increased) in the Y.M.C.A. Canteen, Bebington Road, New Ferry, where the supply of meals is still carried on.

Distress became somewhat acute in Ellesmere Port in February, 1921, mainly owing to the discharge of men from the Local Corrugated Iron Mills, and from 2nd March, 1921, a Feeding Centre has been in operation in premises hired in Whitby Road, Ellesmere Port.

In each of these Centres, the method of selection of children is the same. A local Committee composed of teachers, parish workers, clergy and ministers, members of the local Administrative Sub-Committee for Education, and other social workers, sits at frequent intervals to investigate (utilising the local School Attendance Officer as their enquiry agent) the family circumstances of each applicant for free meals. In this way each case is reviewed at least once a month, and is placed upon or removed from the list as the family circumstances alter.

The dietary has been approved by the County School Medical Officer, and consists usually of a nutritious stew of meat and potatoes with other vegetables, followed by a suet pudding flavoured with jam or treacle. The preparation of the food is done by a paid cook, who is assisted in the service of the meals by a rota of voluntary helpers, including usually teachers on the staffs of the contributory schools.

The total number of meals (dinners only) supplied during the year has been :—

Meals supplied free	...	...	26,047
Meals supplied for payment	...	...	740

The charge made in cases where payment has been required has varied from 1/- per week per family in certain necessitous cases in Nantwich to 5d. per meal in the case of a family at Altrincham who desired to make use of the meals supplied as a matter of convenience.

No. of Centres, 5—(Altrincham and Sale open the whole year; Nantwich from December 1st, 1920, to February 12th, 1921; Bebington from February 19th, and Ellesmere Port from March 2nd, 1921).

No. of meals supplied at each Centre:—

	Free.	Paid.
Altrincham ...	12,629	412
Sale ...	5,476	75
Nantwich ...	2,380	253
Bebington ...	2,032	—
Ellesmere Port ..	3,530	—
	<hr/>	<hr/>
	26,047	740

Total number supplied—Free	26,047
Paid	740
"	<hr/>
	26,787
	<hr/>

School Baths.

None are provided in this County.

Physical Training.

REPORT BY MISS HART.

For the first half of last year I was responsible for supervision of Physical Training in the Elementary Schools in the Western third of the County, and, from September, 1920, for the classes taken by women teachers in Elementary Schools in the Western half of the County, and I have conducted three classes in Physical Training.

Teachers' Classes in Physical Training (Women). The numbers on roll were respectively—Chester, 44; West Kirby, 43; Sandbach, 27. The teachers were very interested and enthusiastic, and at each centre, on two or three occasions, girls from Elementary Schools in the district attended to act as a demonstration class.

Captain Parker, H.M. Inspector, visited the West Kirby Class on June 7th.

Inspection in the Elementary Schools. Both teachers and scholars have received the Board of Education 1919 Syllabus of Physical Training with enthusiasm—the large number of movements demanding activity is causing the teachers to take Drill lessons out of doors more frequently than has previously been the case.

Ventilation. I fear, however, that, when forced by circumstances to take a Physical Training lesson indoors, the teachers, more often than not, forget to open the windows of hall or classroom.

Playgrounds. The small size of many playgrounds hampers free movement of classes, and, in many cases, the bad surface renders dangerous jumping and running exercises. The playgrounds with earth surfaces, though safer, are often unpleasant on account of mud or dust.

Organised Games. Fields are hard to obtain and only about 30 Departments have the opportunity of playing organised games on fields, recreation grounds, or, in the Hoylake district, on spaces amongst the sandhills. Football and Rounders are the chief games, but a few schools play Net Ball and one girls' school plays Captain Ball.

Swimming. At Runcorn, Northwich, New Ferry and Port Sunlight the schools are using the Swimming Baths as in previous years.

West Kirby schools cannot use the baths in the Marine Lake as the depth is too great.

It seems a pity that there are not any Swimming Baths in Ellesmere Port as the canal must render swimming a very necessary accomplishment.

Folk Dancing. Folk Dancing is increasingly popular—about forty departments do some dancing, though in many cases only a little is attempted.

A very successful Folk Dancing class has been organised by the Northwich teachers at their own expense. Forty teachers joined and a number of applications had to be refused.

Ellesmere Port teachers hope to have a similar class in the Autumn.

Several teachers working under the Cheshire Authority attended Mr. Cecil Sharp's Easter School of Folk Dancing at Manchester.

The following visits have been paid to 161 departments:—

	1 Visit	2 Visits	3 or more Visits.
Girls' Departments ...	1	6	10
Infants' Departments ..	13	10	4
Departments (over 170 average attendance) ...	5	8	9
Departments (under 170 average attendance ...	31	48	16
Total number of visits—317.			

Classification of the state of work :—

Of the 161 Departments visited :—

	Good.	Satis- factory.	Unsatis- factory.
Girls' Departments ...	2	13	2
Infants' Departments ...	5	22	—
Departments (average attend- ance over 170) ...	1	15	6
Departments (average attend- ance under 170) ...	2	71	22

CHARLOTTE A. HART.

March, 1921.

REPORT BY MISS LAWS.

During the period September, 1920—March, 1921, when I was acting as Organiser of Physical Training in the Eastern part of the County of Cheshire, my work was chiefly concerned with visits of inspection to the schools in that area, a considerable number of which I visited twice—a few three times—and the more remote ones once only and about five not at all.

The publication of the new Syllabus of Physical Education by the Board of Education and its introduction into the schools was on the whole welcomed by the teachers as allowing more freedom of movement and giving life to the lesson. The children of those schools where it had been in use for some months on a second visit seemed to be brighter and more alert and the teachers felt this also. But as the work was new to the greater number of teachers in my area my time was spent chiefly in giving demonstration lessons and discussing the lines of work of the new Syllabus. Those schools which had facilities for any kind of organised games, as Sandbach Senior Council and Nantwich Council Girls' schools, had made a satisfactory beginning and were very keen and enthusiastic about them. The teachers realised that some rather unruly young people turned into excellent leaders and were much more amenable to discipline.

My work concerned those classes taught by women teachers only, whether mixed classes or those of boys or girls only.

IRENE LAWS.

May, 1921.

REPORT BY MR. MAJOR.

During the period, April, 1920—December, 1920, steps have been taken to introduce into the schools the methods outlined in the new Syllabus of Physical Training, issued by the

Board of Education early in 1920. It is pleasing to note that the lessons now given in Physical Training are much enjoyed by the children, and it is felt that the new Syllabus has greatly stimulated the interest of the teachers in the subject.

Teachers' Classes. During the Spring and Summer of 1920, classes in Physical Training for men teachers were held at Chester and Altrincham. The courses consisted of 16 lessons each of 1½ hours duration, and dealt as fully as possible with the new Syllabus. Special emphasis was placed on Games and General Activity, in order to stimulate interest in this important part of the Physical Training lesson.

Organised Games. An increasing number of schools are devoting time to Organised Games, but the difficulty of obtaining suitable playing fields is still a serious handicap to the development of this part of Physical Training. Where possible the schools are making good use of Recreation Grounds and Parks, and the games usually played, in addition to the smaller playground games, include:—Net-ball; Rounders; Captain ball; Stool ball and Cricket; Football.

In some areas, inter-school and inter-class matches are arranged and there exists a healthy spirit of competition.

Some excellent apparatus for Stool ball and Net-ball has been made by the boys at a number of schools.

Swimming. Swimming is being taught where suitable facilities exist, but unfortunately, the very limited number of Swimming Baths, especially in the country districts, is a great disadvantage.

Folk Dancing. Many schools now include Folk Dancing in their Physical Training. Usually only the girls take part, but in a number of mixed schools the boys join in the dances.

The English Folk Dance Society has held a number of classes in the County, which have been well attended by teachers.

Summer Schools. Several teachers from the County attended the Summer Schools in Physical Training held at Barry, Southport and Scarborough in August, 1920.

Rural Schools. It is interesting to note that, since the introduction of the new Syllabus, there has been a marked improvement in the Physical Training given in the small country schools, where the grouping of several standards for the lesson has hitherto proved a great difficulty. Many of these small schools, however, are hindered in their work by small and otherwise unsuitable playgrounds.

Time Devoted to Physical Training. Most schools devote 60 minutes to Physical Training, and where possible some time is devoted to Organised Games.

It is suggested that the minimum of 100 minutes for Physical Training might be adopted in the County with valuable results. Many Local Education Authorities have already adopted this minimum.

ERNEST MAJOR.

May, 1921.

Attention is drawn by several of the Assistant Medical Officers to the inadequacy of the mid-day meals brought to school by country children. This is a matter which, however, it would not be easy to mend. Probably what the children bring to school is what the other members of the family are having at home, and any suggestion we might venture to make would be regarded as meddling interference.

On this particular point Dr. A. V. Stocks reports as follows:—

“In the smaller country schools where the majority of the children walk a considerable distance to school and consequently bring their lunch one cannot but be struck again and again by the totally unsuitable and unpalatable food which they bring for the mid-day meal. Frequently this consists of no more than some large hunks of bread and some margarine, with nothing to drink except water. It is difficult to say how this can be remedied, but some arrangement for at least a hot drink in the winter would seem to be most desirable. I could not understand at first why so many children in the country are under-nourished, but I now think that this is one contributory cause.”

Co-operation of Parents and Teachers.

There is really nothing to add to what has been said in previous Reports under this heading. The teachers in particular are shewing a greater interest year by year in the work of medical inspection and everything possible is done to encourage this. Correspondence with my office on cases which are not receiving adequate or prompt attention is becoming a routine thing and any suggestions made by me are always received in a most happy spirit. I think a course of lectures on school hygiene to teachers (such as was arranged a year or two before the War) would be welcomed by them and would greatly assist us in our joint work.

Co-operation of School Attendance Officers.

A weekly post-card is sent to every School Attendance Officer in the areas to be visited during that period by the School Medical Inspectors, so that they may see any case specially needing a report. Our relationship with these Officers has continued on a satisfactory footing. They keep us acquainted of the progress of infectious diseases, of conditions which are causing absence from school by reason of neglect of treatment, of unsatisfactory home conditions and so on. They have brought to my notice several cases of mental defect and they frequently convey children to and from Institutions where they are being sent for treatment.

Co-operation of Voluntary Bodies.

The chief of these bodies from which we receive assistance is the National Society for the Prevention of Cruelty to Children; their help is always willingly accorded and is valued greatly by us. They assist us by attending to cases of neglect likely to cause unnecessary suffering and we assist them by arranging for evidence to be furnished to their Committees or to Police Courts.

Special Inquiries.

Early in the year Dr. Reginald Lawrence made a special examination of 264 children attending schools in Port Sunlight and of 361 other children living under less advantageous conditions. The results of this inquiry shewed that so far as nutrition, cleanliness and vision were concerned the Port Sunlight children were better than the others but that they shewed a slightly greater proportion of 'severe' dental caries. Dr. W. W. Stacey made a special examination of the mental conditions of a large number of children reported to be feeble-minded and attending schools in Altrincham and the surrounding districts. His findings are given earlier in the Report.

Miscellaneous Work.

A number of candidates for bursaries were examined and a considerable number of children were specially inspected to determine their fitness for instruction in Swimming.

Secondary Schools.

There are 10 County Secondary Schools in this County and 4 Secondary Schools to which grants are made. These latter schools all desired the Committee to conduct the medical examinations, so that all the 14 schools have been examined, the Lady Assistant Medical Officers taking all the Girls' schools.

Particulars of the numbers and also a list of the defects found is appended. A list of the defects was given to the Head Master or Head Mistress of each school and they communicated with the parents. It was found that the general standard of health amongst these scholars was much superior to that of scholars in Elementary schools and that the majority of the parents immediately consulted their own doctors with a view to having the defects remedied. In many of the cases the scholars were already receiving medical attention. Indeed practically all the scholars procured medical advice with the exception of a number of eyesight and teeth cases and it is probable by now these outstanding cases have also been dealt with. In only one case the Committee have had to assist, viz., they paid for an operation for Adenoids and Tonsils for a boy whose parents were very poor.

Dr. W. J. McIvor reports on the Boys' schools inspected by him as under :—

“General cleanliness is of a high order and the nutrition excellent.

The teeth all show a good state of preservation, evidence of being well looked after, and where necessary of having received careful dental attention.

The physique is on the whole satisfactory, I refer to the boys, and should improve with the organised games indulged in.

The chief defects found were in order of frequency :—

(1) The slightly defective expansion of the lungs accompanying partial mouth-breathing; chest measurements are taken with the mouth open.

(2) Defective vision.

(3) A tendency to round shoulders; this is due no doubt to the maintenance of a bad attitude for long hours of close study, and to uncorrected errors of vision. The defect is known to be very amenable to treatment, and may well disappear from the well-equipped Secondary schools, if treatment prescribed is conscientiously followed.

MEDICAL INSPECTION AT 14 SECONDARY SCHOOLS.

	Entrants. (Since Sent. 1st, 1920).	Intermediate. (aged 10 in 1920).	Leavers. (all likely to leave in 1920).	Total.
Boys ...	74	343	212	629
Girls ...	151	228	261	640
Totals ...	225	571	473	1269

RESULTS OF INSPECTIONS.

	Referred for Treatment.	Treated.
Malnutrition	1	1
Uncleanliness—		
Head	36	34
Body	—	—
Skin—Ringworm—		
Head	1	1
Body	—	—
Scabies	1	1
Impetigo ...	—	—
Other Diseases ...	—	—
Eye—Defective Vision and Squint ...	65	43
External Disease	4	2
Ear—Defective Hearing	2	2
Ear Disease	3	3
Nose and Throat—		
Enlarged Tonsils	11	8
Adenoids	21	16
Enlarged Tonsils and Adenoids ...	12	12
Defective Speech	—	—
Teeth—Dental Disease	62	46
Heart and Circulation—		
Organic	3	3
Functional	—	—
Anæmia	40	30
Lungs—Pulmonary Tuberculosis—		
Definite	—	—
Suspected	1	1
Chronic Bronchitis	9	9
Other Disease	—	—
Nervous System—Epilepsy	—	—
Chorea	—	—
Other Disease	—	—
Non-Pulmonary Tuberculosis—		
Glands	3	2
Bones and Joints	—	—
Other Forms	—	—
Deformities	5	2
Curvature of Spine	20	16
Other Defects or Diseases	10	5

APPENDIX.

GENERAL STATISTICS.

Number of Schools in the Area	...	...	341
Number of Departments	...	...	444
Average number on Rolls	...	...	63599
Average number in attendance	...	...	55123
Acreage	...	...	625235
Estimated Population (Registrar-General, 1920)	...	...	451299
Assessable Value	...	...	£3,566,922
Elementary Education Rate	...	...	2/-
Penny Rate produces	...	...	£14,862

MEDICAL INSPECTION OF SCHOOL CHILDREN.

—————

PAYMENTS AND RECEIPTS FOR YEAR ENDED 31ST MARCH, 1921.

—————

PAYMENTS—

Salaries—	£	s.	d.	£	s.	d.
School Medical Officer (proportion) ...	247	10	0			
Assistant School Medical Officers ...	1,721	12	11			
Specialist Officers	607	4	1			
School Nurses	1,072	16	0			
Clerical Assistance	390	12	5			
			—————	4039	15	5
Travelling Expenses				986	14	3
Printing, Stationery, Postage, &c. ...				227	11	4
Drugs, Materials, &c.				37	13	10
Apparatus				497	14	0
Provision of Spectacles				11	13	5
Contributions to External Bodies ...				326	13	0
Maintenance of Premises				47	14	5
Other Expenses—						
Miscellaneous				7	13	9
Advertising				8	11	10
Operation Fees to Doctors				275	12	6
			—————	291	18	1
				—————		
				£6,467	7	9
				—————		

Table I.—Number of Children Inspected 1st January, 1920, to 31st December, 1920.

(A.) "Code" Groups.

(B.) Groups other than "Code."

Ages.	ENTRANTS.						Inter- mediate Group.	LEAVERS.							Re-examina- tions (i.e. No. of Children Re- examined)	Special Cases.	Grand Total.
	3	4	5	6	Other Ages.	Total.		8	10	11	12	13	14	Other Ages.				Total.
Boys ...	108	634	1666	1372	412	4192	2194	5	39	2260	1652	188	3	4147	551	1596	12680
Girls ..	105	514	1534	1314	447	3914	1989	4	53	2135	1582	174	12	3960	616	1553	12032
Totals...	213	1148	3200	2686	859	8106	4183	9	92	4395	3234	362	15	8107	1167	3149	24712

(c) Total Number of individual Children inspected by the Medical Officer, whether as Routine or Special Cases—20396.

Table II.—Return of Defects found in the course of
Medical Inspection in 1920.

DEFECT OR DISEASE.	CODE GROUP.	SPECIALS.
	Number Referred for Treatment.	Number Referred for Treatment.
MALNUTRITION	203	48
UNCLEANLINESS—		
Head	696	112
Body	70	8
SKIN—		
Ringworm—		
Head	63	23
Body	22	6
Scabies	59	9
Impetigo	217	43
Other Diseases	—	—
EYE —		
Defective Vision and Squint	1014	426
External Eye Disease	117	55
EAR—		
Defective Hearing	34	6
Ear Disease... ..	105	28
NOSE AND THROAT—		
Enlarged Tonsils	341	19
Adenoids	219	35
Enlarged Tonsils & Adenoids	535	106
TEETH—		
Dental Disease	1225	171
HEART AND CIRCULATION—		
Heart Disease—		
Organic	20	3
Functional	9	1
Anæmia	34	10
LUNGS—		
Pulmonary Tuberculosis—		
Definite	2	—
Suspected	35	3
Chronic Bronchitis	31	11
Other Disease	—	1
• NERVOUS SYSTEM—		
Epilepsy	—	4
Chorea	15	3
Other Disease	1	—
NON-PULMONARY TUBERCULOSIS—		
Glands	12	1
Bones and Joints	3	—
Other Forms	—	—
Rickets	—	—
Deformities... ..	9	—
OTHER DEFECTS OR DISEASES	50	14

Number of individual Children having defects which required treatment—5843

TABLE III.—Numerical Return of all Exceptional Children in the Area in 1920.

			M.	F.	T.
BLIND					
(Including partially blind), within the meaning of the Elementary Educa- tion (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	2	2	4
	Attending Certified Schools for the Blind	...	9	8	17
	Not at School *	...	3	1	4
DEAF & DUMB					
(Including partially Deaf), within the meaning of the Elementary Educa- tion (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools	...	2	1	3
	Attending Certified Schools for the Deaf	...	13	18	31
	Not at School	...	1	2	3
MENTALLY DEFICIENT					
Feeble Minded	Attending Public Elementary Schools	...	65	48	113
	Attending Certified Schools for Mentally Defective Children..	...	12	4	16
	Notified to the Local (Control) Authority during the Year	...	15	11	26
	Not at School	...	—	—	—
Imbeciles	At School	...	—	—	—
	Not at School (notified)	...	25	19	44
Idiots	Notified	...	6	4	10
	Not at School	...	—	—	—
EPILEPTICS	Attending Public Elementary Schools	...	8	6	14
	Attending Certified Schools for Epileptics	...	—	—	—
	Not at School	...	3	1	4
Pulmonary Tuberculosis	Attending Public Elementary Schools	...	2	2	4
	Attending Certified Schools for Physically Defective Children	...	—	—	—
	Not at School	...	15	18	33
Crippling due to Tuberculosis	Attending Public Elementary Schools	...	(not known)		
	Attending Certified Schools for Physical Defectives	...	—	—	—
	Not at School	...	6	5	11
Crippling due to causes other than Tubercu- losis, e.g., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	...	(not known)		
	Attending Schools for Physically Defective Children	...	—	—	—
	Not at School	...	18	11	29
Other physical defectives e.g., cases suitable for admission to Open-Air Schools.	Attending Public Elementary Schools	...	134	96	230
	Attending Open-Air Schools	...	—	—	—
	Attending Certified Schools for Physically Defective Child- ren other than Open-Air Schools	...	8	7	15
	Not at School	...	22	15	37
Dull or backward	Retarded 2 years	...	(no reliable figures)		
	Retarded 3 years	...	(no reliable figures)		

TABLE IV.—A. Treatment of Minor Ailments.

	Number of Children.		
	Referred for Treatment.	Treated.	
		Under Local Education Authority's Scheme.	Otherwise.
SKIN. Ringworm—Head ...	86	—	74
Ringworm—Body ...	28	—	25
Scabies ...	68	—	54
Impetigo ...	260	—	223
Other Skin Disease ...	—	—	—
EXTERNAL EYE DISEASE ...	172	51	33
EAR DISEASE ...	133	—	89

B. Treatment of Visual Defects.

Number of Children.							
Referred for Refraction	Who received Treatment.			For whom Glasses were prescribed	For whom Glasses were provided	Referred for Treatment other than by Glasses	Received other forms of Treatment
	Under Local Education Authority's Scheme Clinic or Hospital.	By Practitioner or Hospital	Other-wise				
1440	546	302	93	451	267	172	84

C. Treatment of Defects of Nose and Throat.

Number of Children.			
Referred for Treatment.	Receiving Operative Treatment.		Receiving other forms of Treatment.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	
1095	229	204	101

TABLE IV. (continued). D.—Treatment of Dental Defects.

1. Number of Children dealt with.

	Age Groups.										Total
	5	6	7	8	9	10	11	12	13	14	
(a) Inspected at School ...	159	226	272	382	353	368	407	399	336	92	2894
(b) Referred for Treatment ...	144	204	245	342	318	332	366	359	303	83	2696
(c) Treatment accepted ...	18	121	113	155	95	68	77	87	120	32	845
(d) Presented for Treatment ...	18	121	113	155	95	68	77	87	120	32	845

2. Particulars of time given and of operations undertaken.

No. of half days devoted to Inspection (1)	No. of half days devoted to Treatment (2)	Total No. of attendances made by the children at the Clinic (3)	No. of Permanent Teeth.		No. of Temporary Teeth		No. of Gas Extractions included in (4) & (6) (8)	No. of other Operations	
			Ex-tracted (4)	Filled (5)	Ex-tracted (6)	Filled (7)		Per-manent Teeth Scalings (9)	Temp-orary Teeth Dress-ings (10)
31	224 whole days	2298	310	622	1840	254	132	259	174

E.—Treatment of Uncleanliness.

(a) Average number of visits per annum made by the School Nurses to each School ...	4
(b) Number of Children examined per Nurse per half day ...	12
(c) Total number of Examinations made of Children by Nurses in the year ...	135,640
(d) Number of individual Children found unclean (verminous heads) ...	6,680
(e) Arrangements made by the Authority for cleansing and number of Children cleansed under these arrangements ...	Nil.
(f) Record of Legal Proceedings taken under Children Act or School Attendance Bye-laws ...	Nil.

