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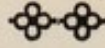
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ANNUAL REPORT

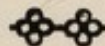
... ON THE ...

Medical Inspection of School Children


January 1st to December 31st, 1919,

... FOR THE ...

Borough of Chesterfield.



CHESTERFIELD :
GEO. EDGE, PRINTER.



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Chesterfield Education Committee.

MEDICAL INSPECTION DEPARTMENT.

April, 1920.

Mr. Chairman, Mrs. Carruthers and Gentlemen,

I beg to submit the annual report on the Medical Inspection of School Children in the Borough for the year ending Dec. 31st, 1919.

The report has been enlarged and more detailed information is given than was possible during the war years. The work of inspection was carried out by Dr. Jameson during the first quarter of the year. I resumed duties as School Medical Officer on April 1st, 1919, after demobilisation.

The routine medical inspection of the three "code" groups was continued throughout the year and all the schools in the Borough with the exception of the Brampton Board School were inspected. 38.5 per cent. of the children examined shewed some defect. The percentage of defective children found on re-inspection to have received treatment continues to improve, having risen from 21.3% in 1915, to 71.3 in 1919.

The School Clinic has been removed from the Education Offices, Foljambe Road, to more suitable premises in Saltergate adjoining the Health Department. This change of premises has made possible the establishment of a clinic for the treatment of minor ailments. This Treatment Clinic is conducted every morning by the School Nurse under the supervision of the Medical Officer. No fewer than 7,680 attendances were registered during 1919, and I am convinced that it is doing most valuable work. The results are evident

not only in the improved condition of the scholars, but also much unnecessary loss of school time from slight contagious disease has been obviated. For example, the average period of exclusion from school for contagious skin affections, e.g., impetigo, has been reduced from approximately 30 days in 1917, to 13 days in 1919 by this systematic morning supervision.

The arrangement with the County Education Committee for the treatment of defects of vision and X-ray treatment of intractable ringworm cases continues, and I am pleased to record that an agreement has been made for the part time service of the County Dental Staff for the treatment of dental defects of Chesterfield children between the ages of 6 and 8 years. Unfortunately, however, owing to structural alterations at the County School Clinic, the dental inspection did not come into operation till January, 1920. It is unnecessary for me to emphasise the great importance of attention to the teeth of school children.

There are two recommendations for the further development of the school medical service I have to submit for your consideration.

- (1) The provision of operative treatment for enlarged tonsils and adenoids. I do not suggest the establishment of a special clinic, but that an arrangement should be made with the governors of the Chesterfield and North Derbyshire Royal Hospital for the operative treatment of all such cases recommended by the School Medical Officer.
- (2) Facilities for open-air education and the provision of a special open-air school for physically and mentally defective children.

This subject is dealt with more fully on page 15 of this report.

In conclusion I have pleasure in expressing my appreciation of the excellent work done by Mrs. Froggatt, the School Nurse, and in tendering my thanks to the teachers and attendance officers for their helpful co-operation and assistance, and to you, Ladies and Gentlemen, for your continued courtesy and kindness to me.

I am,

Your obedient servant,

R. FRASER.



Summary of Work done during 1918 and 1919.

	1918	1919
No. of Children examined in School Routine Inspection	1332	1726
No. of Special Cases examined in School Routine Inspection	201	316
No. of Re-inspections of Children previously found defective	914	1192
No. of Cases attending School Clinic	899	1309
No. of Attendances at School Clinic	2742	2869
No. of Ringworm Cases treated by X-Rays...	6	21
No. of School Notifications from Teachers and Attendance Officers	609	380
No. of Home Visits by School Nurse	279	233
No. of Cases visited by Members of Civic Guild	374	45
No. of Attendances at "Settlement" School for Invalid Children	1102	1130
No. of Children on Books	23	21
No. of Cases of Defective Vision treated at Clinic	136	208
No. of Attendances at "Minor Ailments" Clinic	—	7680
No. of Children inspected as to their condition of Cleanliness by School Nurse	—	6642

Borough of Chesterfield.

Population (estimated civil)	39843
Area	2643 acres
Rateable Value	£158221
Education Rate	1/11½
No. of Schools	14
Accommodation	7048
Number on Rolls	6791
Average Attendance... ..	5985.5

Education Committee.

Chairman—Ald. G. EASTWOOD, J.P.

Deputy-Chairman—Ald. G. BOOTH, M.D., J.P.

Alderman DRONFIELD, J.P.

,, RHODES, J.P.

,, SHENTALL, J.P.

Councillor ADAMS,

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W. MURPHY, Esq., J.P.

S. H. HARRISON, Esq.,

T. TURNBULL, Esq., B.Sc.

Medical Inspection Staff.

Medical Officer—R. FRASER, M.B., Ch.B., D.P.H.

Temp. Medical Officer—

R. W. JAMESON, M.R.C.S., L.R.C.P., D.P.H.

School Nurse—Mrs. FROGGATT.

Assistant at Inspection and Clerk—Miss M. WATERHOUSE.

Assistant Clerk—Miss D. PARSONS.

General Management.

The routine medical inspection of entrants, leavers, and intermediate (8-9 years) group was continued throughout the year. All the Schools in the Borough with the exception of Brampton Board School were inspected. The general arrangements have been similar to those of previous years. The total number of children examined (groups 1-3) was 1726. The five official tables required by the Board of Education are given below:—

TABLE I.—NUMBER OF CHILDREN INSPECTED
1st January, 1919, to 31st December, 1919.

A. "CODE" GROUPS.

Age.	ENTRANTS.					Total.
	3	4	5	6	Other Ages.	
Boys ...	3	30	231	18	2	284
Girls ...	3	38	229	16	2	288
Totals ...	6	68	460	34	4	572

Age.	Inter- med'ie group.	LEAVERS.					Grand Total.
		8	12	13	14	Other Ages.	
Girls ...	293	232	47	2	20	594	572
Boys ...	283	188	60	2	27	560	1154
Totals ...	576	420	107	4	47	1154	1726

B. GROUPS OTHER THAN "CODE." X.

1	Intermediate group (other than 8 years).	Special Cases.	Re-examinat'ns (i.e. No. of chil- dren re-exam'd
2	3	4	
Boys	165	607
Girls	151	585
Totals	316	1192

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1919.

Defect or Disease					Code Groups		Specials		
					Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	
1	2	3	4	5					
	Malnutrition	12	2	14	2				
	Uncleanliness—								
	Head	45	1	17	6				
	Body	16	..	9	7				
	Ringworm—								
	Head	2	..	1	..				
	Body ... ..	..	..	..	..
Skin	Scabies	13	..	..	..	
	Impetigo	11	..	..	..	
	Other Disease	10	..	18	1				
Eye	Defective Vision and Squint	76	8	62	11				
	External Eye Disease	8	1	17	2				
Ear	Defective Hearing	15	..	13	7				
	Ear Disease	17	2	10	1				
Teeth	Dental Disease	132	5	18	10				
	Enlarged Tonsils	19	25	5	3				
Nose and Throat	Adenoids	27	53	2	5				
	Enlarged Tonsils & Adenoids	38	20	13	3				
	Defective Speech	3	..	2	3				
Heart and Circulation.	Heart Disease—	..	..	..	..
	Organic	3	4	..	..		
	Functional	5	7	..	..		
	Anæmia	9	3	2	2				
Lungs	Pulmonary Tuberculosis—								
	Definite	1	3	1	1				
	Suspected	5	17	2	..				
	Chronic Bronchitis	16	4	..	1				
	Other Disease ... ..	..	4	..	..		
Nervous System	Epilepsy ... ..	..	..	..	1				
	Chorea	1	..	..	..	
	Other Disease	1	..	1	3				
	Non-pulmonary Tuberculosis—								
	Glands	1	1	1	..				
	Bones and Joints... ..	..	..	..	..
	Other Forms ... ..	..	..	..	..
	Rickets	4	1	4	5				
	Deformities	1	..	2	6				
	Other Defects or Diseases	4	2	7	15				
		---	---	---	---				
		495	163	221	95				

TABLE III. NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1919.

		Boys	Girls	Total		
Blind (including partially blind).	{	Attending Public Elementary Schools	2	2	4	
		Attending Certified Schools for the Blind	2	...	2	
		Not at School ... ..	...	...	...
Deaf and Dumb (including partially deaf).	{	Attending Public Elementary Schools ... ..	...	...	...
		Attending Certified Schools for the Deaf	2	1	3	
		Not at School ... ..	...	...	...
Mentally Deficient	{	Feeble Minded	Attending Public Elementary Schools	24	...	24
			Attending Certified Schools for Mentally Defective Children Notified to the Local (Control) Authority during the Year...	...	1	1
			Not at School	3	...	3
	{	Imbeciles	At School ... ..	...	...	...
			Not at School ... ..	...	1	1
			Idiots .....	...	...	...
Epileptics.	{	Attending Public Elementary Schools	2	1	3	
		Attending Certified Schools for Epileptics ... ..	...	...	...
		Not at School	1	...	1	
Physically Defective	{	Pulmonary Tuberculosis	Attending Public Elementary Schools	5	2	7
			Attending Certified Schools for Physically Defective Children	...	...	...
			Not at School	5	5	10
	{	Other forms of Tuberculosis	Attending Public Elementary Schools	7	2	9
			Attending Certified Schools for Physically Defective Children	...	...	...
			Not at School ... ..	...	...	...
	{	Cripples other than Tubercular	Attending Public Elementary Schools	1	2	3
			Attending Certified Schools for Physically Defective Children	...	...	...
Not at School ... ..			...	...	...

TABLE IV. TREATMENT OF DEFECTS OF CHILDREN DURING 1919.

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.	Percent- age of defects Treated.
	From pre- vious year.	New.	Total.			Remedied.	Im- proved.	Un- changed.		
Clothing	4	32	36	10	22	11	7	4	61.1	
Footwear	9	39	48	2	30	22	11	7	81.2	
Cleanliness of Head	17	62	79	17	42	31	5	20	52.1	
Cleanliness of Body	5	25	30	3	18	9	3	9	60.0	
Nutrition	7	26	33	5	9	5	1	19	27.2	
Nose and Throat	75	104	179	11	144	73	20	24	80.0	
External Eye Disease.....	9	25	34	..	34	12	14	..	100.0	
Ear Disease	19	27	46	..	42	16	19	4	91.3	
Teeth	139	150	29	19	177	79	43	93	61.2	
Heart and Circulation	12	19	31	..	28	11	9	3	90.3	
Lungs	3	25	28	10	18	10	6	..	64.2	
Nervous System	2	3	5	..	5	2	2	..	100.0	
Skin	3	55	58	..	56	43	11	2	96.5	
Rickets	4	8	12	..	9	2	5	3	75.0	
Deformities	3	3	6	..	6	2	..	..	100.0
Tuberculosis—non-pulmonary	4	2	6	..	6	1	2	..	100.0	
Speech	4	5	9	2	5	..	2	2	55.5	
Mental Condition	4	7	12	3	6	..	2	3	50.0	
Vision and Squint.....	5	7	12	3	6	..	2	3	72.3	
Hearing	72	138	210	27	152	93	27	31	87.5	
Miscellaneous	4	28	32	4	28	21	7	..	55.5	
5	4	9	13	2	5	2	2	2		
Total	405	787	1192	115	851	445	198	226	71.3	

TABLE V. INSPECTION, TREATMENT, ETC., OF CHILDREN DURING 1919.

(1) The total number of children medically inspected (whether Code Group, special or ailing child) ...	2042
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	244
(3) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	629
(4) The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	730

GIRLS.

CHESTERFIELD, 1919.			DERBYSHIRE, 1915.			ENGLAND and WALES. 800,000 : Average of Observations.				
No.	Age	Height in ins.	Weight in lbs.	No.	Age.	Height.	Weight.	Age.	Height.	Weight.
38	4	38.81	33.77	543	4	37.45	34.69	4	38.38	34.98
229	5	40.68	38.96	3247	5	40.05	37.18	5	40.44	37.74
16	6	41.45	39.14	481	6	43.16	40.38	6	42.53	41.24
283	8	46.93	49.63	4781	8	47.53	51.55	8	46.94	49.55
188	12	53.93	69.79	3466	12	55.45	77.32	12	55.48	73.86
60	13	55.96	76.52	312	13	56.37	79.35	13	56.81	80.37

BOYS.

30	4	39.17	34.66	585	4	39.27	36.84	4	38.63	35.77
231	5	40.06	37.88	3206	5	41.41	38.62	5	40.68	38.68
18	6	41.28	38.92	430	6	43.64	43.46	6	42.83	42.24
293	8	46.76	50.08	4825	8	48.24	52.55	8	47.39	52.0
232	12	54.27	70.88	3525	12	54.87	71.42	12	54.88	72.66
47	13	56.26	74.86	338	13	55.46	73.21	13	56.07	77.4

The above tables give the average heights and weights of boys and girls examined in 1919 compared with Derbyshire County school children (1915), and with the standard for the country based upon the examination of 800,000 children recorded in School Medical Officers' reports.

For the purpose of comparison only the ages of 5, 8, 12 and 13 should be taken, as the number examined at other ages is inconsiderable.

It will be seen that in the older children the standard is heavily against Chesterfield children, at age 13 the girls being 3lbs. below the County figure and 4lbs. below the standard for England and Wales, the boys being 3lbs. below the standard.

NUTRITION.

SCHOOL.	GOOD.		NORMAL.		SUB-NORMAL.		BAD.		PERCENTAGE BELOW NOM.		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
Hipper St.	82	45	42	14	..	..	6	..	4.6	..	3.2
St. Helen's	99	78	26	14	1	..	..	1	.8	1.1	.9
Old Road.....	..	8	19	31	7	13	..	..	26.9	25.0	25.6
Central	91	104	16	17	..	..	4	..	3.6	..	1.6
Spital .....	..	1	6	7	1	1	..	1	14.3	20.0	17.6
Hasland Eyre St.	..	..	27	38	4	5	..	..	12.9	11.6	12.1
Vicar Lane.....	2	11	15	49	2	15	1	1	15.0	21.0	19.6
Soresby St.....	1	..	85	14	4	3	2	..	6.5	17.6	8.2
St. Thomas' .....	..	1	48	52	8	6	..	1	14.3	11.6	12.9
Christ Church	4	4	14	20	13	7	..	..	41.9	22.6	32.2
Derby Road.....	4	4	86	135	26	11	2	2	23.7	8.5	15.2
St. Mary's	4	8	33	38	14	15	..	3	27.4	28.1	27.8
Hasland C.E.....	5	4	51	58	12	18	1	..	18.8	22.5	20.8
Totals	292	268	468	487	92	94	16	9	108.0	103.0	211.0
Percentages	33.6	31.2	53.9	56.3	10.6	10.9	1.8	1.0	12.8	12.0	12.2

NUTRITION.

The table indicates the number of boys and girls examined arranged under the headings of good, normal, subnormal and bad nutrition.

The different schools cannot be compared as the classification is the work of two examiners.

The chief causes of malnutrition are probably unsuitable food, lack of fresh air, domestic insanitation and bad housing conditions. Frequently these malnourished children become consumptive and are subject to illnesses in a greater degree than the ordinary well nourished child. They have less resisting power.

It will be seen from the table that 12.2% of the children inspected shewed nutrition below the normal, and 1.4% suffered from severe malnutrition. These figures, considered in conjunction with the figures for tuberculous cases under observation at the school clinic, viz., 50 cases, indicate the extreme importance of providing facilities for the education of selected children under open-air conditions.

Many Local Education authorities have adopted some form of open-air education, a system which combines education with treatment, but no provision of the simplest kind has yet been made in Chesterfield. In the report of the Chief Medical Officer to the Board of Education for 1918, the different methods by which open-air education can be applied are detailed, viz. :—

- (1) Classes held in the playgrounds of Public Elementary Schools or in public parks or open spaces for the instruction of children who are normal or those apparently suffering from malnutrition or other physical defects.
- (2) "School Journeys," which provide for the withdrawal of children from Public Elementary Schools for

periods varying from one day to three weeks for instruction at the seaside or in the country.

- (3) Holiday Schools or Camps.
- (4) Open-air class-rooms in Public Elementary Schools.
- (5) Open-air day schools.
- (6) Open-air residential schools of recovery, for the treatment and education of children suffering from severe debility or other disabling conditions.

In Chesterfield, it would be quite simple to make arrangements for classes to be held in the playgrounds, and awnings might be supplied to the different schools to serve as shelters. I have no doubt also that arrangements for open-air instruction in the recreation grounds could be made by consulting with the Parks Committee of the Corporation, as in Nottingham where seven open air class-rooms have been erected in the public recreation grounds for selected delicate children. No elaborate building is required—a simple wooden structure is all that is necessary, and army huts could be readily adapted for the purpose. In this connection the Board of Education announced in circular 1128 (August, 1919) that “huts required by Local Education Authorities for educational purposes would be sold to them by the Disposal Board at a discount of 33½ per cent. below the valuation of the property.”

As Sir George Newman has said, “Every school should be a fresh air school. Effectual ventilation is as necessary as effectual instruction.” I have before pointed out that the ventilation in some of the Borough schoolrooms is far from satisfactory, and hope in my next annual report to be able to include a table of analyses, shewing the amount of respiratory impurity present in the atmospheres of schoolrooms during school hours. This is again evidence of the necessity for the adoption of some of the forms of open-air instruction outlined above.

Education on open-air lines is beyond the experimental stage and every authority which has adopted it has proved its

advantages to the child. School Medical Officers all over the country have reported on the improvement, physically and mentally, which results in debilitated anæmic children after a course of open-air instruction.

I would urge the importance of dealing with this question at an early date and making some provision for fresh air education in Chesterfield. Moreover, when it is possible to build the new schools contemplated in the Borough, they should be so constructed as will enable a great number of the scholars to receive the benefit of fresh air treatment.

PROVISION OF MEALS.—In dealing with the subject of malnutrition, the question of Provision of Meals must also be considered. During the months of Nov., Dec., Jan., and Feb., free dinners were provided for 241 school children in the Borough. 78.8% were the children of strikers and the remainder were badly nourished children selected by the teachers. A Central Mission Hall was placed at the disposal of the Education Committee by the kindness of the church authorities. A small room adjoining the hall was equipped with gas cookers, etc., and the catering placed in the hands of a local contractor. The Education Authority made the administrative arrangements, but the cost of the meals was met by a local gentleman. The dietaries were on the lines laid down by the Board of Education, and the dinners mainly consisted of a meat and vegetable stew followed by a milk pudding. The cost per meal worked out at 5d. per child. In the case of the malnourished children referred by the teachers for free dinners, an investigation of the home conditions, family income, etc., was made by members of the Civic Guild, and in the great majority of cases, poverty could not be pleaded by the parents as the cause of the malnutrition. A few cases were associated with definite neglect, but probably unsuitability of food and domestic insanitation are the most important factors.

Undoubtedly the physical condition of the weakly children was improved by the regular and suitable mid-day meals.

There is, therefore, a certain number of children attending the Public Elementary Schools in Chesterfield who are physically below par and unable to derive proper benefit in school and whose condition would be improved by putting into operation the Provision of Meals Act in conjunction with open-air instruction, but if this were done, it would be necessary in the majority of the cases to recover the cost of the meals from the parents.

CLOTHING AND FOOTGEAR.

SCHOOL	Unclean		Insufficient		Disrepair		Footgear Poor	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Hipper Street .....	..	..	..	..	..	..	..	..
St. Helen's .....	..	..	..	..	..	..	1	..
Old Road	1	..	..	1	..	1	..	..
Central .....	..	..	..	..	..	..	..	..
Spital .....	..	..	..	..	..	..	..	..
Hasland Eyre Street.	1	..	..	..	1	..	1	..
Vicar Lane	1	..	..	1	1	2	..	3
Soresby Street	5	..	1	..	3	1	..	1
St. Thomas' .....	..	..	..	..	2	2	1	2
Christ Church .....	..	..	3	1	4	..	9	..
Derby Road	3	8	..	..	5	1	3	9
St. Mary's	2	4	2	..	4	..	3	5
Hasland C. of E.....	..	..	..	..	..	..	..	..
Totals.....	13	12	6	3	20	7	18	20

CLOTHING AND FOOTGEAR.

A reference to the table on Clothing and Footgear shews that on the whole the children are sufficiently and properly clad. The Nurse's routine "cleanliness" inspections have had an appreciable effect in reducing the number of cases of unclean clothing, but, of course, the recorded number of cases of dirty clothing would be greater but for the fact that the children are usually specially prepared for the visit of the Medical Inspector.

One frequently also finds children grossly overclothed, often wearing large chest protectors, pads of wool or gamgee

tissue covering the chest. Such children are often victims of enlarged tonsils and adenoids with obstruction to respiration and resulting colds and bronchitis. The overclothing still further impedes respiration and makes the child still more sensitive to catarrhal lung conditions. The parents in these cases are always written to and the evil effects of overclothing pointed out.

UNCLEANLINESS.

SCHOOL	BODY				HEAD				TOTAL P'RCENT' E	
	Unclean		Vermin		Unclean		Vermin		Unclean	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Hipper Street .....	..	1	..	..	..	..	..	..	..	1.7
St. Helen's .....	..	..	..	..	..	..	7	..	..	7.5
Old Road	1	5	..	..	..	..	8	3.8	25.0	
Central .....	..	..	..	..	..	..	1	..	..	.8
Spital .....	..	..	..	..	..	..	1	..	..	10.0
Hasland Eyre Street.	4	..	..	..	..	..	1	12.9	2.3	
Vicar Lane	1	9	..	..	1	1	18	10.0	36.8	
Soresby Street	8	1	..	..	1	..	4	10.9	8.3	
St. Thomas'	2	1	..	..	1	..	4	5.3	29.4	
Christ Church	11	4	..	..	..	..	6	35.4	32.2	
Derby Road	19	22	..	..	2	1	32	19.4	36.1	
St. Mary's	10	12	..	..	1	3	9	21.5	37.5	
Hasland C. of E.....	..	2	..	..	..	1	2	1.4	6.2	
Totals.....	56	57	..	..	6	6	4	53	9.3	17.9

UNCLEANLINESS.

The figures for Uncleanliness and Verminous conditions relating only to routine inspections are given in the table appended. The different schools cannot be usefully compared, nor are the figures comparable with those of previous years as they are the work of two inspectors.

Many of the teachers have given great assistance in improving the standard of cleanliness by holding regular morning inspections of the children and by referring children found to be verminous to the school clinic.

WORK OF THE SCHOOL NURSE.—During the year 1919 the Nurse made two complete “cleanliness” inspections of the schools.

FIRST INSPECTION.

							Number
	Number	Number	Percentage	referred			
	Examined.	Unclean.	Unclean.	to Clinic.			
Girls	1820	148	8.1	30			
Boys	1905	35	1.8	38			
Infants	2917	99	3.3	49			

SECOND INSPECTION.

Girls	1976	64	3.2	34
Boys	1829	20	1.09	44
Infants	2273	45	1.9	26

From the above figures it is evident that the Nurses' inspections had a considerable effect in reducing the percentage of unclean children. The work of cleansing would be considerably facilitated if a cleansing station were attached to the School Clinic.

No prosecutions were instituted for persistent verminous conditions. A typed “final” notice usually had the desired effect. It is intended in the future to follow the practice of Hampshire and other education authorities in dealing with parents whose children are constantly being found verminous, that is to exclude the children from school and prosecute the parent, not under the Children Act, but for the non-attendance at school. Power to initiate prosecution after consultation with the Secretary to the Committee has been given to the Medical Officer.

DEFECTIVE TEETH.

SCHOOL	BOYS			GIRLS			TOTAL		
	Number examined.	Number having defective Teeth.	Percentage.	Number Examined.	Number having defective Teeth.	Percentage.	Number Examined.	Number having defective Teeth.	Percentage.
Hipper Street	130	7	5.4	59	3	5.1	189	10	5.3
St. Helen's.....	126	17	13.4	93	13	13.9	219	30	13.7
Old Road	26	5	19.2	52	9	17.3	78	14	17.9
St. Mary's	51	4	7.8	64	5	7.8	115	9	7.8
Hasland C.E.	69	8	11.6	80	10	12.5	149	18	12.1
Hasland Eyre St.....	31	6	19.3	43	8	18.6	74	14	18.9
Derby Road	118	12	10.2	152	18	11.8	270	30	11.1
Vicar Lane	20	2	10.	76	7	9.2	96	9	9.4
Soresby Street	92	8	8.7	17	3	17.6	109	11	10.1
Spital	7	1	14.3	10	2	20.0	17	3	17.6
St. Thomas'	56	7	12.5	60	8	13.3	116	15	12.9
Christ Church	31	2	6.4	31	2	6.4	62	4	6.4
Central	111	12	10.8	121	15	12.4	232	27	11.6
Totals.....	868	91	11.5	858	103	12.8	1726	194	11.9

DEFECTIVE TEETH.

In the table for defective teeth only those are included who shew more than four defective, and to whose parents cards were sent pointing out the serious results of septic teeth and recommending that early treatment should be obtained. 11.9 per cent. of the children examined had more than four defective carious teeth. "The health and with it the industrial efficiency of the future adult population of the kingdom largely depend on preventive dental work which will be carried out in the schools in the immediate future." Yet there is no condition concerning the health of a child upon which more indifference is shewn by parents.

For years the number of children with defective teeth has swelled the returns of defects found on re-inspection to be "not remedied," so I am very glad to record that an agreement has now been made with the County for the part time service of their dental staff for Chesterfield children between 6 and 8 years of age.

The work of the dental clinic must be assisted by a vigorous educational campaign in the schools as to the necessity of regularly cleansing the teeth. In this connection some of the teachers are giving great assistance.

SCHOOL	Enlarged Tonsils and Adenoids						Adenoids Alone						Enlarged Cervical Glands								
	Age 5		Age 8		Age 12		Total	Age 5		Age 8		Age 12		Total	Age 5		Age 8		Age 12		Total
	B	G.	B.	G.	B.	G.		B.	G.	B.	G.	B.	G.		B.	G.	B.	G.	B.	G.	
Hipper Street	14	1	1	3	2	2	23	3	1	6	1	10	3	24	12	4	6	13	13	1	45
St. Helen's	3	7	2	1	1	1	15	4	3	..	..	1	..	8	3	9	2	2	3	1	19
Old Road	6	2	..	2	..	..	10	5	..	1	..	..	..	6	1	2	1	1	1	4	11
Central	18	4	3	4	..	2	26	1	4	2	2	..	1	10	4	1	5	1	1	4	12
Spital	2	1	..	1	..	..	4	..	1	3	..	2	..	6	2	..	..	..	..	..	14
Hasland Eyre Street.....	3	..	7	1	..	1	16	..	2	..	3	4	2	10	..	3	..	1	4	..	4
Vicar Lane.....	1	2	..	5	1	2	9	2	1	1	2	4	..	10	1	1	1	1	3	1	8
Soresby Street	5	1	1	3	2	1	10	1	3	1	1	..	7	6	..	..	..	3	1	5	10
St. Thomas' .....	..	1	2	..	..	..	5	..	2	3	2	1	1	7	..	..	..	1	1	5	10
Christ Church	2	2	1	2	1	2	9	2	3	2	1	1	..	9	7	3	1	9	5	6	16
Derby Road	4	..	3	3	3	3	16	4	5	4	1	2	3	19	..	..	..	1	13	4	33
St. Mary's	2	1	1	1	1	1	6	5	1	..	1	1	1	8	1	2	5	5	4	1	18
Hasland C.E.....	2	1	1	..	1	..	5	2	4	1	1	1	..	10	1	2	6	2	2	7	19
Totals	57	22	22	26	12	15	154	29	26	24	12	26	11	133	32	28	21	46	59	32	214

Percentages

8.9

7.7

12.4

TONSILS AND ADENOIDS.

Reference to the table shews 287 children were found suffering from some degree of enlarged tonsils and adenoids. Of these 154 had enlarged tonsils and adenoids together and 133 had adenoids alone. Enlarged tonsils and adenoids produce obstruction behind the nasal passages and the child becomes a "mouth breather," becomes more susceptible to colds and infectious diseases, deafness may result, his chest may become deformed, and his whole progress, mental and physical, is retarded. It is, therefore, a most important matter to see that all mouth-breathing children receive appropriate operative treatment. Now that provision has been made for the treatment of minor ailments, dental caries and defective vision, our scheme should be completed by the provision of operative treatment for cases of tonsils and adenoids.

A special clinic is not recommended, but I advocate making arrangements with the governors of the Chesterfield and North Derbyshire Royal Hospital for the operative treatment of all such cases referred to the hospital by the School Medical Officer.

The child would be taken into hospital the day before operation and discharged one or two days after operation. These cases cannot be satisfactorily dealt with as out-patients. The immediate return of the child after operation to an insanitary or dirty home may result in septic infection of the pharynx with secondary inflammation in the middle ear followed by chronic otorrhœa (running ears).

It is also important that after operation arrangements should be made for systematic breathing exercises for the child. A successful result depends upon this. It is proposed to distribute special leaflets to the parents giving simple directions for breathing exercises and also to acquaint the head teachers of all children in their schools who are in need of systematic breathing exercises.

DEFECTS IN VISION,

SCHOOL.	Number Examined.	Vision Normal.						Blind.	Total Defective.	Percentage Defective.
			$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$			
Hipper Street	131	112	5	4	8	2	..	..	19	14.5
St. Helen's	150	124	10	6	3	6	1	..	26	17.3
Central	190	161	6	7	6	8	2	..	29	15.3
Old Road	47	44	3	..	..	..	..	..	3	6.4
Hasland Eyre Street.	74	68	1	2	..	3	..	..	6	8.1
Derby Road	164	143	5	7	7	2	..	..	21	12.8
Vicar Lane	53	42	5	3	2	1	..	..	11	20.7
Soresby Street	62	58	1	..	1	2	..	..	4	6.4
St. Thomas'	68	60	2	..	1	4	1	..	8	11.8
Christ Church	49	41	3	2	1	2	..	..	8	16.3
St. Mary's	74	57	5	4	3	5	..	..	17	22.9
Hasland C. of E.....	59	52	2	2	1	2	..	..	7	11.9
Totals.....	1121	962	48	37	33	37	4	..	159	14.1

DEFECTIVE VISION.

Reference to the table shews that 159 children or 14.1 per cent. of those examined had defective vision in one or both eyes. Of these, 111 were serious defects, that is, could not read $\frac{6}{12}$

Since the provision of treatment for defective vision by arrangement with the County the majority of cases receive prompt treatment.

No prosecutions have been instituted as the majority of recalcitrant parents yield to a typed section 12 letter (Children Act 1908).

EYE CLINIC.

Total cases sent for.	No Attended.	Refrac- tions.	Other Conditions.	Glasses Ordered.	Other Treatment.
261 ...	208 ...	190 ...	18 ...	174 ...	20

All the cases which failed to attend were followed up by members of the Medical Inspection Sub-Committee of the Civic Guild.

PERCENTAGE OF DEFECTS FOUND AMONGST
THE 1726 CHILDREN INSPECTED.

Defective Teeth	...	...	...	...	...	11.9
Subnormal Nutrition	...	...	...	...	...	12.2
Verminous and Uncleanliness	...	...	...	...	...	13.6
Defective Vision	...	...	...	...	...	14.1
Poorly Clad	...	...	...	...	...	5.7
Suspected Pulmonary Tuberculosis	...	...	...	...	...	1.3
Anæmia	...	...	...	...	...	0.7
Tonsils and Adenoids	...	...	...	...	...	8.9
Otorrhœa	...	...	...	...	...	1.1
Skin Disease	...	...	...	...	...	2.0
Heart Disease	...	...	...	...	...	1.1
Defective Hearing...	...	...	...	...	...	0.8
Defective Speech	...	...	...	...	...	0.2
Deformities	...	...	...	...	...	0.1
Bronchitis	...	...	...	...	...	1.2
External Eye Disease	...	...	...	...	...	0.5
Rickets	...	...	...	...	...	0.3

THE "INSPECTION" CLINIC.

Inspection Clinics have been held bi-weekly on Mondays from 9.30 to 12 a.m., and Thursdays from 2.30 to 5 p.m.

The system of working the Clinics is the same as in previous years.

				No. of Cases.		No. of Attendances.
1915	...	...	...	795	.....	2385
1916	...	...	...	1432	.....	3241
1917	...	...	...	1244	.....	2972
1918	...	...	...	899	.....	2742
1919	...	...	...	1309	.....	2869

A classification of the diseases affecting the 1309 children who attended in 1919 is given in the appended table. These figures considered in conjunction with the number of attendances at the morning treatment clinics indicate how widely the work of the school clinics has been appreciated by parents.

The purpose of these clinics is mainly the diagnosis and the observation of those children who are suffering from some disease which necessitates their exclusion from school. Cases

found at the routine inspections requiring a more careful investigation are referred to the Clinic for observation and diagnosis. Children are also sent to the Clinic by the Teachers and Attendance Officers and an increasing proportion of the cases are brought by the parents themselves.

Thirty-six cases of suspected pulmonary tuberculosis and fourteen cases of other tuberculous conditions were under observation at the Clinic during the year.

The work of the School Clinic is carried out in close co-operation with that of the Tuberculosis Dispensary.

The Tuberculosis Officer informs me that during 1919, 49 school children from the Borough attended the Tuberculosis Dispensary, viz. :—

Pulmonary Tuberculosis 28 definite and 8 suspected cases, non-pulmonary cases 13.

These tuberculous children are usually unfit to attend the ordinary elementary schools and may be excluded from school for years. The majority however are closed, non-infective cases, and could be allowed to attend an open-air school.

So far, no sanatorium provision has been made for school children in Derbyshire, but I understand a scheme for institutional treatment of both pulmonary and non-pulmonary cases is being prepared. There is no doubt that given the proper treatment many of the cases would recover completely.

TREATMENT CLINIC.

Treatment Clinics for minor ailments are now held daily from 9.30 to 12 a.m. at the Saltergate Clinic by the School Nurse under the supervision of the Medical Officer. From March to December 7680 attendances were registered. Impetigo, verminous conditions, septic sores, ringworm, conjunctivitis (inflamed eyes) and otorrhœa (discharging ears) are the chief ailments dealt with.

The results have been most satisfactory. With regular supervision and treatment the children have improved rapidly and their return to school has been speeded up and moreover children who in previous years would have been excluded from school for certain conditions are now allowed to remain at

school provided they attended daily at the clinics.

Cases of otorrhœa, suppurative conditions of the middle ear, usually subsequent to an attack of measles or scarlet fever receive special attention and an effort is made to keep them under observation and treatment for months if necessary until the ears are dry. Children with discharging ears are liable to serious and dangerous complications, of which, as a rule, the parents are quite ignorant and treatment is neglected. The regular treatment of these cases is therefore one of the most important duties of the School Clinic.

Cases Attending the Clinic.

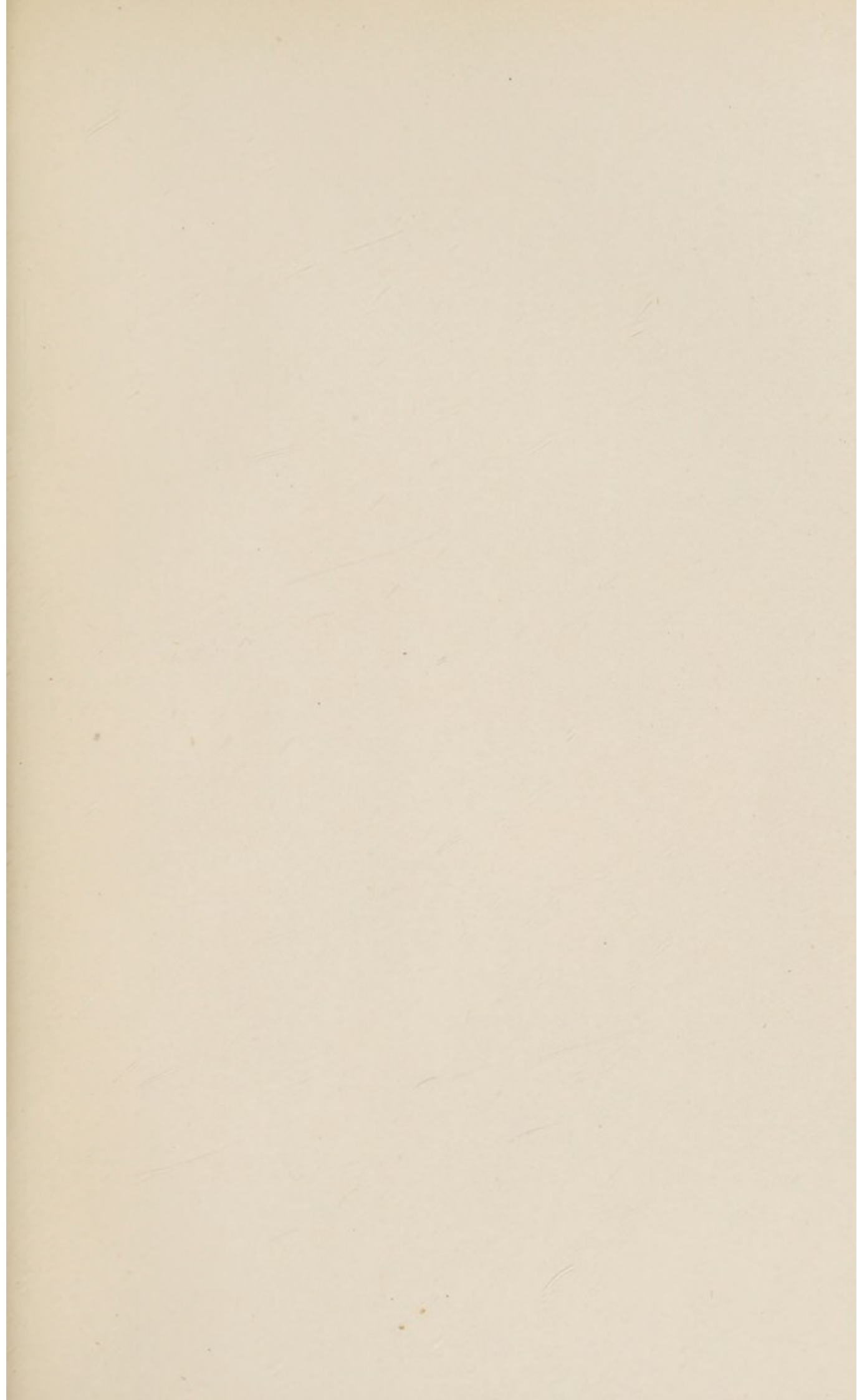
DISEASES.	No. of Cases.	No. of Attendances.
Contagious Diseases.		
Ringworm	68	254
Impetigo	137	430
Other	96	178
Tubercular Diseases.		
Pulmonary	36	106
Other	14	111
Infectious Diseases.		
Sore Throat	64	144
Other	56	157
Nervous Diseases	8	22
Diseases of Circulation...	27	56
Diseases of the Eye	196	299
Diseases of the Ear	85	184
Deformities	19	21
Other Skin Diseases	215	454
Miscellaneous.		
Debility	62	114
Bronchitis	19	34
Unclean Head	47	73
Rheumatism	9	22
Other	151	210
TOTALS...	1309	2869

INFECTIOUS DISEASES NOTIFIED BY SCHOOL TEACHERS AND ATTENDANCE OFFICERS

	Measles.	Scarlet Fever.	Chicken Pox	Mumps.	Whooping Cough.	Diphtheria.	Scabies.	Ringworm.	Sores.	Influenza.	Pneumonia.	Bronchitis.	Total.
Brampton .....	..	.	1	.	.	.	.	..	..	9	..	..	10
Central .....	..	.	..	.	.	.	.	1	..	..	..	..	1
Derby Road	1	.	..	.	..	..	..	..	..	..	..	..	1
Christ Church	33	.	..	.	2	..	..	..	..	..	..	..	37
Hasland C. of E.	19	3	..	.	..	..	..	1	..	..	..	..	23
Hasland Eyre St.	1	3	..	.	..	..	..	19	..	..	..	..	23
Hipper Street	6	.	15	..	..	..	..	..	..	..	..	..	21
Old Road	34	.	14	2	..	..	..	..	1	37	..	..	88
Spital	4	.	..	3	..	..	5	..	..	..	..	..	12
St. Helen's	3	.	..	..	..	..	..	..	..	..	..	..	3
St. Thomas'	18	2	7	3	..	1	..	1	..	45	1	..	78
St. Mary's	5	.	..	..	..	..	..	..	..	64	3	..	74
Soresby Street .....	..	.	..	..	..	..	..	..	..	..	..	..	..
Victoria	3	.	4	..	..	..	2	..	..	..	..	..	9
Total	127	8	41	8	2	1	7	24	1	155	4	2	380

Defects remedied	9
Unsatisfactory, referred back to School Medical Officer for more drastic measures	6
Left the District	2
Country Holiday treatment	2
Surgical Boot provided	1
Cases under supervision	28
	—
Total... ..	48
	—





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