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BOROUGH OF



COLCHESTER.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1921.

COLCHESTER:
WILES & SON, TRINITY STREET.

1922.

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HEALTH OFFICES,
TRINITY STREET,
20th March, 1922.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE OF THE BOROUGH OF
COLCHESTER.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting to you the twelfth Annual Report upon the work of the School Medical Department.

The past year has been one of increased activity in medical inspection work. This has been particularly so in the work of the School Clinics. There appear to be two reasons for this: (1) the parents are more willing and anxious for their children to attend the Clinics, and (2) the children are more diligently "followed up." The result is well seen if two figures for 1914 are compared with similar figures for 1921:—

Number of individual children attending the	1914.	1921.
Medical Inspection Clinics	443	647
Number of Attendances made by these children	915	3,520
Average number of Attendances per child ..	2.0	5.4

Pediculosis Inspection at the Schools by the Nurses has proved a great success. The table on page 9 gives some idea of the large amount of this work being carried out.

The new offices of the Health Department in Trinity Street, next door to the Education Offices, are greatly appreciated. They have been particularly convenient for assisting the School Nurse with the clerical work that formerly fell upon her shoulders. The Clinics are now so much busier that it became very necessary to relieve her of some of this clerical work.

In conclusion I would draw your special attention to the six tables at the end of the Report. These tables are full of much information that is not referred to in the body of the Report, as, with a view to economy, only essentials have been mentioned, and that as briefly as possible.

I beg to thank you, ladies and gentlemen, for your continued sympathy, and for the interest you have taken in the work of the School Medical Service.

I am,

Your obedient servant,

W. F. CORFIELD,

*Medical Officer of Health and
School Medical Officer.*

Report of the School Medical Officer for the Year 1921.

STAFF AND CO-ORDINATION WITH OTHER HEALTH SERVICES.

For some years past it has been generally agreed that the Public Health Department was poorly and even meanly housed, and endeavours were made to alter this state of things, but it was not until 1921 that an opportunity arose which it was generally agreed must not be missed. The house adjoining the Education Offices in Trinity Street was offered for sale. It was a most convenient house for the Health Department, and lent itself readily to adaption. A large room and passage have been thrown into one upon the ground floor, and this serves excellently as a Waiting Room for all the School Medical and Dental Clinics; the Maternity and Child Welfare Clinic is housed in the same building, and in short it is practically, if not actually, true that the whole of the Education Offices, Health Offices, Laboratory and Corporation Clinics are under one roof. The saving of time, correspondence and telephoning alone has made the change well worth while, and the whole work of the School Medical and Health Departments has greatly benefitted.

Only one change has occurred in the School Medical Staff. Nurse W. M. Monk resigned her appointment in September, and upon October 1st, 1921, Nurse M. G. Hunter was appointed in her place. Nurse Hunter is a fully trained Nurse with the C.M.B. Certificate and experience as a District Nurse.

In the Annual Report for 1920 (page 6), certain arrangements for the treatment of County children suffering from Dental and Eye Defects at the Colchester School Clinic were described. On March 21st, 1921, the Dental Clinic for County children was discontinued at the request of the County Authorities, County Eye Cases are still seen, and the number has been increased from two

to four per week, but no cases were sent by the County Authorities from November 12th to the end of the year.

Weekly Time Table of the School Clinics.

	MONDAY.	TUESDAY.	WEDN'SDAY	THURSDAY.	FRIDAY.	SATURDAY.
MORNING		Dental			Dental	Visual Defects
AFTER-NOON	Eye & Ear Diseases	Minor Ailments		Visual Defects	Minor Ailments	

THE ELEMENTARY SCHOOLS AND SCHOOL HYGIENE.

There are 10 Council Schools and 11 Non-Provided Schools They are divided into 29 departments, as follows:—

	COUNCIL SCHOOL DEPARTMENTS.	NON-PROVIDED SCHOOL DEPARTMENTS.
Mixed Departments	5	1
Infants' Departments	6	3
Mixed and Infants' Schools	2	6
Girls' and Infants' Schools	—	1
Central School	1	—
Boys' School	—	1
Girls' School	—	1
Junior Mixed Department	1	—
Special School (for Mentally Defective Children)	1	—
Totals	16	13

School Attendance.

	1920.	1921.	Increase or Decrease.
Daily Average Number of Children on the School Registers	6,206	6,178	— 28
Daily Average Attendance Percentage ..	89·5	91·6	+ 2·1

The sanitation and equipment of the schools, though old fashioned in some cases, may be considered generally satisfactory.

MEDICAL INSPECTION.

The arrangements have remained the same as in previous years. The three Routine Groups; Entrants; Intermediates, i.e., children aged 8 years; and Leavers, were examined; also Special Cases.

The number of children thus examined was 2,536. The numbers in each group making up this total are set out in tabular form in Table I. at the end of the Report, where the exact meaning of the term "Special Cases" is explained.

The Findings of Medical Inspection.

The number of individual children found with defects by the Medical Officer was 1157. This figure is exclusive of the large number of children found by the School Dentist to have defective teeth and also does not include children found to be verminous by the Nurses.

Statistical Table II. at the end gives the details of the defects found, and states whether the cases were referred for treatment or observation.

It should be noted that out of 1962 Routine children examined, 629 were referred for treatment and 121 for observation. In all 750 or 38 per cent. were found with defects, excluding cases of uncleanliness and defective teeth.

In Table II. certain diseases and conditions are grouped together under the headings "Other Diseases," "Other Conditions." A table is given below showing what these other diseases and conditions were.

Diseases grouped as "Other Diseases" or "Other Conditions"
in Table II.

SKIN DISEASES—

Eczema	21	Abscess	3
Alopecia	4	Minor Injuries	16
Urticaria	10	Seborrhœa	2
Boils	9	Sebaceous Cyst	1
Septic Sores	3	Implantation Cyst	1
Xerodermia	2	Herpes Zoster	4
Burns	1	Sudamina	1

EYE DISEASES OR DEFECTS—

Coloboma Iris	1	Traumatic Cataract	1
Stye	1	Ptosis	1

NOSE AND THROAT DISEASES—

Tonsillitis	9	Rhinitis	10
Cleft Palate	4	Enlarged Turbinates	1

ALIMENTARY SYSTEM—

Gastritis	14	Diarrhoea and Vomiting	3
Worms	5	Diarrhoea	1
Hernia	1		

LUNG DISEASES—

Asthma	5	Fibrosis	1
Pneumonia	2		

TUBERCULOSIS—

Tubercular Peritonitis	2		
------------------------	---	--	--

NERVOUS DISEASES—

Facial Paralysis	3	Night Terrors	1
Neuralgia	1	Pseudo - hypertrophic Paralysis	1
Infantile Paralysis	1		

DEFORMITIES—

The result of Infantile Paralysis	5	Genu Recurvatum	1
Spinal Curvatures {		Malformed Hand	1
Lordosis	1	Intra-uterine Amputa- tion Right Forearm	1
Scoliosis	52	Old Amputation Right Thigh	1
Kyphosis	3	Hallux Valgus	1
Flat Foot	142		
Genu Valgum	1		
Double Congenital Dis- location of Hip-joint	3		

INFECTIOUS DISEASES—

Whooping Cough,	5	Scarlet Fever	1
Mumps	3	Chicken-pox	2

UNCLASSIFIED DEFECTS AND DISEASES—

Spina Bifida	1	Pyrexia	3
Splenectomy	1	Dysmenorrhœa	1
Oedema of Leg	1	Insect Sting	2
Synovitis	1	Myalgia	2
Incontinence of Urine	2	Congenital Syphilis	6

Uncleanliness.

The arrangements made in the autumn of 1920 were continued throughout 1921. They were quickly found to be yielding very satisfactory results, and it is probable that the improved average attendance is to some extent due to the small number of children excluded for verminous conditions during the year.

Pediculosis Capitis in the Elementary Schools.

School.	Number of Examinations.	Number of Cases of Pediculosis Capitis.	Per Cent.	Number of Children on the Books, Sept., 1921.
Barrack Street, Mixed ..	826	247	30	598
„ Infants ..	917	231	25	334
St. John's Green, Mixed ..	795	144	18	446
„ Infants	782	139	18	265
Canterbury Road, Mixed	590	71	12	537
„ Infants	1091	77	7	286
North Street, Mixed ..	1628	97	6	465
„ Infants ..	491	42	8	152
East Ward, Mixed ..	444	76	17	239
„ Infants ..	291	25	8	80
Hamilton Road, Central ..	497	46	9	300
„ Jun. & Inf.	591	34	6	210
Priory Street, Mixed ..	307	105	34	185
„ Infants ..	214	52	28	74
Kendall Road, Girls ..	448	68	15	131
„ Infants ..	456	60	13	153
Blue Coat	576	56	10	310
Myland	867	37	4	232
Old Heath	501	14	3	178
Stockwell Street, Infants	564	72	13	152
Magdalen Street, Boys ..	54	11	20	122
Lexden	351	28	8	135
Stanway All Saints ..	134	26	19	106
Greenstead	343	31	9	99
St. James'	329	86	26	96
Parson's Heath ..	179	21	12	94
St. John's, Ipswich Road	210	10	5	82
St. Mary's, Infants ..	160	12	8	80
Special	22	5	23	27

The total number of cases examined was 14,658, the children being examined weekly throughout each term. Children found with nits or vermin in their heads were continuously re-examined

until they were clean. The number of re-examinations made was 13,752.

Where children were highly infested or no improvement could be obtained in spite of constant warnings, they were excluded from school with a view to prosecution should no improvement take place.

The number of children excluded for *Pediculosis Capitis* was 114.

Prosecutions were undertaken in four cases under the Attendance Bye-laws with the following results :—

In one case a fine of 5/- was inflicted.

In two cases Attendance Orders were made or in default a fine of 5/- in each case.

One case was dismissed.

It has been necessary for the Nurses to be somewhat lenient in their dealings with these cases, or the exclusions would have been three or four times as many, but it is intended each year to shorten the period before exclusion is resorted to in order that parents may learn that they cannot continue to send their children to school in a verminous condition with impunity.

The percentages in the table above must not be taken too strictly to indicate the standard of cleanliness or otherwise of all the children in a school, for several dirty families that are constantly found verminous would raise the percentage considerably, although the rest of the children in the school might be clean. This is well seen in the case of **Magdalen Street Boys' School**, where the percentage verminous of those examined was 20, yet only 11 boys out of 122 were found verminous, the fact being that the great number of the boys never needed examination.

It is the habitually dirty children who are excluded and whose parents are prosecuted. When this is taken into account, the results of prosecution do not appear to err upon the side of severity.

At the Routine Medical Inspections, 1,960 children were examined as to the cleanliness of their heads and bodies. These examinations are quite separate from the regular examinations by

the Health Nurses and are carried out when the Routine Medical Inspections are made. The Tables below show the findings at these inspections.

Cleanliness of the Heads and Bodies of 1,960 Children examined at Routine Inspections.

HEAD.	ENTRANTS	INTER-MEDIATES.	LEAVERS	TOTAL.	PER CENT.
Clean	608	535	591	1734	88.5
Dirty	5	8	5	18	.9
Verminous	68	61	79	208	10.6

BODY.	ENTRANTS	INTER-MEDIATES.	LEAVERS.	TOTAL.	PER CENT.
Clean	646	567	647	1860	94.9
Dirty	35	37	28	100	5.1
Verminous	—	—	—	—	—

In the above Tables, the headings "Dirty" and "Verminous" are exclusive, that is to say, children included as "Verminous" are not also counted as "Dirty," whatever the state of the part under examination.

It must not be forgotten that parents are given two days' notice when a Medical Inspection is to take place and consequently a large number of children are cleaned up for the occasion.

Clothing and Footgear.

A careful record has been kept of the condition of the children's clothing and footgear at the time of Medical Inspection. It has been objected that such a record is useless, as many children are dressed in their best for the examination. Although this is so, yet such a record does show the number of children who have satisfactory clothing, even though this be their best.

Clothing may be sufficient yet unsatisfactory from a hygienic point of view. An attempt has been made to distinguish between these two in the Table below and it is of interest to note that the numbers of the children with insufficient and unsatisfactory clothing in the Entrants and Leavers Groups are much the same, in the Intermediate Group there is a definite increase in the amount of

unsatisfactory clothing. This is largely due to children at this age (8 years) being made to wear clothing that they have grown out of, or to adopt clothing (particularly cast-off stays) from older children that is either worn-out or otherwise unsatisfactory.

Condition of the Clothing of 1,960 Children examined at Routine Medical Inspections.

STATE OF CLOTHING.	ENTRANTS	INTER-MEDIATES.	LEAVERS.	TOTAL.	PER CENT.
Sufficient ...	635	545	635	1815	92.6
Insufficient...	46	59	40	145	7.4
Satisfactory ...	633	534	630	1797	91.7
Unsatisfactory ...	48	70	45	163	8.3

The record of the state of the children's footgear was kept in a similar way and the Table below shows the result of this inspection.

Condition of the Footgear of 1,960 Children examined at Routine Medical Inspections.

STATE OF FOOTGEAR.	ENTRANTS	INTER-MEDIATES.	LEAVERS.	TOTAL.	PER CENT.
Good ...	627	542	626	1795	91.6
Poor ...	54	62	46	162	8.3
Bad ...	—	—	3	3	.1

Height and Weight.

The Table below gives the average Heights and Weights of the children examined at the Routine Medical Inspections.

Average Heights and Weights.

AGES.	NUMBER EXAMINED	AVERAGE HEIGHTS INCHES.	AVERAGE WEIGHTS POUNDS.
Boys—Age 4 years ...	135	40.6	37.6
" 5 " ...	135	40.4	37.8
" 6 " ...	44	44.7	44.1
" 8 " ...	311	46.3	50.3
" 12 " ...	293	54	71.1
Girls—Age 4 years ...	97	39.3	35.6
" 5 " ...	146	41	38
" 6 " ...	49	43.8	42
" 8 " ...	284	47	48.5
" 12 " ...	304	52.2	67.2

INFECTIOUS DISEASE.

Incidence of Infectious Disease amongst Elementary School Children in four-weekly periods.

Scarlet Fever.	Diphtheria.	Whooping Cough.	Measles.	Chicken Pox.	Mumps.
11	1	—	1	4	37
6	—	13	—	2	3
7	—	8	—	—	1
4	1	13	1	11	2
9	—	21	—	22	—
11	—	20	—	32	—
8	1	36	—	13	—
5	—	13	—	2	—
10	1	—	—	2	—
6	4	—	1	2	—
8	6	—	—	1	1
6	2	14	—	7	—
7	11	4	—	—	—
98	27	142	3	98	44

Only one school department, Barrack Street Infants, had to be closed during the year for Infectious Disease. This school was closed from October 19th until November 1st inclusive, owing to the occurrence of several cases of severe diphtheria among the children. The department was only closed because the infection appeared definitely to be spread by school attendance. The result justified the action, as what seemed to be the beginning of an outbreak of a severe type of the disease never developed further.

FOLLOWING-UP.

	1920	1921
Number of "following-up" visits	590	916

The new arrangement of dividing the district into three areas and having one Health Nurse in each area is working well and satisfactorily.

MEDICAL TREATMENT.

MINOR AILMENTS CLINIC.

	1920	1921
Number of times the Clinic was open.. ..	89	88
„ attendances made by children with Defects		3,249
„ „ verminous children		271
Total number of attendances.. ..	2,923	3,520
Number of individual children treated ..	673	647
Average number of children at each Clinic ..	33	40

The average number of children at each Clinic has increased. Last year the hope was expressed in this report that the number of children at the Minor Ailments Clinics would be reduced by the new system by which verminous children are now almost exclusively dealt with by the nurses in the schools. Such has not been the case, their place has at once been filled by an increased attendance of other cases. It should be noted, however, that the actual number of individual children attending the clinic is slightly less.

SPECIAL EAR AND EYE CLINIC.—In 1920 a Clinic was tentatively started for chronic ear and eye conditions, which could not receive adequate treatment at the crowded Minor Ailments Clinics. This practice was continued in 1921, and in June, put upon a definite basis, Monday afternoons being devoted to a recognised Ear and Eye Clinic. The first of these Clinics was held on June 27th, 1921, since that date they have been regularly continued.

Number of times the Special Ear and Eye Clinic was open	22
„ attendances made by children	523
Average number of children at each Clinic	24
Number of individual children treated	62

The cases most common at this Clinic are Chronic Ear Discharge and Chronic Conjunctivitis. Defective Vision is not treated at this Clinic, but at the Eye Clinics on Thursday afternoons and Saturday mornings.

Certain of the defects and diseases found among the school children and treated, may now be considered in more detail. It appears simpler to consider them all under the heading "Medical Treatment," instead of first under "The Findings of Medical Inspection" and then later in the report under "Medical Treatment."

Tables II. and IV. should be referred to with reference to these cases.

Skin Diseases.

The number of cases of RINGWORM has fallen satisfactorily. The regular inspections of the children's heads in the schools by the Nurses, should do much towards finding cases early and so preventing the spread of this condition.

Number of Cases of Ringworm referred for Treatment.

PART AFFECTED.	1920.	1921.
Head	26	14
Body	32	23

Treatment of head cases has mostly been carried out by X Rays at the Essex County Hospital. The body cases were all treated at the Minor Ailments Clinic.

Cases of SCABIES and IMPETIGO were not so many as in 1920. In fact, getting the Nurses into the schools appears to have had a very beneficial effect upon all the cases of what may be called the dirt diseases.

Number of cases of Scabies and Impetigo referred for Treatment.

DISEASE.	1920.	1921.
Scabies	61	20
Impetigo	288	168

Eye Diseases and Defective Vision.

There is a noticeable increase in the number of cases of Conjunctivitis and Blepharitis. This is difficult to account for, but it may be due to the added importance given to these conditions by the institution of the Special Ear and Eye Disease Clinic. This Clinic has perhaps made parents realise the dangers of these conditions, with the result that they seek treatment for them at once. Yet this does not account for the large increase of these conditions found at Routine Inspections.

Cases of Defective Vision corrected by Glasses.

Simple Hypermetropia	20
„ Hypermetropic Astigmatism	10
Compound Hypermetropic Astigmatism	32
Simple Myopia	18
„ Myopic Astigmatism	5
Compound Myopic Astigmatism	8
Mixed Astigmatism	11
Compound Myopic and Hypermetropic Astigmatism	2

Ear Disease.

A short Special Report by the Assistant School Medical Officer (Dr. P. S. Blaker), is given to show what very satisfactory results can be obtained in cases of chronic ear disease by simple antiseptic treatment *properly carried out*. Cases of otorrhœa in poor children are typically the cases that should be treated in School Clinics under the constant care of a Medical Officer.

OTORRHŒA CASES IN 1921.

“There were altogether 53 cases of otorrhœa under treatment during the past year.

Of this number, 26 were entirely cured and 27 are still under treatment.

Of the 26 treated and cured cases, the following points may be noted:—

1—Duration of the disease prior to the commencement of the treatment—

(a) Recent, (i.e., up to one month)	..	8 cases
(b) Months (i.e., one month up to one year)	6	„
(c) One year and over	12 „

These latter 12 cases are accounted for as follows—

11 years	..	1	3½ years	..	1
7 „	..	1	2 „	..	3
4 „	..	1	1 „	..	2
			Years (?)	..	3
			(definite period unknown)		

2—Eleven of the 26 cases were suffering from enlarged tonsils and adenoids, or only the latter condition. These 11 patients were operated upon for these defects and within a few weeks of the operation the otorrhœa cleared up permanently.

3—In 7 of the 26 cases granulations were visible with the speculum and the discharge was offensive. No operation was performed on the ear.

4—In 10 cases the affection was Right sided.

9	„	„	Left	„
7	„	„	Double.	

5—TREATMENT. To begin with, all cases are treated with hydrogen peroxide (10 vol. per cent.) ear drops. The parent is instructed to put the drops in three or four times a day and to clean the ear thoroughly. This is continued till the external and middle ear is rendered clean and sweet. Then one or other of the following drops are prescribed :—

Hydrogen peroxide.	
Spt Vini Rect, equal parts, or	
Acid Carbolie	grs. 5
Spt Vini Rect	oz. $\frac{1}{2}$
Aqua ad	oz. 1

Great stress is laid upon telling the parent that the cure depends very much on keeping the ear clean.

According to the severity of the case, the patients are seen at the Clinic regularly once a week or once a fortnight and the ears examined with light and speculum. This thorough systematic examination regularly done is very important: first, because the progress of the case is watched, and secondly, the interest taken impresses the parents, and the heretofore neglectful parent who entirely left things to chance, now becomes keen and interested. In some cases the treatment lasted for months, but with patience, encouragement and persistence, the ears have become quite dry and healed and the hearing preserved to an astonishing degree.

In none of these cases was any syringing of the ears resorted to."

Defective Speech.

On May 2nd, 1921, the first class for stammering children was held in Colchester. In the previous year, one of the Elementary School Teachers had learnt in Manchester the Berquand Method of teaching stammerers to speak properly. Courses of six weeks were arranged and the classes were limited to ten children.

The children were examined and recommended for the Stammerers' Class by the School Medical Officer, who re-examined each class after five weeks' instruction.

Thirty-two boys and five girls attended the classes and the teacher finally classified the results as follows :—

RESULT.	BOYS.	GIRLS.	TOTAL.
Very Good...	13	4	17
Good ...	9	1	10
Fairly Good ...	9	—	9
Poor ...	1	—	1

The ages of the children varied from 9 to 14 years. Nine years old is rather too young to begin, as it is important that the child should be able to read easily and at the same time to realise the importance of the instruction given.

The one case that did not do well was a boy who took no interest in the instruction and who did not try to improve. He played truant several times.

Although for want of further cases the classes ended on 2nd December, 1921, the importance of constant practice has not been overlooked. Revision classes are being held once a week, and in this way it is hoped that the great improvement gained in the majority of the children will become permanent.

Dental Disease.

The need for the treatment of dental defects is not yet sufficiently appreciated by parents. Too many offers of treatment for defects discovered by the dentist are still ignored, with the result that to keep up the supply of cases accepting treatment, a very large number of children have to be inspected.

In 1921, objection was made to the large number of dental inspections made when compared with the number of times the Dental Clinic was open. In 1920, the year then under consideration, 34 half-days were devoted to Dental Inspections and upon 54 half-days the dentist treated children at the Dental Clinic.

This year, 1921, certain changes were made for keeping the records of cases seen by the dentist, with a view to increasing the time available for inspection and so reducing the number of

inspections necessary. Some improvement has resulted, the figures for 1921 being:—

Number of half-days devoted to inspections	..	27
" " devoted to treatment	..	56

But the true reason is that the children with defective teeth do not seek treatment.

Put as a general statement it may be said that 50 per cent. of the children inspected by the dentist have defective teeth and of these, only 33 per cent. seek treatment for such defects.

Tables IV., D, 1 and 2, give the statistics of Dental Inspection and Treatment in detail.

Deformities.

In the report for 1920, special attention was drawn to the large number of cases of spinal curvature, and early in 1921 special physical drill classes were organised.

The number of cases requiring special treatment was 109 and these may be divided into the three following groups:—

<i>Class A</i>	..	85 cases	..	Moderate curves.
" <i>B</i>	..	21	..	Severe curves, i.e., when the maximum convexity is $1\frac{1}{2}$ inches and over out of the vertical.
" <i>C</i>	..	3	..	Structural curves, i.e., more or less permanent, with alteration to the bones of the spinal column.

The majority of the cases come under Class A, and these have been given special remedial exercises in their own schools by a teacher who has worked under the supervision of the Organiser of Physical Training (Mr. Lamonby).

Class B cases are dealt with by Mr. Lamonby himself, special apparatus having been provided at St. John's Green School for this purpose.

Children with structural curves (Class C) have been sent to the Orthopædic Hospital, London.

In the autumn a special enquiry was made into the results of this treatment in 72 cases that had been under treatment for six months or over. The cases were classified as follows:—

Class A 53; *Class B* 16; *Class C* 3

In Classes A and B (69 cases), 27 children showed marked improvement, 23 children showed moderate improvement, 17 cases showed no improvement and in 2 cases the curve was decidedly worse.

The three cases in Class C were all sent to the Royal National Orthopædic Hospital. One has a spinal support, another special boots, and all three are receiving special remedial exercises under Mr. Lamonby, as prescribed by the Orthopædic Hospital Surgeon.

Congenital Syphilis.

Thirteen cases of this condition have been under treatment during the year.

Dr. Blaker has contributed the following notes upon this most important disease. Particularly important to the School Doctor, as its manifestations may readily be mistaken for the results of some other infection, and delayed, or incorrect treatment cause permanent severe injury, with perhaps loss of sight, deafness or paralysis.

NOTES UPON 13 CASES OF CONGENITAL SYPHILIS.

Of these cases, nine were boys and four girls.

The ages varied from 7-14 years.

There were four children in two families—a brother and a sister in each—the ages being 8 and 9 and 8 and 13. The mother of the latter two died in an asylum from general paralysis.

The obstetric history in most of the cases was fairly typical.

The signs and symptoms were varied :—

1—Ocular defects :

4 children had marked Disseminated Choroiditis.

4 " " Interstitial Keratitis. One case of Keratitis had marked ulceration of the cornea which would not heal under local treatment. The boy then developed a diffuse tibial periostitis—the Wassermann reaction was positive and under antisyphilitic treatment the corneal ulcers rapidly healed.

1 child had marked double Iritis.

2—Ear defects :

1 child was practically deaf.

3—Bones :

2 cases had a diffuse periostitis of the front of the tibiæ.

4—Teeth :

6 children had definite crescentic notching of the central upper incisor teeth. In some of the cases this was well marked and the teeth were typically peg shaped.

5—Nervous System :

1 boy had a marked left-sided partial paralysis, which occurred during an attack of diphtheria.

6—Wassermann reaction :

This was positive in all the cases.

OPEN-AIR EDUCATION.

PLAYGROUND CLASSES.—As in previous years, these are continued in practically all the schools during the summer months.

RESIDENTIAL OPEN-AIR SCHOOL.—The six places at the Ogilvie School of Recovery at Clacton have been kept filled. Fourteen children have spent periods varying from three to six months at the school during the year.

PHYSICAL TRAINING.

The value of the Organiser of Physical Training has been very apparent during the past year in connection with remedial exercises for children suffering from Spinal Curvature. Mr. Lamonby, in his Report, hardly lays sufficient stress upon the importance of a straight back to growing children. The child that grows up with a curved spine not only grows up with a crooked back, but permanent injury may result to internal organs that will only show itself when the spine has become fixed in its unnatural position.

Mr. Lamonby works in the closest co-operation with the School Medical Department, children requiring physical drill or remedial exercises are brought directly to his notice by the Department, and he, upon his side, constantly refers to the Clinics children that he suspects of deformity or some other defect.

Children undergoing remedial exercises are regularly seen by the Assistant School Medical Officer and their improvement or otherwise noted, and the necessary steps taken should the exercises not be producing the desired result.

REPORT OF THE ORGANISER OF PHYSICAL TRAINING.

"I have much pleasure in presenting my second Annual Report on the work of Physical Training in your schools. I have aimed at a daily period of physical training in the upper departments, or where organised games are played in an open space, three daily periods and forty minutes to one hour for games each week ; in nearly every school this is carried out.

In the Infant Departments two daily periods are taken—in the morning the primary lesson, and the afternoon period is given up to work of a more recreational character.

Physical training has now taken a much fuller scope than was the case two years ago ; besides the tables of exercises, games, folk dancing and general activity exercises now take a prominent part in the lesson. I have pointed out to the teachers that the exercises and games are dependant upon one another. I regret, however, that many of the athletic exercises and games are hampered for the want of proper footwear ; the surfaces of many school playgrounds are very slippery, and children wearing boots are apt to slide about during some of the exercises. In some schools the children provide themselves with slippers, but these form only a small minority.

The games played are those which provide for vigorous movement, and the aim is all-round proficiency and not to specialise in any branch of athletic work ; playground games are played which lead up to the more advanced games. Inter-class and inter-school matches have been arranged : these are particularly important, especially the inter-class matches, as they improve the physical capacity of the school and promote a healthy spirit of playing the game for the team's sake.

The team system has proved successful, and I feel sure that the children learn many valuable lessons and habits which will serve them in after life through this spirit of leadership and playing for one's side and not for self. This team spirit has proved popular with the girls, and the girls now take quite an active part in games.

This year, for the first time, a Net Ball competition was run in connection with the Girls' Schools, and was very popular.

In connection with the games, I am careful to watch that the classes are not neglected for the sake of the school teams.

Classes and Demonstrations were held during the year: these were popular with the teaching staff and the attendance was very gratifying. One special feature of the classes that I emphasised was the demonstration of many playground games and general activity movements and athletic exercises.

When I first took up my appointment in Colchester I was surprised at the number of teachers, in the larger schools with Central Halls, who, during the winter months, took all their physical training indoors; now I am glad to say that all work is taken out of doors, except in exceptionally bad weather.

Three more schools have been provided with playing fields during the year, namely, Stanway All Saints, Lexden, and St. John's, Ipswich Road.

During the summer the Swimming was very popular, but unfortunately the numbers are limited of those able to attend for instruction, owing to the situation of the Bathing Place. This year increased facilities were granted by the Swimming Club for girls' classes; this resulted in more girls learning to swim than formerly.

In some schools I have tried to get teachers to specialise and become responsible for more classes than their own. With the co-operation of Head Teachers I hope to further this during the year. I feel sure if this is carried out it will result in increased enjoyment and physical efficiency of the children.

During the year I commenced corrective exercises for children suffering from slight postural defects of the spine. These children were formed into special classes at the schools and placed under the care of an enthusiastic teacher. I was responsible for drawing up the table of exercises and instructed the teachers and supervised the work.

I particularly asked their own class teachers to watch the children carefully to see that they did not assume bad positions during their work in school, particularly when standing, and to see that they took a prominent part in games and activity exercises generally; sometimes these children suffer from the want of exercises of this nature. In some cases I found that they never played active games with other children during the recreational period, but were generally to be found standing about. I feel sure that the more they play the stronger they

will become and throw off their defects. The results of this work will be embodied in the report of the School Medical Officer, with whom I work in close association. The more severe cases are dealt with by me at a special centre at St. John's Green's School three afternoons per week.

HAROLD LAMONBY,

Organiser of Physical Training."

PROVISION OF MEALS.

Throughout the year ill-nourished children have been given milk in the schools, both upon the recommendation of the Head Teachers and through the Minor Ailments Clinic. Similarly, cod liver oil and cod liver oil and malt have been supplied at the Clinic at a cheap rate. In the case of necessitous children whose parents could not afford even this small expense, the oil has been provided and given to children at the schools upon the Medical Officer's recommendation.

In the autumn it appeared likely that meals would have to be provided for a large number of children through the winter, and a scheme of feeding centres was evolved and Head Teachers and the Attendance Officer asked to report any children requiring food. Although the scheme was complete and ready to be adopted when occasion arose, as time went on it was found that the number of children to be dealt with was smaller than was anticipated, and that the children could be satisfactorily fed under the Mayor's Poor Children's Fund arrangements.

This Fund fed some 50 children during the year. The chief food supplied was milk, but other foods were also available.

CO-OPERATION OF PARENTS.

Number of Parents present at Routine Medical Inspections.

ENTRANTS.	INTERMEDIATES.	LEAVERS.	TOTAL.
566	448	386	1400
		1920.	1921.
	Number of Routine Inspections..	1772	1962
	„ Parents present ..	1241	1400
	Percentage of Parents present ..	70 %	71·3 %

The number of parents present has therefore slightly improved. Parents are taking a much keener interest in Medical Inspection. The resentment with which it was viewed in the first three or four years of its existence has almost completely died out, and it is not uncommon to find parents apologising for their absence from an inspection and expressing regret at their inability to be present. Their attendance with their children at the School Clinics has also improved. They attend to hear for themselves exactly what the doctor advises or to consult him about some defect that they have discovered.

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICER AND VOLUNTARY BODIES.

Little need be added to what was said last year. The teachers and School Attendance Officer work hand in glove with the Medical Inspection Department for the benefit of the children. If teachers and Attendance Officer only gave grudging assistance, constant difficulty and delay would result; instead, their help is always willingly given and the gain in the way of smooth and steady work immense.

School children continue to be sent to the ESSEX COUNTY HOSPITAL, which is situate in Colchester, for the X-Ray treatment of Ringworm and for the removal of Tonsils and Adenoids at agreed charges. Other cases are treated as ordinary Hospital patients. The parents of children suffering from Congenital Syphilis are urged to take them to the Venereal Diseases Clinic at the Hospital for blood tests and treatment.

Two children were sent during 1921 to the CENTRAL LONDON EYE HOSPITAL for treatment of severe eye defects, and twelve children with Deformities were sent to the ROYAL NATIONAL ORTHOPÆDIC HOSPITAL for operation or for special splints or boots. These children were treated free of cost, the travelling expenses of necessitous cases being paid from the Mayor's Poor Children's Fund.

THE MAYOR'S POOR CHILDREN'S FUND continues to prove most valuable in helping children. Not only does it provide milk and meals at school for necessitous cases, but during the past year has also paid travelling expenses of children sent away to Hospital, provided surgical appliances and, in some cases, clothing and boots.

The financial year of the fund ends on April 30th, and the expenditure for the year previous to this date in 1921 was—

	£	s.	d.
Upon Milk and Meals	34	15	5
„ Clothing and Boots	16	11	6
„ Travelling to Hospitals, Surgical Appliances, etc.	13	16	2
„ Printing	2	5	0
	<hr/>		
	£67	8	1
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THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN.—The Inspector of this Society has been most helpful in seeking out and remonstrating with the parents of children with defects who would get nothing done, or who brought their children to the clinic and then failed to come when a second visit was necessary for further treatment. It has been found difficult in past years to deal successfully with cases where the parents were careless and neglectful. Such parents would promise to bring a child to the Clinic and then fail to appear, or else after coming once or twice would cease their attendance in spite of visits from the nurses. Now, if after three visits from the nurses no proper steps are taken by the parents, the N.S.P.C.C. Inspector is given full details of the case and his assistance asked. This was done in 32 cases in 1921, and in every case the Inspector succeeded in getting the child satisfactorily treated.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

During the year 116 children have, under the new Bye-Laws, been medically examined upon application for Employment Certificates. It was not found necessary to refuse a certificate in any case, but the Head Master of the School attended by one boy, was asked to report if he appeared to be suffering any harm, either mental or physical, from his employment.

TABLE I.
Number of Children Inspected
 1st January, 1921, to 31st December, 1921.

A.—ROUTINE MEDICAL INSPECTION.

Age ...	ENTRANTS.					Total.
	3	4	5	6	Other Ages.	
Boys ...	—	143	139	44	30	356
Girls ...	—	102	150	51	22	325
Totals ...	—	245	289	95	52	681

Age ...	INTER-MEDIATE GROUP.	LEAVERS.			Other Ages.	Total.	GRAND TOTAL.
		8	12	13			
Boys ...	318	300	1	28	1	330	1004
Girls ...	288	308	4	21	12	345	958
Totals ...	606	608	5	49	13	675	1962

B.—SPECIAL INSPECTIONS.

	Special Cases †	Re-Examinations (i.e. number of children Re-Examined).
Boys ... } Girls ... }	724	937
Totals ...	724	937

C.—Total Number of Individual Children INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (no child being counted more than once in one year).

No. of Individual Children Inspected	2,536
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† "Special Cases" are those children specifically referred to the Medical Officer and not due for routine medical inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age and may be referred to the Medical Officer at the school or the clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, Parents or otherwise.

TABLE II

Return of Defects found in the course of Medical Inspection in 1921.

This table is, except as regards the final line, a record of *defects* and not of individual children who are defective. Cases of Squint are not recorded also under the heading of "Defective Vision," and cases of defect of Nose and Throat are included in one only of the sub-headings.

DEFECT OR DISEASE.	Routine Inspections.		Specials.	
	Number referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	35	1	66	—
Uncleanliness—Head	226	—	—	—
Body	100	—	—	—
{ Ringworm—Head	2	—	12	—
{ Body	—	—	23	—
Skin { Scabies... ..	6	—	14	—
{ Impetigo	15	—	153	—
{ Other Diseases (Non-Tubercular)	9	2	66	—
{ Blepharitis	54	—	18	—
{ Conjunctivitis	69	—	61	—
{ Keratitis	—	—	1	—
Eye { Corneal Ulcer... ..	—	—	2	—
{ Corneal Opacities	1	—	1	—
{ Defective Vision	70	—	41	1
{ Squint	10	—	13	1
{ Other Conditions	—	2	3	1
Ear { Defective Hearing	2	—	1	—
{ Otitis Media	11	1	35	—
{ Other Ear Diseases	—	—	—	—
Nose and Throat { Enlarged Tonsils	1	1	—	—
{ Adenoids	6	8	19	2
{ Enlarged Tonsils and Adenoids	71	63	27	6
{ Other Conditions	7	3	14	—
Enlarged Cervical Glands (Non-Tubercular)	2	—	12	1
Defective Speech	—	—	37	—
Teeth—Dental Diseases (see Table IV D)	—	—	—	—
Heart and Circulation { Heart Disease—Organic	2	12	—	2
{ Functional... ..	1	3	—	1
{ Anæmia	1	—	2	1
Lungs { Bronchitis	20	—	36	—
{ Other Non-Tubercular Diseases	6	2	4	1
{ Pulmonary—Definite	—	—	1	—
{ Suspected	—	—	—	—
{ Non-Pulmonary—Glands	—	—	1	—
Tuber- culosis { Spine	—	2	—	1
{ Hip	—	—	—	—
{ Other Bones and Joints	—	—	—	—
{ Skin	—	—	1	—
{ Other Forms	1	—	1	—
Nervous System { Epilepsy	—	1	2	—
{ Chorea	—	—	2	—
{ Other Conditions	—	2	3	2
Defor- mities { Rickets	3	9	—	1
{ Spinal Curvature	69	1	3	—
{ Other Forms	144	7	5	2
Other Defects and Diseases	11	1	50	2

NUMBER of individual children HAVING DEFECTS WHICH REQUIRED TREATMENT OR TO BE KEPT UNDER OBSERVATION (excluding cases of Uncleanliness only) 1,157

TABLE III.
Numerical Return of all Exceptional Children in the Area in 1921.

		Boys	Girls	TOTAL	
BLIND (incl' ding partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Blind	1	—	1
		Not at School	—	—	—
DEAF AND DUMB (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for the Deaf	2	2	4
		Not at School	—	—	—
MENTALLY DEFICIENT.	Feeble Minded.	Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Men- tally Defective Children	16	9	25
		Notified to Local Control Authority by Local Education Authority during year	—	—	—
	Imbeciles.	At School	—	—	—
		Not at School	—	—	—
		Notified to Local Control Authority ...	—	—	—
Idiots.	Notified to Local Control Authority ...	—	—	—	
	Not at School	—	—	—	
EPILEPTICS.		Attending Public Elementary Schools	3	—	3
		Attending Certified Sch'ls for Epileptics	—	1	1
		In Institutions other than Certified Sch'ls	—	—	—
		Not at School	1	1	2
PHYSICALLY DEFECTIVE.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	1	2	3
		Attending Certified Schools for Physi- cally Defective Children	—	—	—
		In Institutions other than Certified Sch'ls	1	—	1
		Not at School	—	—	—
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	1	—	1
		Attending Certified Schools for Physi- cally Defective Children	—	—	—
		In Institutions other than Certified Sch'ls	2	—	2
	Crippling due to causes other than Tubercu- losis, i. e., Paralysis, Rickets, Traumatism.	Not at School	1	3	4
		Attending Public Elementary Schools	13	16	29
		Attending Certified Schools for Physi- cally Defective Children	—	—	—
In Institutions other than Certified Schools		—	—	—	
Other Physical Defectives, e. g., delicate & other children suitable for admission to Open-air Sch'ls; children suffer- ing from severe heart disease.	Not at School	—	—	—	
	Attending Public Elementary Schools	33	26	59	
	Attending Open-Air Schools	3	3	6	
	Attending Certified Schools for Physi- cally Defective Children, other than Open-Air Schools	—	—	—	
	Not at School	1	—	1	
DULL OR BACKWARD *	Retarded 2 years	155	106	261	
	Retarded 3 years	53	33	86	

* Judged according to age and standard.

TABLE IV.

Treatment of Defects of Children during 1921.

A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—				
Ringworm—Head	14	15	1	16
Ringworm—Body	23	25	—	25
Scabies	20	18	2	20
Impetigo... ..	168	162	—	162
Minor Injuries	16	16	—	16
Other Skin Disease	59	50	5	55
Ear Disease	49	49	4	53
Eye Disease (external and other)	210	178	5	183
Miscellaneous	484	380	96	476

B.—TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Number of Children.								
	Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
134	150	—	—	150	137	139	1	1	12

C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.			Received other forms of Treatment.
	Received Operative Treatment.			
	Under Local Education Authority's Scheme, Clinic or Hospital	By Private Practitioner or Hospital.	Total.	
145	101	11	112	7

TABLE IV—*continued.*

D.—TREATMENT OF DENTAL DEFECTS.

1. Number of Children dealt with.

	Age Groups.										"Spec- ials."	Total.
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by Dentist ...	4	384	485	422	348	351	330	297	239	30	41	2931
(b) Referred for Treatment	1388										41	1429
(c) Actually treated ..	769										41	810
(d) Re-treated* (result of periodical examin'n)	234										—	234

* Cases under this head are also included under (c) above.

2. Particulars of Time given and of Operations undertaken.

No. of Half-days devoted to Inspection.	No. of Half-days devoted to Treatment.	Total No. of Attendances made by children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anesthetics included in (4) and (6).	No. of other Operations.	
			Ex-tract-ed.	Filled.	Ex-tract-ed.	Filled.			Per-man-ent Teeth.	Tem-por-ary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
27	56	589	96	410	824	19	429	Nil.	Nil.	Nil.

TABLE V.

Summary of Treatment of Defects as shown in Table IV (A, B, C and D).

DISEASE OR DEFECT.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	TOTAL.
Minor Ailments	1043	893	113	1006
Visual Defects	134	150	—	150
Defects of nose and throat	145	108	11	119
Dental Defects	1429	810	—	810
Other Defects	—	—	—	—
TOTAL	2751	1961	124	2085

TABLE VI.

Summary relating to Children Medically Inspected at the Routine Inspections during the year 1921.

(1) The total number of children medically inspected at the routine inspections	1962*
(2) The number of children in (1) suffering from—	
Malnutrition	36
Skin Disease	34
Defective Vision (including Squint)	80
Eye Disease	126
Defective Hearing	2
Ear Disease	12
Nose and Throat Disease	160
Enlarged Cervical Glands (non-tubercular)	2
Defective Speech	—
Dental Disease	1388†
Heart Disease—Organic	14
Functional	4
Anæmia	1
Lung Disease (non-tubercular)	28
Tuberculosis—Pulmonary (definite)	—
" (suspected)	—
Non-pulmonary	3
Disease of the Nervous System	3
Deformities	233
Other defects and diseases	12
(3) 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)	121
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	549
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	477

* Not including Dental Inspections.

† The result of Dental Inspections.

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