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DERBYSHIRE EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer

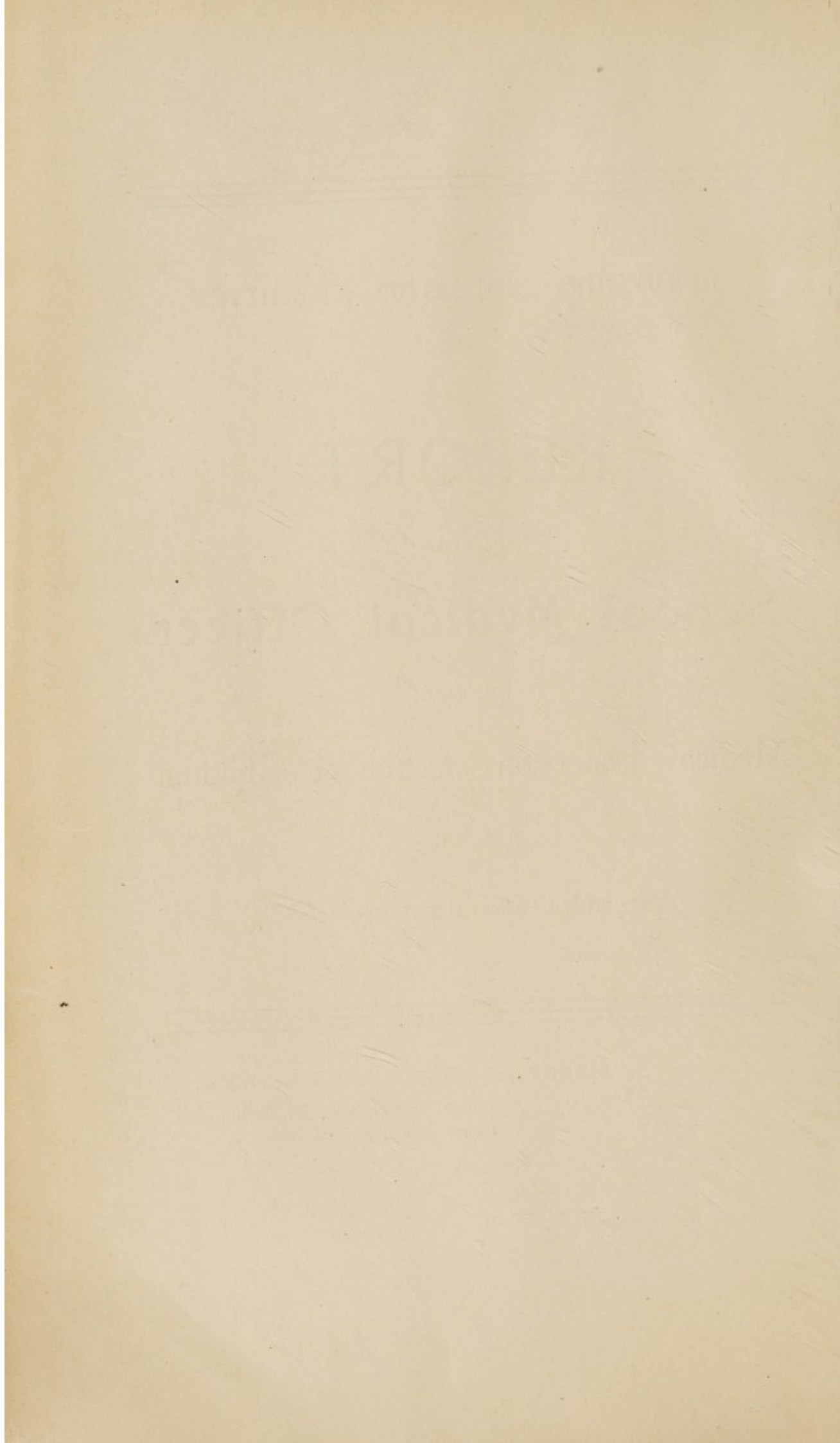
ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1922.

SIDNEY BARWISE. M.D., B.Sc., D.P.H.,
County Medical Officer of Health.
County School Medical Officer.



ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER,
1921.

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

Ladies and Gentlemen,

In the earlier Reports there is the constant statement that we were merely piling up statistics, and that these statistics proved that the C3 portion of the population resulted from neglect to keep healthy the school child; that most ill-health in adult life started in childhood, and much could be prevented. You recognised that preventive treatment was necessary, as long ago as 1909 when I laid before you a contributory scheme or Provident Club, and the experiment of providing dental treatment on these lines was started at Clay Cross.

The following year, owing to the failure of the drug treatment of ring-worm of the scalp, you provided an X-Ray installation at Chesterfield, and another the next year at Derby. Then owing to the small proportion of children who had their defective vision attended to in 1911 you appointed an Ophthalmic Surgeon. In 1914, Clinics having been erected at Chesterfield, Chinley, and Derby, you started with one of your whole-time officers devoting part of his time to the removal of diseased tonsils (a common starting point of heart disease) and adenoid growths. In 1920 we were fortunate to get on our Staff Dr. Mary Gallagher, who had quite exceptional general surgical experience, and is an ear and throat specialist. This enabled you to tackle ear disease for which practically nothing was being done. Gradually we have built up a specialist service which is not surpassed in any County.

Last year we provided the necessary services for 2,505 children with eye disease, 3,605 children with ear disease. Operations were performed upon 1,155 children with diseased tonsils or adenoids or both. At our Clinics 1,749 general anæsthetics were given. 151 children were treated with X-Rays; and at our Dental Clinics 19,936 teeth were extracted and 13,526 teeth were filled.

I am fully alive to the necessity for economy; the Staff, both medical and nursing, has been reduced. Whatever else is done I hope your Committee will not curtail their specialist services, for I know the benefit the children are getting in health and education, and that the money spent is a sound financial investment.

I am,

Your obedient Servant,

SIDNEY BARWISE,

School Medical Officer.

*County Offices, Derby,
March, 1923.*

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER

1911

Presented to the Board of Health
of the City of New York

James M. Smith, M.D.

In the report of the School Medical Officer for the year 1911, it is noted that the number of children examined at the City Hospital during the year was 1,100. This number is a slight increase over the number examined in 1910, which was 1,050. The number of children examined at the City Hospital during the year 1911 was 1,100. This number is a slight increase over the number examined in 1910, which was 1,050. The number of children examined at the City Hospital during the year 1911 was 1,100. This number is a slight increase over the number examined in 1910, which was 1,050.

The following table shows the number of children examined at the City Hospital during the year 1911, by age and sex. The number of children examined at the City Hospital during the year 1911, by age and sex, is as follows: Boys, 550; Girls, 550. The number of children examined at the City Hospital during the year 1911, by age and sex, is as follows: Boys, 550; Girls, 550. The number of children examined at the City Hospital during the year 1911, by age and sex, is as follows: Boys, 550; Girls, 550.

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DERBYSHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

1922.

SECTION I.

SCHOOLS AND ENROLMENT.

The number of Elementary Schools under the Committee is 373, with 514 departments. Of these 163 are Council Schools. The enrolment is 74,510, while the enrolment if the Secondary Schools we have to inspect is 2700.

SCHOOL BUILDINGS. Owing to the high cost of building you converted a large Preparatory School at Spondon into an Elementary School. There are beautiful grounds attached. The school is well worth a visit, as it has an atmosphere quite different and better than that of most elementary schools.

I understand that your late Director, Mr. Jenkyn Brown, was always in favour of the conversion into schools of good residences standing in their own grounds. Spondon is a testimony to his imagination and foresight.

Every School is inspected twice a year by one of the School Doctors, and during the year the attention of the Architect's Department was called to the necessity for improved heating at Commonside, Arkwright Town and Shirland Infants' Schools, better water supplies at Upper End, Ashover, Mickleover, Newton Solney, Hilton, Morley, and Sawley Baptists, better ventilation at Shirland Infants', Pilsley Girls', and Pentrich, unsafe condition of the playgrounds at Allenton C. and Ironville C. of E., the necessity for window blinds at Bolsover C. of E., and the insufficient washing arrangements and the flooded condition of the boiler-house at Fernilee and Taxal School.

THE EXTENT OF MEDICAL INSPECTION.

The number of inspections made during the year was 31,075, an increase of 2,557 as compared with the previous year. 28,456 inspections were made in the Elementary Schools, and 2,619 in the Secondary Schools. Of these inspections 22,544 were made by the whole-time officers, and 8,531 by the part-time officers. For details see Table A. If we included the re-inspections in Secondary Schools we have a total of 31,912 medical inspections made during the year.

TABLE A.

The proportion of children inspected in each Sanitary District is given in Table A (page 6). In the Blackwell Rural District the number of children inspected fell short of the proper proportion. This was due to the illness of the late Dr. Littlewood.

The total number of inspections made by each whole-time officer is given in Table A.I. (page 8).

SCHOOL MEDICAL STAFF.

During the year no important alteration was made in the personnel of the medical staff. The vacancy occasioned by Dr. Beggs' resignation in September, 1921, has not yet been filled, but two of the Tuberculosis Officers, Dr. Heffernan and Dr. Nicholson, devoted one-fifth and one-tenth of their time respectively to the work of your Committee.

Tables A and A(1) are of importance in showing the personal equation of the doctor. It is no use endeavouring to ascertain the percentage of diseased tonsils or other condition in one area, or on one geological formation as compared with another, unless the examinations are made by the same officer.

As an instance it will be seen that the percentage of Ear and Throat conditions requiring treatment varied from 13.8 in the schools under one doctor to 3.8 in those of another. In this latter area it is obvious that conditions have been passed over which should have been referred for treatment. Similarly eye conditions referred for treatment varied from 8.4 in one whole-time officer's district to 4.4 in the part-time officers' districts.


The percentage of children referred for all conditions varied from 33.6 to 11.5.

The Examinations in the Secondary Schools have been carried out by the whole-time officers, except at Glossop, where the boys have been examined by Dr. Milligan, the School Medical Officer of the Glossop Education Committee. The girls have all been examined

TABLE A.

District.	Name of Doctor.	No. of Routine Children In-spected.	No. of "Special" Children In-spected.	No. of Children Re-ex-aminated at School.	Enrol-ment.	Per-centage of Enrol-ment In-spected	No. of Notices sent for Ear and Throat Con-ditions.	No. of Notices sent for Eye Con-ditions.	No. of Notices sent for other Con-ditions.	Per'c't'e of Chil-dren In-spected notified for Treatm't
URBAN DISTRICTS.										
Alfreton ...	<i>Dr. Bedwell</i>	1465	55	136	3429	48.3	107	92	35	14.1
Alvaston & Boulton ...	" <i>Gordon</i>	85	46	...	285	45.9	23	13	2	29.0
Ashbourne ...	"	198	44	...	596	40.6	58	13	2	30.1
Bakewell ...	" <i>Evans</i>	95	2	...	366	26.5	...	2	2	4.1
Baslow ...	" <i>Fentem</i>	36	...	...	97	37.1	...	3	...	8.3
Belper ...	" <i>Watt</i>	529	20	19	1921	29.5	22	27	7	9.8
Bolsover ...	" <i>Bedwell</i>	802	39	44	2798	31.6	54	39	32	14.1
Bonsall ...	" <i>Harvey</i>	66	4	...	199	35.2	8	3	8	27.1
Brampton & Walton ...	" <i>McCrea</i>	135	24	...	327	48.6	5	5	2	7.5
Clay Cross ...	" <i>Bedwell</i>	546	52	20	1573	39.3	38	44	18	16.2
Dronfield ...	" <i>Gunning</i>	278	12	...	714	40.6	6	42	4	17.9
Heage ...	" <i>Watt</i>	340	4	...	715	48.1	12	12	1	7.2
Heanor ...	" <i>Turton</i>	1165	2	...	3861	30.2	58	52	19	11.0
Long Eaton ...	" <i>Gordon</i>	1338	74	12	3487	40.8	122	82	71	19.3
Matlock ...	" <i>Heffernan</i>	278	10	...	832	34.6	19	14	1	11.8
" Bath ...	"	36	4	...	115	34.7	2	...	...	5.0
New Mills ...	" <i>Pemberton</i>	355	...	130	1260	38.5	43	44	53	28.8
North Darley ...	" <i>Fentem</i>	144	15	...	354	44.9	16	4	1	13.2
Ripley ...	" <i>Bedwell</i>	1857	59	40	2095	93.4	114	88	29	11.8
South Darley ...	" <i>Fentem</i>	21	2	...	107	21.5	...	1	2	13.0
Swadlincote ...	" <i>Nicholson</i>	1453	22	...	3354	43.9	146	78	7	15.6
Wirksworth ...	" <i>Watt</i>	184	4	...	449	41.8	8	11	5	12.7
Urban Districts ...	Total ...	11406	494	401	28934	42.8	861	669	301	14.8
RURAL DISTRICTS.										
Ashbourne ...	<i>Dr. Hollick</i>	447	84	26	1275	43.7	67	9	1	13.8
Bakewell ...	" <i>Fentem</i>	876	114	...	2863	34.5	46	55	6	10.8
Basford ...	" <i>Watt</i>	92	...	...	159	57.8	4	4	...	8.6
Belper ...	" <i>Watt</i>	1071	63	51	3636	32.6	60	50	8	9.9
" ...	" <i>Bedwell</i>	321	6	13	3636	9.3	17	11	7	10.3
Blackwell ...	" <i>Littlewood</i>	1171	19	...	7757	15.3	47	78	4	10.8
	" <i>Bedwell</i>	311	20	...		4.2	31	28	6	19.6
	" <i>Gunning</i>	170	15	...		2.4	16	17	...	17.8
Chapel-en-le-Frith ...	" <i>Heffernan</i>	595	5	211	1867	43.4	134	82	122	41.6
Chesterfield ...	" <i>Bedwell</i>	2242	139	187	14269	18.0	124	153	73	13.6
	" <i>Gunning</i>	3211	227	...		24.1	140	310	13	13.4
Clowne ...	" <i>Gunning</i>	939	93	...	3268	31.6	32	51	4	8.4
Glossop ...	" <i>Milligan</i>	135	...	41	406	43.3	6	1	21	15.9
Hartshorne & Seals ...	" <i>Logan</i>	623	25	...	1746	37.1	35	29	16	12.3
Hayfield ...	" <i>Heffernan</i>	62	...	23	409	20.8	16	9	13	44.7
Norton ...	" <i>Gunning</i>	110	9	...	532	22.4	2	9	...	9.2
Repton ...	" <i>Moir</i>	347	4	...	2114	16.6	12	10	3	7.1
	" <i>Holmes</i>	451	15	1		22.0	31	16	2	10.9
Shardlow ...	" <i>Hunt</i>	1331	69	52	4882	29.7	48	40	12	6.8
Sudbury ...	" <i>Herbert</i>	126	12	...	393	35.1	2	5	1	5.7
Rural Districts ...	Total	14631	919	605	45576	35.4	870	967	312	13.3
WHOLE COUNTY ...		26037	1413	1006	74510	38.2	1731	1636	613	13.9

Whole time Officers printed in italics.



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by Dr. Gordon, and I reproduce her own report on them. The boys have been examined by Dr. Watt and Dr. Bedwell. The number of girls enrolled is 1,763. Dr. Gordon actually made 2,522 examinations, so that every girl was seen once and half of them were seen twice. The second inspections were made to ensure that treatment has been carried out.

Dr. Gordon, who has just left us, was not content with wiping off as a bad debt the child whose parents refused treatment. She persisted until what could be done was done. She was an extremely sound Clinician and all her work was excellent.

The following is a summary of each officer's work during the year :—

Dr. Watt devotes a little over four-tenths of his time to the work of the Education Committee. He inspects an enrolment of 6,750 including 775 Secondary School children. Dr. Watt made 2,988 inspections during the year. He attends the School Clinic at Belper fortnightly and one Infant Welfare Centre fortnightly. The rest of his time is devoted to the service of the Tuberculosis Committee and as Assistant County Medical Officer.

Dr. Carr treated 2,375 cases of eye disease.

Dr. Gordon inspects a school population of 5,535, including 1,763 children in Secondary Schools. Dr. Gordon made 4,315 medical examinations. On an average she devotes $2\frac{3}{4}$ days weekly to the giving of anæsthetics, half-a-day a week to the service of the Maternity and Child Welfare Committee, attends the school clinic at Long Eaton, and acts as medical adviser to the school for exceptional children (dull and backward) at Long Eaton, and gave 1,542 anæsthetics during the year.

Dr. Gunning inspects an area with an enrolment of 12,684, and made 5,064 inspections and treated 693 eye cases, and devotes one day a week to eye work and one afternoon a week to the service of the Maternity and Child Welfare Committee.

Dr. Bedwell inspects an enrolment of 19,137, and made 8,537 inspections during the year. He devotes one day a week to X-Ray work at the Chesterfield Clinic. He attends the school clinic at Alfreton fortnightly, and devotes half-a-day a week to the service of the Maternity and Child Welfare Committee.

Dr. Gallagher operated upon 1,155 children for diseased tonsils and adenoids, and treated 3,605 children for ear and throat disease. She also attended one Infant Welfare Centre for the Maternity and Child Welfare Committee.

Dr. Heffernan devotes one-fifth of his time to the service of your Committee. His remaining time is devoted to the service of the Tuberculosis Committee.

Dr. Heffernan made 1,224 medical examinations.

Dr. Nicholson, who is also a Tuberculosis Officer, devotes one-tenth of his time to the service of your Committee.

Dr. Nicholson made 1,475 medical examinations.

SCHOOL NURSING SERVICE.

At the moment of writing the Health Visitors number 57, being three less than in the previous year. This reduction was made as a result of the falling off of the notifications of cases of tuberculosis.

I may remind your Committee that when the work of Medical Inspection was started I advised you that we should require 10 whole-time school nurses for inspections alone (see Report of December 2nd, 1907). As we started to treat children for ring-worm, provide spectacles and treat eye disease, undertake enucleation of diseased and enlarged tonsils and adenoid growths, treat discharging ears (one of the most distressing conditions found in schools), deafness, skin diseases and other minor ailments, the school nursing staff has been enlarged until to-day your Committee pays for the equivalent of 15 whole-time nurses. Considering that the Secondary Schools are now inspected it raises a doubt as to whether your Committee are paying your proper proportion.

As your Committee appoint the Health Visiting staff, I should explain that all the Health Visitors except two act as Inspectors of Midwives, the Midwifery Committee paying 5·8% of the service.

In 1912 the duty of the Treatment of Tuberculosis was placed upon the County Council and the Health Visiting staff was increased by one-third.

In 1913, the Mental Deficiency Act was passed, and the staff was increased. The Mental Deficiency Act Committee paying some 3%.

The great increase in the Health Visiting service, however, is due to the Notification of Births Act of 1907, and subsequently the Maternity and Child Welfare Act. The increased staff was at first almost entirely paid for by District Councils who had adopted the Notification of Births Act, 1907. In 1915 a new Act was passed and in 1918 the Maternity and Child Welfare Act, increasing our responsibility for the children up to school age. Subsequently the Ministry made an Order making the County Council the administrative body under the Notification of Births Act and the Child Welfare Act for the whole County Area except the Municipal Boroughs, thus transferring from the District rate to the County rate a considerable expenditure.

TABLE A. 1.
Summary of Medical Inspections by each Doctor.

Name of Doctor.	District.	No. of Schools	Enrolment.	Total No. of Children inspected.	% of Children inspected.	No. of Notices sent for Ear and Throat Conditions	No. of Notices sent for Eye Conditions	No. of Notices sent for other Conditions	Total % of Children inspected notified for Treatment.	% of Notices sent for Ear and Throat Conditions	% of Notices sent for Eye Conditions
DR. BEDWELL three-fourths of whole time	Alfreton U. ...	7	3429	1656	48.3	107	92	35	14.1	6.4	5.5
	Bolsover U. ...	8	2798	885	31.6	54	39	32	14.1	6.1	4.4
	Clay Cross U. ...	2	1573	618	39.3	38	44	18	16.2	6.1	7.1
	Ripley U. ...	5	2095	1956	93.4	114	88	29	11.8	5.8	4.5
	Belper R. (part) ...	5	904	340	37.6	17	11	7	10.3	5.0	3.2
	Blackwell R. (part) ...	2	1237	331	26.7	31	28	6	19.6	9.3	8.4
	Chesterfield R. (part) ...	28	6939	2568	37.0	124	153	73	13.6	4.8	5.9
	Secondary Schools ...	1	162	152	93.8	13	—	17	19.7	8.5	—
	TOTAL ...	58	19137	8506	44.4	498	455	217	13.7	5.8	5.3
DR. GORDON three-eighths of time	Alvaston & Boulton U ...	2	285	131	45.9	23	13	2	29.0	17.5	9.9
	Long Eaton U. ...	5	3487	1424	40.8	122	82	71	19.3	8.5	5.7
	Secondary Schools ...	9	1763	1804	102.3	205	119	*472	44.1	11.3	6.5
	TOTAL ...	16	5535	3359	60.7	350	214	545	33.0	10.4	6.3
DR. GUNNING three-fifths of time	Dronfield U. ...	1	714	290	40.6	6	42	4	17.9	2.0	14.5
	Blackwell R. (part) ...	4	840	185	22.0	16	17	—	17.8	8.6	9.1
	Chesterfield R. (part) ...	25	7330	3438	46.9	140	310	13	13.4	4.0	9.0
	Clown R. ...	8	3268	1032	31.6	32	51	4	8.4	3.1	4.9
	Norton R. ...	5	532	119	22.4	2	9	—	9.2	1.6	7.5
	TOTAL ...	43	12684	5064	39.9	196	429	21	12.7	3.8	8.4
DR. HEFEERNAN one-fifth of time	Matlock U. ...	4	832	288	34.6	19	14	1	11.8	6.5	4.8
	Matlock Bath U. ...	1	115	40	34.7	2	—	—	5.0	5.0	—
	Chapel-en-le-Frith ...	23	1867	811	43.4	134	82	122	41.6	16.5	10.1
	Hayfield R. ...	2	409	85	20.8	16	9	13	44.7	18.8	10.6
	TOTAL ...	30	3223	1224	38.0	171	105	136	33.6	13.9	8.5
DR. NICHOLSON one-tenth of time	Swadlincote U. ...	8	3354	1475	43.9	146	78	†7	15.6	9.9	5.2
DR. WATT three-eighths of time	Belper U. ...	5	1921	568	29.5	22	27	7	9.8	3.8	4.7
	Heage U. ...	4	715	344	48.1	12	12	1	7.2	3.4	3.4
	Wirksworth U. ...	3	449	188	41.8	8	11	5	12.7	4.2	5.9
	Basford R. ...	1	159	92	57.8	4	4	—	8.6	4.3	4.3
	Belper R. (part) ...	27	2732	1185	43.3	60	50	8	9.9	5.0	4.2
	Secondary Schools ...	4	775	539	69.5	20	38	46	19.2	3.7	7.0
	TOTAL ...	44	6751	2916	43.2	126	142	67	11.5	4.3	4.8
TOTAL—WHOLE-TIME OFFICERS Cost, £1,764=1.56s. per child		199	50684	22544	44.4	1487	1423	993	17.3	6.5	6.3
TOTAL—PART-TIME OFFICERS Cost, £974=2.3s. per child		192	26646	8531	32.0	484	371	178	12.1	5.7	4.4
WHOLE-TIME & PART-TIME OFFICERS		391	77330	31075	40.2	1971	1794	1171	15.9	6.3	5.8

* Including 312 notices sent for urgent dental conditions.
† General conditions passed through School Clinic.

N.B.—In the Secondary Schools re-examinations and examinations of Specials have not been included. 717 such examinations were made of girls and 120 of boys.

Summary of Survey Results

General Information				Detailed Data			
Item	Value	Unit	Notes	Item	Value	Unit	Notes
1. Total Sample Size	1000	Individuals		1.1. Male	500	Individuals	
2. Female	500	Individuals		1.2. Female	500	Individuals	
3. Age Group 18-24	150	Individuals		2.1. Age Group 18-24	150	Individuals	
4. Age Group 25-34	200	Individuals		2.2. Age Group 25-34	200	Individuals	
5. Age Group 35-44	180	Individuals		2.3. Age Group 35-44	180	Individuals	
6. Age Group 45-54	120	Individuals		2.4. Age Group 45-54	120	Individuals	
7. Age Group 55-64	100	Individuals		2.5. Age Group 55-64	100	Individuals	
8. Age Group 65+	80	Individuals		2.6. Age Group 65+	80	Individuals	
9. Education Level High School	300	Individuals		3.1. Education Level High School	300	Individuals	
10. Education Level College	250	Individuals		3.2. Education Level College	250	Individuals	
11. Education Level Graduate	150	Individuals		3.3. Education Level Graduate	150	Individuals	
12. Education Level Other	100	Individuals		3.4. Education Level Other	100	Individuals	
13. Income Level Low	200	Individuals		4.1. Income Level Low	200	Individuals	
14. Income Level Middle	350	Individuals		4.2. Income Level Middle	350	Individuals	
15. Income Level High	250	Individuals		4.3. Income Level High	250	Individuals	
16. Income Level Very High	100	Individuals		4.4. Income Level Very High	100	Individuals	
17. Employment Status Employed	600	Individuals		5.1. Employment Status Employed	600	Individuals	
18. Employment Status Unemployed	400	Individuals		5.2. Employment Status Unemployed	400	Individuals	
19. Marital Status Married	450	Individuals		6.1. Marital Status Married	450	Individuals	
20. Marital Status Single	300	Individuals		6.2. Marital Status Single	300	Individuals	
21. Marital Status Divorced	150	Individuals		6.3. Marital Status Divorced	150	Individuals	
22. Marital Status Widowed	100	Individuals		6.4. Marital Status Widowed	100	Individuals	
23. Health Status Good	550	Individuals		7.1. Health Status Good	550	Individuals	
24. Health Status Fair	250	Individuals		7.2. Health Status Fair	250	Individuals	
25. Health Status Poor	100	Individuals		7.3. Health Status Poor	100	Individuals	
26. Health Status Very Poor	50	Individuals		7.4. Health Status Very Poor	50	Individuals	
27. Satisfaction Level Satisfied	400	Individuals		8.1. Satisfaction Level Satisfied	400	Individuals	
28. Satisfaction Level Dissatisfied	600	Individuals		8.2. Satisfaction Level Dissatisfied	600	Individuals	
29. Overall Rating Excellent	100	Individuals		9.1. Overall Rating Excellent	100	Individuals	
30. Overall Rating Good	250	Individuals		9.2. Overall Rating Good	250	Individuals	
31. Overall Rating Fair	200	Individuals		9.3. Overall Rating Fair	200	Individuals	
32. Overall Rating Poor	150	Individuals		9.4. Overall Rating Poor	150	Individuals	
33. Overall Rating Very Poor	100	Individuals		9.5. Overall Rating Very Poor	100	Individuals	

Source: Survey Data, 2023. All figures are in thousands unless otherwise specified.

It is useless to compare the cost of the Health Visiting service in the County of Derby with that of other Counties, as in other counties the cost in varying proportions is defrayed out of the district rate.

The school nursing service proper in 1914 cost £1,468. With all our treatment, when we deduct the war bonus, the school nursing service at the moment of writing costs £1,920, an increase of 31%. The figures of cases treated given in the introductory letter to this report and in Tables IV. A, B, C, D, shows what your Committee have had in return.

The following is an epitome of the work done by the Health Visiting staff during the year :—

Medical Inspections	...	...	...	28,456	
Verminous Inspections	...	...	...	153,187	
Other School Work	...	...	...	30,617	
					<hr/> 212,260
Secondary School Medical Inspections					3,456
Homes of Children Visited	...	...			10,305
Tuberculosis Visits	...	...	...		10,503
Visits to Cases of Ophthalmia Neonatorum					141
Visits to Children under 5 :—					
Under 1 year	...	...	...	45,886	
Over 1 year	...	...	...	42,515	
					<hr/> 88,401
Visits to Mentally Deficient Children					1,443
					<hr/> 326,509

CHILDREN TEMPORARILY EXCLUDED FROM SCHOOL.

During the year 861 were excluded from school, 106 because they were verminous, and 755 children for medical reasons. Of these 287 were on account of Tuberculosis.

In addition, every child who undergoes an operation for diseased tonsils or adenoids is excluded for one fortnight.

TABLE B,
CHILDREN TEMPORARILY EXCLUDED FROM SCHOOL
ON MEDICAL GROUNDS.
 (Excluding Verminous conditions.)

<i>Tuberculous Diseases.</i>	287	<i>Blood and Heart Diseases.</i>	
		Anæmia	28
		Endocarditis	1
<i>Pre-Tuberculous conditions</i>	12	Heart Disease	7
		Mitral incompetence	1
<i>Skin Disease.</i>			
Eczema	4	<i>Nervous Diseases.</i>	
Impetigo	15	Chorea	12
Pediculosis	1	Epilepsy	3
Psoriasis	1		
Ringworm	147	<i>Debility</i>	22
Scabies	32	„ post operative	4
Septic Sores	2		
Sores on hand	1		
Sores on head	5	<i>Other Diseases.</i>	
<i>Infective Diseases.</i>		Abscess	2
Chicken Pox	1	Adenitis	3
Influenza	2	Biliousness	1
Scarlet Fever	1	Boils	2
Tonsilitis	5	Bronchitis	26
Whooping Cough	1	Bronchiectasis	1
		Bronchial Catarrh	3
		Cauterization	1
<i>Eye Disease.</i>		Cervical Glands	5
Amblyopia	1	Deformity Left Foot	1
Blepharitis	6	Enlarged Thyroid	2
Choroditis	1	Gastric Catarrh	2
Conjunctivitis	19	Hip Joint Disease	2
Corneal Abscess	1	Jaundice	1
„ Opacities	1	Keratosis of Ear	1
„ Ulcer	15	Mumps	3
Injury to Eye	1	Osteoarthritis	1
Glaucoma	1	Otitis Media	2
Keratitis	23	Pleuritis	1
Myopia	2	Post Diphtheritic Paralysis	1
High Myopia	5	„ Pneumonia	1
Myopic Astigmatism	1	Pyrexia	1
Operation on Eye	2	Rheumatism	4
Ophthalmia	5	Synovitis of Knee	1
Paresis of Accommodation	4		755
Phlyctenular Ophthalmia	2	After Operations	1155
Retinitis	1		
Vitreous Opacitis	1		1910

TABLE C.
PERMANENT EXCLUSIONS.

<i>Eye Diseases.</i>						
Defective Vision	...	...	...	...	...	2
<i>Nervous and Mental Diseases.</i>						
Mental Conditions	...	...	...	...	...	7
Epilepsy	...	...	...	...	...	2
Chorea	...	...	...	...	...	2
<i>Heart Disease.</i>						
Heart Disease	...	...	...	...	...	2
<i>Other Diseases.</i>						
Scoliosis	...	...	...	...	...	1
Lymphatic Leucæmia	...	...	...	...	...	1
						<hr/> 17

BACTERIOLOGICAL EXAMINATIONS.

During the year 1,147 school specimens were examined in the County Laboratory. Details of these are as follows :—

				Positive.	Negative.
Diphtheria	...	...	...	3	166
Ringworm	...	...	...	556	284
Tonsils for Tuberculosis	...			—	*15
Eye Smears	...	...		29	9
Miscellaneous	...	...		10	75
Totals	...			<hr/> 598	<hr/> 549

* Guinea pigs were inoculated in all 15 cases. 7 of the animals died from acute infections too soon for a definite result to be established.

TABLE D.
SCHOOL CLOSURE.

The following Table gives the number of schools closed during the year on account of the prevalence of Infectious Diseases :—

REASON FOR CLOSURE.										
No. of Schools or De- part- ments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Author- ity.	In- fluenza.	Measles.	Whoop- ing Cough.	Chicken Pox.	Scarlet Fever.	Diph- theria.	Mumps.	Other Causes.
1913	77	54	—	48	5	1	13	5	5	—
1914	69	32	—	29	18	4	11	4	2	—
1915	34	11	—	21	1	1	6	1	2	1
1916	29	7	—	13	4	1	2	5	3	1
1917	15	2	—	8	1	2	1	1	1	1
1918	463	310	394	25	20	9	5	5	3	2
1919	70	42	28	32	1	1	2	4	1	1
1920	60	36	1	44	1	—	3	10	—	1
1921	59	40	39	2	7	—	4	6	1	—
1922	44	17	11	22	5	1	2	—	—	3

HEIGHTS AND WEIGHTS.

In the following Table I give you heights and weights of 22,530 observations that were made during the year. In the earlier ages it will be seen that both boys and girls were taller and heavier than the average of the same class in England and Wales, but in the later ages the advantage was not maintained.

BOYS.

Age.	Height in inches.		Weight in lbs.	
	Derbys.	<i>England and Wales.</i>	Derbys.	<i>England and Wales.</i>
4	39.49	38.63	36.93	35.77
5	41.66	40.68	39.14	38.68
6	44.34	42.83	42.34	42.24
8	47.88	47.39	52.19	52.0
11	54.99	52.98	70.00	66.41
12	55.37	54.88	72.24	72.76
13	56.03	56.07	78.67	77.40

GIRLS.

Age.	Height in inches.		Weight in lbs.	
	Derbys.	<i>England and Wales.</i>	Derbys.	<i>England and Wales.</i>
4	39.33	38.39	35.38	34.98
5	41.08	40.44	38.59	37.74
6	42.87	42.53	40.90	41.24
8	47.07	46.94	50.33	49.55
11	54.21	53.01	69.47	65.52
12	55.75	54.48	72.61	73.86
13	55.05	56.81	76.09	80.37

SECONDARY SCHOOLS.

DR. WATT reports on the MEDICAL INSPECTION OF THE BOYS as follows:—

Deformities. Owing to better muscular development and greater opportunities for bodily exercise, postural deformities—except flat foot—are much less common in boys than in the girls. In organic heart disease due to recent endocarditis the bodily physique was often poor. It is important to distinguish between organic and functional heart murmurs. Boys suffering from severe organic heart disease are not allowed to play strenuous games such as football, but all functional heart cases and old-standing, well-compensated heart lesions need have no restrictions in games.

Flat Foot. It was noted that 54 boys had more or less flat foot. In 4 cases it was so bad that the arch of the foot did not re-appear when standing on tip toe. The arch of the foot had dropped down and the joints of the tarsus had lost their flexibility. Such boys are poor runners and cannot sprint, as they can get no leverage off the front part of their foot. There is some evidence that the continued use of flat gymnastic shoes, which boys at Secondary Schools are made to wear, tends to aggravate the common tendency to flat foot in boys about the age of puberty. Tip-toe exercises under the direction of the teachers of physical training were advised to remedy this defect.

One case of webbed toes was found, two of hammer toe, one of congenital absence of the arm below the elbow, and a few cases of bunions and over-riding of the little toes from badly fitting boots.

Colour Blindness. 10 boys showed more or less colour blindness out of a total of 495, or about 2%. The examination was made by Edridge Green Card Tests.

Goitre. A severe condition of goitre was noted in 8 boys, and slight enlargement of the thyroid gland in 35. Treatment should be advised for all severe goitres, and the results are good.

Heart Disease. As far as possible functional and organic heart murmurs were differentiated. The proportion of functional heart disorders was rather less than organic heart disease.

One boy was noted at the age of 15 with artificial teeth.

J. A. WATT.

SECONDARY SCHOOLS (GIRLS DEPARTMENT.)

BY DR. JEAN P. GORDON.

I beg to report that I examined in the Girls' Department of the Derbyshire County Secondary Schools 1,803 girls in the yearly routine medical inspection. In addition I inspected 271 girls

who were noted as special cases, and so referred to me in school by their head teachers, or their parents, or my nurses.

I also carried out 446 re-examinations of children who were found to be suffering from some defect at a previous examination. I consider these "specials" and re-examinations even more important than routine inspection; it is in actuality the most accurate way a school medical officer has of finding out if defects pointed out are being remedied. In saying this I am not underestimating the importance of seeing each pupil for thorough routine medical inspection every year.

I had several cases where defects, particularly cardiac defects, were found that had not been previously present, and yet these girls were sent to me only as routine inspections, and no note given during the year that had elapsed since previous inspection of any severe illness likely to cause the altered condition found. This factor, in my opinion, makes it a matter of necessity that the routine inspection shall be absolutely thorough.

The arrangements for medical inspections in some of the schools are not yet quite as adequate as I should like. For sensitive growing girls a greater degree of privacy in the dressing accommodation for such inspections ought to be available.

Again I have to thank all the head teachers for their very loyal co-operation and help which so facilitates the work of inspection. For their courtesy and kindness to me I cannot sufficiently express my gratitude. A detailed Table of defects and diseases found has been drawn up. I should like to deal with these a little more fully. See Table II. pages 41 and 42.

Of *Malnutrition* I found no great amount: quite a large proportion of the girls are over weight for their age.

There is no marked *Uncleanliness*: out of over 2,000 girls inspected 16 had "nits" in their hair.

I referred for *specialist oculist advice* 111 girls whose vision, according to the test types, was less than $\frac{6}{9}$ in each eye. Cases having $\frac{6}{9}$ in one eye are kept under observation.

53 cases of *Defective Hearing* were referred for treatment. Any degree of deafness is so detrimental to a child being educated that I prefer to refer all cases found to our specialist officer.

There were in all found 270 girls who had *enlarged or septic tonsils and diseased tonsils plus adenoid growth*.

Of these I referred for immediate treatment 124 cases in which the condition was either obstructive or actively pathological. The other 146 cases are kept under observation at *each* medical inspection.

The *glandular enlargement* found was not as a rule very marked ; any variation from normal is noted.

There were 194 girls in whom I found *goitre*. In the more marked cases it was fairly easy to persuade the parents of the necessity of treatment, but in far too many of the milder cases it is still regarded as "just Derbyshire neck, something which runs in the family," and that it is an unreasonable fantasy on my part to consider treatment required.

Carious teeth are present to an appalling extent, and for this the parents are largely responsible. I think an active campaign urgently bringing home to them the disastrous effect of oral sepsis to their children, should be instituted.

The principal *deformities* found in the girls are flattening of the chest and some curvature of the spine. The gymnastic mistresses are very good in giving drill and exercises for the condition, but a trained masseuse for medical exercises for the graver cases is a very real necessity.

I do not find a marked degree of flat foot, but a quite appreciable proportion of hammer toes and bunions due to the wearing of unsuitable footwear.

163 cases of *unsuitable clothing* are noted ; in most of these, garters are the offending articles. It is a prevalent belief with the girls that suspenders do not properly keep up their stockings, a belief hard to shake, even with a practical demonstration to the contrary.

I submit a Table shewing the number of notices sent to parents pointing out some defective condition in their children. Subsequent notices are sent each half-yearly inspection if the condition is still present and treatment has not been sought. See Table A. 1. page 8.

PUPIL TEACHERS. This year, before their entrance into the secondary schools, I medically examined 239 girls who had gained bursaries or scholarships.

It was thus possible to point out and ask to have remedied various defects, in all 43, which would prevent the children from taking full advantage of the educational facilities they were to receive.

In the few cases, five in all, in which on medical grounds it was necessary to reject a girl as unsuitable, it prevents the disappointment and regret for wasted time which inevitably ensues if a candidate is medically rejected at the end instead of the beginning of her secondary scholastic career. The girls in these secondary schools have in many cases to make fairly long and inconvenient journeys. They require to be at least moderately healthy to begin with.

In all the schools an excellent mid-day meal is supplied at very little cost, and the children benefit by this.

On the whole this year's work has been encouraging. We are all human enough to like to have our advice taken, and this year results could be noted.

EXAMINATION OF PUPIL TEACHER CANDIDATES.

During 1922 the School Medical Staff examined 303 pupil teacher candidates, 239 girls and 64 boys with the following results :—

	Boys	Girls	
Number accepted	57	191	248
Number deferred for the remedy of defects <i>e.g.</i> , disease of ear, nose and throat, the correction of errors of vision	3	43	46
Number rejected :—			
On account of marked cystic goitre ...		1	1
„ otitis media	1		1
„ heart disease	2	1	3
„ deafness	1	1	2
„ albuminuria		1	1
„ affection of speech due to incomplete palate ...		1	1
	—	—	—
	4	5	9

SECTION II.

DEFECTS OR DISEASES FOUND.

Details of the 28,456 inspections made in the Elementary Schools are given in Table I. on page 38. The defects found at the time of the examinations are given in Table II. page 40.

This is the table required by the Board of Education. Excellent work is being done in the Eye, Ear and Throat Clinics. Special paragraphs are contained in this Report on these. The number of children with over 4 decayed is under estimated, as now that we have a Dental Service the inspections with regard to caries is left to the Dental Department, as it is no use the school doctors doing the work which is also being done by the Dentists and Dental Dressers. Speaking generally the cases referred by the doctors to the dentists are cases of septic teeth.

It should be borne in mind that Table II. simply records the diseased conditions found at the time of medical inspection. It does not include the conditions found at our specialist and other clinics.

The importance of School Medical Inspection in providing for the periodical examination of every school child is well shown by the following case in Dr. Bedwell's district: During the routine inspection of a girls' school one of the scholars was found to present signs of a serious lesion in the right lung. As there was a difference of opinion as to what was wrong I referred the case to Dr. Robertson (Superintendent of Walton Sanatorium), who X-Rayed her chest. As a result it was found that a metal hook, which the parents remembered had been swallowed by this girl when three or four years of age, was lodged deep down in the lung and causing the trouble. With much difficulty this hook was removed in a London Hospital, and the child's right lung is now much improved. The Radiograph facing page 18 shows the chest before and after the operation.

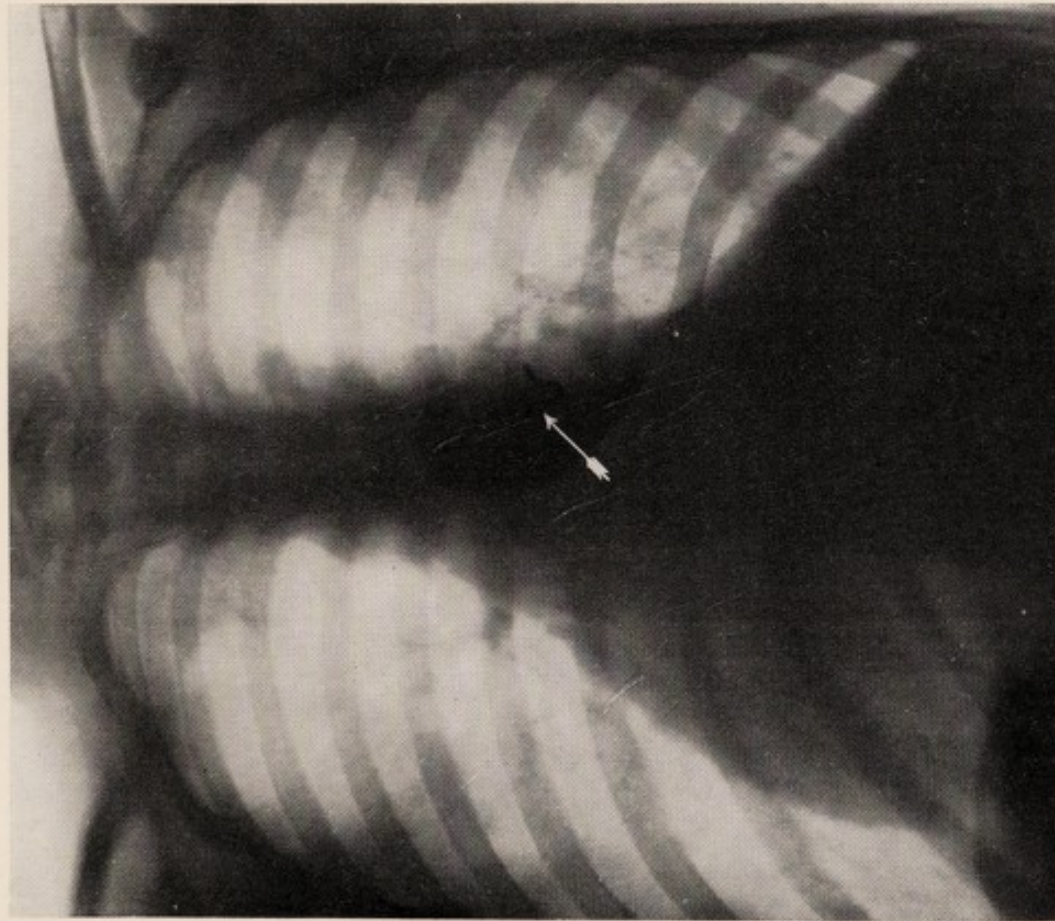
VERMINOUS CONDITIONS.

The results of the independent inspections of the children's heads by the School Nurses, apart from the examination of the heads at medical inspection, are given in the following Table. It will be seen that 130,373 examinations were made. Very little

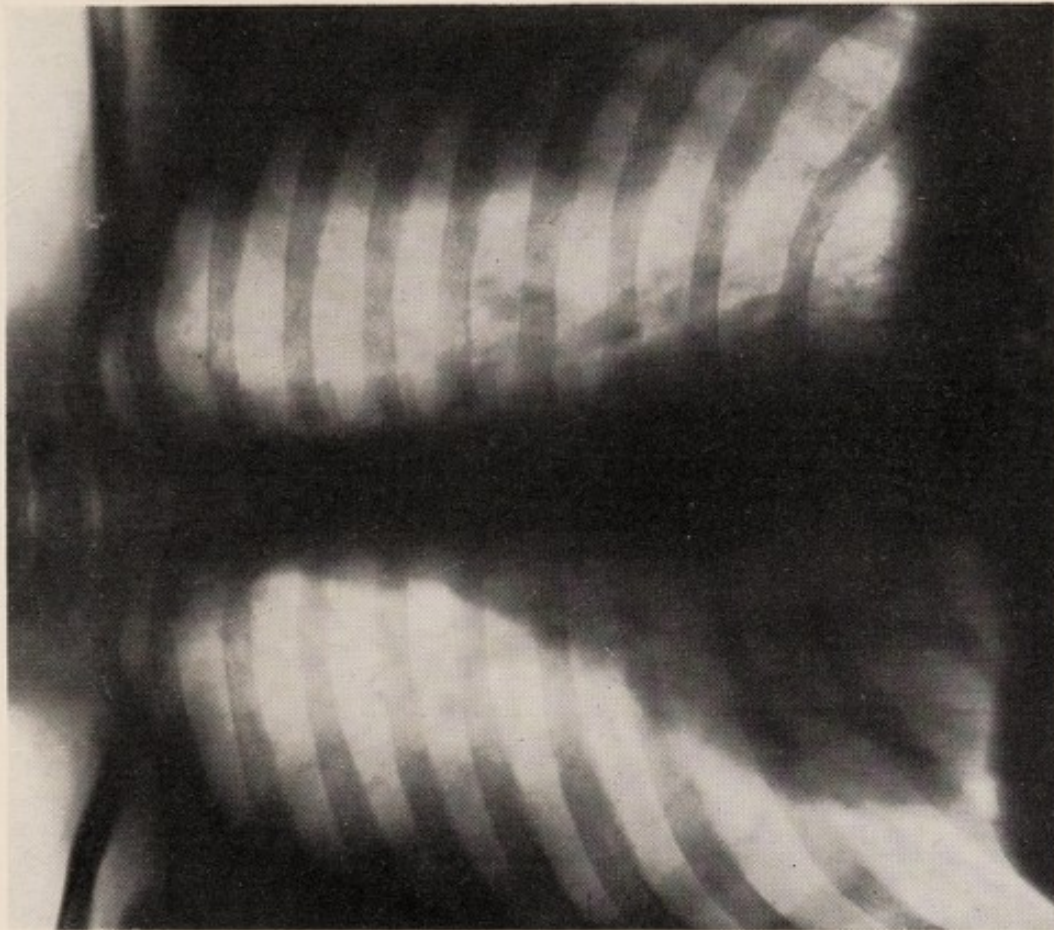
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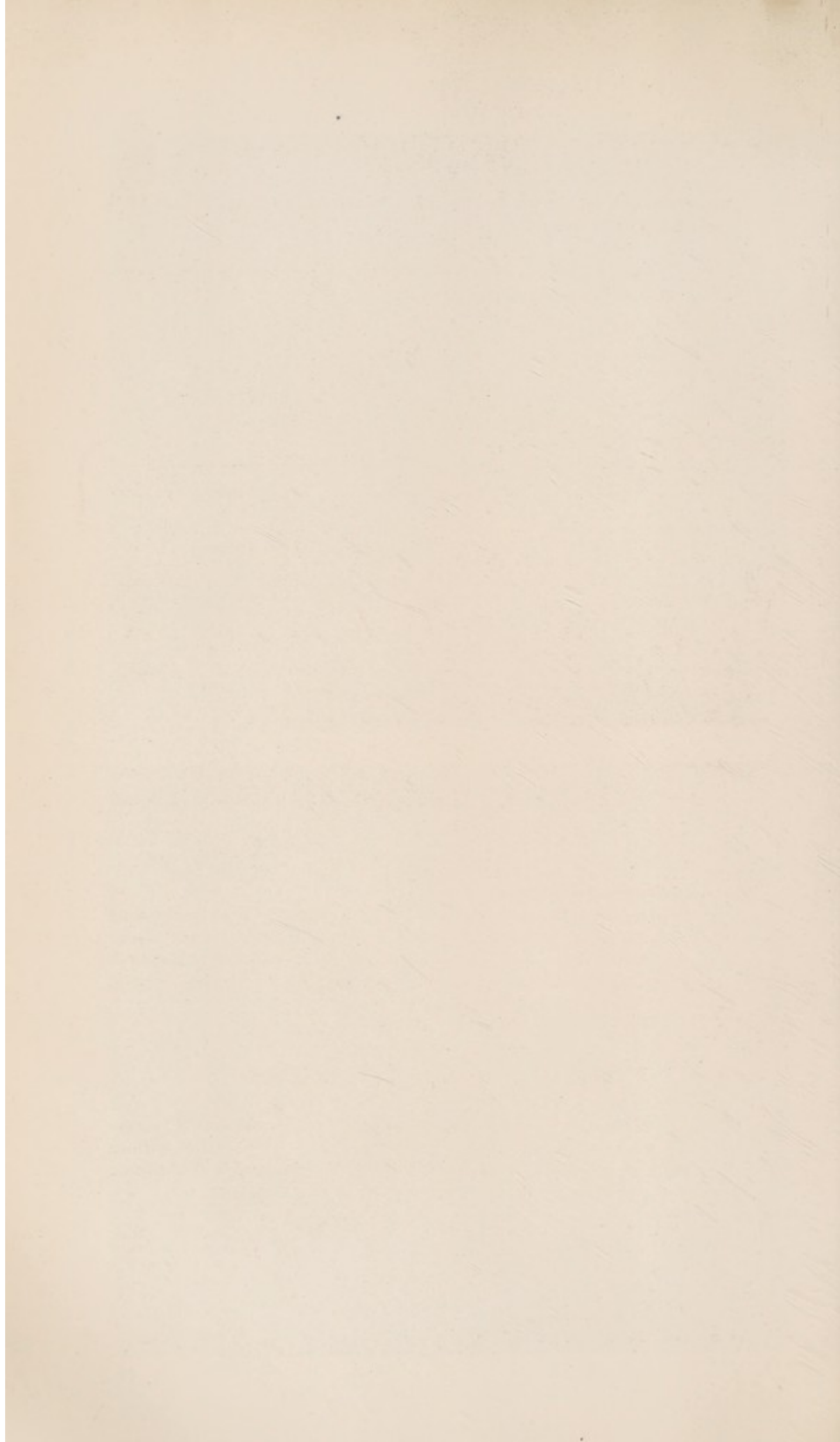


Lower portion of right lung plugged, resulting from inhaling a Meccano clip.



CONDITION FOUND AT MEDICAL INSPECTION.

Lung expanding again after removal of clip by Sir St. Clair Thomson.



improvement is shown in the percentage of children found in a verminous condition.

The County has been divided into the same three areas as in the three previous Annual Reports

TABLE E.
VERMINOUS CONDITIONS.

Area.	GIRLS.			BOYS.		
	Number Verminous.		Total In-spections	Number Verminous.		Total In-spections
	Slight.	Bad.		Slight.	Bad.	
North-East ...	3,220	834	31,987	211	86	18,979
Percentages ...	10·0	2·6		1·1	4	
South East ...	4,172	1,535	24,809	382	35	18,128
Percentages ...	16·8	6·1		2·1	·19	
West ...	3,445	639	20,225	293	70	16,245
Percentages ...	17·0	3·1		1·8	4	
Whole County ...	10,837	3,008	77,021	886	191	53,352
Percentages ...	14·0	3·9		1·6	3	

X-RAY TREATMENT.

151 cases of Ringworm were treated by X-Rays : 79 at Derby and 72 at Chesterfield. In addition 19 children suffering from other diseases were treated at Chesterfield. Dr. Bedwell reports that bad cases of psoriasis that had resisted treatment for six to ten years yielded quickly to half pastille doses.

REFRACTIONS AND EYE DISEASES.

The ophthalmic work carried out during 1922 was on the same lines as was obtaining in the previous year. Operation clinics were held at intervals at Derby and Chesterfield, and a few minor operations were performed ; this was a new development.

The numbers of children who attended the different Centres are shown below :—

CENTRE.					NEW CASES	OLD CASES.	TOTAL.
Dr. CARR'S CASES.							
Alfreton	..	..	..	..	204	13	217
Ashbourne	..	..	..	..	26	0	26
Bakewell	..	..	..	..	36	1	37
Belper	..	..	..	..	86	6	92
Buxton	..	..	..	..	17	0	17
Chesterfield	..	..	..	..	478	123	601
Chinley	..	..	..	..	116	10	126
Clay Cross	..	..	..	..	61	7	68
Derby	..	..	..	..	311	166	477
Long Eaton	..	..	..	..	103	3	106
Matlock	..	..	..	..	68	1	69
Ripley	..	..	..	..	227	25	252
Wirksworth	..	..	..	..	36	0	36
Woodville	..	..	..	..	221	30	251
					1990	385	2375
Dr. GUNNING'S CASES.							
Alfreton	..	..	..	..	28	11	39
Barrow Hill	..	..	..	..	43	14	57
Beighton	..	..	..	..	34	15	49
Bolsover	..	..	..	..	22	11	33
Chesterfield	..	..	..	..	25	25	50
Clown	..	..	..	..	81	35	116
Dronfield	..	..	..	..	69	19	88
Eckington	..	..	..	..	53	21	74
Killamarsh	..	..	..	..	39	12	51
Shirebrook	..	..	..	..	121	15	136
					515	178	693

The total number of spectacles provided through the Education Committee was 1,229, and repairs were carried out in 77 cases.

At Belper, Swadlincote, Clay Cross, Long Eaton, Shirebrook and Clowne daily treatment of ear conditions is undertaken, and weekly treatment is given at Ripley, Matlock, Alfreton and Chesterfield.

Dr. Gallagher speaks highly of the interest taken by the School Nurses and the enthusiastic way in which they carry out the treatment and bring up for examination children suffering from deafness and discharging ears.

Altogether 3,605 children with ear, nose and throat disease were treated during the year. The conditions treated are given in the following Table :—

EAR AND THROAT CLINICS.

CASES TREATED.

DEFECT OR DISEASE.	DERBY AREA.		CHESTERF'D AREA.		CHINLEY AREA.	
	New Cases.	Old Cases.	New Cases.	Old Cases.	New Cases.	Old Cases.
Suppurating Middle Ear Disease ...	78	321	131	368	1	25
Chronic Catarrh of Middle Ear ...	35	169	44	239	4	24
Diseased Tonsils and Adenoids ...	160	35	85	16	18	2
Diseased Tonsils and Adenoids with Sequelæ ...	41	17	41	16	10	—
Enlarged Tonsils ...	24	—	6	1	4	—
Enlarged Tonsils and Complications ...	51	3	23	1	15	2
Adenoids ...	16	2	12	—	1	—
Adenoids and Complications ...	18	5	22	—	2	2
Rhinitis ...	32	111	25	121	3	17
Rhinitis and Complications ...	10	21	17	25	—	3
Hypertrophic Rhinitis ...	10	20	18	23	—	—
Wax in Ears ...	13	7	7	18	—	—
Furunculosis ...	3	2	2	3	—	—
Anæmia ...	1	3	1	10	2	—
Enlarged Glands ...	—	3	1	3	1	3
Goitre ...	—	6	1	—	—	—
Aural Polypus ...	2	—	3	—	—	—
Laryngitis ...	—	5	—	1	—	—
Tonsillitis ...	1	1	—	1	—	—
Consultations ...	12	4	12	3	—	1
Others ...	26	29	23	41	1	3
	533	764	474	890	62	82

Total New Cases ... 1069

Old Cases ... 2536

Total 3605

There is a large number of cases of suppurating middle ear disease under treatment. Dr. Gallagher reports that in most of the cases the discharge has ceased and the children are continuing treatment on account of deafness. In many cases the deafness will be permanent. To improve this work two things are necessary, (i.) that we should hear of cases earlier; and (ii.) that we should have open-air beds as soon as finances will allow.

During the year all the Isolation Hospitals were circularised asking the Medical Superintendents to notify us of any case of Scarlet Fever with ear discharge.

During the year 1,155 cases were operated upon for diseased tonsils and the other conditions as set out below :—

EAR, NOSE AND THROAT DISEASES. OPERATIONS PERFORMED.

NATURE OF OPERATION.	DERBY AREA.	CHESTERF'D AREA.	CHINLEY AREA.
Enlarged Tonsils	—	3	1
Enlarged Tonsils and Adenoids ...	548	399	129
Adenoids	17	23	3
Aural Granulation	2	3	—
Turbinectomy	1	2	—
Aural Polypus	2	2	1
Nasal Polypus	1	1	—
Foreign body removed	1	1	—
Others	6	8	1
Totals	578	442	135
			Total—1155

Of the above 30 operations were performed without an anæsthetic, 13 at Derby, 14 at Chesterfield, and 3 at Chinley.

RE-EXAMINATIONS.

Totals	502	367	131
			Total—1000

In the following Table Dr. Gallagher gives the results of the treatment of 983 cases upon whom she had operated and which she has had the opportunity of following up :—

RESULTS OF TREATMENT.

OPERATION CASES.

Defect.	Dis- charged Cured.	Im- proved	In Statu Quo.	Opera- tion Deferred	Opera- tion Refused	Preferred Hospital or own Doctor.
Enlarged or Diseased Tonsils and Adenoids	491	—	—	70	44	10
Adenoids	8	—	—	—	—	—
T. & A., & C.C.O.M.* ...	243	13	4	27	13	2
T. & A., & O.M.S.† ...	20	1	—	8	1	—
T. & A. & other complica- tions	111	60	4	9	1	3
Adenoids & C.C.O.M. ...	7	—	—	5	—	—
Adenoids and other com- plications	—	2	1	2	—	—
Other Defects	10	7	1	7	1	1
otal	890	83	10	128	60	16

OTHER CASES.

Defect.	Dis- charged Cured.	Im- proved.	In Statu Quo.	Still on Treat- ment.	Refused Treat- ment.	Preferred Hospital or own Doctor.	Left School.
Throat conditions	—	1	—	47	—	—	6
Nose ..	7	24	—	65	5	2	6
Ear ..	111	22	4	195	9	2	10
Skin ..	12	—	—	7	—	1	—
Other ..	3	—	—	1	—	—	1
Examination after Operation ...	—	—	—	26	—	—	—
Total ...	133	47	4	341	14	5	23

Other Examinations :—	Consultations ...	63
	Deaf & Dumb ...	10
	Referred to Tuber- culosis Dept. ...	2
	Total	75

It is interesting to note that only in half the cases had the enlarged or diseased tonsils not caused secondary complications. The conditions associated with them were †suppurating middle ear disease, *chronic catarrh of the middle ear (in most of which conditions there was deafness), thickening of the drum of the ear,

chronic inflammation and discharge from the nose, and deafness from various causes. In a considerable number of cases the general health of the child was such that an operation was deferred and treatment for anæmia, septic conditions of the teeth, etc., was undertaken. This latter is a most important matter to put right before the operation is performed. In one case the child had to be treated for six months before she was safe for operation.

Of the 983 cases operated upon and carefully followed up, 890, or over 90% *were discharged cured*, and 83 were improved. Only in 10 cases was no improvement effected. In several cases operations were performed on children who had already been operated on with the guillotine, that is to say a piece of the tonsil had been cut off, and after a short time the symptoms for which the operation was performed had recurred.

The high standard of the work done is now beginning to be appreciated, and the number of parents who refuse an operation is getting less.

During the year it has been necessary to keep in six children all night after operation.

Before the children come for operation, the homes are visited to see that there is no infection in the home which might be brought to the Clinic and given to other children. At the same time the School Nurse gives instructions on the preparation for the operation and the avoidance of food on the day of operation, and at the same time gets the consent in writing of the parents to the operation. Not only does the School Nurse explain verbally what is to be done, but printed instructions are left.

The condition of the hearts of 30 children was such that the operation had to be performed without an anæsthetic. Complete enucleation of enlarged tonsils and adenoids without an anæsthetic can only be performed by an exceptionally skilled operator.

DENTAL DISEASE AND TREATMENT.

In his Annual Report for 1918 Sir George Newman wrote :—

“The dental problem remains, after ten years of the School Medical Service, one of the most important, urgent, and difficult. All over the country there is prevalent, as I have pointed out for some years, a high degree of dental defect, deleterious in itself and far-reaching in its injurious effects on the health of the children, adolescents and adults. The problem stands in the front rank of the questions of Preventive Medicine with which the country is faced.”

Sir George Newman then goes on to quote from the Report of the Departmental Committee on the Dentists' Act, 1878, issued in

1919, the proposals of the British Dental Association adopted in July, 1919, and a Special Report to the Board of Education by Mr. Norman Bennett, Chairman of the Board of the British Dental Association.

The question is of such fundamental importance that I reproduce the following :—

(1) REPORT OF THE DEPARTMENTAL COMMITTEE ON
THE DENTISTS' ACT.

"The Committee are of opinion that suitably trained* and competent dental dressers or nurses, acting under the effective supervision of a dentist, may be usefully and safely employed in school dental work.

Action in this direction will be in the public interest, will tend to relieve the shortage of dentists, while at the same time it will render the position of school dentists more acceptable to the profession, and probably lead to an increased remuneration being assigned to these posts. We think that the approval of the Board of Education of the persons to be employed as dental dressers, the nature of the work they shall perform, and of the arrangements for supervision by a registered dentist, should be necessary.

We attach importance to approval being given, as we understand is at present the case, in each individual instance rather than in the framing of general regulations to govern work of the character in question. A certain amount of operative dental work by dental dressers has already been performed without, as far as your Committee can ascertain, any sacrifice of the public interest, but they realise that this question is in an experimental stage and they would leave to the Board of Education a somewhat wide latitude as to the particular arrangements they should approve in any individual case."

(2) RECOMMENDATIONS OF THE BRITISH DENTAL
ASSOCIATION.

"...no dental operation such as filling, extracting, or scaling should be performed by any but a qualified dental surgeon."

"...senior dental students might be allowed to work in such clinics, and obtain certificates before sitting for their final examinations."

* It is necessary to call attention to the fact that the Departmental Committee used the words "suitably trained and competent dental dressers," as those opposed to their employment do not mention this.

(3) REPORT TO THE BOARD OF EDUCATION BY MR. NORMAN BENNETT, CHAIRMAN OF THE REPRESENTATIVE BOARD OF THE BRITISH DENTAL ASSOCIATION.

"The general professional objection to dental dressers founded on the belief that their training and employment in large numbers would increase the number of unqualified practitioners in general practice is outside the scope of this enquiry, and need not be further considered.*

As regards the actual work that I saw done, the point to be decided is not whether one occasional dresser, personally suitable, can be trained to be efficient, but whether an *ad hoc* training given to the average dresser will produce a degree of efficiency high enough to justify their employment on children.

I am also convinced that if the dentist were operating on his own patients he could not effectually supervise more than two dressers using chairs one on each side of his own."

"... The value of dental dressers remains problematical. If they should come to be employed extensively, they should be given a special course of training at a dental hospital."

It is only right to add that Mr. Norman Bennett prefaces his conclusion with these words :

"I do not feel that the information gained by the inspection of two dental dressers can be a basis for any very sound opinion."

The Departmental Committee came to the conclusion quoted by Sir George Newman, in favour of the employment of dental

*This fear had already been communicated by the Dental Association to the General Medical Council, who sent the following reply :—

General Council of Medical
Education and Registration.
December 5th, 1918.

Sir,

I have to inform you that the Council has given careful consideration to your letter of August 28th last, embodying the views of the British Dental Association on the subject of School Dental Nurses.

It is, however, unable to agree with the fear expressed that it may appear to be a recognition of unqualified practice, nor with the apprehension that persons so employed are likely to swell the ranks of unregistered practitioners.

It therefore sees no reason to alter the terms of the resolution previously arrived at, which, as your letter states, is in strict accord with the invariable attitude of the Council on the question of "covering."

The President, (Signed) A. J. COCKINGTON,
British Dental Association. Acting Registrar.

Whatever might have been the case in 1918, now the Dentists Act, 1921, has become law, the contingency feared is impossible. By this Act the Disciplinary powers of the General Medical Council have been transferred to a new body, the Dental Board.

dressers to do the work they were doing in Derbyshire and elsewhere, as they report, *after*

“ Mr. Norman Bennett, representing the British Dental Association, gave evidence against the employment of dental dressers in operative work such as teeth extraction and filling.”

The new Dentists Bill was laid before Parliament by the Minister of Health in May, 1921. The introductory memorandum states, “ This Bill gives effect to the recommendations contained in the Report of the Departmental Committee on the Dentists Acts 1878—1919.”

At this time we had, with the approval of the Board of Education, appointed 6 women to be trained by our dentists and then to be employed as dental dressers on minor dental work under the personal supervision of the school dentists. On the completion of the probationary period of one, her appointment was not continued. The other 5 proved efficient and were appointed dental dressers.

The Dentists Act, 1921, contains the following sub-section :—

“ I. (3) Nothing in this Section shall operate to prevent—

.....
.....

(c) the performance in any public dental service of minor dental work by any person under the personal supervision of a registered dentist and in accordance with conditions approved by the Minister of Health after consultation with the Dental Board to be established under this Act.”

This Sub-Section was passed without amendment from the Bill, presumably to give effect to the recommendation of the Departmental Committee that dental dressers might continue to do the work that they were doing with the knowledge and approval of the Board of Education and the General Medical Council in Derbyshire and, I gather, in Shropshire, Birmingham and Sheffield).

On August 17th, 1922, the following Circular No. 1279 was issued by the Board of Education :—

“ CONDITIONS APPROVED BY THE MINISTER OF HEALTH UNDER SECTION 1 (3) (c) OF THE DENTISTS' ACT, 1921 FOR THE PERFORMANCE OF MINOR DENTAL WORK IN THE SCHOOL MEDICAL SERVICE OF LOCAL EDUCATION AUTHORITIES, UNDER THE PERSONAL SUPERVISION OF A REGISTERED DENTIST, BY A PERSON WHO IS NOT A REGISTERED DENTIST.

- (1) The work shall be limited to cleaning and polishing, applying or removing dressings or temporary fillings, charting, recording, or work of like responsibility.”

The Order of the Ministry would have stopped our dental dressers inspecting the children in schools with probe and mirror to select those to come for treatment, and drilling teeth with superficial caries, putting in permanent fillings, and doing extractions of temporary teeth under the supervision of the dentists, but on October 19th I had an interview with Sir George Newman, and we are allowed to continue our scheme for two years from January 1st this year. By that time I hope the opposition of the British Dental Association will be withdrawn.

I may add that as far as "applying and removing temporary dressings or fillings" is concerned, these are, and in a county area must necessarily be, very rarely used; when they are, they are used for teeth which are being treated by the Dentists themselves.

Your Committee can only raise a certain amount of money for school medical work. If the dental work has to be carried out by Dentists without the help of dental dressers as heretofore, the amount of work we are doing will be halved. The new Order would cost this County alone an additional £2,500 a year, if the work I think necessary is done.

REPORT ON THE DENTAL WORK DURING 1922.

The following Table shows the dental work done during the last five years:—

Year.	No. of children inspected.	Number referred for treatment.	Attendances.	Total No. of extractions.	Total No. of Fillings.	Staff.	
						No. of Dentists.	No. of Dressers.
1918	19,524	8,253	2,351	1,516	4,561	1	2
1919	17,018	10,665	3,569	7,222	3,052	1	2
1920	24,842	21,274	8,663	21,271	6,376	3	4
1921	33,454	28,037	9,244	18,257	9,150	3	5
1922	40,688	33,509	11,660	19,936	13,526	3	5

In May, with the approval of the Board of Education, we started a dental car for Miss Canning, one of our dentists. She takes with her one dental dresser, while the other is doing inspections. Miss Canning and one dental dresser work at the schools themselves.

The car has been an unqualified success. This is seen by comparing the work done by Miss Canning during the year 1922 (in which she had the car for two-thirds of the year) with the work

done in 1921. In 1921 the total number of fillings done by Miss Canning and one dresser was 1,437 ; in 1922 it was 3,629. In 1921 the number of teeth extracted was 2,288 ; in 1922 it was 5,029. It will be seen that the work was more than doubled.

At the same time a large amount of money was saved to the parents of the children in that they did not have to take them railway journeys to the Central Clinics. In my original scheme I pointed out that there should be a car at each main Clinic. Experience with our first dental car justifies the advice given.

The following is the Report for the year 1922 of Mr. Elmitt, School Dentist :—

“ As this Report mainly concerns the year 1922, I am taking the Chesterfield district to write on, as I have had charge of that area for nearly three years.

Looking over the figures for the year I find that of the number of school children inspected, approximately 80% required some form of dental treatment. Of these children, I find that about 20% actually attended for treatment. Of the 60% who did not come for treatment, about one-third accepted but for some reason did not attend. The remaining two-thirds refused treatment.

There are, of course, many items which are responsible for children not attending the clinic, the chief one being the financial difficulty. Long distances also account for other absentees, so does bad weather and bad train or 'bus service.

Going a little further, I find that approximately 11% of the children attending the clinic 're-visit' in order to have the necessary dental treatment completed, which cannot be done at one sitting. The number of fillings per child works out at 1.7 approximately. The proportion of fillings done in permanent teeth to those in temporary teeth is a little over 2 to 1. An average of nearly four teeth per child were extracted, the extraction of temporary teeth outnumbering that of permanent teeth by nearly 7 to 1. The percentage of children re-treated (result of periodic inspection) is approximately 35%.

It must be remembered, however, that where dental matters are concerned, figures may be very deceptive, especially with relation to fillings. It all depends upon the type and size of the filling, its locality, and the temperament of the patient. Figures which appear very small to anyone who heeds numbers only, can represent many hours of hard and conscientious work ; the reversed order of things can also be the case. I always put quality before quantity, and I am convinced that it is of the utmost importance in school dental work, because I observe that in spite of all our advice and warnings on the absolute necessity of keeping the teeth clean, very large numbers of these people cheerfully and persistently fail to

do so. It thus follows that only the very best dental work has any chance of surviving in the mouths of these children. Further, I am of opinion that the parents are nothing like so helpful in enforcing cleanliness of the teeth, as might be supposed; they give way to their children too much. It is the school teachers who have the power to do so much good, if they only will. I am convinced that for propaganda on the prevention of caries to be successful, we must enlist the good offices of the school teachers.

I have always instructed the dental dressers inspecting school children to record on the inspection sheets the approximate amount of work to be done for each child, so that I can feed my clinic accordingly and keep the work balanced as far as possible.

I always endeavour to complete a child's required dental treatment at one visit. I am a firm believer in preventive treatment, and I use a lot of silver (in the form of the nitrate) to assist me in the preservation of teeth and prevention of dental caries. Recent research work with silver in this sphere confirms my opinion of its great value in conservative dental surgery.

Whenever possible, I give a local anæsthetic in preference to a general anæsthetic. I am of opinion that the general anæsthetic administration in dentistry is overdone, and that far more operations can be performed with the aid of local anæsthetics than is done at present.

I always explain to parents (when present) what dental treatment a child requires, also why such treatment should be carried out, but I prefer parents or friends to remain out of the clinic whilst the operation is in progress. Children who are nervous or unruly are invariably made considerably worse by the presence of the parents, who usually get thoroughly upset also, making the best work impossible. Moreover, I have found from experience that the great majority of parents actually prefer to remain out of the clinic while the dental operation is in progress, and it is my conviction that this is the best procedure for all concerned.

The following is a list of the work done by the Dental Surgeons and Dental Dressers :—

(i.) *By the Dental Surgeons.* Fillings and extractions, and such root treatment, regulation (by extraction) and minor surgical work as he may consider necessary.

(ii.) *By the Dental Dressers.* Simple fillings and simple extractions, scalings and polishings, dressings, and general utility work in the clinic.

(iii.) *By the Dental Surgeons and Dressers.* Inspection of school children with probe and mirror to detect dental caries and irregularities.

All the work done by the Dental Dressers is carried out under the supervision of the Dental Surgeon, with the exception of the school inspections.

In a County area *we do not and cannot undertake the following* : --

- (i) The treatment of dead or exposed pulps, with the exception of unusual cases.
- (ii) Regulation work, with the exception of that effected by extraction only.
- (iii) Prosthetic work.
- (iv) Crown and bridge work."

G. L. ELMITT,
Dental Surgeon.

ANÆSTHETICS.

BY DR. JEAN P. GORDON.

During the year 1922 I gave 1,542 anæsthetics, of which number 1,172 were given for tonsil and adenoid, ear, and nose operations, and 370 for dental operations.

For operations on the children ethyl chloride given in a Loosely's inhaler is the method of anæsthesia I prefer. It gives sufficiently long anæsthesia for an expert operator, and the after-effects are much less noxious and less lasting than other general anæsthetics.

Its administration demands alert concentration and experience—these, however, are always essential to careful anæsthesia.

DEFORMITIES.

I dealt fully with the question of deformities in 1919. Speaking generally they are the result of Infantile Paralysis; the slighter defects are frequently consequent upon defective vision or hearing. These cases cannot be prevented until we have a residential institution for crippled children. All we can do at the present time is to send a few wrecks to the Orthopædic hospitals for operation, and in other cases to provide instruments. During the year two children were sent to Baschurch, and instruments have been provided out of the Surgical Appliances fund for 16 children.

The deformities met with during the year are classified in Table F, page 33.

MINOR AILMENTS.

The work done at the Minor Ailment Clinics is given in Table IV, page 45. Altogether 3,738 children were treated.

TABLE F (ELEMENTARY SCHOOLS)
DEFORMITIES.

Total number examined 25,939.

					Boys.	Girls.	Total.
Deformities of Chest.	Pigeon Chest	...	...	...	40	12	52
	Flat Chest	...	...	...	19	14	33
	Depressed Sternum	...	...	...	4	1	5
Deformities of Spine.	Lateral Curvature	...	...	...	40	55	95
	Round Shoulders	...	...	...	2	2	4
	Poliomyelitis	...	...	...	3	2	5
	Winged Scapula	...	...	...	—	1	1
	Dislocation left shoulder	...	...	...	1	—	1
	Hunch Back	...	...	...	1	—	1
	Drop in right shoulder	...	...	...	1	—	1
Deformities of lower Extremity.	Flat Foot (pes planus)	...	...	...	5	7	12
	Club Foot (talipes)	...	...	...	11	6	17
	Knock Knee (genu valgum)	...	...	...	6	2	8
	Claw Foot (pes clavus)	...	...	...	1	—	1
	Bow Leg (genu varum)	...	...	...	2	4	6
	Spastic Paraplegia	...	...	...	2	—	2
	Short Leg	...	...	...	1	—	1
	Amputation of the left foot	...	...	...	—	1	1
	Amputation of the right leg	...	...	...	1	—	1
	Congenital Dislocation of hip	...	...	...	1	4	5
	Wasting Muscles of leg	...	...	...	2	—	2
Deformities of upper Extremity.	Webbed Toes	...	...	...	1	—	1
	Curved Tibia	...	...	...	—	1	1
	Double Phalanges ² of left thumb	...	...	...	1	—	1
	Fractured Nose	...	...	...	1	—	1
	Fractured Elbow	...	...	...	4	—	4
	Arm undeveloped and not much use	...	...	...	1	—	1
	Rudimentary Pinna	...	...	...	1	—	1
Deformities in and about Mouth.	Wasting left arm muscles.	...	...	...	1	—	1
	Enchondroma first finger	...	...	...	—	1	1
	Bifid Uvula	...	...	...	8	4	12
	Double Uvula	...	...	...	2	—	2
	No Uvula	...	...	...	2	—	2
Paralysis.	Hare lip and Cleft palate	...	...	...	10	3	13
	High Arched Palate	...	...	...	5	2	7
Various.	Wry Neck (torticollis)	...	...	...	3	2	5
	Various, not stated	...	...	...	17	20	37
Total					226	170	396

CASES REFERRED TO MANAGERS.

When the Medical Log Books come in and it is found that no action has been taken to obtain treatment, letters are sent to the School Managers. During 1922 communications relating to 327 children were addressed to the Managers.

Replies referring to 189 children were received, and in a number of cases the Managers had personally visited the homes.

49 cases had received medical attention, 12 were improving, 15 were awaiting treatment, and 9 had left school. In 72 cases the parents refused to obtain treatment.

TABLE G.
CHILDREN IN INSTITUTIONS.

The following Table gives the number of children who were in institutions during the whole or part of 1922 :—

	Admissions in 1921.		Removals in 1921.		Total number in Institutions during the whole or part of 1922.		Total.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Feeble-minded .. ..	...	...	...	...	3	4	7
Blind	1	...	4	1	15	17	32
Deaf or Deaf & Dumb	...	3	1	2	15	17	33
Physically Defective ..	2	2	...	...	3	2	5
Totals ..	3	5	5	3	36	40	76

SURGICAL APPLIANCES AND SPECTACLE FUND.

During the year £407 10s. 1d. was collected in the schools for the Surgical Appliances and Spectacle Fund and the Hospitals. The money was disbursed in the following manner :—

	£	s.	d.
Surgical Appliances Fund	175	10	3
Derbyshire Royal Infirmary	93	4	10
Chesterfield and North Derbyshire Hospital ..	31	13	3
Derbyshire Children's Hospital	22	8	4
Mansfield and District Cottage Hospital ..	22	6	1
Burton-on-Trent Infirmary	15	6	2
Miscellaneous (less than 420 each)	47	1	2
	£407	10	1

The money expended on Surgical Appliances was £42 5s. 11d.

Spectacles costing £404 10s. 7d. were procured during the year. Of this amount the parents contributed £209 0s. d. and the deficit of £195 10s. 1d. was paid out of the Surgical Appliances Fund.

For the donations to the various Hospitals, tickets should be obtained so that the most suitable children could receive treatment which cannot be given at our own Clinics.

DUTIES OF ASSISTANT SCHOOL MEDICAL OFFICER.

A. Elementary.

1. To visit each school in the area assigned by the Chief School Medical Officer twice a year at intervals of six months, and on such other occasions as may be necessary. To inspect the sanitary arrangements and the cleanliness of the schools, and to report any insanitary conditions to the Chief School Medical Officer, and any neglect on the part of the Caretakers to the School Managers.
2. To notify on the forms provided head teachers (each department), and the school nurse at least one clear week before inspection—also His Majesty's Inspector.
3. To examine the children in the Elementary Schools in the area and to carry out the duties as specified in the Regulations.
4. To enter on the forms provided the facts revealed by the inspection, one set to be kept at the school and the other to be sent immediately to the Central Office. To fill up Card M.I. 84 for every exceptional child, and send same to Central Office.
5. To advise the parents at medical inspection of the steps to be taken to improve the health of their children, giving to the parents a copy of M.I. 48 with the appropriate paragraph marked in blue pencil; to refer Ear, Nose and Throat and Eye cases to the Specialist Officers, issuing to the parents the appropriate forms, and in other conditions requiring medical treatment, for which the Education Committee do not provide treatment, to issue the necessary G Notice. This notice is also to be issued for serious dental conditions. At the next subsequent inspection to ascertain whether the treatment has been provided, and to call the attention of the Chief School Medical Officer to cases which have been referred to the Education Committee's Specialist Officers, and which have not been treated.

6. To take charge of the School Inspection and Treatment Clinics in the area.
7. To give instructions to the Head Teachers, the parents, and the School Nurses, with regard to ringworm, scabies, and other minor ailments.
8. To consult with, and give advice to the Teachers on any case in which a medical opinion is required.

N.B.—In the larger schools it is usual to arrange to see about half the pupils for routine inspection, and all specials at each inspection. Routine inspections are of *entrants*, *intermediates*, *i.e.*, children between 8 and 9, and *leavers*, *i.e.*, children over 13, or any children who will leave before the next inspections.

B. Secondary.

1. To examine each year the Secondary School children allotted in accordance with Circular 1153 of the Board of Education; to enter the records on the forms provided, and be responsible for their safe keeping at the Central Office.
2. To carry out the duties as regards treatment as specified, for Elementary school children.
3. To make an annual summary of the work done, with recommendations for improving the health of the children.
4. To notify Head Teacher and School Nurse of each Secondary School of intention to visit a fortnight before inspection takes place.
5. To specify for each visit the number of children to be inspected so that the school nurse can proceed with the necessary preparation.
6. Secondary Schools are visited twice a year—routine inspection of each pupil is carried out once each year, and "Specials" (children entered in log book as defective at previous inspections) seen each time the school is visited until condition is remedied.
7. The Cards which are kept in office in specially provided boxes are to be sent to the nurse when notice of visiting school is given. These are brought back by Doctor on conclusion of inspection. The Log Books are kept in school.

N.B.—The inspection of Secondary School children must not be done in the months of December, April, the last week in June, or the first three weeks in July.

C. Pupil Teachers and Bursars.

To examine, when required, pupil teachers and report on their health on the prescribed form.

D. Other Duties.

To act under the Maternity and Child Welfare Committee as Medical Officer of such infant welfare centres, as may be assigned.

SECTION III.

TABLES OF THE BOARD OF EDUCATION.

TABLE 1.

NUMBER OF CHILDREN INSPECTED 1st JANUARY,
1922, TO 31st DECEMBER, 1922.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	ENTRANTS.						Inter- mediate Group. 8	LEAVERS.					
	3	4	5	6	Other Ages.	Total.		12	13	14	Other Ages.	Total.	Grand Total.
Boys ..	12	227	3165	717	224	4345	4756	3029	621	43	63	3756	12857
Girls ..	1	129	3380	733	241	4484	4954	2966	500	14	262	3742	13180
Total ..	13	356	6545	1450	465	8829	9710	5995	1121	57	325	7498	26037

B.—SPECIAL INSPECTIONS.

		SPECIALS.	RE-EXAMS.			GRAND TOTALS.
Boys ..		720	547	Boys ..		14124
Girls ..		693	459	Girls ..		14332
Total ..		1413	1006	Total ..		28456

C.—NUMBER OF INDIVIDUAL CHILDREN INSPECTED ... 26744.

A.—Routine Medical Inspection.

No. of Children Inspected—Boys 816 Enrolment, Feb. 1st—Boys 1049
Girls 1803 Total 2,619 Girls 1763 Total 2812

SCHOOL.	SEX.	AGES.															Total.
		5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
Belper, Herbert Strutt ...	Boys Girls	— —	— —	— —	— —	— —	8 —	18 13	44 21	45 35	38 36	25 26	18 27	8 12	— 6	— 2	204 178
Buxton, Cavendish Girls' High	Boys Girls	— —	— —	— —	1 —	11 —	— 20	22 —	— 42	— 42	— 41	— 27	— 17	— 4	— 1	— —	— 228
Chesterfield, Girls' High ...	Boys Girls	— 8	— 17	1 15	— 15	— 24	— 26	— 36	— 61	— 56	— 40	— 43	— 38	— 12	— 8	— —	1 391
Clay Cross Secondary ...	Boys Girls	— —	— —	— —	— —	— —	4 —	15 10	34 35	42 46	24 35	22 16	10 19	— 15	1 4	— —	152 182
Glossop Grammar ...	Boys Girls	— —	— —	— —	— —	— —	1 —	15 9	30 28	22 35	26 54	20 26	7 22	2 16	1 1	— —	124 191
Heanor Secondary ...	Boys Girls	— —	— —	— —	— —	— 1	2 2	14 13	21 44	28 52	21 15	15 22	8 13	3 3	— —	— —	112 165
Ilkeston Secondary ...	Boys Girls	— —	— —	— —	1 4	4 5	4 9	2 22	23 27	25 23	12 21	9 16	7 9	6 4	— 3	— —	93 143
Long Eaton Secondary ...	Boys Girls	— —	— —	— —	— —	1 —	4 2	10 13	17 46	15 30	16 34	16 19	4 11	3 3	— 2	— —	86 160
New Mills Secondary ...	Boys Girls	— —	— —	— —	— —	— —	1 4	4 14	19 31	5 20	2 18	3 8	— 5	— 5	— 3	— —	44 108
Shirebrook P.T. Centre	Boys Girls	— —	— —	— —	— —	— —	— —	— —	— 1	— 9	— 18	— 8	— 4	— 9	— —	— —	— 49
TOTALS ...	Boys Girls	— 8	— 17	1 15	1 20	5 41	24 65	78 152	108 336	192 348	139 312	110 211	54 165	22 83	2 28	— 2	816 1803

In addition the following examinations were made:—

Specials.		Re-examinations.		Total.
Boys	19	Re-examinations.	101	120
Girls	271		446	717

TABLE II.
Return of Defects found in the course of Medical Inspection in 1922.

DEFECT OR DISEASE.				Routine Inspections.		Specials.		Re-exams.	
				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.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
			Malnutrition	60	736	3	18	4	5
			Uncleanliness—						
			Head	181	1106	1	5	—	4
			Body	19	699	2	4	1	1
			Ringworm—						
			Head	18	92	4	4	1	1
			Body	—	13	—	—	—	—
			Scabies	10	27	2	6	—	—
			Impetigo	5	114	—	8	—	—
			Other Diseases (non-tubercular)	14	162	2	11	2	6
			Blepharitis	62	97	9	3	5	3
			Conjunctivitis	25	46	8	2	8	—
			Keratitis	1	1	1	1	—	—
			Corneal Ulcer	2	—	—	—	—	—
			Corneal Opacities	1	1	—	1	—	—
			Defective Vision	1281	1841	201	37	86	10
			Squint	179	115	40	9	16	3
			Other Conditions	15	43	6	6	1	1
			Defective Hearing	134	134	44	28	11	1
			Otitis Media	8	2	—	4	1	—
			Other Ear Diseases	93	114	23	12	11	5
			Enlarged Tonsils	860	3637	87	31	97	44
			Adenoids	74	113	20	8	25	—
			Enlarged Tonsils and Adenoids	635	260	87	26	67	2
			Other Conditions	23	51	3	8	7	2
			Enlarged Cervical Glands (Non-Tubercular) ..	55	73	19	7	2	—
			Defective Speech	—	157	—	31	—	—
			Over 4 decayed	2599	—	18	—	25	—
			Sepsis	27	—	6	—	—	—
			Heart Disease—						
			Organic	81	226	7	21	29	15
			Functional	20	139	3	4	4	7
			Anæmia	65	185	11	20	5	7
			Bronchitis	29	200	1	8	6	4
			Other Non-Tubercular Disease	4	49	3	6	1	—
			Pulmonary—						
			Definite	18	25	8	8	2	3
			Suspected	18	24	10	9	7	—
			Non-Pulmonary—						
			Glands	14	12	4	5	3	—
			Spine	1	1	1	1	—	—
			Hip	7	2	3	3	2	—
			Other Bones and Joints ..	3	6	1	2	1	2
			Skin	1	1	—	1	2	—
			Other Forms	4	4	4	2	—	—
			Epilepsy	11	6	3	6	—	4
			Chorea	4	6	1	1	2	3
			Other Conditions	2	1	—	1	—	—
			Rickets	2	68	2	1	—	—
			Spinal Curvature	11	76	1	2	—	5
			Other Forms	13	260	2	24	—	7

TABLE II—*continued.*
SECONDARY SCHOOLS.

Return of Defects found in the course of Medical Inspection.

Enrolment February 1st.—Boys 1049, Girls 1763, Total 2812.

DEFECT OR DISEASE.					Number referred for Treatment.		Number requiring to be kept under observation, but not referred for treatment.	
					Boys.	Girls.	Boys.	Girls.
Malnutrition					1	—	1	9
Uncleanliness—								
Head					—	1	—	16
Body					—	—	8	1
Skin	...	Ringworm—						
		Head			—	—	—	—
		Body			—	—	1	—
		Scabies			2	1	1	—
		Impetigo			—	—	1	2
		Other (Non-Tubercular) ...			—	2	12	4
Eye	...	Blepharitis			1	4	7	5
		Conjunctivitis			—	4	1	1
		Corneal Opacities			—	—	—	—
		Defective Vision			35	111	77	12
		Squint			—	2	—	2
		Other Conditions			1	2	9	3
Ear	...	Defective Hearing			5	53	3	3
		Otitis Media			—	4	2	—
		Other Ear Diseases			—	—	1	1
Naso-pharyngeal		Enlarged Tonsils			16	94	92	146
		Adenoids			2	1	1	—
		Enlarged Tonsils & Adenoids ...			4	29	—	—
		Other Conditions			1	15	4	2
Glands	...	Enlarged Cervical and Sub-maxillary			8	1	48	24
		Goitre			4	55	40	139
Teeth	...	Carious Teeth			57	275	16	42
		Sepsis			1	4	—	5
Heart	...	O. & F. not classified ...			6	44	66	24
Anæmia	...	... ..			12	66	5	13
Rickets	...	... ..			—	—	4	8
Digestive Apparatus	...	... ..			—	1	—	1
Lungs	...	Bronchitis			—	—	3	—
		Other non-tubercular Disease			—	1	4	—

TABLE II—*continued.*
SECONDARY SCHOOLS—*continued.*

Return of Defects found in the course of Medical Inspection.

DEFECT OR DISEASE.					Number referred for treatment.		Number requiring to be kept under observation, but not referred for treatment.		
					Boys.	Girls.	Boys.	Girls.	
<i>Tuberculosis.</i>	{	Pulmonary—							
		Definite			—	—	—	—	
		Suspected			2	—	5	3	
		Non-Pulmonary—							
		Glands			—	—	6	1	
		Spine			—	—	—	—	
		Hip			—	—	—	—	
		Other Bones and Joints			—	—	—	—	
<i>Nervous System.</i>	{	Skin			—	—	1	—	
		Other forms			—	—	—	—	
		Epilepsy			—	—	—	—	
		Chorea			—	—	—	—	
		Other forms			—	—	2	1	
		<i>Deformities</i>	Spinal Curvature			1	4	5	119
			Thorax			—	—	13	80
			Flat Foot			6	—	83	35
Other			—	1	20	67			
Defective Speech					—	—	5	11	
Mouth Breathing					—	—	4	3	
Other Defects and Diseases					—	1	1	11	
Unfit for Games and Drill					—	—	4	27	
„ Games					—	—	6	16	
Unsuitable Clothing					—	—	2	163	

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1922

		1922		
		Boys	Girls	Total
Blind (including partially blind) within the meaning of the Elementary Education (Blind & Deaf Children) Act, 1893	Attending Public Elementary Schools	27	21	48
	Attending Certified Schools for the Blind	15	17	32
	Not at School	5	2	7
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Education (Blind & Deaf Children) Act, 1893	Attending Public Elementary Schools	73	70	143
	Attending Certified Schools for the Deaf	15	17	32
	Not at School	11	9	20
Mentally Deficient	Attending Public Elementary Schools	270	225	495
	Attending Certified Schools for Mentally Defective Children	3	4	7
	Notified to the Local Control Authority by Local Education Authority during the year	—	—	—
	Not at School	49	29	78
	Imbeciles	19	15	34
	Not at School	7	18	25
	Idiots	1	5	6
Epileptics	Attending Public Elementary Schools	10	10	20
	Attending Certified Schools for Epileptics	53	42	95
	In Institutions other than Certified Schools	—	—	—
	Not at School	12	20	32
Physically Defective	Attending Public Elementary Schools	237	232	469
	Attending Certified Schools for Physically Defective Children	—	—	—
	In Institutions other than Certified Schools	—	—	—
	Not at School	95	119	214

TABLE III.—*continued.*

			1921		
			Boys.	Girls	Total.
Physically Defective— <i>cont.</i>	Crippling due to Tuberculosis	Attending Public Elementary Schools	153	121	274
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools	2	2	4
		Not at School	48	47	95
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism	Attending Public Elementary Schools	193	141	334
		Attending Certified Schools for Physically Defective Children	3	2	5
		In Institutions other than Certified Schools	21	19	40
		Not at School	—	—	—
	Other Physical Defectives e.g., delicate and other children suitable for admission to Open-air schools, children suffering from severe heart disease	Attending Public Elementary Schools	115	122	237
		Attending Open-air Schools	—	—	—
		Attending Certified Schools for Physically Defective Children other than Open-air schools	12	8	20
		Not at School	—	—	—
	Dull or backward	Retarded 2 years	148	215	363
		Retarded 3 years	171	133	304

B. of E. Table IV. A.

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN
DURING 1922.

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 ..	417	416	—	416
Ringworm—Body ..	72	72	—	72
Scabies	60	53	1	54
Impetigo	565	564	—	564
Minor Injuries ..	131	128	—	128
Other Skin Disease ..	299	292	1	293
Ear Disease (Discharging Ears and Deafness) ..	1221	1092	17	1109
Eye Disease (external and Other)	307	276	2	278
Miscellaneous	1489	845	525	1370
	4561	3738	546	4284

TABLE IV.
B.—TREATMENT OF VISUAL DEFECTS.

NUMBER OF CHILDREN.

	SUBJECT TO REFRACTION.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recom- mended for treat- ment other than by Glasses.	Receiving other forms of treatment.	For whom no treat- was considered necessary.
	Under Local Education Authority's Scheme	By Private Practitioner or Hospital.	Otherwise.	Total.					
Referred for Refraction.	2748	2505	78	2583	1615	1320	461	433	420

TABLE IV.

B. of E. Table IV.c.

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.	By Private Practitioner or Hospital	Total.	
1985	1155	141	1296	

TABLE IV. D (1).
TREATMENT OF DENTAL DEFECTS.
PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN.

CLINIC.	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.		Total No. of Fillings. (8)	No. of Administrations of Anaesthetics included in (4) and (6)		No. of other Operations.	
				Extracted. (4)	Filled. (5)	Extracted. (6)	Filled. (7)		Local (9)	General (10)	Scalings. (11)	Dressings. (12)
Chesterfield MR. ELMITT ... MISS CANNING	82 —	332 24	2577 208	1300 34	2680 170	8093 401	1137 138	3817 308	1676 135	204 3	628 18	2216 70
Derby Long Eaton Ilkeston MR. TAYLOR ...	905	399	5314	618	3602	4472	980	5796	779	370	1168	7582
Ilkeston Boro' MR. TAYLOR ...	5	41	402	49	284	375	72	384	81	—	81	417
Chinley Matlock Swadlincote Travelling Clinic MISS CANNING	103	*343	3069	234	1464	4360	1757	3321	—	—	303	2316
Totals ...	395	1139	11660	2235	8200	17701	4084	13526	2671	577	2198	12601

* Of this figure 37 children were treated at the inspection.

TABLE IV. D (2).
TREATMENT OF DENTAL DEFECTS.
NUMBER OF CHILDREN DEALT WITH.

CLINIC.	(a)—Number inspected by Dentists.												(b) Referred for Treat- ment.	(c) Actually Treated.	(d) Re-treated Result of periodical Examina- tion.
	Age Group.										Specials.	Total.			
	5	6	7	8	9	10	11	12	13	14					
Chesterfield MR. ELMITT ... Derby Ilkeston Long Eaton MR. TAYLOR ... Ilkeston Boro' (MR. TAYLOR) ... Chinley Matlock Swadlincote Travelling Clinic Miss CANNING ... Totals ...	1730	1989	2270	2419	2121	2022	2047	1241	88	—	47	15954	12501	2475	862
	1580	1879	2155	1878	1954	1865	1873	1682	877	242	10	15995	13605	2279	2700
	—	8	91	116	83	80	121	43	—	—	177	19	673	492	177
	1399	1709	1686	1034	929	790	239	146	67	21	—	8020	6730	2909	468
	4709	5585	6202	5447	5087	4757	4280	3112	1012	263	234	40688	33509	8155	4207

TABLE IV. E.

(a)	The average number of visits per annum made by the School Nurses to each School ...	11
(b)	The total number of examinations made of children by the School Nurse in the year in the Schools	183,804
(c)	Number of individual children found unclean ...	14,788
(d)	Number of children cleansed during the Year ...	nil
(e)	Legal Proceedings taken under the Children's Act, 1908, or the School Attendance Byelaws	nil

B. of E. Table V.

TABLE V.

SUMMARY OF TABLE IV. (A, B, C, D & F).

Disease or Defect.	Number of Children.			
	Referred for Treatment	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	4561	3738	546	4284
Visual Defects	2748	2505	78	2583
Defects of Nose and Throat ..	1985	1155	141	1296
Dental Defects	32836	7663	—	7663
Other Defects	300	149	57	206
	42430	15210	822	16032

TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1922.

(1) The total number of children medically inspected at routine inspections	26,389
(2) The number of children in (1) suffering from :—	
Malnutrition	796
Skin Disease	455
Defective Vision (including squint)	3,416
Eye Disease	294
Defective Hearing	268
Ear Disease	217
Nose and Throat Disease	5,653
Enlarged Cervical Glands (non-tubercular)	128
Defective Speech	157
Dental Disease	2,626
Heart Disease :—	
Organic	307
Functional	159
Anæmia	250
Lung Disease (non-tubercular)	282
Tuberculosis :—	
Pulmonary—Definite	43
„ Suspected	42
Non-Pulmonary	56
Disease of the Nervous System	30
Deformities	430
Other defects and diseases	444
(3) The number of children in (1) suffering from defects (other than uncleanness or defective clothing or foot-gear) who require to be kept under observation (but not referred for treatment) ...	11,256
(4) The number of children in (1) who were referred for treatment (excluding uncleanness, defective clothing, &c.)	6,702
(5) The number of children who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.)	16,032

H. M. E. 125. VI.

TABLE VI
 SUMMARY OF THE RESULTS OF THE MEDICAL INVESTIGATION
 OF THE HOSPITAL PATIENTS DURING
 THE YEAR 1922

The total number of children in the hospital during the year 1922	The number of children in the hospital during the year 1922
20,380	The number of children in the hospital during the year 1922
1,700	The number of children in the hospital during the year 1922
4,300	The number of children in the hospital during the year 1922
3,410	The number of children in the hospital during the year 1922
2,040	The number of children in the hospital during the year 1922
2,000	The number of children in the hospital during the year 1922
2,110	The number of children in the hospital during the year 1922
2,000	The number of children in the hospital during the year 1922
2,000	The number of children in the hospital during the year 1922
2,000	The number of children in the hospital during the year 1922
2,000	The number of children in the hospital during the year 1922
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2,000	The number of children in the hospital during the year 1922