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Sixteenth Annual  
**REPORT**

TO THE

Education Committee of Doncaster

(Chairman: COUNCILLOR WARREN)

BY THE

School Medical Officer

(Dr. D LECHMERE ANDERSON)

FOR THE

Year ending December 31, 1923.



Doncaster :

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# *Education Committee.*

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To the Chairman and Members of the Education Committee,  
Borough of Doncaster.

LADIES AND GENTLEMEN,

I beg to present you with my SIXTEENTH ANNUAL  
REPORT on the SCHOOL MEDICAL SERVICE.

On behalf of the officials of the School Medical Service, I  
wish to thank your Committee for their continued support and  
to acknowledge the kind co-operation of your administrative  
staff and the teachers.

Your obedient servant,

D. LECHMERE ANDERSON,  
School Medical Officer.

Public Health Office,  
Doncaster.

# ANNUAL REPORT, 1923.

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## STAFF OF THE SCHOOL MEDICAL SERVICE.

The staff of the School Medical Service consists of:—

- (1) The School Medical Officer, who is also Medical Officer of Health.
- (2) The Assistant School Medical Officer, who is also Assistant Medical Officer of Health.
- (3) The Chief School Nurse, also engaged part time on Public Health work.
- (4) Four Assistant School Nurses, also engaged part time on Public Health work.
- (5) One Clerk, also engaged part time on Public Health work.
- (6) One Office Girl, also engaged part time on Public Health work.

## SCHOOL HYGIENE.

A sanitary inspection of each department is carried out at the completion of Medical Inspection, and reports submitted to the Education Committee. Attention has had to be drawn to the unsatisfactory condition of some of the schools as regards cleanliness. The school should be a centre for the diffusion of knowledge regarding hygienic habits and cleanliness and if the school premises are not kept in a clean and sanitary condition such teaching is largely waste of time, as children learn far more from practical examples than from any amount of theory. The older buildings are certainly difficult to clean satisfactorily, and yet some of them compare very favourably with a few of the more modern buildings, whose structure should render thorough cleansing much less difficult.

The heating of some classrooms has not been satisfactory and where necessary the matter has been reported to the Committee. The great danger from an inadequately heated room is the not unnatural one of endeavouring to raise the temperature at the expense of ventilation, and in cases where the rooms were inadequately ventilated this was occasionally given as the cause.

With one exception all the schools in the Borough are provided with water-closets, and on the whole have been satisfactory. In one school a privy ashpit is still in existence but would have been abolished long since had there been a suitable fall to a sewer. The urinals installed in a few schools are not provided with a flushing apparatus and in its



absence only frequent cleansing and careful supervision will prevent the occurrence of nuisances. The sanitary conveniences in schools should be kept in such a condition that they would be an object lesson in sanitation to all children using them. At present this ideal is not attained in many of our schools.

Dual desks are provided in the majority of the schools but in a few the old long desks, without back rests, are still in use, to the possible detriment of the children compelled to use them.

### MEDICAL INSPECTION.

As in previous years, the following groups of children were submitted to routine examination:—

- (a) Children admitted for the first time during the year.
- (b) Children aged 8—9 years.
- (c) Leavers, i.e., children between the ages of 12 and 14 years.

In addition to the above, many children are examined as "Specials," at the request of Head Teachers, School Attendance Officers, Parents, etc., and children found defective at previous examinations are inspected periodically. These examinations are all carried out on the school premises and under conditions which interfere as little as possible with the ordinary work of the school.

Before admission to school, all children are inspected at the Clinic, and if found suffering from uncleanness or any infectious or contagious disease are refused admission until the condition has been remedied. These inspections have been found of great value, as other defects, such as enlarged tonsils and adenoids, are discovered and in the majority of cases satisfactorily treated before admission.

During the year 2,903 children were medically examined.

The 2,903 children were grouped as follows:—

			Total			
	Boys.	Girls.	1923.	1922.	1921.	1920.
Infants (Entrants) ...	523	489	1012	793	1033	1011
8—9 (Inters.) ...	415	400	815	706	546	680
Specials ...	133	85	218	257	406	481
Leavers ...	417	441	858	918	928	1063
Totals ...	1488	1415	2903	2674	2913	3235

The numbers for the past 16 years are given below, and the total number of children examined since the Act came into operation:—

					Totals.
1908-1912	yearly average	1,585	...		7924
1913-1917	yearly average,	2,034	...		10172
1918	the number examined was		...		1792
1919	„	„	„	...	2711
1920	„	„	„	...	3235
1921	„	„	„	...	2913
1922	„	„	„	...	2674
1923	„	„	„	...	2903
Total ...					34324
Yearly Average ...					2145

The following are the figures for the various Schools:—

School.	INFANTS.			MIXED.			Total No. examined.
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	
Balby ...	68	51	119	80	89	169	288
Oxford Place ...	19	30	49	65	63	128	177
Hexthorpe ...	91	95	186	74	104	178	364
Hyde Park ...	80	71	151	116	133	249	400
Parish Church ...	13	12	25	43	—	43	68
Oswin Avenue ...	49	41	90	71	93	164	254
Wheatley ...	40	42	82	110	74	184	266
St. Peter's ...	19	22	41	25	31	56	97
St. James' ...	43	55	98	103	45	148	246
Holmes ...	17	17	34	—	52	52	86
British ...	74	46	120	145	157	302	422
Marsh Gate ...	10	7	17	—	—	—	17
Totals ...	523	489	1012	832	841	1673	2685

#### UNCLEANLINESS.

This subject is fully dealt with in the report of the Chief School Nurse.

#### CLOTHING AND FOOTGEAR.

Speaking generally, the clothing and footgear of the children is good, although a few insufficiently clothed children were found. There is still a tendency on the part of parents to overclothe their children and this more particularly applies to those who are reputed to have weak chests. The general belief that the risk of contracting cold and chest trouble can be minimised by piling on extra garments is very erroneous and it actually renders the child more susceptible by interfering with the natural functions of the skin. These extra

garments are of the most diverse kinds and some particular therapeutic value is attributed to some, as instanced by the case of a mother who had sewn a layer of "home fed bacon" inside the vest of her child and which she stated had undoubtedly saved the father's life on two occasions.

### NUTRITION.

Malnutrition amongst school children is decreasing. During the year 108 (4 per cent.) were reported as under normal, but the majority of these were suffering from some other physical defect which accounted for the condition. Apart from physical defects, the most important causes of malnutrition are improper feeding, insufficient sunlight and fresh air and lack of parental control in the home. In the past, stress has been laid on a properly balanced diet as regards protieids, fats and carbohydrates, but it is now known that however perfectly a diet may be balanced in these three elements it may yet be lamentably defective through the absence or deficiency of accessory food factors called vitamins. Without these—which are found in fresh milk, butter, eggs, fresh vegetables and fruits,—malnutrition, stunted growth and disease inevitably follow.

In the following table all the children examined at the routine inspections are classified under four heads as regards nutrition, Class "A" representing children whose nutrition is excellent, "B" normal, "C" subnormal, and "D" bad. The second part of the table shows the percentages in each group from 1919.

### NUTRITION.

Group.	No. Examined.	A.		B.		C.		D.	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1012	269	26.6	700	69.2	40	3.9	3	0.2
Intermediates ..	815	200	24.5	573	70.3	42	5.2	—	0.0
Leavers ...	858	277	32.3	558	65.0	22	2.6	1	0.1
Totals ...	2685	746	27.8	1831	68.2	104	3.9	4	0.1

	1919.	1920.	1921.	1922.	1923.
	per cent.	per cent.	per cent.	per cent.	per cent.
CLASS A. ...	10.9	15.2	16.0	19.8	27.8
CLASS B. ...	86.5	82.1	76.9	72.1	68.2
CLASS C. ...	2.5	2.8	6.5	8.0	3.9
CLASS D. ...	0.7	—	0.4	0.1	0.1

### TEETH.

Dental decay is so prevalent in our Elementary School children as to be almost universal. Of 2,685 children submitted to routine examination during the year, only 320



(11.9 per cent.) had perfect teeth, the remainder having had carious teeth of varying degrees of severity. All these would have benefitted by dental treatment, but those falling into categories "C" and "D" (26 per cent.) were in urgent need of a dentist's attention. Unfortunately, such attention is only obtained in an insignificant number of cases and is in practically all limited to the extraction of a few hopelessly damaged teeth. Conservative treatment is the ideal to be aimed at in the dentistry of school children and not the wholesale extraction of "unsaveable" teeth which should never have been allowed to reach that condition without at least the benefit of expert advice and treatment. While treatment for the so-called permanent teeth is very necessary, that for the temporary set must not be neglected. The first of the permanent teeth usually appears about the age of six years and if the temporary teeth are then in a carious and septic condition, the permanent teeth are almost certain to become infected, some even before they erupt. Without treatment, their reign is very short, and at present many children leave school sadly lacking in molar teeth which were provided and intended by Nature to equip the person throughout his life with an efficient masticatory apparatus which goes a long way in promoting sound health in its possessor. The sequelæ of dental sepsis is the main issue. Toothache, an almost necessary accompaniment of dental caries, may very much undermine the health of a child and render him unfit to obtain proper benefit from his education, yet this is by no means the most important consideration. Dental caries is almost always accompanied by a septic condition of the mouth resulting in the absorption of toxins, directly into the blood stream and indirectly by the swallowing of pus. Thus results the sequelæ of the disease, the list of which is truly formidable, but a few of the more important as affecting child health may be enumerated; enlargement of the submanillary and cervical glands, paving the way for, and often followed by, tuberculous infection, anæmia, malnutrition, dyspepsia, joint affections, and a general toxæmic condition as indicated by tiredness, lassitude and depression.

Enough has been written to shew the urgent importance of the subject and the necessity for tackling it in an efficient manner. The time is overdue for the appointment of a whole-time school dentist, and when it is remembered that about 26 per cent. of our school population is in urgent need of dental treatment, whilst a large number more would benefit by it, it will be seen that there is ample work for a full-time man, work which would result in an improvement in the health and well-being of many children and prevent much disease in later life.

For a beginning, arrangements might be made for a part-time dentist to devote two or three sessions a week to treatment and later on extend the work by appointing a full-time

man. At the commencement there may be a certain amount of prejudice on the part of some parents, but this would rapidly disappear when they realised the enormous benefit to the health and general well-being of the children which such treatment confers.

The following table shews the condition of the teeth of the children inspected during the year.

#### TEETH.

Group.	No. Examined.	A.		B.		C.		D.	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1012	143	14.1	598	59.1	212	20.9	59	5.8
Intermediates ..	815	41	5.0	490	60.1	214	26.3	70	8.6
Leavers ...	858	136	15.8	578	67.4	138	16.1	6	0.7
Totals ...	2685	320	11.9	1666	62.0	564	21.0	135	5.0

#### ADENOIDS AND ENLARGED TONSILS.

Of the children examined at the routine inspections, 8.3 per cent. were found to be suffering from adenoids or enlarged tonsils, but only 1.7 per cent. were considered sufficiently serious for surgical treatment. These defects in their lesser degree can often be remedied by strict attention to nasal breathing, nasal douching, gargling, etc., and suitable printed instructions are given to the parents of such children. They are re-examined from time to time and if the condition becomes worse or shews signs of interfering with the physical or mental development of the child, operation is advised.

These defects are less prevalent than when medical inspection was first instituted. The practice of breathing exercises in the schools has no doubt contributed to this result, but there is evidence that medical inspection has taught parents the seriousness of the defect and the desirability of securing suitable treatment.

#### ENLARGED TONSILS AND ADENOIDS.

The following tables shew the prevalence of these defects in the various age groups:—

1910-1914	the average yearly percentage was	30.9
1915	the percentage was	13.9
1916	„ „ „	9.3
1917	„ „ „	10.5
1918	„ „ „	9.0
1919	„ „ „	12.5
1920	„ „ „	10.3
1921	„ „ „	9.0
1922	„ „ „	14.6
1923	„ „ „	8.3

Group.	No. Examined.	Cases	1923. %	1922. %	1921. %	1920. %	1919. %
Entrants ...	1012	97	9.5	14.2	10.0	7.5	15.8
Intermediates ..	815	83	10.1	16.0	10.6	13.7	6.1
Leavers ...	858	44	5.1	13.9	7.5	10.2	9.5
Totals ...	2685	224	8.3	14.6	9.0	10.3	12.5

### TONSILS.

Group.	No. Examined.	No.	A. %	No.	B. %	No.	C. %	No.	D. %
Entrants ...	1012	238	23.5	708	69.9	49	4.8	17	1.7
Intermediates ..	815	206	25.3	563	69.1	33	4.0	13	1.6
Leavers ...	858	227	26.5	594	69.2	31	3.6	6	0.7
Totals ...	2685	671	24.9	1865	69.5	113	4.2	36	1.3

### ADENOIDS.

Group.	No. Examined.	No.	A. %	No.	B. %	No.	C. %	No.	D. %
Entrants ...	1012	111	10.9	870	85.9	28	2.8	3	0.3
Intermediates ..	815	132	16.2	646	79.3	31	3.8	6	0.7
Leavers ...	858	134	15.6	717	83.6	5	0.6	2	0.2
Totals ...	2685	377	14.0	2233	83.2	64	2.4	11	0.4

### ENLARGED GLANDS.

Only 2.5 per cent. of the children examined had glandular enlargement, excluding that due to tuberculous infection, which is treated in another section of the report. The percentage has greatly decreased in recent years and this in my opinion is largely due to the influence of the School Medical Service by its insistence on a higher standard of cleanliness of the hair and the more prompt treatment of septic skin diseases of the head and face. Carious teeth are a potent cause of glandular enlargement, and as there has been no improvement in the condition of the teeth of the children, but rather the reverse, it is evident that the decrease in the number of children with glandular enlargements is not due to an improvement in their teeth.

The following tables shew the improvement which has taken place since 1911, and also the percentages falling into the various categories during the year under review:—

### ENLARGED GLANDS.

1911-1915	the average percentage was	35.9
1916	the percentage was ...	10.8
1917	„ „ „ ...	10.1
1918	„ „ „ ...	7.1
1919	„ „ „ ...	14.3
1920	„ „ „ ...	8.5
1921	„ „ „ ...	8.8
1922	„ „ „ ...	7.1
1923	„ „ „ ...	2.5

Group.	No. Examined.	Cases.	1923. %	1922. %	1921. %	1920. %	1919. %
Entrants ...	1012	28	2.7	7.8	9.8	7.3	20.7
Intermediates ..	815	28	3.4	6.7	9.9	10.7	9.6
Leavers ...	858	12	1.3	6.8	8.1	7.4	7.7
Totals ...	2685	68	2.5	7.1	8.8	8.5	14.3

Group.	No. Examined.	No.	A. %	No.	B. %	No.	C. %	No.	D. %
Entrants ...	1012	108	10.7	876	86.6	28	2.7	—	0.0
Intermediates ..	815	121	14.8	666	81.8	27	3.3	1	0.1
Leavers ...	858	145	16.9	701	81.7	11	1.3	1	0.1
Totals ...	2685	374	13.9	2243	83.6	66	2.4	2	0.0

### VISION.

At the routine inspections, 14.9 per cent. of the intermediate group, and 15.9 per cent. of the "leavers" were found to have defective vision of some degree. The cases with slight defect were referred for observation, whilst the more serious cases were referred for refraction and the provision of spectacles if necessary. Apart from dental caries, this is the most prevalent defect amongst school children and its detection and treatment is of great importance. These children are seriously handicapped in their school curriculum, and unless proper glasses are provided the defect is likely to become worse, with the risk of their being unable to obtain suitable employment on leaving school.

The following is an analysis of the vision of children examined during the year.

Group.	No. Examined.	A.				B.				C.				D.			
		%	R.	L.	%	%	R.	L.	%	%	R.	L.	%	%	R.	L.	%
Inter-mediates	815	53.5	436	402	49.3	32.0	261	295	36.2	9.1	74	77	9.4	5.4	44	41	5.0
Leavers ..	858	57.8	496	489	56.9	26.9	230	227	26.5	9.5	82	86	10.0	5.8	50	56	6.5
Totals ..	1673	55.7	932	891	53.3	29.3	491	522	31.2	9.3	156	163	9.7	5.6	94	97	5.8

### EAR DISEASE AND HEARING.

About three per cent. of the children examined were found to be suffering from deafness or ear disease. This figure is about the same as that for last year. Deafness and discharging ears are often the sequelæ of measles or scarlet fever, but an appreciable number are due to adenoids and enlarged tonsils which have not been radically treated. Discharge from the ears is a serious condition, as apart from the deafness which usually results, more serious complications, endangering the life of the child, may supervene. It is difficult to get many parents to realise the gravity of the problem. They seem to think that a discharge from the ears is a more or less normal condition and are loath to secure treatment lest the discharge should be stopped, or, as they express it, "driven inwards."

### EAR DISEASE AND HEARING.

The following are the results of routine inspection:—

Group.	No. Examined.	Right Ear.				Left Ear.			
		A.	B.	C.	D.	A.	B.	C.	D.
Inters.	... 815 ...	100	691	21	3	... 115	680	19	1
Leavers	... 858 ...	116	704	31	7	... 116	711	27	4
Totals	... 1673 ...	216	1395	52	10	... 231	1391	46	5

### HEART DEFECTS AND ANÆMIA.

Eight children were found at the routine inspections to have organic heart disease. In some, the condition was congenital, and an antecedent history of rheumatism was obtained in most of the remainder. These children are often poorly developed and anæmic, these resulting from and not causing the condition of the heart.

Functional heart disease is much more prevalent and is frequently an accompaniment of anæmia. The condition is much less serious than organic disease and in my opinion it is unwise to inform the parents or children of any cardiac abnormality but rather to concentrate attention on, and secure treatment for, the exciting cause, when it will be found that the heart quickly returns to normal.

Whilst the activities of children with organic heart disease are often curtailed, it is inadvisable to follow the same procedure in functional disease, and the teachers are simply instructed to keep these children under observation and not to press them if showing signs of fatigue when engaged at physical drill.

The following table summarises the results of medical inspection so far as the heart is concerned:—

#### HEART DEFECTS AND ANÆMIA.

Group.	No. Examined.	A		B		C		D	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1012	101	9.9	894	88.4	15	1.4	2	0.2
Intermediates ..	815	134	16.4	671	82.3	7	0.9	3	0.3
Leavers ...	858	138	16.1	706	82.3	11	1.3	3	0.3
Totals ...	2685	373	13.8	2271	84.7	33	1.2	8	0.3

#### LUNGS AND TUBERCULOSIS.

One hundred and eighty children were found to be suffering from some form of chest trouble. In the majority of cases, the defects were of a temporary character and the sequelæ of measles or whooping cough, which were prevalent during the year. Eight children were found suffering from definite pulmonary tuberculosis, and 14 others were kept under observation as suspicious cases and re-examined periodically. Six children were suffering from tuberculous infection of the cervical glands, and one from tubercular disease of the hip. During the year an attempt was made to compile a complete list of all tubercular children in the Borough, and this reveals the fact that there are, as nearly as can be estimated, 210 children of school age suffering from the disease in one or other of its many forms.

In tabular form the results of routine inspections regarding lungs and tuberculosis are given below:—

#### LUNGS AND TUBERCULOSIS.

Group.	No. Examined.	Lungs.				Tuberculosis.			
		A.	B.	C.	D.	A.	B.	C.	D.
Entrants ...	1012	85	816	96	15	88	882	41	1
Inters. ...	815	105	666	41	3	106	680	29	—
Leavers ...	858	129	705	24	—	132	705	21	—
Totals ...	2685	319	2187	161	18	326	2267	91	1

## SPEECH AND MENTAL CONDITION.

	No. ex- amined.	Speech.				Mental Condition.			
		A.	B.	C.	D.	A.	B.	C.	D.
<b>Entrants.</b>									
Males .. ..	523	7	491	22	3	2	508	12	1
Females .. ..	489	7	466	15	1	5	470	14	..
<b>Totals ..</b>	<b>1012</b>	<b>14</b>	<b>957</b>	<b>37</b>	<b>4</b>	<b>7</b>	<b>978</b>	<b>26</b>	<b>1</b>
<b>8 years (intermediates)</b>									
Males .. ..	415	1	401	12	1	15	378	21	1
Females .. ..	400	6	385	9	..	10	378	12	..
<b>Totals ..</b>	<b>815</b>	<b>7</b>	<b>786</b>	<b>21</b>	<b>1</b>	<b>25</b>	<b>756</b>	<b>33</b>	<b>1</b>
<b>Leavers.</b>									
Males .. ..	417	26	377	11	3	22	354	39	2
Females .. ..	441	12	412	17	..	14	402	24	1
<b>Totals ..</b>	<b>858</b>	<b>38</b>	<b>789</b>	<b>28</b>	<b>3</b>	<b>36</b>	<b>756</b>	<b>63</b>	<b>3</b>

### INFECTIOUS DISEASE.

In the detection and prevention of infectious disease the Public Health and School Medical Services are in close co-operation. Notices are sent to Head Teachers excluding contacts of infectious cases and second notices are sent re-admitting these children after varying intervals, depending on the nature of the disease.

Measles and Whooping Cough were prevalent during the year but school closure was not considered necessary or advisable in any case. Towards the end of 1922 Small Pox made its appearance in the Borough and continued to be prevalent for the first four months of 1923, the incidence of the disease falling largely on children of school age. There have been no cases of the disease in the Borough for some months but there is still a large percentage of school children unprotected from the disease by vaccination, and whilst this condition of affairs continues the possibility of a recurrence is ever present.

During the outbreak the School Nurses visited schools in the affected districts regularly and were instrumental in the discovery of several cases.

### FOLLOWING UP.

The work of "following up" is a very essential part of the School Medical Service, and without it the work of medical inspection would be almost useless. The work of following up is carried out chiefly by the School Nurses, who visit the homes of all children found at the inspections to be suffering from defects requiring treatment and explain to the parents the necessity of securing suitable treatment and where it can be obtained. The success or otherwise of these

efforts depends in no small degree on the personality of the Nurse. In addition to the visits by the School Nurses, these children are re-examined periodically in the schools by a Medical Officer, as well as those who were referred for observation at a previous inspection. During the year close on 800 children were thus examined, many on more than one occasion.

### TREATMENT.

The Clinic arrangements are similar to those which have been followed in the past, and the Clinic is open each morning for the treatment of minor ailments, comprising ringworm, scabies, impetigo, and diseases of the eyes and eyelids. In addition to treatment, many parents bring their children to the Clinic for inspection and advice.

The treatment of ringworm of the head has in the past proved very tedious and disappointing, although practically every known method of treatment, except X-rays, has been adopted. Towards the end of the year, the Education Committee made arrangements with an X-ray Specialist in the town for the treatment of scalp ringworm by X-rays. These arrangements have been approved by the Board of Education and already several children have been treated by this method but as yet it is too soon to write about results. There is no doubt, however, that it is the best and quickest way of curing the disease.

An Aural Clinic is held every Saturday morning, when appropriate treatment and advice is given. In many cases it is found that parents neglect to carry out the home treatment satisfactorily and in consequence the disease goes on with little improvement and permanent deafness is likely to ensue. In recent years a very successful method of treatment has been widely practised for discharging ears. Permanent cure is effected in from 50 to 75 per cent. of cases by one sitting and the question of adopting this treatment at the Clinic is at present under consideration.

The following table shews the work carried out at the Aural Clinic during the year:—

AURAL CLINIC.								
	No.	Cured.	Improved.	Not Im- proved.	Attend- ances.			
Defective Hearing.	43	21	11	13	98			
Otitis Media	66	36	22	11	426			
Other Diseases	6	2	1	1	3			
Totals ... ..	115	59	34	25	527			



## TONSILS AND ADENOIDS.

Arrangements exist with the Hospital Authorities for the operative treatment of Tonsils and Adenoids. The system has not been altogether satisfactory in the past, some patients having to wait for several months before being sent for, and long intervals being allowed to elapse before receipt of notification that the operation has been performed.

## VISION.

Refraction work is carried out at the School Clinic by special appointment. Arrangements exist with a local optician for the supply of glasses at a low figure and in necessitous cases they are provided free by the Education Committee. The Head Teacher concerned is notified when a child is provided with glasses and asked to see that they are worn in school. Some parents are still averse to the wearing of spectacles by their children. This is regrettable, as without proper glasses the defect usually becomes worse and the child's education and chances in after life are interfered with to an extent depending on the degree of the defect.

## OPEN AIR EDUCATION.

At present there is no open-air school in the Borough, but the erection of special schools, including an open-air school, is now under consideration by the Committee. There is a large number of school children suffering from general physical inefficiency who would derive great benefit from a course in an open-air school. It is the delicate, anæmic, bronchitic and pre-tubercular children who derive most benefit from this class of school and it is for them in particular that open-air schools should be established.

## PHYSICAL TRAINING.

Physical Training in the schools is carried out in accordance with the Board of Education Syllabus of 1919. Teachers endeavour to make the physical training lesson as enjoyable as possible by introducing good healthy games which can be quickly and easily carried out and to allow a certain amount of freedom consistent with maintaining a firm but kindly discipline. The increasing interest taken by children in organised outdoor games is all to the good and promotes physical and mental vigour.

## SCHOOL BATHS.

No school in the Borough is provided with baths, but the senior boys and girls receive swimming instruction at the public baths. These lessons are very useful and enjoyed by the children, who display great interest in the annual competitions.

## PROVISION OF MEALS.

No meals were provided by the Education Committee during the year.

## CO-OPERATION OF PARENTS.

Few parents attend at the routine inspection in the schools but this does not mean that they lack interest in the work, as they know that should defects be found the School Nurse will call and inform them. Many parents, on learning that a doctor is visiting a school, come personally and ask that their child should be examined even when the child is not due for a routine examination.

## CO-OPERATION OF TEACHERS.

Much of the success of the School Medical Service is due to the sympathetic assistance of the Teachers. Difficult parents are often induced to obtain or accept treatment for their defective children through the tactful influence of the Teachers. In most cases the Head Teachers are present at Medical Inspection and their personal knowledge of the children and of the home conditions is of great help to the Medical Officer.

## CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS, VOLUNTARY BODIES, ETC.

The School Attendance Officers furnish useful information to the School Medical Officer and his staff. Frequently, the treatment of children absent from school through diseases such as scabies, impetigo, etc., is expedited through their influence with the parents. Much information regarding defective children is forthcoming from this source.

As in the past, valuable and willing assistance has been rendered on several occasions by the local inspector of the N.S.P.C.C., and thanks are due in no small measure for the tact displayed and the results achieved.

## BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

A summary of these cases is given in Table III. At present there is no provision in the Borough for physically and mentally defective children, but the erection of special day schools is under consideration and it is hoped that in the near future there will be accommodation and special facilities for the education and treatment of the most urgent cases. Of the three classes of children to be catered for at these schools, namely, crippled children, mentally defectives, and delicate or pre-tubercular children, I am of opinion that the best results

will accrue from the treatment of the latter class in an open-air school, as by this means crippling defects or permanent invalidism will be prevented in many cases.

#### NURSERY SCHOOLS.

There are no Nursery Schools in the Borough and therefore no inspections were carried out under this heading.

#### SECONDARY SCHOOLS.

The medical work in connection with the two Secondary Schools in the Borough is under the control of the West Riding County Council.

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## Report of Chief School Nurse.

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1,484 visits were paid to the homes of school children, with the object of giving advice on the various physical defects found among the children.

The chief problem at our clinics is how to make a certain class of parent realize that it is their privilege to attend to the physical well-being of their children, and when they evade this they become a danger to the general community.

A large proportion of the children in attendance at the Clinic receive treatment for sores, the direct result of neglect and uncleanliness. These sores are cleaned, dressed, and instructions given on the after care. Frequently nothing at all has been done, and the dressings filthy when the children turn up again. Eventually they are cured, and within a short time the same children appear in the Clinic for the same or kindred complaints. Again, if girls' hair was kept clean, a large part of the Nurses' time could be devoted to other work. The parent of the affected child invariably says that her girl has been sitting next to a dirty one. This, she inwardly argues, will clear her of any lack of vigilance on her side.

Much time is spent in persuading parents that their children require spectacles. Appointments are made—frequently not kept—for the testing of the eyesight and the fitting of glasses. All this is done with the consent of the parents, who are quite aware of the facts that the glasses are to be worn, handled carefully, and the amount (if any) of pay-

ment agreed upon. After glasses have been prescribed, the glasses are only worn under compulsion, having to be retained in school for school use only. Others are lost and no application is made for their replacement (so little value is placed upon their use). Many are badly damaged through rough usage during the first few months of wear, and some parents refuse to allow the children to wear the glasses unless they are "gold rimmed."

It is the same at the Aural Clinic, week after week the children fail to attend unless absolutely compelled to do so and at the expense of a great deal of the staff's time and patience.

All the treatment described is free, or nearly so, and one feels that if these parents had to pay for it, it would be more appreciated.

The "mentally backward parent" is numerous, and theirs are the children who are filling our clinics. Our work is to try to make it possible for these children, by improving their physical condition, to attain a higher mental level than their parents, and later to be more capable of fighting the battle of life.

This is the black side of the picture, the reverse full of brightness and encouragement presents no difficulties and well repays the time and labour.

Many come to the Clinic eager for advice and help, and although appreciative of all curative treatment, are more alive to the advantages to be gained by preventive measures. They take note of the method of treatment given and ask intelligent questions to the ultimate benefit of the school child.

Fortunately, careful and independent parents are in the majority, and it is to protect their children that the often disheartening labours at the Clinic are continued.

### SMALL POX EPIDEMIC.

From January until August, a considerable portion of the Nurses' time was devoted to preventive measures dealing with the Small Pox epidemic. Schools containing contacts were visited daily, when every child passed through the Nurses' hands. In this way six cases of Small Pox were detected.

In addition, the homes of all contacts and suspected children were visited daily for fourteen days, all the members of the household examined, and after removal of patients to the Isolation Hospital, their families were also kept under the closest observation.

The amount of work entailed was enormous, of which the following figures can only give a very slight estimation.

Total number of children examined in schools ... ..	54,983
Number of visits paid to schools for the above purpose	247
Number of visits paid to "home contacts" .... ..	1,736
Number of visits paid to houses for the above purpose	539

All the Nurses were vaccinated, and knowing the signs and symptoms of the disease, were able to render valuable help towards its ultimate control.

### SUMMARY OF THE VISITS.

Re-visits are included in this table:—

Uncleanliness of Head ... ..	73
Uncleanliness of Body ... ..	16
Defective Vision and Squint ... ..	30
Defective Hearing ... ..	69
Nose and Throat Diseases ... ..	184
Tuberculosis ... ..	132
Nervous System ... ..	36
Heart and Circulation ... ..	123
Decayed Teeth ... ..	190
Skin Diseases ... ..	359
Deformities ... ..	32
External Eye Disease ... ..	62
Ear Diseases ... ..	98
Lungs ... ..	145
Nutrition ... ..	17
Enlarged Glands ... ..	29
Infectious Diseases ... ..	66

### TREATMENT AT THE ROYAL INFIRMARY.

37 Infirmary Orders were issued for the treatment of the following physical defects:—

Tonsils ... ..	26
Teeth ... ..	10
Skin Disease ... ..	1
Total ... ..	37

### UNCLEANLINESS SCHEME.

During the year every girl's hair was examined three times, and if at any of these examinations they were found to have traces of nits in their hair they were periodically examined until a satisfactory standard of cleanliness was attained.

Instruction cards, detailing the methods of cleansing, were sent to the parents of unclean children, these being followed up by a visit from the Nurse, when the process of cleansing had not been thoroughly carried out.

No. of Individual Children examined.	Clean.	Slight Traces of Nits.	Many Nits.	Verminous.	Total % Unclean.
4,370	3,601	650	96	21	18%

This table shows a marked decrease on last year's figures.

16,405 re-examinations of unclean children were made.

The number of visits made by the School Nurses to schools was 556.

### NEW ADMITTANCES TO SCHOOL.

The benefits derived by the examination of admittances to school have been continued and have quite justified the experiment, as the reasons for exclusion prove.

978 children were examined.

36 were refused admittance. The majority of these children were admitted at a later date, when the various conditions of uncleanliness, or physical defects, causing the refusal, were remedied. The remainder are kept under supervision by the School Attendance Officers.

The reasons for exclusion were:—

Tubercular Disease	...	...	2
Skin Disease	...	...	1
Rickets	...	...	1
Other Defects	...	...	1
Unclean Conditions	...	...	17
Squint	...	...	—
Enlarged Glands	...	...	—
Enlarged Tonsils and Adenoids	...	...	7
Decayed Teeth	...	...	—
Ringworm	...	...	1
Whooping Cough	...	...	1
Epilepsy	...	...	1
Debility	...	...	1
Bronchitis	...	...	1

### SCHOOL ATTENDANCE ABSENTEES.

The homes of 192 children were visited, whose parents, in the opinion of the teachers, were keeping the children at home for a longer period than the nature of the illness justified.

The parents and patients were seen and the probable duration of further absence reported to the Education Department.

These visits were of great value, both to the Education Authority and to the parent. Malingering was at once detected, and where no treatment had been obtained for the child, suitable advice was given to the parents with a view to the child resuming school quickly.

#### PROVISION OF SPECTACLES.

180 children were provided with glasses by the Education Authority.

13 parents were unable to contribute towards the cost of the spectacles.

L. McNICOLL.

**Table 1.**

#### A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections:—

Entrants	...	...	...	...	1012
Intermediates	...	...	...	...	789
Leavers	...	...	...	...	858
Total	...	...	...	...	<u>2659</u>

Number of other Routine Inspections 26

#### B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	218
Number of Re-inspections	...	...	788
Total	...	...	<u>1006</u>

**Table 2. A.**

RETURN OF DEFECTS FOUND IN THE COURSE OF  
MEDICAL INSPECTION IN 1923.

Defect or Disease.	Routine Inspections		Specials.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
1	2	3	4	5
Malnutrition	8	13	2	1
Uncleanliness				
Head	1	..	..	..
Body	2	..	..	..
Skin				
Ringworm of Head	1	..	..	..
Ringworm of Body	..	..	..	..
Scabies	..	..	..	..
Impetigo	1	..	..	..
Other Diseases (non-Tubercular)	..	..	..	..
Blepharitis	13	..	3	..
Conjunctivitis	2	..	..	..
Keratitis	..	..	..	..
Corneal Ulcer	..	..	..	..
Defective Vision	108	22	30	9
Squint	50	..	6	..
Other Conditions	..	..	..	..
Defective Hearing	18	1	11	..
Otitis Media	23	1	5	..
Other Ear Diseases	..	..	..	..
Enlarged Tonsils	27	43	4	3
Adenoids	6	6	4	..
Enlarged Tonsils & Adenoids	4	12	2	2
Other Conditions	2	..	..	..
Enlarged Cervical Glands (Non-Tubercular)	..	18	1	..
Defective Speech	..	..	..	..
Teeth—Dental Diseases	109	20	5	1
Heart and Circulation				
Organic Heart Disease	2	4	..	..
Functional Heart Disease	2	12	..	2
Anæmia	54	8	5	..
Lungs				
Bronchitis	35	29	2	1
Other Non-Tubercular Diseases	11	30	1	..
Pulmonary:				
Definite	6	2	..	1
Suspected	5	9	..	..
Non-Pulmonary:				
Glands	5	1	..	..
Spine	..	..	..	..
Hip	..	1	..	..
Other Bones & Joints	..	..	..	..
Skin	..	..	..	..
Other Forms	..	..	..	..
Nervous System				
Epilepsy	..	2	..	..
Chorea	..	..	..	..
Other Conditions	..	..	..	..
Deformities				
Rickets	3	..	1	..
Spinal Curvature	..	..	..	..
Other Forms	2	1	1	..
Other Defects and Diseases	7	5	1	4



B. Number of individual Children found at Routine Medical Inspection to require Treatment (excluding uncleanliness and dental diseases).

Group.	NUMBER OF CHILDREN		Percentage of Children found to require Treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups.			
Entrants .. ..	1012	156	15·4
Intermediates ..	789	171	21·6
Leavers .. ..	858	110	12·8
Total (Code Groups)	2659	437	16·4
Other Routine Inspections ..	26	4	15·3

**Table 3.**

**Numerical Return of all Exceptional Children in the Area in 1923.**

		Boys	Girls	Total	
(including Blind. partially blind),	Attending Public Elementary Schools ... ..	3	4	7	
	Attending Certified Schools for the Blind ... ..				
	Not at School ... ..	1		1	
(including Deaf and Dumb. partially deaf)	Attending Public Elementary Schools ... ..	1	4	5	
	Attending Certified Schools for the Deaf ... ..	1	2	3	
	Not at School ... ..				
MENTALLY DEFICIENT.	Feeble Minded.	Attending Public Elementary Schools ... ..	11	11	22
		Attending Certified Schools for Mentally Defective Children Notified to the Local Control Authority during the year ...	1		1
	Imbeciles.	At School ... ..	1	1	2
		Not at School ... ..			
Idiots.	At School ... ..	1		1	
EPILEPTICS.		Attending Public Elementary Schools ... ..	6	5	11
		Attending Certified Schools for Epileptics ... ..			
		In Institutions other than Certified Schools ... ..	1		1
		Not at School ... ..	5	1	6
PHYSICALLY DEFECTIVE.	Pulmonary Tuberculosis.	Attending Public Elementary Schools ... ..	26	28	54
		Attending Certified Schools for Physically defective children ... ..			
		In Institutions other than Certified Schools ... ..	4	6	10
		Not at School (temporarily excluded) ... ..	51	46	97
	Other forms of Tuberculosis.	Attending Public Elementary Schools ... ..	9	13	22
		Attending Certified Schools for physically defective children... ..	1		1
		Not at school (temporarily excluded) ... ..	11	13	24
		Attending Public Elementary Schools ... ..	9	14	23
		Attending Certified Schools for physically defective children... ..			
		Not at School ... ..	3	4	7
Other physical defective e.g. delicate and other children suitable for admission to open-air schools,	Attending Public Elementary Schools ... ..	26	38	64	
	Attending Open-air Schools ...				
	Attending Certified Schools for physically defective children, other than Open-air Schools ... ..				
	Not at School ... ..				

**Table 4.**

RETURN OF DEFECTS TREATED DURING THE  
YEAR ENDED 31st DECEMBER.

TREATMENT TABLE.

Group 1.—Minor Ailments.

Disease or Defect.	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme.	Other-wise.	Total.
Skin :			
Ringworm—Scalp ... ..	46	21	67
Ringworm—Body ... ..	38	1	39
Scabies ... ..	31	...	31
Impetigo ... ..	254	4	258
Other Skin Diseases ... ..	19	1	20
Minor Eye Defects (external and other) ... ..	42	...	42
Minor Ear Defects ... ..	81	...	81
Miscellaneous ... ..	144	70	214
Total ... ..	655	97	752

Group 2.—Defective Vision and Squint.

Defect or Disease.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	180	7	4	191
Other Defects or Disease of the Eyes				
Total ...	180	7	4	191

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme ... ..	180
(b) Otherwise ... ..	11

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme ... ..	180
(b) Otherwise ... ..	11

Group 3.

TREATMENT OF DEFECTS OF NOSE & THROAT.

NUMBER OF DEFECTS.			Received other forms of Treatment.	Total Number Treated.
RECEIVED OPERATIVE TREATMENT.				
Under the Authority's Scheme in Clinic or Hospital. (1)	By Private Practitioner or Hospital apart from the Authority's Scheme (2)	Total. (3)	(4)	(5)
26	1	27	5	32

Table 5.

(1) Average number of visits per school made during the year by the School Nurses ... ..	25
(2) Total number of examinations of children in the Schools by School Nurses ... ..	16405
(3) Number of individual children found unclean ...	771
(4) Number of children cleansed under arrangements made by the Local Education Authority ...	—
(5) Number of cases in which legal proceedings were taken :	
(a) Under the Education Act, 1921 ... ..	—
(b) Under School Attendance Byelaws ... ..	—

