

**[Report 1920] / Principal School Medical Officer of Health, East Suffolk  
County Council.**

**Contributors**

East Suffolk (England). County Council.

**Publication/Creation**

1920

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**East Suffolk County Education Committee.**

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**ANNUAL REPORT**

OF THE

**SCHOOL MEDICAL OFFICER**

For the Year ended 31st December,

**1920.**

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**Secretary :**

**W. E. WATKINS, O.B.E.**

**School Medical Officer :**

**GEORGE I. T. STEWART, M.D., F.R.C.S.**

**COUNTY HALL,  
IPSWICH.**

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**IPSWICH :**

**S. AND W. J. KING, PRINTERS, PRINCES STREET,**

**1921.**

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COUNTY HALL,  
IPSWICH.

*The Chairman and Members of the East Suffolk County  
Education Committee.*

MY LORDS, LADIES, AND GENTLEMEN,

In submitting this my Annual Report as School Medical Officer for the year 1920 I have to point out that this year the subject matter has been arranged to conform to the recent suggestions of the Board of Education, whereby this Report should be made to form a document to which reference may be made in future Annual Reports. On account of this creating a very bulky report, expensive to print, I have confined my observations as far as possible.

Your obedient Servant,

GEORGE I. T. STEWART.

MAY, 1921.

1. STAFF OF SCHOOL MEDICAL SERVICE.—At the beginning of the year there had been appointed by the Public Health Committee (by agreement) a staff of Medical Officers and Nurses who combined Public Health services with School Medical work in their respective districts.

The Medical Staff was as follows:—

School Medical Officer (S.M.O.)—

Dr. G. I. T. Stewart, County Medical Officer and Chief Tuberculosis Officer.

Assistant School Medical Officers (A.S.M.O.)—

Dr. W. S. Forbes,  
Dr. A. B. Hamilton,  
Dr. L. Gibson.

Each of the above-named was also Assistant Tuberculosis Officer and held other appointments: Drs. Forbes and Gibson as District Medical Officers of Health, and Dr. Hamilton as Medical Superintendent of Normanston Hospital for Tuberculosis. This staff was not only one medical man short of the pre-war staff, but the Tuberculosis work had considerably increased, and Dr. Hamilton's time was largely taken up with the development of the Tuberculosis Hospital. It was, therefore, not surprising that a Medical Inspector of the Board, on his visiting the area, pointed out and reported on the inadequacy of the arrangements made for coping with medical inspection, particularly in view of the increased requirements made by the Education Act of 1918. My consequent recommendations to the Committee were influenced by my experience of the difficulty in getting medical assistants to display equal keenness in School Medical and Tuberculosis work and of the greater difficulty of obtaining this in women acting jointly as Health Visitors and School Nurses. I therefore recommended the employment of separate Officers for the respective duties.

The Board at first offered some opposition to the appointment of women as School Nurses only, but withdrew the objection upon explanation of the circumstances. The practical effect during the three months of the new system has proved its advisability.

To secure the necessary correlation of the work with that of other Officers of the Committee, it became the logical conclusion for the Committee to resume entire control of the Officers and to employ their own clerical staff instead of continuing to assign the duty to the Public Health Committee. The Committee having adopted the

recommendations they were put in force as speedily as possible, and the following is the present staff:—

S.M.O., Dr. G. I. T. Stewart (County M.O.H.)

(a) <i>A.S.M. Officers—</i>	Appointed.
A. G. Atkinson, M.B.E., B.A., M.D., B.Ch. (Cantab.), M.R.C.S., L.R.C.P., D.P.H. (Lond.) ...	1.6.20
W. T. G. Boul, M.B., Ch.B. (Vict. Manch.) ...	1.9.20
Mrs. Winifred Taylor, M.B., Ch.B. (Glas. Univ.)	1.9.20

(b) *School Nurses—*

Miss L. M. Sheppard, Trained Nurse, C.R.S.I.	*1.11.20
„ Hayward „ „	*1.11.20
„ Johnstone „ „	1.11.20
„ Bultitude „ „	1.12.20
Mrs. Richardson „ (part time)	*1.11.20

\*Re-appointment.

(c) In addition a School Dental Service was established.

Dental Officer, Mr. H. C. M. Morgan, L.D.S., R.C.S. (Edin.) ...	1.9.20
Dental Attendant, Miss E. K. Parker ...	25.10.20

2. CO-ORDINATION WITH OTHER HEALTH SERVICES.—(a) The School Medical Officer is also County Medical Officer of Health and Chief Tuberculosis Officer. The records from Infant and Child Welfare work now being prepared will in due time be passed on to the School Medical Service.

(b) There are no Nursery Schools.

(c) Arrangements for the care of debilitated children under School age have been made. Cases of Pulmonary and Surgical Tuberculosis in children of School age are transferred to the Tuberculosis Department for the time being and returned to the Education Department when completed. This arrangement is in the main satisfactory.

### **The School Medical Service in relation to Public Elementary Schools.**

3. HYGIENIC CONDITION OF SCHOOLS.—Naturally much requires to be done, but work is steadily progressing having regard to economic conditions. (See Reports prior to 1914.)

4. MEDICAL INSPECTION: ARRANGEMENTS.—The number of children in age-groups in each School is ascertained by the School Attendance Department, and date and time of inspection arranged

accordingly by the Medical Officers. The Head Teacher is informed 7 to 10 days in advance, and sends notification to parents on special forms provided along with an enquiry as to previous medical history of the child. The Head Teacher opens a Medical Schedule for each child immediately on admission to School. Medical Schedules are transferred to any other School attended. School Nurses are not employed on routine medical inspection. The inspection is carried out in a School or classroom. Those children whose parents are present are always inspected first.

(a) The age-groups inspected are set out in Table I. of Appendix.

NUMBER OF CHILDREN INSPECTED DURING 1920.—

	Boys.	Girls.	Total.
Routine - -	6,749	6,420	13,169
Special - -	191	185	376
Total - -	6,940	6,605	13,545

A considerable number of children other than of group age were examined during the year, as owing to the almost complete cessation of routine inspection during the war they had not been examined in their particular age group. These are not classed as "Specials," although many were examined at the express wish of the parents.

(b) The Board's Schedule has been followed in its entirety.

(c) Ascertainment of Crippling Defects. Teachers and Attendance Officers and the Invalid Children's Aid Association bring to the notice of the Medical Officers cases of crippling defects; special visits to homes are paid when necessary.

(d) The disturbance of School arrangements involved by the inspection varies with the size of the School. In the majority of Schools the inspections are completed in one half day.

5. REVIEW OF FACTS DISCLOSED BY ROUTINE MEDICAL INSPECTION.

(a) *Uncleanliness.*—(v. also Work of School Nurses) para. 7.

Head Verminous	...	827 = 6.2 %
Body	,,	235 = 1.8 %

In respect of head vermin the figures represent a slight reduction on those of 1913, which is taken as the best year for comparison. In respect of body vermin there is a large increase, most probably due, as usually alleged, to soldiers billeted or on leave during the war.

(b) *Minor Ailments*.—409 were referred for treatment, which was carried out (otherwise than under the L.A.'s scheme) in 317 cases.

(c) *Tonsils and Adenoids*.—2,762 cases = 20·9%. My own observations over a series of years gave 16%. I have all along had no doubt that such cases were most prevalent in this area.

(d) *Tuberculosis*.—

Pulmonary Definite	...	12	=	·09 %
"    Suspected	...	70	=	·5 %
Non-Pulmonary	...	60	=	·4 %

The figure for Definite Pulmonary Tuberculosis is an average one; that of suspected is high. It is difficult indeed to obtain sanatorium beds for children.

(e) *Skin Diseases*.—487 = 3·6%, chiefly Ringworm and Scabies (Itch), in both of which there is a marked increase. The latter is attributed to soldiers billeted or on leave during the war. The treatment of scabies is very far from satisfactory owing to scarcity of disinfectors available for bedding.

(f) *External Eye Disease*.—340 cases = 2·5%.

(g) *Vision*.—862 cases = 6·5%, a very low figure.

(h) *Ear Disease and Hearing*.—

Ear Disease	...	142	=	1·0 %
Defective Hearing	...	94	=	·7 %
Total	...	236	=	1·7 %, a very low figure.

(i) *Dental Defects*.—(See Report of Dental Officer.)

(j) *Crippling Defects*.—609 cases of deformity were noted.

6. **INFECTIOUS DISEASE**.—There is co-ordination between the County Medical Officer and the District Medical Officers of Health in detection and prevention of infectious diseases. Closure of Schools in practice is advised by the School Medical Officer, only occasionally by the District Medical Officers. Exclusion of children from Schools (Article 53 (b) (1) (2) and (3)) is carried out on the written certificate of the School Medical Officer. Full use is made of the facilities provided by the County Council Laboratory, particularly in the detection of diphtheria, cerebro-spinal fever, tuberculosis, and ringworm. Where diphtheria appears likely to spread it is investigated, and suspicious throats are "swabbed." If the result causes exclusion of a number the School is closed for disinfection, and on re-opening all children attending are swabbed, and the School again closed for two days till results are known.



This swabbing is carried out mostly by the County Medical Officer or his deputy, but swabs are carried by the Assistant School Medical Officers as part of their equipment.

7. "FOLLOWING UP." REVIEW OF ARRANGEMENTS, &c.—  
Soon after the full staff had been obtained it was found necessary to place a limitation on the number of cases to be dealt with under the Committee's scheme, and to divide the cases into urgently requiring treatment and not *urgently* requiring treatment. The parents of the latter receive the advice only of treatment being necessary, while the former are immediately taken up, and if no reply is received the School Nurse visits and reports. If the parents object to treatment one of the Medical Officers re-examines the child at an early date, and if the case is still considered urgent sees the parent either at the School or at home.

Every case referred for treatment is re-examined by the Medical Officer at his visit, and according to his advice may be placed as one urgently requiring treatment and be dealt with as such.

A list of cases for treatment and for observation is kept at each School and is used by the Medical Officers and Nurses. Teachers are kept informed of cases, and are requested to intimate when treatment has been carried out. Attendance Officers also assist and accompany Medical Officers to houses of children absent for any lengthy period.

School Nurses are informed of and follow up all cases of skin disease.

School Nurses pay periodic visits for routine inspection of children in respect of cleanliness and freedom from vermin. In the intervals between their visits this work is conducted by authorised teachers.

From report of Senior School Nurse:—

No. of visits to Schools	...	...	850
" " Homes—Uncleanliness	...	...	663
Following up	...	...	168

Owing to re-organisation little following up was done till the last few weeks of the year.

Uncleanliness.

Children examined—

Girls	...	...	32,528
Boys	...	...	31,290
Total	..	...	63,818
Found verminous	...	...	7,355 (total number).

Proceedings taken in 30 cases all successfully in respect of 44 children. Fines inflicted, 2s. to £1, totalling £11 10s. 3d.

Schools free from vermin	...	...	20
Under 5 %	...	...	15
„ 10 %	...	...	44
„ 25 %	...	...	118
„ 50 %	...	...	40
„ 57 % but over 50 %	...	...	4

8. REVIEW OF METHODS EMPLOYED OR AVAILABLE FOR THE TREATMENT OF DEFECTS.—Defects are treated by medical practitioners at parents' expense, and at Hospitals. Only at East Suffolk and Ipswich Hospital is the treatment available at the whole or part charge of the Education Committee, and there only for minor ailments; Tonsils and Adenoids, Skin Disease, Ear Disease, and Crippling Defects on the recommendation of the School Medical Officer. Similar arrangements will be made with other Hospitals serving the County. Defects of Vision are almost entirely dealt with by the School Medical Service, but cases of exceptional difficulty or involving operation are dealt with by the Ophthalmic Surgeons at Ipswich Hospital. Pulmonary and Surgical Tuberculosis is dealt with under the County Tuberculosis Scheme. Dental Defects are treated by the School Dental Service, or at the parents' own expense by other dental surgeons.

The Authority's scheme has been so lately in operation that a review of results is scarcely possible. The appended tables may be referred to; but, put shortly, treatment was found to have been obtained for all Skin Diseases, half the number of Defective Vision, and for a small number of cases of Tonsils and Adenoids, Ear Disease, and External Eye Disease. Dental Defects were referred for treatment in 1,761 cases, and treatment by the School Dental Officer provided in 392 cases.

I insert here Report on Defective Vision by Dr. A. G. Atkinson and Report of the School Dental Officer (Mr. H. C. M. Morgan).

#### REPORT OF DR. A. G. ATKINSON.

*Defects of Vision (Refraction).*—Little refraction work was carried out during the first half of the year. This is now done by travelling clinics, using portable dark rooms and electric retinoscopes. Usually children from several smaller Schools are taken to one central School to provide a suitable number for a morning or afternoon clinic; about 9—12 cases can thus be dealt with per day. During the first half of the year cases were also seen at the East Suffolk and Ipswich Hospital, but, except in special cases, this is no longer done.

Spectacles are obtained from opticians in the chief market towns by post or, when possible, the child attends for fitting. A flat rate of 11s. is charged by the Council, assistance being given in necessitous cases. Glasses are inspected by the Medical Officer at his next visit to check the correctness of the fitting.

Objection by the parents to the actual examination is rare, but a considerable number object to the provision of glasses and deny the presence of any defect. The figures, however, given in the table shewing the numbers of glasses prescribed and number obtained ( $\frac{104}{206}$ ) do not represent the normal ratio, owing to the fact that many of the examinations were carried out at the end of the December term, when it was not possible to supply glasses before the end of the year.

Analysis of defects for which glasses were prescribed gave the following result:—

Hypermet.	Hyper. Astig.	Myop.	Myop. Astig.	Mixed Astig.	Hyper. c Myop.
26.3 %	32.3 %	17.4 %	10.8 %	12.6 %	0.6 %

A similar analysis of all cases refracted could unfortunately not be made.

Inspection of children wearing glasses in the Schools shewed a very large number either with the frames very badly bent or with very dirty lenses. Increased vigilance on the part of teachers should give marked improvement in this respect.

Signed, A. G. ATKINSON.

#### REPORT OF SCHOOL DENTAL OFFICER.

On my appointment as School Dental Officer (1.9.20) I was instructed to devise a scheme for School Dental Service in conjunction with the School Medical Officer.

I first proceeded on a tour of inspection by rail and hire of motor car on the basis of inspecting the condition of teeth in children between the age of 6—7 years. Notice was sent to the Head Teacher arranging date of inspection and time of arrival, stating the age group, and requesting the use of a room and the assistance of a female Assistant Teacher. Little dental equipment for inspection was necessary—steriliser, dental mirrors, and probes.

The age group of 6—7 years was chosen as during that year the first permanent molar is generally fully erupted, and as this is the "vanguard" of the permanent dentition it is the most important tooth; further, from this age to 10 or 11 years of age the milk molars are being shed and are liable to decay, and to prevent later trouble these milk molars require attention.

I found that on an average I could inspect at least eight schools a day.

The question of permanent Dental Clinics *versus* Portable Apparatus was discussed, and it was decided to use portable apparatus. Portable dental apparatus of the army type was procured from C. Ash & Sons, and has proved very satisfactory except for the dental chair, which, while fairly conveniently packed, costs excess fare by rail. I therefore often do not take it with me but use an ordinary chair, preferably a teacher's chair.

It was also found necessary to provide a Lady Attendant, for whose services I have nothing but praise. Without her assistance my activities would be greatly curtailed.

*Procedure.*—After inspection, during which the findings are noted on the Dental Chart, the charts are collected and handed in to the Office. The parents are informed that the teeth of the child require dental attention, and are given the option of having treatment undertaken by the School Dental Officer or private dentist. According to replies received a dental treatment day is arranged.

The apparatus used is that of the ordinary dental practitioner, with the exception of Nitrous Oxide apparatus. With this and my dental attendant I arrive at the School at which a room has been arranged by the Head Teacher. In some cases, owing to deficient lighting, I have obtained a room elsewhere by the kindness of the Managers. The first teeth attended to are the first permanent molars, secondly the saveable milk molars, and lastly I extract the unsaveable milk teeth if the first permanent molars are in position, using for this purpose Ethyl Chloride spray as an anæsthetic (which freezes the gums). If, however, permanent teeth have to be extracted, I resort to Ash & Sons' Nonocain injected into the gum. The treatment for one child may require more than one sitting, varying with the child.

#### *Review of Results.*

*Inspection.*—At one School 90 % required dental attention, at another 60 %. The average was 70 %.

*Hypoplasia.*—The detrimental effect upon teeth of the notifiable infectious and other diseases during and before eruption is very prevalent. 25 % had carious permanent molars.

*Treatment.*—65 % of parents were willing that the treatment should be undertaken by the School Dental Service, 25 % expressed willingness to have this done privately. General gratitude for treatment by the School Dental Officer—at the cost of 1s. per sitting—was experienced, but I do not, therefore, think this charge can be with general benefit increased during the current year. Great general

ignorance as to the condition of their children's teeth and also of the dangers attending septic decaying teeth is displayed, and while I always warn parents about this I think it should be made more generally known.

I have to thank the teachers for the generous and enthusiastic spirit shown by them to this new department; indeed, they have helped me tremendously.

Signed, H. C. M. MORGAN.

9. OPEN-AIR EDUCATION.—This is obtained only by playground classes, which are practically universal. There are no open-air schools or classrooms.

10. PHYSICAL TRAINING.—Through the Secretary, conferences have been held with the School Medical Officers and the Instructors. The Officers frequently meet at Schools and talk matters over.

REPORT BY ORGANISERS OF PHYSICAL TRAINING, YEAR ENDING  
31ST DECEMBER, 1920.

*P.T. Staff.*—The Physical Training Staff consist of two Organisers (Mr. W. Tye and Miss L. K. Evans) and an Instructress (Miss W. Gardiner).

*Duties of Staff.*—The Organisers are responsible for the general supervision of Physical Training in the Secondary and Elementary Schools. They also undertake the training of Teachers, and the subsequent Inspections and Reports. In addition, the organising of Swimming facilities and Country Dancing Courses come under their jurisdiction. Miss W. Gardiner is employed as the Physical Training Instructress in the Secondary Schools. The Staff endeavour to take a very wide view of their responsibilities, giving assistance in any form where it is in the interest of the physical education of the child.

*Teachers' Classes.*—Classes for Teachers have been held at Saxmundham, Stradbroke, Beccles, and Stowmarket. In spite of distance and difficulties of transit the rural teachers have attended splendidly. The benefits they have derived from these courses of instruction are already indicated in increased enthusiasm and a higher attainment in the methods of teaching Physical Exercises. Head Teachers have taken full advantage of these classes. As a consequence the organisation in the individual Schools has much improved, and is in keeping with the spirit of the latest suggestions of the Board of Education in Physical Education Training.

*Swimming.*—There are now 20 Swimming Centres in East Suffolk, 11 having commenced this last season. Stretches of canvas and uprights have been provided for dressing purposes, so that the initial expenses have been comparatively small. "Land Drill" was

practised in the Schools early in the year. The result was that the actual learning period in the water was considerably curtailed. In all 270 children learned to swim during the season.

*Country Dancing.*—There has been a great revival in Country Dancing during the past year. It has been impossible to meet with all the demands for classes in this subject. Courses have been held at several Centres in the County with excellent results. The knowledge gained by teachers at these classes has been utilised to great advantage in the Schools. The numerous exhibitions by School children of Country Dancing at Village Fêtes during the Summer months have been the surest criterion of general interest.

*Playing Fields.*—A large number of Schools have now obtained the use of Playing Fields, which have in most cases been generously loaned by local School Managers. These are proving invaluable in the teaching of Field Games, which are impossible in many School playgrounds. As most Suffolk villages are very lacking in public playing spaces, the Playing Fields obtained by the teachers are proving of great educational value.

*General Results.*—(a) The results this past year have been very encouraging to the Physical Training Staff. There is every evidence of enhanced enthusiasm in every aspect of Physical Education, the importance of which has been emphasised by the War. Also the Board's Revised Syllabus of Physical Training has proved a great stimulus in that it is full of interest both to teacher and taught.

(b) Almost every School has now set apart a daily period for Physical Exercises. Far more attention is also given to Organised Games. Little School Leagues are springing up in many parts of the County. The inter-School contests have proved of great value.

(c) A few Schools have introduced the "House System" in miniature. Here the team spirit is rife and the discipline of a high tone.

(d) The most pleasing result is that the Physical Training Lesson has now become far more enjoyable. The absence of drudgery is responsible for a far better mental effect. This should eventually improve the daily attendance.

Signed { W. TYE,  
          { L. K. EVANS.

11. PROVISION OF MEALS.—The Provision of Meals Acts, 1906—1914, are not in operation in the area. In many Schools cocoa, &c., is served during the dinner hour. In 9 Schools there are Canteens where 43,665 dinners were provided at cost price of about 2½d. a head. Inspection of dietary and arrangements for School Canteens is referred to the School Medical Service by the Secretary.

12. THERE ARE NO SCHOOL BATHS.

13. CO-OPERATION OF PARENTS.—Parents are notified of inspections by Head Teachers as stated in Para. 4. The attendance of parents varies according to locality, and also day of week on which inspection is held. It is very good on the whole. The influence of a Head Teacher in securing the attendance of parents is remarkable, and, as it has been found that parents who do attend agree much more readily to getting treatment carried out, it is trusted that teachers will make their influence felt in this direction. Attendance Officers are each and all willing to co-operate in securing attendance of parents and in inducing them to agree to treatment being obtained. The work of School Nurses and of Medical Officers has already been referred to.

14. CO-OPERATION OF TEACHERS.—Teachers willingly undertake the following duties :—

(1) MEDICAL INSPECTION.—(a) Notification of parents on special form, preparation of schedules with entries of information received from parents.

(b) Bringing forward for special examination children with suspected defects.

(c) Provision of suitable room for the examination and of assistance at the same.

Head Teachers have rendered every assistance, and where unable themselves to be present, provide one or more Junior Teachers to render necessary help.

(2) Cases to be followed up are referred to the School Nurse at her next visit. Some Teachers, however, render valuable assistance by personal influence with the parents.

(3) The names of all children recommended for treatment are notified to the Head Teacher. In cases of those children whose parents elect to have treatment carried out otherwise than by the Education Committee, it is the duty of the Head Teacher to keep a record of the carrying out or otherwise of such treatment, and notify the Office accordingly.

15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS. (1) School Attendance Officers are instructed to notify all cases of children absent from School on medical grounds, and whose inspection by a medical officer appears advisable.

At intervals as required the School Attendance Officer accompanies the School Medical Officer on his visit to such cases.

(2) The result of such visits in respect of attendance at School of those reported fit is duly notified to the School Medical Officer.

(3) The School Attendance Officers render assistance in persuading parents to obtain the treatment advised and in reporting the results of such treatment in children absent from School.

The closest co-operation between the Superintendent Attendance Officer, and the Medical Staff is maintained, and the clerical staff is run jointly with the School Medical Department.

16. CO-OPERATION OF VOLUNTARY BODIES.—(a) The East Suffolk Invalid Children's Aid Association is of great assistance in getting special cases treated, providing surgical aid tickets, travelling expenses, &c. The membership and usefulness of this Association has been increased by the Education Committee directly approaching the body of School Managers of each School to appoint representatives.

(b) The National Society for the Prevention of Cruelty to Children through their Inspectors is of great assistance, cases of neglect notified to them being carefully, judiciously, and firmly dealt with, and they materially aid in obtaining necessary treatment.

17. BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN are brought to the notice of the Medical Officers by School Attendance Officers and teachers. They are examined as a rule in the first instance by the Assistant Medical Officers, but before being referred for admission to an Institution undergo examination also by the School Medical Officer. The arrangements are adequate. The after-care of Blind Persons devolves on the County Blind Association.

18. There are no Nursery Schools.

19. SECONDARY SCHOOLS AND RURAL PUPIL TEACHERS' CENTRES (See Appendix).—The arrangements made are similar to those for Elementary Schools. The inspection is carried out by the Chief School Medical Officer in respect of boys, and by Dr. (Mrs.) Winifred Taylor in respect of girls. Results of inspection are dealt with as for Elementary School children. The School Medical Service is available for the diagnosis and treatment of defects of eyesight. The Dental Service is not so far available. It would be advisable to extend this service to Secondary Schools. As the examination of Secondary School children took place late in the year it is difficult to comment upon it, but from my own observation there are many defects which require correction, and I anticipate having to advise the Committee during the year accordingly.

20. There is one day Continuation School in connection with the Brantham Xylonite Works.



21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.—(i.) Farm work, delivery of newspapers, and houseboys are the chief occupations in the area. The conditions are quite healthy, and the employers are quite willing to protect the children against any hardship or undue exposure.

The Bye-laws relating to Employment of Children were carried into effect with very little friction, and the employers generally are most willing to assist in the operation of the Bye-laws.

(ii.) A Juvenile Employment Committee has not been found necessary in this area, and

(iii.) About 1 in 50 are refused as being unfit for the proposed employment.

22. No special enquiries were conducted.

23. Scholarship Candidates and prospective Pupil Teachers send medical certificates to the Office where they are reviewed by the School Medical Officer. If necessary a further examination of candidate by him is arranged. Teachers may be directed by the Committee to undergo examination by the School Medical Officer.

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**Medical Inspection Return, 1920.**  
**ELEMENTARY SCHOOLS.**

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

A. *Routine Medical Inspection.*

Age.	Entrants.					
	3.	4.	5.	6.	Other Ages.	Total.
Boys ... ..	39	282	714	658	526	2,219
Girls ... ..	27	203	701	605	454	1,990
Totals ... ..	66	485	1,415	1,263	980	4,209

Age.	Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
		8.	12.	13.			
Boys ... ..	1,099	1,062	1,027	158	1,184	4,530	6,749
Girls ... ..	1,076	1,056	1,038	189	1,071	4,430	6,420
Totals ... ..	2,175	2,118	2,065	347	2,255	8,960	13,169

B. *Special Inspections.*

				Special Cases.	Re-examinations (i.e., No. of Children Re-examined).
Boys ... ..	...	...	...	191	
Girls ... ..	...	...	...	185	
Total ... ..	...	...	...	376	

C. *Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no Child being counted more than once in One Year).*

No. of individual Children Inspected.

13,545

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

Defect or Disease. (1.)	Routine Inspections.		Specials.	
	Number referred for Treatment. (2.)	Number requiring to be kept under observation, but not referred for Treatment. (3.)	Number referred for Treatment. (4.)	Number requiring to be kept under observation, but not referred for Treatment. (5.)
Malnutrition ... ..	—	56	—	—
Uncleanliness, Head ... ..	827	38	5	—
"    Body ... ..	235	13	2	—
{ Ringworm, Head ... ..	94	5	14	—
{ "    Body ... ..	3	—	—	—
{ Scabies ... ..	84	4	36	—
{ Impetigo ... ..	65	3	11	—
{ Other Diseases, Non-				
{ Tubercular ... ..	5	4	—	—
{ Blepharitis ... ..	19	3	3	—
{ Conjunctivitis ... ..	7	2	1	—
{ Keratitis ... ..	—	1	—	—
{ Corneal Ulcer ... ..	1	—	—	—
{ Corneal Opacities ... ..	—	—	—	—
{ Defective Vision ... ..	543	35	43	1
{ Squint ... ..	28	4	4	1
{ Other Conditions ... ..	4	1	1	1
{ Defective Hearing ... ..	—	2	—	—
{ Otitis Media ... ..	20	5	1	1
{ Other Ear Diseases ... ..	6	1	2	—
{ Enlarged Tonsils ... ..	310	145	10	2
{ "    Adenoids ... ..	100	37	13	3
{ "    Tonsils and Adenoids	402	39	23	3
{ Other Conditions ... ..	—	—	—	—
Enlarged Cervical Glands, Non-				
{ Tubercular ... ..	20	13	—	1
Defective Speech ... ..	—	—	—	1
Heart and Circulation				
{ Heart Disease—				
{ Organic ... ..	—	31	—	5
{ Functional ... ..	—	63	—	—
{ Anæmia ... ..	11	66	1	1
{ Bronchitis ... ..	5	38	2	1
Lungs				
{ Other Non-Tubercular Diseases ... ..	—	3	—	—
{ Pulmonary, Definite ... ..	11	1	—	—
{ "    Suspected ... ..	2	26	—	3
{ Non-Pulmonary Glands ... ..	4	17	—	1
Tuberculosis				
{ Spine ... ..	1	—	—	—
{ Hip ... ..	1	2	—	2
{ Other Bones and Joints ... ..	—	—	—	—
{ Skin ... ..	2	1	—	—
{ Other Forms ... ..	2	3	1	14
Nervous System				
{ Epilepsy ... ..	—	5	—	—
{ Chorea ... ..	3	1	—	1
{ Other Conditions ... ..	4	9	—	—
Deformities				
{ Rickets ... ..	2	—	1	2
{ Spinal Curvature ... ..	2	12	—	—
{ Other Forms ... ..	6	2	2	2
Other Defects and Diseases ... ..	65	74	24	14

Number of individual children having defects which required treatment or to be kept under observation ... 3,743

NOTE.—Dental cases are not included in above Tables.

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

		Boys.	Girls.	Total.	
Blind (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools ... ..			18	
	Attending Certified Schools for the Blind ... ..	4	2	6	
	Not at School ... ..			11	
Deaf and Dumb (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools ... ..			29	
	Attending Certified Schools for the Deaf ... ..	11	6	17	
	Not at School ... ..			5	
Mentally Deficient.	Feeble-Minded.	Attending Public Elementary Schools ... ..			139
		Attending Certified Schools for Mentally Defective Children Notified to the Local Control Authority by Local Education Authority during the year ...	—	—	—
		Not at School ... ..			14
Mentally Deficient.	Imbeciles.	At School ... ..			5
		Not at School ... ..			16
	Notified to Local Control Authority ... ..	3	5	8	
Mentally Deficient.	Idiots.	Notified to Local Control Authority ... ..	3	—	3
Epileptics.	Attending Public Elementary Schools ... ..			42	
	Attending Certified Schools for Epileptics ... ..	—	—	—	
	In Institutions other than Certified Schools ... ..	—	—	—	
	Not at School ... ..			14	
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools ... ..			41
		Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools ... ..	—	—	—
		Not at School ... ..	4	2	6
					18

TABLE III.—Continued.

		Boys.	Girls.	Total.	
Physically Defective.	Crippling due to Tuberculosis.	Attending Public Elementary Schools ... ..		22	
		Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools ... ..	—	—	
		Not at School ... ..	9	7	16
	Crippling due to other causes than Tuberculosis, <i>i.e.</i> , Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools ... ..			85
		Attending Certified Schools for Physically Defective Children In Institutions other than Certified Schools ... ..	—	—	—
		Not at School ... ..	14	10	24
					18
	Other Physical Defectives, <i>e.g.</i> , delicate and other children suitable for admission to Open Air Schools, children suffering from severe heart disease.	Attending Public Elementary Schools ... ..			125
		Attending Open Air Schools ... ..	—	—	—
Attending Certified Schools for Physically Defective Children other than Open Air Schools		—	—	—	
Not at School ... ..				13	
Dull or Backward.	Retarded 2 years ... ..			961	
	Retarded 3 years ... ..			275	

		Boys.	Girls.	Total.	
<i>Imbeciles and Idiots.</i>					
Total notified to Local Control Authority under Mental Deficiency Act, 1913—					
Imbeciles	...	...	3	10	13
Idiots	...	...	10	2	12

TABLE IV. Treatment of Defects of Children during 1920.

## 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 ... ..	108	—	108	108
„ Body ... ..	3	—	3	3
Scabies ... ..	120	—	120	120
Impetigo ... ..	76	—	76	76
Minor Injuries ... ..	—	—	—	—
Other Skin Disease ... ..	5	—	5	5
Ear Disease ... ..	29	—	3	3
Eye Disease (external and other) ...	68	—	2	2
Miscellaneous ... ..	—	—	—	—

## B. Treatment of Visual Defect.

Referred for Refraction.	Submitted to Refracton.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other Forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
586	212	—	39	251	206	104	2	2	43



## 2. Particulars of Time given and of Operations undertaken.

Number of Half Days devoted to Inspection.	Number of Half Days devoted to Treatment.	Total number of Attendances made by the Children at the Clinic.	Number of Permanent Teeth.		Number of Temporary Teeth.		Total number of Fillings.	Number of Administrations of General Anaesthetics included in (4) and (6).	Number of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
1	2	3	4	5	6	7	8	9	10	11
59	73	392	5	89	573	311	400	—	—	—

E. *Treatment of Uncleanliness.*

- (a) Average number of visits per annum made by the School Nurses to each School ... .. 4
- (b) Total number of examinations made of children by School Nurses in the year in the Schools—  
 Girls ... 32,528  
 Boys ... 31,290  
 ————— 63,818
- (c) Number of children found unclean ... .. 7,355
- (d) Committee make no arrangements for cleansing. Forms issued by authorised Teachers when child is verminous, and if after additional various warnings child is still verminous a final notice is sent to parents from the Head Office giving 24 hours for child to be returned to School free from vermin. If then found still to be verminous the child is not admitted and the parent is prosecuted under the School Attendance Bye-Laws.
- (e) Record of legal proceedings under School Attendance Bye-Laws.

*Total Number of Prosecutions—Cases for period 1.1.20 to 31.12.20.*

30 cases all carried through successfully in respect of 44 children.

Fines inflicted ranging from 2s. 6d. to £1.

Total amount paid in fines, £11 10s. 3d.



F. *Treatment of all other Defects.*

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Enlarged Cervical Glands (non-Tubercular)	20	—	No information yet available.	—
Defective Speech ... ..	—	—	—	—
Heart and Circulation	Heart Disease—			
	Organic ... ..	—	—	—
	Functional ... ..	—	—	—
	Anæmia ... ..	12	12	12
Lungs	Bronchitis ... ..	7	7	7
	Other non-Tubercular Diseases ... ..	—	—	—
Tuberculosis	Pulmonary—			
	Definite ... ..	11	11	11
	Suspected ... ..	2	2	2
	Non-Pulmonary—			
	Glands ... ..	4	4	4
	Spine ... ..	1	1	1
	Hip ... ..	1	1	1
	Other Bones & Joints	—	—	—
Nervous System	Skin ... ..	2	2	2
	Other forms ... ..	3	3	3
	Epilepsy ... ..	—	—	—
	Chorea ... ..	3	3	3
Deformities	Other conditions ... ..	4	—	—
	Rickets ... ..	3	—	—
	Spinal Curvature ... ..	2	—	—
Other Defects and Diseases	Other forms ... ..	8	—	—
	and Diseases ... ..	89	—	No information yet available

- (b) The School Medical Officers will at subsequent inspections, if treatment has not been obtained, interview the parents as far as possible with a view to persuading them to secure treatment as advised.
- (c) It is too early at present to report what effect these measures will have.

TABLE V. Summary of Treatment of Defects as shown in Table IV. (A, B, C, D, and F, but excluding E.)

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ... ..	409	—	317	317
Visual Defects ... ..	586	212	39	251
Defects of Nose and Throat ... ..	858	25	37	62
Dental Defects ... ..	2,020	392	15	407
Other Defects ... ..	172	—	46	46
Total ... ..	4,045	629	454	1,083

TABLE VI. Summary relating to children medically inspected at the Routine Inspections during the year 1920.

(1) Total number of children medically inspected at Routine Inspection ... ..	13,169
(2) The number of children in above total suffering from—	
Malnutrition ... ..	563
Skin Disease ... ..	487
Defective Vision (including Squint) ... ..	862
Eye Disease ... ..	340
Defective Hearing ... ..	94
Ear Disease ... ..	142
Nose and Throat Disease ... ..	2,762
Enlarged Cervical Glands (Non-Tubercular) ... ..	1,123
Defective Speech ... ..	110
Dental Disease ... ..	6,021
Heart Disease—	
Organic ... ..	70
Functional ... ..	134
Anæmia ... ..	282
Lung Disease (Non-Tubercular) ... ..	196
Tuberculosis—	
Pulmonary { Definite ... ..	12
{ Suspected ... ..	70
Non-Pulmonary ... ..	60
Disease of the Nervous System ... ..	81
Deformities ... ..	609
Other Defects and Diseases ... ..	572
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ... ..	714

TABLE VI.—*Continued.*

(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.) ...	1,832
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.) ...	1,001*

“Specials” not included in above Table.

\* This figure includes 407 children who received Dental Treatment (see Table V.), but are not included in Table II.

### Medical Inspection Return, 1920. SECONDARY SCHOOLS.

The following tables do not apply to Secondary Schools:—  
Table III., Table IV. D., Table IV. E.

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

#### A. Routine Medical Inspection.

Age.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	Grand Totals.
Boys ...	1	10	24	21	50	87	102	69	54	26	7	—	—	451
Girls ...	—	13	17	27	42	82	86	84	49	43	21	5	2	471
Totals ...	1	23	41	48	92	169	188	153	103	69	28	5	2	922

#### B. Special Inspections.

	Special Cases.	Re-examinations (i.e., No. of Children Re-examined).
Boys ...	Nil.	Nil.
Girls ...	Nil.	Nil.
Total	Nil.	Nil.

#### C. Total Number of Individual Children Inspected by the Medical Officer, whether as Routine or Special Cases (no Child being counted more than once in One Year).

No. of individual Children Inspected.

922

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

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 ... ..	—	1		
Uncleanliness, Head ... ..	19	—		
"    Body ... ..	3	1		
Skin	{ Ringworm, Head ... ..	—		
	{ "    Body ... ..	—		
	{ Scabies ... ..	—		
	{ Impetigo ... ..	—		
	{ Other Diseases, Non-Tubercular ... ..	—		
Eyes	{ Blepharitis ... ..	1		
	{ Conjunctivitis ... ..	—		
	{ Keratitis ... ..	—		
	{ Corneal Ulcer ... ..	—		
	{ Corneal Opacities ... ..	—		
Ear	{ Defective Vision ... ..	59	14	
	{ Squint ... ..	1	—	
	{ Other Conditions ... ..	—		
	{ Defective Hearing ... ..	—		
	{ Otitis Media ... ..	—		
Nose and Throat	{ Other Ear Diseases ... ..	—		
	{ Enlarged Tonsils ... ..	29	15	
	{ Adenoids ... ..	3	—	
Enlarged Cervical Glands, Non-Tubercular ... ..	{ Enlarged Tonsils and Adenoids ... ..	15	2	
	{ Other Conditions ... ..	—		
Defective Speech ... ..	—			
Heart and Circulation	{ Enlarged Cervical Glands, Non-Tubercular ... ..	—	1	
	{ Heart Disease—	—		
	{ Organic ... ..	—		
Lungs	{ Functional ... ..	—	9	
	{ Anæmia ... ..	3	7	
	{ Bronchitis ... ..	—		
Tuberculosis	{ Non-Tubercular Diseases ... ..	—		
	{ Pulmonary—	—		
	{ Definite ... ..	—		
	{ Suspected ... ..	—		
	{ Non-Pulmonary—	—		
	{ Glands ... ..	—		
	{ Spine ... ..	—		
{ Hip ... ..	—			
Nervous System	{ Other Bones & Joints ... ..	—		
	{ Skin ... ..	—		
	{ Other Forms ... ..	—		
Deformities	{ Epilepsy ... ..	—		
	{ Chorea ... ..	—		
	{ Other Conditions ... ..	—		
Other Defects and Diseases	{ Rickets ... ..	—	1	
	{ Spinal Curvature ... ..	—	1	
	{ Other Forms ... ..	—	2	
	23	43		

Number of individual children having defects which required treatment or to be kept under observation ... ..

TABLE IV. Treatment of Defects of Children during 1920.

## 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 ...				
" Body ...				
Scabies ...				
Impetigo ...				
Minor Injuries ...				
Other Skin Diseases ...				
Ear Disease ...				
Eye Diseases (External and other) ...	2	—	2	2
Miscellaneous ...				

## B. Treatment of Visual Defects.

Referred for Refraction.	Number of Children.								
	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
*59	—	—	—	—	—	—	—	—	—

\* Only examined late in year 1920, Refractions being carried out in 1921.

## C. Treatment of Defects of Nose and Throat.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Total.	
*47	—	1	1	—

\* Treatment only advised at close of year 1920.

F. *Treatment of all other Defects.*

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Enlarged Cervical Glands (non-Tubercular) ... ..				
Defective Speech ... ..				
Heart and Circulation { Heart Disease—				
{ Organic ... ..				
{ Functional ... ..				
{ Anæmia ... ..	3	—	3	3
Lungs { Bronchitis ... ..				
{ Other non-Tubercular Diseases ... ..				
Tuber- culosis { Pulmonary—				
{ Definite ... ..				
{ Suspected ... ..				
{ Non-Pulmonary—				
{ Glands ... ..				
{ Spine ... ..				
{ Hip ... ..				
{ Other Bones & Joints				
{ Skin ... ..				
{ Other Forms ... ..				
Nervous System { Epilepsy ... ..				
{ Chorea ... ..				
{ Other conditions ... ..				
Deformities { Rickets ... ..				
{ Spinal Curvature ... ..				
{ Other forms ... ..				
Other Defects and Diseases ... ..	23		2	2

Measures adopted for securing improvement similar to that of Elementary Schools.

TABLE V. Summary of Treatment and Defects as shown in Table IV. (A, B, C, D, and F, *but excluding E*).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ... ..	2	—	2	2
Visual Defects ... ..	59	—	—	—
Defects of Nose and Throat ... ..	47	—	1	1
Other Defects ... ..	26	—	5	5
Total ... ..	134	—	8	8

Treatment advised late in year 1920.

TABLE VI. Summary relating to children medically inspected at the Routine Inspections during the year 1920.

(1) The total number of children medically inspected at the Routine Inspections	...	...	...	...	...	*922
(2) The number of children in above total suffering from—						
Malnutrition	...	...	...	...	...	64
Skin Disease	...	...	...	...	...	18
Defective Vision (including Squint)	...	...	...	...	...	94
Eye Disease	...	...	...	...	...	11
Defective Hearing	...	...	...	...	...	8
Ear Disease	...	...	...	...	...	5
Nose and Throat Disease	...	...	...	...	...	149
Enlarged Cervical Glands (Non-Tubercular)	...	...	...	...	...	65
Defective Speech	...	...	...	...	...	5
Dental Disease	...	...	...	...	...	405
Heart Disease—(a) Organic	...	...	...	...	...	5
„ (b) Functional	...	...	...	...	...	15
Anæmia	...	...	...	...	...	49
Lung Disease (Non-Tubercular)	...	...	...	...	...	3
Tuberculosis (Pulmonary), Definite	...	...	...	...	...	—
„ „ Suspected	...	...	...	...	...	1
„ (Non-Pulmonary)	...	...	...	...	...	—
Diseases of the Nervous System	...	...	...	...	...	2
Deformities	...	...	...	...	...	119
Other Defects and Diseases	...	...	...	...	...	260
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	...	...	...	...	...	96
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.)	...	...	...	...	...	134
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	...	...	...	...	...	8

\* All examinations at Secondary Schools classed as "Routine."

## Medical Inspection Return, 1920.

### RURAL PUPIL TEACHER CENTRES.

The following do not apply ;—

Table III.

Table IV. D.

Table IV. E.

Table IV. F. (No cases under this Table were referred for treatment.)

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

#### A. Routine Medical Inspection.

Age.		11.	12.	13.	14.	15.	16.	17.	18.	Grand Totals.
Boys	...	1	—	1	1	—	—	—	—	3
Girls	...	2	9	18	24	23	19	8	2	105
Total	...	3	9	19	25	23	19	8	2	108

#### B. Special Inspections.

				Special Cases.	Re-examinations, (i.e., No. of Children Re-examined).
Boys	...	...	...	Nil.	Nil.
Girls	...	...	...	Nil.	Nil.
Total	...	...	...	Nil.	Nil.

C. Total number of Individual Children inspected by the Medical Officer, whether as Routine or Special Cases (no child being counted more than once in one year).

No. of Individual Children Inspected.

108



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

Defect or Disease.  (1)	Routine Inspections.		Specials.	
	Number referred for Treatment. (2)	Number requiring to be kept under observation, but not referred for Treatment. (3)	Number referred for Treatment. (4)	Number requiring to be kept under observation, but not referred for Treatment. (5)
Malnutrition ... ..				
Uncleanliness, Head ... ..	1			
"    Body ... ..	1			
Skin	{ Ringworm, Head ... ..			
	{     "    Body ... ..			
	{ Scabies ... ..			
	{ Impetigo ... ..			
	{ Other Diseases, Non-Tubercular ... ..			
Eyes	{ Blepharitis ... ..			
	{ Conjunctivitis ... ..			
	{ Keratitis ... ..			
	{ Corneal Ulcer ... ..			
	{ Corneal Opacities ... ..			
Ear	{ Defective Vision ... ..	9		
	{ Squint ... ..			
	{ Other Conditions ... ..	1		
	{ Defective Hearing ... ..			
Nose and Throat	{ Otitis Media ... ..			
	{ Other Ear Diseases ... ..			
	{ Enlarged Tonsils ... ..	1		
Enlarged Cervical Glands, Non-Tubercular ... ..	{ Adenoids ... ..			
	{ Enlarged Tonsils and Adenoids ... ..	1		
	{ Other Conditions ... ..			
Defective Speech ... ..				
Heart and Circulation	{ Enlarged Cervical Glands, Non-Tubercular ... ..			
	{ Defective Speech ... ..			
	{ Heart Disease—			
Lungs	{     Organic ... ..		2	
	{     Functional ... ..		2	
	{     Anæmia ... ..		3	
Tuberculosis	{ Bronchitis ... ..			
	{ Other Non-Tubercular Diseases ... ..			
	{ Pulmonary—			
	{     Definite ... ..			
	{     Suspected ... ..			
	{ Non-Pulmonary—			
	{     Glands ... ..			
{     Spine ... ..				
Nervous System	{     Hip ... ..			
	{     Other Bones & Joints ... ..			
	{     Skin ... ..			
Deformities	{ Other Forms ... ..			
	{ Epilepsy ... ..			
	{ Chorea ... ..			
Other Defects and Diseases ... ..	{ Other Conditions ... ..			
	{ Rickets ... ..			
	{ Spinal Curvature ... ..			
	{ Other Forms ... ..			
		12		

Number of individual children having defects which required treatment or to be kept under observation ... ..

TABLE IV. Treatment of Defects of Children during 1920.

## 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 ... ..				
" Body ... ..				
Scabies ... ..				
Impetigo ... ..				
Minor Injuries ... ..				
Other Skin Disease ... ..				
Ear Disease ... ..				
Eye Disease (external and other)	1	—	1	1
Miscellaneous ... ..				

## B. Treatment of Visual Defect.

Referred for Refraction.	Number of Children.								
	Submitted to Refraction.				For whom Glasses were prescribed.	For whom Glasses were provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
*9	—	—	—	—	—	—	—	—	—

\* Only examined late in year 1920. Refractions will be carried out in 1921.

## C. Treatment of Defects of Nose and Throat.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme, Clinic, or Hospital.	By Private Practitioner or Hospital.	Total.	
2	—	1	1	—

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

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ... ..	1		1	1
Visual Defects ... ..	9			
Defects of Nose and Throat ... ..	2		1	1
Other Defects ... ..				
Total ... ..	12		2	2

TABLE VI. Summary relating to Children Medically Inspected at the Routine Inspections during 1920.

(1) Total number of children medically inspected at Routine Inspections ... ..	*108
(2) The number of children in above total suffering from :—	
Malnutrition... ..	—
Skin Disease ... ..	—
Defective Vision (including Squint) ... ..	12
Eye Disease ... ..	1
Defective Hearing ... ..	2
Ear Disease ... ..	—
Nose and Throat Disease ... ..	36
Enlarged Cervical Glands (Non-Tubercular) ... ..	13
Defective Speech ... ..	—
Dental Disease ... ..	60
Heart Disease, Organic ... ..	2
„ Functional ... ..	2
Anæmia ... ..	12
Lung Disease (Non-Tubercular) ... ..	—
Tuberculosis—	
Pulmonary, Definite ... ..	—
„ Suspected ... ..	—
Non-Pulmonary ... ..	—
Diseases of the Nervous System ... ..	—
Deformities ... ..	8
Other Defects and Diseases ... ..	82

TABLE VI.—*Continued.*

(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ... ..	19
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.) ...	12
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.) ... ..	2

\* All examinations of Rural Pupil Teachers are classed as "Routine."

