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County Borough of Eastbourne.



Local Education Authority.

Medical Officer's Annual Report

for 1924.

W. G. WILLOUGHBY, M.D. Lond., M.R.C.S., D.P.H.,
School Medical Officer.

E. H. B. COGHILL, L.R.C.P., L.R.C.S., L.F.P.S.,

Assistant School Medical Officer

(Inspecting Officer).

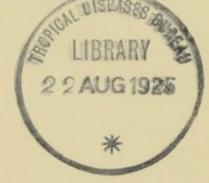
EASTBOURNE:

V. V. SUMFIELD, Printer, Station Street.



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County Borough of Eastbourne.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg to submit herewith the Seventeenth Annual Report on the work of the School Medical Department.

The Medical Officer of the Board of Education describes the routine and systematic medical inspection of every child, sick or well, three times during its school life, as the fundamental function of the School Medical Service. During 1924, this has as usual been carried out, 1573 children having been examined in routine besides special cases. The average number on the books of the Elementary Schools was 4,883. The system now employed ensures that no child is omitted.

The proportion of children whose parents were present at the examination was 48.4 per cent., and the refusals of parents to allow the examination were ten in number.

The report sets forth details of the inspection, the results of the same, and the steps taken with regard to the children found to have defects requiring either observation or actual treatment. Children found to have defect are followed up and treatment is provided. During 1924 charges have been made for treatment where possible, but the result is not yet encouraging. Thorough systematic enquiries into the means of all the parents whose children are treated would mean an inquisition requiring expensive addition to the staff out of proportion to the results that could be obtained. Meanwhile, the system is being gradually established, care being taken that charges made shall not interfere with the usefulness of the work.

The falling birth-rate has led to a still further reduction in the number of elementary school children. In the schools there are now 1,430 vacant places, i.e., excess of "accommodation" over "number on the books," and "average attendance" is 405 less than "number on the books."

The re-distribution of the child population by which the outskirts of the town, where new houses can be erected, are having the increase in child population, necessitates additional accommodation in St. Mary's and St. Andrew's Schools. In the former this has been arranged for, and in the latter is under consideration.

In a large general series of examinations of just over a million chlidren in the Country generally, it was found that 19.4 per cent. were found to require medical treatment (not including those with uncleanliness and requiring dental treatment).

In 1924, in Eastbourne, 18.6 per cent. of those examined were found to require treatment.

In my last report, I referred to the fact that since medical inspection and treatment had been undertaken in Eastbourne the only form of defect that had not been proportionately reduced was that of vision. This is the case throughout the Country, and a special Committee has been appointed to consider it.

I can find no circumstance special to Eastbourne schools conducing to bad sight, but I suggest to the Authority the essential need of good lighting in all the schools, the importance of the nature and position with regard to light of school desks, and the importance of good print in all books used. In young children especially the less books have to be used the better. Parental prejudice against the use of spectacles has as usual been frequently met with during the year.

The conditions as to cleanliness have greatly improved and home conditions are largely concerned in this.

I am including in this report a comparison shewing heights and weights of children of the same ages for the year 1908, when the School Medical Service began its work, and the year 1924. The comparison is interesting and shews

a general average increase in heights and weights in the seventeen years.

I have to thank sincerely the members of the Committee, the staff of the department, and the Teachers for continual cordial assistance in the work. To Miss M. G. Beney I am indebted for the statistical and other work, especially in the preparation of this Report.

I am, Ladies and Gentlemen,
Your obedient Servant,
W. G. WILLOUGHBY,
School Medical Officer.

NUMBER OF ELEMENTARY SCHOOL CHILDREN.

The average number on the books shows a decrease since the last Report of 166. In the previous year the decrease was 16, and in the year before 294.

In spite of the steady increase in the population of Eastbourne, the number of children of school age is diminishing yearly.

The number of Elementary School children on the school rolls has diminished by 1091 since 1912 but allowance must be made for a certain number at the Municipal Secondary Schools. The largest part of this decrease is in Infants' Departments.

The proportion of children of school age in the total population of Eastbourne in recent Census returns is as follows:—

1921	 16.40	1901	 19.57
1911	 .17.51	1891	 21.19

The years of lowest birth-rate in Eastbourne were 1918 and 1919 when it was only 12.1 per 1,000 per annum.

The number of children to go on to school registers would therefore be at the lowest in 1924 and 1925, but apart from this cause the general steadily diminishing birth-rate should in the ordinary way do away with any necessity for increase of School accommodation.

An important factor that has required attention and will still more require it is the re-arrangement of households with elementary school children in the Borough. The central parts of the town are built over and the new dwellings are on the outskirts. St. Mary's and St. Andrew's districts are getting the new school population, hence the re-arrangements that are being made at the former schools, and the necessity for extra accommodation in the near future at the latter.

SCHOOL STATISTICS.

Central Schools (4)	 Accommodation 1085	Average No. on roll. 763	Average attendance.	Percentage 93.9
Junior Schools (13)	 3228	2841	2665	93.8
Infant Schools (10)	 1855	1129	963	85.3
Special Schools (2)	 145	150	133	88.6
Totals	 6313	4883	4478	91.7

PERCENTAGE ATTENDANCE.

The percentage of children on the rolls attending School has steadily inproved and in 1923 was the best on record. In 1924 there was a drop mainly in attendance in Infant Schools. The weather was probably partly the cause of this, and mild measles, whooping cough and mumps.

In the Central Schools percentages of 93 to 95 were obtained, in the Junior Schools 91 to 96, and in the Infants' Schools from 82 to 91.

Of the individual Schools, Cavendish Council Junior School had the best average attendance and Hampden Park Infants' the lowest.

A table of causes of absence, as far as ill-health is concerned, is given in the Report. The cases referred to are those children excluded from school by your Medical Officers. Other absences are due to illnesses which are attended by Medical Practitioners and do not specially come before the Department.

In my report last year I gave a table shewing year by year the number on the books and the average attendances in Elementary Schools since 1908.

The greatest number on the books in any of these years in Infant Departments was 1,848 in 1911. This number has dropped to 1,129 in 1924, and was 1,198 in 1923.

In Senior departments the highest number was 4,259 in 1912, which dropped to 3,731 in 1922.

I have submitted to the Authority a report as to the number of children of school age as found at the Census who were not at that time at any scholastic Institution. The children not accounted for were 658, or 7 per cent. Of these, 341 were under seven. Details will be found in my Report for 1923, and arrangements have been made to try to discover the children not attending scholastic Institutions.

MEDICAL DEPARTMENT STAFF.

(a) OFFICERS OF THE COUNCIL.

School Medical Officer:

W. G. WILLOUGHBY, M.D., Lond., D.P.H.

Assistant School Medical Officer (Inspecting Officer): Miss E. H. B. Coghill, L.R.C.P., L.R.C.S., L.F.P.S.

School Nurses:

Miss R. Clark (Superintendent).

Miss M. L. RICHNELL.

Miss I. M. SIMMONDS.

Mrs. L. Forward.

Miss L. Curtis.

(All part-time only).

Clerks:

The Staff of the Public Health Department, and especially Miss M. G. Beney. Miss M. Fry.

(b) CONSULTING STAFF.

Ophthalmic Surgeon:

A. HALLIDIE, F.R.C.S., Eng.

Aural Surgeon:

J. N. DONNELLAN, M.B., B CH., B.A.O.

Physician for X-Ray Work:

S. P. NORMAN, M.D., M.B., CH.B.

Surgeons for Nose and Throat Operations:

J. N. DONNELLAN, M.B., B.CH. B.A.O.

R. C. MACQUEEN, F.R.C.S.

Anæsthetist for Nose and Throat Operations:
M. V. McKechnie, L.R.C.P., L.R.C.S.

Boys' Secondary and Continuation Schools, Inspecting Medical Officer:

T. TURNER, M.B., B.S., M.R.C.S., L.R.C.P.

Dentist:

A. H. PICKETT, L.D.S., D.D.S.

STAFF.

There were no changes in the Staff during 1924, except that Dr. Goodwyn ceased to assist in X-Ray work.

CO-ORDINATION.

The School Medical Officer and the Assistant School Medical Officer are also Medical Officer of Health and Assistant Medical Officer of Health respectively.

The Nursing Staff of the Education Authority is also engaged in the work of the Sanitary Authority, so that co-ordination is complete. Four of the five nurses are part-time Infant and Child Welfare Nurses; thus the care of children of all ages up to 14 and sometimes later is provided for through the same nurses and medical staff.

The Borough is divided into districts for nursing purposes and the nurse in any particular area is both Infant Welfare Nurse and School Nurse.

SCHOOL HYGIENE.

I have no special report to make on the buildings. The improvement of playgrounds is slowly proceeding. The increase in accommodation required at St. Andrew's Infant School is receiving attention. The use of gas radiators is unsatisfactory.

A site is being secured for better premises for the Special School, but this is more an educational matter than one of Hygiene.

MEDICAL INSPECTION OF ELEMENTARY SCHOOL CHILDREN.

The first Table in the Appendix shows the numbers inspected and the ages at inspection.

The number of children examined at Routine Inspections was 1735, of these 1573 were examined at the Routine periods, viz.: Entry, Intermediate and age twelve, and the other 162 were children not of age groups but examined on transfer from other Schools and Special School children.

In addition, 2,403 special cases were examined, making a total of 4,138. There were also 6,064 re-examinations of children.

The total number of examinations of children medically was therefore 10,202. This is a larger number than usual.

At 48.4% of the examinations parents attended.

There were 10 refusals of examination.

No child due for Routine examination was omitted except in these ten cases.

Absentees were looked up and additional visits to Schools were made to complete the examinations.

Cases of defect found are referred to the Clinics for more thorough examination and treatment.

The schedule used for recording the results of inspection is that suggested by the Board of Education with one addition, viz., particulars as to vaccination.

The special cases represent those brought to our attention by teachers and parents.

Very little disturbance of School routine is occasioned by the inspections. The convenience of the teachers is followed as far as possible.

Where possible the children are examined in the Schools and all in School hours. In two Schools there is no accommodation for medical inspection, and the children of these are examined as follows:—

St. Saviour's .. Town Hall.
All Souls' .. Parish Room.

HEIGHTS AND WEIGHTS OF ELEMENTARY SCHOOL CHILDREN.

After seventeen years, I thought it would be interesting to compare the condition of children of 1908 with that of children of 1924, and submit comparative tables accordingly.

The numbers of children examined at the various ages were such, that in comparing 1908 with 1924, ages 4, 5, 6, 8 and 12 are the only ages at which the comparisons are of any value. At other ages the numbers examined were too few.

11 Average Height.

	Во	oys.	Gi	rls.
Age.	1908.	1924.	1908.	1924.
3	FT. IN.	FT, IN,	FT. IN. 3 2	FT. IN.
4	3 2	3 41/4	3 2	3 31/2
5	3 5	3 61/2	3 4	3 61
6	3 7	3 84	3 7	3 10
7	3 8	$3 10\frac{1}{2}$	3 7	3 10
8	4 0	4 13	3 10	4 01/2
9	4 0	$4 3\frac{3}{4}$	3 10	$4 2\frac{1}{2}$
10	4 1	4 51/2	4 1	4 6
11	4 4	4 63	4 6	4 6
12	4 8	4 74	4 8	4 9
13	4 10	4 91	4 10	4 114
14	4 10	-	5 0	4 10
15	5 7	-	5 2	_
16	_	_	5 5	_

12
AVERAGE WEIGHT.

-	Bo	ys.	Gi	rls.
Age.	1908. LBS.	1924. LBS.	1908. LBS.	1924. LBS.
3	-	_	33	-
4	35	38½	34	381
5	39	421	38	42
6	42	45	41	47
7	46	484	44	473
8	53	54}	47	521
9	59	59	47	573
10	60	63	50	621
11	63	69	67	65
12	74	731	81	84
13	82	781	86	83
14	86	76	90	66
15	128		96	-
16	_	_	120	

13

AVERAGE HEIGHT AND WEIGHT OF BOTH SEXES COMBINED.

			Hei	ght.		Wei	ight.	
A	ge.	19 FT.	08.	19 FT.	24. IN.	1908.	1924. LBS.	
3		3	2	-	-	33	_	
4		3	2	3	$3\frac{3}{4}$	34½	38½	
5		3	$4\frac{1}{2}$	3	$6\frac{1}{4}$	381	42	
6		3	7	3	91	411/2	46	
7		3	$7\frac{1}{2}$	3	101	45	481	
8		3	11	4	1	50	$53\frac{1}{2}$	
9		3	11	.4	31	53	581	
10		4	1	4	$5\frac{3}{4}$	55	623	
11		4	5	4	$6\frac{1}{4}$	65	67	
12		4	8	4	8½	771	781	-
13		4	10	4	$10\frac{1}{2}$	84	801	
14		4	11	4	10	88	71	
15		5	$4\frac{1}{2}$	_	-	112	-	
16		5	5	_	-	120	-	

For general comparison a table is added of Average Heights and Weights of all classes of the general population of Great Britain.

		Bo	ys.			rls.
Age.		ght.	Weight.		ght.	Weight.
4	 3	1	37	3	0	36
5	 3	4	40	3	3	39
6	 3	7	441	3	6	$41\frac{3}{4}$
8	 3	11	55	3	$10\frac{1}{2}$	52
12	 4	7	763	4	71	761

From these tables it will be seen:

- 1. As compared with the Standard Heights, Eastbourne 1924 children are taller at all the ages.
- 2. As compared with the Standard Weights, Eastbourne 1924 children are heavier at all the ages, except in the case of boys of 12.
- 3. In 1908, the Heights of Eastbourne children were also above Standard except in the case of girls of 8.
- 4. In 1908 the Weights of Eastbourne children were below Standard, in boys at all the ages and in girls at all ages except age 12.
- 5. The very noticeable fact that Eastbourne children are generally taller and heavier than they were seventeen years ago, when measurements were taken.

Boys of 4 are 21 inches taller and 31 lbs. heavier

	777					
5	$,, 1\frac{1}{2}$,,	,,	31	2)	"
6	$,, 1\frac{3}{4}$,,	,,	3	,,	,,
8	$,, 1\frac{3}{4}$,,	,,	$1\frac{3}{4}$,,	,,,
12	,, 3/4	,,	shorter	34	,,	lighter
f 4	$,, 1\frac{1}{2}$,,	taller	41/2	,,]	heavier
5	,, 21	,,	,,,	4	3)	23
6	,, 3	,,	,,	6	27	,,
8	$,, 2\frac{1}{2}$,,,	,,,	$5\frac{1}{2}$,,	,,
.12	1	.3.3	13.7	3	33	,,
	6 8 12 f 4 5 6 8	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	6 ,, $1\frac{3}{4}$,, ,, ,, 8 ,, $1\frac{3}{4}$,, ,, ,, ,, 12 ,, $\frac{3}{4}$,, shorter f 4 ,, $1\frac{1}{2}$,, taller 5 ,, $2\frac{1}{4}$,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	6 ,, $1\frac{3}{4}$,, , , 3 8 ,, $1\frac{3}{4}$,, , , $1\frac{3}{4}$ 12 ,, $\frac{3}{4}$,, shorter $\frac{3}{4}$ f 4 ,, $1\frac{1}{2}$,, taller $4\frac{1}{2}$ 5 ,, $2\frac{1}{4}$,, , , 6 8 ,, $2\frac{1}{2}$,, , $5\frac{1}{2}$	6 ,, $1\frac{3}{4}$,, , , 3 ,, 8 ,, $1\frac{3}{4}$,, , , $1\frac{3}{4}$,, , $1\frac{3}{4}$,, , $1\frac{3}{4}$,, shorter $\frac{3}{4}$,, f 4 ,, $1\frac{1}{2}$,, taller $4\frac{1}{2}$,, 1 5 ,, $2\frac{1}{4}$,, , , 6 ,, 8 ,, $2\frac{1}{2}$,, , $5\frac{1}{2}$,, $1\frac{1}{2}$,,

The comparatively greater increase in the case of girls is striking and also the fact that the improvement in the later years shrinks with increasing age.

The improvement is evident on casual examination at the Schools and as regards the younger children, cannot be disassociated from the Child Welfare Work that has been going on. If it were due mainly to improved social conditions one would expect the great improvement in younger children to be maintained at age 12. Unfortunately the elder children suffer more from housing conditions and particularly loss of sleep.

As regards individual schools the re-grouping of children and the small numbers examined make comparisons of very little value.

FINDINGS OF MEDICAL INSPECTION.

Of the children examined in routine examinations 1,113, or 64.1%, had some defect. The actual percentage requiring treatment (excluding dental work and uncleanliness) was 18.6%. The defects are set out in a Table in the Appendix.

Malnutrition.—Thirty-four cases were found in Routine Inspection sufficiently serious to require treatment and forty others were specially examined. Fifty-four other cases required watching. This is about the usual proportion and indicates as a rule a previous debilitating ailment and not a condition induced by want of food or use of improper food.

Uncleanliness.— Since Medical Inspection was instituted this defect has shewn a constant decline. Owing to the condition of some of the houses from which the children come, and of the other inmates, the defect cannot be stamped out by the School Medical Service. In this connection, the close co-operation with the Sanitary Authority is valuable.

Skin Diseases.—Ringworm is not so troublesome as it was before the use of X-Rays. In 1924, however, 27 children were excluded from School on this account, for an average time of $2\frac{1}{2}$ months each. In the previous year, 40 children had to be excluded for a time for this cause.

Eye Diseases.—Apart from errors of vision there were very few cases as the figures in Table II. show. Disorders of vision, however, were again very prevalent, 170 cases having to be dealt with, besides 175 cases kept under observation. This is a National as well as a local disaster and is receiving the attention of the Board of Education as well as of your Medical Officers.

Ear Diseases.—These and cases of defective hearing are

shewing a decrease and will still further decrease with careful attention.

Nose and Throat.—There was an increase in the number of enlarged tonsils found and the steady number of cases requiring operative interference continues.

Deformities.—More cases of deformities were found, particularly mild forms of Spinal curvature.

Other Ailments.—No other ailment requires special mention. The details are set forth in Table II. in the Appendix.

A Table in the Appendix shows the ailments from which School children suffer. It is unsatisfactory that of the 1,735 children examined in ordinary routine no fewer than 1,113 had some defect, or just 64.1%. The percentage in 1923 was just under 50%. Through in many the defect was but slight, in about one in five some definite treatment was required.

INFECTIOUS DISEASES.

As the School Medical Officers are also the Public Health Medical Officers, the occurrence of Infectious Disease is known at once to them and steps taken accordingly.

Code Art 45 (b) and 57.—No Schools were closed during 1924 for infectious illness. The Borough was remarkably free from serious Infectious Illness during the year. There were only 2 cases of Diphtheria and 8 of Scarlet Fever in children of School age. Whooping Cough caused twenty absentees, and with Measles and Mumps was the cause of decrease in average attendance in Infants' Schools.

EXCLUSIONS FROM SCHOOL.

Code Art. 53 (b).—Under this Article 370 children were excluded from School during 1924, on the advice of the School Medical Officers. A list is submitted showing the causes and the average length of the exclusions.

The number excluded in the previous year was 405.

Diseases and Time for which Children were excluded during the year 1924.

Disease.		Total period of Exclusion.	No. of Cases.	Average Time excluded in each case.
Anæmia		8 weeks	4	2 weeks
Debility		47	13	26
Fainting Attacks		3.7	7	1.85 ,,
Throat Operations		1290 days	106	12.16 days
Post Throat Operations		1 week	1	1 week
		52 days	4	13 days
Nose Operation		57 weeks	5	11.4 weeks
Chest Tuberculosis		2 months	2	1 month
		4	ī	4
? Tuberculosis		4 "	1	4
Tubercular Hip	* *		1	6
Tubercular Ear		6 ,, 7 weeks	9	3.5 weeks
Asthma			2 2 9 2 2 2 1	
Bronchitis		3.5 ,,	2	1.75 ,,
Bronchial Catarrh		11.29 ,,	9	1.25 ,,
Tonsils		4 ,,	2	2 ,,
Colds		2.5 ,,	2	1.25 ,,
Cough		5 ,,	2	2.5 ,,
Laryngitis		2.5 ,,	1	2.5 ,,
Chill		12 days	6	6 days
Tonsilitis		6.14 weeks		1.0 week
Whooping Cough		120 ,,	20	6 weeks
? Whooping Cough		8 ,,	2 3	4 ,,
Contact Whooping Cough		21 ,,		7 .,
Post Whooping Cough		15 ,,	4	3.75 ,,
Sore Throat		23 days	4	5.75 days
Influenza		1 week	1	1 week
Mumps		14 weeks	5	2.8 weeks
Chicken Pox		36	12	3 ,,
Contact Mumps	193	3	1	3
Post Measles		10	4	9.5
Diphthoria		10.5	2	5 25
Diphtheria Contacts		36 days	3	12 days
Observation Diphtheria		20	2	10
		48.5 weeks	2 8	6.06 weeks
Scarlet Fever Contacts		43 days	4	10.75 days
		7	1	7
? Scarlet Fever		8 weeks	1	8 weeks
Paratyphoid		9	1	9
Paratyphoid Contacts		17 "	4	1 95
Rheumatism				
Epilepsy		6 months	1	6 months
Chorea		11.5 ,,	3	3.8 ,,
Abdominal Pain		5 days	1	5 days
Conjunctivitis		18.5 weeks	8 3	2.3 weeks
Styes		3 ,,	3	1 ,,
Other Eye Diseases		2 ,,	1	2 ,,
Blepharitis		4.75 ,,	2	2.3 ,,
Headaches		1 ,,	1	1 ,,

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DISEASES AND TIME EXCLUDED-Continued.

Disease.		Total period of Exclusion.	No. of Cases.	Average Time excluded in each case.
Scabies		25.5 weeks	10	2.55 weeks
Abscess		2 ,,	1	2 ,,
		2 days	1	2 days 5
Post Dental Extra	action	5 ,,	1	
Impetigo		21.57 weeks	15	1.43 weeks
		50.5 days	9	5.6 days
		5 ,,	1	5 ,,
		2 weeks	1	2 weeks
Scalp Trouble		1 ,,	1	1 ,,
		3.57 ,,	3	1.2 ,,
Ringworm		60 months	23	2.6 months
Ringworm Suspec	ted	4.64 ,,	4	1.2 ,,
Jaundice		5 days	1	5 days
Injuries		36 ,,	7	5.14 ,,
Tinea Capitis		18 ,,	2	9 ,,
Run Down		10.5 weeks	6	1.75 weeks
Constipation		1 ,,	1	1 ,,
Dirty Habits		6	1	6
Discharge		5 months	1	5 months
Dilliana Attacla		2 days	1	2 days
Sprained Ankle		3 weeks	1	3 weeks
Blister		8 days	1	8 days
Septic Knee		2.7 weeks	2	1.35 weeks
Community Transco		5 months	1	5 months

Number of Exclusions during 1924, 370.

EXCEPTIONAL CHILDREN.

A Table in the Appendix shows the numerical return of exceptional children and how their education as far as possible receives attention.

The Circulars of the Board of Education as regards these children are under careful consideration. The ascertainment of cases is I consider very thorough owing to the complete co-ordination of the Public Health and School Medical Departments. The cases found are dealt with. The Orthopædic Voluntary Clinic has been very successful and in accordance with the Board's wishes an Orthopædic scheme is being drafted.

In the return on Table III. in this Report there are

apparently seven abnormal children not in Schools or Institutions. Three of these entries relate to one child, blind, crippled and imbecile. Of the remaining four children, three are under special treatment and one is an imbecile being attended by the family doctor.

FOLLOWING UP.

Arrangements for following up cases of defect found are as follows:—The child has to attend the Tuesday or Thursday Clinic, or is seen at its own home. Cases are not lost sight of, and parents are as a rule quite anxious as to the cure of the defect. Attendance cards are issued at the Clinics, when children are able to attend School during treatment. The numbers attending these Clinics will be seen on reference to the Clinic figures.

Records on the Card System are kept of all such cases, their progress and treatment.

SCHOOL NURSES.

A summary of the work of the School Nurses is as follows:—

Number of visits by School Nurses to Schools ... 465

Number of visits to Schools by Nurses for Medical Inspection 191

Number of Home Visits by Nurses ... 1481

Number of children cleansed 46

Number of Cleansing Notices sent 59

Attendance at School Clinics ... (See Clinics)

MEDICAL AND SURGICAL TREATMENT.

The presence of defects having been ascertained, provision is made for treatment as follows:—

The parents of the children with defects are notified as to what has been found and requested to make arrangements for medical attention.

There are numerous conditions, minor ailments especially, which would escape attention altogether unless the Authority arranged for official attention.

The number of cases referred for treatment will be found in detail in the sub-divisions of Table IV.; the numbers treated and whether by the Authority's Schemes or not, are there set forth. These Tables refer to treatment as a result of the inspections.

The measures adopted to secure treatment are the consistent following up of cases, the provision of Clinics set forth in detail herewith and other items referred to in this report, such as transference to the Open-Air School.

In regard to dental work, there were as usual too many refusals. Parents do not yet appreciate the necessity of proper attention to teeth.

It has not been necessary to institute any legal proceedings in 1924 but much pressure has been necessary in some cases to secure that treatment is received, even when offered free.

In 1924 the various Clinics established by the Authority included:—

- A Minor Ailments Clinic. Town Hall. Mornings at 9, except Saturdays and Sundays.
- 2. Ophthalmic Clinic; mainly for Refractions. Town Hall. Half-day, usually about once a month, when sufficient cases, *i.e.*, about 15, have accumulated.
- 3. Throat and Nose Clinic. Adenoid operations at the Ear, Nose and Throat Hospital on Thursdays at 10 a.m., when four cases have accumulated.

When specially requested by parents, the operation is performed at the Leaf Hospital.

- Examination Clinic. Town Hall. Tuesday afternoons. For the further examination of special cases and cases referred from routine inspections. This includes backward children.
- 5. Dental Clinic. Town Hall. Tuesday and Thursday forenoons.

- 6. Tuberculosis and Malnutrition Clinic. Town Hall. Thursday afternoons.
- 7. Ringworm Clinic. Attendance at the Consulting Rooms of the X-Ray operator by arrangement.
- 8. Ear and Hearing Clinic. Town Hall once monthly and in special cases when required. Last Monday in the month.

From January 1st, 1925, some of the Clinics will be held at Acacia Villa, Seaside, instead of at the Town Hall.

Skin diseases, external eye diseases, and crippling defects are included in the one of the above Clinics found most suitable.

There is also unofficial Massage and Electrical work kindly undertaken by Miss Mackern and her Assistants. Miss Buck kindly does much successful work with the Open-Air School children in this respect.

PAYMENTS FOR CLINIC TREATMENT.

By the instructions of the Board of Education the following Scale of Charges has been exhibited in the Clinics.

COUNTY BOROUGH OF EASTBOURNE.

SCHOOL MEDICAL SERVICE.

In accordance with the instructions of the Board of Education, notice is hereby given that those who can afford to do so should contribute to the cost of Medical Services.

SCALE.

Spectacles.—Actual Cost.

Adenoid and Tonsil Operations.—5/- to 7/6.

X-Ray treatment .-

£1 1s. 0d. for Partial Exposure. £3 3s. 0d. for Full Exposure.

Minor Ailments .-

Free for First Fortnight. 1/- for Three Months.

2/- for Six Months.

Dentistry .-

6d. per Attenadnce, or 1/- for Treatment.

Free Medical Treatment will continue to be given in cases where parents cannot afford to pay for it.

During 1924 the payments made in accordance with Scale amounted to £19 4s. Without a careful enquiry into the circumstances of the relations of each patient, the process of charging is difficult and a careful enquiry would be more costly than the result would warrant. The arrangements will give better results probably as it becomes less new.

CLINICS.

The numbers attending in 1924 were as follows:-

Chi	ldren.	Attendances-
 250	(300)	2649 (2358)
 164	(241)	165 (245)
 126	(138)	126 (138)
 1	(5)	1 (5)
 855	(870)	2049 (2039)
 1756	(1723)	2253 (2188)
 47	(54)	165 (160)
 17	(21)	17 (21)
 52	(108)	101 (225)
3,268	(3460)	7,526 (7379)
	250 164 126 1 855 1756 47 17	164 (241) 126 (138) 1 (5) 855 (870) 1756 (1723) 47 (54) 17 (21) 52 (108)

The number in brackets are the totals for 1923.

The children at the Open-Air School are not examined at the Clinics. They have a regular monthly examination in each case at the School and oftener if necessary.

MINOR AILMENTS CLINIC.

Town Hall. MEDICAL OFFICER. The School Medical Officer when required. Daily at 9 a.m., except on Saturdays and Sundays.

Number of days Clinic was open		259
Total number of attendances	 	2649
Daily average attendance	 	10.2
Number of cases treated	 	250

AILMENTS.

	 		1
tis	 		6
	 		1
	 		46
	 		14
	 		17
	 		40
	 		55
	 		70
300.			
	 tis	tis	tis

This Clinic is gradually lessening in time and number the absences of children from School.

OPHTHALMIC CLINIC.

Town Hall. When required. Medical Officer: Mr. A. Hallide, F.R.C.S. During 1924, 9 Ophthalmic Clinics were held. There were 164 children examined, and of these, 70 were re-examinations. (In 1923, 241 children).

The new cases were as follows:—Error of Refraction, 60; Squint and defective Vision, 4; Squint only, 3; Other Defects, 11. Glasses not prescribed in 11 cases.

of those Re-examine	ed :		
Errors of Refraction	1	 	46
Squint and Defectiv	e Vision	 	17
Squint only		 	6
Other Defects		 	4
Glasses not prescrib	ed	 	2

In 15 cases the patients were not actually attending Elementary Schools, viz :—

Secondary School	 	 12
Day Continuation	 	 3

In 85 cases spectacles were prescribed for constant use, and in 44 cases for use when reading. In 13 cases no spectacles were necessary. In 19 cases there was no change,

in two cases treatment was prescribed. The remaining one case of defect was recommended for operation and is under the care of the Ophthalmic Hospital.

Provision of Spectacles:-

Provided free in 18 cases.

Provided on part payment in 1 case.

Repairs to spectacles:

Provided free in 7 cases.

NOSE AND THROAT CLINIC.

At the Ear, Nose and Throat Hospital Thursdays at 10 am. Medical Officers: Drs. Donnellan, MacQueen and McKechnie.

Number of Clinics held, 34.

Number of children attending, 126.

AGES OF CHILDREN.

		TAGES OF	CHILDDEN TOTAL	
Year	rs.		Years.	
	3	 _	10	 10
	4	 8	11	 1
	5	 24	12	 5
	6	 27	13	 12
	7	 10	14	 1
	8	 16		
	9	 12		126

The children operated on are kept in the Hospital for at least one night and are afterwards examined at their homes and at the Examination Clinic at the Town Hall.

Others-

Promised private	treatmen	ıt	 20
Refused treatmen	t		 32
Brought forward			 34
Left School			 7
Left Town			 3
Referred for obser	vation		 10

At the Leaf Hospital. Medical Attendant: Dr. A. H. CROUCHER.

Age 10, 1 case.

EXAMINATION CLINIC.

Town Hall. Tuesdays at 2 p.m. Medical Officer: Dr. E. H. B. Coghill.

The attendances of 855 children for 905 ailments amounted to 2,049.

The defects for which the children attended were as follows:—

Nose and Throat Affection	ns	178
Scabies		13
Errors of Refraction		85
Anæmia		64
Impetigo		50
Defects of Heart and Circ	ulation	2
Ear Diseases		28
Incontinence		7
Skin Diseases		66
Dental Diseases		21
Enlarged Glands		10
Septic Sores		36
External Eye Disease		27
Injuries		34
Other Ailments		231
Bronchal Catarrh		18
Debility		23
Spinal Curvature		12
		905

Figures for 1923, 870 children with 979 ailments, attendances, 2.039.

DENTAL CLINIC.

Town Hall. Tuesdays and Thursdays at 10 a.m. Dentist: Mr. A. H. PICKETT.

Number of Sessions, 100. Number of Attendances, 2253. Average, 22.5. Number of Children, 1756.

Age.	First Cases	Re- examina- tions.	Totals.	Teeth good.	Child refused treatment (re-exam.)	No treat- ment.
3	3	_	3	_	-	_
4	26	_	26	_	-	_
5	18	4	22	-	-	_
6	105	14	119	6	1	4
7	63	82	145	13	1	1
8	31	240	271	40	5	6
9	4	158	162	33	1	4
10	20	220	240	55	2	2
11	10	171	181	43	1	2
12	16	204	220	85	1	1
13	33	184	217	79	7	-
14	7	116	123	64	3	-
15	2	20	22	10	1	1
16	1	4	5	3	_	-
Totals	339	1417	1756	431	23	21

CASES INVITED TO ATTEND DENTAL CLINIC 1924 AND NOT ATTENDING—PRIMARY CASES.

Age.	No reply.	Promised private treatment	Left Town.	Failed to attend.	Totals.
5	_	_	_	1	1
6	39	22	4	2	67
7	26	33	1	7	67
8	1	5	3	30	39
9	_	_	_	4	4
10	_	-	_	2	2
11	_	1	_	-	1
12	26	27	3	2	58
13	13	20	3	19	55
14	_	_	_	10	10
15	_	_	_	_	_
16	_	-	_	-	-
Totals	105	108	14	77	304

6-year old children were inspected from 11 Schools.

Number inspected, 304.

Number with good teeth, 36.

12-year old children were inspected from 12 Schools.

Number inspected, 457.

Number with good teeth, 162.

Cases for Re-examination.
Attended 1923—Not Attended 1924.

Age.	Reason Un- known	Left Town.	Left School.	Promised private treatment	Parent refused treatment	Totals.
5	8	1	_	_	1	10
6	5	2	_	2	_	9
7	16	4	1	5	1	27
8	64	3	-	1		68
9	55	. 7	1	4	1	68
10	41	6	-	1	-	48
11	54	5	1	4	2	66
12	53	5	1	14	2	75
13	125	3	1	24	2	155
14	8	4	92	1	-	105
15	2	2	98	2	-	104
16	-	-	25	-	-	25
Totals	431	42	220	58	9	760

TUBERCULOSIS AND MALNUTRITION CLINIC.

Town Hall. Thursday, 2.30 p.m. Medical Officer: Dr. E. H. B. Coghill.

Attendances, 165 of 47 children. (In 1923, 54 children). Old cases, 27.

New Cases, 20.

At this Clinic, Tuberculosis Contacts and Malnutrition Cases are examined.

Of the children examined, 14 were suffering from Pulmonary Tuberculosis or Consumption, and 7 had Tuberculosis elsewhere, as follows:—glands, 2; hip, 1 abdomen, 2; ears, 1; ankle, 1.

RINGWORM CLINIC.

X-Ray Medical Officer: Dr. S. P. NORMAN.

Cases of Ringworm are seen at the Tuesday and Thursday Clinics at the Town Hall by Dr. Coghill.

Where parents consent, cases of Ringworm of the head receive X-Ray treatment at a private Clinic in Eastbourne.

Number of cases at beginning of 1924:—3 cases in 3 families, 1 boy and 2 girls.

Cured during the year, 19 cases, 15 boys and 4 girls.

Fresh cases during year, 20 cases in 15 families, 15 boys and 5 girls.

Cases at end of the year, 3 cases in 3 families, 1 boy and 2 girls.

Cases receiving X-Ray treatment during the year, 17.

The following additional case was sent for X-Ray treatment:—1 infant.

Average length of absence in X-Ray cases, 10.2 weeks; average length of absence in other cases, 3 months. The long average absence in X-Ray cases is due to two cases of very troublesome Eczema and Impetigo. Also one case refused X-Ray treatment for 8 months and then consented Apart from these, about six weeks is the average time of absence.

REPORT ON RINGWORM CASES TREATED BY X-RAY IN 1924.

During the year, 17 cases were treated for Ringworm by X-Ray. The average length of exclusion from school following the treatment has been 10.23 weeks. This average has been taken over 13 cases. In 4 cases the exclusion was unavoidably prolonged for other defects apart from Ringworm.

The average exclusion taken over 12 cases was 8.2 weeks but unfortunately the thirteenth particularly obstinate case increased the average to 10.23 weeks. Eczema and dermatitis followed the treatment and epilation was unsatisfactory. A second partial application was found necessary, but owing to the eczema and dermatitis this

second application had to be postponed for a considerable time. Other methods tried during the waiting period proved ineffective.

EAR DISEASES.

Town Hall. Monthly as required. Medical Officer: Dr. J. N. Donnellan.

The Clinic was commenced in April, 1920, for specially difficult cases.

Ten Sessions were held during the year. There were 101 attendances of 52 children. (1923, 225 attendances of 108 children).

Ear discharge is the common trouble at this Clinic and 38 cases were under treatment during the year. Four of these dated from 1920, 5 from 1921, and 4 from 1922. There were 14 new cases. Where the children attended regularly for treatment markedly beneficial results were obtained.

The ages of the children attending were as follows:-

Years.		Years.	
3	 1	11	 4
4	 _	12	 6
5	 3	13	 6
6	 1	14	 3
7	 4	15	 _
8	 9		-
9	 4		52
10	 11		_

Eight cases were referred for operation, 43 for Clinical treatment, and 1 required no treatment.

Ordinary Ear cases are seen at the Minor Ailments and Examination Clinics.

MASSAGE AND ELECTRICAL CLINIC.

The Board of Education declined to sanction financial assistance to the Voluntary Orthopædic Clinic established in Eastbourne under the management of Miss Mackern.

The Clinic is carrying on excellent work and fortunately will continue to do so in the interests of the children, not-withstanding the lack of assistance.

I submit a Table of work done at the Massage, etc. Clinic on the Royal Parade, and many thanks are due to Miss Mackern and to the ladies who assist her. Miss Buck kindly carries out similar work gratuitously for the children at the Open Air School.

It is hoped that a permanent Orthopædic scheme incorporating these agencies may be devised. Miss Mackern submits the following table as to the work done.

Compleint				Under So	
Complaint.	3	Boys.	GITIS.	Boys.	Girls.
Spinal Curvature		4	7	-	-
Talipes		4	-	1	=
Post Infantile Paralysis		1	2	_	-
Rickets		-	-	1	1
Flat Foot			1	-	-
Poor Chest development		1	1	-	-
Spastic Paraplegia		1	_	-	_
Asthma		1	_		-
Chronic Bronchitis		2	-	-	-
Nerve Injury		1	-	-	-
After treatment for Fractur	е	4	1	_	_
Congen. Dislocation Hip		1	-	-	-
		_	_	-	-
Total		20	12	2	1
		_	_	7	_

UNCLEANLINESS AND SCABIES.

There is a special attendant for bathing the children, under the direction of the Superintendent Nurse. There were no attendances for special baths for scabies during 1924.

The reduction of uncleanliness and verminous conditions in the Schools is marked in recent years.

TREATMENT OF UNCLEANLINESS.

The School Nurses periodically visit each School to

examine children as regards cleanliness, the average number of visits to each School for the year being 26.9 the total number of examinations being 24,980.

Four hundred and thirty-six children were found to be unclean, and the usual procedure is to serve a cleansing notice on the parents. Where this is found to be ineffective, the children are sent to the Cleansing Station at Seaside Baths and cleansed, the number so dealt with during the year being 46.

The Cleansing Station is a bath room used for no other purpose, and attached to the Public Baths. It has a bath, a disinfecting apparatus for clothes, and arrangements for making light refreshments, such as cocoa. While the child is having its bath, the clothes can be disinfected and dried. The Local Authority employs an attendant who bathes the children under the supervision of the chief nurse, and payment is made at the rate of sixpence per child. The Cleansing Station is used for others besides Elementary School children.

LEGAL PROCEEDINGS.

No legal proceedings were necessary and the number of parents refusing Medical Aid for the children was very small indeed. Some had to be specially looked up and even cautioned.

BACKWARDNESS AND MENTAL DEFECT.

Medical Officers: Drs. Whlloughby and Coghill.

MENTAL DEFICIENCY.

Twenty-eight children were specially examined, viz., 19 boys and 9 girls, 21 were found suitable for the Special School, 3 have been sent to a private school, and 4 are being kept under observation.

The figures for the Special School in Whitley Road are as follows:—

During 1924, 12 boys and 8 girls were admitted; 10 boys and 11 girls left.

The numbers on the books at the end of the year were:—boys, 43; girls, 31; total, 74.

The causes of leaving of the	e boys	were as	follows :-
To go to work			1
16 years of age			2
Residential School			3
Transferred to ordinary	School		1
Transferred to private S	chool		2
Left neighbourhood			1
The causes of the leaving of th	e girls w	vere as fo	ollows :—
To go to work			3
Residential School			3
Excluded for ill-health			1
Left neighbourhood			3

I submitted in my report for 1921 an account by Miss March as to the after-care of children who have left the School.

16 years of age

The after-care Committee was formed in 1910, and its members kept in close touch with the children, not only while they were at School, but also when they left, and visited them in their homes. The Committee also helped to find suitable situations for the children.

This Committee, replaced in 1914 by a Voluntary Association, was successfully re-formed in 1922 as a more useful aid to ex-scholars of the School.

One of the immediate results was the formation of a Social Club for old pupils. The continued satisfactory results of the special teaching and personal influence of Miss March are obvious.

OPEN-AIR SCHOOL.

The Open-Air School formed by the necessary alterations of Army Huts and opened on 7th June, 1920, was again most useful. During 1923 the number allowed to be on the books was increased, and the School is now certified for 75

pupils. The Head Mistress, Miss E. G. Martin, and her assistants have been most successful and the children who have had the opportunity of attending there have done well.

The figures for 1924 have been as follows:-

On books at commencement	Boys.	Girls.	Total.
of year	33	31	64
Admitted during the year	37	13	50
*Attending at the end of year	48	28	76

Note.—*Of these 9 boys and 13 girls will not rejoin the School at the commencement of 1925.

I submit a report by Dr. Coghill on this School during 1924.

Cases of malnutrition, anæmia and debility found during Medical Inspection at the Elementary Schools, together with any presenting themselves for treatment at the School Clinics, are placed on a waiting list and are transferred to the Open Air School as vacancies occur.

The treatment is much appreciated both by the children and by the parents, the latter pay 4d. per day per child for dinners, but in addition those children found requiring it, receive Virol or Cod Liver Oil and Malt, and milk and tonics when necessary. During the Winter months all the children are given hot cocoa on arrival at School. Every child is given a medical examination at the School each month and when thought advisable, the routine diet or work may be slightly altered for the individual child.

The reasons for admission were as follows:-

reasons for admission were	as	TOHOWS .	
		Boys.	Girls.
Anæmia and Malnutrition		16	4
Anæmia (only)		14	6
Malnutrition (only)		3	1
Debility		4	-
Enlarged cervical Glands		-	1
Spinal Curvature		1	-
Outgrowing Strength		-	1
Post Chorea		-	1
Synovitis (non Tubercular)		1	-
Facial Paralysis (Traumatic	:)	1	-
Arrested Tuberculosis—Spin	ne	1	-

Admitted at parent's request, but not suffering from any of the above diseases, 2 girls.

Miss Buck, Solsana, Summerdown Road, has very kindly undertaken massage and electrical treatment for children sent to her from the Old Town district, for Spinal curvature and other deformities; quite a small charge is made to the parents for this treatment and in necessitous cases, Miss Buck very kindly undertakes the work free if necessary. One case of Spinal curvature from the Open Air School has been treated by her. Remedial exercises under medical advice have been given at the School by Capt. Stainsfield

The average length of attendance at the Open Air School has been 16 months. One girl now in attendance has been at the School since its commencement (1920).

Minor ailments are all treated at the School.

The results at the end of the stay of the children discharged in 1924, have been:—

		Boys.	Girls.
Cured		19	21
Improved		7	5
Discharged for refusin	g treat-		
ment suggested		2	1
Left for other treatme	nt	3	2

All the children are obliged to rest on stretchers for 1³ hours after their dinner, 1–2.45. This is frequently objected to by the children when they first come to the School, but it is a very essential part of the treatment and is markedly beneficial. Several parents have told me how the children appear to miss their rest in the holiday seasons and have thus accounted for weight lost during the holiday.

This year a bath is to be installed, and I feel this is going to be of the very greatest possible benefit to the children.

H. E. COGHILL.

PHYSICAL TRAINING.

The Supervisor of Physical Training, appointed in 1923, is carrying out work that is most useful from a

Health point of view. An increasing number of teachers can now efficiently partake in the work.

PROVISION OF MEALS.

A certain amount of provision of meals, nearly independent of rate-aid, has been made as follows:—

- (a) At the Special School for backward children.
- (b) At the Open-Air School.

(a) SPECIAL SCHOOL.

At the Special School the children are provided with the mid-day meal. In addition to these children, a certain number of those attending other Schools and suffering from malnutrition were also given a mid-day meal at the Special School.

The report has been kept by the Head Mistress. I submit her figures from 1st. Jan., 1924, to 31st Dec., 1924.

The number of dinners provided for the School children was 7,419; for children suffering from malnutrition and not belonging to the School, 708; a total of 8,127.

The average cost per meal for these meals was $2\frac{3}{4}$ d. The total cost was as follows:— f s. d.

Cash				 87	1	$5\frac{1}{2}$
Value of	vegeta	bles from	n garden	 4	2	11
Value of	gifts in	n kind		 6	1	1

£97 5 $5\frac{1}{2}$

Of the money received during this period, £69 1s. 9\fmathbb{4}d. was paid by the parents and guardians of the children, and £8 11s. 6d. was obtained from the Mayor's Poor Fund. The balance was obtained by sale of Food to Staff.

The number of children receiving free meals was 3. Number of free dinners, 519.

(b) OPEN-AIR SCHOOL.

Every child at this School receives a substantial dinner daily at a charge of 4d. The number of meals served during 1924 was 15,460.

The cost worked out at 4.4d. per meal.

In a few cases children whose parents could not afford the 4d. received free meals. All children also received cocoa during the Winter, and 40 received milk during the Summer.

The following are the accounts for the year: -

	-	£	S.	d.
Stock in Hand, 1st January		6	11	1
Purchases		284	1	2
		290	12	3
Stock in Hand, 31st December		5	6	0
Amount expended during 1924		285	6	3
Received in fees		245	6	5
Balance of cost to Educati		****		
Authority		£39	19	10

SCHOOL CAMP.

Though limited in numbers, the School Camp arranged by Mr. D. R. Gent for boys of St. Philip's Central School, from June 28th to July 5th, at Firle Park, was a great success. The extension of such an enterprise would be very good for the boys.

SCHOOL BATHS.

There are no baths provided at the Schools. In connection with verminous conditions and scabies, special baths are provided free. There are Public Baths at each end of the Borough provided by the Corporation, and these have been much used by School children during the year. The new houses erected by the Corporation are all provided with baths.

SWIMMING BATH.

The municipal swimming bath has been extensively used by Elementary School children during the year.

Swimming certificates, provided by Mr. Alderman Hollins, are annually awarded to Elementary School children who, having learned to swim during the year, swim the length of the bath from the deep end. 141 of these certificates were awarded in 1924, 70 to boys and 71 to girls.

With the kind assistance of the Swimming Club, who presented also various prizes, an Annual Gala for Elementary School children is held. The Education Committee give prizes.

The purchase of the Devonshire Park Baths will give additional facilities for swimming, the Old Town Bath being so fully occupied.

The number of children who used the municipal swimming bath in 1924 was 6,804 boys, 4,917 girls, total 11,721. These were not exclusively Elementary School children.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS & VOLUNTARY BODIES.

The attendance of parents at the medical inspections reached a percentage of 48.4 during 1924. At the Clinics parents nearly always attend.

The teachers take a kind interest in the work in spite of the occasional interruption of the course of duties, and their help is most valuable.

Communication and mutual assistance is constant between the Medical Staff and the School Attendance Department.

FREE CONVEYANCE.

Many of the Children of the Whitley Road Special School and of the Open Air School are conveyed to and from School by 'bus. Certain of the children of St. Mary's School are also conveyed similarly. Owing to the new Central School arrangements, many other children have to be conveyed to and from School. A few children have had to be certified as not medically fit for long journeys to School.

TABLE I.

(A) ROUTINE MEDICAL INSPECTIONS.

Number of Code Group	Inspect	ions—			
Entrants					 518
Intermediates					 500
Leavers					 555
Total					 1573
Number of other Rout	ine Inspe	ections			 162*
(в) OTHE	R INSP	ECTION	S.	
Number of Special Ins	pections				 2403
Number of Re-inspect	ions				 6064
Total					 8467

^{*} Children not of group ages but examined on transference from other Schools and Special School children.

TABLE II.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1924.

Malnutrition Uncleanliness—Head. Body (See Table IV., Group V.) Skin— Ringworm—Head Body Scabies Impetigo Other Diseases (Non-Tubercular) Eye— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions Enlarged Cervical Glands (Non-Tubercular) Enlarged Cervical Glands Enlarged Toestles Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional		tions. Defects.	Inspec No. of	
UNCLEANLINESS—Head. Body. (See Table IV., Group V.) SKIN— Ringworm—Head Body. Scabies Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Enlarged Tonsils and Diseases HEART AND CIRCULATION— Heart Disease—Organic Functional	No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No, to be kept under
SKIN— Ringworm—Head Body Scabies Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose AND Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) DEFECTIVE SPEECH TEETH—Dental Diseases HEART AND CIRCULATION— Heart Disease—Organic Functional	34	35	40	19
(See Table IV., Group V.) SKIN— Ringworm—Head Body Scabies Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose AND Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Tubercular Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	-	-	-	-
Ringworm—Head Body Scabies Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional		-	-	-
Ringworm—Head Body Scabies Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Tubercular Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional				
Body Scabies Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose AND Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart AND CIRCULATION— Heart Disease—Organic Functional			00	
Scabies Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	1		22 16	
Impetigo Other Diseases (Non-Tubercular) EYE— Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	1		13	
Other Diseases (Non-Tubercular) EYE— Blepharitis	5		88	
Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	1	6	_	4
Blepharitis Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	-			
Conjunctivitis Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	4	13	14	8
Keratitis Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	1	_	21	-
Corneal Ulcer Corneal Opacities Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions Enlarged Cervical Glands (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional		-	_	-
Defective Vision Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	_	_	_	-
Squint Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (Non-Tubercular) Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	1	2		
Other Conditions EAR— Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions Enlarged Cervical Glands (Non-Tubercular) Defective Speech Teeth—Dental Diseases Heart and Circulation— Heart Disease—Organic Functional	50	47	104	123
Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (NON-TUBERCULAR) DEFECTIVE SPEECH TEETH—Dental Diseases HEART AND CIRCULATION— Heart Disease—Organic Functional	5	16	11	9
Defective Hearing Otitis Media Other Ear Diseases Nose and Throat— Enlarged Tonsils Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (NON-TUBERCULAR) DEFECTIVE SPEECH TEETH—Dental Diseases HEART AND CIRCULATION— Heart Disease—Organic Functional	3	2	7	2
Otitis Media Other Ear Diseases	-	90	44	9
Other Ear Diseases	5	29	6	3
Nose and Throat— Enlarged Tonsils	5 8	9	43	2
Enlarged Tonsils	0	9	40	-
Adenoids Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (NON-TUBERCULAR) DEFECTIVE SPEECH TEETH—Dental Diseases HEART AND CIRCULATION— Heart Disease—Organic Functional	56	482	58	258
Enlarged Tonsils and Adenoids Other Conditions ENLARGED CERVICAL GLANDS (NON-TUBERCULAR) DEFECTIVE SPEECH TEETH—Dental Diseases HEART AND CIRCULATION— Heart Disease—Organic Functional	1	10	4	_
Other Conditions	15	9	96	2 2
ENLARGED CERVICAL GLANDS (NON-TUBERCULAR)	_	3	1	2
TUBERCULAR)				
DEFECTIVE SPEECH TEETH—Dental Diseases HEART AND CIRCULATION— Heart Disease—Organic Functional	3	371	4	102
Heart Disease—Organic Functional	_	24		7
Heart Disease—Organic	86	-	52	1
Functional		07		20
	-	37	-	30 13
A CONTRACTOR OF THE CONTRACTOR	39	50 47	120	41
Anæmia	39	47	120	41
Lungs—	7000	1	_	_
Bronchitis Other Non-Tubercular Diseases	7	25	38	25

41
RETURN OF DEFECTS.—Continued.

		Inspe	tine ctions. Defects.	Inspector No of	cial ctions. Defects.
Defect or Disease.		No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No. to be kept under observation.
TUBERCULOSIS—					
Pulmonary—Definite .		-	6	-	14
Suspected .		-	-	-	1
Non-Pulmonary—Glands .		-	-	1	1
Spine .		-	-	-	-
Hip .	,	-	1	1	1
Other bo					
joints		-	-	-	1
Skin .		-	-	-	-
Other For	ms		-	1	1
NERVOUS SYSTEM-					1
Epilepsy		-	2		4
Chorea		-	-	4	1
Other conditions		-	-	-	-
Deformities—			10	the same of	
Rickets		10	13	10	-
Spinal Curvature		19	17	18 12	5 7
Other Forms		3 14	9 31	246	55
OTHER DEFECTS AND DISEASES		14	31	246	55

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

	Number of Children.		Percentage		
Group.	Inspected.	Found to require treatment.	of Children Found to require treatment.		
Code Groups—					
Entrants	518	101	19.5%		
Intermediates	500	92	18.4%		
Leavers	555	100	18.0%		
Total (Code Groups)	1573	293	18.6%		
Other Routine Inspections	162	28	.17.3%		

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

	Boys.	Girls.	Total.
BLIND (including partially blind). Suitable for training in a School or Class for the totally blind— Attending Certified Schools or Classes for the Blind	1111		_ _ _ _ 1*
partially blind— Attending Certified Schools or Classes for the Blind	_ 	=======================================	2 _ _
Deaf (including deaf and dumb and partially dumb). Suitable for training in a School or Class for the totally deaf or deaf and dumb— Attending Certified Schools or Classes for the Deaf	1	1111 1111	1 - 1 - 1
MENTALLY DEFECTIVE. Feeble Minded (cases not notifiable to the Local Control Authority)— Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions At no School or Institution Notified to the Local Control Authority during the year— Feeble Minded	45 — 1	31	76
Imbeciles		-	=

RETURN OF EXCEPTIONAL CHILDREN—Continued.

	Boys.	Girls.	Total.
EPILEPTICS. Suffering from severe Epilepsy— Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Schools Attending Public Elementary Schools At no School or Institution Suffering from Epilepsy which is not severe— Attending Public Elementary Schools At no School of Institution At no School of Institution The severe is a severe in the severe in the severe is a severe in the severe in th	1 2 - 7		1 2 — 12 —
Physically Defective. Infectious Pulmonary and Glandular Tuber- culosis— At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	=	1 1	1 1
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	10	9 -	
Malnutrition, Debility, Anaemia, etc.— At Certified Residential Open-Air Schools At Certified Day Open-Air Schools At Public Elementary Schools At other Institutions At no School or Institution Active Non-Pulmonary Tuberculosis—	48	28 — —	76 —
At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board At Public Elementary Schools At other Institutions At no School or Institution Crippled children (other than those with active Tuberculosis Disease), e.g., children suffer-		$\frac{-4}{2}$	$-\frac{6}{2}$
ing from Paralysis, etc., and including those with severe Heart Disease— At Certified Hospital Schools	=	- - 5 - 3	- - 18 - 4

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1924.

TREATMENT TABLE. GROUP I.—MINOR AILMENTS.

Disease or Defect	Disease or Defect.			Number of Defects treated of under treatment during the year.			
Disease of Defect	•		Under the Authority's Scheme.	Otherwise.	Total.		
Skin—							
Ringworm—Scalp			22	_	22		
Body			17		17		
Scabies			13	_	13		
Impetigo			93		93		
Other Skin Disease			1	_	1		
Minor Eye Defects (exte							
other, but excluding							
falling in Group II.)			35	2	37		
Minor Ear Defects			77	5 5	82		
Miscellaneous			212	5	217		
Total			470	12	482		

GROUP II.—DEFECTIVE VISION AND SQUINT.

	Nı	imber of Defects dealt	with.	
Defect or Disease.	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) Other Defect or Disease of the Eyes	162	4	_	166
Total	162	4	_	166

Total number of childre				prescribed—
(a) Under the (b) Otherwise		Scheme	**	129
Total number of childre		ined or re	100	spectacles—
(a) Under the	Authority's			128
(b) Otherwise	**			3

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Deseites	d On another Tra			
Receive	d Operative Tre	atment.		
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Author- ity's Scheme.	Total.	Received other forms of treatment.	Total number treated.
126	3	129	12	141

GROUP IV.—DENTAL DEFECTS.

1	Number	of chil	dren	who	Were-
	Number	OI CHI	шен	WHO	were

1.	Number of child	itell will	, were-				
	(a) Inspecte	d by the	e Dentis	st—			
	Aged	_					
		5					4
		6					119
	Sc.	7					181
	Routine Age Groups.	8					240
	rico	9					158:
	0	10					220
	90 {	11					171
	A	12		**			382
	ne	13					217
	ıti	14					116 20
	102	15					4
	H	16					*
		Total					1832
	Speci						122
	-						
		Grand	l Total				1954
	(b) Found t	o requir	e treatr	nent			1304
	(c) Actually	treated	1				1281
	(d) Re-treat	ted dur	ing the	vear as	the result	of	
		dical ex					942
2.	Half-days devo	ted to—					
	Inspection						4
	Treatment						100
	Tota	1					104
	100		**				
3,	Attendances m	ade by	children	for treat	ment		2253

4.	Fillings—						
	Permanent Teeth					144	
	Temporary Teeth					133	
	Total					277	
5.	Extractions—						
	Permanent Teeth					372	
	Temporary Teeth	**				1267	
	Total					1639	
6.	Administrations of gene	eral ana	esthetics	for ext	ractions	381	
7.	Other operations—						
,	Permanent Teeth				11 + 4	rcgulat	ions.
	Temporary Teeth				12		
	Total				27 —		
	GROUP V.—UNC		LINESS		VERMIN	ious	
(1)	A						
(1)	Average number of vi by the School Nurses	sits per	School	made d	uring the	e year	26.9
(2)	Total number of exam School Nurses		s of child				24980
(3)	Number of individual	children	n found u	ınclean			436
(4)	Number of children cle Local Education Aut			ingemei	nts made	by the	46
(5)	Number of cases in wh	nich lega	al procee	dings w	ere taker	1-	
	(a) Under the Ed	lucation	Act, 19	21			-
	(b) Under School	Attend	lance By	e-laws			_

Municipal Secondary

AND

Continuation School Reports.

MUNICIPAL SECONDARY SCHOOLS.

There are two Municipal Secondary Schools:

- (a) Boys.-Number on books at end of year, 302.
- (b) Girls.—Seniors, number on books at end of year, 277.

Young children.—Boys, 19; Girls, 20; Total, 618. The premises are in each case satisfactory.

MEDICAL INSPECTION OF CHILDREN.

This commenced on 18th June, 1920, in the case of the boys, and on 1st June, 1920, in the case of the girls. All children are inspected annually, except a few who leave before examination in any year. The Staff for Medical Inspection, etc., is the same as in the case of the Elementary Schools, with the addition of Dr. T. Turner, as Inspecting Medical Officer for boys.

The arrangements for inspection are similar to those in the case of Elementary Schools.

The schedule used is that suggested by the Board of Education, and differs somewhat from that in use in Elementary Schools.

Re-examinations and following up are carried out as in the case of Elementary Schools.

The results of inspection are set forth in the Tables appended. It will be noticed that the outstanding unsatisfactory items during 1924, as at previous inspections, were:—

- 1. Defects of the eyes, and especially abnormal vision.
- 2. Enlarged tonsils and adenoids.
- 3. Enlarged cervical glands.
- 4. Anæmia.
- 5. Deformities.

In the Table summarising these it will be noted that for the most part, especially in the case of deformities, the defects were not sufficient to require actual medical treatment, but rather observation.

The conditions named are not acquired at the Secondary Schools, but are the result of a gradual ill health in earlier years as a rule, hence importance of the early work in connection with pre-school age.

The defects mentioned were often multiple in the same child. Of the 621 children inspected, 105 individual children were referred for treatment, *i.e.*, 16.99, of the total. The appended Tables show the defects in detail.

Mr. C. J. Blackburn and Miss C. Adams have kindly given us much assistance in the work.

There were 4 refusals on the part of parents to allow inspection.

Parents were present in 28.1% of the inspections.

MEDICAL TREATMENT.

The children at the Secondary Schools are for the most part in a better position financially than those in the Elementary Schools. The Authority accordingly resolved that only those children promoted by scholarship from Elementary Schools should automatically be treated at the School Clinics, together with those whose parents were able to show they could not afford ordinary medical attention. Accordingly the parents were specially called upon to give the necessary attention, with the results shown in the Tables.

Thirty-five children were treated in the Authority's Clinics.

TABLE I.

	7				
(A) ROU	TINE M	EDICAL	INSPE	CTIONS.	
Number of Code Group	Inspec	tions-			
Entrants					 32
Intermediates			* *		 36-
Leavers			**		 394
Total					 462
Number of other Rout	ine Insp	ections			 159
(B	OTHE	R INSPI	ECTIONS	S.	
Number of Special Ins	pections				 22
Number of Re-inspecti	ons				 420
Total					 442

TABLE II.

(A) RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION, 1924.

		tine	Spe	cial
Defect or Disease.	No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No. to be kept under observation.
MALNUTRITION	3	9	_	5
Uncleanliness—Head	-	-	_	-
Body	-	-	-	-
Skin-				
Ringworm—Head	-	-	-	-
Body	-	-	-	-
Scabies	-	-	-	-
Impetigo		_	-	-
Other Diseases (non-tubercular)	1	1	-	1
Eye—		-		
Blepharitis	-	5	1	2
Conjunctivitis	-	-	_	_
Keratitis	-	-	-	_
Corneal Ulcer				
Corneal Opacities		0.5	1	20
Defective Vision	27	25	1	30
Squint	The state of the s	1	_	4
Other Conditions	1		_	
EAR-	-	1		0
Defective Hearing	1	1	-	2
Otitis Media	-	_	-	-
Other Ear Diseases	1	2	-	
Nose and Throat—	0	50		90
Enlarged Tonsils	3	56	4	38
Adenoids		1 4	1	2
Enlarged Tonsils and Adenoids	0	4	1	
Other Conditions	1			
ENLARGED CERVICAL GLANDS (NON-		75		23
TUBERCULAR)	1	2		20
DEFECTIVE SPEECH	35	-	10	1
TEETH—Dental Diseases	00		10	
HEART AND CIRCULATION—		4		1
Heart Disease—Organic Functional		9		3
	9	12	4	8
	0	1.0		0
Lungs— Bronchitis				_
	0	3	4	4
Other Non-Tubercular Diseases	2	0		

RETURN OF DEFECTS.—Continued.

			1		itine ctions.		ecial etions.
Defect or Dis	ease.		No. referred	for Treatment.	No. to be kept under observation.	No. referred for Treatment	No, to be kept under observation,
Tuberculosis—			1				
Pulmonary—Definit	e .			_	1		1
Suspec				_	_		_
Non-Pulmonary—G	lands .			_	-		-
	oine .			_	-		-
H	-			_		-	-
0	ther bor	nes an	d				19
	joints .			_	_	_	-
	kin .			_	-	-	-
	ther For	ms .		-		-	-
NERVOUS SYSTEM—						-	
Epilepsy				-	-		-
Chorea				-	-	-	
Other Conditions				_	_	-	-
DEFORMITIES-						- 3	
Rickets				_	_	-	-
Spinal Curvature				12	18	4	3
Other Forms				7 5	7	1	5 5
OTHER DEFECTS AND D	ISEASES			0	15	1	0

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT.

	Number o	Number of Children.			
Group.	Inspected.	Found to require treatment.	of Children found to require treatment.		
All Ages	. 621	105	16.9%		

TREATMENT TABLE.

Minor Ailments.

Disease or Defec	·+	Number of Defects treated or under treatment during the year.			
Disease of Delec			Under the Authority's Scheme.	Otherwise.	Total.
Skin— Ringworm—Scalp			_	_	_
Body			-	-	-
Scabies			-	-	-
Impetigo			_	-	_
Other Skin Disease			_	2	2
Minor Eye Defects			2	1	3
Minor Ear Defects			2	1	3
Miscellaneous			1	-	1
Total			5	4	9

Defective Vision.

	Under the Authority's Scheme.	Privately.	Total.
Errors of Refraction—Other Defect or Disease	12	8	20

Defects of Nose and Throat.

Under the Authority's Scheme.	Privately.	Total.
1	6	7

Dental.

Under the Authority's Scheme.	Privately.	Total.
10	20 *	30

DENTAL CLINIC, 1924.

Age.	First Cases.	Re- examina- tions.	Totals.	Teeth good.	Child refused treatment (re-exam.)
4	_		-	_	
5	_	_	_	_	_
6	_	_	_	_	-
7	1	_	1	_	-
8	_	2	2	_	_
9	_	_	_	_	
10	_	2	2	_	_
11	_	_	_	_	_
12	4	7	11	1	_
13	1	11	12	6	_
14	_	9	9	3	_
15	1	7	8	2	_
16		3	3	1	_
17	_	3	3	1	_
Totals	7	44	51	14	-

Cases for Re-examination. Attended 1923—Not Attended 1924.

Age.	Reason Un- known.	Left Town.	Left School.	Promised private treatment.	Parent refused treatment.	Totals.
5	-		-	-	_	-
6	-	-	_	_	-	_
7	-	-	-	_	-	-
8	_		-	-	-	-
9	-	-	-	-	-	-
10	1	-		-	_	1
11	3	-	-	-	-	3
12	7	-	_	-	-	7
13	2	_	_	-	-	2
14	1	_	_	-	-	1
15	-	-	3	_	-	3
16	1	_	7	1	-	9
17	-	-	6	-	_	6
Totals	15	_	16	1	_	32

MUNICIPAL DAY CONTINUATION SCHOOL.

The Voluntary Continuation School for Boys and Girls beyond School age, under the Education Act, 1918, was opened on 22nd September, 1919, at the Technical Institute.

The arrangements made for medical inspection were as follows:—Dr. T. Turner was appointed to examine the boys, and Dr. E. H. B. Coghill to examine the girls.

Sixty children were medically examined in 1924, seven girls and five boys refused examination, and eight girls and eleven boys left school before inspection. Parents were invited to be present, and 6 attended. The schedule of inspection was the same as that for the Secondary Schools and as set forth by the Board of Education.

Table II. shows the result of the medical inspection as regards discovery of defects. The percentage of defects is rather higher than in the Elementary and Secondary Schools.

Twenty-seven children, or 45% had defects necessitating treatment or observation, 21.6% requiring actual treatment.

The arrangements as regards treatment are the same as in the case of the Secondary Schools. Where it is clear that the means of the parents are such that the child cannot receive proper attention and treatment the Elementary School Clinics are available, but the rule is to call the parents' attention to the defects and to trust to their seeing that the treatment is carried out. The cases are followed up to see what steps the parents take.

TABLE I.—NUMBER OF CHILDREN INSPECTED, 1st January, 1924, to 31st December, 1924.

(A) ROUTINE MEDICAL INSPECTION.

Age—	14	15	16	17	Total.	Grand Total.
Boys	19	7	2	2	30	30
Girls	18	8	2	2	30	30
Totals	37	15	4	4	60	60

(B) SPECIAL INSPECTIONS.

		Special Cases.	Re-examinations (i.e., No. of Children re-examined).
Boys		 1	8
Girls		 2	14
Tot	al	 3	22

(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).

Number	of Individual Children Inspected.
-	60

TABLE II.

(a) RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1924.

Routine Inspections.			,
MALNUTRITION 1 1 — <t< td=""><td></td><td></td><td></td></t<>			
Uncleanliness—Head	Defect or Disease.	No. referred for Treatment. No. to be kept under observation.	No. referred for Treatment. No. to be kept under observation.
Uncleanliness—Head	MALNUTRITION	1 1	
Body			
Skin— Ringworm—Head Body Scabies Impetigo Cother Diseases (non-tubercular) Defective Vision Corneal Opacities Corneal Opacities Cother Conditions Cother Ear Diseases Cother Ear Diseases Cother Ear Diseases Cother Conditions Cother Conditions Cother Conditions Cother Conditions Cother Conditions Cother Conditions Cother Ear Diseases Cother Conditions Cother Conditions			_ _
Ringworm—Head			
Scabies			
Scabies	Body		
Impetigo			
Other Diseases (non-tubercular) — 1 — <t< td=""><td></td><td></td><td></td></t<>			
Blepharitis	Other Diseases (non-tubercular)	- 1	_ _
Conjunctivitis			
Conjunctivitis	Blepharitis		
Keratitis			
Corneal Ulcer			
Corneal Opacities			
Defective Vision			
Squint <t< td=""><td></td><td>6 2</td><td></td></t<>		6 2	
Other Conditions — 1 — — EAR— — — — — — Defective Hearing — — — — — Other Section — — — — — Other Ear Diseases — — — — — Enlarged Tonsils — — — — — Enlarged Tonsils and Adenoids — — — — Other Conditions — — — — — Enlarged Tonsils and Adenoids — — — — — Enlarged Tonsils and Adenoids — — — — — Enlarged Tonsils and Adenoids — — — — — Enlarged Tonsils and Adenoids — — — — — Tuber Conditions — — — — — — — Enlarged Tonsils and Adenoids (Non- — — — — — — — —	8		
EAR— Defective Hearing </td <td></td> <td>- 1</td> <td>_ _</td>		- 1	_ _
Otitis Media — <t< td=""><td></td><td></td><td></td></t<>			
Otitis Media — <t< td=""><td></td><td>_ 4</td><td></td></t<>		_ 4	
Other Ear Diseases —			
Nose and Throat—	Other For Diseases		
Enlarged Tonsils			
Adenoids		- 1	_ 4
Enlarged Tonsils and Adenoids			
Other Conditions	Enlarged Tonsils and Adenoids		
ENLARGED CERVICAL GLANDS (NON- TUBERCULAR)	Other Conditions		
TUBERCULAR			
DEFECTIVE SPEECH		- 6	- 1
TEETH—Dental Diseases			
HEART AND CIRCULATION—	The state of the s	2	
Heart Disease—Organic			
Functional — — — — — — — — — — — — — — — — — —		- 1	
Anæmia			
Lungs— Bronchitis — — — —	Ammaia	1 5	- 1
Oth - N - T-bl- Disease	The state of the s		
Oth - N - Tohannia Diagona	Bronchitis		
	Oth - N - T-bereal - Discours		

RETURN OF DEFECTS.—Continued.

				tine ctions.		cial ctions.
Defect or D	isease.		No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No. to be kept under observation.
Tuberculosis-			1		1	1
Pulmonary—Defin	nite		_	-	_	-
Susp	ected		_	_	-	_
Non-Pulmonary-	-Glands		-	-	_	-
	Spine		_	_	-	_
	Hip		-	-	-	-
	Other bones	and				
	joints		-	-	-	-
	Skin		_	-	_	-
	Other Forms		-	-	-	-
NERVOUS SYSTEM-						
Epilepsy			-	-	-	_
Chorea			_	-	-	-
Other Conditions			-	-	-	
DEFORMITIES-		100				
Rickets			-	_	-	-
Spinal Curvature			-	2 2 3	-	1
Other Forms	D		_	2	-	1
OTHER DEFECTS AND	DISEASES		3	3	1000	-

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT.

	Number o	Percentage		
Group.	Inspected.	Found to require treatment.	of Children found to require treatment.	
All Ages	60	13	21.6%	

TREATMENT TABLE.

Minor Ailments.

Discoura Defea		Number of Defects treated, or under treatment during the year.			
Disease or Defec	Under the Authority's Scheme.	Otherwise.	Total.		
Skin— Ringworm—Scalp			_		_
Body			-	-	-
Scabies			_	-	_
Impetigo			-		-
Other Skin Disease			-	1	1
Minor Eye Defects			_	_	_
Minor Ear Defects			_	-	_
Miscellaneous			_	_	-
Total			_	1	- 1

Defective Vision.

	Under the Authority's Scheme.	Privately.	Total.
Errors of Refraction—Other Defect or Disease	3	_	3

Defects of Nose and Throat.

Under the Authority's Scheme.	Privately.	Total.
	1	1

Dental.

Under the Authority's Scheme.	Privately.	Total.
1	_	1

LEFT WITHOUT HAVING HAD TREATMENT.

There is no machinery for following these up. Dental, 5; Anæmia, 4; Ophthalmic, 1; Other Defects and Diseases, 3.

REPORTS OF INSPECTING MEDICAL OFFICERS.

I submit reports by Dr. Turner and Dr. Coghill on the result of their inspections of the boys and girls at the Secondary and Continuation Schools:—

To the Chairman of the Education Committee. Sir,

I beg to report that I have examined 318 boys in the Secondary Schools and 30 boys in the Continuation School during the year 1924.

Enlarged glands of the neck (non-Tubercular) show a very gratifying decrease due to the fact that the parents are at last realising the harm caused by septic teeth, and are having the children's mouths properly attended to.

Spinal curvature and flat feet show an increase. Captain Stainsfield now kindly attends at the last Clinic held each term at the Secondary Schools and gives the boys requiring it a list of remedial exercises for their condition which should be done every morning. Unfortunately the boys usually do not do the exercises and parents would greatly assist if they would see that the exercises are done.

At the Continuation School, Mr. Primmer who holds a certificate as physical instructor, sees to the

matter himself. Parents attended with the majority of the new boys and their co-operation was most helpful.

In conclusion, I would like to thank Mr. Blackburn and Mr. Primmer for their whole-hearted co-operation in the examination and for the way in which they have tried to correct the defects found.

T. TURNER, M.B., B.S.

GIRLS' MUNICIPAL SECONDARY SCHOOL REPORT.

During the year there were 280 children examined, and 244 re-examined. The physique and general well-being of the children are satisfactory and the defects found were not of a serious nature.

In only 5 cases was it found necessary to advise operative treatment for enlarged tonsils.

There were 31 cases of enlarged cervical glands of a non-tubercular character originating in most cases from oral sepsis.

A very marked improvement could be noticed in the dental condition of those girls who had had the benefit of previous examinations at the School, in almost every case in which I had advised dental treatment this had been carried out.

The beneficial effects resulting from the School Medical examinations have been due in large measure:—
(a) to the interest and co-operation of the parents, who are appreciating more and more the value of these inspections. 107 parents were present at the examinations in 1924, compared with 92 in 1923; and (b) To the interest and co-operation of Miss Adams and her Staff. The inspections must cause a certain amount of interruption and inconvenience to the School work, but every assistance has been given me, and it is gratifying to learn that the inconvenience is compensated for by the increased efficiency shown by the children generally.

DAY CONTINUATION SCHOOL (GIRLS') REPORT.

During the year, 30 girls were examined and 14 were present for re-examination.

I had hoped to examine 45 girls at the Routine Inspection, but unfortunately 8 had left the School before the inspection took place, and 7 refused the examination. Only 2 parents were present.

Of those examined, 4 were advised to have treatment, 2 for defective vision, 1 for malnutrition and anæmia and 1 for flat foot.

In all cases the dental condition was extremely good, and no case was found requiring treatment. There were also no cases requiring tonsillectomy.

The physique and general well-being of the children is very satisfactory and I consider these results are due to the fact that the children presenting themselves at this examination are those from good homes and where the parents have always been keen to follow out the advice received at the Elementary School Medical Inspections.

H. E. COGHILL.



