[Report 1924] / School Medical Officer of Health, Essex County Council.

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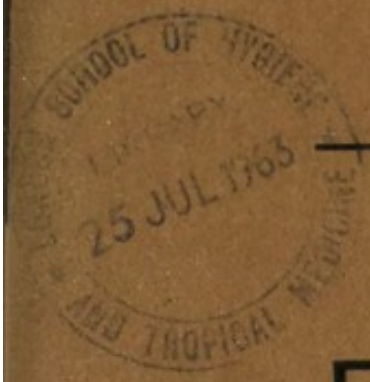

REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1924.

CHELMSFORD:
PRINTED BY JOHN DUTTON, 8, TINDAL STREET.

ESSEX EDUCATION COMMITTEE.

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INDEX.

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PREFACE.

TO THE CHAIRMAN AND MEMBERS OF THE ESSEX EDUCATION COMMITTEE.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Sixteenth Annual Report on Medical Inspection and Treatment of School Children in the Administrative County of Essex for the year ended 31st December, 1924.

(1) STAFF. Unfortunately the proposed appointment of the equivalent of one additional whole-time School Medical Inspector did not mature during the year under review. On 31st December, 1924, the medical staff consisted of the equivalent of five whole-time Medical Officers, whereas in 1914 the number was 6½. It will therefore be seen that even with the new appointments made at the beginning of 1925, the medical staff is still under the strength provided before the war.

(2) INSPECTIONS. The work of medical inspection has proceeded steadily throughout the year, and one gratifying feature has been the closer attention paid by the School Medical Inspectors to the re-inspection of scholars found at previous inspections to be in need of treatment. This is an excellent step forward, as medical inspection should not be merely an endeavour to discover defects, but should include facilities for their remedy and by following up to ensure treatment being carried out thoroughly. A brief summary of the examinations carried out, including comparative figures for the year 1923, is presented below :—

Kind of Inspection.	1923.	1924.
Three age groups	24,253	20,170
Specials	7,715	8,652
Re-inspections	2,917	8,285
Totals	34,885	37,107

A scrutiny of the findings of medical inspection (see Table II. of Appendix) reveals a regrettable increase in the number of children who were found to be undernourished. It is to be hoped that the recent increase in the wages of the agricultural workers will have the effect of reducing these numbers, as otherwise the children are not likely to obtain full benefit from teaching provided in the elementary schools. In some schools there is undoubtedly a need for further provision for the welfare of those children who are compelled to have their mid-day meal at school,

and it will be seen from para. 11 of this Report that the Committee have already appealed to School Managers and Teachers to make every endeavour to provide proper facilities for mid-day meals.

Uncleanliness showed a slight improvement on the previous year. A great deal depends upon the standard of cleanliness adopted by the Head Teachers, some of whom have achieved remarkable results by the establishment of a morning parade for cleanliness. It would be a good thing if this practice were insisted upon in every elementary and secondary school in the County.

(3) Treatment. The natural corollary of Medical Inspection is the provision of remedial facilities within the reach of all parents. Much good work has been done in connection with the dental schemes conducted by the District Education Sub-Committees. The system works satisfactorily, but there is urgent need for its extension in many of the areas, as dental defects continue to head the list of defects found by School Medical Inspectors. A travelling dental van will probably be the best way to achieve this in the scattered rural districts.

Crippling defects have had little attention in the past, but it is now recognised that early diagnosis and treatment can not only save much needless suffering, but may, in most cases, be the means of correcting or relieving a deformity. Essex is fortunate in having secured the co-operation of Mr. B. Whitchurch Howell, F.R.C.S., in connection with the scheme which was commenced in October, 1924 (see page 23). I am satisfied that this is remunerative work, both from the point of view of the child and the Education Committee, and I look forward to an extension of the facilities, including the establishment of an Orthopædic Hospital, with a view to securing treatment for each crippled child in the County.

Primarily, of course, the duty of providing treatment rests with the parents of the affected child, and most of them show their appreciation of the School Medical Service by obtaining treatment promptly. In regard to delinquents and necessitous cases, it has long been a vexed question as to who should provide treatment, *e.g.* Education Committee, Board of Guardians, Voluntary Hospitals or Medical Practitioners, many of whom carry out treatment free of charge or at reduced rates. In some areas, schemes have been formulated by medical practitioners, whereby for a small weekly contribution the usual medical attention is assured for all members of the family. This and similar systems at voluntary hospitals are to be preferred to the apparently easier way of the Education Committee extending and enlarging treatment centres. There are prospects of a solution of the difficulty by the provision of medical benefit under an extension of the National Health Insurance Act for all members of an insured person's family. Meanwhile the existing School Clinics have been of great service and it is hoped to provide further clinics in the near future.

(4) Care of Children Committees. In recent years the establishment of Women's Institutes, Child Welfare Centres, &c., has tended to attract voluntary workers from the Care of Children Committees with the consequent loss

enthusiasm. This is to be regretted, as much of the work undertaken is common to all voluntary agencies. It is a great pity that efforts of this kind are not consolidated into a Guild of Social Service for each parish. This would result in a saving of time, fewer appeals for assistance, greater enthusiasm, avoidance of overlapping and confusion, and would ensure continued interest in the general welfare of the community.

On the whole I am satisfied with the progress achieved during 1924, and am more and more convinced that the School Medical Service and its natural ally, the Maternity and Child Welfare Service, offer the greatest hope for building up a healthier and stronger race of men and women.

I take this opportunity of recording my indebtedness to the Chairmen and Members of the Education Committee and Medical Inspection Sub-Committee. My thanks are also due to the Director of Education, Head Teachers, Clerks to the District Education Sub-Committees and the Medical, Dental, Nursing and Clerical Services for their hearty co-operation and assistance.

I desire, also, to thank the Chief Assistant County Medical Officer, Dr. T. P. Puddicombe, for compiling this Report, and for his help throughout the year.

W. A. BULLOUGH,

School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
DUKE STREET,
CHELMSFORD.

18th March, 1925.

ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1924.

1. Staff, &c.

The estimated population for the Geographical County of Essex for 1923 was 1,486,390, allocated as follows :—

(1) Administrative County area in which the Essex Education Committee are responsible for--

(*a*) Elementary and Higher Education ... 465,410
(*b*) Higher Education only 467,290

(2) County Boroughs 553,690

In area (1) (*a*) mentioned above there are 421 Elementary Schools with 518 departments, consisting of 249 Non-Provided and 172 Council Schools (including three special day schools for mentally defective children and one Intermediate School). the average attendance for 1924 being 56,540 and eight Secondary Schools with accommodation for 1,905 pupils, showing an increase of three Elementary and one Secondary Schools during 1924. The acreage of this area is 928,502.

Area (1) (*b*) has 14 Secondary and Trade Schools with accommodation for 4,456 pupils.

The Medical, Dental and Nursing Staff on the 31st December, 1924, consisted of the following :—

(*a*) *School Medical Officer.*

W. A. Bullough, M.B., Ch.B., M.Sc., D.P.H., County Medical Officer.

(*b*) *Chief Assistant School Medical Officer.*

T. P. Puddicombe, D.S.O., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., Chief Assistant County Medical Officer.

(*c*) *Assistant School Medical Officers.*

(i) Chiefly occupied in School Medical Inspection, but also assist in Child Welfare Work : –

Maud Bennett, L.R.C.P., L.R.C.S.
Mary D. Rankine, M.B., Ch.B., D.P.H.
Ethel U. Vawdrey (Mrs.), L.R.C.S., L.F.P.S.

(ii) Remainder of time occupied as Tuberculosis Officer :—

Charlotte R. Brown (Mrs.), L.R.C.P., L.R.C.S.
A. H. Jacob, L.R.C.P., L.R.C.S.

(iii) Remainder of time occupied as Local Medical Officer of Health, Tuberculosis Officer and Child Welfare Officer :—

W. H. Alderton, M.C., M.R.C.S., L.R.C.P., D.P.H.
P. J. Gaffikin, M.C., M.D., B.Ch., B.A.O., D.P.H.
W. A. Milne, M.B., Ch.B., D.P.H.
J. Ramsbottom, M.B., Ch.B., D.P.H.
J. S. Ranson, M.R.C.S., L.R.C.P., D.P.H.
S. R. Richardson, B.A., M.D., B.Ch., B.A.O., D.P.H.
W. B. Wood, M.A., M.D., B.Ch., M.R.C.P., D.P.H.

(iv) Other Medical Officers :—

During the year 1924 the following Medical Officers rendered part-time service as School Medical Inspectors :—

R. H. Vercoe, B.A., M.R.C.S., L.R.C.P., D.P.H. (Medical Officer of Health, Chelmsford Borough).

K. Simpson, M.D., M.R.C.P., D.P.H., as Combined Medical Officer for Barking, and undertakes Secondary School Inspection in that District for the Essex County Council.

(v) New appointments :—

Drs. Fry and Lorraine commenced duty on 1st February, 1925, as full-time Medical Officers devoting part-time to School Medical Service.

(*d*) *Dental Staff.*

During 1924 the services of the following part-time Dental Surgeons were utilised in the districts named :—

Dentist.	District.
J. N. Baxter, L.D.S., R.C.S., R.F.P.S. ...	Lexden and Winstree and Tendring
E. J. Cloke, L.D.S., R.C.S.	Epping, Ongar and Wanstead
F. V. Denne, M.R.C.S., L.R.C.P., L.D.S., R.C.S.	Chelmsford
*N. Smith, R.D.S.	,,
A. Goodey, L.D.S., R.C.S.	Belchamp and Halstead
*R. W. Griffin, L.D.S., R.C.S.	Rochford
L. G. Hawkins, L.D.S.	Billericay
V. S. Houchin, D.D.S., L.D.S., R.C.S. (partners)	Billericay
*F. L. King, L.D.S., R.C.S.	Wanstead and Epping

*These Dentists have now resigned their appointments.

Dentist.		District.
D. F. Lewis, L.D.S., R.F.P.S.	...	Tendring
E. I. Morgan, L.D.S., R.C.S. ...	...	Saffron Walden and Stansted
G. E. Phillips, L.D.S., R.C.S....	...	Woodford
F. C. Ritchie, L.D.S., R.C.S. ...	...	Romford
W. S. Rose, L.D.S., R.C.S. ...	...	Orsett
L. G. Whelpton, L.D.S., R.C.S.	....	Tendring

(*e*) *School Nurses.*

Chief Health Nurse Landon, D. M. .. General Training and Certified Midwife, R.S.I.

The following Health Visitors were acting as School Nurses on 31st December, 1924, in the districts mentioned:—

District.	Name.	Qualifications.
Billericay ..	White, G. M. ..	General Training and Certified Midwife
,, ..	Hinton, A. L. ..	Board of Education Certificate and Certified Midwife
Braintree ..	Watson, H. J. ..	General Training and Certified Midwife
,, ..	Skey, A. F. ..	,, ,,
Chelmsford ..	Wood, A. M. ..	King's College Certificate
Dunmow, &c. ..	Neall, G. ..	Board of Education Certificate and Certified Midwife
Stansted, &c. ..	Chittenden, A. E. ..	General Training and Certified Midwife
Epping.. ..	Macpherson, L. ..	General Training, Certified Midwife and R.S.I.
Buckhurst Hill ..	Glover, E. ..	General Training and Certified Midwife
Halstead, &c. ..	Jossaume, J. ..	,, ,,
,, .	Richards, E. F. ..	Board of Education Certificate and Certified Midwife
Lexden & Winstree	*Ling, L. E. ..	General Training and Certified Midwife
Maldon ..	Clapson, C. R. ..	,, ,,
,, ..	Burnett, B. A. (Mrs.)	,, ,,
Ongar .. .	Mann, R. L. ..	Sanatorium Training and Certified Midwife
Orsett	Wall, A. D. (Mrs.)..	General Training
,, ...	*Moorman, E. H. ..	,,
Grays	*Button, E. L. ..	Certified Midwife
Tilbury ..	*Walton, W. ..	Board of Education Certificate, Certified Midwife and R.S.I.
Rochford ..	Smith, E. M. ..	General Training and Certified Midwife
,, ..	Bishop, W. K. ..	,, ,,
Romford ..	Newby, A. E. ..	General Training
,, ..	Philpott, A. F. (Mrs.)	General Training and Certified Midwife
Saffron Walden ..	Woodman, E. M. ..	,, ,,
Tendring ..	Steele, M. ..	General Training
..	Wallace, A. C. G. ..	General Training and Certified Midwife
Clacton ..	*Lambe, H. W. ..	,, ,,
Walton ..	*Sollars, A. ..	Certified Midwife
Waltham Abbey, &c.	Waterhouse, M. ..	King's College Certificate
Woodford, &c. ..	Carnall, E. F. ..	General Training

*Part-time.

2. Co-ordination of Health Work.

The position at the end of 1924, although little altered from that of 1923, is encouraging in that re-organisation and the appointment of two additional medical men to take up duty early in 1925 foreshadows for the general health and school work more all round efficiency and will bring the work more up-to-date, as there are still areas in which all the necessary work cannot be accomplished in the normal span of one year.

There are now seven areas in the County in which the combined medical appointment is in existence and in the majority of these the scheme is giving every satisfaction.

It is a disadvantage that such closely related medical work as routine examination of school children and examinations of suspected cases of tuberculosis is, as is often the case, placed in different hands.

Undoubtedly any permanent benefit in the general health of the community must be centred around the school population. Every encouragement should be given the Tuberculosis Officer to examine school children, and when the Tuberculosis Officer and Medical Inspector are not the same person there should be a close relationship and interchange of views on the work.

Health Visitors have continued to carry out combined duties with satisfaction and it is hoped that the proposed increment of salary will, to some extent, decrease the number of changes in staff which repeatedly occur to the detriment of the work in general.

The Health Visitors have also rendered assistance under the Tuberculosis and Child Welfare Schemes, and work in some cases in conjunction with the District Nurse-Midwives in the supervising and treatment of school children. During 1924, in addition to the Chief Health Nurse, there were 30 Health Visitors—an increase of two—and 133 affiliated District Nurse-Midwives, an increase of eight. The District Nurse-Midwives are employed by 124 District Nursing Associations.

The Health Visitors' work in the country districts is particularly arduous in that long distances have to be traversed, but co-operation with the District Nurse-Midwives often prevents extra distances being travelled at frequent intervals. The work of the Chief Health Visitor is of great assistance in keeping in touch with each Health Visitor and in producing a more uniform standard of results.

The development of the Beacontree Estate requires the appointment of at least one additional Health Visitor.

(a) *Infant and Child Welfare Centres.*

During 1924 four additional Centres have been formed, viz., Hatfield Peverel, Great Wakering, Brightlingsea and Ramsden Heath, and these bring the number of Centres working under the County Council scheme to 28.

Local Voluntary Committees continue to organise these Centres with the assistance of the Health Visitors as child welfare nurses and the County's Assistant Medical Officers as consultants, a grant proportionate to the population served being made from public health funds.

The result of the work carried out and the treatment advised and given at the Centres should show an appreciable decrease in a few years on the number of defects found in children examined as entrants at the elementary schools and should tend to materially decrease the number of crippled children, as so much can be done for many of these if brought under skilled surgical treatment in early infancy.

(*b*) *Nursery Schools* have not been established.

(*c*) *Care of Debilitated Children under School Age.*

These are dealt with by local Committees under the Child Welfare Scheme and are also examined at School Clinics and occasionally at the schools.

3. School Hygiene.

During the year the three schools named below have been closed and accommodation found for the scholars in new schools provided :—

Canvey Island C.E.
Hadleigh Temporary Council.
Dagenham Green Lane Temporary Council.

The Council have undertaken extensive building operations in connection with schools and in the erection of new schools, more especially in the Beacontree area as a result of the increased population due to the L.C.C's. large building scheme in that area. The four schools named below have been opened during the year :—

Canvey Island Council.
Wallasea Island Temporary Council.
Dagenham Green Lane (Beacontree) Council.
" Drill Hall Temporary Council.

Additional accommodation has been added during 1924 as follows :—

Ashingdon Council School	...	Temporary building for 60 scholars.
Dagenham Marsh Green School		Two classrooms for 90 scholars.
Hadleigh School ...	...	Temporary building for 60 scholars.
Woodford Green School	...	Teacher's room.

The Managers of Dagenham Fords Endowed School have added two classrooms, giving extra accommodation for 90 scholars.

The Medical Inspectors, as a result of reviews of the schools and surroundings from time to time, report on any defects requiring remedy and all such reports are brought to the notice of the Director of Education.

It is essential that a high state of cleanliness should be maintained in the schools and offices, as this is the best lesson that can be given to the scholars in order to inculcate the desire for clean surroundings in the homes. Not only is it essential that all schools should be provided with washing facilities, but that the scholars should be trained to make full use of these. Any teacher who allows a child under such circumstances to take part in school work with unclean face or hands has failed in what should be one of the first aims of elementary education, viz., the practice of ordinary everyday cleanliness and care of the body.

It is proposed at an early date to give definite instruction in hygiene to the older scholars. This is a step in the right direction and can only result in a better understanding of the laws of clean living and healthier daily life. Hygiene teaching should aim at giving the children an intelligent interest and proper pride in the condition of their bodies and surroundings. Observance of the common laws of health will then be a natural sequence. The essential factors of true hygiene and physical training are in the first place the inculcation of regular habits in eating, drinking and sleeping, the care of the skin, teeth and excretory organs, together with scrupulous cleanliness in all matters appertaining to the preparation and storage of foods.

4. Medical Inspection.

(*a*) Routine inspections have been carried out during the year for the children coming under the three age groups prescribed by the Board of Education as follows:—

(i) *Entrants*, *i.e.*, children admitted during the year.

(ii) *Intermediates*, *i.e.*, children between the age of eight and nine years.

(iii) *Leavers*, *i.e.*, children between 12 and 13 years of age, together with those over 13 years of age who have not been examined since attaining the age of 12 years.

In addition a large number of children have been examined under the following headings:—

(iv) *Specials*, *i.e.*, children not due for routine inspection, but specially selected or referred for inspection by the Medical Officer, Teacher, School Nurse, or others.

(v) *Re-examinations* include children who have been referred for some treatment or who, for medical reasons, are necessary to be kept under observation.

The numbers inspected under the different headings are as shown in Table I. (*a*) and (*b*).

(b) Steps taken to secure early ascertainment of crippling defects.

Similar arrangements to previous years have been carried out for obtaining early notification and medical examination of these children.

(c) Holding of inspections off the school premises.

Whilst the facilities for the holding of medical inspections in many schools are poor, these difficulties, in the majority of cases, have been as far as possible overcome with the result that in four schools only to prevent disorganisation of school work was it considered necessary to arrange for holding the inspection off the school premises, viz. :—

Brentwood C.E.	...	Church Hall.
Great Burstead Boys	...	Hall adjoining.
Hatfield Peverel	...	Church Room.
Mountnessing ...	...	,,

So long as it is considered unnecessary to have a fair sized Teacher's room or a medical inspection room in a school, these disadvantages in the work must continue, and on the day of inspections (when the building is suitable) provision must be made by the massing of classes together.

5. Findings of Medical Inspection.

The tables given at the end of this Report, give detail of numbers seen, &c., and the arrangement of these are similar to last year. Table IA. and B. shows the number of inspections made of elementary school children during 1924, and for the purposes of comparison these are given here together with the figures for 1923:—

	1923.	1924.
Routine	24,253 ...	20,170
Specials	7,715 ...	8,652
Re-inspections	2,917 ...	8,285
	34,885	37,107

These numbers are satisfactory in that the total is increased. There is a decrease in the routine number seen, due partly to the fact that these examinations are now more up-to-date, although there are one or two areas still where arrears have to be made up. It will be noted with satisfaction that a special effort has been made in regard to re-examinations, as without these much of the advice given must be wasted.

Table IIA. shows the number of defects requiring treatment or observation. Dental defects, diseases of the nose and throat and defective vision again contribute largely to the numbers. There is also a large number referred for observation under

the heading of malnutrition. This is possibly a result of depression in trade and more especially the low standard of living necessary under present economic conditions in agricultural districts.

Table IIB. refers to routine inspections only and this year excludes those recommended for dental defects. This analysis shows that 10·35 per cent. of children seen at routine inspections required treatment and this figure, to be comparable with last year's, must have the percentage of those referred for dental defects added, which gives 32 per cent., the same as for last year. The intermediates show the highest percentage of defects, being nearly 12 per cent.

(*a*) *Uncleanliness.*

Table II. shows that 279 children were found on medical inspection to be requiring treatment for neglect of cleanliness and a further 560 required to be kept under observation. Strenuous efforts are being made to see that this most undesirable condition amongst scholars shall be remedied. The majority of cases which contribute to these numbers are those of lack of care of the hair and are all due to parental inefficiency or indifference. The work of the Health Visitors must be backed up by the teachers and Committees, whilst for the persistently negligent, action should be taken under the Children Act, 1908.

Table IV., Group V. gives fuller details in regard to cleanliness. It will be seen that the average number of visits made by the nurses per school is nine per annum and that 188,499 examinations for uncleanliness were made, in both cases showing a substantial increase over the visits of 1923 and the extra visits probably explain the fact that 2,167 children were found unclean as compared with 1,390 for 1923.

The baths at Grays and Tilbury have continued to fulfil a useful purpose, 6,361 baths having been given at the former and 4,476 at the latter.

Action has been taken under the attendance bye-laws in cases of eight neglectful parents, fines being inflicted in all cases and these ranged from 2s. 6d. to £1.

A prosecution for general neglect under Section 12, Children Act, 1908, was undertaken resulting in conviction by imprisonment for 2 months.

(*b*) *Other conditions needing treatment.*

Attention is again called to the large numbers requiring treatment for dental and nose and throat defects.

Skin diseases, although still far too prevalent, do not appear to have been so frequently found as usual.

There has been a less number of cases of ringworm and energetic measures are being maintained to try and get these cases treated at an early stage.

(c) *Extracts from Assistant School Medical Officers' Reports.*

The following are extracts from the Assistant School Medical Officers' reports on the work in their different areas, as reviewed at the end of the year 1924. Reference is made by the majority to the great assistance received from the school nurses and appreciation of the useful work that the nurses are doing in following up, &c. :—

Dr. W. H. Alderton –

(1) Head teachers have been most helpful in drawing attention to and supplying information in regard to children inspected.

(2) Cleanliness is, on the whole, a characteristic of the schools in the Lexden district.

(3) Marked improvement was shown in one of the schools in the amount of treatment carried out, due largely to the energy and assistance given by two of the managers.

(4) More dental treatment is needed and arrangements at more Centres to obviate unnecessary travelling.

Dr. M. Bennett—

(1) Epidemic diseases were largely prevalent and contributed to loss of time and postponements of inspections of scholars.

(2) General health of scholars seen appeared to be rather below the average for previous years, possibly a further result of the epidemic diseases and the poor summer.

(3) Reference is made to some of the schools becoming overcrowded.

(4) Dental treatment and eye treatment were both more willingly accepted by the parents with a corresponding benefit to the children concerned.

(5) The Shoeburyness Minor Ailment Clinic has given good results and more children have attended.

Dr. C. R. Brown—

(1) School medical inspection is on the whole more popular with the parents, the popularity of the work depending largely upon the attitude of the Head Teacher.

(2) Screens should be provided in all schools, in order that the examinations may be held in the presence of the Nurse, the parent, and the Head Teacher only.

(3) Dental and minor ailment treatment is greatly handicapped by the distance that children have to traverse to get to the Centre.

Dr. P. J. Gaffikin—

(1) Minor Ailment Clinic is held weekly, but in the outlying districts treatment is a matter of much difficulty owing to lack of travelling facilities.

(2) Dental treatment is needed, and it would seem necessary to provide free treatment, as the low wage standard in agricultural parishes will not allow of contribution by the parents.

(3) The advantage of complete supervision of meals and the provision of hot drinks for children who remain at school during the dinner hour.

Dr. A. H. Jacob—

(1) Romford Albert Road Minor Ailment Clinic has continued to carry out its most useful work, and there is further scope for development on the same lines.

(2) Great advantage has been gained by the arrangement of Tonsils and Adenoids operations at Queen Mary's Hospital, followed by systematic breathing exercises.

(3) Dental treatment. There is still room for more conservative treatment within the means of the parents.

(4) The great advantage of reviewing the malnourished and pulmonary suspects at the Clinic and the advisability of the Tuberculosis Officer being in close touch with such cases.

Dr. W. A. Milne—

(1) There has been satisfactory progress, fewer defects were found, and the number of parents attending inspections is on the increase.

(2) Refusals to examinations are few, and these are generally inspected at the next visit.

(3) The Minor Ailment Clinic continues to deal with conditions which would otherwise go unhealed and is much appreciated by the parents.

(4) An arrangement has been made by which Oil and Malt and Parrish's Food can be supplied at cost price.

(5) Dental treatment. Whilst good work is done as far as it goes, it cannot be considered anything approaching an adequate scheme.

Dr. J. Ramsbottom—

(1) Parents are showing a greater interest in the medical inspection of their children, resulting in a greater number of children getting the necessary treatment.

(2) Objections to medical examination are few. It is regrettable that there is no legal power to compel parents who object, to have the schedule completed by their medical attendant at the parent's expense, as this would usually do away with any objection.

(3) The advantage of the Tuberculosis Officer being School Medical Inspector as well is referred to in that the suspects and contacts of school age are kept under constant supervision.

(4) Dental treatment. There is an appreciable improvement in the teeth of scholars attending school when dental treatment has been carried out. Inspections by dentists should be made to select cases for treatment.

(5) Minor Ailments. Home treatment of these is often prolonged and unsatisfactory, and temporary treatment clinics might, from time to time, be arranged at the schools, as required.

Dr. M. D. Rankine—

(1) Objections by parents to routine inspection of children are becoming less frequent.

(2) A dental treatment scheme is urgently needed in the Braintree area, and there is more dental work required in other areas.

(3) Better facilities are required for the obtaining, at a cheap rate, of Oil and Malt when this is advised.

(4) There is in some schools a low standard of cleanliness, and this must be improved by more frequent inspections and dealing severely with the negligent parent.

(5) Special classes are needed for 'Dull and Backward' children.

(6) There is need of more instruction in physical exercises, drills, &c.

Dr. J. S. Ranson—

(1) Remarks on the keen interest shown by most of the teachers, and especially that of the Care Committee in the work and the great assistance received from the latter in the provision for treatment for defects brought to their notice.

(2) In the Halstead and Earls Colne areas, the general all-round standard of development of the children is excellent. At Toppesfield School a general lack of good nutrition was noted and attributed to the low wage of the farm worker.

Dr. S. R. Richardson—

(1) Remarks on the interest taken in the work by the Care Committee, the Clerk to the D.S.C., Managers of Schools, Head Teachers and Nurses.

(2) An increased interest is shown by the parents with practically no objections or opposition to medical inspection.

(3) The increased facilities for provision of Cod Liver Oil and Malt, the establishment of the Minor Ailment Clinic, together with the arrangements for the removal of Tonsils and Adenoids at the local hospital have all rendered great assistance to the work.

(4) More treatment is necessary, including dental treatment.

(5) Numbers of children coming from a distance on wet days have to sit in school with wet boots and stockings to the detriment of their health. In one school dry stockings and slippers are provided by the Head Teacher for use in school on wet days. This could be more generally done and become an established custom.

Dr. E. U. Vawdrey—

(1) The facilities provided at the Minor Ailment Clinics are appreciated. There has been a marked decrease in cases of Impetigo and Scabies.

(2) There has been an increase in the number of Dental Clinics held and the condition of the mouths of older children are now greatly improved, whilst at the inspection of entrants the most striking feature is the very defective teeth found in infants of five years of age or less.

Dr. R. H. Vercoe—

(1) The facilities for obtaining Cod Liver Oil and Malt at cost price are a great benefit and the children are certainly improved by it.

(2) In cleanliness there is a general improvement even in some of the obstinate cases, more especially where the teachers give short hygiene talks which stimulate the children's interest and care in the intervals between the nurse's visits.

Dr. W. B. Wood—

(1) Though the percentage of parents attending the inspections is not always as large as it should be, there is a growing interest in all that concerns the health of the school child.

(2) More treatment is necessary, especially under the following headings:—

(*a*) Dental. School Dental Inspections and Dental Clinics are more important than all other Clinics put together, for dental defects are a matter of concern to the large majority of the school population; other defects only affect a small minority.

(*b*) Operations for Tonsils and Adenoids.

(3) Eye Clinics are held weekly and this provides regular supervision for children suffering from myopia.

(4) Inspection and Minor Ailment Clinics are regularly held and well attended.

(5) The standard of cleanliness has improved very much in the last few years.

(6) Delicate children whose appearance suggests the possibility of tuberculosis taint are kept under observation.

6. Infectious Disease.

These have been particularly prevalent during 1924, resulting in the closure of 133 schools.

Influenza was very prevalent in the first quarter of the year, and Measles contributed greatly to exclusion practically throughout the year.

The summary of closures is as follows:—

Disease.	Number of Schools closed. By Local Authority under Art. 57.	By Education Authority under Art. 45b.	Total.
Measles	43	25	68
Influenza	31	11	42
Whooping Cough	—	8	8
Scarlet Fever	—	7	7
Mumps...	3	2	5
Chicken-pox	—	2	2
Diphtheria	—	1	1
	—	—	—
Totals ...	77	56	133

School closure will no doubt be less resorted to in the future, as Circular 1337 of the Board of Education lays down that closure in future will only be on Public Health grounds, and this practically does away with closure under Article 45 (b), which was chiefly resorted to on the grounds of reduced attendance.

The Board have by this brought the regulations for closure more into line with the general views held by School Medical Officers.

7. Following up.

Similar procedure to previous years has been carried out, the names and particulars of all cases referred being sent to the Health Visitor on Form M.I. 54. In addition, the Head Teachers and the Clerk to the local Committees have been supplied with copies of these forms.

The Health Visitors, with the assistance, in some cases, of the District Nurse Midwife, are the first to keep in touch with those referred for treatment. If this fails to produce the desired result, the Medical Officers or Care of Children Committees are applied to for further help and persuasion.

Health Visitors made 15,861 visits to the homes and the District Nurse Midwives 5,970 visits under this heading.

8. Medical Treatment.

As in previous years, reference for treatment needed is always in the first instance made by advising the parent to consult the usual medical attendant. When such treatment is not available certain conditions are treated by arrangement under one of the County Schemes either at Hospitals or Clinics.

(*a*) *Minor Ailment Clinics.*

These have been established for several years; they are giving good results, and are appreciated by the parents. There has been a general policy to gradually provide these in areas which have not already been catered for, *e.g.*, three new centres have been opened during the year at Brightlingsea, Saffron Walden and Wanstead.

The total number of Clinics now in use is 16, and these are as detailed in the following list. Negotiations have been entered into with the authorities of Dr. Barnardo's Boys Garden City with the view of recognising the Hospital in the grounds as a Clinic for treatment of the children of the Homes.

List of Clinics with particulars as to position and sessions held :—

	Clinic.	Times of Sessions.	Where held.
1.	Clacton ..	Monday, Tuesday, Wednesday, Thursday & Friday mornings	Skelmersdale Road, Clacton
2.	Grays ...	,, ,, ,,	Grays Quarry Hill Council School
3.	Romford ...	Monday, ~~Tuesday~~, Wednesday & Friday mornings	~~Romford Albert Road Council School~~
4.	Woodford ..	Monday, Wednesday & Friday mornings	The Shrubbery, South Woodford
5.	Chingford ...	Thursday afternoons ...	South Chingford Council School.

	Clinic.	Times of Sessions.	Where held.
6.	Wivenhoe ...	Thursday afternoons ...	Wivenhoe Council School
7.	Halstead ...	Thursday mornings ...	Halstead Cottage Hospital
8.	Braintree ...	Tuesday mornings ...	Co-operative Buildings, Braintree
9.	Wanstead ...	,, ,, ...	Handicraft Centre, Wanstead
10.	Buckhurst Hill ...	Friday afternoons... ...	Buckhurst Hill St. John's Church Hall
11.	Shoeburyness ...	Alternate Thursday afternoons	Council Chambers, Shoeburyness
12.	Saffron Walden ...	Friday mornings	Friends Adult School, Saffron Walden
13.	Tilbury ...	Friday mornings (Inspection)..	Tilbury Welfare Centre
		Tuesday afternoons & Friday mornings (Treatment)	Tilbury Council School Baths
14.	Stansted ...	Alternate Wednesday mornings	Central Hall, Stansted
15.	Brightlingsea ...	,, ,,	Church School, Brightlingsea
16.	Epping ...	Alternate Thursday mornings	Gas Company Buildings, Epping.

The treatment at these Clinics chiefly caters for conditions which are not dealt with by outside agencies, and the results obtained are good, both from the point of view of the condition of the child and the increased attendance at school due to early relief from minor defects. Voluntary collecting boxes have been maintained at some of these, but no definite charge is made to the parents.

The total number of attendances at Clinics during 1924 was 22,451 and 8,104 children attended.

(*b*) *Tonsils and Adenoids.*

It is still not possible to arrange for all operations required for these conditions at a fee which the parent can pay.

The Committee are continually investigating fresh channels to endeavour to increase facilities, and at the present time negotiations are proceeding in the Grays and Tilbury District with a view to this.

Table IV., Group III., shows that 617 children received the necessary operative treatment and 804 other forms of treatment, making a total of 1,421 who had defects ameliorated or cured as compared to 841 for 1923.

It is satisfactory to note that the large increase in these numbers is chiefly due to the increased numbers receiving operative treatment.

The Committee have at present arrangements with the following Hospitals for operations to be carried out after certification by the School Medical Officer:—

Queen Mary's, Stratford.
Woodford Jubilee.
Hatfield Broad Oak Cottage.
Waltham Abbey Cottage.
Bishop's Stortford.
Saffron Walden.
Chelmsford.
Colchester.

Local Committees from time to time make arrangements for special cases to attend other Hospitals.

(*c*) *Tuberculosis.*

Previous arrangements have continued whereby cases discovered amongst the scholars are referred for treatment under the Council's Tuberculosis Scheme, thereby assuring that all requiring sanatorium treatment may obtain it. The School Medical Inspector, when not also the Tuberculosis Officer, may refer suspected cases to that Officer for an opinion and advice.

During the year 104 scholars (boys, 47; girls, 57), have received sanatorium treatment.

(*d*) *Skin diseases.* (See Table VI., Group I.).

During 1924 there were a large number of these conditions treated at the Clinics. It is pleasing to note that cases of Scabies were much less frequent, 47 cases being treated as compared to 276 in 1923. The numbers for Impetigo were slightly higher, being 1,029 against 981 for the previous year.

Ringworm, another disease particularly liable to spread amongst children and difficult to cure, if the scalp is severely affected, has again been prevalent. Extra facilities have been obtained for the treatment by X-rays of this condition, the Committee now having arrangements with the following Hospitals:—

London Hospital.
Queen's Hospital for Children, Hackney Road, E.
Colchester Hospital.
Addenbrooke's Hospital, Cambridge.
Ipswich Hospital.

Of the 232 cases of ringworm of the scalp treated, 24 received X-ray treatment under the above-mentioned arrangements, 144 were treated by drugs at the Clinics and 64 treated otherwise. 59 cases of ringworm of the body were treated at the Clinics and 28 otherwise.

(*e*) *External Eye Diseases.*

702 cases received treatment, 607 of these being treated at the Clinics.

(*f*) *Vision.*

Similar arrangements to previous years have existed for refractions, these examinations being carried out by the Assistant Medical Officers, and in some cases at the London Hospitals.

Table IV., Group II., shows that 1,490 were treated, 1,148 being carried out under the Authority's Scheme. 667 children were prescribed spectacles by the Assistant Medical Officers at various Refraction Clinics arranged throughout the County.

The arrangements for the obtaining of glasses at a reduced rate continues and assistance is given if necessary.

(*g*) *Ear Diseases.*

568 children received treatment.

(*h*) *Dental Treatment.*

Local Committees have, as in the past two years, been responsible for arranging clinics and treatment, the services of part-time dentists being used.

There is no doubt that under these conditions useful work has been done in all the areas in which the scheme is being worked, but hopes of further extension of this have not yet been realised. In two areas no dental treatment has been carried out and in the areas in which it is practised it chiefly benefits the children in the larger centres of population, the majority of the real country schools, owing to their distance from the centres, being left untouched.

The benefits to health which would result from complete dental treatment cannot be doubted and it is hoped that the day may come and not be far distant when every child may leave school with a complete and sound set of teeth.

To carry out this work, however, for the larger proportion it will require the services of full-time Dentists as it is practically impossible to work a country district by part-time service; further, in order to get the best out of the work there must be some portable or van surgeries. With these, country schools could be dealt with in summer months and town schools in the colder months.

Table IV.,, Group IV., shows the work carried out under the present system.

There have been a far larger amount of inspections made, the number being over 5,000 more than for 1923, and of those inspected 71 per cent. were found to require treatment. Of actual treatment 3,338 were treated, being 101 less than for 1923, but there was a greater proportion of conservative treatment, 1,230 teeth being filled as compared to 1,148, and thus there has been some progress, in that there has been a slight increase in conservative treatment.

(*j*) *Crippling defects.*

Arrangements have continued by which cases requiring orthopædic treatment are from time to time admitted to London hospitals and assistance given by the Committee towards the cost of treatment.

Thanks are also due to Mr. Whitchurch Howell, F.R.C.S., for seeing and eporting on special cases sent to the Queen's Hospital, Hackney Road.

During the year there has been some advance in making provision for the treat-ent of these defects.

As a result of the School Medical Officer's reports on crippled children and iggestions for more supervision and treatment of these, arrangements were anctioned in July by the Committee under which Mr. Whitchurch Howell, an xpert Orthopædic Surgeon, attends various Centres for examination and gives advice n crippled children who are not otherwise catered for, the results of these Clinics eing to follow through the cases to a satisfactory termination.

The opening of an Orthopædic Hospital School at Walthamstow has also ssisted, in that treatment can be obtained for Essex cases at this institution under ie direct care of the surgeon who visits the Clinics.

Under the present arrangements we now have the beginnings of what should ter develop into an efficient orthopædic scheme and one which will provide great id lasting benefit for the crippled children of the County.

A typical orthopædic scheme should consist of the following :—

(1) Complete arrangements for ascertainment.

(2) The services of an expert Orthopædic Surgeon.

(3) The services of a masseuse.

(4) Orthopædic Clinics, comprising consulting and treatment rooms and, when possible, a gymnasium.

(5) Orthopædic hospital or, better, hospital school.

(6) Cripples school for those whom the surgeon cannot make fit for ordinary school.

(7) Care Committee or Children's Aid Association for assistance in provision of splints, &c.

(8) Working in close co-operation with the above :—the School Medical Officer, Medical Inspector, Medical Practitioner and Health Visitor.

In addition to the 18 children shown in Table III. as being at certified special chools, 20 children (11 boys, 9 girls) were treated at the High Beech Surgical anatorium (32 beds). The cases of tubercular cripples are quite well provided for id treated under the County Tuberculosis Scheme.

9. Open-Air Education.

(*a*) *Playground Classes.* Teaching in the open-air is encouraged as far as weather and space permit. In order to take full advantage of this, provision of light movable furniture is advisable and, in some cases, awnings to shade from the direct rays of the sun.

(*b*) *School journeys* and (*c*) *School camps*—nil.

(*d*) *Open-air classrooms* added—nil.

(*e*) *Open-air day schools* are not provided.

(*f*) *Residential open-air schools.* Full use has been made of the 12 beds maintained at the Ogilvie School, Clacton. During 1924, 25 children (14 boys and 11 girls) were in residence at this school. The chief defects shown by the children on admission were anæmia and debility. The average number of children on the waiting list during the year has been about 40.

The Sible Hedingham Sanatorium School (32 beds) received 49 children (26 boys, 23 girls) from the County Education Committee's area during 1924.

The High Beech (Surgical) Sanatorium School (32 beds) received 20 children (11 boys, 9 girls) for treatment.

10. Physical Training is conducted by the teaching staff.

11. Provision of Meals—Nil.

In November the Committee issued a memorandum to Clerks to the District Sub-Committees for communication to the School Managers and Teachers, asking that particular care and supervision might be given and facilities granted to children who partake of the mid-day meal at school, with a view to the comfort and well-being of the children concerned. The following is an extract from the memorandum:—

> "The arrangements in every case must to some extent depend upon "local circumstances, and the best results will, no doubt, be achieved where "Managers and Teachers take a personal interest in the organisation of the "dinner period. It is desirable:—
>
> "i. That the Head Teacher shall take charge of the meal brought by each child when the school opens and take steps to secure that it is eaten at the proper time.
>
> "ii. That the children shall partake of their mid-day meal in comfortable surroundings and under supervision.
>
> "iii. That the children shall wash their hands before partaking of the meal and be encouraged to eat slowly.

"iv. That boiling water is available for making cocoa, and that facilities are available for heating milk.

"In some cases Managers have been able to arrange for the provision "of cocoa, hot milk, soup, or a meal at cost prices.

"Pure Cod Liver Oil and Cod Liver Oil and Malt can be obtained, "when desired, at wholesale prices on application to the School Medical "Officer.

"Much useful information is given in the Committee's leaflet M.I.42 "(Dietary for school children), which contains suggestions by the School "Medical Officer."

12. School Baths.

For reports see paragraph 5.

13. Co-operation of Parents.

Parents attended the routine inspections in 52 per cent. of the cases, and the majority of parents appreciate what is being done to endeavour to safeguard the health of their children. So long as the law allows it there will be refusals of inspections, and these refusals during 1924 were put forward in the case of 148 children. Every effort is made to get these children examined at the next visit of the School Medical Inspector.

14. Co-operation of Teachers.

As in previous years, thanks are due to the teachers for assistance given prior to, during, and after the medical inspection.

As previously stated, there is no doubt that the pivot on which the whole benefit of medical inspection is largely dependent is the teacher. With the teacher's willing help, much can be accomplished, and especially is this the case in the matter of cleanliness. Neglect of cleanliness of scholars in a school usually definitely denotes that little interest is taken by the Head Teacher in the physical fitness of the scholars, rather is the medical inspection looked upon, not as an assistance, but as something that must be tolerated for a short period annually.

15. Co-operation of Attendance Officers.

There has been no alteration in previous arrangements and close co-operation with the nurses is encouraged.

16. Co-operation of Voluntary Bodies, &c.

(*a*) *Care of Children Committees.* These Committees have been made use of in different areas of the County for several years under the guidance of the District Sub-Committee Clerks and have done very useful and beneficial work.

The following Committees were carrying out this work during 1924:—

Belchamp and Halstead Joint.
Chelmsford.
Orsett.
Romford.
Saffron Walden.
Stansted.
Ongar.
Wanstead.

In other districts the Care Committee work is usually carried out by the School Attendance Sub-Committee. Good work is done in this way in the Lexden and Winstree and Tendring Districts.

I would particularly mention the good work which is being done by the Halstead and Belchamp Committee. This Committee shows great enthusiasm and perseverance with correspondingly good results in the general benefit to the scholars. Regular reports are received of this Committee's decisions.

As a result of a Conference between the Director of Education, the District Clerks and the School Medical Officer, the following report on the objects and conditions of Care Committees was submitted to and adopted by the Medical Inspection Sub-Committee in May, 1924:—

OBJECTS.

Care of Children Committees are an integral part of the Education Committee's Medical Inspection and Treatment Scheme, their objects being:—

1. To educate parents and others in the management and care of child life and in the benefits to be derived from the Medical Inspection and Treatment Scheme.

2. To assist in securing early and appropriate treatment of the defects found by the School Medical Inspector amongst school children. (In this connection each child should first be referred to the private doctor, if the defect is one requiring treatment by him).

3. To assist in the establishment and supervision of Treatment Centres in the area, primarily for those children who are unable for some reason to obtain, or who would not otherwise seek, treatment from a private doctor.

4. To assist in any arrangements which may be made under the Provision of Meals Act.

5. To provide railway fares to and from Treatment Centres, Convalescent Homes, &c., spectacles, surgical appliances, malt and oil and milk, &c., for necessitous cases.

6. To secure the utilization of local agencies such as Boards of Guardians, Guilds of Help, District Nursing Associations, Charitable Organizations, Surgical Aid Societies, Hospitals, &c.

7. To assist in the supervision of mentally and physically defective children.

CONDITIONS.

Each District Education Sub-Committee should appoint at least one Care of Children Committee, which should be asked to work under the following conditions:—

1. To elect a Chairman, Vice-Chairman, Secretary and Auditors. (It is advisable that the D.S.C. Clerk should be *ex-officio* Clerk to the Care Committee).

2. To meet monthly, or oftener, if required.

3. To co-opt representatives of local Sanitary Authorities, Tuberculosis Care Associations, District Nursing Associations, Women's Institutes, Medical Practitioners, Local Hospitals, N.S.P.C.C., &c.

4. To appoint the School Medical Inspector as Medical Adviser.

5. To receive from the School Medical Officer, through the D.S.C. Clerk, copies of all Forms M.I.54 issued to the School Nurses, giving particulars of each child referred for treatment by the School Medical Inspector.

6. To receive reports from the School Medical Inspector, Dentist or Nurse in respect of any exceptional case needing advice or assistance.

7. To establish and maintain a Voluntary Fund to meet current expenses.

8. To submit an Annual Report and Statement of Accounts through the District Education Sub-Committee to the County Education Committee for the year ending 31st December.

(*b*) *Essex County Nursing Association.* The District Nurse-Midwives under this Association are rendering valuable help in the work.

(*c*) *Essex Voluntary Association for Mental Welfare.* Assistance has again been rendered in voluntary supervision of cases of mental defect. Further, any cases of school age brought to the notice of the Association are reported to the Director of Education for further enquiry.

(*d*) *The N.S.P.C.C.* have continued to assist by paying visits to the homes of negligent parents and in one case brought an action against a parent, securing a conviction.

(*e*) *The British Red Cross Society.* A lady connected with this Society has continued to give much appreciated assistance at the Woodford Clinic.

(*f*) *The Ministry of Pensions* have taken interest in and rendered assistance in the case of children coming under the pension scheme.

17. Blind, Deaf and Epileptic Children.

(*a*) *Ascertainment* has continued on the lines previously reported as for other abnormal children. As cases are notified these are reported on by the Medical Officers on the necessary special forms and recommendations made to the Committee when special training is advised.

The children shown under the headings given in Table III. include specials up to 16 years of age.

(*b*) *Blind.* There are 17 children in residential schools, viz., 12 boys and five girls, and one boy, a myope, attends the Colchester day class for the partially blind.

(*c*) *Deaf.* 29 children (17 boys and 12 girls) are in residential schools.

For the blind and deaf the Committee have reserved 35 beds at the Gorleston Residential School and these, together with two additional beds, are at present occupied as follows:—

Under the heading of blind (10 boys, 4 girls).
" " deaf (15 " 8 ").

(*d*) *Epileptics.* Seven children (5 boys, 2 girls) are in Residential Schools and three in other Institutions, viz., 2 boys and 1 girl.

(*e*) *Mentally Defective Children.* 155 children (99 boys, 56 girls) are in attendance at Special Schools, and of these 32 (17 boys, 15 girls) are at Residential Schools. Two of the girls are blind and defective. There are four Special Day Schools at which children are in attendance, the numbers attending these being as follows:—

Centre.	Boys.	Girls.	Total.
Grays	31	11	42
Woodford	24	17	41
Romford	23	13	36

At each of these centres arrangements are made for the children to be provided with a mid-day meal at a low cost.

Baths are provided for children attending the Grays Centre.

The procedure adopted in previous years has been adhered to of submitting special reports on each defective child with advice as to special training.

Children who are educable and not refractory if in the area of a Special Day Centre attend there. Others not within reasonable distance of a Day Centre are placed on the list for future entrance to a residential school, if such action is considered necessary, selections being made from these as a vacancy occurs. The number of places available in residential schools is small, and consequently only the minority of these ever get there.

It is important that a defective child should, at any rate, if refractory, be segregated in a special school, not so much for the educational attainments expected to result from such special training, but rather for the child's own protection and the protection of others. It is also a useful procedure for the purpose of observation in order to ascertain the necessity or not for further retention after reaching the age of 16 years.

Ineducable children are reported for care and control to the Local Control Authority under the Mental Deficiency Act, 1913. During 1924, 35 children (boys, 23; girls, 12), were reported to this Authority; this number includes children also reported on attaining the age of 16.

After school age the following action is taken:—

(1) Children who have attended Special Schools, when approaching the age of 16, are reviewed for report to the Local Control Authority.

(2) Children leaving Elementary Schools who have not attended the Special Schools are reported by the Director of Education to the Essex Voluntary Association for Mental Welfare for further supervision, and, if necessary, for referring later to the Local Control Authority.

By these means efficient supervision and after-care are assured for the mentally defective adolescents.

Backward Classes. These have not been increased, the ways and means of dealing suitably with children for such classes being left to the discretion of the Head Teachers.

It may be noted that one class working in the St. Osyth Road School, Clacton-on-Sea, is doing particularly good work, and is used also as a manual instruction class for some mentally defective children.

Backward classes, if established, could render good work in the larger Centres, and would provide a medium for selecting the actually defective from the backward child. Such classes are, of course, economically out of the question in small country schools.

18. Nursery Schools are not established.

19. Secondary Schools.

One Secondary School has been added during 1924, viz., Wanstead County High. The following gives particulars of accommodation, &c.:—

	No. of Schools.	Accommo-dation.	No. on Books, 1st October, 1924.	
			Boys.	Girls.
Schools in Part III. Areas ...	10	3,648	1,420	2,276
Schools in remainder of County ...	8	1,905	465	1,454
Totals	18	5,553	1,885	3,730

There are four Trade Schools with accommodation for 808 pupils, the number on books on 1st October, 1924, being 516 boys and 238 girls.

Tables I. and II. give the numbers and results of examinations carried out in 1924. 3,515 pupils were seen at routine inspections, 718 as specials. These numbers are an increase of 1,558 on the figures for 1923. Further, 1,222 pupils were re-examined as against 347 for 1923. These numbers are gratifying, and show that the inspections are now more up-to-date, but there are still four boys' schools overdue. These will be completed shortly. At one school there were a number of refusals to examination. These cases have been individually enquired into, and as a result an early visit is to be made to the school in order to give the parents a further opportunity to present the children for examination.

Of the routine cases, 697 pupils were found to require treatment, that is 19·6 per cent. of the numbers examined or, if dentals and uncleanliness are excluded, as for Elementary children, 8.3 per cent.

Perusal of the figures shows that dental cases and defective vision contribute largely to the numbers requiring treatment.

Thanks are again due to the Head Masters and Mistresses of these schools for interest taken in the work and in the following up of cases referred for treatment.

Useful work continues to be carried out by the physical instructors in supervising exercises advised for minor cases of deformity.

20. Continuation Schools are not established.

21. Employment of Children and Young Persons.

Examinations as shown below have been carried out under these regulations. 477 children have been examined and reports furnished :—

	Boys.	Girls.
(i) Submitted for examination ...	459	18
(ii) Passed as fit	449	17
Employments :—		
(*a*) Farm work	14	3
(*b*) Home	73	3
(*c*) Gardening	16	—
(*d*) Paper delivery... ...	245	8
(*e*) Milk delivery	15	—
(*f*) Errands	45	—
(*g*) Others	41	3

22. Special Enquiries.

As a result of a request from the Chief Medical Officer of the Board of Education, special attention was directed to ascertaining incidence of Goitre in children seen at routine inspections of 12 years of age or over.

Of 4,828 children (2,526 boys and 2,320 girls) examined in the leavers group from he 1st April to the 31st December, 1924, 20 children (1 boy and 19 girls) were noted s having the thyroid sufficiently enlarged for the increase in the size of the neck to e noticed on casual inspection (without measurement or palpation).

The following conferences were held by the School Medical Officer during the ear :—

(1) In March with the Director of Education and D.S.C. Clerks, the chief topics of discussion being :—

(*a*) The bringing into closer relationship of the D.S.C. Clerks, School Nurses and Medical Officers, in relation to the Medical Inspection and treatment scheme.

(*b*) The work of the Care Committee and the resuscitation or formation of Committees where these had been allowed to lapse or had not yet been formed.

(2) In May with the Health Visitors for full discussion of the work in general, incuding Child Welfare.

(3) In December with the Assistant Medical Officers, several points in connection with school work being discussed.

These Conferences are from time to time necessary and result in misapprehensions eing cleared up, many useful suggestions for the betterment of the work being fully iscussed and propositions on the same formulated for future action.

3. Miscellaneous.

a) Bursar and Scholarship Candidates.

Table III. at the end of the Report shows that 937 pupils were examined under his heading, and, of these, 54 required treatment, excluding uncleanliness and teeth.

Perusal of the Table will show that there were 128 who required dental treatment gain, giving ample evidence that there is great lack of care and ignorance in this natter.

b) Pupil Teachers, &c.

Reports after examination were made on 10 Pupil Teachers, 24 Student Teachers and 25 Supplementary Teachers.

c) Propaganda and Lectures.

Medical Officers and Health Visitors have given talks at Women's Institutes, Mother's Meetings, Welfare Centres, &c.

It is proposed in the near future to increase Health Propaganda in the schools by neans of Health Lectures by teachers, with the co-operation of Medical Officers and Health Visitors to all older scholars and a syllabus for such lectures is being prepared.

4. Expenditure of School Medical Service.

Details of the expenditure of the School Medical Service for the year 1925-26 nd the previous five years are given in the following Table :—

EXPENDITURE OF SCHOOL MEDICAL SERVICE.

1.—Medical Inspection and Treatment—	Actual Expenditure.				Estimated Expenditure. 1924-25.	Estimate 1925-26.
	1920-21.	1921-22.	1922-23.	1923-24.		
Elementary Education.						
	£	£	£	£	£	£
Medical Officers' Salaries and Expenses	3,812	2,792	3,007	3,044	3,334	3,850
School Nurses' Salaries, &c. ..	1,459	1,491	1,612	1,719	1,871	2,105
Clinics, Drugs, Materials, Conveyances, &c.	1,525	1,500	616	877	1,190	1,540
Contributions to External Bodies ..	53	783	708	835	600	600
Clerical Assistance	723	763	814	816	824	900
Printing, Stationery, Postage, &c. ..	1,248	815	722	575	574	575
Other Expenses	116	236	122	50	103	110
Totals	8,936	8,380	7,601	7,916	8,496	9,680
	d.	d.	d.	d.	d.	d.
*Average Cost per child	33·67	31·42	28·63	30·01	32·21	36·70
Higher Education.						
	£	£	£	£	£	£
Medical Officers' Salaries and Expenses	530	490	553	553	596	570
School Nurses' ,, ,, ..	292	298	322	344	365	420
Clerical Assistance	90	98	103	105	106	118
Printing, Stationery, Postage, &c. ..	82	72	64	51	52	52
Totals	994	958	1,042	1,053	1,119	1,160
2.—Blind, Deaf, Defective and Epileptic Children	9,231	10,346	10,219	9,244	9,703	10,820
Totals ..	19,161	19,684	18,862	18,213	19,318	21,660

* The average cost per child in Elementary Schools in County areas throughout England and Wales in the year 1920-21, was 51d.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1924.

A.—ROUTINE MEDICAL INSPECTIONS

Number of Code Group Inspections.

	Boys.	Girls.	Total.
Entrants	3,612	3,394	7,006
Intermediates	3,091	2,673	5,764
Leavers	3,786	3,614	7,400
Totals	10,489	9,681	20,170

Number of other Routine Inspections .. .. Nil

B.—OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections ..	4,502	4,150	8,652
Number of Re-Inspections ..	4,256	4,029	8,285
Totals	8,758	8,179	16,937

TABLE II.

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

Defect or Disease.		Routine Inspections.		Specials.	
		Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment
(1)		(2)	(3)	(4)	5)
Malnutrition		16	436	219	143
Uncleanliness : ... ... (*See* Table IV., Group V.)		138	440	141	120
Skin	Ringworm :				
	Scalp	6	7	106	2
	Body	6	5	45	1
	Scabies	14	3	27	4
	Impetigo	17	14	444	1
	Other Diseases (Non-Tuberculous) ...	30	110	855	23
Eye	Blepharitis	42	68	99	27
	Conjunctivitis	7	10	84	2
	Keratitis	—	—	9	—
	Corneal Opacities	6	1	12	—
	Defective Vision (excluding Squint) ...	733	341	522	164
	Squint	62	59	74	17
	Other Conditions	22	32	133	9
Ear	Defective Hearing	32	86	62	71
	Otitis Media...	53	129	93	36
	Other Ear Diseases	3	16	115	17
Nose and Throat	Enlarged Tonsils only	275	475	230	205
	Adenoids only	194	116	125	34
	Enlarged Tonsils and Adenoids	167	49	184	10
	Other Conditions	37	435	92	88
Enlarged Cervical Glands (Non-Tuberculous)		14	127	123	59
Defective Speech		3	31	5	18
Teeth—Dental Diseases ... ... (*See* Table IV., Group IV.)		4647	591	1621	180
Heart and Circulation	Heart Disease :				
	Organic	5	90	85	53
	Functional	8	109	10	35
	Anæmia	17	250	35	71
Lungs	Bronchitis	12	100	92	8
	Other Non-Tuberculous Diseases	27	362	32	57
Tuberculosis	Pulmonary :				
	Definite...	—	3	19	2
	Suspected	13	23	85	5
	Non-Pulmonary :				
	Glands	7	34	30	11
	Spine	2	1	2	—
	Hip	2	4	2	—
	Other Bones and Joints	5	8	7	1
	Skin	—	—	2	—
	Other Forms	—	—	4	—
Nervous System	Epilepsy	4	12	10	6
	Chorea	—	17	29	2
	Other Conditions	7	61	50	19
Deformities	Rickets	5	90	5	10
	Spinal Curvature	10	67	8	16
	Other Forms	39	145	82	55
Other Defects and Diseases		147	540	503	166

TABLE II.—*continued.*

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

Group.	Number of Children.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
Code Groups :—			
Entrants	7006	600	8·56
Intermediates	5764	687	11·92
Leavers	7400	800	10·81
Total (Code Groups)	20,170	2087	10·35
Other Routine Inspections	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1924.

—	—	—	Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	12	5	17
		Attending Public Elementary Schools ...	2	4	6
		At other Institutions ...	—	—	—
		At no School or Institution	1	4	5
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elementary Schools ...	13	6	19
		At other Institutions	—	—	—
		At no School or Institution	10	3	13
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	17	12	29
		Attending Public Elementary Schools ...	4	3	7
		At other Institutions	—	1	1
		At no School or Institution	2	3	5
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools ...	7	5	12
		At other Institutions	—	—	—
		At no School or Institution	3	5	8

TABLE III—*continued.*

—	—	—	Boys.	Girls.	Total.
Mentally Defective	Feebleminded (cases not notifiable to the Local Control Authority.)	Attending Certified Schools for Mentally Defective Children	99	56	155
		Attending Public Elementary Schools ...	75	40	115
		At other Institutions	1	—	1
		At no School or Institution	46	16	62
	Notified to the Local Control Authority during the year.	Feebleminded	15	5	20
		Imbeciles	5	7	12
		Idiots	3	—	3
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	5	2	7
		In Institutions other than Certified Special Schools	2	1	3
		Attending Public Elementary Schools ...	14	7	21
		At no School or Institution	4	3	7
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	16	7	23
		At no School or Institution	3	3	6
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	5	8
		At other Institutions	—	1	1
		At no School or Institution	1	6	7
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	14	8	22
		At Certified Residential Open Air Schools	—	1	1
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	30	20	50
		At other Institutions	—	—	—
		At no School or Institution	17	5	92
	Delicate children (*e.g.*, pre- or latent tuberculosis, malnutrition, debility, anæmia, &c.)	At Certified Residential Open Air Schools	6	6	12
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	162	155	317
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	7	5	12
		At Public Elementary Schools ...	5	3	8
		At other Institutions	—	2	2
		At no School or Institution	9	6	15
	Crippled Children (other than those with active tuberculous disease), *e.g.*, children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools	8	10	18
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools .	126	100	226
		At other Institutions	3	2	5
		At no School or Institution	42	30	72

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1924.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm-Scalp	168	64	232
Ringworm-Body	59	28	87
Scabies	47	29	76
Impetigo	1029	64	1093
Other skin disease	1575	145	1720
Minor Eye Defects (External and other, but excluding cases falling in Group II.).	607	95	702
Minor Ear Defects	427	141	568
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, &c.)	3620	428	4048
Total	7532	994	8526

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	1148	280	39	1467
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	23	—	23
Total	1148	303	39	1490

Total number of children for whom spectacles were prescribed
(*a*) Under the Authority's Scheme ... 667
(*b*) Otherwise ... 92

Total number of children who obtained or received spectacles
(*a*) Under the Authority's Scheme ... 628
(*b*) Otherwise ... 71

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme —in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total number treated.
(1)	(2)	(3)	(4)	(5)
187	430	617	804	1421

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	5 ... 1597	Total ...	7729
	6 ... 1629		
	7 ... 1703		
	8 ... 556		
	9 ... 451		
	10 ... 469		
	11 ... 456		
	12 ... 456		
	13 ... 294		
	14 ... 118		
Specials			813
Grand Total			8542

(b) Found to require treatment 5978

(c) Actually treated 3338

(d) Re-treated during the year as the result of periodical examination ... —

(2) Half-days devoted to :—

Inspection	58	Total ...	290
Treatment	232		

(3) Attendances made by children for treatment 3358

(4) Fillings :—

Permanent teeth	737	Total ...	1230
Temporary teeth	493		

(5) Extractions :—

Permanent teeth	1176	Total ...	7437
Temporary teeth	6261		

(6) Administrations of general anæsthetics for extractions 1991

(7) Other operations :—

Permanent teeth	76	Total ...	120
Temporary teeth	44		

TABLE IV.—*continued.*

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	9
(ii.) Total number of examinations of children in the Schools by School Nurses	188,499
(iii.) Number of individual children found unclean	2,167
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	32
(v.) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	None
(*b*) Under School Attendance Bye-laws	8

SECONDARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS YEAR ENDED 31ST DECEMBER, 1924.

A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections.

Age.	Under 12	12	13	14	15 & over.	Total.
Boys	81	94	210	106	146	637
Girls	409	421	190	267	1591	2878
Totals	490	515	400	373	1737	3515

B —SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations.
Boys	14	17
Girls	704	1205
Totals	718	1222

Number of individual children found at Routine Medical Inspections to require treatment (excluding uncleanliness and dental diseases) 293

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1924.

Defect or Disease.	Routine Inspections.		Specials.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	1	74	—	13
Uncleanliness	8	13	2	5
Skin — Ringworm : Scalp	—	—	—	—
Skin — Ringworm : Body	2	—	—	—
Skin — Scabies	—	—	—	—
Skin — Impetigo	—	—	—	—
Skin — Other Diseases (non-Tuberculous) ..	2	18	2	5
Eye — Blepharitis	5	8	—	2
Eye — Conjunctivitis	—	3	—	—
Eye — Keratitis	—	—	—	—
Eye — Corneal Opacities	—	—	—	—
Eye — Defective Vision (excluding squint) ..	173	114	47	65
Eye — Squint	3	1	1	2
Eye — Other Conditions	2	8	1	1
Ear — Defective Hearing	7	11	1	12
Ear — Otitis Media	1	2	—	1
Ear — Other Ear Diseases	—	3	—	—
Nose and Throat — Enlarged Tonsils only	15	75	7	40
Nose and Throat — Adenoids only	9	—	2	2
Nose and Throat — Enlarged Tonsils and Adenoids ..	4	—	2	1
Nose and Throat — Other Conditions	3	36	3	8
Enlarged Cervical Glands (non-Tuberculous)	2	23	—	3
Defective Speech	—	2	—	—
Teeth—Dental Diseases	454	70	153	27
Heart and Circulation. — Heart Disease : Organic	1	20	—	3
Heart and Circulation. — Heart Disease : Functional	2	16	—	3
Heart and Circulation. — Anæmia	7	36	2	5
Lungs — Bronchitis	2	4	—	1
Lungs — Other non-Tuberculous Diseases	1	25	—	7
Tuberculosis — Pulmonary : Definite	3	—	—	1
Tuberculosis — Pulmonary : Suspected	2	9	—	1
Tuberculosis — Non-Pulmonary : Glands	1	4	—	2
Tuberculosis — Spine	—	—	—	—
Tuberculosis — Hip	—	—	—	—
Tuberculosis — Other Bones and Joints	1	—	—	—
Tuberculosis — Skin	—	—	—	—
Tuberculosis — Other Forms	—	—	—	—
Nervous System — Epilepsy	1	1	—	—
Nervous System — Chorea	2	—	—	—
Nervous System — Other Conditions	—	3	—	—
Deformities — Rickets	—	—	—	—
Deformities — Spinal Curvature	3	45	1	26
Deformities — Other Forms	4	54		
Other Defects and Diseases	11	142	3	31

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1924.

Scholarship Holders, Bursars, Etc.

Defect or Disease.		No. referred for Treatment	No. requiring to be kept under observation, but not referred for Treatment.
	Malnutrition	—	12
	Uncleanliness	6	10
Skin	Ringworm:		
	Scalp	—	—
	Body	—	—
	Scabies	—	—
	Impetigo	1	—
	Other Diseases (non-Tuberculous)	—	2
Eye	Blepharitis	2	—
	Conjunctivitis	—	—
	Keratitis	—	—
	Corneal Opacities	—	—
	Defective Vision (excluding squint)	37	39
	Squint	—	—
	Other Conditions	—	1
Ear	Defective Hearing	—	—
	Otitis Media	1	3
	Other Ear Diseases	—	—
Nose and Throat.	Enlarged Tonsils only	4	15
	Adenoids only	2	4
	Enlarged Tonsils and Adenoids	3	4
	Other Conditions	—	1
Enlarged Cervical Glands (non-Tuberculosis)		—	—
Defective Speech		1	1
Teeth—Dental Disease		128	20
Heart and Circulation.	Heart Disease:		
	Organic Disease	—	2
	Functional	—	3
	Anæmia	—	5
Lungs	Bronchitis	—	—
	Other Non-Tubercular Diseases	—	3
Tuberculosis.	Pulmonary:		
	Definite	—	—
	Suspected	—	2
	Non-Pulmonary:		
	Glands	—	—
	Spine	—	—
	Hip	—	—
	Other Bones and Joints	—	—
	Skin	—	—
	Other Forms	—	—
Nervous System.	Epilepsy	—	—
	Chorea	—	—
	Other Conditions	—	—
Deformities.	Rickets	—	—
	Spinal Curvature	—	13
	Other Forms	1	6
Other Defects and Diseases		—	6

Total number examined .. 937.

Number of Individual Children found to require Treatment (excluding uncleanliness and dental treatment) .. 54