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ESSEX EDUCATION COMMITTEE.

REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1927.

CHELMSFORD:
Printed by John Dutton. 8, Tindal Street and 91, High Street.



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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 onour to submit to you the Nineteenth Annual Report on Medical Inspection and reatment of School Children in the Administrative County of Essex for the year add 31st December, 1927.

1) Medical and Nursing Service.

On the 31st December, 1927, the Medical Staff, including those engaged on dministrative duties, consisted of the equivalent of 63 whole-time Medical Officers, thereas in 1914 the number was 62. It will, therefore, be seen that, even with the aree new appointments recorded on page 8 of this Report, the Medical Staff is ractically of the same strength as that provided before the War, despite the increase a population. This increase in population is most notable in the Dagenham area, there there is urgent need for the equivalent of an additional whole-time Medical efficer for medical inspections. Dr. Thomas, of Dagenham, states on page 24 that—"there are some 11,000 children on the school registers, and there are others waiting admission. Each year sees an addition of some 3,000 children to the chool population." This matter has already received consideration by the Medical nd Nursing Services Joint Sub-Committee, who have recommended the appointment of an additional Assistant County Medical Officer for the Dagenham area.

When the Chief Health Nurse (Miss D. M. Landon) was permitted to underake the duties of County Superintendent for the Essex County Nursing Association, was surmised that she would require an Assistant to cope with the supervising of he increasing staff of Health Visitors and District Nurses. During the year, the Iducation Committee agreed to such an appointment being made, and in January 928, Miss E. A. Davieson took up duty as Assistant Chief Health Nurse and assistant County Superintendent.

Arrangements are being made with the Dagenham Urban District Council for a Lombined Nursing Service for that area which, if ratified, will result in the equivalent of slightly more than one whole-time School Nurse for that area. This will not only trengthen the Nursing Service, but will increase the usefulness of each Nurse in the smaller and compact district allocated to her.

The additional Nurse sanctioned for the Braintree and Dunmow area in 1928 vill greatly facilitate the work of following up cases needing treatment in that part of the County.

2) Inspections.

Parents realise to-day that medical inspection is part of the school life of every shild and includes a routine medical overhaul on admission, at mid-school life and on leaving. This view is corroborated by Dr. Alderton (see page 15), in his statement that—"it would appear that parents are acquiring the habit of looking orward to medical inspections."

Objections to inspection diminish year by year and this is to be expected when t is remembered that many parents have themselves had the advantage of and

benefited from the scheme of medical inspection and treatment which was commenced in this county nearly 20 years ago.

A summary of the examinations carried out in the Elementary Schools during the years 1926 and 1927 is presented below:—

			Number examined.		
			1926.		1927.
Three Code Groups			23,582		24,313
Specials		***	6,029		4,964
Re-inspections			14,846		14,802
T	otals		44,457		44,079
					section and section

It is to be regretted that medical inspection is not enforced in all Secondary Schools, as parents of children who pass to such schools are often at a loss to understand why inspection is restricted to the Elementary Schools.

Table II (page 38) enumerates the defects found by medical inspection. One child out of every three children examined in the Code Groups was found to have dental disease requiring treatment or to be kept under observation. There was a noteworthy increase in the number of undernourished children requiring to be kept under observation, more particularly in the Romford and Orsett Districts. Information is not available as to whether this was due to lack of means or to the indifference or ignorance of the parents to provide a daily diet suitable for rapid physical development. Too many children, as Dr. Bradshaw points out, bring food to school to eat during the dinner hour consisting "for the most part of two very thick slices of bread with a thin scraping of margarine." This emphasises the need for an extension of Domestic Service Centres so as to cover all parts of the County, as a girl's education is incomplete unless she has had some training in the vital part of home-life, namely, the provision and cooking of food. Without suitable and sufficient nourishment, children are unable to take full advantage of the education provided in schools.

(3) Treatment.

Good work has been done again by the dental schemes undertaken by the District Education Sub-Committees, and the purchase of three additional portable outfits has resulted in more children being treated. Without the provision of a travelling dental van, however, it is difficult to see how treatment can be obtained by the children in remote rural areas. There is urgent need for a whole-time dental surgeon who could undertake these visits to the outlying parts of the County.

The ascertainment and inspection clinics for orthopædic cases have been greatly appreciated by the parents. 44 were held at 15 centres when the Orthopædic Surgeon examined and advised upon 393 children.

Early diagnosis and surgical treatment of crippling defects, combined with after-treatment and after-care, are essential in all Child Welfare and Medical Inspection schemes, but until more Funds are available it is impossible to cope with the increasing number of children (52 at the present time) needing institutional treatment. Progress, however, has been and is being made in the work of ascertainment, after-treatment and after-care. I sincerely hope that the Committee

ill give serious consideration to the question of increasing the number of beds for ese children, and thus be the means of correcting or relieving as early as possible hat otherwise might be life-long deformities with their attendant physical mitations.

In the near future, the newly erected Combined Treatment Centre will be opened Maldon. This is an attempt by the Education and Public Health Committees modernise and centralise under one roof a Clinic which may be regarded as the ealth Centre under the Medical Inspection, Child Welfare and Tuberculosis hemes.

) School Buildings.

The new schools on open-air lines admitting the maximum amount of sunshine e ideal and must inevitably reflect upon the general welfare of the children and nd to raise the standard of the older and not too satisfactory schools in the County, isits to many rural schools, especially in the winter time, reveal the need of better eating and ventilation, and improved facilities for drying clothes and footgear and roviding warm drinks with mid-day meals. Every school should set as high a andard as possible in respect to light, ventilation, heating, cleanliness, equipment ad surroundings.

i) Health Education.

In my Report for 1925, I included a Hygiene Syllabus which had been issued to lead Teachers with instructions to give appropriate talks to the older scholars. The coard of Education have now published a "Handbook of Suggestions on Health ducation" for the consideration of Teachers and others concerned in the work of ublic Elementary Schools, which points out that "the health and well-being of the nild is the primary foundation of its education. Hygiene is so essential that it in never be merely a 'subject' of instruction, but must enter into the total life and experience of the child, for upon the sound practice of hygiene his very cistence depends." A copy of this Handbook should be in the hands of every Head eacher, upon whom depends the success of any health teaching which may be ndertaken in schools.

I take this opportunity of recording my indebtedness to the Chairman and Iembers of the Education Committee and Medical Inspection Sub-Committee. My nanks are also due to the Director of Education, Head Teachers, Clerks to the District Education Sub-Committees, and the Medical, Dental, Nursing and Clerical ervices 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,

PUBLIC HEALTH DEPARTMENT, DUKE STREET, School Medical Officer.

CHELMSFORD.

3th March, 1928.

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ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1927.

Staff, &c.

The estimated population for the Geographical County of Essex for 1926 was 34,400, allocated as follows:—

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

(a) Elementary and Higher Education ... 518,110

(b) Higher Education only ... 479,490

(2) County Boroughs 566,800

In area (1) (a) mentioned above there is an acreage of 928,502, and this is vided with 423 elementary schools, consisting of 245 non-provided and 178 council cools, including three intermediate and three special schools for the mentally ective. These schools contain 522 departments. The average attendance for 1927 s 61,222. Secondary schools are eight in number with an accommodation for 58 pupils.

Area (1) (b) has 14 secondary and trade schools with accommodation for 4,682 bils.

There are also 13 aided secondary schools within the County with a total nber on books of 4,000. Of these, medical inspection is carried out under the uncil's arrangement for one only, with number on books of 103 girls.

The following changes took place in the Medical, Dental and Nursing Staff during 27:—

- (a) Assistant School Medical Officers.
 - (i) Existing Staff. (See page 5 of Report for 1926.) Re-arrangement of duties.
 - Dr. C. R. Brown now devotes part of her time to Child Welfare work.

(ii) New Appointments.

- N. E. Chadwick, B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. Appointed in January, 1927. Remainder of time occupied as Tuberculosis Officer.
- E. W. C. Thomas, M.D., B.Sc., B.S., M.R.C.S., L.R.C.P., D.P.H. Appointed April, 1927. Remainder of time occupied as Medical Officer of Health to Dagenham Urban District.
- J. S. Bradshaw, M.B., Ch.B., D.P.H. Appointed May, 1927. Remainder of time occupied as Medical Officer of Health to Witham Urban District, Tuberculosis Officer and Child Welfare Officer.

(iii) Resignation.

Dr. K. Simpson (July, 1927). Combined Medical Officer, Barking Urban District.

The services of the medical staff, including administrative duties as made use of for school medical work, represent the equivalent of 6³/₄ full time medical officers.

(b) Dental Staff.

The part-time Dental Surgeons mentioned in the Annual Report for 1926 continued to render services in the districts named therein, with the addition of E. R. Howlett, L.D.S., R.C.S., for the Braintree District and S. J. F. Webb, L.D.S., R.C.S., for the Dunmow District.

(c) School Nurses.

The following changes of staff took place during 1927 :-

Dagenham.

In October, 1927, Miss E. F. Richards became whole-time Tuberculosis Nurse and Miss A. L. Hinton was transferred from general health visiting in the Billericay District to full-time school work in Dagenham.

Billericay.

The vacancy caused by the transfer mentioned above had not been permanently filled at the end of the year.

Maldon.

Miss Clapson (February, 1927) and Mrs. Tansley (April, 1927) resigned and were replaced by the following:—

Name. Qualifications.

I. Ferguson ... General Training and Certified Midwife.

M. E. O. Dilcock ... ,, ,,

Clacton.

Miss B. V. Webb, who acted as District Nurse in the Clacton Urban District, resigned in November, 1927, and was replaced by:—

Name. Qualifications.

E. Stott ... General Training and Certified Midwife.

Romford.

The following Health Visitor was taken over from the Romford Rural District Council in January, 1927, the County Council becoming the Authority under the Notification of Births Acts:—

Name. Qualifications.

Mrs. E. H. Fawcett ... General Training, L.O.S. and R.S.I.

Co-ordination of Health Work.

The practice of making combined appointments in the Health and School Medical vices of the County has been continued and during the year two such appointnts have been made, these being the ones foreshadowed in last year's report. In
ril Dr. Thomas was appointed Medical Officer of Health of Dagenham Urban
trict (estimated population 55,000) and School Medical Inspector of the same
srict. In May Dr. Bradshaw was appointed Medical Officer of Health of Witham
oan District (population 3,980), School Medical Inspector of the same and
oerculosis Officer.

There has been no reason to change the opinion that such appointments are rantageous both to the Medical Officer and the District served, and it would appear ecially advisable that the Child Welfare and School Health Service should as far possible be linked up in the same organization, and thus ensure a continuous chain the Public Health Service in the interest of the young child.

There is room for much further co-operation and this view is emphasized by Dr. Pearse, of the Ministry of Health, in his Report on the Co-ordination of Public alth Services in the Counties of Essex, Hampshire, Gloucester and West Sussex, m which the following extract is taken:—

"The School Medical Inspector, being also Medical Officer of Health, "is familiar with housing and other environmental conditions.

"The Medical Officer of Health, in his capacity as School Medical "Inspector, from his school examinations and from information furnished by the parents, has an additional and invaluable means of learning of remediable local conditions injurious to health.

"School teachers report children living under unsatisfactory conditions "and these can be followed up.

"The combination is of special value in the control of epidemic diseases and of verminous conditions."

"Environmental conditions affecting schools can be more readily dealt with e.g., nuisances in the vicinity.

"The school work ensures that various portions of the district are "visited regularly and gives opportunity for other investigations."

Health Visitors continue to carry out combined duties in their various districts to the advantage of all concerned. During 1927 there has been little change in the services of the Health Visitors; the number is one more than last year, i.e., 36 who take part in school work, equivalent to 14½ whole-time School Nurses. One of these, however, viz., in the Dagenham area, is at present giving full time to School Work pending an arrangement with the Local Urban District Council, who is the Authority under the Notification of Births Acts, when it is suggested that there will be a pooling of services of the Health Visitors of the district in order that their duties may be so arranged as to make it possible for the same person to be responsible for the visiting of both School and Child Welfare cases in each particular section of the district. Should the suggestion mature, it will be of advantage to the work and an added interest to the Health Visitor's duties, as well as a prevention of overlapping of duties and an unnecessary waste of time in one person covering a large urban area.

The appointment of an Assistant Chief Health Nurse and Assistant County Superintendent will considerably augment the work of the Nursing Service of the County and help in the co-ordination and regularizing of that Service.

As in previous years, the services of the District Nurse-midwives are available for assistance in following up children referred for treatment, etc. These now number 144, an increase of three during the year.

(a) Infant and Child Welfare Centres.

As indicated in last year's report, the County Council assumed responsibility for the Child Welfare Centres in Romford Rural and the adjoining Hornchurch Urban Districts, i.e., Upminster, Rainham and Hornchurch. In addition, the West Mersea Centre came under the County Scheme in January, 1927.

The following additional Centres were opened during the year:—Great Yeldham, Burnham-on-Crouch, Belchamp St. Paul, Pitsea, Ongar, South Benfleet, Radwinter, Terling, Rayleigh and Rivenhall, one Centre only being closed, viz., Bentley (South Weald), leaving at the end of the year 52 Centres participating in the scheme, an increase of 13 on the previous year.

(b) Nursery Schools are not established.

Care of Debilitated Children under School Age.

These are reviewed at Child Welfare Centres and Clinics, the Health Visitor owing up in order, as far as possible, to ensure that treatment is carried out.

Facilities provided for Children who partake of the Mid-day Meal at School.

In very few schools is a meal actually provided. In a large number, however, lities are given to obtain a hot drink, &c., and to see that the meal is partaken n an orderly and regular manner.

The reports of the Medical Officers show that there are still some schools which little or no interest is taken in this most important matter.

It is true that parents are often not helpful in willingly taking advice on the terial which the child should bring to school for the mid-day meal. Where, wever, the teacher is enthusiastically taking this matter up and is willing to e a little trouble to the extent of interviewing the parents on the subject, good ults will usually follow.

It must be remembered that frequently country children, including those of tender irs, have to take a long journey to school often after a hasty and not too well vided breakfast. For these children it is essential that the mid-day meal, even ight, should be partaken of under the best possible circumstances, and it is a great uvant, especially in the winter, if a hot nourishing drink can be provided to be ten after the meal.

School Hygiene.

Similar to previous years, all structural or hygienic defects as brought to notice we been referred to the Director of Education.

During 1927 reports were submitted on 32 schools, attention being directed to following, amongst others:—

The condition of playgrounds and offices, provision of heating, lighting, water supply, school furniture, accommodation in classrooms and cloakrooms, together with recommendations on the cleanliness and ventilation of these.

There is evidence that greater interest in general will be shown in future in the gienic condition of schools, the scholars and their surroundings, and recently the ard of Education have issued regulations and further literature on this which build all tend to foster a raising of the standard of hygienic conditions and healthy sthods of living. Education Authorities are beginning to realise that, although acation is the main object of compulsory attendance at school, steps must be taken ensure that the physique and health of the child do not suffer through attendance unsuitable and insanitary surroundings.

In some respects the school life of a child is from a physiological point of view too restrictive. The young normally in all branches of animal life are characterised by constant movement and activity, and forced restriction of this activity, as is the fashion by retention of children in school for four or five hours in the day, must be compensated as far as possible by providing that they shall be under the best hygienic conditions whilst in school.

In order to ensure this, schools must be-

- (1) Suitably placed as to site and conveniences.
- (2) Well built and with ample accommodation.
- (3) Adequately ventilated, lighted and heated.
- (4) Provided with conveniences for the drying of clothing.
- (5) Provided with facilities for the mid-day meal being warmed for the children who come from a distance.
- (6) Suitably furnished.
- (7) Supplied with good sanitary conveniences and have good drinking water available.
- (8) Efficiently and sufficiently cleansed.
- (9) Provided with playground and playing field accommodation.

It is the duty of the teacher and school to teach every scholar to produce cleanliness not only of the body, but of its surroundings. Personal hygiene must be taught as a practice which touches daily life. The presence of theory and absence of practice are too prevalent and have little useful effect on the child's mind. Laxity in supervision of the cleanliness of scholars and school premises allows and openly encourages lack of cleanliness of the children and their clothes.

General health depends largely on personal habits, influenced, it is true, by surroundings. Individual responsibility must be encouraged, and cannot be transferred to the general community.

Extensive building operations have continued during the year and are still in progress, more especially in relation to the Dagenham and Becontree Estates of the London County Council, where the County Education Authority has a tremendous problem of providing schools within a few years for an increasing population of already some 12,000 scholars.

Four new council schools have been opened during the year, viz.:—Dagenham Alibon Road, Romford Intermediate, Nevendon and Silver End (Temporary).

The following three non-provided schools have been permanently closed:— Fairstead C.E.. Mistley Horsley Cross C.E. and Tilbury C.E.

Medical Inspection.

(a) Similar to previous years, children of three age groups have been examined, in addition, a number of children have been examined as specials and 14,802 xaminations were made.

Figures showing the totals of these examinations are given in Table I. A and B. re are some arrears to be made up in 1928 in the Dagenham, Braintree, Dunmow Rochford areas.

- (b) Ascertainment of crippling defects has proceeded as in previous years and the eral progress of the orthopædic scheme for treatment of such defects has added an reasing interest in these conditions—see 8 (i).
- (c) Holding of inspections off the school premises. During the year it was found the search to this as set out below:—

School. Place of Examination.

Horndon-on-the-Hill ... Old Guildhall.

Epping ... Church Room.

Findings of Medical Inspections.

The Tables at the end of the Report show the results in detail.

Tables I. A and B, giving numbers examined, show an increase in routine minations and decrease in special examinations as compared to the figures for 26, the total number of examinations being 44,079, as compared to 44,457 for 26.

Table II. A shows in detail numbers of defects requiring treatment or observation, I the figures for dental diseases, defects of nose and throat, and visual defects as usual contribute the highest numbers.

Table II. B refers to individual children examined in the routine age groups, clusive of those referred for dental treatment and uncleanly conditions, showing at 12'41 per cent. were referred for treatment, an increase of 2'34 per cent. on the svious year.

It will be of interest, here, to compare the figures for the past four years :-

		N	No. of Routine Inspections.	Per cent. referred for treatment.	
1924	***		20,170	10.35	
1925			24,722	11.53	
1926	***		23,582	10.32	
1927			24,313	12'41	

It will be seen that the percentage referred for treatment for 1927 shows an crease on the previous years. This is, to say the least, disappointing, and would do show that either the Medical Officers are becoming more critical in the

diagnosis of the conditions which require treatment, or that insufficient attention is being paid to efforts of following up in order to ensure that any abnormal conditions found are treated expeditiously and persistently until remedied. In order to get the abnormal conditions found efficiently treated, it is essential that all concerned must use every endeavour to see that the facilities for treatment provided are fully made use of and that parents are brought to see the necessity of getting early and adequate medical treatment for all abnormal conditions referred.

The figure 12'41 per cent., however, compares favourably with 20'3 per cent., the figure for England and Wales as given for 1926.

(a) Uncleanliness.

Similar steps to previous years have been followed in guarding against uncleanly conditions and following up children found to be neglected in this respect.

In the inspections carried out by Medical Officers, taking routine and specials combined, only 86 children were found requiring actual treatment and a further 534 required observation, showing that progress in this work is maintained.

Table IV., Group V., gives further details of the work carried out by the nurses in the schools, the average number of visits to schools being 11, and 217,418 examinations were made, 2,283 children being classed as unsatisfactory.

Cleanliness is one of the results of school medical inspections which has shown most satisfactory progress, in that it is now rare to discover a child with actual pediculi. Small as the numbers are of those infected with nits in comparison to the early days of inspections, there are still too many, and this will be the case as long as one child can be found in the school with nits in the hair.

In the days of long hair there was little excuse for such neglect, and now with the fashion of short hair there is no excuse.

The presence of a child in school with nits must be regarded not only as a failure in cleanliness on the part of the mother and child but also as a lack of discipline on the part of the teacher.

Hot baths at Grays and Tilbury continue to render useful service in the cause of cleanliness. 3,599 baths have been given at the former and 3,898 at the latter, a large increase in number on the previous year.

Legal proceedings were taken against four parents only during the year-

Under School Attendance Bye-laws, 3; 2 being fined. For general neglect, 1; father given one month's imprisonment.

In one case only a child was cleansed under Section 87 of the Education Act.

Other conditions needing treatment.

The Medical Officers visit the school, not only for the routine inspection of the ticular children who come under the routine age groups, but for the examination my child brought forward by the teacher, nurse or parent.

It is at such visits that inquiry is made into any mental and physical defect and, ar as possible, advice given to the parent, either direct or written.

Every opportunity should be taken in impressing upon the parent the necessity etting treatment for any condition as soon as discovered, with a view to remedying condition as early as possible.

Extracts from Medical Officers' Reports.

Dr. W. H. Alderton-

Medical inspections were greatly interfered with in January and February on account of influenza prevailing in the district and several engagements had to be re-arranged in consequence. Apart from this initial inconvenience, the inspections passed off smoothly, with a minimum of objections to inspection. It would appear that parents are acquiring the habit of looking forward to medical inspections, especially where the inspection concerns the younger members of the family.

Dental treatment has increased this year, chiefly due to the efforts of the Clerk to the D.S.C., and two dental surgeons have at times been employed. Inspections have also been undertaken by the dental surgeons and it is hoped that full benefit will be obtained from these. The district has been better covered than formerly and dental treatment has been carried almost to the very doors of those requiring it. Too much insistence however should not be placed upon a clinic paying its way, as this, whilst increasing the numbers treated, will decrease the efficiency of the work and make conservancy treatment impossible.

Minor ailment clinics and refraction clinics have been satisfactorily attended. Where treatment is required it is found that persistence in following up will produce the necessary consent in the long run. This is well shown in a particular case I have in mind. A child was recommended for removal of adenoids on account of deafness. Visits were made to the parents by at least half-a-dozen people; besides actual refusals to accept treatment, at least three appointments were not kept. Persistence won in the long run, and twelve months from the time the advice was given the operation was done, the hearing of the child has improved; the child himself wishes he had had the operation earlier!

Orthopædic clinics have been satisfactorily attended during the year; there is however a difficulty where children have to come in from out-of-theway places; in some cases the difficulty has been overcome by residents placing motor transport at their disposal. Another difficulty is the lengthy wait of cases requiring hospital treatment. Anxious mothers are difficult to appease and others change their minds after a long wait. If something could be done it would be appreciated.

On walking into one of the smaller schools in my district one day, I was agreeably surprised to find a hot mid-day meal in process of preparation. The senior girls are divided into sections, each of these taking duty for a week. They prepare a week's menu for approval by the head teacher, who makes the necessary purchases; the girls then do everything else. The meals are served on trestle tables, complete with tablecloth, knives, forks, spoons, &c.. and a charge of about twopence is made. Wonderful, when the meal consists of a hot roast, with two vegetables and a sweet.

All Medical Officers who haven't seen a model school should visit the new school at Stow St. Mary's complete with polished floors and two bathrooms; the children change into slippers on arrival at school, hence the utter cleanliness of the rooms. Everything in connection with the school was obtained for the asking.

Dr. M. Barker-

Medical inspection of scholars has revealed on the whole a satisfactory state of physique. Most of the abnormal conditions found are amenable to treatment, and there is little evidence of serious disability.

Dental treatment. A large number of children have been referred for treatment, and it is gratifying to note that so many parents have consented to the necessary treatment being carried out, some 200 children being treated at gas clinics. The importance of a mouth free of septic teeth is certainly being recognized by the parents.

The percentage of children found to be suffering from defective vision is about the average, and glasses have been supplied where indicated.

The work of the minor ailment clinic continues to be helpful both as regards advice as to minor debilitative influences, which are likely to affect school attendance, and also as a means of reassuring parents as to the benign character of any imaginary weaknesses.

There are still instances of children suffering from slight catarrhal of other conditions abstaining from school for longer periods than are necessary often it would seem with detriment to themselves.

The appointment of an orthopædic specialist, whereby definite and doubtful cases of such disability may be referred for advice, has greatly assisted the work of the School Medical Service.

Dr. M. Bennett-

Inspections have been carried out with cordial co-operation on the part of the teachers.

Personal cleanliness in most of the schools is good. In one school considerable trouble was incurred in dealing with two families of van dwellers. In a few schools cleanliness of hands is urged by teachers and encouraged by a scheme of reward cards and prizes with good results.

Clothing in the case of girls owing to prevailing fashions has improved. Boys' clothing has shown less improvement; these are rather over than underclothed, although the tendency is decreasing somewhat.

Dental treatment has increased but, in spite of continued propaganda, there is still a lack of acceptances for conservative treatment.

Neglect to wear glasses when provided, or delay in getting them repaired when broken, occurs more often than it should. The inauguration of the myope class will be of some assistance to the high degree myopes.

The tonsils and adenoids treatment scheme continues to give good results.

In general in the country schools hot drinks are provided in winter and arrangements made for the children to sit down to eat their mid-day meal.

Dr. W. T. G. Boul-

Medical inspections and treatment have proceeded satisfactorily during the year, and I am pleased to record several advances in the work.

Inspections being completed by the end of November, an opportunity was given for second visits to the schools. There is no doubt that year by year there is less and less parental opposition.

School clinics have continued and render useful assistance, and the numbers in attendance are on the increase. There is, however, still much to be done with regard to the treatment of minor ailments, as the present clinics are available for only a small proportion of children attending the rural schools.

The scheme for removal of tonsils and adenoids at Tilbury Hospital has worked well, and in every case the result of the operation has been satisfactory. 66 cases have been operated on as compared to 55 for 1926.

Dental treatment has again increased considerably, and this is all the more gratifying as it will be remembered that the numbers treated in 1926 were 50 per cent. in advance of those treated in 1925. Conservative treatment is still insufficient, and every effort should be made to increase this.

A few dental inspections have been held, which have resulted in a number of cases applying for treatment at the clinic.

The number of school children in the area is quite sufficient to merit the employment of a Dental Surgeon full time. I would here record my thanks to the Dental Surgeon for his co-operation during the year.

Refraction clinics are well attended, and there is no waiting list. The number of children with short sight seems to be high, thus the decision to provide a myope class is very welcome.

The class will commence on the 16th January, 1928, and the necessary consent of the parents of 25 children has already been obtained.

In this industrial area there are a number of children suitable for education in an open-air school, and it is gratifying to record that the establishment of such a school is now receiving consideration. It is sincerely hoped that the Education Committee will see their way to provide this, even if only upon a small scale.

Orthopædic treatment has increased during the year, and it is hoped that the after-treatment centre will be organized and developed early in the New Year.

Dr. J. S. Bradshaw-

Routine examinations were carried out according to programme, the attendance of mothers being on the whole fair.

A few children were found with neglected clothing and hair, and the majority appear to be strangers to the tooth brush.

The chief defects requiring treatment are tonsils and adenoids and carious teeth.

The food which the children bring to school to eat during the dinner hour consists for the most part of two very thick slices of bread with a thin scraping of margarine; hardly sufficient, especially during the winter months. The arrangement for providing cocoa during the dinner hour seems to meet with little response from the mothers, although the charge is small.

Dr. C. R. Brown-

Routine inspections were carried out in the Romford Schools and assistance given in this work in the Dagenham Schools.

The proximity of these districts to London renders it possible and comparatively easy for parents to get assistance in the way of treatment for their children at one of the large hospitals.

The scheme for assistance in the treatment of tonsils and adenoids works admirably and is well appreciated.

There is at times some delay in obtaining X-ray treatment for ringworm cases.

Dental treatment under the local scheme has progressed satisfactorily. The willing help and ready co-operation of the dental surgeons are much appreciated.

Refraction clinics have been held as required, and there are very few cases of known defective vision remaining untreated.

Orthopædic clinics have again been held, and there is still in some cases delay in obtaining hospital treatment.

Dr. L. S. Fry-

The attendance at medical inspections has been well up to the average. Objections are confined mainly to two or three schools where they have always been somewhat numerous. It is difficult to give any precise reason for this.

Dental treatment has been steadily carried on through the year. In the Epping district the dentist has carried out inspections in 13 out of 22 schools. Parents of children referred for treatment have been notified through the Education Office and the Correspondent of each school subsequently notified of those refusing treatment. This has resulted in an increase in the number of children receiving treatment. 1,492 children were inspected and 1,025 referred for treatment. 380 children were treated at extraction clinics and 118 at conservative clinics.

There is a noticeable improvement in the children's mouths, there being far fewer requiring wholesale extractions as compared to a year or two ago.

The judicious use of ethyl chloride as an anæsthetic enables the dentist to deal more effectively with difficult extraction cases. In my opinion this is the anæsthetic of choice for small children requiring more than three or four extractions, provided that there are suitable facilities for recovery.

Orthopædics. Three inspection clinics have been held. Of the eight children recommended for operative treatment, three only have received treatment. The prolonged interval between the inspection and the treatment recommended being carried out must give rise to some dissatisfaction amongst parents in certain cases. It is hoped that the scheme now maturing to open local after-treatment centres in conjunction with the local

branch of the British Red Cross Society in Woodford and later in Epping, will facilitate earlier discharge from hospital and result in a quicker turnover of cases.

Tonsils and adenoids operations have been carried out under the Committee's arrangements in a number of cases, and the results have been very good. It is advisable, however, that in all cases the child should remain in hospital one night after the operation.

Mid-day Meals. At the Epping Upland school hot milk is provided at a low charge, and about 12 children take it regularly. A careful note was taken of their weight in October, together with that of 12 others of comparable ages and weights for comparison. These will again be weighed in April, as last year 8 children who regularly took milk showed an average gain of $5\frac{1}{2}$ lbs. in 6 months.

In most schools there are facilities for heating cocoa, Oxo, &c., when brought by the children. The food brought by children for the mid-day meal is often of poor quality. In one school, where about 40 per cent. remain for dinner, about 70 per cent. of these on a particular day had brought only bread and butter and jam or bread and butter and cake with an apple in some cases.

One would like to see milk available in every school for children who have to come a long distance, for there are few of these who would not benefit by an increased consumption of that food. The difficulty is usually the cost, and in one or two places the obtaining of milk.

I take this opportunity of acknowledging the ready help and co-operation I have received from the Clerk to the D.S.C., the Dentist and the Health Visitor in school medical work generally.

Dr. P. J. Gaffikin-

Routine medical inspections, following the re-arrangement of duties, have made good progress with reduction of arrears.

The general health of the school children is on the whole good. The children of the rural areas do not compare favourably with the urban children. Whilst the country child may still be physically superior to the child from the crowded parts of the great cities, the physique in this district is highest in the small industrial towns. In the rural areas, in my opinion, the children begin school at too early an age. To walk to school, often a considerable distance over bad roads, remain all day without an opportunity for a mid-day rest, or a satisfactory mid-day meal, and to return after the afternoon school, is too much for a child under six years of age.

The school premises in some cases are excellent; in others they leave much to be desired, particularly in the matter of lighting and cleanliness. The latter point in particular requires more attention.

The school clinics are rendering useful assistance in treatment of minor ailments but, to obtain full use of these, there must be complete co-operation with the head teachers.

Dental treatment has made some progress but further developments are needed, and I would urge that it is necessary to carry the dental clinic to the villages, as the cost of travelling to the towns prohibits the attendance of children from the rural schools.

Dr. W. Harvey-

Medical inspections and treatment have proceeded satisfactorily during the year.

Arrangements for dental treatment have improved but there is still room for more conservative work.

Arrangements for the removal of tonsils and adenoids at the Brentwood Cottage Hospital are quite satisfactory and especially appeal to the parents who like to have their children operated on near home and by a surgeon they know.

I am impressed by the help and kindness which has been shown to me by the head teachers and by their confidence in the school medical service. The teacher has a great influence in improving the standard of health in the school and in encouraging the acceptance of recommendations for treatment.

Dr. N. S. R. Lorraine-

School medical inspection has been somewhat delayed, due to increased duties in other branches of preventive medicine. Parents attend inspections in large numbers and show an interest in the work which is bound to be beneficial.

The parents are becoming increasingly independent persons regarding themselves, and requiring that others should regard them as the persons primarily responsible for the health and upbringing of the child.

Dental and minor ailment clinics are a success and appreciated by the parents.

Increasing attention is being given to the treatment of enlarged tonsils and adenoids and early exclusion and treatment of skin diseases, e.g., impetigo.

I take the opportunity of expressing my gratitude to the Health Visitors and all the School Authorities for their close co-operation and untiring efforts to assist with this important branch of preventive medicine.

Dr. W. A. Milne-

During 1927 routine inspection has been limited to the same age groups as in preceding years and calls for no special comment, except perhaps to state again that the steady, if slow, general improvement in the health and cleanliness of the scholars is being maintained, no doubt in large measure due to the medical supervision provided under the Act.

While now one rarely sees cases of gross dirt and vermin, there are still far too many cases of impetigo—essentially a filth disease—which is responsible for swelling the school clinic figures and at the same time for the loss of a considerable amount of school time. Some of the teachers complain of the time lost over this disease, but they themselves, by instilling into the minds of the scholars that the free use of soap and water is more efficacious than ointments, are perhaps in the best position to deal with it.

Arrangements with the local hospital for the treatment of tonsils and adenoids have worked very satisfactorily during the year and the services of a radiologist are also available.

Increased facilities for dental treatment are now available and it is satisfactory to note that we now get enquiries from parents as to when the clinics are held; the old objections seem to be dying out.

The orthopædic clinics continue in popularity and can do a large amount of good, especially when supplemented by after treatment which is available in Clacton. In this as in most other cases it is necessary to begin early. Orthopædics is as much a branch of the child welfare as of the school service.

Dr. J. Ramsbottom-

Medical inspections have proceeded as in previous years and, judging by the percentage of attendances at the inspections, parents appear to be taking a considerable interest in their children's welfare. I find that parents generally readily obtain private medical treatment when so advised. A few parents, probably about 2 per cent., withhold their children from the medical inspection. This is regrettable, as in all probability the refusal to present the child for examination is frequently due to fear on the parents' part that such examination would bring to light some defect in the child's condition.

In my work as School Medical Inspector and Child Welfare Officer I have formed an impression that there is some deterioration in the physical fitness of children between the age of 1½ years and age of entry at school.

It is most important that teachers should realize that when a child is transferred from one school to another the medical card should follow the child.

Dr. M. D. Rankine-

In Braintree I have inspected the girls at the intermediate and high schools. In these schools it is quite the exception to get refusals to examinations, and after-treatment has been fairly well carried out.

In this area treatment of the elementary school child is handicapped in that there are no local funds to provide oil and malt for necessitous cases. Dental clinics are also few and far between, although the need is urgent.

In the Maldon area facilities are better and the Committee help very much. Dental clinics are well attended but more conservative treatment would be beneficial.

Orthopædic clinics have been held and a considerable number of children have been attending; there is, however, a regrettable delay in getting the necessary treatment carried out.

There is also great delay in getting children away to a convalescent or open-air school, and this delay is a great cause of the parents' refusal to let their children go when the vacancy does arise.

I find that in both secondary and elementary schools where the head teachers are in sympathy with the medical inspections we hardly ever get a refusal.

In some elementary schools head teachers provide hot cocoa and milk for the children during the dinner hour, the cost being only twopence a week, and I would be glad if more head teachers could do this.

I am much indebted to the health visitors. They have worked well and given me a great deal of assistance in carrying out my work; without this help, the work would be much more difficult.

After nearly eight years' work in the County, I am convinced that during these years there has been a very decided improvement in every way in the health of the school children.

Dr. J. S. Ranson-

Medical inspections and the treatment of defects found have proceeded as in former years without much difficulty.

The Welfare Committee continue to give assistance, which is of greatest value.

Dental treatment should increase under the new arrangement of holding clinics more regularly. Some difficulty is being experienced by the decision of the County Committee not to assist in tonsils and adenoids operations carried out in the home.

I have during the year received great assistance from the Clerk to the D.S.C. and the two Health Visitors.

Dr. S. R. Richardson-

Routine inspections of schools proceeded satisfactorily during the year.

The attendance of parents continued to be good, and objections to examination were still limited to one school in the Saffron Walden District.

The health of the children was up to the average.

The cleanliness of the children in the Saffron Walden and Stansted Districts shows a very definite improvement.

The treatment of defects is not quite so satisfactory, but this, I think, is not surprising, considering the fact that the majority of the fathers are farm labourers, whose wages do not compare favourably with those of other manual workers.

Dental treatment is seriously affected by financial difficulties, and for many families conservative dental treatment must still be a luxury beyond their means.

The minor ailment clinics are still well attended, especially by debilitated children who are kept under observation. Many of the parents appreciate the facilities for obtaining cod liver oil and malt at a cheap rate.

The orthopædic clinics have proved very successful, and already a number of children have obtained suitable treatment who would otherwise have been totally neglected. The cost of splints and apparatus ordered is in most cases a formidable difficulty for the parent concerned.

The treatment of tonsils and adenoids shows some progress, but considerable delay is experienced in trying to persuade parents to pay more than 5s. per head. This has been recognised as a reasonable charge by the working classes in both districts for many years, and there is no doubt that the vast majority of them are unable to pay more.

Dr. E. W. C. Thomas-

In the Dagenham area there are some 11,000 children on the school registers, and there are others awaiting admission. Each year sees an addition of some 3,000 children to the school population. These, being new to the Essex Education Authority, greatly increase the number of medical inspections necessary, as ordinarily, instead of the full number being

examined, only the one-third falling into the recognized age groups would require routine examination. This increase must continue annually as long as the district continues to grow and, without additional assistance, arrears must also continue to grow. The district could make use of the full-time services of a Medical Officer for school work and, even then, there would not be time for such extra duties as giving gas at dental clinics, &c.

Inspections have been proceeded with as far as time is available. Parents attend well and particularly in the case of entrants. Direct refusals to examination are rare; more commonly examination is evaded by absence from school; these are dealt with at a subsequent visit. Much more common than refusals are requests from parents that their children should be examined.

The results of examination show that in general the physical condition of the children is good, and they are, on the whole, clean, flea marks on the body appearing in very few instances.

Skin diseases are prevalent in numerous cases; a small cut or graze is followed by a dirty sore, with thick blood-stained discharge persisting a long while. I do not think these can be due to poor healing powers of the children or lack of vitality, as all classes of children suffer and frequently the parents say "they never suffered from these in London." The suggestion is that there is something in the soil which infects the wound and thus predisposes to this septic condition.

Defective Vision. The proportion of children requiring glasses for errors of refraction is about normal.

Tonsils and adenoids are treated under the County arrangement and the results have been satisfactory. In many instances the parent volunteers the information that the child is improved. In time one hopes that all children operated on will be detained in hospital over-night.

Dental treatment is the most urgent need in this area. The services of a full time dental surgeon could easily be made use of.

This population has only recently come from London. It is difficult enough at any time to educate the people as to the necessity of conservative treatment. This population have had that impressed on them and probably, therefore, would be more willing to have treatment than in other areas. To delay any length of time means losing all the educative value impressed on them in London.

There appears to be nothing abnormal in the proportion of heart and lung defects.

There are a certain number of cripples who will need provision in a special school, and it would be of advantage if a fund were available to render assistance to parents who take these cases to the London hospitals for treatment.

There is plenty of material for the establishment of special classes for the dull and backward.

The proposed arrangement between the Urban and County Authorities for the pooling of the services of the Health Visitors whereby each Health Visitor will be allocated a section, undertaking there both infant welfare and school work, will be a step forward. It will enable the Health Visitor to both know better and be better known in the district. Home visiting will be simplified, and the more varied duties will lend interest to the work of the Health Visitor.

Dr. E. U. Vawdrey-

Routine inspection has proceeded satisfactorily. Parents show an increased appreciation of the advice given, and some make enquiries as to when the next inspection will be.

Minor ailments receive regular attention at the clinics. After the summer holiday, impetigo gave some trouble. Only one case of ringworm of the scalp was treated during the year.

Over 200 children were seen for various eye defects and 162 had glasses prescribed. The early opposition on the part of the parents to refraction of the children's eyes is steadily disappearing.

An increasing number of children have received operative treatment for tonsils and adenoids, with great benefit to their physical and mental condition. As a result of this, children suffering with ear discharge are less numerous and those affected more readily cured.

It is pleasing to note that there has been an increase in dental treatment, including conservative dentistry, and parents and children appear to take a greater interest in this.

Orthopædic clinics have continued and have been of the greatest value. Delay in getting the necessary operative treatment in some cases is, however, regrettable.

Dr. R. H. Vercoe -

Routine inspections in the schools have proceeded smoothly and regularly, and every possible co-operation has been rendered by the Head Teachers and Correspondents.

A new feature has been introduced in the work by the commencement of Health Lectures illustrated by lantern slides.

A lecture on "Food Values" was given at Boreham to the senior scholars and the mothers at the Women's Institute, the audience being very attentive and appreciative.

It is proposed to give similar lectures in other schools.

Infectious Diseases.

During the year influenza has been the disease causing the largest amount of sentees; measles, whooping cough and scarlet fever have also contributed largely exclusions, whilst in the Orsett and Grays District in the autumn there was a lamber of cases of diphtheria.

School closure was brought about on the advice of the Local Sanitary Authority ader Article 57 in the case of 45 schools, viz.:—For influenza 37, measles 3, scarlet ver 2, diphtheria 2, and chicken-pox 1.

Under Article 45b, 8 schools were closed on the advice of the School Medical fficer owing to the prevalence of influenza. Under Article 53b, which permits of clusion of actual cases and contacts of infectious diseases, in order, as far as possible, prevent the spread of such diseases, early and regulated exclusions were practised, and all such exclusions are notified by the Head Teacher to the School Medical Officer and the Medical Officer of Health simultaneously. Following up of such cases has roceeded as in previous years by the Assistant Medical Officers and School Nurses.

Under Circular 1337 certifying reduction of attendance as due to infectious seases, the School Medical Officer has issued 225 certificates for the following onditions:—Influenza 195, measles 16, whooping cough 9, chicken-pox 3, diphtheria 1 and scarlet fever 1.

There was no recurrence of the epidemic of anterior poliomyelitis which was revalent during 1926 in the Grays, Tilbury and Orsett Districts. Several instances ferippling defects, the result of this disease, have been dealt with under the orthopædic theme with satisfactory results.

. Following-up.

The procedure adopted in previous years has continued whereby the Health Visitor in her duties as School Nurse is the principal agent, assisted by District Nursenidwives, under the direction of the Assistant Medical Officers. Head Teachers, Care
f Children Committees and Clerks to the District Sub-Committees also render aluable assistance in this work.

Health Visitors made 23,386 visits to homes and District Nurse-midwives an additional 8,847 visits. These visits to homes and personal interviews with the arents by the trained health workers are of the greatest assistance in the work and, rovided a Health Visitor is possessed of tact and foresight, she can create an interest

in the parent for further health knowledge apart from the immediate condition of her child. It is up to the Health Visitor to create an atmosphere of confidence, get the necessary treatment carried out by persuasion in the case of the majority and, as far as possible, to refrain from the authoritative attitude.

8. Medical Treatment.

As in previous years, the practice of referring all parents in the first instance to take their children to their own doctor for treatment has continued.

Should this request fail, certain conditions can be treated at the clinics or hospitals under the County schemes and, where possible, a contribution is asked from the parent to assist in the financial side of these schemes.

(a) Minor Ailment Clinics.

These have again rendered useful service and the reports of Medical Officers show that they are more and more appreciated by the parents. There is, however, a great difficulty in getting in touch with the absolute country child at the clinics, due to distance.

The number of clinics is 20, an increase of one during 1927, viz., Rochford.

The Maldon combined clinic is now well on the way to completion and there is every likelihood of getting better accommodation at Braintree in the New Year. Brentwood also should be provided this year with a clinic as negotiations are in progress for the purchase of a house recently used as a High School, and temporary quarters are available in Waltham Abbey. When these negotiations mature it will be a great benefit to the scholars of these towns and surrounding districts.

There is a serious need for adequate clinic accommodation in the Dagenham area and negotiations are at present in progress with the local Authority for the provision of such accommodation.

During 1927 the number of attendances made by 6,342 children at clinics was 15,531.

List of Clinics. This is as given in last year's report with the following amendments:—

(i) Transfer of Premises.

Clinic. Times of Sessions. Where held.

Saffron Walden ... Alternate Friday mornings ... Cottage Hospital,

Saffron Walden.

(ii) Alteration of Times.

Epping ... Thursday mornings ... Gas Co. Buildings,

Epping.

(iii) Additional Clinic.

Rechford ... Alternate Monday afternoons Congregational Rooms, Rochford.

From time to time, as occasion requires, arrangements are made for the nurse to end at certain schools at regular intervals in order to supervise treatment of tagious disease which would otherwise cause prolonged absence from school.

Treatment of Tonsils and Adenoids.

Considerable interest has been shown in the treatment of these conditions during year, with the result that large numbers have been treated.

Table IV., Group III., shows that 851 cases received operative treatment and 53 received other forms of treatment, making a total of 3,004 children who were nefited by some form of treatment.

The Committee now have arrangements with the following 14 hospitals for the cessary treatment to be carried out at an agreed fee, and in all cases the child is to retained over-night, should the surgeon consider this necessary. One can scarcely neceive a case operated on for these conditions which should not be retained over-ght, but the pressure of beds in some hospitals is still so great that only the urgent sees can be retained:—Bishop's Stortford, Braintree, Brentwood, Chelmsford, acton, Colchester, Halstead, Harwich, Hatfield Broad Oak, Saffron Walden, tratford Queen Mary's, Tilbury, Waltham Abbey and Woodford.

All cases are followed up by the Medical Officer after operation, and results so r have been extremely good.

All efforts to arrange for children from the Rochford area being treated nearer an Stratford have so far failed.

) Tuberculosis.

Treatment of these conditions are satisfactory in that they are treated under the county Tuberculosis Scheme, and co-operation is fostered between the Assistant chool Medical Officers and the Tuberculosis Officers. Further, under the combined prointments, the two duties are frequently vested in the same person.

Periods of sanatorium treatment have been given to 216 scholars during 1927. Chese consisted of 113 cases (63 boys, 50 girls) of pulmonary tuberculosis and 103 ases (49 boys and 54 girls) of non-pulmonary tuberculosis.

d) Skin Diseases. (Table IV., Group I).

2,391 children received treatment for these conditions and the bulk were treated under the Committee's scheme.

In the autumn in several areas it was noted that impetigo was very prevalent, due perhaps to the lack of sunshine during the summer.

Of the 96 cases of ringworm of the scalp, 17 cases received exposures to X-rays under the Committee's scheme. There is no doubt that the more complete treatment of these cases in the past few years has lowered the incidence of this contagious and persistent disease and thereby greatly shortened the periods of exclusion from school.

(e) External Eye Disease.

365 children received treatment, 170 or just under one-half being treated at the clinics.

(f) Vision. (Table IV., Group II).

1,833 children were treated, of these 1,221 being dealt with under the Committee's scheme. Glasses were prescribed for 886 by the Medical Officers and 103 by outside agencies and 733 children actually obtained glasses. Refractions as required are carried out by the Medical Officers and, in the absence of a consulting oculist, difficult cases are dealt with at Moorfields or other hospitals.

(g) Ear Disease.

460 children received treatment; of these, 241 were dealt with under the Committee's Scheme.

(h) Dental Treatment.

There has been marked progress in the provision of treatment during 1927, as shown by the report (Table IV., Group IV.) of work carried out, which compares very favourably with the figures for 1926, the dentists having given 555 sessions to the work as compared to 388, 10,819 children being inspected as compared to 9,523, 7,074 children being treated as compared to 4,828, 2,206 teeth being treated by fillings and 16,982 extracted against 1,643 fillings and 12,061 for 1926.

The point to be noted in these figures is that 2,246 more children were treated than in the previous years. The percentage of extractions to fillings is still far too large, being 7.7 extractions to one filling. The proportion is, however, much better when treatment of permanent teeth only are considered, as this shows 1.4 extractions to one filling.

As dental treatment becomes more prevalent so will the percentage of extractions over fillings decrease, the object of dental inspections and treatment for the child being to secure treatment early before marked caries is evident and thereby safeguard as complete a set of teeth as possible for the child during and after school life, rather than creating an edentulous population by wholesale extractions. The Committee have provided extra facilities during the year by supplying three extra sets of portable equipment. One only has to peruse the figures in Table II. which shows that at routine and special medical inspections (where only marked dental defects would be detected) of 29,277 children examined, 10,264 were referred for treatment or 35 per cent. of the children and a further 757 were referred for

atment. It must be remembered that in a country area where a large proportion the children are in rural districts and wages of the agricultural labourers are all, unless facilities are provided by the Authority for efficient treatment locally, majority of these children must of necessity still continue to retain carious th, with the resultant injury to general health.

Crippling Defects.

As indicated in last year's report, the power to make arrangements for orthopædic atment and supervision of cripples was delegated to the Medical and Nursing rvices Joint Sub-Committee. This arrangement has continued, and a further perimental year has resulted in some progress. Lack of financial resources have, wever, prevented one of the fundamentals of such treatment being fully realised, i., early treatment.

In commencing a work of this kind, it is inevitable that many of the cases covered have been of long standing, and thus there is a greater expense incurred in eatment, in that a longer stay in hospital is necessary than would be the case if icient treatment had been given at the onset, or in the first few months of the igin of the disability. This particularly applies to congenital deformities and results infantile paralysis, the two conditions which, apart from cases of pulmonary berculosis, contribute largely to the numbers of cripples.

An orthopædic scheme to be complete must aim at the earliest possible treatment all cripples, and such treatment must be continuous until full benefit is obtained. It attain this, two factors are essential, namely, early ascertainment and complete ad careful following up of all cripples after the necessary surgical treatment has sen received. Without the latter, much of the benefits are lost, as the parents in eir ignorance allow apparatus, boots, &c., to become defective, with resulting ill-fects on the crippling condition of the child. After-treatment and after-care are sus essential and, whilst in country districts this is often difficult to attain, an effort now being made in this direction, in that such centres are being opened as a summencement in five or six areas of the County.

The services of Mr. Whitchurch Howell, F.R.C.S., Orthopædic Surgeon, have been gain made use of at ascertainment clinics and his advice is of great assistance to all oncerned.

A summary of the work for 1927 is as follows:-

44 ascertainment clinics have been held at 15 Centres, viz.:—Grays, 6; Colchester and Harwich, 4 each; Braintree, Clacton, Epping, Halstead, Romford and Woodford, 3 each; and Brentwood, Chelmsford, Dagenham, Maldon, Saffron Walden and Stansted, 2 each.

291 school children (162 boys and 129 girls) were examined and, of this total, 121 (67 boys and 54 girls) had already been under review by the Surgeon. The conditions from which these children suffered were as follows:—

Congenital defects, clubfoot, &c.	***	 109
Infantile paralysis, and after effects of		 92
Spinal curvature and twists		 21
Paralysis, both leg and arm (hemiplegia)		 24
Cleft palate		 1
Other deformities, old injuries, &c.		 44
m		
Total		 291

The following is a summary of the history and also advice given:-

Recorded as already having had hospital treatment Advised to continue present form of treatment			154
			27
Require admission to hospital			61
Ordered apparatus or modified boots			83
For observation			68
No treatment required			28
Referred for X-ray examination			10
Massage and exercises advised			12

In addition, 41 children (20 boys and 21 girls) under school age were examined under the County Scheme, and 61 were seen for other Local Authorities.

The actual number of school children receiving hospital treatment under the County orthopædic scheme was 27. 14 also received hospital treatment under other arrangements. The number of school children on the waiting list for hospital treatment at the end of the year was 52.

Further, as noted in paragraph 8 (c), surgical tuberculosis cases are dealt with under the County tuberculosis scheme.

9. Open-Air Education.

- (a) Classes are from time to time held in playgrounds when facilities are available. These should be encouraged, and every opportunity taken to foster this practice.
 - (b) School Journeys are on occasions arranged locally.
 - (c) School Camps, nil.
 - (d) Open-Air Classrooms, nil.

(e) Open-air Day Schools.

There are at present no open-air schools, although it is hoped the first may be ned at Grays in 1928. There is no doubt that many children in the more populous tres would receive great benefits in general health if open-air schools or classes re available to which weakly and delicate children could be received for definite tods.

(f) Residential Open-air Schools.

As in previous years, 13 beds have been retained at the Ogilvie School, Clacton, I the waiting list is always full for these beds. During 1927, 18 children (boys 9, s 9), were admitted from the County, 27 children (boys 15, girls 12), receiving atment there.

Children, on occasions, have been admitted for short periods of treatment to other tools and convalescent homes.

At Sible Hedingham Sanatorium School 70 children (boys 40, girls 30), have eived periods of treatment. In the past this school has been more or less reserved the delicate child requiring open-air treatment. In the future, however, owing to gestions of the Ministry of Health, this type of child will not be catered for, the Is being reserved for the definite tubercular cases or for those requiring a period of servation for this condition. This change is serious as it places further restrictions the facilities for open-air education in Essex and makes it still more essential that her accommodation for children requiring the same should be provided.

At High Beech Sanatorium School for Surgical Tuberculosis, 41 children (19 boys d 22 girls), have received treatment.

-). Physical Training is arranged for through the teaching staff.
- .. Provision of Meals-Nil.
- 2. School Baths—See paragraph 5.

Baths are also available at the Woodford Special School and one elementary hool; also in a few cases instruction is given in swimming baths.

3. Co-operation of Parents.

The Medical Officers in general report that parents appear to be showing a more eneral interest in the welfare of their children and usually appreciate the facilities rovided for treatment. 64 per cent. of parents attended the routine examinations. Furing the year refusals of examinations were made in the case of 153 parents.

4. Co-operation of Teachers has continued as in the past and absolute and emplete sympathy and co-operation with the work on their part are essential if any rogress is to be made.

15. Co-operation of Attendance Officers.

The interchange of information with regard to any particular child between the Health Visitor and Attendance Officer should always be possible when this is desired, the Clerk to the local D.S.C. being the pivot on which the co-operation depends.

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

- (a) Care of Children Committees, where these exist, are of the greatest help.
- (b) The Essex County Nursing Association renders great assistance through the District Nurse-Midwives, and an annual grant is made to them for this work.
- (c) The Essex Voluntary Association for Mental Welfare continues to assist in the supervision of the mentally defective children.
- (d) The N.S.P.C.C. are always ready and willing to render assistance in dealing with the negligent parent.
- (e) The British Red Cross Society. Members of this body have on occasions rendered assistance at dental and minor ailment clinics and it is hoped that further opportunities for their co-operation will be given when the orthopædic after-treatment centres are organised.
- (g) Almoners of Hospitals. Reports are becoming more and more frequent from these with reference to school children receiving or about to receive treatment in the hospitals. All praise should here be given to the great work these hospitals are still doing for the elementary school child.
- (h) Poor Law Guardians from time to time render assistance by provision of treatment.

17. Blind, Deaf and Epileptic Children.

- (a) Ascertainment and report continue as in previous years; the figures in detail are as set out in Table III.
- (b) Blind: of the 25 children certified, 17 (boys 12, girls 5) are in residential schools.
 - (c) Deaf: of the 29 certified, 27 (boys 14, girls 13) are in residential schools.

At the Gorleston School for the Blind and Deaf, 35 beds continue to be occupied by blind 15 (boys 11, girls 4) and deaf 20 (boys 12, girls 8). Of the partially blind (these are usually cases of a high degree of myopia) 5 are attending certified schools for this condition by arrangement with outside authorities. Further, arrangements have been made to open a myope class at Grays to accommodate 20 children. This should be of material assistance to the children of this industrial district.

(d) Epileptics. Five children (boys 4, girls 1) are in certified residential schools and a further six awaiting admission.

(e) Mentally Defective Children. Of the 420 at present on the certified list 5 (boys 107, girls 48) are in attendance at special schools. Of these 33 (boys girls 14) are in residential schools.

The day special schools in the County make provision for the following:-

		Boys.	Girls.	Total.
Grays		 28	10	38
Woodford	***	 20	17	37
Romford		 37	4	41

In addition 6 children (boys 3, girls 3) are in attendance at the Walthamstow ecial School. In all cases the ineducable mentally defective children and those who we attended special schools are notified to the Local Control Authority for further re and supervision. The after-care of the mentally defective who have not sended special schools is left to the Voluntary Association, to whom they are corted by the Director of Education on leaving the ordinary school, and many of esse are referred later to the Local Control Authority for statutory control.

. Nursery Schools are not established.

Secondary Schools.

During the year the new schools at Wanstead, Walthamstow and Brentwood ve been occupied, thus providing up-to-date buildings in these districts and an creased accommodation. Present accommodation of Secondary Schools is as dows:—

No, of schools.			
		Boys.	Girls.
10	3768	1579	2333
8	2358	775	1663
18	6126	2354	3996
	schools.	schools. dation. 10 3768 8 2358	schools. dation. 192 Boys. 10 3768 1579 8 2358 775

In Part III. areas there are also four Trade Schools with 914 pupils on the books oys 678; girls 236).

Tables I. and II. give numbers and results of examinations carried out in these hools during 1927. These show that 2,316 pupils were examined at routine spections and 21 specials; 1,347 re-examinations were also made. Of the routine aminations, 254 pupils were referred for treatment (exclusive of dental diseases), or 19 per cent. of those examined as compared to 12 per cent. for 1926 examinations.

Of defects found, defective teeth and vision, as usual, are the cause of a large alk of the defects.

O. Continuation Schools have not been established.

21. Miscellaneous.

(a) Bursars and Scholarship Candidates.

Table III. gives in detail results of examination of 677 pupils under this heading and shows that 65 individual pupils were referred for treatment, 55 having defective vision. A further 165 were referred for dental treatment. There is always a certain amount of satisfaction in examining scholars under this heading, as treatment is assured before the scholarship or bursarship is awarded.

(b) Teachers, &c.

Thirty-two teachers were examined, viz., Supplementary, 15; Student, 12; Pupil, 4 and Intending 1.

(c) Propaganda, Lectures, &c.

Medical Officers and Health Visitors continue to give talks to parents and scholars at schools, women's institutes, &c.

School dentists have also, on occasions, given talks to older children and parents on the care of the teeth.

It is important that every opportunity should be taken of giving these informal short talks to older scholars, especially as these are the future fathers and mothers and are just the ones whom we wish to convert to better and cleaner methods of living.

22. Employment of Children and Young Persons Regulations.

473 Children have been presented for examination under these regulations with results as set out below:—

t out below :-				Boys.	Girls.	Total.
Submitted for	examination			462	11	473
Passed as fit	***		***	424	11	435
The employ	yments followed w	rere:-				
(a) Fa	arm work			16	_	16.
(b) He	ome and domestic	***		47	4	51
(c) Ga	ardening			9	_	9
(d) Pa	aper delivering			215	7	222
(e) Mi	ilk delivering			31	-	31
(f) E	rrands			48	-	48
(g) Ot	thers	43.5		53	-	58
	Submitted for Passed as fit The employ (a) Fa (b) Ha (c) Ga (d) Pa (e) M (f) E	Submitted for examination Passed as fit The employments followed w (a) Farm work (b) Home and domestic (c) Gardening (d) Paper delivering (e) Milk delivering (f) Errands	Submitted for examination Passed as fit The employments followed were:— (a) Farm work (b) Home and domestic (c) Gardening (d) Paper delivering (e) Milk delivering (f) Errands	Submitted for examination Passed as fit The employments followed were:— (a) Farm work (b) Home and domestic (c) Gardening (d) Paper delivering (e) Milk delivering (f) Errands	Submitted for examination 462 Passed as fit 424 The employments followed were:— (a) Farm work 16 (b) Home and domestic 47 (c) Gardening 9 (d) Paper delivering 215 (e) Milk delivering 31 (f) Errands 48	Submitted for examination Boys. Girls. Passed as fit 462 11 The employments followed were:— 16 — (a) Farm work 47 4 (b) Home and domestic 47 4 (c) Gardening 9 — (d) Paper delivering 215 7 (e) Milk delivering 48 —

23. Special Enquiries, &c.

Conferences of School Medical Inspectors took place in April and November, when various points in connection with school medical inspection and treatment were discussed. Following the April conference, Dr. W. M. Wanklyn, Consultant in Diagnosis of Small-pox to the London, Middlesex and Essex County Councils, gave an Address on the diagnosis of this disease.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1927.

A .- ROUTINE MEDICAL INSPECTIONS

Number of Code Group Inspections.

			Boys.	Girls.	Total.
Entrants		 	4,395	4,307	8,702
Intermediates		 	4,010	4,068	8,078
Leavers		 	3,827	3,706	7,533
Total	s	 	12,232	12,081	24,313

B .- OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections	 2,552	2,412	4,964
Number of Re-Inspections	 7,542	7,260	14,802
Totals	 10,094	9,672	19,766

TABLE II.

A.-RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1927.

						ntine ections.	Sp Inspe	ecial ections.
	Defect or Diseas	se.			Requiring Treatment.	Requiring to be kept under ob- servation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept undor ob-
	(1)				(2)	(3)	(4)	5)
	Uncleanliness: (See Table IV., G			1	10 23	1775 393	192 63	113 141
Skin			***		5 7 6 63	7 4 79	46 32 69 571	_ _ _ 9
	Other Diseases (Non-Tu	iberculous))		38	122	975 71	23
Eye	Conjunctivitis				5	17 7	44 1 6	5 -3
230	Defective Vision (exclusion)		it) 		897 88 6	543 137 18	671 124 71	186 22 9
Ear	Otitis Media				30 43 —	50 109 6	52 105 58	32 52 3
Nose and Throat	Enlarged Tonsils only Adenoids only Enlarge 1 Tonsils and A Other Conditions	denoids			537 148 572 65	2259 142 156 644	430 150 320 158	366 36 37 111
Enlarged	Cervical Glands (Non-Tub				11	1517	80	254
Defective	Speech				3	53	9	24
	ental Diseases (See Table IV., Group				7636	618	2628	139
Heart and Circula- tion	Functional				10 10 21	302 168 825	24 93 56	81 54 125
Lungs	Bronchitis Other Non-Tuberculous				10 46	105 437	84 48	17 69
	C				2	2 1	8 41	1
Tuber- culosis	Glands Spine Hip Other Bones and Je	oints			6 1 1 1 1	19 2 - 1	28 4 5 5 2	10 1 1 -
Nervous	Other Forms (Epilepsy			***	- 4 10	5 7	6 6 40	6 4
System	Other Conditions			***	4 2	41	81 12	7
Defor- mities	Spinal Curvature		***	***	18 76	48 251	8 80	19 89
Other Dei	fects and Diseases	***			192	2619	572	445

TABLE II. - continued.

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

				4	NUMBER OF	CHILDREN.	Percentage of	
	GROUP.			Inspected.	Found to require Treatment.	children found to require Treatment.		
		(1)				(2)	(3)	(4)
CODE	Groups :-							
	Entrants	100		o leading		8702	968	11.12
	Intermediates	sandra d	***	200	***	8078	1071	13.25
	Leavers					7533	979	13.00
otal	(Code Groups)	***	***			24,313	3018	12:41
ther	Routine Inspec	tions			**		_	_

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1927.

_	_	_	Boys.	Girls.	Total.
Blind including	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution	12 4 —	5 2 - 2	17 6 - 2
partially blind)	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution	4 14 - 5	$\frac{1}{\frac{14}{2}}$	5 28 - 7
Deaf including deaf and	(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 Attending Public Elementary Schools t other Institutions At no School or Institution	14	13 1 1	27 1 1
dumb and partially deaf)	(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 At other Institutions	-	<u></u>	3 10 - 3

TABLE III-continued.

	A PROPERTY OF THE PARTY OF	SALIS SALIS TO SERVED SALES	Boys.	Girls.	Tota
Mentally	Feebleminded (ca-es 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	107 141 — 22	48 86 — 16	158 227 38
Defective	Notified to the Local Control Authority during the year.	Feebleminded Imbeciles Idiots	8 6 2	6 8 3	1-
Epileptics	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution	3 2	1 - 1	
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution	36	25	6.
	Infectious pulmonary and glandular tuber- culosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At other Institutions At no School or Institution		$\frac{1}{8}$	ī
	Non - infectious but active pulmonary and glandular tuber- culosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution	16 - 236 - 11	10 203 10	43
Physically Defective	Delicate children (e.g., pre- or latent tuber-culosis, malnutrition, debility, anæmia, &c.)	At Certified Residential Open Air Schools At Certified Day Open Air Schools At Public Elementary Schools At other Institutions At no School or Institution		9 300 - 2	63
	Active non-pulmonary tuberculosis.	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	20 69 — 4	15 58 - 1	3 15
	Crippled Children (other than those with active tuber- culous disease), e.g., children suffering from paralysis, &c., and including those with severe heart	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution	2 9 287 - 27	3 3 	55

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1927.

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

		Number of Defects treated, or under treatment during the year.				
		Under the Authority's Scheme. (2)	Otherwise.	Total.		
			Inday's			
		73	23	96		
***	111			55		
***	3.5	199	12	72 784		
	***			1384		
***		Land	1.0	1001		
***		170	195	365		
ng cases fallin	g in					
		241	219	460		
an abiliblatas t		1993	4692	6685		
	ng cases fallin	ng cases falling in	Authority's Scheme. (2) 73 40 60 708 1229 170 170	Under the Authority's Scheme. (2) (3) 73 23 40 15 60 12 708 76 1229 155 155 170 195 195 195 1993 4692		

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

And the later of t		No. of Defects	dealt with.	
Defect or Disease.	Under the Authority's Scheme.	Submitted to refraction by private practi- tioner or at hospital, apart from the Authority's	Otherwise.	Total.
(1)	(2)	Scheme.	(4)	(5)
ors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	1145	271	323	1739
er Defect or Disease of the Eyes (excluding those recorded in Group I.)	76	4	14	94
Total	1221	275	337	1833

Total number of children for whom spectacl	les were pr	rescribed			
(a) Under the Authority's Scheme		***			886
(b) Otherwise		***		**	103
Total number of children who obtained or	received sp	ectacles			
(a) Under the Authority's Scheme					658
(b) Otherwise			***		75

TABLE IV .- continued.

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

	N	Tumber of Defect			
Receiv	ed Operative Treatmer	-			
Under the Authority's Scheme —in Chinic 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)	
461	390	851	2153	3004	

GROUP IV .- DENTAL DEFECTS.

(1) Number of Children who were :	(2) Half-days devoted to :-
(a) Inspected by the Dentist:	Inspection 67 Treatment 488
Aged:	Treatment 488)
(5 1108)	(3) Attendances made by children for treatment 7511
6 3929 7 2499 8 1078	(4) Fillings:—
Age (10 402) Total 10782	Permanent teeth 1648 Total 2206 Temporary teeth 558
Groups 11 303	Temporary teeth 558
12 312 13 291 14 182	(5) Extractions:—
	Temporary teeth 14573 Total 16982
Specials 37	Temporary teeth 14573
Grand Total10819	(6) Administrations of general ansesthetics for extractions 4507
(b) Foundito require treatment 7386	(7) Other operations :-
(e) Actually treated 7074	Permanent teeth 146 Total 514
(d) Re-treated during the year as the result of periodical examination 437	Temporary teeth 368

TABLE IV .- continued.

GROUP V .- UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during Nurses	ng the year	by the	School	- 11
(ii.) Total number of examinations of children in the	Schools b	y School	Nurses	217,418
(iii.) Number of individual children found unclean	***			2,283
(iv.) Number of children cleansed under arrangem Education Authority	ents made	by the	Local	1
(v.) Number of cases in which legal proceedings were	taken :—			
(a) Under the Education Act, 1921				Nil
(b) Under School Attendance Bye-laws			***	1

SECONDARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1927.

A .- ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections.

	Age.	Under 12	12	13	14	15 & over.	Totals.
Boys		 169 425	185	159	114	150	783 1533
Tota		 594	505	299	390	528	2316

B .- OTHER INSPECTIONS.

				Spec	ial Ca	ises.	Re-examinations.
Boys	-	 -			3	1	39
Girls					18		1308
Totals			 _		21		1347

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1927.

						ections.		ections.
	Defect or Disea	we.			Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under ob- servation, but
	(1)				(2)	(3)	(4)	(5)
				-				
	TIIUnese				_	60	=	9
	/Ringworm:	***						
	FR 1	ev.			-	-	-	-
Skin	Body				_	-	1	
	Scabies				_	_	_	_
	Other Diseases (non-To		us)		-	13	2	11
	Blepharitis					18	2	3
	Conjunctivitis	::			1	2	ī	-
	Keratitis				_	-	-	-
Eye	Corneal Opacities	ding car	·int\	**	166	162	54	85
	Defective Vision (exclusion)	ong squ	iint)		2	4	1	3
	Other Conditions				-	5	-	1
	(Defective Hearing				2	4	2	13
Ear	Otitis Media				I	4	-	-
	Other Ear Diseases				-	-	-	-
	(Enlarged Tonsils only				29	120	23	6.4
Nose and	Adenoids only	**			5	9	5	-
Throat	Enlarged Tonsils and Other Conditions	Adenoids	5	::	11	54	1	15
Enlarged (Cervical Glands (non-Tu				_	12	-	
Defective		.,			_	3		1
	ental Diseases				489	42	245	4
					400			1 17 19
Heart	Heart Disease : Organic				2	24	-	34
Circula-	Functional				2	10	-	
tion	Anæmia				2	25	177	1
	(Bronchitis				I	I	-	1
Lungs	Other non-Tuberculou	is Diseas	es		5	42	-	
	(Pulmonary:							
	Definite				- 1	1	=	1
	Suspected Non-Pulmonary:	**						
Tuber-	Glands .				I	I	-	-
culosis	Spine				-	-	-	1 3
	Hip	Lointe			_	_	_	1 1
	Other Bones and Skin	Joints				-	-	1111
	Other Forms				-	-	-	-
Nervous	Epilepsy			01	2	-	-	-
System	Chorea			**	1	-	_	1
	Other Conditions				1	4		
Detor-	(Rickets				-	-	2	3
mities	Spinal Curvature			- ::	2	166	1	7
	Other Forms					228	5	7
The second secon	fects and Diseases				17	220	3	1

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1927.

SCHOLARSHIP HOLDERS, BURSARS, ETC.

	SCHOLARSHIP	HOLDERS,	DUK	SARS, E	LTC.		
				Inspe	ections.		pecial pection.
Defec	et or Disease.			Requiring Treatment.	Requiring to be kept under observation, but not re quiring Treat- ment.	Requiring Treatment	Requiring to be kept under observation, but not re- quiring Treat- ment.
	(1)			(2)	(3)	(4)	(5)
Malnutrition Uncleanliness	::				4 7	=	=~
Ringworm:				_	_		_
Body				-	-	-	-
Scaples				-	ı		_
Other Disease	es (non-Tubercul	lous)		-	-	I	=
Blepharitis				-	I	-	-
Conjunctivitie Keratitis					_		
Eye Corneal Opac	cities	::	::	-	-	-	-
Defective Vis	ion (excluding so	quint)		55	23	-	
Squint Other Condit		::			=		_
					ī		
Ear Defective He	aring	::	::	I	3	_	_
Other Ear Di				-	-	-	
Nose Enlarged Tor				7	15	-	_
and Adenoids only	y nsils and Adenoic	de		3 2	_ I		
Throat. Other Condit				-	6	-	-
nlarged Cervical Glands	s (non-Tuberculo	ous)		_	-	-	-
efective Speech				-	-	-	
eeth-Dental Disease				165	11	-	-
Heart Diseas	e:					_	
and Organic Function	al ···				I		-
tion. Anæmia					7	_	_
Bronchitis				-	_	_	_
	uberculous Dise			-	II		-
Pulmonary:							_
Definite Suspecte	a			-	_	-	-
Non-Pulmon	ary:			1000			
Tuber- culosis. Glands Spine				-		_	
culosis. Spine				_		_	
Other Bo	ones and Joints			-	-	-	-
Skin Other Fo	orms	/ ::	::		_	_	
Evilency				200		_	
Chores		::		_	-	-	-
System. Other Condit				-	-	-	_
Defor- Rickets				-	I	-	-
mities. Spinal Curva				-	7 18		
					19	_	
ther Detects and Disease	es		• • • •	2	1.9	1	

Total number examined .. 677

Number of Individual Children found to require Treatment (excluding uncleanliness and dental treatment) .. 65

RETURN OF DESCRIPTION IN 1919.

CROSLANDE HOLDERS, BURLERS, Erc.

		20020				
7.						
	-					
				11	**	
	-					
			-			
					2.0	
					4.000	
					-	
				**		
				-		