[Report 1934] / School Medical Officer of Health, Essex County Council.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

ESSEX EDUCATION COMMITTEE.

REPORT

OF

SCHOOL MEDICAL OFFICER

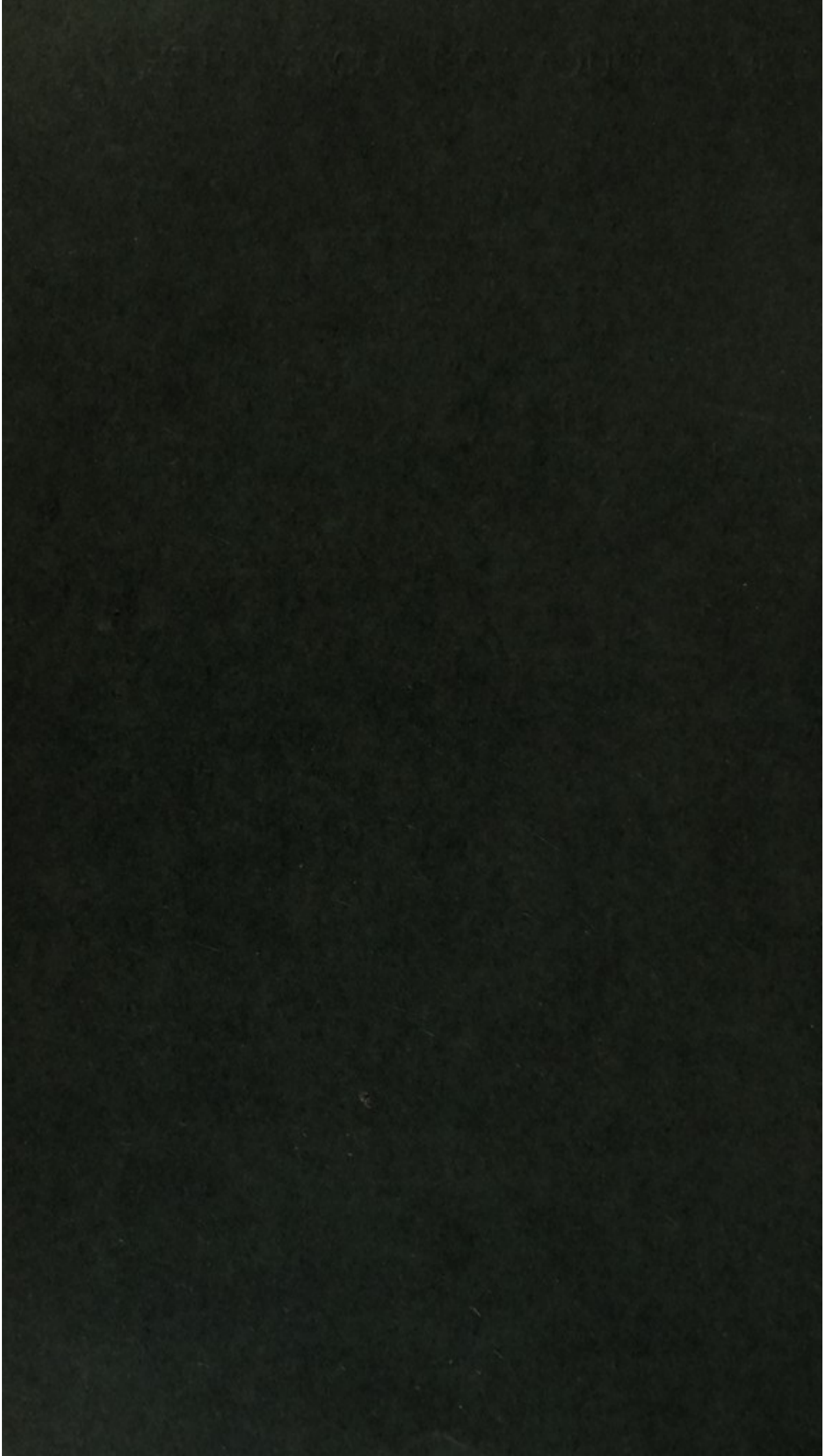
ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1934.

CHELMSFORD:
PRINTED BY JOHN DUTTON, 8, TINDAL STREET, AND 31, HIGH STREET.



ESSEX EDUCATION COMMITTEE.

REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1934.

CHELMSFORD :
PRINTED BY JOHN DUTTON, 8, TINDAL STREET, AND 91, HIGH STREET.

INDEX.

ESSEX EDUCATION COMMITTEE.

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 Twenty-sixth Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1934, in the part of the Administrative County of Essex for which the County Council is the Education Authority.

As in previous years, the outstanding features of the Report are summarised in this Preface.

School Population.

In 1934, the average attendance (93,462) was 113 more than the figure for 1933, the number of elementary schools being 444, or an increase of 5 over the figure for the previous year. In addition, there are 19 maintained secondary schools, 8 technical and art schools, 11 aided secondary schools, and 9 other recognised secondary schools. 14 schools in the two last mentioned groups are not subject to medical inspection.

Staff.

As foreshadowed in last year's Report, the medical staff has been augmented, with the result that the equivalent number of whole-time Medical Officers undertaking school medical duties has increased from 10 to 13.25. For the first time the medical staff now includes one whole-time Ophthalmic Surgeon.

Three part-time Dental Surgeons resigned during the year, and one whole-time Dental Surgeon was appointed, increasing the number of whole-time Dental Surgeons to five. Provision has been made in the estimates for two additional whole-time Dental Surgeons.

Additions to the staff of School Nurses include nine Health Visitors, bringing the equivalent number of whole-time School Nurses up to 27.25. Most of these School Nurses are assisted by 160 District Nurse-Midwives.

Medical Inspection.

Comparative figures showing the number of examinations carried out during 1933 and 1934 are given on the following page :—

	No. of Examinations. 1933.	1934.
Three Prescribed Groups ..	37,798 ..	49,150
Specials	9,825 ..	9,135
Re-inspections	22,489 ..	23,703
Totals	70,112 ..	81,988

The number of children inspected in the Three Prescribed Groups has increased over 55 per cent. since 1932, and it is worthy of note that this routine work is now more completely up-to-date than has been the case for several years.

Findings of Medical Inspection.

Table II. B on page 43 gives the number of children found by routine medical inspection to require treatment (excluding uncleanliness and dental disease). Of the 49,150 children examined, 8,383 or 17.06 per cent. were found to require treatment. This is 2.74 per cent. more than the figure for the previous year. Every group showed an increase, the greatest increase being in the Entrants' Group. Conditions which largely account for this increase are defective vision and those of the nose and throat.

School Nurses, with the assistance of the District Nurse-Midwives, continued the work of following up those children who were found to be in need of treatment, the former making 36,407, and the latter 7,556 visits to homes.

Minor Ailment Clinics.

There are 29 Minor Ailment Clinics in the Administrative County. During the year, new Combined Treatment Centres have been erected and opened at South Benfleet and Pitsea. Further Centres are to be erected at Hadleigh, Thundersley, Braintree and Epping. Attendances at the Clinics have been well maintained, 19,803 children making 41,931 attendances during the year.

Defective Vision.

A further increase is recorded in the number of children receiving treatment for defective vision. Out of the 6,106 children treated, 4,733 were dealt with under the Committee's scheme. Spectacles were prescribed for 3,327 children and 3,135 obtained spectacles.

The appointment of an Ophthalmic Surgeon, who took up duty on 1st September, 1934, has secured a greatly improved service. Special attention is drawn to the Ophthalmic Surgeon's first report on page 16, in which valuable suggestions are made for dealing with difficult cases. Particular attention is directed to the suggestion that it would appear that further sight-saving day classes in the more rapidly growing areas of Essex may be found necessary.

Dental Treatment.

Group V in Table IV on page 47 gives details of the amount and nature of the work carried out by the Dental Surgeons during the year. 41,120 children were

inspected, and 28,853 or 70.1 per cent. were found to require treatment. This additional work has been made possible by the augmented staff. It is noteworthy that more conservative work has been carried out under the whole-time dental service, the figures again showing an increase in the number of fillings provided. The Dental Clinics have been well attended, and the services of the whole-time Dental Surgeons have produced a definite improvement in this branch of the work.

Reports by the School Dental Surgeons are included on pages 19 and 20.

Special Inquiries.

On pages 33 to 39 are included the results of two special inquiries which have been carried out during the year by one of the School Medical Inspectors. One deals with the after-effects of tonsillectomy and removal of adenoids. The medical histories of 100 children, whose ages ranged from $6\frac{1}{2}$ to $14\frac{1}{12}$ years, were investigated where the removal of tonsils and adenoids had been performed after the age of $6\frac{1}{2}$ years, but not within two years of the time of the inquiry. It is pleasing to note that the result of this somewhat limited investigation suggests that the operation is not being undertaken indiscriminately, and that the results accruing are, on the whole, very good. It is also gratifying to note that 85 per cent. of the parents of these children considered that their children had definitely improved in health since the operation.

The other investigation deals with chronic middle ear disease in school children. The survey commenced in April, 1934, when all parents attending routine inspections were questioned regarding ear discharges in their children, and an examination with an electric otoscope was made on each child. The number of children examined was 2,074, and 100 or 4.82 per cent. were found to have chronic otitis media. In 56 per cent. of these cases, the disease commenced before the child reached school age. It transpired, therefore, that out of every 100 children, 5 were suffering from chronic otitis media. Of these five children, four had at some time received medical treatment and, in the majority of cases, prolonged medical care, while in three cases out of the four treatment was ineffective and the otorrhœa continued. The summary of this investigation is so important that it has been considered advisable to include the whole of it in this Preface :—

> "Chronic otitis media is much more prevalent than is generally 'apparent, and on account of its insidious and crippling consequences 'it demands early diagnosis and treatment. Whether the Public Health 'Authority should be entirely responsible for its treatment or not is a 'debatable issue, but the operation of such a scheme as already outlined 'will secure for an increasing number of children freedom from the other-'wise inevitable social and economic handicap of a serious defect."

Milk in Schools Scheme.

Special mention must be made of the scheme to supply milk in schools as extended by the Milk Marketing Board under the powers granted by the Milk Act, 1934. Owing to the ready and willing response of the Head Teachers, this scheme

is now in operation on a voluntary basis in 446 schools or departments, and it is estimated that 35,600 children are each receiving one-third of a pint of milk per day at the reduced price of ½d. It will be seen on page 28 that the Board of Education has advocated that, where a supply of efficiently pasteurised milk is available, such milk should in all cases be provided. The object is to secure as safe a milk as possible for the school children, and every effort has been made to ensure this for the children attending the schools in the area of the Essex Education Committee.

Doubts have been expressed by many interested parties as to the relative food value of pasteurised milk as compared to raw milk. Stirling and Blackwood have made an excellent critical survey of considerably more than 200 original papers dealing with the nutritive value of milk, and it is significant that one of their general conclusions was that " there do not appear to be any good grounds for the ' belief that pasteurised milk is a less valuable component of the diet than raw ' milk for children who satisfy the bulk of their nutritive requirements from sources ' other than milk."

Conclusion.

I wish to take this opportunity of again expressing my sincere thanks to the Chairman and Members of the Education Committee and the School Medical Sub-Committee for their kindly advice and assistance during the year. My thanks are also due to the Director of Education, Head Teachers, Clerks to District Education Sub-Committees, as well as to the Medical, Dental, Nursing and Clerical Staffs, for their valuable co-operation and assistance.

I particularly desire to thank the Deputy 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,
COUNTY HALL,
CHELMSFORD.
March, 1935.

ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1934.

1. Area, Population and Staff.

(a) *Area and Population.*

The population of the Geographical County of Essex according to the Registrar General's estimate at mid-year, 1933, was 1,824,300, allocated as follows :—

(1) Administrative County Area, within which the Essex County Council is responsible for :—

(*a*) Elementary (and also Secondary) Education 715,400

(*b*) Secondary Education only 561,680

(2) County Boroughs 547,220

The Registrar General's estimated populations for 1934 are not yet available.

In area (1) (*a*) with an acreage of 926,469, there are 444 Elementary Schools (five more than in 1933), consisting of 234 Non-provided and 210 Council. The Council Schools include three Special Day Schools for the Mentally Defective, one Open-Air School, one Special Class for the Physically Defective, and one Special Sight Saving Class. There are 553 departments, with number on books of 105,474, and an average attendance of 93,462. There are nine Secondary Schools with accommodation for 3,470 pupils.

Area (1) (*b*) contains 10 secondary schools, with an accommodation for 4,492 pupils, and eight Technical and Art Schools with 1,319 pupils on books.

In the Administrative County there are also eleven aided Secondary Schools with a total number on books of 3,840 and a further nine recognised Secondary Schools with 1,915 pupils on books. Routine Medical Inspections are now carried out in six of these schools (all deficiency aided).

(b) *Staff, &c.*

Changes in the Medical, Dental and Nursing Staffs during 1934 were as follows :—

Ophthalmic Surgeon.

Appointment. Ahern, G. J.

School Medical Inspectors.

(a) *Appointments.* Elliott, A., Wright, E. M., Denham, R. H., Elliott, Miss R. A., Bodkin, Miss K. M.

(b) *Resignation.* Knight, S., Bartlett, Miss M.

(c) *Re-arrangement of duties.* Brown, F. G., was relieved of school medical work on his appointment to Black Notley Sanatorium as Assistant Medical Officer and replaced by Stewart, W. A. M.

Part-time Medical Officers.

(a) *Appointments.* Herington, C. E., Medical Officer of Health, Dagenham Urban District; Samson, J. B., Medical Officer of Health, Romford Urban District (from 1-1-35).

(b) *Resignation.* Thomas, E. W. C., Medical Officer of Health, Dagenham.

Dental Surgeons.

(a) *Appointment. (Whole-time).* Williams, E. C. E.

(b) *Resignations. (Part-time).* Ritchie, F. C., Cresswell, A., Boyton, J. L.

School Nurses.

(a) *Appointments.* Baker, E. M., Haryott, G. A., Humfress, J. K., Jefferson, G. L., Jewell, I. M. (from 1-1-35), Knowlton, D., Knox, E. A., Morgan, L. M., Morgan, E. J., Pethybridge, K. M. A.

(b) *Resignations.* Jackson, M. H. (temporary appointment), Mackenzie, D. L., Nixon, H. M.

Dental Attendants.

(a) *Appointments.* Adams, M., Dallison, R., Duncan, I.

(b) *Resignations.* Philpot, M. B., Lyon, G.

Orthopaedic Masseuse.

Appointment. Haydon, M.

2. Co-ordination of Health Work.

(a) *Medical Services.*

Co-operation between the different branches of the County Medical Services has continued on similar lines to previous years. The equivalent number of whole-time Medical Officers performing School Medical duties at the end of the year was $13\frac{1}{4}$ as compared with 10 for 1933.

As and from the 1st January, 1934, an arrangement was made with the Dagenham Urban District Council under which the services of their Medical Officer of Health are utilised by the County Council in co-ordinating the County Medical and Nursing Services with those of the Urban District Council, which is an autonomous Child Welfare Authority. A similar arrangement has been made with the Romford Urban District Council and this came into force on the 1st January, 1935.

(b) *Nursing Services.*

Gradual augmentation of the Health Visiting Staff and the co-operation of this service with the School Nursing Service have continued in all areas where this can with advantage be arranged. Five Health Visitors and two School Nurses were added to the staff during 1934.

At the end of the year there were 48 Health Visitors undertaking School Nursing and other duties. There are seven Nurses in the Dagenham District and one in the Romford District whose duties are solely that of School Nurse. The total equivalent number of whole-time School Nurses at the end of the year was $27\frac{1}{4}$.

There is a Chief and an Assistant Chief Health Nurse, who are also Superintendent and Assistant Superintendent respectively of the County Nursing Association. Under the agreement between the County Council and the County Nursing Association, the District Nurse Midwives are available for certain public health duties and rendered considerable assistance in school medical work.

(c) *Maternity and Child Welfare Centres.*

Additional Centres were opened at Goldhanger, High Easter, Stock, Takeley and Walton-on-the-Naze. In October, the Maternity and Child Welfare powers of the Chigwell Urban District were transferred to the County Council, thus adding the Child Welfare Centres of Loughton and Buckhurst Hill and bringing the total number of Centres under the County Council to 97.

Ante-Natal Clinics have been established at Billericay and South Benfleet, making a total of 17. In the main these Child Welfare and Ante-Natal Clinics are staffed by Assistant County Medical Officers who are also responsible for other County duties.

(d) *Care of Delicate Children under School Age.*

There is complete co-operation in this work in the areas in which the County is responsible for both Child Welfare and Education and similar co-operation is fostered in areas in which the local authority is responsible for Child Welfare duties.

Children under school age, by arrangement, can participate in many of the facilities provided for the school child, and this is especially so under the Orthopædic Scheme.

Closer supervision of the pre-school child between the age of 1 and 5 years is being achieved.

3. School Hygiene.

(a) *General.*

School Medical Inspectors continue to supervise this important aspect of school life. Reports on defects found were made and submitted to the appropriate Committees for consideration.

(b) *Premises.*

During 1934, the following 10 new schools have been opened :—

Canvey Island	..	.. Leigh Beck Council.
Chingford	..	.. Chase Lane Council.
,,	..	.. St. Mary's R.C.
Clacton	..	.. London Road Council.
Dagenham	..	.. Heathway Council.
,,	..	.. Marley Council.
Hornchurch	..	.. Sutton's Lane Council.
Rainham	..	.. Senior Council.
Romford	..	.. Collier Row Council (Temporary).
Wanstead	..	.. Hermon Hill Council (Temporary).

The following four Schools have been closed :—

Clacton Council.
Frating C.E.
Woodford Oakdale Road Council.
Romford Malvern Road (Special) Council.

The following School was transferred to the Chelmsford Borough :—

Widford C.E.

4. Medical Inspection.

The results of inspections are shown in tabular form, as required by the Board of Education, at the end of this report. See pages 41 and 42.

(a) *Groups Inspected.*

These consist of the three Statutory Inspection age groups, viz., entrants, eight years and twelve years.

It is pleasing to know that the routine inspections are more completely up-to-date than has been possible in recent years. This is a direct result of the strengthening of the medical and nursing staffs as mentioned in paragraph 2 on page 8.

Tables I A and B show a grand total of 81,988 examinations and these include 49,150 routine, 9,135 specials and 23,703 re-inspections. This is an increase of 11,352 routine and 1,214 re-examinations on the previous year. The number of special inspections was 690 less than that shown for 1933.

(b) *Holding of School Medical Inspections off the School Premises.*

It was found necessary to do this in four Schools owing to lack of accommodation.

5. Findings of School Medical Inspection.

(a) *General.*

Details of the numbers under the different headings are set out in Table II, perusal of which will show that defective vision and conditions of the nose and

throat figure very largely in the defects found and, to a lesser degree, conditions of the skin, glands and ears.

Table IIB shows the percentages of children found at routine examination to be in need of treatment. This percentage has risen as compared to 1933 from 14.32% to 17.06%.

(b) *School Medical Inspectors' Reports* :—

The following are some of the more important comments :—

(i) *Medical Inspections.*

The confidence of parents is enhanced when the School Medical Inspector is also the Child Welfare Officer.

Parents are definitely becoming " health minded " and attend very well at the routine examinations.

There is still a small minority of parents who make no attempt to attend inspections. It is in the children of such parents that the greatest number of defects are found and where the greatest difficulty is met in getting defects remedied.

Cases of rheumatism in children appear to be fairly widespread, as shown by the prevalence of " growing pains " as its milder manifestation, and the sub-acute rheumatic fever and conditions as its more severe manifestation. These require close following up and after-care and account for many children referred for convalescent treatment.

The accommodation in schools for medical inspection is in some cases inadequate, and more particularly is this so in the smaller Church schools.

When new schools are being provided, it would be of the greatest assistance to provide a room for use for school medical inspection, &c.

Lack of sleep due to lateness in going to bed is not infrequent.

Consents to treatment for ascertained defects appear each year to be more readily obtained.

(ii) *Dental Treatment.*

Parents appear to be more willing to accept treatment and the children less nervous about extractions.

The services of the whole-time Dental Surgeons are greatly appreciated, and this increased service is expected to show a progressive improvement in the condition of the children's teeth.

More conservative work is being carried out under the whole-time School Dental Service.

Dental Clinics have been well attended and it is essential for the best work that there should be adequate waiting accommodation, good

lighting and provision of the general convenience of a hot water supply, &c. It is therefore, usually, unsatisfactory to hold clinics in schools and hired halls.

The large proportion of untreated dental cases may to some extent be explained by reluctance on the part of parents to spend money on the treatment of defective deciduous teeth, knowing that these teeth will usually be shed of their own accord. Unfortunately as most parents are quite unable to differentiate between deciduous and permanent teeth, this policy tends to be applied to the latter as well.

In the Halstead district there has been a marked improvement in the number of consents to dental treatment. The services of the whole-time Dental Surgeon has produced a very definite improvement in this branch of the work, and there is a promising response to the increased facilities for conservative treatment.

(iii) *Eye Clinics.*

There is no evidence of any diminution in the number of children making use of these Clinics. The services of the Ophthalmic Surgeon are proving very helpful in dealing with difficult cases of refraction and in giving advice on certain defects of the eye.

Some parents still prefer to obtain advice from opticians, a practice to be deprecated.

(iv) *Tonsil and Adenoid Operations, &c.*

The convalescence of children who have been treated for enlarged tonsils and adenoids has been carefully supervised by the School Nurse. As a result of the operation the general health of the child has been markedly improved.

The treatment of ear conditions is receiving increasing attention, but is regarded with scepticism and diffidence by some parents.

(v) *Nutrition.*

Malnutrition has not been very noticeable and the cheap milk scheme should be very helpful. Subnutrition, a condition evidenced by emotional changes and a general loss of physical and mental tone, is frequently observed.

The teacher notices the decreasing interest in school activities of a child suffering from subnutrition, and this, coupled with the mother's complaint that the child seems to take less interest in things generally and cries at the least thing, may be the first evidence forthcoming of the child's subnormal condition.

The reduction in the price of milk to school children has resulted in a large increase in consumption of milk and should do much to counteract the effects of improper feeding and undernourishment in the homes of some children.

Now that children attend Central Schools from outlying districts, there seems to be a definite need for the provision of a hot mid-day meal for those coming from a distance.

The assessment of the state of nutrition of school children presents some difficulty. If merely judged by standard of average heights and weights, malnutrition is not common. Other factors, however, must be considered. These should include the child's general health, the resistance to infection, ability to stand physical and mental exertion and the reaction to home and school environment. If these are carefully considered, it is probable that in the poorer areas sub-normal nutrition may be found to be commoner than is generally supposed. Sub-normal nutrition does not necessarily imply actual poverty or insufficiency of food, but defective assimilation or unsuitability of food, lack of sleep, fresh air and exercises are common contributory conditions. The conditions of life in Dagenham for example are in many cases detrimental to the health of the school children. In this district there resides a large proportion of workers whose employment is at such a distance as to necessitate their absence from home from early morning to late evening. This is reflected in the common practice of the children getting up after the father has left for work, and having a hurried and inadequate breakfast. Often there is no proper cooked mid-day meal, and the child, on leaving school in the afternoon, has another scrappy meal on reaching home. The main meal of the day comes later in the evening when the father returns from work, thus making supper the heaviest instead of the lightest meal. The provision of free mid-day meals to necessitous cases has, in many instances, been instrumental in helping children towards a happier dietetic life.

Lack of sleep due to lateness in going to bed is also frequent. In many instances the state of affairs already outlined is responsible, but in a surprisingly large number of cases lack of parental control is the cause.

Supply of milk under the Milk Marketing Board Scheme is not as yet taken full advantage of, possibly owing to the diffident and unenterprising habits of unenlightened parents. It is probable, however, that as details are personally explained at school, medical inspection, &c., all schools will come into the scheme.

(vi) *Orthopaedics.*

These clinics are very popular and most useful work is being done for the crippled child.

It is not so common now to find the type of parent who considers that because grandfather suffered from a certain complaint the child must necessarily suffer from it and nothing can be done to alleviate or cure the condition.

In some schools a large number of children suffer from varying degrees of flat feet, most of them so slight as to cause little or no disability. Steps are being taken by some Head Teachers to remedy this defect by instituting appropriate exercises and dances.

(vii) *Minor Ailment Clinics.*

These are well attended.

Mothers, in the majority of cases, appear to appreciate the real use of the clinics, *i.e.*, advice should be sought to prevent disease rather than to cure established defects.

The skin disease which appears to give the most trouble is impetigo. This, as in the case of many other minor ailments, is due to or accentuated by dirt, neglect, and a low standard of living.

The treatment by "Elastoplast" of Impetigo, septic sores and abrasions has been very successful, and especially so in the first-named condition. Home treatment of Scabies is very unsatisfactory, and entails prolonged absence from school. The provision of hospital beds for this condition would be of great advantage.

An appreciable number of school children receive advice at local Child Welfare Centres, and this is of great advantage in outlying country districts where there is no actual session for school clinic purposes.

(viii) *Care Committees.*

Much appreciation is shown of the work of these Committees, who render invaluable help in the areas in which they are constituted. Their intimate knowledge of the home conditions of the children is of great assistance in assessing the supply of milk and other forms of extra nourishment.

(ix) *Co-operation in School Medical Work.*

General appreciation is expressed of the assistance obtained from Health Visitors, District Nurses and Head Teachers.

Whilst much of the improvement in cleanliness of the hair must be credited to the Health Visitor, nevertheless, the most marked improvement takes place in those schools where the Head Teachers take a personal interest in this matter and encourage the children and parents to remedy the defect.

Co-operation in the school medical work with private practitioners and General Hospitals has been well maintained throughout the year and especially are we indebted to the two Medical practitioners who have rendered invaluable help at the tonsils and adenoids clinic at the Seamen's Hospital, Tilbury.

6. Following Up.

There has been no alteration in procedure from that of previous years, viz., all children referred for treatment are carefully followed up by the School Nurses, assisted by the District Nurse-Midwives, and in this connection the former made 36,407 and the latter 7,556 visits to homes.

7. Medical Treatment.

Arrangements have continued with additional sessions as and when required at the various clinics.

(a) *Minor Ailment Clinics.*

Extra clinics have become available and attendances continue to increase, showing that parents made full use of facilities available.

New Combined Treatment Centres have been built and brought into use during the year at South Benfleet and Pitsea.

Pending the erection of a new Combined Treatment Centre in the area, Grays School Clinic has been removed temporarily to rooms in Glasson House, Grays, which for the time being provide better facilities than at the Quarry Hill Centre.

Provision has been made for establishing new Combined Treatment Centres at Hadleigh (building commenced), Thundersley, Braintree and Epping.

At the 29 Minor Ailment Clinics in use 19,803 individual children attended and made a total of 41,931 attendances.

(b) *Treatment of Tonsils and Adenoids.*

Table IV, Group III, shows that 3,709 children received treatment for these conditions during the year, and of these 1,722 received operative treatment, an increase of 341 as compared to 1933.

The increase is mainly shown by those receiving treatment, other than under the County Scheme, viz., an increase of 267, as compared to an increase of 84 receiving treatment under the Committee's Scheme.

The main addition to the Scheme during 1934 is the arrangement made with the Southend General Hospital. As a result the Rochford District now has satisfactory arrangements, a position which has long been desired.

Further facilities are available at the Centres in populous areas for the children to be examined by the Specialists prior to the operations. In actual practice this arrangement is very satisfactory and it is found that in very few cases are the recommendations of the School Medical Inspectors reversed by the Specialists' opinion, thus indicating the care that is taken in the selection of these cases.

(c) *Tuberculosis.*

The same close connection with the Tuberculosis Medical Staff as indicated in previous years has been maintained to the advantage of all concerned.

In 1934, one hundred and ninety-four children (boys 116, girls 78), received periods of sanatorium treatment as follows :—

	Boys.	Girls.	Totals.
Pulmonary conditions ..	12	15	27
Non-Pulmonary conditions ..	91	51	142
Observation	13	12	25

(d) *Skin Diseases.*

Impetigo, as usual, heads the list with 4,391 receiving treatment, an increase of 1,300 cases on the previous year, the bulk of these being treated at the Committee's Centres. Scabies also shows an increase of 124 cases, the total treated being 504. It is intended to make arrangements for treatment of this condition at Oldchurch Hospital, Romford.

Ringworm of the body (104 cases) and of the scalp (60) received treatment, an increase of one in the former and 17 in the latter as compared with 1933. X-Ray treatment was received in 15 cases for ringworm of the scalp, an increase of 7.

Of other minor skin conditions, 2,995 received treatment.

(e) *External Eye Diseases.*

1,131 children received treatment, 983 being treated under the Committee's Scheme, the majority of these being slight cases of conjunctivitis and blepharitis.

(f) *Vision.*

Table IV, Group II, shows that 6,106, an increase of 1,318, received the necessary treatment. This great increase is due to the better facilities provided for refractions and the great endeavour that was made during the last quarter of the year to bring these up-to-date. 4,733 were dealt with under the Committee's Scheme, an increase of 1,015.

The provision of glasses was ordered in 3,327 cases, and of these 3,135 actually obtained them.

As intimated in last year's report, and as a result of the recommendations contained in Circulars 1431 (Board of Education), and 1353 (Ministry of Health), dated October, 1933, the Committee recommended the appointment of an Ophthalmic Surgeon, and this appointment matured on the 1st September, 1934, when Mr. G. J. Ahern, M.R.C.S., D.O.M.S. took up duty. His services have greatly improved the work in this important subject, in which he acts not only for the School Medical Service, but also for the Committee under the Blind Persons Act. Mr. Ahern reports on the work as follows :—

> In accordance with the requirements of the Blind Persons Act, all new names added to the Blind Register are examined by the County Ophthalmic Surgeon. Form BD8 is completed for each case. This

method of certification serves a two-fold purpose. The extent of the blindness is given and the exact cause and contributory factors ascertained. Information thus obtained may be of considerable help in eliminating certain causes and contributory factors in the cause of blindness. Cases already on the Blind Register are gradually being reviewed and more detailed certification obtained. Time must elapse, however, before a full review has been completed. For the detailed examination of these cases, moderately well equipped ophthalmic examination rooms are being established in various parts of the County. These centres are utilised also for the ophthalmic examination of school children.

Cases reported as unable to attend a clinic are examined at home. Detailed examination is, however, often difficult in home surroundings and, when considered necessary, every effort is made for a complete examination at a properly equipped centre.

Arrangements have been made whereby children referred as "partially sighted" are examined in all cases by an oculist and certified when necessary on Form 37D, and recommendation given as to the type of education necessary or possible. These children are re-examined every three months.

It has been suggested that efforts be made to disassociate as far as possible in their education and school the partially sighted children from blind children, and in particular is this advisable in cases of partially sighted children who, on leaving school, are unlikely to be certified blind under the Blind Persons Act.

With this modification in view, it would appear that the necessity for further sight saving day classes in the more rapidly growing areas of Essex will be found necessary.

For the partially sighted children residing in scattered rural areas, the residential sight saving schools must be used, or existing blind schools where special provision is made for the education of these children by sighted methods only.

Difficult cases of refraction met with by the School Medical Inspectors in their routine ophthalmic work are referred for further examination and advice to the County Ophthalmic Surgeon.

Similarly, arrangements have been made for all cases of squint to be treated before the school age.

The County is also fortunate in still having the services of Mr. T. Collyer Summers, F.R.C.S., available at the Oldchurch Hospital, Romford, to whom, by arrangement, cases of school children can be referred as and when required.

(g) *Minor Ear Defects.*

2,147 children received treatment, 1,956 being treated under the Committee's scheme. As mentioned in previous reports, this serious condition of ear discharge

has not received the full attention it demands. In accordance with the suggestions contained in the Ministry of Health Circular 1337a, issued in May, 1933, the Committee have given careful consideration to the early diagnosis of ear defects and to the necessary treatment with a view to the prevention of deafness. A preliminary survey carried out in the Chingford and Hornchurch areas has shown that there is ample need for increased facilities in this connection. As a result, an effort has now been made to grapple with this widespread condition and, during 1935, it is hoped that, with the arrangements available, better results will be shown in the treatment of children before and during school attendance. There can be no doubt that, in order to achieve this, early and regular treatment is essential, and to facilitate this, all School Medical Inspectors, Child Welfare Officers and School Nurses have been asked to bring forward such cases as come to their notice for early treatment. For those who require specialist's advice, arrangements have been made for the services of Mr. Hamblen Thomas, F.R.C.S., to be available as occasion requires.

(h) *Dental Treatment.*

The policy of the Committee in gradually building up a full-time Dental Staff has been continued, and in October the Staff was increased by one Dental Surgeon to five full-time Dental Surgeons. Further provision has been made to augment the Staff by the appointment of two more during the year 1935.

By this gradual and steady augmentation, the School Dental Service has and will continue to provide a better, more continuous and more efficient service for the school population.

A further advance in the work has been the decision of the Committee to provide dental inspections and treatment for secondary school children as and when the augmentation of staff allows. This provision would appear to be a necessity as many of the pupils in the Secondary Schools have already come under the survey of the School Dental Surgeons in the Elementary Schools, prior to attendance at Secondary Schools.

It is an agreed policy in dental treatment of school children that inspections of those treated should be regularly followed up year by year, in order that once the mouth of a child is dentally clean, an endeavour should be made to keep it so at any rate during school life and with the added hope that, having once instilled into the child the necessity and advantages of having sound, well cared for teeth, he or she may in after school life follow this procedure for the benefit of themselves and their general health.

The general scheme for dental inspections and treatment is similar to that for the year 1933.

The policy of refusal of treatment to those children who in the past have not accepted the facilities offered, which is adopted by certain Education Authorities, is worthy of careful consideration, especially as it is reported in some areas that by its adoption the percentages of acceptances have increased. It will be

readily realised that under such a system more time is provided for those willing to receive treatment by not arranging further inspection of those who have refused treatment. On the other hand, many children will be penalised who have been previously deprived of the same treatment, not of their own volition, but through the ignorance or obstinacy of their parents.

The following points are worthy of consideration, as extracted from the Dental Surgeons' reports :—

Mr. Roberts (Dagenham District) remarks that there is a continuing increase of acceptances of treatment by children referred by the School Medical Inspectors, and this has somewhat curtailed routine work. At two schools where parents were invited to attend inspections, this proved most satisfactory, the percentage of children accepting treatment thereafter being certainly very much higher than it would have been had the parents not been present. He also considers that in general the acceptances of treatment show a higher percentage than in 1933, but there is still room for improvement, especially so in regard to conservative treatment. He comments favourably on the work done at ante-natal, sanatorium and hospital centres.

Mr. Donaldson (Grays, Orsett, Rochford, etc.) :—

Considers that progress in the school dental scheme has been fully maintained, but there is still much lee-way to be made up in order to bring the dental health of the children up to the desired standard. He finds that approximately 68.4 per cent. of the children require treatment. This he considers a high incidence of dental decay, and when this is compared with a maximum of 25 per cent. accepting treatment, the position is far from satisfactory, but judged by the amount of treatment afforded to each child accepting and the possibility of maintaining each child dentally fit throughout his or her school life, he feels that the labour has not been in vain.

He refers to the extraction of permanent teeth ; 2.71 per child treatment is still too high, but an improvement on the figures for 1933 as is also the record of fillings, viz., 1.33 per child attended.

Mr. Donaldson remarks on the continued objection to acceptance for fillings, and says this attitude of parents still plays a large part in the high numbers of non-acceptance of treatment. The problem gives him much concern, and whilst he is of opinion that the best propaganda is complete treatment of the very highest order, he is also sure that talks to parents and children on the subject are most helpful, and to this end he has taken every opportunity of this method of propaganda. Whilst talking to mothers he lays emphasis on the work of the School Dental Service, fully explaining its benefits and aims. He goes on to say that he feels the present dental fee has a very adverse bearing on the acceptances, and is convinced that a reduction in the fee would materially increase the acceptances with a consequent improvement of dental and general health and would eventually be a sound financial proposition.

Mr. Hendry (Tendring, Lexden, etc.)

Every endeavour has been made to maintain the standard of dental service provided; there was at first some difficulty experienced in apportioning the available time to the different districts, but this has been in a large measure overcome.

Indifference, even amounting to antagonism in a number of cases on the part of parents whose children really need treatment, has been widely encountered. This is a very disturbing factor and one which militates against the smooth running of the service. However, this obstacle will in time be surmounted by propaganda. Talks have been given wherever possible to parents and children on dental hygiene and its relation to general health.

He remarks on the valuable help that may be obtained through the Dental Board of the United Kingdom, and suggests that this added help in propaganda might well be incorporated in the County Scheme.

Miss Whitmore (Woodford, Chingford, etc.)

Fillings were well accepted in areas where the child had not far to come to the clinic, but in other areas the parent accepted quite well, only if it was a question of extractions alone or extractions, plus fillings.

The schools are now inspected about once in every fifteen months. It seems hardly fair to refuse treatment to children because of the ignorance of their parents, but, on the other hand, it is felt that something should be done to lessen the number of casuals who take up the time which is needed for children whose parents accept regularly and who should be inspected at least every 12 months.

Table IV, Group V, summarises the dental work during the year. It shows that 2,083 half-day sessions were utilised, an increase of 482 on the previous year. Of these sessions, 312 were devoted to inspections and 1,771 to treatment, an increase of 71 inspections and 411 treatment sessions respectively on the previous year.

41,120 children were inspected and 28,853 found to require treatment, or 70.1 per cent., a high percentage. The children who actually received treatment numbered 17,943, an increase of 831 on the numbers for 1933 and of these, 20,880 attendances were made, an increase of 2,634 attendances.

Nitrous oxide or other general anæsthetic was required in 10,022 cases.

The return of the actual work carried out shows that 34,373 teeth were extracted, including 28,309 temporary teeth and 6,064 permanent teeth and 9,804 fillings were completed, 1,689 for temporary teeth and 8,115 for permanent teeth. Whilst one realises that the work on the temporary teeth is of importance both from the point of view of the health of the individual concerned and also for preservation of the permanent set which follow, nevertheless, we must mainly base our opinions on the value of the work done by consideration of what has been done for

the permanent teeth which we hope to retain throughout life. It is encouraging to be able to report that in regard to the permanent teeth, 2,051 more teeth were filled than extracted ; ample proof that the Dental Staff have, by their efforts (although they still deplore the indifference of some parents) made the desired impression on a considerable number of parents. The Committee and the Dental Staff must be congratulated and it should be an encouragement to all concerned to continue their efforts in furthering and extending this most necessary branch of the School Medical work.

(i) *Crippling Defects.*

Paragraph 7 (*c*) referred to Tuberculous conditions. There are at Residential Cripple Schools 17 children (boys 9, girls 8).

The Physically Defective Classes at the Heathway Special School, Dagenham, have continued to give most beneficial service for mild degrees of crippling, for abnormal heart conditions and certain conditions not considered suitable for ordinary school for a period, but not so serious as to need entrance to a Residential School.

Of these cases, 144 children are in attendance, viz. :—

	Boys.	Girls.	Total.
Cripples	33	31	64
Heart condition	18	24	42
Others	19	19	38

These cases are individually considered from time to time and, as and when suitable, returned to ordinary school life.

The Orthopædic Scheme has continued with great advantage to the children concerned. After-Treatment Centres have been increased to fifteen. These are staffed by three whole-time qualified Masseuses, together with the assistance of a part-time Masseuse at Epping and Woodford by arrangement with the British Red Cross Society. The services of B. Whitchurch Howell, Esq., F.R.C.S., as Consulting Orthopædic Surgeon have continued to be available.

The summary of the work for 1934 is as follows :—

65 ascertainment and advisory clinics were held, viz., 8 at Dagenham ; 7 at Woodford ; 6 at Romford ; 5 at Harwich ; 4 each at Colchester, Clacton, Grays and Tilbury ; 3 each at Braintree, Brentwood, Chelmsford, Halstead and Maldon ; 2 each at Epping, Saffron Walden, South Benfleet and Stansted.

1,258 children (616 boys, 642 girls) were examined and reported on at these clinics, including 467 (223 boys, 244 girls) new cases, and 791 (393 boys, 398 girls) who had been examined previously by the Surgeon.

These examinations are classified as follows :—

Congenital defects, club foot, &c.	174
Infantile Paralysis and after effects	108
Spinal curvature, &c.	145
Paralysis (Hemiplegia, &c.)	75
Cleft palate, including hare lip	13
Other deformities, &c., including injuries, &c. ..	743
	1,258

A summary of the history of cases and advice given shows the following :—

With history of having already had hospital treatment	132
To continue present form of treatment	207
Advised admission to hospital	84
Advised apparatus or modified boots	264
Advised massage or exercises, &c.	104
Advised observation	437
No treatment required	56
Discharged cured	106
	1,258

In addition, 184 children (105 boys, 79 girls) under school age were examined under the County Scheme, and 274 for other Local Authorities, making a total number of 1,716. Many of these were presented for examination more than once. 61 school children (30 boys, 31 girls) completed a course of hospital treatment under the County Scheme, and 20 (8 boys, 12 girls) remained in hospital at the end of the year ; whilst 41 children awaited hospital treatment compared to 37 at the end of 1933. (These figures do not include cases where parents definitely refused treatment).

It will be seen that, in spite of the fact that the Orthopædic Scheme has now been in existence for some years, the total number of cases for hospital treatment does not appear to diminish. This may, I think, be accounted for by the annual increase of child population, together with the fact that the Surgeon has now referred to him cases of less severe defects than was the case in the early years of the Scheme.

The After-Treatment Centres have borne their full share of the work, as shown by the following summary, which includes particulars of County Child Welfare patients who attend :—

Clinic.	No. of Sessions.	No. of attend-ances.	No. of Patients treated.	Form of Treatment.			
				Mass-age.	Exer-cises.	Elec-trical.	Super-vision.
Braintree	36	308	166	—	47	—	166
Brentwood	89	621	176	5	48	—	123
Chingford	89	669	226	15	46	2	167
*Clacton	23	94	51	—	11	—	40
*Colchester	49	92	44	—	6	—	39
*Dagenham	147	1142	453	8	119	1	325
Epping	159	106	18	8	9	1	6
*Grays	117	744	349	6	52	—	294
Hornchurch	59	509	253	9	63	—	184
Laindon	29	168	88	—	19	—	69
Maldon	34	264	121	—	15	—	106
*Romford	79	883	407	1	167	—	239
South Benfleet .. (Opened 3/10/34)	6	14	11	—	—	—	11
*Tilbury .. .. (Opened 10/9/34)	15	118	40	1	13	—	27
*Woodford	145	821	102	22	90	5	—

*These figures do not include patients from local autonomous Child Welfare Authorities.

(j) *Uncleanliness.*

Table IV, Group VI, indicates that the School Nurses made 315,035 examinations in Schools and classified 3,958 children as unclean. An average of eight visits per school were made and all cases of uncleanliness were followed up until satisfactorily cleansed. It is impossible to over-estimate the value of these cleanliness visits and surveys, both to the clean and the unclean. Without this continual surveillance, the former must inevitably from time to time be classed with the latter; sometimes, through no fault of their own, the infection is transferred through close association with the unclean. The following report from one district shows how necessary this supervision of cleanliness is, even to-day :—

> For many months the Girls' Department of one school has given great trouble owing to the prevalence of vermin amongst the children. At one inspection performed by the School Medical Inspector, about 50 per cent. of the Department, numbering about 360 children, were found to be verminous. The usual methods of cleansing proved of little avail, and a special report on the matter was submitted to the District Sub-Committee, who agreed to prosecute all persistent defaulters. Since that date an inspection of the Department has been carried out by a School Medical Inspector almost once a week. Verminous children are excluded and the parents requested to put them into a cleanly condition by a certain date. If, upon re-examination, they are still verminous, they are again excluded and the parents warned that prosecution will follow a third default. If this warning is of no use, recommendation for prosecution is forwarded automatically to the Clerk to the Education Sub-Committee. The parents of 33 children have been prosecuted during the year, and in the majority of these cases orders to cleanse the children have been issued, orders made against the parents for costs, and fines

have been imposed. For some time even this course produced little improvement, and the magistrates warned a number of defendants that continuation of the offence would lead to a more severe penalty being inflicted. Since that warning the number of persistently verminous cases has been reduced to about 20 per cent., but it is fear of the legal consequences of uncleanliness rather than a distaste for vermin that has brought the numbers down. The School Medical Service maintains an unceasing vigilance over the school in question.

It is pleasing to note that the above experience of neglect is an exceptional one and savours more of the conditions found in the early days of school medical inspections.

Bathing facilities at Grays and Tilbury Baths have, as in previous years, continued to be freely used, 1,560 baths being given at the former and 7,179 at the latter.

8. Infectious Diseases.

The control of infectious diseases in scholars is to-day a little more difficult than in the earlier years of school medical inspections, with the advent of fuller entry to secondary schools, the institution of central and intermediate schools and the transference of selected children to cookery and handicraft centres. There is thus a much wider movement of children and members of the same family may be in attendance at three or four different schools, some of which being quite outside their own residential area.

In this connection it is necessary to consider the following :—

(1) There should be the closest co-operation and inter-communication between the Medical Officer of Health, School Medical Officer, School Medical Inspector and Head Teacher in regard to notifications. Thus, in Essex, great advantage is derived from the Combined Medical Service, and in the more populous areas this is achieved by having an arrangement whereby the Medical Officer of Health is definitely recognised as part of the County Service such as is arranged in Dagenham, Grays, Tilbury and Romford.

(2) It is important to be able to arrange, where necessary, to exclude children from a particular infected village or area.

(3) The problem is sometimes met of unwillingness of parents to send their child to a Central School in the infected area.

These problems are all capable of being controlled locally more expeditiously and probably more satisfactorily than centrally and further, with less worry and distress to the parents.

There were no school children excluded for or as contacts of smallpox during the year.

Seven schools only were closed on account of the prevalence of infectious diseases, viz., two by the Local Sanitary Authority and five with the approval of

the School Medical Officer. The diseases necessitating closure were Measles 5, Diphtheria 1 and Whooping Cough 1.

120 certificates under paragraph 15 (ii) of the Board of Education Administrative Memorandum No. 51 in respect of reduced attendance, due to the prevalence of infectious diseases, were issued, the diseases being as follows :—Whooping Cough 22, Scarlet Fever 7, Chickenpox 23, Measles 56, Mumps 8 and German Measles 4.

9. Open-Air Education.

(a) *Open-Air Classes.*

These continue to be encouraged to be held in playgrounds, &c.

(b) *School Journeys.*

An increasing number of the schools have, during the year, organised educational visits, holiday camps or holiday tours and shorter school journeys, and it is pleasing to find that in practically every case a very great deal of trouble is taken to make these worth while. In some cases excellent illustrated brochures have been prepared by the scholars themselves under the guidance of their teachers in order that the best possible use may be made of the journey or visit.

(c) *School Camps.*

Nil recorded.

10. Physical Training.

A gradually increasing interest is being taken in this most necessary branch of school and young adult life.

The Director of Education has kindly supplied the information set out below :—

> With some slight alterations, the arrangements made by the Committee for the oversight and inspection of the Physical Training carried out in the Elementary Schools during 1934 have been continued as heretofore. The services of the Physical Training Instructresses previously mentioned have been retained, but with an additional half-day a week for elementary school work in the case of Miss Craig. Further assistance has been provided by the appointment in September of Miss M. Dolman to the Romford County High School for Girls, this teacher, during the period September to December, serving as Physical Training Instructress in the Romford and Dagenham areas for five mornings per week.
>
> The present staff, therefore, includes Miss F. A. Morgan, Physical Training Instructress at the Saffron Walden Training College ; Miss Craig, Physical Training Instructress at the Braintree County High School ; Miss Collman, Physical Training Instructress at the Clacton

and Harwich County High Schools ; and Miss M. Dolman, Physical Training Instructress at the Romford County High School for Girls. The work done by this part-time staff includes the instruction of teachers on the lines of the Physical Training Syllabus of the Board of Education and the visitation to schools to follow up by advice and actual demonstration the teaching given in the various classes. The work of the Physical Training staff has been much appreciated in the schools and there is undoubtedly a rising standard in the quality of the Physical Training done in the schools.

During the year, classes for teachers taking Physical Training in the elementary schools have been held as follows :—

Centre.	No. Enrolled.
County High School, Chelmsford	104
Day Technical School, Southend	79
Senior Council School, Chingford	43
Council School, Great Dunmow	26
Technical College, Colchester	63
Technical School, Halstead	34
Intermediate School, Grays	69
Do. Do.	57
Grammar School, Maldon	41

and in addition, by arrangement with the Local Education Authority concerned, two teachers' classes have been organised at Leyton (148 teachers attending) and two at Barking with 96 names on the rolls.

11. Provision of Meals, &c.

The Committee have continued facilities in certain districts for the provision of meals for necessitous children and Cod Liver Oil and Malt and extra milk where these are recommended after medical examination.

The following is a short summary of the use made of these facilities during 1934 :—

(1) *Meals that consist of a mid-day dinner* :—

(a) *Dagenham Area.* Arrangements were continued as for 1933, with the exception that Halbutt Street Centre was closed, the children being accommodated at the other three Centres.

In addition, dinners are provided on a contributory basis at the Heathway Special School.

(b) *Orsett (Grays and Tilbury).* The feeding of children was continued to the end of the winter and from the beginning of the summer milk was supplied in lieu of meals.

(c) *Romford Area.* Two Centres were opened on the 12th February, 1934, and a third Centre on the 11th June, 1934.

(d) *Other Areas.* Schools in other areas provide facilities for a mid-day meal and in this connection especial mention should be made of Markham Chase, Laindon, School, where 80—100 children partake of a daily dinner at the small cost of threepence per meal.

(2) *Scheme for the Supply of Milk in Schools.* A scheme to supply milk to schools was inaugurated seven years ago by the National Milk Publicity Council, and many schools in the area of the Essex Education Committee have for some years had a voluntary scheme of this kind in operation. An extension of this scheme by the Milk Marketing Board has been made possible under the Milk Act, 1934. Under that Act, the Government will contribute, under certain conditions, towards a fund to meet the cost of schemes for increasing the consumption of milk. It is a condition of this grant that first consideration shall be given to a scheme for the provision of milk in schools. The major portion of the fund is being used to reduce the price of milk to scholars from the old rate of 1d. for one-third of a pint to ½d. for the same quantity.

The main object of the scheme, which came into operation on 1st October, 1934, is to ensure, by arrangements organised by teachers on a voluntary basis, that an increasing number of school children shall be afforded facilities for obtaining one-third of a pint of milk, complete with straw, at the reduced price of ½d. per bottle. The scheme applies only in respect of milk actually consumed in schools or at approved centres. It could operate seven days a week and throughout the holidays, provided the children were assembled to consume the milk, and that none of it was used for cooking purposes.

Two certificates are required by the Milk Marketing Board before they will pay the rebates to the farmers, namely, (1) a certificate from the Head Teacher of the school or course, or other person approved by the Local Education Committee, to the effect that the milk has been consumed in the school or in some other approved centre; and (2) a certificate from the County Medical Officer, after consultation with the local Medical Officer of Health, to the effect that the source and quality of the milk supplied have been approved.

(1) On 26th September, 1934, the Director of Education issued a circular to every Head Teacher, giving full particulars of the new milk scheme, and asking for certain information in regard to any arrangements which had been or were being made. The Head Teachers have responded readily and willingly, with the result that there has been a considerable increase in the amount of milk consumed under these voluntary arrangements. At the time of writing, this scheme is in operation in 446 schools or departments, and it is estimated that 35,600 school children are each receiving one-third of a pint of milk per day.

(2) The local Medical Officer of Health has been consulted, and was asked to answer the following questions in connection with each retailer and each producer :—

Retailer.

(1) Is the dairyman complying with the Milk and Dairies Order, 1926 ?

(2) Have any samples been obtained by you and submitted to the bacteria and/or coliform test ? If so, please give the results.

(3) What kind of milk is supplied to the school ?

(4) If " efficiently pasteurised " milk is not supplied, is it available in the locality ? If so, give name and address of dairyman.

(5) Do you regard the quality of the milk supplied to this school or schools as satisfactory ?

Producer.

(1) Is the milk producer complying with the Milk and Dairies Order, 1926 ?

(2) Have any samples been obtained by you and submitted to the bacteria and/or coliform test ? If so, please give the results.

(3) What kind of milk is supplied to the school ?

(4) Do you regard the " source and quality " of the milk supplied to this school or schools as satisfactory ?

Question (4) submitted in regard to the retailer, was necessary owing to the fact that the Board of Education by Circular 1437, dated 5th September, 1934, desired " to urge that in areas where a supply of efficiently pasteurised ' milk is available, such milk should in all cases be provided. In other areas, ' all possible precautions should be taken to ensure as far as practicable the ' safety of the supply." The primary object of this statement was to secure the provision of as safe a milk as possible for the school children. In these circumstances, where the Medical Officer of Health stated that efficiently pasteurised milk was available in the locality, the Head Teacher was asked to make arrangements for that grade of milk to be purchased, and to give due notice for the termination of the supply of ordinary raw milk. The word " available " was interpreted to mean that efficiently pasteurised milk was actually being sold in the village or within half-a-mile of the school. Further, the Head Teachers were notified that if " Grade A " (Tuberculin Tested) milk was available under the scheme, it should be obtained in preference to pasteurised milk, bearing in mind that the various grades of milk should be taken in the following order of merit :—Certified Milk, " Grade A " (Tuberculin Tested) Milk, Pasteurised Milk, " Grade A " Milk, ordinary Raw Milk.

446 certificates approving of the " source and quality " of milk supplies are now in operation. These certificates include the approval of the supply of the following grades of milk :—

Grade of Milk.	No. of Certificates.	Percentage.
Certified	2 ..	0.4
" Grade A " (Tuberculin Tested) ..	19 ..	4.2
Pasteurised Milk	207 ..	46.5
" Grade A " Milk	36 ..	8.1
Ordinary Raw Milk	182 ..	40.8

2. Co-operation of—

(a) *Parents.*

The School Medical Inspectors report that this, on the whole, is good, and some report improvement, but all, including the Dental Surgeons, appear to think there is room for further co-operation in regard to dental conditions. Attendance at routine examinations are recorded in 73 per cent.

(b) *Teachers.*

Head Teachers continue to render most helpful assistance and, in particular, those are to be congratulated who have taken up with enthusiasm the Milk Marketing Board's Scheme for provision of milk at reduced costs.

Further, in some schools the energy and thought expended by the Teaching Staff in the setting out and supply of the mid-day meal are worthy of the greatest praise.

(c) *Attendance Officers.*

There appears to be the same personal co-operation afforded by these officers as in the past.

(d) *Voluntary Bodies, &c.*

Thanks are again tendered to the following for ready and willing assistance and help on behalf of the school child :—

> The Voluntary Hospitals, Care of Children Committees, Public Assistance Committee, County Nursing Association, Essex County Association for the Care of Blind, Essex Voluntary Association for Mental Welfare, National Society for Prevention of Cruelty to Children, the British Red Cross Society, the Society of the Order of St. John, the Hospital Savings Association, the Invalid Children's Aid Association and the Essex Rural Community Council.

3. Blind, Deaf and Epileptic Children.

The number of children as ascertained are shown under the sub-headings set out in Table III.

(a) *Multiple Defects.*

Under this heading there are 45 children. These are always difficult children to suitably place and the Committee is thus fortunate in having 20 in certified schools.

(b) *Blind.*

Of the 19 children certified as blind under the Education Act, 16 are in recognised schools for the Blind at Gorleston and at Brighton. The partially sighted are registered as 77, and of these 41 are in recognised schools, 13 being in attendance at the Grays Myope Day Class.

(c) *Deaf.*

There are 51 children classified as deaf and 44 of these are suitably placed in Special Schools. In addition, there are 4 partially deaf children receiving education in Special Schools.

(d) *Epileptics.*

Of the 30 children registered as epileptics, 14 are in attendance at Special Schools.

There is frequently a difficulty in dealing with these cases, brought about by (i) the lack of accommodation for such cases, and (ii) reluctance on the part of the parent to allow the child to go to a Residential School.

(e) *Mentally Defective.*

There are 516 (boys 315, girls 201) certified as feeble-minded, and of these, 259 (boys 168, girls 91) are suitably placed in Special Schools, 51 (boys 31, girls 20) being in Residential Schools.

Essex is provided with three Special Day Schools with 208 on these rolls as follows :—

	Boys.	Girls.	Totals.
Grays	24	25	49
Woodford	32	9	41
Dagenham (transferred from Romford)	81	37	118
	137	71	208

At the Walthamstow Day Classes, 7 children (boys 6, girls 1) are in attendance.

Arrangements for after-care have been similar to previous years.

(f) *Cripples.*

See paragraph 7 (i).

(g) *Delicate Children.*

(i) *Open-Air Day Schools.*

At Grays Open-Air Mixed School, with accommodation for 60, there have been 36 admissions and 40 discharges, the reasons for discharge being :—

Returned to elementary school	25
Left district	6
Attained school leaving age	5
Unsuitable for open-air treatment	3
For convalescent home	1

Dr. Boul, in regard to this school, reports as follows :—

	Boys.		Girls.
Average increase in height in inches ..	2	..	2¼
Average increase in weight in lbs. ..	4½	..	5½
Greatest increase in weight in lbs. ..	10	..	9

The admissions during 1934 have been of very poor physical type, poorly clad, and showing marked signs of debility and malnutrition. For the first two months of open-air school treatment these children make little headway, but the response after that has been remarkably good. The average increase in weight per head over a period of about eight months has been 8½lbs for the girls, and 6lbs. for the boys, followed by increases of up to 3lbs. per month. This indicates, as in previous years, that the routine of the school is based on sound lines.

The increased accommodation mentioned in the 1933 Report has not yet been commenced, and it is hoped that the matter will not be deferred too long. At present, cases of the chronic type have to be discharged at intervals to make room for children who need a short " building-up " course. The former type are out of place in ordinary elementary schools, but it is obviously unfair for them to occupy for an indefinite period places which could be used to greater advantage by the latter type. If and when the school is enlarged, it is hoped to accommodate both categories.

Once more I have pleasure in acknowledging the efforts of the Head Teacher and staff, to whose zeal and ability much of the success of the establishment is due.

(ii) *Residential Open-Air Schools.*

The call for this provision for school children as our school population continues to increase becomes more insistent year by year. No doubt, with more open-air accommodation within the County, short stay cases could well be accommodated in such ; but for the present-day method of building the school on semi open-air lines there would be still a greater pressure on open-air accommodation.

Nevertheless, there is much to be said for the advantages of the Residential Open-Air School for the following reasons :—

(*a*) It takes the child, for a time, completely away from what is often an unsuitable home environment, and the child is placed under a suitable regime, not the least of which are clean, hygienic surroundings and regularized life, suitable for the child's immediate sub-normal state of health.

(*b*) It relieves the parent of the continual anxiety for the delicate child and relieves the child of the worry of the over-anxious parent.

(*c*) The child is made one of a community, and as mentioned in (i) above, correct habits can be inculcated.

14. Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children.

57 students had periods of training during the year, viz. :—Blind 40, Crippled 13, Epileptic 3 and Deaf 1. Of those who left or completed training during the year, the following is a summary :—

Of the blind, 2 were continued in employment at the workshops, 3 were admitted to Blind Home Workers' Scheme, 1 died and 1 terminated training as inefficient. Of the cripples, 2 remained at Worthing at the training centre ; 1 unemployed. Of the epileptics, 1 was withdrawn by the parents.

15. Nursery Schools.

These are not provided, but further consideration is being given to this question.

16. Secondary Schools and other Institutions of Higher Education.

The accommodation and number of schools maintained by the Committee are the same as for 1933. There has, however, been an increase of scholars, there being 3,436 boys and 5,018 girls in attendance as compared to 3,340 boys and 4,891 girls respectively in the previous year.

There are 8 Technical and Art Schools, with 1,319 on books (boys 977, girls 342), which is also an increase in the numbers for 1933. In addition, 11 aided Secondary Schools, with 3,840 on books (boys 2,933 and girls 907), together with 9 other recognised schools with 1915 scholars on books.

Routine inspection of scholars have been carried out, 4,997 being examined at routine examinations, showing an addition of 268 on the previous year. There were a further 802 scholars re-inspected and 110 special inspections.

The results of the routine examinations are shown in Table IIs, the number of individual scholars referred for treatment being 758 or 15.1 per cent. This percentage is higher than for 1933, when it was 12 per cent., but compares favourably with 21.9 per cent. shown for 1932. Again, as has been pointed out in these reports previously, the bulk of the conditions requiring treatment consists of defective vision and conditions of the nose and throat.

As mentioned in paragraph 7 of this report, the Committee have agreed to carry out dental inspections of secondary schools, but limited staff allowed for this to be proceeded with in two schools only during the year. The results of the inspections are as follows, and this provides ample evidence for support of the Committee's proposals :—

291 girls were inspected and 184 needed treatment, *i.e.*, 63 per cent.

404 boys submitted to inspection showed 247 needed treatment, *i.e.*, 61 per cent.

During 1935 it is hoped to carry out further dental inspections, and arrangements have already been made with certain Education Authorities in the autonomous areas to provide treatment at their local centres for those scholars whose parents desire treatment under the Committee's Scheme.

Mention was made last year of the Committee's decision to make arrangements for the medical inspection of certain deficiency-aided Secondary Schools, and that

six of the seven had accepted. During the year inspections were carried out in five of these schools.

17. Parents' Payments.

(a) *Elementary School Children.*

There has been no change from previous years, viz., that where it is necessary for the parents to obtain treatment for their children under the Committee's Scheme, the whole, or as much as possible, of the cost of treatment is recovered from the parents in proportion to their financial circumstances.

(b) *Secondary School Children.*

In necessitous cases, treatment may be provided under similar arrangements to those provided for elementary school children.

18. Health Education, Propaganda, &c.

The Medical, Dental, and Health Visiting Staff continue to give talks and demonstrations as required, at Women Institutes, Open Days at Schools, Mothers' Unions, Health Weeks, &c. These demonstrations and lectures are welcomed by the different organising Bodies and it is hoped add to the gradual spread of health education for the benefit of the general community.

19. Special Inquiries.

Whilst there is little available time for this special work every School Medical Inspector should be able, with advantage to himself and others, to investigate some particular branch of the work. During the year increased attention has been given to the problem of defective hearing and ear discharge and more will be heard of this in the future.

The following short reports, both on the results of investigations by Dr. Alfred Elliott, are worthy of recording :—

(a) *The After-Effects of Tonsillectomy and Removal of Adenoids.*

For the purposes of this brief study, the medical histories of children were investigated where the removal of tonsils and adenoids had been performed after the age of 6½, but not within two years of the time of inquiry. The ages of the hundred cases investigated ranged from 6½ to 14 1/12th years.

The reason for selecting the lower limit of age was that I believed it important to attempt an assessment of the effects of school life on the health of the child, for at the age of 5 an individual enters upon a new "epidemiological" life. By excluding cases where the operation had been performed after January, 1932, an opportunity was given of estimating the results of the procedure over a period of two winters, and thus determining if these results are likely to be permanent. In this series, the average age at operation was 7 11/12ths.

In all the cases investigated, the mother was the source of the child's medical history—a procedure which may be thought open to criticism on the grounds of being merely hearsay evidence. In a strictly scientific sense this criticism may be upheld, but I am of the opinion that, for practical purposes, such evidence can be of great value, and that it would be foolish to discredit it because it cannot be scientifically evaluated. In this country there exists no records taken over a long period of years of the minor complaints such as colds and sore throats of large numbers of children. To my mind, the mother's history of her child's minor ailments is probably as reliable as that of different medical observers, each having different standards of health and only observing the child over a short period of time. It is from histories obtained in this latter way that the American statistics on this subject are based.

The following table shows the complaints thought to be associated with the state of the tonsils and adenoids, and the results of operative treatment :—

Symptoms.	Benefited by operation.	Not benefited by operation.
Frequent colds ..	52% ..	6%
Anorexia, Poor Physique, Mouthbreathers ..	8% ..	—
Nasal Catarrh	4% ..	—
Ear trouble	4% (2% chronic otorrhœa) ..	—
Speech Defects	4% ..	1%
Frequent Sore Throats ..	13% ..	—
Total	85% ..	7%

8 cases remain where the tonsils were removed solely on account of hypertrophy, there being no evidence of ill-health prior to operation. Of these, 6 showed no difference before or after operation, but the 2 remaining were, in the opinion of their mothers, rendered definitely worse by the operation. One was stated to have frequent colds, and the other to have sore throats and occasional persistent colds. In this case the results of the operation were bad, there being remnants of tonsillar tissue left, extensive cicatrisation of one faucial pillar, and removal of the uvula.

The operations had been performed as follows :—

Hospitals 90 per cent., School Clinics 8 per cent., Private Practitioners 2 per cent.

In the first and second groups the results were uniformly good, but in the two cases of the last group were bad.

This study would suggest that the operation is not being undertaken indiscriminately, and that the results accruing are, on the whole, very

good. The most striking figures are those dealing with the catarrhal conditions, and show the importance of a healthy naso-pharynx as a prophylactic measure against colds. Whatever may be the statistical shortcomings of this study, it seems only right to record that 85 per cent. of parents of these cases considered their children definitely improved in health by the operation.

(b) *Chronic Middle Ear Disease in School Children.*

(i) *Incidence of Disease—Statistical Discrepancies.*

Crowden, in a paper read before the Section of Medical Sociology of the British Medical Association, discussed deafness as a national problem. Some of his findings are of peculiar interest to workers in the School Medical Service, and are reproduced here.

In 1928, of 53,075 applicants for Army service, 2,568 were rejected on account of diseases of the middle ear and deafness. In 1932, of 54,159 applicants, 2,993 were rejected for the same reason. Incidentally, this group comprised the chief single medical cause for rejection. It is clear, therefore, that 5 per cent.—6 per cent. of young men drawn from the same social stratum as children attending elementary schools, show evidence of disease of the auditory mechanism. In the annual report for 1928 of the Chief Medical Officer of the Board of Education, the incidence of middle ear disease among elementary school children is returned at 0.54 per cent.

The marked disparity between these two series of statistics suggests either there is a great increase in the incidence of middle ear infections in the years immediately after school leaving, or that minor degrees of auditory disease are passing undetected at the routine school medical examinations. That the latter is the case is shown by the work carried out at the Tottenham, Hornsey and some London County Council Schools. The School Medical Services in these places, by using an accurate and standardised method of testing hearing, the gramophone audiometer, found that the incidence of defective hearing and middle ear disease was as high as in the applicants for Army service.

(ii) *Incidence of Disease in Dagenham School Children.*

A survey, commenced in April, 1934, before the publication of Crowden's figures, was planned to estimate the incidence of chronic otitis media in elementary school children, and to discover what had been the response to treatment.

For this purpose, all parents attending routine school medical inspections were questioned regarding ear discharges in their children, and an examination with an electric otoscope was made on each child.

Statistical Analysis of the Findings.

Number of children examined	2,074
Cases of chronic otitis media	100
Incidence	4.82%

(In 56 per cent. of cases the disease commenced before the child reached school age).

1. Site of discharge — Unilateral 54%; Bilateral 46%

2. Nature of Discharge — Intermittent 69%; Continuous 31%

3. Conditions considered to have caused the ear disease :—

Not ascertainable	50%	Pneumonia	8%
Measles	13%	Scarlet Fever	6%
Teething	8%	Tonsillectomy	6%
Influenza and Colds	8%	Diphtheria	1%

4. State of the Tonsils and Adenoids at time of Examination :—

No evidence of disease	48%
Previously removed	36%
Unhealthy	16%

5. Treatment :—

(*a*) No treatment 12%

Improved	None
Not improved	12%

(*b*) Domestic Treatment 8%

Improved	1%
Not improved	7%

(*c*) Private Practitioners 34%

No treatment.		Ear drops or Insufflation.	
Improved	2%	Improved	1%
Not improved	None	Not improved	31%

(*d*) Hospital Treatment 46%

Ear Drops.		Ear drops and Ionization.		Various Treatments and Mastoid Operation.	
Improved	4%	Improved	1%	Improved	8%
Not improved	26%	Not improved	1%	Not improved	6%

(*e*) Tonsillectomy in Treatment :—

	Removed as part of treatment.	Removed before onset of Otorrhoea.
Improved	8%	14%
Not improved	14%	

(iii) *Comment on Position disclosed by Statistics.*

Putting the findings of the statistical survey into round figures, it transpires that out of every 100 children examined, 5 were suffering from chronic otitis media. Of these 5 children, 4 had at some time or another, received medical treatment, and in the majority of cases, prolonged medical care. Yet in three cases out of the 4, treatment was ineffective, and the otorrhœa continued. To what, therefore, may this failure of treatment, and high incidence of chronic disease be ascribed ?

Medical Treatment.

Chronic otitis media is consequent upon an acute suppuration which has not resolved, either because the original acute condition was inefficiently or inadequately treated, or owing to the high virulence of the infecting organism which may be further enhanced by weakness or failure of the defensive mechanism of the host. In many cases there is also the aggravating factor of an unhealthy nasopharynx.

(a) *Treatment of the Acute Condition.*

It was not possible to determine in how many cases the original acute otitis received adequate or efficient treatment, but it is significant that in only two cases was there a history of myringotomy having been performed. It is an unfortunate paradox that acute otitis media still tends to be regarded with an attitude of complacent resignation, while other surgical emergencies are accorded the respect they demand.

(b) *The Virulence of the Infecting Organism.*

In practice, the effective factor in the equation of bacterial virulence is the resistance of the body invaded. In the absence of precise knowledge, this resistance is expressed in the general bodily health of the individual, and in his hygienic and nutritional competence. The latter, though axiomatic, cannot be over-emphasised, and has lately received adequate confirmation in experimental work, notably on Vitamin A.

Too often the treatment of otorrhœa is apt to be only partially complete, attention is too closely focussed on the local condition, to the exclusion of a consideration of the patient's general health and nutrition. This latter consideration, in its turn, involves social questions, and an unemployed father may frequently be a critical factor in the problem.

(c) *The Nasopharynx.*

While in 48 per cent. of cases the nasopharynx was healthy (within the limits of examination possible in a routine school medical inspection), 16 per cent. showed evidence of unhealthy tonsils and adenoids. Though removal of the offending lymphoid tissue is not by any means a panacea, 8 per cent. of patients derived benefit from the operation.

(iv) *Suggestions.*

Diagnosis.

It would appear that the present methods of diagnosis of diseases of the ear in use at routine school medical inspections need revision.

A small room, containing several persons and surrounded by the noises of a school at work or play, is not an ideal place in which to conduct hearing tests, and under such conditions the " watch and whisper " tests cannot give accurate or reliable results. The ideal is to test the children " en masse " by means of the gramophone audiometer. This method has the advantage of mechanical standardisation, thus eliminating the human factor on the part of the examiner.

It cannot be too highly stressed that in all cases the routine examination should include an examination of the ear with an electric otoscope.

Adoption of these methods will lead to the detection of many cases of minor hearing deficiencies and, in addition, a large number of cases of chronic otitis media.

Treatment.

The treatment of the original acute condition is outside the province of this report, but it cannot be dismissed without the observation that, in the writer's opinion, it is at this stage that the ultimate prognosis is very largely determined.

The Local Authority, therefore, while under no obligation to provide treatment, is faced with the problem of dealing with a serious and established condition. For it to provide the specialised resources of an Ear and Throat Hospital is neither practicable nor desirable, yet every affected child should have access to those resources which the vigorous and determined treatment of his condition demands.

That specialist treatment is attended with the greatest chance of improvement is evinced by the statistics. 46 per cent. of the cases attended hospital and 13 per cent. were improved. Furthermore, in the group who were subjected to " Various forms of treatment, culminating in a Mastoid Operation," is found the only instance of treatment in which the percentage of patients who improved outnumbered those who did not, in the proportion of 4 to 3.

It may also be noted that in 56 per cent. of the cases the disease was present before the child was of school age, so that any comprehensive scheme must include the pre-school child.

Scheme for Treatment.

An adequate and systematic scheme could be evolved by the establishment of Sessions for Ear Diseases at the existing School Clinics,

which already possess the basic medical and nursing facilities. Such Sessions would be in charge of a Consulting Surgical Specialist, and to him all cases of ear disease would be referred, both from the School Medical Inspectors and the Infant Welfare Officers. He would prescribe treatment which could be carried out at the clinic, and periodically review each case. The existing Health Service would already be in an advantageous position to give individual attention to such ancillary factors as general nutrition, hygiene, questions of sleep and rest, the use of ultra-violet light and the investigation of the child's home conditions.

Many patients will require the special surgical and nursing skill, which can only be obtained in a hospital, some may require minor, or major, operations. It follows then that the postulated ear clinic should work in association with a local hospital. It would be an inestimable advantage if the surgical specialist in charge of the clinic were also a member of this hospital staff. Then the patient would obtain the great advantage of an individual and continued interest in his treatment, from its inception to its conclusion. Such a scheme would secure an excellent rapprochement between clinic and hospital, with a liason officer in the person of the consulting surgeon common to both units.

(v) *Summary.*

Chronic otitis media is much more prevalent than is generally apparent, and on account of its insidious and crippling consequences, it demands early diagnosis and treatment. Whether the Public Health Authority should be entirely responsible for its treatment or not, is a debatable issue, but the operation of such a scheme as already outlined will secure for an increasing number of children freedom from the otherwise inevitable social and economic handicap of a serious defect.

20. Miscellaneous.

(a) *Teachers.*

Two supplementary teachers and two monitresses have been medically examined during the year.

(b) *Employment of Children and Young Persons Regulations.*

Under these regulations, of which there was a new issue during the year, 860 examinations were made, an increase of 93 on the previous year.

A summary of the particulars are as follows :—

	Boys.	Girls.	Totals.
(1) Submitted for examination	827	33	860
(2) Passed as fit	800	32	832

Employments :—

	Boys.	Girls.	Totals.
(*a*) Farm work ..	27	—	27
(*b*) Home	33	14	47
(*c*) Gardening ..	15	—	15
(*d*) Paper delivery ..	395	7	402
(*e*) Milk delivery ..	52	4	56
(*f*) Errands	149	—	149
(*g*) Others (Bread, caddying, grocery, &c.)	129	7	136

(c) *Examinations carried out under the Children and Young Persons Act of 1933.*

A total of 63 (boys 62, girls 1) were examined and reports furnished.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1934.

A.—Routine Medical Inspections.

Number of Prescribed Group Inspections.

Entrants	14,054
Second Age Group	18,989
Third Age Group	16,107
Total	49,150

B.—Other Inspections.

Number of Special Inspections	9,135
Number of Re-Inspections	23,703
Total	32,838

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1934.

Defect or Disease.		Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		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	117	480	512	29
Skin	Ringworm :				
	Scalp	1	—	26	—
	Body	2	—	40	—
	Scabies	25	—	144	—
	Impetigo	61	1	919	—
	Other Diseases (Non-Tuberculous) ...	134	29	1439	2
Eye	Blepharitis	124	33	120	7
	Conjunctivitis	6	1	91	1
	Keratitis	2	—	2	—
	Corneal Opacities	1	5	20	—
	Defective Vision (excluding Squint) ...	3158	786	727	24
	Squint	49	23	86	3
	Other Conditions	9	6	195	—
Ear	Defective Hearing	228	85	57	4
	Otitis Media	62	6	223	—
	Other Ear Diseases	84	25	178	4
Nose and Throat	Chronic Tonsillitis only	1250	1834	355	68
	Adenoids only	113	166	49	8
	Chronic Tonsillitis and Adenoids ...	1434	398	354	25
	Other Conditions	36	16	216	2
Enlarged Cervical Glands (Non-Tuberculous) ...		172	186	262	15
Defective Speech		25	36	30	3
Heart and Circulation	Heart Disease :				
	Organic	—	2	24	—
	Functional	90	291	48	22
	Anæmia	56	29	79	3
Lungs	Bronchitis...	48	17	211	1
	Other Non-Tuberculous Diseases ...	84	170	113	11
Tuberculosis	Pulmonary :				
	Definite		—	2	—
	Suspected	20	—	13	—
	Non-Pulmonary :				
	Glands	4	—	7	—
	Bones and Joints...	1	4	6	—
	Skin	—	—	—	—
	Other Forms	1	2	4	—
Nervous System	Epilepsy	8	5	10	—
	Chorea	11	6	60	—
	Other Conditions	23	19	135	1
Deformities	Rickets	2	1	9	—
	Spinal Curvature	43	44	20	3
	Other Forms	575	778	193	17
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		694	743	1298	26

TABLE II.—*continued.*

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

Group. (1)	Number of Children. Inspected. (2)	Found to require Treatment. (3)	Percentage.
Prescribed Groups :—			
Entrants	14054	2567	18.26
Second Age Group	18989	3254	17.13
Third Age Group	16107	2562	15 90
Total (Prescribed Groups)	49150	8383	17.06
Other Routine Inspections	—	—	—

PARTICULARS OF CHILDREN WITH MULTIPLE DEFECTS.

See Table III.

Defects.	Type of School.	No. of Children.
rippled and Mentally Defective	At Certified School for Mentally Defective ..	6
	At Public Elementary Schools	3
	At no School or Institution	9
otally Blind and Mentally Defective.	At Certified School for the Mentally Defective and Blind	1
	At no School or Institution	1
pileptic and Mentally Defective	At Certified Schools for the Mentally Defective ...	8
	At Public Elementary Schools	1
	At no School or Institution	6
rippled and Heart Disease	At Certified School for the Crippled	2
pileptic and Heart Disease	At Certified School for Epileptics	1
pileptic and Crippled	At no School or Institution	3
ally Deaf and Crippled	At Certified School for the Deaf	1
eaf and Mentally Defective	At no School or Institution	1
eart Disease and Mentally Defective	At Certified Schools for the Physically Defective ...	1
	At no School or Institution	1
	Total	45

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1934.

Children suffering from Multiple Defects. (See page 43).	
Children suffering from any combination of the above defects	45

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
16	1	1	1	19

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
18	23	27	4	5	77

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total.
44	4	1	2	51

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	—	8	1	1	14

Mentally Defective Children.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
259	173	10	74	516

TABLE III—*continued.*

Epileptic Children.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
14	9	1	6	30

Physically Defective Children.

A—TUBERCULOUS CHILDREN.

(i) *Children suffering from Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools	At other Institutions.	At no School or Institution.	Total.
5	12	3	20	40

(ii) *Children suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
48	375	4	5	432

B—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
151	508	2	93	754

C—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
79	772	2	93	946

D—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
41	78	5	30	154

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1934.

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

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...	57	3	60
Ringworm-Body	101	3	104
Scabies	478	26	504
Impetigo	4335	56	4391
Other skin disease	2871	124	2995
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.).	983	148	1131
Minor Ear Defects	1956	191	2147
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, &c.)	2730	2779	5509
Total	13511	3330	16841

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)	Otherwise. (4)	Total. (5)	No. of Children for whom spectacles were Prescribed. (1) (i) Under the Authority's Scheme.	Prescribed. (1) (ii) Otherwise.	Obtained. (2) (i) Under the Authority's Scheme.	Obtained. (2) (ii) Otherwise.
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)...	4729	1371	6100	2586	741	2432	703
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	4	2	6				
Total ...	4733	1373	6106				

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. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)						Received other forms of Treatment. (4)	Total number treated. (5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)				
)	36	826	—	187	55	298	—	517	91	1114	—			1987	3709
1192				530				1722							

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	
umber of hildren reated.	49	12	2210	3	3	42	2319

GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Routine Age Groups	5	4251	Total ... 41100
	6	4305	
	7	4437	
	8	4861	
	9	4476	
	10	4623	
	11	4620	
	12	4272	
	13	4216	
	14	1039	
Specials			20
Total			41120

(b) Found to require treatment ... 28853

(c) Actually treated 17943

(2) Half-days devoted to :—

Inspection	312	Total ... 2083
Treatment	1771	

(3) Attendances made by children for treatment 20880

(4) Fillings :—

Permanent teeth	8115	Total ... 9804
Temporary teeth	1689	

(5) Extractions :—

Permanent teeth	6064	Total ... 34373
Temporary teeth	28309	

(6) Administrations of general anæsthetics for extractions 10022

(7) Other operations :—

Permanent teeth	504	Total ... 1797
Temporary teeth	1293	

TABLE IV.—*continued.*

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	8
(ii.) Total number of examinations of children in the Schools by School Nurses ...	316035
(iii.) Number of individual children found unclean	3958
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	Nil
(v.) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	Nil
(*b*) Under School Attendance Bye-laws	33

SECONDARY SCHOOLS.

TABLE I. S.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1934.

A.—Routine Medical Inspection.

Number of Group Inspections.

Entrants	777
Second Age Group	2,796
Third Age Group	1,424
Total	4,997

B.—Other Inspections.

Number of Special Inspections	110
Number of Re-Inspections	802
Total	912

TABLE II. S.

–Number of Individual Children found at Routine Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases.)

Group.	No. of Children.		
	Inspected.	Found to require Treatment.	Percentage.
rants	777	106	13.64
ond Age Group	2,796	390	13.95
rd Age Group	1,424	262	18.39
Totals	4,997	758	15.17

TABLE II. S.

B. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION. YEAR ENDED 31st DECEMBER, 1934.

Defect or Disease. (1)		Routine Inspections.		Special Inspections.	
		Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but not requiring Treatment. (5)
	Malnutrition	2	14	—	—
Skin	Ringworm :				
	Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies	1	—	—	—
	Impetigo	1	—	—	—
	Other Diseases (Non-Tuberculous) ...	29	3	—	—
Eye	Blepharitis	10	—	—	—
	Conjunctivitis	1	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint) ...	488	146	12	6
	Squint	3	—	1	—
	Other Conditions	1	—	—	—
Ear	Defective Hearing	9	—	1	—
	Otitis Media	2	—	—	—
	Other Ear Diseases	8	7	—	—
Nose and Throat	Enlarged Tonsillitis only	104	91	5	3
	Adenoids only	3	7	—	2
	Chronic Tonsillitis and Adenoids ...	36	16	3	1
	Other Conditions	4	3	—	1
Enlarged Cervical Glands (Non-Tuberculous) ...		4	12	1	—
Defective Speech		—	—	—	—
Heart and Circulation	Heart Disease :				
	Organic	—	—	—	—
	Functional	19	36	—	2
	Anæmia	1	5	—	—
Lungs	Bronchitis...	4	—	—	—
	Other Non-Tuberculous Diseases ...	3	12	—	—
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	1	—	—	—
	Non-Pulmonary :				
	Glands	—	—	—	—
	Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	1	—	—	—
	Chorea	—	—	—	—
	Other Conditions	1	3	—	1
Deformities	Rickets	—	—	—	—
	Spinal Curvature	8	22	—	1
	Other Forms	65	203	6	3
Other Defects and Diseases (Excluding Uncleanliness and Dental Diseases).		66	75	5	2