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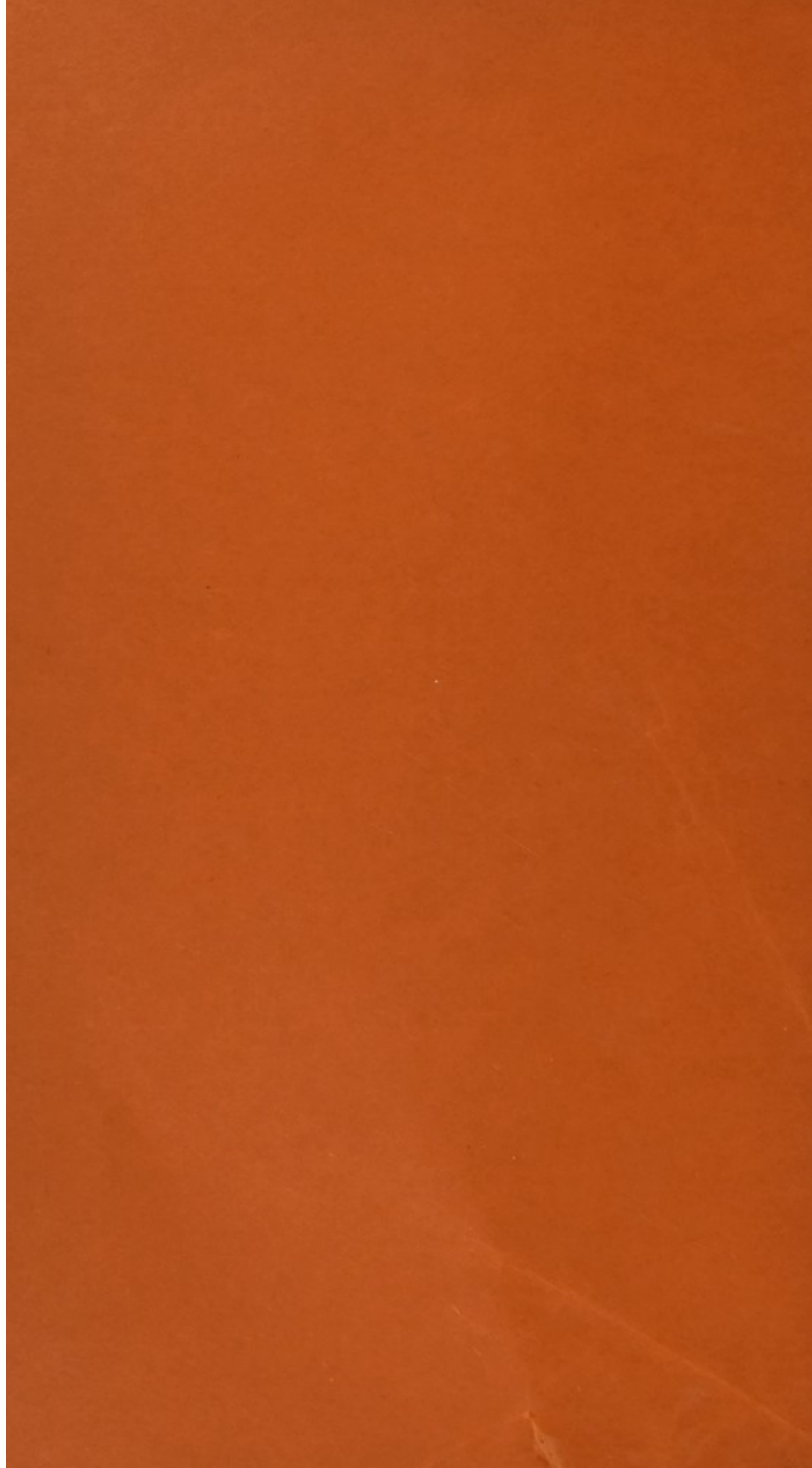
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ESSEX EDUCATION COMMITTEE.

R E P O R T

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1937.

CHELMSFORD :

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INDEX.

	PAGE
Adenoids	11, 16
Baths	31
Blind	38, 42
Camps	32
Child Welfare	7
Children & Young Persons Act	44
Clinics	13, 16
Co-ordination of Health Work	6
Conferences	44
Convalescent Schools	41
Cripples	27, 39
Deaf	38, 42
Defects found	9
Delicate Children	7, 40
Dental Treatment	23, 42
Ear Disease	14, 22
Employment of Children	44
Epileptics	38, 42
Findings of Medical Inspections	9
Following-up	16
Hygiene	8
Infectious Disease	31
Juveniles, Examination of	44
Meals	33
Medical Inspections	9, 42
Medical Inspectors	6
Mentally Defective Children	38
Milk Supply, etc.	33
Multiple Defects	39
Nurses	7
Nutrition	12
Open-Air Education	32, 40
Orthopædic Scheme	13, 28
Parents, Co-operation of	14, 37
Physically Defective Children	27
Physical Training	32
Propaganda, Health	43
Ringworm	17
Schools, No. of	5
School Buildings, etc.	8
School Population	5
Secondary Schools	42
Skin Diseases	17
Speech Defects	31
Staff	5
Teachers, Co-operation of	14, 37
Tonsils	11, 16
Treatment	16
Tuberculosis	16, 27
Uncleanliness	31
Vision	17
Voluntary Bodies	37

ESSEX EDUCATION COMMITTEE.

P R E F A C E .

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-ninth Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1937, in the part of the Administrative County of Essex for which the County Council is the Education Authority.

The strength of the medical and nursing staffs has been maintained and five additional whole-time dental surgeons and five dental attendants were appointed during the year.

During the year the medical staff made 98,355 examinations of elementary school children, as compared to 94,410 in 1936, an increase of 3,945. This increase applied only to the routine medical inspection of the prescribed groups.

The number of individual children in the prescribed age groups who were found at routine medical inspections to require treatment (excluding defects of nutrition, uncleanliness and dental diseases), was 7,420, or 15.99 per cent., the comparative figures for 1936, being 5,254 or 12.77 per cent., respectively.

As in previous years, extracts (see pages 10-16) are given from the reviews of the year's work by the School Medical Inspectors who undertake all the routine and special examinations of the school children. They have, therefore, first hand knowledge of the health of the children, and are in the best position to recount the results obtained and the benefits derived from this vital and extensive service. It is gratifying to observe such expressions as the following :—" Refusals to medical inspections have been few." " Attendance of parents on the whole is good." " Parents are interested in medical inspections," and " their attitude is most encouraging." " The health of the children on the whole has been good ; they are as a general rule well clothed and well shod ; it is now quite an exception to find a dirty or verminous child in school."

Details of the medical treatment provided or obtained for the children with defects are enumerated under the appropriate headings which commence on page 16. I am indebted to the Senior Dental Officer for his helpful and instructive report (see page 23) on the dental inspections and treatment carried out during the year, which gives some idea of the comprehensiveness of the service. He points out that " the Committee's policy of building up an efficient full-time service (15 whole-time dental officers with attendants) is proving its worth."

The fully equipped dental van has proved to be invaluable for the treatment of children in rural areas, quite apart from the novelty, which has aroused enthusiasm and eagerness on the part of the children to be treated therein.

Another important subject dealt with in this Report is the Prevention of Blindness. In August 1937, the Ministry of Health called the attention of County Councils and County Boroughs to the need for a review of the existing services

in the light of recommendations included in the Report of the Prevention of Blindness Committee of the Union of Counties Association of the Blind. As a result the County Ophthalmic service has been augmented by the appointment of one additional whole-time and one part-time Ophthalmic Surgeon. The work carried out and the lines upon which progress should be made are set out in an excellent contribution (see page 17) by the County Ophthalmic Surgeon. Everyone engaged in preventive medicine will agree with the statement that "Manifestly it is our duty to perfect a scheme that will reduce the incidence of this preventable blindness to the least possible proportion."

Endeavours have been made again to assess the nutritional condition of the school children—see Table II. B, on page 47. This year's results show an improvement over 1936, the comparative figures being as follows:—

Category.		1936.	1937.
		per cent.	per cent.
Excellent or normal		96.61	98.15
Slightly sub-normal		3.08	1.79
Bad		0.31	0.06

There are now 498 schools (an increase of 15), and 43,384 children (an increase of 5,022) participating in the Milk-in-Schools scheme, which is operating successfully, largely owing to the keen interest of the Head Teachers. Every effort is made by sampling and otherwise to secure the provision of as clean and as safe milk as possible.

Arrangements were made during the year for the medical inspection and treatment of secondary schools in the Barking, Leyton and Walthamstow Districts, to be undertaken on behalf of the County Council by the school medical staff employed by the Local Borough Councils who are Part III Education Authorities. This is in the nature of an experiment and will be reviewed at the end of twelve months.

The provision of Child Guidance Clinics, Rheumatic Clinics, and Nursery Schools in the County is highly desirable, and I am of the opinion that the necessary steps in this direction should be taken as soon as possible. The addition of these to the facilities already available would provide a complementary service both valuable and useful.

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.

May, 1938.

ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1937.

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, 1936, was 1,879,760, allocated as follows :—

(1) Administrative County Area, within which the Essex County Council is responsible for :—			
(a) Elementary (and also Secondary) Education ..		763,890	
(b) Secondary Education only		580,570	
(2) County Boroughs		535,300	

The Registrar General's estimated population for 1937 is not yet available.

In area (1) (a) the number of elementary schools has increased from 450 in 1936 to 462 (228 Non-Provided and 234 Council) in 1937. The Council Schools include two Special Day Schools for the Mentally Defective (accommodation 180), one Open-Air School (accommodation 60), Special Classes for the Physically Defective (accommodation 165), and one Special Sight Saving Class (accommodation 20). There are 558 departments, with an average number of 104,603 scholars on books and an average attendance of 91,183 and ten Secondary Schools with accommodation for 4,080 pupils.

Area (1) (b) contains 10 Secondary Schools with accommodation for 4,602 pupils and 8 Technical and Art Schools with 1,898 full-time and 9,794 part-time pupils on books.

In the Administrative County there are also 11 aided (including 7 deficiency aided) Secondary Schools, with a total number on books of 3,937 pupils and a further 9 recognised Secondary Schools with 2,109 pupils on books. Routine Medical Inspections are now carried out at six deficiency aided schools and at Ilford Ursuline High School (aided).

(b) *Staff, Etc.*

Changes in the Medical, Dental and Nursing Staffs during 1937 were as follows :—

*Ophthalmic Surgeon.**Appointment.* Jamieson, G. A.*School Medical Inspectors.*(a) *Appointments.* Gray, R. D., Patterson, Miss E., Weatherhead, Miss E.(b) *Resignations.* Denham, R. H. G. H., Mawson, K. N., Mackenzie, Miss M. M., Park, Miss A. R.*Dental Surgeons.*(a) *Appointments :—**(Whole-time).* Chase, R., Connelly, B., Edgar, J., Maxwell, R., Oldale, A. G., Smart, J., Wilson, H. B., Wilson, Miss J. M.(b) *Resignations :—**(Whole-time).* Hackman, W. J. C., Jones, F., Whitmore, Miss A. L. T.*(Part-time).* Weir, D. H., King, A. C., Howlett, E. R.*School Nurses.*(a) *Appointments :—**(Health Visitors).* Baillie, J. K., Berry, L., Griffiths, V. H., Hay, E. J. (probationer), Irons, M., Threadkell, H., Trillwood, E. K., Wenborn, J. K.*(Whole-time School Nurse).* Brimblecombe, Mrs. A. C. (temporary).

Teale, C. G. (Health Visitor) was appointed Second Assistant Chief Health Nurse.

(b) *Resignations :—**(Health Visitors).* Evans, M. (Second Assistant Chief Health Nurse), Bass, N. S., Berry, L., Irons, M., Lamb, M. E., Philpott, Mrs. A. F.*(Whole-time School Nurse).* Brimblecombe, Mrs. A. C.*Dental Attendants.*(a) *Appointments.* Carter, E. D., Devine, P. S., Duncan, J. J. G., Gall, E. E., Jones, E., Lloyd, E. L., Makings, T., Wills, F. M.(b) *Resignations.* Diggle, L., Pidgeon, W. J.**2. Co-ordination of Health Work.**(a) *Medical Services.*

There has been no material change in the organization of co-operation between the different branches of the Health Services of the County. Increase of the

County Dental Staff has greatly facilitated the provision of dental treatment for school children and other patients under the various County Schemes. Similarly, additional Combined Treatment Centres have added to the facilities available for diagnosis and treatment of various defects.

The arrangements continue whereby the pre-school child from the County Child Welfare Area can attend the Minor Ailment Clinics, and further arrangements have been made with certain Autonomous Child Welfare Areas, under which the pre-school child needing special treatment or care of minor ailments can attend the clinics organized under the County Scheme.

Arrangements have been made for the routine examination of pupils in Secondary and Technical Schools situated in certain Part III Education Areas, under the direction of the School Medical Officers of those areas and for any necessary treatment, including dental treatment, to be provided at the Part III Authorities' Clinics. Further details of this are given under paragraph 16.

The equivalent of $14\frac{1}{2}$ whole-time Medical Officers' services were used in School medical duties during the year. For 1936 the equivalent was $14\frac{1}{4}$.

(b) *Nursing Services.*

These services, as previously stated, consist mainly of the combined services of Health Visitors and School Nurses, and supervision is efficiently carried out by the Chief Health Nurse and her two Assistants, thus providing complete co-ordination.

At the end of the year there were 51 Health Visitors who also participated in School Nursing duties, together with 8 Health Visitors participating in School work and otherwise employed in Health Visiting duties under the Thurrock Urban District Council, and 9 whole-time School Nurses (Dagenham 8, Romford 1), giving a total equivalent of 29 whole-time School Nurses.

(c) *Maternity and Child Welfare Centres.*

The policy of opening additional Centres, as the need demands, has been continued, and two new Centres have been established, viz., Boreham and Chingford (Sewardstone Road), bringing the total number of Child Welfare Centres up to 105 in use at the end of the year. In addition, there are 9 Centres established as Weighing Centres. Women's Welfare Centres remain the same in number as the previous year, viz., 8, South Benfleet Clinic being terminated and a Clinic being opened at the Chelmsford Borough Health Centre. Ante-natal Clinics are held at 22 Centres, an additional one being established during the year at Rayleigh. Child Welfare and Ante-natal Clinics are attended at 79 Centres by Assistant County Medical Officers and at the remaining 48 by Medical Practitioners.

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

As previously stated, the pre-school child can attend Minor Ailment Clinics for examination and any necessary treatment, and definite Toddlers' Clinics are held at 13 Child Welfare Centres.

Further, the Orthopædic, Aural and Ophthalmic Specialists' Clinics are all available for the attendance of the pre-school child in the County Child Welfare Area, and by arrangement in certain Autonomous Child Welfare Areas.

3. School Hygiene.

(a) General.

The remarks under this heading in last year's report still hold good and need not be recapitulated here. Increased interest has been given to this subject by the Government's campaign for physical fitness, as demonstrated by the Board of Education's recent publications in two volumes, "Recreation and Physical Fitness for Girls and Women, and for Youths and Men," with a foreword to each volume by the Chief Medical Officer, Sir Arthur S. MacNalty.

Whilst these publications are mainly for the use of those over school age, there is much also which concerns the school child. Further, the encouragement of hygienic living and practices cannot be commenced at too early an age. A great responsibility therefore rests on the Teachers in seeing that each child is taught to care intelligently for his or her body, and to take interest in recreative and health giving exercise. The need for bodily cleanliness, adequate ventilation, the advantages of sunlight, etc., should be fully explained to the children, in order that correct habits may be established and practised throughout life both for the benefit of themselves and others.

It is presumed that the scheme for increased physical fitness visualises bringing within the reach of the whole population—young and old, rich and poor—facilities for participating in health exercises and healthy modes of life and the school, its staff and surroundings, must inevitably play an important part in this much-to-be-desired end.

Elementary education is compulsory by law and every child between the ages of five and fourteen years must receive efficient instruction in the elements of education. This is, however, not the whole of elementary education. It is, or should be, the object of the education to provide that every child is fully equipped, on leaving school, to play his or her part as a healthy individual member of the community. When physical education first commenced in the Schools, its aim was (1) a short respite from class lessons, and (2) some exercises which tended to promote supple joints and muscular development. With the support of medical and public opinion, there has been a new aim, calling for more varied exercises and organised games with a view to giving the children a live interest in physical fitness, and, it is hoped, a will to pursue it further when they leave school. A new ideal and way of life are thus inculcated, making for an enduring interest in fitness which each will pursue according to natural bent, and which will enable enjoyment of a really full life.

(b) Premises.

The building programme of new schools continues and, during 1937, new Council Schools were opened, viz. :—

Billericay Senior	Rayleigh Senior
Brightlingsea Senior	Rochford Senior
Cressing Junior Infants	Thurrock Junior and Infants
Hornchurch Suttons Lane Senior	Wickford Senior
Loughton Lincoln Hall (temporary) Infants	Witham Senior
Manningtree Senior	Woodford South Senior

Four Schools were closed as follows :—

Dedham Council Boys	Stock R.C.
Pleshey C. of E. Mixed and Infants	Wanstead Temporary Council Boys'

The School Medical Inspectors at their visits to Schools are instructed to review the general surroundings and school buildings and, in this way, minor defects are brought to notice and referred to the Director of Education for appropriate action.

4. Medical Inspections.

The analysis of the results of inspections are shown in this report on pages 45 to 47.

(a) *Groups Inspected.*

The three Statutory groups of Entrants, Intermediates and Leavers have been inspected. Tables I A and B record the total number of examinations as 98,355, including 46,408 routine examinations, 15,713 special examinations and 36,234 re-inspections. These figures again show an increase of routine examinations (5,247) as compared with those for the year 1936, with a small decrease in Specials of 730 and re-examinations of 584.

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

It has been found necessary for various reasons to conduct these examinations off the school premises in the case of ten schools. Until such time as efficient accommodation is provided in all schools for the conducting of medical examinations, these arrangements must necessarily continue for the convenience of the school, the child, and the Medical Inspector.

5. Findings of School Medical Inspections.

(a) *General.*

Table II A gives details and numbers of defects found at routine and special inspections. It will be seen that, as usual, defects of vision and nose and throat conditions constituted the largest numbers.

Table II B gives a classification of the nutrition of children in the Routine Groups under the headings desired by the Board of Education. Of these, 2.58

per cent. are classed as excellent and 95.57 per cent. as normal, or a total percentage of 98.15 as being satisfactory, as compared with 96.61 for 1936. On the other hand, it must be noted that of those classed as excellent there was a decrease of 1.97 per cent., possibly due to the Medical Inspectors, in view of the continued discussions on nutrition, being a little more guarded in their interpretation of what may be considered as excellent nutrition. Of the 1.85 per cent. classed as sub-normal, .06 per cent. only were classed as bad, as compared with .31 per cent. for 1936. This may be regarded as satisfactory, as it implies that 27 children only were classed as badly nourished. All of these were carefully enquired into and steps taken to remedy.

Table I C shows the number of individual children found at Routine Inspection to require treatment, exclusive of nutritional defects, uncleanliness and dental defects, the percentage being 15.99 as against 12.77 for 1936. This large increase of 2.22 per cent. is not explainable, but certainly indicates that there is still ample scope for careful and complete following up by the School Nurses of all children found with defects.

(b) *School Medical Inspectors' Reports.*

Comments taken from these reports are set out below :—

(i) *Medical Inspections.*

Refusals to Medical Inspections have been few ; in many schools there have been none at all. When the Head Teacher co-operates with the Medical Inspector, he or she can often persuade an unwilling parent to allow the child to be examined.

The attendance of parents on the whole is good and the response to advice *re* treatment improved. If the parents are unable to attend, the child is frequently accompanied by a relative or friend of the parent.

Generally speaking, parents are interested in medical inspections and in matters affecting the health of their children, and, with a few glaring exceptions, their attitude is most encouraging.

Schools in town areas are excellent, many being new schools ; those in the rural areas being much less modern with fewer facilities for examination, *e.g.*, space for testing vision and hearing.

Accommodation suitable for the carrying out of the inspections is still in many cases inadequate. Waiting accommodation for parents is an important point, and few schools have this, a disadvantage of which parents are often quite critical.

In certain cases one finds oneself fighting a campaign against parental prejudice, ignorance and/or carelessness, but these situations are becoming less frequent.

(ii) *Dental Treatment.*

There is still a difficulty in persuading certain parents to procure adequate dental treatment for their children, the usual idea in the parent's mind being that only teeth which give rise to pain require treatment.

There is still some opposition by parents to treatment of first teeth.

Additions to the dental services have resulted in the provision of a dental trailer van for the use of the Dentist in outlying districts. This will, undoubtedly, increase consents to treatment, and the treatment will be carried out at greater convenience to parents and children.

The most remarkable evidence of progress during the year has been the increase of intelligent interest in dental treatment. There can be no doubt that the more general acceptance of complete dental treatment is largely due to provision of the Dental Van which is now well known in the villages. This has already done more to stimulate interest than any other method of propaganda has ever accomplished.

A notable increase has been evident in acceptances for dental treatment. In this connection, it is a desirable policy that medical inspection should, wherever possible, follow the dental inspection.

Parents are more willing than formerly for treatment to be carried out and I think the amount of defect found has considerably diminished when compared with that of former years.

The Extraction Clinics have shown better attendances than in previous years.

The increase in dental work makes increased calls on the Doctors' time and consequent less time for medical inspection.

(iii) *Eye Clinic.*

There is not much difficulty in persuading mothers to take their children to these clinics or to obtain glasses if these are found necessary.

The consultant service for this branch of the work is particularly helpful and much appreciated.

All cases of squint are now referred to this service.

Due to the regular visits of the ophthalmic surgeon, more glasses have been prescribed than in any previous year.

(iv) *Tonsils and Adenoids.*

A number of children has undergone operation for these conditions with beneficial results. A few of the operations have not been entirely successful and further treatments have been necessary.

There appears to be an appreciable decrease in the number of school children suffering from tonsils and adenoids. This decrease is partly due to the condition having been treated prior to entry to school. I, however, attribute a considerable amount of this improvement to the increase in dental treatment and also to the advice in aural hygiene given by the Health Visitors at the Infant Welfare Centres and at home visits.

The response to treatment for the removal of enlarged tonsils and adenoids has been extraordinarily good and refusals have been few. The

after-treatment has now been recognized by parents as important and in consequence of this fact the results of all these cases have been most successful.

(v) *Nutrition.*

A number of children obtain insufficient sleep and especially is this so in the summer. Ten o'clock and even later appears to be the usual hour for bed ; the work and health of these children invariably suffer.

I think there is a great tendency on the part of those who compile statistics of minimum food values required for satisfactory nutrition and growth to forget the value of sleep and that many children have far too little sleep. In my opinion all the milk and other foods partaken will not make up for loss of sleep. Many parents blame light nights for putting their children to bed late. This is merely an excuse.

As Physiology is supposed to be the basis of medicine, so correct breathing may be regarded as a foundation for physical development. As physical culture is part of the general health campaign now in progress, more time might be given to breathing exercises in School, as many children have a poor idea of how to breathe deeply.

There is much to be said for the suggestion to spread the summer holidays more over the summer, rather than limiting them to the month of August.

Nutrition is showing marked improvement, even in the entrants, a fact which is possibly in a great measure due to efficient pre-school age clinics. The records of the pre-school child are of value in many cases at the entrance examination.

In regard to nutrition, the difficulty is there are no definite standards and the assessing thereof is thus largely a matter of personal opinion and experience, always bearing in mind that clinical signs or symptoms are of much more importance than height and weight, but that nature has a tendency to conserve function at the expense of growth.

In the assessment of nutrition there are still debatable points and it is hoped that in time reliable clinical signs may be tabulated by which some degree of similarity can be reached by all examiners. Nevertheless, it has been found that in children coming from other Schools in the County, agreement in assessment of nutrition by individual examiners has been remarkably constant. It would thus appear the present instructions general to Essex are satisfactory.

The general standard of fitness of the children is good and very few cases of definite malnutrition have been discovered.

School dinners, when provided, are partaken of by quite a number of children. These meals are provided at a small cost, the food is good and there is a plentiful supply. The meals again are provided free to delicate and necessitous children. It should be made possible for each

child who has a long distance to travel to and from school to partake of the hot midday meal.

In addition to grants of free milk, oil and malt, etc., free dinners are now available at some of the Schools, so that there is provision for any malnourished child and also for those in danger of malnutrition supervening. With the help of teachers an effort is made to provide for all children in both categories.

In regard to free dinners, some parents refused to allow their children to partake on the grounds that they or their children felt a certain stigma in attending for free meals ; these were, however, the exception.

Comments on the provision of milk scheme are given under para. 11 (2).

(vi) *Orthopædics.*

The orthopædic scheme has undoubtedly been of great advantage to the children with crippling defects.

The treatment, supervision and after care of these cases have been much appreciated by the mothers. Parents appear very willing to comply with advice given and make use of the Orthopædic services.

Parents are always anxious to have their children seen, but tact has to be exercised and the procedure explained, as some are disappointed and even aggrieved if they do not have a long consultation.

New orthopædic cases are few, as these are now usually dealt with prior to school entry, after which the most common defect found is flat foot. As has previously been remarked, this appears to be more especially the case when children are accustomed to wear plimsolls or sandals continuously in summer.

(vii) *Minor Ailments.*

Every effort is made to get children of pre-school age to attend the clinic in order that any defect may be remedied and often cured before entry to School.

The Minor Ailment Clinic is now an invaluable adjunct to the School inspections.

The parents continue to show great interest in these Clinics and the percentage of parents attending continues high.

Great assistance in the work has been rendered by the School Nurses, both at clinics and in following up. The District Clerks also have always given willing help when this is required.

Head Teachers have been most helpful in co-operating.

Each year it becomes more and more apparent that these clinics fill a great need as at them so much early disease can be detected, and

treatment instituted without delay. Mothers will bring their children to a School Clinic with an apparently trivial symptom with which they would not care to bother their private doctor, and in many cases one has been able to diagnose early disease, which might otherwise have been missed.

There is still a tendency to regard the clinic as a sort of Out Patient Department, but the Health Visitors are very helpful in referring the obviously unsuitable cases to their private doctors. The number of children who attend these Clinics is steadily increasing.

(viii) *Ear Conditions.*

There has been a diminution in cases of ear disease during the year.

Most valuable service has been given in the Clinics, in cases of otorrhoea where early treatment has, practically without exception, been shown to be effective.

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

During 1937, the work has progressed satisfactorily and there has been close co-operation between the Medical, Nursing and Teaching staffs and parents.

The attendances of parents at routine examinations have been satisfactory. In the rural districts many walk a considerable distance to be present.

Response to advice given has improved. Unfortunately there are some who require a great deal of convincing that anything is wrong. Many, however, now take an interest in health matters.

The present willingness of parents to accept dental treatment and advice, and treatment for abnormal conditions of the ears, nose and throat, is now proving of benefit to the children of the district.

Parents appear anxious to discuss and obtain advice upon problems such as bed wetting, night terrors and the "only child."

On the whole parents are willing to obtain treatment for defects when these are demonstrated, but the position would be much improved if still closer co-operation could be achieved with the family doctor. I desire to take this opportunity of thanking the Head Teachers and School Authorities for their co-operation in this branch of preventative medicine, and also thank the Health Visitors and District Nurse Midwives who have assisted in the conduct of these duties.

Head Teachers have again been helpful in making arrangements for the smooth conduct of the examinations and in no case was one made to feel that the routine of the School was being interrupted.

Only one School Medical Inspector refers to difficulty with Head Teachers in arranging the work and implies that in some cases the School Doctor is only tolerated as a necessary evil and especially, it is stated, is this the case when inspections are to be arranged in the first or last week of the term.

(x) *General.*

The health of the children on the whole has been good. They are, as a general rule, well clothed and well shod.

It is now quite an exception to find a dirty or verminous child in school.

The attendance at the Senior Schools of children from certain outlying districts appears to be a vexed question with some parents, the complaint being that the start is too early, often about 8 a.m. or shortly after and thus the child is very tired on reaching home at night. I feel there is something to be said for this when a child is not very robust; it is rather too strenuous and especially so when there is no adequate mid-day meal.

A number of children have received benefit from a stay at Convalescent Homes and it is essential that the period of stay should be adequate. Occasionally it has been necessary to recommend a further period.

The dull and backward require more special classes in order that this problem may be alleviated. Apart from associating with children of their own age it is difficult to see what educational benefit these children can derive, as the classes are so large and individual attention almost impossible.

The special backward class started in one school is a great success. I should like to see similar classes under a specially trained teacher arranged in all large schools.

Great care is required to ensure that the medical schedule follows the child from one school to another.

Contagious disease and uncleanness have been practically eradicated, but these conditions have been found in families recently admitted to the district. Persistent home visiting appears to be having a beneficial effect on them.

For some years I have observed the onset of palpable cervical glands. These are exceptional before the age of three years, but common in school entrants and intermediates, the incidence falling again in the leavers group. Doubtless non-tuberculous infection occurs from teeth and tonsils, but it is reasonable to presume a certain proportion are of tuberculous origin. Nevertheless, a definite case of tuberculosis following this mild type of glandular infection has not yet been brought to my notice.

The Health Visitors during the year have again responded to any requests for the teaching of mothercraft in schools.

There is an increasing appreciation of the importance of personal hygiene, especially in schools where the Head Teachers are in the habit of giving instruction in the practice of hygienic habits.

Talks to parents on "open days" and visits to schools during school social events have again proved a valuable part of contact.

6. Following Up.

There has been no alteration in the scheme of former years in that the School Nurse is the responsible agent for following up all cases referred for treatment and in this work, when necessary, she has the assistance of the District Nurse Midwives. This following up in the homes and schools is persisted in until the condition is remedied or cured. During the year 36,933 visits to homes have been made by the School Nurses and 9,029 visits by the District Nurse Midwives.

7. Medical Treatment.

(a) *Minor Ailment Clinics.*

The Committee's policy of consistently adding to the number of Combined Treatment Centres each year has continued. These clinics are now provided by funds raised by the Public Health Committee or Education Committee, according to which is the greater participator.

This new arrangement has not tended to expedite the provision of extra clinics as yet, but should do so in the future, as provision is made for the building of a possible eight centres if required annually, four by each Committee. As mentioned in the report for 1936, we were unfortunate in being unable to open any new Centres during that year.

During 1937 new premises were opened for the Epping Centre, new Centres at Braintree (a replacement of unsatisfactory premises), Rainham and Vange; and premises in the curtilage of the Chipping Ongar Council School were modified for use as a School Clinic and Child Welfare Centre.

At the thirty-six Minor Ailment Clinics in the County, 25,486 individual children made 61,473 attendances.

(b) *Treatment of Tonsils and Adenoids.*

Table IV indicates that 3,944 children, a small increase of 38 as compared with the figures for 1936, received treatment for these conditions. Of the total treated, 1,680 received operative treatment, this being 180 more than in 1936, and these operations were carried out under the Authorities' Scheme in 1,521 cases. As these large numbers have to be dealt with, there is still some delay in obtaining admission to Hospitals for the necessary operative treatment.

(c) *Tuberculosis.*

Similar excellent arrangements, as in previous years, are available for consultations with the County Tuberculosis Medical Staff, and treatment in County Sanatoria when necessary for the affected child.

During 1937, 186 children (boys 101, girls 85) from the County Education Area received periods of Sanatorium treatment, viz :—

	Boys.	Girls.	Total.
Pulmonary Conditions	9	8	17
Non-Pulmonary Conditions	71	48	119
Observation	21	29	50
	101	85	186

(d) *Skin Conditions.*

Impetigo, the contagious condition especially prevalent in young life, and which spreads rapidly when treatment is delayed, has again provided its full quota of cases, 3,573 children having needed treatment for the condition.

Scabies showed an increase to 596 cases, as compared with 320 for the previous year.

Ringworm was not so prevalent during the year, 133 cases of the scalp and 221 of the body being treated, as compared with 270 and 297 in the previous year. Of the scalp cases, 16 only received X-ray treatment.

(e) *External Eye Disease.*

1,218 children are recorded as having received treatment for these conditions, all except 12 being treated under the County Scheme.

(f) *Vision.*

Table IV, Group II indicates that 4,770 children received treatment, a marked decrease in the figure for 1936, viz., 7,104. No doubt this decrease in numbers has been augmented by the absence of full-time Ophthalmic Specialist Services for the months of January and February.

Glasses were prescribed for 3,735 children and 3,516 are recorded as having obtained these.

Mr. G. A. Jamieson, M.B., B.S., D.O.M.S., D.L.O., took up duty as whole-time Ophthalmic Specialist on 1st March, 1937, in place of Mr. G. J. Ahern, who resigned in August, 1936, and the services of Mr. T. Collyer Summers, F.R.C.S., continue available for specially referred cases at the Oldchurch County Hospital.

As a result of a report to the Committee in November, 1937, by the School Medical Officer on the Ophthalmic work in the County, it was resolved to appoint a further full-time Specialist and also obtain part-time service to the extent of two sessions per week. When these appointments mature, the County Ophthalmic Services will be on a much higher level, as the majority of this work will then be carried out by Specialists.

The following report of Mr. Jamieson indicates that progress has been made in the Ophthalmic Services provided by the County :—

Perhaps because the demand for expert ocular supervision has not yet been created by the education of the public, perhaps too in some measure because of the confusion that exists in the lay mind between the press advertising optician and the medical graduate practising as an oculist, Ophthalmology has ever been the Cinderella of the School Medical Services.

Yet where a carious tooth can be replaced, a pathological tonsil removed, the damage to neglected eyes is more often than not irreparable, and as diseases of the eye are, in a general way, found relatively more frequently in the less well-to-do, the final loss of sight usually leaves the afflicted patient a financial burden on the community for the rest of his days. In-as-much as it has been computed that the birth of a blind child is likely to cost the Authorities concerned no less a sum than from £10,000 to £15,000, the problem obviously is of no little importance, quite apart from the humanitarian point of view.

Moreover, in perhaps no other branch of medicine are the seeds of juvenile prophylaxis likely to bear such abundant fruit, and although it becomes incumbent upon the local Authority to arrange for ophthalmic supervision for the defectively sighted indigent poor from the cradle to the grave, it is the effective treatment of the infant and the school child that becomes of paramount concern if we are ultimately to obtain a decrease in those 70,000 blinded persons of England and Wales.

Some there will always be brought sightless into the world, some too who have lost their sight in industry or in war, and many whose sight will fail with increasing age of the manifold diseases that penalise longevity; but others there are who might have lived their lives in a sighted world had they the advantage of earlier and more expert supervision.

Manifestly it is our duty to perfect a scheme that will reduce the incidence of this preventable blindness to the least possible proportion.

In 1883, Dr. Roth, of the London Society, the first in England for the Prevention of Blindness, stressed the importance of ignorance and neglect in the causation of Blindness and although the past half century has seen at least the dawn of prophylactic ophthalmology, unfortunately these two factors yet remain the most potent to be surmounted, so that it behoves us to deal with the former by persistent education of the public in ocular hygiene, and in particular by sowing the right seeds during school life and to contend with the latter by contriving that suitable facilities shall never be lacking for those that seek ophthalmic advice and treatment.

The most valuable recent stimulant to progress in Ophthalmology in Public Health has been the publication of the 1936 Report of the Prevention of Blindness Committee of the Union of Counties' Association of the Blind.

The Ministry of Health drew the attention of Local Authorities to the conclusions therein in Circular 1621, dated 12th August, 1937, asking that County Councils and County Boroughs should review their existing ophthalmic services in the light of the recommendations of that Report.

Although much remains yet to be done, Essex has not been backward in adopting the suggestion of the Ministry and already the scope of the Ophthalmic Services has been appreciably widened, deficiencies remedied and many improvements effected.

The existing Ophthalmic services may be considered under the following headings :—

(i) *The Pre-School Child.*

Every endeavour is now being made to encourage the ascertainment of ocular defects at the earliest age possible. Moreover, arrangements are effected with the Autonomous Maternity and Child Welfare Authorities in the County Area for Elementary Education, for the extension of Ophthalmic benefits to all who may come under the category of a Maternity and Child Welfare Scheme. The result is satisfactorily reflected in the rapidly increasing attendance of both infants and mothers at the Ophthalmic Clinics.

This arrangement is effective in dealing with obvious external eye diseases, but slipping through this net will always be many not ascertained as defectively sighted until they fail in a test for visual acuity at a school inspection at the age of seven or even eight years.

It is significant that more than one in ten of the elementary school children manifest a squint, as many have an amblyopic eye which may or may not recover its vision with treatment. The only effective method of dealing with these complaints in particular and the early ascertainment of ocular abnormalities in general is to provide for the routine examination and accurate recording of all children under a mydriatic in their first year of school life. Although this may appear a formidable task, the ultimate results would undoubtedly prove it to be an invaluable progressive step in prophylactic ophthalmology.

(ii) *The School Child.*

With the appointment of an Assistant Ophthalmic Surgeon, it will become possible to arrange that all children referred to an Ophthalmic Clinic will be treated by a medical practitioner with special experience in all branches of Ophthalmology, and it can reasonably be expected that an appreciably higher standard of ophthalmic supervision will be attained. Much more, however, remains to be done.

Although most of our Clinics are to-day adequately equipped for refraction work, there are insufficient facilities available for the treatment of minor external eye diseases or for the further investigations not

infrequently required for the diagnosis of the more obtruse conditions. Fortunately in South West Essex the Ophthalmic Department of Oldchurch County Hospital is available for these purposes. Moreover, it is of inestimable assistance to us in this respect that three of the staff hold appointments in the Ophthalmic Department of the London Hospital, so that it becomes possible to refer patients to this most conveniently situated Voluntary Hospital for further treatment and investigation, where necessary.

Other areas are by no means so well served and the time is opportune for the establishment of well equipped ophthalmic units at such centres as Chelmsford and Colchester.

Furthermore, modern ophthalmic equipment becomes almost an essential for most of the increasing work under the Blind Persons Act, and as it is usually impracticable to effect transportation to Romford for these people from the more Northern areas of the County, diagnosis and certification are frequently inaccurate and perhaps a chance to avert the threatened blindness is lost.

At present it is possible to deal with but a portion of our surgical cases in the beds available at Oldchurch County Hospital, and it is to be hoped that in the County Hospital Scheme adequate provision will ultimately be made for ophthalmic inpatient treatment.

The lack of an orthoptic clinic is keenly felt and to-day many children are leaving school with an amblyopic eye that would probably have responded to treatment, had the appropriate facilities been available. That such a clinic is essential in the Metropolitan area is indisputable and probably the establishment of a clinic in a centre to serve the more rural areas would be justified by results.

The percentage of myopia to all refractive errors jumps from approximately 13 per cent. in the elementary school child to nearly 50 per cent. in the secondary school pupil. Furthermore, myopia is a disease that progresses most rapidly in adolescence and is aggravated by prolonged near work. When it is appreciated that recently published figures reveal that myopia is the direct cause of 10.24 per cent. of all blindness in England and Wales, the importance of Ophthalmic supervision of the secondary school children can scarcely be exaggerated. And yet, apparently largely because responsibility for treatment has only recently been accepted in secondary schools, these children are rarely seen at the Ophthalmic Clinics. Many are, no doubt, still wearing glasses prescribed during their years at an elementary school; others have glasses appropriately prescribed through eye hospitals or through an arrangement that the school or parents may have made with a private ophthalmic surgeon, but many more undoubtedly are either myopic and not wearing their correcting spectacles, or have obtained them through a sight-testing optician.

It is of paramount importance that the vision of every child should be noted on entering a secondary school and should thereafter be recorded at intervals of not more than twelve months. Should any diminution of visual acuity be observed they must then be referred to an Ophthalmic Surgeon.

(iii) *The Partially Sighted Child.*

The education of the partially sighted child presents an almost insolvable problem in relatively sparsely populated areas. Either their residual sight must be endangered by education on ordinary sighted lines at the elementary school, or they are compelled to be segregated, to their psychological discomfort, with the Blind and perhaps the Deaf at residential schools.

Where, however, there is found a reasonably closely aggregated school population of 20,000 or more, the establishment of special classes for these children becomes justifiable, and such a special class on non-segregation lines, affording accommodation for 40 children, is shortly to be instituted at Dagenham.

(iv) *Adolescence.*

The lack of ophthalmic supervision in the years that intervene between the school leaving age and such time as the adolescent can avail himself of the Ophthalmic benefits of National Health Insurance, has always been of particular concern to those interested in the prevention of blindness.

This gap is of no little moment to partially sighted children in general and the progressive myope in particular.

Occasionally the patient can be kept under observation in the Ophthalmic Department of the Voluntary Hospitals, sometimes their financial position may be such that they can afford re-examination at appropriate intervals through the N.O.T.B., but where alternative ophthalmic resources are not readily available, this adolescent supervision is now being effected at the established clinics and in special cases it will be continued up to the age of eighteen.

To be completely effective, such an arrangement should be functioning in association with a follow-up system such as is now used widely through the Almoner's Department of Voluntary Hospitals.

(v) *General.*

Altogether, then, in Essex, we have a not unstable foundation for the prevention of blindness, and when it is more widely appreciated that prophylactic ophthalmology must necessarily remain the prerogative and the duty of Public Health and Education Authorities, a perfected scheme may ensue that neither failure to ascertain, nor lack of the facilities to treat, the defectively sighted will retard the gradual diminution in those 1,700 blind persons in this County.

(g) *Minor Ear Defects.*

Table IV, Group I shows 1,937 as receiving treatment, and of these 1,910 were treated under the County Scheme.

The services of the Specialist, Mr. C. Hamblen Thomas, F.R.C.S., have continued to be available for attendance at clinics as and when arranged. In this connection 12 sessions have been held, viz : Chelmsford 4, Maldon 3, Halstead 2, Braintree, Colchester and Grays 1 each, and a total of 636 children attended.

The following is a summary of the conditions noted :—

Otitis media and otorrhoea	284
Deaf or partial deafness	2
Defective hearing caused by :—	
Adenoids and enlarged tonsils	127
Eustachian blockage	39
Chronic rhinitis and nasal blockage	95
Perforation of drum and otorrhoea	30
Polypus	5
Laryngitis	2
Wax	18
Deflected Septum	17
Epistaxis	7
Sinusitis (frontal)	2
Mastoid (right)	1
Speech indistinct	7
	636

Treatment was advised as follows :—

Removal of tonsils and adenoids	201
Ditto—Plus treatment of ears by syringing and insufflation	15
Local ear treatment as above	230
Politzerising	56
Local treatment for rhinitis, etc.	100
Operative treatment for mastoid and middle ear disease	4
For deaf school	1
Removal of polypus	2
Referred to Hospital for X-ray or further examination	10
Speech Training	4
Observation	2
No treatment required	11
	636

From enquiries made and reports received, the following results are ascertained :—

Satisfactory	60
Cured	49
Improved and still under treatment	24
Still under treatment	85
For Convalescent School	4
Tonsils and Adenoids removed	142
Ditto—But still under treatment	6
Awaiting operation	24
Showing no improvement	13
Awaiting re-examination	85
Left School or District	48
Under own Doctor	67
Refuse treatment	28
Private treatment at Hospital	1
	636

There is no doubt that progress is being made in this most important ameliorative work, but there is still much scope for extension. Otorrhoea requires most careful following up and regular treatment daily (and in some cases twice daily) in order to produce the desired result.

(h) *Dental Treatment.*

Table V shows the figures in detail of work carried out for the Elementary School population. The following is a report of Mr. S. K. Donaldson, Senior Dental Officer, on the year's work and progress :—

Staff. The Committee's policy of building up an efficient full-time service is proving its worth and the whole County is now served by a full-time Dental Staff. Greater facilities for treatment create a greater demand for treatment.

Increased treatment provides for the children concerned a more healthy outlook in life and consequently greater ability to derive full benefit from the education offered, but much work has still to be done before any mass improvement can be expected.

During the year the staff was greatly strengthened by the addition of five full time Dental Officers and Attendants, bringing the total number up to 15 of each, but again we were unfortunate in being deprived of their services until late in the year. Further, the work was disorganised by changes due to the resignation of three Officers. With the improved salary scale it is hoped that the Dental Officers will be more settled.

An additional whole-time Dental Officer and Attendant are being appointed during 1938, as, owing to the increased acceptances, the

Dental Officer in the Tendring area is already five months in arrear in his annual circuit. This is not confined to one area and further expansion of the service is indicated, which, however, at the moment cannot be contemplated, through lack of clinic accommodation.

Inspections and Treatment. The general scheme of inspections and treatment of elementary schools is similar to that of previous years. Details of the work carried out in 1937 are given in Table V on page 51. It is interesting to compare these results with those for the year 1936.

Sessions devoted to inspections in 1937—548, in 1936—506.

Sessions devoted to treatment in 1937—4,233, in 1936—3,201.

Inspections (63,706) show an increase of 8,094, and the number of specials (1,613) is nearly double.

It will also be noted that, whereas only 42 additional sessions were devoted to inspections, 1,023 additional sessions were devoted to treatment. This is most satisfactory.

During the year, of the total number of children inspected, 68.95 per cent. were found to require treatment, and 20,438 or 46.55 per cent. actually received treatment. This again shows a decrease in the acceptance figures and, as such, must be carefully examined for the cause.

Fillings have increased considerably (22,238—an increase of 3,755) and the extraction of teeth under the administration of N_2O very considerably (43,290, an increase of 12,948), whilst to complete this work, 34,709 attendances had to be made by children as against 29,562 for the year 1936. There is, therefore, no scarcity of work for the staff, and the seeming reduction of acceptances of treatment which is calculated on the number actually treated can be explained in the time found necessary to complete the work undertaken.

This substantiates my statement of last year that conditions as found in the new age groups included would involve a tremendous amount of work. The staff are now engaged in offering treatment to all the elementary school population of the County, 104,000.

Particularly pleasing is the proportion of fillings in permanent teeth to extractions of permanent teeth, approximately 2.5 to 1. This reflects much credit on the staff in their efforts to stimulate acceptance of *complete treatment* and shows that the best of all methods of propaganda is the performance of sound work.

Other operations, 2,773, sum up various activities, which may mean dressings, silver nitrate treatment or scaling. All are valuable treatment, taking up a proportion of an Officer's time, and, although grouped under a general heading, still deserving of honourable mention.

The ever-increasing response to treatment on the part of secondary school children makes an increasing demand on the time of the School Dental Officer and the ability to continue treatment commenced in the

elementary schools is more valuable both from the point of view of the patient and the Dental Officer. Secondary school life is a critical time in the health of the scholars' mouths, and a scheme should be considered for at least a bi-annual inspection of children who accepted complete treatment during their elementary schooling and whose teeth have been observed during that period to be not very resistant to caries. Valuable work commenced should not be wasted for want of rather longer and more active supervision of these deserving cases.

Malnutrition of teeth and all subjects pertaining to the teeth are constantly being investigated by the staff, but of course much of the investigation can be only theoretical and must also play a very subservient part to our primary duty, *i.e.*, inspection and treatment of defects.

It has not been possible to devote much time during the year to the study of 'mottled teeth' as any further investigation would entail much time being taken from ordinary routine.

Clinic Accommodation is much improved and the new centres are decidedly much better in design and equipment. A new centre in Romford Havering Road Council School has been opened, suitable for all types of work, and it is also possible to carry out fillings in the Romford Mawney Road Council School by using the portable equipment. It is hoped that in the near future further premises will be available in the Romford and Dagenham area, where the accommodation is very limited.

Dental Van. This is already proving a long-felt want in the rural areas and will continue to improve in usefulness if judiciously used. The Dental Officer concerned speaks highly of the Van Surgery for treating cases and also of the increased enthusiasm and eagerness of children to be treated in it. The function of the van is mainly to facilitate treatment in rural areas. Its use in the more distant areas in the summer, gradually drawing nearer to Headquarters as winter approaches, will decrease, during the winter, its transport and enable the Officer to treat in more substantial premises.

General Policy. The advantage of early dental treatment cannot be too vigorously stressed. From a general point of view, the removal of sepsis from the commencement of the alimentary tract needs no comment, except that the improved physical and mental conditions usually ascribed to tonsillectomy may in no small measure be contributed to by the removal of septic teeth. Many specials referred for inspection require operative treatment before tonsillectomy. From a purely dental point of view, early treatment has a wide bearing on future dental fitness and is of great value in determining the reaction of the child to later treatment by early association with the dental chair, the dental engine and the man in the white coat. This is of

extreme importance, but not more so than the necessity of endeavouring to keep the temporary dentition in a healthy condition until the primary teeth are due to erupt.

Temporary teeth have two main functions, viz : (a) For mastication and (b) to preserve proper spacing in the arch. Apart from possible infection to erupting permanent teeth, loss of temporary teeth is in the majority of cases the predisposing cause of irregularities of the permanent dentition. With this in mind and the knowledge that the staff is now sufficient to include all age groups in inspection and offer treatment where necessary, the value of conservation of the temporary dentition should be stressed to the parents whenever possible, and complete treatment as applied to permanent teeth should also be the rule for temporary teeth. In the past with a small staff, the needs of the permanent teeth have been the greater and of more urgent moment, conservation of temporary teeth being encouraged when a parent showed enthusiasm and a desire for complete treatment.

Propaganda. Dental Propaganda has continued at all the Health Exhibitions promoted by the County Council, whilst talks to children at inspections and at the chairside are a daily feature of the work.

Some Officers like to make these inspection talks small and intimate. This is praiseworthy, but appears wasteful of the time of the Teaching Staff, Scholars and the Dental Officer when the same end can be achieved by talking to several classes at a time.

The aim is, of course, to stimulate interest and so increase the rate of acceptance of treatment. This is certainly taking place and a new form of propaganda might now be introduced by inviting parents to attend dental inspections. It has been demonstrated at a few experimental inspections that such arrangements can be made without disturbing the school routine. These inspections have also shown that personal explanation to the parents of the treatment required has readily won consent at the time to treatment, which consent might well have been withheld if the form had merely been sent in the usual manner. I strongly resent the mis-statement of some well-meaning people—"If you brush your teeth they will not decay". This is untrue and unfortunate and often places a Dental Officer in a very unenviable position when trying to refute the statement, to say nothing of the discouragement to a child who is trying to learn the game of healthy living.

Orthodontia. While dentistry for the school population is still primarily curative, it is realised that prophylaxis, or prevention, must continue to play an ever-increasing part in the scheme. Diet, etc., has already received its fair share of prominence, but it is imperative that other avenues be explored. During the past year the more thorough covering of the County by augmented Staff has demonstrated this by the increasing

requests from parents and recommendations by the Dental Officer for treatment of this type, and I venture to suggest that in the near future a scheme for its inclusion as routine treatment should be put into operation. Habits of infancy, such as finger sucking, to mention only one, which a parent with a large family cannot always be expected to correct even if noticed, should always be looked for and corrected by teachers when a child comes to school. This in many cases would minimise the need for actual treatment in later years. The large protruding teeth seen are often ascribed to this habit, but we must not lose sight of the fact that heredity plays its part. All are potential sources of caries.

Whatever the cause, correction at the hands of a Dental Officer is necessary as early as possible from the point of view of appearance (particularly in girls) and certainly in all to prevent caries.

Treatment of other than the School Child. Treatment of Maternity and Child Welfare cases continues to increase and before long, the question must be reviewed with a view to additional time being devoted to this valuable work.

Throughout the year, it has been my duty to scrutinise estimates for dental treatment provided for Public Assistance patients and generally to keep a check on this ever-growing work. Increasing use has also been made of full-time staff for this work, thereby effecting considerable lessening of expenditure. A feature which must receive prominence is the exceptionally bad condition of the mouths of the patients. Almost invariably it is a case for multiple extraction and the fitting of dentures and, whilst this is the last resource to produce a healthy mouth, it is nevertheless gratifying to note their improved appearance. I have also throughout the year acted as a medium between patient and dentist in cases of disagreements.

General. My services have been available to the staff for consultation in cases presenting unusual clinical difficulties and, when possible, as locum at clinics in cases of illness, etc.

In presenting this report, I wish to thank the Dental Staff for their good work, and other members of the County Staff with whom we work in liaison.

(i) *Crippling Defects, &c.*

(a) *Tuberculosis.*

Paragraph 7 (c) gives an analysis of children who received Sanatorium treatment during the year, and of these, 62 children suffering from non-pulmonary conditions received treatment in Sanatoria and Residential Schools.

(b) *Dagenham Heathway Special School.*

The Dagenham Heathway Special Day School again rendered invaluable service in its Physically Defective Department. The enlargement of this School, by the addition of three home craft and handwork rooms, a large rest room and bathing and medical inspection accommodation, resulted in the accommodation for physically defective children being increased from 125 to 165 places. During the year 48 children were admitted, the main heads of classification being as follows :—

Condition of the Heart	..	..	..	19
Post Tubercular	..	..	..	6
Anaemia and debilitation	..	..	..	6
Post-Poliomyelitis	..	..	..	5
Paralysis of Central Organ	..	..	..	4
Post-Osteomyelitis	..	..	..	1
Congenital Deformity	..	..	..	1
Others	..	..	..	6
				48

The above classification in no way indicates the incidence rate of certain conditions in the school population in general. The preponderance of heart conditions in those admitted would somewhat appear to indicate that, in the opinion of the School Medical Inspectors, children suffering from these conditions are especially in need of special education facilities.

Thirty children were discharged during the year, the reasons given being as follows :—

Sufficiently progressed to leave School before			
reaching the age of 16 years	..	..	14
Left on attaining the age of 16 years	..	..	4
Returned to Public Elementary School	..	..	4
Removed to other areas	..	..	4
Transferred to Mentally Defective School	..	..	3
Reported to Statutory Committee as ineducable	..	..	1
			30

There were in attendance at the end of the year 132 pupils (61 boys, 71 girls).

(c) *Orthopædics.*

The Orthopædic Scheme has continued with beneficial results. Ascertainment is followed by the necessary hospital treatment, and this by after care at the various combined treatment centres.

The after care is conducted through the Orthopædic Masseuses at 19 Centres, the Staff employed consisting of five Masseuses (three whole-time and two part-time). One of the part-time Officers works in conjunction with the British Red

Cross and carries out the duties at the Epping and Woodford Centres. On occasions, the Masseuse visits the homes for the purpose of making contact with the parents and supervising the correct fitting of instruments, etc.

The Consulting Orthopædic Surgeon, Mr. B. Whitchurch Howell, F.R.C.S., continues to visit all ascertainment Clinics and also is the Operating Surgeon at the Hospitals to which the Essex Orthopædic cases are admitted.

A summary of the work of this department for 1937 is as follows :—

Ascertainment Clinics held total 69, the sessions held being Dagenham 12, Grays and Tilbury 9, Woodford 7, Romford 6, Brentwood, Colchester and Harwich 4 each, Braintree, Chelmsford, Clacton, Halstead and Maldon 3 each, Epping, Saffron Walden, South Benfleet and Stansted 2 each. The total number of children attending of school age was 1,492 (boys 762, girls 730) and of these 518 were new cases (boys 298, girls 220) and 974 re-examinations (boys 464, girls 510).

The conditions found were :—

Congenital Defects, Club Foot, &c.	..	..	197
Infantile Paralysis and after effects	..	..	166
Spinal curvature, &c.	..	..	140
Paralysis (Hemiplegia, &c.)	..	..	91
Cleft Palate (including hare lip)	..	..	11
Other deformities (including injuries, &c.)	..	..	887
			1,492

A short summary of the history of the cases and advice given is as follows :—

With history of having already had hospital treatment			426
To continue present form of treatment	..	..	193
Recommended admission to Hospital	..	..	28
„ apparatus or modified boots	..	..	292
„ massage or exercises, &c.	..	..	177
„ observation	..	..	559
No treatment required	..	..	35
Discharged cured	..	..	208
			1,492

In addition, 304 children of pre-school age (boys 157, girls 147) were examined under the County Child Welfare Scheme and a further 298 under local Autonomous Child Welfare Authorities who participate in the scheme, giving a total of 2,094 individual children examined.

Hospital treatment at the various hospitals has continued with monetary assistance as the occasion demanded. During the year 51 children of school age (boys 19, girls 32) and 25 children under school age (boys 10, girls 15) completed a course of treatment under the Orthopædic Scheme, and at the end of the year

16 children (boys 5, girls 11), of whom 3 boys and 2 girls were under school age, remained in Hospital. The Brookfield Orthopædic Hospital has now carried out a full year's work since being taken over by the Essex County Public Health Committee, rendering continued and useful service in the scheme. There have been some additions and improvements instituted since the transfer in December, 1936.

There has not been such a severe demand for Hospital beds for County Orthopædic cases in the past two years. At the end of the year there were only 13 children (including one only under school age) awaiting admission to Hospital and there would not have been even this number but for the fact that certain parents desired admission postponed until after the Christmas holidays.

The work at the After-treatment Centres does not decrease, but the care and attention given at these, if sufficiently early, do often prevent the necessity of entrance to Hospitals for operations. Three new Centres were opened at Burnham, Chelmsford and Gt. Wakering.

A summary of the treatments carried out and numbers treated at these centres is set out in tabular form below. The figures include all children attending, with the exception of attendances from the Autonomous Child Welfare Authorities who participate in the use of the Centres marked *

Centre.	No. of Sessions.	No. of Attendances.		No. of Patients Treated.		Form of Treatment.			
		Child Welfare.	Educa- tion.	Child Welfare.	Educa- tion.	Massage.	Exer- cises.	Elect- rical.	Super- vision.
Braintree ..	49	149	147	83	94	—	13	—	166
Brentwood ..	70	67	352	26	131	14	90	—	55
Burnham .. (Com. 19-10-37).	3	11	11	7	7	—	1	—	13
*Chelmsford .. (com. 12-4-37)	9	13	108	10	54	—	16	—	48
Chingford ..	114	144	779	58	293	19	228	1	123
*Clacton ..	41	48	157	32	100	—	32	4	98
*Colchester ..	62	70	98	19	56	—	6	—	70
*Dagenham ..	178	43	1116	32	439	12	118	—	345
Epping ..	154	48	333	5	33	9	30	1	3
*Grays ..	120	—	501	—	173	5	36	2	142
Great Wakering .. (com. 12-10-37)	3	2	18	15	2	—	6	—	12
Hornchurch ..	96	281	526	118	202	15	158	—	150
Laindon ..	21	50	101	39	53	1	16	—	66
Maldon ..	25	102	164	65	102	—	12	—	157
Rochford ..	12	11	135	10	112	—	2	—	120
*Romford ..	127	100	996	30	322	37	264	5	76
South Benfleet ..	47	68	311	32	138	1	47	—	122
*Tilbury ..	43	99	232	42	94	8	25	—	104
Woodford ..	142	102	938	12	85	16	87	1	4

(j) *Speech Defects.*

We have made but little progress in the remedy of these conditions during the year, but have great hopes for results in 1938 as the first Speech Therapist has been appointed and should be exerting her full influence in the early spring.

(k) *Uncleanliness.*

Table VI records that the School Nurses made 285,888 examinations of children for uncleanliness and 4,212 were classed as unclean, an actual increase of three on the previous year. An average of five visits per school was made for these inspections and continued by visits to homes until satisfactorily cleansed.

The percentage of four (the same as for last year) is still far too high for the uncleanliness figure and every effort must be made to lower the percentage in future. It is, however, astonishing what excuses parents will still raise to account for the neglect of their children and these excuses are the more readily given by the old offenders.

Legal proceedings were taken against parents in 12 cases under the School Attendance Bye-laws.

The use of the Grays baths ceased during the year and there was a decrease in the numbers using the Tilbury baths from 9,672 attendances in 1936 to 3,818 in 1937, in all probability largely due to the much better bathing facilities now provided in the homes of these districts.

8. Infectious Diseases.

The practice of exclusion of contacts of actual or suspected cases of infectious disease and, as far as possible, avoidance of school closure has continued. It would appear now from experiments carried out by various Authorities that, at least in Urban areas, there is little benefit to be gained by exclusion of contacts of the majority of infectious diseases, at any rate for the lengthy periods laid down in the Memorandum of the Board of Education and Ministry of Health. No doubt if this is confirmed when the results of these experiments have been collated, further guidance and suggestions will be given in an up-to-date Memorandum. It will, however, require a great amount of confidence and persuasion of all concerned to agree to any great curtailing of exclusion of contacts in rural areas.

During the year closure was approved by the School Medical Officer in the case of six schools, the diseases causing closure being measles 4 and influenza 2. No school was closed by the Local Sanitary Authority.

Certificates were issued for 240 schools under paragraph 15 (ii) of the Board of Education's Administration Memorandum No. 51 in respect of reduced attendance due to the following diseases :—Influenza 82, Measles 80, Whooping Cough 36, Chickenpox 16, Mumps 15, Scarlet Fever 9, Diphtheria 1, German Measles 1.

The School Medical and Nursing Staffs also continued to render assistance in certain areas to the Local Sanitary Authorities in the immunisation of children against diphtheria.

9. Open-Air Education.

(a) *Open-Air Classes.*

See paragraph 13 for Open-Air Schools.

No additional Open-Air Class Rooms have been added to schools and the practice of holding Classes in playgrounds and playing fields as opportunity affords has continued.

(b) *School Journeys.*

A number of school journeys has been made on a smaller scale and it is pleasing to find that the interest of pupils, teachers and parents in this most useful form of educational endeavour is unabated.

(c) *School Camps.*

The Public Assistance Committee, according to their usual practice, again organised a successful camp at Tendring, in August; 401 children attended. These camps are much appreciated by both children and staff.

Educational :—

School Camps have been held as follows :—

Place.	School taking part.	Duration of Camp.	Attendance.
Ewe Cote Farm, Whitby	Dagenham Lym- ington (S.B.)	July 24th to August 6th	40 boys, two teachers and three parents.
Dovercourt	.. Dagenham East- brook (S.B.)	June 2nd to June 9th	100 boys.
Noak Hill	.. Dagenham Lym- ington (S.B.)	April 13th to July 14th	One form in camp each week during this period.
Belgium	.. Dagenham Gores- brook (S.B.)	May 18th to May 22nd	33 boys and six teachers.

10. Physical Training.

The Director of Education has kindly supplied the following information :—

During 1937, the Committee's arrangements for the oversight and inspection of the Physical Training going on in the Elementary Schools have been modified and in some ways extended. Miss F. A. Morgan, Physical Training Instructress at the Saffron Walden Training College, has continued her work of supervision and instruction for three days per week, while Miss M. K. Collman, formerly part-time Organiser and part-time Physical Training Mistress of the Clacton County High School, was engaged as full-time Organiser of Physical Training, as from 1st September, 1937, Mr. H. P. Crabtree being appointed as the Committee's Chief Organiser as from the same date. At the end of August, Miss

E. M. Jones left the County service on her appointment to an organising post in Bristol, and Miss S. L. Perkins left at the end of the year to join the staff of the L.C.C.

The duties undertaken by the Organisers, whether part-time or full-time, have included the instruction of teachers following the lines of the Physical Training Syllabus of the Board of Education, and the visitation of schools to give advice and help by class demonstration and otherwise. There is plenty of evidence that the work undertaken by the Organisers is much appreciated and that in consequence the quality of the training given in the schools is reaching a satisfactory standard. Further progress may be expected when the proposed additional appointments are made in 1938, viz :—

- One full-time woman Organiser.
- One part-time woman Organiser.
- One part-time man Organiser.

During the year, 12 courses in Physical Training were arranged for teachers, that at Hockerill Training College being an intensive one lasting for 3½ days :—

	No. of Teachers in attendance.
Dagenham—Folk Dancing	44
Colchester—School Games	42
Dunmow—Physical Training	30
Halstead—Physical Training	25
Saffron Walden—Physical Training	42
Dagenham—Folk Dancing	35
Dagenham—Physical Training	38
Hockerill Training College—Intensive Physical Training Course	77
Brentwood—Folk Dancing	43
Braintree—Playground Games and Dances	45
Romford—Physical Training	39
Chingford—Physical Training	43

In continuation of their previous policy, the Committee has made five awards enabling teachers to take full-time Courses for the year either at the Carnegie Physical Training College or at Loughborough, and the special training thus made possible has undoubtedly done much to raise the level of the Physical Training instruction given in both Secondary and Senior Schools.

11. Provision of Meals.

Inquiries as to the necessity for the provision of meals in various parts of the County, particularly in some of the rural districts, and the schemes already in existence in the more populous areas, have continued,

The following is a summary of the provisions in use during 1937 :—

(1) Meals consisting of a mid-day meal :—

- (a) *Dagenham Area.* Arrangements have continued under the supervision of the Care Committee at four Centres and 100,228 meals were provided, an increase of 6,378 over that for 1936.
- (b) *Romford Area.* Arrangements have continued at the Hornchurch Billet Lane, and Romford Willow Street Centres, and a further Centre was opened at Harold Wood Institute. The number of meals (54,984) showed an increase of over 24,000 on that of 1936.
- (c) *Thurrock Area.* The feeding Centre, at Lansdowne Road, Tilbury, was re-opened in February, 1937, and 28,902 meals were provided during the year.
- (d) *Other Areas.* The arrangements for the provision of mid-day meals in many of the Senior Schools have been extended during the year, and 10,883 free meals were provided. Facilities are also available in some of the Junior Schools.

In other schools, arrangements are made for the issue of hot drinks to children who bring their mid-day meals to the School.

(2) Scheme for the supply of Milk, Cod Liver Oil and Malt, etc. :—

The Scheme for the provision of Milk, Cod Liver Oil, etc., continues to be of considerable advantage to the children, the help of the Head Teachers and their Assistants being of great value.

The following is a summary of the number of schools, and children participating in the Milk Scheme :—

- (a) Number of schools under the Milk Marketing Board Scheme, 498,
 .. an increase of 15. Number of children participating 43,384,
 .. an increase of 5,022.
- ..(b) Number of schools not necessarily under the Milk Marketing
 .. Board Scheme, 95. Number of children participating, 4,167.

That the milk scheme in Schools has been a great advantage is borne out by reports of various Medical Inspectors and the following are worth of reproduction.

(a) Dr. J. Graham states :—

“ There has been quite a marked increase in the number of children participating in the ‘ Milk in Schools Scheme ’. It is possible that the gradual improvement noticed in nutrition is in a measure due to this.

The main objections to participating are :—

- (1) Cost where there is a large family.

- (2) Interference with the appetite for mid-day meal. (If the milk could be issued at an earlier hour, there is no doubt that more children would benefit).
- (3) Dislike of cold liquids in winter time.
- (4) Personal dislike of milk in any form by some children.

Most teachers are agreed that the scheme is very beneficial and, considering that this entails extra work, would appear to be adequate testimony to the efficiency of the scheme.

Undoubted improvement in nutrition has been noted in cases where children partake of a third of a pint twice daily, and it would be advisable, wherever possible, to make this general."

(b) Dr. N. S. R. Lorraine states :—

"As a result of certain enquiries made in my capacity of Medical Officer of Health, in regard to the consumption of milk in schools, dealing with 3,140 school children in the Urban Districts of Benfleet, Canvey Island and Rayleigh, based on this figure, I ascertained that out of every 100 children, 41 scholars regularly drink a third of a pint of milk per day at school, 10 children did not drink milk by reason of the cost, 17 frankly disliked milk in its many forms and the remaining 32 drank milk without any degree of regularity.

I might point out that this specifically refers to milk as drunk at school and does not take into account milk as consumed at home, if any.

It would appear, therefore, that out of every 100 of these school children, 59 for various reasons do not appear to be regular drinkers of milk as provided under the milk-in-schools scheme, which, of course, is highly regrettable.

Some of the various reasons given for irregular drinking of milk either at home or at school are as follows :—

- 'Mother does not always give it to me.'
- 'Mother gives it to me when she has change.'
- 'Mother does not believe in it.'
- 'Mother cannot afford it.'
- 'It upsets me inside.'
- 'Doctor says I must not have it.'
- 'It tastes so cold.'
- 'I spend the money as I choose.'
- 'I would rather buy a toffee-apple.' "

(c) Dr. M. M. MacKenzie states :—

"There has been an enormous increase during the past year in the number of children who have milk daily in school. I have visited every school in my area and asked the Head Teachers and School Nurses to go through the list

of children not having milk and find out why they were not. In many cases the explanation was poverty; these were recommended free milk if their circumstances warranted it. In others, it was indifference on the part of the parents or reputed dislike of milk on the part of the child. By use of tact and persuasion we have been able to get the greater number of these to have milk. At every School Medical Inspection throughout the year, I have asked the parent of each child, or the child itself, if the parents were not present, if he or she was having milk and, if not, did my best to make the parent appreciate the enormous benefit it would be to the child to have it.

It has been most gratifying to see the response that has been made in all my areas to our efforts to further the 'Milk in Schools' Scheme."

During the year samples of milk, as delivered to schools under the Milk in Schools Scheme, were obtained and examined, with the following results:—

(a) *Biological Examination.* Number of samples examined 573, of which 53 gave inconclusive results. 22 samples (4.2%) were found to contain tubercle bacilli, the percentage for 1936 being 4.4. For economical reasons, pasteurised milk was not submitted to biological examination this year. Prompt action was taken by the Chief Veterinary Officer with a view to eliminating from the herds concerned any cow which was found to be excreting tubercle bacilli in the milk.

(b) *Bacteria Count.* Since 1st January, 1937, in accordance with the Milk (Special Designations) Order, 1936, Pasteurised Milks only are submitted to the Bacteria Count, the standard for which is that the milk shall be found to contain not more than 100,000 bacteria per millilitre. Number of samples of Pasteurised milk examined 247, of which 20 (8.5%) failed to comply with the standard. In each of the unsatisfactory cases representations were made to the Local Medical Officer of Health concerned, and further samples were obtained, with satisfactory results.

(c) *Methylene Blue Reduction Test.* All samples of milk, other than Pasteurised Milk, have since 1st January, 1937, been submitted to the Methylene Blue Reduction Test, which is a test prescribed for Tuberculin Tested Milk and Accredited Milk by the Milk (Special Designations) Order, 1936. Number of samples examined 455, of which 66 (14.5%) failed to comply with the standard laid down in the before-mentioned Order. In each of the unsatisfactory cases, representations were made to the Local Medical Officer of Health concerned, and further samples were obtained, with satisfactory results.

(d) *Coliform Bacteria Test.* 440 of the 455 samples referred to in (c) above were also submitted to the Coliform Bacteria Test for Tuberculin Tested Milk and Accredited Milk by the Milk (Special Designations) Order, 1936. 48 (10.9%) failed to comply with the standard laid down in that Order. In each of the unsatisfactory cases, representations were made to the Local Medical Officer of Health concerned, and further samples were obtained, with satisfactory results.

12. Co-operation of :—

(a) *Parents.*

Reports of the School Medical Inspectors indicate that the interest of parents increases and that on the whole their co-operation is good. Every opportunity should be taken to foster this or inevitably the child must suffer.

(b) *Teachers.*

Thanks must again be willingly accorded to the teachers for their co-operation in the service, although during the year there has been a variation in their assistance in that the first portion of the inspection schedule is not now completed by the teacher. This must inevitably mean that they are not in quite such close touch with the work as in previous years. Especially must thanks be given to the Teachers for their most willing help in connection with the issue of milk under the Milk Marketing Board Scheme and also in their issue of Cod Liver Oil and Malt where advised by the Medical Inspectors.

(c) *Attendance Officers.*

School Nurses must inevitably maintain a close liaison with these Officers as no difficulties have arisen.

(d) *Blind Persons Act Committee.*

As this Committee and the School Medical Committee are Sub-Committees of the Education Committee, the services of the Ophthalmic Specialist are available for both and no difficulties have therefore been encountered.

(e) *Care of Children Committees.*

These, in the areas in which they still function, do such excellent work that one cannot but think that to many it must be a disadvantage to live in an area in which there is no Care Committee.

(f) *Voluntary Bodies.*

Helpful and much appreciated assistance has again been rendered throughout the year by the following :—

The Voluntary Hospitals, County Nursing Association, County Association for the Care of the 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.

13. Blind, Deaf and Epileptic Children, &c.

Table III shows the numbers ascertained.

(a) *Blind.*

There are 40 children under this heading, 32 being at certified schools for the blind, 6 in attendance at the ordinary elementary school and 2 not at any school. Of the 8 in the last two groups, 3 have since been admitted to Special Schools, 1 removed from the area and 1 attained age of 16 years. With regard to the partially-sighted, of which there are 98 on the register, 34 are in attendance at Special Schools or Classes, 9 being at the Day Class at Grays. 41 are at the ordinary elementary school and 23 are at no school or institution.

(b) *Deaf.*

57 children are classified as deaf, 49 being at certified schools for Deaf, 2 at other institutions, 3 remain at elementary schools and 3 are at no school or institution.

There are 11 children classified as partially deaf at certified schools for the deaf.

(c) *Epileptics.*

There are 39 children certified as suffering from severe epilepsy, 11 being at special schools, 18 at elementary schools and 10 at no school or institution.

There is great difficulty in obtaining vacancies for such cases and endeavours are being made to see whether this can be overcome.

(d) *Mentally Defective.*

There are 415 children (boys 262, girls 153) ascertained as mentally defective and certified as suitable for special education; of these 72 (boys 47, girls 25) are at Residential Schools, 66 of these being at the Peckover Schools, Colchester.

In the two Day Special Schools for the Mentally Defective there are 162 children on books, as follows :—

		Boys.		Girls.		Totals.
Dagenham ..	..	72	..	58	..	130
Woodford ..	..	22	..	10	..	32
		—		—		—
Totals	..	94		68		162
		—		—		—

At the Walthamstow Day School there were also in attendance from the County Area 4 children (boys 3, girls 1).

The classes at the Dagenham Heathway Special School were provided with increased accommodation, bringing the number of places from 100 to 140. In this department there were 51 new admissions during the year and 35 discharges.

Of those who left, the following is a summary :—

Left at age limit of 16	..	..	..	11
„ of 15 for work	..	..	..	3
„ of 14 for work	..	..	..	8
Removed to other areas	..	..	..	7
„ Residential School	..	..	..	2
„ Public Elementary School	..	..	..	1
„ Epileptic School	..	..	..	1
„ Physically Defective Department	..	..	..	1
Left for Private School	..	..	..	1
				—
				35
				—

A summary of the after-records of 40 (boys 21, girls 19) who have previously attended the school :—

			Boys.		Girls.
Factory Work	..	..	6	..	8
Present employment not known	..	..	6	..	4
Unemployed	..	..	3	..	3
Warehouse	..	..	1	..	—
Gardening	..	..	1	..	—
Carpentering	..	..	1	..	—
Builder's Boy	..	..	2	..	—
Cinema	..	..	1	..	—
Domestic	..	..	—	..	1
Shop Assistant	..	..	—	..	1
Dressmaking	..	..	—	..	1
Sick in Hospital	..	..	—	..	1
			—		—
			21	..	19
			—		—

After-records of 13 children who left the Woodford Special School during the year show that 3 remained at home, 1 left the district, 1 is having domestic training, 2 are Barnardo's boys still in the Homes, 4 returned to the East Ham Children's Homes, 1 is a butcher's roundsman and 1 has left Barnardo's Homes.

(e) *Cripples.*

See paragraph 7 (i).

(f) *Children Suffering from Multiple Defects.*

The ascertained number is 23. Of these, 11 are in certified special schools, 3 at elementary schools, 1 in another institution and 8 at no school or institution.

(g) *Delicate Children.*

At the end of the year 380 children were listed under this heading, 222 of these being at Certified Special Schools or Homes and 158 in attendance at elementary schools :—

(i) *Open-Air Day Schools.*

Day Classes have continued at the Grays Open-Air School. This school has again rendered most valuable services for the physically subnormal child and has been enlarged during the year. The school originally provided for 60 children (mixed), being enlarged to accommodate an extra 30—*i.e.*, 90 in all. The shower baths were increased from three to six. This enlargement necessitated additional cloakroom accommodation, which it is understood is being arranged. The Head Teacher reports in regard to the extensions and more especially the improvements in the kitchen, as follows :—

“The improvements here have been most successful and welcome. We cannot stress too much the value of a bright and well equipped kitchen in a school of this kind. The children see food well prepared under clean and hygienic conditions, and they are impressed. This object lesson is of greater value than mere words. Moreover, we can now vary meals and serve them piping hot. The children look forward to meal-times and the dinner hour is the most popular part of the day. We are fortunate in having the services of a very efficient cook and assistant.”

The Medical Officer in Charge, Dr. Boul, reports as follows :—

“The dining hall has been enlarged and brightly painted. The floor space, however, is too small to enable all the beds to be fitted therein during rest periods on wet and cold days. The bed store unit adjoining the hall has proved extremely useful.

Playground space is inadequate and unsuitable for the increased number of children in the school. The present accommodation comprises two small asphalt areas, and the surface of one is uneven and becomes covered with large puddles in rainy weather. The playgrounds are surrounded by banks leading into the garden. These were damaged during building operations and present an untidy, derelict appearance. A proposal was made at one time to plant them with gorse bushes, and I would recommend that this course, together with the provision of extra playground space, should receive consideration when the weather improves.

Now that the teaching staff has been augmented, the minimum age for admission has been reduced from 7 years to 6 years, and an infants' class has been formed. Before the enlargement of the school, the constant waiting list made it necessary to keep a fairly even admission and discharge rate, and sometimes it was necessary

to discharge children after shorter periods of open-air treatment than they needed. With the extra places now available it is no longer necessary to curtail any child's treatment for this reason.

The Orthopædic Masseuse attends the school regularly and selected children are given remedial exercises for postural defects, &c. Minor ailments are dealt with by the School Nurse, who also visits the premises at regular intervals.

No. of places in the school	..	..	90
No. of admissions during the year	..	..	79
No. of re-admissions included in the above figure			7
No. of discharges	..	..	41

Reasons for Discharge.

Fit for ordinary school	..	..	30
Left district	..	..	3
Over school age	..	..	1
Unfit for attendance in winter months		..	2
Admitted to Hospital	..	..	1
Miscellaneous..	..	..	4

Average increase in height :—

Boys—2ins. Girls—2½ins.

Average increase in weight :—

Boys—8½lbs. Girls—6lbs.

Two boys gained 17lbs. in weight during the year, and a third gained 15lbs. in four months. There were no outstanding increases in height or weight amongst the girls.

In former years I have praised the work of the Head Teacher and her staff, and I have pleasure in repeating my opinion that the success of the school is due very greatly to the manner in which the personnel discharge their duties."

From this report it will be seen that the improvements have added to the efficient working of the school and have largely supplied a long-felt need.

(ii) *Residential Open-Air Schools and Convalescent Homes.*

These have not been established by the County, but numbers of children, as necessity arises, are sent to Residential Schools under the control of other Authorities and private enterprise.

During the year, in the County, 42 children received periods of treatment at the Ogilvie Home of Recovery, Clacton-on-Sea, where 19 beds are retained, 9 at the Woodford St. John's Open-Air School, 14 at the Mabel Greville Home, Walton-on-the-Naze, which was closed at the end of the year. Outside the County, 4 beds are retained at the Russell Cotes School of Recovery, Parkstone, Dorset, and 24 children received treatment during the year.

A further 223 children received treatment at other Homes throughout the country.

Arrangements continue under which Sunlight Treatment is available for certain children at Oldchurch County Hospital, Romford, and also during the winter months at the Dagenham Clinic.

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

Blind.

48 received training during the year. 11 terminated training, of whom 5 were admitted to the Home Workers' Scheme and 6 were unsatisfactory.

15. Nursery Schools are not established, although frequent inquiries are made regarding these.

16. Secondary Schools and other Institutions of Higher Education.

Medical inspection of these schools, including certain aided schools, has continued, the total number of routine examinations being 6,400, an increase of 269 as compared with the previous year. Re-inspections were made of 930 scholars and special inspections of 433.

Tabulated results of these inspections are set out in Table II S.

Table I C indicates that 721 individual pupils examined at routine inspections were referred for treatment or 11.27%, an increase of .97% on the figures for 1936.

It was intimated in the Report for 1936 that dental inspections and treatment of Secondary and Technical pupils attending the schools in the Boroughs of Barking and Walthamstow were by arrangement being carried out in the Borough Clinics by the Dental Staff of these Boroughs on behalf of the County Education Committee and that consultations were in progress with the Boroughs of Barking, Ilford, Leyton and Walthamstow with a view to the medical inspection and treatment of Secondary and Technical pupils in these four Extra-Metropolitan Boroughs being similarly arranged through their School Medical Staff.

It is pleasing to be able to note that these arrangements were made in regard to Barking, Leyton and Walthamstow during 1937. Unfortunately, however, similar arrangements could not be brought to fruition in the case of the Borough of Ilford. As these negotiations were prolonged well into the year, this has left the two Secondary Schools in Ilford void of routine dental inspections and this lapse must be made up in 1938.

There are advantages in the services being carried out by the Local Borough Staffs in that it provides a greater continuity of the medical and dental services; it avoids the setting up of extra clinics and tends to prevent loss of time in travelling of the pupils in need of treatment.

These arrangements are provisional for one year, when the scheme is to be reviewed from the point of view of the service rendered to the schools. There have been no apparent difficulties and it is therefore hoped that the financial side will be satisfactorily settled in order that the arrangements may continue.

Table II S (b) shows a classification of the Nutrition of Secondary and Technical pupils reviewed at routine inspections. Of these, 3.16% are classified as excellent, 94.45% as normal and 2.39% as slightly below normal, not one being classified as bad.

Table V S indicates the extent to which dental treatment was provided for Secondary pupils and scrutiny of this again indicates that the Secondary scholar has as yet not been afforded the requisite amount of attention that is merited and advisable, as 1,693 pupils only were subjected to routine inspection. This must be remedied.

The percentage found to require dental treatment was 55, ample evidence of the need for further facilities. 1,673 permanent teeth were filled and only 311 extracted, a really satisfactory treatment report, showing that at least wholesale extractions were not practised and also there was a willingness on the part of the pupils to receive conservative treatment. The Secondary School pupils form such an important section of the population that it would appear essential that not only should facilities be available for all who need the treatment, but it should also be guaranteed that they do receive it.

17. Parents' Payments.

Similar procedure to previous years has been maintained in that parents contribute to the costs of treatment as far as their financial circumstances permit, the basis of payment being worked out on a definite scale.

18. Health Education and Propaganda, &c.

The Medical, Nursing and Dental Staffs have given lectures, demonstrations and talks on health matters at Health Weeks, Women's Institutes, Open Days at Schools, &c.

The Deputy County Medical Officer gave lectures on the School Medical Service in June and November at meetings of the District Education Fellowships of Teachers at Southend and Ongar respectively.

19. Special Enquiries.

There have been no specially conducted enquiries worthy of publication.

20. Miscellaneous.

(a) Teachers.

Special reports were made on five teachers during the year.

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

It is reported that at the end of the year the number of children employed under the Bye-laws was 1,312 (boys 1,163, girls 149) and of these, 408 (boys 351, girls 57) were between 12 and 13 years of age and 904 (boys 812, girls 92) of 13 years and over.

The medical examinations conducted under the regulations again show an increase, the total being 1,122 as against 970 for 1936. A summary of particulars is as follows :—

	Boys.		Girls.		Total.
(1) Submitted for examination	1,063	..	59	..	1,122
(2) Passed as fit ..	..	1,060	..	58	.. 1,118
Employments :—					
(a) Farm work ..	..	62	..	20	.. 82
(b) Home ..	..	37	..	16	.. 53
(c) Gardening ..	..	17	..	—	.. 17
(d) Paper delivery	..	470	..	16	.. 486
(e) Milk delivery	..	72	..	—	.. 72
(f) Errands ..	..	131	..	—	.. 131
(g) Others (Bread, caddyng, grocery, &c.)	..	258	..	6	.. 264

(c) *Children and Young Persons Act, 1933.*

A Remand Home for Boys was opened by the Committee at Harold Wood in January, 1937, with accommodation for 19, and 23 in case of emergency. The Committee have also recognised "Bartletts," Baddow Road, Great Baddow, as a Remand Home for Girls, with accommodation for 10. Arrangements are made under which a male member of the County Medical Staff is in constant touch with the Boys' Home, and a female member with the Girls' Home, in order that each new admission is medically examined as soon as possible after entry, and medical reports provided for the Justices as and when required.

(d) *Examination of Juveniles.*

In accordance with the scheme outlined in Memorandum A.C.M.6, dated September, 1936, of the Ministry of Labour, the Committee agreed to arrange for the medical inspection and treatment of unemployed juveniles attending the Junior Instruction Centres at Dagenham and Grays. It was, however, not possible to commence the arrangements until early in 1938. A male member of the School Medical Staff has been detailed at each Centre for inspection of the boys and a female member for the girls. Regular weekly evening visits by the Medical Officers are arranged, and the school clinic and other treatment facilities are available where necessary for those requiring treatment, except where such treatment is available under the National Insurance Act, when the patient is referred to his or her Panel Doctor.

(e) *Conferences.*

During the year Group Conferences of Medical and Dental Officers and School Nurses were held and found to be of great assistance to the Officers concerned.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1937.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Prescribed Group Inspections.

Entrants	14,624
Second Age Group	17,751
Third Age Group	14,033
Total	<u>46,408</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	15,713
Number of Re-Inspections	36,234
Total	<u>51,947</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Prescribed Groups—	For defective vision (excluding squint).	For all other con- ditions recorded in Table II A.	Total.	Per- centage.
Entrants	292	1858	2130	14.56
Second Age Group	1068	1939	2964	16.70
Third Age Group	905	1475	2326	16.59
Total (Prescribed Groups)	<u>2265</u>	<u>5272</u>	<u>7420</u>	<u>15.99</u>

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION. YEAR ENDED
31ST DECEMBER, 1937.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					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)
Skin	Ringworm :							
	Scalp				—	—	13	—
	Body				—	1	23	—
	Scabies				9	—	69	—
	Impetigo				11	—	371	1
Other Diseases (Non-Tuberculous)					135	137	1796	6
Eye	Blepharitis				72	37	85	4
	Conjunctivitis				—	3	47	1
	Keratitis				—	—	1	—
	Corneal Opacities				1	1	1	—
	Other Conditions (excluding Defective Vision and Squint)				33	84	231	7
	Defective Vision (excluding Squint)				2265	383	956	42
Ear	Squint				15	10	141	—
	Defective Hearing				177	66	90	—
	Otitis Media				21	138	143	2
Other Ear Diseases					134	212	206	32
Nose and Throat	Chronic Tonsillitis only				1206	1091	311	116
	Adenoids only				76	45	44	9
	Chronic Tonsillitis and Adenoids				1633	890	652	69
	Other Conditions				24	84	186	8
Enlarged Cervical Glands (Non-Tuberculous)					163	242	171	31
Defective Speech					30	58	14	4
Heart and Circulation	Heart Disease :							
	Organic				—	—	43	2
	Functional				101	159	39	20
Anæmia					36	28	104	3
Lungs	Bronchitis				68	35	155	2
	Other Non-Tuberculous Diseases				142	117	77	1
Tuberculosis	Pulmonary :							
	Definite				—	—	1	0
	Suspected				7	1	11	1
	Non-Pulmonary :							
	Glands				—	—	5	—
	Bones and Joints				—	—	—	—
	Skin				—	—	1	—
Other Forms					—	—	8	—
Nervous System	Epilepsy				—	1	12	—
	Chorea				—	—	34	—
	Other Conditions				66	52	123	6
Deformities	Rickets				3	3	26	1
	Spinal Curvature				21	37	21	15
	Other Forms				309	647	297	66
Other Defects and Diseases (Excluding Uncleanliness and Dental Diseases).					996	889	1143	94

TABLE II.—*continued.*

—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	14624	339	2.32	13986	95.63	291	1.98	8	.07
Second Age-group ..	17751	512	2.88	16876	95.07	352	1.98	11	.07
Third Age-group ..	14033	346	2.48	13491	96.14	188	1.34	8	.04
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total ..	46408	1197	2.58	44353	95.57	831	1.79	27	.06

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1937.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
32	6	—	2	40

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.
—	34	41	—	23	98

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total.
49	3	2	3	57

TABLE III—*continued.***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.
11	—	4	1	3	19

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.
234	107	5	69	415

Epileptic Children.**CHILDREN SUFFERING FROM SEVERE EPILEPSY.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
11	18	—	10	39

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.
8	12	5	27	52

(ii) Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
62	374	8	59	503

TABLE III.—*continued.*

B—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
222	158	—	—	380

C—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
92	299	6	54	451

D—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
47	142	1	27	217

Children suffering from Multiple Defects.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
M. D. and Epileptic ...	3	1	—	1	5
M. D. and Cripple ...	5	1	—	5	11
M. D. and Blind ...	1	—	—	1	2
M. D. and Heart ...	—	1	1	—	2
Cripple and Heart ...	1	—	—	—	1
Epileptic and Heart	1	—	—	—	1
Epileptic and Cripple	—	—	—	1	1
Totals ...	11	3	1	8	23

M. D. = Mentally Defective.

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1937.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table 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)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment	16	—	16
(ii) Other	117	—	117
Ringworm-Body	221	—	221
Scabies	596	—	596
Impetigo	3573	—	3573
Other skin disease	3708	30	3738
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	1206	12	1218
Minor Ear Defects	1910	27	1937
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, &c.)	7329	1341	8670
Total	18676	1410	20086

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. (3)	Total. (4)
Errors of Refraction (including Squint) ..	4676	93	4769
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	1	—	1
Total	4677	93	4770

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	3698
(b) Otherwise	37
	3735

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	3479
(b) Otherwise	37
	3516

TABLE IV.—*continued.*

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

Number of Defects.											
Received Operative Treatment.										Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme —in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.			
(1)				(2)				(3)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
345	28	1148	—	97	2	60	—	442	30	1208	—
1521				159				1680		2264	3944

(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.			Otherwise.			Total number treated.
	(1)			(2)			
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	
Number of children treated.	41	10	2490	—	—	25	2566

TABLE V.—DENTAL DEFECTS.

(1) Number of Children who were :—				(2) Attendances made by children for treatment ... 34709			
(a) Inspected by the Dentist :				(3) Half-days devoted to :—			
Routine Age Groups	4 ..	635	Total ... 62093	Inspection ...	548	Total ... 4781	
	5 ...	5868		Treatment ...	4233		
	6 ...	7293					
	7 ...	7732					
	8 ...	7392					
	9 ...	7561					
	10 ...	6840					
	11 ...	6198					
	12 ...	5110					
	13 ...	5188					
	14 ...	2066					
	15 ...	210					
Specials ... 1613				(4) Fillings :—			
—				Permanent teeth	18279	Total ... 22238	
				Temporary teeth	3959		
Total (Routine and Specials) ... 63706				(5) Extractions :—			
—				Permanent teeth	7549	Total ... 43290	
				Temporary teeth	35741		
(b) Found to require treatment ... 43929				(6) Administrations of general anaesthetics for extractions .. 16217			
(c) Actually treated ... 20438				(7) Other operations :—			
				Permanent teeth	1756	Total ... 2773	
				Temporary teeth	1017		

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses						5
(ii.) Total number of examinations of children in the Schools by School Nurses ...						235888
(iii.) Number of individual children found unclean						4212
(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... ..						12

SECONDARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1937.

A.—ROUTINE MEDICAL INSPECTION.

Number of Group Inspections.

Entrants	...	..	..	...	...	...	...	1,176
Second Age Group	...	...	...	..	...	...	...	3,556
Third Age Group...	..	...	...	...	...	...	...	1,668
Total								6,400

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	433
Number of Re-Inspections	...	...	...	...	...	930
Tot l						1,363

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to require Treatment
(Excluding Defects of Nutrition, Uncleanliness and Dental Diseases.)

Prescribed Groups—	For defective vision (excluding squint).	For all other con- ditions recorded in Table II A.	Total.
Entrants	106	41	144
Second Age Group	239	121	352
Third Age Group	133	92	225
Total (prescribed groups)	478	254	721

TABLE II.
A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1937.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		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)				
Skin	Ringworm :							
	Scalp	—	—	—				
	Body	—	—	—				
	Scabies	1	—	—				
	Impetigo	9	19	—				
	Other Diseases (Non-Tuberculous)	—	—	1			2	
Eye	Blepharitis	7	8	—				
	Conjunctivitis	—	—	—				
	Keratitis	—	—	—				
	Corneal Opacities	—	—	—				
	Other Conditions (excluding Defective Vision and Squint)	—	7	—				
	Defective Vision (excluding Squint)	478	103	30			8	
	Squint	—	2	—			—	
Ear	Defective Hearing	7	4	1			4	
	Otitis Media	—	—	—			—	
	Other Ear Diseases	5	41	—			5	
Nose and Throat	Chronic Tonsillitis only	47	78	6			6	
	Adenoids only	1	9	—			1	
	Chronic Tonsillitis and Adenoids	76	126	14			12	
	Other Conditions	6	13	—			—	
	Enlarged Cervical Glands (Non-Tuberculous)	6	34	2			7	
	Defective Speech	2	7	1			—	
Heart and Circulation	Heart Disease :							
	Organic	—	—	—			—	
	Functional	5	36	—			5	
	Anæmia	4	7	—			—	
Lungs	Bronchitis	—	10	—			—	
	Other Non-Tuberculous Diseases	6	29	4			2	
Tuberculosis	Pulmonary :							
	Definite	—	—	—			—	
	Suspected	—	—	—			—	
	Non Pulmonary :							
	Glands	—	—	—			—	
	Bones and Joints	—	—	—			—	
Nervous System	Skin	—	—	—			—	
	Other Forms	—	—	—			—	
	Epilepsy	—	—	—			—	
Deformities	Chorea	—	—	—			—	
	Other Conditions	2	3	—			4	
	Rickets	—	—	—			—	
	Spinal Curvature	1	22	—			3	
	Other Forms	29	338	3			53	
	Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	57	162	6			32	

TABLE II.—*continued.*

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	1176	47	3.99	1100	93.54	29	2.47	—	—
Second Age-group ..	3556	98	2.76	3365	94.63	93	2.61	—	—
Third Age-group ..	1668	57	3.42	1580	94.72	31	1.86	—	—
Total	6400	202	3.16	6045	94.45	153	2.39	—	—

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1937.

GROUP I.—MINOR AILMENTS.

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment	—	—	—
(ii) Other	—	—	—
Ringworm-Body	—	—	—
Scabies	—	—	—
Impetigo	1	—	1
Other skin disease	3	—	3
Minor Eye Defects	8	—	8
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	—	—	—
Miscellaneous	72	—	72
(e.g., minor injuries, bruises, sores, chillblains, &c.)			
Total	84	—	84

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. (3)	Total. (4)
Errors of Refraction (including Squint) ..	66	—	66
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	66	—	66

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	66
(b) Otherwise	—

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	59
(b) Otherwise	4

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

Routine Age Groups	5 .. —	Total .. 1693
	6 .. —	
	7 .. 233	
	8 .. 170	
	9 .. —	
	10 .. 18	
	11 .. 172	
	12 .. 231	
	13 .. 200	
	14 .. 204	
	15 .. 147	
	16 .. 231	
	17 .. 67	
	18 .. 20	

Specials —

Total (Routine and Specials) .. 1693

(b) Found to require treatment .. 973

Actually treated 1373

(2) Attendances made by children for treatment 154

(3) Half-days devoted to :—

Inspection .. 12	Total .. 22
Treatment .. 208	

(4) Fillings :—

Permanent teeth 1673	Total .. 167
Temporary teeth 3	

(5) Extractions :—

Permanent teeth 311	Total .. 48
Temporary teeth 169	

(6) Administration of general anaesthetics for extractions 24

(7) Other operations :—

Permanent teeth 291	Total .. 29
Temporary teeth 2	

