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Borough of Gillingham  
(KENT)

**EDUCATION COMMITTEE.**

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**Annual Report**  
OF THE  
**School Medical Officer**

**W. A. MUIR, M.D., Ch.B., D.P.H.**

(School Medical Officer and Medical Officer of Health),

FOR THE YEAR ENDING

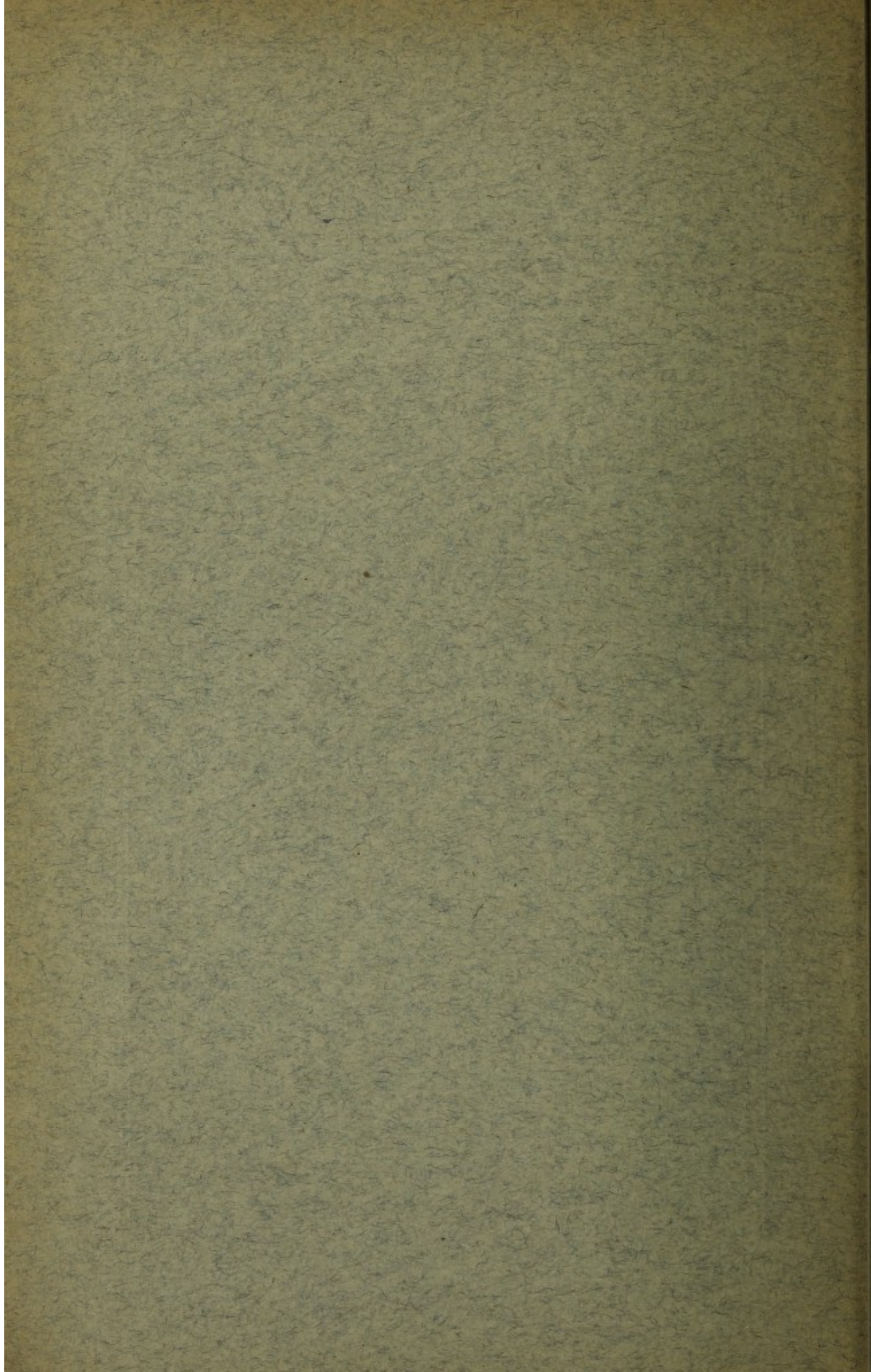
**DECEMBER 31st, 1923.**

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GILLINGHAM :

Parrett & Neves, Ltd., 70, Balmoral Road.







BOROUGH OF GILLINGHAM  
(KENT)  
EDUCATION COMMITTEE.

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Annual Report  
OF THE  
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W. A. MUIR, M.D., Ch.B., D.P.H.

FOR THE  
Year ending December 31st, 1923.

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1924.



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# MEMBERS OF BOROUGH OF GILLINGHAM EDUCATION COMMITTEE, 1922-1923.

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## STAFF.

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### School Medical Officer and Medical Officer of Health :

W. A. MUIR, M.D., Ch. B., D.P.H.

### Medical Inspector of Scholars :

\* STELLA G. A. HENRIQUES, M.B., Ch. B.  
(Part-time).

### School Dentist :

W. S. STEVENS, L.D.S.

### School Nurses :

† Miss K. MAYHEW.

‡ Miss M. K. MELLOR (half-time).

### Clerks :

C. FRANCIS.

H. KING.

\* Appointed Nov. 1923.      † Trained Nurse.

‡ Holds C.M.B. & Sanitary Inspector's Certificate of Royal Sanitary Institute.



# ANNUAL REPORT.

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School Medical Department,  
Gardiner Street,  
Gillingham, Kent.

11th February, 1924.

*To the Chairman and Members of the Education Committee of  
the Borough of Gillingham, Kent.*

MR. CHAIRMAN, LADY, AND GENTLEMEN,

I have the honour of presenting to you my second Annual Report on the work of the School Medical Department for the year ending 31st December, 1923. One of the outstanding features of the year was the appointment in the month of November of a part-time Assistant School Medical Officer to assist in the department on two half-days per week.

As pointed out in the body of this Report, the staff of School Nurses (one whole time and one part time) is insufficient to overtake the work requiring to be carried on. The services of two whole time Nurses would enable the School Clinic to be open daily and the following up of cases to be thoroughly done. At present the following up is only partially performed.

I suggest that even a cursory survey of the Report will reveal that the community is getting good value for the money spent by the School Medical Department. The total cost for the year ending April 1st, 1923, was £1,150, of which only £575 was chargeable to the rates.

I beg to thank the Committee for their support, and your Secretary for his assistance and co-operation. The School Nurses have done good work, and Mr. Francis, the Chief Clerk, has kept the records with care and accuracy. I should also like to return thanks to the Head Teachers for their assistance on many occasions.

I am,

Mr. Chairman, Lady and Gentlemen,

Your obedient servant,

W. A. MUIR,

School Medical Officer.



## 2. STAFF AND CO-ORDINATION.

The only alteration in the staff during the year was the appointment of Dr. Stella Henriques in the month of November as part-time Assistant School Medical Officer. This appointment was considered necessary as the result of a report made to the Education Committee and the Council in which the School Medical Officer stated that he found it impossible to carry out the combined duties of Medical Officer of Health and School Medical Officer of the Borough without medical assistance. It was also reported that the routine medical inspections were in arrears, and that the work of the School Dentist was being impaired as he was unable to obtain the services of the School Medical Officer for the administration of general anæsthetics.

The School Medical Officer advised the Committee that the services of a medical assistant, for two half days per week as an absolute minimum, were essential.

The Assistant School Medical Officer, since her appointment has given two half days per week to inspections, but on alternate weeks only one half day, the other half day being utilised for the administration of gas at the Dental Clinic.

Co-ordination of the School Medical Department with the Public Health Department is complete, the School Medical Officer being also Medical Officer of Health.

Co-ordination with the Child Welfare work is also ensured by the birth cards and cards of attendances at the Child Welfare Centre being transferred to the School Medical Department as soon as the child reaches school age. A complete record of the child's health from birth to 14 years of age results.

There are no Nursery Schools in the Borough.

## 3. SCHOOL MEDICAL SERVICE IN RELATION TO THE PUBLIC ELEMENTARY SCHOOL.

### (a) Number of Schools and Accommodation.

There are 6 Provided Schools, including 15 departments, and 6 Non-Provided Schools, including 15 departments.

The total provision for elementary school children thus amounted to 12 schools with 30 departments, or accommodation for 8,124 children.

The number of children on the register on December 31st, 1923, was 7,640 as compared with 7,809 in 1922.



**(b) School Hygiene.**

With a few exceptions the Schools are kept in a cleanly state.

Since my last Report the condition of the lavatories has improved greatly as the Sanitary Inspectors now visit the conveniences of all Schools at frequent intervals. At the same time, as it is impossible for caretakers to maintain trough closets absolutely clean, it is desirable that pedestal pans with separate cisterns should be installed as soon as opportunity permits.

During the year the School Medical Officer recommended that pedestal closets should be provided at Holy Trinity Schools, Old Brompton, and at St. Mary's School, but, up to date, no action has been taken. The insufficiency of wash-hand basins at Gillingham C. of E. Boys' School (1 to 200 boys) was also reported, but the Education Committee made no recommendation.

The Provisional Code of Regulations for Public Elementary Schools in England states that "Hygiene should include exercises in breathing, instruction adapted to the ages and sexes of the scholars in the elementary rules of personal health, particularly in respect of food, drink, clothing, *cleanliness*, etc." If example is better than precept, then it is highly important that schools should be kept as clean as possible and that the necessary provision should be made to enable the scholars to keep themselves clean whilst in school. I consider the provision of scrupulously clean lavatories most important, not only from a health, but also from an educational standpoint. If children are accustomed to see clean conveniences at school they will expect to find the same at home, whereas in many houses at the present time water closets are maintained in a disgusting condition. A few such practical examples of sound hygiene are infinitely more valuable than innumerable lessons on health.

During the year the following work was carried out at the schools named:—

- (a) Holy Trinity and Brompton Schools decorated internally and externally.
- (b) St. Mary's R.C. School, decorated internally and externally.
- (c) Decorations completed at the Wesleyan Schools.
- (d) Richmond Road Boys' playground resurfaced.
- (e) Dormer windows provided in roof of each of three classrooms in Byron Road Girls' School.



Many minor structural defects at the school lavatories were remedied.

**4. MEDICAL INSPECTION.**

As in previous years, three age groups have been inspected :—

- (a) Entrants. All under 8 years not previously examined—majority aged 5 years.
- (b) Intermediates. Aged 8—9 years.
- (c) Leavers. Aged 12—13 years, and over 13 if not already examined after the age of 12.

The routine procedure detailed in last year's Report has been continued except that the cards containing the results of inspection are now kept in the School Medical Department and not at the various schools as heretofore.

Names of children admitted to and having left school are forwarded on special forms by the Head Teachers at the beginning of each term. A medical inspection card is then made out in the office for each new pupil. This alteration in procedure should enable the cards of transferred cases to be more easily traced and at the same time go far towards insuring that every child is examined.

The following are specimens of the forms used :—

Form G. 79.

**GILLINGHAM EDUCATION COMMITTEE.**

To the School Medical Officer,

The undermentioned children have left this school for the reasons stated during the period..... to.....

.....Head Teacher.

Date.....School.....Dept.

Name (Surname first).	Address.	*Reason for Leaving.
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

\* When children leave the district kindly insert the fullest information possible under this heading to facilitate the forwarding of medical inspection cards to the Authorities concerned.

Names of children transferred to Senior Departments of



the same school should be entered above by the Head Teachers of Infants' Departments.

This form should be returned to the School Medical Officer not later than.....

Form G. 74.

## GILLINGHAM EDUCATION COMMITTEE.

### ADMISSION OF CHILDREN.

To the School Medical Officer,

The following particulars relate to the children admitted to this school during the period ..... to.....

.....Head Teacher.

Date..... School. ....Dept.

Name (Surname first)	Address.	Date of Birth	Previous School Attended (if any).
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

When children have previously attended a school under another Authority please give the fullest information possible in order that their medical inspection cards may be obtained.

Names of children admitted from the Infants' Departments of the same school should not be included in the returns relating to the Senior Departments.

This form should be returned to the School Medical Officer not later than.....

The attendance of parents at the inspections is encouraged as benefit arises not only to themselves but also to the Medical Inspector. The following table shows the number and percentage of parents attending in each age group:—

Group.		No. Exam.	Parents Present.	Percentage
Entrants .....	{ Boys }	545	458	84.0
	{ Girls }	495	396	80.0
Intermediates	{ Boys }	161	103	63.9
	{ Girls }	34	20	58.8
Leavers .....	{ Boys }	455	147	32.3
	{ Girls }	396	217	54.8



The numbers attending are encouragingly high, especially among the entrants.

The total number of children inspected at *routine* examinations was 2,086. (See Table I., Appendix.) Of these only 195 were intermediates, as the Medical Staff was found insufficient to cope with all the work requiring to be carried through. It is hoped that, with the help of the Assistant School Medical Officer, the arrears, numbering approximately 900, will be overtaken during 1924, and the work kept up to date. In addition, 1,800 children were specially examined, their names having been submitted by parents, head teachers, school nurses, or attendance officers.

Where more prolonged examinations were necessary and when the schools were noisy, children were referred to the School Clinic for examination.

(b) Information concerning children suffering from crippling defects is obtained from parents, head teachers, attendance officers, and almoners attached to the different London hospitals.

There is a record in the office of all known crippled children attending schools in the area. The lists are brought up to date at frequent intervals. (See Table III. in Appendix.)

## 5. FINDINGS OF MEDICAL INSPECTION.

Table II. (A) in the Appendix gives details of defects found in the course of routine Medical Inspections.

### (a) Uncleanliness.

The term verminous indicates the presence of lice or nits. Even if only one nit is present the child is classed as verminous. This is the only sound and accurate definition to adopt as otherwise it is impossible to state what number of nits should render a child liable to be described as verminous.

Of 2,086 children examined at routine inspections, 150 or 7.1 per cent. were found verminous; 20 or .9 per cent. required to be excluded from school. This obviously is not an accurate index of the amount of uncleanliness existing, as all parents are given three clear days' notice of when the examinations will be held.

Apart from routine examinations special surprise surveys were conducted by the nurses at the different schools, and the results then found are a more accurate indication of the actual number of unclean children. Of 15,763 children so reviewed, 1,519 or 9.6 per cent. were



verminous; 347 individual children, or 4.5 per cent. of children, whose names were on the School Roll, required to be excluded from school, whilst advice was given to the parents of the other children as to the best methods of removing the nits.

The following Table shows the number of *individual children* and the percentage *excluded* from the different schools. The percentages for 1922 are given for purposes of comparison.

<b>Council Schools.</b>		No. on	No.	Per cent.	Per cent.
Name of School.	Roll.	excluded.	1923.	1922.	
Byron Road Boys .....	383	3	.7	1.3	
Byron Road Girls .....	348	25	7.1	4.1	
Byron Road Infants .....	352	4	1.1	1.4	
Barnsole Road Boys .....	415	2	.5	1.4	
Barnsole Road Girls .....	412	12	2.9	5.2	
Barnsole Road Infants .....	322	9	2.7	2.5	
Richmond Road Boys .....	436	10	2.3	2.0	
Richmond Road Girls .....	435	30	6.9	9.3	
Richmond Road Infants .....	513	25	4.8	3.1	
Napier Road Boys .....	373	2	.5	—	
Napier Road Girls .....	378	11	2.9	1.3	
Napier Road Infants .....	345	7	2.0	2.7	
Hempstead School, Boys and Girls (mixed) .....	103	} 3	2.1	4.5	
Hempstead School, Infants...	39				
Brompton Infants .....	109	14	12.8	14.0	
<b>Non-Provided Schools.</b>					
Gillingham C. of E. Boys ...	193	11	5.7	4.4	
Gillingham C. of E. Girls ...	163	23	14.1	10.5	
Gillingham C. of E. Infants	171	13	7.6	7.5	
Holy Trinity Boys .....	101	—	—	3.7	
Holy Trinity Girls .....	117	22	18.8	20.8	
S. Aloysius, R.C. Girls .....	88	} 27	18.0	25.0	
S. Aloysius, R.C. Infants...	62				
S. Mark's Church Boys .....	300	7	2.3	.9	
S. Mark's Church Girls .....	199	9	4.5	9.8	
S. Mark's Church Infants ...	172	10	5.8	4.1	
S. Mary's R.C. Boys and Girls (mixed) .....	83	} 13	8.4	5.8	
S. Mary's R.C. Infants .....	72				
Wesleyan Boys .....	492	1	.2	.4	
Wesleyan Girls .....	276	38	13.7	8.7	
Wesleyan Infants .....	188	16	8.5	5.2	
Total .....	7640	347	4.5	4.4	



All Head Teachers are invested with authority from the School Medical Officer under Section 87 of the Education Act, 1921, to examine the person and clothing of any child suspected of being verminous, etc., and such children, when found are immediately referred to the School Clinic.

No prosecutions were instituted by the Education Authority under Section 12 of the Education Act, against the parents of verminous children, but in one instance proceedings, under the School Attendance Bye-Laws, resulted in the parents being fined 5s.

The number of verminous cases has fallen greatly during recent years, but much time and labour are expended by the School Medical Staff in keeping the number down. In every school there are certain children who are persistently found unclean; the school nurses, especially in these cases, pay home visits, as it is hopeless to keep children clean if they live in dirty houses and sleep in dirty beds. If the nurses' visits produce no improvement, inspections are made by one of the sanitary inspectors or by the Inspector of the Society for the Prevention of Cruelty to Children.

Treatment of verminous heads has followed the usual lines, but during the year Sacker's combs have been given out on loan at a charge of 6d. to parents who were evidently doing their best to remove the nits. They are now used by many local authorities and have proved efficient. If used according to directions a head can be cleansed in a few hours.

There is no cleansing station in the town for treating cases of scabies or children with body vermin.

**(b) Malnutrition.**

Malnutrition was found among 24 or 1.1 per cent. of the routine inspections. Only 2 of the 24 cases required treatment, the remainder being kept under observation by periodic inspections at the School Clinic. These figures do not include children suffering from malnutrition as the result of a specific disease.

The well-nourished condition of the majority of the children, even in the poorer schools, during the year has been striking and gratifying and bears testimony that the children are not suffering as much as one feared during the present unfavourable economic conditions.



**(c) Tonsils and Adenoids.**

For details see Table II. (A), Appendix.

217 children or 10.4 per cent. were suffering from unhealthy conditions of the nose and throat; 83 children or 3.9 per cent. of the routine inspections required operative treatment for enlarged tonsils or adenoids or both. In addition, 58 or 3.2 of the specials required operation.

Operation for removal of tonsils is not recommended except when the enlargement is marked. A moderate degree of enlargement can generally be treated successfully by local applications and breathing exercises, and in some cases disappears without any treatment. Enlarged tonsils are also found in children suffering from catarrh of the nose, and as soon as the catarrh subsides the tonsils shrink. This is apart from the cases where repeated attacks of catarrh are apparently largely caused by the unhealthy state of the tonsils. Wholesale removal of enlarged tonsils is therefore to be deprecated. As recurrence of enlarged tonsils is found periodically after operation and tends to prejudice parents, it is desirable that the tonsils should be enucleated and not merely sliced into two by a guillotine.

It is essential that the school nurses should follow up all cases operated upon to advise the parents with regard to breathing exercise to overcome mouth breathing. If this is not done, children continue the habit of walking about with their mouths open, and the operation is then largely a waste of time, energy, and money.

The operations are performed by private practitioners or at St. Bartholemew's Hospital, Rochester, the latter charging the Education Committee £1 4s. 6d. per case. The Hospital Authorities give the parents printed instructions as to feeding, etc., before operation.

During the year, as the result of enquiries by the Committee, the Secretary of the Hospital wrote that "after operations, the children are placed in a room adjoining the operation room. . . . Here they are under the care of a nurse and remain until they have recovered from the effects of the anæsthetic and are considered fit to return to their homes. The Sister in charge of the out patients' department inspects the throats of the children before they are discharged and satisfies herself that all hæmorrhage has ceased."

The following is a summary of the cases found, the



number treated, etc. It will be noted that 55.6 per cent. of cases referred for treatment receive same.

(See also Table IV., Group III. in Appendix.)

Number found needing treatment at routine inspection .....	83
Number found needing treatment at special inspection .....	58
Total .....	141

No. of cases that received treatment :—

Operative treatment under Committee's Scheme .....	48
Operative treatment by private practitioner or Hospital .....	18
	66
Received other forms of treatment .....	12

Total No. who received treatment 78  
= 55.6 per cent.

Gross cost to Committee of treatment of cases with Enlarged Tonsils and/or Adenoids at £1 4s. 6d. per case .....	£58 16 0
Cash received from parents.....	£7 10 6

Net cost  
£51 5 6

#### CASES TREATED UNDER LOCAL EDUCATION AUTHORITY'S SCHEME.

Enlarged Tonsils :

Operations performed .....	19
Hospital Letter not used .....	1
	20

Adenoids :

Operations performed .....	12
----------------------------	----

Enlarged Tonsils and Adenoids :

Operations performed .....	17
----------------------------	----

#### (d) External Eye Disease and Vision.

21 cases had external eye disease, such as inflamed eyelids, ulcers, etc.,—other 19 cases were specially sent



to the Clinic. Minor degrees of external eye disease are treated at the Clinic; the more serious are referred to St. Bartholomew's Hospital, Rochester.

	1923	1922
	Per cent.	Per cent.
Number of cases of defective vision found at routine inspection (Entrants excluded) .....	73=6.9	7.0
Number of cases of squint .....	31=1.4	.26

In addition 54 specials had defective vision and 8 suffered from squint, or in all a total of 166 cases.

The percentage of defective vision, 6.9, found at routine inspections compares favourably with that for the whole of England which lies somewhere between 10 and 15 per cent.

Visual acuity is tested by the ordinary Snellen Test Types. The following Standards are adopted:—

- (a) R 6/6      L 6/6 = Normal Vision.
- (b) R 6/6      L 6/9 = Normal Vision.
- (c) R 6/9      L 6/9 = Defective Vision—case to be observed.

Any more marked defect than (c) is referred for refraction.

#### SQUINT.

Attempts are made to have this condition detected and treated at the earliest possible moment, but as it frequently arises before school age, treatment is often delayed. When it is pointed out to parents that loss of vision may result in the squinting eye they appreciate what a handicap this will prove, especially after school age when employment is being sought. They are therefore willing as a rule to take the child for treatment. In old standing cases probably an operation will be necessary if the squint is to be cured, but the provision of glasses in others has, as a rule, beneficial results. In a number of the cases seen during the year, the defect was stated by the parents to have come on after an attack of measles.

Of 142 cases of defective vision and squint referred for treatment, 108 only were considered to have had time to receive same, the remaining 34 being found towards the end of the year. It will be noted from the following table that, excluding these 34, 94 per cent. of the cases referred were actually treated.

Further details are given in Table IV., Group II., in the Appendix.



## DEFECTIVE VISION AND SQUINT.

142 cases were referred for treatment with the following result:—

Number who received Refraction Examination under Local Education Authority's Scheme .....	56
Number who received Refraction Examination by Private Practitioner or Hospital, apart from the Authority's Scheme .....	47
Total .....	103
Number who were found with Defective Vision or Squint during the latter part of 1923 and unable to obtain treatment by the end of the year .....	34
Number where treatment has not yet been provided .....	5
Total .....	142

The following is the result of the Refraction Examinations of the 56 children who attended for treatment under the Committee's Scheme:—

Glasses prescribed .....	47
Glasses obtained .....	46
Glasses of no use .....	2
Glasses unnecessary .....	3
Glasses unnecessary, but still continuing Hospital Treatment .....	2
Attending Hospital, glasses not yet prescribed .....	2
Gross cost of Refraction Examination to Education Committee at 11s. per case .....	£30 16 0
Cash received from parents...	£5 11 0
Net cost	£25 5 0

## PROVISION OF SPECTACLES.

Prior to April 1st, 1923, every necessitous case was considered by the School Medical Sub-Committee, which gave its decision as to how much, if any, the parents should pay. Since then, the Committee has provided Spectacles free to those whose income is below an approved scale (see Page 27). Others pay the nett cost,



which ranges from 2s. 6d. to 5s. 6d. per pair, the Committee having an annual contract with an optician in the town.

The following figures give details of cost, etc., during the year:—

	Parents.			Committee.			Total.		
	£	s.	d.	£	s.	d.	£	s.	d.
51 Parents paid whole cost .....	11	15	0				11	15	0
4 Parents paid part cost .....		7	6	13	0		1	0	6
5 Committee defrayed cost .....				17	0		17	0	
60 Total .....	£12	2	6	£1	10	0	£13	12	6

In addition to the above 31 children obtained their glasses privately.

**(e) Dental Defects.**

147 children, or 14 per cent., of the intermediates and leavers inspected at routine Medical Examinations were referred to the School Dentist or to a private dentist. These were mainly cases of caries of permanent teeth or of extensive dental decay of temporary teeth. Many children with minor defects were ignored as the School Dentist has not sufficient time to overtake all the work requiring to be done. Of the 147 children requiring treatment, 92 or 62 per cent. were actually treated.

The part time Dental Surgeon holds three sessions per week, two on Wednesdays, and one on Friday mornings. All entrants are examined by him in the different schools. Details are given in Appendix, Table IV., Group 4.

I am indebted to Mr. W. S. Stevens for the following notes on his work:—

“ I have pleasure in submitting my Annual Report for 1923.

“ The attendances at the Clinic have been very good.

“ The usual number of inspections at the schools have taken place, and children selected for treatment.

“ The value of stopping the teeth is not understood by the parents unless explained carefully, after which I can say that attendances for such become better. The utility of preserving the teeth, especially those of the second set, is borne out by looking at the dental treatment charts which are open for inspection at any time to



those interested. By them it is frequently found that second teeth have been kept for a child to use for several years, whilst had they not received treatment these particular teeth would have been lost.

" I have much pleasure in reporting that parents, very often of slender incomes, have offered me more than the usual scale of charges. I think this speaks in appreciation, by the parents, of dental treatment. At the same time I consider that no charge should be made for stoppings.

" I have now the help of an anæsthetist for general anæsthetics when required, for which I think the parents are heartily glad.

" And I must report the valuable aid I receive from the School Nurses."

W. S. STEVENS, L.D.S., Eng.

**(f) Skin Diseases.**

The most common skin affections of school children are impetigo, scabies (itch), and ringworm. Very few (26 during the year) are detected at routine inspections, the majority attending as " specials " at the Clinic.

The 260 specials were examined and diagnosed as follows:—

	1923.	1922.
Ringworm of scalp .....	33	41
Ringworm of body .....	18	20
Scabies .....	18	23
Impetigo .....	109	55
Other Diseases .....	82	71
	<hr/>	<hr/>
	260	210
	<hr/>	<hr/>

The small number of skin cases found at routine inspections indicates that teachers are on the outlook for their occurrence, and send children so suffering to the Clinic for early treatment. The low incidence of ringworm, 53 cases out of about 8,000 children, or .6 per cent., is also partly attributable to the activity of head teachers and school nurses in referring all suspicious cases for diagnosis. No case of ringworm, whether treated at the Clinic or by a private practitioner, is allowed to return to school unless hairs have been examined for the ringworm parasite and found to be negative. This procedure is responsible for preventing the contagion spreading to other children and is therefore a factor in keeping down the number of cases. Ringworm of the body is painted on four or five



successive days with tincture of iodine, and later iodex is applied. The results have been satisfactory and rapidly produced.

Ringworm of the scalp was generally treated with copper oleate ointment (20 per cent.), but during the latter part of the year 5 children were sent for X-Ray treatment under the agreement with St. Bartholomew's Hospital, the charge for each case being £1 1s.

The following Table indicates that X-Ray treatment produces more rapid results:—

	Avge. No. of days to cure.
Treated with Copper Oleate Ointment (15 cases) .....	189
Treated with X-Rays (4 cases) .....	48

One other case, after the exposure, was still infected, but the parents would not agree to a second exposure.

#### TREATMENT OF RINGWORM AT SCHOOL CLINIC.

No. of cases under treatment at end of 1922 .....	19
No. of new cases during 1923 .....	33
—	
No. of cases under treatment during 1923	52
No. of cases cured during 1923...	40
Deceased .....	1
—	
No. of cases under treatment at end of 1923 .....	41
—	
	11

5 Hospital Letters were issued for Ringworm.

Gross cost to Committee for X-Ray treatment of Ringworm .....	£5 5 0	
Cash received from parents	15 0	£4 10 0
		Nett cost

#### SCABIES.

During the latter half of the year all cases of itch have been treated by the Danish method. The patient, after having a bath is rubbed all over with kathiolan ointment. He remains in bed the next day, at the end of which time he has another bath and puts on clean underclothes. In most cases a cure resulted after one application of the ointment. It is essential that all affected persons in a house should be treated at one and the same time.

There is no cleansing station in the town.



**(g) Ear Disease and Hearing.**

As schools are always more or less noisy it is difficult to test the sense of hearing with accuracy, but the percentage of deaf or partially deaf children is small. Only 11 cases, or .5 per cent., were found at routine examinations. Three cases with discharging ears were noted in addition to 17 as specials.

Middle ear disease demonstrates its presence by perforation of the drum and discharge frequently follows scarlet fever and measles, and is also associated with adenoids, enlarged tonsils, and septic teeth. The condition is therefore preventable in many cases if due attention is paid to the hygiene of the mouth and nasopharynx. Once it occurs it is highly desirable that treatment should be started at once as otherwise deafness, meningitis, or abscess of the brain may result. Cases of middle ear disease are treated at the Clinic by syringing or swabbing with antiseptic solutions, but if they do not clear up fairly rapidly, are referred to St. Bartholomew's Hospital, Rochester.

**(h) Enlarged Cervical Glands (Non-tubercular).**

Twenty children (.9 per cent.) had enlarged glands in the neck. In the majority of children, glands, more or less enlarged, are palpable in the neck due to various conditions, as dirty heads, carious teeth, ear discharge, etc. The percentage of cases found in any given area depends largely upon the standard adopted by the medical examiner. The 20 cases mentioned had visible enlargements—the smaller degrees of enlargement have not been included.

**(i) Affections of the Heart.**

Of 2,086 children examined, 14, or .6 per cent., were found to have organic disease of the heart, but only one of the 14 required to be referred for treatment. The condition in a few was congenital, and in the others caused by acute rheumatism, chorea, or scarlet fever. The Head Teacher in each case was notified and asked to excuse the child from drill and games. It is recognised that moderate exercise in the majority of these cases may be harmless, but as it is impossible for the School Medical Officer to be present to observe its effect the only safe plan appears to be to excuse them all from drill, etc.

Eleven children, or .5 per cent., were found to have



slight heart abnormalities (functional) associated with anæmia and debility.

**(j) Tuberculosis.**

Thirteen children, or .6 per cent., were found at routine examinations to be suffering from tuberculosis. Of these, 7 were suffering from tuberculosis of the lungs. 26 children, or 1.2 per cent., were *suspected* to be tuberculous.

Of the specials, 20 were definitely tuberculous, and 25 were classed as suspicious.

The total number of *definite* cases of tuberculosis was thus 33, of whom 28 were referred for treatment. 33 of the 51 suspect cases were sent for treatment. All definite or suspected cases are referred to a private practitioner or to the tuberculosis dispensary conducted by the County Council in Nelson Road. There is the closest co-operation between the School Medical Officer and the Tuberculosis Officer. The question of school exclusion is left to the discretion of the Tuberculosis Officer, who notifies the School Medical Officer of his decision and at the same time treats the child at the dispensary, or, if considered necessary, arranges for his admission to a sanatorium.

The tuberculous cases are also examined by the School Medical Officer at the Clinic at frequent intervals.

**(k) Rickets**

Four cases were noted at routine inspections, and 4 as specials. Of these 8, 6 were referred for treatment. In addition, 25 children suffered from rachitic deformities of various kinds, pigeon-chests, etc., due to old-standing rickets.

These figures indicate that there is very little rickets in the Borough.

**(l) Thyroid Enlargement.**

Amongst intermediate and leavers (numbering 1,046) 48 children, or 4.6 per cent., suffered from enlargement of the thyroid gland.

The cases were distributed as shown:—

	Boys.	Girls.	Total.
Moderately or much enlarged	1	18	19
Slightly enlarged .....	8	21	29
	—	—	—
	9	39	48
	—	—	—



## 6. INFECTIOUS DISEASES.

Every person notified as suffering from scarlet fever, diphtheria, or enteric fever, is visited by a sanitary inspector, who enters the requisite details on a card. This is passed on to the clerks in the School Medical Department, who notify teachers and parents regarding exclusion of patient and contacts from school. All children convalescent from diphtheria and scarlet fever are examined at the Clinic 14 days after discharge from hospital, or in home cases 14 days after disinfection of the house.

Contacts from these diseases are also examined at the Clinic before returning to school.

The minimum periods of exclusion for infectious diseases are given in the accompanying Table:—

**Periods of School Exclusion of Children suffering from Infectious Diseases or coming from an Infected House.**

Disease.	Patient.	Contacts.
	Period of Exclusion.	Periods of Exclusion.
Scarlet Fever.	Until not less than 14 days after discharge from hospital or disinfection of house in home case	Until 14 days after disinfection of premises. In home cases 7 days after disinfection.
Diphtheria.	Until not less than 14 days after discharge from hospital or disinfection of house in home case.	Until a negative swab has been obtained—not less than 7 days.
Measles.	Three weeks from appearance of rash.	All attending infant departments and those over 7 who have not had the disease—for 17 days.
German Measles	Three weeks from appearance of rash.	All attending infant departments and those over 7 who have not had the disease—for 21 days.

*Continued on next page.*



Chicken Pox.	Not less than 21 days, or until all scabs have fallen off.	All attending infant departments for 17 days. Other contacts need not be excluded.
Whooping Cough.	For 4 weeks after onset of whooping.	All attending infant departments who have not had the disease for 21 days from onset of last case
Mumps.	Twenty-one days from commencement of illness.	Do not exclude.

Convalescents from scarlet fever, diphtheria, and chicken pox must attend at School Clinic for examination before returning to school. Contacts of scarlet fever and diphtheria must also attend.

Information of the occurrence of non-notifiable infectious diseases (measles, German measles, chicken pox, whooping cough, mumps), is given by head teachers, parents, attendance officers, medical practitioners, etc.

Returns of non-notifiable diseases by Head Teachers are now made as soon as the condition is known instead of once a week as heretofore. Experience proved that the delay caused by weekly returns rendered the visits of school nurses in many cases useless, as after a lapse of anything between 7 and 10 days it is impossible to say what disease, if any, a child has been suffering from. The almost daily returns now sent in insure the child being visited by the school nurses at an early stage of the disease, and I am satisfied that this accounts for many children being returned to school almost at once, who otherwise would have been excluded for two or three weeks. The type of form used for these returns is here shown:—

Form G.76.  
(Revised Dec. 1922.)

GILLINGHAM EDUCATION COMMITTEE.  
SCHOOL MEDICAL DEPARTMENT.  
NOTICE OF EXCLUSION OF CHILDREN.

..... School ..... Dept.

To the School Medical Officer.

The following children have to-day been excluded from school for the reason(s) stated below:—



Name.	Address.	Reason for Exclusion.

Date ..... Head Teacher.

This form is to be used in all cases where children are suspected to be suffering from any infectious disease (notifiable or non-notifiable), or in the case of any child who is found to be in a verminous condition.

In the case of a verminous child a Form G.64 should, at time of exclusion, be handed to the child in a sealed envelope addressed to the parent.

It is important that this form be forwarded to the School Medical Officer *on day of exclusion*.

The number of known cases of the principal infectious diseases amongst school children during the year is shown in the following Table:—

Scarlet Fever .....	98	} Non-notifiable infectious diseases.
Diphtheria .....	56	
Measles .....	97	
Whooping Cough .....	106	
Chicken Pox .....	159	
Mumps .....	6	
Total .....	522	

No closure of schools was necessary under Article 57 of the Code, as all departments remained reasonably free of infectious diseases.

Disinfection of schools by fumigation and by spraying methods has been stopped. Head Teachers have been advised that better results will accrue if caretakers wash floors, furniture, and lower parts of woodwork with soap and water, containing disinfectant, and open the windows wide. In a word, they are advised to spring clean the room. These methods have worked well in practice during the year, and are scientifically sound.

## 7. FOLLOWING UP—WORK OF SCHOOL NURSES.

The routine of following up is the same as detailed in last year's Report. The education of parents in the prevention of disease is carried on at the routine Medical



Inspection and at the School Clinic, but the bulk of it must be done by the school nurses in the homes of the people. If this work is to be successful it is necessary that the services of the right type of nurse should be available. Tact, above all, is essential if a parent is to be convinced that a certain treatment is necessary. At the present time it is impossible to do all the work with the staff available, viz., one whole time nurse and one nurse who gives half her time. The two nurses are conscientious and hard working, but for a town with approximately 8,000 elementary school children the services of at least two *whole time* nurses are essential, and it is hoped that a second whole time nurse will be appointed by the Committee when times are less "hard."

With the present staff, experience has shown that overlapping is best avoided by the part time nurse following up dental cases, cases with enlarged tonsils and adenoids, and visiting infectious cases, while the whole time nurse attends the Medical Clinics and follows up eye cases and cases operated on for enlarged tonsils.

The work of the school nurses is summarised in the following Table:—

#### WORK OF THE SCHOOL NURSE (WHOLE TIME).

Examinations of Heads and Bodies re cleanliness, etc. ....	13674
Notices sent re Nits (children not excluded from school) .....	290
Notices sent re Nits and Vermin (children excluded from school) .....	317
Visits to Homes re Neglect, Infectious Diseases, Following Up, etc. ....	727
Visits to Schools .....	277
Attendances at Routine Medical Inspection	108
Attendances at General Inspection Clinic ...	210
Attendances at Treatment Clinic .....	102
Attendances at Dental Clinic .....	45

#### WORK OF THE SCHOOL NURSE (HALF TIME).

Visits to cases of Non-Notifiable Infectious Disease .....	285
Visits to Homes re Following Up, Neglect, etc. ....	494
Examinations of Heads and Bodies re cleanliness, etc. ....	2089
Notices sent re Nits (children not excluded from school) .....	124



Notices sent re Nits and Vermin (children excluded from school) .....	122
Attendances at Routine Medical Inspection .....	10
Attendances at Inspection Clinic .....	31
Attendances at Dental Clinic .....	64

### 8. MEDICAL TREATMENT.

An Inspection Clinic is held at the School Medical Department on Monday, Tuesday, and Thursday, at 9 a.m., and on Tuesday and Thursday from 5 to 6 p.m. The total medical attendances numbered 3,486 as compared with 3,661 in 1922. In addition, there were 857 attendances at the Treatment Clinic, or a total of 4,343, compared with 4,224 in 1922.

#### ATTENDANCES AT INSPECTION CLINIC.

Catarrh, Sore Throats, Colds, etc. ....	143
Vermin of Head or Body, Nits, etc. ....	1029
Ringworm .....	179
Impetigo .....	327
Scabies .....	32
Eczema .....	36
Defective Vision, Sore Eyes, etc. ....	155
Nose and Throat Disease .....	97
Tubercular and Pretubercular .....	86
Chorea .....	20
Epilepsy .....	6
Ear Disease .....	38
Heart Disease .....	13
Returns after Infectious Diseases .....	716
Other Diseases or Defects .....	609
Total .....	3,486

#### (a) Treatment Clinic for Minor Ailments.

This is held on Mondays, Tuesdays, and Thursdays, at 10.30 a.m. To obtain the best results a Treatment Clinic should be held daily. It enables treatment to be started without delay and by reducing the time a child is excluded from school raises the percentage attendance with corresponding increase of grant from the Board of Education. Gillingham is probably the only town in England with a population exceeding 50,000 which has not a *daily* Minor Ailment Clinic. As stated in last year's Report, it is impossible to conduct a daily Clinic with the present inadequate nursing staff. The following Table shows a considerable increase in the number of cases treated:—



## ATTENDANCES AT TREATMENT CLINIC (BOROUGH CASES).

	1923.	1922.
Ringworm .....	329	305
Otorrhœa (discharging ears) ...	113	25
Other Ear Defects (obstruction)	31	53
Impetigo .....	146	57
Eczema .....	32	69
Scabies .....	30	—
Alopecia .....	130	54
Other Conditions .....	46	—
Total .....	857	563

## ATTENDANCES OF COUNTY CHILDREN AT SCHOOL CLINIC.

	No. of Cases.	Total Attendances.
Uncleanliness of Head	3	10
Impetigo .....	3	7
Scabies .....	6	34
Eczema .....	1	2
Otorrhœa .....	1	2
Blepharitis .....	1	4
Total .....	15	59

(b) Tonsils and Adenoids are referred to a private practitioner or to St. Bartholomew's, Hospital, Rochester. For details see Page 12.

(c) Tuberculosis cases are referred to a private practitioner or to the County Tuberculosis Dispensary, Nelson Road. See Page 20.

(d) Skin diseases are treated at the Clinic, at St. Bartholomew's Hospital, or by a private practitioner.

(e) External eye diseases and defective vision. See Page 13.

(f) Dental defects. See Page 16.

**Treatment at St. Bartholomew's Hospital.**

The Education Committee has entered into arrangements with the Hospital Trustees by which it pays the following charges for the defects indicated:—

No. of Hospital Letters issued during 1923 :	
(a) Operations for Tonsils and Adenoids, £1 4s. 6d. per case .....	48
(b) Refraction for Defective Vision, 11s. per case .....	56
(c) X-Ray Treatment of Ringworm of Scalp, £1 1s. per case .....	5



**Payments of Fees by Parents.**

In past years each case has been considered on its merits, and where judged desirable a small fee charged for treatment of defects; during 1922 the total cash received was £30 12s. (spectacles excluded). No charge was made for treatment of minor ailments.

	£	s.	d.
For Operations for Enlarged Tonsils and Adenoids .....	7	4	0
„ Refraction .....	7	8	0
„ Dental Treatment .....	16	0	0
Cash received .....	£30	12	0

In November, 1922, the Board of Education issued a circular letter to all Local Authorities asking them to submit a Scheme for parents' payments for the treatment of (1) minor ailments, (2) spectacles, (3) dentistry, (4) operations for tonsils and adenoids.

The Board recommended that free treatment should only be provided for children whose parents' income was below an income scale approved by the Board.

The subjoined Scheme was accordingly drawn up by the Education Secretary and the School Medical Officer, and after adoption by the Education Committee and approval by the Board was brought into force on 1st April, 1923:—

1. That free treatment be provided for children whose parents' income is within the following scale:—

No. of Persons in Family including Parent or Parents.	Gross Income not exceeding
2	22/6
3	27/6
4	32/6
5	37/6
6	40/-
7	42/6
8	45/-

2. That the Committee reserve the right to deal with any exceptional cases that do not actually come within the limits of the foregoing scale, power to deal with such cases to be delegated to the Chairman of the Sub-Committee, School Medical Officer, and Secretary.



3. That the following charges be made in respect of the various forms of treatment:—

- (a) *Minor Ailments.* For the first fortnight—nil, thereafter 1s. for every three months.
- (b) *Ophthalmic Treatment.*  
*Refraction,* 5s. per case (at the discretion of the School Medical Officer).  
*Spectacles.* Nett cost.
- (c) *Dentistry.* Extractions 6d. Extractions with anæsthetic 1s. Filling one tooth, nil, two or more teeth, 1s.
- (d) *Tonsils and Adenoids.* 5s. per case.
- (e) *X-Ray Treatment of Ringworm.* 5s. per case.

4. That a box be placed in the Clinic in which parent, who are able, can place voluntary contributions over and above the fixed charges, provided that no parent shall be asked to contribute more than the actual cost of treatment.

5. That, with the object of saving time and preventing the multiplication of forms, the following method be adopted:—

On the discovery of any defect the parents be notified and at the same time a list of charges be forwarded with directions where to pay same. If the parent considers he is unable to pay, he will be asked to give details of income, *but not otherwise.* The case will then be considered in reference to the scale and the parents notified of the decision.

6. That a notice be placed in the Clinic stating the actual cost to the Authority of each form of treatment provided.

Form G.72 or G.73 is sent to the parents of a child found defective. G.73 is used for dental cases only. Copies of these Forms are inserted to demonstrate how the Scheme is worked.

Form G. 72.

GILLINGHAM EDUCATION COMMITTEE.  
 SCHOOL MEDICAL DEPARTMENT.

OFFICE:—

6, GARDINER STREET,  
 GILLINGHAM.

To the Parents or Guardians of.....  
 .....School.....Dept.

The above-named child has recently been examined and



found to be in need of treatment on account of.....

You are therefore advised to seek medical advice with a view to having the matter attended to without undue delay.

W. A. MUIR, *School Medical Officer.*

For parents unable to afford the services of a private practitioner the Education Committee have arranged for Eyesight Testing, Operative Treatment of Tonsils and Adenoids, X-Ray Treatment of Ringworm of the Scalp, and the provision of Spectacles.

A scale of charges has been sanctioned, and parents will be expected to contribute towards the cost of treatment at the following rates:—

For Eyesight Testing at Hospital	...	5/- per case
For the removal of Tonsils and Adenoids		5/- per case
For X-Ray Treatment of Ringworm	...	5/- per case

The cost of the provision of spectacles will be according to contract, but will not exceed (except in cases of high powered lenses) the sum of 5/6.

It is hoped that parents who are in a financial position to do so will contribute larger amounts towards the cost of treatment than those quoted in the above scale of charges.

If you desire to obtain treatment as set out above, will you kindly attend at the School Medical Department, 6, Gardiner Street, Gillingham, on Tuesday or Thursday, at 5 p.m., when a Hospital Letter will be issued. Fees must be paid at the time of attendance for Hospital Letter.

FOR THOSE UNABLE TO PAY THE FEE FOR  
TREATMENT REQUIRED.

I desire to apply for free treatment for the above-named child, and in support of my application I submit the following information, which I declare to be correct in every particular:—

Parent's or Guardian's Occupation .....

Where Employed .....

Number in Family at Home (including Parents) .....

Total Family Income per week .....

Signature of Parent or Guardian .....

Address .....

Date .....

When attending the School Medical Department, please bring this form with you.

Form G. 73.

GILLINGHAM EDUCATION COMMITTEE.  
SCHOOL MEDICAL DEPARTMENT.

OFFICE:—6, GARDINER STREET,  
GILLINGHAM.

To the Parents or Guardians of .....

.....School.....Dept.

The teeth of the above-named child have recently been examined, and found to be in need of treatment.



You are therefore advised to obtain advice with a view to having the matter attended to without undue delay.

If you desire to obtain treatment at the School Dental Clinic, will you kindly insert your name and address in the space provided below, and return this form to me. An appointment will then be made for the attendance of the child at the Clinic.

The following charges will be made for dental treatment:—Extractions, 6d.; Extractions with anæsthetic, 1s. od.; Filling, 6d. per tooth. Payment to be made at the Clinic at time of treatment.

It is hoped that parents who are in a financial position to do so will contribute larger amounts towards the cost of treatment than those quoted in the above scale of charges.

W. A. MUIR, *School Medical Officer.*

Signature of Parent or Guardian.....  
Address .....  
Date .....

FOR THOSE UNABLE TO PAY THE FEE FOR  
TREATMENT REQUIRED.

I desire to apply for free dental treatment for the above-named child, and in support of my application I submit the following information which I declare to be correct in every particular:—

Parent's or Guardian's Occupation .....  
Where Employed .....  
Number in Family at Home (including Parents).....  
Total Family Income per week .....  
Signature of Parent or Guardian.....  
Address .....  
Date .....

It is only just that those able to pay should do so, but at the same time nothing should be done which is likely to deter parents from bringing their children for treatment. The chief aim of School Medical work is the prevention of ill-health by inspection and *early treatment*. As when no charge is made many parents neglect to carry out the treatment advised, the scale of income adopted was kept on the high side, and at the same time the Committee "reserved the right to deal with any exceptional cases that did not actually come within the limits of the scale."

Under these conditions it is probably accurate to state that no child has gone untreated as the result of the charges made under the new scheme of payments. As was expected, the cash received is much the same as, or rather less than, under the old arrangements.



	1923.			1922.		
	£	s.	d.	£	s.	d.
Contributions towards cost of Hospital Treatment .....	13	16	6	14	12	0
Contributions towards cost of Dental Treatment .....	13	9	11	16	2	10
Contributions towards cost of Minor Ailments .....	1	3	7	Nil.		
Contributions towards cost of Spectacles .....	12	2	6	17	1	9
Payment for use of Combs ...	1	8	3		3	0
	<hr/>			<hr/>		
	£42	0	9	£47	19	7
Nett cost to Committee of Hospital Charges and Spectacles .....	£82	10	6	£81	13	6

### 9. OPEN AIR EDUCATION.

Strictly speaking, there is no Open Air Education in the town, apart from a few classes held in the playgrounds when weather permits during the summer months.

There are no local arrangements for school journeys, school camps, day open air schools, or residential open air schools.

### 10. PHYSICAL TRAINING.

No Area Organiser of Physical Training has been appointed. Teachers in the different schools give instruction in physical drill, but there is no co-ordination between this and the School Medical Department.

### 11. PROVISION OF MEALS.

Dinners have been provided during the winter, every school day, at Richmond Road School and at the Wesleyan Garrison Church Schoolroom, Old Brompton, for certain necessitous children.

The dinners, provided by a local contractor, are conveyed in heated vessels to the two halls. The cost to the Committee per dinner per head is 4½d.

	1922-23.	1921-22.
No. of Meals Supplied .....	12015	13055
No. of individual children fed .....	193	215
Total cost .....	£295	£371

The children for free dinners are carefully chosen, and the list revised at frequent intervals by the Education Secretary, who receives notice of change of circumstances of the parents from teachers, parents, school nurses, etc.



## 12. SCHOOL BATHS.

Swimming demonstrations were given by Mr. W. T. Jones at the Corporation Baths, situated on the banks of the River Medway. As the water in the baths cannot be changed sufficiently frequently on account of certain local features of the river, conditions for swimming are not consistently ideal. The Corporation are, however, taking steps to improve the cleanliness of the water by installing a pump which will insure more frequent changes of water.

Mr. Jones, in his Report to the Committee, states that land drill demonstrations were commenced in the last week in May, and that swimming at the baths started 11th June, was continued till 27th July, and again from 7th to 14th September.

The average number of children attending each week was 830, and the maximum number of lessons per pupil was 9. 28 days were lost, due to bad weather, and 6 on account of the bath water being dirty.

The no. taught to swim was ..... 361

The no. qualifying for certificate by  
swimming at least 50 yards ..... 240

18 boys and girls obtained the Royal Life Saving Society's proficiency certificate, and 5 the Society's bronze medal.

## 13, 14, 15, 16. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

These were all continued as in last year's Report.

During 1923, the services of Inspector Collard (N.S.P.C.C.) were most valuable in a few troublesome cases of parents neglecting their children by refusing to obtain medical treatment.

## 17. BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

Table III. in the Appendix records the cases dealt with during the year.

One child (M.D.) was maintained at the Central Home for Mental Defective Children, Beresford Convent, Worcester, and one (blind) at the Royal Normal College. In both cases the parents paid part cost of the special education.

Six cases (3 boys, 3 girls) of mental deficiency were notified to the Kent County Council as the Supervising Authority, and 18 children (9 boys, 9 girls) mentally



deficient, but educable were found suitable for special schools or classes. At present there are no special teaching arrangements for these educable children.

During the year the Education Committee appointed a representative to the Kent Voluntary Association for Mental Welfare. The Committee decided that the names of feeble-minded children, resident in the Borough, should be forwarded to the Secretary of the Association.

### **18 and 20. NURSERY SCHOOLS AND CONTINUATION SCHOOLS.**

There are none in the Borough.

### **19. SECONDARY SCHOOLS.**

The School Medical Department of the Borough has nothing to do with the two Secondary Schools in the town.

### **21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.**

Milk and newspaper deliveries and general errands are the most common forms of employment amongst children under 16 years of age.

Under the local Bye-Laws it is not necessary for a Medical Certificate to be issued before a child is licensed for employment. No cases were referred to the School Medical Officer.

217 Leaving Cards were forwarded by the Education Secretary to the Medway Juvenile Employment Committee.

### **22. SPECIAL INQUIRIES.**

No time was available for special investigations.

### **23. MISCELLANEOUS.**

No scholarship candidates or teachers were referred for medical examination.

#### **EXCLUSION AND RETURN TO SCHOOL CERTIFICATES.**

The following Table gives the number of certificates issued by the School Medical Department:—

Uncleanliness of Head or Body .....	491
Whooping Cough—Cases 148; Contacts 15.....	163
Chicken Pox—Cases 167; Contacts 82 .....	249



Mumps—Cases 6; Contacts 1 .....	7
Measles—Cases 95; Contacts 28 .....	123
Scarlet Fever—Cases 111; Contacts 124 .....	235
Diphtheria—Cases 72; Contacts 104 .....	176
Impetigo .....	249
Scabies .....	44
Eczema .....	19
Ringworm .....	167
Catarrh, Sore Throats, Colds, etc. ....	102
Defective Vision, Sore Eyes, etc. ....	64
Tubercular and Pre-Tubercular .....	68
Anæmia, Debility, etc. ....	55
Enlarged Glands .....	23
Epilepsy .....	2
Chorea .....	25
Ear Disease .....	35
Heart Disease .....	6
Other Conditions .....	259
Return to School Certificates .....	1691
	<hr/>
Total .....	4253
	<hr/>



## APPENDIX.

### MEDICAL STATISTICAL TABLES.

Tables I. to IV. summarise the records kept by the School Medical Department.

Circular 1321 received in January, 1924, stated that "the Board have introduced considerable modifications in the Tables, which they hope will greatly reduce the labours both of School Medical Officers and others in compiling these returns. . . ."

The new forms have been introduced into this year's Report as the majority of the records asked for were available. In a few instances, where figures could not be given, a foot-note of explanation has been inserted.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

#### A. Routine Medical Inspections.

Number of Code Group Inspections:—

Entrants .....	1040
Intermediates .....	195
Leavers .....	851
	—
Total .....	2086
	—

#### B. Other Inspections.

Number of Special Inspections.....	1800
Number of Re-Inspections .....	506*
	—
Total .....	2306
	—

\* This figure includes only the re-inspection of children found defective in the course of routine medical inspection.



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

Defect or Disease.	Routine Inspections.		Special Inspections.		
	No. of Defects		No. of Defects		
	Requiring Treatment.	Requiring to be kept under observation, but not referred for Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not referred for Treatment.	
1	2	3	4	5	
Malnutrition ... ..	2	22	2	—	
Uncleanliness ... ..	20	—	319	—	
Skin {	Ringworm { Scalp ... ..	2	—	33	—
	{ Body ... ..	—	—	18	—
	Scabies ... ..	—	—	18	—
	Impetigo ... ..	8	—	109	—
	Other Diseases (non-Tubercular) ... ..	16	—	82	1
Eye {	Blepharitis ... ..	15	—	6	—
	Conjunctivitis ... ..	1	—	11	—
	Keratitis ... ..	1	—	2	—
	Corneal Opacities ... ..	2	2	—	—
	Defective Vision (excluding Squint) ... ..	61	12	48	6
	Squint ... ..	27	4	6	2
Other Conditions ... ..	2	—	6	—	
Ear {	Defective Hearing ... ..	10	1	2	—
	Otitis Media ... ..	3	—	17	—
	Other Ear Diseases ... ..	6	—	13	—
Nose and Throat {	Enlarged Tonsils only ... ..	51	97	37	11
	Adenoids only ... ..	13	17	10	1
	Enlarged Tonsils and Adenoids ... ..	19	5	11	2
	Other Conditions ... ..	2	13	35	—
Enlarged Cervical Glands (non-Tubercular) ... ..	4	16	10	2	
Defective Speech ... ..	1	—	—	1	
Teeth --Dental Diseases... ..	147	—	15	—	
Heart and Circulation {	Heart Disease:—				
	Organic ... ..	1	13	3	1
	Functional ... ..	1	10	—	—
Anæmia ... ..	4	6	4	—	
Lungs {	Bronchitis ... ..	24	36	13	1
	Other non-Tubercular Diseases ... ..	1	10	—	1



**TABLE II. A. (Contd.)—Return of Defects found by Medical Inspection in the year ended 31st December.**

Defect or Disease.	Routine Inspections.		Special Inspections.		
	No. of Defects		No. of Defects		
	Requiring Treatment.	Requiring to be kept under observation, but not referred for Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not referred for Treatment.	
1	2	3	4	5	
Tuber- culosis	Pulmonary :—				
	Definite ... ..	5	2	12	1
	Suspected ... ..	14	12	19	6
	Non-pulmonary :—				
	Glands ... ..	3	1	3	1
	Spine ... ..	—	—	—	—
	Hip ... ..	—	—	1	—
Other Bones and Joints	—	—	—	—	
Skin ... ..	1	—	2	—	
Other Forms ... ..	1	—	—	—	
Ner- vous System	Epilepsy ... ..	—	2	2	—
	Chorea ... ..	—	—	5	—
	Other Conditions ... ..	—	—	—	—
Defor- mities	Rickets ... ..	2	2	4	—
	Spinal Curvature ... ..	1	—	2	—
	Other Forms ... ..	2	2	2	2
Other Defects and Diseases ... ..	13	4	171	45	

**TABLE II. B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).**

Group.	No. of Children		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
1	2	3	4
Code Groups—Entrants	1040	210	20
Int'm'tes	195	42	21
Leavers	851	171	20
Total (Code Groups)...	2086	423	20
Other Routine Insp'ns	—	—	—

The figures in Columns (3) and (4) include children requiring treatment for dental diseases.



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

			Boys.	Girls.	Total
Blind (including partially blind).	1. Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind ...	—	1	1
		Attending Public Elementary Schools .....	—	—	—
		At other Institutions .....	—	—	—
		At no School or Institution.....	—	—	—
	2. Suitable for training in a School or Class for the partial- ly blind.	Attending Certified Schools or Classes for the Blind ....	—	—	—
		Attending Public Elementary Schools .....	16	4	20
		At other Institutions .....	—	—	—
		At no School or Institution.....	—	1	1
Deaf (including deaf and dumb and partially deaf.	1. Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools .....	—	—	—
		At other Institutions .....	—	—	—
		At no School or Institution.....	—	—	—
	2. Suitable for training in a School or Class for the partial- ly deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools .....	3	2	5
		At other Institutions .....	—	—	—
		At no School or Institution.....	—	—	—
Mentally Defective.	Feeble-minded (cases not noti- fiable to the Local Control Authority.	Attending Certified Schools for Mentally Defective Children	1	—	1
		Attending Public Elementary Schools .....	9	9	18
		At other Institutions.....	—	—	—
		At no School or Institution.....	—	—	—
	Notified to the Local Control Authority dur- ing the year.	Feeble-minded .....	3	3	6
		Imbeciles .....	—	—	—
		Idiots .....	—	—	—
	Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics.....	—	—
In Institutions other than Certified Special Schools...			—	—	—
Attending Public Elementary Schools .....			—	—	—
At no School or Institution.....			1	3	4
Suffering from epilepsy which is not severe.		Attending Public Elementary Schools .....	3	3	6
		At no School or Institution.....	—	—	—



TABLE III. (Contd.)—Return of all Exceptional Children in the Area.

		Boys.	Girls.	Total	
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	1	1	2
		At other Institutions.....	1	—	1
		At no School or Institution ...	2	5	7
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	—	—	—
		At Certified Residential Open Air Schools .....	—	—	—
		At Certified Day Open Air Schools .....	—	—	—
		At Public Elementary Schools	8	15	23
		At other Institutions.....	—	—	—
	Delicate children ( <i>e.g.</i> , pre or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools .....	}	}	No records available.
		At Certified Day Open Air Schools .....			
		At Public Elementary Schools			
		At other Institutions.....			
		At no School or Institution ...			
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	}	}	No records available.
		At Public Elementary Schools			
		At other Institutions .....			
At no School or Institution ...					
Crippled children (other than those with active tuberculosis disease, <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	—	—	—	
	At Certified Residential Cripple Schools .....	—	—	—	
	At Certified Day Cripple Schools .....	—	—	—	
	At Public Elementary Schools	17	20	37	
	At other Institutions.....	—	—	—	
	At no School or Institution ...	2	4	6	



**TABLE IV.—Return of Defects treated during  
the year ended 31st December.**

**TREATMENT TABLE.**

**Group I.—MINOR AILMENTS.**

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm, Scalp	29	6	35
Ringworm, Body	12	6	18
Scabies ... ..	12	6	18
Impetigo ... ..	49	68	117
Other Skin Disease	45	49	94
Minor Eye Defects :— (External and other)	5	28	33
Minor Ear Defects	27	19	46
Miscellaneous :	1	3	4
<b>Total</b>	<b>180</b>	<b>185</b>	<b>365</b>



TABLE IV.

**Group II.—Defective Vision and Squint (Excluding Minor Eye Defects).**

Defect. or Disease	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	56	47	—	103
Other Defect or Disease of the Eyes... ..	—	—	—	—
	56	47	—	103

Total number of children for whom spectacles were prescribed :—

- (a) Under the Authority's Scheme 47.
- (b) Otherwise 45.

Total number of Children who obtained or received Spectacles :—

- (a) Under the Authority's Scheme 60.
- (b) Otherwise 31.

**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.		
48	18	66	12	78



**TABLE IV. (Contd.)**  
**Group. IV.—Dental Defects.**

(1) Number of Children who were

(a) Inspected by the Dentist:—

Aged—

	5	...	638				
	6	...	706				
	7	...	474				
	8	...	64				
	9	...	—				
Routine Age Groups.	10	...	—	}	Total	...	1,882
	11	...	—				
	12	...	—				
	13	...	—				
	14	...	—				

Specials ... .. 238

Periodical Examinations ... .. 893

3,013

(b) Found to require treatment—

*Routine Cases* ... .. 221

(c) Actually treated ... .. 727

(d) Re-treated during the year as the result  
of periodical examination ... .. 419

(2) Half-days devoted to { Inspection... 10 } Total 118  
                                  { Treatment ... 108 }

(3) Attendances made by children for treatment ... 1,796

(4) Fillings ... { Permanent Teeth 491 } Total 493  
                          { Temporary Teeth 2 }

(5) Extractions ... { Permanent Teeth 45 } Total 695  
                          { Temporary Teeth 650 }

(6) Administrations of general anæsthetics for  
extractions ... .. 33

(7) Other Operations { Permanent Teeth 211 } Total 211  
                          { Temporary Teeth — }

**Group. V.—Uncleanliness and Verminous Conditions.**

I.—Average number of visits per School made during  
the year by the School Nurses ... .. 4

II.—Total number of examinations of children in the  
Schools by School Nurses ... .. 15,763

III.—Number of individual children found Unclean ... 1,519

IV.—Number of children Cleansed under arrangements  
made by the Local Education Authority ... .. —

VI.—Number of cases in which legal proceedings  
were taken:—

(a) Under the Education Act, 1921 ... .. —

(b) Under School Attendance Bye-Laws ... .. 1



