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Contributors

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BOROUGH OF GLOSSOP.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

(E. H. Marcus Milligan, M.D., D.P.H.),

FOR THE YEAR, 1924.



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GLOSSOP AND HADFIELD.





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Glossop Education Authority.

ANNUAL REPORT

OF THE

School Medical Officer

For the Year 1924.

(1) STAFF:

E. H. Marcus Milligan, M.D., D.P.H., School Medical Officer

Peter Malloch, L.R.C.P. & S., School Oculist.

Mary Gallagher, M.B., Surgeon for Nose and Throat Diseases.

Harold Firth, L.D.S., School Dentist.

Miss B. Coventry, C.M.B., R. San. Inst. Cert., School Nurse

Miss Griffiths, C.M.B., R. San Inst., Cert., School Nurse.

(2) CO-ORDINATION.

(a) Co-ordination with Infant Welfare and Child Welfare Work:

The School Medical Officer is also Medical Officer of Health and Medical Officer of the Infant Clinics; the School Nurses are also Health Visitors for Maternity and Child Welfare work.

Child Welfare Record cards are passed on to the School Medical Department.

The School Medical Department, Maternity and Child Welfare Department and the Public Health Department occupy one suite of rooms.

(b) Nursery Schools:—

There are no Nursery Schools in Glossop.

Very many wives work in the Factories; while at work they leave their children with minders either in their own home or another home.

This system is not a good one, but economically at present it appears unavoidable; Nursery Schools therefore would be of immense value, especially if situated near the large factories. I therefore suggest the matter should have most serious consideration.

(c) The care of Debilitated children under school age:—

The above remarks *re* Nursery Schools would also apply to debilitated children; the Nursery School of the Open-air type being the one recommended.

Debilitated children under school age are seen at the Welfare Centres by the Medical Officer, and where assistance is needed owing to unemployment or for other reasons free milk is given. Virol and Cod Liver Oil are also sold at cheap rates.

Children are sent to their own Doctors for treatment or to the Tuberculosis Dispensary when necessary.

To educate parents in the general care of "Toddlers" a special leaflet has been prepared and is now in use; this leaflet gives in simple language directions as to general care and proper diet, etc.

These children are not however sufficiently visited in their homes by the Health Visitors; to have this done would require the half time of one Nurse, as the half time of an additional Nurse is required to carry out the Dental work desired by the Board, another should be appointed with such combined duties. It is a pity that the School Clinics cannot be used to treat the Minor Ailments of children of this age.

(3) THE SCHOOL MEDICAL SERVICE AND THE PUBLIC
ELEMENTARY SCHOOLS.

(a) The condition of the Schools:—

Many defects mentioned in last year's Report have now been remedied, especially at the following Schools:—

St. Andrew's Church of England: Ventilation greatly improved.

Whitfield Senior: Ventilation greatly improved.

Attendance of Infants.

I believe that the attendance of infants for two sessions per day is detrimental to their health and that there should be one session only, either in the morning or afternoon.

Modern research and experience have shown us how necessary light and air movement are for growth and health, and yet with this knowledge we keep children of tender years indoors in a condition of restraint and away from whatever sunshine there is in this climate (from 9 a.m. to 4 p.m., excluding the dinner interval).

Children also get wet in rainy weather going to and from school (our rainfall here is about 40 inches, and the average number of rainy days about 200 per year) and sit in damp clothes. This cannot be otherwise than injurious.

If the infants went to an open-air school, did not go home but had a warm meal in school during the interval, with a rest after, it would be different, but until some such arrangement can be made one session daily should be the rule. This suggestion, if adopted, would also save money which could be used to advantage in providing an open-air school for our debilitated children of which there are about 180.

(b) The Teaching of Hygiene.

During Health Week in October all the girls over 11 years attended the Child Welfare Exhibition in the Town Hall, saw the Exhibition and heard a talk on health given by Miss Hughes, the Derbyshire County Council Exhibition Organiser. Talks were also given on the value of Milk by the lady lecturer of the National Milk Publicity Council. The Milk Publicity Council had a stall which demonstrated in a very easy understandable way the value of milk as a food. Literature was also distributed to all the schools in the form of pictorial cigarette cards which inculcated simple health rules such as the importance of having clean hands, chewing food well, breathing through the nose, etc. A card with golden rules for health was also given. This literature was supplied by the Derbyshire Insurance Committee.

A booklet was also printed containing suggestions for Health, Economy and Efficiency and given to the elder boys and girls.

This booklet will be issued to all leavers with a view to awaken in them the spirit of citizenship and give them the knowledge necessary to promote the health and welfare of the community.

We are indebted to the Borough of Eccles for permission to copy their booklet, with a few minor alterations.

I believe, however, that hygiene should be taught systematically and in a practical way in all the schools, and I feel sure the issue of a new syllabus (on the lines of hygiene as applied to the homes the children actually live in) would be of very great value.

(4) MEDICAL INSPECTION.

(a) Children Inspected.

Entrants, Intermediates and children of 12 and over also "special" children and children who have been previously found to be defective. Routine Inspections numbered 950.

(b) Special Inspections and Re-Inspections.

Special Inspections numbered	250
Re-Inspections numbered	948

(c) There has been only one complaint during the year *re* disturbance of school for medical inspection; objection was made to the School Medical Officer coming twice yearly to the school.

(d) Crippling Defects and Physically Defective Children.

These were ascertained by medical examination at the schools; the School Attendance Officer and Teachers are periodically asked to give the School Medical Officer the names and addresses of exceptional children.

(5) THE FINDINGS OF MEDICAL INSPECTION.

The table below gives the percentages of defects found:—
Table of percentages of Defects found at Routine Inspections.

No. of Children examined, 950.

Malnutrition—Bad (Requiring treatment)	1.7	Observation	5.5
Uncleanness (per Nurses' Inspections) ...	8.1		
Skin—Ringworm—Scalp	0.3		
Body	0.1		
Scabies	0.3		
Impetigo	0.5		
Other Skin Diseases	0.7		
Eyes—Blepharitis	0.3		
Conjunctivitis	0		
Keratitis	0		
Corneal Opacities	0.3		
Defective Vision (excluding Squint)			
(Requiring Treatment)	6.3		
(,, Observation)	0.6		

Squint	1.3
Other conditions	0.4
Ears—Defective Hearing	0.3
Otitis Media	0.4
Other Ear Disease	0.1
Nose and Throat—Enlarged Tonsils only	
(Requiring Treatment)	2.6
(,, Observation)	3.2
—Adenoids only	
(Requiring Treatment)	1.3
(,, Observation)	3.2
—Enlarged Tonsils and	
Adenoids.	
(Requiring Treatment)	2.0
(,, Observation)	0.7
Enlarged Glands (Non-Tubercular)	
(Requiring Treatment)	3.0
(,, Observation)	8.9
Defective speech.	
(Requiring Treatment)	0.5
Organic Heart Disease.	
(Requiring Treatment)	2.8
(,, Observation)	0.5
Functional Heart Disease	7.1
Anæmia—(Requiring Treatment)	2.0
(,, Observation)	2.6
Bronchitis—(Requiring Treatment)	0.6
(,, Observation)	1.3
Other Non-Tubercular Disease of Lung ...	0
Tuberculosis—Lungs (Definite)	0.3
,, (Suspected)	0.9
Glands (Req. Treatment)	0.5
(,, Observation)	0.1
All other forms	0.1
Nervous Conditions—Epilepsy	0.2
Chorea. (Req. Treatment)	0.2
(,, Observation)	0.1
Other. (,, do.)	0.2

Mental Defects.	(„ do.) ...	0.6
Deformities — Spine	(„ „) ...	0.1
Rickets.	(Req. Treatment) ...	0.1
	(„ Observation) ...	0.6
Other forms.	(Req. Treatment) ...	1.3
	(„ Observation) ...	0.1
Other Defects and Diseases.		
	(Req. Treatment) ...	4.5
	(„ Observation) ...	3.1
Of which Goitre.	(Req. Treatment) ...	3.1
„	(„ Observation) ...	1.9
Rheumatism.	(„ Treatment) ...	1.3
	(„ Observation) ...	0.7

During the year very great care was taken by me not only to find the defects in the children examined but to classify them in accordance with the tables of the Board, and in order to ensure this each child's card was examined *personally* by me at the end of the year and the defects scheduled; the margin of error is therefore I believe small.

The results are tabled above, and they are interesting. Taking the children as a whole I find 28.8 per cent. children have defects requiring urgent treatment (exclusive of uncleanness and dental defects) as compared with 19.4 in the 212 areas in England and Wales, mentioned in Sir George Newman's Report for 1923, or, in other words, for every 100 children found defective in the 212 areas of England and Wales 148 children are defective in Glossop.

Let us now look into the matter in detail to see what the chief defects are in Glossop that give rise to this difference.

The diseases and defects which have been found more prevalent in Glossop, as compared with London and 24 representative areas, are:—

	London and 24 Glossop. areas. Bath (1918-19):		
Malnutrition	17	4	25 per thousand
Nose and Throat Diseases	59	43	57 „
Enlarged Cervical Glands	30	3	— „
Heart Disease—Organic	28	2	5 „
Functional	71	1	25 „
Anæmia	20	8	41 „
Definite Phthisis	3	.3	4.4 „
Suspected „	9	1	26 „
Non Pulmonary Tuberculosis ...	6	1	9.4 „
Deformities	15	4	— „
Other defects and diseases	45	14	31 „ (includes enlarged Glands)
Of which Goitre	31.5	—	— „
Rheumatism	13.5	—	— „

A glance at the above comparison shows the large number with Heart Disease, Goitre and Rheumatism,, Malnutrition, Enlarged Glands, Anæmia, Tuberculosis, also Nose and Throat Diseases.

On referring to death rates I find that the general death rates from Heart Disease were in Glossop, as compared with England and Wales *per million*:—

	1921.	1922.	1923.	1924.
Glossop	1248	1867	2030	2170
England and Wales	1418	1568	1480	—

There would appear to be some (*) relationship therefore between Heart Disease at school age and death from Heart Disease in later life. The high incidence of Goitre and Rheumatism is also interesting. The percentage of visible enlargement of the Thyroid Gland was 50 per thousand for all ages and sexes.

The death rate at school age, 5-15 years, in Glossop was for the five years ending 1924—1.18 per thousand, that for England and Wales for the four years ending 1923—2.2 per thousand, though the general death rate is slightly higher in Glossop than in England and Wales, *e.g.*, 13.2 Glossop, 11.6 England and Wales in 1923.

The damp climate and clay subsoil, no doubt have a relationship to the high incidence of Nose and Throat Disease, Rheumatism and Tuberculosis and perhaps also Enlarged Glands, and there may be some relationship between Rheumatism, Goitre and Heart Disease.

On making inquiry out of 41 children with Goitre I found 19 had a history of *growing pains*.

EXCEPTIONAL CHILDREN.

I submit below table given by the Board giving the numbers of Exceptional Children expected to be found in Glossop compared with the numbers actually found.

(*) See also reference on pages 22 and 23.

BOARD OF EDUCATION. Form 2D.
 MEDICAL BRANCH. M.B. 484/25.
 LOCAL EDUCATION AUTHORITY, GLOSSOP.

Exceptional Children in the Area as disclosed by returns received from the Local Education Authority in Respect of the year 31st December, 1924.										Estimated Number of Exceptional Chil- dren in the Area based on the Board's Index Figures. Chief Medical Offi- cer's Report, 1923.	
Type.					Attending Certified Special Schools.	Attending Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.		
Totally Blind	—	—	—	—	—	—	1	1	1	1	
Partially Blind	—	—	—	—	—	—	—	—	—	2	
Totally Deaf	1	1	—	—	1	—	1	3	2	2	
Partially Deaf	—	8	—	—	—	—	—	8	—	1	
Cases not Notifiable	2	13	—	—	—	—	4	19	—	21	
Cases Notified to the Local Control Authority during the year	(Feeble-minded Imbeciles Idiots)				—	—	—	—	—	—	—
Epileptics :					—	—	—	—	—	—	—
Severe Epilepsy	—	1	—	—	—	—	1	2	—	1	
Not Severe Epilepsy	—	4	—	—	—	—	—	4	—	—	
Physically Defective.	At Sanatoria or Certified Hospital Schools.	At Certified Residential Open-air or Cripple Schools	At certified Day Open-air or Cripple Schools								
Infectious, Pulmonary, and Glandular Tubercu- losis	5	—	—	—	—	—	7	12	—	2	
Non-Infectious but Active Pulmonary and Glandular Tuberculosis	—	—	—	—	46	—	—	46	—	4	
Active Non-Pulmonary Tuberculosis	—	—	—	—	3	—	—	3	—	4	
Crippled Children	—	—	—	—	58	1	2	61	—	24	
Delicate Children	—	—	—	—	181	—	7	188	—	38	

There were at the end of the year 61 children crippled wholly or partially and suffering from severe Heart Disease. Of this number 23 were suffering from Deformities.

There were also on the books at the end of the year 188 Debilitated children (latent Tuberculosis, Malnutrition, Anæmia, etc.).

As regards these latter children arrangements are now being made to provide them with a milk meal at school.

The children will be kept under observation to note the effect of this. There were at the end of the year 12 children on the books with Infectious Tuberculosis, 46 with non-infectious but active Pulmonary and Glandular Tuberculosis and 3 with other active non-Pulmonary or Glandular Tuberculosis.

There are therefore altogether, so far as I am aware, 310 Physically Defective Elementary School children in the Borough. The best means of dealing with these children is undoubtedly to have an Open-air School; the actively Tubercular children should, of course, be at a Sanatorium or Sanatorium School.

(6) INFECTIOUS DISEASE.

There is complete co-ordination between the Health and School Medical Departments, as the M.O.H. is also School Medical Officer.

OUTBREAK OF MEASLES.

During the first few months of the year there was a severe epidemic of Measles. The following numbers of cases of disease were notified by the Head Teachers in the various Schools.

CASES OF DISEASES NOTIFIED BY TEACHERS.

Measles 363, Mumps 102, Whooping Cough 18, Chicken-pox 2, Sore Throats 25, Influenza 7, Scabies 1, Impetigo 1, Ear-ache 1, Ringworm 1, Rheumatism 2, Absence for doubtful reasons 104.

The following Schools were closed on account of Measles for the periods mentioned:—

Name of School.	Dates of Closure.	Disease.
St. Charles' R.C.	23rd July until after holidays.	Measles.
Padfield Council	June 20—30	"
Dinting M.N.C.	May 19—June 2	"
Dinting C.E.	" "	"
Talbot Street C.E.	" "	"
Whitfield Junior	May 6—12	"
Glossop Council	" "	"
St. Mary's R.C.	" "	"
Whitfield C.E.	April 28—May 5	"
Whitfield Junior	" "	"
Glossop Council	" "	"
		Influenza and
St. Mary's R.C.	April 14—21	Measles.
Whitfield C.E.	April 11—18	"
Whitfield Junior	April 9—23	"

(7) FOLLOWING UP.

Notices are at once sent to the parents when a defect is found at Medical Inspection; if the parent is present the condition found is explained and the necessity for treatment and the means of obtaining it pointed out.

The School Nurse visits later to see if treatment has been obtained, and if not obtained the need for treatment is pointed out.

The School Medical Officer re-examines the children found defective either at the Clinic or at the second examination later in the year at the School; there were 948 children re-examined by the School Medical Officer in 1924.

There are Special Defect Cards, and these are filed apart from the Routine Cards until treatment has been successful or the child cured.

The system suggested by the Board has been adopted, but the envelope now used serves also as the Routine Inspection Card and is so designed that when folded it will fit into the envelope used by the Panel Doctor, and give him at a glance the child's previous medical history.

(8) MEDICAL TREATMENT.

Defects.	Mode of Treatment Available.
(a) Minor Ailments.	Minor Ailments Clinic. Private Doctors.
(b) Diseased Tonsils and Adenoids.	Private Doctors. Tonsil and Adenoid Clinics at Wood's Hospital.
(c) Tuberculosis.	Private Doctors. Tuberculosis Dispensary.
(d) Skin Diseases.	Private Doctors. Minor Ailments Clinic.
(e) External Eye Disease.	Private Doctors. Minor Ailments Clinic.
(f) Vision.	Ophthalmic Clinic.
(g) Ear Disease, and Hearing.	Minor Ailments Clinic. No definite arrangements for operations.
(h) Dental Defects.	Dental Clinic.
(i) Cripples.	No " Remedial " Clinic.

TONSIL AND ADENOID CLINIC.

The Tonsil and Adenoid Clinic at Wood's Hospital was started in the early Summer, and 30 children have been operated on by Dr. Mary Gallagher.

Some cases were kept in Hospital for several days after the operation and others were brought home in the " Isaac Jackson " Ambulance. Directions are given for After Care.

DENTAL CLINIC.

A Dental Clinic has now been fitted up at the School Clinic in the Municipal Buildings.

There is great need, however, for more dental work; there ought to be at least three half days per week devoted to treatment, preferably four.

REPORT OF SCHOOL DENTIST.

DEC. 31, 1924.

Improvement in the condition of the teeth of our school children is being maintained. It is now apparent during re-examinations that fewer permanent teeth are being lost. Parents and children are more ready to avail themselves of the service at the Dental Clinic.

It is, however, most important for parents and children to realise that only by careful examination by a dentist can the early onslaught of caries be discovered, and as the best results are obtained by treatment in the earliest stages it is unwise to postpone treatment when once notified of dental defects.

Tooth brushes of good quality are now being supplied at the Clinic at cost price.

HAROLD D. FIRTH, L.D.S.

Glossop.

OPHTHALMIC CLINIC.

Seventy-two children were examined during the year by the School Oculist, Dr. P. Malloch, and in sixty-seven cases glasses were prescribed; of these during the year 58 obtained glasses.

MINOR AILMENT CLINIC.

Since coming to the new offices much more work has been done; there were 2109 attendances during the year, and 129 children obtained treatment.

Ear cases give most trouble; ionisation would be a boon, I feel sure, to many of these as treatment in most instances has been prolonged.

(9) OPEN AIR EDUCATION.

There is no change from the details given on page 13 of last year's Report.

The Committee have instructed the Education Secretary and S.M.O. to inspect certain open-air schools and report.

(10) PHYSICAL TRAINING.

There is no special Physical Training Organiser. The S.M.O. advises regarding exercise in the case of defective children.

(11) PROVISION OF MEALS.

A scheme has been adopted for the giving of a milk meal to debilitated children.

In the scheme the children will be chosen by the S.M.O. and re-examined by him.

(12) SCHOOL BATHS.

The Public Baths are now used by the various schools in rotation.

(13) CO-OPERATION OF PARENTS.

There is the same close co-operation as previously.

(14) CO-OPERATION OF TEACHERS.

The Teachers readily co-operate to make inspection and treatment a success.

The lists of children to be examined are now made out in the office.

(15) ATTENDANCE OFFICER.

The same close co-operation is carried out as mentioned on page 14 of last year's Report.

(16) CO-OPERATION WITH VOLUNTARY BODIES.

The Mayor's Clog Fund supplied during the year 73 pairs of Clogs to school children.

(17) BLIND, DEAF AND EPILEPTIC CHILDREN.

There is only one totally blind child known to the Education Authority, and this child is on the waiting list of an institution.

There are three totally deaf and dumb children, one is in an institution, one is at an ordinary school, and one is Mentally defective and not at school.

There are two epileptics, both of whom are Mentally defective, one attends an ordinary Elementary School, the other is not at school.

(18) NURSERY SCHOOLS.

There are none in Glossop; one near the large factories would be an immense boon.

(19) SECONDARY SCHOOLS.

These are under County Council control.

(20) CONTINUATION SCHOOLS.

There are no arrangements for Medical Inspection.

(21) EMPLOYMENT OF SCHOOL CHILDREN.

The same remarks as last year apply. Twelve different children were examined and passed for employment.

(22) SPECIAL INQUIRY.

A special inquiry is being carried out regarding the incidence, causation, prevention and treatment of Goitre, but it is not completed, and a scheme for Treatment is in preparation.

The following tables give the incidence of Goitre in the Glossop Schools, and details of the association of Goitre and Other Diseases with a lead-soluble water supply:—

GLOSSOP BOROUGH.
INCIDENCE OF GOITRE AMONG CHILDREN EXAMINED AT ROUTINE INSPECTION.
1924.

4-5		5-6		6-7		7-8		8-9		9-10		10-11		11-12		12-13		13-14		14 & over	
B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
—		—		—		—		2		1		—		—		5		4		—	
—		1		—		—		2		1		—		2		—		—		4	
61		54		27		16		118		17		21		12		86		40		16	
50		56		34		13		115		22		13		10		119		29		21	
No. of Chil- dren exam'd. Goitre.																					
No. with Goitre.																					
No. of Chil- dren exam'd																					

Glossop Boys and Girls 48 out of 950 had Goitre = 5.0% all Ages and Sex.

" Girls, 36 out of 482 had Goitre = 7.4% Girls all Ages.

" Boys, 12 out of 468 had Goitre = 2.5% Boys all Ages.

" Girls of 12 years 15 out of 119 had Goitre = 12.6%, Girls 12 years.

" Boys of 12 years 5 out of 86 had Goitre = 5.8% Boys 12 years.

" Boys and Girls 12 years 20 out of 205 had Goitre = 9.7% Boys and Girls 12 years.

At Bath out of 7025 Boys and Girls in 1918 and 1919, 72 had Goitre = 1.0%

Incidence of Goitre and Other Defects found among Children examined in Glossop, 1924, and co-relation to Lead in the Water Supply.

Numbers	† Glossop	648	Hadfield Ward	297 (less 5 outside).	
	Major $\frac{2}{3}$		† Other $\frac{1}{3}$ Glossop.		
DISEASE OF HEART.					
Rheumatism.					
	Glossop	Hadfield	Glossop	Hadfield	Anæmia xxx & xx.
No.....	10	16	52	16	Glossop 25 Hadfield 19
Per cent.	1.5%	3.3%	8%	5.3%	Glossop 3.8% Hadfield 6.4%

Goitre xxx & xx.

Glossop:	Hadfield.
No.....	33 15
Per cent.	5% 5%

† Glossop (major $\frac{2}{3}$) water is treated with Silicate of Soda.
Lead dissolved per gallon in Hadfield Ward about $\frac{1}{10}$ grain per gallon.

” ” ” $\frac{2}{3}$ Glossop $\frac{1}{30}$ ” ” or less.

The years 1923-4 were *very* wet, which may account for increase of Rheumatism as compared with 1921 (see 1921 table).

Out of 41 children who had Goitre, 19 were found to have had growing pains.
xxx = Urgent Treatment Needed. xx = Slight Defect.

CERTAIN DEFECTS, INCLUDING GOITRE, FOUND IN CHILDREN
DRINKING LEAD-CONTAINING WATER DURING 1921.

	Hadfield Children. (Lead soluble up to $\frac{1}{2}$ -gr. per gallon. average, about $\frac{1}{10}$)	Glossop Children— All Saints' and St. J. Wards. (Lead soluble up to $\frac{1}{10}$ -gr. per gal. average, about $\frac{1}{30}$)	Town with water supply from springs (hardens about 13 Temporary and 4·5 Permanent). 1918 1919	
Number examined... ..	431	791	3605	3420
Malnutrition (severe)	3·5 (13)	2·0 (16)	1·5	3·5
„ (under normal)	14·6 (50)	12·9 (87)	18·8	18·9
Defects of Vision	9·7 (42)	7·2 (51)	10·7	6·9
Enlarged Tonsils (treatment)	3·7 (16)	2·4 (19)	5·4	2·3
Adenoids (treatment) .	4·1 (18)	2·1 (17)	1·9	2·3
Heart Disease :—				
Organic (observation and treatment)	·69 (3)	2·02 (16)	·8	1·33
Functional (observa- tion and treatment)	1·39 (6)	2·5 (20)	2·9	2·3
Anæmia (severe)	4·4 (19)	2·9 (23)	—	·6
„ (slight)	1·39 (6)	1·4 (11)	*5·3	2·9
Rheumatism :				
Referred treatment ...	·46 (2)	·37 (3)	—	—
Referred observation...	·23 (1)	·50 (4)	—	—
Goitre :				
Referred treatment ...	2·6 (9)	2·1 (17)	} 1·02 for obser- vation and treatment.	
Referred observation...	·9 (4)	3·2 (26)		

(The number of Children with the defects are in parenthesis).

* Severe and slight.

ANALYSIS OF DEFECTS IN 41 CASES OF GOITRE.

Of the children examined 19 had Growing Pains, 10 had Heart Defects, 4 had Scanty Hair, 32 had Bad Teeth, 14 had Enlarged Tonsils, 2 had Adenoids, 2 had a Pulse Rate over 100, 6 had Chilblains, 2 were Mentally Backward, 1 had Psoriasis, 1 had Blepharitis.

There was a family history of Goitre in 5 cases.

The following Scheme for the Treatment and Prevention of Goitre has (as I go to press) been sanctioned by the Board for a period of 2 years:—

SCHEME FOR THE TREATMENT OF GOITRE IN THE
ELEMENTARY SCHOOLS.

1. The S.M.O and M.O.H. will investigate and take into account the various factors which appear to influence Goitre.

2. Before going on with the scheme the M.O.H. and S.M.O. will meet the local private practitioners and endeavour to obtain co-operation and agreement.

3. Treatment will only be given to children who are not regarded as the children of persons who could reasonably pay private fees. Our present free milk scale is suggested as a reasonable basis for discrimination (the Ministry have details).

4. The consent of parents will be given for treatment.

5. Treatment will be given at the Clinic.

6. Treatment will be given weekly by means of a sweetmeat containing Iodine in doses of 5 or 10 mgs. or thereabouts.

For instance, — By *Iodostarin, Boots' Butterscotch containing 1/10 gr. Iodine, Wanders Majowa containing about 3 millg.

A special card will be kept in the Clinic for treatment purposes.

* Each tablet of Iodostarin contains 5 millg. of Iodine.

7. Children will be examined by the S.M.O. and the details kept on a special inspection card

8. The search for Goitre cases will be carried out as follows: The School Nurse who carries out quarterly inspections of the children for uncleanness will be instructed to report any visible enlargement of the Thyroid Gland to the S.M.O., who will then approach the parents regarding treatment after medical examination of the child.

Cases will also be found by routine medical inspection and special examinations by the S.M.O. in the School or Clinic.

9. General Details. It is expected that there will be about 150 children requiring treatment. About one half of these will be treated by the private Doctors which leaves about 75 for the School Clinic. Of these 75 it is suggested that they should be divided into two classes. (a) Those in which an effort was made to remove all focal infections. (b) Those in which treatment at the Clinic (as given above) will be given.

GENERAL PREVENTIVE MEASURES.

In addition to treatment in the Schools the M.O.H. is at present, and has been for some time, carrying out in Maternity and Child Welfare and School Medical work certain general measures which he believes will tend to prevent Goitre:— The recommending of—(a) a special diet containing Vitamins and Cod Liver Oil (which contains Iodine in minute quantities); (b) cleanliness of habits; (c) fresh air and sunshine, and (d) removal of focal infections, etc.; leaflets for Expectant Mothers, Infants, Toddlers and School children containing these recommendations are distributed.

RHEUMATISM AND HEART DISEASE.

Rheumatism was noted in 13 children and in 7 instances associated with Organic Heart Disease and in 5 instances with Functional murmurs. In one instance it was associated with Enlarged Tonsils.

All the organic cases of Heart Disease with Rheumatism were among the 302 Hadfield children where there is a very lead soluble water supply (see table on page 19).

In the two-thirds Glossop Area (with only very slightly soluble supply) there were 4 cases of Rheumatism, all associated with Mitral Systolic murmurs and no other signs or symptoms *i.e.* Functional.

E. H. MARCUS MILLIGAN, M.D., D.P.H.,

School Medical Officer.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections

(see note b).

Entrants	282
Intermediates	301
Leavers	310
	<hr/>
Total	893

Number of other Routine Inspections 57

(see note c).

Total 950

B. OTHER INSPECTIONS.

Number of Special Inspections 250

(see note d).

Number of Re-inspections 948

(see note e).

Total 1198

Table II.—A. Return of Defects found by Medical Inspection in Year ended 31st December.

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
	(2)	(3)	(4)	(5)
Malnutrition	17	53	2	—
Uncleanliness (See Table IV., Group V).	—	—	—	—
Skin {	Ringworm :			
	Scalp	3	—	14
	Body	1	—	2
	Scabies	3	—	—
	Impetigo	5	—	18
Other Diseases (non-Tubercular)	7	1	7	—
Eye {	Blepharitis... ..	3	—	10
	Conjunctivitis	—	—	1
	Keratitis	—	—	—
	Corneal Opacities.. ..	3	—	3
	Defective Vision (excluding Squint)	60	6	2
	Squint	13	—	7
Other Conditions	4	1	3	—
Ear {	Defective Hearing	3	—	7
	Otitis Media	4	—	21
	Other Ear Diseases	1	—	3
Nose and Throat {	Enlarged Tonsils only	25	31	9
	Adenoids only	13	18	6
	Enlarged Tonsils and Adenoids	19	7	1
	Other Conditions	1	—	2
Enlarged Cervical Glands (Non-Tuberculous)	29	85	11	4
Defective Speech	5	—	—	—
Teeth—Dental Diseases (<i>see note a</i>) (<i>see Table IV, Group IV</i>).	—	—	—	—

TABLE II.—*continued.*

(1)		(2)	(3)	(4)	(5)
Heart and Circulation	Heart Disease :				
	Organic	27	5	—	—
	Functional	—	68	1	—
	Anæmia	19	25	5	—
Lungs	Bronchitis	6	13	2	—
	Other Non-Tubercular Diseases	—	—	—	—
Tuberculosis	Pulmonary :				
	Definite	3	—	3	—
	Suspected	9	10	4	1
	Non-Pulmonary :				
	Glands	5	1	3	—
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms... ..	1 (eye)	—	3 (eye)	—
Nervous System	Epilepsy	2	—	2	—
	Chorea	2	1	—	—
	Other Condition	—	2	2	1
	Mental Defects	—	6	13	7
Deformities	Rickets	1	6	—	—
	Spinal Curvature... ..	1	1	—	—
	Other Forms	13	1	3	—
Other Defects and Diseases ..		43	30	39	2
	Of which Goitre	30	18	22	—
	Rheumatism	13	7	—	—

B. NUMBER OF *individual children* (see note b) FOUND AT Routine MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DEFECTS) ... 270

Group.	Number of Children.		Percentage of Children found to require treatment. See note d.
	Inspected See note c.	Found to require treatment.	
1	2	3	4
CODE GROUPS :			
Entrants	282	60	21.9
Intermediates	301	94	32.2
Leavers	310	104	33.5
Total (code groups)	893	258	28.8
Other routine inspections	57	12	21.0

Table III.—Return of all Exceptional Children
in the Area (see Note a).

			Boys	Girls	Total
Blind (including partially blind). See Note b	(i) Suitable for training in a School or Class for the totally blind	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools See Note c. At oth'r Institut'ns At no School or Institution ...	— — — 1	— — — —	— — — 1
	(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools See Note c. At oth'r Institut'ns At no Schools or Institution	— — — —	— — — —	— — — —
Deaf and Dumb (including dumb and partially deaf). See Note d.	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... See Note c. At other Insti- tutions ... At no School or Institution..	— 1 — — —	1 — — *1	1 1 — 1
	(ii) Suitable for training in a School or Class for the partially deaf	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... See Note c. At other Insti- tutions .. At no School or Institution..	— 3 — — —	— 5 — — —	— 8 — — —
Mentally Defective	Feeble Minded (cases not notifiable to the Local Con- trol Authority) See Note E.	Attending Certified Schools for Mentally Defective Children Attend- ing Public Ele- mentary Schools.. See Note C. At other Insti- tutions ... At no School or Institution ...	2 7 — 2	— 6 — †2	2 13 — 4

* Also Mentally Defective.

† Epileptic and Dumb.

TABLE III.—*continued.*

			Boys	Girls	Totals
Mentally Defective — <i>contd.</i>	Notified to the Local Control Authority during the year	Feeble minded Imbeciles Idiots	— — —	— — —	— — —
Epileptics.	Suffering from epilepsy which is not severe. See Note f.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	—	—	—
	Attending Public Elementary Schools	*1	—	1	
	At no School or Institution... ..	—	*1	1	
Suffering from epilepsy which is not severe. See Note g.	Attending Public Elementary Schools	2	2	4	
	At no School or Institution	—	—	—	
Physically Defective	Infectious Pulmonary and glandular Tuberculosis See Note h.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	4	1	5
		At other Institutions At no School or Institution... ..	1	6	7
	Non-Infectious but active pulmonary and glandular Tuberculosis See Note h.	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 Pt Public Elem. Schools, See Note c.		33	13	46	
At other Institutions At no School or Institution		—	—	—	

* Also Mentally Defective.

TABLE III.—*continued.*

			Boys	Girls	Total
Physically Defective	Delicate children <i>e.g.</i> , pre or latent tuberculosis mal- nutrition, debility, anæmia, &c. See Note h.	At Certified Resi- dential Open Air Schools	—	—	—
		At Certified Day Open Air Schools...	—	—	—
		At Public Elemen- tary Schools ..	108	73	181
	See Note c				
	At other Institut'ns	—	—	—	
	At no School or Institution... ..	4	3	7	
	†Active non-pul- monary tubercul- osis. See Note h.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elemen- tary Schools ...	3	—	3
		See Note c.			
		At other Institut'ns	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuber- culous disease), <i>e.g.</i> , children suffering from paralysis, &c., and including those with severe heart disease. See Note h.	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elemen- tary Schools ...	27	31	58
		See Note c.			
		At other Institu- tions	—	—	—
	At no School or Institution... ..	1	2	3	

† Other than tuberculosis of lungs and glands.

Table IV.—Return of Defects Treated during the
Year ended 31st December.

(See note a).

TREATMENT TABLE,

GROUP I.—MINOR AILMENTS, excluding Uncleanliness, for which
see Group 5.

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. See Note b.	Otherwise.	Total.
1	2	3	4
SKIN :—			
Ringworm—Scalp	17	2	19
Ringworm—Body	3	—	3
Scabies	—	2	2
Impetigo	23	3	26
Other skin disease	6	2	8
MINOR EYE DEFECTS	16	5	21
External and other, but excluding cases falling in Group II.			
MINOR EAR DEFECTS	22	3	25
See Note c.			
Enlarged Glands	7	102	109
Goitre	20	30	50
MISCELLANEOUS	15	6	21
<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.			
Total	129	155	282

No. of Attendances at Minor Ailments Clinic 2109

TABLE IV.—*continued.*

GROUP II.—DEFECTIVE VISION AND SQUINT, excluding Minor Eye Defects treated as Minor Ailment—Group I.

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme. See Note b.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
1	2	3	4	5
Errors of Refraction, including Squint. Operations for squint should be recorded separately in the body of the Report.	72	—	8	80
Other Defect or Disease of the eyes, excluding those recorded in Group I.	—	—	—	—
Total	72	—	*8	80

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme 67

(b) Otherwise 8

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme 58

(b) Otherwise 8

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

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital. See Note b.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
1	2	3	4	5
30	15	45	45	90

* Refers to children with defective sight but found to be wearing glasses.

TABLE IV.—*continued.*

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were:—			
(a) Inspected by the Dentist:			
		5—109	
		6—163	
		7—179	
		8—208	
		*9—205	
Routine Age Group		10—171	} Total 1160
		11—112	
		12— 13	
		13— 4	
		14— 2	
Specials (<i>See note d</i>).			24
		Grand Total	1184
(b) Found to require treatment			568
(c) Actually treated			196
(d) Re-treated during the year as the result of periodical examination			167
		(<i>See note e</i>).	
(2) Half-days devoted to—	Inspection		20
	Treatment		40
	Total		60
(3) Attendances made by children for treatment			275
(4) Fillings	Permanent teeth	132	
	Temporary teeth	0	
		132	
(5) Extractions	Permanent teeth	41	
	Temporary teeth	204	
		245	
(6) Administrations of general anæsthetics for extractions			0
(7) Other operations	Permanent teeth	93	
	Temporary teeth	0	
		93	

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(See Note f).

- (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..... 7465.
- (iii) Number of children found unclean..... 610
- (iv) Number of children cleansed under arrangements made by the Local Education Authority..... 0.
- (v) Number of cases in which legal proceedings were taken:
- (a) Under the Education Act, 1921 0
- (b) Under School Attendance Bye-laws 0

* 9 to 14 are periodical re-examinations.

