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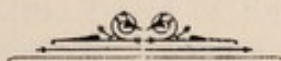
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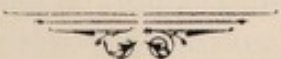


ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR 1923.



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ANNUAL REPORT

OF THE

School Medical Officer.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the School Medical Services for 1923. The Report follows closely the recommendations of the Board of Education, and the age groups of children examined are those specified in the Board of Education Regulations, 1920. The statistical tables I. to IV. were forwarded to the Board of Education, in accordance with their instructions. It is important to render the School Medical Report at an early date, as the apportionment of grants depends upon its early receipt.

I. STAFF.

(a) Medical.

Chief School Medical Officer—Peter Lowe, M.A. (Hons.), B.Sc., M.B., Ch.B., D.P.H.

Assistant School Medical Officer and Assistant Medical Officer of Health—Lt.-Col. C. F. Wanhill, R.A.M.C. (R), M.R.C.S., L.R.C.P., D.P.H.

School Dentist—T. W. Vose Davies, L.D.S., R.F.P.S., (Glas).

(b) NURSING.

Superintendent of Nurses—Miss A. Boden.

Assistant Superintendent of Nurses—Miss L. B. Nesbitt.

School Nurses and Health Visitors of the Six Nursing Areas—
Miss E. J. Gleadell, Mrs. C. E. Turner, Miss C. E. Nicholl,
Miss C. E. Banks, Miss J. Andrews and Miss K. Blackledge.

Also the part time service of 34 Nurses of the Local Nursing Associations.

The full timed Staff give approximately one quarter of their time to School Work.

(c) CLERICAL.

Chief Clerk—L. A. Nicholls, C.R. San. I.

Clerical Staff of four—one of whom gives all his time to clerical work of the School Service, supplemented by other assistance as required.

II. CO-ORDINATION WITH OTHER HEALTH SERVICES.

The Assistant School Medical Officer has, during the year, acted as Clinical Tuberculosis Officer for the Hereford Area. He has therefore been in a position to undertake treatment of tubercular and pre-tubercular children in that area, while children referred from other areas have been seen by the County Medical Officer at the various Rural Dispensaries. 52 children, mostly pre-tubercular, have been sent to Nieuport Sanatorium during the year with enormous benefit to their physical condition. Supervision of children up to 5 years of age is undertaken at the five voluntary Infant Welfare Centres. As the Nurses who attend these centres are often School Nurses as well, the supervision of children is continued in the case of those whose parents take advantage of the facilities for obtaining advice and treatment.

The resources of the County in skilled advice, hospital accommodation and voluntary assistance are used to the full and a large amount of good has been done. The Orthopaedic Clinic at the Hereford General Hospital, established last year by Voluntary effort, has done a great deal to fill a gap in the treatment of crippled and partially crippled children and further branches at Leominster and elsewhere are established or in contemplation.

Close co-operation is maintained with the district Medical Officers of Health and School Attendance Officers in regard to all health matters affecting the School Children of the County.

III. THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

The General Sanitary review of the Schools made last year has been continued, each school being inspected whenever visited and the Sanitary Cards entered up accordingly. Only in a few cases have serious defects been discovered and in most cases these have been promptly rectified when attention has been directed to them.

(1) Surroundings.

These as might be expected in a Country district are usually open. The Schools generally are placed in good positions and have sufficient space and lighting. The playgrounds are generally ample, though a few are on the small side. When this is the case efforts have been made to obtain the use of an adjoining field.

(2) Ventilation.

In most of the Schools, this is adequate, though there is occasionally, on a cold day, a tendency to shut up every available opening. It is highly desirable, that, when the children go out to play, advantage should be taken of this to flush the school with fresh air by opening the windows and doors. The children coming into the school after a few minutes' vigorous exercise will not mind this and will be all the better for the renewed freshness of the air.



Many of the Schools have covered sheds in the playground and full advantage should be taken of these to conduct some of the classes outdoors. This would prove a great benefit to the children and it is the experience in many places that children taught in the open-air are healthier and more receptive to instruction than those taught indoors.

(3) **Lighting**

There has been no change since last report and except on very dull days the lighting generally is good.

(4) **Heating.**

There has been no alteration in this during the year. Rarely, in the majority of the schools, is heating apparatus adequate to make the rooms comfortable on a really cold day. It is however easy to point out this defect but to suggest the remedy without the expenditure of a large sum of money is not easy. With schools of so many patterns and varying ages no general system suffices ; each school has to be taken on its merits and, with some 174 schools this cannot be done in a day or a year.

(5) **Equipment.**

There has been practically no alteration since the last report and the problem of giving each child a desk suitable to its height is no nearer solution.

(6) **General Sanitary Arrangements.**

These are, on the whole, fair ; a considerable improvement has taken place in certain Schools where the advice of the School Medical Officer has been acted upon. Many teachers recognise that supervision of the " offices " is a most important matter and a number of schools have evoked praise for the good sanitary condition of the " offices." The co-operation of the managers and teachers in this matter would be most helpful. The removal of the middens and substitution of pail closets should be continued. The defect of having the pails too far below the seats still continues and this leads to fouling of the seats and platforms. This defect can be overcome by making the pail fit close up to the seat.

URINALS.

These present a great variety in shape and as a rule are adequate.

DISPOSAL OF EXCRETA.

This is, in the main, carried out in a satisfactory manner. The disposal of urine however still leaves much to be desired. To run it into a roadside ditch, as is still done in some schools, is a danger to the public health.

LAVATORY ACCOMMODATION.

There has been some improvement in this item but much still remains to be done. It is mainly a matter for personal effort and supervision on the part of the teacher.

(7) **Water Supply.**

There has been very little shortage of water during the year but the supply to many schools is still defective or non-existent. Where shortage does occur however it is usual to find a similar condition existing in the whole neighbourhood so that the remedy is not easy.

(8) **Cleanliness of Schools and Cloakrooms.**

This is a matter which, being immediately under the teacher's eye, usually receives attention. Strict cleanliness is however, impossible, as the children run in constantly from muddy roads and playgrounds.

The question of drying coats and boots still requires attention. Many children have to come through wet fields and so get wet through, or childlike, investigate the depths of puddles on the way and consequently sit all day in wet boots. Some are adequately clothed and shod but many are not.

(9) **General.**

Taken generally the health of the children in the County is good. There are however various factors which militate against better health conditions.

As was mentioned in the previous report children living in the valleys and along the river compare unfavourably in physique and in development with those living on the dry uplands. If a child can be transferred from the former locality to the latter the improvement in health is usually marked. Another curious condition observed is that of arrested development. Children of 13 to 14 years of age in the low part are commonly found to be a year or even two behind their fellows living on higher ground in their development towards puberty. What exactly is the cause of this is difficult to say.

IV. MEDICAL INSPECTION.

The Age Groups examined during the year are those specified in the Regulations of the Board of Education.

Special cases brought forward by the Teachers or parents have been examined while it is a routine practice for the School Medical Officer to look at every child in the school, seated at their desks, to see if there are any, not normally for examination, who would benefit by it.

Teachers and parents should understand that the visit of the Medical Officer should be taken advantage of to obtain advice in respect of any defects they may consider exist among the children. The Medical Officer visits usually twice a year only and unless this is done the opportunity of consulting him is lost.

Table I gives particulars of the routine and special cases examined and re-examined.

The Medical Inspection produces very little disarrangement of the school work. Where there are two rooms or more there may be said to be none, while in one roomed schools the interference is for a short time only.

V. REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

(a) Uncleanliness.

The percentage figures for cleanliness still show an improvement on the two preceding years as is shown by the tables given below. Indeed it is very rare to find a really dirty child at the Medical Inspections.

Boys. All Groups Examined.

	Clean		Somewhat Dirty		Dirty	
	1922.	1923.	1922.	1923.	1922.	1923.
Head ...	95.3%	96.7%	4.3%	3.0%	0.4%	0.3%
Body ...	94.6%	95.2%	5.1%	4.5%	0.3%	0.3%

GIRLS.

Head ...	92.8%	93.7%	5.7%	5.9%	1.5%	0.4%
Body ...	96.2%	95.6%	3.2%	4.1%	0.6%	0.3%

(b) Minor Ailments.

(i) NUTRITION.

The figures are given in the table below. They seem to have now come back to, or are slightly above, those of 1921.

ALL AGES EXAMINED.

	Normal		Below Normal	
	1922.	1923.	1922.	1923.
Boys ...	96.5%	89.3%	3.51%	10.7%
Girls ...	98.5%	92.3%	1.5%	7.7%

(ii) Other Minor Ailments.

	Eczema	Ringworm	Scabies	Impetigo	Nocturnal Eneuresis	Pigeon Chest	Chorea	Anaemia	Worms	Rickets	Enlarged Thyroid	Infantile Paralysis	Transposition of Viscera.
Boys ...	3	1	6	11	2	24	1	12	9	28	49	5	...
Girls ...	3	1	3	12	2	5	...	16	8	2	329	2	1

A large number of children who were found to be below normal for various reasons were kept under observation during the year. Some were sent to the Open Air School at Almeley as "Pre-tubercular" while a number were weighed regularly and advice and assistance given. The results have been very encouraging as most of these cases have since resumed the regular accession of weight and consequent wellbeing. The view is taken that, if a child can be got to pass its early years without a check to its physical condition or with only very short ones it is far less likely to become a victim to disease in adult life. The best value for the time and money expended therefore seems to be obtainable by concentration in this direction.

(c) **Tonsils and Adenoids.**

Against these debilitating factors a constant war has been waged with improving results. The percentages of children found to be suffering from these defects is considerably less than in 1922 and the number of cases in which the parents have been induced to take action, greater.

				<i>Tonsils enlarged.</i>	<i>Tonsils and Adenoids enlarged</i>		<i>Adenoids enlarged.</i>
Boys	...	...	...	8.5%	0.6%	...	0.6%
Girls	...	...	...	8.5%	0.6%	...	0.3%

(d) **Tuberculosis.**

		<i>Tuberculosis definite.</i>		<i>Tuberculosis suspected.</i>	<i>Bronchitis.</i>		<i>Asthma etc.</i>
Boys	...	Nil	...	1.1%	9.94%	...	9.94%
Girls	...	Nil.	...	9.7%	9.2%	...	9.2%

Cases of Tuberculosis or suspected tuberculosis are called to the most convenient Dispensary when discovered in the schools, and they are treated until cured. The Open Air School at Almeley has been of inestimable value in the treatment of the worst of these cases. During the year 52 children have been sent to Newport Open Air School with gratifying results.

(e) **Skin Diseases.**

The number of cases under this heading is too small for separate notice. They will be found in the Table for other Minor Ailments. An inspection is made of every child in school with a view to detecting and dealing with cases of Impetigo.

(f) **External Eye Defects.**

				<i>Squint</i>	<i>Blepharitis</i>		<i>Conjunctivitis</i>
Boys (cases)	...	...	...	12	28	...	2
Girls (cases)	...	...	...	13	12	...	3

(g) **Vision.**

Taking only the cases where there could be no doubt but that the children could read sufficiently well to ensure the accuracy of the test, the percentage of defects of 6/12ths. and over was 3% in

the right eye and 2.4% in the left, in the case of boys, and in the case of girls the percentages were 5% right and 4.9% left. The total number of children found to possess defects of 6/12ths. and over was—boys 105 and girls 190.

	Right						Left					
	6/9	6/12	6/18	6/24	6/36	6/60	6/9	6/12	6/18	6/24	6/36	6/60
Boys (1938) ...	45	24	12	9	7	7	51	16	9	11	9	11
Girls (1892) ...	44	27	24	16	19	10	49	42	14	17	14	7

(h) **Ear Diseases and Hearing.**

Otorrhoea was found in the routine inspections in one or both ears of 12 (0.4%) boys and 28 (1.2%) girls.

Hearing was found markedly or slightly defective in 5 (0.2%) boys and in 8 (0.3%) girls. In most cases however the defect was not of so grave a character as to preclude education in an Elementary School.

(i) **Dental Defects.**

These will be found to be dealt with under the Report of the School Dental Officer.

(j) **Crippling Defects.**

Full details of the children found to be suffering from Crippling Defects will be found when the "Green Card System" is described under "Following-up" Section VII.

VI. INFECTIOUS DISEASES.

As is usual the control of outbreaks of Infectious Disease is undertaken by the Urban and Rural Medical Officers of Health in co-operation with the County Medical Officer, to whom all cases are notified simultaneously. Whenever cases occur or are discovered by either group of Officers they are immediately notified to the other. In this way there is complete co-operation between the County Medical Officer of Health and those of the Urban and Rural Districts.

School closures are as a rule carried out by the Chief School Medical Officer though, under exceptional circumstances the Medical Officers of Health might do this. Reports of cases or suspected cases of Infectious Disease whether compulsorily notifiable or not are sent by Attendance Officers and Head Teachers to the County Medical Officer of Health and the Rural or Urban Medical Officer of Health so that prompt enquiry and action can be taken. This system works well and with the minimum of friction.

The following tables show to what extent School Closures and Exclusions from School under Arts. 45 (b), 53 (b), and 57 of the Code have been necessary during 1923.

SCHOOLS CLOSED FOR INFECTIOUS DISEASE, 1923 :—

Coughs and colds	...	...	...	3
Measles	...	...	...	14
Mumps	...	...	...	14
Diphtheria...	...	...	...	2
Scarlet Fever	...	...	...	4
Whooping Cough	...	...	...	18
Chickenpox	...	...	...	7
Influenza	...	...	...	3
				—
				65
				—

Cases excluded from School.

Epilepsy...	...	...	...	1
Conjunctivitis	...	...	...	1
Tonsillitis	...	...	...	1
Enuresis	...	...	...	1
Impetigo	...	...	...	36
Debility	...	...	...	24
Scabies ...	...	...	...	19
Verminous	...	...	...	6
Phlyctenular Conjunctivitis	...	...	...	3
Suspected Phthisis	...	...	...	52
Chorea ...	...	...	...	2
Defective Vision	...	...	...	7
Bronchitis	...	...	...	9
Whooping Cough	...	...	...	17
Skin Diseases	...	...	...	5
Ringworm	...	...	...	17
Eczema ...	...	...	...	1
Sprained Arm	...	...	...	1
Chickenpox	...	...	...	13
Enlarged Tonsils ...	...	...	...	1
Valvular Disease of the Heart	...	...	...	3
Jaundice	...	...	...	1
Laryngitis	...	...	...	1
Mumps ...	...	...	...	32
Diphtheria	...	...	...	2
Measles ...	...	...	...	9
Dirty Condition	...	...	...	4
Osteomyelitis	...	...	...	1
Nervous Condition	...	...	...	1
Nephritis	...	...	...	1

Pleurisy	...	...	...	...	1
Interstitial Keratitis	...	...	...	...	2
Colds	...	...	...	...	1
Anaemia	...	...	...	...	3
Nose bleeding	...	...	...	...	1
Tubercular Glands	...	...	...	...	2
Asthma	...	...	...	...	2
Tubercular Disease Hip	...	...	...	...	1
Tubercular Disease Spine	...	...	...	...	1
					<hr/> 286 <hr/>

Cases notified by Teachers :—

Mumps	...	...	...	...	139
Chickenpox	...	...	...	...	89
Measles	...	...	...	...	144
Whooping Cough	...	...	...	...	110
Sores	...	...	...	...	5
Skin Disease	...	...	...	...	1
Scabies	...	...	...	...	6
Ringworm	...	...	...	...	23
Scarlet Fever	...	...	...	...	22
Impetigo	...	...	...	...	6
Coughs	...	...	...	...	1
Diphtheria	...	...	...	...	5
Eye Disease	...	...	...	...	2
					<hr/> 553 <hr/>

VII. FOLLOWING UP.

The system of "Following-up" the cases of children referred for some defect at the Routine Medical Inspections has been resumed. The results are as follows :—

<i>Cases referred.</i>	<i>Treatment received.</i>	<i>Not received.</i>	<i>Left School or County.</i>	<i>Observation only.</i>
610	289	253	42	26

(a) The "Green Card System" instituted to facilitate the supervision of the cases of serious defects last year has been continued and is found of great benefit since these cases can be far better kept under observation and their cards are not mixed with the general card index.

The following table gives an idea of the information contained in this card index :—

<i>Disease.</i>	<i>Improved.</i>	<i>No.</i>	<i>Imp.</i>	<i>Recovered.</i>	<i>Total.</i>
Tubercular	51	13	8	72	
Defective Vision	6	7	1	14	
Ear defects	1	—	—	1	
Deaf	3	9	—	12	
Paralysis (not Tubercular)	19	15	—	34	
Heart Disease—					
(a) Organic	34	9	1	44	
(b) Congenital	23	4	1	28	
Epileptic	3	9	—	12	
Other Defects	6	11	1	18	
	146	77	12	235	

Mentally Defective Children.

Seventy-five children who were stated to be Mentally Deficient had their cases investigated during the year. Of these 55 were found to have varying degrees of defect while 20 were found dull and backward but not mentally defective.

Final Summary.

Severe Physical Defects	total	...	...	235
Mental Defects	..	...	...	55
Mental Defects not found	..	...	...	20
Cases removed from Index	..	...	...	62
(Left school, left County, died, recovered, or not found to be defective when investigated).				
Total cases seen	...	...	...	372

A large number of new cases, reported on the Annual Return by the Head Teachers, remain to be investigated during 1924 and the old cases will be again seen and progress reported.

It is not too much to claim that the above mentioned Card Index now provides an almost complete survey of the seriously crippled and defective children in the County and enables the School Medical Officer to give them the individual attention their cases deserve. As will be seen from the table above, the results are encouraging and justify the extra labour involved. The attention given has consisted in seeing that where medical treatment was required it was obtained in some way and that where observation and advice were indicated these were supplied.

School Nurses.

Following up of cases requiring treatment as found at the Routine Medical Inspections and Cleanliness Inspections have been carried out as usual by the School Nurses.

The following table gives an idea of the work done during the year :—

Attendances at Medical Inspections	...	...	215
Attendances at Dental Inspections	...	...	199
Visits to Schools re Cleanliness	...	...	694
“ Following-up ” Visits to Homes re Cleanliness			1091
“ Following-up ” Visits to Homes re Physical Defects	...	...	1053
“ Following-up ” Visits to Homes re Dental Defects	...	...	137
Total attendances and visits	...	...	<u>3389</u>

After Care Committees.

Except in the larger Urban Centres and in a few Rural areas these Committees are largely defunct. This throws a considerable amount of visiting on the School Medical Officer and School Nurses, which would not be necessary if the parents could be induced to take the necessary steps to get the medical attention advised.

Where Care Committees exist they are of great value though their efforts are more or less limited to finding funds or Hospital letters for treatment which the parents are either unable or unwilling to provide.

(b) Tonsils and Adenoids.

As will be seen from Table IV. (Group III) there has been some improvement in the position as regards the removal of tonsils and adenoids. The work has still however been mainly done by voluntary agencies on the Hospital ticket system.

Where the necessary operative treatment has been carried out the improvement in the physical condition of the children has been so great that the parents in these cases can usually be counted upon to act as missionaries in spreading the knowledge of the benefits derived.

It is the practice only to recommend the removal of chronically inflamed and indurated tonsils and where the child is obviously suffering as a consequence. Ordinary temporary enlargements are treated by the use of some astringent antiseptic paint. These enlargements tend to produce much systemic poisoning in the children and consequent debility.

(c) Tuberculosis.

Following the usual custom, all cases of “suspected” tuberculosis are referred to the Clinical Tuberculosis Officer at the most convenient Dispensary. As might be expected actual cases

of Pulmonary Tuberculosis are rarely encountered in Schools as such a child would be too ill to attend. As no School Clinics are yet in existence many debilitated children are referred as "suspected" who are probably not "tubercular," the Tuberculosis Dispensary providing the only means of keeping a child under continuous observation. Where the parent has attended to the child in accordance with the advice given the results have been gratifying in the extreme, and well justify the extra trouble involved. A debilitated child requires attention no matter what the cause of the condition may be and every one restored to sound health is an asset to the County instead of a possible debt.

(e), (f), (g).

These cases are dealt with as in (a) and (b). The supply of spectacles and the excision of tonsils and adenoids often put an excessive strain on the meagre purse of the parents and if some arrangement could be come to between the Education Committee and the Hospitals in regard to remuneration for these services much additional benefit to health might result in many cases.

(h) **Dental Inspection and Treatment.**

REPORT OF SCHOOL DENTIST.

I beg to report that the School Dental work has been quite satisfactory during the past year and continues to run smoothly, which is due to a great extent to the co-operation of Head Teachers and the help they have given at the time of Inspection.

The age groups inspected and treated consist of children aged 6, 7, 8, 9, and 10, the latter age group having been added this year, which accounts for the larger number of children inspected. It is still only possible to attend one School per day except on rare occasions where two schools of very small proportions are in the same locality. Out of 174 schools 132 have been visited during the year and it is intended to complete the remaining schools in their order.

As regards treatment, it will be observed from Group IV. of the Statistics that only 49.6% of the children requiring treatment were actually treated. This is accounted for mainly by the absence of parents at the inspection and the fault of not sending the small fee for treatment with the child. It is realised that there are domestic difficulties which preclude the attendance of many mothers but this does not fully account for this fact. A little propoganda by the District Nurse, the Head Teacher, and the Managers would greatly help to improve this matter and I would like to ask personally for their co-operation in making the Dental Treatment a greater success. There is no doubt whatever that

where mothers realise the necessity of keeping their children's mouths in a healthy condition and avail themselves of the services of the School Dentist at regular intervals the general health of their children will be greatly improved and this will also be to the advantage of the Education Authority.

There is a large number of cases which I have been unable to treat owing to the great amount of work necessary to put the child's teeth in good order. The class of case I refer to is that in which a number of teeth require filling and several need extraction as well. In these cases a general anaesthetic is necessary and two or three subsequent visits are required. It will be realised that it is impossible to visit any school oftener than once every eighteen months and therefore these cases are of necessity referred to private dentists and in the great majority of cases the parents cannot afford to pay for this treatment.

Speaking generally the teeth of the children in this County are in average condition but particularly have I noticed that the teeth of those children coming from the poorer families where luxury is unknown are in far better condition than those of children from better class families. This points to the fact that the simpler and plainer food promotes the growth of sound teeth. Furthermore, those children who have once been treated invariably present themselves at each subsequent inspection whether any treatment is required or not and it will be fully realised that until some local interest is aroused greater headway cannot be made with regard to the remainder.

T. W. VOSE DAVIES, L.D.S., R.F.P.S., (Glas.),
School Dentist.

(i) **Crippling Defects and Orthopaedics.**

Cases of crippling are reported to the Medical Treatment Committee of the Education Authority and if suitable are sent for special treatment to the Shropshire Orthopaedic Hospital, Oswestry.

The Voluntary Orthopaedic Clinic, established by the Ladies of Hereford, at the Hereford General Hospital, has done much good work during the year. Eight girls and 6 boys have attended the clinic and of these 4 girls and 3 boys have received surgical treatment at the Shropshire Orthopaedic Hospital.

VIII. TREATMENT OF MINOR AILMENTS.

As far as is possible advice has been given to parents to enable them to carry out the treatment of minor ailments. This course has been adopted since it is certain in most cases that the parent would not, and could not afford to, visit a private prac-

itioner for such minor ailments. In the case of rather more serious ailments the parent is referred to her own doctor. Since however many minor ailments lead to more serious ones it is necessary, in the interest of the children, that they should be attended to.

IX. OPEN AIR EDUCATION.

There has been established, in connection with the Tuberculosis Sanatorium at Almeley, an Open Air School with beds for 28 Tuberculous and Pre-tuberculous children. This though small is a great advance and the results have been very encouraging, 24 children have been treated and discharged while 28 remain under treatment.

As was said last year much might be done by taking classes outdoor in Schools where covered sheds exist, in suitable weather, but the tendency to spend the winter crowded round the fire with all fresh air excluded is very difficult to combat. The initiative lies with the teachers themselves and if the children are properly clothed and made to run about at short intervals they will not notice the cold.

X. PHYSICAL DRILL AND TRAINING.

The duties of the School Medical Officer are so ample that anything in the way of systematic attention to this is impossible. Physical training, unless special attention is paid to it does not teach uprightness of carriage since the exercises can mostly be carried out with a stoop.

XI. PROVISION OF MEALS.

No provision of meals is in force nor could it be adopted as a general rule. Practically all children come provided with food of a sort while few suffer from malnutrition which can be attributed to actual starvation. The great fault is not insufficient food but unsuitable. The food is usually eaten while playing or is forgotten in the excitement of games and taken home. In a few schools the children are made to sit down to eat their food and in some cocoa or soup is provided at a small cost. These schools may be described as pioneers and form a very small proportion of the whole. What is wanted is a general system of sitting down for the mid-day meal and the supply of something hot in the winter free or at a sufficient cost to cover the outlay. In one school soup is supplied at a penny a bowl and this has amply covered all expense; in others cocoa is given at $\frac{1}{4}$ d. a cup but this depends on the personal energy of the School teacher or some charitable person.

XII. SCHOOL BATHS.

None provided.

XIII. CO-OPERATION OF PARENTS.

All parents are advised of the proposed visit of the School Medical Officer and asked to be present.

During the year 2,520 parents attended the School Inspections, 1,218 in respect of boys (50 per cent) and 1,302 in respect of girls (55 per cent), as gainst 36% and 38% for 1922, a considerable improvement.

XIV. CO-OPERATION OF TEACHERS.

Arrangements for the Medical Inspection are left to the Teachers and they usually do their utmost to induce the mothers to attend and also bring forward such cases as they may have thought require special attention. The School Medical Officer endeavours to make teachers and parents understand that, during his few visits he will deal with everything connected with the welfare of the children and assist those responsible in every way in his power. Advantage should be taken of this to obtain advice on every matter which may require skilled medical assistance.

XV. CO-OPERATION OF ATTENDANCE OFFICERS.

Where this is possible it is of great value but the scattered state of the population in the country districts and the limited time at the School Medical Officer's disposal make closer co-operation impossible.

They report the cases of children not attending school for Medical reasons, Infectious disease when it comes under their notice, and removals to other school areas.

XVI. CO-OPERATION OF VOLUNTARY BODIES.

Care Committees.

As has already been stated, except in some Urban and Rural Centres where they do valuable work, these are non-existent.

The Orthopaedic Clinic in Hereford has already been alluded to and it has helped considerably in the treatment of children who would otherwise have been very difficult to provide for.

Much assistance has been received from the Local Branch of the Society for the Prevention of Cruelty to Children.

XVII. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Under the "Green Card" System, details of the cases of all such children who are known, are available. Children who have never been to school are more difficult to keep in touch with and it is only in the Teachers' Annual Return of defective children in or out of School that these cases come to light, while the teacher has only hearsay to go on in many instances. From these reports case cards are made out and the children investigated by the

School Medical Officer during the following year. The School Medical Officer's Office therefore should contain full information of every child of school age whether at School or not and detailed information of such as have serious defects except for the new cases reported and not investigated up to date. Of these latter at least two-thirds are found not to require special notice on examination.

Deaf, Dumb, Blind and Mentally Defective Children, if they are likely to benefit, are reported to the Medical Treatment Committee of the Education Authority and those who are at present in Institutions are shown at the end of the Report. Most of the Mentally Defective children, who are under proper control and can be well treated in their homes, are left at School. In an agricultural population the educational benefit they would derive from Special Schools seems negligible and not worth the money. They can be better educated by their fathers into automatic work round the farms which will provide them with some sort of living in after life.

XVIII. NURSERY SCHOOLS.

There are none of these in the County.

XIX. SECONDARY SCHOOLS.

No arrangements have as yet been made for the Medical Inspection and Treatment of children in Secondary Schools.

XX. CONTINUATION SCHOOLS.

None.

XXI. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

Four examinations have been made under this head in the year, under the Employment of Children Act.

XXII. SPECIAL ENQUIRIES.

Special note has been made of the percentage of children found to be vaccinated at all inspections, in view of the recent Smallpox outbreak in Gloucestershire. The percentage is 58 only.

Special efforts have been made to deal with thyroid enlargements in girls as these though not having much effect on health are yet disfiguring and can easily be treated in most cases.

XXIII. MISCELLANEOUS MATTERS.

(a) Forty-four special visits have been made to children reported to the School Attendance Committee as being absent from school on Medical grounds.

(b) The following table shows the children who required permanent exclusion from school for medical reasons during the year :—

Heart Disease	...	...	...	...	1
Nephritis	...	...	...	...	1
Suspected Phthisis (lung)	...	...	...	...	2
Pulmonary Tuberculosis	...	...	...	...	2
Tubercular Disease Knee	...	...	...	...	1
Mentally Defective	...	...	...	...	3
Defective Vision	...	...	...	...	1
Rheumatoid Arthritis	...	...	...	...	2
Enuresis	...	...	...	...	1
					—
					14
					—

(c) The following Teachers and others were examined at the request of the Education Committee :—

Teachers examined during the year.—

Supplementary Teachers	...	...	...	...	26
Student Teachers	...	...	...	...	8
Pupil Teachers	...	...	...	...	11
Intending Teachers	...	...	...	...	6
Monitress	...	...	...	...	1

I am, your obedient Servant,

PETER LOWE,

*M.A., (Hons.) B.Sc., M.B., Ch.B., D.P.H.,
Chief School Medical Officer.*

**HEREFORDSHIRE COUNTY COUNCIL—EDUCATION
COMMITTEE, 1923.**

Table I.—Return of Medical Inspections.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	...	...	...	...	1058
Intermediates	...	...	...	...	1298
Leavers	...	...	...	...	2419
Total	...	...	...	...	4775
Number of other Routine Inspections				...	—

B. OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	392
Number of re-inspections	...	...	...	...	939
Total	...	...	...	...	1331

Table II. A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1923.

Defect or Disease (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	(2) Requiring Treatment.	(3) Requiring to be kept under observation, but NOT requiring treatment	(4) Requiring Treatment.	(5) Requiring to be kept under observation, but NOT requiring treatment.
Mainnutrition ... ..	...	444	...	22
Uncleanliness (See Table IV., Group V).	...	461	...	14
SKIN :—				
Ringworm :—				
Scalp	2	...	...	...
Body ... ..	...	...	...	...
Scabies	9	...	1	...
Impetigo	23	...	...	...
Other Diseases (non-Tuberculous)	13	...	...	...
EYE :—				
Blepharitis	27	6	...	...
Conjunctivitis	4	1	...	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision (excluding Squint)	118	16	22	5
Squint	13	12	1	2
Other conditions	1	2	...	...
EAR :—				
Defective Hearing	8	5	...	...
Otitis Media	38	2	4	...
Other Ear Diseases ... ..	...	...	...	...
NOSE & THROAT :—				
Enlarged Tonsils only	224	211	22	4
Adenoids only	3	23	2	...
Enlarged Tonsils and Adenoids	29	4	...	...
Other Conditions (Thyroids)	332	46	27	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	1176	...	55
Defective Speech ... ..	...	2	...	...
TEETH :—				
Dental Diseases (See Table IV., Group IV).	2349	...	489	...
HEART & CIRCULATION :—				
Heart Disease :—				
Organic	1	26	3	...
Functional ... ..	...	3	...	...
Anaemia	29	4	1	1

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.	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	1	1
Blind	(2)— Suitable for training in a School or Class for the Partially Blind ...	Attending Certified Schools or Classes for the Blind	...	...	...
		Attending Public Elementary Schools ...	4	...	4
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...
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	2	...	2
		Attending Public Elementary Schools ...	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution ...	1	...	1
Deaf	(2)— Suitable for training in a School or Class for the Partially Deaf ...	Attending Certified Schools or Classes for the Deaf	1	...	1
		Attending Public Elementary Schools ...	1	...	1
		At other Institutions ...	...	...	...
		At no School or Institution ...	...	...	...

		Boys	Girls	Total
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	...	...
		Attending Public Elementary Schools ...	11	24
		At other Institutions ...	...	...
		At no School or Institution ...	2	7
Epileptics	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools ...	2	2
		Attending Public Elementary Schools ...	...	...
		At no School or Institution ...	3	5
		Attending Public Elementary Schools ...	8	11
Mentally Defective	Notified to the Local Authority during the year.	Feeble-minded ...	...	...
		Imbeciles ...	...	...
		Idiots ...	...	...
		At no School or Institution ...	...	...
Epileptics	Suffering from Epilepsy which is not severe ...	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools ...	2	2
		Attending Public Elementary Schools ...	...	...
		At no School or Institution ...	3	5
		Attending Public Elementary Schools ...	8	11

Infectious Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...	...
	At other Institutions ...	...	...	...	...
	At no School or Institution ...	...	...	...	...
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 ...	...	...	...	...
	At other Institutions ...	...	...	...	...
At no School or Institution ...	2	1	3		
Delicate Children (pre or latent Tuberculosis, mal-nutrition, debility, anaemia, etc.) ...	At Certified Residential Open Air Schools	31	21	52	
	At Certified Day Open Air Schools	...	...	...	...
	At Public Elementary Schools ...	...	2	2	...
	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	2	2	4	
	At Public Elementary Schools ...	1	2	3	...
	At other Institutions ...	1	...	1	...
	At no School or Institution ...	2	1	3	...
Crippled Children (other than those with active Tuberculosis Disease) e.g. children suffering from paralysis etc., and including those with severe heart disease ...	At Certified Hospital Schools	...	...	...	...
	At Certified Residential Cripple Schools	1	...	1	...
	At Certified Day Cripple Schools	...	...	...	...
	At Public Elementary Schools	29	32	61	...
	At other Institutions	...	...	...	...
At no School or Institution ...	4	6	10	...	

Physically Defective.

LUNGS :—					
	Bronchitis	1	6	...	1
	Other Non-Tuberculous Disease ...	3	1	...	...
TUBERCULOSIS :	Pulmonary :				
	Definite ... ..	...	...	...	...
	Suspected	49	...	7	...
	Non-Pulmonary :				
	Glands	1	...	...	...
	Spine ... ..	...	...	...	...
	Hip	1	...	...	...
Other Bones and Joints :					
Skin ... ..	...	...	...	...
Other forms	1	...	...	...
NERV. SYST'M	Epilepsy	3	3	1	...
	Chorea	1	...	...	...
	Other conditions	6	1	1	...
DEFECTS	Rickets ... ..	...	39	1	...
	Spinal Curvature	2	3	...	...
	Other conditions	1	11	...	...
Other Defects and Diseases		21	1	2	4

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

GROUP	Number of Children		Percentage of children found to require treatment.
	Inspected	Found to require treatment	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants	1058	161	15.2%
Intermediates	1298	216	16.6%
Leavers... ..	2419	532	22.0%
TOTAL (Code Groups) ...	4775	909	19.0%
Other Routine Inspections ... ..	...	...	...

Table IV.—Return of Defects treated during the Year ended 31st December, 1923.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.)

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Other-wise.	Total.
(1)	(2)	(3)	(4)
SKIN—			
Ringworm—Scalp	2	2
Ringworm—Body
Scabies	9	9
Impetigo	23	23
Other Skin Diseases	13	13
MINOR DEFECTS—			
External and other, but excluding cases falling in Group II.)	32	32
Minor Ear Defects	46	46
MISCELLANEOUS—			
(e.g. minor injuries, bruises, sores, chilblains, etc., and enlarged Thyroids	332	332
TOTAL	457	457

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments,—Group I.)

DEFECT OR DISEASE	Number of Defects dealt with.			Total
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Other-wise.	
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (Including Squint)	...	72	...	72
Other Defect or Disease of the eyes (excluding those recorded in Group I.)	...	6	...	6
TOTAL	78	...	78

Total number of Children for whom spectacles were prescribed—				
(a) Under the Authority's Scheme	...	...	...	...
(b) Otherwise	...	...	...	67
Total number of Children who obtained or received spectacles				
(a) Under the Authority's Scheme	...	...	...	...
(b) Otherwise	...	...	...	67

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. (1)	By Private Practitioner or Hospital apart from the Authority's Scheme. (2)	Total (3)		
...	44	44	30	74

GROUP IV.—Dental Defects.

(1) Number of Children who were :—				
(a) Inspected by the Dentist :				
aged	5	...	41	} TOTAL 5,225
	6	...	707	
	7	...	876	
	8	...	1021	
	9	...	984	
	10	...	985	
	11	...	327	
	12	...	135	
	13	...	128	
	14	...	21	
DEDUCT—Specials (constituting age groups 5, 11, 12, 13 and 14) ... 652				
Routine Age groups 6, 7, 8, 9, and 10 4,573				
(b) Found to require treatment 2,838				
(c) Actually treated 1,409				
(d) Re-treated during the year as the result of periodical examination 386				
(2) Half days devoted to	Inspection	129	Total	291
	Treatment	162		
(3) Attendances made by children for treatment 1,459				
(4) Fillings	Permanent Teeth	727	} Total	747
	Temporary Teeth	20		
(5) Extractions	Permanent Teeth	181	} Total	2,159
	Temporary Teeth	1978		
(6) Administration of general anaesthetics for extractions ... Nil.				
(7) Other operations	Permanent Teeth	81	} Total	99
	Temporary Teeth	18		

GROUP V.—Uncleanliness and Verminous conditions.

1. Average number of visits per school made during the year by the School Nurses	5.2
2. Total number of examinations of children in the Schools by School Nurses	694
3. Number of individual children found unclean	921
4. Number of children cleansed under arrangements made by the Local Education Authority	Nil.
5. Number of cases in which Legal Proceedings were taken :	
(a) Under the Education Act, 1921	Nil.
(b) Under the School Attendance Bye-laws	Nil.

Details of Children in Special Schools.

Name	Sex	Date of Birth	Name of Institution	Admitted	Fees	Contributions by Parents
C.O.	M.	28th Aug. 1913	DEAF AND DUMB Edgbaston Institution for deaf and Dumb.	CHILDREN 7th Feb., 1921	£90 p.a. for Board Tuition and Clothing.	10/- per week contributed by the Ministry of Pensions during the time the boy is in residence at the Institution.
F.A.W.	M	9th Feb. 1910	Royal Sch. for Deaf and Dumb M'chester.	17th Feb. 1919	£85 p.a. ditto.	7/- per week
*B.E.W.	F.	11th Feb. 1911	EPILEPTIC Epileptic Colony, Lingfield, Surrey.	CHILDREN. 11th Jan. 1921	£75 p.a.	3/6 per week
**M.D.	F.	...	Ditto.	28th Sept. 1921	Ditto.	Admitted from Union.
† G.H.B.	M.	17th Feb. 1911	CRIPPLES. St. Vincent's Cripples Home, Pinner.	4th June 1920	£80 p.a.	5/- per week
†† D.R.W.	M.	31st Aug. 1915	BLIND Swansea and South Wales Institution for the blind	CHILDREN 1st July 1923	£80 p.a.	5/- per week

* This case was transferred to Montgomeryshire Authority as from 19th November, 1923.

** Discharged 29th March, 1923.

† Discharged 18th November, 1923.

†† This case was taken over from the Ebbw Vale Local Education Authority as from 1st July, 1923.

