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HOLLAND COUNTY COUNCIL,
LINCOLNSHIRE.

EDUCATION COMMITTEE.

Annual Report

— OF THE —

School Medical Officer.

1924.



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CONTENTS.

	PAGE.
Clinic, Ophthalmic	13.
Clinic, School	13.
Closure of Schools	15, 16.
Committee and Staff	3.
Dental Defects	10.
Dental Scheme	11, 26.
Exclusions from School	15.
Following Up	13.
Medical Inspection, findings of	8.
Medical Inspection, statistics bearing on	4.
Nutrition	8.
Parents, Teachers, &c., co-operation of	14.
Sanitation	7.
School Hygiene	6.
Tables (Statistical)	17—23.
Thyroid Gland, Enlargement of	12.
Treatment, Medical	13.
Tuberculosis	9, 13.
Uncleanliness	8.

MEDICAL INSPECTION SUB-COMMITTEE, 1924.

Councillor S. S. RENDALL, M.B. (Chairman).

Ald. COUPLAND.

Coun. J. MALTBY.

Ald. FITZALAN HOWARD. Coun. J. M. SIMPSON.

Coun. T. W. BANKS.

Miss E. M. MAPLES.

Coun. E. W. BOWSER.

Mrs. B. F. RICE.

Coun. E. J. DEAL.

STAFF OF SCHOOL MEDICAL SERVICE, 1924.

School Medical Officer:—

H. C. JENNINGS, M.B., B.S., M.R.C.S., D.P.H.

Assistant School Medical Officer:—

CAROLINE J. WRIGHT, M.B., B.S., D.P.H.

Ophthalmic Surgeon (Part Time):—

W. G. LAWS, Esq., F.R.C.S.

School Nurses:—

Miss BLACK.

Miss PARSONS.

Miss DIXON.

Miss ROBINSON.

Miss SPENCER.

Chief Clerk:—

WALTER INGRAM.

**STATISTICS BEARING ON MEDICAL
INSPECTION.**

Area of County 263,355 acres.

Population (Census 1921) 86,660.

Number of School Departments :—

 Provided 52

 Non-Provided 43

—

95

Number of Children on Books (December 31st, 1924)
11,064.

Number of School Attendance Officers 12.

Cost of School Medical Inspection for year ended
December 31st, 1924 :—

	£	s.	d.
Gross Payments	727	19	0
Receipts	29	14	4
Net Expenditure	£698	4	8

Grant from Board of Education for year ended December
31st, 1924 £349 2s. 4d.

General Education Rate, 1924—25 (Elementary) 1s. 3½d.

Medical Inspection Rate 1/5th Penny.

Product of 1d. Rate for Education Purposes ... £1833 5s.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE OF THE HOLLAND
COUNTY COUNCIL.



LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report on the health and physical condition of the public Elementary School children, as found by Medical Inspection during the year ended December 31st, 1924.

For the first time for several years all children in the routine groups in every School in the County have been examined and the work has thus been brought quite up-to-date.

I would especially draw your attention to the question of dental caries, which is one of the causes of much ill-health in later life. The urgency for systematic dental treatment for the school population is unquestioned, and I respectfully submit (in the body of this report) a scheme for such work in the County.

I have to acknowledge my indebtedness to my Assistant, Dr. Caroline Wright, and to the whole Staff, both Nursing and Clerical, for their loyal support and good work.

May I, in conclusion, Mr. Chairman and Members of the Education Committee, thank you for the kind consideration you have shown me during the year.

I am, Ladies and Gentlemen,

Your Obedient Servant,

H. C. JENNINGS.

Sessions House, Boston, Lincs.

January, 1925.

REPORT FOR 1924.

I.—STAFF—

staff.

An Assistant School Medical Officer, Dr. Caroline Wright, was appointed during the year, and commenced her duties on August 1st.

Nurses.

Two School Nurses were also appointed, bringing the total up to five.

The School Nurses are also Health Visitors and Tuberculosis Nurses, and give approximately two-fifths of their time to the School Medical Service. It is now possible to cover more or less the whole county, but there is no provision for filling the place of a Nurse who is temporarily on the sick list.

II.—CO-ORDINATION—

As the Officers are the same for all branches of the Council's Health activities, co-ordination between the School Medical Service and other Departments is simplified.

III.—SCHOOL HYGIENE—

improvements.

During the year no New Schools have been constructed, but improvements have been made at the following Schools:—

SCHOOL.	WORK DONE.
TYDD ST. MARY CHURCH OF ENGLAND (MIXED) ...	New Floors provided.
MOULTON CHAPEL COUNCIL	Asphalting Playground.
WHAPLODE DROVE	Provision of Washstand and Basin.
HOLBEACH BOYS' COUNCIL	Provision of Additional Stands in Cloak Room.
SURFLEET SEA'S END COUNCIL	Repairs to Playground.
GEDNEY DROVE END COUNCIL	Repairs to Playground.
FLEET FEN COUNCIL	Tarring Playground, Improvements in Heating, Provision of Lavatory Basins.

GOSBERTON CLOUGH COUNCIL	Repairs to Playground.
FRAMPTON CHURCH OF ENGLAND	Improvements to Heating Apparatus.
GEDNEY DAWSMERE COUNCIL	Repairs to Playground.
MOULTON CHAPEL COUNCIL	Provision of Portable Stove.
SPALDING CENTRAL BOYS' COUNCIL	Re-asphalting Playground.
MOULTON VILLAGE COUNCIL	Asphalting of Playground.
SOUTH EAU BANK COUNCIL	Tarring and Repairs to Playground.
DEEPING ST. NICHOLAS NORTH AND MIDDLE TOWNSHIP SCHOOLS ...	Tarring and Repairs to Playgrounds.
GOSBERTON COUNCIL	Repairs to Corridor Roof.
SPALDING WILLESBY	Enlargement of School and Playground.
WHAPLODE CHURCH OF ENGLAND	Provision of Stoves.

Sanitation in
Elementary
Schools.

Reports upon the Sanitary Conditions of many Schools have been made during the year and the number of these which fall below the minimum requirements for a school building is regrettable. Gross defects have been remedied, but there still remains a great amount of work to be done, and which should be undertaken as soon as financial conditions permit.

There are three things which need urgent attention, and which should not be affected by any plea of economy.

These are: (a) The discontinuance of the use of antiquated types of desk.

(b) The abolition of all privy vaults.

(c) The provision of sufficient playground space, such spaces to have a hard, smooth, impervious surface.

Satisfactory Playgrounds are essential for the proper carrying out of physical exercises and the purpose of games. In the winter time at several Schools the "playgrounds" become quagmires, whilst at one School which has no playground at all the road is used for that purpose to the danger of the children.

IV.—MEDICAL INSPECTION—

Number of
Visits.

The School Medical Officers paid 108 visits to the various school departments for the purpose of examining children in the code groups. 12 special visits were paid also for the detection of infectious diseases and investigation in connection with such cases. The number of children examined is contained in Table I.

Re-examina-
tion.

The figures for special and re-examinations are shown in Table I.

V.—FINDINGS OF MEDICAL INSPECTION—

A return of defects found in routine inspection during 1924 is contained in Table II.

Uncleanliness.

1,432 Children were found to be unclean, either in head or body, or both; 1,055 notices were sent to parents by the Health Visitors to cleanse their children, and 448 home visits were paid in connection with pediculosis examinations. The view is still held by some parents that nits arise spontaneously, and that some children have a constitutional pre-disposition. This ignorance is almost entirely confined to a few families living in outlying parts. The cleansing of children from this condition presents a difficult problem when one considers that in the worst cases it is aggravated by extreme poverty, and the fact that in order to supplement the family income the mother goes out to work, and in so doing neglects her children's physical well-being.

Police Court proceedings in these cases are futile and the infliction of even a small fine really amounts to depriving the family of some necessary article of diet.

Much good work has been done by the Nurses to remedy these defects. By personal visits, chats, and sympathetic assistance, it has been possible to keep many of these children clean. It is a pleasure to record that the home visits of the Nurses are welcomed by so many of the parents.

Nutrition.

The number of children who showed evidence of malnutrition was 60.

I have on many occasions watched children taking their mid-day meal at school, and from my observations can readily understand why the physique of many of them is poor. A typical "dinner" consists of white bread and jam, or white bread and margarine, with perhaps a piece of cake, and cold tea or water to drink, a meal in which vitamins are conspicuous by their absence. On enquiry one finds that the breakfast was of a similar nature. It is impossible for children brought up on such a dietary as this to develop into A.I. citizens.

The fault does not lie so much in the quantity of the food as in the quality, and a well-balanced diet rich in vitamins could be provided by the parents for practically the same outlay of money. A diet which included whole-meal bread, butter, milk, cocoa made with milk and sweetened, good soups, and fresh fruit and vegetables, would adequately nourish the children and allow of variation in the meals. Much food is wasted at the mid-day meal at school, largely, I believe, owing to the monotony of the diet and its unappetising appearance. The continual use of more detergent foods would have a most beneficial effect upon the teeth of the children.

Elementary dietetics might with advantage find a place in the curriculum of the public elementary school.

Tonsils and
Adenoids.

Enlargement of the tonsils only was found in 83 children, but 35 of these (42 per cent.) were not sufficiently serious as to require treatment.

Adenoid growths were found to be present in 76 children, of which 64 (84 per cent.) were in need of immediate treatment. Children, to the number of 39, were found to have enlarged tonsils and adenoids, and of these, 27 (66 per cent.) needed treatment.

Tuberculosis.

Three (3) cases of pulmonary tuberculosis were found, and were referred to the Tuberculosis Officer for further treatment. At the same time thirty-five (35) children were suspected to be suffering from the pulmonary form of the disease, and were referred to the Tuberculosis Officer in order that they might be kept under observation at the dispensaries.

Ten cases of non-pulmonary tuberculosis were found, including 5 of glands, 1 of hip-joint disease, and 1 other joint disease.

External Eye
Disease.

The number of the cases was small, and all of them (36) were referred for treatment.

Defective
Vision and
Squint.

Children to the number of 213 were found to have defective vision to a greater or lesser degree, and the majority, 172 (80 per cent.), were referred for treatment. Squint was found in 46 children, and 35 of these were referred for treatment, the remainder, who were wearing glasses, being kept under observation.

Defective
Hearing and
Ear Disease.

Forty-two children were found to come within this category, and 37 of them were referred for treatment.

Defective
Speech.

Only 3 children were found to be defective in speech.

Defects,
Dental

Dental caries requiring immediate treatment was found in 218 children, all of whom were recommended for such treatment. This by no means represents the sum total of dental caries present in the children in the elementary schools. Average figures for past years show that approximately 60 per cent. of the children examined in the routine groups have three or more carious teeth and are in need of treatment.

At the present time no scheme for the treatment of dental defects exists in the County, and the work of medical inspections in the schools is largely wasted for this reason. No possible good is done by studiously recording year after year, the existence of a large amount of dental defect, if no means of treatment is available. Especially is this so in rural areas where the average earnings of the parents of a large proportion of those showing dental defects are not able to stand the expense of efficient treatment by a properly qualified dental practitioner. "Consult your own dentist" borders on the unkind. The existence of dental defects in children may, in many cases, show no immediate ill-effects (the regular attendance of such children at school is often affected) but there is no doubt of the ultimate effects of dental caries either as a pre-disposing or actual cause of much ill-health.

The proportion of children requiring treatment varies in different parts of the country from 50—75 per cent. of the total number examined.

The aim of a comprehensive dental scheme is to secure for each child, when it leaves school, an efficient and sound set of permanent teeth. In order to achieve this object, attention must be paid to

(a) The removal of unsound teeth where their presence is harmful;

(b) The preservation of all serviceable permanent teeth.

The conservative treatment of temporary molars is productive of much good, but unless a dental staff is adequate, such conservative work is not possible of attainment. The treatment of certain conditions by means of mechanical appliances is of great use also.

AVERAGE AMOUNT OF WORK CARRIED OUT BY A SCHOOL
DENTIST (COUNTY).

* A whole time dentist in a county on the average gives one-quarter of his time to inspection, and inspects roughly 5,000 children annually. Three-quarters of his time is given to treatment, and the number of children actually treated is about two-fifths of the total number inspected, being about 2,000 in county areas. The average work of a whole-time School Dentist consists in the filling of 1,700 teeth, and the extraction of 4,500 in addition to dressings and other minor operations.

CONDITIONS OF A SATISFACTORY SCHEME.

- (1) The general and administrative arrangements, including the keeping of records, should be under the control of the School Medical Officer, on whose staff the dentist should be formally appointed.
- (2) Inspections should be carried out by a qualified dentist during school hours.

* See *Annual Report of Medical Dept., Board of Education, 1923.*

- (3) The age group, 5—7 years, should be dealt with first.
- (4) In subsequent years all children previously examined should be re-inspected and new age groups added.
- (5) Accurate records should be kept of each mouth examined, and of the treatment carried out in each case.
- (6) The bulk of the work should consist of fillings rather than of extractions, although of course, some of the latter will have to be performed.
- (7) The dentist should have the assistance of a Nurse.
- (8) Anæsthetics (general or local) should be given as a routine in the extraction of permanent teeth. Where only one dentist is employed, general anæsthetics will be best administered by the Assistant School Medical Officer.

In rural areas it is essential that a Dental Clinic be held in connection with each school, and for this purpose two alternatives are possible—

- (a) A portable outfit, which would of course necessitate the hiring of a car,
- (b) * A car with specially constructed body for use as a Clinic, when adequately furnished.

Undoubtedly the most efficient method for this area would be by means of a dental van. When such a scheme as that outlined above is commenced, its value both from a curative and preventive point of view will be enhanced if parents are invited to be present at inspections and clinics.

Dental Propaganda.

During the year no propaganda work in connection with dental hygiene has been carried out, but it is hoped that such work will be started during 1925. The effects of such work in other areas have been very gratifying and have contributed in no small way to the increased attendances at the clinics, and to the popularity of such clinics amongst the parents.

Enlargement of Thyroid Gland.

Slight enlargement of the thyroid gland was found during routine inspections in 11 children, all of whom were girls, aged from 11 to 14 years. In none of the cases was there evidence of hypersecretion of the gland as demonstrated by sweating, ocular, or cardiac changes. It would seem probable that in all these cases the enlargements were physiological and associated with puberty,

* See Page 26,

VI.—FOLLOWING UP—

The School Nurses made 35,000 examinations in the schools for the detection and prevention of uncleanness. 2,069 following-up visits were paid to children in connection with defects found at routine medical inspections made during the year.

VII.—MEDICAL TREATMENT—

Minor
Ailments.

The following cases were treated by the Nurses :

Number of Cases.	Number Remedied.
Ringworm 64	..... 60.
Scabies 5	..... 5.
Impetigo 74	..... 52.
Minor Injuries, Sores, Boils, etc. ....102	..... 98.

A School Clinic was opened at Spalding on October 1st, and 18 new cases were treated, making a total of 38 visits. Attendances at the Clinic have been very disappointing, but it is hoped that now the advantages of the Clinic are fully appreciated by the teachers, the attendances will improve.

Vision.

Six Clinics were held during the year, three of them at Boston and three at Spalding. A total number of 193 children were examined, and glasses prescribed in 181 cases. The spectacles provided were paid for by parents in 136 cases, in 9 cases the cost was remitted wholly or in part, and 36 cases are standing over.

Tuberculosis.

One hundred and seven visits were made by school children (46 of which children were new cases) to the dispensaries at Boston and Spalding for observation and diagnosis.

Nine children received treatment at Sanatoria :

Holland Sanatorium.	Out-County Sanatoria.
5	4

Tonsils and
Adenoids.

No scheme for the treatment of enlarged tonsils and adenoids is in operation in the county, and children suffering from these conditions receive treatment from their own family doctor or in hospital, only in a minority of cases.

IX.—OPEN AIR EDUCATION—

There are no open-air schools in the county, but in many schools lessons are given in the playgrounds during the summer months.

X.—PHYSICAL TRAINING—

Classes for
Teachers.

Arrangements are being made for courses of instruction in physical training for teachers in the elementary schools, early in 1925.

Out of School
Activities.

It is a pleasure to note that in many of the schools games are being organised to the manifest benefit of all concerned. The schools in Boston (M.B.), and Skirbeck and Skirbeck Quarter (County) have formed a league for the purposes of football and cricket matches. The games played in connection with this league have been most keenly contested and enjoyed by the boys of the several schools.

XI.—PROVISION OF MEALS—

Meals.

Sections 82—85 of the Education Act of 1921 are not administered.

XII.—SCHOOL BATHS—

No School Baths have been opened.

XIII.—CO-OPERATION OF PARENTS, TEACHERS, AND VOLUNTARY BODIES—

Parents.

One thousand six hundred and thirty-seven (1,637) parents were present at inspections, being 31.5 per cent. of the total number of children examined. These are good figures for a rural area, but it cannot be too strongly urged that the attendance of parents at medical inspections is of supreme importance if the greatest benefit from such inspections is to be obtained.

Teachers.

Credit is due to the majority of the teachers, who by sympathy, tact, and hard work have done much to assist in the smooth working of medical inspections. Many teachers have also been the means of obtaining treatment for children with defects, by tactful explanations to the parents concerned.

Voluntary Bodies.

During the year, 13 cases were referred to the N.S.P.C.C., with the result that conditions were materially improved in 11 cases without prosecution, and in 2 cases resulting from proceedings taken in local police courts.

XIV.—MISCELLANEOUS—

Supplementary Teachers.

Thirteen supplementary teachers were examined, and with the exception of one, who was suspected to be suffering from chronic phthisis, the remainder were classified as fit to perform their duties in school.

Removals from School Registers.

The names of two children were removed from the school registers on the certificate of the School Medical Officer, for the following reasons:—

Pulmonary Tuberculosis	1
Epilepsy	1

Exclusion from School.

Children were excluded from the school for the following reasons:—

	Cases.
Pediculosis	40
Ringworm (head)	9
Impetigo (face)	6
Scabies	4
Suspected Scabies	2
Suspected Phthisis	3
Bronchitis	1
Eczema	1
Swollen Knee	1
Jaundice	1
Suspected Mumps	4
Epilepsy	1

 73

School Closure.

Mumps was very prevalent throughout the whole county during the year. A small outbreak of diphtheria (3 cases) at Sutton St. Edmunds South Eau Bank School occurred in November. The cases were treated in hospital, and all immediate contacts swabbed, and those showing a positive re-action (1) excluded. No further cases occurred.

The following schools were closed during the year:—

SCHOOL.	DISEASE.	BY WHOM CLOSED.	FROM.	TO.
Sutton St. Nicholas	Mumps	S.M.O.	9th Jan.	21st Jan.
Whaplode Drove C. of E.	Whooping Cough	S.M.O.	11th Feb.	25th Feb.
Whaplode C. of E.	Influenza	S.M.O.	15th Feb.	3rd March
Moulton Village Council	Influenza	S.M.O.	25th Feb.	3rd March
Wrangle Central	Influenza	S.M.O.	22nd Feb.	3rd March
Holbeach St. Mark	Influenza	S.M.O.	26th Feb.	4th March
Sutterton	Influenza	S.M.O.	4th March	11th March
Gedney Drove End	Mumps	M.O.H. & S.M.O.	3rd March	17th March
Sutton Bridge Boys' ...	Mumps	M.O.H. & S.M.O.	6th March	17th April
Whaplode Drove	Whooping Cough	S.M.O.	8th March	17th March
Amber Hill	Influenza	S.M.O.	12th March	19th March
Long Sutton Boys'	Mumps and Influenza	M.O.H. & S.M.O.	15th March	5th April
Long Sutton Infants' ...	Mumps	M.O.H. & S.M.O.	21st March	14th April
Sutton Bridge Girls' ...	Mumps	M.O.H. & S.M.O.	24th March	17th April
Long Sutton Girls'	Mumps	M.O.H. & S.M.O.	25th March	15th April
Holbeach Infants'	Mumps and Whooping Cough	S.M.O.	2nd April	16th April
Holbeach Boys'	Mumps and Whooping Cough	S.M.O.	7th April	17th April
Holbeach Girls'	Mumps	S.M.O.	7th April	17th April
Sutton Bridge Infants'	Mumps	M.O.H. & S.M.O.	7th April	28th April
Leverton	Mumps	S.M.O.	14th April	17th April
Whaplode C. of E.	Whooping Cough	S.M.O.	6th May	26th May
Moulton Council	Chicken Pox	S.M.O.	14th July	Summer Holiday
Holbeach St. Luke	Mumps	S.M.O.	15th July	31st July
Whaplode St. Catherine's	Chicken Pox	S.M.O.	4th Dec.	Christmas Holiday
Spalding Marsh	Chicken Pox	S.M.O.	24th Nov.	8th Dec.

TABLE I.

Return of Medical Inspections during 1924.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :

Entrants	1483
Intermediates	1160
Leavers	1367

Total 4010

Number of other Routine Inspections nil

B.—OTHER INSPECTIONS.

Number of Special Inspections	225
Number of Re-Inspections	955

Total 1180

Total Number of Examinations 5190

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	Routine Inspections		Special Inspections		
	No. of Defects.		No. of Defects.		
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	
Malnutrition	42	12	3	3	
Uncleanliness : (See Table IV., Group V.)	..	..	..	..
Skin	Ringworm:				
	Scalp	8	..	5	
	Body	3	..	2	
	Scabies	2	..	..
	Impetigo	16	..	11	
Other Diseases, Non-Tuberculous	21	..	8	..	
Eye	Blepharitis	25	..	6	
	Conjunctivitis	3	..	2	
	Keratitis	..	..	..
	Corneal Opacities	..	..	..
	Defective Vision (excluding Squint)	135	38	37	3
	Squint	30	10	5	1
Other Conditions	4	3	4	..	
Ear	Defective Hearing	6	2	1	
	Otitis Media	16	2	6	
	Other Ear Diseases	6	..	2	..

TABLE II.—*continued.*

Nose and Throat	Enlarged Tonsils only	41	34	7	1
	Adenoids only	55	12	9	..
	Enlarged Tonsils & Adenoids	25	11	2	1
	Other Conditions	16	13	5	..
	Enlarged Cervical Glands (Non-Tuberculous)	3	4	1	..
	Defective Speech	2	1	..	..
	Teeth—Dental Diseases	215	..	3	..
Heart & Circulation.	Heart Disease:				
	Organic	6	..	2	..
	Functional	3	5	2	1
	Anæmia	19	1	4	2
Lungs	Bronchitis	40	12	7	..
	Other Non-Tuberculous Diseases	10	23	8	..
Tuber- culosis	Pulmonary, Definite	2	..	1	..
	Suspected	11	13	5	6
	Non-Pulmonary:				
	Glands	2	1	2	..
	Spine ... ..	..	..	..	..
	Hip	1	..	..	..
	Other Bones and Joints	..	1	..	..
	Skin ... ..	..	..	..	1
	Other Forms ... ..	..	1	1	..
Nervous System	Epilepsy	4	..	1	..
	Chorea ... ..	..	..	..	..
	Other Conditions ... ..	..	3	..	..
Deform- ities	Rickets	2	..	..	..
	Spinal Curvature ... ..	..	2	..	..
	Other Forms	10	..	..	..
	Other Defects and Diseases	69	37	31	7

**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 requiring Treatment
	Inspected.	Found to require Treatment	
CODE GROUPS :—			
Entrants	1483	289	19
Intermediates	1160	264	23
Leavers	1367	236	17
Total (Code Groups)	4010	789	20
Other Routine Inspections.. .. .	..	..	..

TABLE III.

Return of all Exceptional Children in the Area.

..	..	..	Boys.	Girls.	Total.
Blind (including partially blind)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	1	2
		Attending Public Elementary Schools ... ..	..	..	..
		At other Institutions ... ..	..	..	..
		At no School or Institution	2	1	3
	(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 ... ..	..	1	1
		At other Institutions ... ..	..	..	..
		At no School or Institution ... ..	..	..	..
Deaf (including deaf and dumb and partially deaf)	(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	1	1	2
		Attending Public Elementary Schools ... ..	..	1	1
		At other Institutions ... ..	..	..	..
		At no School or Institution ... ..	..	3	3
	(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 ... ..	..	..	..
		At other Institutions ... ..	..	..	..
		At no School or Institution ... ..	..	..	..
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... ..	..	..	..
		Attending Public Elementary Schools	24	26	50
		At other Institutions ... ..	..	..	..
		At no School or Institution	4	3	7
	Notified to the Local Control Authority during the year.	Feeble-minded ... ..	..	..	..
		Imbeciles	2	2	4
		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	3	4	7
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	7	4	11
		At no School or Institution ... ..	..	..	..

TABLE III.—*continued.*

...	...	...	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	2	3
		At other Institutions ... ..	...	...	...
		At no School or Institution	17	10	27
	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	9	10	19
		At other Institutions ... ..	...	...	...
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At no School or Institution ... ..	...	...	...
		At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	8	12	20
	Active non-pulmonary tuberculosis.	At other Institutions ... ..	...	...	...
		At no School or Institution	1	4	5
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	1	2	3
		At Public Elementary Schools	3	2	5
	Crippled Children (other than those with active tuberculous disease), e.g. children suffering from paralysis, etc., and including those with severe heart disease.	At other Institutions ... ..	...	...	...
		At no School or Institution	8	5	13
		At Certified Hospital Schools ... ..	...	...	...
		At Certified Residential Cripple Schools ... ..	...	1	1
At Certified Day Cripple Schools ... ..		...	...	...
Crippled Children (other than those with active tuberculous disease), e.g. children suffering from paralysis, etc., and including those with severe heart disease.	At Public Elementary Schools	8	6	14	
	At other Institutions ... ..	...	...	...
	At no School or Institution	6	7	13	

TABLE IV.

Return of Defects Treated during the Year.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS

(EXCLUDING UNCLEANINESS, FOR WHICH SEE GROUP V.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm-Scalp... ..	57	27	84
Ringworm, Body	7	..	7
Scabies	5	...	5
Impetigo	74	32	106
Other Skin Disease	50	22	72
Minor Eye Defects—			
External and other, but excluding cases falling in Group II.	8	7	15
Minor Ear Defects	5	8	13
Miscellaneous —			
(e.g., minor injuries, bruises, sores, chilblains, etc.)	39	..	39
Total	245	96	341

GROUP II.—DEFECTIVE VISION AND SQUINT

(EXCLUDING MINOR EYE DEFECTS TREATED AS
MINOR AILMENTS—GROUP I.).

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)	193	1	4	198
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ... ..	..	..	1	1
Total	193	1	5	199

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme 181
 (b) Otherwise 5

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme 181
 (b) Otherwise 5

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.		
..	40	40	21	61

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i.) Average number of visits per School made during the year by the School Nurses 7
- (ii.) Total number of examinations of children in the Schools by School Nurses 35,000
- (iii.) Number of individual children found unclean ... 1,432
- (iv.) Number of children cleansed under arrangements made by the Local Education Authority 590
- (v.) Number of cases in which legal proceedings were taken :—
- (a) Under the Education Act, 1921 nil
- (b) Under School Attendance Byelaws nil

APPENDIX A.

“ SCHEME FOR MEDICAL EXAMINATION OF PUPILS ATTENDING SECONDARY SCHOOLS. ”

Doctor's
Visits.

1. The dates upon which medical examinations will be held will be communicated to Headmasters and Headmistresses after consultation as to suitability. The medical examinations of boys will be conducted by the School Medical Officer himself and that of girls by the Assistant School Medical Officer (woman).

Pupils to be
Examined.

2. A complete examination will be made of every scholar at entry and at 15 years. At each year, other than those specified, the Medical Officer will interview each scholar cursorily with the medical record card, examine children whose condition raises any doubt as to their physical fitness, re-examine those who were previously found defective, and any others upon whom the Headmaster or Headmistress requires opinion. (It is desirable that, whenever possible, the Headmaster or Headmistress or their representative should be present at all inspections. In Mixed Secondary Schools information respecting the girls will be given to the Senior Assistant Mistress, who will be present when the girls are examined as the representative of the Headmaster. The class teacher should also be made acquainted with the contents of medical record cards relating to children in his or her particular class).

Facilities for
carrying out
Examination.

3. Medical examinations of pupils will be conducted at the school. A suitable room properly warmed and lighted should be available for the purpose; if possible, it should be sufficiently large to allow the length of 20 feet required for testing vision. It is desirable that a bowl, water, soap, and towel, be provided for the use of the Medical Officer.

Presence of
Parents.

4. The parents of pupils will be invited to be present at medical inspections. The mother's presence is extremely valuable, as it affords a convenient opportunity of discussing points of personal hygiene upon which it would be difficult to write formal letters. If the mother is present, the Medical Officer will bring to her notice any defects which appear to call for further attention; otherwise the necessary communication will be made direct to the parents in writing by the Medical Officer.

Medical
Record Cards.

5. A medical record card (of distinctive colours for the sexes) should be made out for each pupil in attendance, whether fee-paying or otherwise. The record card should be attached to the old card if the child has one. In the case of children holding scholarships obtained at any Public Elementary School in the County, application should be made to the County School Medical Officer, Sessions House, Boston, for the Medical Record Cards.

Custody of
Record Cards.

6 The medical record cards will be kept under "lock and key" in a suitable box provided for the purpose, so that only the Doctor, Headmasters and Headmistresses will have access to them. Any notes on the cards will be strictly private, and the references contained thereon, except any directions to parents, must not be used by Teachers in reports to parents, &c.

Transfer of
Medical
Record Cards.

7. Medical Record Cards of Children who have been transferred from one school to another will not be handed to parents of children for transmission to Head Teachers of pupils' new schools; in all cases, the cards will be sent directly to the Head Teacher of the School.

Pupils who
have left
School.

8. Medical Records of children who have left school should be forwarded to the School Medical Officer at the end of the term.

By such a system of medical examination, the Medical Officer will be able to advise parents with regard to personal hygiene, medical treatment for gross defects, suitability of children as to playing strenuous games, &c. The Medical Officer will be able, also, to co-operate with the Council's Instructresses in physical games in order that children who would benefit by such remedial exercises may be given the opportunity of doing so.

APPENDIX B.**DENTAL SCHEME.**

ESTIMATED CAPITAL EXPENDITURE (APPROX.)

	£
Ford 1-ton Chassis, with special body ...	230
Dental Outfit	50
	—
	£280
Capital Grant from Board of Education	£140*
Amount Chargeable to Rates	£140

which represents a rate of less than 1/10th of a Penny.

ESTIMATED ANNUAL EXPENDITURE (APPROX.)

	£
Salary of whole time Dentist	450*
Salary of whole time Nurse	150
Salary of whole time Clerk ...	80
Running Expenses of Van, etc.	150
Stationery, etc.	20
	—
Total Charges	£880
Grant from Board of Education	£440
Amount chargeable to Rates	£440

which represents a rate of ¼d.

*Rising by annual increments of £25 to £550.

