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*EDUCATION COMMITTEE.*

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# Annual Report

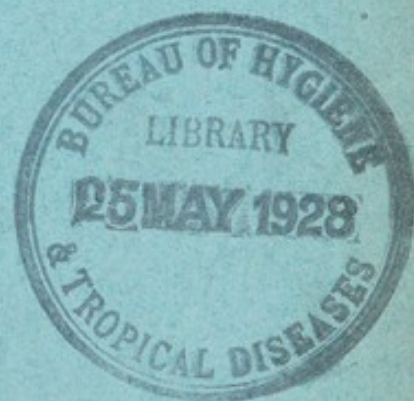
— OF THE —

School Medical Officer.

— BY —

H. C. JENNINGS,

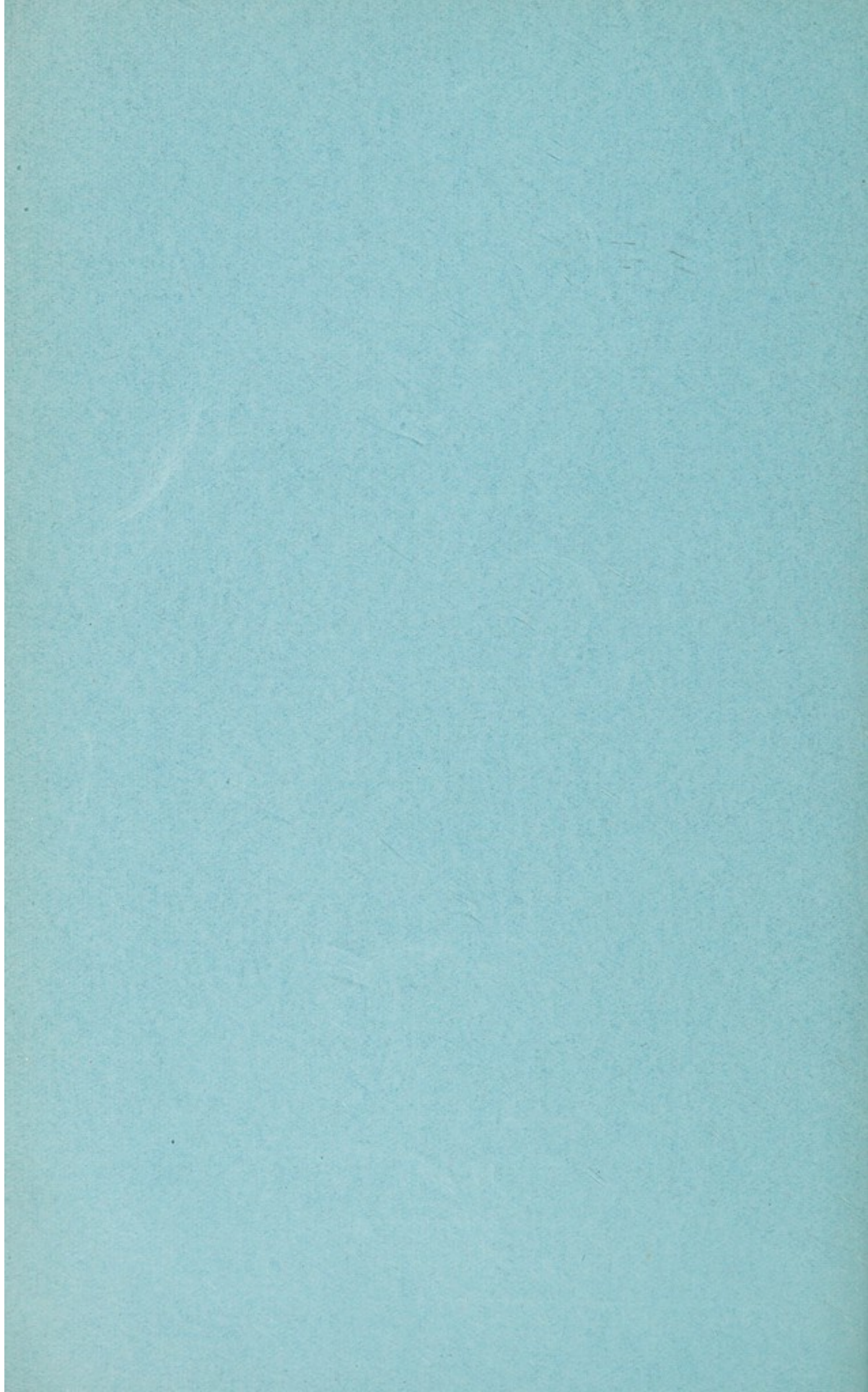
M.B., B.S., M.R.C.S., D.P.H.



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1927.

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HOLLAND COUNTY COUNCIL,  
LINCOLNSHIRE.

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*EDUCATION COMMITTEE.*

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# Annual Report

— OF THE —

School Medical Officer.

— BY —

H. C. JENNINGS,

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

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1927.

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## STATISTICS BEARING ON MEDICAL INSPECTION.

Area of County ..... 263,120 acres.

Estimated 1927 Population ..... 88,060.

Number of School Departments :—

    Provided ..... 49

    Non-Provided ..... 43

—

92

Number of Children on Books (December 31st, 1927)

11,352 (approx.).

Average Attendance, year ending December 31st, 1927,

9,875.

Number of School Attendance Officers ..... 12.

Cost of School Medical Inspection for year ended

December 31st, 1927 :—

£   s.   d.

Gross Payments ..... 2686 17 7

Receipts ..... 264 5 6

—————  
Net Expenditure   £2422 12 1  
—————

Grant from Board of Education for year ending December

31st, 1927 ..... £1211 6 0

General Education Rate, 1927—28 (Elementary) 1s. 7d.

Medical Inspection Rate ..... ¾d. (approx.)

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

*To the Chairman and Members of the  
Education Committee of the Holland County Council.*

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LADIES AND GENTLEMEN,

I have pleasure in submitting my Annual Report on the health and physical condition of the public Elementary School children, and also a certain number of Secondary School pupils, as found by Medical Inspection during the year ending December 31st, 1927.

The work of your School Dental Service has progressed satisfactorily, but it is already evident that if the full programme of work expected by the Board of Education is to be carried out, some assistance for the School Dentist will be inevitable. A full explanation of this statement will be found in the body of the Report.

I would also especially draw your attention to the need for the systematic teaching of Hygiene (both in theory and practice) to all children throughout the nine years of their school life. "The race moves forward on the feet of little children," and if the men and women of the next generation are to be able to function at the top of their capacity they must be taught how to live properly when they are children.

My indebtedness is due to the whole staff, Medical, Nursing, and Clerical, for their good work and loyal support.

May I, in conclusion, Mr. Chairman and Members of the 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.

County Hall, Boston, Lincs.  
February, 1928.

## REPORT FOR 1927.

I.—STAFF—

Medical.

An additional Assistant Medical Officer for the County was appointed in May, 1927, who gives a proportion of his time to work in the Elementary Schools.

Dr. Eileen Turner resigned on 30th September, 1927, and her place was filled by the appointment of Dr. Esther Ashworth, who commenced duties on 1st October, 1927.

Nursing.

Two additional School Nurses were appointed in May, 1927. These appointments have enabled me to divide the County into more workable areas for the Nurses, and it is now possible for them to carry out their duties in a more thorough manner than heretofore.

II.—CO-ORDINATION—

As the Officers are the same for all branches of the health activities of the Council, co-ordination between the School Medical Service and other departments is very much simplified.

III.—SCHOOL HYGIENE—

Improvements.

The following table shows the improvements that have been effected at various Schools during the year:

SCHOOL.	WORK DONE.
Deeping St. Nicholas M.T. ...	Asphalting of Playground.
Quadring Fen ... ..	Asphalting of Playground.
Fleet Fen ... ..	Asphalting of Playground.
Gosberton ... ..	Asphalting of Playground.
Fleet Wood Lane ... ..	Asphalting of Playground.
Gedney Church End ... ..	Asphalting of Playground.
Old Leake Church End ... ..	Asphalting of Playground.
Holbeach Boys' ... ..	Asphalting of Playground and Improvements to Heating System.
Old Leake Central ... ..	Asphalting of Playground and Installation of Chemical Closets.
Amber Hill ... ..	Asphalting of Playground and Installation of Galvanised Iron Water Tank.

Deeping St. Nicholas N.T. ...	Asphalting of Playground and Installation of Galvanised Iron Tank.
Holbeach Bank ... ..	Land for Extensions.
Moulton Village ... ..	Tarring of Playground.
Sutton Bridge ... ..	Extension of Heating System.
Holbeach St. Luke's ... ..	Improvements to Lighting and Ventilation.
Long Sutton ... ..	Provision of Bicycle Shed.
Spalding Council ... ..	Provision of Bicycle Shed.
Kirton Church End ... ..	Provision of Hat Hooks.
Sutton Bridge ... ..	Provision of Shelter in Playground.
Moulton Chapel ... ..	Tarring of Playground.
Kirton Church End ... ..	General Extensions.
Tydd St. Mary C. of E. ... ..	General Repairs and Improvements to Playground, Lighting, Heating, and Ventilation.
Butterwick Girls' Endowed ...	Renewal of Floors.
Kirton Marsh ... ..	Surface Tarring of Playground.
Surfleet Sea's End ... ..	Surface Tarring of Playground.
Sutton St. Nicholas ... ..	Surface Tarring of Playground.
Holbeach St. Luke's ... ..	Installation of Chemical Closets.
Gosberton Clough and Risegate	Installation of Chemical Closets.
Whaplode Shiphay Stow ... ..	Installation of Chemical Closets.
Cowbit Endowed ... ..	Increased Class Accommodation (Wooden building).
Spalding C. of E. ... ..	New Classroom, etc.
Swineshead Council ... ..	Improved Ventilation.

The teaching of Hygiene in Schools\* is now recognised by all who have the future of the nation at heart, as of paramount importance.

It is not too much to say that the habits of right living should be acquired by all children with as much opportunity and as little effort as they learn to speak their mother tongue.

\*The appendix on page 36 shows in which Schools and to what extent Hygiene is taught in the County.



In this connection I cannot do better than quote from the Report of the Medical Department of the Board of Education for 1926.

“There should be no elementary School in England and Wales, chargeable to the rates and taxes, and where children are compelled by Act of Parliament to attend in which the practical and sensible teaching of health is in any way neglected or allowed to fall into abeyance or be side-tracked. The study and practice of health must form part of the everyday life of the School. Hygiene should be taught in practice or theory, or both, at least once a week throughout the nine years of the child's School life. It may be taught as Hygiene or as a branch of science, but it should be taught practically and systematically. For health teaching is a more fundamental and larger subject than has as yet been generally recognised in education. Such teaching must be part of a carefully laid plan operating throughout the whole of the child's School life and related to all its learning and activities, if it is to take root; otherwise it remains largely in the realm of words and ideas, and there is no momentum to carry the child on through adolescence and adult life. The soil from which the teaching should spring has been poor, the roots have been stunted and starved, the growth therefore comparatively imperfect and unfruitful. The time has come accordingly to take stock of both the content and the method of our teaching. The case will not be met simply by arranging for more set periods devoted to ‘Hygiene’ in the School curriculum. Nevertheless not less but more—much more—health teaching should be given. But it must be established on firm foundation and be well grounded.

“I have heard it alleged in one area that Hygiene has been discarded because it was badly taught. But because reading, writing, arithmetic, history, or English are badly taught, as may be the case, no one suggests they should be discarded. The incompetent teacher is discarded, and the teaching of the subject promptly amended. So it should be with Hygiene.”

Sanitation in  
Elementary  
Schools.

During the year reports upon Sanitary Defects in Schools have been made to the School Managers concerned, and have in many cases resulted in the required work being done.

The great importance to the child of the environment in which it spends its time whilst in school does not appear to be appreciated as it should. To teach hygiene in Schools, where in many cases conditions obtain which are obvious instances of unhygienic procedure, appears to me to be anything but reasonable. There are too many Schools in which the primitive and offensive privy vault is the only means of excrement disposal, and in one school in the County there is a partially covered sunken ashpit in the playground.

In three schools chemical closets have been installed, and have proved highly successful, provided adequate supervision is given. I have watched the working of this system with great interest, and as a result am convinced that the problem of excrement disposal in rural schools has been solved. There is now no longer any excuse for allowing privy vaults to exist on school premises, and I hope that in the near future all vaults will be abolished.

#### IV.—MEDICAL INSPECTION—

The following groups of children are inspected annually:—

- (a) All children, within 12 months of their entry into School;
- (b) All children, within 12 months of attaining their eighth birthday; and
- (c) All children, within 12 months of attaining their twelfth birthday.

These are routine groups, and in addition special children, submitted by parents or teachers, are examined irrespective of age, together with all dull and backward children and those suspected of mental defect.

Many more Schools have been re-visited during the year by the Medical Officers, in order to re-examine those children who were recommended for treatment at the previous inspection.

The Medical Officers paid 145 visits to the various School departments.

Special visits, to the number of 26, were also paid in connection with outbreaks of infectious disease, sanitary defects, etc. The number of children examined (including Secondary Schools) is contained in Table I. pages 23 and 32.

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

Number of  
Visits.

Re-examina-  
tions, etc.

V.—FINDINGS OF MEDICAL INSPECTIONS—

A return of defects found in routine inspections during 1927 is contained in Table II.

Uncleanliness

1,406 children were found to be unclean, either in head or body, or both; 857 notices were sent to parents by School Nurses to cleanse their children; and 784 home visits were paid in connection with pediculosis examinations. The School Nurses also made 32,686 examinations in the Schools during their routine pediculosis inspections. The average number of visits per School made by the School Nurses during the year in connection with this work was five (5).

Nutrition.

The number of children who showed evidence of malnutrition was 134, a decrease of 50 on the figures for the previous year. The mid-day meal in many cases contains too much starch (e.g., white bread, cakes and pastries) and not enough animal fats, and I should again like to stress the importance of fresh fruit and green vegetables in the dietary of growing children.

Tonsils and Adenoids.

Enlargement of the tonsils only was found in 210 children, but 173 (82 per cent.) of these were not sufficiently serious as to require operative treatment.

48 children were found to be suffering from adenoid growths, and of these 33 (68 per cent.) were in need of immediate treatment. Children to the number of 55 were found to have both enlarged tonsils and adenoids, and of these 40 (72 per cent.) needed treatment.

Tuberculosis.

Of the 13 children found to be suffering from the pulmonary form of the disease, 9 were in a quiescent stage, and in fact were children who had been notified in previous years. The remaining four were referred to the Tuberculosis Officer for further treatment. 102 children were looked upon as suspicious (many were contacts with notified cases in adults) and were also referred to the Tuberculosis Officer, in order that they might be kept under observation at the Dispensaries.

Eleven (11) cases of non-pulmonary tuberculosis were found, including three of glandular disease, and one of spinal, and two of hip disease. All these cases were referred to the Tuberculosis Officer.

External Eye  
Disease.

Conjunctivitis and blepharitis, etc., were found to be present in 49 children, and all except 6 were referred for treatment.

Defective  
Vision and  
Squint.

Defective vision to a greater or less degree was found to be present in 122 children. The majority of these (90 per cent.) were referred for treatment. Squint was found to be present in 26 children, and 20 of these were referred for treatment, the remainder, who were wearing glasses, being kept under observation.

Defective  
Hearing and  
Ear Disease.

Thirty-five (35) children were found to come within this category, and of these 26 were referred for treatment.

Defective  
Speech.

Children to the number of 14 were found to be defective in their speech.

Dental  
Defects.

See page 30.

School  
Closure.

#### VI.—INFECTIOUS DISEASE—

Under the new regulations laid down by the Board of Education, certificates stating that school attendances had fallen below 60 per cent. owing to epidemic disease, were given to the number of 112. Of these, all except 10 were granted during the first quarter of the year, when both influenza and whooping cough were epidemic throughout the county.

Only four Schools were closed during the year, on account of infectious disease, as shown in the accompanying table. All these Schools are in a sparsely populated part of the county, where the likelihood of children mixing together, apart from School, is remote.

During the last quarter of the year a certain number of cases of scarlet fever and diphtheria occurred in various Schools, chiefly in the south of the county. In all these, the Schools were visited with the object of examining immediate contacts and also for the purpose of detecting missed cases. On the occurrence of a case of diphtheria all immediate contacts in the class and others members of the family attending School were swabbed, with a view to detecting carriers.

SCHOOL.	DISEASE.	BY WHOM CLOSED.	FROM.	TO.
Spalding Marsh ... ..	Influenza ... ..	S.M.O.	31st Jan.	8th Feb.
Whaplode Drove ... ..	Measles and Influenza ... ..	S.M.O.	3rd Feb.	21st Feb.
Moulton Sea's End ... ..	Scarlet Fever Measles and Influenza ... ..	S.M.O.	28th Feb.	9th Mar.
Holbeach St. Matthew ...	Scarlet Fever ... ..	S.M.O.	28th Feb.	14th Mar.

### VII.—FOLLOWING UP—

Visits.

5,666 following-up visits were paid to children in connection with defects found at routine medical inspections or by the School Nurses. The School Nurses also made 32,686 examinations, and 784 visits to the homes for the detection and prevention of uncleanness.

### VIII.—MEDICAL TREATMENT—

The following table shows the cases treated by the Nurses at the School Clinics and Schools in the area. Some of these cases were treated in the homes by the Nurses.

Number of Cases.	Number Remedied.
Impetigo .....253	..... 240 .....
Ringworm ..... 48	..... 44 .....
Blepharitis ..... 77	..... 38 .....
Otorrhœa ..... 68	..... 38 .....
Other Skin	..... 91 .....
Diseases 141	
Minor Injuries,	
Sores, Boils, &c. 332	..... 218 .....

School Clinic,  
Spalding.

The School Clinic which is held at Holland House, Spalding, continues to do much good work, and great use of it is made by the Teachers in the town. During the year, 205 new cases have been treated, making a total of 442 attendances.

Vision.

Treatment for visual defects is provided by the Committee at Clinics held alternately at Boston and Spalding, when sufficient numbers are ready either in the north or south of the County.

Five (5) Clinics were held during the year, two (2) at Boston and three (3) at Spalding. A total number of 174 children was submitted for examination by the Ophthalmic Surgeon, and glasses prescribed in 160 cases. The spectacles provided were paid for by the parents in 137 cases. In 15 cases the cost was remitted wholly or in part, and 8 cases are standing over.

One hundred and twelve (112) children who had had glasses prescribed on a previous occasion, attended for re-inspection.

Minor repairs and replacements to spectacles have been carried out through the School Medical Department (33 cases).

Tuberculosis.

Two hundred and seventy-eight (278) visits were made by school children (166 in respect of new cases) to the Dispensaries at Boston, Spalding, and Donington, for observation, diagnosis, and general supervision.

Fourteen children received treatment at out-County Sanatoria, nine (9) being pulmonary and five (5) non-pulmonary cases.

Tonsils and  
Adenoids.

No scheme for the operative treatment of tonsils and adenoids was in operation during the year. Arrangements are now, however, complete whereby children will be treated at the Boston Hospital and also at the Johnson Hospital, Spalding, and it is hoped that the scheme will come into operation early in 1928.

(Full particulars of the scheme are given in the appendix on page 35).

During the year only 111 out of the 345 children found with defects of nose and throat received treatment. See also table on page 30.

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—

There is nothing further to add to my remarks on this subject in my Report for 1925.

Meals.

XI.—PROVISION OF MEALS—

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

XII.—SCHOOL BATHS—

There are no school baths in the county.

XIII.—XVI.—CO-OPERATION OF PARENTS, TEACHERS,  
SCHOOL ATTENDANCE OFFICERS, AND  
VOLUNTARY BODIES—

Parents.

One thousand seven hundred and twenty-six (1,726) parents were present at inspections, being 28 per cent. of the total number of children examined.

It cannot be emphasized too strongly that the presence of parents at inspections is very important indeed. The Medical Officers are thus able to discuss with the parents the course to be adopted in improving the children's health, a procedure which is of much more value than any written communication could be.

Teachers.

I am greatly indebted to the majority of the teachers for their assistance in connection with the medical inspections, and also for their efforts in persuading parents to obtain treatment for their children.

School Attendance Officers.

These Officers assist, to a certain extent, in bringing to the notice of the School Medical Department exceptional children in the area who are not attending school.

Voluntary Bodies.

In a certain number of cases (chiefly of uncleanness and defects of vision) the efforts of the Officers of the N.S.P.C.C. have been productive of much good. During the year 25 cases were referred to the Society with the result that conditions were materially improved in most cases. The work of these Officers is of great assistance to the Local Authority.

XVII.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN—

Children coming within the above-mentioned categories are ascertained by the School Medical Officers, School Nurses, and School Attendance Officers.

Blind  
Children.

Of the five (5) totally blind children, two (2) are in special schools and in one of the three remaining cases offer of admission to a special school has been refused. Two (2) partially blind children are attending Public Elementary Schools.

Deaf  
Children  
(including  
Dumb).

Eight (8) children come within this category, and of these four are attending certified schools.

Defective  
Children.

The position with regard to this class of child remains unaltered, and the following remarks which I made in my Report for 1926 still hold good:—

“The shortage of accommodation in special Schools for mentally defective children is still as acute as ever, with the result that many children who should be in such special Schools are attending the elementary Schools, a state of affairs neither satisfactory to them nor to the normal children with whom they come in contact.”

Consequent upon the receipt of reports (41 D.) from Head Teachers, 113 children were examined by the School Medical Officers, and classified as follows:—

Dull and backward .....	91
Feeble-minded .....	12
Imbecile .....	8
Idiot .....	2

Epileptics.

There are 22 epileptic children in the county, 9 of whom are suffering from the disease in a severe form and have been excluded from school.

Thirteen (13) who are suffering from epilepsy in a minor degree are attending Elementary Schools.

XVIII.—NURSERY SCHOOLS—

There are no Nursery Schools in the county.

XIX.—SECONDARY SCHOOLS—

See page 21



XX.—CONTINUATION SCHOOLS—

There are no Continuation Schools in the county.

XXI.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS—

My remarks in the Report for 1926 are still applicable, viz. :—

“In this area the vast majority of children and young persons find employment on the land. Because of this state of affairs it was recommended by the Local Authority (some years ago) that the sittings of the Juvenile Employment Committee should be discontinued for the County area. There are, however, three large Council Schools situated on the outskirts of Boston, and children from these Schools, many of whom find employment in offices and factories in the town, are dealt with by the Boston Juvenile Employment Committee. The medical record cards are obtained from the Schools, and the parents and children are interviewed.”

XXII.—SPECIAL ENQUIRIES—

No special enquiries have been conducted by the School Medical Staff during the year.

XXIII.—MISCELLANEOUS—

Seventeen (17) candidates were examined with a view to their recognition as Bursars; all were classified fit to perform their duties, but in several cases errors of refraction and dental defects were required to be remedied.

Four (4) students were also examined in connection with the granting of loans by the Education Committee, and a certificate of fitness was given in each case.

**DENTAL SERVICE.**

The work of this service has proceeded very satisfactorily during the year. Unfortunately, however, owing to illness, the School Dentist was absent from duty for some weeks, with the result that it was not possible to devote the same number of sessions to the work, as during last year.

As the Committee will be aware, in each year as the work progresses another age group is added and the number of children previously treated who have to be examined again automatically increases. It will thus be seen that it will very shortly be impossible for the School Dentist to visit each school in the county once a year. In fact each succeeding year will see fewer schools visited at all. I would therefore draw the attention of the Committee to the fact that if the School Dental Service is to be carried out completely, it will be necessary to have the services of another Dentist.

It is very gratifying to note that as compared with last year the percentage of acceptances has risen from 39 to 50.

There are, however, certain areas in the county where the value of dental work is not yet completely understood, as will be seen from the following table:—

PERCENTAGES OF "ACCEPTANCES" FOR TREATMENT:—

Gedney Dyke .....	100	Quadring Fen .....	19
Pinchbeck Fen .....	83	Sutton Bridge Senior .....	21
Butterwick Girls' .....	80	Pinchbeck West .....	22
Skirbeck Tower Road .....	73	Frampton .....	31
Wrangle Central .....	71	Moulton Sea's End .....	33
Gedney Dawsmere .....	71	Spalding C. of E. Senior ...	35

As I said in my last report:—

"Why is there this marked difference? From the fact that in the better educated classes dental treatment is looked upon as an absolute necessity, it may reasonably be inferred that those parents who refuse their children dental treatment (at a nominal cost) are quite unable to appreciate the importance of some of the factors contributing to the welfare and future well-being of their children."

The propoganda work which has been done is bearing fruit, and I hope that in a year or so refusals to accept dental treatment will be practically unheard of anywhere in the county.

The sale of toothbrushes at cost price (3d.) has proved highly successful, in that during the year 2,974 brushes were sold to children, through the cordial co-operation of Head Teachers, to whom I am greatly indebted for their help.

The total amount of money received from parents for work done to their children's teeth was £42 17s. The maximum sum payable for any course of treatment is one shilling, but lesser sums are accepted at the discretion of the Dental Officer.

At the end of the year there were no payments outstanding.

The School Dentist, Mr. G. J. S. Rose, L.D.S.,  
Eng., reports as follows:—

ANNUAL REPORT on the School Dental Service for  
the year ending 31st December, 1927.

The second year of the School Dental Service  
ended on the 31st December, 1927.

Although, owing to my illness, the work accomplished during the last two months of the year fell short of expectations, it is well to note that a comparison with last year's figures reveals but little difference in the amount of work carried through, and that, during the periods in which I was unable to perform my duties, the Dental Nurse was able to give her time to much useful propaganda, which otherwise could not have been undertaken.

Many parents who had failed to allow their children the benefit of dental treatment were visited and the necessity for such work explained. Propaganda of this kind is not without good results, although most discouraging to the person engaged in it, and it is certainly one of the means by which parents will be brought, sooner or later, to realise the importance of oral hygiene and regular dental attention.

All children in the age groups 5 to 8 years are now being dealt with, and 18 special cases referred on medical grounds received attention.

42½ Sessions were given to inspections, against 65 in 1926, but as it has been possible, owing chiefly to the inclusion of an extra age group, to inspect more children per session, the number inspected, 2,148, is very little under last year's figure.

Proportionately more time has been devoted to actual treatment. The figures of cases completed have increased from 869 in 1926 to 884, the number of sessions given in 1926 being 269½, and in 1927 253. 45 Sessions were given to work of an administrative nature.

This improved result is due to several factors:—

1. Re-treatment cases which have required only one visit against two or three needed previously to render them dentally sound.
2. A knowledge of the locality has enabled visits to the Schools to be more systematically planned.

3. Fewer failures to keep appointments. In this respect 90 per cent. of children summoned have kept their appointments.
4. The elder children are given, where necessary, slightly longer sittings in order to reduce the number of attendances per child. In this connection it may be pointed out that a certain amount of time is lost by giving a child shorter and extra sittings, but it is a matter which requires further consideration and experience before one can state that it is not the better policy.

The ultimate success of any dental scheme is based on the foundation of "no pain." One must not operate against time in an endeavour to produce high figures.

By the end of April all Schools had been visited once, and the cases coming up for treatment had received attention. In all, during the year, 47 Schools were attended, and in 31 of these treatment was completed. This is rather better than anticipated, but leaves much to be desired. It means that annual visits will be impossible if the work is to be continued single-handed, and the time taken to complete a circuit of the Schools will tend to increase owing to the undermentioned conditions:—

1. The inclusion of an extra age group automatically increases the number of children coming up for treatment.
2. The percentage of acceptances has risen from 39.3 to 50.6.
3. In the higher age groups, where no previous treatment has been given, what were simple fillings have become compound, and take up very much more of the Dentist's time.

To combat the last factor and generally to endeavour to reduce the amount of dental caries, the following methods, amongst others, have been adopted:

1. A supply of toothbrushes has been held for disposal at cost price through the Head Teachers. In this way, 2,974 brushes have been put into use in the course of the year.
2. Instruction in dental hygiene, leaflets supplied gratis through the Dental Board of the United Kingdom, have been distributed to Head Teachers and scholars.

3. Leaflets of similar nature to those in (2) above have been handed to parents, and every encouragement given to them to seek advice and instruction in regard to the care of the teeth.

One may reasonably infer that some headway has been made from the fact that the percentage of children requiring treatment in the groups inspected shows a decrease of 6 per cent. on the figures of 1926. This decrease is largely due to the sound dentitions of children who received treatment in 1926. Out of a total of 309 sound mouths revealed on second inspections, 91 are the result of treatment given in 1926.

Another indication of progress is disclosed by a reduction in the average number of visits required by each child as shown in the following table:—

	1926.	1927.	1927.
			Cases re-treated only.
Average number of visits per child ...	1.99	1.81	1.28

It is to be regretted that the number of teeth requiring extraction, in both the temporary and permanent dentitions has increased. This will, unfortunately, be the case, until parents can be brought to realise that extraction in the vast majority of cases is the result of early neglect.

In this respect, however, it must be pointed out that there are many parents who would willingly have their "toddlers" who are not yet of school age attended to, if facilities were available. In many instances that have come under observation, two or three simple stoppings would have saved the dislocation of the whole temporary dentition, and have been of great benefit to the child.

Again too, there is a steady and increasing request for treatment from parents of children, and often from the children themselves in the higher age groups, which at present it is quite impossible to give.

The co-operation of the Head Teachers and their staffs is a most encouraging feature of the work, and the educational value of their advice to the children must have a very beneficial effect in years to come.

At present there is much unfounded prejudice against anything in the nature of dental treatment, especially stoppings, in the minds of large numbers of parents. It is therefore to such education in these matters as can best be given by the Teachers, combined with a persistent propaganda in oral hygiene and diet, that one looks for a substantial reduction in the prevalence of dental disease in future generations.

The running of the Travelling Motor Dental Van continues satisfactorily. Certain minor alterations to combat difficult weather conditions have been undertaken. In all an approximate distance of 4,044 miles has been covered in visiting the Schools.

In conclusion, I should like to express my appreciation of the assistance given me by Nurse Simpson, and of the willing co-operation of the Head Teachers and their staffs and the Health Visitors. I would ask for new and continuous effort from all concerned to ensure that in time a really efficient and satisfactory School Dental Service may result.

G. J. S. ROSE.

### **SECONDARY SCHOOLS.**

Medical Inspections have been made at the following Schools during each term of the school year:

- (a) Boston Grammar School (Boys).
- (b) Boston High School (Girls).
- (c) Spalding High School (Girls).

The examination of the girls was conducted by Dr. Eileen Turner during the early part of the year, and by Dr. Esther Ashworth during the remaining portion.

Statistics with reference to the Secondary Schools will be found on pages 32—34.

A perusal of these tables will show that the majority of defects found are those of vision and also dental disease.

If the facilities for the provision of skilled ophthalmic advice and dental treatment which are provided by the Committee for the children in Elementary Schools, were also available for pupils in the Secondary Schools, much good work could be done.

#### SUMMARY OF INSPECTIONS :—

Boys and Girls (all ages) 423.

Parents were present in 109 cases, which was 26 per cent. of the total examinations.

TABLE I.  
 Return of Medical Inspections.  
**ROUTINE MEDICAL INSPECTIONS.**  
 ELEMENTARY SCHOOLS.

	Total.	Grand Total.
A.—CODE GROUPS.		
Entrants ... ..	1285	
Intermediates ... ..	963	
Leavers ... ..	1109	
	——	3357
B.—OTHER GROUPS.		
Special Inspections ... ..	140	
Re-inspections ... ..	2573	
	——	2713
		——
		<b>6070</b>
		——



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 <i>not</i> requiring Treatment.	Requiring Treatment:	Requiring to be kept under observation but <i>not</i> requiring Treatment.
	Malnutrition ... ..	84	48	2	..
	Uncleanliness: * (See Table IV., Group V.)	..	..	..	..
Skin	Ringworm:				
	Scalp ... ..	1	..	2	..
	Body ... ..	2	..	1	..
	Scabies ... ..	..	..	1	..
	Impetigo ... ..	14	..	2	..
	Other Diseases, Non-Tuberculous	27	6	7	..
Eye	Blepharitis ... ..	15	2	4	..
	Conjunctivitis ... ..	4	1	2	..
	Keratitis ... ..	2	..	..	..
	Corneal Opacities ... ..	..	..	..	..
	Defective Vision (excluding Squint)	94	13	14	1
	Squint ... ..	16	6	4	..
	Other Conditions ... ..	12	3	3	1
Ear	Defective Hearing ... ..	2	5	2	..
	Otitis Media ... ..	16	1	4	..
	Other Ear Diseases ... ..	1	3	1	..
Nose and Throat	Enlarged Tonsils only ... ..	37	173	..	..
	Adenoids only ... ..	28	15	5	..
	Enlarged Tonsils & Adenoids	38	15	2	..
	Other Conditions ... ..	19	9	3	1
	Enlarged Cervical Glands (Non-Tuberculous)	8	15	2	..
	Defective Speech ... ..	2	9	1	2
	Teeth—Dental Diseases ... ..	745	2	4	..
Heart & Circulation.	Heart Disease:				
	Organic ... ..	1	9	..	..
	Functional ... ..	7	45	2	..
	Anæmia ... ..	10	3	..	..
Lungs	Bronchitis ... ..	27	77	..	1
	Other Non-Tuberculous Diseases	2	2	2	1

TABLE II.—*continued.*

Tuber- culosis	Pulmonary, Definite ... ..	4	9	..	..
	Suspected ... ..	5	95	2	..
	Non-Pulmonary :				
	Glands ... ..	..	2	1	..
	Spine ... ..	..	1	..	..
	Hip ... ..	..	2	..	..
	Other Bones and Joints	..	..	..	..
	Skin ... ..	..	..	..	..
	Other Forms ... ..	1	4	..	..
Nervous System	Epilepsy ... ..	1	..	1	..
	Chorea ... ..	4	..	1	..
	Other Conditions ... ..	6	7	..	..
Deform- ities	Rickets ... ..	..	..	..	..
	Spinal Curvature ... ..	..	..	1	..
	Other Forms ... ..	22	10	7	3
	Other Defects and Diseases	91	41	16	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 requiring Treatment
	Inspected.	Found to require Treatment	
<b>CODE GROUPS :—</b>			
Entrants .. .. .	1285	250	19.4
Intermediates .. .. .	963	166	17.2
Leavers .. .. .	1109	152	13.7
<b>Total (Code Groups)</b> .. .. .	<b>3357</b>	<b>568</b>	<b>16.9</b>
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 ... .. Attending Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	2 .. .. 3	.. .. .. ..	2 .. .. ..
	(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 ... .. At other Institutions ... .. At no School or Institution ... ..	.. 1 .. ..	.. 1 .. ..	.. 2 .. ..
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 ... .. Attending Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	1 .. .. ..	3 .. .. 1	4 .. .. ..
	(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 ... ..	.. 2 .. ..	.. 1 .. ..	.. 3 .. ..
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... .. Attending Public Elementary Schools ... .. At other Institutions ... .. At no School or Institution ... ..	.. 31 .. 3	.. 26 .. 3	.. .. .. ..
	Notified to the Local Control Authority during the year.	Feeble-minded ... .. Imbeciles ... .. Idiots ... ..	.. 7 1	.. 1 1	.. .. ..
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 ... ..	.. .. .. 7	.. .. .. 2	.. .. .. ..
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... .. At no School or Institution ... ..	.. 8	.. 5	.. ..

TABLE III.—*continued.*

...	...	...	Boys.	Girls.	Total.
Basically ineffective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	2	1	3
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	4	5	9
	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		3	3	6	
At other Institutions ... ..		...	...	...	
At no School or Institution ... ..		3	1	4	
Delicate children ( <i>e.g.</i> , pre or latent tuberculosis, mal- nutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools ... ..	...	...	...	
	At Certified Day Open Air Schools At Public Elementary Schools	51	63	114	
	At other Institutions ... ..	...	...	...	
	At no School or Institution ... ..	8	7	15	
	Active non-pulmo- nary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	1	2	3
At Public Elementary Schools ... ..		...	...	...	
At other Institutions ... ..		...	...	...	
At no School or Institution ... ..		4	3	7	
Crippled Children (other than those with active tuber- culous disease), <i>e.g.</i> children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ... ..	...	...	...	
	At Certified Residential Cripple Schools ... ..	...	1	1	
	At Certified Day Cripple Schools ... ..	...	...	...	
	At Public Elementary Schools ... ..	48	43	91	
	At other Institutions ... ..	...	...	...	
	At no School or Institution ... ..	11	9	20	

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... ..	38	4	42
Ringworm, Body ... ..	2	..	2
Scabies ... ..	10	..	10
Impetigo ... ..	210	33	243
Other Skin Disease ... ..	128	24	152
Minor Eye Defects—			
External and other, but excluding cases falling in Group II. ... ..	53	24	77
Minor Ear Defects ... ..	74	22	96
Miscellaneous—			
(e.g., minor injuries, bruises, sores, chilblains, etc ) ... ..	255	76	331
Total ... ..	770	183	953

**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) ... ..	174	8	..	182
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ... ..	..	..	..	..
Total ... ..	174	8	..	182

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme ... .. 160  
 (b) Otherwise ... .. 3

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme ... .. 160  
 (b) Otherwise ... .. 3

**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.		
..	23	23	88	111

**GROUP IV.—DENTAL DEFECTS.**

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Aged:

5. 546

6. 633

7. 617

8. 291

9. 43

Routine Age Groups

Total 2130

10. —

11. —

12. —

13. —

14. —

Specials . . . . . 18

Grand Total 2148

(b) Found to require treatment . . . . . 1744

(c) Actually treated . . . . . 884

(d) Re-treated during the year as the result of periodical examination . . . . . 137

(2) Half-days devoted to:—

Inspection . . . . . 42½

Treatment . . . . . 253

Total 295½

(3)	Attendances made by children for treatment,	1,600	
(4)	Fillings :—		
	Permanent teeth ... ..	450	
			Total 1436
	Temporary teeth ... ..	986	
(5)	Extractions :—		
	Permanent teeth ... ..	25	
			Total 2011
	Temporary teeth ... ..	1986	
(6)	Administrations of general anæsthetics for extractions	...	nil.
(7)	Other operations :—		
	Permanent teeth ... ..	79	
			Total 906
	Temporary teeth ... ..	827	

#### GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.)	Average number of visits per school made during the year by the School Nurses	5
(ii.)	Total number of examinations of children in the Schools by School Nurses ... ..	32,686
(iii.)	Number of individual children found unclean ... ..	1,406
(iv.)	Number of children cleansed ... ..	1,139
(v.)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	Nil.
	(b) Under School Attendance Bye-laws	Nil.



TABLE I.

**Return of Medical Inspections.****ROUTINE MEDICAL INSPECTIONS.**

## SECONDARY SCHOOLS.

	Total Grand Total.
A.—CODE GROUPS.	
Entrants . . . . .	120
Pupils Attaining 15 years . . . . .	103
	— 223
B.—OTHER GROUPS.	
Special Inspections . . . . .	10
Re-inspections . . . . .	190
	— 200
	<b>423</b>
Parents present . . . . .	109

**RETURN OF DEFECTS FOUND BY MEDICAL  
INSPECTION.  
SECONDARY SCHOOLS—  
TABLE II.**

Defect or Disease.	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.	
Mulnutrition .....	6	3	..	2	
Uncleanliness : (See Table IV., Group V.)	..	..	..	..	
Skin {	Ringworm :				
	Scalp .....	..	..	..	
	Body .....	..	..	..	
	Scabies... ..	..	..	..	
	Impetigo .....	..	..	..	
Other diseases, Non-Tuberculous	1	..	..	..	
Eye {	Blepharitis .....	..	..	..	
	Conjunctivitis .....	..	..	..	
	Keratitis .....	..	..	..	
	Corneal Opacities .....	..	..	..	
	Defective Vision (excluding Squint)	13	2	..	..
	Squint .....	..	..	..	..
Other Conditions .....	..	..	..	..	
Ear {	Defective Hearing .....	..	..	..	
	Otitis Media .....	2	..	..	
	Other Ear Diseases .....	..	..	..	
Nose and Throat {	Enlarged Tonsils only .....	..	18	..	
	Adenoids only .....	3	1	..	
	Enlarged Tonsils & Adenoids .....	..	..	..	
	Other Conditions .....	..	..	..	
Enlarged Cervical Glands (Non-Tuberculous)	..	..	..	..	
Defective Speech .....	..	..	..	..	
Teeth—Dental Diseases .....	59	..	..	..	
(See Table IV., Group IV.)					
Heart & Circulation {	Heart Disease :				
	Organic .....	..	14	..	
	Functional .....	2	..	..	
Anæmia .....	2	..	..	..	
Lungs {	Bronchitis .....	1	1	..	
	Other Non-Tuberculous Diseases	..	7	..	

TABLE II.—*continued.*

Tuber- culosis	Pulmonary, Definite	... ..	..	..	..	..	
		Suspected	... ..	1	..	..	..
	Non-Pulmonary:	Glands	... ..	..	..	..	..
		Spine	... ..	..	..	..	..
		Hip	... ..	..	..	..	..
		Other Bones and Joints	... ..	..	..	..	..
		Skin	... ..	..	..	..	..
		Other Forms	... ..	..	..	..	..
Nervous System	Epilepsy	... ..	..	..	..	..	
	Chorea	... ..	..	..	..	..	
	Other Conditions	... ..	..	..	1	1	
Deform- ities	Rickets	... ..	..	..	..	..	
	Spinal Curvature	... ..	..	3	..	..	
	Other Forms	... ..	4	..	..	..	
Other Defects and Diseases		... ..	1	2	1	..	

**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	
<b>CODE GROUPS :</b>			
Entrants	120	19	15.8
Attaining 15 years	103	12	11.6
Total (Code Groups)	223	31	13.9
Other Routine Inspections	..	..	..

## SCHEME FOR THE OPERATIVE TREATMENT OF TONSILS AND ADENOIDS.

1. Facilities for treatment under this scheme shall be available for all children attending the Public Elementary Schools under the jurisdiction of the Holland County Education Committee.
2. Operative treatment shall be carried out at either the Johnson Hospital, Spalding, or the Boston Hospital, by the Medical Staff of these Institutions, on the following terms:—

### BOSTON HOSPITAL.

- (a) A charge of £1 1s. a case will be made to the Education Authority, and when the patient remains in the Institution for the night an additional sum of 10s. 6d. will be charged.
- (b) The decision as to whether a child shall be retained for the night, to rest with the operating surgeon.

### SPALDING HOSPITAL.

- The fee for each operation to be £1 11s. 6d., and all cases will be retained in the Hospital for at least one night.
3. The County School Medical Officer shall decide as to which cases require operative treatment, and arrange with the Authorities of the Boston and Spalding Hospitals from time to time for the necessary treatment to be given. The operative treatment shall consist of enucleation of the tonsils and all cases shall be examined by one of the School Medical Officers after treatment.
  4. Parents will be required to contribute towards the cost of their children's treatment according to financial circumstances.
  5. The County School Medical Officer shall be empowered to arrange for the escort, if desirable, of children by the School Nurses, and to pay rail or omnibus fares in necessitous cases.
  6. All cases will be kept under daily observation for a time by the School Nurses employed by the Local Authority, and will be followed up to ascertain the effect of treatment.
  7. Accounts from the Boston and Spalding Hospitals in respect of the operative treatment of Tonsils and Adenoids shall be paid by the Education Authority after certification by the County School Medical Officer.
  8. The scheme shall operate for 12 months, after which time it shall be reviewed by the Board of Education.

## TEACHING OF HYGIENE IN PUBLIC ELEMENTARY SCHOOLS.

### A.—Schools where Hygiene is taught in some form:—

Name of School.	Whether specific lessons are incorporated in the Time Table in respect of:			Observations of Head Teacher
	Infants	Older Children up to 10 years	Children over 10 years	
Amber Hill Council ... ..	Yes	Yes	Yes	
Benington Endowed ... ..	..	..	Yes	
Bicker ... ..	..	..	..	Short talks on hygiene each morning throughout the school. General knowledge lesson for older children consists partly of hygiene.
Brothertoft Hedgehog Bridge Cl.	"Health Talks"	All children of 8 years of age and over.		
Butterwick Boys' ... ..	..	..	..	Occasional talks, as opportunity arise, on matters of health, canines teeth, etc.
Butterwick Girls' ... ..	Yes	Yes	Yes	Taught under heading "General Information."
Cowbit Endowed ... ..	..	Yes	Yes	Incidental teaching only for infants.
Croyland Postland Road Junior ...	..	..	..	Lessons on personal cleanliness incorporated in "Observation Nature Study" Lessons.
Croyland South View Road Senior	..	..	..	Lessons given to girls in Stances V., VI., and VII. in "Household Course."
Deeping St. Nicholas Middle Township Council ... ..	Yes	Yes	Yes	
Deeping St. Nicholas North Township Council ... ..	..	..	..	Instruction incorporated in Lessons.
Donington Cowley's Endowed Senior ... ..	..	..	..	No opportunity is lost in bringing to the notice of the children relating to hygiene.
Fishtoft Parochial ... ..	..	Yes	Yes	The attention of children in lower groups is directed to that of personal cleanliness, etc.
Fleet Fen Council ... ..	No	No	Yes	
Fleet Wood Lane ... ..	Yes	Yes	Yes	Introduced under heading of Observation and General Knowledge

Name of School.	Whether specific lessons are incorporated in the Time Table in respect of:			Observations of Head Teacher.
	Infants	Older Children up to 10 years	Children over 10 years	
Don Ings	..	..	..	Instruction is given in the School.
Don Church End Council	..	Yes	Yes	Instruction for Infants is given in "Story" Lesson, or for Physical Training when weather is unsuitable for out-door work. In Upper Division instruction given as "First Aid."
Don Dawsmere Council	..	..	..	Individual children receive instruction when necessary.
Don Drove End Council	..	..	Yes	Incidental teacher for Infants and children up to 10 years of age.
Don Dyke Council	..	..	..	Instruction given by talks and free conversations on health matters.
Don Hill	..	..	..	Incidental Instruction given.
Donnerton Council	..	..	Yes	
Donnerton Clough and Risegate Council	..	Yes	Yes	
Donninch C. of E.	..	..	Yes	Standards I. to IV. have informal talks on personal cleanliness.
Donninch Bank Council	..	..	..	Instruction given with Object Lessons.
Donninch Boys' Council	..	Yes	Yes	
Donninch Infants' Council	..	..	..	Hygiene talks given during "Optional" periods.
Donninch St. John's Council	No	Yes	Yes	
Donninch St. Mark's C. of E.	..	..	..	Reference to Hygiene made in connection with other subjects only.
Donninch St. Matthew's C. of E.	..	..	Yes	Incidental instruction only for Infants and children up to 10 years.
Donninch Church End Senior	..	..	Yes	
Donninch Holme Council	Yes	No	No	
Donninch Marsh Council	Yes	Yes	Yes	Instruction incorporated with "Talks on cleanliness" and "Health Talks," etc.
Donninch Sutton Girls' Council	..	..	Yes	

Name of School.	Whether specific lessons are incorporated in the Time Table in respect of:			Observations of Head Teacher.
	Infants	Older Children up to 10 years	Children over 10 years	
Long Sutton Infants' Council ...	..	..	..	Instruction given under heading "General Knowledge."
Moulton Village Council ... ..	No	Yes	Yes	
Moulton Chapel Council ... ..	..	..	..	Incidental instruction given.
Moulton Sea's End ... ..	No	Yes	Yes	
Old Leake Church End Council ...	No	..	..	Occasional lessons on "Cleanliness," "Care of Teeth," "Respiration," etc.
Old Leake Central Council ... ..	Yes	Yes	Yes	
Pinchbeck and Dunsby ... ..	..	..	..	Instruction given in connection with other subjects in curriculum.
Pinchbeck East ... ..	Yes	Yes	Yes	
Pinchbeck West ... ..	No	No	Yes	
Quadrang Cowley and Brown's Charity ... ..	..	..	Yes	
Quadrang Fen Council ... ..	..	..	..	Talks on personal cleanliness, care of teeth, etc., given incidentally.
Skirbeck Quarter St. Thomas' ...	No	Yes	Yes	
Skirbeck St. Nicholas ... ..	..	..	..	Instruction given as cases arise forming basis of lesson.
Skirbeck Tower Road Council ... ..	..	Yes	Yes	Infants and children in Standards 1 and 2 have talks on hygiene.
Spalding Parish Church Day Mixed	..	..	..	Intermittent talks given to classes on personal and general cleanliness.
Spalding Parish Church Day Infants' ... ..	Yes	..	..	
Spalding Council Senior ... ..	..	Yes	Yes	
Spalding Council Infants' ... ..	Yes	..	..	
Spalding Goodfellows' ... ..	..	..	..	Incorporated under heading "Observation Lessons."
Spalding St. John Baptist ... ..	Yes	Yes	Yes	
Spalding St. Norbert's R.C. ... ..	No	Yes	Yes	

Name of School.	Whether specific lessons are incorporated in the Time Table in respect of:			Observations of Head Teacher.
	Infants	Older Children up to 10 years	Children over 10 years	
Willesby	..	..	Yes	Children over 12 years of age only.
Sea's End Council	No	Yes	Yes	
ton	..	..	..	Taken incidentally in all classes as occasions arise.
Bridge Senior Council	..	..	Yes	
Bridge Infants' Council	..	..	..	Incidental instruction given.
St. Edmund Council	..	..	..	Incidental instruction given.
St. Edmund South Eau bank Council	..	Yes	Yes	All children of 8 years and over.
St. Nicholas Council	No	Yes	Yes	Informal talks for Infants.
St. James Charity	No	Yes	Yes	
mead Infants' Council	Yes	..	..	
mead Cowley's Foundation	..	..	Yes	Occasional Health Talks for children up to 10 years of age.
St. Mary Infants'	..	..	..	Talks on personal cleanliness each day.
St. Mary C. of E.	..	..	Yes	
ode C. of E.	Yes	Yes	Yes	
ode St. Catherine's	..	Yes	Yes	Instruction for Infants given in conversational form.
ode Saracen's Head	..	..	..	Instruction is given in the school.
ode Shiphay Stow	..	..	..	Incidental teaching when necessary.
ett Parochial	..	..	..	Instruction incorporated in "Science" scheme.
ale Central Council	No	No	Yes	
ale Lowgrounds Council	..	..	..	Instruction given during other lessons.
nton	..	..	Yes	



B.—Schools where “ Instruction in Hygiene ” is not  
a definite part of the curriculum and where no specific  
instruction in the subject is given:—

Algarkirk C. of E.

Brothertoft Barley Sheaf Council.

Donington Cowley's Endowed Junior.

Fosdyke C. of E.

Frampton C. of E.

Holbeach St. Luke's Council.

Kirton Church End Infants' Council.

Leverton.

Long Sutton Boys' Council.

Pinchbeck St. Matthew's.

Quadring Eaudyke (to be included in new Time Table  
to be submitted for approval at an early date).

Spalding Marsh Council.

Tydd St. Mary C. of E. Mixed.

Weston Hills C. of E.

Whaplode Drove.

