

[Report 1920] / School Medical Officer of Health, Kent County Council.

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Kent (England). County Council. n 50045898

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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the year 1920

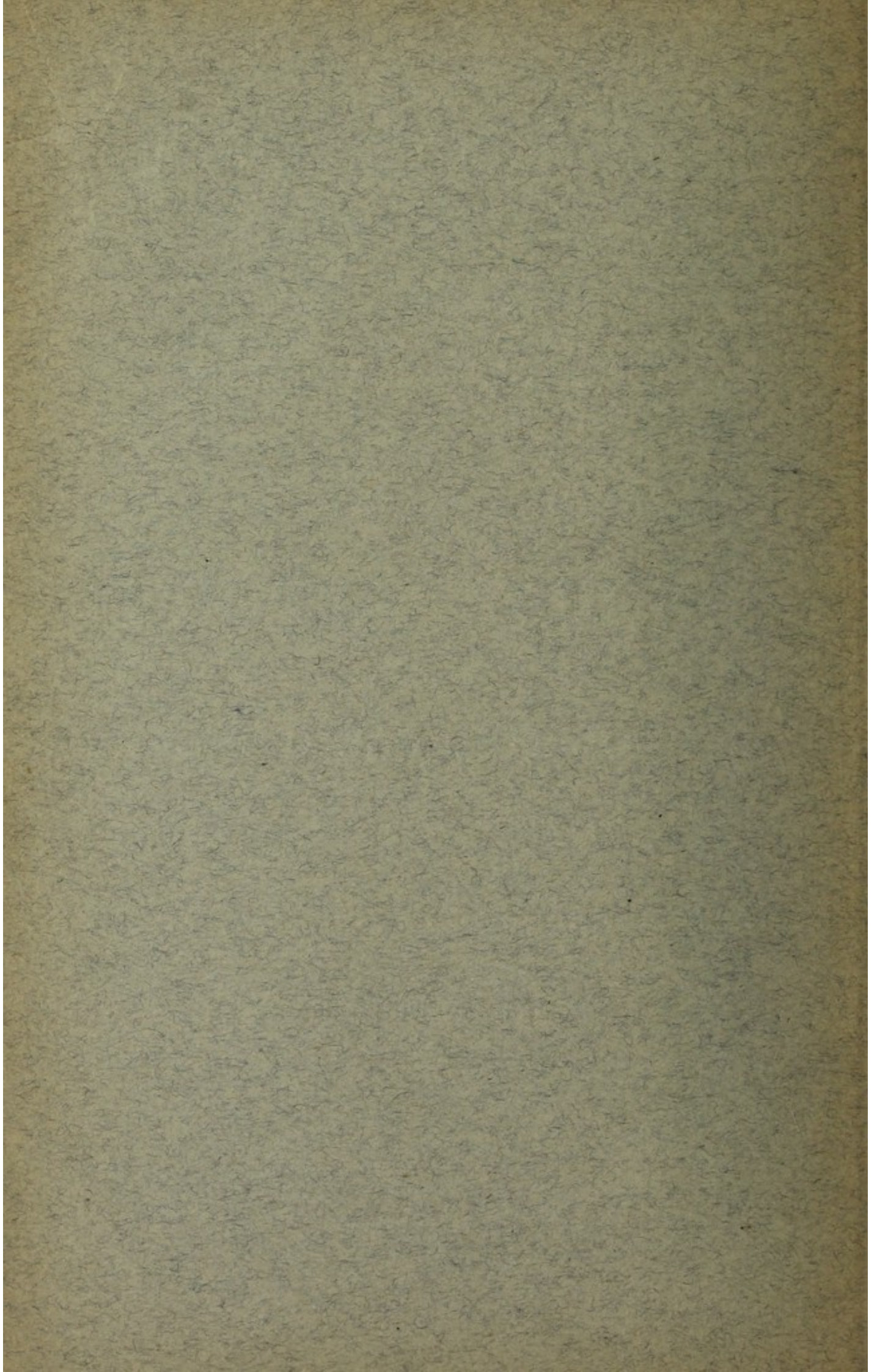
BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.

(Barrister-at-Law)

School Medical Officer

HEADLEY BROTHERS
PRINTERS
INVICTA PRESS, ASHFORD
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CONTENTS.

	PAGE		PAGE
<i>Members of the Education Committee</i>	5	FINDINGS OF MEDICAL INSPECTION	36
<i>Prefatory Letter</i>	6	Uncleanliness	36
ADMINISTRATIVE DETAILS	7	Minor Ailments	36
School Hygiene	8	Tonsils and Adenoids	36
FINDINGS OF MEDICAL INSPECTION	10	Tuberculosis	36
Height and Weight	9	Skin Disease	36
Uncleanliness	10	External Eye Disease	36
Minor Ailments	10	Defective Vision	36
Tonsils and Adenoids	10	Defective Hearing	37
Tuberculosis	11	Dental Defects	37
Skin Disease	12	Crippling Defects and Deformities	37
External Eye Disease	12	Infectious Diseases	37
Defective Vision	13	“ FOLLOWING UP ”	37
Ear Disease and Hearing	14	MEDICAL TREATMENT	37
Dental Defects	14	OPEN-AIR EDUCATION	38
Crippling Defects	15	PHYSICAL TRAINING	38
Infectious Diseases	15	SCHOOL BATHS	38
School Closures	15	BLIND, DEAF AND EPILEPTIC CHILDREN	38
SCHOOL NURSING	16	CONTINUATION SCHOOLS	38
MEDICAL TREATMENT	17	EMPLOYMENT OF CHILDREN	38
Minor Ailments	17	SPECIAL INQUIRIES	
Tonsils and Adenoids	18	School Furniture	38
Tuberculosis	19	EXAMINATION OF TEACHERS AND SCHOLARSHIP CANDIDATES	40
Skin Diseases	19	EXCLUSIONS :	
X-ray treatment of Ringworm	20	By County Medical Officer's Staff	41
External Eye Disease	21	By Private Practitioners	42
Defective Vision	21	ELEMENTARY SCHOOLS	
Ear Disease and Hearing	22	Children Inspected (Table)	43
Dental Defects	22	Defects found (Table)	44
Work of School Dentists	23	Exceptional Children (Table)	45
Crippling Defects and Orthopædics	27	Inspection and Treatment (Table)	46
OPEN-AIR EDUCATION	27	Treatment of Defects (Table)	47
PHYSICAL TRAINING	28	SECONDARY AND PRIVATE SCHOOLS	
PROVISION OF MEALS	28	Children Inspected (Table)	48
SCHOOL BATHS	31	Defects found (Table)	49
CO-OPERATION	32	Treatment of Defects (Table)	50
BLIND, DEAF AND EPILEPTIC CHILDREN	32	Inspection and Treatment (Table)	51
MENTAL DEFICIENCY	33	EXAMINATIONS OF PUPIL TEACHERS, BURSARS, ETC. (Table)	52
Tonbridge Special School	34	WORK IN SCHOOL CLINICS (Table)	53
Dartford Special School	34		
NURSERY SCHOOLS	35		
MEDICAL INSPECTION IN SECONDARY AND PRIVATE SCHOOLS	35		

CONTENTS

PAGE	PAGE
33	History of the Education Commission
34	Introduction
35	Short Subjects
36	Tombas and Acheule
37	Tribes and Peoples
38	The Discovery
39	Austral New Guinea
40	Tribes of New Guinea
41	Tribes of New Guinea
42	Tribes of New Guinea
43	Tribes of New Guinea
44	Tribes of New Guinea
45	Tribes of New Guinea
46	Tribes of New Guinea
47	Tribes of New Guinea
48	Tribes of New Guinea
49	Tribes of New Guinea
50	Tribes of New Guinea
51	Tribes of New Guinea
52	Tribes of New Guinea
53	Tribes of New Guinea
54	Tribes of New Guinea
55	Tribes of New Guinea
56	Tribes of New Guinea
57	Tribes of New Guinea
58	Tribes of New Guinea
59	Tribes of New Guinea
60	Tribes of New Guinea
61	Tribes of New Guinea
62	Tribes of New Guinea
63	Tribes of New Guinea
64	Tribes of New Guinea
65	Tribes of New Guinea
66	Tribes of New Guinea
67	Tribes of New Guinea
68	Tribes of New Guinea
69	Tribes of New Guinea
70	Tribes of New Guinea
71	Tribes of New Guinea
72	Tribes of New Guinea
73	Tribes of New Guinea
74	Tribes of New Guinea
75	Tribes of New Guinea
76	Tribes of New Guinea
77	Tribes of New Guinea
78	Tribes of New Guinea
79	Tribes of New Guinea
80	Tribes of New Guinea
81	Tribes of New Guinea
82	Tribes of New Guinea
83	Tribes of New Guinea
84	Tribes of New Guinea
85	Tribes of New Guinea
86	Tribes of New Guinea
87	Tribes of New Guinea
88	Tribes of New Guinea
89	Tribes of New Guinea
90	Tribes of New Guinea
91	Tribes of New Guinea
92	Tribes of New Guinea
93	Tribes of New Guinea
94	Tribes of New Guinea
95	Tribes of New Guinea
96	Tribes of New Guinea
97	Tribes of New Guinea
98	Tribes of New Guinea
99	Tribes of New Guinea
100	Tribes of New Guinea

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* Indicates that the Member belongs to the Elementary Education Sub-Committee. This Sub-Committee is responsible for carrying out the work of medical inspection.

DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
SESSIONS HOUSE,
MAIDSTONE,

April 22nd, 1921.

To the Chairman and Members of the Kent Education Committee.

MY LORD, LADIES, AND GENTLEMEN,

I have the honour to submit herewith my Eighth Annual Report upon the work of medical inspection of school children in the County of Kent.

This report indicates the record of such work for the year ended December 31st, 1920.

I thank you for the encouragement and support which I have always received from you.

Dr. Fox has again given valuable help in the preparation of this report. All the other members of my staff have carried out their work satisfactorily.

I am, my Lord, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1920.

1.—THE STAFF.

The staff engaged in work connected with the School Medical Service consists of—the School Medical Officer, who is also County Medical Officer, Assistant School Medical Officer, five whole-time Medical Inspectors, nine part-time Inspectors, an Oculist (who is also Asst. S.M.O.), two whole-time dentists, Chief Clerk (to the County Medical Officer), and five assistant Clerks. In addition, some work is carried out by officers of other autonomous areas, by hospitals, and by general medical practitioners. The details of this work are set out in the course of the report.

2.—CO-ORDINATION.

The School Medical Officer has arranged, where possible, that the District Medical Officers of Health shall also be the medical inspectors of their respective areas. Thus, of the nine part-time inspectors, eight are also district Medical Officers of Health, the ninth part-time officer having only a temporary appointment.

(a) There are five Infant Welfare Centres in the area of the Kent Education Committee, the medical officers of which are also the medical inspectors of the districts served by those centres. The remaining centres are in the charge of district Medical Officers of Health, who do not undertake medical inspection, or of local general practitioners. A scheme of effective medical supervision of children, from birth to the beginning of school life is developing in the County, and it should be possible to establish continuity between this work and that of the school

medical service. The records of the health visitors may prove of service in this respect in the future.

(b) The one experimental nursery school in the area is visited by the woman doctor.

SECTION ON ELEMENTARY SCHOOLS.

3.—SCHOOL HYGIENE.

A report on the general hygienic condition of each school is made once a year, particular attention being paid to some special feature at all the schools each year. During 1920, a special report was made on the school furniture throughout the area. It is difficult to generalise with regard to the conditions obtaining throughout such an area as that of the Kent Education Committee. There are all types and sizes of schools, but, as a rule, the larger the school and the more recent its construction, the more nearly does it approach a satisfactory hygienic condition. There are failures in all the sub-divisions of hygiene—lack of playground, shutting out of light by external objects or by insufficient window space, inadequate ventilation, insufficient heating, insufficient number of sanitary conveniences, and insufficient supply of water. All these matters are noted by the School Medical Service, and such improvements recommended as present circumstances permit. There is sure though slow amelioration. Improvement in school furniture is being continued, the abolition of long desks without backs being given priority. In a few schools, there has been an experimental introduction of tables and chairs throughout for educational purposes, but it is too early to form a considered opinion as to the importance of the change, from a medical point of view. A preliminary report on the new furniture at Borough Green School will be found on page 39.

4.—MEDICAL INSPECTION.

Each medical inspector makes out a programme every Saturday for the week beginning nine days later, and informs the schools concerned of the time of the proposed inspection and of the age-groups to be prepared for examination. The Correspondent of Managers and the District Education Officer (or Clerk to the Local School Attendance Committee) are also informed. The Head Teachers communicate with the parents and invite their attendance. As a rule, it is found possible to clear a small class-room for the conduct of the actual inspection, without involving much interference with school work, beyond an adaptation of the time-table to suit the circumstances.

(a) The groups of children inspected are "entrants," "intermediates," and "leavers," in accordance with the Code of the Board of Education. In addition, other children of any age are examined, if it is deemed advisable for a special reason. Finally those children previously found defective, whether recommended for treatment or only noted for observation, are re-examined.

Table 1. Showing the Average Height in inches of Boys and Girls at different Age Groups.

BOYS.			GIRLS.		
Age.	Numbers recorded.	Av. Height in inches.	Age.	Numbers recorded.	Av. Height in inches.
5	1000	41.2	5	1000	41.2
6	250	42.8	6	250	42.6
8	500	48.0	8	500	47.7
13	1000	56.9	13	1000	57.3
14	250	57.9	14	250	59.5

Table 2. Showing the Average Weight in pounds of Boys and Girls at different Age Groups.

BOYS.			GIRLS.		
Age.	Numbers recorded.	Av. Weight in pounds.	Age.	Numbers recorded.	Av. Weight in pounds.
5	1000	39.4	5	1000	38.8
6	250	42.1	6	250	41.0
8	500	52.8	8	500	51.1
13	1000	79.5	13	1000	81.9
14	250	81.8	14	250	87.3

Notices are issued to parents pointing out defects requiring treatment, and giving information as to the facilities arranged by your Committee.

(b) The Board's schedule for medical inspection has been followed closely.

(c) It is believed that the procedure outlined above secures the ascertainment of crippling defects as early as they concern the Local Education Authority. School Attendance Officers and School Nurses give information to the department of any cases of children of school age who are not in attendance at school on account of disability. There are, however, many defects which should be discovered and treated before school life begins.

(d) No disturbance of school arrangements arising from medical inspection has been recorded during the year.

5.—FINDINGS OF MEDICAL INSPECTION.

(a) *Uncleanliness.*—There were 4,385 cases of uncleanliness in varying forms reported during the year. The vast majority of these cases consisted of slight departures from reasonable cleanliness, only 694 parents receiving formal written notice to pay attention to the condition. It is difficult to make quantitative comparisons with previous years, for in making recommendations, doctors and nurses cannot fail to be influenced by the increasingly higher standard met with in the schools—for there is a concensus of opinion that an all-round improvement in this respect is gradually taking place. The figures given above refer only to the records of the medical inspectors, whereas the chief work in this connection is of course carried out by the school nurses, and those results are set out in Tables 7 and 8. Each school is visited at least twice a year by a school nurse, and the larger centres much more frequently. It will be noted that during 1920, 1,196 children were excluded from school by the nurses for verminous conditions.

(b) *Minor Ailments.*—The information available under this heading is set out in the nursing tables, and in the reports from the school clinics. Some of these ailments are dealt with under "skin diseases."

(c) *Tonsils and Adenoids.*—The position with regard to tonsils and adenoids is shown below :—

	No. of cases.	Cases for operative treatment.
Enlarged tonsils ..	4,391	1,665
Adenoids	408	134
Tonsils and adenoids	763	300
	<hr/>	<hr/>
Total cases	5,562	2,099
	<hr/>	<hr/>

These numbers constitute twenty per cent. and eight per cent. respectively, of the total number of children examined. There is much variety of opinion with regard to tonsils and adenoids, both as to the existence of the latter, and as to the necessity for operative treatment, and it is difficult to secure uniformity of results and returns. However, the total resulting from the district returns seems to be fairly reliable, and comparable with those of previous years. It indicates that the prevalence and severity of this condition have not varied much since the beginning of medical inspection. More attention should be devoted to prevention, but it is to be feared that preventive measures will never be entirely satisfactory, if they have to be postponed till school life begins.

(d) *Tuberculosis.*—The following table gives a good idea of the prevalence of tuberculous diseases among Kentish school children. The corresponding mean rates of incidence for the years 1909-1918 are 2, 3.5, and 3, for phthisis, suspected phthisis and other forms respectively.

Table 3. Showing the age distribution of the cases of phthisis, suspected phthisis and other tuberculous conditions discovered at the 1920 inspections, and the rate per 1,000 of children suffering.

Age Group and Sex.	Phthisis.	Suspected Phthisis.	Glands.	Spine.	Hip.	Other Bones and Joints.	Skin.	Other.	Numbers Examined.	Rates per 1,000.		
										Phthisis.	Suspected Phthisis.	All other Forms.
1916 { M.	—	—	—	—	—	—	—	—	26	—	—	—
1916 { F.	—	—	—	—	—	—	—	—	16	—	—	—
1915 { M.	1	7	1	—	—	—	—	1	2517	0.40	2.79	0.80
1915 { F.	1	3	2	—	—	—	—	—	2247	0.45	1.34	—
1914 { M.	—	4	3	—	—	—	—	—	1482	—	2.70	2.70
1914 { F.	1	6	3	—	—	—	—	—	1423	0.71	4.22	2.11
1913 { M.	1	9	2	—	—	—	—	—	668	1.50	13.48	4.50
1913 { F.	2	4	1	—	—	1	—	1	657	3.05	6.09	4.57
1912 { M.	1	7	2	—	1	—	—	—	2240	0.45	3.13	1.34
1912 { F.	1	9	4	—	—	—	—	—	2060	0.49	4.37	1.95
1911 { M.	1	5	3	1	1	2	—	—	1956	0.52	2.56	3.58
1911 { F.	1	8	2	1	—	—	—	—	1872	0.54	4.28	1.61
1908 { M.	1	5	—	—	—	—	—	—	151	6.63	33.12	—
1908 { F.	1	—	1	—	—	1	—	—	121	8.27	—	16.53
1907 { M.	2	14	3	—	—	3	1	—	3308	0.61	4.24	2.12
1907 { F.	2	8	2	—	—	—	1	1	3200	0.63	2.50	1.25
1906 { M.	—	3	—	—	—	1	—	—	738	—	4.07	1.36
1906 { F.	1	7	1	—	1	—	1	—	758	1.32	9.24	3.96
1905 { M.	—	—	—	—	—	—	—	—	8	—	—	—
1905 { F.	—	—	—	—	—	—	—	—	14	—	—	—
Special { M.	2	8	4	—	1	—	—	1	388	5.16	20.62	15.47
Special { F.	2	10	3	—	—	1	—	—	389	5.15	25.71	10.29
Totals ..	21	117	37	2	4	9	3	6	26239	0.81	4.46	2.33

The figures for actual phthisis show a gradual decline with few irregularities, the remaining figures vary from year to year in an erratic manner. Further information will be found under 8 (c). on page 19.

(e) *Skin Disease*.—Affections of the skin among school children consist for the most part of scabies, impetigo and ringworm. Scabies is largely a legacy of the war. 137 cases were recorded at medical inspections, but there were 269 exclusions, including those by general practitioners and others. Similarly, 564 cases of impetigo were excluded. Four hundred and thirty cases of ringworm were under observation during the year. Of this number, 345 were fresh notifications and 85 were brought forward from 1919.

The seat of infection was as follows :—

	Head.	Body.	Head and Body.
Boys ..	169	61	15
Girls ..	142	39	4

The cases were distributed over all but nine of the non-autonomous sanitary districts of the County, the following areas showing the greatest numbers :—

Sheerness Urban	..	..	..	..	57
Northfleet Urban	..	..	..	..	51
Malling Rural	..	..	..	..	28
Bexley Urban	..	..	..	..	26
Dartford Rural	..	..	..	..	26
Sevenoaks Rural	..	..	..	..	23

Four hundred and nineteen specimens of hairs from these cases were submitted for examination at the County Bacteriological Laboratory. Two hundred and seventy-five were positive, and one hundred and forty-four negative.

The average period of absence after X-ray treatment and cure was fifty-eight days whereas in the cases not so treated the average period of absence was ninety-one days.

(f) *External Eye Disease*.—The following table gives the classification of the total eye-defects found at medical inspections, including defects of vision. It will be noted that about two per cent. of the school population is suffering from squint—varying from 2.4 per cent. at the age of five, to 1 per cent. at the age of thirteen. The seriousness of the condition is still not realised, and there still exists no effective way of getting squinting children of less than school age under treatment. One child in every 1,000 shows the scars of old disease of the cornea. Notwithstanding the much higher rate of prevalence of ophthalmia neonatorum, it seems likely that the greater number of these cases of corneal opacity arise from other causes, notably phlyctenular disease.

Table 4. A classification of the TOTAL eye defects discovered, in each age and sex group.

Age Group and Sex.		Numbers Examined.	Blepharitis.	Conjunctivitis.	Keratitis.	Corneal Ulcer.	Corneal Opacities.	Defective Vision.	Squint.	Other Conditions.
1916	{ M.	26	1	1	—	—	—	—*	—	—
	{ F.	16	—	—	—	—	—	—*	—	—
1915	{ M.	2517	17	4	—	—	5	—*	63	6
	{ F.	2247	18	—	—	—	1	—*	60	5
1914	{ M.	1482	11	2	—	—	—	—*	41	5
	{ F.	1423	9	2	—	—	2	—*	39	7
1913	{ M.	668	2	1	—	—	1	15	20	5
	{ F.	657	11	—	—	—	5	11	26	7
1912	{ M.	2240	16	1	—	—	—	271	33	3
	{ F.	2060	14	3	—	—	1	351	48	9
1911	{ M.	1956	27	1	—	—	3	181	36	6
	{ F.	1872	13	1	—	—	1	203	43	13
1908	{ M.	151	—	—	—	—	—	23	3	—
	{ F.	121	3	—	—	—	—	22	1	—
1907	{ M.	3308	23	6	4	—	4	348	36	15
	{ F.	3200	23	4	—	—	3	395	32	9
1906	{ M.	738	11	1	—	—	—	74	11	5
	{ F.	758	4	—	—	—	1	84	11	7
1905	{ M.	8	—	—	—	—	—	—	—	—
	{ F.	14	—	—	—	—	—	3	—	—
Special	{ M.	388	5	2	—	1	—	46	7	2
	{ F.	389	7	2	—	—	—	47	7	2
Totals ..		26239	215	31	4	1	27	2074	517	106

* In the case of entrants, the vision is not tested as a routine measure.

(g) Vision.—The above table shows the prevalence of visual defects. The next table, by the School Oculist, gives an analysis of the cases of defective vision and squint which came to the various clinics during the year.

Total cases	571
Glasses prescribed	349
Glasses obtained	313
Re-examinations	60
Squint	73
Hyperopia	95 (24.4 per cent.)
Myopia	47 (12 per cent.)
Astigmatism, hyperopic	136 (35 per cent.)
" myopic	58 (15 per cent.)
" mixed	53 (13.6 per cent.)
Corneal disease	10
Disease of fundus or lens	6
Blepharitis	17
Conjunctivitis	6
Nystagmus	5

The Oculist adds that although hyperopic astigmatism is decidedly commoner than simple hyperopia, yet, in importance, the latter takes first place. In an analysis of cases of squint and of eyestrain, visiting the clinics, the following results were obtained:—

Eyestrain	{	hyperopia	60 per cent.
		hyperopic astigmatism	20 per cent.
Squint	{	hyperopic	59 per cent.
		hyperopic astigmatism	34 per cent.

It will be observed that, of a total number of 2,074 cases of defective vision, only 1,271 were considered to require treatment or continued observation.

(h) *Ear Disease and Hearing.*—Five hundred and forty-six cases of defective hearing were reported, and 164 cases of discharging ears and other diseases of the ear. Rather more than half the total number of cases of defective hearing were reported for treatment. Adenoids are frequently present, or there is a history of adenoids.

(i) *Dental Defect.*—Table 5 shows the position with regard to carious teeth in school children. It will be noted that more than half the total number examined have bad teeth. The position is not appreciably different from that recorded in previous years.

Table 5. *Showing the cases of Defective Teeth.*

Age Group and Sex.	Numbers Examined.	Four or more defective teeth.	Less than four defective teeth.	Total number with carious teeth.	Oral Sepsis.
1916 { M.	26	1	6	7	—
{ F.	16	—	1	1	—
1915 { M.	2517	275	763	1038	—
{ F.	2247	260	679	939	—
1914 { M.	1482	280	523	803	—
{ F.	1423	255	541	796	1
1913 { M.	668	164	291	455	1
{ F.	657	171	267	438	1
1912 { M.	2240	625	1075	1700	—
{ F.	2060	534	1037	1571	—
1911 { M.	1956	506	920	1426	—
{ F.	1872	476	861	1337	1
1908 { M.	151	24	75	99	—
{ F.	121	14	43	57	—
1907 { M.	3308	275	1353	1628	—
{ F.	3200	276	1333	1609	—
1906 { M.	738	73	445	518	—
{ F.	758	96	452	548	—
1905 { M.	8	1	6	7	—
{ F.	14	1	10	11	—
Special { M.	388	40	108	148	1
{ F.	389	61	97	158	2
Totals ..	26239	4408	10886	15294	7

(j) *Crippling Defects.*—The number of cases of deformities requiring treatment will be found in Table 16; also the number of osseous and other crippling forms of tuberculosis. Other defects, such as paralysis, leading to the production of “cripples” in the ordinary meaning of the term, have not been separately classified. Information concerning “physically defective” children (usually established cripples of school age) is given on page 45.

6—INFECTIOUS DISEASES.

Medical inspectors, teachers, school attendance officers and others have duties with regard to infectious diseases. These have been fully stated in previous years, and can be found by reference to the “red handbook.” In the case of diphtheria prevalence, the whole of an affected school is “swabbed,” any “carriers” found being excluded from school, their names being notified to the district Medical Officer of Health. The care of these carriers after exclusion is not always effective, and it is sometimes difficult for local sanitary authorities to deal with them.

A table is given below showing the number of school closures during the year; one of these was made by the Local Sanitary Authority. Whilst no doubt school closures, in the majority of cases, are now based on a scientific consideration of all the factors in each outbreak, yet occasionally closure still resolves itself into a compromise between conflicting interests. More knowledge is needed before a satisfactory guiding principle can be enunciated which will cover all these cases.

Table 6. *School Closures.*

Reason for Closure.	Under one week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	4-5 weeks.	5-6 weeks.	6 weeks and over.	Total.
Measles	2	12	28	38	4	1	—	85
Whooping Cough ..	—	3	5	11	2	—	1	22
Scarlet Fever	2	2	1	—	—	—	—	5
Diphtheria	1	5	1	—	—	—	—	7
Measles, Mumps and Chicken Pox ..	—	—	—	1	—	—	—	1
Measles and Mumps ..	—	—	1	—	—	—	—	1
Measles and Whooping Cough ..	—	—	2	4	—	—	—	6
Measles, Whooping Cough and Influenza	—	—	—	1	—	—	—	1
Scarlet Fever and Diphtheria ..	—	1	—	—	—	—	—	1
Totals	5	23	38	55	6	1	1	129
Totals for 1919 ..	1	16	24	12	2	—	—	55

Table 8. Giving Summary of work carried out by Nurses employed directly by the Kent Education Committee.

	Nurse Anderson.	Nurse Bailey.	Nurse Barnes.	Nurse Blackmore.	Nurse Bradley.	Nurses Colworth and Hennis.	Nurse Doekill.	Nurse Doody.	Nurse Edwards.	Nurse Fairburn.	Nurse Foster.	Nurse Harvey.	Nurse Hastings.	Nurse Johnson.	Nurse Main.	Nurse Miles.	Nurse Morris.	Nurse Orpin.	Nurse Stokes.	Nurse Taylor.	Nurse Tustain.	Nurse Watt.	Nurse Workman.	Nurse Worthington.	Total.
Number of																									
Visits to Schools ..	67	36	63	31	65	73	110	27	38	62	81	28	54	34	10	17	32	41	18	13	79	31	10	32	1052
Girls examined ..	2856	1021	2341	934	683	1566	9373	1418	3636	1938	5063	696	1752	1390	623	785	1720	2652	816	374	4524	655	125	961	47902
" found verminous ..	292	20	225	21	120	161	165	46	381	784	541	43	215	368	75	271	163	100	80	111	104	176	48	235	4745
" excluded from School ..	16	19	126	1	15	36	163	74	55	50	31	22	43	53	2	21	65	85	43	12	96	2	5	10	1045
Boys examined ..	2613	1033	915	1003	352	1472	5297	1007	1817	885	3702	625	1749	696	654	675	795	1353	697	233	3017	532	101	892	32115
" found verminous ..	123	9	9	3	2	62	4	4	35	44	30	13	12	61	9	87	6	6	29	45	7	16	8	29	653
" excluded from School ..	2	1	5	—	—	21	4	4	8	9	3	7	24	11	—	9	3	6	25	3	3	—	—	1	151
New cases of Ringworm ..	16	11	8	3	1	1	27	1	5	26	17	3	2	—	—	3	4	9	4	—	40	1	—	2	194
Visits to cases of Ringworm ..	194	25	39	22	4	5	539	2	—	434	151	21	6	3	1	6	46	36	114	—	155	9	—	12	1824
Cases of Ringworm sent for X-ray treatment ..	3	—	—	—	—	—	—	—	—	45	4	—	—	—	—	—	4	4	4	—	3	—	—	—	67
Attendances at School Clinics	3	—	—	—	5	—	20	—	200	67	91	—	4	91	—	21	—	—	7	—	149	2	10	—	670
Visits to dental cases after an inspection by the School	18	8	3	138	2	68	84	—	39	24	13	—	6	67	—	80	—	—	14	7	431	4	—	44	1050
Dentists ..	42	12	10	79	2	35	93	8	26	28	119	2	6	2	—	15	—	—	8	8	39	—	—	14	548
Visits to cases of defective vision after an inspection by the Ophthalmic Surgeon	501	46	157	261	211	133	331	92	96	56	195	82	109	79	26	62	81	113	157	15	256	130	23	115	3327
Special visits ..	24	15	25	11	—	9	1	7	9	5	30	—	5	14	5	12	5	17	22	—	32	—	—	4	252
Exclusions for	13	18	130	1	14	57	169	86	66	58	21	38	35	64	3	30	68	85	68	2	99	3	5	11	1144
Impetigo ..	16	11	7	3	1	1	26	1	2	21	15	—	3	—	—	3	4	13	46	—	39	—	—	2	214
Verminous conditions ..	4	5	1	—	—	1	12	1	37	5	1	2	16	17	—	1	—	4	14	—	5	—	—	5	131
Ringworm ..	—	2	3	—	—	5	7	2	7	6	5	1	13	7	—	2	—	4	6	—	9	—	—	5	82
Sores ..	—	—	—	—	—	—	1	3	3	—	—	—	—	5	—	—	—	3	1	—	2	—	—	—	20
Scabies ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Eye conditions ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Ear ..	3	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	11
Other ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
" ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	104
Total number of exclusions ..	60	52	170	15	15	74	216	101	159	95	72	42	72	141	8	48	78	131	159	2	211	3	5	29	1958
Number of Re-Admission Certificates issued ..	61	13	50	17	—	46	55	4	61	55	46	9	1	31	3	3	15	6	20	—	101	—	4	2	603

Table 7. KENT COUNTY NURSING ASSOCIATION.
SCHOOL REPORT for the Year ending 31st December, 1920.

NAME OF DISTRICT.	Under continuing Medical Supervision.				Cases in which Assistance was given to Parents										Total number of children assisted with treatment.	Number of parents visited to persuade them to obtain medical treatment for defects found at the medical inspections.	Total number of visits made to parents and children.	Number of routine inspections made at schools for verminous conditions.	
	EYES.		EARS.		IMPETIGO.		SCABIES.		RINGWORM.				VERMINOUS CONDITIONS.						
	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Doctor in Attendance.	No Doctor in Attendance.	Cases.	Visits.	Cases.	Visits.					
Ash and West Marsh ..	2	10	5	50	5	45	—	—	—	—	—	—	24	95	36	36	160	5	
Ashurst and Groombridge ..	3	2	—	—	—	—	—	—	—	—	—	—	5	11	8	13	13	2	
Boughton Monchelsea ..	—	—	—	—	1	5	2	10	—	—	—	—	17	45	20	28	105	3	
Brenchley ..	6	6	—	—	—	—	—	—	—	—	—	—	15	15	21	34	49	3	
Bearsted and Thurnham ..	—	—	—	—	—	—	—	—	—	—	—	2	6	23	58	25	3	58	—
Bridge and Patricxbourne ..	2	14	—	—	6	36	2	20	2	20	—	—	11	30	23	50	120	5	
Capel and Tudeley ..	3	6	—	—	—	—	—	—	—	—	—	—	39	20	42	52	55	2	
Chevening and Chipstead ..	—	—	—	—	13	78	1	5	—	—	5	91	15	9	34	10	235	2	
Chilham ..	5	12	2	10	2	5	—	—	1	7	—	—	32	9	42	8	16	3	
Chislet ..	3	3	—	—	5	19	3	6	—	—	—	—	10	4	21	13	38	2	
Cowden, Hever ..	3	3	—	—	2	6	4	12	—	—	—	—	14	30	23	46	58	6	
Cudham and Biggin Hill ..	—	—	—	—	—	—	2	4	—	—	—	—	6	10	8	9	12	2	
Crayford and Slades Green ..	Now given up.	—	—	—	2	11	1	3	—	—	—	—	15	15	19	91	94	3	
East Malling ..	1	1	—	—	—	—	—	—	—	—	—	—	22	—	—	—	116	10	
Edenbridge ..	10	10	3	3	2	—	—	—	—	—	—	—	—	—	—	—	96	—	
Farningham ..	3	3	—	—	1	8	4	8	—	—	—	—	3	3	8	23	35	5	
Farnborough ..	—	—	2	38	1	12	—	—	—	—	2	60	—	29	3	4	139	1	
Goudhurst ..	—	—	—	—	1	4	—	—	—	—	—	—	22	4	23	—	41	4	
Goodnestone and Staple ..	For 3 months only.	—	—	—	1	4	—	—	1	6	—	—	9	2	11	—	22	—	
Harbledown ..	1	4	—	—	22	77	—	—	—	—	—	—	29	29	52	19	148	6	
Harrietsham and Lenham ..	Not now undertaken	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hayes ..	—	—	—	—	1	4	—	—	1	6	—	—	9	2	11	—	22	—	
Hildenborough ..	—	—	1	2	—	—	—	—	—	—	—	—	—	—	1	22	37	2	
Horsmonden ..	—	—	—	—	2	2	—	—	—	—	—	—	—	—	2	54	67	6	
Hernhill and Dunkirk ..	5	9	1	2	1	3	1	4	1	2	—	—	38	4	47	29	40	4	
Kennington ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	183	—	
Keston ..	3	3	2	5	—	—	—	—	2	34	—	—	—	—	7	16	98	7	
Lamberhurst ..	—	—	—	—	4	21	1	3	2	21	1	6	19	19	27	34	181	15	
Langton ..	4	12	1	7	—	—	—	—	—	—	—	—	31	63	36	56	60	6	
Lyghe ..	—	—	1	2	—	—	—	—	—	—	—	—	10	21	11	55	55	3	
Littlebourne ..	Owing to change of nurses—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Meopham ..	—	—	1	—	3	30	2	6	—	—	—	—	37	125	43	15	170	14	
Mereworth ..	—	—	—	—	4	24	—	—	—	—	—	—	38	129	42	—	—	13	
Orpington ..	4	22	—	—	30	57	8	40	4	26	1	6	6	14	53	34	199	4	
Otford and Kensing ..	Five months only.	—	—	—	—	—	—	—	—	—	—	—	6	4	—	—	—	2	
Penshurst ..	—	—	—	—	—	—	—	—	—	—	—	—	9	17	9	—	59	5	
Plaxtol ..	—	—	1	2	1	2	3	9	—	—	—	—	29	—	34	39	53	3	
Ringwould ..	—	—	—	—	2	18	—	—	—	—	—	—	1	1	3	15	33	7	
St. Mary and St. Paul Cray ..	Now given up.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Sevenoaks ..	—	—	—	—	12	76	12	28	2	8	11	22	69	—	106	321	630	12	
Stone ..	—	—	—	—	4	28	13	117	—	—	3	69	2	8	22	87	262	22	
Sandwich ..	5	10	1	3	1	8	—	—	—	—	—	—	42	110	48	124	135	4	
Southfleet ..	1	1	—	—	—	—	—	—	—	—	—	—	12	16	13	9	33	12	
Sevenoaks Weald ..	3	4	—	—	1	23	—	—	—	—	—	—	10	42	14	11	101	3	
Shoreham ..	—	—	—	—	—	—	—	—	—	—	—	—	18	19	18	13	150	3	
Speldhurst ..	7	7	—	—	1	1	—	—	—	—	—	—	18	—	26	18	28	6	
Swanley ..	2	9	6	26	3	12	1	6	1	4	—	—	100	219	113	151	151	12	
Stoke ..	—	—	—	—	6	70	1	10	—	—	—	—	115	—	122	8	82	8	
Stelling ..	—	—	—	—	—	—	—	—	—	—	—	—	10	30	—	12	245	7	
Southborough ..	—	—	3	9	12	79	6	33	—	—	4	14	4	8	29	15	174	17	
Sheldwich and Throwley ..	—	—	—	—	—	—	2	9	—	—	3	4	—	—	5	12	79	2	
Teynham and Norton ..	7	16	2	6	3	14	—	—	—	—	—	—	111	30	123	36	110	13	
Tonbridge ..	Given up in June.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wateringbury ..	1	3	—	—	6	20	—	—	—	—	—	—	5	16	12	60	184	2	
Walmer ..	—	—	—	—	21	136	1	6	—	—	14	260	5	20	41	49	471	6	
West Malling ..	1	1	—	—	—	—	2	14	2	12	—	—	52	108	58	85	293	14	
Westerham ..	1	4	1	12	5	39	1	1	—	—	—	—	10	20	18	140	296	6	
Whitstable ..	15	4	1	64	30	52	6	51	1	16	9	162	8	48	70	30	666	6	
Wye ..	—	—	—	—	3	7	—	—	—	—	—	—	2	8	5	48	60	2	
Whitfield ..	—	—	—	—	—	—	1	1	1	3	1	1	3	3	5	23	11	4	

7.—FOLLOWING-UP.

Each school possesses a medical log book, in which are entered the names and addresses of all children who should be kept under observation, or who have defects which require treatment. The names are brought forward from previous dates, until each child is finally dealt with. After an inspection, the log book is forwarded to the Central Office at Maidstone, where an extract is made, and sent to the school nurse of the area concerned. The nurse then visits the parents, makes any explanations necessary, and supplies information regarding facilities for obtaining treatment. When at least two previous recommendations have been ignored, a letter is written from the office direct to the parent, pointing out the necessity for treatment. Finally, if nothing is done, the particulars are reported to the Committee with a view to the initiation of a prosecution, should this seem feasible.

The area of the Kent Education Committee is divided into twenty-six nursing districts, and each nurse attends to the school work, together with other duties, of her own area. Monthly reports are sent in, showing the extent of the work done. The summary on page 16 will show the nature of the work undertaken during 1920.

In addition to the whole-time nurses, who are also health visitors and tuberculosis nurses, there are other (district) nurses, attached to the Kent County Nursing Association, who carry out school work for your Committee. The report facing page 16 supplied by the Superintendent of that Association shows the villages in which they work, and the nature and amount of the work done.

8.—MEDICAL TREATMENT.

Review of the methods employed or available for the treatment of defects. Statement of results.

(a) *Minor Ailments*.—Children suffering from minor ailments, such as impetigo, ringworm, etc., are treated by the school nurses at the school clinics, under the supervision of the medical officer in charge, or, where no clinic is available, at the children's homes. Summaries of this work carried out at the several school clinics are set out in Table 25. In the cases of children under treatment by the nurses elsewhere, a case-card is made out for each and this card is forwarded to the office for scrutiny at the end of each week, until finally dealt with. Certain cases, *e.g.*, blepharitis or ear discharge, are only seen by the nurses under the supervision of local medical practitioners.

During the year under review the whole-time nurses assisted the parents with treatment in the undermentioned cases:—

Ringworm of scalp	..	..	..	..	171
Ringworm of skin	..	..	..	..	39
Impetigo	..	..	..	..	271
Scabies	..	..	..	..	86

Sores	54
Eye conditions (under the supervision of a doctor)	10
Ear conditions (under the supervision of a doctor)	10
Other defects	9

This part of the nurses' work is included in the nursing table, under the heading "special visits." Arrangements for the treatment of minor ailments at the clinics of autonomous authorities have not been found to be very useful hitherto on account of the difficulty of getting parents to take their children.

(b) *Tonsils and Adenoids*.—Mild cases merely require special attention to physical exercises, especially respiratory exercises. Cases requiring operation are treated at hospital as a rule. The following table shows the hospitals which undertake this work, and also gives the number of cases treated at each. The number of cases of eye defect treated is also included. In addition, it shows the cases dealt with by autonomous authorities and by approved general practitioners at the Sittingbourne Clinic. The arrangements are such that a bed is available should it be deemed advisable that a patient should remain overnight in charge of a trained nurse.

Table 9.—Detailing the number of cases of enlarged tonsils, adenoids and eye defects treated at various hospitals and school clinics of autonomous authorities :

Hospital or Clinic.	Eye Defects. No. of Cases.	Tonsils&Adenoids. No. of Cases.
Ashford Cottage	—	177
Bromley „	—	6
Bexley „	—	34
Chislehurst, Orpington and Cray Valley	—	7
Folkestone Clinic	26	35
Faversham Cottage	—	57
Kent County Ophthalmic	Figures	not received.
Kent and Canterbury	84	56
Ramsgate Clinic	—	2
Royal Victoria Hospital, Dover ..	10	2
Sittingbourne Clinic	—	40
Sevenoaks Cottage	—	69
St. Bartholomew's, Rochester ..	34	22
Tankerton Cottage	—	45
Tonbridge Cottage	—	28
Tunbridge Wells Eye and Ear ..	58	35
„ „ General	—	19
Totals	212	634
Figures for 1919	32	344

(c) *Tuberculosis*.—Children suffering, or suspected to be suffering from tuberculous disease are referred to the medical officers at the tuberculosis dispensaries. The following table gives particulars of children under treatment during the year :—

Table 10. Showing school children from the area of the Kent Education Committee who were seen at the Tuberculosis Dispensaries of the Kent County Council during the year 1920.

Age.	Tuberculosis of Lungs. (Definite)	Tuberculosis of Lungs. (Suspected)	Glands.	Spine.	Hip.	Other bones and Joints.	Skin.	Other forms of Tuberculosis.	Non-Tuberculous Diseases.	Total.
5	4	16	9	—	—	2	1	4	31	67
6	9	17	13	—	—	1	—	1	22	63
7	6	28	10	—	—	1	2	4	42	93
8	7	30	15	1	1	2	—	5	30	91
9	12	24	12	1	1	—	—	5	19	74
10	10	14	8	1	—	1	—	3	21	58
11	7	8	12	1	1	2	—	3	27	61
12	7	16	13	—	1	—	1	2	24	64
13	9	15	9	3	3	—	—	4	28	71
14	21	14	6	—	1	2	2	5	14	65
Total	92	182	107	7	8	11	6	36	258	707

(d) *Skin Diseases*.—Ringworm is referred to under “ minor ailments.” No case of ringworm of the head is regarded as cured, whether seen by a medical man or not, until the absence of infection is demonstrated at the County Laboratory, so far as such a demonstration is practicable. Skin diseases not coming under the heading of minor ailments are treated by the school nurses when the general practitioner in charge of the case desires her assistance. Occasionally cases are treated at the school clinics. Table 11 shows the number of ringworm cases treated by X-rays during the year and the result of the treatment. The treatment is carried out at Guy’s Hospital, London ; St. Bartholomew’s Hospital, Rochester ; and by Colonel Palk at Folkestone. Particulars of the cases of impetigo and scabies coming under the supervision of the nurses are given in Table 7 and also in paragraph 8 (a) on page 17.

Table 11. Showing details of cases of Ringworm which have been treated by X-rays.

Case No.	Name of School	Date of X-ray Treatment.	Date of re-admission to School.	No. of days between X-ray Treatment and Cure.
1	Higham C. of E.	Jan. 7th	Feb. 2nd	26
2	Lamberhurst C. of E. ..	" 13th	" 28th	46
3	"	" 13th	March 12th	59
4	Northfleet R.C. " ..	" 21st	" 26th	65
5	"	" 21st	" 5th	44
6	Northfleet C. of E. ..	" 28th	" 10th	42
7	"	" 28th	" 10th	42
8	Sevenoaks, Lady Boswell's ..	Feb. 14th	" 19th	34
9	Frindsbury, Wainscott ..	" 25th	April 17th	52
10	Dartford, York Road ..	" 26th	March 25th	28
11	Frindsbury, Wainscott ..	March 10th	May 7th	58
12	Walmer	" 16th	" 10th	55
13	"	" 16th	April 29th	44
14	Herne Bay	" 30th	Dec. 2nd	247
15	Yalding	April 1st	April 26th	25
16	"	" 1st	Aug. 9th	130
17	Stansted	" 7th	May 15th	38
18	Wrotham	" 7th	" 15th	38
19	"	" 7th	" 7th	30
20	Sheerness, Mile Town ..	" 21st	" 27th	36
21	"	" 21st	" 27th	36
22	Walmer	" 28th	June 18th	51
23	"	" 28th	" 18th	51
24	West Malling	" 29th	" 15th	47
25	"	" 29th	" 11th	43
26	Yalding, C. of E.	" 30th	May 28th	28
27	Sheerness, C. of E.	May 5th	June 14th	40
28	" Mile Town	" 5th	" 14th	40
29	Elmsted and Hastingleigh ..	" 6th	" 15th	40
30	Walmer	" 6th	" 18th	43
31	Elmsted and Hastingleigh ..	" 11th	July 6th	56
32	"	" 11th	" 13th	63
33	Sheerness, C. of E.	" 12th	June 12th	31
34	Elmstead and Hastingleigh ..	" 13th	July 12th	60
35	West Malling	" 18th	June 15th	28
36	"	" 18th	" 15th	28
37	"	" 18th	Nov. 3rd	169
38	Sheerness Mile Town ..	" 26th	Sept. 6th	103
39	"	" 26th	" 6th	103
40	Walmer	" 29th	—	—
41	Snodland Hook	June 1st	June 15th	14
42	Herne Bay	" 1st	Sept. 28th	120
43	Borden Higher Elem. ..	" 9th	—	—
44	Whitstable, St. Alphege ..	" 11th	Sept. 21st	102
45	" and Seasalter	" 15th	" 21st	98
46	"	" 15th	" 21st	98
47	Cheriton, C. of E.	" 17th	Aug. 4th	48

(continued).

Case No.	Name of School.	Date of X-ray Treatment.	Date of re-admission to School.	No. of days between X-ray Treatment and Cure.
48	Sheerness Marine Town ..	June 23rd	Oct. 11th	110
49	Whitstable, St. Alphege ..	" 25th	Aug. 13th	49
50	Herne Bay Cl. ..	{ July 11th	—	—
		{ Nov. 11th	—	—
51	Eythorne C. of E. ..	July 13th	Oct. 26th	105
52	" " ..	" 13th	Feb. 21st '21	223
53	Elmstead and Hastingleigh ..	" 19th	Sept. 3rd	46
54	Ashford, West Street ..	Aug. 20th	" 28th	39
55	Broadstairs, C. of E. ..	Nov. 9th	—	—
56	Broadstairs, C. of E. ..	Nov. 9th	Jan. 8th '21	60
57	" " ..	" 9th	Jan. 8th '21	60
58	" " ..	" 9th	" 8th '21	60
59	Bexley Heath, C. of E. ..	" 12th	Dec. 24th	42
60	Herne Bay Cl. ..	" 12th	Feb. 11th '21	91
61	" " ..	" 12th	" 11th '21	91
62	Aylesford Eccles. ..	" 17th	Jan. 6th '21	50
63	" " ..	" 17th	Dec. 15th	28
64	" " ..	Dec. 2nd	" 22nd	20
65	" " ..	" 2nd	" 22nd	20
66	" " ..	" 2nd	" 22nd	20
67	Northfleet C. of E. ..	" 8th	Jan. 19th '21	42
68	Tonbridge St. Stephens ..	" 9th	Feb. 3rd '21	56
69	Bexley Heath C. of E. ..	" 14th	Jan. 20th '21	37
70	" " " ..	" 14th	" 14th '21	31
71	Northfleet, C. of E. ..	" 15th	" 27th '21	43
72	" " " ..	" 15th	" 27th '21	43
73	Chelsfield Green St. Green ..	" 16th	" 31st '21	46
74	Walmer ..	" 20th	Feb. 7th '21	49

(e) *External Eye Diseases* are treated at the hospitals and clinics. The ophthalmic surgeon sees cases referred to him from the general clinics. In addition, school nurses treat some cases under the supervision of local general practitioners.

The following is a summary of the cases treated; (a) by School Oculist, 23; (b) by Medical Officers of School Clinics, 27; (c) by School Nurses 111. It will also be observed, from Table 19, that the percentage treated (of the *known* results of recommendations) was 81.76.

(f) *Vision*.—Cases of defective vision are treated at the hospitals already enumerated (Table 9). An eye clinic is also held at the chief centres once a week, and at subsidiary centres as often as may be required. The work at the clinics is undertaken by the school oculist, who is also the Assistant School Medical Officer. A summary of the work is given on page 13.

(g) *Ear Disease and Hearing.*—Until recently, defective hearing could not be referred to the hospitals unless associated with adenoids. Some of the Committee's arrangements have now been extended to include defective hearing not caused by adenoids. Cases of ear discharge are treated at the clinics, but no specialist is available. Nurses undertake the care of patients, under the supervision of private doctors.

Cases of ear disease treated at school clinics during 1920 numbered 54, and 44 cases were in the care of the nurses, under supervision of private practitioners.

Reference to Table 19 will show that the percentage treated (of the *known* results of recommendations) was 76.41 of ear disease, and 66.92 of defective hearing.

(h) *Dental Defects.*—The Committee employ two whole-time dentists who conduct weekly or bi-weekly dental clinics at the main centres, and in addition hold temporary clinics in the less populous areas, often in rooms engaged for the purpose. The autonomous authorities of Maidstone and Folkestone permit their dentists to do work for the Kent Education Committee at their clinics. It is hoped to extend these arrangements with autonomous authorities. At present, the work at Folkestone is more or less casual in nature, age-groups not yet being regularly inspected. A lady is being trained to assist the dentists by undertaking the work of routine inspection at the schools. Children are now submitted for dental inspection as soon as possible after entry to school, instead of waiting until they attain the age of six; and they are re-inspected within twelve months of the original examination. The Committee have made arrangements for the supply, at cost price, of tooth brushes and tooth powder to all children desiring to obtain them. The Head Teachers of the various schools requisition supplies through the medical department, and the demand continues to grow. From time to time, lectures are given by one of the dentists with a view to educating parents and children in the importance of the care and cleanliness of the teeth. Circulars are also distributed. Table 19 shows that 64.82 per cent. of the recommendations for dental treatment were complied with. The annual reports of the dentists are given on pages 23-26. Dr. Lane did not begin work until May 21st, 1920.

Table 12. Annual Report of School Dentists for 1920.

DISTRICT A.—MR. C. E. THOMAS.

Name of School or Centre.	Number of children examined.		Number requiring treatment.		Number treated during the year.		Temporary teeth extracted.	Temporary teeth filled.	Permanent teeth extracted.	Permanent teeth filled.	Teeth dressed.	Children whose teeth were scaled.	Local anaesthetics administered.	Administrations of general anaesthetics.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.								
Ashford	155	175	116	124	291	319	1508	71	92	203	222	16	321	23
Eastwell	8	13	4	11	—	—	—	—	—	—	—	—	—	—
Westwell	3	4	2	3	—	—	—	—	—	—	—	—	—	—
Great Chart	10	19	9	13	—	—	—	—	—	—	—	—	—	—
Smeeth	12	12	9	9	—	—	—	—	—	—	—	—	—	—
Bethersden	18	11	15	8	—	—	—	—	—	—	—	—	—	—
Wye Council	8	5	—	1	—	—	—	—	—	—	—	—	—	—
Lady Thornhill's, Wye	2	8	2	4	—	—	—	—	—	—	—	—	—	—
Kingsnorth	14	13	12	7	—	—	—	—	—	—	—	—	—	—
Mersham	14	16	9	9	—	—	—	—	—	—	—	—	—	—
Kennington	19	12	10	10	—	—	—	—	—	—	—	—	—	—
Hothfield	2	12	1	10	—	—	—	—	—	—	—	—	—	—
Totals	265	300	189	209	291	319	1508	71	92	203	222	16	321	23
Dartford	50	73	47	61	74	123	406	8	35	75	42	4	79	—
Sevenoaks	82	93	62	67	71	77	353	13	22	90	49	4	89	—
Sittingbourne	50	40	38	32	62	83	355	8	24	68	48	9	78	—
Tonbridge	129	121	93	84	194	257	1030	40	93	157	136	21	241	—
Capel	22	12	18	15	4	8	44	3	—	1	5	—	8	—
Hadlow	47	39	34	12	—	—	—	—	—	—	—	—	—	—
Hildenboro'	16	14	14	14	—	—	—	—	—	—	—	—	—	—
Southboro'	63	87	46	52	—	—	—	—	—	—	—	—	—	—
Paddock Wood	37	35	24	22	12	26	124	1	2	9	14	—	21	—
Totals	761	814	565	568	708	893	3820	144	268	603	516	54	837	—

Annual Report of School Dentists for 1920—(continued).

DISTRICT A.—(Continued.)

Name of School or Centre.	Number of children examined.		Number requiring treatment.		Number treated during the year.		Temporary teeth extracted.	Temporary teeth filled.	Permanent teeth extracted.	Permanent teeth filled.	Teeth dressed.	Children whose teeth were scaled.	Local anaesthetics administered.	Adminstrations of general anaesthetics.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.								
New Romney ..	16	18	12	12	27	25	131	3	17	16	15	2	24	—
Lydd ..	49	42	37	28	25	40	217	2	15	15	11	2	39	—
Brenzett ..	10	12	3	7	6	7	42	—	3	1	2	—	6	—
Dymchurch ..	7	15	4	12	8	12	40	—	5	5	1	1	8	—
Newchurch ..	3	5	1	3	1	3	14	—	1	1	—	—	4	—
Herne Bay ..	43	84	34	63	33	35	138	13	14	34	38	2	40	—
Whitstable ..	—	—	—	—	12	28	71	—	21	16	9	—	28	—
Boro' Green ..	30	21	29	17	18	20	84	—	9	9	20	5	22	—
Wrotham ..	34	40	30	30	—	—	—	—	—	—	—	—	—	—
Snodland ..	12	13	9	6	19	26	196	4	14	8	24	2	25	—
Mereworth ..	25	23	19	15	24	35	125	8	15	15	27	2	22	—
Westerham ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	229	273	178	193	173	231	1008	30	114	120	148	16	218	—
Brought forward ..	761	814	565	568	708	893	3820	144	268	603	516	54	837	—
Grand Totals ..	990	1087	743	761	881	1124	4828	174	382	723	664	70	1055	23

Annual Report of School Dentists for 1920—(continued).

DISTRICT B.—DR. S. R. LANE.

Name of School or Centre.	Number of children examined.		Number requiring treatment.		Number treated during the year.		Temporary teeth extracted.	Temporary teeth filled.	Permanent teeth extracted.	Permanent teeth filled.	Teeth dressed.	Children whose teeth were scaled.	Local anaesthetics administered.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.							
Dartford and District	541	385	370	241	172	155	716	49	90	113	118	26	283
Northfleet	405	412	275	290	94	124	678	14	51	26	64	11	198
Snodland and District	112	104	83	75	79	58	349	19	32	22	27	7	114
Sittingbourne and District	407	347	266	242	81	120	529	58	28	94	87	12	165
Sheerness	112	178	63	94	11	17	60	2	7	12	9	1	22
Newington and District	46	52	29	31	15	11	75	—	13	—	3	1	25
Rainham	112	149	76	84	34	36	190	2	21	13	16	2	60
Chattenden	25	31	18	21	17	20	87	4	6	6	8	1	30
Totals	1760	1658	1180	1078	513	581	2684	148	248	286	312	51	897

Annual Report of School Dentists for 1920—(continued).

District C.—Mr. T. P. Cooper (part-time Dentist).

Centre.	Numbers of children examined.		Numbers requiring treatment.		Numbers treated during the year.		Temporary teeth extracted.	Temporary teeth filled.	Permanent teeth extracted.	Permanent teeth filled.	Teeth dressed.	Children whose teeth were scaled.	Local anaesthetics administered.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.							
Maidstone	226	257	187	215	27	40	192	26	30	32	4	—	200

(i) *Crippling Defects and Orthopædics.*—The Committee have arranged no special facilities (except at Dartford) for treating these defects, and can only advise as to the necessity for obtaining curative treatment, and assist parents to obtain apparatus in case of need. Cripples are sent to the Chailey Homes, Sussex, for training, as vacancies become available. At Dartford, the Bergmann Osterberg Physical Training College undertakes the treatment of some crippling defects found in the neighbourhood, under the supervision of Dr. Coghill, the visiting physician. Her report is given here.

REPORT OF CASES TREATED AT THE BERGMANN OSTERBERG PHYSICAL TRAINING COLLEGE DURING 1920.

Spinal Curvatures :

19 cases of first degree of curvature were treated, of whom 14 still attend and are improving ; 4 have left and 1 has been discharged cured. Of these 6 were also treated for flat-foot.

1 case of second degree.

2 cases of third degree—1 left, the other continues to show improvement in general health.

Other cases treated were :—

6 cases of pes planus, accompanied in 3 cases by genu valgum, were treated ; of these one has left, two are cured, and the rest show marked improvement.

1 case of pigeon chest.

2 cases of Erb's paralysis.

2 cases of paralysis of one side of the body ; 1 has left.

1 case of cerebral paralysis.

2 cases of rickets.

3 cases of anterior poliomyelitis, one of whom has left.

1 supracondylar fracture of humerus, discharged cured.

9.—OPEN-AIR EDUCATION.

No special provision has been arranged for open-air education. Play-ground classes are taken intermittently, as circumstances allow.

With respect to (a) School journeys ; (b) School camps ; and (c) Open-air class-rooms, no arrangements have yet been made.

Day Open-air Schools.—The Committee have not established any residential open-air school, but they are from time to time able to secure the admission of suitable children to the Florence Emma Home at Kearsney, near Dover.

10.—PHYSICAL TRAINING.

The question of associating the school medical service with the work of physical training has not yet been dealt with, but it is hoped that the matter will receive consideration at an early date.

The Committee have not yet appointed any organisers of physical training.

11.—PROVISION OF MEALS.

The opinion of the School Medical Service is sought in cases of doubt as to the necessity for setting up a canteen but it will be understood that there is not the same importance for a medical opinion in the selection of suitable children in a scattered county area as in the case of a town. Considerations other than medical ones predominate. The medical inspectors, however, visit the canteens of their areas, and report on the dietaries and on the general arrangements. In some instances, records of the heights and weights of the children are kept on a special form which is now being extended to all canteens. In the following pages are summarised the reports from various districts :—

CHILHAM.—The canteen is held in a coach house at the back of a residence close to the school. This coach-house has large doors, which open on to the yard and which are open during the meal. On the day of the Inspector's visit, which was exceptionally warm for the season, it was quite comfortably warm, but the Inspector is of opinion that it would be unfruitful in the cold weather. The canteen cooking utensils, spoons, plates, etc., are clean and well kept. The food was ample in quantity, and consisted of boiled minced meat pudding, potatoes and milk pudding. Several of the children examined have gained considerably in weight, and have improved in nutrition since the canteen was instituted.

HERNE BAY COUNCIL SCHOOL CANTEEN.—The canteen is managed by a Committee, among the members of which are the Head Teachers of the three departments of the school, and a Manager. It was opened as a voluntary centre during the War.

Payment is made by the children each morning to a school teacher, who in return issues cards, which are taken to the Supervisor of the canteen.

All children may attend. In the case of any whose parents are unable to pay, the meals are paid for by the Philanthropic Society. Such children at present number about a dozen. The average number in attendance is about ninety.

The dietary is sufficient, and suitable meals are provided: meat in some form is given each day except on Monday. As an example the following shows the menu on two consecutive

days :—(a) Haricot beans, peas and gravy, followed by treacle pudding ; (b) rissoles, potatoes and cabbage, followed by suet and jam pudding.

There does not appear to be much attention given to the educational aspect of the work. The children say grace before the meal, and three of them wait on the others.

The suitability of the accommodation, and equipment, efficiency of the service, and supervision of the meals, are all very satisfactory. The same supervisor attends each day.

Form 20MI is not being used, as children are said to be very irregular in their attendances.

A charge of 3½d. is made for each meal, except when four of a family attend, when the charge is 3d. each.

All articles of food are bought as cheaply as possible, usually at wholesale prices. The Kent Education Committee pay for coal, gas and rent, and if from 80 to 100 children attend, the canteen pays its way. For one week the receipts were £6 13s. 4d., and the expenses £5 13s. 3d. The cost of labour is £1 9s. 6d. per week.

HYPHE.—The canteen is held in a large building not far from the school. It is under the care of the Head Teacher of the boys' department and his wife. The canteen is clean and warm, and cooking utensils, plates and cutlery, clean and well kept. The food was ample in quantity and on the day of the visit consisted of meat soup, potatoes, and milk pudding. Form 20MI is not yet in use.

NORTHBOURNE.—Fifty children, carefully selected, are being fed at this centre. The dietary is varied, suitable and sufficient. Accommodation and equipment are good, as are service and supervision. Head Teacher and Correspondent speak highly of results, and report that the scheme is "self-supporting."

ST. PETERS, BROADSTAIRS.—The centre was started in January, 1920, and is held in the Parish Room. The Vicar is Chairman of the Committee, which is composed of School Managers, Certificated Teachers, and two ladies. The children pay their fees to the Head Teacher, in the school.

All children may attend. In six necessitous cases no charge is made, and in the cases of two families the parents pay what they can afford. The average attendance during the past year was 110. It has dropped now to about 60, owing to the longer dinner hour, finer weather, and the shortage of money among parents, resulting in inability to pay for the meals.

The dietary is sufficient, and suitable meals are provided. Meat is served twice a week, and on other days fish, cheese, soup or stews, vegetables and a pudding are always provided.

The object of the provision of meals is explained to the children, and a course of "home management" is included in the girls' curriculum. The children say grace. The elder girls wait, two at each table, and have their dinner after the others.

The suitability of the accommodation and equipment, the efficiency of the service, and the supervision of the meals, are all very satisfactory. The Head Teacher of the Girls' Department is the supervisor, and a rota of teachers is in existence from which one teacher attends each day, as well as the supervisor.

No arrangements are made at present for ascertaining and recording results, but Form 20MI will be used on and after April 1st.

4d. per head is charged for the meal, with a reduction in the case of a family of four or five, to 1s. per week. Groceries are purchased at wholesale prices, meat at a cheap rate, and vegetables are obtained from the school garden. The canteen paid its way up to a month ago, and would pay now if the attendance were 80 or 90. Labour now costs £1 10s. per week, but up to two weeks ago the cost was £2 6s. 6d.

TONBRIDGE SCHOOLS.—The children were chosen by the Head Teachers in almost all cases. Children of unemployed fathers, and children without fathers are selected. This applies in almost every case.

I formed the opinion that the dietary was excellent. *First course*, either thick soup with a good supply of vegetables, or some kind of stew or potato pie; *second course*, rice with jam, jam roll or suet pudding with jam. The quantity is ample and the quality good.

There is little attention given to the educational aspect of the work.

The accommodation is sufficient and satisfactory, and the service and supervision of the meals are excellent. The meals are served in the Adult Hall, by unemployed ex-service men. One or more teachers (men) are always present for supervisory purposes.

Form 20 M.I. was not in use.

Expenses consist of hire of hall and cost of food only. A few children whose parents can afford it, pay 4d., for meal.

I visited all schools and departments in Tonbridge to see the children attending meals. Many of them I know and have

examined. Of such children seen by me, I could only detect four cases of real malnutrition. I also noted seven cases of suspected T.B., past or present, and at least two families send children with a bad T.B. history.

Two or three of the Head Teachers state definitely that the health of certain children attending meals regularly has definitely improved.

WROTHAM: BOROUGH GREEN SCHOOL.—The physical development card will be kept from July, 1921.

All children who pay are admitted to meals. The food provided is good and sufficient, as also is the accommodation and supervision. The children attending meals appear well fed. The dinners are run as economically as possible.

WYE (LADY THORNHILL'S AND COUNCIL) SCHOOLS.—The canteen is held in a large room of a house not far from the school. It is clean and warm. The canteen is under the direction of the Head Teacher of the mixed department. Cooking utensils, spoons, plates, etc., are clean and well kept. The food was ample in quantity, and on the day of the visit consisted of vegetable soup, containing haricot beans and potatoes, and boiled jam-roll pudding. The children using the canteen are said to be improved in health and nutrition since its institution.

In this and other schools there appear to be some children who urgently require a good mid-day meal, but unfortunately the same cause which prevents their obtaining as good a meal at home, also prevents their taking advantage of the canteen. That is to say that children whose parents can give them food in sufficient quantity at home (when living at a distance) send their children to the canteen, whereas parents in poorer circumstances are unable to meet the financial requirements.

12.—SCHOOL BATHS.

None has been provided. A cleansing station exists at Tonbridge, and the medical officer reports as follows :—

TONBRIDGE BATHING CENTRE.

The number of children attended to was approximately 240. Most of the children bathed came from the Special School, though one at least was from Sussex Road girls.

Far more use could be made of this centre if there were a regular paid woman attendant.

The cases treated were of same variety as in 1919.

13.—CO-OPERATION OF PARENTS.

The method adopted to secure the presence of parents at the medical inspection is described on p. 8. If any defect requiring treatment is discovered, the parents receive notice of it in writing, together with information as to where treatment can be obtained, and how and when to obtain it. Subsequently, the School Nurse of the area visits the parents, as already described, the more certainly to secure their co-operation. She continues her importunity so long as it is deemed advisable. The only criterion of success in these efforts is the amount of treatment obtained. This is set out in tabular form on page 47.

14.—CO-OPERATION OF TEACHERS.

The routine assistance of the Head Teacher has already been mentioned, in so far as he or she assists in arranging for the medical inspection. In addition, they help with the filling in of certain items on the medical schedule, *e.g.*, cleanliness of the clothes, etc., about which they are likely to have a truer estimate of the usual condition. With regard to following-up or treatment, they have no prescribed functions, and the assistance given depends on personal interest and on opportunities afforded.

15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The school attendance officer assists mainly in getting cases to the medical inspection, which might otherwise escape observation, *e.g.*, imbeciles, cripples, etc. He also uses his influence to persuade parents to obtain treatment in cases not in attendance at school owing to illness and physical defect, and he reports the cause of absence from school, such as infectious disease, etc., In cases of exclusion from school on account of verminous conditions, he attends the Court to give evidence, when required.

16.—CO-OPERATION OF VOLUNTARY BODIES.

This practically resolves itself into assistance from the N.S.P.C.C., in cases of continued neglect. Thirty-three such cases were reported to this Society during 1920. In a few instances where there are Infant Welfare Centres set up by voluntary committees, members of these committees do not restrict their interest to infants, but take whatever measures they can to provide or facilitate treatment for children of school age.

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

(a) The methods adopted for ascertaining what children are blind, deaf, feeble-minded or epileptic within the meaning of the Acts relating to this class of defects, do not differ greatly from the methods of

ascertaining defects in general, except that a special letter as follows is forwarded to each teacher prior to an inspection.

Please note that it is necessary for the medical inspector to examine and report upon the cases of children coming within the following categories, whether in attendance *at school or not*, and if you are aware of any such who have not been presented to him previously, please add their names to his list when he visits on, together with any information available, including age, address, etc.

Blind, deaf and dumb, feeble-minded, imbecile, idiot, epileptic, pulmonary tuberculosis, other forms of tuberculosis, cripples other than tubercular, backward (two years and three years respectively), and any cases suitable for an open-air school.

I shall be glad if you will also kindly arrange for the under-mentioned children, who have already been scheduled as defective, to be presented to the inspector.

All these cases are scheduled on a special form which is forwarded to the medical inspector on the occasion of each of his visits to a school, who adds comments from time to time as a result of his examination of the children enumerated. Appropriate action is then taken by the head office. Such cases are more frequently brought forward for examination by school attendance officers, or are reported by school nurses. Occasionally, the officer appointed by the Local Control Authority is the first to bring to the notice of the Department cases of children of school age who show mental defect. For each child, a special report is made by the medical inspector—as on “Schedule F” for the feeble-minded—and sent to the Head Office at Maidstone, where it is scrutinized by the School Medical Officer. Should any queries arise, further information is sought, or the Assistant School Medical Officer sees the case also.

Suitable cases of these defects are sent to appropriate residential schools as opportunity occurs. In this way, it is possible to deal with the blind and the deaf and many of the epileptics (*i.e.*, those who are not also feeble-minded); but it is practically impossible to find places for the feeble-minded unless they happen to live within reach of the two special schools provided by the Committee. In present economic circumstances, there seems to be little prospect of providing residential accommodation for these special cases. Seven boys and thirteen girls were notified to the Local Control Authority during 1920.

(b) The Committee have two special day schools for the feeble-minded, situated respectively at Tonbridge and Dartford. The medical officer of the Tonbridge School is the whole-time medical inspector of that area. He forwards the following report for 1920 :—

“Report on Tonbridge Special School for year ending December 20th.

Accommodation	38
Number on register at beginning of year	38
Number admitted during year	17
Number who left	8
Number on register at end of year	47

The eight children who left during the year did so for the following reasons :

Under Schedule A.	4
16 years of age ..	2
Removed by parents	2 (1 of these now believed to be in Reformatory).

The work at this school has been carried out on the same lines as in previous years, special attention being given to the manual training.

Of the 41 children examined by me at my last inspection (6 were absent on medical certificate or otherwise), I note real progress in 12 girls and 17 boys, little or no progress in 6 girls and 5 boys, and retrogression in 1 boy.

The remarks as to (1) Treatment of Physical Defects ; (2) the Teaching Staff ; (3) Unsuitability of Premises ; and (4) Importance of After-care, made in my last report, must again be emphasised.

In conclusion, I should like to point out that the establishment of a definite trade-teaching centre (boot-making, tailoring, etc.) in connection with this school would add greatly to its utility, especially where the older boys are concerned.”

The medical officer of Dartford Special School having resigned, the Assistant School Medical Officer of Kent has been appointed in his stead. He reports as follows :

“Day Special School, Dartford. Report for 1920.

The accommodation of this School is said to be 78. Nothing like this number could be dealt with, unless most of the work were done elsewhere.

Number on roll, 1st January, 1920	25
Number on roll, 31st December, 1920	29
Number left during the year	5
Number admitted during the year	9

Two children left on attaining the age of sixteen ; one died (of diphtheria) ; one left the district, and the remaining one was transferred to the Darenth Industrial Colony.

The organisation of the teaching and training at this school is under revision, and it is hoped that more attention in future will be paid to higher manual work.

The scholars are mostly of a low type, and some of them will have to be certified as unfit, owing to severe mental defect, to continue in attendance. During the year, each child has had an examination on the lines of Terman's modification of Binet's tests, the results being recorded in a booklet issued for this purpose. I think that these records, if continued, will prove of considerable value.

The Managers of the School form an 'After Care' Committee, and I understand that individual members of the committee make themselves responsible for supervising particular children after leaving school."

The question of "after-care" of mental defectives should be re-considered in connection with "after-care" as undertaken by the Juvenile Employment Sub-committee in the case of the ordinary school population. Perhaps it would be well for the District Education Boards in the areas of Special Schools, when forming "After-care" Sub-committees for dealing with the larger aspect of the question, to take unto consideration the Special Schools also. Managers of these Schools might be co-opted to form a connecting link.

18.—NURSERY SCHOOLS.

Nursery Schools are not yet being established by the Committee. A private school at Singlewell, conducted on Montessori lines, has recently been taken over by the Committee. It may be described as an experimental nursery school. It is very small, and the medical department has no separate statistics available with regard to it at present.

19.—Secondary and Private Schools.

Provision has been made for medical inspection at all the maintained Secondary Schools, and at those aided Secondary Schools, the Governors of which desire it. Where a boys' school is situated in the area of an autonomous authority (Part III.), and this authority is willing to undertake the medical inspection at the school, arrangements have been made to give effect to this, except where agreement as to terms has not been reached. At the present time, the following schools are inspected by the local education authority concerned: Beckenham, Chatham, Gillingham, Faversham and Dover. The remaining boys' schools are inspected by the doctors already working in the county elementary schools. For the purpose of inspection at girls' schools, a woman doctor has been appointed. She also visits the private girls' schools when asked to do so. The details of medical work in the Secondary Schools follow the lines adopted in Elementary Schools. The Head Master or Mistress invites the attendance of parents and secures information with regard to the

previous history of pupils, particularly as regards infectious diseases. The variations from elementary practice, which have been adopted, are those required or suggested by the Board of Education; thus every child of twelve years of age and upwards will be examined each year, the medical schedule contains a few additional items, and visits to the schools will be terminal.

FINDINGS OF MEDICAL INSPECTION.

(a) No cases of uncleanness have been reported by the medical inspectors. Some few cases exist, however, but it has been deemed expedient not to risk jeopardising the establishment of medical inspection in secondary schools by enquiring too closely into the question at this early date. Nurses will be sent to conduct routine examinations only if asked for by the head of the school.

(b) No cases of minor ailments have been brought to the notice of the doctors, except as referred to under "skin diseases."

(c) *Tonsils and Adenoids.*—Four hundred and sixty-eight cases were recorded, for treatment or observation, during the year. Of these, 202 required treatment. The figures for Elementary Schools are 20 per cent. and 8 per cent. respectively of the total children examined, compared with 12 per cent. and 5 per cent. in Secondary Schools. It is possible that the lower incidence in Secondary Schools is more apparent than real, and due to the difference in age of the children examined. The numbers at the younger ages are as yet too small to afford a safe basis for comparison, but so far as they go, this view is supported.

(d) Four cases of non-pulmonary tuberculosis, requiring treatment, were discovered. In addition, there was one case for observation, and one suspected case of the pulmonary form of the disease.

(e) Skin diseases were represented by scabies, impetigo, and other forms, amounting in all only to fifteen cases.

(f) *External Eye Diseases.*—These consist of a few cases of blepharitis and conjunctivitis, as set out in the table.

(g) Defective vision requiring treatment or continued observation was found in 14 per cent. of the pupils examined—compared with 5 per cent. of similar severity in Elementary Schools. The relatively low figure for elementary schools is partly due to the fact that vision is not tested in "entrants." The difference is accentuated by the fact that a much greater proportion of the pupils in the Secondary Schools is drawn from urban populations. At a later date, it may be possible to obtain information, by the elimination of other causes of variation, of the influence of school conditions.

The actual figures for two groups, male and female (including all visual defects, whether "logged" or not) in the two classes of schools are as follows:—

<i>Elementary.</i>	Male.	Female.	<i>Secondary.</i>	Male.	Female.
8 years old ..	10.3%	11.6%	8 years old ..	23%	30%
Leavers ..	10%	10.7%	Corresponding ages	12.6%	20%

(h) *Defective hearing*, either requiring treatment or such that continued observation is desirable, was found in 1.7% of the children. The corresponding figure for elementary schools is under 1%. This again may be due in part to the more urban character of the school population of the secondary type of school.

(i) *Dental defects*.—43% of the pupils show dental caries—on more or less casual inspection, *i.e.*, without probe and mirror—compared with 57% in elementary schools, and there is a smaller proportion of the more extensive cases of disease.

(j) *Crippling Defects and deformities*. 260 cases of lateral curvature were recorded, of which 114 required treatment forthwith. The majority of cases occurred in girls, especially of the higher ages. Small numbers of various other similar defects occur. The figures for "flat foot" are surprising, no less than 1,077 cases being recorded. They are slight in degree, and for the most part have not even been recommended special remedial exercises. Other deformities include hare-lip, cleft palate, hypospadias, etc. There are two cases of old infantile paralysis and one of congenital dislocation of the hip.

(k) *Infectious Diseases*.—Precisely the same arrangements are adopted as in elementary schools. There were no closures required.

(l) *Following up*.—The arrangements for "following up" are the same as in the other schools, except that nurses are not employed.

(m) *Medical Treatment*.—The facilities provided for children in the elementary schools will be available for secondary school children under certain conditions not yet defined. A scale of charges depending on the parents' income should be adopted for use in those instances where private treatment is out of reach owing to economic circumstances. In other cases it will be necessary to utilise these facilities, owing to the fact that treatment is not otherwise available, *e.g.*, when remedial exercises are required. In this specific instance, the Committee have already resolved to charge a fee of one guinea as a rule, and to consider individual cases of necessity on their merits. It is expected that most other cases will obtain treatment from private sources, and the statistics for the first year as given in Table 22, encourage this belief. The "remedial exercises" referred to are given by the drill master or mistress, under the supervision of the school doctor, and after approval of his or her qualifications by the School Medical Officer.

(n) *Open-air Education*.—No special arrangements are in force, but in some schools classes are held in the open air in the summer months.

(o) *Physical Training*.—There are no formal arrangements for associating the School Medical Service with the work of physical training, except as mentioned under “remedial exercises.”

(p) *School Baths*.—School baths are not provided in the maintained schools in Kent. The pupils are taken to municipal baths for training in swimming.

(q) *Blind, Deaf, Defective and Epileptic Children*.—No cases of this type have been reported at any of the maintained or aided secondary schools in the county.

20.—CONTINUATION SCHOOLS.

There are no Continuation Schools in the county.

21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The conditions under which children may be employed are enumerated in the Council's bye-laws on the subject, and to which reference is made for further information. Certificates of fitness for employment are not obtained through the School Medical Service, on account of the scattered nature of the area. Perhaps, however, this service gives some help to the Juvenile Employment Sub-Committee, in that each “leaver's” medical card is marked to show in a general way what kind of employment is suitable from the point of view of the child's physical state. This information is to be transferred, together with other details, to the Sub-Committee named just before a child leaves school.

22.—SPECIAL INQUIRIES.

School Furniture.—In order that the furniture of the schools may be improved in a systematic manner, a complete survey is being made, embracing all the schools. At the end of the year, the Department had received reports dealing with the accommodation of 24,311 children. The following table shows the seating accommodation provided for these children :—

Numbers accommodated in forms without backs	7,210
Numbers accommodated in forms with backs	2,567
Numbers accommodated at dual desks	12,431
Numbers accommodated with chairs and table	2,103

The maximum and minimum heights of the desks or tables and of the seats are as follows :—

Forms—Desks	32-ins.	..	16-ins.
Seats	22-ins.	..	10-ins.
Dual Desks—Desks	36-ins.	..	17-ins.
Seats	25-ins.	..	11-ins.
Tables	30-ins.	..	16-ins.
Chairs	18½-ins.	..	9½-ins.

The difference between the height of the desk and that of the seat varies between 15 and 6-ins. For any given height of desk, there is an extended range of height for the seat, so that all varieties of stature could be accommodated—taking the county as a whole. But on considering individual schools, it is difficult to perceive that any definite scheme has been acted upon in the provision of the furniture. If a fresh start could be made, any scheme adopted would still remain imperfect and to some extent experimental.

The Committee has determined that the following order shall hold in considering the urgency of replacement of school furniture :—

- (a) Long desks with collapsible tops (infants, etc.).
- (b) Long desks without backs and a minus distance.
- (c) Long desks with backs (infants).
- (d) Long desks without backs, but firm (older scholars).
- (e) Long desks with backs (older scholars).

It may be of interest to reproduce here the Assistant School Medical Officer's report on the new furniture at Wrotham Borough Green Council School.

Wrotham, Borough Green Council School—School Furniture.

This school has been recently equipped with new furniture throughout, chairs and tables taking the place of dual desks and forms. The change constitutes part of a series of experiments being conducted by the Committee having in view educational requirements only. This department, however, has been asked whether there are any medical points to be considered.

The chief consideration in the case of school furniture, from a medical point of view, is its effect on the posture of the child, and in this matter chairs and tables have an advantage over dual desks, for they are *relatively* adjustable. At the school named, each classroom contains three different sizes of chairs, and tables of three different heights, the average height of course increasing with the higher standards. There appears to be no difficulty in suitably accommodating every child. In addition to this superior "adjustability," I think it is a further advantage that the chair is not rigidly fixed to the table as is the seat to the desk of a dual desk. For all school postures become more or less cramped after a time and this absence of rigidity permits of more variation in attitude, and therefore more chance of relief from muscular strain and discomfort.

In another direction, the table has an adverse effect on posture or so it appears at Borough Green. On the occasion of my visit to the school I found there was a marked tendency for the scholars to stoop over their work. This arises from the fact that, with a given distance of the nearest portion of the work to the child's eyes, the

furthest portion is further away in the case of a table than in the case of a sloping desk, and there is a tendency to sit so that one's work is parallel to the face, rather than at right angles to it. I think that when the children become more accustomed to the new furniture, and if they are supervised satisfactorily, this adverse result will no longer be produced, but its possibilities should be borne in mind.

Another question with a medical aspect is that of lighting. It is difficult to assess the importance of good lighting from a purely medical standpoint. Personally I hold that bad lighting in a school has not yet produced a case of eye disease. However this may be, there is no doubt of its importance in those regions where medicine merges with pedagogy, so due weight should be given to the consideration that, when sloping desks are arranged in the conventional manner in a school, they are better illuminated than tables would be if similarly placed. A more important consideration, perhaps, is the fact that to make full use of tables some children must face the chief source of light. This is a real disadvantage, in that discomfort is produced, but it could be minimised by good organisation, more particularly by seeing that the same children are not always subjected to the discomfort.

A final question occurs to me. In what way will the new seating affect the incidence of infectious disease? If children are seated opposite to each other at small tables, it would certainly be expected *à priori* that increased opportunities for spreading infection would arise. This will be counterbalanced to some extent by the fact that with chairs and tables the total accommodation is lessened, and therefore perhaps overcrowding also.

To sum up the pros and cons, these balance each other nicely in the question of posture, but as regards lighting and the spread of infectious disease, the advantage is in favour of the dual desk. The importance of the corresponding disadvantage of the chairs and tables cannot be estimated without experience, and I am inclined to attach little importance to it. There is little danger in being guided solely by a consideration of the economic and educational aspects of the problem.

23.—MISCELLANEOUS.

Examination of Teachers and of Scholarship Candidates. Table 24 gives a summary of the work done under this heading. It will be noted that the numbers examined are less than in previous years. This is accounted for by the fact that in the case of many candidates recent records are now available from the secondary schools.

Table 13. *Shewing exclusions by the County Medical Officer's Staff during 1920.*

DEFECTS.	EXCLUDED BY				DEFECTS.	EXCLUDED BY			
	Medical Inspectors.	Tuberculosis Officers.	Nurses.	Total.		Medical Inspectors.	Tuberculosis Officers.	Nurses.	Total.
Abdominal pain ..	1	—	—	1	Otitis media ..	2	—	—	2
Abscess ..	6	—	—	6	Otorrhœa ..	4	—	—	4
Alopecia ..	1	—	—	1	Pharyngitis ..	2	—	—	2
Anæmia ..	9	1	1	11	Photophobia ..	1	—	—	1
Blepharitis ..	7	—	—	7	Phthisis ..	1	45	—	46
Boils ..	1	—	2	3	Phthisis (suspected) ..	12	21	—	33
Bronchial Catarrh ..	2	—	—	2	Pleurisy ..	—	3	—	3
Bronchitis ..	10	68	2	80	Pneumonia, lobar, convalescence following ..	1	—	—	1
Bronchitis, chronic ..	2	—	—	2	Post-influenza, heart weakness ..	1	—	—	1
Carbuncle ..	—	—	1	1	Psoriasis ..	1	—	1	2
Chicken-Pox ..	9	—	16	25	Pustular eruption (of knees) ..	1	—	—	1
Chilblains, broken ..	—	—	2	2	Rash ..	1	—	5	6
Chorea ..	19	—	2	21	Rheumatism ..	4	—	—	4
Conjunctivitis ..	2	—	—	2	Ringworm (body) ..	11	—	33	44
Contusion of eye ..	1	—	—	1	Ringworm (head) ..	49	—	151	200
Corneal Ulcer ..	3	—	—	3	Scabies ..	164	—	82	246
Cystitis ..	—	1	—	1	Scalds and burns ..	—	—	3	3
Debility ..	33	49	19	101	Septic conditions (of skin) ..	3	—	3	6
Desquamation ..	1	—	—	1	Sickness ..	1	—	6	7
Diarrhœa ..	2	—	—	2	Skin disease ..	2	—	1	3
Diphtheria(suspected) ..	3	—	86	89	Sores ..	28	—	113	141
Dirt ..	1	—	—	1	Sore throat ..	5	—	27	32
Ear discharge ..	11	—	2	13	Spinal curvature ..	—	1	—	1
Eczema ..	14	—	10	24	Stomatitis ..	1	—	—	1
Epilepsy ..	11	—	1	12	Syncope, attacks of ..	1	—	—	1
Eye disease, external ..	1	—	3	4	Synovitis, knee ..	1	—	—	1
Gastro-enteritis ..	1	—	—	1	Tabes mesenterica ..	—	1	—	1
German measles ..	1	—	—	1	Tonsillitis ..	2	—	—	2
Glands, cervical, enlarged ..	2	—	—	2	Tuberculosis, non-pulmonary ..	1	33	—	34
Glands of Groin, enlarged ..	1	—	—	1	Ulcer, chronic ..	1	—	—	1
Hæmaturia ..	1	—	—	1	Verminous conditions ..	154	—	1278	1432
Headaches ..	2	—	5	7	Head ..	3	—	31	34
Heart disease ..	3	—	—	3	Body ..	11	—	49	60
Impetigo ..	204	—	341	545	Clothing ..	—	—	13	13
Incontinence of Urine ..	1	—	—	1	Head and body ..	—	—	28	28
Infantile paralysis ..	—	—	1	1	Body and clothing ..	—	—	8	8
Inflamed eyes ..	1	—	—	1	Vision, high myopia ..	2	—	—	2
Influenza ..	—	1	—	1	Weak lungs ..	—	6	—	6
Jaundice ..	—	1	—	1	Whooping-cough and contacts ..	33	—	12	45
Malnutrition ..	1	—	—	1	Wound of toe ..	1	—	—	1
Marasmus ..	—	1	—	1	Defects unstated, or indecipherable ..	2	—	4	6
Measles and contacts ..	2	—	1	3					
Menstrual irregularity ..	1	—	—	1					
Mumps, suspected ..	1	—	—	1					
Nasal discharge ..	1	—	—	1					
Nasal polypus ..	1	—	—	1					
Nervous debility ..	3	—	—	3					
Night terrors ..	1	—	—	1					
Oral sepsis ..	1	—	—	1					

Table 14. Exclusions by Private Practitioners.

DISEASE.	4-5 weeks.	6 weeks and over.	Indefinite.	DISEASE.	4-5 weeks.	6 weeks and over.	Indefinite.
Abscess	2	—	3	Laryngitis	1	—	—
Adenitis	4	—	4	Malnutrition	1	—	—
Adenitis, tubercular	—	—	1	Marasmus	—	1	1
Adenoids	1	1	—	Measles	1	—	7
Amputated leg	—	—	1	Meningitis	—	1	—
Anæmia	17	18	4	Menorrhagia	2	2	—
Ankle, tuberculous	—	1	—	Mental deficiency	—	—	1
Appendicitis	1	—	—	Mumps	2	1	—
Asthma	1	3	1	Muscular strain	1	—	—
Blepharitis	1	—	—	Myxœdema	—	—	1
Bronchial catarrh	14	10	7	Nasal catarrh	—	1	—
Bronchitis	7	3	7	Necrosis	—	—	1
Burns and scalds	1	—	1	Nephritis	1	1	1
Cardiac debility	2	2	—	Nervous debility	2	3	5
Cephalgia	1	2	—	Nervous overstrain	—	1	—
Cerebral excitement	—	3	—	Neuralgia	—	1	—
Cervical glands, enlarged	4	2	2	Neurasthenia	—	5	—
Chicken Pox	—	2	4	Neurosis	1	—	1
Chill	—	—	1	Night terrors	1	—	—
Chill on Liver	1	—	—	Osteitis	—	2	—
Chlorosis	2	—	—	Otitis media	7	3	3
Chorea	7	15	7	Otorrhœa, chronic	1	—	3
Cicatrix, contracture	1	—	—	Paralysis	—	2	3
Conjunctivitis	2	1	1	Pemphigus	1	—	—
Contusion and sprain (severe)	—	—	1	Periostitis	—	1	—
Corneal ulcer	4	1	—	Pharyngitis	1	—	—
Debility	38	28	20	Pleurisy	1	—	—
Dermatitis (infective)	—	—	1	Pneumonia	1	2	2
Diabetes	—	1	—	Poliomyelitis	—	—	1
Diphtheria, and post-diphtheritic paralysis	3	5	1	Psoriasis	1	2	—
Dog bite	—	—	1	Pulmonary catarrh	2	1	—
Dyspepsia	1	2	—	Pulmonary tuberculosis, and suspected	2	37	9
Eczema	7	1	7	Renal catarrh	1	—	—
Enteritis, tubercular	1	—	—	Rheumatic fever	2	—	—
Epilepsy, and petit mal	4	5	5	Rheumatism	3	8	5
Eye-strain	1	—	—	Rhinorrhœa	—	—	1
Flat-foot	1	—	—	Ringworm	13	10	18
Fractures	2	1	1	Scabies	14	1	8
Gastric catarrh	—	1	—	Scarlet fever	3	2	—
Gastritis	3	2	1	Septic conditions	1	—	1
Gastro-enteritis	1	—	1	Skin eruption, pustular	2	—	—
Glands, enlarged	2	1	1	Sores	1	—	3
Glands, tuberculous	1	3	1	Sore throat	1	—	—
Habit spasm	1	—	—	Spinal curvature	—	2	1
Heart disease	5	14	9	Stomatitis	—	1	—
Heart, rheumatic	1	—	—	Surgical operation, effects of	—	2	—
Hernia	—	—	6	Swollen face	—	—	1
Herpes	1	—	—	Synovitis	—	—	2
Hip-joint disease	—	4	1	Syphilis	—	—	1
Impetigo	10	—	9	Tabes mesenterica	—	2	—
Incontinence of Urine	1	—	—	Talipes	—	—	1
Infantile paralysis	—	—	1	Teeth, defective	—	—	1
Inflammation of lung	—	1	—	Tonsillitis	3	1	7
" " groin	—	—	1	Tonsils and adenoids	2	1	3
" " muscles of spine	—	1	—	Tuberculosis, general	—	1	—
Influenza, and convalescence	3	1	7	Typhlitis	1	—	—
Intestinal obstruction	—	—	1	Ulcers	—	2	—
Iritis	—	1	—	Vaginitis	1	—	2
Jaundice	1	—	1	Vision, defective	—	6	3
Knee, tuberculous	—	2	—	Wasting	—	2	—
Knee, swollen	1	—	1	Whooping-cough	24	4	10
				Defect unstated	2	2	9

Table 15.

ELEMENTARY SCHOOLS.

Number of Children inspected from January 1st, 1920, to December 31st
1920.

A. "CODE" GROUPS.

Age	Entrants.					
	3	4	5	6	Other Ages.	Total.
Boys ..	—	26	2517	1482	668	4693
Girls ..	—	16	2247	1423	657	4343
Totals	—	42	4764	2905	1325	9036

Age. ..	Intermediate Group.	Leavers.					Total.	Grand Total.
		8	12	13	14	Other Ages.		
Boys ..	2240	151	3308	738	8	4205	11138	
Girls ..	2060	121	3200	758	14	4093	10496	
Totals	4300	272	6508	1496	22	8298	21634	

B. GROUPS OTHER THAN "CODE."

	Intermediate Group (other than 8 years).	Special Cases.	Re-Examinations (i.e. No. of Children Re-examined).
Boys	1956	388	5732
Girls	1872	389	5638
Totals ..	3828	777	11370

C. INDIVIDUAL CHILDREN.

Number of Individual Children Inspected	33015
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Table 16.

ELEMENTARY SCHOOLS.

Defects found in the course of Medical Inspection in 1920.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.			SPECIALS.		
		Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.		
	Malnutrition	84	25	11	1		
Unclean- liness	{ Head	663	62	31	7		
	{ Body	92	29	3	1		
Ringworm	{ Head	53	—	10	—		
	{ Body	6	—	1	—		
	Scabies	113	1	24	—		
	Impetigo	175	—	24	—		
	Other non-tubercular Skin diseases	81	3	11	1		
Eye	{ Blepharitis	101	12	14	—		
	{ Conjunctivitis	8	2	7	—		
	{ Keratitis	2	—	—	—		
	{ Corneal Ulcer	—	—	1	—		
	{ Corneal Opacities	8	—	—	—		
	{ Defective Vision	998	1327	178	152		
	{ Squint	329	—	—	26		
	Other conditions	33	3	5	—		
Ear	{ Defective Hearing	215	16	24	4		
	{ Otitis Media	138	—	10	—		
	{ Other Ear Diseases	2	4	4	1		
Nose and Throat	{ Enlarged Tonsils	1588	194	77	4		
	{ Adenoids	116	16	18	—		
	{ Enlarged Tonsils and Adenoids..	260	34	40	—		
	{ Other Conditions	46	8	2	—		
	Enlarged Cervical Glands (non-tubercular)	159	23	13	—		
	Defective Speech	26	3	4	—		
	Teeth	2307	35	167	1		
Heart and Circulation.	{ Organic Heart Disease	46	17	5	1		
	{ Functional Heart Disease	80	22	9	—		
	Anæmia	187	8	19	6		
Lungs	{ Bronchitis	41	4	5	1		
	{ Other non-Tubercular Diseases..	106	15	12	1		
Tuber- culosis.	{ Pulmonary—Definite	17	—	4	—		
	{ „ Suspected	99	9	18	3		
	{ Non-Pulmonary—Glands	30	4	7	—		
	{ „ Spine	2	—	—	—		
	{ „ Hip	3	1	1	—		
	{ „ Other Bones and Joints	8	—	1	—		
	{ „ Skin	3	—	—	—		
	Other forms	5	—	1	—		
Nervous System	{ Epilepsy	20	10	4	2		
	{ Chorea	22	1	3	—		
	{ Other conditions	13	2	4	1		
Deform- ities	{ Rickets	21	2	—	2		
	{ Spinal curvature	73	12	7	—		
	{ Other forms	89	6	14	—		
	Other Defects and Diseases	328	90	38	19		

Number of Individual Children having defects which required Treatment or to be kept under observation

6752 .. 598 .. 673 .. 51

Table 17.—Numerical Return of all Exceptional Children in the area in 1920.

		Boys.	Girls.
BLIND (including partially blind) within the meaning of the Elementary Educa- tion (Blind and Deaf Children) Act, 1893 ..	Attending Public Elementary Schools	48	33
	Attending Certified Schools for the Blind	8	7
	Not at School	6	2
DEAF AND DUMB (including partially deaf) within the meaning of the Elementary Educa- tion (Blind and Deaf Children) Act, 1893 ..	Attending Public Elementary Schools	14	17
	Attending Certified Schools for the Deaf	26	19
	Not at School	2	4
MENTALLY DEFICIENT. Feeble-minded ..	Attending Public Elementary Schools	163	110
	Attending Certified Schools for Mentally Defective Children ..	55	38
	Notified to the Local Control Author- ity during the year	7	13
	Not at School	36	33
Imbeciles	At School	1	1
	Not at School	65	44
Idiots .. ..	.. .. .	12	5
Epileptics	Attending Public Elementary Schools	43	43
	Attending Certified Schools for Epileptics	12	5
	In Institutions other than Certified Schools	—	—
	Not at School	11	5
PHYSICALLY DEFECTIVE. Pulmonary Tuberculosis	Attending Public Elementary Schools	93	107
	Attending Certified Schools for Physi- cally Defective Children ..	—	—
	In Institutions other than Certified Schools	5	8
Crippling due to Tuber- culosis	Not at School	21	22
	Attending Public Elementary Schools	22	24
	Attending Certified Schools for Physi- cally defective Children ..	—	—
Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism ..	In Institutions other than Certified Schools	2	5
	Not at School	13	8
	Attending Public Elementary Schools	129	79
Other Physical defectives, e.g., delicate and other children suitable for ad- mission to Open-air Schools; Children suf- fering from severe heart disease	Attending Certified Schools for Physi- cally Defective Children ..	13	12
	In Institutions other than Certified Schools	—	—
	Not at School	12	11
DULL OR BACKWARD.	Attending Public Elementary Schools	476	595
	Attending Open-Air Schools	—	—
	Attending Certified Schools for Physi- cally Defective Children, other than Open-Air Schools	—	—
	Not at School	—	—
	Retarded 2 years	717	674
Retarded 3 years	374	357	

Table 18.

ELEMENTARY SCHOOLS.

Inspection, Treatment, etc., of Children during 1920.

1. The total number of children medically inspected (whether Code Group, Special, or ailing child)	26239
2. The number of children in (1) suffering from defects (other than uncleanliness, or defective clothing or footgear) who require to be kept under observation (but are not referred for treatment)	598
3. The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	7425
4. The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	2818

Table 19.

ELEMENTARY SCHOOLS.

Treatment of Defects of Children.

CONDITION.	Number of defects found for which treatment was considered necessary.			For which no report is available.	Number treated.	Results.			Number not treated.	Percentage of defects treated.
	Previous year.	1920.	Total.			Remedied.	Improved.	Unchanged.		
Defective Clothing ..	16	21	37	13	14	6	8	—	10	58.34
Ringworm of Head ..	44	63	107	13	92	87	3	2	2	97.88
Ringworm of Body ..	5	7	12	3	9	9	—	—	—	100.00
Scabies	60	137	197	44	146	137	9	—	7	95.43
Impetigo	128	199	327	3	320	298	21	1	4	98.77
Minor Injuries ..	3	3	6	5	3	3	—	—	2	60.00
Other Skin Diseases ..	103	92	195	1	184	159	24	1	10	94.85
Ear Disease	118	154	272	94	136	44	77	15	42	76.41
Eye Disease	198	179	377	92	233	129	87	17	52	81.76
Miscellaneous Minor Ailments ..	—	2	2	2	—	—	—	—	—	—
Defective Vision ..	1296	1505	2801	951	1242	697	431	114	608	67.14
Nose and throat ..	2819	2147	4966	1164	2036	1155	745	136	1766	53.56
Malnutrition	37	95	132	59	51	8	36	7	22	69.87
Uncleanliness :										
Head	394	694	1088	463	400	179	209	12	225	64.00
Body	29	95	124	82	31	17	14	—	11	73.81
Defective Hearing ..	167	239	406	137	180	66	100	14	89	66.92
Enlarged Cervical Glands ..	120	172	292	97	147	44	93	10	48	75.39
Defective Speech ..	36	30	66	21	24	—	21	3	21	53.34
Teeth	1909	2474	4383	893	2262	1493	645	124	1228	64.82
Heart :										
Organic	34	51	85	35	27	—	13	14	23	54.00
Functional	69	89	158	38	83	5	65	13	37	69.17
Anæmia	209	206	415	110	225	63	148	14	80	73.78
Lungs :										
Bronchitis	36	46	82	28	41	7	30	4	13	75.93
Other non-tubercular Definite pulmonary tuberculosis ..	116	118	234	65	144	47	86	11	25	85.21
Suspected pulmonary tuberculosis ..	20	21	41	14	27	2	16	9	—	100.00
Non-pulmonary Tuberculosis :										
Glands	33	37	70	23	42	8	33	1	5	89.37
Spine	—	2	2	1	1	—	—	1	—	100.00
Hip	4	4	8	1	5	—	5	—	2	71.43
Other Bones ..	3	9	12	5	5	—	3	2	2	71.43
Skin	1	3	4	1	3	—	2	1	—	100.00
Other forms ..	8	6	14	2	11	—	10	1	1	91.67
Nervous System :										
Epilepsy	18	24	42	16	22	—	18	4	4	84.62
Chorea	25	25	50	17	30	3	25	2	3	90.91
Other conditions ..	15	17	32	12	14	2	11	1	6	70.00
Deformities :										
Rickets	48	21	69	10	44	—	35	9	15	74.58
Spinal curvature ..	44	80	124	64	42	—	30	12	18	70.00
Other forms	85	103	188	59	75	4	48	23	54	58.14
Other defects and diseases ..	476	340	816	54	645	306	318	21	117	84.65
Totals	8807	9627	18434	4775	9108	4992	3504	612	4555	66.67

Table 20.

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

*Number of Children Inspected from January 1st, 1920, to
December 31st, 1920.*

Age.	3	4	5	6	7	8	9	10
Boys ..	5	2	16	43	73	77	77	176
Girls ..	—	7	20	78	101	111	110	266
Totals ..	5	9	36	121	174	188	187	442

Age.	11	12	13	14	15	16	17	18
Boys ..	59	316	36	29	302	3	4	1
Girls ..	181	605	178	153	617	161	96	15
Totals ..	240	921	214	182	919	164	100	16

Age.	19	20	23	Total—All Ages.
Boys ..	—	—	—	1219
Girls ..	3	1	1	2704
Totals ..	3	1	1	3923

Table 21.

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Defects found in the course of Medical Inspection in 1920.

DEFECT OR DISEASE.		Number referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
	Malnutrition	3	3
Uncleanliness	{ Head	—	—
	{ Body	—	—
Ringworm	{ Head	—	—
	{ Body	—	—
	Scabies	9	—
	Impetigo	2	—
	Other non-tubercular skin diseases	4	—
	Blepharitis	2	—
Eye	{ Conjunctivitis	3	1
	{ Keratitis	—	—
	{ Corneal Ulcer	—	—
	{ Corneal opacities	—	—
	{ Defective Vision	492	64
	{ Squint	—	—
	{ Other conditions	—	—
Ear	{ Defective Hearing	51	17
	{ Otitis Media	—	2
	{ Other Ear Diseases	21	—
Nose and Throat	{ Enlarged Tonsils	160	245
	{ Adenoids	26	12
	{ Enlarged Tonsils and Adenoids	16	9
	{ Other Conditions	6	1
	{ Enlarged Cervical Glands (non-tubercular)	—	2
	Defective Speech	1	1
	Teeth	217	15
Heart and Circulation ..	{ Organic Heart Disease	12	—
	{ Functional Heart Disease	4	21
Lungs	{ Anæmia	16	4
	{ Bronchitis	1	—
	{ Other non-tubercular Diseases	13	1
	{ Pulmonary Tuberculosis, Definite	—	—
	{ Pulmonary Tuberculosis, Suspected	—	1
	Glands	2	1
Non-Pulmonary Tuberculosis	{ Spine	—	—
	{ Hip	1	—
	{ Other Bones and Joints	1	—
	{ Skin	—	—
	Other forms	—	—
Nervous System	{ Epilepsy	1	1
	{ Chorea	—	—
	{ Other Conditions	1	—
Deformities	{ Rickets	—	—
	{ Spinal Curvature	114	29
	{ Other forms	14	5
	{ Other defects and diseases	70	68

Table 22.

MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Treatment of Defects of Children.

CONDITION.	Number of defects found for which treatment was considered necessary.			For which no report is available.	Number treated.	Results.			Number not treated.	Percentage of defects treated.
	Previous year.	1920.	Total.			Remedied.	Improved.	Unchanged.		
Defective Clothing	—	—	—	—	—	—	—	—	—	—
Ringworm of Head	—	—	—	—	—	—	—	—	—	—
Ringworm of Body	—	—	—	—	—	—	—	—	—	—
Scabies	—	9	9	5	4	4	—	—	—	100.00
Impetigo	—	2	2	1	1	1	—	—	—	100.00
Minor Injuries	—	—	—	—	—	—	—	—	—	—
Other Skin Diseases	2	4	6	3	3	2	1	—	—	100.00
Ear Disease	1	21	22	14	7	4	3	—	1	87.50
Eye Disease	—	5	5	4	1	—	1	—	—	100.00
Miscellaneous Minor Ailments	—	—	—	—	—	—	—	—	—	—
Defective Vision	70	492	562	292	220	132	80	8	50	81.49
Nose and Throat	37	208	245	105	106	48	46	12	34	75.72
Malnutrition	—	3	3	3	—	—	—	—	—	—
Uncleanliness										
Head	—	—	—	—	—	—	—	—	—	—
Body	—	—	—	—	—	—	—	—	—	—
Defective Hearing	20	51	71	29	34	11	22	1	8	80.96
Enlarged Cervical Glands	—	—	—	—	—	—	—	—	—	—
Defective Speech	—	1	1	—	1	—	1	—	—	100.00
Teeth	6	217	223	177	35	22	12	1	11	76.09
Heart										
Organic	—	12	12	2	10	—	6	4	—	100.00
Functional	—	4	4	4	—	—	—	—	—	—
Anæmia	1	16	17	5	9	2	7	—	3	75.00
Lungs										
Bronchitis	—	1	1	1	—	—	—	—	—	—
Other non-tubercular conditions	—	13	13	9	3	—	3	—	1	75.00
Definite pulmonary tuberculosis	—	—	—	—	—	—	—	—	—	—
Suspected pulmonary tuberculosis	—	—	—	—	—	—	—	—	—	—
Non-pulmonary tuberculosis										
Glands	—	2	2	—	—	—	—	—	—	—
Spine	—	—	—	—	—	—	—	—	—	—
Hip	—	1	1	—	—	—	—	—	—	—
Other Bones	—	1	1	—	1	—	1	—	—	100.00
Skin	—	—	—	—	—	—	—	—	—	—
Other forms	—	—	—	—	—	—	—	—	—	—
Nervous System										
Epilepsy	—	1	1	1	—	—	—	—	—	—
Chorea	—	—	—	—	—	—	—	—	—	—
Other conditions	—	1	1	1	—	—	—	—	—	—
Deformities										
Rickets	—	—	—	—	—	—	—	—	—	—
Spinal curvature	10	114	124	79	31	—	23	8	14	68.89
Other forms	3	14	17	6	10	1	7	2	1	90.91
Other defects and diseases	8	70	78	47	26	2	20	4	5	83.88
Totals	158	1263	1421	788	502	229	233	40	128	79.69

Table 23.

Inspection, Treatment, etc., of Children in Maintained, Aided and Private Secondary Schools in the County of Kent, during 1920.

1. The total number of children medically inspected	3923
2. The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear), who require to be kept under observation (but are not referred for treatment)	421
3. The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)	1041
4. The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	304

Table 1

(Number of children in the County of Kent during 1930)

1	The total number of births registered	1473
2	The number of children in the children's homes (other than institutions or hospitals) who were registered in the birth register (see also Table 2 for treatment)	101
3	The number of children in (1) who were returned for treatment (excluding institutions, defective children, etc.)	1161
4	The number of children in (1) who were returned for care or were defectives (including institutions, defective children, etc.)	101

TABLE 24.

Examinations of Pupil Teachers, Bursars, etc., 1920.

Denomination of Persons.	Numbers examined.	Defects of													Recommendations made						
		Teeth.		Articulation.	Breathing.	Tonsils and Adenoids.	Ears.		Vision.	Squint.	Blepharitis.	Anæmia.	Scoliosis.	Flatfoot.	Heart Disease.	Other conditions.	Teeth.	Tonsils and Adenoids.	Vision.	Hearing.	Other Conditions.
		4-	4+				Deafness.	Dis-charge.													
<i>Female</i>																					
Bursars	27	6	1	—	—	3	2	—	3	—	—	2	—	1	—	{ 1 headache; 1 slight goitre; 1 dyspepsia; 2 slightly enlarged thyroid.	5	—	2	1	1 anæmia.
Pupil Teachers	43	11	4	—	—	1	2	—	3	—	1	1	—	5	—	{ 1 slight conjunctivitis; 1 slight bow-legs; 1 enlarged thyroid; 1 kyphosis; 1 knock-knee; 3 slight lateral curvature.	10	—	3	2	—
Assistants in Secondary Schools	48	5	3	—	—	1	—	—	3	—	—	3	—	—	—	{ 1 pharyngitis; 1 nasal catarrh; 1 slight lateral curvature.	8	—	2	—	—
Senior and Higher Exhibitors	5	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	
Junior Exhibitors	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Special Exhibitors	8	1	1	—	—	3	—	—	1	—	—	—	—	—	—	{ 1 pigmentation of skin of both hands.	2	—	—	—	—
<i>Male</i>																					
Bursars	14	7	—	—	—	1	—	—	2	—	—	—	—	1	—	1 slight lordosis.	5	—	2	—	—
Pupil Teachers	20	8	—	—	—	1	1	—	1	—	—	—	1	—	—	{ 1 weak chest; 1 short leg; 1 exostosis.	7	—	—	1	{ 1 exercises for scoliosis; 1 weak lungs; (1 approval deferred for six months—scoliosis and weak lungs.)
Assistants in Secondary Schools	32	9	—	—	—	—	1	—	—	—	—	—	—	1 sl. irreg.	{ 1 slight rhinitis; 1 nasal spur; 1 enlarged thyroid; 1 old fracture of forearm, badly set; 1 old injury to knee.	9	—	—	1	—	
Senior and Higher Exhibitors	29	7	1	1	—	2	1	1	6	—	—	2	—	6	—	{ 1 enlarged turbinate bone; 1 depressed sternum; 2 acne; 1 eczema; 1 lateral curvature; 1 undescended testes.	6	—	4	—	—
Junior Exhibitors	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1 weak scar of appendix.	1	—	—	—	{ 1 violent exercise debarred for one year.
Special Exhibitors	10	3	—	—	—	—	—	—	2	—	—	—	—	1	—	{ 1 deflected nasal septum; 1 skin disease.	2	—	2	—	1 skin disease.
Totals	238	58	11	1	—	12	7	1	22	—	1	8	1	14	1	36	55	—	16	5	5

TABLE 2

Exhibitions

Year	Exhibition	Location	Duration	Notes
1911	First Exhibition	London	1911-1912	...
1912	Second Exhibition	London	1912-1913	...
1913	Third Exhibition	London	1913-1914	...
1914	Fourth Exhibition	London	1914-1915	...
1915	Fifth Exhibition	London	1915-1916	...
1916	Sixth Exhibition	London	1916-1917	...
1917	Seventh Exhibition	London	1917-1918	...
1918	Eighth Exhibition	London	1918-1919	...
1919	Ninth Exhibition	London	1919-1920	...
1920	Tenth Exhibition	London	1920-1921	...

Table 25. COUNTY OF KENT—SCHOOL CLINICS.

SCHOOL CLINICS.—The following Table details the work carried out during the year at the Minor Ailment Clinics.

Name of Centre	ASHFORD.			DARTFORD.			SITTINGBOURNE.			TONBRIDGE.			SNODLAND.			SEVENOAKS.			TOTAL.
	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	
Medical Officer in Charge	DR. A. M. WATTS.*			DR. W. LESSEY.			DR. A. MURDOCH.			DR. S. TUCKER.			DR. A. F. COLE.			DR. J. SELFE.			
Date of opening Clinic	February 7th, 1914.			February 7th, 1914.			November 15th, 1913.			January 30th, 1915.			† October 6th, 1920.			October 2nd, 1920.			
Number of Saturday mornings open	39			38			40			41			3			10			—
Number of Cases attending on Saturdays	389			301			227			312			33			19			1281
Number of attendances	622			822			325			651			37			55			2512
Average Saturday attendances	16			21			8			16			12			5			89
Diseases and Defects.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	Number of patients attending.	Number of attendances.	Number of patients treated.	
MALNUTRITION	12	21	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TEETH	4	4	—	10	10	10	1	1	—	7	7	—	—	—	—	2	2	—	
Caries	4	4	—	10	10	10	1	1	—	7	7	—	—	—	—	2	2	—	
Sepsis	1	1	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	
Adenoids (with or without deafness)	67	70	2	4	4	4	6	6	4	18	28	—	—	—	1	1	—	96	
Enlarged Tonsils	67	70	2	4	4	4	6	6	4	18	28	—	—	—	1	1	—	104	
Tonsillitis	12	17	12	11	20	9	—	—	—	1	1	—	—	—	—	—	—	24	
Other	—	—	—	—	—	—	11	13	11	1	1	—	—	—	—	—	—	13	
Enlarged	1	1	1	5	15	5	3	3	3	4	5	—	—	—	—	—	—	15	
Tuberculosis	—	—	—	1	1	1	1	1	1	2	2	—	—	—	—	—	—	5	
Discharge (otitis media, with or without deafness)	6	17	6	12	30	12	5	10	5	12	36	7	—	—	1	3	1	36	
Disease of bone (mastoiditis)	12	14	12	5	12	5	3	3	3	3	3	2	—	—	—	—	—	1	
Other disease	12	14	12	5	12	5	3	3	3	3	3	2	—	—	—	—	—	23	
Anæmia	4	5	4	4	14	4	7	12	7	4	7	—	—	—	—	—	—	19	
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Defective sight	11	13	—	7	7	7	2	3	2	20	21	—	—	—	2	4	—	42	
Diseases of cornea	1	1	1	6	14	6	—	—	—	3	11	2	2	2	—	—	—	13	
" " conjunctiva	4	4	4	4	12	4	2	4	2	1	1	1	—	—	—	—	—	11	
" " eyelids	—	—	—	11	28	11	1	1	1	6	6	4	1	1	—	—	—	19	
Bronchitis	3	3	—	4	6	4	7	16	7	2	2	—	—	—	—	—	—	17	
Pleurisy, Pneumonia	—	—	—	1	1	1	—	—	—	1	1	—	—	—	—	—	—	2	
Tuberculosis (suspected)	4	7	4	6	6	6	10	13	10	7	14	—	—	—	—	—	—	28	
Congenital	—	—	—	—	—	—	2	5	2	2	2	—	—	—	—	—	—	4	
Rheumatic	1	1	1	2	7	2	1	6	1	3	7	—	—	—	—	—	—	7	
Other	—	—	—	1	2	1	—	—	—	3	6	—	—	—	—	—	—	4	
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Epilepsy	2	2	2	13	—	—	8	10	8	7	9	—	—	—	1	2	1	17	
Chorea	6	17	6	5	21	5	2	5	2	1	1	—	—	—	—	—	—	8	
Infantile Paralysis	1	1	—	—	—	—	1	1	1	3	3	—	—	—	—	—	—	15	
Other	—	—	—	—	—	—	3	4	3	—	—	—	—	—	—	—	—	5	
Tuberculosis	2	2	—	4	11	—	8	8	—	—	—	—	—	—	—	—	—	17	
Rickets	—	—	—	11	—	—	3	3	—	—	—	—	—	—	—	—	—	22	
Injuries	1	1	1	3	10	3	—	—	—	1	1	—	—	—	—	—	—	16	
Other	5	7	5	3	5	3	—	—	—	3	3	2	—	—	—	—	—	14	
Impetigo	54	94	54	43	215	43	12	13	12	84	205	80	18	22	18	1	2	1	212
Ringworm	14	43	13	16	74	16	4	9	4	28	70	13	2	2	2	1	13	1	65
Eczema	13	47	12	7	15	7	2	6	2	3	11	3	—	—	—	—	—	—	26
Scabies	13	36	13	19	57	19	9	17	9	30	94	30	—	—	—	—	—	—	72
Other	42	78	41	23	58	23	19	29	19	21	44	20	4	4	4	—	—	—	109
Scarlet Fever	—	—	—	—	—	—	22	22	—	—	—	—	—	—	—	—	—	—	22
Diphtheria (and contacts)	—	—	—	3	3	3	18	24	—	1	1	—	—	—	—	—	—	—	22
Mumps	—	—	—	—	—	—	4	6	4	—	—	—	—	—	—	—	—	—	4
Whooping Cough	15	30	15	2	2	2	2	5	2	1	1	—	—	—	—	—	—	—	20
Chicken Pox	1	1	1	2	2	2	7	9	—	—	—	—	—	—	—	—	—	—	10
Other	10	14	2	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	11
MISCELLANEOUS	—	—	—	51	130	51	15	20	15	18	34	—	—	—	—	2	3	2	86
	389	622	227	301	822	281	227	325	160	312	651	164	33	37	24	19	55	11	1281
																			2512
																			867

* Now succeeded by Dr. F. Wolverson.

† This Clinic is only open on the first Wednesday in each month.

COUNTY OF KENT SCHOOL CLINIC

DATE	CLASS	DISEASE	SYMPTOMS	TREATMENT	PROGNOSIS	REMARKS
1912	101	Scarlatina	High fever, sore throat, red rash on trunk	Antipyretics, fluids, antitoxin	Recovery	Discharge 10/12
1912	102	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 10/20
1912	103	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 10/25
1912	104	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 11/5
1912	105	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 11/10
1912	106	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 11/15
1912	107	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 11/20
1912	108	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 12/5
1912	109	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 12/10
1912	110	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 12/15
1912	111	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 12/20
1912	112	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 1/5
1912	113	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 1/10
1912	114	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 1/15
1912	115	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 1/20
1912	116	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 1/25
1912	117	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 2/5
1912	118	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 2/10
1912	119	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 2/15
1912	120	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 2/20
1912	121	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 2/25
1912	122	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 3/5
1912	123	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 3/10
1912	124	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 3/15
1912	125	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 3/20
1912	126	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 3/25
1912	127	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 4/5
1912	128	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 4/10
1912	129	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 4/15
1912	130	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 4/20
1912	131	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 4/25
1912	132	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 5/5
1912	133	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 5/10
1912	134	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 5/15
1912	135	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 5/20
1912	136	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 5/25
1912	137	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 6/5
1912	138	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 6/10
1912	139	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 6/15
1912	140	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 6/20
1912	141	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 6/25
1912	142	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 7/5
1912	143	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 7/10
1912	144	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 7/15
1912	145	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 7/20
1912	146	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 7/25
1912	147	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 8/5
1912	148	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 8/10
1912	149	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 8/15
1912	150	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 8/20
1912	151	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 8/25
1912	152	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 9/5
1912	153	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 9/10
1912	154	Epidemic typhus	High fever, headache, rash on legs	Antipyretics, fluids	Recovery	Discharge 9/15
1912	155	Measles	Low fever, cough, coryza, rash	Supportive therapy	Recovery	Discharge 9/20
1912	156	Rubella	Low fever, lymphadenopathy, rash	Supportive therapy	Recovery	Discharge 9/25
1912	157	Scarlatina	High fever, sore throat, red rash	Antipyretics, fluids	Recovery	Discharge 10/5
1912	158	Diphtheria	Low fever, sore throat, white exudate	Antitoxin, antibiotics	Recovery	Discharge 10/10
1912	159	Croup	Hoarse cry, stridor, cough	Steam, nebulizer	Recovery	Discharge 10/15
1912	160	Whooping cough	Paroxysmal cough, inspiratory whoop	Supportive therapy	Recovery	Discharge 10/20

