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*With the  
County Medical Officer's  
Compliments.*

Sessions House,  
MAIDSTONE.



KENT COUNTY COUNCIL

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EDUCATION COMMITTEE

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# ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

For the year 1921

BY

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

(Barrister-at-Law)

School Medical Officer

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1922

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KENT COUNTY COUNCIL

EDUCATION COMMITTEE



ANNUAL REPORT

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SCHOOL OFFICER

For the year 1931

ALBERT GREENWOOD, M.D., B.S., D.P.H.

Generalist and

School Medical Officer

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

*February 27th, 1922.*

**To the Chairman and Members of the Kent Education Committee.**

MY LORD, LADIES, AND GENTLEMEN,

I have the honour to submit herewith my Ninth 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, 1921.

The sections of this report are arranged in accordance with the suggestions of the Chief Medical Officer of the Board of Education, as in the report for 1920. In order to avoid repetition and to economise space, I have referred to the corresponding sections of the Annual Report for 1920, wherever possible.

Dr. Fox has again given me much assistance in the preparation of this report, and all the other members of my staff have carried out their duties enthusiastically and to my entire satisfaction.

I thank you for the encouragement and support which I have always received from you, and which have rendered possible many improvements in the work of this department.

I am, my Lord, Ladies, and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

*School Medical Officer.*



## KENT EDUCATION COMMITTEE.

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# Report of the School Medical Officer

ON THE

## Medical Inspection of School Children,

**For the Year ended December 31st, 1921.**

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### 1.—THE STAFF.

There have been several changes in the personnel. Dr. Wolverson was appointed to the Ashford area on January 18th, 1921, Dr. Watts, who previously worked in this area, having obtained the appointment of Medical Officer of Health to the East Kent No. 1 Joint District. Dr. Mary O'Connor has taken the place of Dr. Knight in the Secondary School work, commencing duty on October 1st, 1921. The changes which have taken place in East Kent with regard to sanitary administration (*vide* my Annual Health Report for 1920) have been accompanied in two instances by corresponding changes in the school work. The Medical Officers of Health of the two new areas concerned undertake the school work in their own districts, *viz.*; Dr. A. M. Watts in the districts of Broadstairs U., Herne Bay U., Blean R., and Thanet R., and Dr. J. J. Day in Eastry R., Bridge R. and Dover R.

### 2.—CO-ORDINATION.

There have been no changes except so far as those referred to above have effected still wider co-ordination.

For infant welfare centres and nursery schools, see pages 7 and 8 of my Annual School Report for 1920.

In relation to the county tuberculosis scheme, the Medical Inspectors are in the same position as general medical practitioners, and refer suspected cases to the nearest tuberculosis officer for further examination, or recognised cases to the dispensary for treatment, when such children are not already receiving treatment from private medical practitioners.



## SECTION I.—ELEMENTARY SCHOOLS.

## 3.—SCHOOL HYGIENE.

*Vide* the 1920 report for the statement of the general conditions. During 1921, the medical inspectors have made reports on the sanitary conveniences of each school. These reports have been summarised by Dr. Tucker, and such summary appears on p. 32.

## 4.—MEDICAL INSPECTION.

*Vide* the 1920 report. No change has been made in procedure.

## 5.—FINDINGS OF MEDICAL INSPECTION.

(a) *Uncleanliness*.—There were 3,962 cases of uncleanliness in varying forms reported during the year, but the majority of these cases consisted of slight departures from reasonable cleanliness, only 627 parents receiving formal written notice to pay attention to the condition. These figures refer only to the records of the medical inspectors, whereas the chief work in this connection is carried out by the school nurses, and those results are set out in Tables 5 and 6. Each school is visited at least twice a year by a school nurse, and the larger centres more frequently. It will be noted that during 1921, 1,219 children were excluded from school by the nurses for verminous conditions.

(b) *Minor Ailments*.—The information available under this heading is set out in Table 13a, 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 .. ..	3998	674
Adenoids .. ..	599	487
Tonsils and adenoids .. ..	948	787
	<hr/>	<hr/>
Total cases .. ..	5545	1948
	<hr/>	<hr/>

(d) *Tuberculosis*.—57 cases of phthisis were recorded by the inspectors during the year, and in 122 other cases phthisis was suspected. 93 cases of non-pulmonary tuberculosis were noted. The great majority of these cases were, of course, already under medical care.

(e) *Skin Disease*.—Affections of the skin among school children consist for the most part of scabies, impetigo and ringworm. 52 cases of scabies and 113 of impetigo were recorded at medical inspections, but there were 203 exclusions for the former disease and 534 for the latter, including those by general practitioners and others. 465 cases of ringworm were under observation during the year. Of this number, 370 were fresh notifications, and 95 were brought forward from 1920.



The seat of infection was as follows :—

		Head.	Body.	Head and Body
Girls	..	165	48	7
Boys	..	159	76	10

552 specimens of hairs from these cases were submitted for examination at the County Bacteriological Laboratory at Maidstone, 408 being positive, and 144 negative.

The average period of absence after X-Ray treatment and cure was 56 days whereas in the cases not so treated the average period of absence was 102 days.

(f) *External Eye Disease*.—Strabismus or squint remains the most important disease, or rather disability, under this heading. It arises from the failure to establish binocular vision in the early years of life, a failure due to defect of vision in one eye or a greater defect in one eye than the other. The defect of vision in its turn, may be due to opacities on the cornea, to errors of refraction, or to some obscure functional derangement not yet fully understood. The following table gives the classification of the total eye defects noted at medical inspections, including defects of vision.

Table 1. 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.	
Inter-mediates	Entrants	4 { M. 14	1	—	—	—	—	—	2	—	
		{ F. 11	—	—	—	—	—	—	1	—	
		5 { M. 3096	25	3	1	1	3	4	51	6	
		{ F. 2869	17	2	—	—	3	5	46	11	
		6 { M. 1176	14	1	—	—	—	1	18	1	
		{ F. 1254	2	2	—	—	1	—	8	34	4
	Other ages.	{ M. 435	5	1	—	—	2	—	9	8	1
		{ F. 385	1	—	—	—	—	—	12	9	1
	8	{ M. 3738	23	6	1	—	3	337	38	8	
		{ F. 3502	20	3	1	1	9	436	48	18	
	Leavers	12	{ M. 84	2	1	—	—	—	15	2	1
			{ F. 86	1	—	—	—	—	14	—	1
13		{ M. 3452	25	2	1	2	3	273	28	16	
		{ F. 3738	36	3	—	1	6	450	30	15	
14		{ M. 224	—	—	—	—	1	23	2	1	
		{ F. 291	6	—	1	1	—	37	1	2	
Other ages.	{ M. 210	3	—	—	—	—	23	2	—		
	{ F. 279	5	—	1	—	—	31	2	2		
Specials	{ M. 1614	5	—	—	—	4	95	28	5		
	{ F. 1688	11	3	1	2	3	137	23	11		



(g) *Vision.*—The above table shows the prevalence of defects of eyesight. The next table gives an analysis of those cases of defective eyesight or suspected eye defect who visited one or other of the various eye clinics during the year. The re-examinations are not further analysed, as their inclusion would give a false idea of the prevalence of defects of shortsightedness, these being more especially selected for re-examination. Cases classed as "eyestrain" are those with good vision but who have symptoms suggestive of latent defects and in which such latent defects were actually found on refraction being done. The cases of corneal defect included three cases of interstitial keratitis, all of which gave positive Wassermann reactions. Three out of the six cases showing nystagmus were associated with albinism.

Table 2.

	Dartford.	Ashford.	Sevenoaks.	Sheerness.	Snodland.	Sittingbourne.	Tonbridge.	Total.
Total Cases .. ..	299	90	87	99	44	89	136	844
Refraction .. ..	250	76	71	86	36	71	97	687
Glasses prescribed ..	200	62	49	63	30	48	84	536
Glasses obtained ..	162	44	31	54	27	37	60	415
Re-examinations ..	22	11	4	7	—	17	37	98
Squint .. ..	36	12	10	16	15	8	23	120
Hyperopia .. ..	51	15	11	18	11	14	17	137
Myopia .. ..	25	8	6	4	1	4	7	55
Astigmatism—								
Hyperopic .. ..	90	26	22	32	11	19	34	234
Myopic .. ..	20	8	9	8	4	8	14	71
Mixed .. ..	27	6	6	7	2	6	8	62
Affections of Cornea	9	8	3	5	2	5	3	35
Affections of Lens ..	3	—	3	3	—	2	1	12
Affections of Fundus	1	—	—	1	—	1	—	3
Affections of Eyelids	8	9	3	1	2	4	7	34
Conjunctivitis .. ..	7	—	—	3	1	1	1	13
Nystagmus .. ..	3	2	—	1	1	1	—	8
Eyestrain .. ..	12	8	5	5	—	10	5	45

(h) *Ear Disease and Hearing.*—495 cases of defective hearing were reported, and 165 cases of discharging ears and other diseases of the ear. Rather less 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 3 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 3. 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.	
Entrants	4	{ M. 14	1	—	1	—	
		{ F. 11	1	2	3	—	
	5	{ M. 3096	326	898	1224	11	
		{ F. 2869	271	901	1172	12	
	6	{ M. 1176	170	336	506	6	
		{ F. 1254	163	412	575	9	
	Other ages.	{ M. 435	58	144	202	4	
		{ F. 385	57	108	165	3	
	Inter-mediates	8	{ M. 3738	695	1678	2373	72
			{ F. 3502	540	1587	2127	29
Leavers	12	{ M. 84	9	36	45	—	
		{ F. 86	8	37	45	—	
	13	{ M. 3452	300	1745	2045	10	
		{ F. 3738	251	1580	1831	31	
	14	{ M. 224	23	123	146	1	
		{ F. 291	22	155	177	1	
	Other ages.	{ M. 210	30	86	116	3	
		{ F. 279	55	119	174	1	
Specials	{ M. 1614	107	275	382	4		
	{ F. 1688	100	246	346	1		

(j) *Crippling Defects.*—The number of cases of deformities requiring treatment or to be kept under observation will be found in Table 11, also the number of bony 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) in the area of the Kent Education Committee, is given in Table 12.

#### 6.—INFECTIOUS DISEASES.

Details of the methods used for dealing with infectious disease will be found in the Reports for 1920 and previous years.



Table 4. School Closures, during 1921.

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	—	1	—	1	—	4
Whooping Cough ..	—	2	4	7	1	—	—	14
Scarlet Fever .. .	—	5	1	1	—	—	—	7
Diphtheria .. . .	3	5	3	—	—	—	—	11
Chicken Pox .. . .	—	1	—	—	—	—	—	1
Influenza .. . . .	1	2	—	—	—	—	—	3
Colds and Influenza	1	—	—	—	—	—	—	1
Whooping Cough and Mumps .. . . .	—	—	—	—	1	—	—	1
Totals .. . . .	5	17	8	9	2	1	—	42
Totals for 1920 ..	5	23	38	55	6	1	1	129

It may be noted that in no other year since the commencement of County medical inspection work in 1909 have so few school closures been necessary, in order to prevent the spread of infectious disease.

#### 7.—FOLLOWING UP.

The methods adopted for "following-up" remain as set out in my report for last year (*vide* p. 17). The summary in Tables 5 and 6 of this report shows the work done by the school nurses.

The following-up of verminous conditions by the school nurses falls short of a reasonable standard of efficiency in some areas in consequence of the large size of those areas. Little can be done to remedy matters until financial circumstances permit the appointment of more nurses, with a re-arrangement of districts smaller in size.

#### 8.—MEDICAL TREATMENT.

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

(a) *Minor Ailments.*—*Vide* Section 8, sub-section (a), page 17, of the 1920 Report.

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

Ringworm of Scalp .. .. .	158
Ringworm of Skin .. .. .	63
Impetigo .. .. .	270
Scabies .. .. .	107
Sores .. .. .	47
Eye Conditions (under a doctor's supervision)	62
Ear Conditions (under a doctor's supervision)	47
Other Defects .. .. .	30





Table 6. Giving Summary of work carried out by Nurses employed directly by the Kent Education Committee.

	Nurse Anderson.	Nurse Asbery.	Nurse Bailey.	Nurse Barnes.	Nurse Blackmore.	Nurse Doekrill.	Nurses Doody and Turnell.	Nurse Edwards.	Nurse Fairburn.	Nurse Foster.	Nurse Harvey.	Nurse Hastings.	Nurse Hennis.	Nurse Johnson.	Nurse Main.	Nurse Miles.	Nurse Morris.	Nurse Orpin.	Nurse Stokes.	Nurse Taylor.	Nurse Tustain.	Nurse Watt.	Nurse Wheeler.	Nurse Workman.	Nurse Worthington.	Total.
Number of																										
Visits to Schools ..	90	49	58	91	95	146	42	138	94	94	36	39	169	34	22	49	60	64	23	27	108	112	40	7	46	1733
Girls examined ..	3271	1890	3279	2330	7559	1563	7307	2662	8573	927	1526	2742	1225	1051	1715	1933	2669	1541	541	5424	2271	1620	77	1378	66470	
" found verminous ..	317	228	54	203	26	224	517	729	770	470	81	260	531	346	66	648	109	74	61	161	102	112	365	17	371	6842
" excluded from School ..	22	3	16	109	13	122	24	73	39	26	45	15	91	28	3	41	55	66	39	29	105	58	21	1	27	1071
Boys examined ..	3534	529	1689	1931	2176	5450	1018	4397	940	4654	739	1318	2255	715	937	1562	1517	1562	1135	492	3020	1163	313	61	1091	44198
" found verminous ..	37	17	1	43	8	9	66	46	44	34	15	27	76	67	14	138	8	9	13	41	2	20	6	—	26	767
" excluded from School ..	2	—	—	13	4	5	—	3	12	1	12	12	21	6	1	6	5	8	11	7	1	11	—	—	7	148
Home visits to cases of Ring-worm ..	366	—	60	72	38	373	—	7	160	250	22	6	28	—	3	45	44	25	60	—	84	42	1	—	31	1717
Attendances at School Clinics ..	32	4	—	3	5	135	—	295	176	147	—	5	—	—	—	37	—	6	—	—	170	2	—	36	—	1053
Home visits to Dental Cases ..	123	1	10	58	178	314	6	51	107	40	—	19	—	25	—	43	22	193	16	1	410	—	—	—	28	1645
" Ophthalmic ..	115	24	25	84	78	243	23	80	81	201	5	38	59	7	—	75	14	7	17	5	57	2	—	—	10	1250
" Special Cases ..	514	108	83	104	352	557	35	172	168	357	52	140	305	85	100	113	174	311	283	21	301	223	16	14	101	4689
Exclusions for																										
Impetigo ..	10	4	3	23	32	2	4	24	6	29	—	1	12	1	5	22	2	12	12	1	38	4	8	1	3	259
Verminous conditions ..	24	3	16	122	17	127	24	76	51	27	57	27	112	34	4	47	60	74	48	36	106	69	21	1	34	1217
Ringworm ..	40	—	6	12	7	43	—	7	9	28	1	3	6	—	2	11	1	3	2	1	11	—	1	—	7	201
Sores ..	9	—	2	—	—	21	—	41	2	2	—	1	—	—	—	1	1	5	2	—	2	—	—	—	—	89
Scabies ..	7	—	2	1	6	14	—	14	2	11	—	5	13	3	3	2	1	—	4	—	7	7	—	—	—	105
Eye conditions ..	—	—	—	—	3	1	—	1	1	1	1	1	3	11	—	2	—	—	—	—	5	—	—	—	—	30
Ear ..	—	—	—	—	2	1	—	2	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	8
Other ..	3	—	—	—	—	2	—	154	2	—	1	1	3	7	—	23	—	—	—	—	62	—	—	—	—	258
Total number of Children excluded ..	93	7	29	158	67	211	31	319	74	98	60	39	150	56	14	108	65	94	69	38	231	73	37	2	44	2167
Number of Children re-admitted ..	85	1	10	31	34	116	7	60	32	84	1	4	14	19	8	24	8	3	12	—	72	—	3	1	11	640



(b) *Tonsils and Adenoids*.—It was remarked in last year's report that the prevalence and severity of mouth breathing in school children have hitherto remained about stationary, and that preventive measures should be taken before school life begins, if it is hoped to produce the greatest possible amount of improvement. Much can be done in the infant classes at school, however, both by way of prevention and of cure. The most important preventive and curative measure is the proper use of the handkerchief—in lieu of that use of the nose for which it was intended before the dawn of civilisation. In this matter the Head Mistress of an infants' school might be a more potent factor for good than the operative surgeon, if the potentialities of the situation were exploited thoroughly.

The following table shows the hospitals which undertake operative treatment for obstructed breathing. 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 ought to remain overnight in charge of a trained nurse. The table also gives the number of eye defects treated other than by the School Oculist.

Table 7.

Hospital or Clinic.	Eye Defects. No. of Cases.	Tonsils & Adenoids. No. of Cases.
Ashford Cottage .. .. .	—	109
Bromley „ .. .. .	—	11
Bexley „ .. .. .	—	66
Chislehurst, Orpington and Cray Valley .. .. .	—	32
Dartford, Livingstone .. .. .	—	4
Deal Victoria .. .. .	—	—
Erith School Clinic .. .. .	2	—
Folkestone Clinic .. .. .	56	62
Faversham Cottage .. .. .	—	12
Gravesend General .. .. .	—	4
Herne Bay Cottage .. .. .	—	4
Kent County Ophthalmic .. .. .	96	125
Kent and Canterbury .. .. .	27	19
Margate Cottage .. .. .	—	15
Royal Victoria Hospital, Dover ..	35	18
Sittingbourne Clinic .. .. .	—	33
Sevenoaks Cottage .. .. .	—	45
St. Bartholomew's, Rochester ..	42	32
Tankerton Cottage and Springfield Nursing Home .. .. .	—	37
Tonbridge Cottage .. .. .	—	36
Tunbridge Wells Eye and Ear ..	70	78
„ „ General .. .. .	—	7
Totals .. .. .	328	749
Figures for 1920 .. .. .	212	634

(c) *Tuberculosis*.—Children suffering or suspected to be suffering from tuberculous disease are, when necessary, referred to the medical officers at the tuberculosis dispensaries. The following table gives particulars of children from the area of the Kent Education Committee who attended the dispensaries during the year.

Table 8. 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 1921.

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	24	23	—	2	3	—	3	62	121
6	12	31	16	1	1	—	1	4	53	119
7	13	32	26	1	1	3	3	1	51	131
8	16	36	36	1	1	1	1	1	66	159
9	10	32	21	—	1	3	4	1	38	110
10	15	27	20	3	4	1	—	1	20	91
11	12	35	24	1	2	3	—	—	38	115
12	12	28	17	3	1	2	1	4	17	85
13	19	21	18	3	4	1	2	2	34	104
14	13	16	7	1	—	—	—	—	14	51
Total	126	282	208	14	17	17	12	17	393	1086

(d) *Skin Disease*.—See report for 1920.

Table 9 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, 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 5, and also in the last paragraph on page 12.



Table 9. Showing Details of Ringworm Cases 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.
<i>At Guy's Hospital, London.</i>				
1	Bexley, Welling Council ..	Jan. 28th	March 3rd	34
2	Bexley Heath, Uplands ..	Feb. 11th	April 1st	49
3	Borough Green Prep. ..	March 11th	May 5th	55
4	Bexley Heath, Uplands ..	" 17th	April 29th	43
5	Borough Green Prep. ..	" 23rd	May 5th	43
6	" " " ..	" 23rd	" 12th	50
7	" " " ..	" 23rd	" 5th	43
8	Farnborough, Green St. Green	April 11th	" 23rd	42
9	Bexley Heath Council ..	" 21st	July 22nd	92
10	Mottingham Council ..	May 24th	" 22nd	59
11	Bexley Heath Council ..	June 4th	" 22nd	48
12	Orpington, Chis. Rd. ..	May 31st	" 20th	50
13	" " " ..	" 31st	" 20th	50
14	" " " ..	" 31st	" 20th	50
15	Bexley Heath Council ..	June 20th	Aug. 7th	48
16	Dartford C. of E. ..	" 27th	Sept. 17th	82
17	" " " ..	" 27th	" 17th	82
18	Borough Green Prep. ..	" 28th	July 30th	32
19	Dartford, West Hill ..	" 28th	Sept. 29th	93
20	Borough Green Prep. ..	July 9th	" 1st	54
21	Bexley Heath Council ..	Sept. 2nd	Oct. 10th	38
22	Orpington, Well. Rd. ..	" 9th	—	—
23	Welling Council ..	" 27th	Dec. 8th	72
24	" " " ..	Oct. 5th	" 8th	64
25	Bexley Heath, Uplands ..	" 5th	Nov. 10th	36
26	" " " ..	" 12th	" 10th	29
<i>At Col. Palk's, Folkestone.</i>				
1	Kennington ..	March 9th	April 9th	31
2	Broadstairs Council ..	April 5th	May 28th	53
3	Ulcombe ..	" 13th	" 23rd	40
4	" " " ..	" 13th	" 23rd	40
5	Waldershare, Lord Guilford's	" 11th	July 14th	94
6	Walmer ..	" 15th	May 30th	45
7	Waldershare, Lord Guilford's	" 18th	July 22nd	95
8	Staplehurst Council ..	" 20th	June 2nd	43
9	Tonbridge, St. Stephen's ..	" 25th	May 25th	30
10	" " " ..	" 25th	June 3rd	39
11	Smeeth Council ..	June 3rd	Nov. 25th	175
12	" " " ..	" 3rd	Oct. 24th	143
13	Lower Walmer ..	" 7th	July 13th	36
14	" " " ..	" 7th	" 13th	36
15	" " " ..	" 7th	" 13th	36
16	Eythorne C. of E. ..	" 10th	Oct. 2nd	84
17	" " " ..	" 10th	" 2nd	84
18	" " " ..	" 10th	" 2nd	84

(continued.)

TABLE 9.—(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.
19	Lower Walmer .. ..	June 21st	Aug. 30th	70
20	" " .. ..	" 21st	" 30th	70
21	Ashford Council .. ..	" 22nd	July 20th	28
22	Woodnesborough .. ..	" 29th	Oct. 11th	104
23	Ashford, West Street .. ..	July 8th	Aug. 10th	33
24	Cheriton C. of E. .. ..	" 6th	Oct. 15th	111
25	Smeeth Council .. ..	Aug. 5th	Sept. 23rd	49
26	" " .. ..	" 5th	" 23rd	49
27	" " .. ..	" 5th	" 23rd	49
28	Ashford, West Street .. ..	" 8th	Oct. 18th	71
29	Waldershare, Lord Guilford's	" 10th	" 7th	58
30	Smeeth Council .. ..	" 15th	" 18th	64
31	Upper Walmer .. ..	Sept. 16th	" 27th	41
32	Herne Bay Council .. ..	Oct. 27th	—	—
33	Sibertswold .. ..	Dec. 2nd	—	—
34	Ripple Council .. ..	" 16th	—	—
35	Smeeth Council .. ..	" 30th	—	—
<i>At St. Bartholomew's Hospital, Rochester.</i>				
1	Rainham C. of E. .. ..	Jan. 5th	April 4th	89
2	Sheerness C. of E. .. ..	" 12th	Feb. 12th	31
3	" " .. ..	" 19th	" 25th	37
4	" " .. ..	" 19th	" 25th	37
5	Sheerness, Broadway .. ..	Feb. 2nd	March 31st	57
6	Northfleet, Lawn Council .. ..	" 23rd	April 6th	42
7	" " .. ..	" 23rd	" 6th	42
8	Sheerness, Mile Town .. ..	March 23rd	May 21st	59
9	Minster, Sheppey Council .. ..	" 23rd	April 15th	23
10	Sheerness, Blue Town .. ..	April 6th	May 13th	37
11	" " .. ..	" 6th	June 7th	62
12	Snodland C. of E. .. ..	" 13th	Sept. 26th	166
13	Sheerness C. of E. .. ..	" 20th	May 13th	23
14	" " .. ..	" 27th	" 21st	24
15	*Offham Council .. ..	May 11th	—	—
16	Burham C. of E. .. ..	Aug. 10th	—	—
17	E. Malling, New Hythe .. ..	June 15th	—	—
18	Snodland, Hook .. ..	{ Aug. 3rd	—	—
		{ Nov. 11th		
19	Cuxton Council .. ..	Dec. 13th	—	—

\* This case was X-Rayed again on January 4th, 1922.

(e) *External Eye Disease.*—See report for 1920.

A summary of the cases treated is given in Table 25 and on page 12.

(f) *Vision.*—See report for 1920; also Table 1 in this report. A summary of the eye work by the School Oculist is given on page 10.



I must again lay stress on the importance of the treatment for squint being undertaken from the date of its first appearance and long before the child is of school age. I have to thank many teachers of infants' schools for assisting in the treatment of squint by seeing that the oculist's directions are carried out; that certain children wearing glasses and suffering from squint have the good eyes covered up for a period of each day whilst the children are engaged in doing close work at school.

(g) *Ear Disease and Hearing*.—See 1920 report. A summary of the cases treated is given in Tables 5 and 25 and on page 12.

(h) *Dental Defects*. See 1920 report. The need for economy has prevented the extension of the dental work. Arrangements were completed for beginning work at Herne Bay, but the scheme has been relinquished for the present. A summary of the work undertaken is given in Table 13d on page 42.

Mr. C. E. Thomas, one of the whole-time dental surgeons, has submitted the following report respecting the school dental service :

“Dental treatment has been carried out at the following main clinics, viz., Ashford, Sevenoaks and Tonbridge.

“In addition, clinics have been held and children treated in the following districts : Chiddingstone, Edenbridge, Paddock Wood, Wateringbury, Lydd, New Romney, Tenterden, Cheriton, Westerham and Whitstable.

“In view of the importance of propaganda work on ‘Care of the Teeth,’ illustrated lectures to parents have been given in the following places : Borough Green, Sevenoaks, Southborough, Edenbridge, Ashford, Cheriton, Westerham and Paddock Wood. These lectures are usually arranged through the Women’s Institutes and the Child Welfare Centres concerned.

“Talks to the children on ‘Care of the Teeth’ are also carried out as a routine measure during school inspections. These lectures—together with the addition of the five year age group for treatment, and the sale of tooth brushes and dentifrice to children in the schools—have been arranged as a measure of preventive medicine, with the object of arresting dental caries and forming well-developed jaws from the very beginning.

“The foundation of dental trouble usually commences from birth and with the first teeth, when they are carious; also through bad feeding and illness. A contributory cause of bad teeth and ill-developed jaws may exist even earlier than birth when the mother is unhealthy and her teeth are bad. Neglect of the first teeth is another big factor.

(An article was written in the *K.E.C. Gazette* for June, 1921, explaining the object and aims of dental treatment.)

“With reference to the statistics submitted in this report, the children inspected were those of five, six and seven years of age, and also



special cases of any age referred to the dentist, or noted in medical log-books as suffering from carious teeth. The last-mentioned are usually children whose health is being affected by bad teeth.

“ The following figures show the percentages of children in each age group with dental caries :

5 yrs.—55.36%. 6 yrs.—63.07%. 7 yrs.—67.83%.  
Total (including special cases)—67.83%.

This total percentage compares with 73.37% for 1920. The difference of 5.54% is mainly caused through the inclusion of the five year age group, with its consequent lower percentage of children with dental caries, and not through a decrease of dental caries in new cases examined.

“ It is hoped that with the recent increase in propaganda work, including lectures to parents, and the addition of the five year age group for treatment—together with linking up and co-operation with maternity and infant welfare centres and Women’s Institutes—the total percentage of children with carious teeth, will gradually decrease.

“ The total number of attendances and of children actually treated, were 2,014 and 1,370 respectively in 1921, compared with 2,005 and 1,409 in 1920. Practically every child receives treatment at each attendance. The total number of children requiring treatment in the five, six, and seven year age groups inspected, was 1,836 and 745 of these received treatment and were made dentally fit. This shows that a large number of parents still refuse treatment for children at the early ages, when it is most important from the point of view of preventive medicine. On the other hand, treatment is generally accepted for the older children, and this is reflected in the number of special cases treated (515, including sixteen re-inspections) representing 39.34% of the total cases treated.

“ I would urge that every effort be made to concentrate on the five, six and seven year age groups and propaganda work. As a staff sufficient to treat all the children is not available, special cases for treatment should only be those very bad ones noted in the medical log-books, whose health is being affected by bad teeth.

“ The number of permanent teeth extracted was 466, compared with 382 in 1920. This increase is due to a larger number of special cases treated. The same reason applies to the increase in number of permanent teeth filled, viz., 1,150 in 1921, as against 723 in 1920. The decrease in the number of temporary teeth *extracted*—4,828 in 1920 and 3,881 in 1921—is due to more conservative work undertaken in the youngest age groups and this is reflected in the number of temporary teeth *filled*—897 in 1920 and 1,804 in 1921—working on the principle of preventive medicine.

“ Gas cases show a decrease of ten—twenty-three in 1920 and thirteen in 1921. A large number of cases where local anæsthetics cannot be used, need gas for extractions, but owing to a regular conveyance for apparatus, etc., not being available, and the difficulty of obtaining an



anæsthetist at short notice, gas has only been used for very urgent cases. In order to economise more treatment has been carried out in country schools; but the same drawback as in the use of gas is again met with—that there is not a regular conveyance at reasonable cost for apparatus, etc.

“ The number of local anæsthetics administered in 1921 was 1,019, compared with 1,053 in 1920. The increase in number of dressings for 1921 is due to more conservative work being undertaken for first teeth—mostly in the new five year age groups.

“ With regard to the re-inspection of children previously treated, 615 were re-examined, 279 (or 45.36%) required treatment, and of these 126 (or 45.16%) were treated.”

Mr. Thomas suggests that a nurse should not have more than one main clinic area, in order that cases receiving treatment, and those attending for first treatment but not keeping subsequent appointments, may be “ followed up.” The latter group of cases usually require little further attention to make them dentally fit.

The areas of the nurses, however, have been arranged with due regard to all the circumstances, and the work of each nurse generally includes other services as well, e.g., health visiting and tuberculosis nursing. With the present staff it is impracticable to devote as much attention to dental work as could be wished.

Dr. S. R. Lane, the other whole-time dental surgeon, reports as follows:—

“ It is most encouraging to note that the number of children availing themselves of the treatment offered has increased considerably during the year. The children on the whole are well-behaved and give very little trouble. Where second visits to the clinic are required they come quite cheerfully—this was especially marked in cases of re-inspections.

“ A striking fact noticed at the re-inspections is that those children who have previously received treatment have clean healthy mouths, and any further attention required in most cases is quite of a minor nature. Those reported for treatment at previous inspections and who did not accept, however, have almost invariably a marked increase in the defects in their teeth, and in the unhealthy condition of their mouths.

“ The school holidays obviously interfere with the work, and bad weather has an effect on the attendances in the rural districts.

“ It is found that the best way to get at the children in the country districts is to establish temporary clinics at reasonable distances apart, in places centrally situated for a good group of schools. This system has been adopted during the last year and it works very well and is much appreciated by the parents.

“ This area has now four permanent clinics (Sheerness, however, being temporarily closed) and ten temporary clinics. There has been a considerable amount of hard work in getting accommodation, etc., for the



latter, and in each case one has to take the necessary equipment, etc. Now that the ground has once been gone over, however, this difficulty will be met satisfactorily in the future. Where a temporary clinic has been formed, the head teachers have given every encouragement and assistance.

“The work has grown so much at some of the permanent clinics that more time will have to be devoted to them in the future if one has to visit all the schools concerned once a year.”

(i) *Crippling Defects and Orthopædics.*—There has been no change in the arrangements previously described.

#### 9.—OPEN-AIR EDUCATION.

The report of 1920 applies.

#### 10.—PHYSICAL TRAINING.

The report of 1920 applies.

#### 11.—PROVISION OF MEALS.

The following are extracts from reports received from the medical inspectors :

“I have inspected the canteens at Chilham, Wye, Tenterden, Headcorn and Hythe and have nothing to add to my report of previous half-year. They are all and severally properly conducted. The food supplied is excellent in food value and palatability, and in each case proper superintendence is exercised by a responsible teacher.”

The canteen at St. Peters C.E. School continues to carry out a useful work. The average attendance from seventy to seventy-five. Cost of meals fourpence. Some free meals are given, the numbers of children benefitting being sent up to the head office. The wages of a cook and boy amount to £1 3s. per week. There has been no change in the method of management since the last report.

The canteen at Herne Bay Council School is still carried on very successfully. The average attendance is seventy-five. The only change in the administration is that the paid supervisor is no longer in attendance, the head teachers of the boys and girls department attend every day instead.

HADLOW COUNCIL SCHOOL.—The number of children provided daily average thirty. The number depends largely on the weather. It has been as high as ninety-seven and as low as ten.

*Dietary.* Two course dinner.

*First course.* Pea or lentil soup quite thick, bacon roll or suet roll with Oxo.



*Second course.* Jam or treacle roll, rice pudding, apple or treacle pudding or tart or bread pudding.

*Charge.* 1d. a portion.

*Sample Dietaries.* Lentil soup, and bread pudding.  
Suet roll with Oxo and rice pudding.

The canteen is practically self-supporting, there may be a small loss if the numbers provided are small.

The head mistress manages and runs the canteen with the help of one or more of the other teachers and occasional outside help. A woman does the cooking and the meals are served in the infants' department.

This school is situated in a poor agricultural district and as many of the mothers work on the land, and many of the children come long distances, the value of this canteen cannot be too highly rated. One of its great virtues is the cheapness of the meal which renders it most useful to those who need it most. I imagine that few school canteens in the country can be run more cheaply and with better value for the money.

**KESTON.**—(a) Cases are referred for dinners by medical inspector if necessary.

(b) *Selection of children for meals.* Meals are available for all children in the school.

(c) *Sufficiency or suitability of dietary.* Meals consist of two courses, good soups followed by various suet puddings, or meat rolls, hot pot, potato pies, savoury liver, followed by rice puddings, tapioca, chocolate puddings, etc. The children are given a very good helping of each. Potatoes are always included and sometimes butter beans and other vegetables.

(d) *Educational aspect of Work.* No special attention is paid to this. Good table manners are always insisted upon.

(e) *Suitability of accommodation and equipment. Efficiency of services and supervision.* Accommodation and equipment are quite satisfactory. The cook and head teacher give personal supervision. Miss Garrard is the superintendent. Staff consists of a cook, who is assisted by a woman helper. These two women attend every day for a period of two hours. The senior boys and girls help during the service of the meals.

(f) *Keeping of records to show effect of meals, if any.* Form 20 M.I. is used. It is filled in twice each year, at the beginning and end of course. Children decidedly benefit from the meals both mentally and physically.

(g) *Economical administration.* A charge of fourpence for each meal is made. If three or more in family partake, a charge of threepence half-penny is made. No free meals are provided. Receipts roughly meet the expenses.

IDE HILL SCHOOL.—(a), (b), (d), and (f) See Keston School (page 23).

(c) The diet is shown below, and is sufficient and suitable.

Mon.	Meat pudding (steamed). Potatoes. Rice pudding.	Suet crust, meat, vegetable and butter bean filling. (fresh milk).
Tues.	Soup. Potatoes. Steamed suet pudding, and syrup or jam.	Lentil, barley or rice, and vegetables.
Wed.	Baked meat pies. Potatoes. Tapioca pudding.	Pastry, meat and vegetables.
Thurs.	Soup. Potatoes. Currant roll (suet).	
Fri.	Vegetable hot-pot. Steamed pudding (fig, date or chocolate).	
Mon.	Vegetable dish. Steamed fruit pudding.	
Tues.	Corned beef. Potatoes. Treacle tart.	
Wed.	Meat pie. Milk pudding.	
Thurs.	Fish pie. Steamed pudding.	
Fri.	Vegetable dish. Rice and stewed fruit.	

(e) Accommodation and equipment are in every way quite satisfactory. Meals are supervised by head teacher and staff.

(g) A charge of threepence per meal is made. Committee's grant amounts to £12 per annum.

CROCKHAM HILL SCHOOL, WESTERHAM.—(a), (d), and (f) See answer under Keston School (page 23).

(b) Any child may attend the canteen if willing to pay. It is proposed to allow a large family to join at a reduced fee per



meal, next term, as they come from a distance, and cannot afford full fees.

(c) Two courses each dinner—sufficient is supplied for one good helping, and possibly a second. All materials used are of good quality. The food is varied, plenty of vegetables, lentils, some beans, fish once a week, meat once a week. Meat soups, fruit, suet puddings, etc. No bread is supplied.

(e) Accommodation and equipment are quite satisfactory. Each day a lady takes charge at dinner time and serves. A salaried cook only is employed. Practically all the children take their turn at serving and clearing. They are appointed for the week, four to serve, four to clear and wash up (boys and girls).

(g) A charge of fourpence per head per meal is made. Three-pence halfpenny per meal is charged when more than one in a family stay to meals. Receipts meet expenses if the numbers keep up to twenty to thirty each day.

#### 12.—SCHOOL BATHS.

None has been provided. There is a cleansing station at Tonbridge, and the medical officer reports as follows :

*Tonbridge Bathing Centre.* This centre was opened on twenty-six occasions during the year, and 142 baths were provided. Most of the children bathed came from the Special School.

#### 13.—CO-OPERATION OF PARENTS.

*Vide* report for 1920.

#### 14.—CO-OPERATION OF TEACHERS.

*Vide* report for 1920.

#### 15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

*Vide* report for 1920.

#### 16.—CO-OPERATION OF VOLUNTARY BODIES.

*Vide* report for 1920.

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

(a) The methods adopted for ascertaining which children are blind, deaf, etc., and the subsequent procedure, were given *in extenso* in the report for 1920.



(b) The medical officers of the two special day schools for the feeble-minded, situated respectively at Tonbridge and at Dartford, report as follows :—

*Day Special School, Tonbridge. Dr. Tucker's report for 1921.*

No. on roll, Jan., 1921	Boys 24	Girls 22.
No. on roll, Dec., 1921	Boys 17	Girls 19.

“ Nine children were admitted and nineteen left during the year. The reasons for leaving were as follows :—

- Four (two boys and two girls) attained the age of sixteen years.
- Eleven (eight boys and three girls) were re-classified under Schedule A, or otherwise exempted from attendance.
- Two (one boy and one girl) were certified as imbeciles.
- One girl left the neighbourhood.
- One girl was admitted to a residential institution.

“ The work of this school has been carried out on the same lines as in previous years, handwork being a speciality.

“ The progress of the scholars has, in the majority of cases, proved satisfactory. Miss Eves, the head mistress, resigned her post in September, and the school is now under the charge of Miss Turner. Miss Eves had held her post at this school since its opening and was mainly responsible for the satisfactory results obtained.

“ All children attending the Special School are examined medically twice yearly. At the second examination in 1921, Terman's modified Binet-Simon tests were applied to each child, and it is proposed to continue this proceeding at subsequent inspections. The results of medical examination show a somewhat better percentage of defects attended to, but there is still room for improvement in this direction”

*Day Special School, Dartford. Dr. Fox's Report for 1921.*

Nominal Accommodation	..	..	..	78
Number on roll, 1st January, 1921	..	..	..	30
Number on roll, 31st December, 1921	..	..	..	33
Number left during the year	..	..	..	7
Number admitted during the year	..	..	..	10

“ The reasons for leaving were as follows :—

- Two attained the age of sixteen years.
- One died.
- One was certified as a moral imbecile.
- One left the neighbourhood.
- One exempted from attendance.
- One discharged for work.

“ It was stated in my last year's report that the organisation of this school was to be remodelled, with a view to strengthening the syllabus—on the higher manual side more especially. Unfortunately, nothing has yet been accomplished beyond certain detail modifications, owing to the fact that this problem is only part of the larger question of elementary education as a whole, in the Dartford area.



“ My personal view is that a *small* day ‘ special school ’ produces results which are not commensurate with the cost, and that in the district of these small schools the problem of the sub-normal child must be re-considered on a broader basis. Expressing the quantitative valuation of a child’s intelligence by means of Terman’s ‘ Intelligence Quotient ’ (one hundred being that of the average or normal child), it may be stated that the children with quotients above seventy are regarded as suitable for the ordinary schools, below seventy and above forty, as suitable for day special schools, and below forty as suitable only for residential institutions. This, or any other demarcation into groups, is more or less arbitrary. The point I wish to make here is that, in the Dartford area, different dividing lines are required, if the community is to derive the greatest benefit from any special expenditure incurred on the sub-normal. Let all children with an Intelligence Quotient of less than eighty and more than sixty be grouped together as the first grade of the sub-normal and be taught on individual lines in class-rooms associated with the ordinary schools. The normal school will benefit by freedom from the drag of the dullest children, the dullest children and the higher grade of the feeble-minded or the educationally defective children will benefit from the use of educational methods more suited to their mentalities, and which can be arranged satisfactorily owing to the larger number of children to be dealt with, whilst the remaining sub-normal children will be in no worse position than they are now. They cannot be dealt with, except in residential schools.

“ It is possible to attribute part of the success of some efficient day ‘ special schools ’ to the fact that, consciously or not, the selection of children has proceeded, to a certain extent, on the lines suggested above. Instead, however, of making day school provision for the feeble-minded, and taking a generous view of what is feeble-mindedness at the upper part of the scale, I suggest that in Dartford special provision be made for the dull and backward, and a generous view be taken of what is mere dulness, at the lower part of the scale called ‘ dulness.’ In this event there would be no difficulty in securing such a number of children that effective grading for any educational purpose would be possible ; it might be possible to avoid the stigma attaching to the term ‘ silly school ’ ; and certain difficulties arising out of the certification of some children as ‘ feeble-minded ’ might be avoided.”

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#### DULL AND BACKWARD CHILDREN.

Dr. J. Selfe has reported as follows respecting Dull and Backward children.

“ The subject is a large one and can only be considered briefly. A definition of what is meant by ‘ dulness ’ or ‘ backwardness ’ in children is first necessary before the matter can be considered in greater detail.



“ Dull children are those who fail to do ordinary school work satisfactorily ; but who are, nevertheless, normally intelligent in everyday words and actions, and who are not markedly peculiar. Backward, or borderland children, are those so deficient intellectually that doubt may exist as to whether they should be classified as normal or as feeble-minded. It is this latter group which arouses the interest of the school medical inspector on account of the great difficulty, sometimes encountered, in the proper certification of such cases. The permanence of mental dulness in a child is uncertain. Some children remain dull in spite of vigorous efforts to improve them ; others improve to a fair mentality under the spur of extra work by teacher and pupil ; others improve apparently spontaneously at a later period, and become average or even brilliant-minded citizens. In most instances, however, the dulness is permanent.

“ There are three causes of dulness or backwardness, namely : (1) Improper environment, (2) Ill-health, (3) Bad heredity. These are sometimes combined, and when this is so, a condition of feeble-mindedness may result. Improper environment and bad heredity are, however, the most important factors in the production of dulness and backwardness, and which result in poor mental development—partly from lack of stimulus and partly from the unhygienic conditions which so often accompany poverty.

“ The child of the ignorant labourer does not usually develop as does the child of the intelligent, well-to-do professional man. In country schools many examples of the former type can be found. These are instances of innate dulness, in which the children are usually sturdy and well-grown, and in good physical health, but they show no capacity for book-learning, and here the teacher finds the greatest difficulty in teaching them the most elementary abstract rules. They have the greatest distaste and inability for all kinds of school work. They are often the descendants of generations of agricultural labourers, who have done excellent work with their hands, but very little work with their heads.

“ Children of this kind occur in the towns also, and although they cannot or will not make any headway with their lessons, they are sharp enough in the playgrounds and in matters of everyday life. In other words, they have plenty of common sense and are by no means mentally deficient. Many of these children achieve a considerable degree of success in after-life, although almost destitute of ordinary book learning.

“ The child reared in an orphanage or workhouse makes a very mediocre start in life's race, although no doubt better than he would otherwise have made. These children are usually below their contemporaries in general knowledge and intelligence.

“ The physical causes of dulness or backwardness are naturally of the greatest interest to the school medical inspector, and may be considered under the following headings :—



1. Malnutrition from poor food, bad hygiene, tuberculosis, heart disease, syphilis, kidney disease, etc.
2. Adenoids and enlarged tonsils.
3. Defective vision.
4. Deafness.
5. Nervous exhaustion.
6. Epilepsy.

“ It is not proposed to consider any detailed diagnosis of these causes. When the physical disability stands alone without any complicating factors, the mental habitude induced may be considered as acquired. The innate potentiality for school work is good, but the mental development has been hindered, and varying degrees of dulness or backwardness produced by malnutrition, illness, or disease. Physical disabilities of this kind are commoner in towns than in the country districts, especially where there is a factory population.

“ It is the work of the medical inspector to see that these physical infirmities, are remedied as far as possible, although some of them cannot be influenced to a great extent. Notably this is the case with malnutrition due to poor food and bad hygiene. Cases of defective vision, enlarged tonsils, with adenoids, and deafness can be remedied to a great extent; and a mental improvement may be effected when such defects have been attended to. To instance a case: a boy suffering from shortsightedness, and deafness, due to chronic middle ear catarrh following adenoid obstruction, rapidly improved in mentality when spectacles were provided and when his adenoids were removed.

“ In the writer's opinion physical defects and disease only account for a small proportion of the dulness or backwardness met with in children of school age.

“ To sum up, the greatest influence is exercised by improper environment and all that it entails. Bad heredity seems to take second place, and physical defects the third place in order of importance.

“ Before concluding these notes it might be well to consider the results of dulness or backwardness. There are many dull and backward children, and consequently so many adults of the same relative mental grade, that their existence and fate are popularly taken as everyday and natural, occurrences. The dull or backward children present an important problem to the school authorities, because they possess the right to a place in the public school, but they are not able to keep pace with the regularly graded course of study. The dullards learn but little because they need more individual attention and less daily mental work than are possible under present conditions. The bright children lose valuable time because of the division of the teachers' activities involved by the relatively few dull pupils. The teacher also suffers twice the wear and tear by reason of double work. For these reasons an elastic curriculum and special classes employing special methods are necessary to an efficient educational system.”



Dr. F. Wolverson reports :—

“ There is frequently an astounding difference existing between schools of adjacent or even contiguous villages in respect of the physical and mental condition of the school children. In school No. 1, one will find a large proportion of bright, intelligent children, perfectly healthy, clean, well-clothed and well groomed. In school No. 2 (perhaps a couple of miles away) there is a far too large proportion of defects (often neglected defects that have been already notified to the parent), and also a considerable number of children who are dirty, flea-bitten, unkempt and ill-nourished, with probably the accompanying defect of dulness and backwardness.

“ I am glad to say that school No. 2 is not common, and that, speaking generally, most schools in my district are all that can be desired. In fact the town schools are satisfactory, and in my opinion very much better than the average town school in the north of England. It is difficult to understand, however, why there are dotted about a lovely countryside, schools such as described under No. 2. The condition of the school children in any place, of course, reflects the social and sanitary status of the village. The villages under discussion, are, for the most part, backwaters, and I am informed that inbreeding has been going on for generations, and that most people there are more or less related. There is, in these places, always either complete indifference or expressed hostility to the findings of the school medical inspector. I have tried during the latter half of the year, in every case where time has permitted, to speak to the assembled school on matters of simple hygiene. I am of opinion that in order to make school inspection produce maximum results, both now and in the next generation, it is desirable to interest the individual child in his own health and in his own defects, if he has any.”

18.—NURSERY SCHOOLS. See report for 1920.

19.—SECONDARY AND PRIVATE SCHOOLS.

It was intended originally to provide free medical inspection to all private schools desirous of taking advantage of the offer. In view of the present financial situation, however, the Committee has decided to provide medical inspection in the case of those private schools only, the proprietors of which are willing to pay an appropriate fee. At the present time nine schools have agreed to pay the fee.

The details of the work in maintained and aided Secondary Schools remain as described in my report for 1920.

It will be noted that, of the total number of Secondary school children inspected, little more than one-fifth are girls. This is due to the fact that the lady doctor resigned early in the year, and her place was not filled until October 1st.



## FINDINGS OF MEDICAL INSPECTION.

It has not been possible, on this occasion, to divide the statistics so as to show sex as well as age influences. Also, in consequence of the marked inequality in the total number of boys and of girls examined, little useful purpose will be served by examining the age groups in detail.

(a) With regard to verminous conditions, the same principles are followed as mentioned in my last report. In one instance only was a school nurse called in to make an examination of the children's heads, and this occasion arose on account of one known infected child.

(b) A similar general inspection was made at another school in consequence of the occurrence of one case of ringworm.

(c) Seven per cent. of children required treatment or continued observation on account of the presence of obstruction to breathing. One half of these were in actual need of treatment, and of those who were recommended treatment during the first half of the year, one half of this latter number actually obtained treatment of some kind.

(l) The falling off of the number of cases of flat foot is explicable in the light of the altered sex distribution, as compared with last year. As statistics accumulate, it may be found that this alleged deformity is correlated with racial or topographic characters.

(m) *Medical Treatment.*—In determining what cases are necessitous the same scale has been adopted as in the elementary schools, with this difference, that District Boards in arriving at a decision in a particular case, may take into account circumstances already reviewed before Scholarships are granted.

Sub-sections (n) to (q) remain precisely as in my 1920 report.

## 20.—CONTINUATION SCHOOLS.

There are no Continuation Schools in the County.

## 21.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

See my report for 1920.

## 22.—SPECIAL INQUIRIES.

*School Furniture.*—This was considered in my last annual report, but the complete figures showing the distribution of the kinds of seating accommodation were not available at the time of going to press. The reports finally received, and from which the necessary information could be extracted, dealt with the accommodation of 44,379 children, and the following table shows the seating provided :

Numbers accommodated in forms without backs	..	12,880
Numbers accommodated in forms with backs	..	4,720
Numbers accommodated at dual desks	.. ..	22,859
Numbers accommodated with chairs and tables	..	3,920



*Sanitary Conveniences.*—To bring the records of my department up-to-date with regard to sanitary arrangements at the schools each medical inspector was asked to make a detailed report respecting all the schools of his area. It may be of interest to set out the results in tabular form :—

<i>Class A.</i> —Water carriage—separate pans :						
Method of flushing :						
(a)	Separate cisterns and chains	..	..	..	56	
(b)	Automatic flushes	..	..	..	40	
(c)	By bucket	..	..	..	16	
(d)	By tap, with hand control	..	..	..	6	
(e)	Method not stated	..	..	..	36	
						154
<i>Class B.</i> —Water carriage : trough system :—						
Method of flushing :—						
(a)	Automatic	..	..	..	34	
(b)	Cistern, under direct control	..	..	..	11	
(c)	By bucket	..	..	..	5	
(d)	By hose	..	..	..	1	
(e)	Method not stated	..	..	..	6	
						57
<i>Class C.</i> —Cesspits in direct connection with the seating.						38
The periods of emptying vary from once a week to twice a year or even less frequently .. ..						
<i>Class D.</i> —Pails or buckets .. .. ..						87
The periods of emptying vary from twice daily to once a week						
<b>Total number of school departments reported on ..</b>						<b>336</b>

*Amount of Accommodation.*—The number of seats provided is given in the case of 232 schools. Calculating the number of scholars for each seat on the basis of the average roll for all departments of each school, the results are as follows :

At least one seat to 25 children	90 schools.
Less than one seat to 25 children	97 schools.
Less than one seat to 40 children	41 schools.
Less than one seat to 60 children	4 schools.

*Defects reported.*

1. Structural defects	.. .. .	6
2. Flush or disposal unsatisfactory	.. .. .	15
3. Seats broken or unsatisfactory	.. .. .	9
4. Situated too near buildings	.. .. .	11
5. Insanitary or not clean	.. .. .	34
6. Seats too high (infants' departments)	.. .. .	6
7. Various	.. .. .	4
		85



*Urinals.*—The urinals of the ordinary pattern are constructed of cement, slate, glazed tiles, stoneware or glazed earthenware, or some combination of these. There are, in addition, iron vessels, wooden troughs, with or without sawdust, pails, and in one case, a shallow pit.

The methods used for flushing the urinals are stated in the cases of 179 schools. They are as follows :—

Hand flushing (pails of water)	70 schools, 8 departments in addition.
Automatic, from cistern	63 schools, 6 departments in addition.
Flush controlled by tap	38 schools, 2 departments in addition.

Dr. Tucker makes the following observations on these reports :

*Sanitary Conveniences.*—In attempting to summarise the results of the reports, one has been met with the usual difficulty that is always encountered in attempting to do this with the work of seven or eight different individuals. The standards and ideas of each are bound to differ even on such matters as sanitary conveniences, etc. Some of the points made most evident are well known and are generally accepted facts of everyday sanitation. But, as the reports show that in some instances the elementary rules of sanitation are not carried out, they will bear repetition. Below is a short summary of chief points gathered from reports.

*Situation.*—The offices in many cases are placed too near the school buildings. There are adverse reports concerning this from ten schools. These are doubtless extreme cases. Two schools at least have their offices in the school buildings which seems undesirable, however cleanly they may be kept. Naturally economy or lack of space has much to do with this fault, but it would seem desirable, where possible, to place the offices as a separate structure in the playground by a boundary wall or fence, at least fifty yards from the school, and as little exposed to the public view as practicable.

*Structure* should be of some permanent material, brick or stone with concrete or other impermeable floor, certainly not a wooden structure. Brick floors seem unsatisfactory. There should be one seat per compartment and a door to each. The walls of the compartments should be well lime-washed or otherwise finished. Good ventilation and lighting are essential. †

*Seats.*—The majority of schools reported as having water-flush conveniences have the single pedestal seat. Some of the older schools have the antiquated box seat. The former, with the lift up rim seat, appear to be satisfactory and easy to clean. The old box seat is out of date. That many of the seats in mixed girls' and infants' departments are too high for the comfort of the infants is indicated by the special notes on this subject from some inspectors. Nearly all the non-water-flush sanitary conveniences have box seats.



*Type of Sanitary Convenience.*—Where there is a main drainage system it is evident that the water flush system is the only satisfactory one. It would appear, too, that the single pan, with separate cistern is the ideal; it has distinct advantages, mentioned later, over the trough system. The chief types of the single pan mentioned in the report are the wash-down and long and short hoppers. A few are reported as having the old iron pan. Undoubtedly the new pattern washdown is the best and easiest to keep clean. The type of sanitary convenience adopted in rural districts, where there is no efficient main drainage, varies. Three types predominate in the reports: (1) Pail system; (2) Middens, or seats over cesspits; (3) Water flush sanitary conveniences to cesspool. Each has its drawbacks, but the first, where daily emptying of pails is adopted, seems to be the most satisfactory. Its greatest drawback appears to be the question of disposal of contents of buckets and the labour entailed. The best type of this kind of office has a trap door at the back of each compartment (preferably to open outside the school premises) through which the pails can be removed. A supply of earth or ashes should be kept in each compartment used. Reports show that this is seldom done. The second type (cesspit) is not satisfactory. It is extremely difficult to keep sanitary. The emptying is seldom either sufficiently frequent or complete. In many cases the pits are faulty and in bad repair. In one or two schools the pits open into the playground and are inadequately covered. The third type is not satisfactory in that the cesspool is usually near the school and if the flush is inadequate, has to be frequently emptied to prevent overflow, unless, of course, the cesspool is very large. Some of this type, however, are reported as draining to a soakaway.

*Flush.*—From the reports one gathers that the best type of flush is the hand (chain) flush with independent cistern. The automatic flush, both from its liability to get out of order and the variations in its frequency, is not so good.

In this connection the former has a distinct educational value over the latter in that the child learns a lesson in good habits and order by pulling the chain. Too often, in the conveniences automatically flushed, time elapses between the flushes in which excreta accumulates—which is obviously not desirable. This last remark applies to those schools also, where the flush to the offices is from a tap controlled by the caretaker. Where the flush is automatic, it should be frequent, not less than three or four times daily. Once daily is not sufficient. As regards other methods of refuse disposal, pails should be emptied not less than once daily and the buckets frequently cleaned. According to reports, cesspits are cleaned out anything from "once weekly" to "when full." Something between the two extremes, varied according to size of pit, time of year, and local circumstances, should meet the case in a well constructed convenience of this kind.

*Accommodation.*—Perhaps the most surprising and illuminating part of the reports is the number of schools and departments in which the



accommodation (scholars per seat) does not come up to the standard. The figures given speak for themselves. Sufficiency of accommodation is important and should certainly not be less than one seat to forty scholars in any department.

Insufficiency of sanitary accommodation for staff has been referred to previously.

*Defects, etc.*—Some seventy odd schools of the 336 reported on have received adverse criticisms of their offices. Of these thirty-four, or about ten per cent. of the whole, refer to insanitary or unclean conditions. This is largely a matter of slackness on the part of the caretakers, but a few such cases arise from defective construction. The School Medical Inspector notes all cases of such defect in the school log books, thus drawing the attention of the School Managers to the condition.

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*Summer Time Act.*—On May 24th, 1921, a circular was issued by the Board of Education, requesting that an endeavour should be made to ascertain through the staff of the School Medical Service, or in any other way commending itself to the Local Education Authority, "what has been the effect of the Summer Time Act during the current year on the health of the school children (including their proper attention to school work) in the Authority's area."

This circular was followed by a letter from the Chief Medical Officer of the Board, which requested a short statement of any facts coming within the observation and experience of School Medical Officers, since the complete information which would be supplied in response to the circular would not be available for some months. The short statement was to deal (*inter alia*) with the following points :—

- (1) Evidence of loss of sleep.
- (2) Signs of fatigue at school.
- (3) Effect on response to general instruction (including physical exercises).
- (4) Evidence of loss of weight, and general nutritional defects.
- (5) Steps taken to remedy injurious defects, if any.

Opinions with regard to the effect of the Act on the health of young children were then elicited from the medical inspectors and from the head teachers of the schools in the area of the Kent Education Committee. These opinions may be divided into two groups—(1) that the effect of the Act is injurious to the children, and (2) that no deleterious effect has been produced; and the two groups are practically equal. In one case the medical inspector reports that he considers that the operation of the Act actually results in benefit to the children's health.



Of the head teachers, about two hundred have submitted reports, and I have summarised the results below :—

			Positive.		Negative.
1.	..	..	79	..	74
2.	..	..	79	..	74
3.	..	..	66	..	88
4.	..	..	4	..	149
5.	..	..	53	..	99

The reasons given for arriving at positive opinions are as follows :

1. Dark rings round eyes. Pale faces. Lifeless expression. Unusual tiredness in the morning. Tendency to cling to the nearest fixed object for support. Children arrive later through sleeping until the last minute. Children seen playing in streets, etc., up to 9.30 p.m. Children irritable.
2. Vacancy of mind. Inability to concentrate. Constant yawning. Occasional bad temper. Sit in playground rather than join in active games. Headaches much more frequent. Children have a tired, weary look. Feel ill and faint. Fatigue most noticeable between 2 and 4 p.m.
3. General fatigue and limpness after drill. Games too much trouble. Children slower where reasoning powers are called upon. Unsatisfactory response. Less alert during lessons and fidgetty. Flat singing and careless writing.
4. Children often away for a day, reason given "not well."
5. Constant and frequent appeal to parents not to allow children to play out of doors until 9 or 10 o'clock. Children warned of the danger of insufficient rest at the right time. Periods of physical exercises changed into periods of rest. Parents advised to keep a regular and early hour for bed time. Children allowed to go to sleep in afternoon if they feel so inclined. Notice issued in parish magazine *re* ill effects of allowing children to stay up late. Open-air exercise. Oral lessons taken out of doors. Mental work is shortened by a few minutes indulgence in swinging games. Brief periods of rest allowed between lessons. Parents requested to darken bedrooms.

The opinions of the medical inspectors are, for the most part, derived from the experiences of the teachers, and are of similar diversity. I give two examples of their reports below :

"In reply to your letter of June 6th, 1921, *re* Summer Time, there is not the slightest doubt that the operation of the daylight saving scheme prejudices to some extent the work and health of the children. The younger the children the greater is the harm done.



“ (1) The children do not go to bed until it is dark, whatever the clock says, and as they have to be at school at the usual time they are heavy, sleepy, and disinclined for work.

“ (2) Fatigue in the first hour or two is very marked, especially in the younger children.

“ (3) The teachers state that the response to general instruction including physical exercises, is lower.

“ (4) There are no data which can give me any information on this point.

“ (5) No steps have been taken except in Infants School, where children are allowed to sleep if they are tired.

“ The parents of children brought for examination, state that it is useless, in urban districts, to send their children to bed however much they may think it is necessary, as there is so much noise in the streets, up to a late hour, made by playing children, that it would be impossible to sleep as early as usual.

“ It would appear that if, as seems to be the case, it is desirable for daylight saving to be indefinitely continued for the purpose of fuel saving, etc., it will be necessary to have during the time it is in operation a children's curfew, after which time no child will be allowed out of doors.”

Another school medical inspector says :

“ I cannot say I have found any deleterious effects on any of the children I have examined, due to the above.

“ The ill effects, if any, would appear on the whole to be greater in the towns than the country, probably due to the fact that the country population goes to bed earlier than that of the town, and the children keep the same hours as the parents.

“ I think the lassitude, especially among the younger children, complained of by some of the teachers, is probably due to the recent spell of excessive heat rather than to the Act.”

The subject is complicated, especially during the year under review, in that the excessively hot summer might be expected to produce many of the signs taken to indicate lack of sleep. In addition, the boom of the picture palace in the more urban areas probably acts in the same direction.

All these opinions are based on the evidence of more or less vague impressions, and they relate largely to the children's manifestations of alertness in school, and therefore there is great difficulty in obtaining any useful objective evidence.

Circumstances have not been favourable for the carrying out of quantitative psychological tests. Graphs have been plotted out showing variations from year to year in the children's heights and weights since



the inception of records in 1909; also in the number of cases of malnutrition, anæmia and the various nervous disorders. None of these graphs show any correlation with the operation of the Act. The heights and weights show an evenness of increase throughout the whole period, which is inconsistent with any marked deterioration in physical well-being.

It appears, therefore, that there is no unanimity of opinion as to the effect of the Act in this area. On one point there is no doubt, the children, especially in the urban districts, do not go to bed in accordance with the clock, but rather in accordance with the time of oncoming darkness. Thus, there must be a definite loss of sleep, and it is to be expected that this is prejudicial to health, though the effects as yet cannot be measured in terms of physical states.

### 23.—MISCELLANEOUS.

Examinations of teachers and scholarship candidates. Table 24 gives a summary of 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.

#### *Surgical Instruments.*

During the year the undermentioned children were supplied with surgical appliances :—

<i>Case.</i>	<i>Appliance.</i>	<i>Cost.</i>
L.G.	Surgical boots and instrument	10 10 0
*T.F.	Repairs to instruments and surgical boots	10 0
†R.V.	Surgical boots and alterations to instruments	20 10 0
N.P.	Leg instruments and night shoes	3 15 0
A.S.	Crutches	1 15 0

\* In this case the full amount was repaid by the parent.

† In this case £6 was provided by voluntary assistance.

*Prosecutions, etc.*—Sixteen parents were prosecuted during the year under the attendance bye-laws in connection with children excluded from school on account of verminous conditions, and thirteen cases were referred to district medical officers of health on account of verminous conditions, etc. It was also found to be necessary to report twenty-nine parents to the National Society for the Prevention of Cruelty to Children.

Table 10 (Board of Education Table I.)

## ELEMENTARY SCHOOLS.

Number of Children inspected from January 1st, 1921, to December 31st 1921.

## A. ROUTINE MEDICAL INSPECTION.

Age	Entrants.					Total.
	3	4	5	6	Other Ages.	
Boys ..	—	14	3096	1176	435	4721
Girls ..	—	11	2869	1254	385	4519
Totals	—	25	5965	2430	820	9240

Age. ..	Intermediate Group.	Leavers.			Other Ages.	Total.	Grand Total.
		8	12	13			
Boys ..	3738	84	3452	224	210	3970	12429
Girls ..	3502	86	3738	291	279	4394	12415
Totals	7240	170	7190	515	489	8364	24844

## B. SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations (i.e., No. of Children Re-examined.)
Boys .. .. .	1614	4098
Girls .. .. .	1688	4254
Totals .. .. .	3302	8352

C. TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICER, WHETHER AS ROUTINE OR SPECIAL CASES (NO CHILD BEING COUNTED MORE THAN ONCE IN ONE YEAR).

No. of Individual Children Inspected.
32988



Table 11 (Board of Education Table II.)

## ELEMENTARY SCHOOLS.

Return of Defects found in the course of Medical Inspection in 1921.

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.
(1)		(2)	(3)	(4)	(5)
	Malnutrition .. .. .	94	79	12	15
	Uncleanliness :				
	Head .. .. .	430	39	115	3
	Body .. .. .	65	26	17	5
Skin	Ringworm :				
	Head .. .. .	33	—	74	—
	Body .. .. .	8	—	15	—
	Scabies .. .. .	56	—	83	—
	Impetigo .. .. .	77	—	203	—
	Other Diseases (non-Tubercular)	53	12	168	2
Eye	Blepharitis .. .. .	62	8	32	2
	Conjunctivitis .. .. .	8	—	10	1
	Keratitis .. .. .	1	—	—	—
	Corneal Ulcer .. .. .	5	—	1	—
	Corneal Opacities .. .. .	6	4	1	—
	Defective Vision .. .. .	1018	125	319	25
	Squint .. .. .	190	27	29	7
	Other Conditions .. .. .	35	7	26	1
Ear	Defective Hearing .. .. .	183	28	51	6
	Otitis Media .. .. .	16	5	5	1
	Other Ear Diseases .. .. .	80	13	60	6
Nose and Throat	Enlarged Tonsils .. .. .	541	290	133	23
	Adenoids .. .. .	343	87	144	25
	Enlarged Tonsils and Adenoids .. .. .	518	59	269	3
	Other Conditions .. .. .	58	18	20	—
	Enlarged Cervical Glands (Non-Tubercular)	99	67	18	1
	Defective Speech .. .. .	8	1	1	—
	Defective Teeth .. .. .	1812	26	203	6
Heart and Circulation	Heart Disease :				
	Organic .. .. .	27	77	5	13
	Functional .. .. .	17	68	2	6
	Anæmia .. .. .	139	30	26	5
Lungs	Bronchitis .. .. .	53	22	9	5
	Other Non-Tubercular Diseases .. .. .	41	51	19	4
Tuberculosis	Pulmonary :				
	Definite .. .. .	22	—	8	—
	Suspected .. .. .	52	15	14	5
	Non-pulmonary :				
	Glands .. .. .	13	1	6	2
	Spine .. .. .	—	—	1	—
	Hip .. .. .	3	—	—	—
	Other Bones and Joints .. .. .	2	—	1	—
	Skin .. .. .	—	—	—	—
	Other Forms .. .. .	6	3	2	—
Nervous System	Epilepsy .. .. .	4	16	8	2
	Chorea .. .. .	13	12	10	6
	Other Conditions .. .. .	5	11	11	6
Deformities	Rickets .. .. .	14	7	1	2
	Spinal Curvature .. .. .	82	29	7	8
	Other Forms .. .. .	71	31	18	5
	Other Defects and Diseases .. .. .	193	118	354	21

Number of INDIVIDUAL CHILDREN having Defects which require treatment, or to be kept under Observation.

9262



Table 12 (Board of Education Table III.)

## ELEMENTARY SCHOOLS.

Numerical Return of all Exceptional Children in the Area in 1921.

		Boys.	Girls.	Total.	
Blind (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893).	Attending Public Elementary Schools	12	11	23	
	Attending Certified Schools for the Blind .. .. .	4	8	12	
	Not at School .. .. .	5	4	9	
Deaf and Dumb (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893).	Attending Public Elementary Schools	12	17	29	
	Attending Certified Schools for the Deaf .. .. .	30	30	60	
	Not at School .. .. .	2	—	2	
Mentally Deficient.	Feeble-Minded.	Attending Public Elementary Schools	140	117	257
		Attending Certified Schools for Men- tally Defective Children .. ..	41	33	74
		Notified to the Local Control Author- ity by Local Education Authority during the year .. .. .	5	—	5
		Not at School .. .. .	21	10	31
Imbeciles.	At School .. .. .	1	—	1	
	Not at School .. .. .	72	50	122	
Idiots	.. .. .	12	4	16	
Epileptics.	Attending Public Elementary Schools	48	40	88	
	Attending Certified Schools for Epileptics .. .. .	6	3	9	
	In Institutions other than Certified Schools .. .. .	—	—	—	
	Not at School .. .. .	5	3	8	
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	111	124	235
		Attending Certified Schools for Physically Defective Children ..	—	—	—
		In Institutions other than Certified Schools .. .. .	2	4	6
		Not at School .. .. .	12	11	23
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	32	27	59
		Attending Certified Schools for Physically Defective Children ..	—	—	—
		In Institutions other than Certified Schools .. .. .	2	3	5
	Not at School .. .. .	10	9	19	
	Crippling due to causes other than Tuberculo- sis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	140	114	254
		Attending Certified Schools for Physically Defective Children	13	10	23
		In Institutions other than Certified Schools .. .. .	3	—	3
	Not at School .. .. .	6	3	9	
Other Physical Defec- tives, e.g., delicate and other children suitable for admission to Open- Air Schools; Children suffering from severe heart disease.	Attending Public Elementary Schools	86	70	156	
	Attending Open-air Schools .. ..	—	—	—	
	Attending Certified Schools for Physically Defective Children, other than Open-Air Schools ..	—	—	—	
	Not at School .. .. .	3	3	6	
Dull or Backward.*	Retarded 2 years .. .. .	699	593	1292	
	Retarded 3 years .. .. .	380	344	724	

\* Judged according to age and standard. No case retarded more than three years to be included in this category unless it has been decided after examination by the Medical Officer that the child is not mentally defective.



Table 13 (Board of Education Table IV.)  
 ELEMENTARY SCHOOLS.  
 Treatment of Defects of Children during the period July 1st, 1920, to June 30th, 1921.  
 A. TREATMENT OF MINOR AILMENTS.

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		Total.
		Under Local Education Authority's Scheme.	Otherwise.	
<i>Skin—</i>				
Ringworm—Head ..	249	202	47	249
Ringworm—Body ..	129	114	15	129
Scabies ..	162	129	33	162
Impetigo ..	575	534	41	575
Minor Injuries ..	8	8	—	8
Other Skin Diseases ..	189	183	6	189
<i>Ear Disease</i> ..	51	43	8	51
<i>Eye Disease</i> (external and other) ..	72	55	17	72
<i>Miscellaneous</i> ..	192	188	4	192

B. TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	NUMBER OF CHILDREN.					For whom Treatment was considered necessary.			
	Submitted to Refraction.			For whom Glasses were Prescribed.	For whom Glasses were Provided.		Received other Forms of Treatment.		
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.					Total.	
1864	900	186	71	1157	964	834	28	25	151

C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

TABLE 13.—(continued.)

Referred for Treatment.	NUMBER OF CHILDREN.				Received other Forms of Treatment.
	Received Operative Treatment.				
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.		
2536	807	187	994	79	

D. TREATMENT OF DENTAL DEFECTS.

1. Number of Children dealt with.

	AGE GROUPS.														"Specials."	Total.
	5	6	7	8	9	10	11	12	13	14						
	(a) Inspected by Dentist . . . . .	1324	2492	2662	1244	533	191	150	150	122	122	28	211	9107		
(b) Referred for Treatment . . . . .												206	5806			
(c) Actually treated . . . . .												499	3567			
(d) Re-treated (result of periodical examination) . . . . .												16	329			
					5600											
					3068											
					313											

2. Particulars of Time given and of Operations undertaken.

No. of Half-Days devoted to Inspection.	No. of Half-Days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinics.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anesthetics included in (4) and (6).	No. of Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
			(1)	(2)	(3)	(4)			(5)	(6)
156	684	4913	1146	1773	10175	933	2861	13	799	1341



Table 14.

(Board of Education. Table 4f.)

## ELEMENTARY SCHOOLS.

*Treatment of Defects.*

	No. Referred for Treatment.	No. Treated.
Whooping Cough .. .. .	3	3
Chicken Pox .. .. .	6	5
Mumps .. .. .	5	5
Malnutrition .. .. .	82	43
Other Skin Diseases .. .. .	2	2
Keratitis .. .. .	1	1
Corneal Ulcer .. .. .	8	8
Corneal Opacities .. .. .	6	3
Other Eye Conditions .. .. .	11	6
Defective Hearing .. .. .	227	133
Otitis Media .. .. .	11	11
Nose and Throat (other conditions) .. .. .	8	7
Enlarged Cervical Glands .. .. .	172	87
Defective Speech .. .. .	5	—
Heart :—		
Organic .. .. .	58	20
Functional .. .. .	14	8
Anæmia .. .. .	124	70
Lungs :—		
Bronchitis .. .. .	45	26
Other .. .. .	55	32
Tuberculosis Pulmonary :—		
Definite .. .. .	27	20
Suspected .. .. .	44	30
Tuberculosis Non-Pulmonary :		
Glands .. .. .	19	16
Spine .. .. .	2	2
Hip .. .. .	2	—
Other Bones and Joints .. .. .	1	—
Other .. .. .	3	3
Nervous System :—		
Epilepsy .. .. .	13	—
Chorea .. .. .	16	8
Other .. .. .	8	5
Deformities :—		
Rickets .. .. .	17	3
Spinal Curvature .. .. .	100	52
Other Forms .. .. .	77	28
Other Defects and Diseases .. .. .	88	98

Table 15 (Board of Education Table V.)

## ELEMENTARY SCHOOLS.

Summary of Treatment of Defects as shown in Table IV. (B. of E.)  
(A. B. C. D. and F.).

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ..	1627	1456	171	1627
Visual Defects .. ..	1864	900	257	1157
Defects of Nose and Throat .. ..	2536	807	187	994
Dental Defects .. ..	5806	3567	—	3567
Other Defects .. ..	1350	—	735	735
	13183	6730	1350	8080



Table 16 (Board of Education Table VI.)

## ELEMENTARY SCHOOLS.

*Summary Relating to Children Medically Inspected at the Routine Inspections during the year 1921.*

(1) The total number of children medically inspected at the routine inspections .. .. .	24844*
(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 not referred for treatment) .. .. .	1169
(3) The number of children in (1) suffering from—	
Malnutrition .. .. .	1572
Skin Disease .. .. .	397
Defective Vision (including Squint).. .. .	1978
Eye Disease .. .. .	284
Defective Hearing .. .. .	447
Ear Disease .. .. .	134
Nose and Throat Disease .. .. .	5249
Enlarged Cervical Glands (non-tubercular) .. .. .	7471
Defective Speech .. .. .	152
Dental Disease .. .. .	13219
Heart Disease—	
Organic .. .. .	151
Functional .. .. .	191
Anæmia .. .. .	325
Lung Disease (non-tubercular) .. .. .	734
Tuberculosis—	
Pulmonary definite .. .. .	31
suspected .. .. .	67
Non-Pulmonary .. .. .	82
Disease of the Nervous System .. .. .	131
Deformities .. .. .	641
Other Defects and Diseases .. .. .	447
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) .. .. .	5255
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) .. .. .	1329†

\* Not including "Specials."

† Very incomplete. Only children inspected during the first half-year are re-inspected.

Table 17 (Board of Education Table 1).

## MAINTAINED, AIDED AND PRIVATE SCHOOLS.

Number of Children Inspected 1st January, 1921, to 31st December, 1921.

## ROUTINE MEDICAL INSPECTION.

Age.	3	5	6	7	8	9	10	11	12
Boys ..	—	1	—	14	45	101	255	279	731
Girls ..	4	7	40	45	50	53	99	171	226
Totals ..	4	8	40	59	95	154	354	450	957

Age.	13	14	15	16	17	18	19	20	Totals.
Boys ..	650	594	807	231	79	24	5	1	3817
Girls ..	80	57	119	57	41	7	—	—	1056
Totals ..	730	651	926	288	120	31	5	1	4873

## TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED.

No. of Individual Children Inspected.	
4895	

No. of Re-examinations.	
Boys .. .. .	416
Girls .. .. .	22
Total .. .. .	438



Table 18 (Board of Education Table II.)

## MAINTAINED, AIDED, AND PRIVATE SCHOOLS.

Return of Defects found in the course of Medical Inspection in 1921.

Defect or Disease.	Routine Inspection.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
(1)	(2)	(3)
Malnutrition .. .. .	29	22
Uncleanliness—		
Head .. .. .	2	—
Body .. .. .	—	—
Ringworm—		
Head .. .. .	2	—
Body .. .. .	—	—
Scabies .. .. .	6	—
Impetigo .. .. .	1	—
Other diseases (Non-Tubercular)	6	—
Blepharitis .. .. .	4	2
Conjunctivitis .. .. .	—	—
Keratitis .. .. .	—	—
Corneal Ulcer .. .. .	—	—
Corneal Opacities .. .. .	1	1
Defective Vision .. .. .	501	135
Squint .. .. .	17	6
Other conditions .. .. .	4	—
Defective Hearing .. .. .	21	10
Otitis Media .. .. .	—	—
Other Ear Diseases .. .. .	7	2
Enlarged Tonsils .. .. .	70	122
Adenoids .. .. .	30	27
Enlarged Tonsils and Adenoids .. .. .	19	15
Other conditions .. .. .	54	6
Enlarged Cervical Glands (Non-Tubercular) .. .. .	6	9
Defective Speech .. .. .	2	3
Teeth (Dental Diseases) .. .. .	544	—
Heart Disease—		
Organic .. .. .	10	36
Functional .. .. .	3	18
Anæmia .. .. .	87	23
Bronchitis .. .. .	3	5
Other Non-Tubercular Diseases .. .. .	3	10
Pulmonary—		
Definite .. .. .	1	1
Suspected .. .. .	1	5
Non-Pulmonary—		
Glands .. .. .	5	3
Spine .. .. .	—	—
Hip .. .. .	—	—
Other Bones and Joints .. .. .	—	—
Skin .. .. .	—	—
Other forms .. .. .	2	—
Epilepsy .. .. .	—	3
Chorea .. .. .	—	2
Other conditions .. .. .	3	8
Rickets .. .. .	3	3
Special Curvature .. .. .	155	70
Other Forms .. .. .	385	75
Other Defects and Diseases .. .. .	56	48
Number of individual children having defects which required treatment or to be kept under observation .. .. .		1789

Table 19 (Board of Education Table IV.)

## MAINTAINED, AIDED, AND PRIVATE SCHOOLS.

## Treatment of Defects of Children during 1st July, 1920, to June 30th, 1921.

## A. TREATMENT OF MINOR AILMENTS.

Nil.

## B. TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	NUMBER OF CHILDREN.						For whom no Treatment was considered necessary.	
	Submitted to Refraction.			For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recom- mended for Treatment other than by Glasses.		Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise. Total.					
268	26	121	11	139	139	5	5	7

## C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	NUMBER OF CHILDREN.			Received other Forms of Treatment.
	Received Operative Treatment.			
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
58	4	11	15	8

Note.—Arrangements have not been made for the treatment of Minor Ailments and cases of Dental Disease in Maintained, Aided and Private Schools.



Table 20.

(Board of Education. Table 4f.)

## MAINTAINED, AIDED AND PRIVATE SCHOOLS.

*Treatment of Defects.*

	Cases Referred for Treatment.	Cases Treated.
Malnutrition .. .. .	9	4
Skin Diseases :—		
Scabies .. .. .	5	5
Other Skin Diseases .. .. .	7	4
Eyes :—		
Blepharitis .. .. .	4	4
Other conditions .. .. .	2	2
Ears :—		
Defective Hearing .. .. .	14	14
Other Diseases .. .. .	6	5
Nose and Throat (other conditions) .. .. .	8	6
Enlarged Cervical Glands .. .. .	2	1
Defective Speech .. .. .	3	2
Defective Teeth .. .. .	181	98
Oral Sepsis .. .. .	1	—
Heart :—		
Organic .. .. .	4	1
Functional .. .. .	1	1
Anæmia .. .. .	9	6
Lungs (Other) .. .. .	2	1
Tuberculosis Non-Pulmonary :—		
Glands .. .. .	3	2
Other Bones and Joints .. .. .	1	—
Nervous System (Other) .. .. .	4	1
Deformities :—		
Rickets .. .. .	2	1
Spinal Curvature .. .. .	42	28
Other Forms .. .. .	42	22
Other Defects and Diseases .. .. .	22	18

Table 21 (Board of Education Table V.)

MAINTAINED, AIDED, AND PRIVATE SCHOOLS. (SECONDARY SCHOOLS.)

Summary of Treatment of Defects as shown in Table IV.  
A. B. C. D. and F.

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ..	—	—	—	—
Visual Defects ..	268	26	132	158
Defects of Nose and Throat ..	58	4	11	15
Dental Defects ..	—	—	—	—
Other Defects ..	374	—	226	226
Total ..	700	30	369	399



Table 22 (Board of Education Table VI.)

## MAINTAINED, AIDED, AND PRIVATE SCHOOLS.

*Summary Relating to Children Medically Inspected at the Routine Inspections during the Year 1921.*

(1) The total number of Children medically inspected at routine inspections .. .. .	4873
(2) The number of children in (1) suffering from—	
Malnutrition .. .. .	533
Skin Disease .. .. .	18
Defective Vision (including Squint) .. .. .	758
Eye Disease .. .. .	30
Defective Hearing .. .. .	64
Ear Disease .. .. .	20
Nose and Throat Disease .. .. .	632
Enlarged Cervical Glands (non-tubercular) .. .. .	239
Defective Speech .. .. .	35
Dental Disease .. .. .	1839
Heart Disease .. .. .	67
Anæmia .. .. .	110
Lung Disease (non-tubercular) .. .. .	22
Tuberculosis—	
Pulmonary   Definite .. .. .	2
Suspected .. .. .	6
Non-Pulmonary .. .. .	10
Disease of the Nervous System .. .. .	16
Deformities .. .. .	589
Other Defects and Diseases .. .. .	70
(3) 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 not referred for treatment) .. .. .	670
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) .. .. .	2043
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) .. .. .	267*

\* Very incomplete. Only the children referred for treatment during two terms are re-inspected during the year, whilst during 1921 very few girls were re-examined owing to the resignation of the lady medical inspector.

Table 23. Showing exclusions by the County Medical Officer's Staff and (for one month or over) by Private Practitioners during 1921.

Defects.	By County Medical Officer's Staff.				By Private Practitioners.				Grand Total.
	Medical Inspectors.	Tuberculosis Officers.	Nurses.	Total.	4-5 weeks.	5 weeks or over.	Indefinite.	Total.	
Anæmia .. .. .	17	—	2	19	22	5	5	32	51
„ with complications ..	3	1	—	4	10	6	—	16	20
Bronchitis .. .. .	10	59	—	69	18	10	6	34	103
„ with complications ..	—	—	—	—	1	—	1	2	2
Chorea, choreic symptoms ..	21	—	2	23	20	32	8	60	83
Debility .. .. .	41	55	12	108	41	51	19	111	219
Dirty conditions (not verminous) ..	5	—	12	17	—	—	—	—	17
Ear diseases .. .. .	5	—	8	13	14	2	4	20	33
Epilepsy .. .. .	9	—	—	9	2	11	2	15	24
Eye diseases, external, etc. ..	22	—	16	38	6	3	3	12	50
Glandular affections, (non-tubercular)	9	—	6	15	13	2	3	18	33
Heart, diseases or defects of ..	9	—	1	10	3	19	5	27	37
Impetigo .. .. .	150	—	356	506	10	—	18	28	534
Infectious diseases, non-notifiable ..	24	—	132	156	8	—	4	12	168
„ „ notifiable ..	24	—	201	225	7	6	7	20	245
Influenza, post influenzal debility ..	4	1	2	7	9	1	6	16	23
Injuries .. .. .	2	—	3	5	1	2	1	4	9
Jaundice, catarrhal jaundice ..	2	—	—	2	2	—	4	6	8
Lung, defects or diseases, non-tubercular .. .. .	26	13	2	41	21	19	13	53	94
Menstrual disorders .. .. .	—	—	—	—	3	3	3	9	9
Mental defect or disorder .. .. .	1	—	—	1	4	—	2	6	7
Nephritis .. .. .	—	—	—	—	4	4	—	8	8
Nervous conditions and affections ..	9	—	—	9	24	15	6	45	54
Nose and Throat, conditions and affections .. .. .	12	1	21	34	18	6	9	33	67
Paralysis, various forms .. .. .	1	—	—	1	2	4	2	8	9
Rheumatism, rheumatic conditions ..	1	—	1	2	9	6	2	17	19
Ringworm, scalp .. .. .	69	—	184	253	6	2	13	21	274
„ skin .. .. .	14	—	82	96	—	—	—	—	96
Scabies .. .. .	93	—	99	192	3	—	8	11	203
Septic conditions, sores, etc. ..	22	—	97	119	1	—	3	4	123
Skin diseases (non-tubercular) ..	10	—	12	22	5	2	4	11	33
Spinal curvature, spinal weakness ..	1	1	—	2	—	2	2	4	6
Tuberculosis, pulmonary, definite ..	6	45	—	51	2	13	3	18	69
„ pulmonary, suspected ..	12	45	—	57	—	5	—	5	62
„ non-pulmonary ..	15	64	2	81	4	27	7	38	119
Vision, defects of .. .. .	7	—	3	10	2	2	3	7	17
Verminous conditions.	Head .. .. .	171	—	1168	1339	—	1	1	1340
	Body .. .. .	2	—	18	20	—	—	—	20
	Clothing .. .. .	—	—	39	39	—	—	—	39
	Head and body .. .. .	5	—	36	41	—	—	—	41
	Head and clothing .. .. .	—	—	11	11	—	—	—	11
Body and clothing .. .. .	3	—	—	3	—	—	—	3	
Other defects and diseases .. .. .	28	1	34	63	56	38	45	139	202





TABLE 24.

Examinations of Pupil Teachers, Bursars, etc., 1921.

Denomination of Persons.	Numbers examined.	Defects of													Recommendations made						
		Teeth.		Articulation.	Breathing.	Tonsils and Adenoids.	Ears.		Vision.	Squint.	Blepharitis.	Anæmia.	Sciosis.	Flatfoot.	Heart Disease.	Other Conditions.	Teeth.	Tonsils and Adenoids.	Vision.	Hearing.	Other Conditions.
		4+	4-				Deafness.	Discharge.													
<i>Female</i>																					
Bursars .. ..	24	2	10	—	—	3	—	—	5	—	—	—	—	1		2 enlarged thyroid; 2 lateral curvature.	11	—	5	—	1 exercises for lateral curvature.
Pupil Teachers ..	150	15	40	1	3	8	3	—	30	—	1	3	1	18	1 func. murmur 1 irregular action	3 wax in ears; 2 enlarged thyroid; 4 malnutrition; 3 slight goitre; 1 varicose veins; 5 slight deformity of toes; 2 lateral curvature; 1 large burn-cicatrix; 2 headaches; 1 path in hip joint; 1 inflamed lids; 1 slightly enlarged cervical glands; 1 slight kyphosis.	51	3	21	—	3 removal of wax from ears; 13 exercises for flat-foot; 1 anæmia; 1 to wear support for varicose veins; 1 hæmophilic tendency; 1 treatment for pain in hip joint; 1 exercises for slight lateral curvature; 1 care after recent rheumatic fever; 1 treatment for sciosis.
Assistants in Secondary Schools ..	36	1	3	—	—	3	—	—	4	—	—	1	—	4	1 func. murmur	3 wax in ears; 1 slightly enlarged thyroid.	4	3	—	—	1 removal of wax from ears.
Senior Exhibitors	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Higher Exhibitors	21	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Special Exhibitors	8	2	1	—	—	1	—	—	2	—	—	1	—	—	—	2 wax in ears; 1 kyphosis; 1 round shoulders; 1 weak lungs.	3	—	2	—	1 exercises for kyphosis; 1 weak lungs; 1 removal of wax from ears.
Student Teachers ..	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
<i>Male</i>																					
Bursars .. ..	9	1	4	—	1	—	—	—	—	—	—	—	—	—	3 func. murmur	1 kyphosis.	4	—	—	—	1 excessive physical exercise debarred.
Pupil Teachers ..	35	4	11	1	—	—	—	—	6	—	—	—	—	2	1 func. murmur	1 lateral curvature and narrow chest; 1 acne vulgaris.	15	—	5	—	1 exercises for flat-foot.
Assistants in Secondary Schools ..	19	4	1	—	—	—	2	1	3	—	—	—	—	4	2 func. murmur; 1 slight mitral incompetence.	2 varicose veins; 1 slight inguinal hernia; 1 slight psoriasis.	5	—	2	—	1 ear discharge; 1 flat foot; 1 varicose veins.
Senior Exhibitors	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Higher Exhibitors	18	—	3	1	—	—	2	—	5	1	—	—	—	—	1 hæmic murmur	—	2	—	2	1	—
Special Exhibitors	6	—	3	—	—	1	—	—	1	—	—	2	—	—	—	1 old ankylosis R. knee joint; 1 malnutrition.	2	1	—	—	1 anæmia.
Junior Exhibitors	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Free Place Scholarships .. ..	4	—	2	—	—	—	—	—	3	—	—	—	—	2	—	2 wax in ears.	—	—	3	—	2 wax in ears; 1 flat-foot.
<b>Totals .. ..</b>	<b>335</b>	<b>30</b>	<b>81</b>	<b>3</b>	<b>4</b>	<b>17</b>	<b>7</b>	<b>1</b>	<b>59</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>1</b>	<b>31</b>	<b>11</b>	<b>49</b>	<b>101</b>	<b>8</b>	<b>40</b>	<b>1</b>	<b>37</b>









## COUNTY OF

Dr. K. W. Wainwright										
Year	Age	Sex	Color	Height	Weight	Diseases and Disorders				Remarks
						Head	Chest	Abdomen	Genitals	
1887	20	M	W	5' 8"	160					Healthy
1888	21	M	W	5' 8"	160					Healthy
1889	22	M	W	5' 8"	160					Healthy
1890	23	M	W	5' 8"	160					Healthy
1891	24	M	W	5' 8"	160					Healthy
1892	25	M	W	5' 8"	160					Healthy
1893	26	M	W	5' 8"	160					Healthy
1894	27	M	W	5' 8"	160					Healthy
1895	28	M	W	5' 8"	160					Healthy
1896	29	M	W	5' 8"	160					Healthy
1897	30	M	W	5' 8"	160					Healthy
1898	31	M	W	5' 8"	160					Healthy
1899	32	M	W	5' 8"	160					Healthy
1900	33	M	W	5' 8"	160					Healthy
1901	34	M	W	5' 8"	160					Healthy
1902	35	M	W	5' 8"	160					Healthy
1903	36	M	W	5' 8"	160					Healthy
1904	37	M	W	5' 8"	160					Healthy
1905	38	M	W	5' 8"	160					Healthy
1906	39	M	W	5' 8"	160					Healthy
1907	40	M	W	5' 8"	160					Healthy
1908	41	M	W	5' 8"	160					Healthy
1909	42	M	W	5' 8"	160					Healthy
1910	43	M	W	5' 8"	160					Healthy
1911	44	M	W	5' 8"	160					Healthy
1912	45	M	W	5' 8"	160					Healthy
1913	46	M	W	5' 8"	160					Healthy
1914	47	M	W	5' 8"	160					Healthy
1915	48	M	W	5' 8"	160					Healthy
1916	49	M	W	5' 8"	160					Healthy
1917	50	M	W	5' 8"	160					Healthy
1918	51	M	W	5' 8"	160					Healthy
1919	52	M	W	5' 8"	160					Healthy
1920	53	M	W	5' 8"	160					Healthy
1921	54	M	W	5' 8"	160					Healthy
1922	55	M	W	5' 8"	160					Healthy
1923	56	M	W	5' 8"	160					Healthy
1924	57	M	W	5' 8"	160					Healthy
1925	58	M	W	5' 8"	160					Healthy
1926	59	M	W	5' 8"	160					Healthy
1927	60	M	W	5' 8"	160					Healthy