[Report 1938] School Medical Officer of Health, Canterbury Borough / City & County.

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City & Borough of Canterbury

and

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THIRTIETH

ANNUAL REPORT

on the

MEDICAL INSPECTION OF SCHOOL CHILDREN

and the

EIGHTH ANNUAL REPORT

by

CLEMENT DUNSCOMBE
M.A., M.B., B.Chir, D.P.H.
SCHOOL MEDICAL OFFICER

for

Year ending December 31st, 1938

Cross & Jackman Ltd., 2 & 3 Orange Street, Canterbury.

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THE EDUCATION COMMITTEE

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R. H. STEVENS, B.Sc.

SCHOOL MEDICAL STAFF

School Medical Officer:

CLEMENT DUNSCOMBE, M.A., M.B., D.P.H.

Dental Surgeon:

MISS PAULINE FIGDOR, L.R.C.P., L.D.S.

School Nurses:

MISS GLASSBOROW

MISS P. TROY

Clerk:

MISS THOMAS (part-time)

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I have the honour to present the Report on the Medical Inspection of School Children during the year 1938, drawn up in accordance with the instructions of the Board of Education.

Those who peruse the Report will be able to arrive at some appreciation of the scope of the work of the School Medical Service.

The attendance of children at the School Clinic has been well maintained; more children have been receiving a daily supply of milk at the schools, and the School Canteen has been regularly supplying some 200 to 230 children with mid-day dinners during term time.

There has been no serious outbreak of Infectious Disease in the schools during the year, the number of cases of Scarlet Fever notified amongst school children shows a slight decrease.

Only three very mild cases of Diphtheria have occurred amongst the school population, partly owing no doubt to the fact that after several years work, it has been possible at the end of the year to have immunised some 3,004 children against the disease.

In conclusion, I thank the members of the Education Committee, the Director of Education, and also the School Nurses and other members of my own staff without whose able assistance the work could not have been carried out.

I have the honour to be,

Your obedient servant,

CLEMENT DUNSCOMBE.

GENERAL INFORMATION.

Area	4,702 acres
Population	25,950
Number of Public Elementary Schools	12
Number of Children on Roll	2,682
Average Attendance	2,447
Percentage Attendance	91.2%

(1) CO-OPERATION.

The School Medical Officer is also Medical Officer of Health, so that co-operation between the School Medical Service and the various medical sections of the Public Health Department has been fully maintained. All delicate or ailing children are noted and kept under supervision upon their admission to school. Debilitated children under school age are visited in their own homes by the Health Visitor and are urged to attend the Welfare Centre for regular weighing and advice.

A certain number of children in the Borough under the compulsory school age are admitted to the Infant Schools, and Special Classes for such children are held both at the City Council and the Diocesan Schools.

(2) SCHOOL HYGIENE.

It is of the greatest importance that the elementary schools under the control of an Education Authority should be in a good sanitary condition where the children can be taught, in addition to the ordinary school subjects, the elementary principles and importance of hygiene and cleanliness.

A sufficient number of lavatory basins and towels should be provided in all schools, together with shower bath facilities for use after games and physical drill. A supply of hot water should be available. All schools should be provided with hygienic drinking fountains in the playgrounds, which should be tastefully laid out with gardens in conformity with modern ideas.

(3) MEDICAL INSPECTION.

ROUTINE MEDICAL INSPECTIONS.—All children coming within one of the following groups are inspected at the routine examinations in the schools, viz.: "Entrants," "Intermediates" (i.e., children between 8 and 9 years of age), and "Leavers" (i.e., children 12 years of age and upwards).

SPECIAL INSPECTIONS.—These are medical inspections of children specially referred to a medical officer by teachers, school nurses, attendance officers, parents or otherwise, but not coming before him as one of an age-group for routine inspection. Such special inspections are carried out at schools or clinics, and occasionally at the children's homes.

RE-INSPECTIONS.—These are medical inspections of children who, as a result of a routine or special inspection, come up subsequently for re-inspection.

ROUTINE DENTAL INSPECTIONS.—Children of all ages.

The number of children examined is shown in Table 1 of the Statistical Return.

(4) FINDINGS OF ROUTINE MEDICAL INSPECTIONS.

(*a*) Uncleanliness.

Vigorous action has been taken during the year in an attempt to deal with this problem. Ninety-two children were found to be suffering from a verminous condition of the head; 130 notices of warning and instructions were sent to the parents and Cleansing Station Notices (Section 87 of the Children's Act, 1921) were issued to 5 parents. The order was carried out by the parents in all but 3 cases, who were cleansed under arrangements made by the Education Authority.

In all cases reported, visits were made by the School Nurses and Sacker Combs were lent to parents who could not afford to buy them.

The majority of children in Canterbury are very clean, and the number of "dirty families" formerly the source of verminous conditions in the schools is decreasing. The unfortunate children from these families come from homes inhabited by dirty people, living in the vicinity of other families, equally poor, if not poorer, but whose homes and persons are as clean as could be wished for. It is not poverty that makes people dirty, but muddling incompetence and indifference to dirt.

(*b*) Minor Ailments.

These include such conditions as cuts, bruises, infectious sores, impetigo, ear discharge, etc., and are not commonly found in great numbers during the course of routine inspection, as they are either seen by their own doctor or brought into the Clinic by their parents or sent by the teachers.

(*c*) Tonsils and Adenoids.

The presence of enlarged tonsils and adenoids—alone or in combination—was noted in 106 children. In 40 instances the condition was such as to call for treatment, but in the remaining 66 cases the condition was less marked, and as it was giving rise to no symptoms these children were noted for observations at a later date.

(*d*) Tuberculosis.

Pulmonary tuberculosis as a clinical entity is not common amongst children of school age, and during the year no cases were discovered during the routine inspections of elementary school children.

Other cases of the non-pulmonary variety are more common, but during the year no case was noted in the course of routine inspections.

Pulmonary tuberculosis is often diagnosed in children on insufficient grounds, the majority of suspected cases being due to some chronic (non-tuberculous) infection, which causes much ill-health, and irregular school attendance.

The prevention of tuberculosis in children depends upon many factors, such as a demand for healthy living, good home conditions, efficient ventilation, suitable food, and sufficient rest.

Three children of School age have been treated at Holt Sanatorium, Norfolk, during the year.

(*e*) Skin Diseases.

Only one case of skin disease was referred for treatment during the course of routine medical inspections.

The findings only show the incidence in the groups examined at a specific examination and must not be taken to indicate the total incidence of skin disease in school children, for such children would be excluded from school at the time of medical inspection.

(*f*) External Eye Diseases

are not common; only 3 cases were noted, of which 2 were referred for treatment. The most common defect was blepharitis or inflammation of the eyelids often caused by some error of refraction. In such case a cure is usually effected by wearing suitable glasses.

(*g*) Vision.

All the children inspected with the exception of the entrant group are tested by means of Snellen's type, and any children found defective or suffering from eye strain or squint are referred to the Eye Specialist for the necessary treatment.

Twenty children out of 557 whose vision was tested were found to be suffering from some kind of visual defect. Fifty-six other cases had very slight defective vision and required no treatment, but they were kept under observation, and the vision tested at least every six months. Four cases of squint were referred for treatment, of whom one had operative treatment.

(*h*) Ear Disease and Hearing.

Owing, no doubt, to the very low prevalence of infectious diseases during the year, only 5 cases of otitis, or inflammation of the middle ear, were noted, and were referred for observation. This condition not infrequently follows an attack of scarlet fever or measles, and the idea is prevalent, especially among the poorer classes, that it is a trivial matter. It cannot be too widely known that this is quite a mistaken idea. Not only may it result in permanent deafness, but it may, and infrequently does, cause intracranial complications, calling for immediate and severe operation, and sometimes resulting in death.

(*i*) DENTAL DEFECTS.

The School Dental Surgeon (full-time) inspects the children in a definite order, and therefore only exceptional cases are referred to her for treatment by the School Medical Officer.

Although the public are gradually becoming more enlightened as to the extreme importance of a sound and serviceable set of teeth, it is nevertheless true that there are still some parents who allow their children's teeth to decay and do not take them to see a dentist until they are causing toothache, and when this occurs it is often too late to save them, and they have to be extracted even if they are permanent teeth. In addition, a septic condition of the mouth has a most detrimental effect on a child's general health.

The work of the School Dental Surgeon will be found in Table IV at the end of the report.

(5) INFECTIOUS DISEASES.

NOTIFIABLE DISEASES.—The general incidence of Diphtheria in the Canterbury Elementary Schools has been extremely low during the past three years, as the following table will show:—

	1936 cases	1937 cases	1938 cases
Scarlet Fever ...	12	28	21
Diphtheria	14	1	3

IMMUNISATION AGAINST DIPHTHERIA.

Three thousand and four persons, mainly of school age, or less, have now been dealt with under the Immunisation Scheme for protection against diphtheria. All children attending the Elementary Schools and the Infant Welfare Centres are offered protection against diphtheria free of charge, and if after this offer their children develop diphtheria, a very grave responsibility rests on the parents.

The following table gives details of the work accomplished up to the end of 1938:—

Number of sessions held at the School Clinic ...	42
Number of attendances in 1938 (including a few immunised at the Health Offices, Sanatorium and Welfare Centre)	1527
Total number of children dealt with up to the end of 1938	3004
Cases immunised in 1928-1930, but records lost ...	20
Number recorded in Card Index (1928-1938) ...	2984
Number of children whose names were added to Card Index during 1938	323
Number of Schick tests performed	297

It will be noted that during the past few years, up to the end of 1938, 3,004 children have been protected; that is a number almost equal to the average attendance of school children during the year. As, however, the child population of Canterbury under 16 is approximately 5,000 (one-fifth of the total population) about 1,996 children still remain to be immunised, or proved to be insusceptible to the disease by means of the Schick Test.

Special efforts have been made during the year to immunise all children under 14 years of age, and owing to the large number of Schick positives under this age, it has been found preferable to administer the immunising mixture (Toxoid-Antitoxin Floccules) without a preliminary Schick test. For children under 5 years, one or two doses of Alum Toxoid has been used in many cases. The function of the Schick test is to show the susceptibility or otherwise of an individual to diphtheria and has been used for a certain number of the older children.

Once the consent of the parents has been obtained, the children have attended very well, the maximum attendance at one session being 55. The treatment is undoubtedly becoming more popular in Canterbury, and all parents should realise that children can now be so immunised against diphtheria as to secure a very high degree of protection against attack and practically complete abolition of the risk of death in the small proportion who acquire the disease.

During recent years, in other parts of the country, a more severe type of diphtheria is occurring, as is shown by the increased mortality from the disease.

Two hundred and ninety-seven Schick tests were performed during the year.

MENTALLY RETARDED CHILDREN.

During recent years consideration has again been given to the examination of mentally retarded children, and their classification by means of the Binnet Simon (Stanford Revision) tests.

The School Medical Department now has records of the following number of retarded children under 18 years of age:—

Mental Classification	Intelligent Quotient	Number of children tested
Imbecile	25—50 ...	16
Mentally Defective (Feeble-minded)	50—75 ...	42
Borderline Cases	70—80 ...	30
Dull and Backward ...	80—90 ...	18
	Total	106

There are therefore approximately 42 children, apart from those not yet ascertained, who are unable to receive proper benefit from the education at an ordinary Elementary School.

During the year one imbecile child was notified to the Mental Deficiency Committee, and certain cases were re-examined.

School children are certified as educable mentally defective children under the Education Acts, and it should be understood that a proportion of these certified as mentally defective during school life will not necessarily be certifiable under the Mental Deficiency Acts when they reach the age of 16 years. Much then depends upon the capacity to earn a living and to fit normally into the environment to which he or she has been born.

A few children from Canterbury are in attendance at Residential Special Schools and a certain number of the lower grade cases (although they are not imbecile) attend the Occupation Centre, owing to the absence of a Day Special School in the neighbourhood.

DULL AND BACKWARD CHILDREN.

The proportion of dull and backward children one would expect to find in Canterbury is about from 8 per cent. to 10 per cent. of the school population. This proportion is that found in similar areas and in the Report of the Joint Committee (1929) of the Board of Education and the Board of Control. On this basis, with a school population of about 3,000, there are from 240 to 300 dull and backward children in the City. These children are not suitable for special schools, but the ordinary school curriculum should be modified for their needs.

DELICATE (INCLUDING RHEUMATIC) CHILDREN.

In accordance with the instructions of the Board of Education the return of delicate children in the area, noted in Table III at the end of this report, includes children suffering from rheumatism, although I do not consider such children always suitable for an Open-air School.

Records are kept both of delicate children in the area, suitable for an Open-air School and of children exhibiting signs and symptoms of rheumatism (even though slight) thus:—

	Boys	Girls	Total
Rheumatic Children	10	14	24
Delicate Children ... ... (Suitable for Open Air School).	28	21	49

Rheumatism in children may show itself under many guises, such as instability of the nervous system, anæmia and so-called "growing pains," in addition to definitely attacking the joints. Repeated attacks may damage the heart and nervous system (chorea) unless great care, especially adequate rest and quiet, is taken. Cases of chorea appear to be rare in Canterbury.

When new school buildings have to be provided in connection with the re-organisation scheme, a Day Open Air School or Department might be established to meet the needs of the delicate, crippled and educable feeble-minded children in the area. It would indeed be desirable for all new school premises to be built on open-air principles.

(6) FOLLOWING UP AND TREATMENT.

As compared with the earlier years of inspection, there is a very great improvement in the parents' attitude—the great majority are willing to do all they can.

Without following up the defective children discovered at school medical inspections, the latter would be futile. Every defective child, whether referred for treatment or observation, is visited as soon as possible after the inspection by a School Nurse, who explains to the parent the reasons for the recommendation of the School Medical Officer. She is able to give particulars as to what treatment is necessary, and where it is to be obtained.

In addition to the visits of the School Nurses, defective children are periodically re-examined in the schools by the Medical Officer, when perhaps some children who were previously recommended for observation are now referred for treatment, and vice versa.

(*a*) Minor Ailments.

Six thousand one hundred and forty-nine attendances were made at the Minor Ailment Clinic during the year. The majority of cases treated are cases which, in the absence of a clinic, would have no treatment at all. Whenever the occasion merits, parents are advised to obtain treatment for their children privately.

In addition, 1,427 attendances were made for the purpose of diphtheria immunisation and Schick testing. During 1938 the number of attendances made at the School Clinic has greatly increased as compared with previous years.

(*b*) Tonsils and Adenoids.

Children recommended for the removal of tonsils and adenoids by the School Medical Officer are admitted to the Kent and Canterbury Hospital. The charge made by the Hospital is £1/8/0 per patient, and cases are admitted to the Hospital overnight. As in previous years, the Attendance Committee, after reviewing the facts in each case, makes a charge upon the parents.

One hundred and four children were operated on during the year, and in most cases considerable improvement both of the local condition and of the throat and in the general health

of the child has been noted. Three cases received operative treatment apart from the Authority's scheme. Eleven cases received other forms of treatment. It must be impressed upon parents that diseased tonsils may be the first step to serious ill-health, heart disease, rheumatism and countless other complaints. In many cases these complaints owe their origin to the fact that the tonsils have formed such an excellent base for the operations of germs of all descriptions. As to whether the slight operation involved in their removal should be undergone is a question upon which the advice of the Doctor should be taken.

(*c*) Tuberculosis.

Cases of tuberculosis or suspected tuberculosis are referred to the Tuberculosis Dispensary, where Dr. Robson, the Tuberculosis Officer, recommends what treatment is necessary and the children are kept under observation by him. Three children of school age were treated at Holt Sanatorium during the year.

The Alford Aid Society have again rendered valuable assistance in sending debilitated children to Convalescent Homes.

(*d*) Skin Diseases.

The commonest skin disease which is found amongst the children is impetigo. It is unusual now to find severe cases of impetigo, because the teachers promptly refer incipient cases to the Clinic, and they are rapidly cured by suitable treatment. The majority of skin complaints are treated at the School Clinic, but cases can be referred to the Kent and Canterbury Hospital, where necessary, for diagnosis and treatment.

(*e*) External Eye Disease and Defective Vision.

Simple external eye diseases are treated at the School Clinic, doubtful cases and severe forms of eye disease are referred to the Ophthalmic Surgeon at the Kent and Canterbury Hospital under the Authority's scheme.

One hundred and eighty-two cases of defective vision or squint were referred to the Ophthalmic Surgeon, and for 169 of these children spectacles were prescribed. Twelve children obtained spectacles privately. All the children ordered glasses by the School Occulist obtained them during the year.

A Clinic for Ophthalmic cases is held when necessary (usually fortnightly) and the Dispensing Optician attends in order to take measurements for the spectacles when they have been prescribed.

Apart from the cases referred by the School Medical Officer at the routine inspections, a certain number of children outside the routine groups are treated, being referred to the School Medical Officer by the Head Teachers who have detected some eye trouble.

Some parents still require to be taught the importance of seeing that their children wear the glasses ordered, as by this way only can one safeguard against possible progressive loss of vision in many cases.

One child suffering from Trachoma was sent to the White Oak Hospital, Swanley, during the year.

(f) Dental Defects.

The following report has been received from the School Dental Surgeon for the Schools in respect of the work in 1938:—

Believing that " prevention is better than cure " we find, on reviewing the work of the past year, that quite a considerable proportion of our time has been spent with this object in view.

The hygiene of the mouth, and the teeth in particular is explained at every opportunity, especially to parents and older children.

This we regard as time well spent. It is being slowly but surely brought home to those responsible for the children's well being, that all permanent teeth should be filled at the earliest stage at which " decay " can be detected.

" Following up " visiting is carried out by the nurses to very good effect indeed.

The Medical Officer also refers a number of children on his inspections. Those who happen to be absent from school on the Routine Dental Examinations are advised to attend the clinic for separate inspection. For this, we are indebted to the Heads of the various schools.

On the whole the past year may be regarded as quite satisfactory as far as this (the Dental) department is concerned.

A table of statistics will be found on page twenty-six.

P. FIGDOR,
School Dental Surgeon.

(g) Crippling Defects and Orthopædics.

Severe crippling is very rare amongst the present generation of Canterbury children and must be due to the work of the Voluntary Societies; the increased supervision of infants and young children at Infant Welfare and School Clinics; and the enlightened policy of the Health Committee in clearing away slum property (and thus ensuring that growing children are not starved of sunshine and fresh air).

The Council undertakes financial responsibility for Orthopædic treatment at the Kent & Canterbury Hospital, where children are examined by an Orthopædic Surgeon and there given the necessary out-patient treatment. In-patient treament is obtained either at the Kent & Canterbury Hospital or at an Institution approved for the purpose by the Board of Education.

The following table gives the diseases for which out-patient treatment was given at the Kent & Canterbury Hospital :—

Anterior Polio-myelitis	3
Scoliosis	2
Talipes	2
Flat Feet	4
Torticollis	1
Knock-Knees	2
Congenital Dislocation of Hips	2
Suspected Tuberculous Disease of the Spine	2
Tuberculous Disease of the Spine	1
Tuberculous Disease of Knee	1
Other Defects	3
Total	23

Two children have received residential treatment at the Alexandra Hospital, Swanley, during the year. One child has been treated at the Stanmore Orthopædic Hospital during the year.

(*h*) Open-air Education.

At present there is no Open-Air School in Canterbury, although the matter has recently been under discussion, but classes can be held during the summer months in some of the school playgrounds.

During 1938, a small class of delicate children was held under the auspices of the Alford Aid Society, at their Day Nursery on St. Martin's Hill. The improvement in all the children who attended the class serves to emphasise the desirability of the further development of the Open-Air School principle. The Society's new Day Nursery is a vast improvement on the old premises.

Four delicate children were sent away to Residential Open-Air Schools during the year by the Education Committee.

PROVISION OF MILK IN SCHOOL.

During the year the scheme of the National Milk Publicity Council for the sale of milk in schools has been continued.

With the sanction of the Board of Education, arrangements have also been made for the milk to be given free to necessitous cases, who are certified to be in need of it by the School Medical Officer.

The working of the scheme is as follows :—

Bottles containing one-third of a pint of milk are provided at a charge of a half-penny per day. The bottles are capped by special discs, and sterilised straws are also

supplied, through which the children consume the milk. Some extra work is thrown on the teachers supervising the arrangements and collecting the money, but great credit is due to them for the success of their efforts.

At the end of the year more than 1,000 children were buying a daily supply of milk and 416 children are being given a free supply by the Education Committee.

The milk supplied to the schools is at intervals tested to ensure that its quality is satisfactory.

SCHOOL BATHS.

No school in the City is provided with baths, but the senior boys and girls receive swimming instruction at the Public Open-Air Baths. These lessons are most useful and greatly enjoyed by the children, who display keen interest in the annual competitions. Further bathing facilities are required in Canterbury, especially for use during the winter months, and will probably be available shortly. Shower baths would be a desirable feature in all new senior schools.

CO-OPERATION OF PARENTS.

Every mother whose child is to be medically inspected is sent a note of the day and hour of the inspection, so that they can attend with the child if they so desire. It is found that parents take a great interest in the medical inspection, and it is only very occasionally that a parent or guardian refuses to take advantage of the school doctor's examination.

The attendance of parents is invaluable for the more accurate ascertainment of past history and present symptoms, especially in the case of the younger children, who very seldom are unaccompanied. All defects found are pointed out to the parents, and they are, according to circumstances, recommended to seek advice from their own medical attendant, or offered the facilities for treatment provided by the Education Committee.

The whole system of medical inspection is work of a preventive nature, and there is every occasion for optimism when it is remembered how great an advance has been made during the past quarter of a century, both in the development of health consciousness and in practical demonstrable child care.

CO-OPERATION OF TEACHERS.

Each year's Annual Report bears testimony to the invaluable help received from the Head Teachers and their staff. The treatment of minor ailments is valuable work, the success of which, involving regular attendances, depends very largely on their goodwill.

The placing of a class-room at the disposal of the medical inspector must often mean an interruption of the school routine, but the teachers have always co-operated and given every assistance possible. They recognise the importance of the inspection, and know that without good health their pupils would be unable to derive full benefit from their efforts.

Apart from the routine work, considerable help is given by the teachers in other ways, such as the reference of cases to the Clinic and the supervision of children wearing glasses, etc.

The School Attendance Officer co-operates with the School Medical Department in all matters affecting school attendance; doubtful cases of non-attendance are reported by him and investigated either by the School Nurses or School Medical Officer.

CO-OPERATION OF VOLUNTARY BODIES.

Thanks are again due to the Alford Aid Society for the great help and assistance which has been given during the year, more especially in providing milk for malnourished children during the school holidays.

In addition, numerous City Charities and Associations provide clothing and footgear for necessitous children, and frequently groceries, coal, etc., for their parents.

The N.S.P.C.C. takes up any cases which are referred to them by the Education Authority and the Authority watches cases referred to them by the Society.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Suspected cases of these defects are reported by the School Teachers and School Attendance Officer, and in addition, to a small extent, cases are identified at the Infant Welfare Centre and during routine inspection. These arrangements are quite adequate and it can be assumed that no cases have escaped observation.

There are five children with slight epilepsy on the register.

SUPERVISION OF MENTAL DEFECTIVE CHILDREN.

The supervision of Mental Defectives has been undertaken by the Kent Voluntary Association for Mental Welfare, and reports on new and old cases have been received. The Occupation Centre is now open in the morning as well as in the afternoon as heretofore.

The following is a report from the Secretary of the Kent Voluntary Association for Mental Welfare :—

KENT VOLUNTARY ASSOCIATION FOR MENTAL WELFARE.

Report.

On work for the Canterbury Education Committee carried out for mentally defective children during the year ended the 31st December, 1938.

The total number of children under supervision of the Association on the 1st January, 1938, was 41.

During the year two new cases were received from the School Medical Officer, and one ascertainment, bringing the total to 44.

Of these the details are as follows :—

1. Disposals.

Transferred to M.D. Committee, Friendly Supervision	6	
Admitted to Certified Institution	1	
Moved out of area	1	
Dead	1	
Untraced	1	
	—	10

2. Supervised for Education Committee.

(a) Under 16 years of age :—		
Attending Elementary School	11	
Attending no school	5	
Excluded school and attending Occupation Centre	3	
	—	19
(b) Over 16 years of age :—		
In employment	11	
At home	3	
Placed with foster-parent and in employment	1	
	—	15
		44

Total number of children under 19 years of age now under supervision of the Association 34

Reports.

Reports have been rendered on all the cases, including First Reports on new cases and Special 16 Year Reports on cases where continued supervision is thought to be desirable and notification to the Mental Deficiency Committee is suggested.

Visits.

Members of the staff of the Association have paid approximately 57 visits to the homes of the various children and have also had interviews at some of the schools, where the Headmasters or Mistresses have been seen.

After Care.

The Association has kept in touch with the girls and boys who have been reported to the Mental Deficiency Committee and those supervised for the Education Committee but who are attending no school.

Of the five children not attending school, three boys are in employment, one girl also is employed, and one girl is at home, and assists her mother.

Children and Young Persons Act.

The five young people dealt with under this Act continue to prove satisfactory and a good report has been received in respect of the boy who was causing some difficulty.

Occupation Centre.

The number on the register has varied from 14 to 10 during the year. A variety of handwork is carried out by the children and orders continue to be given for stools, mats, etc.

The Voluntary Helpers continue to attend regularly and give valuable assistance to the Supervisor, which is greatly appreciated.

The children had an afternoon by the sea in the Summer, which they all appeared to enjoy thoroughly. They also had a delightful Christmas Party which was attended by the Mayor (Mrs. Williamson) and many other friends. A shadow play, acted in a very able manner by the children, was greatly appreciated by the parents and other guests.

Thanks are due to all those who have generously given their help and co-operation at the Centre.

Appreciation.

Thanks are due to the Education Committee for their kind co-operation and also to all teachers, social workers and any who have shewn practical interest in the work of caring for those who are in need of constant advice and help.

S. G. NUGENT.

NURSERY SCHOOLS.

There are no Nursery Schools, although small classes on the lines of a Nursery School are held both at the City Council and the Diocesan Schools. The Circular dealing with children under school age issued jointly by the Board of Education and Ministry of Health raises the question whether a further need for them exists in Canterbury. They are undoubtedly valuable in towns where home conditions are unsatisfactory, food is insufficient, and where parents are unable to give their children personal attention or obtain medical advice when ailing; but more extensive provision of Baby Classes in Infant Schools might probably serve the needs of Canterbury, at least for the present.

SECONDARY SCHOOLS.

Routine medical inspections are carried out at the Simon Langton Schools, which are aided by the Education Authority.

The children in attendance are fully examined on entering the schools; at some time between the 14th and 15th year; and if possible before leaving. Special defect cards are made out in respect of all defects found, and if treatment is required the parents are communicated with. Children with defects are seen every six months as re-inspections; and any child specially brought forward by teachers or parents is examined at any attendance of the Medical Officer as a special case.

Under special circumstances treatment is now obtainable under certain of the Council's schemes.

MEDICAL INSPECTION AT SECONDARY SCHOOLS.

Routine Medical Inspections of 62 Boys and 87 Girls were undertaken during the year. Of these 149 children—24 or 16.0 per cent.—were referred for treatment. One hundred and seventy-five Re-Inspections were also performed.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Bye-laws are in force regulating the employment of young children in the Borough and have been amended so as to prohibit the employment of children before school hours.

Each child seeking part-time employment after school or on Saturdays is medically examined by the School Medical Officer in order to ensure that no detriment to education will arise thereby.

All cases passed by the School Medical Officer obtain a special employment card from the Education Department.

Forty-four children were examined last year and these were all passed as fit.

PROVISION OF MEALS.

Towards the end of 1933 the proposals of the Education Committee for the adaption and equipment of a part of the Prince of Wales' Institute for the purposes of a School Canteen received the sanction of the Board of Education. A Canteen Committee has been formed and during 1938 some 190 to 238 children have been fed daily under the terms required by Sections 82 to 84 of the Education Act, 1921.

PHYSICAL TRAINING.

A sound and efficient system of physical training in schools is constantly being emphasised and now at last is becoming increasingly realised. It is during childhood when the body is supple and growth rapid, that systematic exercise can produce the desired effect both in the posture and development of the body. It must not be forgotten, however, that other factors, such as food and environment, also have much influence.

In Canterbury, the Education Committee engage the services both of a male and female organiser on two days a week. The duties of the organisers are to advise head teachers as to methods, etc., of teaching Physical Training and also to conduct special courses for the benefit of teachers.

In addition a Church Hall has been hired on five mornings a week for the purpose of giving instruction.

MEDICAL INSPECTION RETURNS.

TABLE I.—Number of Children Inspected January 1st, 1938, to December 31st, 1938.

A.—Routine Medical Inspections.

Number of Code Group Inspections.

Entrants	294
Second Age Group	288
Third Age Group	268
Total	850
Number of other Routine Inspections ...	7
	857

B.—Other Inspections.

Number of Special Inspections	415
Number of Re-Inspections	489
Total	904

TABLE II.

B.—Number of Individual Children Found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness, Defects of Nutrition and Dental Diseases).

Group (1)	For Defective Vision (excluding Squint (2)	For all other Conditions Recorded in Table IIA (3)	Total (4)
Entrants	1	29	30
Second Age Group	3	10	13
Third Age Group	15	13	28
Total (Prescribed Groups) ...	19	52	71
Other Routine Inspections ...	1	—	1
Grand Total	20	52	72

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year ended December 31st, 1938

DEFECT or DISEASE.	Routine Inspections. No. of Defects		Specials. No. of Defects	
	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but *not* requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Skin — Ringworm—Scalp	—	—	—	
Skin — Ringworm—Body	—	—	—	—
Skin — Scabies	—	—	—	—
Skin — Impetigo	—	—	—	—
Skin — Other Diseases (non-Tuberculous)	—	—	1	1
Skin — TOTAL (Heads 1 to 5)	—	—	1	1
Eye — Blepharitis	—	—	1	1
Eye — Conjunctivitis	1	—	—	—
Eye — Keratitis	—	—	—	—
Eye — Corneal Opacities	—	—	—	—
Eye — Other Conditions (excluding Defective Vision and Squint)	1	1	—	3
Eye — TOTAL (Heads 6 to 10)	2	1	1	4
Eye — Defective Vision (excluding Squint	20	34	8	77
Eye — Squint	4	22	7	38
Ear — Defective Hearing	—	—	—	1
Ear — Otitis Media	—	—	—	5
Ear — Other Ear Diseases	—	1	—	—
Nose and Throat — Chronic Tonsillitis only	—	11	6	15
Nose and Throat — Adenoids only	5	7	—	3
Nose and Throat — Chronic Tonsillitis and Adenoids	35	43	69	38
Nose and Throat — Other Conditions	—	—	—	1
Enlarged Cervical Glands (Non-Tuberculous)	—	5	—	2
Defective Speech	—	1	—	2
Heart and Circulation — Heart Disease: Organic	—	7	—	5
Heart and Circulation — Functional	—	—	—	—
Heart and Circulation — Anæmia	2	5	4	16
Lungs — Bronchitis	—	3	—	1
Lungs — Other Non-Tuberculous Diseases	—	—	—	1
Tuberculosis, Pulmonary: Definite	—	—	—	—
Tuberculosis, Pulmonary: Suspected	—	1	—	3
Tuberculosis, Non-Pulmonary: Glands	—	2	—	6
Tuberculosis, Non-Pulmonary: Bones and Joints	—	2	—	1
Tuberculosis, Non-Pulmonary: Skin	—	—	—	1
Tuberculosis, Non-Pulmonary: Other Forms	—	1	—	—
Tuberculosis, TOTAL (Heads 29 to 32)	—	5	—	8
Nervous System — Epilepsy	—	3	—	1
Nervous System — Chorea	—	1	—	3
Nervous System — Other Conditions	—	5	—	1
Deformities — Rickets	—	—	—	—
Deformities — Spinal Curvature	1	1	—	2
Deformities — Other Forms	1	9	1	12
Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases	2	13	5	20
Total number of defects	72	178	102	260

B.—Classification of the Nutrition of Children Inspected During the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Sightly subnormal)		D (Bad)	
		No	%	No.	%	No.	%	No.	%
Entrants	294	50	17	144	48·9	95	32·3	5	1·7
Second Age-group	288	47	16·3	156	54·1	84	29·1	1	·34
Third Age-group	268	77	28·7	131	48·8	53	19·7	7	2·6
Other Routine Inspections	7	—	—	7	100	—	—	—	—
TOTAL	857	174	20	438	51·1	232	27	13	1·5

TABLE III.

Numerical Return of All Exceptional Children in the Area in 1938

BLIND CHILDREN

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
1	—	—	—	1

PARTIALLY BLIND CHILDREN

At Certified Schools for the Blind	At Certified Schools for Partially Blind	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	—	—	—	Nil

DEAF CHILDREN

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
—	—	—	—	Nil

PARTIALLY DEAF CHILDREN

At Certified Schools for the Deaf	At Certified Schools for Partially Deaf	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	—	1	—	—	1

MENTALLY DEFECTIVE CHILDREN
Feeble-Minded Children

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
Nil	14	6	2	22

EPILEPTIC CHILDREN
Children Suffering from Severe Epilepsy

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
Nil	Nil	1	Nil	1

PHYSICALLY DEFECTIVE CHILDREN

A—Tuberculous Children

(1) Children suffering from Pulmonary Tuberculosis (including Pleura and intra-thoracic glands)

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
Nil	Nil	3	Nil	3

(2) Children suffering from Non-Pulmonary Tuberculosis

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
Nil	7	Nil	Nil	7

B—Delicate Children

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
3	43	4	Nil	50

C—Cripple Children

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
3	20	Nil	Nil	23

D—Children with Heart Disease

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At No School or Institution	Total
Nil	Nil	1	Nil	1

CHILDREN SUFFERING FROM MULTIPLE DEFECTS

	Total.
Blindness (NOT Partial Blindness)	Nil
Deafness (NOT Partial Deafness)	
Mental Defect	
Epilepsy	
Active Tuberculosis	
Crippling	
Heart Disease	

TABLE IV.

Return of Defects Treated during the Year ended December 31st, 1938

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm-Scalp:			
(i) X-Ray Treatment ...	1	—	1
(ii) Other Treatment ...	3	—	3
Ringworm-Body	2	—	2
Scabies	5	1	6
Impetigo	90	—	90
Other Skin Diseases	30	1	31
Minor Eye Defects (External and other but excluding cases falling in Group II	132	1	133
Minor Ear Defects	53	—	53
Miscellaneous, *e.g.*, Minor Injuries, Bruises, Sores, Chilblains, etc. ...	1364	18	1382
Total	1680	21	1701

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Disease or Defect. (1)	No. of Defects dealt with. Under the Authority's Scheme. (2)	Submitted to Refraction by Private Practitioner or Hospital. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	182	—	12	194
Other Defects or Disease of the Eyes.	4	—	—	4
Total	186	—	12	198

Total number of Children for whom Spectacles were prescribed :—

(a) Under the Authority's Scheme 169

(b) Otherwise 12

Total number of Children who obtained or received Spectacles :—

(a) Under the Authority's Scheme 169

(b) Otherwise 12

Group III.—Treatment of Defects of Nose and Throat

NUMBER OF DEFECTS													
Received Operative Treatment.												Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme (2)				Total. (3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
1	2	101	—	—	—	3	—	1	2	104	—	11	118

(i) Tonsils Only (ii) Adenoids Only (iii) Tonsils and Adenoids
(iv) Other Defects of the Nose and Throat.

Group IV.—Orthopædic and Postural Defects.

Number of Children Treated—		
Residential Treatment with Education	3	
Non-Residential Treatment at an Orthopædic Clinic	11	
	—	14

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children Inspected by the Dentist—		
(a) Routine Age Groups—Age 3	10	
,, 4	53	
,, 5	178	
,, 6	220	
,, 7	283	
,, 8	243	
,, 9	299	
,, 10	288	
,, 11	266	
,, 12	199	
,, 13	226	
,, 14	47	
,, 15	4	
	—	2316
(b) Specials		274
(c) Total (Routine and Specials)		2590

(2) Number Found to Require Treatment			1755
(3) Number Actually Treated			1115
(4) Attendances Made by Children for Treatment			3136
(5) Half-days devoted to Inspection	26		
Treatment	359		
		——	385
(6) Fillings—Permanent Teeth	2200		
Temporary Teeth	13		
		——	2213
(7) Extractions—Permanent Teeth	180		
Temporary Teeth	1416		
		——	1596
(8) Administration of General Anæsthetics for Extractions	769		
Local Anæsthetics for Extractions	131		
		——	900
(9) Other Operations—Permanent Teeth	915		
Temporary Teeth	25		
		—	940

TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average Number of Visits per School made during the Year by the School Nurses	5
(ii) Total Number of Examinations of Children in the Schools by School Nurses	8580
(iii) Number of *Individual* Children found Unclean	92
(iv) Number of *Individual* Children Cleansed under Arrangements made by the Local Education Authority ...	3
(v) Number of Cases in which Legal Proceedings were taken:	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Bye-laws	—