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**COUNTY COUNCIL OF THE PARTS OF LINDSEY,
LINCOLNSHIRE.**

EDUCATION COMMITTEE.

**EIGHTH
ANNUAL REPORT**

OF THE
School Medical Officer.

1915.

R. ASHLEIGH GLEGG,
M D., D.P.H.

Lincoln :

LINCOLNSHIRE CHRONICLE, LTD., PRINTERS, SALTERGATE

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CONTENTS.

	<i>Page</i>
Introductory Letter	7-8
School Premises	9-11
Administration of Medical Inspection.	
Assistance given by School Managers, Teachers, and Attendance Officers	13
Presence of Parents at Inspection and their co-operation in the subsequent Treatment of Defects ...	13-14
Children Inspected. Routine, Special and Supervision. Findings of Medical Inspection	14-21
Summary of Defects.	
Following up	21-22
Survey of Cleanliness	22
Children's Care Committees	24-26
Inspection and Treatment Clinics	27-28
Medical Treatment	28
Other Activities.	
Open Air Education	28-29
Specials Schools	29
Control of Infectious Diseases	29-30
Examination of Scholarship Candidates ...	31

Medical Inspection Sub-Committee

Chairman—The Rev. Canon J. R. Elliott.
 Alderman J. Stephenson Councillor J. K. Broughton
 „ H. D. Simpson „ J. C. Greenbank
 „ C. H. Turnor „ T. Robinson
 „ T. J. Blaydes „ W. S. Watson
 Miss Margaret Hopwood.

Administrative Staff.

School Medical Officer :

R. Ashleigh Glegg, M.D., D.P.H.

Permanent Medical Inspectors :

- * George Samuel Levis, L.R.C.P., L.R.C.S.I., D.P.H.
- † E. E. A. Thompson Rigg, M.D., B.S.
- * J. Perry Walker, M.B., Ch.B.
- * James Edwin Wilson, M.D., D.P.H.

* With H.M. Forces.

† Tuberculosis Officer and engaged in School Clinic Work.

Temporary Medical Inspectors :

M. R. J. Behrendt, L.R.C.P., L.R.C.S. (Edin.).
 O. M. Booth-Milner, M.R.C.S.
 Alexander Fraser, M.D.
 Francis J. Gordon, B.A., M.R.C.S.
 H. Stanley Walker, M.D., C.M.
 Joe Iredale, L.R.C.P., L.R.C.S.
 Arthur Frederick Messiter, M.R.C.S., L.R.C.P.
 Dudley F. Torrens, B.A., M.B., Ch.B. D.P.H.
 R. F. H. S. Wallace, M.R.C.S., L.R.C.P.
 Francis John Walker, M.D.

Nursing Staff provided by Lincolnshire Nursing Association.

Superintendent—Miss Wheeley.

Whole-time Nurses in 1915.

Nurse Hawke	Nurse Jenkinson	Nurse Lucas
„ Hendley	„ Jones	„ Stewart
		„ Walker

and 33 District Nurses.

Clerical Staff.

Chief Clerk—Horace Lee.

Junior Clerks—W. A. Elleray (temporarily demobilised).
 J. R. Bee (with H.M. Forces).
 H. C. May.
 A. K. C. Morley (temporary).

**To the Chairman and Members of the Education
Committee of the County Council of the
Parts of Lindsey, Lincolnshire.**

Madam and Gentlemen,

I have the honour to present the eighth annual report of the School Medical Officer. The report, in accordance with the suggestions of the Board of Education, in Circular 935, is much shorter than in previous years, but, I believe, that all the essential facts are embodied in it.

As three of the four whole-time assistant county medical officers were granted leave of absence for military service, the inspections in 1915 were carried out by part-time medical inspectors. They were remunerated at the rate of thirty shillings for the work done in rural schools, and one shilling and sixpence per child examined in urban schools. Where there were more than twenty children to be examined in a rural school, pay was allowed at the 1/6d. rate. The number of inspectors was limited to ten for administrative reasons. The medical inspectors entered into the work with zeal, and showed themselves eager to make their inspections of value to the children.

It is satisfactory to be able to record that the system of following up physically defective children by whole-time and district nurses appointed by the Lincolnshire Nursing Association has been a success. They had to follow up 4,053 children's defects, nearly half as many again as in 1914, and in spite of the poor facilities for treatment, they were able to report that over 2,000, to be exact 2,016, either had been treated or had improved without treatment. Fuller particulars are given in the section dealing with following up.

School clinics for inspection and for the treatment of contagious skin diseases and other minor ailments were established at Cleethorpes, Louth and Scunthorpe. It had been intended to institute seven others, one in each of the chief market towns, but the reduction in the medical staff made this impossible.

New Children's Care Committees were established during the year at Scunthorpe, Ashby, Crosby, Frodingham, and Santon Terrace, in the iron-stone district, and at Cleethorpes. The direct response to the Education Committee's circular to Managers on the formation of Care Committees, in March,

1915, was not encouraging, but now, largely as a result of the efforts of the nurses, and of the growing spirit of self-sacrifice and thought for others that is daily being evidenced, there is a greater appreciation of the need for Care Committees, and, I believe, that a much larger number will be formed in 1916. There is no more valuable work for those whose place is at home in this time of war, than that of assisting to build up the health of the children of the nation. Fuller particulars of this important movement are given in the body of the report.

I earnestly commend the subject to the consideration of all school managers, and to others in the County who are interested in child welfare.

I have the honour to be,

Your obedient servant,

R. ASHLEIGH GLEGG.

School Premises.

No new school buildings were erected in 1915.

The only structural alterations carried out by school managers during the year were at Hibaldstow C., Crowle C., and New Holland C.E. Schools.

On 15th October I drew attention to insanitary conditions at the Frodingham C.E. Schools. There was an outbreak of diphtheria of persistent character amongst the scholars of that school, beginning in the month of October and continuing for several months, which was, without doubt, fostered by the insanitary condition both of the building and of the out-offices. Negotiations are still proceeding with a view to alterations being carried out.

VENTILATION.

There are still a large number of country schools inadequately ventilated. No doubt war economy will be urged as a reason for postponing alterations by school managers who do not realise that stuffy classrooms are injurious to the health of growing children. Where, however, managers do realise this and can obtain the small amount of money required to insert hoppers in the lower panes of windows which do not otherwise open in their lower part, I can assure them that the money will be well spent. The war only emphasises the importance of every measure taken to safeguard the health of the children.

It is necessary once more for me to beg teachers to give the subject of classroom ventilation during class hours serious attention. It should be remembered that wall and roof ventilators are insufficient as a rule to provide an adequate supply of fresh air to a room, and that cross ventilation by means of open windows should be obtained. In warm weather the windows should be open continuously, and in cold weather it should be the duty of older children to open the lower hoppers on one side and the high windows on another side every twenty-five minutes for five minutes at a time.

I would again draw attention to the great advantage to health of holding classes in the playground whenever the weather permits. It is not very often that weather is unsuitable for open air instruction after the month of April.

It would be a valuable experience to our teachers if they would take an opportunity of visiting the Lincoln open-air school which is open all the year round. They would be impressed with the results of open-air teaching, and would realise how much more it could be carried out in connection with our elementary schools than is at present the case.

USE OF SLATES.

The ruling of the Royal Commission restricting the supply of paper by one-third of the usual supply will necessarily restrict the use of paper in the schools. In consequence slates will, I am informed, once again come into general use. The danger in the use of slates arises from the fact that it is difficult to prevent children using saliva and the coat sleeve for rubbing out finished work. Even when drop bottles of water or sponges are provided, the temptation to rub out single figures or words with the finger moistened from the lip appears to be almost irresistible. It is, therefore, plain how easily the germs of infectious diseases which may exist unsuspected in a child's saliva can be transmitted to others by this means.

To minimise this danger as much as possible, the following precautions should be taken:—

1. Slates should not be used indiscriminately, but each child should have one allotted to him.
2. They should not be collected at the end of a lesson and piled one on top of another, but each child should keep his slate beside him in the desk.
3. Children should be forbidden to rub out any writing on the slate otherwise than by a cloth kept for the purpose. When the whole of the writing has to be removed, a sponge or water from a drop-bottle should be used.
4. If for any reason the previous rules cannot be applied, then the slates should each day after use be plunged into a disinfectant solution kept ready in a tub or pail for the purpose.

SCHOOL CLEANING.

No attempt should be made to effect economy at the expense of the cleaning of schools. The present system of cleaning is a minimum provision, and a higher standard of cleanliness is much to be desired. It consists in daily dusting and sweeping, usually dry sweeping, although the Education Committee have advised the use of damp sawdust, and have sanctioned

the necessary expenditure by Managers upon it. The school-room floors are washed usually once a quarter, though not always quite so often, and the walls are colour-washed about once in three years.

In regard to colour-washing, it is to be hoped that Managers will bear in mind the Committee's recommendation that colours should be selected which are restful to the eye, such as light green or other pale tint.

Administration of Medical Inspection.

The Education Committee have appointed a Medical Inspection Sub-Committee to deal with all matters relating to the medical inspection and treatment of school children.

School Medical Officer.

The School Medical Officer exercises general supervision over the routine work of medical inspection and co-ordinates it with the public health service of the District Councils of the County. His work includes the medical examination of school children, of pupil teachers and bursars, and of blind, deaf and mentally defective children, also the daily duty of advising teachers as to the steps to be taken to prevent the spread of infectious disease, the supervision of the bacteriological laboratory and school clinics, and the direction of efforts for securing treatment for children found defective at medical inspection.

Assistant School Medical Inspectors.

The Assistant School Medical Inspectors before the war were four whole-time officers of the County Council, combining the work of school medical inspection with specialist service as tuberculosis officers in connection with the Tuberculosis Dispensaries. Early in 1915 three of them, Drs. Levis, Walker and Wilson, were granted leave of absence for military service. This necessitated a reorganisation of the work. Dr. Rigg, the remaining school medical inspector, undertook tuberculosis work in half the county, and gave attendance at two school clinics, namely, at Cleethorpes and Scunthorpe. Dr. Bogle was appointed tuberculosis officer for the remaining half of the county, and he also conducted a school clinic at Louth. On his resignation in November, Dr. Mary Bishop was appointed in his place.

The work of medical inspection in the schools was entrusted to ten medical men practising in the County, eight of whom were accustomed to administrative work as district medical officers of health.

School Nurses.

The nursing staff is provided by the Lincolnshire Nursing Association. The County Council entrusted the Association with the work for a trial period of a year, after being satisfied that the number of nurses provided, namely, seven whole-time nurses and 33 district nurses were sufficient for the known requirements of school and tuberculosis nursing, and that the scheme would be managed in a business-like manner with County Council control.

A Sub-Committee of the Association with the County Medical Officer of Health arranged to meet monthly to examine accounts and sanction expenditure.

The first year's working ended on 28th February, 1915, and the Association were able to show that they had spent £207 less than their estimate of £1,350.

The County Council were well satisfied with the scheme and with the fullness of detail of all the accounts presented for audit. They have, therefore, continued the arrangement with the Lincolnshire Nursing Association.

The Superintendent, Miss Pybus, resigned on health grounds, in March, 1915, and Miss Wheeley, the acting Superintendent of the Berkshire County Nursing Association, was appointed in her place. The County Council approved the appointment.

Miss Wheeley has infused new energy into the nursing administration, and has given the whole staff an inspiring lead. In 1915 there were 31 district nurses and seven whole-time nurses on the staff undertaking both school and tuberculosis health visiting. Towards the close of the year, arrangements were made for an increase of eight whole-time nurses to cope with the addition of infant health visiting to the work. This addition was not actually made until 1916.

As all the whole-time nurses and most of the district nurses now undertake all three branches of health visiting, i.e., school, tuberculosis and infant visiting, their work is made varied and interesting, and parents do not have to complain that they are visited by several different officials.

Assistance given by School Managers, Teachers and School Attendance Officers

Thanks are due to school managers and head teachers for much consideration and help to make medical inspection a success. Their assistance is much appreciated. The head teachers of all the schools, and particularly of the larger ones, have a considerable amount of clerical work preparatory to medical inspection. I should like to acknowledge our indebtedness to them for the ungrudging spirit in which they have undertaken the work. In several cases they have shown their interest in the work by serving on Children's Care Committees. It is gratifying to record that there is an instance of a schoolmaster, on retiring, maintaining his interest in the children by acting as secretary of a Care Committee. This is the case at Louth, where the secretary was until recently headmaster of the Louth Church of England Boys' School.

The school attendance officers work in co-operation with the School Medical Officer. They receive the names of all children excluded from school by medical inspectors with the period of exclusion. They are encouraged to bring children in regard to whose illnesses they are in doubt, to the school clinics that have been established.

Presence of Parents at Inspection and their Co-operation in the Subsequent Treatment of Defects.

2,480 parents were present when their children were inspected, and received advice and instruction when necessary from the medical inspectors. The parents of every child inspected were informed of the date of the inspection, and invited to be present. The number who attended was practically the same as in the previous year, in proportion to the number of children examined. Only 19 objections to inspection were reported. Apparently, in the majority of cases, parents attend the inspections not so much to be satisfied in regard to the soundness of their children as to give them the mother's protection, and when they have confidence in the head teacher, they do not think it necessary to attend in person. The mothers frequently have to be sent for when it is thought advisable to direct their special attention to malnutrition or to some hitherto unsuspected defect. On the other hand the nurses report that most of the parents of physically defective children are willing and anxious to obtain treatment for them, although in many instances they are unable to

afford it. The few Care Committees already formed are finding that they can frequently make arrangements for such cases with surgeons or oculists for a reduction of fees, and in other ways can make it easier for children to be treated. The actual results of the parents' co-operation are given under the heading of "Following Up."

Children Inspected.

The routine inspections were limited, as in former years, to entrants and leavers. School life is begun in this County at five years of age, but a certain number are admitted at $4\frac{1}{2}$ years. From the health standpoint there is much to be said for raising the commencing age to six years. There is no doubt that in spite of the measures taken, or at any rate advised to be taken, to prevent the spread of infectious diseases in school, these diseases, and especially measles and whooping cough, continue to be more prevalent in the months of school attendance than in the holidays. As the mortality of measles and whooping cough is much greater under the age of six years than above it, I consider that a case is made out for the raising of the age of admission to six years even for that reason alone.

The Board of Education required that another age group, namely, children of eight years of age should be inspected in 1915. The Education Committee, however, decided that it was inadvisable to incur further expenditure upon routine inspection when the cost of the school medical service had already necessarily been increased under the arrangements made to carry on work under war conditions.

Number of Children Inspected.

Table I.—Number of Children Inspected 1st January, 1915, to 31st December, 1915. A. "Code" Groups:—

Age.	ENTRANTS.						LEAVERS.					Grand Total.
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Age.	Total.	
Boys	—	203	1216	257	336	2282	872	249	12	—	1133	3415
Girls	—	145	1156	534	332	2167	932	255	9	—	1196	3363
Total	—	348	2372	1061	668	4449	1804	504	21	—	2329	6778

It will be seen from the table given above that more entrants were examined than leavers. There were two main reasons for this, namely, (1) the leaving age in 1914 was taken for the first half of the year as eleven, and in 1915 it was raised to twelve, so that a considerable number of children were not presented in 1915 because they had been examined as leavers the previous year; (2) the number of exemptions for farm service was largely increased in 1915.

It is also to be noted that 550 children, entrants and leavers, were absent on the day of inspection, generally on account of illness.

Groups other than "Code."

	SPECIAL CASES.
Boys	364
Girls	362
Total	726

In addition to the routine examination of entrants and leavers, 726 children were examined specially because the teachers or parents wished to have the doctor's opinion as to their physical or mental condition. The results of these examinations are given in a separate column in the table of all defects found. These "specials" cannot be included in the statistics of routine inspections because they were all believed to be defective when presented, and the findings are therefore not comparable with the findings of the routine examinations.

A very large number of children were also re-inspected because they had been found defective at a previous inspection. The name of each physically defective child is entered upon a "supervision" card, with a note of the defect and of the result of following up by the school nurse. These cards are sent to the school on the day of inspection, and the children are brought before the medical inspector. A space is provided on the card for his notes at each successive inspection.

TABLE II SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

CONDITION.	Entrants.			Leavers.			Total.			Specials.					
	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.
Total Inspected 6778.	2206	2099	4305	—	1209	1264	2473	—	3415	3363	6778	—	364	362	726
CLOTHING.															
Satisfactory ...	2084	1995	4079	94.74	1136	1218	2354	96.8	3220	3213	6433	94.91	—	—	—
Unsatisfactory ...	122	104	226	5.25	73	46	119	2.60	195	150	345	5.08	6	1	7
FOOTGEAR.															
Satisfactory ...	2102	2019	4121	95.72	1157	1223	2380	96.23	3259	3242	6501	95.91	—	—	—
Unsatisfactory ...	104	80	184	4.27	52	41	93	3.76	156	121	277	4.08	3	—	3
CLEANLINESS OF HEAD.															
Clean, i.e., no nits } or pediculi ... }	2113	1965	4078	94.73	1192	1198	2390	96.64	3305	3163	6468	95.42	—	—	—
Dirty (without nits) ...	85	48	133	3.09	15	33	48	1.92	100	81	181	2.67	—	—	—
Nits only ...	7	84	91	2.11	2	31	33	1.33	9	115	124	1.83	2	9	11
Pediculi ...	1	2	3	.07	—	2	2	.09	1	4	5	.07	—	—	—
CLEANLINESS OF BODY.															
Clean ...	2039	1980	4019	93.35	1163	1208	2371	95.87	3202	3188	6390	94.27	—	—	—
Somewhat dirty ...	49	34	83	1.93	10	37	47	1.90	59	71	130	1.92	—	—	—
Dirty ...	114	76	190	4.41	34	16	50	2.02	148	92	240	3.54	2	—	2
Pediculi Present ...	4	9	13	.30	2	3	5	.20	6	12	18	.26	—	—	—
NUTRITION.															
Excellent ...	890	875	1765	41.0	517	592	1109	44.84	1407	1467	2874	42.40	—	—	—
Normal ...	1041	975	2016	46.82	588	572	1160	46.90	1629	1547	3176	46.85	—	—	—
Below normal ...	261	236	497	11.54	97	98	195	7.88	358	334	692	10.20	—	—	—
Bad ...	14	13	27	.63	7	2	9	.36	21	15	36	.53	—	—	—

* The table only shows the defects for which specials were presented. A complete inspection was not always made in these cases.

TABLE II SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

CONDITION.	Entrants.			Leavers.			Total.			Specials.		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Total Inspected 6778.	2206	2099	4305	1209	1264	2473	3415	3363	6778	364	362	726
NOSE AND THROAT.	No Defect ...	1549	1498	3047	897	881	1778	2446	2379	4825	—	—
	Mouth, Breathers ...	10	8	18	9	3	12	19	11	30	2	4
	Tonsils, slightly enlgd.	341	324	665	184	157	341	525	481	1006	13	5
	Tonsils, much enlgd. ...	244	219	463	96	112	208	340	331	671	58	47
	Adenoids, slight	57	85	142	29	14	43	86	99	185	6	3
Adenoids, marked ...	109	88	197	28	22	50	137	110	247	47	40	
Other Disease ...	—	—	—	—	—	—	—	—	—	7	3	
EXTERNAL EYE DISEASE.	No Disease ...	2161	2065	4226	1199	1248	2447	3375	3326	6701	—	—
	Blepharitis ...	30	21	51	10	16	26	40	37	77	11	9
	Conjunctivitis ...	4	6	10	6	2	8	10	8	18	—	1
	Corneal Opacities ...	6	2	8	1	—	1	7	2	9	—	2
	Other Disease ...	5	5	10	5	4	9	10	9	19	7	5
EAR DISEASE.	No Disease ...	2089	1983	4072	1172	1243	2315	3217	3170	6387	—	—
	Obstruction ...	53	50	103	37	21	58	90	71	161	1	1
	"	37	46	83	24	21	45	61	67	128	2	6
	Otorrhoea ...	16	8	24	8	12	20	24	20	44	5	7
	"	10	6	16	10	13	23	20	19	39	4	6
Other Disease ...	1	6	7	2	10	12	3	16	19	—	5	
TEETH.	Sound ...	768	697	1465	412	449	861	1180	1146	2326	—	—
	Less than four decayed	732	714	1446	569	580	1149	1301	1294	2595	6	7
	Four or more decayed	706	688	1394	228	235	463	934	923	1857	6	6
	Sepsis ...	—	—	—	—	—	—	—	—	—	—	—
	No Disease ...	2076	2011	4087	1160	1189	2349	3236	3200	6436	4	5
HEART AND CIRCULATION.	Organic Disease ...	14	9	23	7	4	11	21	13	34	—	9
	Functional Disease ...	12	9	21	6	18	24	18	27	45	—	6
	Anæmia ...	104	70	174	36	53	89	140	123	263	16	20
	Other Defect ...	—	—	—	—	—	—	—	—	—	—	—
	No Disease ...	—	—	—	—	—	—	—	—	—	—	—

TABLE II SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

CONDITION.	Entrants.			Leavers.			Total.			Specials.						
	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.					
Total Inspected 6778.	2206	2099	4305	—	1209	1264	2473	—	3415	3363	6778	—	364	362	726	
LUNGS.	2112	2019	4131	95.95	1169	1234	2403	97.16	3281	3253	6534	96.40	2	3	5	
No Disease ...	67	57	124	2.88	14	9	23	.93	81	66	147	2.16	8	3	11	
Chronic Bronchitis } & Bronchial Catarrh }	5	3	8	.18	3	7	10	.40	8	10	18	.26	10	9	19	
Tuberculosis ...	21	19	40	.92	21	13	34	1.37	42	32	74	1.09	17	11	28	
" suspected	1	1	2	.04	2	1	3	.12	3	2	5	.07	—	1	1	
Other Disease ...	2168	2058	4226	98.16	1187	1235	2422	97.93	3355	3293	6648	98.08	—	—	—	
NERVOUS SYSTEM.	2	3	5	.11	1	4	5	.20	3	7	10	.14	—	1	1	
No Disease ...	1	2	3	.06	4	1	5	.20	5	3	8	.11	3	2	5	
Epilepsy (major or minor) ...	35	36	71	1.64	17	24	41	1.65	52	60	112	1.65	18	12	30	
Chorea ...	2132	2051	4183	97.16	1188	1243	2431	98.13	3320	3294	6614	97.58	—	—	—	
Other Disease ...	—	1	1	.02	—	—	—	—	—	1	1	.01	—	—	—	
SKIN DISEASE.	16	8	24	.55	2	1	3	.12	18	9	27	.39	5	6	11	
No Disease ...	28	13	41	.95	10	1	11	.44	38	14	52	.76	9	9	18	
Ringworm (Body) ...	3	4	7	.16	—	2	2	.08	3	6	9	.13	—	—	—	
" (Head) ...	27	22	49	1.13	10	16	26	1.05	37	38	75	1.10	9	7	16	
Impetigo ...	2619	2081	4250	98.72	1196	1257	2453	99.19	3365	3338	6703	98.89	—	—	—	
Scabies ...	37	18	55	1.27	13	7	20	.80	50	25	75	1.10	2	—	2	
Other Disease ...	2128	2017	4145	96.28	1148	1214	2362	95.51	3276	3231	6507	96.00	—	—	—	
RICKETS.	78	82	160	3.71	61	50	111	4.48	139	132	271	3.99	—	3	12	15
No Disease ...	2203	2094	4297	99.81	1207	1260	2467	99.75	3410	3354	6764	99.79	—	—	—	
Slight... } Marked }	1	3	4	.09	—	2	2	.08	1	5	6	.08	1	2	3	
Deformity present ...	1	1	2	.04	1	—	1	.04	2	1	3	.04	2	—	2	
No Deformity ...	1	1	2	.04	1	2	3	.12	2	3	5	.07	2	—	2	
DEFORMITIES.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No Disease ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Glandular ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bones and Joints ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Forms...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TUBERCULOSIS NON-PULMONARY.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
No Defective Defective Articulation Stammering	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not Defective Defective Articulation Stammering	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not Defective Defective Articulation Stammering	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Not Defective Defective Articulation Stammering	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

TABLE II SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

CONDITION.	Entrants.			Leavers.			Total.			Specials.				
	Boys	Girls	Total	Per Cent.	Boys	Girls	Total	Per Cent.	Boys	Girls	Total			
Total Inspected 6778.	2206	2099	4305	—	1209	1264	2473	—	3415	3363	6778	364	362	726
MENTAL CONDITION.	594	697	1291	89.97	1027	1110	2137	86.41	1621	1807	3428	4	6	10
Normal	81	57	138	9.62	173	151	324	13.10	254	208	462	10	13	23
Dull or Backward	3	3	6	.42	9	3	12	.49	12	6	18	—	—	—
Mentally Defective (all grades)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
VISION.	733	740	1473	59.66	859	841	1700	68.85	—	—	—	1	1	2
6/6 each eye (normal vision)	827	809	1636	66.26	217	283	500	20.25	—	—	—	2	3	5
6/6 R.	237	298	535	21.67	43	53	96	3.89	—	—	—	3	8	11
6/9 R.	46	64	110	4.46	45	40	85	3.44	—	—	—	1	6	7
6/12 R.	48	49	97	3.93	21	17	38	1.54	—	—	—	5	8	13
6/18 R.	21	17	38	1.54	19	21	40	1.62	—	—	—	6	13	19
6/24 R.	14	15	29	1.17	16	9	25	1.07	—	—	—	6	13	19
6/36 R.	5	5	10	.42	3	7	10	.42	—	—	—	5	6	11
6/60 R.	3	7	10	.42	5	6	11	.45	—	—	—	5	5	10
6/0 R.	5	6	11	.45	13	3	16	.62	—	—	—	4	9	13
6/0 L.	4	10	14	.57	16	9	25	1.07	—	—	—	3	9	12
...	22	27	49	1.13	4	10	14	.57	26	37	63	26	42	68
SQUINT.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20 feet each ear (normal hearing)	1139	1212	2351	95.38	1147	1216	2363	95.86	—	—	—	—	—	—
20 feet R.	1152	1219	2371	96.19	38	34	72	2.92	—	—	—	—	—	—
L.	34	35	69	2.88	16	14	30	1.22	—	—	—	—	—	—
10 feet R.	15	10	25	1.01	1206	1258	2464	99.64	3394	3343	6737	21	20	41
L.	3	6	9	.36	1194	1235	2429	98.15	3349	3310	6659	66	53	119
No Disease	18	14	32	.74	15	20	44	1.75	66	53	119	47	61	108
Infectious Diseases...	2188	2085	4273	99.24	1194	1235	2429	98.15	3349	3310	6659	317	301	618
INFECTIOUS DISEASES.	18	14	32	.74	15	20	44	1.75	66	53	119	47	61	108
Not present	51	24	75	1.74	15	20	44	1.75	66	53	119	47	61	108
OTHER DISEASE OR DEFECT.	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Findings of Medical Inspection.

Summary of Defects:—

Malnutrition	...	...	...	...	36
Carious Teeth	...	...	...	...	4,452
Disease of the Nose and Throat	...	...	...	...	2,139
„	„	Eye and defects of Vision	...	...	955
„	„	Ear & Defects of Hearing	...	...	513
„	„	Heart and Circulation	...	...	342
„	„	Lungs	...	...	244
„	„	Nervous System	...	...	130
„	„	Skin	...	...	164
Mentally Defective	...	...	...	...	18
Infectious Diseases	...	...	...	...	41
Rickets	...	...	...	...	75
Deformities	...	...	...	...	271
Tuberculosis (Non-Pulmonary)	...	...	...	...	14
Other Diseases	...	...	...	...	119
					9,513

The above defects were found in 5,524 of the 6,778 children examined.

1,254 children had no recognisable defect, and a further 1,215 had no defect except one or two (less than three) decayed teeth. Adding these two groups together, it appears that 2,469 of the 6,778 children examined, or 36.42 per cent. were healthy children without recognisable defect.

The number of cases of each defect found are set out in Table II.

As the commonest defects have been discussed at some length in previous reports, it is not necessary this year to do more than draw special attention to those which are most obviously preventable, namely:—

1. Malnutrition. The number of children showing marked evidence of malnutrition dropped in 1915 from 221, the total in the previous year, to 36. This decrease may be due to the fact that since the War began the average income of working class families has been raised, and there has been no lack of employment, or it may be due to a different standard being adopted by the present medical inspectors from that of the inspectors in 1914. Probably both factors contribute to the result.

Sufficient attention is not yet paid to the feeding of country children who have to take their mid-day meal in school. Arrangements should be made to see that the meal they bring to school is nourishing, and for them to partake of it in an orderly manner at a table under the supervision of an older girl or teacher. The quickest way to restore malnourished children to full vigour is by a period of care and education at an open-air school.

2. Decay of the Teeth. This is to a large extent preventable if hard food that requires mastication is regularly taken at the end of a meal, and if the teeth are brushed each morning and night, and small cavities as they appear are stopped by a dentist.
3. Defective Eyesight. There is no doubt that near eye-work in childhood is responsible, owing to strain upon immature structure, for a great number of the cases of eye defect found in the older children. The preventive measures which should be taken by teachers were set out in my report for 1914.
4. Infectious Diseases. Being obviously preventable, these must be mentioned here, but the measures taken for their control are dealt with later. Forty-one children amongst the Code groups examined were found to be attending school suffering from infectious disease. There were 7 cases of measles, 21 of whooping cough, 3 of chicken pox, 5 of influenza, 4 of mumps, and 1 of rubella.

Following Up.

No alteration in the arrangements for following up in the homes cases of defect found in the course of medical inspection was made in 1915. The details of the arrangements have already been given under the heading of Administration of Medical Inspection.

During the year homes were visited to follow up 4,053 defects, 8,817 visits being made. The whole-time nurses made 5,588 of these visits in respect of 2,837 defects.

As a result, 1,902 or 47.17 per cent. of the defects were treated. If the 114 which the nurses reported had improved without treatment be added, then there is a total of 2,016 defects

ameliorated, or 49.7 per cent. The number reported by the district nurses as treated was very slightly lower than those of the whole-time nurses. It must be borne in mind that the cases dealt with by the district nurses are generally far removed from the hospitals, and therefore their results under the circumstances are very creditable.

Details of the number of defects treated and untreated, and of the results of treatment, are given in Table IV on page 23.

SURVEY OF CLEANLINESS.

At the routine medical inspections it was noted that 94.27 per cent. of the entrants and leavers were clean, 130 or 1.92 per cent. were found to be somewhat dirty, and 240 or 3.52 per cent. were dirty. Pediculi was noted in 18 cases with a percentage of .26.

A very important part of the nurses' work is the regular examination of all the children for pediculi. Two main inspections were made to each school, and many additional visits were paid both to schools and homes to follow up children not cleansed after warning and instruction had been given to the parents.

32,638 children were examined by the nurses. Of these 28,795 were clean, 2,173 or 6.4 per cent. had some slight evidence of pediculosis, and 1,670 or 5 per cent. had many nits in the hair.

A printed letter of instructions is given to the parents of children with pediculosis, and if there is no improvement in the condition in ten days' time, the children are excluded from school for a week, or less if they are cleansed within that time. Children showing the presence of live pediculi are excluded forthwith. If after the period of exclusion has expired no improvement is shown, the affected children are refused admission to school, and instructions are given to the school attendance officers to report the parents for prosecution on account of irregular attendance, due to the parents' neglect. Proceedings were taken in this way against the parents of seven children. A conviction was obtained in each case, and fines varying from 1s. to 11s. were imposed.

TABLE IV. TREATMENT OF DEFECTS OF CHILDREN DURING 1915.

CONDITION.	No. of defects found for which treatment was considered necessary.		* No. of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No. of defects not treated.	Per-centage of defects treated.	
	From previous year.	New.			Total.	Remedied.	Improved.			Unchanged
	Vision (including Squint) ..	290	591	881	52	284	227	39	18	597	32.24
External Eye Disease ...	67	67	134	1	98	58	34	6	36	73.14
Tonsils & Adenoids ...	635	843	1478	52	374	269	81	24	1104	25.30
Ear Disease ...	47	93	140	2	83	42	32	9	57	59.29
Defective Hearing ...	17	31	48	—	27	22	4	1	21	56.25
Skin Disease ...	182	531	713	2	662	550	100	12	51	92.85
Other Diseases ...	219	392	611	27	352	126	177	49	259	57.61
Defective Clothing & Footgear	31	17	48	—	32	27	5	—	16	66.67
TOTAL ..	1488	2565	4053	136	1912	1321	472	119	2141	47.17

* The figures in this column are not included in the total number of Defects found.

CHILDREN'S CARE COMMITTEES.

The Education Committee considered early in 1915 what measures could be adopted to encourage the formation of Children's Care Committees. They decided that the most efficient arrangement would be for each body of School Managers to form a Voluntary Children's Care Committee for their own school, co-opting, if thought desirable, ladies and teachers to serve upon it. A circular letter was sent in March, 1915, to all correspondent School Managers in the county, drawing attention to the need for such Committees, and setting out the scope of their activities. The Education Committee undertook that if any expense was incurred in providing treatment for children from a fund raised voluntarily for the purpose, they would give a grant equal to one quarter of the expenditure.

The only response to this circular letter was from the Managers of the Council Schools at Ashby and Scunthorpe. Recent enquiry indicates that in the majority of cases the matter was not considered at Managers' meetings at all.

As the formation of Care Committees is of the greatest importance at the present time, when every effort should be made to build up the health of the next generation, I give below the text of the Education Committee's letter, and beg that each body of Managers will take the question into serious consideration.

LETTER OF THE EDUCATION COMMITTEE TO SCHOOL MANAGERS ON THE FORMATION OF CHILDREN'S CARE COMMITTEES.

"The Education Committee desire in this circular to draw the attention of School Managers to the particular value at the present time of taking active measures to improve the physical condition of the rising generation.

"Owing to the War, there is being called up for service from our population a great army of men constituting the best of our young manhood. The loss of a considerable proportion of these lives is bound seriously to affect the virility of the Nation, and it is therefore of the highest importance that all possible steps should be taken to secure that the next generation are physically sound when they leave School to commence their life work.

“The School Medical Officers’ reports show that a great deal of the inefficiency and illness of adult life are directly traceable to the neglect of ailments and physical defects in childhood.

“At each School Medical Inspection children are found—the number varying with the size of the School—who need the personal interest of members of a Care Committee because they are ill-nourished or have neglected ailments or defects, or because they are being brought up in bad surroundings. These injurious conditions are mostly preventable, and with organised effort it is certain that a larger proportion of the children would begin life physically more efficient than has been the case hitherto.

“The Education Committee, therefore, urge the Managers of each Public Elementary School to constitute a Children’s Care Committee from amongst their members with a view to watching over the interests of physically defective children. The Committee may either consist of the whole Body of Managers or of a number specially chosen for the purpose. Ladies and Head Teachers may, with advantage, be co-opted.

“The duties would be, briefly, as follows :—

- (1) To bring to the notice of the School Doctor at his visits of inspection, or at other times, children known or suspected to be suffering from ailments capable of being remedied.
- (2) To receive names from the School Medical Officer or School Nurse of children with untreated defects.
- (3) To investigate such cases and draw the attention of the Education Committee to those whose parents could afford to obtain treatment.
- (4) To endeavour to assist parents who cannot afford the expense of treatment for their children by bringing these cases to the notice either of those responsible for the administration of charitable funds or of the Guardians of the Poor.

“Much has already been done throughout the schools in the area of the Louth Borough and Rural District on the lines indicated above, with most encouraging results, and it is felt that the present time is very opportune for the establishment in all the Schools of the County of Children’s Care Committees.

“If any expense incurred in providing treatment for School children is met from private sources—for example—from a fund raised specially for the purpose by the Care Committee, the Education Committee will, if the expenditure be approved by them, give a grant equal to one-quarter of such expenditure.

“When a Care Committee has been constituted, notice should be sent to the Secretary for Education, giving particulars of the number forming the Committee, the names of co-opted members, if any, and the name of the Secretary, if other than the Correspondent of the Managers.

“If the function of a Children’s Care Committee is not fully understood from this Circular, the School Medical Officer will hold Meetings of groups of School Managers in suitable Centres in order to explain the matter more fully.”

Before the end of 1915, arrangements had been made for the establishment of new Care Committees at Ashby, Scunthorpe, Crosby, Frodingham, and Santon Terrace, in the ironstone district, and at Cleethorpes. I have since heard that they have also been arranged in connection with Morton School, with the Parish, Holy Trinity and St. John’s C.E. Schools at Gainsborough, and with schools in the Horncastle area. This last Care Committee is being formed upon lines which I consider to be the best arrangement, and which is practically the same as that of the Louth Care Committee. Each school in and around Horncastle will have its own Committee, with ladies co-opted to serve on it. In addition a joint Care Committee with each school represented upon it is formed to meet, as often as may be necessary, in the market town, to receive reports from the various School Care Committees, to discuss ways and means of furthering the work, and to administer a fund which is to be raised voluntarily.

A Sub-Committee is to be formed to establish in Horncastle a Baby Clinic, to deal with infant welfare.

The Louth Care Committee did excellent work during the year, and submitted an account of their expenditure of £22. This was approved by the Education Committee, and a grant of one quarter of the amount was paid.

School Clinics for Inspection and Treatment.

Preparation was made early in 1915 for holding Clinics for inspection and for the treatment of minor ailments at ten centres in different parts of the county, but owing to the fact that three of the medical staff left for military service, it was only found possible to open three of them, namely, at Cleethorpes, Louth, and Scunthorpe. School premises were used in each case. Good work has been done at these clinics, and their value has been testified to by managers, teachers and school attendance officers, but attention has been drawn by the doctors in charge, and by managers and teachers, to the unsuitability of school premises for this purpose. Accordingly it is proposed that as soon as possible clinics should be held in rooms on premises taken by the County Council for Tuberculosis Dispensaries, where it can be arranged that two rooms with separate access and completely shut off from the Tuberculosis Dispensary can be obtained.

The record of work accomplished at the Clinics by December 31st, 1915, is as follows:—

Louth Clinic, opened in 1915, 147 children attended. The cases were 25 of ringworm, 19 cured, 6 still under treatment; 27 of impetigo, all cured; 8 of eye disease (blepharitis), all cured; 10 of middle ear disease, all remedied; 77 other cases described as requiring a good wash more than anything else.

Cleethorpes Clinic, opened in June, 1915, 80 children attended, making 116 attendances. The clinic was held on 19 days. There were brought up for inspection, 16 cases of skin disease, 18 of suspected tuberculosis, and 11 other diseases. The following cases were treated: 12 of ringworm, of which 11 were cured and one was still under treatment; 14 of eye disease (blepharitis and conjunctivitis) of which 3 were cured, 10 improved, and one was still under treatment; 17 of impetigo, of which 13 were cured and 4 were still under treatment; 4 of scabies, all cured.

Scunthorpe Clinic, opened on April 30th, 1915, 190 children attended 338 times. The clinic was held on 22 occasions. There were brought for inspection 52 cases of skin disease, 6 of tuberculosis, 12 of visual defect, and 9 of other diseases. 116 cases attended for treatment, namely, 28 cases of impetigo, all remedied; 17 of scabies, of which 9 were remedied and 8 were still under treatment; 29 of septic sores, all

remedied; 14 of eye diseases (blepharitis and conjunctivitis), of which 6 were remedied and 8 were still under treatment; 14 of ringworm, of which 8 were remedied and 6 were still under treatment; 9 of other skin diseases, of which 7 were remedied and 2 were still under treatment; lastly, 2 cases of ear obstruction and 3 of middle ear disease, the two former being cured and the three latter improved with treatment.

Since the end of December new clinics have been established in Brigg, Market Rasen and Horncastle.

Medical Treatment.

The only arrangements for curative medical treatment made by the Education Committee are those detailed above for the treatment of minor ailments such as skin diseases, etc., at the school clinics.

The chief need in the county is for dental treatment. No attempt is made to induce parents to take their children to a dentist, except when there is suppuration at the roots, because the parents do not understand the value of any dental treatment other than extraction, and the making of artificial teeth.

There is also much need for a school eye specialist, and for better arrangements for the surgical treatment of adenoids and enlarged tonsils.

The facilities for treatment existing in the county apart from school clinics are:—

1. Through medical practitioners and dentists.
2. Through general hospitals and dispensaries at Gainsborough, Grimsby, and Lincoln, and several cottage hospitals.
3. Through County Council Tuberculosis Dispensaries.
4. Through hospitals and institutions outside the county.

Other Activities of the School Medical Service.

OPEN AIR EDUCATION.

Two girls and two boys were sent from Gainsborough to the Worcestershire Residential Open-air School at West Malvern, in 1915. No other accommodation was

available, but the Committee felt that they would gain some experience of the value of open-air education from sending these four debilitated children. The girls received two months' education and the boys three months, but though the stay for all was so short, the results in the case of all four were remarkable. They were fully set out in a special report furnished to the Medical Inspection Sub-Committee in November. The children were all tuberculous, the two girls had early involvement of the lungs, and in the boys' cases the neck glands were affected. The marked improvement which all showed at the end of their period of education in the open-air school has been maintained. The two girls are now above school age, but the boys are regular attenders at the ordinary elementary school. There is very great need for a county residential open-air school.

I have referred elsewhere to the value of open-air classes in the summer months, and I hope to be able to report next year that there has been a considerable extension of the practice of holding such classes in connection with the ordinary elementary schools.

SPECIAL SCHOOLS.

At the end of 1915, special education for the blind was being given to two children, and special education for the deaf to thirteen children, in both cases in residential schools outside the county.

MENTALLY DEFECTIVE CHILDREN.

The measures required for the special education of mentally defective children are in abeyance until after the War.

CONTROL OF INFECTIOUS DISEASES.

All cases of infectious disease occurring in the schools are notified to the School Medical Officer. These notifications are immediately transmitted to the district medical officers of health. There were 1,768 cases of measles, compared with 827 in 1914, the increase occurring chiefly in the months of May, June and July. Sixty-eight schools were closed on account of this disease. There were 517 notifications of whooping cough, 397 fewer than last year. Instructions for measures to control measles and whooping cough are contained in the pamphlet of Instructions to Managers, and are generally followed. All children who may even possibly be

