

[Report 1924] / School Medical Officer of Health, County Council of the Parts of Lindsey (Lincolnshire).

Contributors

Lindsey (England : County). County Council.

Publication/Creation

1924

Persistent URL

<https://wellcomecollection.org/works/h9dufbdn>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



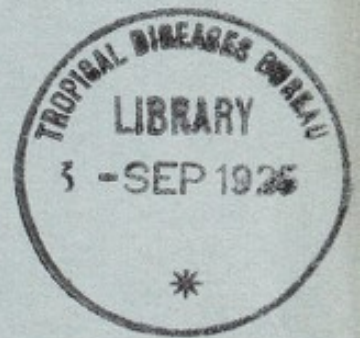
Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC44445

Recd by P.C.

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

EDUCATION COMMITTEE.



SEVENTEENTH

ANNUAL REPORT

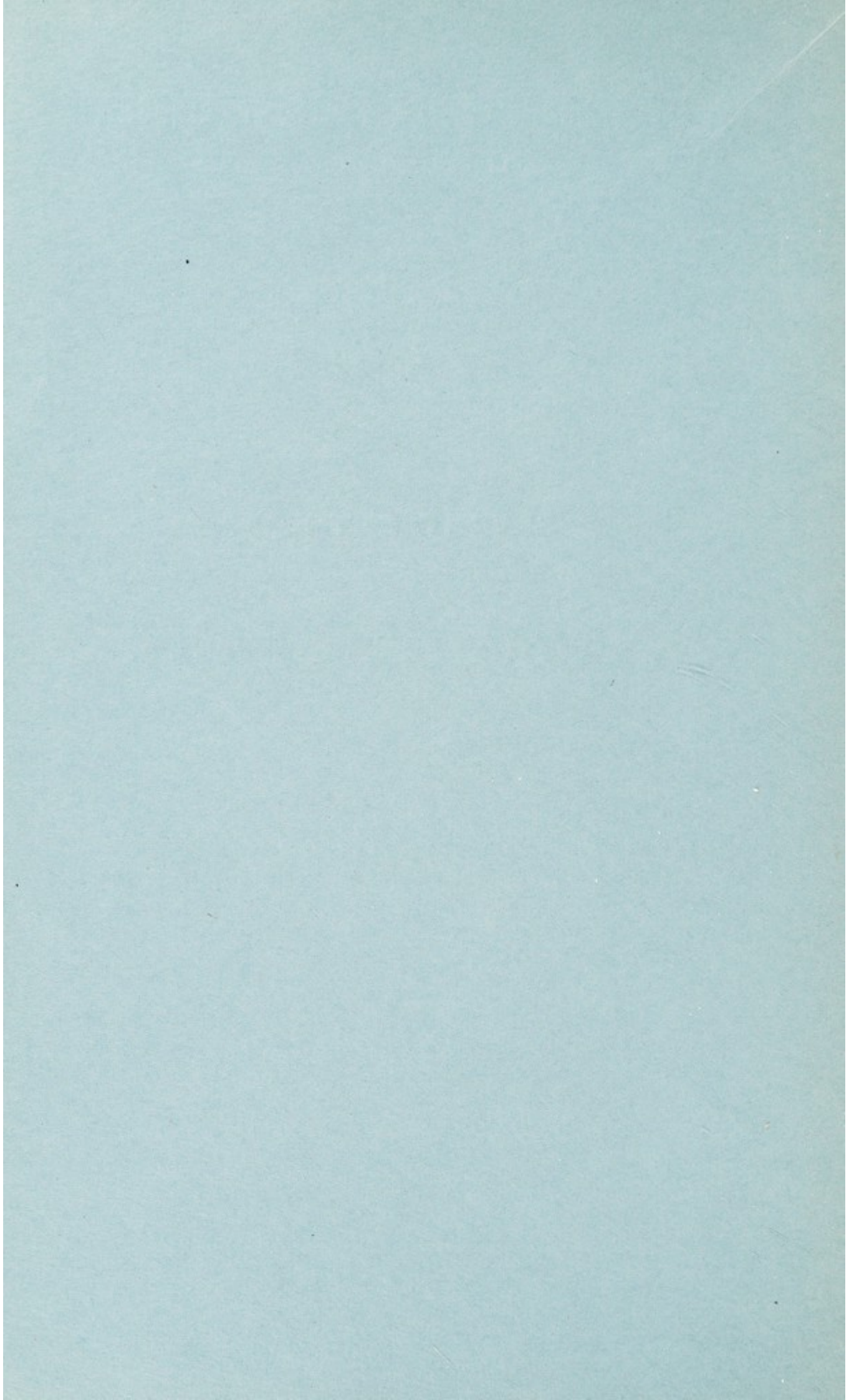
OF THE

SCHOOL MEDICAL OFFICER.

1924.

Lincoln :

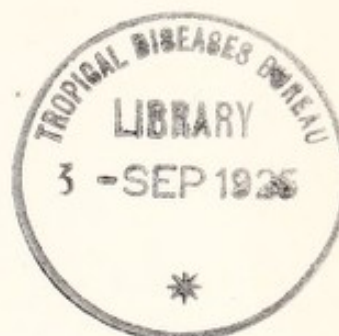
LINCOLNSHIRE CHRONICLE, LTD., PRINTERS, SALTERGATE.



COUNTY COUNCIL OF THE PARTS OF LINDSEY,

LINCOLNSHIRE.

EDUCATION COMMITTEE.



SEVENTEENTH

ANNUAL REPORT


OF THE

SCHOOL MEDICAL OFFICER.

1924.

Lincoln :

LINCOLNSHIRE CHRONICLE, LTD., PRINTERS, SALTERGATE.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29733194>

Table of Contents.

	<i>page.</i>
Statistics Bearing on Medical Inspection	6
Co-ordination of the School Medical Service with the other Health Services	8
School Premises	8
The arrangements made for Medical Inspection and for following up children found to be Defective ...	10
Findings of Medical Inspection... ..	10
Infectious Diseases	14
Following up	15
Medical Treatment	16
Payment for Treatment Provided	16
Minor Ailments	17
Tonsils and Adenoids... ..	18
Tuberculosis	19
Skin Disease and External Eye Disease	19
Vision	19
Special Education for the Blind	20
Ear Disease and Hearing	20
Special Education for the Deaf	20
Dental Defects	20
Open-air Education	22
Physical Training	27
Provision of Meals... ..	28
Co-operation of Parents, Teachers & School Attendance Officers	28
Co-operation of Vo'untary Bodies	29
Blind, Deaf, Defective and Epileptic Children	29
Nursery Schools	31
Medical Inspection in Secondary Schools	31
Continuation Schools	33
Employment of Children and Young Persons... ..	33
Examination of Supplementary Teachers and Pupil Teachers, Bursars and County Scholars	34
Teaching of Hygiene	34
The Alleged Decadence of the Rural Child	35
The Incidence of Goitre amongst Children leaving School in Lindsey	37
Statistical Tables	39

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

Sir Thomas Robinson, Ladies and Gentlemen,

I have the honour to present my Seventeenth Annual Report as School Medical Officer on the health of school children in Lindsey. The Report relates to the calendar year, 1924. It is with great regret that I record the death of Dr. E. E. A. Thompson Rigg, a very devoted servant of the Council. He was a fine clinician and laboured early and late for the welfare of all who attended his clinics. His many acts of kindness will be gratefully remembered in many a cottage home in the County. Dr. Bourdillon was appointed to succeed him. The fact that we are losing Dr. Bourdillon to the public health service at the end of his first year of office because of the greater attraction and prospects of advancement in general practice draws attention to the desirability of improving the ultimate emoluments in the Councils medical service in order to attract and retain the best type of medical officer. A further step has been taken to co-ordinate the Public Health Medical Service by the County Council's arrangement with the Urban District Council of Cleethorpes and Rural District Council of Grimsby to appoint jointly a Medical Officer of Health and Assistant County Medical Officer. Dr. Shennan who previously acted as Assistant County Medical Officer at Louth, was appointed to the post with residence at Cleethorpes, and Dr. Tibbles was appointed to succeed him at Louth. The changes in the Nursing Staff will be seen by a comparison of the list of names given in the first section of the Report with those in the Report for 1923.

In this survey of the work of the School Medical Service it is shown that the Education Committee's aim is to ascertain by medical examination the actual physical condition of all the children attending the public elementary schools in the County, when they commence school life, at eight years of age, and when they leave school and to follow up and supervise all who are found to need medical treatment. The Committee have provided treatment for minor ailments, for enlarged tonsils and adenoids, and for defects of vision. They have also inaugurated a dental service, the special aim of which will be that all children shall leave the elementary schools with teeth free from decay and with the knowledge and desire to prevent dental cases. At present the need for an increased staff of dental surgeons to cope with the problem is under consideration. The hygienic condition of school buildings is reported upon by the medical officers, and the School Medical Officer advises with regard to the hygiene of new school buildings. In connection with this, special attention is drawn to the schools now in course of erection in the County, which are so planned that the teachers can convert them at will into Open Air Schools.

This is a very great advance on school planning, and it is the hope of the School Medical Service that the Committee will adopt this principle of construction as their settled policy for future schools.

In addition to medical supervision of Elementary school children the Committee have provided for the medical examination of Secondary school children, and of Pupil Teachers, Student Teachers and Bursars, and also of Supplementary Teachers. Children employed before school hours are also examined before such employment is permitted under the Committee's bye-laws. Attention is drawn to the need for such examination to be made annually.

Perhaps the greatest need of the moment is for a complete orthopædic scheme for crippled children. A Sub-Committee has been appointed to consider the details of such a scheme.

Other matters to which special attention is drawn in this Report are the following :—

SCHOOL CLEANING—Recommendations are made with regard to more adequate cleaning of schools.

SCHOOL FURNITURE.—The desirability of speeding up the replacement of old desks and seats without backs by dual desks and the provision of a few out-size desks in each school are recommended.

SCHOOL NURSES.—A suggestion is made that their services might, with advantage, be utilised in connection with the work of supervising school attendance.

PHYSICAL TRAINING.—The desirability of re-appointing an Organiser of Physical Training should be considered.

SCHOOL MEALS.—The need for better provision for the midday meal of children who live at a distance from school should be borne in mind.

I take this opportunity of expressing my thanks to the Committee for the consideration given to my reports and recommendations, and to the Director of Education for his unfailing courtesy and helpfulness. The Assistant Medical Officers, the Nurses and Clerks have given of their best in the Committee's service during the year. I thank them for their loyalty and co-operation.

I have the honour to be,

Your obedient Servant,

R. ASHLEIGH GLEGG.

Statistics bearing on Medical Inspection.

Area of the County	...	...	...	...	963,800 acres
Population—Census 1921	...	...	...	...	260,301
Number of Schools	...	...	...	...	322
Provided	...	...	...	...	103
Non-provided	...	...	...	...	219
Closed during the year. (Not included in the total given above)	...	...	...	...	1
No. of Children on Books, end of December, 1924	...	...	...	...	39,018

Size of Schools—

Accommodating under 50	...	...	...	...	40
" between 50 and 150	...	...	...	...	199
" " 150 and 550	...	...	...	...	68
" " 550 and 850	...	...	...	...	7
" 1,000	...	...	...	...	2
" 1,050	...	...	...	...	3
" 1,100	...	...	...	...	3

No. of School Attendance Officers—

Whole time	...	...	...	...	10
Part time	...	...	...	...	8

					£	s.	d.
Cost of Medical Inspection for the financial year ending 31st March, 1924	...	...	...	...	7,742	3	6
Receipts—							

					£	s.	d.
Contributions received from Parents	221	13	2				
Grant from Board of Education for same period	...	...	...	3676	4	5	
					<u>3,897</u>	<u>17</u>	<u>7</u>

Nett Cost to Education Committee...	£3,844	5	11
-------------------------------------	-----	-----	-----	-----	--------	---	----

County Rate, 1924-25	...	...	...	...	3s. 6d. in £
General Education Rate, 1924-25	...	...	...	...	1s. 6½d. in £
Medical Inspection Rate, 1924-25	...	...	...	...	0.59d. in £
	(included in Education Rate.)				

1d. rate for Educational purposes produces £6,442 5s. 4d.

1. Staff of the School Medical Service in 1924

The Members of the Staff give approximately one-third of their time to the School Medical Service and two-thirds of their time to other County health work.

School Medical Officer :

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

Medical Inspectors :

E. E. A. THOMPSON RIGG, M.D., B.S. (died 30-1-24.)
 WILFRED S. H. CAMPBELL, M.B., Ch.B., D.P.H.
 JOHN EDWARD GAINS, M.R.C.S., L.R.C.P. (Lond.)
 W. T. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.
 A. H. SHENNAN, M.B., Ch.B., D.P.H. (Edin.)
 PERCY G. HORSBURGH, M.R.C.S., L.R.C.P. (Lond.)
 LANCELOT G. BOURDILLON, M.B., B.S. (Lond.) D.P.H., R.C.S. (Eng.)
 JOSEPH R. TIBBLES, M.B., Ch.B., M.R.C.S., L.R.C.P. (Lond.) D.P.H.

Medical Officers of Eye Clinics :

Annie T. BRUNYATE, M.D., D.P.H.
 GERTRUDE D. MACLAREN, M.B., Ch. B., D.P.H.

Dentists :

HENRY KINNEAR OVEY, L.D.S., R.C.S., Eng.
 EVAN ELWIN LEWIS, D.D.S., Inter. B.Sc.

Nursing Staff provided by Lincolnshire Nursing Association

Superintendent—Miss WRIGHT Assist. Supt.—Miss KINSELLE

27 Whole-time Health Visitors.

Miss E. E. JENKINSON	Miss L. ROSE	Miss N. HINCH
„ V. WALKER	Mrs. S. TURNER	„ G. FAIRHEAD
„ E. A. CLARKE	Miss C. CLARK	Mrs. I. NEVILLE
„ M. A. RICHARDSON	„ E. SWALLOW	„ F. BULL
„ I. MALKINSON	„ M. POUND	Miss W. WRATTEN
Mrs. C. SMITH	„ C. REYNOLDS	„ K. COHEN
Miss F. HERBERT	„ A. GREEN	„ T. GUINAN
„ M. MITCHELL	„ P. J. HUMPHREYS	„ E. GARRATT-JONES
„ H. FISHER	„ C. A. OSBOURNE	Mrs. E. WARD

Miss O. POUND } Infectious Diseases.
 „ G. HYDE }

Miss D. HALLIDAY, V.D. and Infectious Diseases.

Miss N. POOLE, V.D. Clinics.

Miss A. HUNT-SMITH } Dental.
 „ B. HUSSEY }

46 part-time Health Visitors.

Clerical Staff.

Chief Clerk—HORACE LEE.

WILLIAM A. ELLERAY	EWART ERNEST ALFORD
BERT GUNNISS	WALTER ROBERTS
SIDNEY G. CLARKE	THOMAS HADLEY PRESTAGE
CHARLES H. SMITH	Miss ALICE MAY (Commenced 22nd March, 1924).

Miss DORIS REDMORE (Left 9th May, 1924).

RONALD BEBBINGTON.

2. **Co-ordination of the School Medical Service with the other Health Services.**

From its inauguration, in 1908, the School Medical Service in Lindsey has been linked as closely as possible with all other health services, both official and unofficial. Children found to be physically defective and sickly are referred to the family medical attendant. Cases of infectious disease notified by teachers are brought immediately to the notice of the district medical officers of health, to whom also insanitary houses are reported. The fact that the school medical inspectors are also tuberculosis officers ensures the closest correlation with the tuberculosis service. The records of the Council's Infant Welfare Service are now available for the guidance of the school medical inspectors. The teachers send the names of all entrants to the School Medical Officer before medical inspection, so that their record of health for the previous five years may be sent to the school in time for the medical inspection.

The recent policy of making combined appointments of Medical Officer of Health and Assistant County Medical Officer has improved still further the co-ordination of these services. There is intimate co-operation with the County Nursing Service, as their nurses act as the Council's Health Visitors, and also with the National Society for the Prevention of Cruelty to Children, the Lindsey Child Welfare Association, the Lindsey Blind Society and other organisations.

3. **School Premises.**

Much attention has been paid by the medical inspectors during the past year to the sanitation of school premises, and many improvements have been carried out as a result of informal representations to the school managers. Sanitary defects found in Council Schools are reported to the Committee.

The sanitary defects reported were the following:—Playgrounds 22, out-offices 27, cleaning 19, heating 14, lighting (natural) 15, ventilation 29, dampness 6, decoration 6, general repairs 18, refuse disposal 8, deficient cloakroom accommodation 14, overcrowding 7, water supply 9, unsuitable desks 13, lack of washing facilities 11, choked drains and gutters 9, minor defects 6. In all 233 defects were noted in 112 schools.

Two hundred and fifty-seven defects were remedied during the year in 116 schools, as given below:—General repairs 74, colour-washing 41, playgrounds 57, out-offices 23, lighting, ventilation or heating 25, other defects 37.

School Furniture. The school medical inspectors have reported many instances in 1924 of children with spinal curvature and round backs owing to faulty posture in school caused or contributed to by unsatisfactory school desks. The old obsolete pattern of school desk is still very much in evidence in the rural schools, and in the interests of the prevention of deformity I again urge the Committee to take steps to speed up the rate of substitution of modern dual desks for these old, worn-out desks and seats without backs. In nearly all schools there are one or two children exceptionally tall for their age. It is requested that one or two out size desks may be provided for them.

School Cleaning. School cleaning still leaves much to be desired. If the children changed their boots for slippers while in school the present practice of washing the floors once a quarter, together with daily sweeping, would suffice to keep them reasonably clean. As, however, they keep their boots on and bring, in wet weather especially, a good deal of the mud with them into the classrooms, quarterly washing is totally inadequate to keep the rooms in a hygienic condition. If the floors cannot be washed weekly each should be washed at least once a month.

The rooms should be swept each night, the windows being opened beforehand, and damp sawdust should be used to keep the dust down as much as possible. This is the usual practice, but occasionally we find the sweeping is done in the early morning and in these cases the dust is still in the air when the children assemble. The furniture and window ledges should be dusted with a damp duster each morning.

The Committee have given a trial in some of the larger schools to a dust-allaying preparation with the trade name of 'Dusmo.' I have visited these schools when the sweeping has been in progress, and am able to report a distinct improvement in the cleanliness of the schools where it is used. The makers claim that floor-washing is unnecessary when 'Dusmo' is used, as the preparation fills up the interstices of the wood with an antiseptic substance giving it a surface of a special character which is destroyed when the floor is washed. In the Cleethorpes schools eight months had elapsed since the floors had been washed when I visited them, and certainly in those schools where the cleaners conscientiously carried out the makers' instructions, I found the condition of the floors to compare favourably with floors in other schools swept with Dusmo and washed once a quarter, but where the cleaners were obviously not following out the directions properly. The impression I formed was that where Dusmo is used, and the cleaners follow the directions strictly, there is much

less dust in the rooms after sweeping, and the floors need not be washed. I am of opinion, however, that a larger supply of the preparation than the makers specify is necessary to get satisfactory results. I am also of opinion that regular supervision is needed to ensure that the right method of using the preparation is observed, as in many cases now the results are no better than when damp sawdust is used. I recommend the extended use of this preparation under supervision.

4. **The Arrangements made for Medical Inspection and for following up Children found to be Defective.**

These arrangements have been fully described in previous Reports and have not been departed from during the year under review. It would make for greater efficiency if a bi-annual medical inspection could be carried out in rural schools, as is now done in urban schools. The physically defective urban child has the double advantage of school clinics and of bi-annual inspection. In most rural schools there is no school clinic near at hand, and the physically defective child is only supervised by the school medical inspector once a year.

5. **Findings of Medical Inspection.**

The outbreak of small-pox in the Gainsborough District in 1924, in which 95 cases were notified, and other causes interfered with the complete medical inspection of all the schools in the county in the year. Inspections were carried out in all urban schools with one exception, and in all except nine rural schools. The children in 55 urban schools, or departments, were inspected twice in the year, and in 30 once. Nine rural schools exceptionally were inspected twice.

The authority are being urged by the Board of Education to arrange for rural as well as urban schools to be inspected twice yearly. Fewer children would miss being medically examined as leavers if there were two inspections a year, and delicate and ailing children would be better supervised.

In Tables I. and II. at the end of this Report will be found a summary of the number of children inspected and the physical defects found amongst them. Altogether 11,651 children were carefully medically inspected in the routine age groups of entrants, eight-year-olds and leavers.

Seven hundred and thirty-three children were specially examined for defects seen or suspected by the teachers, and 5,918 children previously found defective were re-inspected.

The defects found in the children have been tabulated in detail in Table II A and in Table II B, in which will be found the number of children who had defects in each age group.

The number of children found to require treatment was practically the same in each age group, namely, approximately 15.9 per cent., although the eight-year-olds showed rather more defects than either entrants or leavers.

Each year I have given the number of children with no defect of any kind recorded on their inspection schedule. The number last year was an improvement on previous years. 2,129 children (1,084 boys 1,045 girls) were without defect. This gives a percentage of 18.2. In 1923 the percentage without defect was only 13.69.

(a) *Uncleanliness of Head and Body.*

It is very satisfactory to be able to record a continuance in the improvement in the cleanliness of the children. It has been noticeable each year. In 1922 the percentage of clean children with no evidence of pediculosis was 89.75. In 1923 the percentage was 92.01. In 1924 it has been raised to 93.27. This is mainly attributable to the steady and persistent efforts of the school nurses. Inspections for cleanliness are carried out twice a year in all schools. The number of individual inspections totalled 75,964, entailing 1,468 visits to schools. Altogether 37,765 children were inspected, and only 610, or 1.61 per cent. were found badly affected with pediculosis. Including cases slightly affected, the number of verminous children was 2,539, or 6.72 per cent.

(b) *Minor Ailments.*

Ringworm, Impetigo and Scabies continue to be the chief amongst the minor ailments recorded by the medical officers at school medical inspections. The number of cases of Ringworm was less than in the previous year, but there were more cases both of Impetigo and Scabies.

There were 24 fewer cases of serious Malnutrition, but the number of slighter cases was unchanged. The teachers presented 20 children for examination on account of Malnutrition.

The number of other minor ailments found are given in Table II., under each disease separately.

(c) *Tonsils and Adenoids.*

The number of children with adenoid growths and tonsillar enlargements remains much as in previous years. 1,312 cases were noted, of which 472 were recommended for operation. The Board of Education are specially investigating the causation, incidence and after effects of enlarged tonsils and adenoids. The Committee's medical staff have offered to co-operate with the Board in this enquiry.

(d) *Tuberculosis.*

The details of the figures are as follows:—

(i.) *Pulmonary—*

Definite 8, or .6 per 1,000.

Figure in 1923 .6, and in 1922 1.78 per 1,000.

Suspected 192, or 16.4 per 1,000.

Figure in 1923 13.6, and in 1922 11.77 per 1,000.

(ii.) *Non-Pulmonary (glands, bones, joints, skin and other forms)—*

Number of cases reported 31, or 2.6 per 1,000.

Figure in 1923 2.26, and in 1922 2.78 per 1,000.

(e) *External Eye Diseases.*

One hundred and three cases were reported as a result of the examinations. 68 of these were referred for treatment.

(f) *Defective Vision and Squint.*

The number of children with defective vision or squint has shown a slight improvement in each of the last two years. There were 674 cases of defective vision, and 96 of squint in 1924, compared with 688 and 130 in 1923, and 865 and 146 in 1922. The number referred for treatment was 550 for defective vision and 67 for squint.

Last year I reviewed the chief causes of visual defect, and drew attention to nine special points that should be borne in mind by the local authority and by teachers, in order to preserve the eyesight of the children. The evidence is very clear that the conditions of school life, in perhaps a majority of schools, put a severe strain upon the children's eyes, which, it must be remembered, are still immature. The over strain increases any tendency to myopia or short sight. Teachers should keep clearly in mind the nine points mentioned in the Report for 1923, and make any alterations that may be necessary to bring them into operation.

(g) *Ear Diseases and Hearing.*

The attention of parents is always drawn to ear defects that might lead to deafness. The greater number of these are of a minor character, consisting chiefly of accumulations of wax in the ear, but a certain number (117 in 1924) are found each year with the more serious condition of Otitis, or inflammation of the middle ear, which requires more active treatment than is generally given to it. There is always the possibility of abscess of the brain resulting from neglect or unsatisfactory treatment of "running ears."

(h) *Dental Defects.*

Some improvement has been noted by the medical inspectors in the condition of children's teeth, and reference is made by them to evidence of greater interest being shown by parents in regard to this important matter than hitherto. No doubt the talks to parents and children on the care of the teeth, given by dentists and medical inspectors are having their effect, and the dental treatment given under the Committee's scheme is beginning to show results. Further reference to the dental scheme will be found under the heading of 'Treatment.'

(i) *Crippling Defects.*

This subject will also be dealt with more fully in the section of the Report dealing with treatment. It is sufficient here to note that at the routine medical inspections 129 defects associated with crippling were found, including deformities due to rickets, spinal curvature and infantile paralysis.

(j) *Heart Disease.*

Twenty-nine children suffering from organic heart disease were referred for treatment, and 7 with functional disease. 107 cases of anæmia were also advised to obtain treatment. In a much larger number heart weakness was recorded, and the children entered on the list to be supervised at subsequent inspections. Details are given in Table II A.

(k) *Lung Disease.*

Two hundred and thirty-six cases of bronchitis or bronchial catarrh were found, and 24 other non-tubercular lung diseases. They were either referred for treatment or placed on the supervision list.

(1) *Nervous System.*

Eleven cases of epilepsy, 15 of St. Vitus dance, and 62 of other diseases of the nervous system were recorded.

6. **Infectious Diseases.**

The teachers continue to send notifications of all cases of infectious disease amongst the children that come to their notice. This information is immediately passed on to the District Medical Officers of Health concerned. A summary of the week's notifications is also sent to the Medical Officers of Health, in order that they may be made aware of infectious disease in neighbouring areas. The names of the children suffering from measles, whooping cough and chicken pox are sent to the Superintendent of the Lincolnshire Nursing Association, in order that the cases may be followed up by the two nurses specially appointed for the purpose. In Cleethorpes, Scunthorpe and the Rural Districts of Caistor and Sibsey, the teachers notify the Medical Officer of Health at the same time as they notify cases to the School Medical Officer. This enables the Medical Officer of Health to make enquiries earlier if he considers it to be necessary. It would be well if this could be made the practice throughout the county. The Scunthorpe Urban District Council employ a nurse for fever work, who also gives part-time to County Council work at the Venereal Diseases Clinic.

The number of fever cases in school children visited by the special nurses, not including the nurse at Scunthorpe, and the number of visits are recorded below:—

Measles	...	...	633	cases,	449	visits.
Whooping Cough	...	...	409	„	278	„
Chicken Pox	...	...	470	„	371	„
Mumps	...	...	762	„	598	„
German Measles	...	...	7	„	6	„
Influenza	...	...	139	„	111	„
Scarlet Fever	...	...	19	„	19	„
Diphtheria	...	...	8	„	7	„
Other Diseases	...	...	6	„	6	„

The following Tables give the number of notifications of each disease received and the number of School Closures on account of infectious disease :—

	No. of exclusions on account of Infectious Disease in house.	Scarlet Fever.	Diphtheria.	Measles.	Whooping Cough	Chicken-pox.	Mumps.	German Measles.	Ringworm.	Impetigo.	Scabies.	Eczema.	Small-pox.	Tonsillitis.	Total.
January ...	72	9	8	15	93	88	138	—	22	17	4	—	—	—	394
February	39	11	1	2	72	76	129	1	20	3	3	—	—	—	318
March ...	90	6	1	4	59	51	147	1	13	10	3	—	—	—	295
April ...	26	16	1	29	12	33	115	9	12	8	1	—	—	—	236
May ...	58	10	5	55	20	30	125	43	15	17	10	1	—	—	331
June ...	72	11	8	112	27	40	68	3	5	11	5	1	—	—	291
July ...	215	28	5	145	8	53	110	5	9	15	1	—	—	—	379
August ...	26	2	1	11	—	13	4	1	3	2	—	—	—	—	37
September	109	23	5	79	48	15	36	1	7	14	5	—	2	—	235
October ...	194	33	12	382	22	57	85	—	8	19	1	—	—	—	619
November	134	26	7	234	10	69	22	1	10	29	2	—	8	1	419
December	116	13	4	138	—	86	65	1	14	14	—	—	—	—	385
Total ...	1151	188	58	1206	371	611	1044	66	138	159	35	2	10	1	3389

SCHOOL CLOSURES.

Reason for Closure	School or Depts.	Closures by M.O.H.	Closures by S.M.O.
Measles ...	31	12	19
Whooping Cough	12	—	12
Chicken-pox	7	1	6
Mumps ...	13	—	13
Influenza	93	16	77
Scarlet Fever	5	—	5
Diphtheria	1	1	—
Small-pox	1	—	1
Sore Throats	1	—	1
Total	164	30	134

7.

Following up.

An essential part of the scheme of medical inspection is the arrangement for the following up by school nurses of children found to be physically defective. The Education Committee employ, jointly with the Public Health Committee and the Maternity and Child Welfare Committee, 24 whole-time health visitors and 37 part-time district nurses in this work. It has been found to be a great advantage to combine school nursing with infant health visiting and the nursing supervision required

under the tuberculosis scheme. The more varied work keeps up the nurse's interest and a school nurse's work is more effective when sympathy and confidence have been established between the mother and nurse through her earlier visits as infant health visitor. This combination of work also reduces the number of persons visiting the homes in connection with the Authority's health work. I should like to recommend an extension of this policy by adding much of the routine work of the school attendance officer to the duties of the school nurse, i.e., all the work of that officer except such as is connected with judicial proceedings and enquiries not involving a knowledge of health matters, for which one or two special male officers would be required. Absence from school should, as a rule, be due only to ill health, and therefore it would be an advantage if the preliminary visit of inspection could be undertaken by a nurse with hospital training, to enable her to judge of the validity of the excuse for non-attendance. A nurse could press for treatment and apply it herself in certain cases, thus securing an earlier return to school and better health to the child. She would report to the school attendance officer all cases where the excuse of ill health was not genuine, and all cases of neglect of treatment.

In 1924 the school nurses paid 14,076 visits to 5,323 cases of physical defect on their books, 2,294 of which were referred to them after the inspections in 1924. There is a record of 3,528 defects having been treated. These figures compare favourably with those recorded in 1923.

8. **Medical Treatment.**

PAYMENT FOR TREATMENT PROVIDED.

The receipts from parents' contributions for treatment provided for their children in the calendar year 1924 amounted to £317 8s. 8d., or an increase of £129 15s. over the previous year. The details are as under:—

	£	s.	d.
Drugs at School Clinics	89	17	8
Operations for Tonsils and Adenoids ...	70	3	4
Provision of Spectacles (necessitous cases)	7	9	10
Dental Charges	143	5	4
Residential Open-Air School Treatment	6	12	6
	<hr/>		
	£317	8	8
	<hr/>		

It will be seen that the largest sum contributed was for dental treatment.

(a) *Minor Ailments.*

One additional school Clinic was opened during the year. It is held by Dr. MacLaren in connection with the Infant Welfare Centre at Keelby.

There are now 16 school clinics. Nine are in towns and serve both town and country children, while seven, including the clinic held in Lincoln, serve country children only. As a rule a medical officer and nurse attend once a week, but in the smaller centres attendance is generally less frequent. In Scunthorpe and Gainsborough a nurse attends daily to carry out routine treatment. This is of benefit for speeding up the cure of skin diseases and middle ear disease. The Board of Education have asked that daily attendance may be given in Louth and Cleethorpes. A part-time clerk has been appointed at the Scunthorpe Clinic to deal with the clerical work. The Table given below shows where the clinics are held, the number of times they were open, and the average attendance:—

Clinic.	Ashby.	Barton	Brigg.	Cleethorpes.	Gainsborough.	Horncastle.	Immingham.	Laceby.	Lincoln.	Louth.	Market Rasen.	Messingham.	Scunthorpe.	Spilsby.	Winterringham.	Keelby.
No. of Children	17	237	148	683	430	36	56	12	24	383	115	32	912	83	4	5
Total																
Attendances	26	633	510	1663	4490	155	183	53	131	911	332	44	6118	210	9	12
No. of times																
Clinic open	9	47	50	44	51	49	19	11	48	52	51	10	226	49	3	3
Average daily																
Attendance	3	14	10	38	30	3	10	5	3	18	7	4	27	4	3	4

An interesting report has been submitted by Dr. Horsburgh, giving details of the work at the Scunthorpe Clinic. This may be taken as typical of the rest. He says:—

The Clinic during the year treated 912 individual children consisting of 444 boys and 468 girls. These children made a total number of attendances of 6,118. The daily average attendance being 27.

Ringworm was the cause of 80 children attending the Clinic; many of these were under treatment for considerable periods, the average being 9 weeks. The long period taken in curing these cases, is often due to the Parents refusing to have the hair cut surrounding the infected area. I cannot understand this attitude, which is so common, as in the majority of cases eventually the child loses the greater part of its hair, if the infected area is not isolated from the commencement of the disease. It is unfortunate that we have not in this District any X-Ray Plant suitable for the treatment of Ringworm, as this would do much to curtail the length of time these cases are under treatment, and thus save much valuable school time to the child.

Passing over the numerous accidents and minor skin diseases which are next in number of individuals treated, we come to the debilitated child—of these 45 attended for treatment. A large proportion of these children suffered from Worms, which are so constantly over-looked by Parents, or thought to be of such little consequence that no treatment is required for them. In addition to these 45 cases 16 patients attended exclusively for worms without the super-added debility. The remainder were mainly suffering through dietetic errors, with too often resulting constipation, which on simple hygienic and dietetic treatment soon show marked improvement.

Chronic Ear discharge and Tonsils and Adenoids accounted for 30 cases of each complaint. The chronic Ear discharge which was in the majority of cases the sequela of Infectious Diseases (Scarlet Fever, Measles, etc.) was treated by ordinary medical methods (Hydrogen peroxide, rectified spirit and the like). This in my opinion is not sufficient. I think from results obtained in various parts of the country, it would be well to consider the purchase of the required apparatus for the ionisation of suitable cases. The present available treatment centre when ordinary methods have failed is Hull Infirmary, but this in many cases is impossible due to expense of transport and the time taken up in going to and from the Hospital.

30 cases attended the Clinic for Tonsils and Adenoids. All which required operative treatment were referred to the Cottage Hospital and the remainder are either awaiting treatment or are still under observation.

The total number of School children operated on for Tonsils and Adenoids at the Cottage Hospital was 62. These cases include School Medical Inspection cases as well as those referred from the Clinic.

Dr. Gains, writing with respect to the Clinics at Barton-on-Humber and Cleethorpes, says that they are well attended by those for whom they were intended, that is those whose circumstances do not enable them to have a regular medical attendant. "They do not object, rather the reverse, to making the payments they are charged for treatment, and are grateful for the opportunity of having it. One Clinic at Cleethorpes, held on Thursday afternoons, is devoted solely to children suffering from contagious diseases."

(b) *Tonsils and Adenoids.*

The arrangements made for operative treatment of children with enlarged tonsils and adenoids were not changed in 1924. They are made with the Boards of Management of the Lincoln Hospital and the Grimsby Hospital, and with the smaller hospitals at Gainsborough, Louth, Skegness and Spilsby. At Barton-on-Humber operations are carried out at the Committee's Clinic by local medical practitioners. Children are kept over night as a routine practice at the Barton Clinic and at each of the hospitals, except Lincoln, Grimsby and Gainsborough. At Lincoln the children stay the night after the operation at the headquarters of the Lincolnshire Nursing Association. This arrangement is much appreciated. The medical inspectors report that the operations were more satisfactorily performed in the hospitals last year than formerly.

The number of cases treated was as follows:—

Gainsborough	29	Lincoln	52
Grimsby	24	Spilsby	11
Barton-on-Humber ...	28	Louth	47
Skegness	1		

In all 192 cases were treated under the Authority's scheme and 122 were operated upon otherwise, while 248 received other forms of treatment. There remained 949 cases at the end of the year for which no treatment had been obtained, and which were still being followed up by the nurses.

(c) *Tuberculosis.*

Twenty-one boys and nine girls suffering from pulmonary tuberculosis were treated in sanatorium schools during the year.

Eight boys and two girls suffering from tuberculosis of the bones, joints or glands were treated at the Gringley-on-the-Hill Hospital for surgical tuberculosis.

One boy and one girl were treated at Lord Mayor Treloar Cripples' Hospital at Alton. Arrangements are made for children to receive education at Alton, but not at Gringley.

During the year 445 school children were treated at Tuberculosis Dispensaries.

All children suffering from tuberculosis in any form are visited on notification by the tuberculosis officers, who are also assistant school medical officers, and are recommended for institutional treatment should they require it.

(d) *Skin Disease and (e) External Eye Disease.*

Details of cases treated will be found in Table IV., Group I. Amongst the eye diseases treated at the clinic were 23 cases of blepharitis, 26 of conjunctivitis, 15 of phlyctenular keratitis, 12 of tuberculous keratitis and six of corneal ulcer.

(f) *Vision.*

No change was made in 1924 in the Committee's arrangements for testing the refraction of school children with defective vision. Drs. Brunyate and MacLaren, the medical Officers of the Infant Welfare Clinics are employed in the morning at each Infant Welfare Centre as school oculists. The arrangement has worked well and is appreciated by the parents,

824 children were submitted to refraction for the first time during the year under the Committee's scheme, and 229 were re-examined, and 106 were seen for other eye defects.

Apart from the scheme 341 children were refracted by private medical practitioners. Spectacles were prescribed for 859 children at the eye clinics, and for 230 by private medical practitioners. By the end of the year a total of 889 children with defective vision had obtained correcting glasses.

The errors of refraction found amongst the children examined at the clinics were 173 cases of hypermetropia, 90 of myopia, 420 of hypermetropic astigmatism, 100 of myopic astigmatism and 76 of mixed astigmatism.

Special Education for the Blind.

Two boys and three girls were sent for special education to a School for the Blind in 1924. None were discharged. At the end of the year nine boys and four girls were receiving special education. The Lindsey Blind Society supervise blind children after leaving the special schools.

(g) *Ear Disease and Hearing.*

The minor ear defects that were treated are set out in Table IV. (Group I.).

Special Education for the Deaf.

One girl was sent to a special School for the Deaf in 1924, and one boy was discharged. At the end of the year eight boys and eight girls were receiving special education.

(h) *Dental Defects.*

The details of the work carried out by the Committee's dental surgeons are given separately at the end of this section and combined in Table IV. (Group IV.).

Under the dental scheme treatment is offered to parents for children of six years of age in urban schools, and for those between six and eight in rural schools. In the smaller country schools where the number likely to be presented in this age group has been found to be very small, treatment has been offered to all the children in attendance. This was done so that the time of the dentists should not be wasted. Inspection and treatment has been carried out on the same day, as experience has shown that a delay of several days between inspection and treatment increased the number refusing treatment. The intention expressed in my Report when the scheme was inaugurated that children once treated

should be followed up systematically year by year and re-treated when necessary, has not been strictly adhered to and the attention of the Authority has recently been drawn to this by the Board of Education. The explanation given by the dental surgeons is that they have been anxious after treating the children in the age group fixed by the Committee to do what they could to relieve pain due to decayed teeth in older children and to combat the great amount of sepsis which they found in these older children, which is recognised to be one of the chief sources of ill health. They, however, set themselves an impossible task, and in future, except in cases of emergency, they will adhere to the policy of treating children in the age group recommended and re-treating those who have already passed through their hands. Even with this restriction more staff is needed at this stage to cope with the work. This the Education Committee recognise, and a Sub-Committee have been appointed to consider the matter.

No harm, but rather good, has resulted from the fact that dentists have always been willing to treat children with toothache and those for whom mothers wished treatment, because the service has become, by all accounts, extremely popular, and older children have had practical evidence of the value of conservative dentistry. Dental treatment in the minds of most parents of children attending the public elementary schools is synonymous with the extraction of teeth and much patient education is needed to make them and the next generation realise that the aim of all should be the preservation of their teeth and the elimination of dental caries.

REPORT BY Mr. E. E. LEWIS, D.D.S.

A correct appreciation of the importance of healthy infancy and childhood cannot be over estimated. By guiding development along normal channels, and as far as possible guarding the child from acquiring many of the ills that are known to affect development, untold misery in after life may be avoided. Faithful dental work along these lines must of necessity acquire profound significance.

Sir George Newman, in his Annual Report, suggests a scheme by which the school child receives dental care as soon as, or before, the first permanent tooth erupts, and to keep him under yearly observation and treatment for the rest of his school life. Undoubtedly, the scheme outlined above is the very one needed and with additional help we may be able to do something towards its realisation.

Dental caries is still very prevalent and occurs in advanced stages in many children examined. Observation proves beyond doubt that there is a substantial decrease in this disease among children. I am pleased to be able to state that the tooth brush is being regarded as a very necessary article of toilet. It is extremely gratifying to see mouth after mouth showing definite evidence of vigorous tooth brushing. Two years ago this procedure was practically unheard of in many of the small schools and I attribute this change to the untiring efforts of Head Teachers and assistants in the way of dental drill and simple dental talks.

Concerning the payment scheme introduced some time ago, I feel sure the majority of people have now got used to it and it in no way decreases attendances.

As in previous years, Local, Regional and N2o Anaesthetics have been used. Occasionally A.C. mixture is used under special circumstances, and I feel obliged to the Medical Officers who are so ready to assist at such times. The equipment and Nursing facilities are quite satisfactory.

The most valuable form of education in dental hygiene probably results from the cordial invitation to parents to attend dental inspections—this, in the case of our own County has been placed on the form sent out to parents ever since the inception of the scheme.

When time permits short lectures are given at schools and are much appreciated by the children and teachers. Parents invariably report an improvement in the health of children after dental treatment. This in itself is an excellent form of propaganda, for every improvement is discussed in a very general way and the ultimate result is that increased numbers of children are either persuaded or compelled to attend for treatment.

SUMMARY OF THE WORK OF THE COUNTY DENTISTS.				Mr. Ovey	Mr. Lewis	Total
No. of Children referred for treatment (New Cases)	...	...	...	1590	1212	2802
No. of Children treated	...	...	...	1424	1215	2639
No. of Children re-treated	...	...	...	1	23	24
No. of temporary teeth extracted	...	...	...	1487	3433	4920
No. of General Anaesthetics Administered	...	...	...	819	1166	1985
No. of Fillings...	...	...	...	120	99	219
No. of Schools in which Inspection and Treatment were carried out	...	...	...	94	112	206
No. of attendances of school children	...	...	...	1424	1215	2639
No. of attendances of mothers and children under 5	...	...	...	1069	1385	2454
No. of sessions held for children	...	...	...	211	204½	415½
No. of sessions held for mothers and children under 5	...	...	...	239	238½	477½

9

Open-Air Education.

Day Open-Air Schools.

The only day Open-Air School in the county is at Louth. It has completed seven successful years under the capable headship of Miss V. M. Haynes. Dr. Tibbles was in medical charge of the school during the year under review. He reports that 30 new cases were admitted. The conditions from which they suffered were those generally associated with malnutrition, such as bronchitis, debility, anæmia and suspected tuberculosis either of the lungs or glands. 20 of these children showed distinct improvement under the school regime; the remainder were withdrawn after attending for short periods only. Dr. Tibbles suggests that some organised propaganda should be undertaken in Louth to make the value of this special school better known and understood in the town, and that some special means is needed to bring home to parents whose children are sent to the school the importance of retaining them there until they are passed out by the doctor and the need for regularity in attendance.

Miss Haynes has written an interesting short account of the educational side of the work. This is given below, with three photographs.

REPORT BY MISS V. M. HAYNES.

We again report further improvement in the equipment of the School, viz., a stove in the sleeping shed. We can now use the latter as a classroom during certain hours of the day and are thus able to separate the younger children from the older, which is of course a great help from an educational point of view.

The usual school subjects are taken—individual methods being used. The age and capabilities of the children are so varied, that, even if desirable, collective work is almost impossible in a school of this type.

Nature Study, which we always emphasize, has been particularly interesting this year. We have been able to study the birds in their native haunts. The domestic affairs of the blackbird and thrush aroused much interest—as did a family of wrens which inhabited a cocoanut erected for that purpose. The children were also able to watch the hooded crow—a rare opportunity—at fairly close quarters, and were delighted by a visit from the green woodpecker. The recognition and study of wild flowers and trees is also encouraged—in fact anything which suggests “the open road” is welcomed. By this means we seek to create a love for the out of doors, which we hope will lead to outdoor pursuits, affording interesting means of spending leisure hours, and an all round healthy outlook.

The Boys' Handwork consisted of plan-making, cardboard modelling, toymaking, stencilling (*e.g.*, a frieze was stencilled round the classroom) and gardening.

The Girls' Handwork has been varied and interesting. It has included, during the year—needle-weaving, raffia-weaving, doll-dressing, children's frocks, etc., and we were able to join with other schools in the district last May in sending in a few articles for the Exhibition.



Tea Time.



Little Ones Gardening.

ADMISSIONS TO LOUTH OPEN AIR SCHOOL, 1924.....BOYS.

Name.	Age.		Date of Admission.	Defect.	Weight (lbs) (a) on Admission (b) on Discharge or at end of year.		Date of Discharge.	Remarks.
	Y.	M.			(a)	(b)		
E. C.	6	7	1922 Sept. 12	Debility Pretubercular ...	44	54	31-7-24	Passed fit
G. W.	5	1	Oct. 23	Bronchial Catarrh ...	34	43	28-3-24	do.
W. T.	6	10	" 30 1923	Debility, Malnutrition ...	52	59	25-1-24	do.
C. S.	7	1	June 11	Debility Hilus T.B. ...	41	45	11-1-24	Withdrawn
J. B.	5	10	" 18	Susp. Trach. Bronch. ...	45	50	14-3-24	Passed fit
J. D.	8	10	July 16	Cerv. Adenitis ...	45	56	31-7-24	do.
R. M.	5	10	" 16	Tracheo Bronch. T.B. ...	38	44	31-7-24	do.
G. D.	12	6	Sept. 17	Debility ...	65	73	9-5-24	do.
H. B.	10	7	" 24	Anemia ...	80	87	7-5-24	do.
S. C.	11	8	Oct. 8	Susp. Trach. Bronch. ...	60	64	6-2-24	Withdrawn
H. R.	5	9	" 10	Malnutrition ...	32	40		Attending
W. B.	8	10	" 10	Malnutrition, Bronchitis...	52	60	14-11-24	Passed fit
F. J.	7	1	" 15 1924	Anemia ...	49	58		Attending
E. G.	7	2	Feb. 4	Chronic Bronchitis ...	45	47	7-3-24	Withdrawn
W. E.	5	10	" 20	Bronchitis... ..	42	42	21-3-24	do.
W. L.	13	9	April 7	Malnutrition ...	77	82	31-7-24	Left School (14)
H. F.	10	10	May 5	Bronchitis... ..	72	79		Attending
G. S.	6	8	" 5	T.B. 3rd and 4th Metacarpals and Cold Abscess ...	48	55		do.
L. O.	7	4	" 5	Bronchitis—Anemia ...	51	56		do.
H. L.	9	2	" 19	Tuberculosis ...	50	55		do.
J. H.	10	3	" 26	Tracheo Bronchial Glands ...	58	60	31-7-24	Withdrawn
S. G.	9	1	" 26	Malnutrition ...	44	49		Attending
H. M.	7	2	Sept. 9	Malnutrition, Bronchitis...	43	48		do.
D. R.	9	1	" 22	Malnutrition ...	45	46	3-10-24	Withdrawn
R. L.	7	6	Oct. 6	Malnutrition, Anemia ...	44	48		Attending
T. D.	8	5	" 27	Anemia ...	51	54		do.
A. A.	8	7	Dec. 1	Anemia ...	57	58		do.
F. I.	8	2	" 1	Pretubercular ...	50	51		do.
G. Y.	12	4	" 1	Malnutrition ...	66	68		do.

ADMISSIONS TO LOUTH OPEN AIR SCHOOL, 1924.....GIRLS.

Name.	Age.	Date of Admission.	Defect.	Weight (lbs)		Date of Discharge.	Remarks.
				(a)	(b)		
D. W. ...	6 C	June 12 1922	Debility ...	40	50	25— 1—24	Passed fit
S. D. ...	12 6	Nov. 20 1923	Anæmia and Debility	78	93	13— 5—24	Do.
A. C. ...	8 8	Mar. 22	Anæmia ...	55	66	15— 2—24	Do.
B. W. ...	5 4	April 9	Pre-tubercular	34	37	31— 7—24	Left District
D. B. ...	9 8	May 7	Bronchial Catarrh	69	76	28— 3—24	Passed fit
M. E. ...	7 5	June 11	Cerv. Adenitis	45	51	14— 3—24	Do
E. E. ...	5 4	" 25	Debility ...	31	35	31— 7—24	Do.
P. W. ...	9 1	July 2	Scoliosis ...	51	59	11— 1—24	Withdrawn
M. T. ...	8 2	" 9	Anæmia ...	53	61	29— 2—24	Passed fit
J. B. ...	8 10	" 16	Scoliosis ...	59	68	31— 7—24	Do.
L. D. ...	7 4	Sept. 24	Malnutrition Susp. T.B.	37	47		Attending
I. S. ...	6 4	Oct. 8	Malnutrition	42	52		Do.
I. W. ...	7 2	" 29	Anæmia ...	47	54		Do.
V. E. ...	8 1	Nov. 26	T.B. Adenitis	61	66		Do.
R. E. ...	6 4	" 26	T.B. Adenitis	50	57		Do.
M. C. ...	12 3	Dec. 10 1924	Scoliosis ...	61	74		Do.
A. W. ...	13 7	Feby. 18	Debility ...	73	78	31— 7—24	Left School (14)
J. S. ...	6 6	" 18	T.B. Adenitis	42	51	24—10—24	Withdrawn
G. S. ...	9 1	" 25	T.B. Abdomen	52	60		Attending
M. L. ...	6 0	" 25	Susp. Lungs	37	41		Do.
W. C. ...	7 11	Mar. 10	Post Influenzal Debility...	45	52		Do.
A. O. ...	10 2	April 7	Susp. T.B. of Lumbar Vertebrae	63	72		Do.
M. L. ...	13 0	May 13	Debility ...	62	68	31— 7—24	Left District
I. H. ...	11 4	" 26	Debility ...	65	72	26— 9—24	Do.
H. J. ...	5 2	Oct. 23	Anæmia Sl. Dilatation of Heart	44	45		Attending
B. W. ...	6 11	Nov. 12	Pre-tubercular Bronch Anæmia	40	42		Do.
M. J. ...	8 8	Dec. 1	Pre-tubercular Malnutrition	43	45		Do.
P. F. ...	6 1	" 1	Malnutrition	36	37		Do.
E. W. ...	7 4	" 9	Malnutrition	41	43		Do.

Discharged—Passed fit for ordinary school... 17 Withdrawn by Parents... 8 Left District... 3 Left School... 2
 Number on Books during 1924 ... 58 Admitted before 1924 ... 29 Still attending ... 28

The Report by Miss Nichol on Branston Hall Open Air School for 1924, is given here in order that the Committee may be informed as to the instruction given to children under treatment at the County Sanatorium.

In this second year the school has been taking great strides forward. An assistant teacher has been appointed, the school itself, by the installation of electric lighting and heating apparatus, has been much improved, and, generally, better equipment has meant better work. Bad weather difficulties hindered work in the early part of the year; but later heavy roller blinds were fitted to the front of the school and these are an effective protection against cold and rain.

In May, when the assistant teacher came, a change was made in organisation. The school was divided into two definite classes. The work done in each class was about equal to that normally done by children of from 6-8 and 9-13 years respectively. But many of the children had had so little schooling that we were forced to divide less by age than by capacity; and even then the differences between the children in each class were such that it was necessary to do individual work with each child rather than to teach them in the group.

Much handwork is taught at the school. The children come mostly from poor homes, staying at the school for a short time only; and it has been found that to give the girls an opportunity of learning to sew well and make their own clothes simply and yet daintily, and to accustom the boys in the use of the most general woodwork tools, is to teach them something that not only has its value as general training but will be of very definite use to them afterwards. The older girls have made under-clothing, pinafores, frocks and knitted jumpers, gloves and socks. Woodwork for the boys has up to the present resulted in such articles of fret-work as fancy calendars, brackets, scissor racks, pipe racks, book rests and trinket boxes, for there is not yet equipment for the heavier forms of carpentry. The younger children have woven table mats, bags in brightly coloured rafia, and have knitted dolls' clothes and dusters. Both boys and girls have made rugs in woolwork.

In May the children's interest in handwork was directed into an interesting experiment which embraced the general work of the school. It was found that in many cases the children did not stay sufficiently long to get used to working individually. The need of some central interest was strongly felt. It was achieved in this way.

A model grocer's shop was made from a large wooden box; and we decided to let all lessons centre around its manufacture. The boys, in woodwork class, made shelves, counter, bins and name-board, painted the ceiling of the shop white and varnished the bins. Jam jars and dishes were made from clay—butter, cheese, soap, candles and other articles of stock from wax. Price tickets, labels, advertisements and bill-heads were printed in writing class, bags were made in paper-folding classes, and a sun-blind and grocer's apron in needle-work lesson.

This model was linked up very closely with the general work. In geography the children compared the shops of the world and the means of sale and exchange in different countries. They learnt from where the goods behind the counter came, and followed its travels across the world. The growth and production of such things as currants, rice and tapioca, was studied in nature lessons. In history they followed the progress of buying and selling throughout the ages and the development of mankind in the use of metal and wood. Arithmetic and geometry played a part in the measuring and planning of the shop, and the smaller children, when the shop was completed, learnt much from it about reckoning and the value of money.

This model aroused much enthusiasm in the class, although the general scheme suffered a little from the fact that, as is inevitable in a school of this nature, there were constant changes among the children, and by the time one line of study was ended it was often found that few, if any, of the children had been present at the beginning. But, at all stages of the work, it was valuable in lending a strong central interest to the lessons.

Several detailed sand-tray models were made to illustrate lessons in history and geography, one of a forest scene to show the life of tree-dwellers and cave-men, another representing part of the Himalaya Mountains and the River Ganges, with jungle on one side and a village on the other. This last model the children made particularly striking. In the jungle monkeys clung to the tops of trees, while elephants and tigers lurked in the shadows beneath. Crocodiles and rhinoceros basked in the river. In the village vividly coloured dolls stood outside thatched houses or made ready to bargain for the fruits and gay cloths in the shops. Monkeys played around the big white temple—and a cluster of Indian girls anxiously watched their Lamps of Fortune drift down the stream.

A school aquarium was kept in an electrical accumulator glass, and tadpoles, cadis worms, snails and the larvae of flies were reared. In the garden the children grew various flowers and bulbs, as well as radishes and lettuces.

Prominence has been given in this report to the handwork of the school. In general work, the children were given as thorough a knowledge of arithmetic as is possible. An effort has been made to teach them to write and express themselves correctly. They are given the opportunity of reading good books freely, and are encouraged to look up information for themselves in text-books and dictionaries. We have tried to create in them an interest in good literature. In English lessons the older children have read, studied and compared extracts from well-known books, discussed various poems and learnt several self-chosen pieces. At Easter and Christmas, concerts were given by the children in the Sanatorium.

It must be recognised that in a school of this character many difficulties that do not attend the ordinary school are caused by the fact that most of the children stay for a short time only. While they are here we do the best we can for them; and, in general, during 1924 their response has been very satisfactory.

I have nothing to add to my Report last year with reference to playground classes, school journeys and school camps.

9 *Open-Air Classrooms.*

The newest schools now in course of construction are designed in such a way that each classroom can, if desired, be thrown open entirely to the fresh-air. In the large school that is being built at Crosby both sides open outwards to verandahs by means of glazed doors. These doors have windows inserted opening inwards, so that in inclement weather the rooms can be well ventilated when the doors are shut. In this type of school sub-floor heating has been introduced.

In a small school of three classrooms to be erected at Peak's Lane, Humberstone, only one side is constructed in the way described above, and in this case the heating is by open fires, with back boilers and hot water pipes round three sides of each room.

Physical Training.

The great progress made after the war in the elementary schools in the county in the development of physical education, through regular lessons taught with understanding, and through organised games, ceased to a large extent with the discontinuance

in 1923 of the office of Organiser of Physical Training. The value of the services of an organiser of this all important form of education and training was fully demonstrated during the years 1918 to 1923, and it is most desirable that as soon as financial considerations permit an expert organiser and instructor should again be appointed. The character of the teaching of this subject and the appreciation of its importance varies very greatly in the schools. Some head teachers personally direct physical training, realising its importance to the health and mental alertness of the children, and the importance of organised games, involving the team spirit in the formation of character. These teachers deserve to have their good work recognised. In other schools there are no organised games and physical training degenerates into a drill lesson taken by an assistant often imperfectly acquainted with the principles underlying the various exercises, so that the children derive no real benefit from them.

II

Provision of Meals.

No meals were provided for school children by the Education Authority in 1923.

In a number of schools the head teacher arranged, in winter, for hot cocoa to be prepared for children who take their mid-day meal to school.

Dr. Bourdillon makes special mention in his Report of the need for an improvement in the character of mid-day meals taken in school. He says:—"I should like to see some provision made for school meals, or at any rate, for a supply of milk for special children in the large towns, such as Gainsborough. There are many cases in which this would make a remarkable difference. The mid-day meal in many of the country schools where children come a long distance is usually most unsatisfactory. These children have to leave home early and very often eat very little before they start. It should surely be possible in all country schools to obtain the services of some woman living close to the school to provide, at a very small cost, some warm and nutritious food such as gruel, or cocoa made with milk. Some such plan would benefit those numerous cases of slight anæmia or malnutrition who come up for periodical examination and for whom one can do otherwise but little."

12 to 15 **Co-operation of Parents, Teachers, and School Attendance Officers.**

Without the co-operation of parents medical inspection would lose much of its value. It is principally due to

the interest taken by the teachers that we get a large and increasing measure of parental co-operation in this county. The medical inspectors in their reports express their thanks to the teachers for their great helpfulness. They take great pains to make medical inspection a success by careful preparation beforehand, weighing and measuring the children, testing their eyesight on Snellens types, and obtaining and recording information regarding their health history, and on the day by marshalling them and presenting them methodically and without delay between each examination. This assistance, which they have given voluntarily since the commencement of medical inspection, is very greatly appreciated, and I take this opportunity of thanking them and of acquainting the Committee with the altruistic service they are rendering, often of a laborious character, in the interests of the children.

School Attendance Officers might with advantage be more closely in touch with the medical department. The lack of any hospital training makes them, in my opinion, less useful than they might be. This is referred to elsewhere in this Report under Article 7 above, where I have suggested that nurses would for the health side of their work be of greater value.

We co-operate with the present officers by sending them the names of all children excluded from school, with the nature of illness, and the probable period of absence from school.

16

Co-operation of Voluntary Bodies.

The Lindsey Child Welfare Association, the National Society for the Prevention of Cruelty to Children and the Lindsey Blind Society all work in close touch with your medical department. The services they have rendered have been of great value. Each of these Societies publish reports upon their work in the county.

17. **Blind, Deaf, Defective and Epileptic Children.**

A particular effort is made to ascertain every child who is in need of special education. At each medical inspection the head teachers are asked to present all such children, and they and the attendance officers are asked to report any who are not at school.

All blind, deaf and mentally or physically defective children are examined by the medical staff, and those capable of benefiting by special education are reported to the Education Committee.

A special Report has been presented to the Committee upon the accommodation available for these children, and a Sub-Committee has been appointed to go into the matter in detail with especial reference to the need for an orthopædic scheme for crippled children. The number of the exceptional children in the county, as ascertained at medical inspection, and the number being educated in special institutions is given in Table III.

There are no institutions in the county for the blind or for the deaf or for mentally defective or cripple children. Children with tuberculosis of the lungs are educated at the County Sanatorium, which has a special school attached to it, and those in the town of Louth suffering from the slighter forms of physical defect are educated at the Louth Open-Air School.

Details of the number of blind and deaf children at special schools are given in the section of this Report numbered 8 (f) and (g); dealing with Defective Vision and Hearing and of tuberculous children in section 8 (c).

One boy and one girl suffering from epilepsy were admitted to a special school during the year. At the end of 1923 there were two mentally defective boys in special educational institutions, two more boys and one girl were found accommodation during the year, and one boy was discharged. It is now almost impossible to find an institution with vacant accommodation for our cases of educable mentally defective children. We have, as will be seen from Table III., 22 children who have been excluded from school and for whom no accommodation has been found in special schools. There are also 154 who are still permitted to attend the elementary schools because they are not troublesome. Although they do not get the special training they require, yet they benefit to some extent by the discipline of the school.

It is most desirable that there should be a branch in this county of the Central Association for Mental Welfare, in order that there may be some supervision exercised over the feeble-minded children who have been excluded from school. If special classes for those of them that live in the towns could be arranged until more residential accommodation is available it would be a great benefit to a particularly helpless group of our children.

At the end of 1923 there were three cripple boys in special schools, two left during 1924, and no others were sent,

18. **Nursery Schools.**

No Nursery Schools have been established by the Local Education Authority in the county.

19. **Medical Inspection in Secondary Schools.**

Two Secondary Schools have been provided by the Authority and ten are aided by grants. An effort is made to inspect the pupils in each twice a year. The inspection is at present limited to entrants and leavers, those found defective at previous inspections and those who have suffered from any illness since the last inspection.

The tabulated results of the inspections include the statistics from the inspections of the pupils of the Scunthorpe Central School. Girls are always inspected by women medical officers. The attendance of parents is encouraged, but it is not so good as in the elementary schools. Children from the Secondary Schools are invited to attend the school clinics and eye clinics established for elementary school children, but not the dental clinics.

The statistics of the inspections are given below. Figures are not available with regard to the actual number of children who receive treatment. Reports, however, show that a considerable number receive attention. A complete return will be available next year.

SECONDARY SCHOOLS.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

(A.) Routine Medical Inspections, 1924.									
Number of Group Inspections.									
Entrants	...	...	...	...	...	...	...	...	520
Intermediates	...	...	...	...	...	...	...	...	20
Leavers	...	...	...	...	...	...	...	...	91
								Total	631
(B.) Other Inspections.									
Number of Special Inspections—	...	...	...	...	...	...	...	...	62
Number of Re-inspections	...	...	...	...	...	...	...	...	354
								Total	416

TABLE II. 1924 SECONDARY SCHOOLS

A. Return of Defects found in the course of Medical Inspection during the year ended 31st December, 1924.

DEFECT.	Age Groups		Specials	
	No. referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	No. referred for treatment	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	3	4	—	—
Uncleanliness Head	—	—	1	—
Body	—	—	—	—
Skin				
Ringworm Head	—	—	—	—
Body	1	—	—	—
Scabies	1	—	—	—
Impetigo	—	—	—	—
Other Diseases	3	—	1	—
Eye				
Blepharitis	—	4	—	—
Conjunctivitis	1	1	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision	60	17	9	—
Squint	1	—	—	—
Other Conditions	2	1	3	—
Ear				
Defective Hearing	5	13	1	—
Otitis Media	3	2	—	—
Other Ear Diseases	16	1	1	—
Nose and Throat				
Enlarged Tonsils	21	32	5	—
Adenoids	6	5	3	1
Enlarged Tonsils and Adenoids	7	—	2	—
Other Conditions	1	4	—	—
Enlarged Cervical Glands (Non-Tubercular)...	1	5	—	—
Defective Speech	—	—	—	—
Teeth				
Dental Diseases	89	4	12	—
Heart and Circulation				
Heart Disease.				
Organic	—	4	2	—
Functional	—	12	2	—
Anaemia	8	5	5	1
Lungs				
Bronchitis	2	4	—	—
Other non-Tubercular Diseases	1	2	—	—
Tuberculosis				
Pulmonary.				
Definite	—	—	—	—
Suspected	1	4	—	1
Non-Pulmonary.				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other forms	—	—	—	—
Nervous System				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	—	1	—	—
Deformities				
Rickets	—	—	—	—
Spinal Curvature	—	1	—	—
Other forms	1	—	—	—
Other Defects and Diseases...	5	4	2	—

Number of normal children 69 boys 40 girls

SECONDARY SCHOOLS.

TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding uncleanliness).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require Treatment.	
1	2	3	4
<i>Groups :</i>			
Entrants	520	164	31.54
Intermediates	20	3	15
Leavers	91	22	24.17
Total (groups)	631	189	29.95

20.

Continuation Schools.

None have been established in the county.

21. **Employment of Children and Young Persons.**

No change has been made in the arrangements for the examination of children whose parents wish them to be employed under the Committee's bye-laws. Altogether only 29 children were presented for examination for employment, twenty of whom resided in Cleethorpes. No applications were received by Dr. Horsburgh with respect to Scunthorpe children, and none by Drs. Campbell, Henderson and Shennan.

The Act under which the bye-laws are framed should be amended to provide for annual re-examination of children employed before school hours, and for medical certificates of fitness for work to be required before children are employed after school hours and in holidays. An example of the need for medical supervision of employed children was noted by Dr. Tibbles, who examined a girl at Lissington, as a 'leaver,' and found that she was locally employed. She was in a very poor condition and had a dilated heart, purely, he considered, due to overwork. Representations made to the parents and to the employer led to a discontinuance of the employment and to improvement in her health.

The Lindsey scheme under the Choice of Employment Act, 1910, is operative only at Gainsborough. Forty-seven boys and 42 girls were referred to the School Medical Officer for reports taken from the medical inspection schedules. These reports are

usually the records of inspections taken two years previous to the children leaving school, and are of little value. It would be better if the children were referred for special examination to the school clinic when the report is required.

22. **Examination of Supplementary Teachers and Pupil Teachers, Bursars and County Scholars.**

Twenty - four Supplementary Teachers were medically examined in 1924, and 199 Pupil Teachers and others in training for teachership, 132 of these were passed unconditionally, 66 subject to treatment for various defects and one was rejected.

Teaching of Hygiene.

More attention is being given to the teaching of hygiene. The teachers use the Board's excellent syllabus, "The Hygiene of Food and Drink," and the "Suggestions for Talks to Scholars" that were issued by the Authority last year. The medical inspectors are making special enquiry into the efficiency of the health teaching in the Schools. It is most important that the subject should be treated in an interesting manner, as it is worse than useless if the teaching consists simply of getting the children to memorise hard facts. Very valuable instruction was given by a series of addresses and demonstrations in the Cleethorpes Schools by Mr. Foster, late Superintendent in the Sanitary Department of the Urban District Council. The children subsequently wrote essays on health subjects and excerpts from these essays were published in a pamphlet entitled "How we can assist to make an A1 Nation," which was circulated amongst the parents and resulted in a very marked improvement in the hygienic condition of the town.

During the year the Teachers' National Committee of Milton Hall, Deansgate, Manchester, published in "The Times" an appeal to teachers to find a place for teaching of hygiene in the curriculum. I quote a passage from the appeal, which is signed amongst others by the Headmaster of Charterhouse, and Mr. M. Conway, President of the National Union of Teachers:—

"We fully sympathize with those teachers who feel the difficulty of finding a place for another subject in the curriculum, but the experience of many teachers has shown that the syllabus can be covered in far less time than may at first be thought, and that, by including the teaching in elementary or domestic science, or by a rearrangement of the work by which the lessons take the place of single lessons in a variety of subjects, the syllabus can be adequately taught without the taking from other subjects of undue time. It has, indeed, been found that the whole syllabus can be adequately covered in 36 lessons of 40 minutes each, spread over the last three years of a child's school life.

Copies of the syllabus will gladly be sent, post free, to any teacher on receipt of a postcard addressed to Mr. Walter Shawcross, B.A., Hon. Secretary, Teachers' National Committee, Milton Hall, Deansgate, Manchester. *Particulars can also be obtained of some sets of excellent lantern slides which have been prepared to illustrate the syllabus, and which have been placed at the disposal of the Committee.* For the hire of these only a nominal charge will be made.

We should be glad to hear of any difficulties which teachers encounter in the teaching of the syllabus or of any suggestions they would care to make. We would add that in thus seeking to secure the co-operation of all teachers, so that every boy and girl may leave school fortified by the knowledge embodied in the syllabus, we have the cordial approval of the Board of Education.

Teachers of secondary schools may be glad to have their attention called to the new syllabus, "The Practice of Health," which was approved by the Headmasters' Conference held in December last, and is published by Warren and Son, Limited, Winchester (price 1s., post free). In this the whole subject of health-knowledge is treated with a much wider range, in a manner suited to older girls and boys."

SPECIAL INVESTIGATIONS.

I. **The Alleged Decadence of the Rural Child.**

The Chief Medical Officer of the Board of Education, in his Annual Report for 1923, drew special attention to the evidence from Devonshire that the physique of the country-bred child compared unfavourably with that of children in the towns, and suggested various reasons for the difference. The suggestion was made that this decadence in the physique of the rural child would possibly be found to be general throughout England. The impression I had formed in seventeen years as School Medical Officer in Lindsey was that our country children are in the main a sturdy and rosy-cheeked set of youngsters, and that detailed investigation would prove them to be so and to show that they compare favourably with children in the urban schools of the county, and very favourably with the children cited as examples of rural children in Sir George Newman's Report. The Assistant Medical Inspectors agreed to furnish me with particulars from the medical inspection schedules of approximately 1,000 boys and 1,000 girls at all ages in urban schools to compare with the particulars from the same number of boys and girls in rural schools. The particulars asked for were the height and weight of children, and the number showing defects, the number of serious or minor defects found in urban and rural children respectively, with the percentage showing defects in each case, the number and percentage showing evidence of malnutrition and the percentage of defects in malnourished children, in each case separately for urban and rural children. These particulars are summarised in the Tables printed below. The number taken for investigation may be considered to be insufficient to provide reliable data. A comparison of a greater number will be given next year. The evidence from this group of 4,000 children, taken at random, suggests that in Lindsey the country child compares quite favourably with the town child. In height and weight at several ages the country child was the superior of the two. When we come to defects we find that 41.5%

of the town children had defects, whereas the country children showed a percentage of 36.2. Considering that many of the children in the village schools live at a distance, and have to take their mid-day meal in school, it would be expected that malnutrition would be more common in these children, but it is not so, for whereas 6% of the boys in the urban schools showed evidence of malnutrition, only 4.4% of those in the rural schools were malnourished, and the figures for the girls are 5.07% and 4.75% respectively. It is also to be noted that the malnourished town children showed a higher percentage of other physical defects requiring treatment than the malnourished country children which suggests that the malnutrition is not so marked in the country as in the towns. It has to be borne in mind that the conditions in many of the urban districts included in this survey are less definitely urban than they are in the larger towns of the county such as Lincoln and Grimsby, which are not included, and these urban districts have a larger proportion of country bred people living in them than larger towns have. This rather emphasises the damaging effects of urbanisation on the physique of the children that is brought out by this investigation. It may be that the climatic conditions in this eastern county, with its bracing and invigorating air, account for the better physique of the children compared with those of the South West of England. The country child develops a hearty appetite, and the staple diet of the cottager of fat bacon, with garden produce, gives a dietary rich in body building and growth and health producing foods. If it can be arranged that all country children who do not return home at mid-day can have a hot meal at school the percentage suffering from malnutrition will be still further reduced and the country children in Lincolnshire, with their great natural advantages, will be second to none in England in physical development and health.

TABLE A.

Age	BOYS				Age	GIRLS			
	Average Heights		Average Weights			Average Heights		Average Weights	
	Urban	Rural	Urban	Rural		Urban	Rural	Urban	Rural
4	40.96	40.59	38.30	39.69	4	40.27	39.71	37.45	35.92
5	41.62	42.10	40.43	41.27	5	41.19	42.28	39.09	41.41
6	43.96	44.04	42.97	45.23	6	44.10	43.49	42.63	43.98
7	46.83	46.34	50.25	49.64	7	45.90	47.46	49.20	49.37
8	47.71	48.52	54.32	54.52	8	47.52	48.47	51.54	54.27
9	50.13	50.10	57.24	57.74	9	50.86	49.83	57.48	56.48
10	51.38	53.53	6.519	64.06	10	50.57	53.5	60.14	68.5
11	54.75	53.10	68.00	66.45	11	53.50	49.50	67.6	66.3
12	55.07	56.28	74.84	77.22	12	58.87	57.44	73.07	79.30
13	56.01	58.82	79.96	81.81	13	56.88	58.99	79.32	85.97
14	62.80	60.81	96.20	95.19	14	58.71	60.25	87.00	86.88

TABLE B.
Number of Children with Defects.

	Number of Children Examined		Number of Children showing Defects		Number of Defects found				Percentage Children Examined found to have defects	
					Referred for Treatment		Referred for Observation			
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Boys ...	1150	1090	477	388	349	253	331	235	41.48	35.60
Girls ...	1005	989	418	365	277	224	256	241	41.59	36.91
Totals ...	2155	2079	895	753	626	477	587	476	41.53	36.22

TABLE C.
Malnourished Children.

	Number of Malnourished Children.		Percentage of Children examined found to be Malnourished		Percentage of Malnourished Children with other defects				Total number of defects in Malnourished Children			
					Referred for Treatment		Referred for observation		Referred for Treatment		Referred for observation	
	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban	Rural
Boys ...	69	48	6.0	4.40	47.83	29.17	23.19	33.3	53	17	33	21
Girls ...	51	47	5.07	4.75	49.02	46.81	31.37	27.66	35	23	27	16
Totals	120	95	5.57	4.57	48.33	37.89	26.67	30.53	88	40	60	37

2. The Incidence of Goitre amongst Children leaving School in Lindsey.

At the request of the Board of Education a special enquiry was made in 1924 by all the medical inspectors in the county as to the extent of the prevalence of goitre or enlargement of the thyroid gland amongst children of 12 years of age.

1,303 boys were examined and 1,354 girls. Amongst the boys only two showed well marked goitre, while 15 had slighter degrees of enlargement of the thyroid. In all cases the goitre was noticeable on casual examination and did not require palpation or special measurements to demonstrate it. The percentage of boys affected was 1.30. Amongst the girls 11 had well marked enlargement of the gland and 26 slighter evidence of enlargement. In them the percentage was 2.73.

The geographical distribution does not show special incidence in any particular locality. Cases were found almost equally in the low lying districts with clay sub-soil as on the so-called "cliff"

where the sub-soil is of oolite or limestone. Very few cases were noted on the wolds, the hills of which are composed of chalk. From these figures it is evident that goitre is not especially prevalent in this county amongst children at the age of leaving school.

3. **Encephalitis Lethargica.**

There were seven cases of encephalitis lethargica or so-called sleepy sickness amongst children between five and sixteen years of age in the county in 1924.

Distribution.

Four cases occurred in the Scunthorpe Urban District, and one case in each of the Rural Districts of Gainsborough, Louth and Spilsby.

Age and Sex.

Of the seven cases, five were males and two were females. Their ages were, males, five, six, two at 10, and one at 14; and females, 12 and 15.

After-History of the Cases.

One had severe symptoms and died.

Two recovered, apparently cured with, apart perhaps from occasional headaches, no evidence of mental disturbance.

Amongst the rest the sequelæ varied and may best be described by notes regarding each case:—

Dorothy Michael, aged 15 years.

The mother states that the girl is delicate since the illness, and is unable to go out to service.

Reg. Radford, aged 10 years.

Not attending school. His memory is very bad and the child is very dense. He also suffers from sleeplessness. Now slightly improving. He is incontinent and is continually spitting.

Horace Drury, aged 12 years.

Boy is at school. Very bad sleeper and takes a great deal of time to perform small jobs such as cleaning boots, etc. His father states he is quite willing to do boot cleaning but is very slow at jobs of this description, and he has a habit of spitting.

Verdun Howell, aged 6 years.

This child is very dull and loses much time at school. He sleeps very badly.

We have information in regard to three other cases, notified since 1st January, 1919, amongst children who are still between the ages of five and sixteen. They are two boys and one girl in the Isle-of-Axholme Rural District. One boy recovered without mental or physical sequelæ, and the other two children recovered with some irritability of temper still noticeable.

Treatment.

Patients suffering from this disease need good nursing night and day, which cannot be obtained in the homes of the working class. The disease is undoubtedly infectious, which affords another reason why the cases should not be treated at home. Unfortunately, the fever hospital accommodation in the county is inadequate to meet the needs of sufferers from the ordinary infectious diseases, such as scarlet fever and diphtheria, and except at Lincoln and Grimsby there are no observation wards available for treatment of other infectious diseases such as encephalitis. The County Council are prepared to establish an Infectious Diseases Hospital at Scunthorpe with a pavilion planned on the cubicle system, which would enable us to give hospital treatment to cases of this disease. The proposed hospital is held up on account of difficulties in regard to rating, which require an alteration in the Statute under which the hospital is to be provided. It is understood that parliamentary sanction for the necessary alteration is being sought.

STATISTICAL TABLES.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

(A.) Routine Medical Inspections, 1924.							
Number of Code Group Inspections.							
Entrants	...	...	...	...	...	...	3788
Intermediates	...	...	...	...	...	...	3600
Leavers	...	...	...	...	...	...	4263
Total							11,651
Number of other Routine Inspections, 464.							
(B.) Other Inspections.							
Number of Special Inspections	...	...	...	...	...	...	733
Number of Re-inspections	...	...	...	...	...	...	5918
Total							6,651

TABLE II.

A. Return of Defects found in the course of Medical Inspection in the year ended 31st December, 1924.

DEFECT.	CODE GROUPS.		SPECIALS.	
	No. referred for treatment	Number requiring to be kept under observation but not referred for treatment.	No. referred for treatment.	No. requiring to be kept under observation but not referred for treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	65	273	12	8
UNCLEANLINESS.				
Head	167	8	10	...
Body	15	...	9	...
SKIN.				
Ringworm { Head	16	...	5	...
{ Body	4	...	3	...
Scabies	41	...	6	...
Impetigo	61	3	19	...
Other Diseases (Non-Tubercular) ..	18	21	8	2
EYE.				
Blepharitis	45	18	16	...
Conjunctivitis	7	4	1	...
Keratitis	3	...	1	...
Corneal Opacities	3	2	1	1
Defective Vision	550	124	125	7
Squint	67	29	23	2
Other Conditions	10	11	21	...
EAR.				
Defective Hearing	57	166	27	3
Otitis Media	76	41	20	2
Other Ear Diseases	202	5	25	1
NOSE & THROAT.				
Enlarged Tonsils	136	546	43	6
Adenoids	61	113	16	6
Enlarged Tonsils and Adenoids ...	275	181	36	5
Other Conditions	26	16	6	6
ENLARGED CERVICAL GLANDS (Non-Tubercular)	36	256	6	11
DEFECTIVE SPEECH	2	18	1	3
TEETH.				
Dental Diseases	85	9	10	...
HEART & CIRCULATION.				
HEART DISEASE.				
Organic	29	107	2	2
Functional	7	108	3	6
Anæmia	107	169	25	19
LUNGS.				
Bronchitis	64	172	14	18
Other Non-Tubercular Diseases ...	4	20	1	...
TUBERCULOSIS.				
PULMONARY.				
Definite	6	2	5	2
Suspected	78	114	8	13
NON-PULMONARY.				
Glands	10	7	3	...
Spine ... ..	...	1	1	...
Hip	2	1	...	...
Other Bones and Joints	1	2	1	...
Skin ... ..	...	1	1	...
Other Forms	3	3	1	...

TABLE II.—Continued.

A. Return of Defects found in the course of Medical Inspection in the year ended 31st December, 1924.

DEFECT.	CODE GROUPS		SPECIALS.	
	No. referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	No. referred for treatment.	No. requiring to be kept under observation but not referred for treatment.
(1)	(2)	(3)	(4)	(5)
NERVOUS SYSTEM.				
Epilepsy	1	10	1	2
Chorea	10	5	2	2
Other Conditions	8	54	1	6
DEFORMITIES.				
Rickets	6	10	3	...
Spinal Curvature	29	32	2	...
Other Forms	7	45	4	...
OTHER DEFECTS and DISEASES	87	131	33	12

TABLE II.

B.—Number of individual children found at Routine Medical Inspection to require treatment (excluding Dental Diseases and Uncleanliness.)

Group	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
1	2	3	4
<i>Code Groups :</i>			
Entrants	3,788	539	14.23
Intermediates	3,600	647	17.97
Leavers	4,263	672	15.76
Total (code groups)	11,651	1,858	15.95
Other Routine Inspections ...	464	74	15.95

TABLE III.
RETURN OF ALL EXCEPTIONAL CHILDREN IN
THE AREA, ON 31st DECEMBER, 1924.

		Boys.	Girls.	Total.
BLIND (including partially blind).				
(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	11	6	17
	Attending Public Elementary Schools	—	—	—
	At other Institutions	—	—	—
	At no School or Institution	2	2	4
(ii) Suitable for training in a School or Class for the partially blind	Attending Certified Schools or Classes for the Blind	—	—	—
	Attending Public Elementary Schools	2	4	6
	At other Institutions	—	—	—
	At no School or Institution	1	1	2
DEAF (including deaf and dumb and partially deaf).				
(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	8	8	16
	Attending Public Elementary Schools	1	3	4
	At other Institutions	—	—	—
	At no School or Institution	3	1	4
(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
	Attending Public Elementary Schools	2	3	5
	At other Institutions	—	—	—
	At no School or Institution	1	—	1
MENTALLY DEFECTIVE.				
Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	3	1	4
	Attending Public Elementary Schools	79	75	154
	At other Institutions	—	—	—
	At no School or Institution	12	10	22
Notified to the Local Control Authority during the year.	Feeble-minded	3	1	4
	Imbeciles	1	—	1
	Idiots	—	—	—
EPILEPTICS				
Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics	1	1	2
	In Institutions other than Certified Special Schools	—	—	—
	Attending Public Elementary Schools	1	—	1
	At no School or Institution	6	1	7
Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	9	9	18
	At no School or Institution	—	1	1
PHYSICALLY DEFECTIVE.				
Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	1	2
	At other Institutions	—	—	—
	At no School or Institution	8	4	12
Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
	At Certified Residential Open-Air Schools	19	8	27
	At Certified Day Open-Air Schools	—	2	2
	At Public Elementary Schools	11	15	26
	At other Institutions	—	—	—
At no School or Institution	—	3	3	

TABLE III.—*Continued.*

Return of all Exceptional Children in the Area.

		Boys.	Girls.	Total.
Delicate children (<i>e.g.</i> pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools ...	5	3	8
	At Certified Day Open-Air Schools ...	11	11	22
	At Public Elementary Schools ...	243	219	462
	At other Institutions ...	—	—	—
	At no School or Institution ...	9	9	18
Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	9	3	12
	At Public Elementary Schools ...	3	6	9
	At other Institutions ...	2	1	3
	At no School or Institution ...	5	4	9
Crippled Children (other than those with active tuberculous disease) <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	—	—	—
	At Certified Residential Schools ...	1	—	1
	At Certified Day Cripple Schools ...	—	—	—
	At Public Elementary Schools ...	39	22	61
	At other Institutions ...	—	1	1
	At no School or Institution ...	5	8	13

TABLE IV. RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1924.

TREATMENT TABLE.

Group. I. Minor Ailments (excluding uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects Treated or under Treatment during the year		
	Under the Authority's Scheme.	Otherwise.	Total.
1	2	3	4
<i>Skin :</i>			
Ringworm—Scalp ...	115	127	242
Ringworm—Body ...	32	22	54
Scabies ...	51	67	118
Impetigo ...	344	184	528
Other Skin Diseases ...	135	50	185
<i>Minor Eye Defects :</i>			
(External and other, but excluding cases falling in Group II) ...	54	12	66
<i>Minor Ear Defects :</i> ...	328	275	603
<i>Miscellaneous :</i>			
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.) ...	1431	749	2180
TOTAL ...	2,490	1,486	3,976

TABLE IV.

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.	Number of defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise	Total.
1	2	3	4	5
Errors of Refraction (including Squint) ...	1053	341	19	1413
Other Defect or Disease of the eyes (excluding those recorded in Group I.) ...	106	83	—	189
Total ...	1,159	424	19	1,602

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	859
(b) Otherwise	...	...	230

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	...	...	735
(b) Otherwise	...	...	154

TABLE IV.

Group III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS				
Received Operative Treatment.			Received other Forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.		
1	2	3	4	5
192	122	314	248	562

TABLE IV. (Cont.)
Group IV. Dental Defects.

(1) Number of Children who were :—			
(a) Inspected by the Dentist.			
	<i>Aged.</i>		
	5 ...	—	
	6 ...	518	
	7 ...	447	
	8 ...	395	
Routine Age Groups	9 ...	—	} Total 1360.
	10 ...	—	
	11 ...	—	
	12 ...	—	
	13 ...	—	
	14 ...	—	
Specials	...	...	1738
	Grand Total	...	<u>3098</u>
(b) Found to require treatment 2802			
(c) Actually treated 2639			
(d) Re-treated during the year as the result of periodical examination 24			
(2) Half-days devoted to Inspection and Treatment ... 415½			
(3) Attendances made by children for treatment ... 2639			
(4) Fillings { Permanent Teeth { 9 18 } Total 219. { Temporary Teeth { 0 3 }			
(5) Extractions { Permanent Teeth 622 } Total 5542. { Temporary Teeth 4920 }			
(6) Administrations of general anaesthetics for extractions, 1985.			
(7) Other Operations { Permanent Teeth 129 } Total, 439. { Temporary Teeth 310 }			

TABLE IV.

Group V. Uncleanliness and Verminous Conditions.

(I)	Average number of visits per school made during year by School Nurses	...	...	...	...	...	3.91
(II)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	75,964
(III)	Number of individual children found unclean	...	...	...	...	...	2,539
(IV.)	Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	Nil.
(V)	Number of cases in which legal proceedings were taken :—						
	(a) Under the Education Act, 1921	...	...	...	...	...	Nil.
	(b) Under the School Attendance Bye-Laws	...	...	...	...	...	2

