[Report 1925] / School Medical Officer of Health, Norfolk County Council.

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NORFOLK COUNTY COUNCIL.

19TH ANNUAL REPORT

OF THE

County Medical Officer of Health

AND

School Medical Officer

FOR

1925.

PART I.

ANNUAL REPORT

OF THE

School Medical Officer

BY

J. T. C. NASH, M.D., C.M. (Edin.), D.P.H. (Camb.), C.M.O., etc.

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STATISTICAL SUMMARY.

LOCAL EDUCATION AUTHORITY: NORFOLK COUNTY COUNCIL.

Area of Administrative County	1,303,570 acres
Assessable Value of County for Special Purposes ...	£1,496,479
Population of County, Census 1921 (apart from Norwich, Yarmouth and King's Lynn, which have separate Education Authorities)	322,914
Education Rate, 1925-26—	
Elementary 2/1 } 1d. Rate producing for Elementary Education	£6,235
Higher 3d. } for Higher Education ...	£6,605
Average Number of Children on the Registers of the Public Elementary Schools in the Administrative County of Norfolk during the year 1925 ...	44,727
Number of Elementary Schools under the Education Authority	489

The Shirehouse,
Norwich,
February, 1926.

As in previous years, I beg to submit my 19th Annual Report of the School Medical Officer as Part I. of the Annual Report of the County Medical Officer of Health. With a satisfactory staff, professional and clerical, for School Medical Inspection work, the data for my report as School Medical Officer can be laid before me comparatively early in the year, so that Part I. of my Report can be in the hands of the Medical Inspection Committee by March 31st. School Medical Inspection and consequent amelioration of defects found forms a very important part of the County Council's Health activities. The link between the Medical Inspection Committee and the Public Health Committee has been materially strengthened during 1925 by the election of one and the same gentleman to the Chairmanship of both Committees. The County Medical Officer of Health is also the Chief School Medical Officer, so that all the health activities of the various Committees are co-ordinated under one chief officer.

In no sub-department of these activities is this more desirable than in connection with adequate provision for the detection and treatment and training of physically defective children since the County Council, both as a Health and an Education Authority, is empowered to actively engage in the work of the prevention and amelioration of crippling defects (Maternity and Child Welfare Act 1918, Education Acts, 1918 and 1921, Tuberculosis Clauses of the National Insurance Act 1911). In furtherance of co-ordination, a Joint Committee has been formed, consisting of members of both the Public Health Committee and the Education Committee.

1. **Staff for Medical Inspection.** A full list of the whole-time Staff of the School Medical Service appears on page 3. The only changes occurred among the Nursing Staff. In addition to the whole-time Staff, a number of Medical Practitioners in the County experienced in Refraction work or Operative work for enlarged Tonsils and Adenoids, continue to undertake such work on vouchers, supplied by the Education Committee. Ophthalmic Specialists who undertake work in connection with the School Medical Service are:—Dr. Arthur Greene and Dr. G. Maxted of Norwich, and Dr. W. Wyllys of Yarmouth.

2. **School Clinics.** The Dental Vans form locomotive Dental Clinics. Six small Clinic erections, fitted for treatment, serve for the treatment of minor ailments, and are situated respectively at East Dereham, North Walsham, Wymondham, Wells, Walsoken and Fakenham. Other Clinic Huts, at Downham, Martham, Redenhall, Watton, Sheringham, Diss, Melton Constable, Hunstanton and Reedham, though not completely equipped, are occasionally used by the School Nurse for the treatment of minor complaints. The A.S.M.O.'s are responsible for the treatment at the Clinics in their respective areas, the treatment being applied by the Nurse, under the supervision of the A.S.M.O.

MINOR AILMENTS. Clinics were held weekly at the equipped Clinics, which indicates that about 250 such Clinics were held in the year.

REFRACTION CLINICS are held at many more Centres. In 1925, at 102 Centres, 175 Refraction Clinics were held.

Occasionally the Clinic buildings are utilised for Dental purposes.

3. **Local Care Committees.** Arrangements continue as outlined in previous Reports. Apart from distinctive exceptions, the Teachers remain the most active members of these Committees, and continue to take a deep interest in the amelioration of defects found at medical inspection.

4. **Supervision of the School Medical Service.** Schedules of each week's work are sent out from my office. The S.M.O. or S.A.S.M.O., from time to time pay visits of supervision to Schools and Clinics, when School Doctors, Dentists or Nurses are at work.

5. **Arrangements with Hospitals.** Arrangements now include the Jenny Lind Hospital, Norwich; the Lynn and West Norfolk Hospital, King's Lynn; the North Walsham and District Cottage Hospital, North Walsham; the North Cambridgeshire Hospital, Wisbech; and the Coltishall Nursing Home, where Mr. J. Burfield, F.R.C.S., Surgeon to the Norfolk and Norwich Hospital, performs operations for Tonsils and Adenoids.

6. **Co-ordination.** Arrangements continue for co-ordinating the School Medical Service with other branches of Public Health work. When a School is visited on account of epidemic disease, the local M.O.H. is apprised of the visit and his co-operation invited.

Conferences of the Medical, Dental and Nursing Staffs are held, and co-ordination has been effected with the Organizer of Physical Training.

7. **School Hygiene.** The Assistant S.M.O.'s are revising the data accumulated in 1909 as to the sanitary condition of the Schools. The Secretary's attention is drawn to any obvious defects. It is the duty of District Sanitary Authorities also to ensure due hygienic conditions in Schools in their area of authority. Gradual improvement is being effected in the hygienic condition of many Schools, as indicated in the following list, for which I am indebted to Mr. Bullen, Building Inspector of the Education Committee.

List of Alterations, Improvements, etc., to Schools carried out from 1st April, 1925, to 31st March, 1926:—

NEW SCHOOLS.—Diss Secondary (completed), Watton (nearing completion), West Walton (in progress), Walpole Cross Keys (in progress), Walpole St. Andrew, Additions (in progress).

NEW HOUSES.—Field Dalling (completed), West Walton (in progress).

STRUCTURAL ALTERATIONS AND IMPROVEMENTS.—Fakenham Secondary, New Class Rooms; Beechamwell, Lighting, etc.; Crimplesham, Lighting and Ventilation; West Somerton, Offices; Walsoken Norwich Road, New Shelters; Aylsham, Erection of Handicraft Hut; Hunstanton (House), Alterations and Additions; Rockland St. Peter (House), Alterations and Additions.

DRAINAGE AND LAVATORIES.—Shelton, Whitwell.

HEATING.—East Runton, East Ruston, Southery, Topcroft, Walsoken Kirkgate Street.

PARTITIONS.—Blofield, Downham Market, Ludham, East Ruston.

NEW FLOORS.—Crimplesham, Hempnall, Swanton Novers, North Walsham.

PLAYGROUNDS.—*Bressingham, *Caister Mixed, *Caister Infants, *Corpusty, *Downham Market, *Hempnall, †Southery, *Barroway Drove, *Stow Bridge, †Thetford, *Thurlton, *Tilney St. Lawrence, †North Walsham, *Wiggenhall St. Germans. (*Tarmac, †Tarspray.)

RENOVATIONS.—3 Secondary Schools, 52 Provided Schools, 102 Non-Provided Schools, 27 Teachers' Houses.

DENTAL VAN OVERHAULED.—Van No. 5.

Obsolete desks are being gradually replaced by modern furniture.

Slippers for children are provided in many Schools for use in wet weather, and arrangements for supplying children with a hot drink (cocoa) in many others. There are yet some Schools where similar arrangements would be welcome. In a later paragraph I make some suggestions as to cheap school meals.

8. **Medical Inspection.** The instructions to Head Teachers have again been revised, and the following is a copy of the form now in use. If these instructions are carefully followed by the teachers, there should be little leakage.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Dear Sir or Madam,

Please complete the attached form and return it to me as soon as possible.

The Board of Education regulations relating to the ages at which children are to receive routine medical inspection have been revised, and are now as follows:—

The Local Authority must provide for the Medical Inspection of all children in Public Elementary Schools as soon as possible in the 12 months following:—

(a) Their **First** Admission to a Public Elementary School.

(b) Their attaining the age of 8 years.

(c) Their attaining the age of 12 years.

I would again remind you that any child who misses a routine inspection should be presented at the next Medical Inspection of the School.

Will you please be sure to see that there is a medical card at the School for every child on the Register, also check them carefully to see that every child due for inspection is included on the annexed return.

In order that the medical history of a child may be continuous, the medical and dental cards of any child who removes to another School should at once be sent to me. Cards of children who leave through age should also be forwarded to the office.

I have also to specially direct your attention to the Committee's Regulations, Section XVI., Medical Inspection and Treatment.

Yours faithfully,

J. T. C. NASH, M.D.

The Head Teacher. School Medical Officer.

(*a*) Number of Children admitted to an Elementary School for the **first** time who have not had a Routine Medical Inspection ... ...
(See (a) on preceding page.) _____

(*b*) Number of Children who are 8 years of age ...
(See (b) on preceding page.) _____

(*c*) Number of Children who are 12 years of age or over who have not been medically inspected since reaching the age of 12 ... ... _____

(*d*) Number of Children who were not medically inspected on admission and who are under 8 years of age ... _____

(*e*) Number of Children who have not been medically inspected since reaching 8 years of age and who are under 12 years ... ... _____

(*f*) Number of Specials, *i.e.*, children outside the routine age groups, whom parents or teachers desire to be examined ... ... _____

(*g*) Number of Defectives for Re-examination, viz., the Children whose names are in the Medical Log Book and have not been crossed out ... ... _____

(*h*) Number of Children whose cards have been marked "See again" ... ... _____

N.B.—No child should be counted more than once in the above numbers.

This indicates the arrangements for the inspection of age-groups. The schedule of work of the Assistant S.M.O.'s is based on these returns.

The routine Medical Inspection figures are given in Table I. Entrants again numbered more than in the previous year, but there were fewer intermediates and leavers.

It will be seen from Table (I.) that a total of 15,193 underwent routine medical inspection, an additional 2,385 were seen as "Special" cases, while a further 10,130 found defective at previous medical inspections were re-examined, making a grand total of 27,708 children individually medically inspected, whether as "routine" or "special."

The Board's Schedule was fully followed.

Early Ascertainment of Crippling Defects.—In former Annual Reports I have recorded how these cases are noted in a Special Register. Every available means of ascertainment which occurs to me is being utilised.

9. **Findings of Medical Inspection.** (Table II.)

(*a*) MALNUTRITION. See remarks under Physical Training in relation to Nutrition.

(*b*) UNCLEANLINESS. Out of 15,193 routine children inspected, 112 were referred for treatment. Although not one child in one hundred is found verminous now, the campaign against uncleanliness must not be allowed to slacken. Dr. Sexton's experience is that uncleanliness is more common in areas where female labour is employed, leading to neglect of household duties.

(*c*) SKIN DISEASES. The number of cases of *Ringworm*, *Scabies* and *Impetigo*, although comparatively small, also indicate the need for constant vigilance.

(*d*) EYE AFFECTIONS. 112 children were referred for treatment for Blepharitis, as compared with 120 in 1924.

(*e*) DEFECTIVE VISION. 563 children under routine inspection were referred for treatment, another 684 to be kept under observation.

(*f*) EAR AFFECTIONS. 12 children were referred for treatment on account of *Defective Hearing*. For *Otitis Media*, 20 children for treatment, and 52 for other Ear Diseases.

(*g*) AFFECTIONS OF NOSE AND THROAT. 279 "routines" were referred for treatment for Enlarged Tonsils, 91 for Adenoids and 92 for Tonsils and Adenoids.

(*h*) HEART AND LUNG AFFECTIONS (not including Tuberculosis). The numbers recorded as requiring treatment are not very large.

(*i*) TUBERCULOSIS. No case of definite Pulmonary Tuberculosis was found among the "routines," but 30 "suspects" were referred to the Tuberculosis Officer. As regards non-Pulmonary Tuberculosis, 20 cases were referred for treatment (glands 12, osseous 2, and other forms 6).

(*j*) AFFECTIONS OF THE NERVOUS SYSTEM. 9 cases were referred for treatment, and 24 for observation.

(*k*) DEFORMITIES. 12 cases of Rickets, 10 of Spinal Curvature, and 42 other forms were noted during routine inspection for treatment.

10. **Dental Defects.** The total number of children inspected in 1925 was 22,244, the results being duly noted on special dental cards. Of these, 13,535 required treatment. Parents consent having been obtained, 6,920 received treatment under the Local Education Authority's Scheme; 4,612 being re-treated as the result of periodical examination. 9,391 attendances were made by children for treatment. In addition to a very large number of necessary extractions, chiefly of temporary teeth, when teeth were past saving, 4,778 fillings were effected. Scaling is an important measure, which often prevents further trouble. Many of these cases take as long as "fillings." Scaling is included under "other operations," 12,562 in number.

11. **Infectious Diseases.** The methods adopted for many years past, given in former Reports, have again proved useful in dealing with these.

During the latter part of the year there were notifications of Jaundice in unusual numbers from North Elmham and from Blakeney Schools. I enquired locally into them, and also informed the Medical Department of the Ministry of Health; a Medical Officer of the Ministry is now enquiring into these outbreaks, and some elsewhere. I have, in former Annual Reports of the County M.O.H., ventured to support the suggestion that unusual outbreaks of disease are likely to follow pandemics of Influenza.

CLOSURES UNDER ARTICLE 45 (B).

Closed on advice of S.M.O.	238
Closed on advice of District M.O.H. with subsequent approval of S.M.O.	4
Closed by Managers with subsequent approval of S.M.O.	1
Total ...	243

(This total includes 34 closures of Departments only.)

No Schools were closed under Article 57.

Diseases responsible for School closure were:—Measles 26, Influenza 182, Scarlet Fever 10, Whooping Cough 7, Mumps 4, Colds, etc., 5, Mixed Infections 8, Diphtheria 1.

13,919 children were temporarily excluded or re-excluded under Art. 53 (B) on account of infectious complaints. Many closures were thus prevented. 36 complete classes were also excluded with this result.

12. **Following up.** Particulars of all children found at medical inspection to require treatment are entered by the A.S.M.O.'s in the Medical Log Book of the School. The cases are then followed up by the Local Care Committee, who report the result to me at the end of three months. Any outstanding cases are then, if necessary, referred to the School Nurses.

13. **Work of School Nurses.** The number of, and division of work of, the School Nurses remains as set out in my Report for 1924.

(*a*) MINOR AILMENTS.

(i.) TREATED AT SCHOOL CLINICS. Clinics have again been held weekly throughout the year at the six centres authorised by the Board of Education. An Assistant School Medical Officer attends once a month and supervises the work of the School Nurse, who attends weekly. The following is a summary of the work performed at the six equipped Clinics:—

DISEASE.	No. of Individual children treated.	RESULT OF TREATMENT. No. cured.	No. still to attend.	No. left or refused treatment.	Total attendance at clinic.
Impetigo	313	289	22	2	1518
Scabies	3	2	—	1	42
Ringworm—Scalp ...	23	14	7	2	296
,, Body ...	12	12	—	—	58
Other Skin Diseases ...	241	176	57	8	1760
Minor Injuries ...	555	517	34	4	2156
Discharging Ears ...	45	26	18	1	480
Other Ear Diseases ...	22	19	3	—	109
Blepharitis	73	42	27	4	914
Conjunctivitis ...	24	17	7	—	161
Other Eye Disesases ...	34	33	1	—	153
Enlarged Glands ...	38	23	15	—	398
Rhinitis	1	—	1	—	10
Verminous Heads ...	3	2	—	—	8
Miscellaneous ...	22	9	8	5	129
Goitre	3	1	2	1	22
Total ...	1412	1182	202	28*	8214

*22 of these had left School.

(ii.) TREATED AT SCHOOLS OR AT HOME. The equipped School Clinic hutments continue to serve only the Schools in the small towns in which they have been erected. Children in other Schools are followed up by the School Nurses (and where necessary treated), at their own Schools or in their homes. During the year the following cases have been dealt with :—

DISEASE.	No. of Children followed up.	DISEASE.	No. of Children followed up.
Impetigo	313	Minor Injuries ...	209
Scabies	3	Ear Disease	76
Ringworm—Scalp ...	211	Eye Disease	248
,, Body ...	23	Miscellaneous	105
Other Skin Diseases ...	22		

(*b*) SURVEYS OF CHILDREN FOR UNCLEANLINESS.

Number of visits to Schools	4,036*
Average number of visits made to each School visited ...	7.5
Total number of Children examined	169,797
Number of individual Children found unclean (*i.e.*, vermin or nits)	5,716
Number of Children excluded at the Nurse's visits ...	359
Number of Special Warning Letters *re* Nits sent to Parents	231
Number of Letters sent on First exclusion	184
Number of "Final Warning" Letters sent to Parents ...	91
Number of homes visited	564
Result of "following up"—	
Clean	1,459
Improved	3,182
Unsatisfactory	240

*Includes 1773 complete surveys of all children in School.

In 64 Schools, on 112 occasions, all the children were found quite clean, *i.e.*, free from nits as well as from live vermin.

VERMINOUS PROSECUTIONS. Twenty-eight prosecutions for absence occasioned by uncleanliness were taken under the Attendance Bye-Laws. Fines amounting to £8 11s. 0d. were inflicted, viz. :—

£1	10/-	7/6	5/-	2/6	1/-	Dismissed with Caution.
3	3	1	12	5	1	3

14. **Medical Treatment.** *Review of the Medical Services used or available for treatment of Defects in School Children, apart from treatment directly provided by parents.*

The arrangements remain as outlined in my Report for 1922.

Work done under these arrangements in 1925.

	Refraction Work.	Operation T's & A's.	Minor Ailments.
(*a*) Vouchers issued :—			
General Practitioners ...	77	134 ...	—
Specialists (Ophthalmic) ...	129	— ...	—
Hospitals	—	60 ...	—
(*b*) By Whole-time Medical Officers	809	— ...	1412
Totals ...	1015†	194‡	1412*

‡39 Vouchers still outstanding. †10 Vouchers still outstanding.

*In addition to cases treated at the Clinics, 1,210 children were treated by the School Nurses in the Schools or at the homes of the children.

Eye Clinics for Defective Vision. (1). During 1925, 175 Refraction Clinics were held by the School Medical Staff, at 102 centres.

At these there were examined by retinoscopy 954 children, and the prescriptions for glasses issued numbered	809
Number of Spectacles provided	787

At the time of writing this report, in only 22 cases had glasses not been obtained, *i.e.*, over 97 per cent. of the children advised glasses were actually provided for. It will be seen that the majority of examinations are done by the whole-time Medical Staff. Administratively, and in the long run in the best interests of the children, I hope more and more parents will take advantage of the School Eye Clinics. By reason of constant practice, the Assistant School Medical Officers become more and more expert in estimating refraction errors.

(2). Vouchers for prescriptions of glasses by specialists and approved private practitioners, as per scheme—

Number of Vouchers issued (January—December)	206
,, Glasses provided	154
,, Not recommended for glasses	39
,, Glasses provided upon prescription by a private doctor or Eye Hospital	11
,, Referred to a Specialist	3

Operations for Tonsils and Adenoids. 343 children are known to have received operative treatment during the year 1925; 154 of these operations were performed through the Authority's Treatment Scheme.

134 vouchers were issued during the year for operations by approved practitioners in accordance with the Authority's Scheme. A number of operations are performed in Cottage Hospitals, but I think it would be better if all the Cottage Hospitals had direct arrangements with the Committee, as at North Walsham, and that one particular surgeon dealt with all these cases.

The School Nurse visits the parents of each child operated on, as soon as possible after the operation, to instruct them in the after-care necessary, and also arranges with the Head Teacher for special attention to be paid to breathing exercises. This visit is repeated again after about six weeks, to see that the instructions are being carried out.

Tuberculosis. Children with definite or suspected Tuberculosis are referred to the Tuberculosis Officer for special examination, and, where necessary, for treatment under the County Council's Tuberculosis Scheme.

Thyroid Treatment. 56 cases of Parenchymatous Goitre, and one case of Mental Deficiency have been under Thyroid treatment during the year 1925.

86 bottles of ½-gr. Tabloids, 26 of 1-gr., one of 2-gr., and one of 2½-gr., have been issued, at an approximate cost of £4 10s. 6d.

The administration of the Thyroid treatment in four cases was under the supervision of the School Medical Service, whilst in the other cases the administration was under the supervision of local practitioners, who kindly consented to undertake supervision. All cases are seen again by the A.S.M.O. in re-examination.

Particulars of Cases.

Mental Deficiency.—One case continued since 1924; latest report, "condition definitely improved."

Goitre Cases.—Treatment of 12 cases was continued from 1924; three of these were still under treatment on 31st December, 1925.

Treatment of 44 new cases was started in 1925, and 20 cases were still under treatment on 31st December, 1925.

Report on Treatment of Goitre Cases with Thyroid carried out in 1924-25.

	Cases.
Cured	3
Goitre diminished; general health improved	23
General health improved; no change in Goitre	5
No apparent improvement	20
Did not attend regularly for treatment	8
Thyroid did not agree with child	1
Parents refused	1
Left School	3
No report as yet to hand	6
	70

Treatment of Defects which do not fall under the Local Authority's Treatment Scheme.

(Compiled chiefly from Reports received from Local Care Committees.)

Defect.	Number of Children Treated. Referred previous to 1925.	Referred in. 1925.	Total.
Malnutrition	6	9	15
Underweight	44	47	91
Corneal Ulcer	2	1	3
Keratitis	—	1	1
Other Eye Disease	—	4	4
Defective Hearing	3	8	11
Otitis Media	20	31	51
Other Ear Disease	5	7	12
Enlarged Glands (Non. Tb.)	12	26	38
Heart—Functional	4	5	9
Anæmia	31	50	81
Bronchitis	4	16	20
Lungs, other (Non. Tb.)	2	9	11
Epilepsy	3	2	5
Chorea	—	2	2
Other Nervous Disease	1	5	6
Spinal Curvature	7	7	14
Other Deformities	14	13	27
Other Defects and Diseases	46	109	155
Total	204	352	556

15. **Crippling Defects and Orthopædics.** The Joint Committee (referred to on page 5) has adopted the following preliminary scheme for dealing with physically defective children. The County Council sanctioned the proposal, and the Ministry of Health and the Board of Education gave their general approval.

OUTLINE OF A SCHEME FOR TREATMENT OF CHILDREN UNDER SIXTEEN YEARS OF AGE.

Scope—Examination and Treatment of—

(a) Crippling Defects of tubercular origin (other than Pulmonary Tb.) in children under 16 years of age.

(b) Crippling Defects of non-tubercular origin in children under 16 years of age.

(Cases of Pulmonary Tuberculosis are already dealt with under the Council's Scheme for the treatment of Tuberculosis.)

ASCERTAINMENT.—By means of the Assistant School Medical Officers, School Nurses, Health Visitors, District Nurses, Relieving Officers, Infant Welfare Centres, Head Teachers, etc.

EXAMINATION.—All cases to be first examined by an Orthopædic Surgeon for advice as to the treatment required.

TREATMENT.—In-Patient Treatment.—It is hoped to arrange for this at the General Hospitals in the County at Norwich and King's Lynn, and enquiries are being instituted with the Hospitals concerned.

Out-Patient Treatment.—At Clinics to be arranged in different Centres in the County, the main Centre to be in Norwich. Possibly the use of some of the Cottage Hospitals may be available. The Centres also to be used for the supervision and After Care of cases discharged from the Hospital.

The supply of any surgical appliances necessary. X-ray examination as an aid to diagnosis.

STAFF.—An Orthopædic Surgeon. Orthopædic Nurse or Nurses (either engaged by the Hospital or by the Local Authority) to work under the direct supervision of the Orthopædic Surgeon.

The Nurse to visit each Clinic weekly, and the Surgeon once a month.

The School Nurses and Health Visitors, and it is hoped Voluntary Organisations, will assist in following up the children needing After Care and securing their attendance at the Clinic when necessary.

The cost of the Scheme to be charged pro rata to the Public Health Committee (under the Maternity and Child Welfare Scheme and Tuberculosis Scheme) and the Education Committee at the end of each financial year.

J. T. C. NASH.

The putting of this Scheme into operation was delayed by Circular 1371, and so did not progress further in 1925.

Cases requiring orthopædic supervision and treatment include:—

(*a*) Those for whom class exercises only are required subject only to initial and periodical supervision. These include slight cases of lateral curvature of the spine, due to improper desks, etc. The most obvious means of prevention is the provision of suitable desks. Meanwhile these cases of slight lateral curvature are being dealt with in connection with the organisation of Physical Training. I have not included such slight cases among the 400 children estimated as requiring to be seen by an Orthopædic Surgeon as a preliminary measure.

(*b*) Those requiring treatment in a Hospital, or in a Centre which is an outpost of an Orthopædic Hospital, and which should be supervised by a surgeon trained in orthopædic methods.

16. **Dental Defects.** Particulars with regard to treatment are given on page 9.

Parents are yearly becoming more aware of the advantages afforded them by the Committee's School Dental Service, and are more anxious that the permanent teeth of their children should be adequately attended to. There is abundant evidence that the dental condition of the children, especially in the older children, is steadily improving. The amount of dental work accomplished depends in a high degree on the keenness and influence of the Head Teacher.

Mr. Nixon draws attention to the fact that a large amount of the work done now is of a more difficult nature than previously, because a large proportion of children for treatment require fillings in permanent teeth.

Mr. Nixon also states "from a dental point of view the condition of the children shows a decided improvement, and with the exception of the persistent refusals, the extremely bad cases are fast disappearing, and at the present time these cases crop up amongst the younger children who are coming up for treatment for the first time; amongst the older children, with the exception of the aforesaid persistent refusals, there is a marked improvement, and a large number of children who have had treatment on one or more visits now come forward with excellent dentitions."

The percentage of refusals to have treatment has again decreased from 52.67 per cent. to 48.87 per cent. This includes the chronic refusals, *i.e.*, those who have refused treatment at every visit of the Dentist.

Hypoplastic teeth again formed a subject of special investigation during the year.

Mr. Cairns still thinks that improper feeding is the chief cause, but his own records show that 38 out of 58 cases he examined had suffered from Measles and bronchial affections.

Mr. Nixon states that about five per cent. of the 5,498 children he inspected during the year showed this deformity in a more or less marked degree. He has formed the opinion that bronchial affections and malnutrition are the most probable causes.

The truth is that mal-nourished and ricketty children are prone to bronchitic affections under all conditions, but particularly when attacked by certain exanthemata, such as Measles. Thus is formed a vicious circle, as will be readily grasped by reading the following annotated précis of an elaborate report by Mr. Millican.

Mr. Millican continued his investigation into Hypoplastic teeth, as recorded in my last Annual Report. As regards children with Hypoplastic teeth, the following were the methods adopted:—

(1) A careful inspection of the teeth and all imperfections recorded.

(2) An interview with the parent was, if possible arranged, for details of the child's medical history during infancy.

For comparative purposes, similar enquiries were made into the infant history of a number of healthy children showing no signs of dental abnormality.

The object was to ascertain what illnesses took place **before the child was three years of age**; that is, before the calcification of the crowns of the permanent incisors, canines and first permanent molars was complete.

Mr. Millican was able to divide the abnormal cases into two classes:—

(*a*) Those in which there was little or no caries, although enamel was deficient.

(*b*) Those entirely devoid of enamel, badly calcified and distinctly carious.

In 1925, of 6,163 children examined, 294 children shewed hypoplasia.

Percentage showing Hypoplasia	4.77%
Total number of cases of Hypoplasia in which parents assisted by their evidence	208
Number of cases tabulated under (*a*)	129
Number of cases tabulated under (*b*)	79
Number of control cases, specially examined, shewing no dental abnormality	93

Many of the cases inspected in group (*b*) shewed, in addition, the presence of Enlarged Tonsils and Adenoids, "Funnel" Chests, "Bossy" Crania, Jaw Deformity. Crowded, carious and dark brown hypoplastic teeth were present in each case.

On the assumption that the majority of the children who had convulsions were at the time suffering from Rickets, Mr. Millican concludes that Hypoplasia in cases which have suffered from Rickets may be distinguished from that caused by exanthemata and respiratory diseases by the presence of jaw deformity, extensive soft caries; absence of enamel on the affected portion of the teeth; dark brown pigmentation (the so-called "Brownin" of Black); poor calcification of the dentine.

This assumption is supported by the remarkable difference which exists in the percentage number of bottle fed children showing Hypoplasia and the percentage number of bottle fed children who had normal teeth.

Mr. Millican's facts and figures are additional evidence in favour of the view that the quality and quantity of the infants' diet exercises a marked influence over the calcification of the skeleton and teeth.

Many children, though bottle-fed, yet show no signs of dental (or other) abnormality; but when full investigation is made, in the majority of cases it is ascertained that the contents of the bottle had been regulated by sound medical advice. Where, however, mothers had not been so guided, their own more or less haphazard or antiquated experiments with the bottle-feeding of the infant, frequently result in Malnutrition through improper feeding.

Breast-fed children, indeed, occasionally shew signs of dental and other abnormalities due to Rickets. This has been shown to be usually caused by

(*a*) The absence or insufficiency of vital ingredients in the human milk (Vitamin A.), often due to Malnutrition of the mother, etc.

(*b*) Insufficient light, air and exercise.

Obviously then the facts adduced by Mr. Millican and others indicate the importance of the prevention of Rickets. This should be aimed at by endeavouring to procure for the expectant and nursing mother an adequate amount in the mother's diet of anti-rachitic factor, calcium and phosphates during pregnancy and **especially during lactation**; while infant and child welfare correlates a similar endeavour to obtain equal richness of the infants' diet in the same substances, and the abundant use of light, fresh air and muscular exercise. Various authorities have afforded evidence by experiment that they are able to prevent Rickets by the administration of cod liver oil (anti-rachitic) diet at a time when this disease is most prevalent, namely, winter and spring.

Among Norfolk children, insufficiency of light, fresh air and exercise are secondary in importance to Malnutrition as a pre-disposing cause of Rickets.

Dental Hypoplasia in Norfolk, on Mr. Millican's showing, may be reasonably attributed to the disturbance of calcium metabolism.

Respiratory diseases, or the Exanthemata accompanied by respiratory disease such as Measles, by no means of themselves always cause dental Hypoplasia. If they did so, then one child in four would be disfigured; but Dental Hypoplasia is more likely to occur in association with these diseases if the child is incorrectly nourished. I suggested in my last Report that the predominant factor in respiratory disease may be associated with a deficiency of oxygen. It will be noted that in Group (*a*) 70.5 per cent. (that is, 91 children out of 129) had been bottle-fed, whereas only 4.6 per cent. (that is, 6 out of 129) had suffered from infantile convulsions.

Bottle-feeding, however scientifically it may be carried out, bears with it the risk of

(*a*) Deficiency in animal fats and the active principles dissolved therein.

(*b*) **The continuation of this deficiency in the post-infantile diet,** due to the fact that the active principles of animal fat have been definitely shown to control the appetite. This is extremely important, as it suggests that bottle-feeding may adversely influence the diet, not only of early infancy, but also of that period of childhood in which most important developmental changes take place, not only in the mouth, but in the whole body.

It can thus be concluded that, from the evidence collected, the great majority of these cases of "hard" Hypoplasia of the teeth, being bottle-fed from birth, only received a bare sufficiency of Vitamin A., or anti-rachitic factor, which was temporarily turned into a deficit by the onset of exanthemata or respiratory disease.

In short, the active principles of animal fat had temporarily ceased to have complete control over calcium metabolism. The presence of abundant oxygen is necessary for the metabolism of fats. The supply of oxygen is temporarily lessened by respiratory disease.

Thus may be explained the characteristic abnormalities of dental tissues described in Mr. Millican's preliminary paper published in my last Annual Report.

HEREDITY.—Some have argued that heredity plays a part in Hypoplasia. Mr. Millican's results are in opposition to this view. No case of Hypoplasia was observed in which true heredity could be said to be the cause.

Collyer ("Dental Surgery and Pathology, 1923") states that "hereditary Hypoplasia is a rare condition," and cites several cases to prove its existence.

Apart from birth heredity, peculiarities may be transmitted by environment, by customs peculiar to a family and handed down from generation to generation; an aphorism which applies particularly to methods of feeding. The ignorant grandmother who "has had eleven children and buried seven" often decides the manner of feeding an infant, even in direct opposition to a modern doctor's advice. Hence many cases of so-called hereditary Hypoplasia are hereditary in this sense only, and are really due to deficiency of Vitamin A., etc., in the family diet through erroneous ideas and methods being transmitted from generation to generation. These deep-rooted maternal prejudices are being systematically sapped and undermined by modernly trained Health Visitors, but they will be prepared to be taken by assault when systematic instruction in Hygiene, with special reference to feeding, becomes, as it should, one of the principal subjects taught to the older children in all schools.

I quote Mr. Millican's conclusions in his own words:—

"(1) Dental Hypoplasia may be divided into two classes—

(*a*) Hard—non-carious and light brown, caused by the temporary overthrow of the balance of calcium metabolism by exanthemata and respiratory diseases.

(*b*) Soft—carious, dark brown, and definitely rachitic in origin.

(2) The great majority of cases of dental Hypoplasia are bottle-fed.

(3) A diet, rich in Vitamin A. (anti-rachitic factor) and calcium phosphate, during pregnancy and lactation results in healthy offspring, free from dental abnormality.

(4) If bottle-feeding is inevitable, then the contents of the bottle should be regulated so as to provide an adequate supply of anti-rachitic factor and calcium phosphate.

(5) The presence of dental Hypoplasia is caused either

(*a*) Directly by Rickets; or

(*b*) By infantile diseases, such as exanthemata or respiratory disease (or both) in subjects who in early infancy have not been provided with a diet containing sufficient Vitamin A. (anti-rachitic factor) and calcium phosphate.

The whole cause of dental Hypoplasia may, therefore, be said to be Malnutrition. Exanthemata and other diseases being secondary and subservient causes: these latter causes, however, producing the majority of cases.

It was found that teething powders had been administered to 62.4 per cent. of the total number of children examined. This point, however, seemed of minor importance, as a very large number of these cases showed perfectly calcified teeth."

17. **Appendicitis.** In my Report for 1924 I indicated how useful School Medical Inspection had been in detecting mild cases of appendicitis in children, which were treated by operation to the advantage of the children. Dr. N. Campbell this year records an interesting case which has been under his observation since 1914, and has shown regular increase in weight. In 1922 the child began to complain of pain in the right iliac region, and was twice at hospital on suspicion of appendicitis. He subsequently had occasional attacks of pain, and in February, 1925, Dr. Campbell found definite pain and resistance over McBurney's point, and advised operation. At the operation several calcareous glands were found at the junction of the ileum and colon with varix of the veins in the neighbourhood. Stercoliths, the appendix, and some varicose veins were removed. In August, 1925, the boy was looking and feeling well. There can be little doubt that the calcareous glands were of tubercular origin, probably dating back to infancy.

18. **Open-Air Education.** There are no Open-Air Schools, but Teachers are encouraged to hold classes in the open air when the weather permits.

19. **Physical Training.**

Prècis of Report of Organiser of Physical Training, for the year ended December 31st, 1925:—

	Schools.	Demonstrations.
Visited for the 1st time ...	257 ...	1001
Visited for the 2nd time ...	41 ...	126

Teachers' Classes were held at Heacham, Sheringham and Loddon.

Course.	No. in Class.	No. of lessons.
Heacham	30 ...	10 (2 hrs.)
Sheringham	47 ...	10 (2 hrs.)
Loddon	20 ...	10 (2 hrs.)

Pupil Teachers' Classes were again held at Norwich, Melton Constable, Downham Market, and East Dereham, and averaged 12 lessons at each. Each Centre has been supplied with the necessary apparatus by the Committee.

The above Classes were attended well with encouraging appreciation. Many Pupil Teachers now give valuable aid in physical training at the Schools.

Attention is given to the cultivation of correct postures, and the O.P.T. notes greater alertness among the children, and improvement in the methods of teaching by the Teachers, many of whom, during an indoor lesson, demonstrate and correct the incorrect movements noted outside.

All children receive physical training unless medically unfit.

During 1925 four Centres were formed for the teaching of folk dancing.

Parents and the public are shewing more interest in Physical Training.

Physical Training in Relation to Nutrition. Physical Training is undertaken largely for the purpose of healthy nerve functioning, which is materially a matter of effective blood and lymph circulation promoted by physical exercises. But in connection both with mental and physical over-pressure, or fatigue, the fact must not be lost sight of that the commonest cause in the Elementary School is insufficiency or faulty balance of food. The diet of growing children should be generous, abundant, and balanced in its proportions. Adequate food is required for purposes of growth, as well as for the more active physiological processes, and the freer exercises of youth. If the food is scanty, growth will be impeded, or some of the body organs will suffer in functional activity. In the growing individual nutrition is the most important thing. The ill-nourished child has little reserve, either muscular or vital, and more easily falls a victim to disease. Bacterial invasion is facilitated by poor nutrition. When nutrition is insufficient, questions of education are pointless. Children of exceptional intelligence are generally well nourished. Dull children are generally inadequately nourished. Adequate exercise is necessary to maintain adequate nutrition, but sufficiency of appropriate food is the fundamental requirement. With the young there is more danger in underfeeding than in overfeeding (while the reverse is the case with those over 40).

Physical Training being undertaken with the object of bringing up a child's health to a high standard, really therefore implies a proper training in regular habits as regards food, drink, sleep, exercise, and other hygienic requirements. If physical training is undertaken as merely synonymous with muscular training, without due consideration for sufficient food, sleep, etc., it will fail to improve the child's health. But when these essentials are duly provided, then the influence of muscular exercise on the general health is profound, supplying heat, improving circulation and respiration, and generally promoting vital capacity. Appetite and digestion are improved, and the necessary food then maintains nutrition. If this country is right in spending millions on education, it clearly will be foolish if it does not see that the individual child is adequately nourished to enable it to benefit by education. By whatever channel the adequacy of food is provided, it is clearly the duty of the State to see that a future citizen of the State is adequately fed.

In 1925, I was one of several School Medical Officers invited by Sir George Newman to make special enquiries into the nutrition of Elementary School children in rural areas. Sir George Newman deals with this special inquiry on pages 26 to 49 of his Annual Report for 1924, making seven recommendations for the consideration of all Local Education Authorities responsible for Rural Schools. At the moment I quote only recommendation 4, "That by suitable means a sufficient mid-day meal shall be secured for the child who cannot return home for it." Although only seven of 218 children **specially** investigated in Norfolk were of distinctly "poor" nutrition, an additional 10 were not quite satisfactorily nourished. Roughly about 10 per cent. of the children examined appeared to need some extra nourishment. Milk, when clean, is a perfect natural food, containing all the essential elements for growth. If contracted for, it should be part of the contract that it is produced in a cleanly manner, from clean cows, by clean milkers in clean dairies, and collected and stored in clean vessels. Even so small a quantity as a quarter of a pint per child, given only every other day, would, in my opinion, materially improve the nutrition of young school children whose parents are unable to provide them

with sufficient proteid foodstuffs. Probably all the Elementary School children needing extra food in Norfolk could, in this simple way, be materially benefitted at a total cost of only about £2000 a year, whether that cost be met by parents, or Local Care Committees, or private voluntary aid, or by the Authority and the State, or by all combined.

Sir George Newman states that experience shows that School Canteens can be made self-supporting at a trifling cost to the parents, even after making allowances for those few parents who may be really unable to pay even the small charges made, and in respect of whose children it may be necessary to put into operation Sections 82-85 of the Education Act 1921.

20. **Provision of Meals.** No arrangements for the provision of Meals under Sections 82-86 of the Education Act 1921, are in force.

21. **School Baths.** None.

22. **Co-operation of Parents.** The following percentages of parents availed themselves of the opportunity of being present at the Medical Inspection of their children during 1925.

Entrants, 74.63 per cent. Leavers, 38.26 per cent. 8-9, 55.84 per cent. Other age groups, 50.29 per cent. These figures continue to show an increased appreciation of Medical Inspection.

23. **Co-operation of Teachers, School Attendance Officers and Voluntary Bodies.** Teachers continue to take great and appreciative interest in Medical Inspection, and their co-operation is very valuable in securing treatment of defects. The School Attendance Officers are also School Nurses, and this enhances the value of their co-operation.

Very useful work has also been accorded by the N.S.P.C.C., as shown in the following report:—

REPORT UPON THE CASES REFERRED TO THE N.S.P.C.C. FOR FOLLOWING UP.

Cases referred:—

For General Neglect (including verminous conditions)	23 families
Failure to obtain treatment	10 cases
Refusal to accept Sanatorium treatment	8 cases
Total ...	41

In two of the cases of neglect the Society prosecuted; in one case the parents were both imprisoned, whilst in the other the children were removed from the parents' custody. The other cases of neglect have been kept under supervision, generally with satisfactory results.

The consent of parents for treatment was secured in seven of the "failure of obtain treatment" cases, etc., whilst the parents of two children were persuaded to allow their children to go to a Sanatorium. Reports upon three cases are still outstanding.

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

METHODS OF ASCERTAINMENT. Suspected cases are reported by Teachers and School Nurses, and are examined as soon as possible. Children under School age are also reported to me, as C.M.O. in connection with the Maternity and Child Welfare Committee, and are examined as soon as possible after reaching School age. These methods seem to be quite adequate.

Fifty places are reserved for Norfolk children at the East Anglian School at Gorleston for the Blind and Deaf.

Mentally defective children able to attend the Elementary Schools come under the supervision of the A.S.M.O.'s at each visit to the School. No scheme is in force for the supervision of children not in attendance at Elementary Schools.

25. **Nursery Schools.** No Nursery Schools have been established in this County.

26. **Secondary Schools** (including P.T. Centres).

A Routine Medical Inspection is held at each of the four Provided and five Non-Provided Secondary Schools every term, and once a year at the Pupil Teacher Centres.

Inspections were made of Entrants, Leavers, and Intermediate Groups. 449 Entrants, 32 Leavers, and 468 other scholars received Routine Medical Inspection, while 23 were seen as "Specials," and 963 were re-examined. In all, 1,888 scholars were inspected, as compared with 1787 in 1924.

It has been reported to me by Dr. Williams, S.A.S.M.O., that there has been a lack of appreciation of the value of School Medical Inspection at the Lynn Grammar School. Dr. Williams gives the following figures for 1925 in support of this statement.

	Due for Inspection.	Presented for Inspection.
Spring Term	43 ...	25
Summer Term	50 ...	18
Autumn Term	121 ...	90

I hope the Autumn figures are an indication of an increasing appreciation, as in this last term the numbers presented for inspection reached 75 per cent. of those due for inspection, as compared with a percentage of 62 for the year as a whole. This encourages me to hope that the Governors and parents of the scholars at Lynn are experimentally proving the value of School Medical Inspection made available for them; and that with the cordial co-operation of both, the percentage of scholars presented for inspection this year (1926) will be materially improved.

During the year, with the approval of the Board, the Authority's Scheme for the treatment of Defective Vision was extended to include Secondary Schools. This came into force at the beginning of the Autumn Term, and 22 cases were treated by the end of the year at Eye Clinics, and two by vouchers on the approved practitioners.

DENTAL TREATMENT. Three Schools and two Pupil Teacher Centres were visited during the year. 291 pupils were inspected; 138 required treatment, and 98 were treated.

RETURN OF TREATMENT OBTAINED DURING 1925, as a result of Medical Inspection during that year.

DEFECT.	Referred prior to 1925.	Referred in 1925.	TOTAL.
*Malnutrition ...	5	—	5
Blepharitis	1	—	1
Other Eye Disease ...	1	—	1
Defective Hearing ...	1	—	1
Heart—Functional ...	1	—	1
Anæmia	3	—	3
Nervous Diseases, Other	1	—	1
Spinal Curvature ...	1	—	1
Other Defects ...	3	2	5

*Includes "Underweight."

27. **Miscellaneous Work.** Sixty-three swabbings of throats or noses in connection with control of infectious disease were taken and examined. 407 specimens of hair were examined for ringworm, of which 241 were positive. (These, of course, included re-examinations.)

77 candidates for the teaching profession were examined and reported upon, as well as 24 Supplementary Teachers.

28. **Special Inquiries.** During the past year special sanitary reports have been made upon School premises (see page 6).

In the latter part of the year a commencement was made to supply the Anthropometrical Committee appointed by the Board of Education with the data they desire. The collection of this matter will be continued during 1926.

The inquiry into the causes of Hypoplastic Teeth was continued, and is referred to on pages 15 to 19.

29. **Exclusion of Children.**

(*a*) **Statement of Number of Children, including Contacts, temporarily excluded and re-excluded from School during 1925.**

Infectious Diseases—

Diphtheria	74	Coughs and Colds ...	1870
Mumps	2392	Sore Throats	547
Chicken Pox	1440	Whooping Cough ...	1162
Scarlet Fever	387	German Measles ...	56
Measles	1675	Rash	4
Influenza	4304	Typhoid Fever	8

Contagious Affections—

Ringworm of Scalp (until rules are complied with)	128	Scabies	48
		Ringworm—Body ...	1
Pediculosis—Head ...	670	Impetigo	264
,, Body ...	2		

Other Diseases (generally from Certificate issued by Family Doctor)—

Lung Affection (not tubercle)	142	Nervous Debility ...	14
Tuberculosis—Pulmonary*	9	Rheumatism	17
,, Non-Pulmonary	10	Chorea	32
Tonsilitis	53	Anæmia	16
Epilepsy	6	Debility (General) ...	76
Heart Disease	11	Otorrhœa	15
Jaundice	4	Nephritis	8
Eye Affections ...	8	Other Affections ...	632
		Enl. Glands (Non. Tb.)	33

*Includes 3 Suspected Cases.

158 Certificates were also issued to cover irregular attendance.

(*b*) **Particulars of Permanent Exclusions issued in 1925.**

Mental Deficiency ...	6	Rheumatism	2
Tuberculosis—		Otitis Media	1
Pulmonary	12	Hemiplegia	1
Other	6	Heart Disease	1
Anæmia	1	Debility	1
Epilepsy	5	Encephalitis Lethargica ...	1
Nephritis	1	Leucocytosis	1
Blind	1	Menorrhagia	4
Hip Joint Disease ...	1	Bronchiectasis	1

Total Permanent Exclusions during the year—46.

30. Reports of Assistant School Medical Officers to the S.M.O.

Dr. Bryan makes a contribution on "The Nervous Child," which is the product of heredity or mismanagement, or both. The highly strung child has intellectual possibilities above the average, and may become a genius, or, if mismanaged, a neurasthenic. Dr. Bryan advocates the discipline of school life for such children, if it is not harsh, thinking the occupation of its mind, its temporary separation from its (probably nervous) mother, and the companionship of other children beneficial. I am of opinion that the last of these factors is too uncertain to be always beneficial, and that however kind and considerate the teachers may be, the normal child does not understand the delicate nervous organisation of the abnormal nervous child, and frequently makes school life (when not under the eye of the teacher) real torture for the highly strung. Dr. Bryan recognises that there are cases which have to be excluded from School because of other children, or because they are obsessed with the idea of School, and their dreams are unduly excited in connection with School life or teacher. He is probably right, however, in thinking that home environment is what really counts most. The nervous child generally has a nervous mother, fussy and over-anxious. The more the mother worries about any unpleasant symptoms the child may present, the more the child's mind is centred on them, and the more pronounced they become. The child is hedged round with anxious solicitude, which makes it worse. What it requires is a little "healthy neglect." Neurotics are the product of over-solicitude, but it is no easy matter to convince a nervous mother that this is so. Having spent wasted half-hours in endeavouring to convince some such mothers, Dr. Bryan thinks the reason is not far to seek, and as he evidently wishes his statements to be brought to the notice of the Education Committee, I will now quote his own words:—

"The nervous child's mother almost inevitably falls foul of the Attendance Department. In addition to absences due to nervous symptoms, these children react to every little infection which comes along with a violence peculiarly their own. A slight cold or a bilious attack—which a normal child would throw off in twenty-four hours—will prostrate them for days, and they rarely make a satisfactory term's attendance.

"Consequently, when they appear at Medical Inspection—often at the request of the Attendance Department—the mother is usually on the defensive, and at the least suggestion that her management has anything to do with the child's condition, no matter how tactfully it may be expressed, she is up in arms, and it is often impossible to make her see reason or to help her. Besides this, in my experience, many mothers, while willingly accepting advice on diet, clothing, medicinal or surgical treatment, are inclined to resent any criticisms of their own personal management of their children, and to think that they alone understand and can cope with each child's peculiarities.

"In my opinion, the only way of dealing with this problem is through lectures and talks in Women's Institutes, and such like places. Here the mother of the nervous child can hear that child's symptoms impersonally described and explained, and learn how such children should be handled, without feeling that she herself is under criticism, while the young mother can pick up valuable hints as to how to deal with such children should they come.

"Failing some such course of action, I'm afraid we shall continue to see many of our children, who might have trod the road that leads to genius, shepherded by their entirely well-meaning parents into the road that leads to neurasthenia."

Finally, I have only to express my appreciation of the ready help given me by my Staff, both professional and clerical, not only in connection with routine duties, but in connection with special investigations and reports.

J. T. C. NASH,
M.D., C.M. (Edin.), D.P.H. (Camb.),
School Medical Officer.

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1925, TO 31st DECEMBER, 1925.

A.—Routine Medical Inspections.

Number of Code Group Inspections—		
Entrants	5842	
Intermediates	4008	
Leavers	3981	
TOTAL	——	13831
Number of other Routine Inspections	1362	

B.—Other Inspections.

Number of Special Inspections	2385	
Number of Re-inspections	10130	
	——	13877
TOTAL		27708

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	225	47	2	...
Uncleanliness	112	32	8	2
(See Table IV., Group V.)				
Skin—				
Ringworm—				
Scalp	8	10	20	2
Body	7	...	12	...
Scabies	5	..	11	...
Impetigo	64	...	311	...
Other diseases (non-Tubercular) ...	25	10	215	...
Eye—				
Blepharitic	112	5	82	...
Conjunctivitis	21	2	27	...
Keratitis	1	...	...	...
Corneal Opacities	2	..	...	...
Defective Vision (excluding Squint) ...	563	684	38	29
Squint	74	9	6	3
Other Conditions	22	6	36	...
Ear—				
Defective Hearing	12	3	3	1
Otitis Media	20	9	45	..
Other Ear Diseases	52	12	35	3
Nose and Throat—				
Enlarged Tonsils only	279	415	15	17
Adenoids only	91	75	13	12
Enlarged Tonsils and Adenoids ...	92	67	11	7
Other Conditions	44	143	25	74
Enlarged Cervical Glands (Non-Tubercular)	39	44	44	1
Defective Speech	9	11	2	2
Teeth—Dental Diseases	405	261	17	2
(See Table IV., Group IV.)				
Heart and Circulation—				
Heart Disease:				
Organic	2	1	...	1
Functional	13	82	1	4
Anæmia	149	11	24	2

TABLE II.—Return of Defects (*continued*).

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
(1)	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis	27	8	1	..
Other non-Tubercular Diseases	44	75	7	3
Tuberculosis—				
Pulmonary:				
Definite	...	...	...	...
Suspected	30	...	1	...
Non-Pulmonary:				
Glands	12	3	2	...
Spine	...	...	...	...
Hip	1	...	...	...
Other Bones and Joints	1	2	...	1
Skin	2	...	...	..
Other Forms	4	2	...	...
Nervous System—				
Epilepsy	...	4	...	1
Chorea	1	4	2	...
Other Conditions	8	16	3	...
Deformities—				
Rickets	12	3	...	...
Spinal Curvature	10	13	1	...
Other Forms	42	22	2	...
Other Defects and Diseases	240	145	621	15

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:			
Entrants	5842	742	12.70
Intermediates	4008	687	17.14
Leavers	3981	625	15.70
TOTAL (Code Groups)	13831	2054	14.85
Other Routine Inspections	1362	226	16.59

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1925.

			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 ...	7	1	8
		Attending Public Elementary Schools	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	...	...	...
	(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	10	3	13
		At other Institutions ...	...	...	...
		At no School or Institution...	...	...	...
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf & dumb.	Attending Certified Schools or Classes for the Deaf ...	10	13	23
		Attending Public Elementary Schools	1	2	3
		At other Institutions ...	...	1	1
		At no School or Institution...	...	...	...
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	5	3	8
		Attending Public Elementary Schools	1	2	3
		At other Institutions ...	...	...	..
		At no School or Institution...	...	...	..
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children	...	..	...
		Attending Public Elementary Schools	89	71	160
		At other Institutions ...	...	...	..
		At no School or Institution...	55	29	84*
	Notified to the Local Control Authority during the year.	Feeble-minded	...	...	...
		Imbeciles	7	4	11
		Idiots	1	1	2
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	...	...	...
		In Institutions other than Certified Special Schools ...	1	...	1
		Attending Public Elementary Schools	3	1	4
		At no School or Institution...	9	4	13*
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	17	14	31
		At no School or Institution...	...	...	...

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN (*continued*).

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution...	4	1	5
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	14	15	29
		At Certified Residential Open-Air Schools	...	...	..
		At Certified Day Open-air Schools	...	...	...
		At Public Elementary Schools	1	1	2
		At other Institutions ...	...	...	..
		At no School or Institution...	23	21	44
	Delicate children (*e.g.* pre or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools (Sanatorium School)	3	2	5
		At Certified Day Open-air Schools	...	..	...
		At Public Elementary Schools	103	86	189
		At other Institutions ...	...	...	...
		At no School or Institution...	20	14	34
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	12	3	15
		At Public Elementary Schools	...	..	...
		At other Institutions ...	..	..	...
		At no School or Institution...	10	2	12
	Crippled children (other than those with active tuberculous disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	1	...	1
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools	...	...	...
		At other Institutions ...	..	3	3
		At Public Elementary Schools	93	88	181
		At no School or Institution...	46	38	84*

*Includes children between 14 and 16 years of age.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1925.

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)
Skin—			
Ringworm—Scalp	234	—	234
Ringworm—Body	35	—	35
Scabies	6	—	6
Impetigo	626	—	626
Other Skin Disease	263	—	263
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	379	—	379
Minor Ear Defects	143	—	143
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	891	—	891
TOTAL	2577	—	2577

*Includes children treated in School and at home by the School Nurses, the treatment being continued by the children's parents between the visits of the Nurse.

TABLE IV.—RETURN OF DEFECTS (*continued*).

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). (Operations for squint should be recorded separately in the body of the Report)				
Outstanding prior to 1925 ...	327	14	—	341
1925	654	39	—	693
Total	981	53	—	1033
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—
TOTAL	981	53	—	1033

Total number of children for whom spectacles were prescribed:—

(*a*) Under the Authority's Scheme 874

(*b*) Otherwise 53

Total number of children who obtained or received spectacles:—

(*a*) Under the Authority's Scheme 87

(*b*) Otherwise 52

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under Local Education Authority's Scheme-Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other Forms of Treatment.	Total Number Treated.
(1)	(2)	(3)	(4)	(5)
		Outstanding prior to 1925		
65	114	179	11	190
		1925		
89	80	169	4	173
Total 154	194	343	15	363

TABLE IV.—RETURN OF DEFECTS (*continued*).

Group IV.—Dental Defects.

Period—January 1st to 31st December, 1925.

1. Number of Children who were

(*a*) Inspected by Dentists—

Routine Age Groups.										
5	6	7	8	9	10	11	12	13	14	Specials	Total
127	1098	2386	2261	2886	3001	3080	3127	2796	1417	65	22244

(*b*) Referred for Treatment 13535

(*c*) Actually Treated 6920

(*d*) Re-treated* 4612

*Included in (*c*).

2. Particulars of Time given and of Operations undertaken:—

1.	Number of half-days devoted to Inspection ...		*a*1847
2.	Number of half-days devoted to Treatment ...		
3.	Total number of attendances made by Children		9391
4.	Fillings—Permanent Teeth	3516	
	,, Temporary	1262	
	Total ...	——	4778
5	Extractions—Permanent Teeth	813	
	,, Temporary Teeth	10716	
	Total ...	——	11529
6	Number of administrations of General Anæsthetics for extractions		Nil.
7	Number of other Operations—Permanent Teeth	6496	
	,, ,, ,, Temporary Teeth	6066	
	Total ...	——	12562

*a*As Clinics are travelling ones, visiting in the main small Schools, it is not possible to separate time for inspections from time occupied by treatment.

Group V.—Uncleanliness and Verminous Conditions.

(i)	Average number of Visits per School made during the year by the School Nurses	7.5
(ii)	Total number of Examinations of Children in the Schools by School Nurses	169,797
(iii)	Number of individual children found unclean	5,716
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	3
(v)	Number of cases in which legal proceedings were taken:	
	(*a*) Under the Education Act, 1921	Nil.
	(*b*) Under School Attendance Bye-laws	28

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE I.—RETURN OF MEDICAL INSPECTIONS, 1st JANUARY, 1925, TO 31st DECEMBER, 1925.

A.—Routine Medical Inspections.

Number of Code Group Inspections—			
Entrants	449		
Yearly examinations	421		
Leavers	32		
TOTAL		902	
Number of other Routine Inspections	47		

B.—Other Inspections.

Number of Special Inspections	23		
Number of Re-inspections	963		
		986	
TOTAL		1888	

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	2	2	...	...
Uncleanliness	1	...	...	...
Eye:—				
Blepharitis	3	1	...	...
Conjunctivitis	2	...	...	...
Defective Vision (excluding Squint)	48	51	1	2
Squint	2	...	...	...
Other Conditions	1	...	...	...
Ear—				
Defective Hearing	2	2	...	...
Otitis Media	1	1	...	...
Other Conditions	2	...	...	...
Nose and Throat—				
Enlarged Tonsils only	17	30	...	...
Adenoids only	4	3	...	...
Enlarged Tonsils and Adenoids	3	7	...	...
Other Conditions	7	5	...	...
Defective Speech	...	2	...	...
Teeth—Dental Diseases	79	107	...	...
Heart and Circulation—				
Heart Disease:				
Organic	...	1	...	...
Functional	...	7	...	1
Anaemia	19	...	...	...
Lungs—				
Other Non-Tubercular Diseases	7	...	...	...
Tuberculosis—Pulmonary	...	...	...	...

TABLE II.—Return of Defects (*continued*).

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Tuberculosis—				
Non-Pulmonary:	...	...	...	...
Nervous System—				
Other Conditions	...	2	...	...
Deformities—				
Spinal Curvature	11	4	...	...
Other Forms	22	4	2	...
Other Defects and Diseases	24	8	...	2

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

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:			
Entrants	449	96	21.38
Yearly Examinations ...	421	57	13.54
Leavers	32	3	9.37
TOTAL (Code Groups)	902	156	17.29
Other Routine Inspections	47	9	19.15

TABLE IV.—RETURN OF DEFECTS

Group II.—Defective Vision and Squint

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). (Operations for squint should be recorded separately in the body of the Report)	—	—		—
Outstanding prior to 1925 ...	1	4		5
1925	21	14		35
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—		—
TOTAL	22	18		40

Total number of children for whom spectacles were prescribed:—

(*a*) Under the Authority's Scheme 21

(*b*) Otherwise 18

Total number of children who obtained or received spectacles:—

(*a*) Under the Authority's Scheme 21

(*b*) Otherwise 18

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under Local Education Authority's Scheme-Clinic of Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other Forms of Treatment.	Total Number Treated.
(1)	(2)	(3)	(4)	(5)
—	1	1	3	4

TABLE IV.—RETURN OF DEFECTS (*continued*).

Group IV.—Dental Defects.

1. Number of Children who were

(*a*) Inspected by Dentists—

Routine Age Groups.						Total.
10	11	12	13	14 and over	Specials	
1	8	50	53	179	—	291

(*b*)	Found to require Treatment	138
(*c*)	Actually Treated	98
(*d*)	Re-treated during the year as the result of periodical examination	4

2. Particulars of Time given and of Operations undertaken:—

1.	Number of half-days devoted to Inspection ...	9	31
2.	Number of half-days devoted to Treatment ...	22	
3.	Total number of attendances made by Children		127
4.	Fillings—Permanent Teeth	115	
	,, Temporary	5	
	Total ...	—	120
5	Extractions—Permanent Teeth	50	
	,, Temporary Teeth	39	
	Total ...	—	89
6	Number of administrations of General Anæsthetics for extractions		Nil.
7	Number of other Operations—Permanent Teeth	334	
	,, ,, ,, Temporary Teeth	12	
	Total ...	—	346

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