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COUNTY BOROUGH OF NORTHAMPTON
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
School Medical Officer,
FOR THE YEAR 1923.

By J. DOIG McCRINDLE,

Medical Officer of Health,
School Medical Officer, and
Chief Tuberculosis Officer.



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Annual Report of the School Medical Officer for the year 1923.

*To the Chairman and Members of the Education Committee of the County
Borough of Northampton.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have to present to you herewith the Report of the School Medical Service for the year 1923. At the outset, in view of the limited extent of the work accomplished compared with that of recent years, I have to comment on the somewhat unusual circumstances which prevailed. I refer particularly to the changes which occurred in the personnel of the staff and to the fact that the new appointments were not completed till almost half the period had passed. In the autumn of the previous year the late School Medical Officer and Assistant School Medical Officer resigned and as their places were not filled at once, the beginning of 1923 found the Service without a Medical Inspector. For a similar reason the nursing staff was temporarily depleted by the loss of the senior school nurse.

In order to secure the due co-ordination of all the Public Health Medical Services of the Corporation the Medical Officer of Health was appointed School Medical Officer at the beginning of the year, with duties solely of the nature of administrative supervision, as they are in regard to other sections of the Public Health Department, *e.g.*, Maternity and Child Welfare and Tuberculosis. There was no possibility in ordinary circumstances of his being able to take any part in the actual details of Medical Inspection or Treatment. Unfortunately it was not till well on in May that a permanent Inspector took over, as Assistant School Medical Officer, the latter duties. Till then I was able personally to do a little in the way of special inspections in school and at the Clinic as well as the routine physical examination of the children attending the Special School, while the routine inspection of one or two of the ordinary schools was accomplished by a General Medical Practitioner (Dr. Spence) from London, appointed temporarily from Easter till the middle of June.

On May 16th, Mr. J. H. Mason, M.B., D.P.H., entered upon the duties of Assistant School Medical Officer and Medical Inspector, and has since bent all his energy towards making up as far as possible the time lost. Dr. Mason previously held for a number of years a similar post in the County Education Department and was thus well equipped with that prolonged training and experience without which he could not have grasped so readily the details of the work without preliminary introduction, and have accomplished single-handed such a proportion as he has done in the part of the year that remained. Recently, since the inclusion of the routine inspection of children in the "intermediate group" and those at the Secondary

School, the duties have been shared by two medical inspectors. It is now sought to effect this with one only, relieving him of most of the administrative work by the supervision of the Medical Officer of Health.

Although not very sanguine as to the result I am ready to give the new arrangement a fair trial and have to acknowledge the loyal and energetic support of my colleague.

The vacancy in the nursing staff also remained unfilled till after Easter when Nurse Walker, who had resigned in August, 1922, to become Matron of the Isolation Hospital, was at her own request re-appointed.

The Staff now consists of :—

- (1) The School Medical Officer, who is also Medical Officer of Health of the Borough.
- (2) An Assistant School Medical Officer, appointed also Assistant Medical Officer of Health, who is the Medical Inspector and is in charge of the School Clinic.
- (3) A whole-time School Dentist who acts after school hours as Dental Officer to the Maternity and Child Welfare section of the Public Health Department, an arrangement which greatly facilitates the co-ordination of the Health Services.
- (4) An Ophthalmic Surgeon, and
- (5) A Radiologist, both of whom are on the staff of the General Hospital and devote at least one morning session each week to the work of the School Clinic.
- (6) Three School Nurses whose whole time is given to the service.
- (7) Three Clerks, one of whom assists in the clinical work of the School Dentist.
- (8) A Caretaker of the School Clinic premises, which includes premises for school meals and a small Occupation Centre.

Co-ordination of the activities of the various sections of the Public Health Department (Schools, Tuberculosis and Child Welfare) is secured through the Medical Officer of Health, who is general administrative supervisor, and arrangements are made for mutual assistance as regards staff and for the interchange of records and other information.

The work done in the Schools and at the Clinic during the year is recorded in the reports submitted to me by the Assistant School Medical Officer and the School Dentist which I present below in full. They are on the lines required by the Board of Education and closely follow those of previous years. Dr. Mason has been as concise as possible mainly because the time at his disposal for such work has been necessarily limited. His remarks on school desks and the importance of a correct posture in school



are pointed as the matter is of greater moment than appears on the surface. It is to be hoped that managers and teachers will recognise this as the influence on the subsequent health of the child may be very great. The figures in the tables embodied in and appended to Dr. Mason's report can, I think, be favourably compared with those similarly in the report for 1922, in spite of the fact that the period to which they refer was a shorter one and one in which the work was accomplished almost entirely single-handed instead of as in the previous year by two. To realise this, of course, almost all the time and energy has had to be devoted to the ordinary routine and there has been no opportunity of specialising in any of the many directions opened up in the course of this routine. The School Medical Service at present offers one of the best chances to medical science for the study of healthy humanity, on more or less exact lines, in sufficient bulk to give reliable information, invaluable in the diagnosis and treatment of disease. Many individual points emerge from such a study which deserve to be specially followed up and particular circumstances require fuller investigation than can be given in the daily routine. Such work can of course only be carried on, at present, by the School Medical Staff and needs time and energy. It is, however, impossible to obtain this time and energy when the ordinary work makes such demands as in present circumstances it does here. In spite of this concentration on routine, Dr. Mason was unable to include in his year's work the inspection of five of the schools, comprising twelve separate departments, though each was visited to see special cases, and his personal work at the Clinic had to be cut down to a minimum or left as much as possible to the nurses.

There is one matter, touched on by the Assistant Medical Officer in the paragraph on tuberculosis, which requires emphasis, and that is the lack of any real provision in Northampton hitherto for open-air education. It seems almost incredible nowadays that the desirability and even the necessity of open-air education in large towns, at least, should need emphasis. Year after year in the reports of the Chief Medical Officer of the Board of Education the subject is brought forward with patient reiteration and in your own school reports it has been ably advocated more than once by former School Medical Officers. I refer particularly to the report of 1919. War and the economic conditions since have no doubt accounted to some extent for the lack of this provision. As has been shown in the above-mentioned reports, the cost need not be prohibitive, the need is an urgent one—about 10 per cent. of all children in our elementary schools should be taught thus—and the results, if it is properly carried out, are unmistakable, so that surely the matter cannot longer be postponed. Children of school age are peculiarly sensitive to the effects of segregation in a confined space such as the ordinary class-room of the average present day type, and even the healthy suffer sooner or later. There are many debilitated anæmic children, often under-nourished, who readily fall victims to subsequent tuberculosis or other communicable disease who can get little real education in the ordinary school and, apart from the effect on their health, public money is wasted in the attempt to educate them thus. Open-air education can be carried out in playground classes and in open-air class-rooms

to some extent and this if thoroughly adopted may be sufficient for normal or slightly debilitated children. But the open-air day school is perhaps the most important form and is provided in many large towns. Elaborate buildings are not needed, temporary buildings may be made to do or an existing suburban school may be readily adapted. The provision must be for more than mere teaching and should include arrangements for resting and feeding and in addition to the class-rooms, rest-rooms, dining rooms, and cooking accommodation are necessary. A modification of the ordinary curriculum may be required and individual attention, with the consequent smaller classes, must be the rule. The children must be carefully selected and subsequently supervised by the Medical Officer and in the larger schools at least the whole-time services of a school nurse is needed, while the teachers should be specially trained or experienced. Other forms of open-air education are to be found in the Residential School of Recovery where more severe and prolonged cases of debility and children from tuberculous families, though not themselves suffering from active tuberculosis, are educated under sheltered open-air conditions for long periods in the country or at the seaside. These children cannot be satisfactorily dealt with otherwise than by taking them completely away from their home surroundings and they cannot monopolize hospital beds for the long period of treatment necessary, while they can easily combine a modified educational curriculum with the needed convalescent regime. Lastly, there is the Sanatorium School, where actual treatment of a prolonged conservative nature is quite easily combined with a considerable degree of education. The more thoroughly however, we go in for education in open-air day schools along with open-air and playground classes the less need will be found gradually for these latter more expensive forms. It is the open-air day school for which I therefore plead as a beginning. Much more could be written on this subject so great is its urgency, but I shall be content with the above for the moment. It will be my duty, however, not to cease urging the matter in the future till some substantial progress is made.

There is another serious need referred to by Dr. Mason in his remarks on the mentally abnormal child, and that is special teaching for those that are "dull and backward." Adequate arrangements seem to be made now for the opposite type in the intermediate school, but among the children that remain a certain proportion, not feeble-minded, but retarded in intellectual development—2 or 3 years, but not more, behind their age in intellectual capacity—are permitted to struggle on in the ordinary school classes which cannot derive anything like reasonable benefit from the education offered them. The more intelligent child, such as is now helped by the provision of the intermediate school, seems more capable of making good any educational neglect than the dull or backward for whom no special provision is made. Is this on the principle that "Unto everyone that hath shall be given and he shall have abundance; but from him that hath not shall be taken away even that which he hath."? The type of child referred to is not feeble-minded or seriously deficient and is quite educable, often attaining to normal standard or little below it but only by the agency of special methods; the child retarded in growth and develop-

ment either by some inborn mental impairment such as weak general ability, impaired mental growth or instability of character rendering him dull, or by external agencies such as general or special physical defects, irregular attendance or inefficient early teaching making him backward. Between 10 and 20 per cent. of elementary school children belong to this group and this means that as they reach industrial age thousands are annually added to the list of ineffectives from which are recruited our unemployed, paupers, and even criminals. Here again much may be done without very serious additional cost. These children must be taught separately from the ordinary class, but separate schools are not necessary. I believe indeed separate classes only are better, provided that proper arrangements can be made for a modified curriculum which includes more manual training than the ordinary, and that the size of the class be such as will permit of individual teaching by specially selected teachers. These classes are better within the ordinary school and some association with the normal child at games or physical exercises is desirable, as the type to which it is hoped to raise these retarded children—the normal—is thus always in view. If the education of these children is not effectively taken in hand the social problem to face in view of what has been said above is a grave one.

I am glad to record that some provision is made for the really mentally defective or feeble-minded child in the Wellington Place Special School. I have long been specially interested in this school and for years, both before and since the inception of the School Medical Service, I personally acted as its Medical Officer and was recognised as such by the Board of Education. The type of child dealt with in this school materially differs from the previous type. Here there is specific mental deficiency incurable though amenable to some extent to special education. The condition must be carefully diagnosed only after prolonged observation in some cases, and the education carefully supervised and in kind mainly manual, to some extent moral and mental, and in a still less degree intellectual, under teachers specially selected and carefully trained. The teaching of these children is always particularly difficult and trying work if any good results are to be obtained. These results can never be encouraging from the educational standpoint with the low grade mental defective, while for this result the closest individual attention, only attainable in classes kept as small as practicable, is required in the case of the higher grades of defect. I agree with Dr. Mason in deprecating the present tendency, I fear for economic reasons, to widen the scope of these special schools in order to admit children of a lower grade of mental deficiency, at the same time, of necessity, increasing the size of the classes. Individual training will therefore be less practicable and less available for those who are most educable. The lower grade case should be dealt with in industrial colonies where under close and constant supervision he remains in comfort, no danger to himself or others and in many instances contributing in some degree to the cost of his maintenance by his industry. Unfortunately there is far from sufficient accommodation at present available in such institutions and the cost of further provision is much greater than in the case of the day school. The Headmistress of the Special School, Wellington Place, has contributed to Dr. Mason's report a short statement containing the record for the year in

connection with the School and with the voluntary after-care Committee. The results obtained are I am afraid not commensurate with the efforts put forth but are better than is to be looked for in the future with larger classes and consequent less individual training. This work needs and deserves all the encouragement it can be given.

Dr. Mason's remarks on dental defects are based not only on his observations in Northampton Schools, but on his long experience of the work previously and I am in entire agreement with him. The Dental Officer has also in some of his former reports endorsed these views. The importance of dental care is second to none because of the ubiquity of dental disease, its far reaching serious results and the comparative ease and certainty of its eradication if thoroughly handled. Much mischief is done even before the child attains school age, beginning in the very earliest period of life in some cases. This is recognised by the Maternity and Child Welfare Committee and arrangements are made rendering efficient dental treatment available to the infant not only directly in the first years of life but even earlier and more indirectly through the medium of the pregnant and nursing mother. The aim is to send the child to school in the first place with a healthy mouth which will be much more easily kept sound than made sound by the school dentist. The existing arrangement which allows of the work of both the Child Welfare and the Education Departments being done by the same officer is obviously the best as it concentrates the responsibility, enables the work to be begun as early as possible and followed up in one broad plan, increasing the efficiency. In considering the report of the School Dental Officer which gives a detailed record of the activities of the dental section during the year no changes of staff have to be taken into account, as in the medical section, and comparison with the records of former years can be made with accuracy. Mr. Anderson's report is on the same lines as in the previous year. The figures submitted show a greater total of work done which he attributes partly at least to the revision of the charges to parents which dated from September. The change in the ratio of the numbers of inspections and first treatments to those of re-inspections and subsequent remedial work is probably temporary and is due to adjustment within a fixed period. I understand, however, that a number of cases found seriously defective on medical inspection and referred to the dentist for treatment occurred amongst older children, who had previously been inspected and re-inspected and frequently urged to undergo the necessary treatment while the defect was in a much less advanced stage and the remedy more easily and expeditiously completed. These appeals were at the time disregarded. Now as these children approach the end of school life, when the former neglect has allowed the defects to become aggravated to such an extent as to influence the general health and jeopardise the chances of future employment, treatment, now rendered more extensive and more prolonged by previous delay, is readily accepted and even sought and cannot be refused. Mr. Anderson considers that such cases occurred towards the end of the year in numbers sufficient to influence the ratio above referred to. They are generally a source of much waste of time and energy and the results of the treatment ultimately carried out are seldom so satisfactory as they would

be if done earlier. The remarks of the dentist are interesting on the apparent effect of reduction in the charges made to the parents. While they were on the higher scale treatment was often refused, put off or only accepted piece-meal for financial reasons. In the latter cases a defect which got worse by delay often required half a dozen operations before treatment was completed while one would have sufficed if done immediately upon detection. Now that a reduction has been made many of these former difficulties are disappearing and the bulk of the work is gradually reaching its former dimensions before the higher charges were imposed.

Although there are other points of interest worth mentioning in these reports, I do not now propose to occupy further time and space. I have dealt with those which seemed to me most prominent. Although I can take no part in the details I am in constant touch with those who do and frequently discuss the methods and their results. In spite of more than usual bustle the work has proceeded smoothly without unnecessary disturbance of the school routine, has followed as far as time permitted the Board's Schedule and the staff generally have loyally supported the extra effort made. Some disorganisation of the work of the Clinic was occasioned by the much needed painting and renovating which took place during the autumn, especially as some serious drainage defects of long standing were then discovered and remedied. How far such accounted for the rather serious illness of two of the members of the clerical staff which occurred about that time I am unable to state. The nature of the illnesses would lend colour to such a belief (Paratyphoid Fever and Acute Tonsillitis). Recovery, however, appears to have been complete in both.

I have only now to acknowledge the loyal co-operation of my professional colleagues and the rest of the staff, the sympathetic help readily given at all times by the Director of Education and his subordinates, and the courtesy of the members of the Committee and

Beg to remain,

Ladies and Gentlemen,

Your obedient Servant,

J. Douglass Prindle.

School Medical Officer.

PUBLIC HEALTH DEPARTMENT.
APRIL, 1924.

Report of the Assistant School Medical Officer on work of his department during the year 1923.

SCHOOL CLINIC,
MARCH, 1924.

To the School Medical Officer.

SIR,

I herewith submit to you my report on the work of Medical Inspection and Treatment carried out by me in connection with the School Medical Service during the year 1923.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

SCHOOL HYGIENE.

The schools are of diversified types, built at various dates from 1840 onwards to 1908. These since 1900 leave little to be desired and most of the others have various faults often difficult of rectification; certain of these have been altered with great improvement, the chief difficulty being with lighting. Ventilation is mostly quite efficient, although there is the frequent difficulty of certain class-teachers' dislike of fresh air which is then called draught. Of course, proper ventilation is not easy unless there is sufficient warming available, and this is a definite difficulty where there is a long course of pipe-heating; some new arrangement should be devised to overcome this. Also many teachers endeavour to keep the class-rooms too warm; it is a mistake for the class-room to be at 60° when the outside air is between 35° and 40°—such difference is very likely to give rise to catarrhs and increased susceptibility to infectious illnesses—the winter temperature should be 52° to 55° with proper ventilation, not with all windows shut. On the other hand, it is equally a mistake for the class-rooms to be too cold and a class-room which is below 45° at 9 a.m. is not fit for teaching purposes, apart from physical exercises.

SCHOOL DESKS. These vary in style from the long flat desk, which has nothing in its favour, through the various stages up to the modern adjustable desk. It is important that the desk equipment should be sufficiently up to modern ideas, but at the same time it is not fair for this expense to be incurred unless the necessary and due effort be made by the teachers to enforce their proper use. Only once during the past six months have I been able to compliment a teacher on the correct posture of his children when writing, and these were not in modern desks! The

casual remark to the children to "sit up" is not sufficient, but the extra time necessary is grudged where the whole idea is to "get the goods delivered," and consequently the idea of proper methods tends to go to the wall. The same remarks apply to the incorrect method of holding the pen or pencil which I am constantly pointing out in the schools and to which no attention is given. This instruction should be started in the infants' department, and yet I have even had teachers in these departments argue against the incorrect posture of their children with the idea that such incorrect posture is natural to the child. If such argument be allowed to stand it is impossible to see where one is to draw the line, the whole structure of modern education being unnatural, in spite of its necessity.

SANITARY CONVENIENCES. These are all of water-carriage construction, the older ones of trough type and the more recent with separate flush tank. It is necessary that regular supervision be kept by the head teachers to see that the caretaker keeps these clean and flushed, as the children often do not understand their proper usage. The urinal accommodation is somewhat deficient in certain schools, one having only 16 feet of space for over 300 boys which resulted in very objectionable conditions; this has been rectified. The cleanliness of these places is usually quite satisfactory.

LAVATORY ACCOMMODATION. This is satisfactory in most of the schools, but its use should not be encouraged, but rather that the parents should be warned to send their children to school clean.

CLEANLINESS OF SCHOOLROOMS. The regular use of Dusmo Sweeping Powder has been a routine method for several years and I was impressed at once by the clean appearance of certain school floors which were pointed out to me by the head teacher as dirty: schoolrooms are not ideal places to show off the best qualities of this preparation on account of the iron rests of the desks interfering with the line of sweeping, but it is greatly preferable to the ordinary sweeping method with a quarterly wet wash.

CLEANLINESS OF CLOAKROOMS. This is satisfactory as far as general conditions allow but the available arrangements in several schools are poor. The cloakrooms are badly placed in certain schools, especially in such as have been altered from their original arrangements, and a considerable amount of disorder when children are passing through can hardly be avoided.

MEDICAL INSPECTION.

The three age groups of entrants, those of 8 years, and the leavers, have been inspected as far as could be done in the time available; also all special cases brought forward by teachers have been examined, but no special group or defect has been taken in hand.

All the routine inspections are carried out at the schools, and full particulars of these will be found in Table I. at the end of the report. This shows that of the code groups, a total of 3,286 children were inspected, made up of 908 entrants, 912 intermediates, and 1,466 leavers. In addition to these, 330 children were examined in school as new special cases, ir-

respective of 413 brought forward from the previous year. The number of special inspections at the School Clinic was 1,400 and the number of re-inspections at school or clinic was 3,425.

No special steps have been taken to ascertain crippling defects apart from requests to head teachers and school attendance officers. A list is obtained yearly from the local Crippled Children's Fund as to all new cases coming on their books so that no case is lost touch with. These children are under the care of one of the Hospital Surgeons and have all necessary help given.

FINDINGS OF MEDICAL INSPECTIONS.

The usual tabulated statement of these is presented among the statistics at the end of the report.

UNCLEANLINESS is to be noted under four headings :—(1) General—hands, face, and body. As noted above, education of parents is necessary that children should be sent to school clean and tidy. School is not the place at which a child should receive his chief daily wash, and head teachers are justified in sending dirty children home, though naturally they prefer to wash them and keep them in class.

(2) Flea-bitten condition of skin of body is only occasionally met with, in fact it may be called a distinct rarity. My previous experience, in a county post, was very different, the condition being met with often several times daily.

(3) HAIR. This condition still leaves much room for improvement and it has been necessary to make our regulations more stringent in exclusion from school and in the subsequent readmission. All available nurses' time is given up to these head inspections and as many as 12 per cent. have been noted at certain schools as being more or less verminous. This is much beyond what should be and does not redound to the credit of any one concerned.

(4) CLOTHES. This is not found out so much at my routine inspections as at surprise visits, a week's warning being given of routine visits. The condition of clothing of some of the elder girls shows great evidence of careless and lazy habits, and it surprises me that girls can have passed through several years of training in school and yet allow themselves to be sewn up or pinned up (both safety and ordinary). I consider this to be a very important and neglected part of domestic training.

TONSILS AND ADENOIDS. This condition is becoming much less frequent and one seldom sees bad cases among school children. Credit for this improvement may be given to several agencies, for the condition has been attacked from all sides, and nowadays there is less objection to operation in young children, and these cases are mostly attended to by the family doctor.

VISION. Cases of defective sight occur in about the same proportion as for several years, this being evidence that the condition is mostly not caused by any school agency, but is a constitutional defect which becomes evident when the eyes are brought into particular use as necessitated by school work. This does not mean that attention to the care of the eyesight by working in a good position and good light is unnecessary, but that we must not expect to reduce the number of cases of defective vision very much. The cases which must be attributed to school work are those of myopia (short sight) occurring in elder children where there is no evidence of family weakness in this respect. This class of case is likely to be less frequent if I can obtain the support of teachers in the carrying out of my suggestions as to the posture of children when doing near work, but I find this very difficult. There is no reason at all why children should not be made to sit properly when writing or drawing, or why they should not keep their work at the proper distance when reading or sewing; it is purely a matter of the correct habit being taught.

Squint as seen in school children is a condition for which little can be done, though this depends in great part on the cause. Squint is not a disease but a symptom occurring in several diseases. In children it is often the first sign of convergence eyestrain due to hypermetropia (far sight) and should be attended to without any delay, for a child hardly ever "grows out" of a squint, the usual result of a neglected squint being that the vision becomes worse from disuse, because a "turned in" eye is doing no work; or the squint may show that the eye is already nearly blind and the muscles, having lost the stimulus to action, have relaxed. The causal effect of the infectious diseases of childhood on squint is practically nil; it is in almost all cases merely a coincident condition which temporarily lowers the vitality and allows the proper causal factor to make itself evident.

DENTAL DEFECTS. Particular attention is paid to the dental condition of all children in the routine groups medically inspected. The ill health conditions, from a medical consideration, which are concomitant to, and made worse by, septic dental conditions, have so impressed me that my first point in the examination of all children referred for irregular school attendance is as to the condition of the teeth. I have had such children referred who have been away for periods of from three months to two years under medical treatment and who have never, apparently, had their dental condition enquired into. All children whose teeth appear to require treatment are given a card stating the defect and offering treatment at the Clinic.

HERNIA. There were 13 cases of hernia found, 3 of which were operated on, one supplied with a truss, and in the 9 remaining cases there is no evidence that treatment was obtained.

In the Table which follows the results of the treatment of all defects found are set out. It will be seen that 83.1 per cent. obtained treatment, 66.9 per cent. of these defects were remedied, 10.3 per cent. improved, and

in 5.9 per cent. there was little change. The remainder (16.9 per cent.) represents those who did not receive treatment or on whom no report is available.

TREATMENT OF DEFECTS DURING 1923.

CONDITION.	Defects requiring Treatment.	RESULTS OF TREATMENT.			No Report available.	Defects not treated.
		Remedied.	Improved.	Unchanged.		
Clothing	48	16	6	11	14	1
Footgear	5	—	3	1	1	—
Cleanliness of Head	538	203	131	59	105	40
Cleanliness of Body	51	15	16	7	13	—
Nutrition	3	2	1	—	—	—
Nose and Throat ..	420	191	59	39	102	29
External Eye Dis....	307	252	34	12	8	1
Ear Disease	186	104	60	16	5	1
Teeth	441	89	56	3	14	279
Heart & Circulation	15	4	3	2	6	—
Lungs	43	21	7	2	13	—
Nervous System ...	11	4	5	1	1	—
Skin	979	919	31	25	3	1
Rickets	1	—	—	—	1	—
Deformities	75	19	17	17	20	2
Tuberculosis (non-pulmonary) ..	5	—	1	3	1	—
Speech	10	3	1	5	1	—
Vision and Squint	528	439	—	39	22	28
Hearing	125	77	9	14	20	5
Miscellaneous	796	710	31	17	28	10
Totals	4587	3068	471	273	378	397

INFECTIOUS DISEASES.

Close touch is kept with the occurrence of cases of infectious or contagious disease in the schools by means of weekly returns from head teachers of all children away from school for any of such conditions. Special visits to schools are made by Medical Inspector or Nurse as is deemed advisable in special conditions as they arise. A code of regulations drawn up by the Medical Officer of Health is issued to head teachers and also the homes of all cases of notifiable disease are visited by the Borough Sanitary Inspectors acting under the Medical Officer of Health.

INFLUENZA. During the early months school attendance suffered from an outbreak of influenza and nearly 3,000 cases were reported by the teachers. 989 were reported in the week ending the 10th February.

MEASLES. There were 452 cases notified from the schools, almost all in the first three months of the year, but no school closure was considered necessary.

VARICELLA. 208 cases were notified of school children absent from this cause, the largest numbers being in June (44) and July (80); the outbreak was general over the town, no one school being chiefly affected.

SCARLET FEVER. 162 cases occurred in school children. One infants' school was mostly affected, but the small epidemic was long drawn out and it was not considered that school closure would be of much effect.

Of all other infectious diseases there was only a total of 72 cases.

VACCINATION.

This Table gives the proportion of children at ages from four to seven years found to be vaccinated (1919-1923).

AGES.	1919		1920		1921		1922		1923	
	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated	Number Examined	Percentage Vaccinated
4—5 yrs.	710	9.0	630	7.6	503	9.7	329	7.6	321	13.4
5—6 „	550	10.7	414	11.6	589	8.3	431	10.4	352	10.8
6—7 „	208	11.1	182	15.4	204	14.7	117	11.1	175	17.1

FOLLOWING-UP.

Names of all children found defective at medical inspections are listed for each separate department, and these children are re-examined at intervals of about three months at the schools until the defect is remedied. A warning card is sent to the parent, and in serious cases the parent is fetched or the nurse visits to enquire and advise. In cases of serious neglect after further warning the local Inspector of the N.S.P.C.C. is asked to visit and warn the parent; this course always has a good effect, though it may have to be repeated after an interval. Cases needing more frequent supervision are required to attend at the School Clinic and this is done by means of a card system through the head teacher.

The number of visits made by medical officers and nurses to the various school departments for the purpose of following-up and to investigate other matters was 336; the number of examinations of children made at these visits was 3,757.

The nurses made 264 visits to the homes of the children.

THE SCHOOL CLINIC.

The work of the School Clinic, which includes special inspection, the treatment of minor ailments, dental, x-ray, and eye work, has been continued as hitherto.

Parents and guardians attended on 6,070 occasions and every opportunity was taken to interest and instruct them in health matters. This figure includes 1,992 attendances at the dental department.

The total number of children which attended was 4,271, making 23,746 attendances, as compared with 4,229 children making 23,644 attendances in 1922.

If those attending the dental department are excluded these numbers will be altered to 2,719 children and 20,028 attendances.

DEFECTS TREATED.

The total number of defects treated was 2,405, affecting 1,666 children. No child has been counted twice, even if examined for more than one defect; further, no defect has been counted twice so long as it remained unremedied. A return of the same condition after cure is counted as another defect. Attendances for treatment were 17,489, some children attending twice daily.

DISEASE OR DEFECT.	Number of Defects.	RESULTS OF TREATMENT.			No Record.	No. of Treatments.
		Remedied.	Improved.	Unchanged.		
Dirty Head	21	21	—	—	—	31
Ringworm (Scalp)	77	66	8	3	—	987
Ringworm (Other)	46	46	—	—	—	167
Impetigo	233	224	7	2	—	1929
Scabies	15	15	—	—	—	86
Other Skin Disease	481	471	8	2	—	2695
Defective Vision and Squint	473	434	—	39	—	2493
Blepharitis	94	78	15	1	—	881
Conjunctivitis	73	66	6	1	—	560
Corneal Ulcer	7	6	1	—	—	229
Other Eye Disease	55	54	1	—	—	301
Otorrhœa	141	74	55	11	1	3501
Obstruction	68	60	3	5	—	140
Other Ear Disease	16	14	2	—	—	118
Minor Injuries	364	356	5	3	—	1939
Other Defects	231	209	14	8	—	1338
Totals	2395	2194	125	75	1	17395

In addition to the above, 384 cases of repairs or re-fitting of spectacles are recorded.

INSPECTION.

The children examined who were referred for treatment other than treatment at the Clinic, numbered 730 presenting 829 defects; of these 766 were treated and 36 were not and concerning the remaining 27 no report was available.

The number of children kept under observation for various conditions was 430, and 153 others were examined, for whom treatment or further treatment was deemed unnecessary.

The Clinic is also used for the medical examination of teachers, bursars, student teachers, etc., as occasion requires and two of these were seen during the year.

SUMMARY OF DEFECTS FOUND ON INSPECTION.

DISEASE OR DEFECT.	Number referred for Treatment.*	Results of Treatment.			No Treatment.	No Report.	Number kept under observation.
		Remedied.	Improved.	Unchanged.			
Malnutrition	—	—	—	—	—	—	7
Uncleanliness { Head	218	143	51	19	—	5	—
{ Body	8	4	2	1	—	1	—
Skin { Ringworm (scalp) ...	17	10	1	6	—	—	47
{ Other Disease	90	75	4	9	1	1	—
Eye { Vision and Squint ...	9	3	—	—	5	1	307
{ Ext. Eye Disease ...	39	29	6	3	—	1	1
Ear { Defective Hearing ...	7	5	—	1	1	—	5
{ Ear Disease	13	8	2	1	1	1	—
Dental Disease	61	26	12	—	23	—	—
Nose { Enlarged Tonsils ...	19	14	2	—	1	2	2
and { Adenoids	8	3	2	1	2	—	—
Throat { Enlarged Tonsils & Adenoids	12	6	1	—	1	4	1
Speech Defects	—	—	—	—	—	—	2
Heart { Organic	—	—	—	—	—	—	3
and { Functional	—	—	—	—	—	—	1
Circulation { Anæmia	3	1	2	—	—	—	—
Lungs { Definite Tuberculosis ..	—	—	—	—	—	—	5
{ Suspected Tuberculosis ..	—	—	—	—	—	—	6
{ Bronchitis	6	4	1	—	—	1	2
{ Other Diseases	13	9	2	1	—	1	5
Nervous { Epilepsy	1	—	—	1	—	—	3
System { Chorea	3	2	1	—	—	—	1
{ Other Diseases ...	1	1	—	—	—	—	1
Non-pulmonary Tuberculosis ..	1	—	—	1	—	—	2
Deformities	11	6	1	3	—	1	6
Other Conditions	289	243	23	14	1	8	28
TOTALS	829	592	113	61	36	27	435

*In the above group those only requiring dental treatment obtained it at the Clinic.

MEDICAL TREATMENT.

MINOR AILMENTS. These include cuts, scratches, abrasions, onychiæ, scalds, burns, and chilblains. They are treated by simple antiseptic remedies to get as rapid a cure and as few attendances as possible.

TONSILS AND ADENOIDS. Minor cases attend at intervals for local remedies and if necessary a hospital letter is given for operation, after which the child is seen again at the Clinic before return to school.

TUBERCULOSIS. No systematic hold is kept on these children as they are excluded from school and under private or hospital treatment and the supervision of the Tuberculosis Officer. Several of these and many "pre-tubercular" children are compelled to spend months out of school and miss much valuable education on account of the entire lack of suitable accommodation such as would be provided at a proper open air school. There are a good number of children in attendance at school who are physically unfit to take proper benefit from their tuition on account of minor illnesses and debility from various causes, apart from the loss of attendance entailed; this could be almost entirely overcome if running wild in the streets as part of open air treatment could be supplanted by education in the open air. A comparatively temporary structure could be erected on one or other of the town's open spaces at a small cost, against which it should be able to set the increased attendance grant which could be obtained. At certain schools open air classes are taken in the summer months, but this is only a spasmodic effort and depends upon the weather and cannot be considered as part of "open air treatment" which is the real requirement.

SKIN DISEASES. The total number of cases requiring treatment was 979, and of that number 852 received it at the School Clinic on 5,864 occasions. The results of treatment of all cases were as follow:—remedied 93·9 per cent., improved 3·2 per cent., unchanged 2·5 per cent., no report or no treatment 0·4 per cent.

RINGWORM. The number of cases of ringworm of the scalp on the records at the end of the year was 16, and of these 3 had been x-rayed before the year closed but further treatment was still in progress. The whole of the x-ray work is carried out at the Clinic by Dr. Robson, and the subsequent epilation—a tedious and trying business—is done by the nurses. The number of heads x-rayed for ringworm was 45; other methods resulted in the cure of 17 cases.

The total number of cases of ringworm was 151 (scalp 94, skin 57); 133 (scalp 76, skin 57) were remedied; two left the town, and 16 scalp cases were left over till next year.

OTHER SKIN DISEASES. Impetiginous conditions and scabies form the bulk of these. The number of cases of scabies, which had declined in 1922, was still further reduced and only 22 were found in contrast to the 34 of the previous year—all were slight cases and reacted readily to ordinary treatment.

EXTERNAL EYE DISEASE. All cases attending from school are treated on ordinary lines and serious cases needing in-patient treatment are referred to the Hospital. Daily attendance for treatment at the School Clinic entails much less loss of time from school than the hours of waiting which appear to be an unavoidable part of out-patient hospital treatment.

Three hundred and seven cases of defect were found and 229 obtained treatment at the School Clinic, involving 1,971 attendances. The results were:—remedied 82.1 per cent., improved 11.1 per cent., unchanged 3.9 per cent., no report or no treatment 2.9 per cent. The chief conditions were blepharitis, conjunctivitis, and keratitis.

DEFECTIVE VISION. All children coming under routine inspection at 8 years old and 12 years old have the vision tested by the Medical Officer or Nurse. Entrants below the age of 6 are not tested unless the teacher reports any evidence of defect, but their medical inspection cards are marked so that they come for testing about the age of 6 years.

There were 304 children examined by the Ophthalmic Surgeon (Mr. E. Harries-Jones) for this condition and refracted under a mydriatic. A further 169 were examined for small defects, and 263 myopes already wearing glasses were re-examined, of whom 28 were ordered a change of glass.

A total of 424 children were ordered glasses, of whom 198 were boys and 226 girls. The conditions of refraction were as follow:—hypermetropic 245 (123 boys, 122 girls); myopic 120 (56 boys, 64 girls); mixed astigmatism 35 (8 boys, 27 girls); various anisometropic conditions 23 (11 boys, 12 girls).

The amount of myopia is the same for boys and girls (28 per cent.); this is above the usual average but many of the cases were of quite small degree. Only 17 of the cases were above a moderate degree (—4D) of which 14 were girls. One new case of progressive myopia (—13D), in a boy of 6, was found during the year.

The price of spectacles supplied through the Clinic is 4/- per pair, but 63 pairs were granted free or at a reduced price. The money received from sales amounted to £76 4s. 2d.

EAR DISEASE. The number of defects requiring attention was 311, 225 of which received treatment necessitating 3,759 attendances.

The results in detail were as follows:—remedied 58.2 per cent., improved 22.2 per cent., unchanged 9.6 per cent., no report or no treatment 10 per cent.

Discharging ears are the most troublesome of all School Clinic cases and are the chief agent in the large number of attendances. 154 cases of ear discharge were under treatment during the year; 13 of these attended the Clinic for inspection only and 10 attended at irregular intervals.

Of 62 cases arising during the year, 42 (68 per cent.) completed treatment and were cured, *i.e.*, no discharge and no malodour; 13 of these made over twenty attendances. The total attendances were 1,148, but 18 cases made less than 10, and 7 made over 40.

Of 69 cases carried over from previous years, 29 were marked off as cured (42 per cent.). The total attendances were 2,339, but 18 made less than 10, and 24 over 40, of whom 11 made over 70.

The treatment carried out is cleansing with peroxide, followed by the instillation of various antiseptic solutions; a certain number are given the "drops" to use at home, but the majority of cases receive treatment at the Clinic. All are seen at intervals of at most four weeks by the Medical Officer. I consider the results satisfactory enough at present to call for no change of method.

One case during the year was transferred to the General Hospital for mastoid operation which was successfully performed and the case cured. It would be well to do this in other long-standing cases, but the operation is a major one and one hesitates to press it too strongly.

DENTAL DEFECTS.

(The Report of the School Dentist is inserted separately at the end of this report immediately before the Tables, see page 26).

PROVISION OF MEALS.

No important change seems to have been made in the dietary which has been described in former reports particularly that for 1919.

CENTRES. Clinic Buildings, King Street (principal centre), and Kingsthorpe Grove Cookery Centre.

MEALS SUPPLIED.	1923.	1922.	1921.
Breakfasts	6,773	10,042	26,893
Dinners	7,784	11,780	30,251
Teas	6,558	9,804	17,072
Total Meals	21,115	31,626	74,216
Total number of Children fed	65	113	410

CO-OPERATION OF PARENTS.

39.7 per cent of parents or other responsible persons attended at the medical inspections. Invitation is given to them on the card sent to warn for medical inspections and the head teachers are urged to press for the parents' attendance. Many small details of advice of real importance can be given by mouth which it is hardly possible to put in writing, and also the Medical Officer can traverse the parents' erroneous ideas and con-

clusions. Where the parent does not attend, this useful work devolves upon the Nurse who visits the home, and it is seldom that this is not sufficient to make the parent follow the advice given in serious cases ; in these occasional, obstinate cases the help of the N.S.P.C.C. Inspector is sought with the request that the Education Authority's power under the Children Act, 1908, be made evident to the parent—no prosecution has been necessary at present.

CO-OPERATION OF TEACHERS.

A large amount of the preparatory work for medical inspections devolves upon teachers, but it is done willingly as the good reaction upon their own work is thoroughly recognised. The sorting-out and listing of the children of the routine groups, and the writing of inspection cards, and of notices to parents, take a good deal of time and this has to be fitted in with ordinary school work. No actual testing of the children is done by teachers, and no actual following-up apart from the personal interest of the teacher in the child. The attendance of children for treatment at the School Clinic is controlled by them, as it is necessary for each child to bring a card from the teacher, which is returned by the child with a time check from the clinic clerk. The system appears to work well and to be fairly free from abuse.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Service is in close touch with the School Medical Service but takes no part in the work of medical inspection. Cases of unsatisfactory school attendance are reported between the services and much useful work is done in this way.

CO-OPERATION OF VOLUNTARY BODIES.

Apart from the work of the National Society for the Prevention of Cruelty to Children mentioned above, the only other voluntary agency to which cases are referred is the local Crippled Children's Fund which makes itself responsible for all those suffering from crippling defects ; entire charge is taken of the cases and all necessary apparatus provided.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The ascertainment of blind or deaf children is dependent upon information given by teachers or school attendance officers and arrangement is then made for them to be examined by the Medical Officer who gives special directions as necessary.

Defectives and epileptics who are unfit to attend ordinary schools are certified for special institutions as possible. The names of all children who are noted by the teachers as being very backward and making little

progress are reported on a special form to the Education Authority. These cases are sorted out as needed by the Medical Officer into those suitable for special school and others who should have further individual attention at the ordinary school ; it is often unfortunate to have to decide to send a child back to an ordinary school class of over 50 children when one knows it is almost impossible for him to obtain sufficient individual attention to be likely to bring him anywhere near the normal. The 60 available places at the Special School do not at all cover the numbers properly admissible to such school and there is an urgent need for provision of special backward classes in the ordinary schools. These should not be for normal children temporarily behind the standard on account of late start in school life or absence from long illness, but for those who from lowered mental ability cannot keep pace with the low average normal child. These children with "lowered mental ability" are met with more in schools serving the lower class districts of the town, and one has only to consider their ancestral, ante-natal and infantile environment and manner of life, to appreciate that their mental ability cannot start at the level of those better nurtured. Under better conditions some of them, perhaps a fair proportion, should be expected to attain to a good level, but where the manner of upbringing remains low for home life, only the occasional one can be expected to rise above it, unless some definite special effort is made to lift them, and this cannot be done by letting them remain in a series of classes where they always are at the bottom. They must be made to see the good in themselves and their self-respect fostered and directed in useful lines of advance. This means a side line of special classes with individual teaching as distinct from individual learning as is at present in vogue.

I commend this as one of the most urgent needs of the educational system in this town at present, and the scheme should be as comprehensive for those backward ones as it is now for those of above average mental ability. It is a more difficult problem than the other for the retarded ones have less to work on and more to work against and overcome.

WELLINGTON PLACE SPECIAL SCHOOL.

This School is visited at least once monthly to ensure continuous supervision of the children and inspection as necessary. Miss Longland, the Headmistress, has had long experience in this special work and devotes great attention to the care and interests of the pupils and keeps in touch with them after they have left school. The special staff consists of the head teacher and two assistants, both of whom appear to be particularly fitted for this very trying work and to have the capability of holding the necessary continuous control.

The school is open from 9.15 to 11.30 and from 1.30 to 3.15, and a majority of the children remain for the mid-day meal under the supervision of the Headmistress and one assistant ; this is rightly made a definite part of the school training as the home life of most of the children gives them no help in this direction.

The statistics for the present year I have in the main obtained from Miss Longland.

Number on register at end of previous year	65
Number admitted during present year	10
Number left during present year	15
Number on register at end of present year	60
Average attendance for the year	53.2

The full accommodation of the school is kept always engaged ; 34 children were examined during the year to fill up vacancies, of whom 16 were accepted as more suitable than the others for the special training, although only three or four were properly fit to be taught in an ordinary elementary school class.

Fifteen children left during 1923, of whom eleven had reached the age limit of 16 years, one (epileptic) was sent to Soss Moss Colony, two (one boy aged 15, one girl aged 14) were excluded as detrimental to other children on physical grounds to continue in the school, and one left the town. Of the eleven children aged 16 years, three should be capable of earning their own living and two others of giving good help at home under supervision ; two others will be well cared for at home, and three are attending the local Voluntary Occupation Centre. Four of these last five cases are such as would be much better off in resident institutions for the feeble-minded.

AGES OF CHILDREN IN ATTENDANCE.

AGES.	BOYS.	GIRLS.	TOTAL.
7— 8 years	—	1	1
8— 9 „	1	3	4
9—10 „	4	2	6
10—11 „	3	3	6
11—12 „	12	3	15
12—13 „	3	6	9
13—14 „	3	1	4
14—15 „	4	5	9
15—16 „	3	2	5
16—17 „	1	—	1
Total	34	26	60

AFTER-CARE. Since this school was opened in 1907, one hundred and eighty-eight children have passed out after varying periods of stay as pupils. A Committee of Voluntary Workers has from the first interested itself in the subsequent welfare of these, and Miss Longland, Headmistress of the School, who acts as Secretary to this Committee, has again supplied the information on which the following summary is based. The grouping is similar to that in former recent reports.

GROUP I.

Deceased	20
In the Workhouse	9
In Institutions for the Deaf and Dumb	1
In Institutions for the Feeble-Minded	9
Left the Town	11
Cared for at home but incapable of work	31
Returned from Institutions	3
In Asylum	6
In Prison	1
At Occupation Centre	12
	<hr/>
	103

GROUP II.

Soldier	1
Coal Porters	7
In Boot Factories	14
Working on Land	6
Domestic Service	5
At Home (Household duties)	4
Married (household duties)	11
Returned to ordinary school	8
Other trades	4
Selling papers	3
Out of Employment	22
	<hr/>
	85

It will be seen that 31 cases are noted among Group I. as incapable of any useful work. This class is one that needs more rigorous supervision, and the majority should be in institutions; many help to recruit the criminal section of society on account of their lack of moral as well as mental control. They include this year the two above noted as excluded before the age of 16, and two unmarried girls who are expecting to become mothers; this latter should not have happened if institutional treatment had been adopted as was recommended previously. The Voluntary After-Care Committee keep in constant touch with these cases and can always offer valuable information, which should be given full consideration.

SECONDARY SCHOOLS.

The medical inspections are confined to one girls' school, the three other schools not being under or in the scope of the service. The inspections are conducted on similar lines except that there is no routine cleanliness inspections, and a medical inspection is made of the routine groups at the beginning of each term.

Two inspections of the Secondary School for Girls took place during the year. The girls examined comprised five groups:—

- 1.—Girls of 12 years old.
- 2.—Girls of 15 years old.
- 3.—Entrants not included in the above age groups.
- 4.—Leavers not included in the above age groups.
- 5.—Special cases.

The number of routine cases inspected was 182 ; the number of special inspections was 19 and re-inspections 50. The tables showing the number of children referred for treatment and the treatment of defects are given at the end of the report.

The parents were notified of the date and time of the inspection and were invited to be present. They took great interest as is evidenced by the fact that 51·3 per cent. attended.

The chief faults found were defects of vision and teeth. The conditions as to nutrition, cleanliness, clothing and footgear were satisfactory.

The numbers examined in any age groups are still too small to allow of real comparison as regards height and weight between elementary and secondary school children, but so far the latter appear to some advantage. In the twelve to thirteen age group, 37 children were inspected in the Secondary School, and the average height and weight worked out at 145·9 centimetres and 37·4 kilos., compared with an average of 142·4 centimetres and 34·4 kilos. amongst 468 girls inspected during the year in the public elementary schools.

MISCELLANEOUS.

Under this heading is included the examination of student teachers, probationers, scholarship candidates, etc.

The number examined during the year was as follows:—

	BOYS.	GIRLS.
Student Teachers	1	1

The usual Tables, in accordance with the requirements of the Board of Education, are appended.

Your obedient Servant,

J. H. MASON,

Assistant School Medical Officer.

Report of the School Dental Officer.

(See also Table IV. (Group IV.), page 34).

To the School Medical Officer.

SIR,

Group IV., Table IV. gives a concise record of work done in this department during 1923.

No child is counted as more than one, however many the visits paid for treatment, and no child is counted as inspected or re-inspected more than once.

The total number of children seen (including 2,620 re-inspection cases) was 4,032, of whom 1,456 received treatment by me (during 3,718 attendances), 715 for the first time.

379 or 41.7 per cent. of all cases treated for decay, exclusive of supplementary treatment of formerly perfect cases, were made dentally perfect, *i.e.*, decay was thoroughly eradicated. The percentage for first-inspection in school routines was 54.

442 formerly perfect cases received supplementary treatment for decay, of whom 300 or 67.8 per cent. were re-perfected.

107 perfect cases received treatment, otherwise than for decay, such as regulation, crowding, etc.

Of 925 routines, inspected in school for the first time, only 5.7 per cent. were free from dental decay (851 in the 6 to 8 age period—4.9%), and 220, or 25.2 per cent. of those with defects, received treatment at the clinic, 119 or 54 per cent. of whom were completed.

382, who had accepted treatment, had not been sent for by the end of the year.

INSPECTION AND TREATMENT.

	Number seen	Referred	Accepted	Partly treated	Perfected	Total treated	Not sent for by end of year
1st inspection in school	925	{ 872	418	101	119	220	191
1st inspection in school, found perfect, not for decay	—	{ 2	1	—	—	1	—
Re-inspection non-perfects in school	79	79	44	18	11	29	13
Re-inspection former perfects in school	2090	{ 1169	498	73	214	287	178
Re-inspection former perfects in school, still perfect, not for decay	—	{ 132	62	—	—	62	—
Totals for routines inspected	3094	2254	1023	192	344	599	382
1st inspection in clinic	347	{ 345	333	173	153	326	—
1st inspection in clinic found perfect, not for decay	—	{ 2	2	—	—	2	—
Re-inspection non-perfects in clinic	234	234	221	141	70	211	—
Re-inspection former perfects in clinic	215	{ 170	167	69	86	155	—
Re-inspection former perfects in clinic, still perfect, not for decay	—	{ 40	40	—	—	40	—
Totals for specials inspected	796	791	763	383	309	734	—
Inspected and accepted in 1922...	28	—	—	10	18	28	—
Re-inspected in 1922, not for decay	2	—	—	—	—	2	—
Casuals	112	—	93	85	8	93	—
Totals of all children seen	4032	3045	1879	670	679	1456	382

Of 3,094 inspected or re-inspected in school, with tabulation of treatment required, the average number seen per session was 56.1.

The average number of attendances, of parents or guardians, at first inspections in school, was 18.7, and in clinic 74.6 per hundred children seen ; at treatment 40.7 per hundred attendances of children ; the total of their attendances in school and clinic was 2,197.

The total number of fillings was 1,032 in 831 permanent and 2 temporary teeth, nitrate of silver treatment being more effective and speedy for the latter, 1,551 of which were thus treated.

Nature of fillings :—Copper amalgam 6, silver amalgam 943, synthetic porcelain 83.

4,021 teeth were extracted, for which cocaine was given on 1,693 occasions.

Of the 604 permanent teeth extracted, 105 were for crowding in 72 mouths ; 6 hopelessly fractured, 21 too defectively formed to last, and 40 were formerly very badly decayed teeth, which had only been treated to keep the bite open until the eruption of other teeth would effect that

purpose, the remaining 432 were for advanced decay or abscess, 358 in routines and specials and 74 in casuals; of the 3,417 temporary teeth extracted, 330 were not for decay.

Nature of "other operations":—Group IV., Table IV. Silver nitrate treatment to 1,895 teeth (344 permanent), of which 694 were ground so as not to retain food, dressings 514, linings 273, cleansings 46, scalings 21, trimming of abnormal or fractured teeth 27, regulation cases, not including any case which could be remedied by extractions alone 35, 22 cases were completed during the year; root fillings 3, porcelain crown 1, a total of 2,815

Average work done at the clinic per half-day session:—New patients 3.5, attendances 9.1, fillings 2.5, nitrate of silver treatment to 4.6 teeth, teeth extracted 9.8, local anæsthetic cases 4.1, other items 2.2, besides special inspections 1.9.

Of 204 cases referred from the medical department, 53 were made perfect, 105 partly treated, and 46 were seen but had nothing done.

Including donations (box for which was introduced 25-9-23) amounting to £2 6s. 10d., the cash received was £103 7s. 6d., an average of 5s. 0½d. per treatment session, 1s. 5d. per child treated, or 6½d. for each attendance made by a child.

142 applied for free treatment, 50 received it free, 48 paid in full, 4 paid a reduced charge, while 6 free and 13 to pay did not attend; 21 claims were under consideration at the end of the year.

Of those treated, 1,338 paid in full, 50 received free treatment, 4 paid a reduced charge, 40 owed all, 10 owed part of charge, and 12 investigation cases not decided, at end of year, 2 for additional treatment for which there was no charge. Total 1,456.

The reduction of the charges from the 1st September has taken off the brake, and I may now hope to restore the volume of work done to that of the years preceding the introduction of the higher charges; there has been a marked proportional increase in the amount of work done in the last four months of the year, the parents again being anxious that I should do as much as the child can bear at each visit, instead of that for which they could pay under the higher scale.

The following table shows the relative increase:—

	7 MONTHS TO AUG. 2.	PER MONTH OF 38.4 SESSIONS	4 MONTHS TO DEC. 31	PER MONTH OF 34.7 SESSIONS
Extractions, No. of teeth	2,068	295.4	1,953	488.2
Fillings	625	89.2	407	101.7
Nitrate of Silver, No. of teeth	1,040	148.5	855	213.7
Local anæsthetic cases	1,014	144.8	679	169.7

It will be noticed that there were fewer treatment sessions per month in the latter period, which enhances the increase.

This increase should be progressive, as many of the parents through not reading the consent card still send instructions to remove one tooth, as they cannot afford more at a time.

The new water heating apparatus is giving the utmost satisfaction.

The total number of individual children treated by me during my tenure of office, now seven and a half years, amounts to 10,218 of whom 5,635 were made perfect, *i.e.*, decay thoroughly eradicated, and many of the remaining 4,583 required little more to be done, the work done involved 44,284 extractions, 14,538 administrations of cocaine, 14,420 fillings, and nitrate of silver treatment to 11,645 teeth. An average of 604 per annum received supplementary treatment since 1916.

I am, Sir,

Your obedient Servant,

A. SHERWOOD ANDERSON.

STATISTICAL TABLES.

TABLE I. RETURN OF MEDICAL INSPECTIONS, 1923.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections:—

Entrants	908
Intermediates	912
Leavers	1466
Total	3286

B. OTHER INSPECTIONS.

Number of Special Inspections	2143
Number of Re-inspections	3425
Total	5568

TABLE II. A. RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1923.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	NO. OF DEFECTS.		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 .....	...	1	3	17
Uncleanliness—Head	242	...	234	1
Uncleanliness—Body	30	...	20	1
Skin ...	Ringworm—Scalp	2	78	41
	Ringworm—Body	5	15	...
	Scabies	4	10	...
	Impetigo	10	80	...
	Other Diseases (non-tuberculous)	11	155	...
	Blepharitis	23	47	...
	Conjunctivitis .....	...	34	...
Eye ...	Keratitis	2	6	...
	Corneal Opacities .....	...	...	...
	Defective Vision (excluding Squint)	186	72	145
	Squint	22	58	12
	Other Conditions	2	35	...
	Defective Hearing	40	60	6
	Otitis Media	17	86	...
Ear ...	Other Ear Diseases .....	...	19	...
	Enlarged Tonsils only	43	23	18
Nose and Throat	Adenoids only	16	10	3
	Enlarged Tonsils and Adenoids	32	7	2
	Other Conditions	133	3	10
Enlarged Cervical Glands (Non-tuberculous)	4	2	14	1
Defective Speech	5	3	5	11
Teeth—Dental Diseases	345	1	73	...
Heart and Circulation	Heart Disease :—			
	Organic	4	18	20
	Functional	3	1	12
	Anæmia	1	5	4
Lungs	Bronchitis	1	7	7
	Other Non-tuberculous Diseases	18	19	25
	Pulmonary :			
	Definite .....	...	1	6
Tuber- culosis.	Suspected	1	...	7
	Non-pulmonary :			
	Glands .....	...	2	2
	Spine .....	...	...	...
	Hip	1	...	1
	Other Bones and Joints .....	...	...	...
	Skin .....	...	1	...
	Other Forms .....	...	1	1
Nervous System	Epilepsy .....	...	3	5
	Chorea	2	3	1
	Other Conditions	2	1	3
Deformities	Rickets .....	...	1	...
	Spinal Curvature	11	7	3
	Other Forms	31	24	9
Other Defects and Diseases	41	30	336	44

TABLE II.—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.	
CODE GROUPS—			
Entrants	908	172	18.9
Intermediates	912	194	21.3
Leavers	1466	252	17.2
Totals (Code Groups)	3286	618	18.8

TABLE III. RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1923.

			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	2	...	2
		Attending Public Elementary Schools .....	...	3	3
		At other Institutions .....	...	...	...
		At no School or Institution ...	1	1	2
	(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 .....	...	...	...
		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 and dumb.	Attending Certified Schools or Classes for the Deaf	5	3	8
		Attending Public Elementary Schools .....	...	...	...
		At other Institutions .....	...	...	...
		At no School or Institution ...	1	...	1
	(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 .....	...	...	...
		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 ...	34	26	60
		Attending Public Elementary Schools .....	...	2	2
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	...	...
	Notified to the Local Control Authority during the year.	Feeble-minded	1	1	2
		Imbeciles	1	3	4
		Idiots .....	...	...	...

TABLE III. (*continued*).

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	1	...	1
		In Institutions other than Certified Special Schools .....	...	...	...
		Attending Public Elementary Schools .....	...	...	...
		At no School or Institution ...	1	...	1
Physically Defective.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	7	2	9
		At no School or Institution ...	...	...	...
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	...	...	...
		At other Institutions	1	...	1
		At no School or Institution ...	3	1	4
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .....	...	...	...
		At Certified Residential Open Air Schools .....	...	...	...
		At Public Elementary Schools	14	12	26
		At other Institutions .....	...	...	...
		At no School or Institution ...	...	1	1
	Delicate children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools .....	...	...	...
		At Certified Day Open Air Schools .....	...	...	...
		At Public Elementary Schools	4	11	15
		At other Institutions .....	...	...	...
		At no School or Institution ...	2	2	4
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	1	4
		At Public Elementary Schools	10	8	18
		At other Institutions .....	...	1	1
		At no School or Institution ...	8	2	10
	Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis &c., and including those with severe heart disease.	At Certified Hospital Schools ...	...	...	...
		At Certified Residential Cripple Schools .....	...	...	...
		At Certified Day Cripple Schools .....	...	...	...
		At Public Elementary Schools	53	43	96
		At other Institutions .....	...	...	...
		At no School or Institution ...	6	5	11

TABLE IV. RETURN OF DEFECTS TREATED DURING 1923.

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.
Skin—			
Ringworm—Scalp	77	17	94
Ringworm—Body	46	11	57
Scabies	15	7	22
Impetigo	233	26	259
Other Skin Diseases	481	62	543
Minor Eye Defects	229	69	298
Minor Ear Defects	225	56	281
Micellaneous	595	48	643
Totals	1901	296	2197

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.
Errors of Refraction (including Squint)	495	5	...	500
Other Defect or Disease of the eyes (excluding those recorded in Group I.). ...	...	...	...	...
Totals	495	5	...	500

TABLE IV. (*continued*).GROUP II.—DEFECTIVE VISION AND SQUINT (*continued*).

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	453
(b) Otherwise	5

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	414
(b) Otherwise	5

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.		
...	32	32	257	289

TABLE IV. (*continued*).

GROUP IV.—DENTAL DEFECTS.

(1). Number of children who were :—

(a) Inspected by Dentist in School :—			Re-inspected in School :—		
Aged.			Aged.		
Routine Age Groups.	5.....	24	5.....	14	Total 2169
	6.....	404	6.....	103	
	7.....	450	7.....	289	
	8.....	25	8.....	384	
	9.....	3	9.....	345	
	10.....	11	10.....	358	
	11.....	4	11.....	290	
	12.....	1	12.....	186	
	13.....	2	13.....	181	
	14.....	1	14.....	13	
Specials.....796.		15.....	6		
Grand Total.....3,890.					

(b) Found to require treatment	3045	
(c) Actually treated	1333	
†(d) Re-treated during the year as the result of periodical examination	355	
Inspected or re-inspected in 1922, treated in 1923	30	} Not included in above tables.
Casuals seen, 112; treated	93	
(2) Half days devoted to ...	{ Inspection..... 55 Treatment..... 408 }	Total 463
(3) Attendances made by children for treatment.....		3718
(4) Fillings	{ Permanent Teeth 1030 Temporary Teeth 2 }	Total 1032
(5) Extractions	{ Permanent Teeth 604 Temporary Teeth 3417 }	Total 4021
(6) *Administrations of Local Anæsthetics for extractions.....		1693
(7) Other Operations	{ Permanent Teeth 1262 Temporary Teeth 1553 }	Total 2815

†Included also in (c.)

*No General Anæsthetics were administered.

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses	6
(ii) Total number of examinations of children in the Schools by the School Nurses	13340
(iii) Number of individual children found unclean	1491
(iv) Number of children cleansed under arrangements made by the Local Education Authority	—
(v) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	—
(b) Under School Attendance Byelaws	14

SECONDARY SCHOOLS, 1923.

TABLE 1 (S). RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Routine Inspections :—

12 years	38
15 years	76
Entrants	37
Leavers	31
Total	182

B.—OTHER INSPECTIONS.

Number of Special Inspections	19
Number of Re-inspections	50
Total	69

TABLE II. (S).

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number referred for Treatment.	Number to be kept under Observation.	Number referred for Treatment.	Number to be kept under Observation.
Uncleanliness—Head	7	...	...	...
Skin Disease .....	...	...	1	...
Defective Vision	13	4	3	...
Defective Hearing	1	...	...	...
Nose { Enlarged Tonsils ...	4	3	...	...
and { Adenoids .....	...	1	1	...
Throat { Other Conditions ...	1	1	...	...
Teeth—Dental Disease	37	...	3	...
Heart Disease—				
Organic .....	...	1	...	3
Functional .....	...	1	...	1
Deformities—				
Spinal Curvature .....	...	...	2	...
Other Forms	3	1	1	...
Other Defects and Diseases...	2	1	1	1

TABLE II. (S). (*continued*).

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.	
12 years	38	5	13.2
15 years	76	12	15.8
Entrants	37	5	13.5
Leavers	31	3	9.7
Total	182	25	13.7

TABLE III. (S). TREATMENT OF DEFECTS.

Defect or Disease.	Number referred for Treatment.	Treated.	Not Treated.	No Report.
Uncleanliness—Head	7	6	...	1
Skin Disease	1	1	...	...
Defective Vision	16	12	1	3
Defective Hearing	1	...	...	1
Nose { Enlarged Tonsils ...	4	...	...	4
and { Adenoids.....	1	...	1	...
Throat { Other Conditions ...	1	...	...	1
Teeth—Dental Disease	40	16	7	17
Deformities—				
Spinal Curvature	2	2	...	...
Other Forms	4	3	...	1
Other Defects or Diseases ...	3	1	...	2
Totals	80	41	9	30

1891	1892
1893	1894
1895	1896
1897	1898
1899	1900



1891	1892
1893	1894
1895	1896
1897	1898
1899	1900