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Borough of Nuneaton.

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# Annual Report

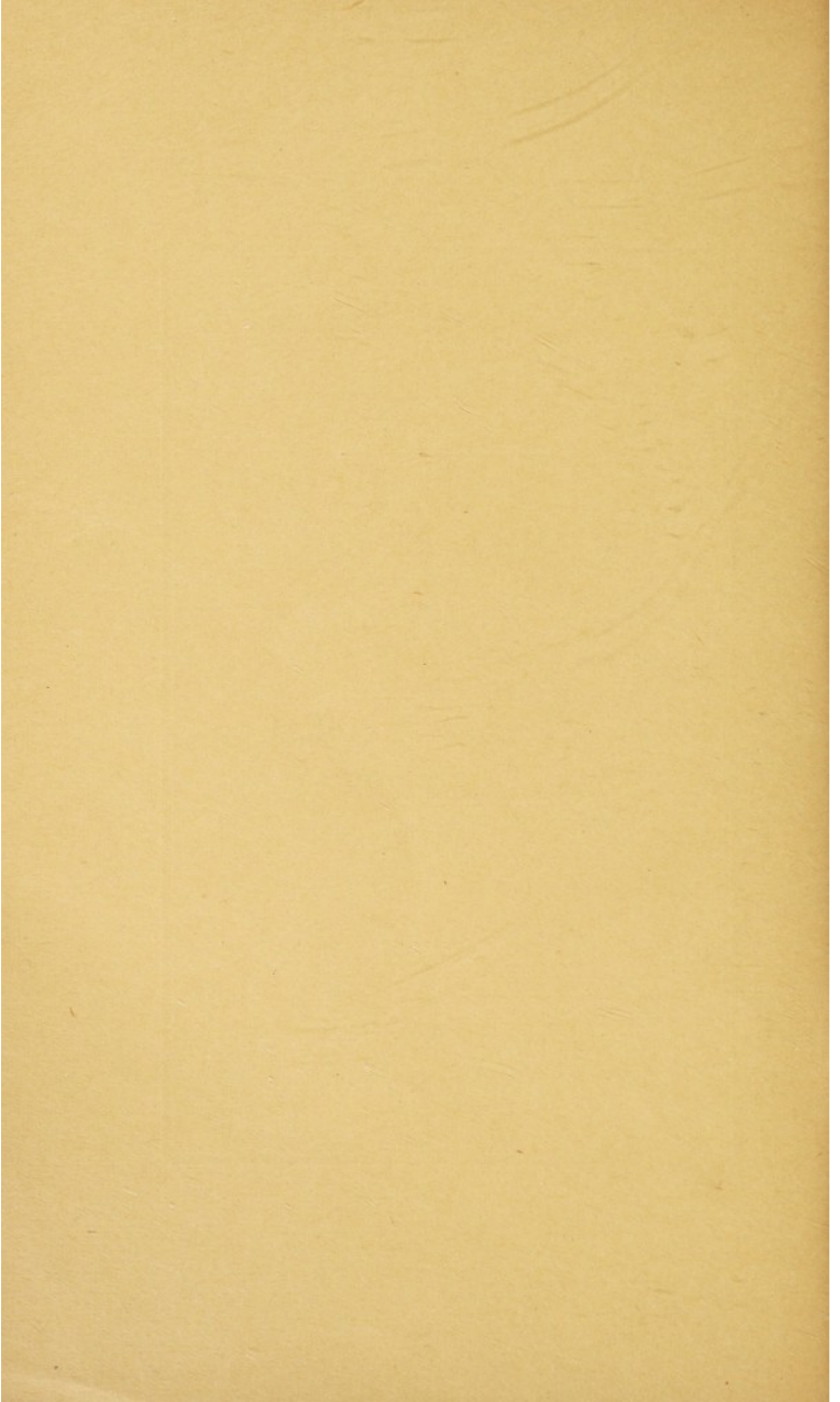
for 1923.

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SCHOOL MEDICAL  
SERVICE.

K. E. TAPPER, O.B.E., M.B., D.P.H.  
School Medical Officer.



**Borough of Nuneaton.**

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**Annual Report**  
for 1923.

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**SCHOOL MEDICAL  
SERVICE.**

**K. E. TAPPER, O.B.E., M.B., D.P.H.**  
School Medical Officer.

**MEMBERS OF THE EDUCATION COMMITTEE OF THE  
BOROUGH OF NUNEATON.**

His Worship the Mayor—Alderman R. W. Swinnerton,  
M.B.E., J.P. (Chairman).

Alderman E. F. Melly, J.P. (Vice Chairman).  
Miss Swinnerton.

Deputy Mayor—Alderman W. French, J.P.

Alderman J. A. Cartwright,	Councillor F. Marriott.
„ T. Horton, J.P.	„ W. Matthews.
„ J. Randle, J.P.	„ F. P. Pembleton.
„ C. Reader.	„ T. H. Phillips.
„ T. W. Sands, J.P.	„ L. E. Price.
Councillor G. Bailey.	„ A. Roberts.
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„ W. Croshaw.	„ R. Worthington.
„ S. O. Currin.	„ J. H. Whitehouse.
„ B. Daffern.	Mr. G. R. Biggs.
„ C. T. Earp.	Mr. T. Daffern.
„ G. Harvey.	Mr. A. Grain.
„ D. King.	Mr. F. Johns.
„ T. L. Liggins.	Dr. E. Nason.

Director of Education—Mr. J. C. Bennell.

## **BOROUGH OF NUNEATON.**

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Area = 10596.

Population = 44,030.

Death-rate 1923 = 9.4.

Birth-rate = 22.6.

Infantile Mortality Rate = 75.3.

Rateable Value = £165,803.

1d. rate = £580.

Education Rate 2s. 10d.

Rate levied for School Medical Service, 1½d.

School accommodation 7,789.

Average attendance, 6,653.

### STAFF.

The School Medical Staff during the year 1923 consisted of the following:—

SCHOOL MEDICAL OFFICER (who is also Medical Officer of Health)—K. E. Tapper, O.B.E., M.B., D.P.H.

SCHOOL OCULIST (part-time)—one half day per week—C. Rudd, M.B., Ch.B.

SCHOOL DENTIST (part-time)—four half days per week—Mr. G. E. B. Williams.

DENTAL ATTENDANT (part-time)—six half days per week—Mrs. E. Bright.

SCHOOL NURSES (whole time)—Miss W. Payne, Miss R. Downs (resigned), Miss M. I. Hawkins.

CLERKS (joint whole time with the Health Department)—Miss W. Wood, Miss I. Biggs.

Operations for tonsils and Adenoids performed at the School Clinic by Dr. A. A. Wood, M.D., M.B., Ch.B.

School Medical Department,  
Cambridge House,  
Nuneaton.

March, 1924.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Lady, and Gentlemen,

I have the honour to submit my second Annual Report on the School Medical Service of the Borough.

The report follows the lines of my previous report and although the service has been extended to more individuals, there has been little change in organisation or any increased expenditure over previous years. The report will show where extension of work has occurred, the success that attended the treatment of malnutrition school children by sunlight and fresh air, and the treatment of Ringworm of the scalp by the mercuric iodide routine. These are comparatively small items when compared with the results of the service in toto.

The popularity of the service indicates a gradually increasing appreciation of the principles of the preventive medicine.

I would extend my grateful thanks to the Committee for their help and indulgence in promoting the provisions for the health of the School child, and to the local practitioners for the invaluable help they have at all times given me.

I have again to acknowledge the consistent good and loyal service of all the staff of the School Medical Department.

I am,  
Mr. Chairman, Lady, and Gentlemen,

Your obedient servant,

K. E. TAPPER,  
School Medical Officer.

## EXTENT OF THE SCHOOL MEDICAL SERVICE.

The School Medical Service, the logical sequence of the Maternity and Child Welfare Service, is restricted mainly to prevention of disease, the treatment of minor ailments and to the propagation of the knowledge of the principles of health affecting the child attending school. That the minor ailment is the frequent precursor of severe and often crippling disease is an established medical fact and if left untreated in the school child frequently results in the permanent impairment of the health of the future adult.

In spite of the gradually increasing appreciation of the principles of prevention of disease it is still too common a thing to find a parent using Thermogene for a chronic respiratory affection or ruining a child's resistance by the poisons of patent medicines, when the essential factor is a diseased upper air tract, septic teeth, enlarged tonsils and adenoids, or conditions of the living room at home where air and sunlight are shut out by drawn curtains and closed windows.

I trust that the days are numbered of the bottle of patent medicine as a health promoting agency in the young child; people are beginning to appreciate the value of nature's law, that fresh air, sunlight, good food, regular habits and sufficient exercise will build the growing child, will increase its resistance to disease, and allow the child to pass through school life able to assimilate the knowledge to be obtained there, and to leave school a fit person to maintain the welfare of the nation.

There is still the delinquent parent who is either too lazy or too ignorant to provide a hot meal for the child going to school; it is not an infrequent event to see a child "nourished" by bread and jam eaten hurriedly on the way to school. This repeated factor alone must in time undermine the child's digestion and no child can assimilate knowledge if the physical state is so impaired. There is also the child who is nursed of severe and often fatal illnesses in the kitchen and living room. There is little chance of a healthy adult evolving under such circumstances, conditions common to many industrial areas. They are not altogether remedied by ideal housing conditions, for they are the great personal factors that play so important a part in the cause of the unfit child and are only to be remedied by the constant teaching of the principles of health in and out of School.

It is pleasing to note the clubs of dental cleanliness and clubs of personal cleanliness which have been formed in some of the schools.

One would like to see extension of hospital accommodation for the children who cannot be nursed of a serious illness at home.

Extension of the present preventive service is needed in many directions and I hope that the consideration of an Open Air School for the debilitated school child will receive the support of the Committee at an early date.

Special classes are also needed for the mentally backward and for the partially deaf and partially blind.

The Committee are at present considering extension of the dental provision and also clinics for the orthopædic cases and for ionisation of otorrhœa cases.

The provision of a sub-clinic at Stockingford has received the approval of the Board and this will facilitate the services to this large populous area and at the same time avoid the overcrowding that is at present taking place at the Clinic, Cambridge House.

The following statistical summary of the year's work will give some idea of the popularity and extent of School Medical Services; it certainly shows that the provisions made by the Committee form no small part in the medical services of the Borough.

CLINICS.	Individual Children.	Attendances.
Medical Inspection Clinic ...	1648	5739
Treatment Clinic ...	698	5828
Dental Clinic ...	779	1192
Eye Clinic ...	163	355

### INSPECTIONS.

Individual children examined by School Medical Officer at School ...	1875
Individual children examined by Dentist at School	1564
Individual children examined by Nurses for Vermin	16179
Home visits paid by School Nurses ...	1163
Tonsil and Adenoid operations ...	70
X-ray cases for ringworm of scalp ...	23
Orthopædic cases sent to Hospital ...	21
Defective children in Special Institutions ...	11

## REVIEW OF ROUTINE MEDICAL INSPECTION AT SCHOOL.

Number inspected	...	...	...	...	...	1875
Number with defects requiring treatment						469
Number with defects which require to be kept under observation						356

Twenty-five per cent of the individual children examined at Routine Medical Inspections showed evidence of 976 ailments requiring treatment. This figure shows a gradual annual fall and indicates the accumulative results of the School Medical Services.

The entrants to school still show a high percentage of defects and an endeavour is being made to co-operate more closely the school medical service with that under the Maternity and Child Welfare. There is certainly scope for treatment of the minor ailments in the pre-school child especially between the ages of 2 to 5 years. Facilities for treatment under the Maternity and Child Welfare is now made for orthopædics, nose and throat cases, and eye defects, and this should play a part in lessening the number of children who enter school life with defects of these natures.

The keenness of the parent and teachers in the medical inspections is a pleasing indication of the success of the service provided by the Committee; it certainly simplifies the work, and leads to greater efficiency of results.

A special feature of the examinations was an endeavour to classify the children of poor nutrition. All but 435 of the 1875 children examined showed a high standard of physique, this being specially marked in the girls of all age groups and the boys of the entrant class. Of the 435 children, 126 or 6.7%, were children suitable for admission to an Open Air School.

The large number of children discovered with gross dental caries indicates an extensive dental service if we are to overcome this repeated defect discovered at annual inspections.

Diseases of the upper air tract still remain a prominent feature, diseased tonsils and adenoids with dental sepsis being a pronounced concurrent defect.

There appears to be a gradual improvement in cleanliness and clothing of the child, but this may be due to a special effort by the parent on medical inspection days, but improvement is occurring in this at-one-time chief defect at inspections, as can be shown by reference to the reports of the School Nurses on vermin inspection.

The fall in the return of diseases of the skin also points to the improvement that has followed in the train of medical inspections at school and the provision for treatment at the Clinic.

## REVIEW OF SPECIAL INSPECTIONS AT THE SCHOOL CLINIC.

Individual children inspected ... ..	1648
Number of attendances ... ..	5739
Number of ailments ... ..	2614

The above mentioned figures will give an indication of the extent of the work carried out at the School Medical Inspection Clinic. The children are referred here either by their teacher, the attendance officers, by school nurses, from routine medical inspections or by their own doctors.

This Clinic which is held daily opens up a large field for the investigation of the minor ailments in children whilst in attendance at school.

It is an important agent in the prevention of chronic ill health and in the treatment of the disease in its early stages. If the disease has extended beyond the minor stage the child is referred to its own doctor for domiciliary treatment, and here the exclusion certificates which are forwarded to the Department give a further indication of the defects of the school child.

The chief diseases causing loss of school attendance were those affecting the skin, whilst diseases of the respiratory system and diseases of ear, nose and throat augmented the return of defects.

Dental caries was again a prominent defect and was generally accompanied by diseases of the digestive system.

The prevalence of Chorea in an acute form was a special feature of the year, and the number of early potential cases impressed me.

The Bronchitis and Asthmatic cases appear to be pronounced in the children of the Borough and one would like time and facilities for special investigation of these cases.

I am convinced that diseases of the respiratory tract are largely preventable in the young child by strict attention to the cleanliness and hygiene of the mouth and by correction of enlarged tonsils and adenoids.

The parent will persist in treating the Bronchitic child with bottles of expensive patent medicines when the upper respiratory tract is diseased by tonsils and adenoids and septic teeth.

The dyspeptic child, the child who lacks an appetite in the morning because the parent gives it a heavy supper at hours long after the proper bedtime of the child, is a frequent attender at the Clinic and this shows the need of education of the people in the proper dietary of the growing child.

The anæmic, debilitated child who has generally been under long treatment by the parent with patent blood mixtures are not infrequent cases; one can generally find in such cases improper dietary of the child or the presence of worms that play so serious a part in these complaints of childhood.

### REVIEW OF MINOR AILMENT TREATMENT CLINIC.

Number of children treated	...	...	...	698
Number of attendances	...	...	...	5828

This Clinic is held daily by one of the School Nurses; a charge of sixpence per week being made to the parent for the treatment performed.

By far the major time is spent in the treatment of skin disease such as impetigo and ringworm of the scalp.

The treatment of chronic otorrhœas has not been entirely satisfactory, the results by no means repaying the time spent on treatment—cases left to be treated at home do not do well and it is hoped that the adoption of the ionisation treatment will facilitate the cure. Minor injuries are generally treated by the parent so that these do not play a large part in the treatment clinic, unless the parent fails to cure and the burden is then placed in the skilled hands of the School Nurse.

The attendances are on the whole regular and it is seldom that the services of the attendance officers are called upon.

Treatment at the Clinic leads to early cure and early return to school, this fact is appreciated by the Head Teachers who realise that if the child is sent for treatment in the early stages of the disease the child will have an early return to school. This is especially demonstrated in the treatment of impetigo, cases treated at home are excluded on an average of 14 days, whereas treated at the Clinic the return to school results on an average in 6.8 days.

At the present time the treatment room is overcrowded each morning and this tends to detract from the full benefits of the Clinic, but this will shortly be remedied by the extension of the sub-clinic at Stockingford.

Treatment for disease in the school child is obtainable from the general practitioner who is and must remain the main agent in the treatment of the major ailment.

The Nuneaton General Hospital provides for hospital treatment of acute illnesses and injuries, whereas special cases are referred to Birmingham Royal Orthopædic Hospital, Ear, Nose and Throat Hospital, and the special out-patients of the General Hospital, Birmingham.

To each of these Hospitals the Education Authority subscribes.

In addition to the minor ailment treatment clinic, the School Clinic makes provision for

1. Tonsil and Adenoid operations (once weekly).
2. Oculist for eye defects (once weekly).
3. Dental Surgeon for dental defects (4 half-days a week).
4. X-ray for ringworm scalp (School Clinic, Coventry).

Finally all cases of suspected tuberculosis are referred for the skilled opinion of Dr. Cyriax at the County Council Tuberculosis Dispensary.

The following charges are made at the School Clinic:—

1. Treatment for minor ailments—6d. per week.
2. Tonsil and Adenoid operation—5s. per case.
3. X-ray ringworm scalp—1s. per case.

## REVIEW OF DEFECTS DISCOVERED.

### MALNUTRITION.

	Routine.	...	Special.
Individual children examined	1875	...	1648
Requiring treatment	... 126	...	137

A high standard of general nutrition was set during the year, being based on standing height and weight for the age and sex of the child examined. Such generalised method is admitted not to be a thoroughly reliable test, but when taken with the general examination makes a fair average test for malnutrition.

The findings showed that at routine inspection 126 children were in need of treatment such as could be obtained in Open Air Schools, while 309 required further observation. Thus 6.7% of children examined were of low grade physique.

In my last report I discussed the underlying causes of malnutrition in the school child and the past year has convinced me of the important part that minor ailments, septic teeth and tonsil and adenoids play in the causation. There are many children who show no active disease or obvious defect and it is in such cases that one must place the cause to latent tuberculosis. It is in these latter cases that an endeavour was made to return the child to normal by treatment by sunlight and fresh air at a disused shelter of eight beds at the Isolation Hospital. Fourteen such cases were admitted during the months of August, September, and October, and the success that followed demonstrates the value of sunlight in the treatment of the pre-tubercular child.

The treatment consisted in gradual exposure to sunlight, small doses of Cod Liver Oil and an addition of a pint of fresh milk to the day's diet. It is admitted that the numbers

are too small for a definite conclusion, but that after the first week the average increase in weight per child per week was the remarkable figure of  $\frac{3}{4}$  lb. speaks for the value of the treatment.

Throughout the following winter the children treated have been free of illness, and in the opinions of the parents "never been so free of coughs or had such good appetites."

The improvement in the general physique and in their mental outlook and general happiness I am convinced is due to the exposure, with subsequent pigmentation, by sunlight and the open air life they were compelled to live.

Institutional life must of course be an important item in the regulation of their habits. It is significant that the recovery to health did not occur when these children were under Clinic Treatment by Cod Liver Oil and fresh air and raw milk; it being admitted that one cannot rely on the regularity of this administration of treatments being given at home.

I am also convinced that in the empty wards at isolation hospitals lies a suitable provision for an extension of this form of treatment of the malnutrition child.

It was entirely due to the keenness shown by Miss Williams and her staff at the Isolation Hospital that this attempt proved so highly successful.

#### UNCLEANLINESS.

	Routine.	Special.
Individual children inspected	1875	1648
Requiring treatment	424	144
Inspected by School Nurses	...	16179
Found to have vermin, etc.	...	2496 = 15.4%

Progressive improvement is occurring in the cleanliness of the child attending school, a result to be placed to the credit of the School Nurses, and to the keenness of the teachers in impressing the importance of cleanliness as a habit upon the young mind. One still has the difficulty of the chronically unclean and of the delinquent parent who is incapable of realising the importance that cleanliness plays in the health of the child. In such cases the services of the Inspector of the National Society of Prevention of Cruelty to Children are extremely valuable, and it is seldom that improvement does not follow his visit.

Demonstrations in the use of Sackers Combs are given at the School Clinic and these combs are lent to the parent as an invaluable aid to ridding the child of nits.

I have discouraged the actual cleansing of the child by the staff of the Department, being of the opinion that this is

primarily a duty of the parent and that even compulsory cleansing at a Cleansing Station does not cure the chronic case. Where a child receives a second notice, it is now the rule that the Nurse pays a visit to the home of the child and success generally follows this visit, and where the result is unsatisfactory the services of the N.S.P.C.C. are called upon.

This scheme has worked well during the past year, there has been a fall in the percentage of verminous children in spite of the high standard set and one naturally hopes that the time is not far distant when this percentage will be negligible.

#### SKIN DISEASES.

	Routine.	Special.
Examined ... ..	1876	1648
Referred for Treatment ...	26	713

That only 1.4% of children examined at school showed evidence of skin disease shows that it is appreciated by the teachers that neglected skin diseases cause considerable loss of school attendance and that early treatment leads to early cure and less spread of infection. There has been a considerable fall in the return of skin diseases, especially so in regard to Scabies and Ringworm. That Impetigo is lower is partly explained by the lowered return of uncleanly children, but mainly due to the effect of the school clinic in the provision of treatment.

#### IMPETIGO.

378 cases of Impetigo were treated at the school clinic and this resulted in a saving of school attendance equivalent to 2646 school days, for, as previously stated, each case of Impetigo treated at home takes on an average seven school days longer to cure. When treated skilfully and in the early stage the disease is a mild one. It is associated in most cases with uncleanliness, nits, etc., but there is a small proportion of cases where the underlying cause is some factor in the nutrition of the child. In the latter part of the year Impetigo became associated with Chickenpox and in such cases the treatment was rather disheartening.

#### RINGWORM.

	Scalp.	Body.
Discovered at Routine Inspection	2	—
Discovered at Special Inspection	74	74
Treated at School Clinic ...	72	74

Compared with previous years there has been a considerable fall in the return of Ringworm, again due to the supervision given by the teachers and school nurses. Ringworm of the body was of mild type readily cured by the application of

iodine. The outstanding feature in the treatment of Ringworm of the Scalp was the success attending the routine treatment by mercuric iodine. This led to rapid cure, less spread of infection and considerable saving in the cost of X-ray treatment; of the 72 cases of Ringworm Scalp treated at the school clinic, only 23 cases were referred for X-ray compared with 64 in the previous year, 28 cases were treated by the mercuric routine from the commencement, 15 by other local applications and six received mercuric treatment after failure by other methods.

#### MERCURIC ROUTINE.

Of the 28 cases receiving this form of treatment from the commencement, only one case was a complete failure and was finally referred for X-ray treatment. One case became reinfected and two were retreated for further periods of 24 and 17 days. The other cases resulted in a cure in an average of 12.6 treatment days and an exclusion period averaging 15.4 days. Six cases receiving this mercuric routine after failure of other methods of local applications were cured in an average of 18 treatment days, giving an exclusion period equivalent to 23 days.

#### X-RAY TREATMENT.

23 cases were so treated at an average cost of 18s. per case. 14 of these cases were treated by X-ray as the primary treatment and here the exclusion period averaged 50 days. In every case of X-ray the after treatment of epilation so necessary for cure, is carried out by the school nurses, and it is a remarkable fact that a little over 50% of cases resulted in a curly head of hair.

Nine cases of Ringworm Scalp were treated by X-ray after all other forms of treatment had failed; five of these cases had been treated at home from periods varying from 3 to 14 months. These five cases were cured on an average of 55.5 days. One case of failure by mercuric treatment—after 35 days' treatment—was cured by X-ray after 50 days.

Three cases which at first refused to have X-ray treatment and were treated by local Iodine and Freezing were finally after three weeks' treatment cured by X-ray and returned to school.

#### OTHER FORM OF TREATMENT.

Fifteen cases received throughout their course local treatment such as applications of iodine and freezing, malachite green and freezing, or various ointments and lotions. The average exclusion period before cure in such cases was 61 days.

In spite of the small number of cases under review I am convinced of the value of the mercuric iodide routine carried out at the school clinic as a means of a rapid and economical

cure. It fails in the chronic cases and is most successful when commenced in the early stages of the infection. It is to be pointed out that each cure is microscopically tested. X-ray treatment is certain, while the risk of subsequent alopecia is infinitesimal. For the extensive chronic case it remains the best method of treatment.

### SCABIES.

Forty-six cases were treated during the year, and all cured by Liquor Calcis Sulphurated routine in 9 days. At no school has there been any extensive outbreak and the year's return shows a considerable fall on the previous year.

### HERPES.

An outbreak of Herpes occurred in the latter end of October and from the views of the general practitioners appeared at the same time to be prevalent among the adult population.

### DENTAL DEFECTS.

	Routine	Medical.	Special medical.	Dental
Inspected	... 1875	... 1648	... 1564	
Requiring Treatment	268	... 238	... 941	
	Treated ... 779.			

Sixty per cent. of children examined by the school dentist were in need of dental treatment. The children requiring treatment discovered at medical inspection were children with gross defects. Thus, dental diseases among school children in the Borough remains of serious concern and shows the need of an extensive campaign if they are to be remedied. The effect of dental sepsis on the mental output of the child is not to be overlooked, and its effects on the general health and as a root cause of many ailments is now recognised. This question of extension of these services is at the present time receiving the attention of the Committee. Mr. Williams has shown much keenness in the dental service and a summary of his year's work will be seen under Appendix Table 4. This table shows that while there have been fewer inspections there has been an increase in the children treated, increased attendances, and increase in the conservative work. This is all to the good but it by no means reaches our goal where every child shall leave school with a sound dentition and the principle of dental hygiene established. That this is not so at present, partly explains the high percentage of our adult population who suffer from various forms of chronic and sub-acute rheumatism.

## DEFECTIVE VISION AND DISEASE OF THE EYE.

	Routine.	Special.
Examined ... ..	1875	1648
Requiring Treatment	54	128

There has been a considerable fall in the number of children suffering from defective vision. 5.1 % of children examined showed defective eyesight. I am of the opinion that the bad lighting effect in some of the obsolete structured schools plays a part in this return, for it is of vast importance that the young entrant to school should avoid all forms of eye-strain. The main cause I believe to be the neglected fevers of whooping cough and measles. The number of entrants with squint shows that the parent is not fully alive to the importance of early treatment for this defect, and towards remedying this the Maternity and Child Welfare scheme in the Borough now make provision for the treatment of the pre-school child suffering from all forms of eye disease.

Dr. Rudd, the school oculist, attends weekly at the clinic, and his special report will be found in the Appendix. Glasses were obtained during 1923 at contract prices from Mr. Whitehouse, whose hearty cooperation in the following up of this essential work has been most pleasing. Of the cases who were prescribed glasses 142 were obtained, it being necessary during the year to refer four delinquent cases for the action of the N.S.P.C.C. In each case the Inspector was successful without resort to legal action.

## DISEASE OF THE EAR.

	Routine.	Special.
Inspected ... ..	1875	1648
Requiring Treatment	9	72

Treated at School Clinic ... 81.

The large number of children suffering from ear disease and the chronicity of otorrhœas came under consideration by the Committee, with the result that the coming year more specialised treatment will be available for these cases. Many parents look upon discharging ears as a necessity of childhood, and no doubt the chronicity of the condition rather encourages this foolish view. It is only when an acute mastoid condition arises that such parents begin to think of other treatment than putting oil and a dirty piece of towel into the ear. At the same time it is to be acknowledged that the clinic routine of daily treatment over long periods has not been entirely successful, a little over 30 % of ears being cured. It was found that the treatment of septic teeth and enlarged tonsils and adenoids was essential if cure was to be effective, and there is no doubt that such defects play an important part in the causation of chronic ear disease.

## TONSILS AND ADENOIDS.

	Routine.	Special.
Inspected ... ..	1875	1648
Requiring Treatment	37	72
Requiring Observation	70	18
Treated by operation	70	—
Other diseases of the Throat	3	125

That 8.5 % of children have a diseased upper air tracts is an important factor in the causation of impaired health of the young child. While this is lower than previous year's returns it never-the-less plays no unimportant part in diseases such as Bronchitis, Cardiac diseases, Rheumatics, Ottorrhœa, enlarged cervical glands and general debility of childhood.

Only special cases are referred for operation or ~~from~~<sup>for</sup> their own doctor's advice, while large numbers are kept under observation from year to year. These selected cases are operated on by Dr. Wood at 8 a.m. on Thursday morning and kept under observation at the clinic until 4.0 p.m. in the afternoon, when they are returned home by special transport, or where the necessity arises, kept at the clinic overnight. The school nurses keep the cases under daily observation during the first week, when the child is re-examined by the School Medical Officer for its fitness for return to school. Each case is kept under further observation throughout the following 12 months. The surgical results of the operation are excellent, complete enucleation occurring in 96 % of cases operated on during the year. The general results showed in every case a remarkable improvement in the general physique and condition of the child. This improvement follows in several cases almost immediately, but the true results of the operation are not fully demonstrated until a year has elapsed. The clearing of chronic catarrhal conditions, ear discharges, enlarged cervical glands, improvement in appetite, besides a brightening of the child intellect, all shows that this is not only a justifiable operation but one to which more resort should be made.

## INFECTIOUS DISEASES.

**Whooping Cough.**

A severe epidemic during the months of Spring affected all schools and was the cause of considerable illness and loss of attendance. The most frequent sequel was a sub-acute Bronchitis, and the loss of physique in some cases was marked for several months.

### **Chickenpox.**

This was especially prominent during August and October and is at present continuing to cause loss of attendance at school. All possible cases were visited for the purpose of exclusion of smallpox, which has been present throughout several areas in England. Fortunately, no case of Smallpox was discovered, and as 90 % of children are unvaccinated one trusts that we shall not be visited by this infectious disease. Some of the Chickenpox cases became infected with Impetigo, a complication which is not only hideous but difficult to cure.

### **Scarlet Fever.**

This remains of mild type, so mild that many cases were not discovered until peeling occurred. There were 66 notified cases compared with 175 of the previous year. The policy of home isolation has been continued, only exceptional and complicated cases being admitted to hospital. In spite of the overcrowding in the homes no spread of infection has occurred and whilst isolation has in some cases been difficult, the daily visiting by the Isolation Hospital staff has been of immense value. A rather drastic action was taken with contacts, such being allowed to return to school seven days after the cases had been isolated at home and under visit by the nurse. There has been no spread as a result of this action, whilst attendances at school have been maintained.

### **Diphtheria.**

Seven cases were notified during the year and one death of a school child resulted. Two cases had temporary pharyngeal paralysis. At one time an epidemic threatened in Central Avenue, but this was controlled and confined to four cases. No extensive swabbing of schools is performed. Home contacts are swabbed and allowed to return to school if negative. Two contacts showed persistent positive results, but virulence tests were negative and the children are in attendance at school.

No school or class was closed during the year, and with the exception of Whooping Cough and Chickenpox the schools have been comparatively free of infectious disease. At the time of writing Influenza is prevalent and the average attendance at school has fallen 5 %.

## **DEATHS OF SCHOOL CHILDREN.**

The following is a return of 14 children who died during the year under review:

### **Infectious Diseases.**

Diphtheria	...	...	1
Encephalitis Lethargica			1

<b>Tuberculosis.</b>				
	Lung	...	...	1
	Other	...	...	1
<b>Cardiac Disease</b>				
	...	...	...	3
<b>Respiratory Disease</b>				
	Pneumonia	...	...	1
	Bronchitis	...	...	1
	Other	...	...	1
<b>Other Diseases.</b>				
	Violence	...	...	1
	Appendicitis	...	...	1
	Unclassified	...	...	2

The high percentage of cardiac deaths and respiratory diseases is to be noted. Cardiac deaths are largely due to chorea and Rheumatic Fever infection, whilst Respiratory diseases followed upon a severe epidemic of Whooping Cough.

### HYGIENE OF SCHOOL PREMISES.

Nuneaton as an industrial area is fortunate in the modern type of school structures. Some of the small and older schools are not up to the modern standard of hygiene, the lighting and ventilation of some of the classrooms not being satisfactory. From the medical point of view a few of the classrooms are overcrowded. The Head teachers take a keen interest in this subject for it is important, even from an educational point of view, that the child should bring to its home the ideals of hygiene learnt at school. The personal factor in the causation of unclean homes is I believe one of the main problems to be tackled in promoting a healthy population in Nuneaton.

One would like to see the elementary schools built on open-air principles, for what is good for the tubercular child is certainly beneficial to all children. No doubt in an enlightened age all schools will be so built to allow a free access of air and sunshine in the classroom. Protection from the wintry elements can be easily obtained without interference with these principles—and one feels convinced that the mental activity of the child would be improved. There is enough bottling up of the child at home; closed windows; drawn curtains in summer and stuffy living rooms, all of which tend to lower the child's resistance to disease. One would wish that the principles of hygiene learnt by practice at school, would be adopted in all the homes of the young growing child.



**TABLE 1.**

**RETURN OF MEDICAL INSPECTIONS.**

**A.—Routine Medical Inspections.**

No. of Code Group Inspections:—

Entrants	...	...	...	694
Intermediates	...	...	...	780
Leavers	...	...	...	401
				<hr/>
				1875

No. of other Routine Inspections Nil.

**B.—Other Inspections.**

Number of Special Inspections	2532
Number of re-inspections	... 4091

**TABLE 2.**

**A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED DECEMBER 31, 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.	
Malnutrition ... ..	126	309	137	94	
Uncleanliness :	424	13	144	4	
<b>Skin</b>	{ Ringworm ... ..	2	0	74	0
	{ Head ... ..	0	0	74	0
	{ Body ... ..	4	0	46	0
	{ Scabies ... ..	12	0	368	0
	{ Impetigo ... ..	8	1	151	0
{ Other Diseases (non Tubercular) ... ..					
<b>Eye</b>	{ Blepharitis ... ..	2	2	18	0
	{ Conjunctivitis ... ..	0	0	18	0
	{ Keratitis... ..	0	0	0	0
	{ Corneal Ulcer ... ..	0	0	2	0
	{ Corneal Opacities ... ..	0	0	0	0
	{ Defective Vision (excluding squint) ... ..	50	0	67	0
	{ Squint ... ..	2	1	1	0
{ Other Conditions ... ..	0	1	22	0	
<b>Ear</b>	{ Defective Hearing ... ..	2	2	5	3
	{ Otitis Media ... ..	7	7	67	5
	{ Other Ear Diseases .. ..	0	0	0	0
<b>Nose &amp; Throat</b>	{ Enlarged Tonsils ... ..	13	41	21	7
	{ Adenoids ... ..	2	8	15	2
	{ Enlarged T. and A. ... ..	22	21	36	9
	{ Other Conditions ... ..	3	2	125	0
Enlarged Cervical Glands (non Tubercular) ... ..	4	15	28	5	
Defective Speech ... ..	0	0	1	2	
Teeth—Dental Diseases ... ..	268	0	238	0	
<b>Heart and Circulation.</b>	{ Heart Disease :				
	{ Organic ... ..	4	6	4	5
	{ Functional ... ..	0	14	3	9
{ Anæmia ... ..	1	6	1	0	
<b>Lungs</b>	{ Bronchitis ... ..	8	19	69	7
	{ Other Non-Tubercular Diseases ... ..	1	1	3	2

TABLE II.—Continued.

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.
Pulmonary :				
Definite ... ..	0	2	6	1
Suspected ... ..	2	36	10	15
Non-Pulmonary :				
Glands ... ..	0	11	3	4
Spine ... ..	0	0	3	0
Hip ... ..	0	0	0	3
Other Bones and Joints... ..	0	0	4	0
Skin ... ..	0	0	0	0
Other Forms ... ..	0	3	1	1
Nervous System				
Epilepsy ... ..	0	3	0	1
Chorea ... ..	0	2	17	1
Other Conditions ... ..	0	1	1	2
Deformities				
Rickets ... ..	0	1	1	0
Spinal Curvature ... ..	0	0	4	0
Other Forms ... ..	0	4	13	8
Other Defects or Diseases ... ..	9	73	504	52

Children attending at a <sup>Routine</sup> ~~Special~~ Inspection and found to have more than one defect are recorded as one Inspection only. Subsequent Inspections of the same child for other defects are counted as a Special Inspection.

**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	694		
Intermediates	780	469	25%
Leavers	401		
Total	1875	469	25%

**TABLE 3.**  
**RETURN OF ALL EXCEPTIONAL CHILDREN**  
**IN THE AREA.**

		Boys	Girls	Total	
Blind (including partially blind).	Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or or Classes for the Blind ...	3	3	6
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Blind (including partially blind).	Suitable for training in a School or Class for the partially Blind.	Attending Certified Schools or Classes for Blind ...	—	—	—
		Attending Public Elementary Schools ...	1	1	2
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Deaf (including deaf and dumb and partially deaf)	Suitable for training in a School or Class for totally Deaf or Deaf and Dumb.	Attending Certified Schools or Classes for the Deaf ...	2	1	3
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Deaf (including deaf and dumb and partially deaf)	Suitable for training in a School or Class for partially Deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	3	2	5
		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 ...	1	1	2
		Attending Public Elementary Schools ...	12	5	17
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Mentally Defective.	Notified to the Local Authority during the year.	Feeble-minded ...	1	3	4
		Imbeciles ...	1	—	1
		Idiots ...	—	—	—
			—	—	—
Epileptic.	Suffering from severe Epilepsy.	Attending Certified Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At no School or Institution ...	1	0	1
Epileptic.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	2	2	4
		At no School or Institution ...	—	—	—

TABLE III.—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	9	9	18
		At other Institutions ... ..	—	—	—
		At no School or Institution ...	2	2	4
		At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
	Non - infectious but active pulmonary and glandular tuberculosis.	At Certified Residential Open Air Schools ... ..	—	—	—
		At Certified Day Open Air Schools ... ..	—	—	—
		At Public Elementary Schools	3	5	8
		At other Institutions ... ..	—	—	—
		At no School or Institution ...	—	—	—
		At Certified Residential Open Air Schools ... ..	—	—	—
	Delicate (e.g., pre- or latent tuberculosis, malnutrition, debility, anaemia, etc.).	At Certified Day Open Air Schools ... ..	—	—	—
		At Public Elementary Schools	127	136	263
	At other Institutions ... ..	5	9	14	
	At no School or Institution ...	—	—	—	
	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	—	—	—	
Active non-pulmonary tuberculosis.	At Public Elementary Schools...	3	2	5	
	At other Institutions ... ..	3	2	5	
	At no School or Institution ...	3	5	8	
	At Certified Hospital Schools...	—	—	—	
	At Certified Residential Cripple Schools ... ..	—	—	—	
	At Certified Day Cripple Schools	—	—	—	
Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Public Elementary Schools	11	15	26	
	At other Institutions ... ..	—	1	1	
	At no School or Institution ...	1	1	2	

**TABLE 4.**

RETURN OF DEFECTS TREATED DURING THE YEAR  
ENDED 31st DECEMBER, 1923.

TREATMENT TABLE.

**Group 1.—Minor Ailments (excluding Uncleanliness, for which see Group 5).**

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm—Scalp	72	4	76
Body	74	—	74
Scabies	44	2	46
Impetigo	376	2	378
Other skin disease	145	1	146
Minor Eye Defects (External and other, but excluding cases falling in Group 2).	58	1	59
Minor Ear Defects	75	6	81
Miscellaneous	56	7	63

**Group 2.—Defective Vision and Squint (excluding Minor Eye defects treated as Minor Ailments—Group 1).**

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). (Operation for squint recorded separately in the body of report).	163	—	—	163
Other Defect or Disease of the eyes (excluding those recorded in Group 1).	23	—	1	24
	186	—	1	187

Total number of children for whom spectacles were prescribed—

- (a) Under the Authority's Scheme ..... 146
- (b) Otherwise ..... Nil

Total number of children who obtained or received spectacles—

- (a) Under the Authority's Scheme ..... 142
- (b) Otherwise ..... Nil

### Group 3.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS				Total Number Treated
Received Operative Treatment.			Received other forms of treatment	
Under Local Authority's Scheme Clinic or Hospital,	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
70	0	70	123	193

### Group 4.—Dental Defects.

(1) Number of Children who were:—

(a) Inspected by the Dentist:—

	Aged:	}	Total	1564
	5			
	6			
	7			
	8			
	9			
Routine Age Groups.	10			
	11			
	12			
	13			
	14			
Specials				372
Grand Total				1936

(b) Found to require treatment ... .. 941

(c) Actually treated ... .. 779

(d) Re-treated during the year as the result of periodical examination ... .. 204

(2) Half days devoted to Inspection 36 ( Treatment 139 ) ..... Total 275.

(3) Attendances made by children for treatment ..... 1192

(4) Fillings Permanent teeth 307 ( Temporary teeth 60 ) ..... Total 367

(5) Extractions Permanent teeth 221 ( Temporary teeth 903 ) ..... Total 1124

(6) Administrations of general anæsthetic for extractions ...

(7) Other operations Permanent teeth 306 ( Temporary teeth 287 ) ..... Total 593

**Group 5.—Uncleanliness and Verminous Conditions.**

1. Average number of visits per school made during the year of the School Nurses ... .. 21.7
2. Total number of examinations of children in the Schools by School Nurses ... .. 16179
3. Number of individual children found unclean ... 2498
4. Number of children cleansed under arrangements made by the Local Education Authority ... .. —
5. Number of cases in which legal proceedings were taken
  - (a) Under the Education Act 1921
  - (b) Under School Attendance Bye-laws

Appendix 6.

**OCULIST'S REPORT.**

91, Cornwall Street,  
Birmingham.

To Dr. K. E. Tapper,  
School Medical Officer,  
Nuneaton.

Dear Sir,

I have pleasure in submitting my report on the work done in the Nuneaton Ophthalmic Clinic during the year 1923.

The total number of children examined was 209, and of these 155 were new cases.

Analysis of the new cases is as follows:—

**A.—Errors of Refraction.**

Hypermetropia	...	...	26
Hypermetropic astigmatism	...	...	61
Myopia	...	...	8
Myopic Astigmatism	...	...	13
Mixed astigmatism	...	...	8

**B.—Concomitant Convergent Strabismus** 21

**C.—External Diseases of the Eye.**

Blepharitis	...	...	3
Conjunctivitis	...	...	2
Phlyctenular Disease	...	...	9
Keratitis	...	...	1

**D.—Diseases of the Deeper Structures.**

Congenital Cataract	...	...	3
Albinism and Congenital Cataract			1
Traumatic Cataract	...	...	1
Dislocated lens	...	...	1
Optic Atrophy	...	...	2
Pseudo-Glioma	...	...	1
Disorganised globe	...	...	1
Paresis of accommodation	...	...	1

In addition to the new cases, 54 patients attended for re-examination—chiefly with regard to errors of refraction. Where necessary new lenses were prescribed.

I am, dear Sir,

Yours faithfully,

C. RUDD, D.O.M.S.

## VERMIN INSPECTIONS.

1923.

### Senior Boys.

	School.	No. examined.	No. verminous.	Percentage verminous.	Ex-clusions.	Percentage.
Non-Provided Schools.	A.	668	12	10.79	—	1.9
	B.	198	7	3.5	—	—
	C.	176	5	2.8	—	—
	D.	126	—	—	—	—
	E.	164	3	1.8	—	—
	F.	108	—	—	—	—
	G.	273	9	3.2	2	.73
Provided Schools.	H.	405	13	3.2	2	.49
	I.	708	9	1.2	1	.14
	J.	101	2	2.0	—	—
	K.	1269	75	5.9	3	.23
	L.	412	9	2.1	—	—

### Senior Girls.

	School.	No. examined.	No. verminous.	Percentage verminous.	Ex-clusions.	Percentage.
Non-Provided Schools.	M.	640	191	29.5	1	.15
	N.	218	64	29.3	1	.45
	O.	532	69	13.0	—	—
	P.	160	25	15.6	—	—
	Q.	127	31	24.4	1	.8
	R.	90	15	16.5	—	—
	S.	742	244	32.8	13	1.7
Provided Schools.	T.	463	128	27.6	11	2.3
	U.	662	113	17.0	5	.75
	V.	111	29	26.1	—	—
	W.	1117	357	31.9	14	1.2
	X.	816	205	25.0	5	.61

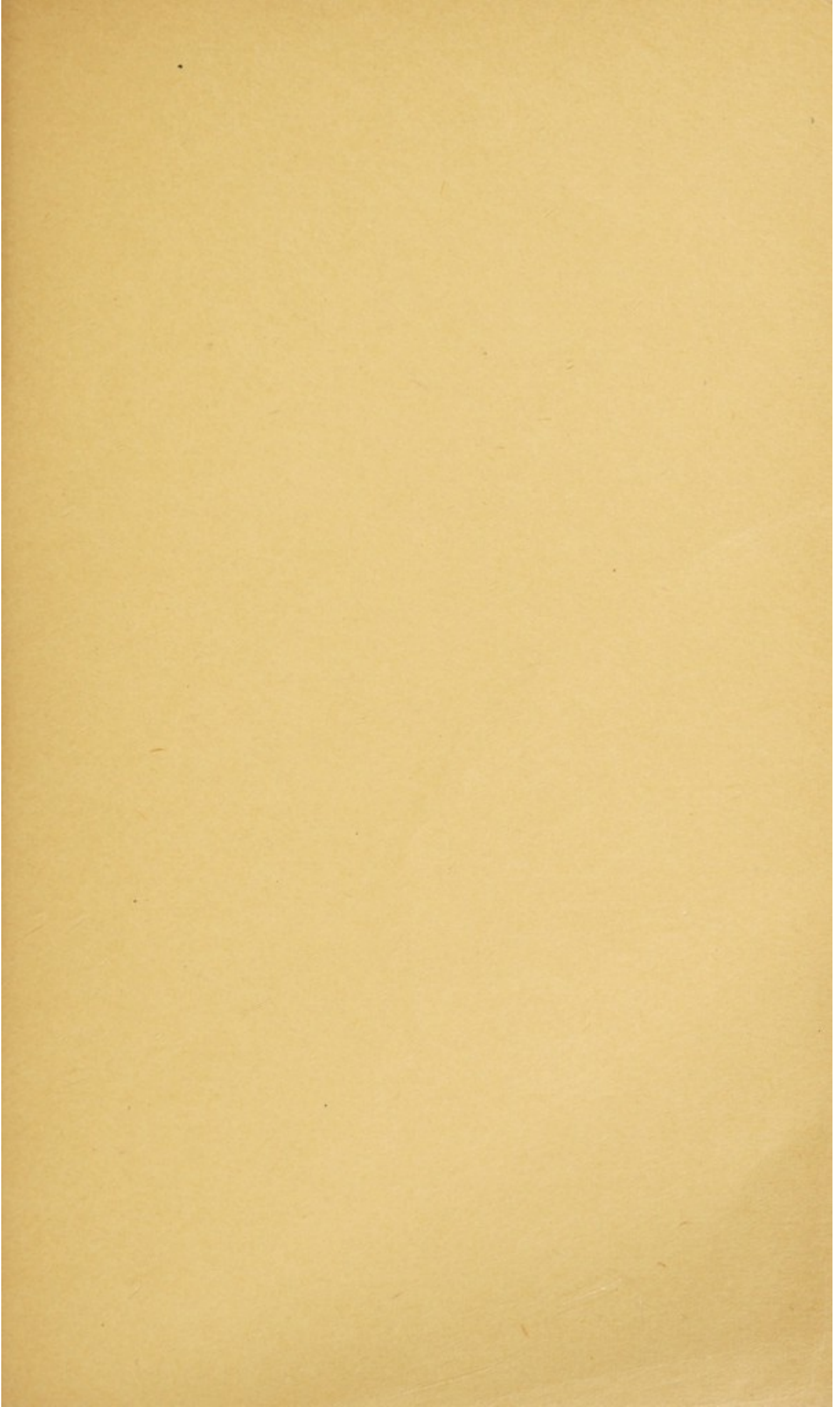
### Junior Boys.

	School.	No. examined.	No. verminous.	Percentage verminous.	Ex-clusions.	Percent-age.
Non-Provided Schools.	1.	445	14	3.1	—	—
	2.	81	6	7.8	—	—
	3.	197	4	2.0	—	—
	4.	133	—	—	—	—
	5.	99	2	2.0	—	—
	6.	133	4	3.0	—	—
	7.	273	30	10.9	3	1.1
Provided Schools.	8.	264	5	1.8	—	—
	9.	365	13	3.5	1	.27
	10.	35	—	—	—	—
	11.	627	32	5.1	4	.63
	12.	171	18	10.5	1	.56

### Junior Girls.

	School.	No. examined.	No. verminous.	Percentage verminous.	Ex-clusions.	Percent-age.
Non-Provided Schools.	13.	439	117	26.6	5	1.1
	14.	103	28	27.1	2	1.9
	15.	171	27	15.7	1	.6
	16.	146	30	20.5	—	—
	17.	90	19	21.0	1	1.0
	18.	123	31	25.2	—	—
	19.	198	58	30.05	7	3.10
Provided Schools.	20.	277	59	21.3	3	1.8
	21.	422	80	18.9	4	.94
	22.	40	7	10.8	—	—
	23.	623	200	32.1	19	3.1
	24.	325	100	30.7	5	1.5





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