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Reading Education Committee.

Report

OF THE

School Medical Officer

FOR THE YEAR

1920.

READING :

JOSEPH HAWKES, STATION HILL.

STAFF.

MEDICAL OFFICER OF HEALTH & SCHOOL MEDICAL OFFICER.

H. J. MILLIGAN, M.C., M.D., D.P.H.

of Gray's Inn, Barrister-at-Law.

(Appointed October, 1920).

SENIOR ASSISTANT SCHOOL MEDICAL OFFICER.

J. MAXWELL TAYLOR, M.A., M.B., Ch.B., D.P.H.

(Appointed 1st October, 1920).

ASSISTANT SCHOOL MEDICAL OFFICER.

AGNES BERNFELD, L.S.A., D.P.H.

(Appointed 1st September, 1920).

ASSISTANT SCHOOL MEDICAL OFFICER (Part Time)

and Certifying Officer under the Mental Deficiency Act.

J. A. P. PRICE, B.A., M.D.

(School Medical Officer until October, 1920).

DENTAL SURGEON (Part-time).

NORMAN STRATON, L.D.S.

NURSING STAFF.

MISS B. A'BEAR. MISS E. DOUGLAS.

COUNTY BOROUGH OF READING.

MUNICIPAL BUILDINGS,
READING.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the work of the School Medical Department for the year 1920. In order that the work done and the information obtained may serve a national, as well as a local purpose, the Board of Education requests that the reports of School Medical Officers may be presented in such form as will render the returns comparable in different areas. The form of this report is therefore, to some extent, determined in accordance with that request.

The year under review has seen a complete change in the policy governing the work of the inspection and treatment of school children.

Your decision to effect a change from a service of part-time Medical Officers to one in which the Officers would give their whole time to the duties was carried into effect by the appointment of myself as School Medical Officer in October, and by the appointment of Doctors Taylor and Bernfeld as whole-time Assistant School Medical Officers in September.

Your further decision to appoint a whole-time Dental Officer has also been carried into effect, and Mr. William Adderley has now taken up his duties.

The School Nursing Service has been extended by the appointment of two additional nurses who have also commenced duty.

The work of the re-arranged service during the last quarter of the year has, in addition to the completion of the Routine Medical Inspections, been occupied with a survey of all children previously found defective, and to carrying out certain alterations in administration, details of which appear in the body of the Report.

The whole of the school clinic buildings is now devoted to School Medical work, an arrangement which has already greatly facilitated its working.

I should like to express my thanks to the members of the Education Authority for their unvarying courtesy, and to the Secretary for Education and his staff for their very valued support. I should also specially like to thank Dr. Price for his co-operation in the transference of duties, and in the work of re-organization which the termination of the war and the increased staff have now rendered possible.

I am also deeply indebted to all the members of the Medical, Nursing, and Clerical Staff for their cordial support, and particularly to Doctors Taylor and Bernfeld to whom is due much of the detailed work contained in this report.

I am, Ladies and Gentlemen,

Your obedient servant,

H. J. MILLIGAN,

School Medical Officer.

March, 1921.

COUNTY BOROUGH OF READING.

Number of schools and children in the Borough:—

	Number.	Number on rolls.	Average attendance.
Council schools -	18	10,276	9,173
Voluntary schools -	15	4,476	4,044

In the above schools there are 67 departments.

In addition to the above there are the Reading School for boys, the Kendrick School for girls, and a voluntary Day Continuation School for youths.

ADMINISTRATION.

PREMISES.—The whole of the school clinic is now devoted to school medical work. This places at our disposal the following rooms:—Two doctors' rooms, where the greatly increasing numbers of children attending the clinics are examined; one of these rooms is provided with a dark room, and the necessary apparatus for the conduct of the eye clinics; a dental surgeon's room with all necessary equipment; an X-Ray room, where the X-Ray treatment of ringworm is carried out; the nurses' room, where minor dressings and treatment are performed under the direction of the Assistant School Medical Officers; a clerical department where all clerical work and the filing of all records is now done; a large waiting room, with the necessary lavatory and sanitary provision.

As indicated above, the concentration of all the work in one compact centre has already proved itself in the greatly increased facility of the working.

RECORDS.—Heretofore all medical records were kept at the schools. They have now been collected at the school clinic. The advantages anticipated from this change are that duplication of records may be avoided, and secondly, that the medical history of any child is readily available. If a child attends any clinic, his previous school medical history will be consulted, and at the Routine Inspection, notes of his intervening illnesses will be before the examining doctor.

Special card records—"following up" cards—are now completed for all children found to be defective. These are for the use of the Medical Officer at the re-examination and for the nurses for home visitation.

For convenience of working, the Dental record cards are maintained separately.

CO-ORDINATION WITH OTHER HEALTH SERVICES.

The School Medical Officer is also Medical Officer of Health, and the activities of the two departments are thus brought into close co-relation. First cases of measles, which by a local Act are notifiable, are visited by the lady Health Visitors of the Health Department.

Enquiries by lady Health Visitors are often able to bring to the notice of the Provision of Meals Committee, children who were not in receipt of school meals, and for whom they were necessary. On the other hand, the organisation and the staff of the Provision of Meals Committee has been used to provide meals for expectant and nursing mothers.

There are no nursery schools in the Borough, but several of the schools have established nursery classes.

The number of children under five in attendance at school on 31st March, 1920, was 676, a number which has since been very considerably increased.

The Maternity and Child Welfare Committee of the Corporation have an agreement with the Royal Berkshire Hospital for the treatment of children under five years of age.

SCHOOL HYGIENE.

In the main features the hygienic conditions of the Council schools are satisfactory.

Several of the voluntary schools leave much to be desired. The buildings, being of old type, fall far behind modern requirements in practically every respect, but particularly so in regard to ventilation and lighting. These matters are, I believe, engaging the attention of the managers concerned.

The extension of the sewers to Tilehurst has permitted the conversion during the year to a water closet system of the privy closet system at the Council schools there.

Attention has been drawn in special reports to certain matters requiring attention, *e.g.*, a more adequate supply of towels in some schools and the necessity for the more frequent cleansing of class room windows.

MEDICAL INSPECTION IN THE ELEMENTARY SCHOOLS.

The Board of Education require the medical examination of the following groups of children in the Elementary Schools:—

- (a) All children admitted to the school during the year.
- (b) All children between 8 and 9 years of age.
- (c) All children between 12 and 13 years of age, together with children over 13 years of age who have not already been examined after reaching the age of 12.

The above groups of children are classed as "routine" examinations. "Special" examinations are made of children outside the prescribed groups who are submitted for examination by teachers or others on account of some physical defect. "Re-examinations" are made of all children previously found to be defective.

The requirements of the Board of Education have been complied with in all classes, and the Board's schedule of medical inspection has not been departed from. The number of children examined at routine examinations was 31 per cent. of the average attendance.

The subjoined table (Table 1) in the form prescribed by the Board of Education shows the numbers of children inspected :—

TABLE 1.
NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1920—31st DECEMBER, 1920.
A—Routine Medical Inspection.

Age	Entrants.					Other Ages.	Total.
	3	4	5	6			
Boys	124	258	340	85		30	837
Girls	131	221	342	95		20	809
Totals	255	479	682	180		50	1646

Age	Intermediate Group.		Leavers.			Other Ages.	Total.	Grand Total.
	8	9	12	13	14			
Boys	505	168	621	6	—	46	1346	2183
Girls	462	186	594	15	—	41	1298	2107
Totals	967	354	1215	21	—	87	2644	4290

B—Special Inspections.		
	Special Cases.	Re-examinations (i.e. No. of children re-examined.)
Boys	517	1273
Girls	488	1216
Totals	1005	2489
Number of individual children inspected ...		5295

EXTENT OF DISTURBANCE OF SCHOOL ARRANGEMENTS.

Two visits annually are paid to each department for routine examinations, the duration of which naturally varies with the number of children to be examined. Twenty "intermediates" and "leavers," and twenty-five infants are arranged for each session, but it is not always possible to examine these numbers. In most schools, the teachers' room is available for the examination, but in a considerable number the examinations take place in the classrooms. In three schools, viz., Caversham St. John's, Holy Trinity, and Greyfriars, the examinations are conducted at the Parochial Hall. Greater disturbance of the school arrangements obviously arises when no special room is available for medical inspection.

Inspection clinics and minor ailment clinics are held at such hours as will not conflict with school attendance. The clinics for special diseases are held during school hours, but as the number of children attending is smaller, the interference with school attendance is less important.

TABLE 2.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1920.

Defect or Disease.	Routine Inspections.		Specials.		
	Number referred for treatment.	Number required to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number required to be kept under observation, but not referred for treatment.	
Malnutrition	12	52	29	23	
Uncleanliness					
{ Head	74	...	14	2	
{ Body	70	10	10	1	
Skin	{ Ringworm				
	{ Head	7	...	113	2
	{ Body	5	...	47	4
	{ Scabies	7	...	86	1
	{ Impetigo	12	...	235	2
{ Other Diseases (Non-Tubercular)	24	1	71		
Eye	{ Blepharitis	22	1	8	...
	{ Conjunctivitis	3	1	4	...
	{ Keratitis	...	...	...	...
	{ Corneal Ulcer	...	...	...	...
	{ Corneal Opacities	...	...	1	...
	{ Defective Vision	76	27	9	2
	{ Squint	32	4	8	1
{ Other Conditions	7	1	2	...	
Ear	{ Defective Hearing	15	4	8	...
	{ Otitis Media	25	1	22	...
	{ Other Ear Diseases	...	...	...	...
Nose and Throat	{ Enlarged Tonsils	42	58	2	3
	{ Adenoids	18	16	4	2
	{ Enlarged Tonsils and Adenoids	22	2	4	...
	{ Other Conditions	15	151	29	26
	{ Enlarged Cervical Glands (non-tubercular)	...	11	...	3
{ Defective Speech	6	9	...	...
{ Teeth—Dental Diseases (see above)	68	...	15	1	
Heart and Circulation	{ Heart Disease :—Organic	...	20	...	2
	{ Functional	2	72	...	2
	{ Anemia	45	15	22	2
Lungs	{ Bronchitis	7	18	5	...
	{ Other Non-Tubercular Diseases	...	37	9	1
Tuberculosis	{ Pulmonary :—				
	{ Definite	...	...	4	...
	{ Suspected	2	8	12	7
	{ Non-Pulmonary :—Glands	...	1	1	1
	{ Spine	2	...	1	...
	{ Hip	...	...	...	...
	{ Other Bones and Joints	...	...	1	...
{ Skin	...	...	...	...
{ Other forms	2	2	...	1	
Nervous System	{ Epilepsy	2	...	...	4
	{ Chorea	2	1	6	...
	{ Other Conditions	4	26	10	19
Deformities	{ Rickets	1	1	...	...
	{ Spinal Curvature	4	66	1	...
	{ Other Forms...	3	3	1	1
{ Other Defects and Diseases	19	24	61	50	

Number of Individual Children having defects which required treatment or to be kept under observation ... 2,013.

FINDINGS OF MEDICAL INSPECTIONS.

The results of medical inspection will be found in Table 2 (see page 7).

It should be noted that with the exception of the last line the table refers to numbers of defects and not necessarily to separate children. A defect of vision accompanied by a squint, however, is only entered once, as are all defects of throat and nose, but the same child with, for example, defective vision and a skin disease would occasion two entries in the table. It will be seen from the last line of the table that of the 5,295 children examined, routine and special, 2,013 (38 per cent.) presented some defect.

A comparison with Table 6, which refers only to routine examinations, will shew the conditions found amongst 4,290 presumably normal children. These children are selected by age groups and not on account of any supposed defect. From this Table it will be seen that as many as 10 per cent. suffered from some defect actually requiring medical treatment, while a further 10 per cent. were placed under observation. Many of the latter group will doubtless require at some later date to be transferred to the list of children requiring treatment.

TABLE 6.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS
DURING THE YEAR 1920.

(1) The total number of children medically inspected at the routine inspections	4290
(2) The number of children in (1) suffering from :—	
Malnutrition	64
Skin disease	56
Defective vision (including squint)	139
Eye disease	35
Defective hearing	19
Ear disease	26
Nose and throat disease	324
Enlarged cervical glands (non-tubercular)	11
Defective speech	15
Dental disease	68
Heart disease :—	
Organic	20
Functional	74
Anæmia	60
Lung disease (non-tubercular)	62
Tuberculosis :—	
Pulmonary { Definite	—
Suspected	10
Non-pulmonary	7
Diseases of the nervous system	35
Deformities	78
Other defects and diseases	43
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation, but not referred for treatment	446
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) ...	448
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)	252

In considering what amount of defect is worthy of note, the personal equation of the examiner cannot be overlooked.

Comparison of the results with those of other parts of the country would indicate that the standards adopted are not too high and that the figures given above are probably minimum figures.

UNCLEANLINESS.

Of the children examined at routine inspections, 154 or 3.6 per cent. were found to be unclean in either head or body. This is an increase on the numbers recorded in previous years, but is still satisfactory when compared with the standards obtaining in elementary schools throughout the country. It cannot be too strongly emphasized that unless a high standard of cleanliness is maintained children will neither progress physically nor in the educational work of their classes. In the endeavour to maintain a high standard of cleanliness, the nurses paid 61 visits to the schools for head inspections during which they examined 8,743 children. This represents an average of two visits to each school per annum. With the increased staff now available, it is to be hoped that more frequent visits will be made.

The Committee provides a very efficient bathing station at the Education Offices in Blgrave Street, where hot baths are available daily. Under the superintendence of the school nurses, 96 verminous children were bathed there during the year, and 112 cases of scabies were dealt with. The total number of baths given was 1,885.

To mitigate the effects of bad home conditions, disinfection was carried out in certain houses by the Health Department on the same day that the children were treated at the bathing station.

No legal proceedings in respect of such children were undertaken by the Committee during the year under the Children Act, 1908, or under the Attendance Bye-laws. Where necessary, cases were referred to the local branch of the Royal Society for the Prevention of Cruelty to Children. 25 cases involving 77 children were so referred during the year. In 24 cases the circumstances were those of general neglect and in one the parents had failed to provide medical aid for their child suffering from non-pulmonary tuberculosis. In three cases, including the last mentioned, prosecutions were undertaken and convictions obtained. In the remaining 22 cases warning and supervision only were necessary.

PHYSICAL DEFECTS.

An analysis of the principal pathological defects found in the children at routine examinations and shown in Table 2 gives the following results:—

64 children, that is 1.5% of those examined suffered from malnutrition.¹

139 children, that is 3.2% of those examined, suffered from defective vision.

158 children, that is 3.7% of those examined, were found to be suffering from enlarged tonsils or adenoids, or both.

19 children, that is 0.4% of those examined, were suffering from defective hearing.

25 children, that is 0.6% of those examined, were suffering from otitis media, or running ears.

55 children, that is 1.3% of those examined, were suffering from skin diseases, including 12 cases of ringworm.

17 children, that is 0.4% of those examined, were suffering from tuberculosis, definite or suspected.

These figures in the main show increases over those noted in previous reports, but for the reasons given above they probably indicate rather the reverse than any exaggeration of the amount of defect existing.

CONTROL OF INFECTIOUS DISEASE.

The rules governing the exclusion of children suffering from infectious disease and the contacts of children so suffering are practically identical with those set out in the memorandum of the Board of Education in 1909.

During the exceptional prevalence of scarlet fever, special visits were paid to the schools by the nurses, when the returns shewed undue prevalence in any school or in any class. In this way "missed" cases of scarlet fever were discovered.

Emmer Green school was closed from January 7th to January 24th on account of measles and whooping cough, and Swansea Road Infants' school on 29th and 30th July on account of scarlet fever. The children of the infants' classes in the Tilehurst schools were excluded from the 16th December, 1920, to the 10th January, 1921, on account of measles.

FOLLOWING UP.

In each case requiring treatment a written notice was sent or given to the parents stating the defects and the treatment required. At the subsequent re-examination, within three months, the doctor discovers if the necessary treatment has been provided. If the prescribed treatment has not been carried out, the school nurse visits the home and advises the parents as to the means of procuring treatment.

During the past year the nurses paid 678 visits to the homes, a number which the augmented nursing staff will now permit us to increase. Only two nurses have been engaged in the work during the past year, but in accordance with your resolution, two additional nurses have been appointed, and have now taken up duty. All four nurses are appointed through the agency of the local branch of the Queen Victoria Jubilee Institute of Nursing. In addition to the work of home visiting and of the cleansing station, the nurses carry out the work of the minor ailments clinic under the supervision of the Assistant School Medical Officers, and also assist at the clinics for eye cases, X-Ray treatment of ringworm, and the dental clinic. They have also paid 208 visits to schools to assist the doctors or dentist in the work of routine inspection.

MEDICAL TREATMENT.

From Table 6 it will be seen that of the 448 routine children referred for treatment, 252 were noted as having received the requisite treatment during the year, either through their own medical advisers, or through the Committee's clinic. Table 4, A, B, C, D, will shew the numbers from all sources referred for treatment and the means by which the treatment was obtained.

MINOR AILMENTS.

909 children suffering from minor ailments were referred for treatment during the year. The majority of these children were treated at the Committee's clinic, which is held every morning except Sunday. 702 children made 4,892 attendances. The conditions from which they suffered will be found in Table 4 A.

TABLE 4.
TREATMENT OF DEFECTS OF CHILDREN DURING 1920.
A—Treatment of minor ailments.

Disease or defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin :--				
Ringworm—head	120	114	6	120
Ringworm—body	52	51	1	52
Scabies	93	76	17	93
Impetigo	247	234	11	245
Minor injuries	63	60	3	63
Other skin disease	102	72	23	95
Ear Disease	88	42	36	78
Eye Disease (external and other) ..	92	39	30	69
Miscellaneous	52	14	31	45

TONSILS AND ADENOIDS.

During the year, 173 children including a considerable number found in previous years, but who had not been treated, were advised to obtain treatment. Of this number, 50 were operated on during the year, chiefly at the Royal Berkshire Hospital, and 34 received other forms of treatment. The agreement which you have sanctioned with the Hospital by which the Hospital definitely undertakes the treatment of tonsils and adenoids provides, *inter alia*, that a special time will be set apart for the operative treatment of tonsils and adenoids in school children, that a fee of £2 2s. per case will be payable, that all operations be performed under general anæsthesia, that the School Medical Department will arrange for the attendance of children, and that a Medical Officer of the School Medical Department will be present to maintain touch with all cases.

It is hoped that this arrangement will help materially to reduce the numbers who have failed heretofore to procure treatment.

Table 4 c shews the numbers dealt with :—

TABLE 4 C.
TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.			Received other forms of Treatment.
	Received Operative Treatment.			
	Under Local Education Authority's Scheme. Clinic.	By private practitioner or hospital.	Total.	
173	—	50	50	34

X-RAY TREATMENT OF RINGWORM.

One Session weekly has been set apart for the X-Ray treatment of Ringworm at the School Clinic. Until November, the work was performed by Dr. Minkley and thereafter by Dr. Taylor. The subjoined table will shew the extent of the work performed :—

RINGWORM OF SCALP CLINIC. 1920.

Number of Children attending January 1st, 1920	...	...	21
New cases	...	...	114
		Total	135
			{ Girls 62 Boys 73
Total number of attendances	...	...	474
X-Ray treatment given to	...	...	41
Number of exposures	...	...	99
Number of children cured by X-Ray	...	...	39
" " " " " other methods	...	...	65
Total cured	...	...	104
Still attending December 31st, 1920	...	...	29
Left the district	...	...	2
Average time of cure by X-Ray	...	3 months.	
" " " " " other methods	...	6 "	

As all cases of ringworm are excluded from school while they are in an infective state the shorter time required to effect a cure by the X-Ray method represents a considerably increased number of attendances at school and an increased educational efficiency. It is also clear that no danger attaches to the method.

VISION.

One session per week at the ophthalmic clinic conducted by Dr. Price has been set apart for the treatment of errors of refraction and eye diseases. Towards the latter end of the year the work had so increased that a second session was deemed necessary, and this, conducted by Dr. Taylor, is now in operation.

OPHTHALMIC CLINIC.

During the year 238 children attended the ophthalmic clinic. Glasses were prescribed in 167 instances.

The following table gives an analysis of the affections treated :—

Hypermetropia (with squint)	28
do. (without squint)	34
Myopia (with squint)	1
do. (without squint)	23
Astigmatism (with squint)	2
do. (without squint)... ..	72
Mixed Astigmatism	7
Anisometropia	1
Emmetropia, <i>i.e.</i> normal vision	12
Conjunctivitis	12
Blepharitis	15
Keratitis	3
Choroiditis	1
Iritis	1
Cysts	3
Other conditions	6
	221
Refused to follow out treatment	14
Still under treatment	3
	238

In addition to errors of refraction in three of the above cases the child suffered from nystagmus. Three of the cases were referred to the Royal Berkshire Hospital for further treatment.

Glasses were provided for 144 children by the Education authority. A considerable proportion of the expense was recovered from the parents.

Table 4, in the form required by the Board of Education, indicates the sources from which treatment was obtained.

TABLE 4.
TREATMENT OF DEFECTS OF CHILDREN DURING 1920.
B—Treatment of Visual Defects.

Referred for refraction.	Number of Children								
	Submitted to Refraction.				For whom glasses were prescribed	For whom glasses were provided	Recommended for treatment other than by glasses	Received other forms of treatment	For whom no treatment was considered necessary
	Under Local Education Authority's Scheme Clinic	By private practitioner or Hospital	Other-wise	Total					
305	204	15	...	219	167	153	3	2	34

EAR DISEASE AND HEARING.

A special session has now been arranged on Saturday mornings to deal with ear diseases and defects of hearing. This is being conducted by Dr. Bernfeld.

DENTAL DEFECTS.

I am indebted to Mr. Norman Straton, L.D.S. for the following survey of the dental work carried out throughout the year. Table 4 D1 shows the number of children examined, both routine and special. The former classified into age groups shews that a serious effort has been made to deal with children at the critical age, namely 6—7 years. This is the age when the first molars erupt, and when valuable conservative work can be accomplished. At the same time endeavour has been made to keep in touch in the case of the older children with the work done in previous years.

TABLE 4 D.
TREATMENT OF DENTAL DEFECTS.
1. Number of Children dealt with.

	Age Groups.										Special	Total
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by dentist	...	440	412	20	2	106	197	101	117	11	439	1845
(b) Referred for treatment	...	262	274	10	2	79	153	76	66	10	439	1371
(c) Actually treated	...	81	70	4	2	...	...	...	...	...	439	596
(d) Re-treated (result of periodical examination)	43	57	30	25	1	...	156

Table D 2 shews the time devoted to the work and the character of the work performed.

TABLE D 2.
PARTICULARS OF TIME GIVEN AND OF OPERATIONS UNDERTAKEN.

No. of half-days devoted to inspection.	No. of half-days devoted to treatment.	Total No. of attendances made by the children at the Clinic.	No. of permanent teeth.		No. of temporary teeth.		Total No. of fillings.	No. of administrations of general anaesthetics included in (4) & (6).	No. of other operations.	
			Extracted.	Fill.d.	Extracted.	Filled.			Permanant teeth	Temporary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
14	101	827	86	82	672	35	117	17	1	9

The following Table gives similar information in regard to special cases. These are in the main, cases referred by the School Medical Officer as urgently requiring treatment, or in many cases, children brought by their parents as the result of treatment of other members of the family.

SPECIAL CASES REFERRED FOR TREATMENT.

Attendances.		Extractions.				Fillings, etc		Nitrous Oxide Administrations.	
		Temporary.		Permanent.					
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys	Girls	Boys.	Girls.
208	231	211	220	56	72	37	52	2	4

The whole represents a considerable increase in the work of previous years in all branches. The general anæsthetics were administered by Dr. Bernfeld, Assistant School Medical Officer.

The following salient features emerge from a study of the Tables. 66% of the routine cases required some treatment, only 34% possessing sound dentures.

Of the number referred and to whom treatment was offered, as many as 64% refused.

In commenting on the work, Mr. Straton refers to the impossibility of adequately covering the ground in the time at his disposal, a condition which will be, in measure, rectified by the new whole-time appointment.

He also emphasises the need for increased propaganda work, and looks to the teachers for their assistance in this work. A glance at the numbers who refused treatment will clearly indicate the need for further education on the care of the teeth, and I heartily endorse the hope that the teachers will lend their valuable aid.

A summary of the defects in which treatment was deemed necessary with the manner in which the treatment was obtained is shewn in Table 5, in the form desired by the Board of Education.

TABLE 5.
SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE 4 (A,B,C,D).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	909	702	158	860
Visual Defects	305	191	22	213
Defects of Nose and Throat	173	—	84	84
Dental Defects	1371	752	—	752
Other Defects	223	57	115	172
Total	2981	1702	379	2081

CENSUS OF EXCEPTIONAL CHILDREN.

The following Table (Table 3) sets out the numbers of children, so far as can at present be ascertained, who are exceptional by reason of physical or mental defect. During the year eight children were found to be suffering from mental defects to such a degree as to require their being notified to the Local Control Authority under the Mental Deficiency Act and placed under care in Institutions. 79 children were in attendance at the Whitley Special School for physically and mentally defective children. In addition a large number of children described as dull and backward are in attendance at the public elementary schools. The majority of these children are not feeble-minded in the true sense of the word, but from illness or other cause they have fallen behind the standard of their years, and many fail to recover the loss. They require special provision in classes of such size that the teacher can give more individual attention than is possible in the ordinary classes in the elementary schools.

The care of physically defective children is not less important. An endeavour is being made to ascertain at the earliest possible moment the incidence of crippling defects. The lady Health Visitors of the Health Department in their routine visits to children under school age are on the alert for such diseases as surgical tuberculosis, rickets, and infantile paralysis, which occasion the majority of cases of crippling in after life. The importance of early treatment is urged on the parents. The School Attendance Officers also bring many cases to the notice of the School Medical Department. An Orthopaedic Department is in operation at the Royal Berkshire Hospital and the electrical and massage department is about to be extended. Both of these departments cannot fail to mitigate what is undoubtedly a source of considerable loss to the community and a most grievous handicap to the individuals affected. The importance of constant attendance, often over very long periods, must be urged upon the parents.

(Table 3 is printed on page 17).

OPEN-AIR EDUCATION.

Playground classes are now held in practically all schools when the weather permits, and in certain schools classes are conducted in the Public parks. School journeys are arranged in St. Giles' and Redlands schools, a practice worthy of extension. In the case of St. Giles' school, the boys are conducted on a marching tour, extending over a fortnight. Their equipment is carried on a cart and the boys are billeted at night in villages through which they pass.

TABLE 3.

NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1920.

			Boys.	Girls.	Total.
Blind (including partially blind) within the meaning of the Elementary Education-Blind and Deaf Children Act, 1893.		Attending Public Elementary Schools including Whitley Special	2	3	5
		Attending Certified Schools for the Blind	2	2	4
		Not at School	1	1	2
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Education-Blind and Deaf Children Act, 1893.		Attending Public Elementary Schools including Whitley Special	5	5	10
		Attending Certified Schools for the Deaf	3	2	5
		Not at School	1	1	2
Mentally Deficient	Feeble-minded	Attending Public Elementary Schools ...	4	1	5
		Attending Certified Schools for Mentally Defective Children	52	27	79
		Notified to the Local Control Authority by Local Education Authority during the Year... ..	3	1	4
		Not at School ... ..	...	...	...
	Imbeciles	At School ... ..	...	...	...
		Notified to the Local Control Authority by Local Education Authority during the Year... ..	1	3	4
		Not at School	5	4	9
	Idiots	...	1	2	3
	
	Epileptics		Attending Public Elementary Schools including Whitley Special	1	1	2
		Attending Certified Schools for Epileptics	...	...	...
		In Institutions other than Certified Schools	...	...	...
		Not at School	5	4	9
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools ...	3	3	6
		Attending Certified Schools for Physically Defective Children	31	36	67
		In Institutions other than Certified Schools	...	...	...
		Not at School	3	2	5
	Crippling due to Tuberculosis	Attending Public Elementary Schools ...	3	1	4
		Attending Certified Schools for Physically Defective Children	5	2	7
		In Institutions other than Certified Schools	...	...	...
		Not at School	5	6	11
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> paralysis, rickets, traumatism	Attending Public Elementary Schools ..	10	10	20
		Attending Certified Schools for Physically Defective Children	6	3	9
		In Institutions other than Certified Schools	...	..	...
		Not at School	6	8	14
Other physical defectives, <i>e.g.</i> , delicate and other children suitable for admission to open-air schools and children suffering from severe heart disease.	Attending Public Elementary Schools ..	11	11	22	
	Attending Open-air Schools ... ..	...	...	...
	Attending Certified Schools for Physically Defective Children, other than Open-air Schools	12	7	19	
	Not at School	6	6	12	
Dull or Backward		Retarded two years ... ..	...	...	483
		Retarded three years ... ..	...	...	120

PHYSICAL TRAINING.

The superintendent of physical training, Mr. J. F. Thomas, has now completed his first year of work. The following statements are quoted from his annual report:—

“The past year has shewn an awakened interest in physical education throughout the whole of your schools. Generally speaking the work is now less formal, due to the fact that a considerable amount of free movement has been introduced into the physical training lessons with the object of securing healthy, active, and vigorous exercise. The result of this has been two-fold; the teachers in most cases have a greater interest in the teaching of the subject whilst the children now thoroughly enjoy the physical training lessons.”

“Almost all schools now give either three lessons of twenty minutes per week or two lessons of thirty minutes.”

The institution of a daily physical training lesson would be of the greatest advantage both physically and mentally.

Teachers' classes which have been organised and carried through successfully cannot fail to stimulate interest in this all important work. The value of the teachers of physical training to the medical staff has been recognised and cases requiring special exercises and attention are now referred to them. The early recognition and treatment of defects like spinal curvature, flat foot, etc., can do much to prevent the poor physique of later years. The lack of suitable playground accommodation on which the Superintendent comments is already receiving your consideration, and it is hoped that during the coming year no school will be without the necessary provision for carrying on this very important work.

PROVISION OF MEALS.

Five centres have been established for the provision of school meals. The meals are cooked at the central kitchen in Southampton Street and at the Tudor Road Centre. They are distributed to the subsidiary centres in vessels specially designed to ensure that they are served hot.

During the year 24,341 meals were provided at the centres, a number greatly increased since the beginning of the present year. 1,000 meals are now provided daily. The children are selected in accordance with an income scale adopted by the Committee, but meals were also given on the recommendation of the School Medical Officers as the result of medical inspections. Dinners only were given. The menus which received the approval of the School Medical Officer provide a thick soup or stew, followed by a pudding. A sufficiency of bread is also provided. Considerable variety was introduced into the menus and I was distinctly impressed with the manner of the service

of the meals and the order maintained. In addition to the nutritive value the meals should have a high educational value. Arrangements have been made to weigh the children in receipt of meals.

CO-OPERATION OF PARENTS.

Seven days' notice was given to the Head Teacher of a Department of the intention to hold the routine medical inspection. The teacher sends a post-card to the parents informing them of the proposed inspection and inviting attendance. As a result of these measures the parents of 43% of the children attended, and 114 sent written objections to the examinations. Medical inspection is occasionally stated to be an interference with the duties of the parents. As a commentary on this point of view, it is noteworthy that 86% of the parents attended the medical inspection of the Kendrick Girls' (Secondary) School.

CO-OPERATION OF TEACHERS.

I should like to extend my thanks to the teachers for their assistance in the work and to invite their further co-operation.

The ultimate success of school medical inspection and treatment can be largely ensured by the sympathetic attitude of the teaching staffs. Not the least part of the work is educational, and not the least important part of a sound education is physical well-being. I am fully aware of the already numerous calls made upon their time, but venture to suggest the following lines in which the medical work can be forwarded:—By familiarising themselves with the findings of medical inspections from the following-up lists which are supplied, and assisting in procuring the necessary treatment, by bringing up for examination all children whose physical or mental condition is open to doubt, and by encouraging the parents to bring to their own doctor, or the school clinic, all children suffering from minor ailments.

The influence of the teachers on the personal hygiene of the children will obviously be paramount.

CO-ORDINATION WITH THE SCHOOL ATTENDANCE DEPARTMENT.

The co-ordination with the School Attendance department is satisfactory. The Attendance Officers bring for examination all children absent on alleged medical grounds unless satisfactory medical evidence is available from other sources. At the same time, the findings of the medical examinations and necessity for exclusion or otherwise is at once at the disposal of the Attendance Officer.

SPECIAL SCHOOLS.

The following report by Dr. Price shews the work of the Special Schools during the year.

“These schools have been visited once or twice each week throughout the year. The following table will shew that vacant places are filled as soon as they occur.

	Mentally Defective School.		Physically Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
On roll January, 1920 ...	50	22	30	17	25	24
Admitted during the year ...	10	9	13	7	9	11
Left during the year ...	8	4	6	6	6	9
On roll December, 1920 ...	52	27	27	18	28	26

(a) MENTALLY DEFECTIVE SCHOOL.

“Of the children who left during the year, seven left to take up various forms of employment, and five, after being reported to the Local Control Authority were sent to other institutions. The above cases were classified as follows:—

Feeble-minded	77
„ (high-grade imbecile)	4
„ and mongol	2
„ and moral imbecile ..	8
	—
	91
	—

“It may be as well to allude here to the necessity of establishing classes for backward children in many of the elementary schools. During the latter part of the year I carried out investigations at five of the larger schools, viz., Wilson, Battle, Oxford Road, Swansea Road, and New Town, to ascertain whether the number of backward children at each of these schools was such as to justify a special backward class being held in each. I came to the conclusion that such numbers did exist, and would therefore recommend that classes for backward children be established in these schools; in two of them—Battle and Swansea Road Schools—such classes are now in existence.

(b) PHYSICALLY DEFECTIVE SCHOOL.

“The children in attendance at the physically defective school suffered from the defects indicated below:—

Enuresis	3	Joint Disease	4
Heart Disease	7	Infantile and other paralysis	8
Defective sight	5	Talipes	1
Cretin	1	Deafness	6
Spinal Disease	6	Various	15

“These children, when requiring it, receive treatment and an effort is now being made to link up this school with the orthopædic clinic at the Royal Berkshire Hospital. The services of a nurse, capable of giving massage and seeing that special exercises are carried out, more particularly by the children with lateral curvature and paralyzed limbs, would greatly enhance the value of this school.

“The immediate after career of those who left during 1920 is shown as follows:—

For employment	5	Transferred to open-air school	2
Unfit for any school	1	Referred for treatment as	
Left the district	2	in-patient Royal Berks	
Transferred to mentally		Hospital	1
defective school	1		

(c) OPEN-AIR SCHOOL.

“All the children in this school suffer from Tuberculosis in one form or another, chiefly pulmonary. Nine had been in a sanatorium before admission, and 39 are, or have been, in attendance at the Tuberculosis Dispensary. Of those who left during 1920, three were transferred to the physically defective school, four returned to an ordinary school, six left for employment, and two left the town.”

J. A. P. PRICE, M.D.

Assistant School Medical Officer.

The following table shews the after careers of children formerly attending the Committee's three special schools at Whitley.

	Mentally Defective School.		Physically Defective School.		Open-Air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
1. Number of children who have left school since 1910	66	39	43	57	67	68
2. Number who—						
(a) have since died	3	5	3	8	...	2
(b) are known to be incapable by reason of mental or physical defect of undertaking employment	5	12	3	8	..	...
(c) are in attendance at an institution for further education	12	5	13	8	...	...
(d) are in any other institution	2	...	...	...	...	...
3. Number who are employed in—						
(a) Industrial or manual occupations	26	7	7	3	14	16
(b) Agricultural or rural ... ..	...	...	...	1	3	...
(c) Domestic occupation, including those who are helping in the domestic work at home ... ..	...	10	...	15	3	14
(d) Commercial, professional or clerical work ... ..	...	...	5	10	2	3
(e) Blind alley or other precarious occupations	9	...	4	...	5	1
4. Number who have left the neighbourhood whose after careers have not been traced	9	...	8	4	8	11
Included in the above tables are children whose present condition is as follows:—						
In the services or pensioned	6	...	2	...	2	...
Returned to ordinary schools ... ..	...	...	8	2	20	8
Transferred to other special schools ... ..	...	...	3	4	4	1
Children unfit to attend school ... ..	...	...	2	7	6	12

TABLE 2.

Girls' Secondary School and Kindergarten.				Continuation School.	
Number Examined ... 235.				Number Examined .. 77.	
Defect or Disease.	Number referred for			Number referred for	
	Treatment.	Observation.	Treatment.	Observation.	
Malnutrition	1	8	...	6	
Uncleanliness { Head... ..	...	...	3	...
{ Body.. ..	...	...	3	1
Ringworm { Head ... ..	...	...	...	...
{ Body ... ..	...	...	...	...
Scabies ... ..	...	...	1	...
Impetigo .. ..	...	...	1	...
Other Diseases	3	...	2	1	
Blepharitis ... ..	...	...	2	...
Conjunctivitis ... ..	...	...	...	...
Keratitis ... ..	...	...	...	...
Corneal Ulcer ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision	15	..	2	3	
Squint ... ..	...	...	...	...
Other Conditions ... ..	...	...	...	...
Defective Hearing ... ..	...	...	...	...
Otitis Media... ..	...	...	...	...
Other Ear Diseases ... ..	...	...	...	...
Enlarged Tonsils	5	12	...	...
Adenoids ... ..	...	5	...	...
Enlarged Tonsils and Adenoids ... ..	...	...	...	...
Other Conditions	1	19	...	4	
Enlarged Cervical Glands (non-Tuber.) ... ..	...	...	...	...
Defective Speech .. ..	...	...	1	...
Teeth	22	...	4	...	
Heart Disease { Organic ... ..	...	2	...	...
{ Functional ... ..	...	15	...	2
{ Anæmia	19	...	...	...
Bronchitis ... ..	...	4	...	...
Other non-Tubercular Diseases .. ..	...	9	...	7
Pulmonary { Definite ... ..	...	...	...	...
{ Suspected ... ..	...	...	...	...
Non-Pulmonary { Glands ... ..	...	...	...	...
{ Spine ... ..	...	...	...	...
{ Hips ... ..	...	...	...	...
Other Bones and Joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	...	...
Epilepsy ... ..	...	...	...	...
Chorea	1	...	...	...
Other Conditions ... ..	...	...	...	...
Rickets ... ..	...	...	...	...
Spinal Curvature	8	...	...	1
Other Forms (Flat Foot)	11	...	...	5
Other Defects and Diseases	2	6	2	2	
Number of Children requiring treatment or to be kept under observation				79	39

SECONDARY AND CONTINUATION SCHOOLS.

Table 2 (page 22) shows the results of the examination of the Kendrick Girls' School and the Voluntary Day Continuation School. The conditions as regards cleanliness in the girls' school as compared with the elementary school children and likewise the absence of those skin diseases which can be attributed to neglect are worthy of note. The numbers examined in the two schools are too small to institute general comparison between the two types of scholars.

Amongst the girls of the Kendrick School many were found to be suffering from a slight degree of spinal curvature or flat foot. These were not sufficiently pronounced as to be regarded as pathological defects, but rather defects of carriage and have, consequently, not been included in the table. They were referred to the teacher of Physical Training for special attention.

EMPLOYMENT OF SCHOOL CHILDREN.

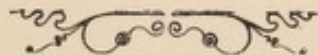
Bye-laws have been adopted and approved by the Home Office governing the employment of children under 14 years. Certain avenues of employment of children are prohibited, namely barbers' boys, kitchen boys, billiard markers, in connection with the sale of intoxicating liquors, theatre attendants, rag collecting, attendance at amusements centres, and in slaughter houses. No child under 12 shall be employed. Children between 12 and 14 can only be employed at certain specified hours. The employer must notify the Local Education Authority, which issues employment cards stating the hours during which the child may be employed. Such children must be medically examined.

Further bye-laws regulate street trading by young persons up to 16 years of age.

For the purposes of these bye-laws, 214 employed children were examined during the year.

MISCELLANEOUS EXAMINATIONS.

62 examinations were made of scholarship and student teacher candidates.



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