

**[Report 1920] / School Medical Officer of Health, Salop / Shropshire  
County Council.**

**Contributors**

Shropshire (England). County Council.

**Publication/Creation**

1920

**Persistent URL**

<https://wellcomecollection.org/works/d9ucb6rf>

**License and attribution**

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

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

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

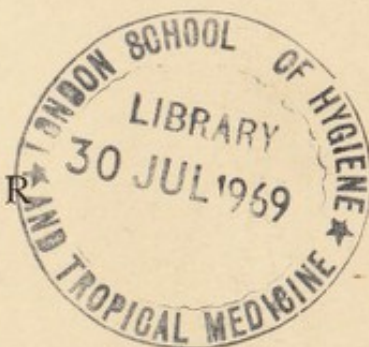


Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

C 4491

**THIRTEENTH**  
**ANNUAL REPORT**

OF THE  
SCHOOL MEDICAL OFFICER  
TO




**The Education Committee**

OF THE  
SALOP COUNTY COUNCIL.

**1920.**

---

JAMES WHEATLEY, M.D., D.P.H.



Digitized by the Internet Archive  
in 2018 with funding from  
Wellcome Library

<https://archive.org/details/b30087193>

# Medical Staff.

---

**School Medical Officer:**

JAMES WHEATLEY, M.D., D.P.H.

**Temporary Medical Inspector:**

FLORA MACDONALD MACDONALD, M.B., Ch.B.  
(Resigned 7th March, 1920).

**Assistant School Medical Officers:**

KATHLEEN PRIESTLEY, L.S.A.  
JOHN T. MACNAB, M.A., M.B., B.C., D.P.H.  
DONALD WAINWRIGHT, M.R.C.S., L.R.C.P., D.P.H., (resigned 26th June, 1920).  
AGNES H. NICOLL, M.A., M.B., Ch.B., D.P.H. (resigned 7th February, 1920).  
MABEL BLAKE, M.B., Ch.B.  
PATTIE R. ELLIOTT, M.B., B.S.  
M. AILEEN WILLIAMS, M.R.C.S., L.R.C.P.  
FLORENCE ELSIE INGLIS, M.B., Ch.B.

**School Dentists:**

JOHN ISHERWOOD SHORROCK, L.D.S.  
(Resigned 30th September, 1920).  
STEPHAN KEENAN, L.D.S.  
MICHAEL MILIARESSIS, L.D.S.

---

## *To the Chairman and Members of the Salop Education Committee.*

LADIES AND GENTLEMEN,

I beg to present my thirteenth Annual Report as Medical Officer to the Salop Local Education Authority.

The principal advance during the year has been the completion of our scheme of dental treatment.

The combined scheme of School Medical Inspection and Child Welfare has been further advanced and continues to work well.

The outstanding want is a comprehensive scheme for physical instruction and training.

I am, Ladies and Gentlemen,

Your obedient Servant,

JAMES WHEATLEY,

County Medical Officer of Health,  
and School Medical Officer.

*County Buildings,  
Shrewsbury,  
June, 1921.*

## AREA COVERED BY THE SALOP LOCAL EDUCATION AUTHORITY, NUMBER OF SCHOOLS, DEPARTMENTS, AND CHILDREN ON REGISTER.

The area covered by the Salop Education Authority comprises 858,277 acres, and had a population at the 1911 census of 216,918. It is co-terminous with the Administrative County with the exception that the Borough of Shrewsbury is not included. The number of schools at the end of the year was 291, comprising 353 departments. The number of children on the registers necessarily varies from time to time to some extent. On December 31st, 1920, it was 32,108.

### HYGIENIC CONDITION OF SCHOOLS.

The following remarks made in the report for 1918 are still in the main applicable.

"Structural alterations for the improvement of health conditions have been limited mostly to matters urgently required.

"There are many improvements that should be effected as soon as a suitable opportunity arises. After ten years medical inspection there are still a large number of schools in which the ventilation, heating, and lighting, and the lavatory, cloakroom and sanitary accommodation are quite unsatisfactory. The methods hitherto adopted for bringing about the necessary improvements have not proved efficient.

"The practical limitations to capital expenditure still existing make it all the more necessary that every effort should be made by managers, teachers, and school cleaners to maintain the schools in as sanitary a condition as possible. It is particularly important that the floors and walls of the schools should be washed more frequently than usual."

The more urgent cases only are being reported for action.

In the meantime too much stress cannot be laid upon the maintenance of the premises in a clean condition and the utilisation of the present means of ventilation, warming, and lighting of the rooms to the best advantage.

The following memorandum on ventilation of schoolrooms and open air teaching; how fresh air acts in improving health and efficiency, and how the best use can be made of the existing facilities for ventilation, has been drawn up for the information of teachers:—

#### MEMORANDUM TO TEACHERS ON VENTILATION AND OPEN AIR TEACHING.

The advantages of teaching in the open air or in a well-ventilated room are recognised by most teachers, and particularly by those who have had experience of badly and well ventilated schools.

A well ventilated room in comparison with a badly ventilated one produces greater physical vigour and greater mental alertness; the appetite is improved, the mucous membranes of the nose and throat are maintained in a healthier condition and more resistant to infection, and the reaction of the skin is kept in good order. In addition, the infection which is practically never absent from a schoolroom is much diluted and rendered less dangerous.

It is essential that a teacher shall understand *how* these beneficial results are brought about, in order that he may concentrate his efforts on essentials.

Formerly it was thought that the impairment of function, bodily and mental, was due to breathing an impure atmosphere. Now it is known, through the investigations of Professor Leonard Hill and others, that the harm is due to stagnation of warm moist air. To take an extreme example, the persons in the Black Hole of Calcutta died of 'heat stroke,' and not of poisoning by foul air.

A person who is dull, drowsy or faint, owing to the overcrowded condition of a badly ventilated room can be revived by the simple procedure of vigorous fanning. This shows that it is heat and stagnation, and not foulness of the atmosphere, that causes faintness under these conditions.

The beneficial effect of a well ventilated room is produced by the constant movement of a cool air over the bodies of the occupants. The effect is produced mostly on the bare parts of the skin, *e.g.*, face and hands.

It is a stimulating effect and is entirely different from the chilling produced by very cold stagnant air.

The effect too on the mucous membranes of the nose and throat of cool dry air is most important to health.

The constant aim should therefore be to produce a gentle movement of air in all parts of the class room. This can be accomplished, where the windows are properly placed and constructed, by opening the windows suitably, by good separation of the scholars and removal of obstruction, if any, to the circulation of air.

Satisfactory ventilation cannot be provided in school rooms in winter unless they are suitably *warmed*. If the warming is not sufficient, this should be put right.

*Open Windows.*—Reliance must be placed upon open windows for the ventilation of school-rooms. As it is the 'movement' of air during occupation that is required, it is not sufficient to see that the windows are open during play hours. They should never under any circumstances be completely closed during occupation.

With adequate 'cross ventilation,' *i.e.*, with windows properly spaced and properly constructed, on two opposite sides of the school room, there should be no difficulty in obtaining good atmospheric conditions.

The following directions have been drawn up for schools with cross ventilation and with sash windows with hoppers in front of the lower sash :—

In order to use to the best advantage the means of ventilation provided, it is necessary to observe carefully the **force** and **direction** of the wind.

The following points should be carefully observed :—

- 1.—In warm summer weather (and always during the interval for play) the top parts of all the windows should be fully open. In other weather the top windows should be open to some extent if this can be done without unpleasant draughts.
- 2.—It may at times be necessary to depend entirely upon the hoppers for ventilating the room. These hoppers are constructed so as to give an upward direction to the air and so prevent unpleasant draughts.
- 3.—**All the hoppers on both sides of the room should always be open to some extent.** The amount will depend upon the **force** and **direction** of the wind.
- 4.—The stronger the wind, the less the extent to which it is necessary to open the hoppers. With a very strong wind a very small opening will suffice.
- 5.—The hoppers on the side away from the wind should be open much more freely than those on the side facing the wind.

In school rooms without cross ventilation and where the openings are inadequate, it will tax the teachers' ingenuity to maintain a satisfactory atmosphere.

The windows should be kept open so far as possible without causing actual distress, and children who complain readily of draughts and appear to suffer should be removed to more secluded positions in the room.

When several children complain and they cannot be dealt with by removal to another part of the room, they should be allowed to wear their extra out-door clothing.

The children should be educated to stand fresh air conditions. It will be found that intolerance to fresh air movements can be overcome by plenty of exercise in the open air with little clothing, and by the avoidance of overheated and ill-ventilated rooms. Children that have been through a course of open-air treatment at a sanatorium do not notice draughts.

This teaching should apply to home as well as school life, and the importance of sleeping with bedroom windows open should be specially emphasised.

If a child cannot stand fresh air conditions it is probably due to coddling, lack of food or clothing, or to some physical defect. These cases should be inquired into and, if necessary, referred to the Medical Inspector.

If a school is insufficiently heated, this fact should be reported to the responsible authority, and the report should be supported by a copy of the daily records of the temperature of the rooms. When the temperature of the school room is unduly low, the children should be encouraged to wear their out-door clothes in school, and should also be put through appropriate physical exercises at intervals—exercises that can be carried out by standing up in their places.

*Separation of Scholars.*—The scholars should be separated as far as the floor space of the room will permit without interfering unduly with the teaching. This very important factor in obtaining good atmospheric conditions is apt to be overlooked.

Crowding together produces stagnant, warm, moist air immediately around the children; it also greatly intensifies the dangers of infection.

*Removal of obstruction to circulation of air.*—Such obstructions are not common in school rooms, but it is well to remember that any obstacle to free circulation of air is harmful, and any recess in a school room is unsuitable for children to work in.

*Classes in the Open Air.*—Classes should be held in the open air whenever the weather permits. In the absence of an open-air shed, use can be made of the shade of a tree or of the building.

In warm weather, if classes cannot be held outside, every window that will open should be opened wide, and if these are insufficient the doors also should be opened.

The ventilation of school rooms should be used as an object lesson for teaching the child the value and methods of ventilation and how these can be carried out in their homes. For this purpose the older children should in turn be made responsible for the ventilation of the school rooms.

JAMES WHEATLEY, M.D.,

County Medical Officer of Health  
and School Medical Officer.

### ARRANGEMENTS MADE FOR MEDICAL INSPECTION.

Medical Inspection throughout the whole County is carried out by six whole-time officers, who are engaged about one-third of their time in maternity and child welfare work. In addition to medical inspection one of the officers now undertakes the work of oculist for those districts where there is difficulty in getting the children to the Shrewsbury Eye, Ear and Throat Hospital. The medical officers have also carried out the inspection of the Secondary Schools since September.

Routine examinations have been made at the ages of 5, 8 and 12 or 13, and in addition the children under five and all children brought forward by the teacher or nurse have been examined.

The children found defective on previous occasions are re-examined at each inspection until declared well.

**SCHOOL NURSES.**—Eighty-five part-time nurses have been employed in connection with 228 school departments; 75 of these nurses are working for Associations connected with the Shropshire Nursing Federation, 4 are nurses employed by other Associations or by private persons, 2 are working on their own account, and 4 are employed by the Lady Forester Trust in the Borough of Wenlock (now affiliated to the S.N.F.)

Two whole-time school nurses deal with the schools in the urban and rural districts of Oswestry, and Oakengates and the surrounding schools. The remainder of the schools in the County are divided amongst the health visitors, so that now all the schools are included in the nursing scheme.

Number of children attended by—

District Nurses acting as School Nurses	.. ..	18,421
Whole-time School Nurses	.. ..	5,387
Health Visitors	.. ..	6,152
Nurses working on their own account	.. ..	2,148

**VOLUNTARY HELPERS.**—(see remarks, page 8, report for 1914).

During the war the scheme for utilising Voluntary Helpers became much less efficient, owing greatly to the fact that the helpers were fully employed with other work. Much of the routine work undertaken by the helpers is now done by the school nurses, but there is still work to be done in which helpers can be most useful. What is now wanted is one lady for a school or group of schools to whom the nurse can apply for advice or assistance.

**TEACHERS, ATTENDANCE OFFICERS AND SCHOOL ATTENDANCE.**—(see page 9, report for 1914).

The teachers have continued to afford great help in the work of medical inspection.

In the new scheme of dental inspection and treatment they have given enthusiastic assistance in impressing upon parents the great importance of dental treatment. Their continued help will be required if the scheme is to be a complete success. There are very great differences in the way the dental scheme has been received in the different schools, and there can be no doubt that one most important determining factor has been the head teacher.

**INSPECTION OF SECONDARY SCHOOLS.**—The secondary schools, 15 in number, were visited during the third term of the year, and arrangements made for inspection each term. Entrants, leavers and scholars aged 12 and 15, were examined.

No arrangements have been made for providing treatment or for following up the defects found. The whole question of remedial treatment is left in the hands of the head masters and mistresses.

The tables referring to the inspection of Secondary Schools are given at the end of the report.



**EXTENT AND SCOPE OF THE MEDICAL INSPECTION CARRIED OUT IN THE YEAR 1920.**

During the year 346 departments out of a total of 354 have been inspected.

82 schools have been visited once only.

194 " " " twice.

70 " " " three times.

TABLE I.—NUMBER OF CHILDREN INSPECTED.

A.—“ CODE ” GROUPS.

Age.	Entrants.					Total.
	3	4	5	6	Other Ages.	
Boys .. .. .	..	..	1697	121	32	1850
Girls .. .. .	..	..	1580	118	70	1768
Total .. .. .	..	..	3277	239	102	3618

Age.	Intermediate Group.	Leavers.				Grand Total.
		8	12 and 13	14	Other Ages.	
Boys .. .. .	2024	2335	4	97	2436	6310
Girls .. .. .	2005	2243	6	119	2368	6141
Totals .. .. .	4029	4578	10	216	4804	12451

B.—GROUPS OTHER THAN “ CODE.”

	Special Cases.	Re-examinations ( <i>i.e.</i> , No. of Children Re-examined).
Boys .. .. .	749	5755
Girls .. .. .	768	5653
Totals .. .. .	1517	11408

Number of individual Children inspected—13968.

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1920.

Defect or Disease.	Routine Inspections.		Specials.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment
(1)	(2)	(3)	(4)	(5)
Malnutrition .. .. .	1	688	2	49
Uncleanliness—				
Head .. .. .	..	1778	..	48
Body .. .. .	..	555	..	28
Ringworm :				
Head .. .. .	10	10	10	7
Body .. .. .	5	8	2	2
Scabies .. .. .	12	63	..	46
Impetigo .. .. .	15	76	1	49
Other Diseases (non-tubercular)	63	73	17	18
Blepharitis .. .. .	49	168	8	15
Conjunctivitis .. .. .	17	32	12	2
Keratitis .. .. .	..	..	..	..
Corneal Ulcer .. .. .	1	..	2	..
Corneal Opacities .. .. .	4	4	3	2
Defective Vision .. .. .	886	217	184	37
Squint .. .. .	60	72	27	8
Other conditions .. .. .	14	235	5	2
Defective Hearing .. .. .	63	160	13	8
Otitis Media .. .. .	..	1	..	..
Other Ear Diseases .. .. .	87	76	30	23
Enlarged Tonsils .. .. .	457	936	60	39
Adenoids .. .. .	124	648	32	44
Enlarged Tonsils and Adenoids	298	637	37	64
Other conditions .. .. .	28	..	6	..
Enlarged Cervical Glands (non-tubercular) .. .. .	15	1705	2	7
Defective Speech .. .. .	1	164	..	41

TABLE II.—*continued.*

Defect or Disease.	Routine Inspection.		Specials.	
	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment
(1)	(2)	(3)	(4)	(5)
Teeth—Dental Diseases* .. ..	7	14	..	..
Heart and Circulation. { Heart Disease :				
Organic .. ..	17	139	4	6
Functional .. ..	2	150	..	15
Anaemia .. ..	61	306	10	59
Lungs. { Bronchitis .. ..	75	210	5	12
Other Non-tubercular Diseases	10	36	3	5
Pulmonary :				
Definite .. ..	15	9	..	..
Suspected .. ..	48	193	5	20
Non-pulmonary :				
Tuberculosis. { Glands .. ..	11	10	3	..
Spine .. ..	..	..	1	..
Hip .. ..	4	..	1	2
Other bones and joints ..	8	2	..	..
Skin .. ..	1	..	..	..
Other forms .. ..	1	1	2	..
Nervous System { Epilepsy .. ..	5	10	3	3
Chorea .. ..	3	1	4	1
Other conditions .. ..	8	46	2	8
Deformities. { Rickets .. ..	17	49	4	..
Spinal Curvature .. ..	80	46	3	3
Other forms .. ..	132	166	14	16
Other Defects and Diseases .. ..	390	1289	84	153
Number of <i>Individual Children</i> having defects which required treatment or to be kept under observation.. ..	2666	3695	569	663

\* These cases are dealt with systematically under the Dental Scheme and are only referred for treatment by the Medical Officers in very exceptional instances.

**EYE DEFECTS.**—These include defective vision, squint and external eye defects.

There were 1,157 children with defective eyesight and squint requiring treatment, and 334 with lesser degrees of defect that needed to be kept under observation. Of the children requiring medical treatment, 946 were belonging to the code groups and 211 were special cases. The children aged 5 are not systematically examined for eyesight, so that the code group cases are mostly aged 8, 12 and 13. The percentages amongst those needing medical treatment was 9.9. The pre-war percentages at the age of 12 were :—

Year .. .. .	.. 1908	1909	1910	1911	1912	1913	1914
Percentage of defects	.. 15.5	14.7	13.3	11.8	14.5	18.2	19.4
Post-war percentages :—							
Year .. .. .	.. 1919	1920					
Percentage of defects	.. 10.0	10.2					

**DEFECTS OF NOSE AND THROAT.**—There were 1,042 children with defects of the throat and nose requiring treatment amongst those examined, and 2,368 children suffering from minor conditions and needing to be kept under observation. Of those requiring treatment 517 were suffering from enlarged tonsils, 156 from adenoids and 335 from both enlarged tonsils and adenoids.

Of the 12,451 children of the Code groups examined 907 or 7.3 per cent. required medical treatment.

The following remarks appeared in last year's report :—

Considerable attention has of recent years been given to the question of the cause of these throat conditions, but it cannot be said, that, so far, any very positive knowledge has been gained. A better understanding of their cause and prevention is recognised as one of the most important matters concerning the health of school children.

Whilst there is no absolute knowledge as to how these conditions arise, there is ample justification for proceeding energetically on the following lines :—

- 1.—Diminution of school infection, by improved ventilation and cleanliness of school rooms, and separation of scholars. Open air conditions not only diminish the amount of infective material breathed but improve the tone and resistance of the mucous membranes.
- 2.—Removal of septic mouth conditions—particularly septic teeth.
- 3.—Teaching correct methods of breathing.
- 4.—Training young children in proper mastication of food, so as to develop the jaws and air passages.

The degree of symptoms necessitating operation is a subject on which there is still considerable difference of opinion, and the proper selection of cases for operation is a matter requiring great care and judgment. More careful observations carried on into adult life of the cases operated on and those left without operation are most desirable and necessary. In the meantime probably the safest rule is to confine operations to cases in which there is distinct evidence of obstruction to breathing or of infection of the system.

Dr. Priestley reports that in the Urban District of Oakengates there is, so far as she knows, only one case of Otorrhoea amongst the School Children. Eight cases have been cured by the operation for the removal of adenoids. In one case the discharge ceased shortly before the operation and has not recurred; one case is awaiting operation.

The duration of the discharge before operation was one month in one case, two months in two cases, three months in two cases and in three other cases—nine months, two years and two and-a-half years.

This probably is a very exceptional experience, but it seems to point to the very great value of the operation for adenoids in cases of discharging ears.

TEETH.—The result of the examination and treatment of the children's teeth under the dental scheme is given below.

The importance of the prevention of dental caries and of conservative dental treatment is so great, that I venture to repeat the remarks made on this subject in last year's report.

If this scheme can only be developed so as to bring the benefit of conservative dental treatment within the reach of the masses of the people, it will, in my opinion, have more effect upon the public health than any other public provision for treatment hitherto made.

A Departmental Committee appointed to inquire into "The Extent and Gravity of the Evils of Dental Practice by Persons not Qualified under the Dentists Act" has come to the following conclusion :—

"In conclusion, we wish to state very strongly that, in our opinion, the State cannot afford to allow the health of the workers of the nation to be continuously undermined by dental neglect. Steps should be taken without delay to recognise dentistry as one of the chief, if not the chief, means of preventing ill-health, and every possible means should be employed for enlightening the public as to the need for conservative treatment of diseased teeth. The dental profession should be regarded as one of the outposts of preventive medicine, and as such encouraged and assisted by the State. Treatment should be rendered available for all needing it."

There are two ways in which this problem should be attacked—

- (1) By more physiological methods of living. This is the true prevention.
- (2) By conservative dental treatment. This aims at detection of disease in its earliest stages and preventing spread.

The two methods should be worked side by side. Prevention by physiological methods has been one of our chief objects for the last ten years, and now with greatly increased facilities our efforts should be re-doubled.

In the report for 1917, I said :—

"The work of the prevention of dental caries is being steadily pushed forward by teaching in the schools, and in the homes by health visitors. I am coming to the conclusion that of all the rules for the prevention of caries of the teeth, the most important is—'do not drink at meal times.' If this rule be observed, food must be thoroughly masticated, and a good flow of saliva will be obtained. The food will be well mixed with saliva and will be in a condition not liable to stick to the teeth. Moreover, with a free flow of saliva, and with thorough working of the jaws, saliva will be forced between each tooth and into the crevices. The universal teaching of this simple rule would, I am convinced, do a very great deal towards the prevention of dental caries."

For a description of the measures taken for the prevention of dental caries, and for the rules to be observed, reference must be made to pages 31 and 32 of the Annual Report for 1914.

I am not by any means satisfied that the work done in the prevention of dental caries is at all commensurate with its vast importance. Without some general acknowledgment of the supreme importance of the work it seems almost impossible to get that sustained interest and enthusiasm amongst the workers and that receptivity amongst the public that is essential for any great success.

What is wanted, is a real lead from the Government that this is work of great national importance, and Local Authorities, both Educational and Sanitary, should be encouraged to organise an intensive educational campaign.

If half the work and enthusiasm that has been put into the prevention of tuberculosis or into 'child welfare' had been directed to the prevention of dental caries, the battle would now have been half won, and no one who has studied the subject can doubt that the result on the health of the rising generation would have been very marked.

The scheme for dental treatment was in most respects in complete working order during the year 1920.

The staff consists of two dentists and four dental dressers working under their supervision. One dentist usually works in the eastern and one in the western half of the County. Owing to the illness and retirement of one of the dentists, there was only one dentist working from February 20th to the middle of September.

The dressers are engaged for a probationary period of six months, at the end of which time if suitable they undertake to serve for a further period of three years. Their training is undertaken by the dentists on definite lines laid down, and they work entirely under the direct supervision of the dentists.

One of the dressers resigned during the year, and her successor has now passed through her probationary period satisfactorily.

Dental Clinics have been provided at Wellington, Oswestry, Whitchurch, Newport, Bridgnorth and Ludlow. The Wellington Clinic is the only one that is fully furnished. It is used as a central office for the dental work in the eastern half of the County. The Oswestry Clinic is partly furnished, and the other clinics have to be temporarily equipped when in use. There is one Ford motor car for the use of the dentist, who at the time is dealing with the out-lying schools.

The work is so arranged that one dentist is employed at the Clinics or at schools near to a railway station, whilst the other dentist is inspecting and treating at the more out-of-the-way country schools. He reaches these schools by means of the motor car, in which he takes two dental chairs, one or two dental engines, and other apparatus, two dental dressers and himself—quite a full load.

By this arrangement of work and by transferring the car from one dentist to another it seems as if it will be possible to manage with the intensive use of one car.

The methods have been varied considerably from time to time with the experience gained.

The ends that have been steadily kept in view are :—

- (1) That the inspection should be of a *systematic* character.
- (2) That all the schools should be dealt with in a reasonable time, and if possible within twelve months.
- (3) That the mouth of every child treated should be freed from any gross septic conditions, and every decayed permanent tooth that is saveable, should be saved.
- (4) That subject to the foregoing conditions, the largest number of children possible should be dealt with.

The success or failure of the scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and not upon the refinements of dental treatment. At a later period of school dental treatment, when the number of dentists is adequate for the whole population (a distant period), it may be possible to adopt more perfect methods.

At quite an early stage it became obvious that in dealing with small country schools there would be a great waste of time if the inspection and treatment were undertaken on different days and if only certain 'ages' were dealt with. It was consequently arranged to get the consent for treatment beforehand, and to have the inspection and treatment at the same time, and to treat all children over five years of age. This arrangement has worked most satisfactorily and has resulted in a great saving of time.

At the commencement of the scheme only children age 6 to 9 were treated. It was the intention to extend each year the age for treatment by one year, so that at the end of five years all the ages over five would be under treatment. It seemed, however, such a pity that the children over 9 years of age should never have any dental treatment, and it was consequently decided to extend the scheme so as to include all children between 6 and 12 years of age. This means that it will not be possible to get round the schools within 12 months as originally intended, but it appears as if the schools will be completed within 18 to 20 months. At the second inspection the work should be considerably lighter notwithstanding that another year (13) will be taken in.



Age ..	NO. OF CHILDREN REFERRED FOR TREATMENT.												
	5	6	7	8	9	10	11	12	13	14	Total.		
East of County .. .. . (Mr. Miliaressis)	3	120	214	224	201	185	175	175	116	22	1435		
Remainder of County .. .. . (Mr. Keenan)	29	445	600	681	588	603	492	460	426	63	4387		
	32	565	814	905	789	788	667	635	542	85	5822		

## TEMPORARY TEETH.

Age ..	SOUND.					SAVEABLE.					UNSAVEABLE.				
	6	7	8	9	10—13	6	7	8	9	10—13	6	7	8	9	10—13
East of County .. .. .	2384	2573	1630	1036	1377	318	382	270	218	165	286	671	827	688	1048
Remainder of County .. .. .	11108	9311	7561	4105	5135	1099	1376	1371	1034	1407	614	937	1282	1177	2223
	13492	11884	9191	5141	6512	1417	1758	1641	1252	1572	900	1608	2109	1865	3271

## PERMANENT TEETH.

Age ..	SOUND.					SAVEABLE.					UNSAVEABLE.				
	6	7	8	9	10—13	6	7	8	9	10—13	6	7	8	9	10—13
East of County .. .. .	518	1582	2286	2655	13899	28	97	209	205	961	..	7	16	41	631
Remainder of County .. .. .	2643	5647	8389	8558	47558	20	56	107	185	1485	..	6	31	79	1166
	3161	7229	10675	11213	61457	48	153	316	390	2446	..	13	47	120	1797

## PARTICULARS OF TIME GIVEN AND 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	No. of other Operations.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Per-manent Teeth.	Temp-orary Teeth.
71	576	7254	1326	1743	9047	632	2375	432	577	3662



### Prevalence of Dental Caries.

In last year's report figures were given which appeared to show a remarkable diminution of caries during the war. It was at the same time stated that the personal factor in the examination could not be eliminated, and further evidence since obtained appears to show that this factor has had very considerable influence. There is, however, good reason to think that there has been very considerable decrease of dental caries of late years in the County. The incidence is shown in the following tables :—

#### RESULTS OF ROUTINE INSPECTION BY THE MEDICAL INSPECTORS.

DISTRICT.	AGE 5.					AGE 8.					AGE 12.					AGE 13.				
	Decayed Teeth.		Children free from Caries.			Decayed Teeth.		Children free from Caries.			Decayed Teeth.		Children free from Caries.			Decayed Teeth.		Children free from Caries.		
	No. of Children.	Number.	Average per child.	Number.	Percentage	No. of Children.	Number.	Average per child.	Number.	Percentage	No. of Children.	Number.	Average per child.	Number.	Percentage	No. of Children.	Number.	Average per child.	Number.	Percentage
Dr. Elliott .. .. .	558	1050	1.8	269	48	674	2254	3.3	141	21	517	1245	2.4	138	26	358	739	2.0	103	28
Dr. Nicholls and Dr. Inglis	427	881	2.0	183	43	480	1486	3.1	68	14	255	524	2.0	54	21	218	423	1.9	60	27
Dr. Priestley .. .. .	703	1411	2.0	369	52	705	2329	3.3	132	18	507	917	1.8	184	36	256	421	1.6	92	36
Dr. Blake .. .. .	626	1623	2.6	240	38	899	4313	4.8	75	8	547	1369	2.5	100	18	522	1334	2.5	93	18
Dr. Wainwright & Dr. Williams	499	873	1.7	260	52	657	2146	3.2	123	18	406	497	1.2	197	48	303	509	1.6	116	38
Dr. Macnab .. .. .	499	1341	2.7	185	37	653	2860	4.4	61	9	430	1009	2.3	83	19	284	711	2.5	57	20
Total .. .. .	3312	7179	2.16	1506	45	4068	15388	3.8	600	15	2662	5561	2.1	756	28	1941	4137	2.1	521	27

### Results of Inspection by the Dentists.

	Age ..	5	6	7	8	9	10	11	12	13
Average number of decayed teeth ..		2.0	2.7	3.5	3.9	4.0	3.6	2.7	2.5	2.5

### TUBERCULOSIS.

Cases of phthisis amongst school children during the year were discovered in one of two ways : either in the examination of children referred by the teachers and nurses or picked out by the Medical Inspectors ; or in the examination of children belonging to phthisis houses, all of whom are systematically examined by the Medical Inspectors.

#### Examination by the Medical Inspectors.

Children belonging to phthisis houses.	Not yet examined.	No physical signs.	Suspected.	Diagnosed.
336	73	232	29	2

31

The 31 cases together with 249 others picked out by the medical inspectors, teachers, nurses, etc., were referred to the Tuberculosis Officers.

*Examination by the Tuberculosis Officers.*

No. of Children.	Not yet examined.	No physical signs.	Diagnosed as phthisis.	Suspicious of Phthisis.	Left County.
280	68	144	24	42	2

Of the 68 cases not seen at the end of the year, 49 were referred to the Tuberculosis Officers during December.

In addition 53 cases referred to the Tuberculosis Officers during 1919, were examined in 1920.

No. of Children.	No physical signs.	Diagnosed as Phthisis.	Suspicious of Phthisis.	Left County.
53	32	4	14	3

**DISEASES OF HEART AND RHEUMATISM.**—This subject was discussed in last year's report, and a copy of a pamphlet that has been issued for the guidance of the teachers was published. The whole question is one that requires thorough investigation, as rheumatism probably has a much greater influence upon the health of school children than is indicated by the figures.

The number of children found to have definite rheumatism is given below :—

	Treatment advised.	Observation.
Routine Cases .. ..	14	11
Special Cases .. ..	15	4

**GOITRE.**—(ENLARGEMENT OF THE THYROID GLAND.)—Investigations are showing the vital importance of the ductless glands on the growth and health of the individual. The fatal effect upon the body of destruction of the thyroid gland has long been known and the effect of over-activity in producing disease and disturbance of function is clearly established. What is not so clear is the importance of the smaller enlargements of the thyroid and whether these can in any circumstances be considered physiological.

The opinion is very commonly held, that enlargement of the thyroid gland became much more general particularly in adolescent girls during the war, but there are no reliable figures to prove or disprove this. Unfortunately, figures relating to elementary school children are not very satisfactory, as it is during the adolescent period that goitre is so liable to develop.

It has been conclusively proved that pollution of water is one of the chief causes of goitre, but it has not been proved that this or a similar infection is the only cause.

Careful school records may prove to be of great use in solving some of the problems connected with the enlargement and derangement of the thyroid gland.

Of the cases requiring treatment no less than 191 were in Dr. Blake's district, *i.e.*, the south-west of the County.

**RINGWORM.**—Of the children examined by the Medical Inspectors 20 were found to be suffering from ringworm of the scalp.

In addition, 144 cases have been notified by the teachers. These were not usually based on medical opinion.

Examination of hairs was made by the Medical Inspectors in 34 cases—19 positive, and 15 negative.

Hairs were submitted to Birmingham University, with 31 positive results, and 54 negative results.

When authorised by the School Medical Officer, children suffering from ringworm are now admitted to school, if the parent undertakes to carry out certain stringent precautions. It is also an essential condition of admission that the teacher shall undertake to see that the precautions are carried out.

Facilities have now been provided for the treatment of intractable cases of ringworm by a specialist in Birmingham. The railway fares are paid where the parents are not in a position to afford them.

**VERMINOUS HEADS.**—The condition of the children's heads is still far from satisfactory, and it appears as if more thorough work will have to be undertaken.

The instructions given to the school nurses are to examine the heads of the children each term, that is three times a year, and to follow up the verminous children so as to get them clean before the end of the term. The inspection in the following term is to be begun *de novo*. So far as the returns show, there appear to have been 961 primary inspections and 1199 following up inspections. At the primary inspections 75,146 children were examined and 10,395 were found verminous, or a percentage of 14.0.

These figures compare with 60,955 children examined in 1919, of whom 7,330 or 12.0 per cent. were verminous.

The following figures show the results of the examination of heads by school nurses. It must be remembered that on the second and subsequent inspections only those found verminous or absent at previous inspections are examined.

*First Inspection.*—Number examined 75,146. Verminous 10,395.

*Subsequent Inspections.*

	2nd inspection.	3rd inspection.	4th inspection.	5th inspection.	6th inspection.
Verminous ..	5222	2736	1153	539	35
Absent .. ..	1484	979	574	321	23

In interpreting these figures it must be borne in mind that in some schools a third inspection was not made, and in many there was no fourth or fifth inspection, so that the apparent decrease of verminous conditions is greater than the real decrease.

Forty-eight children have been reported for prosecution under the Bye Laws on account of verminous conditions.

Forty-one cases were heard before the Magistrates at Wellington, Newport, Ludlow, Market Drayton and Shifnal, and fines were imposed in all cases ranging from 2/6 to 20/-.

Proceedings were not instituted by the Local Attendance Committee in 9 cases—on account of illness of mother, removal out of district, or other causes.

**MALNUTRITION.**—The number of children noted to be suffering from marked malnutrition was small. There is, however, the much larger question of the comparatively poor physical development and the tendency to minor malformations shown by a large proportion of the children. There can be little doubt that this very serious condition of affairs is due to unsuitable food and lack of proper exercise. The diet of a large proportion of the working classes is of such a character that we cannot hope for full growth and good physical development. Modern knowledge of food requirements is of such outstanding importance that it should be one of the first duties of Health Authorities to bring it home to the people. Whether this in itself will be sufficient, or it will be found necessary to legislate against articles of diet which have been deprived of some important essential, remains to be seen. The one consideration that must prevail in the long run is that a diet that will allow of full growth and physical development must be available for the mass of the people. This is to a considerable extent an economic problem, but it is also a problem that can be greatly lessened by education and legislation in certain directions.

## TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Ringworm of Head .. .. .	70	34	26	60
Ringworm of Body .. .. .	20	20	..	20
Scabies .. .. .	46	20	14	34
Impetigo .. .. .	75	55	16	71
Minor Injuries .. .. .	6	5	1	6
Other Skin Disease .. .. .	91	34	56	90
Ear Disease .. .. .	254	49	97	146
Eye Disease (external and other) ..	268	32	168	200
Miscellaneous .. .. .	388	2	339	341

## TREATMENT OF VISUAL DEFECT.

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 or Hospital.	By Private Practitioner or Hospital.	Other-wise.	Total.					
1851	537	172	56	765	606	464	33	32	68

## TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
1811	224	202	426	257

## SUMMARY OF TREATMENT OF DEFECTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under L.E.A.'s Scheme.	Otherwise.	Total.
Minor Ailments .. .. .	1218	179	767	946
Visual Defects .. .. .	1851	537	228	765
Defects of Nose and Throat .. .. .	1811	224	459	683
Dental Defects .. .. .	5822	5731	..	5731
Other Defects .. .. .	1509	265	794	1059

## 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	12451
(2) The number of children in (1) suffering from—	
Malnutrition .. .. .	689
Skin Disease .. .. .	335
Defective Vision (including Squint) .. .. .	946
Eye Disease .. .. .	524
Defective Hearing .. .. .	223
Ear Disease .. .. .	164
Nose and Throat Disease .. .. .	3128
Enlarged Cervical Glands (non-tubercular) .. .. .	1720
Defective Speech .. .. .	165
Dental Disease .. .. .	21
Heart Disease—	
Organic .. .. .	156
Functional .. .. .	152
Anaemia .. .. .	367
Lung Disease (non-tubercular) .. .. .	331
Tuberculosis—	
Pulmonary { definite .. .. .	24
{ suspected .. .. .	241
Non-pulmonary .. .. .	38
Disease of the Nervous System .. .. .	73
Deformities .. .. .	490
Other defects and diseases .. .. .	1679
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footwear) who require to be kept under observation (but not referred for treatment).. .. .	3695
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.).. .. .	2666
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.) .. .. .	800

## FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

*At Hospitals—*

- (1) For Eye, Ear and Throat Defects—letters of recommendation provided for :—  
 Eye, Ear and Throat Hospital, Shrewsbury.  
 North Staffordshire Infirmary, Stoke-on-Trent.

- (2) For Deformities—

At Baschurch Surgical Home—patients paid for under the tuberculosis scheme and the scheme for the medical treatment of school children.

*At Clinics or Schools—*

Eye Clinic at Oswestry, attended by a practitioner—1/- paid by parents towards cost in each case.

Eye Clinics at Whitchurch, Wellington, Oakengates, Bridgnorth, Ludlow—attended by an Assistant School Medical Officer.

Visits of Assistant Medical Officer to schools for purpose of treatment.

\*Clinics for minor ailments at Oswestry, Oakengates, Wellington, Whitchurch, Ludlow, Bridgnorth, and Newport.

There are also facilities at Broseley Hospital in connection with the Lady Forester Trust for treatment of defect of eyes, ears, throat and teeth.

## DETAILS OF TREATMENT RECEIVED AT THE HOSPITALS AND CLINICS.

*Treatment received at Eye, Ear and Throat Hospital for Shropshire and Wales, Shrewsbury, during the year, on Recommendations supplied by the County Council.*

Six hundred and twenty-six letters of recommendation were supplied and 569 of them have been used. This very large increase is partly due to the fact that the Hospital Authorities will not now accept any letters of recommendation for school children except those supplied by the Local Education Authority.

The results of treatment, so far as re-inspection has gone, are very satisfactory.

## EYE DEFECTS.

Hospital or Clinic.	Number of Children seen.	Glasses prescribed.	Glasses obtained.	Other treatment.
Salop Eye, Ear and Throat Hospital ..	386	314	293	46
North Staffordshire Infirmary .. ..	23	17	17	1
Broseley Hospital .. .. .	39	34	34	5
Oswestry Eye Centre .. .. .	76	69	50	1
Specialists at Centres (Bridgnorth) ..	28	25	14	3
Assistant School Medical Officer (Broseley)	23	23	17	..

## THROAT DEFECTS.

Hospital.	Number of Children seen.	Operated on.	Other treatment.
Salop Eye, Ear and Throat Hospital ..	163	157	4
North Staffordshire Infirmary .. ..	6	6	..
Broseley Hospital .. .. .	28	27	1
Much Wenlock Hospital .. .. .	48	48	..

\*Some of these Clinics were not open until 1921.

## EAR DEFECTS.

Hospital.	Number of Children seen.	Received Treatment.	
		Improved.	Not Improved.
Salop Eye, Ear and Throat Hospital ..	20	18	2
North Staffordshire Infirmary .. ..	1	1	..

*Treatment at Baschurch Surgical Home.*—One hundred and forty-four children of school age belonging to the Education County were treated during the year. The children were treated for the following conditions :—

Tuberculous Bones and Joints.	Rickets.	Deformities from Poliomyelitis.
35	2	39
Scoliosis.	Clubfoot and Clawfoot.	Fractures.
10	13	4
	Other Diseases and Deformities.	
	41	

*Clinics for Minor Ailments.*—Clinics were open at Oswestry and Oakengates throughout the year and for the last 3 months at Newport. The following table shows the work done at these Clinics :—

## OSWESTRY CLINIC.

Defects or Disease.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied.	Improved.	Unaltered.
Skin :—						
Ringworm—head ..	11	21	198	4	All cases improving	..
Ringworm—body ..	11	19	28	11	8	..
Scabies .. ..	3	5	20	3	2	..
Impetigo .. ..	14	43	86	30	13	..
Minor Injuries .. ..	..	..	..	..	..	..
Other Skin Disease ..	5	9	63	3	7	..
Ear Disease .. ..	23	28	160	6	22	..
Eye Disease (external and other) .. ..	12	12	36	4	4	4
Verminous conditions ..	..	47	161	27	20	..
Other conditions ..	3	31	56	21	10	..

## OAKENGATES CLINIC.

Defects or Disease.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied.	Improved.	Unaltered.
Skin :—						
Ringworm—head ..	15	..	134	13	2	..
Ringworm—body ..	5	..	14	5	..	..
Scabies .. ..	4	..	12	4	..	..
Impetigo .. ..	20	3	64	23	..	..
Minor Injuries .. ..	..	1	2	1	..	..
Other Skin Disease ..	28	5	147	29	4	..
Ear Disease .. ..	14	4	93	14	3	1
Eye Disease (external and other) .. ..	9	..	55	7	2	..
Verminous conditions ..	14	4	46	18	..	..
Other conditions ..	65	6	185	39	22	10

## NEWPORT CLINIC.

Defects or Disease.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied.	Improved.	Unaltered.
Skin :—						
Ringworm—head ..	..	..	..	..	..	..
Ringworm—body ..	..	2	1	2	..	..
Scabies .. ..	10	..	52	10	..	..
Impetigo .. ..	21	..	194	18	..	..
Minor Injuries .. ..	4	..	20	4	..	..
Other Skin Disease ..	1	..	3	1	..	..
Ear Disease .. ..	..	..	..	..	..	..
Eye Disease (external and other) .. ..	..	..	..	..	..	..
Verminous conditions ..	11	..	..	..	11	..
Other conditions .. ..	..	3	3	3	..	..



Statement showing visits of nurses in following up cases to bring about treatment :—

	No. of cases.	No. not visited.	Total visits.
District Nurses .. ..	6566	989	6927
Two whole-time Nurses ..	1081	75	2625
Total ..	7647	1064	9552

**Action taken to detect and Prevent Infectious Diseases, including reference to action under Articles 45 (b), 53 (b) and 57 of the Code of 1912.**

A description of the scheme of notification of infectious disease from schools and of the measures taken to prevent the spread of infectious disease was given on pages 44, 45, and 46 of the report for 1914. This scheme is still in force.

All notifications of cases of measles in the schools are sent on to the Measles Health Visitors,\* who make these cases the basis for further inquiries, give advice to the parent with regard to isolation and nursing and see that a doctor is called in if necessary. This work is carried out in close co-operation with the Medical Officer of Health of the District.

All notifications of cases of infectious skin conditions are sent to the part-time or whole-time school nurses to deal with.

All cases of sore throat where there is diphtheria in a school are sent to the School Nurse for swabbing, unless a special investigation is made by the Assistant School Medical Officer and in addition a letter is sent to the parent advising a doctor and pointing out the danger. Wherever a school is closed on account of diphtheria special forms dealing with diphtheria are sent to the Head Teacher to distribute one to each household.

Whenever influenza is notified from a school, leaflets on the lines of that issued by the Ministry of Health are immediately forwarded to the school for distribution.

Under Article 53 (b), 707 children have been excluded from school for infectious disease and other conditions :—

174	on account of	impetigo.
33	„	ringworm of scalp.
23	„	ringworm of body.
144	„	scabies.
19	„	tuberculous glands.
33	„	suspected phthisis.
74	„	diagnosed phthisis.
9	„	other tuberculous diseases.
23	„	bronchitis.
13	„	anaemia.
162	„	various causes.

School closure has been effected entirely under Article 45 by the School Medical Officer either on information obtained direct from the school, or on the advice of the District Medical Officer of Health. Under this Article, 219 schools were closed for the following reasons :— 86 for measles, 60 for whooping cough, 6 for scarlet fever, 8 for diphtheria, 6 for chicken-pox, 9 for mumps, 25 for influenza, 4 for sore throat, and 15 for colds.

\* This work is now undertaken by the General Health Visitors.

REVIEW OF METHODS ADOPTED AND THE ADEQUACY OF SUCH METHODS FOR DEALING WITH  
BLIND, DEAF, MENTALLY OR PHYSICALLY DEFECTIVE AND EPILEPTIC  
CHILDREN UNDER THE ACTS OF 1893 AND 1899.

*Examination of Mentally Defective, Epileptic, Blind and Deaf Children.*

	Certified suitable for Special School on Form 302M, 39, D.E. or 40B.D.	Uneducable (notified to Local Control Authority).	To be kept under observation.
Mentally Defective ..	20	15*	19
Epileptic .. .. .	5	..	5
Blind .. .. .	6	..	..

\* 6 Mentally Defective and Uneducable, 5 Imbecile and 4 Idiot.

The number of children admitted to special schools during 1920 was—Blind 2, Deaf and Dumb 0, Epileptic 1, Mentally Defective 6, Physically Defective 144.

The total number of children in special schools in 1920 was—Blind 10, Deaf and Dumb 18, Epileptic 2, Mentally Defective 10, Physically Defective 144.

#### PHYSICAL TRAINING.

The following remarks appeared in my last year's report :—

The conditions laid down for physical training and the provision for training of teachers were described fully in my Report for 1914. No progress has been made during the war and the physical training is probably not so efficient as it was in that year.

Efficient physical training by organised physical exercises and games is one of the three primary essentials for securing a physically fit nation. The other two are suitable and sufficient food and good housing and housing environment.

If we recognise that physical training really holds such an important place in the health of the nation, it is certainly worth while devising a scheme for carrying it out thoroughly.

The scheme for training the normal child should be linked up with our existing organisation for the treatment of deformities. A complete scheme should be developed on the following lines :

- (1) The first step should be the appointment of organisers of physical instruction, to instruct the school teachers, and to supervise the physical exercises in the schools. The instruction of the teachers would be partly through classes and partly by demonstrations at the schools.
- (2) The children requiring treatment in the form of special exercises, massage, electrical treatment or supports would be picked out by the organisers, by the teachers and by the Medical Inspectors, and referred to the nearest orthopaedic centre. Orthopaedic centres have already been established at Shrewsbury, Ludlow, Craven Arms, Oswestry, Ellesmere, Market Drayton, Wellington, Oakengates, Ironbridge, Wem, Whitchurch, Bridgnorth and Cleobury Mortimer, and other centres are under consideration.

The orthopaedic centres deal also with children under school age, and it is hoped that within a few years most of the cases of deformity will be treated before school age. There will, however, always be a number of deformities principally of a minor character arising during school life that will require treatment.

- (3) The Medical Inspectors should be in close touch with the orthopaedic centres so as to be cognisant of the treatment carried out, to know the possibilities of such treatment, and to keep a special watch over these children during their school life.

Authority has been given to include in the complete scheme that has to be submitted to the Board of Education, provision for two organisers of physical instruction, but so far no further steps have been taken.

In the meantime a class for teachers in the north-west part of the County, has been arranged at the Shropshire Orthopaedic Hospital, Oswestry. This class is conducted by a very competent teacher on the lines of the syllabus of the Board of Education, but in addition to the ordinary teaching, it is possible to show to the class the actual defects produced by bad posture and the absence of proper physical training, and to show the appropriate remedial exercises. This adds materially to the interest and usefulness of such classes. It is hoped that similar classes will be held later on, in other parts of the County in connection with the Orthopaedic Centres.

## SECONDARY SCHOOLS.

A statement is given below as to the amount of inspection done at the Secondary Schools.

### NUMBER OF CHILDREN INSPECTED.

#### A.—ROUTINE MEDICAL INSPECTIONS.

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total.
Boys	1	2	1	1	2	7	33	50	131	25	14	71	4	..	1	343
Girls	..	4	5	4	11	7	32	66	218	37	24	177	13	6	..	604
Totals	1	6	6	5	13	14	65	116	349	62	38	248	17	6	1	947

#### B.—SPECIAL INSPECTIONS.

Boys	..	..	15
Girls	..	..	105
			<u>120</u>

#### C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED—ROUTINE AND SPECIAL CASES.

1067

## RETURN OF DEFECTS.

Defect or Disease.				Routine Inspections.		Specials.	
				Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment
(1)				(2)	(3)	(4)	(5)
	Malnutrition	..	..	..	12	..	3
	Uncleanliness—						
	Head	..	..	..	50	..	2
	Body	..	..	..	..	..	1
Skin	Ringworm	..	..	..	..	..	..
	Head	..	..	1	..	..	..
	Body	..	..	..	..	..	..
	Scabies	..	..	..	2	..	..
	Impetigo	..	..	..	1	..	..
	Other Diseases (non-tubercular)			11	11	2	2
	Teeth—Dental Diseases	..	..	3	..	1	..
Nose and Throat	Enlarged Tonsils	..	..	55	41	3	6
	Adenoids..	..	..	10	10	4	5
	Enlarged Tonsils and Adenoids			13	5	4	..
	Other conditions	..	..	8	10	1	5
	Enlarged Cervical Glands (non-tubercular)	..	..	..	6	1	1
	Goitre	..	..	15	16	3	..
	External Eye Diseases..	..	..	11	6	1	..
Ear	Defective Vision	..	..	116	23	25	4
	Defective Hearing	..	..	10	3	..	1
	Otitis Media	..	..	3	1	..	..
	Other Ear Diseases	..	..	3	..	..	..
	Speech	..	..	..	5	..	1
	Intelligence (backward)	..	..	..	19	..	5
	Heart and Circulation	..	..	3	13	..	..
	Anaemia	..	..	12	4	1	2

## RETURN OF DEFECTS—continued.

Defect or Disease.  (1)	Routine Inspections.		Specials.	
	Number referred for treatment.  (2)	Number requiring to be kept under observation, but not referred for treatment  (3)	Number referred for treatment.  (4)	Number requiring to be kept under observation, but not referred for treatment  (5)
Tuber- culosis	Pulmonary :			
	Definite .. .. .	..	..	..
	Suspected .. .. .	2	13	1
	Non-pulmonary :			
	Glands .. .. .	3	3	..
	Spine .. .. .	..	..	..
	Hip .. .. .	..	..	..
Lungs	Other Bones and Joints ..	..	1	..
	Skin .. .. .	..	..	..
	Other forms .. .. .	..	..	..
	Bronchitis .. .. .	..	4	1
Nervous System	Other Non-Tubercular Diseases			
	Headache .. .. .	1	2	1
	Signs of Overstrain .. ..	2	26	5
	Chorea .. .. .	..	24	10
Deform- ities	Rheumatism .. .. .	..	2	..
	Digestion .. .. .	2	7	..
	Spinal Curvature .. .. .	10	18	4
	Flat Foot .. .. .	3	55	17
	Other Deformity or Defect ..	7	73	8
Remedial Exercises advised ..		22	49	10
Number of <i>Individual Children</i> having defects which require treatment or to be kept under observation ..		135		28
		284	253	51
				44

The County Council have not undertaken any responsibility for the treatment of these defects. A list of the defects is left with the Head Master or the Head Mistress of the school. An inquiry was recently made and the following is a summary of the replies received :—

## Cases treated.

Defective Eyesight.	Tonsils and Adenoids.	Defective Hearing and Ear Disease.	Other Conditions.	Teeth.	Minor Deformities.	Skin Disease.
70	49	3	12	108	57	6

Deformities are dealt with usually by means of remedial exercises at the schools, supervised by the Gymnastic Teacher.