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FIFTEENTH
ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO

The Education Committee

OF THE

SALOP COUNTY COUNCIL.

1922.

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





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Medical Staff.

School Medical Officer:

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

Assistant School Medical Officers:

KATHLEEN PRIESTLEY, L.S.A.

JOHN T. MACNAB, M.A., M.B., B.C., D.P.H. (resigned and left 31st August).

MABEL BLAKE, M.B., Ch.B.

PERCY G. HORSBURGH, M.R.C.S., L.R.C.P., D.P.H. (resigned and left 22nd August).

ANNA M. K. O'HALLORAN, M.B., B.Ch., B.A.O., D.P.H. (resigned and left 10th October).

ARTHUR D. SYMONS, M.D., D.P.H. (commenced duties 18th September).

WILLIAM TAYLOR, M.D., D.P.H. (commenced duties 18th September).

School Dentists:

STEPHEN KEENAN, L.D.S.

MICHAEL MILIARESSIS, L.D.S. (died 14th November).

To the Chairman and Members of the Salop Education Committee.

LADIES AND GENTLEMEN,

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

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

The year has been one of consolidation of services started in previous years. The dental scheme has continued to work well, and if properly followed up must have a far-reaching effect on the health of the people. The school clinics have continued to grow in usefulness, and it is quite clear that the full scheme as originally compounded would have been of great benefit to the County.

Numerous changes have taken place in the personnel of the medical officers, upsetting to some extent the continuity of the work. For the last two months of the school year, the work has been carried on with four medical officers instead of the full complement of five.

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

Another matter of almost equal importance is how to utilise the educational influence of the Medical Officers and Dentists to the greatest advantage. This is dealt with in the body of the report.

I have to record the very sad death of Mr. Miliarissis due to a motor accident. He was a most competent dentist, and his death was a great loss to the dental service.

I am, Ladies and Gentlemen,

Your obedient Servant,

JAMES WHEATLEY,

County Medical Officer of Health,
and School Medical Officer.

County Buildings,
Shrewsbury.

April, 1923.

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 1921 census of 211,946. 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 289, comprising 349 departments. The number of children on the registers necessarily varies from time to time to some extent. On December 22nd, 1922, it was 31,391. The school population will continue to decrease somewhat until the year 1924, after which there will be at any rate for some years a continuous but small increase. This may be foretold with some certainty up to the year 1928.

Kenley and Stapleton schools were closed in January and Oswestry Castle Fields Infants school in October. Coalbrookdale Girls and Infants Schools have been amalgamated.

HYGIENIC CONDITION OF SCHOOLS.

The reports of the Medical Inspectors show that there is much work waiting to be done to bring the schools up to a reasonable standard of fitness.

Only the grosser cases have in recent years been reported for action. There can be no doubt that the children are suffering in many ways, and it is hoped that in the near future a determined effort will be made to put the Schools in a really good condition.

Besides the lighting and ventilation of the school rooms, the provision of satisfactory desks, and of proper cloakroom, lavatory and sanitary accommodation, there is the question of the provision of satisfactory playgrounds, of a supply of pure water and suitable facilities for drinking at any time. A suitable playground is essential for physical instruction and for games. A field should always be obtained where possible and games organised for the children. The school playground is usually the only place where children get the opportunity of playing, particularly in rural districts where houses are scattered and the children only come together when at school.

Few things are more necessary for the true education and physical welfare of these children than provision of satisfactory grounds and the playing of games under proper tuition. This is a part of the education and welfare of the elementary school child that has been much neglected in the past. (See also chapter on physical training).

The above remarks appeared in my report for last year. The paragraph on playing grounds was forwarded to the managers of the schools with the following remarks :—

“The Medical Inspection Committee of the Local Education Authority has observed with much pleasure that there are persons who have the interests of scholars so much at heart that they allow scholars to play games in fields and grounds belonging to them and that there are many Teachers who are equally interested and supervise the games out of school hours, showing the children how to play games. The School Medical Officer is of opinion that the playing of games under supervision is of great value from the standpoint of the physical well-being of the child, and the Committee agrees entirely with this view. The Committee would like to see the provision of accommodation for scholars' games much extended and it is hoped that Managers and Teachers will do all they can to influence those who have fields or grounds suitable and available for games to lend them for so desirable a purpose.”

The provision of a satisfactory water supply with proper facilities for drinking and the encouragement of the children by the teachers to drink at the proper time is also a matter of great importance to the health of the children. At present children drink all sorts of concoctions brought to school in bottles, and owing to absence of facilities, many of the children undoubtedly do not drink sufficient water or drink at the proper time.

EDUCATIONAL WORK OF MEDICAL OFFICERS.

In its final result, probably this is the most important work of the medical officers. It is essentially preventive, but, unfortunately, in its results, it cannot be stated in definite terms like the number of children inspected and treated. Being somewhat intangible and not being made a definite requirement of the Board of Education, it is apt to be to some extent overlooked. It calls for much thought, enthusiasm and energy on the part of the medical officers, and it also occupies a considerable amount of time. It is always the first work that suffers if the medical staff is insufficient.

The educational work here referred to may with advantage be dealt with in detail as it affects the different groups of persons concerned with child life.

Teachers.—One becomes more and more impressed with the fact that comparatively little progress can be made in improving the hygiene of school life unless the teacher is thoroughly interested in the physical condition of the children and reasonably well informed concerning the important principles governing the health of the child. Many teachers have had no training in hygiene, but even those who have had this, need the constant advice and help of the School Medical Officers. The Medical Officer should, whenever time permits, talk to the teachers on some important branch of hygiene with the object of enabling them to maintain better school conditions, and to teach and train the children in healthy living. The school conditions here referred to are not only those connected with the construction and cleanliness of the school, but personal cleanliness, attitude of the body both at the desk and during standing and exercise, the prevention of mouth breathing, the suitability of the midday meal and how it should be eaten, the importance of spacing the children so as to minimise infection, and many other matters. These can be all illustrated by actual conditions in the schools or put in such a form that it can be embodied in the training of the children.

Medical officers will often find that a good plan is to go through and explain to the teachers the various leaflets on cleanliness, ventilation, prevention of decay of teeth, etc., that have been issued from time to time to them.

The teachers can utilise this knowledge not only in improving the general school hygiene, but in teaching and training the children. Matters like ventilation, warmth, cleanliness and other kindred things can be put in the hands of monitors to report upon and regulate so far as it is in their power. A daily inspection of cleanliness of the hands and clothes of the children is of great use as not only a means of enforcing cleanliness but of pointing out the value of cleanliness in promoting health. The mid day meal may be made the occasion for imparting and exemplifying much valuable knowledge on food and how it should be eaten. The interval for play should be the time for showing the children the necessity for exercise sufficiently strenuous as to cause complete expansion of the chest and real exercise for the heart. The teachers should also see that the children develop a correct style of walking and running. It is upon this that the proper development of the arch of the foot depends and consequently to a considerable extent the activity and health or otherwise of the person throughout life. It should be pointed out that the interval for play is the time too, for water drinking, rather than at meal times. An ample supply of water should always be readily available for this purpose. A teacher will not do this work, nor is he in the position to do it unless he is stimulated and informed by the Medical Officer. Some years ago I lectured to most of the teachers in the County on the prevention of decay of teeth and with very good results, but it is essential that the main points in this work should be gone over with the teachers at least once a year.

Real progress, however, will not be made by teachers who do not recognise that the children as a whole are under their charge, and that there can be no true education unless the physical needs are properly met.

Parents.—A good deal can be done in talks to the parents. It is true that time for this work is limited and the hygienic advice that can with advantage be given is mostly such as is particularly applicable to the child under consideration. In most defective conditions, such as defects of eyes, nose and throat, teeth, general malnutrition, rheumatism and anaemia, the general advice that is necessary goes, however, far beyond the remedy of the particular defect. The advice, too, is much more apt to be acted upon, because it is given with special reference to the defect of their own child.

School Children.—Whenever time and other conditions permit, an opportunity should be taken for speaking to the older children on some health matter of importance.

School Nurses.—The opportunity should always be taken to see that the nurse benefits by attendance at school inspections. It may only be that she can listen to and absorb what is said to the parents, teachers or scholars: or the Medical Inspector may find time to talk to the nurse on some important matter of school or general hygiene. It must always be remembered that the nurses have not had a real grounding in hygiene based on physiology, and that this defect should be remedied by the School Medical Officer so far as lies in his power. The nurses in their return have great opportunities in the homes of the people.

School Attendance Officers.—The training of these officers is a different matter and is directed to different ends. They can be of considerable help in preventing verminous conditions and in seeing that routine instructions for minor ailments, particularly skin conditions, are not neglected. The instruction of these officers can best be undertaken by their attendance on one occasion at Shrewsbury, when their duties, so far as they concern the health and cleanliness of the child, can be gone over in detail and thoroughly emphasised.

ARRANGEMENTS MADE FOR MEDICAL INSPECTION.

Medical inspection of elementary and secondary schools throughout the whole county, with the exception of the Borough of Shrewsbury, has been carried out by five whole-time officers, who, it is estimated, are engaged for about a quarter 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.

Routine examinations have been made at the ages of 5, 8 and 12, 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-four part-time nurses have been employed in connection with 208 school departments; 79 of these nurses are working for Associations connected with the Shropshire Nursing Federation, 3 are nurses employed by other Associations or by private persons, and 2 are working on their own account.

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 with the exception of three small inaccessible schools on the Cleve Hill, are included in the nursing scheme.

Number of children attended by—

District Nurses acting as School Nurses	..	..	15,726
Whole-time School Nurses	..	..	5,647
Health Visitors	..	..	7,807
Nurses working on their own account	..	..	2,060

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.

It has been suggested that where the school nursing is done by the district nurses it would be a good plan to have the Secretary of the Local Nursing Association as a Voluntary Helper. Steps are being taken to carry this out where possible.

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

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

The value of the assistance that is given and the results achieved vary enormously in the different schools. It is all a question of the personal influence of the teacher and the interest taken in the physical condition of the children. In some schools, particularly some of the country schools, the word of the teacher is almost always accepted. The great disparity in the influence of teachers is nowhere more marked than in connection with the acceptance of dental treatment. Presumably all the teachers are satisfied of the enormous importance on health of dental treatment, and yet many of them cannot overcome the objections mostly arising from the children.

In the section dealing with verminous conditions, attention is called to the great influence that the teacher can exert to improve the cleanliness of the school children.

The Attendance Officers are now working in closer co-operation with the medical department. Their opportunities of seeing whether children absent from school on medical grounds are getting medical treatment, are often greater than the opportunities of the school nurse. They are now instructed to report at once any such children who are absent and are apparently not receiving or carrying out medical treatment, so that they can be further investigated if necessary by the medical department. They are also to report on children who are excluded by the Medical Inspector for various conditions and are not carrying out the treatment prescribed.

The percentage of parents attending the medical inspections fell off very materially during the war and has not recovered. It is very important that parents should attend and that the teachers should use every endeavour to get them there. At the same time one can hardly expect the same percentage of attendance now as at the commencement of medical inspection.

INSPECTION OF SECONDARY SCHOOLS.—The secondary schools, 18 in number, were visited three times during the year with the exceptions mentioned below. Entrants, leavers and scholars aged 12 and 15, were examined.

Three new secondary schools have been opened during the year: Cleobury Mortimer Girls and Bishop's Castle Boys and Girls. The first medical inspection at these schools took place in the third term. Three schools were only examined twice during the year owing to the small number for examination at the third term.

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 1922.

With one exception, all the schools were inspected during the year.

117 schools have been visited once only.

163 " " " twice.

69 " " " three times.

TABLE I.—NUMBER OF CHILDREN INSPECTED.

A.—“ CODE ” GROUPS.

Age.				Entrants.					Total.
				3	4	5	6	Other Ages.	
Boys	..	..	..	..	..	1043	162	61	1266
Girls	..	..	..	..	..	1007	202	61	1270
Total	..	..	..	..	..	2050	364	122	2536

Age.				Intermediate Group.		Leavers.				Grand Total.
				8	Other Ages.	12	13	14	Total.	
Boys	..	..	..	1428	124	1506	55	1	1562	4380
Girls	..	..	..	1506	106	1401	33	2	1436	4318
Totals	..	..	..	2934	230	2907	88	3	2998	8698

B.—GROUPS OTHER THAN “ CODE.”

				Special Cases.	Re-examinations (i.e., No. of Children Re-examined).
Boys	..	..	..	332	4277
Girls	..	..	..	331	4129
Totals	..	..	..	663	8406

Number of individual Children inspected—17,746.

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1922.

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	..	..	..	3	791	..	19
	Uncleanliness—							
	Head	..	..	..	1106	..	18	..
	Body	..	..	..	182	..	2	..
	Head and Body	..	..	..	186	..	..	..
Skin	Ringworm—							
	Head	..	..	..	29	..	27	..
	Body	..	..	..	11	..	5	..
	Scabies	..	..	..	39	..	20	..
	Impetigo	..	..	..	45	..	15	..
	Other Diseases (non-tubercular)				48	1	5	..
Eye	Blepharitis	..	..	..	41	33	7	3
	Conjunctivitis	..	..	..	4	..	1	..
	Keratitis	..	..	..	2	..	1	..
	Corneal Ulcer	..	..	..	..	..	1	..
	Corneal Opacities	..	..	..	4	3	..	..
	Defective Vision	..	..	..	408	206	66	12
	Defective Vision and Squint	..	..	..	48	28	8	1
	Squint	..	..	..	35	25	14	3
	Other conditions	..	..	..	14	6	7	3
Ear	Defective Hearing	..	..	..	20	6	7	2
	Otitis Media	..	..	..	1	..	..	..
	Other Ear Diseases	..	..	..	43	8	8	1
Nose	Enlarged Tonsils	..	..	..	203	298	32	7
and	Adenoids	..	..	..	100	173	29	13
Throat	Enlarged Tonsils and Adenoids	..	..	..	186	188	21	2
	Other conditions	..	..	..	19	344	6	12
	Enlarged Cervical Glands (non-tubercular)	..	..	..	6	126	2	9
	Defective Speech	..	..	..	1	29	1	4

TABLE II.—*continued.*

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)
Teeth	Dental Diseases*	..	..	69	..	..	..
Heart	{ Heart Disease :						
and	{ Organic	..	..	4	90	1	2
Circulation	{ Functional	..	..	..	90	..	6
	{ Anaemia	..	..	27	118	2	10
	{ Bronchitis	..	..	52	67	10	6
Lungs	{ Other non-tubercular Diseases			14	13	1	2
	{ Pulmonary :						
	{ Definite	..	..	3	..	..	..
	{ Suspected	..	..	84	29	7	..
	{ Non-pulmonary :						
Tuber-	{ Glands	..	..	5	2	..	..
culosis	{ Spine	..	..	..	..	1	..
	{ Hip	..	..	..	..	..	..
	{ Other bones and joint	..	..	1	..	..	..
	{ Skin	..	..	..	..	..	..
	{ Other forms	..	..	2	1	1	1
Nervous	{ Epilepsy	..	..	12	5	..	..
System	{ Chorea	..	..	..	1	1	..
	{ Other conditions	..	..	3	6	2	1
Deform-	{ Rickets	..	..	6	17	1	..
ities	{ Spinal Curvature	..	..	33	15	2	4
	{ Other forms	..	..	78	44	14	7
Mental Deficiency		..	..	12	13	5	2
Other Defects and Diseases		..	..	155	355	27	40
Number of <i>Individual Children</i> having defects which required treatment or to be kept under observation				3899		481	

* 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 579 children with defective eyesight and squint requiring treatment, and 275 with lesser degrees of defect that needed to be kept under observation. Of the children requiring medical treatment, 491 were belonging to the code groups and 88 were special cases. The children aged 5 are not systematically examined for eyesight, so that the code group cases are mostly aged 8 and 12. The percentages amongst these cases needing medical treatment was 7.3. 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	1921	1922			
Percentage of defects	..	..	..	10.0	10.2	8.5	7.6			

The following leaflets based on similar ones issued by the County Councils of London, Durham, Cheshire and Devon have been issued for the instruction of teachers, parents and health visitors. Squint is a condition that develops in the vast majority of cases before school age, and the provision of treatment depends upon the vigilance of the health visitor.

The leaflets will emphasise the instructions given by the Medical Officers to the parents and teachers.

Advice to Parents.

COUNTY COUNCIL OF SALOP.

SQUINT.

If a squint is allowed to go untreated the child will give up using the squinting eye and the sight of this eye will be lost. The child must be made to use the eye in order to save the sight. The danger is much greater in an infant or very young child. The squinting eye of an infant twelve months old may become blind in three months if not attended to.

You are earnestly asked to remember the following facts :—

- (1) Children do not grow out of squint.
- (2) An eye that is turned is an eye that is not being used.
- (3) An eye that is not being used is an eye that will soon become almost blind.
- (4) If proper treatment is obtained as soon as the squint is noticed the condition may be cured.
- (5) No child who squints is too young for treatment.
- (6) Immediately you notice a squint in your child's eye—
 - (a) Write to the School Medical Officer for advice.
 - (b) Cover the straight eye completely with a light bandage or a shield for two hours every day—this causes the child to straighten and use the squinting eye, thus preserving and improving its sight.

JAMES WHEATLEY, M.D.,

School Medical Officer.

COUNTY BUILDINGS,
SHREWSBURY.

Advice to Parents.

COUNTY COUNCIL OF SALOP.

SHORT SIGHT or MYOPIA.

In short-sighted children there is a weakness of the coats of the eyeball, and these are likely to stretch if the eyes are overworked. This weakness of the coats is very apt to come on after illness—particularly after measles or influenza. If there is any sign of weakness of the eyes after an illness the eyes should have a long rest from reading, writing and such work. Short sight will get steadily worse unless properly treated and may result in blindness.

To prevent the eyesight becoming worse you are strongly advised to take the following precautions :—

- (1) See that your child is **never** without his or her spectacles until bedtime.
- (2) Ask that your child always may sit in the front row of seats at School, and in a good light.
- (3) Discourage your child from reading and writing out of school hours, especially in a poor light, and never by candlelight or firelight. When reading he should sit upright.
- (4) Encourage fresh air and out-of-door exercise.
- (5) Have your child's eyes examined by an Oculist at least once in every two years, oftener if possible.
- (6) Consult the School Doctor before the child leaves school about its future occupation and choose one in which the eyes will not be used on small objects. The work of a clerk or dressmaker is very bad, whereas an outdoor occupation is generally good.

JAMES WHEATLEY, M.D.,

School Medical Officer.

COUNTY BUILDINGS,
SHREWSBURY.

Advice to Teachers.

COUNTY COUNCIL OF SALOP.

VISUAL DEFECTS.

(I) CHILDREN RECOMMENDED FOR "EASY TREATMENT."

These children have defective vision of a moderate degree, and with care the school work should not aggravate this defect. If, however, care is not taken the eyes may get steadily worse.

They should sit in the front row of the class. They should sit upright and should not be allowed to stoop over any literary work allowed them. Girls must do no sewing, but may learn knitting provided it be taught by touch and not by sight. The children should only be allowed to read or write in large type for periods not exceeding 20 minutes without a break, and, if it be possible, the writing should be done free-arm fashion on a blackboard or millboard set up on the desk. They should not join in exercises that involve the reading or writing of masses of numerals or geometrical figures. All the work other than oral lessons, physical exercises or games should cease when artificial light is necessary.

So far as school arrangements allow they should attend all the object lessons, demonstrations and oral lessons that are given in the school.

Drill, dancing, games of all kinds are good for them.

Home lessons of any sort should be prohibited.

(2) CHILDREN RECOMMENDED FOR "ORAL TEACHING ONLY."

These children suffer from some serious defect of vision, such as gradually increasing short sight. As there are no special classes available they are admitted to the Elementary School with a view to their gaining the educational advantage of school discipline and such general knowledge as can be given them in the oral lessons of the classes.

The use of books, pens, paper, pencil and slates of any kind and for any purpose is to be prohibited, and the child should be reminded at intervals by the teacher in a friendly chat that the prohibition is for his or her own benefit and that they must do at home what they are trained to do at school.

If the class arrangements permit they may be allowed to write or draw on the blackboard in large characters free-arm fashion.

If a girl shows aptitude for handwork, she may learn knitting by touch, but not by sight. Similarly, a boy may do the larger kinds of carpentry, but he must not use the rule or draw measured plans.

For the most part these children may drill and dance, but they should be warned against using gymnastic apparatus or dumbbells. They should be cautious in the playground games.

AURAL DEFECTS.

CHILDREN RECOMMENDED TO "SIT IN THE FRONT ROW."

These children suffer from slight deafness, and it is essential that they should be allowed to sit in the front desks in the class.

GENERAL.

The Head Teacher should in the course of each year draw the attention of the School Doctor to these children, and give the doctor information as to their educational progress or any difficulties which may have arisen in connection with the cases.

JAMES WHEATLEY, M.D.,

COUNTY BUILDINGS,
SHREWSBURY.

School Medical Officer.

Adapted from London County Council Leaflet.

DEFECTS OF NOSE AND THROAT.—There were 596 children with defects of the throat and nose requiring treatment amongst those examined, and 1,037 children suffering from minor conditions and needing to be kept under observation. Of those requiring treatment 235 were suffering from enlarged tonsils, 129 from adenoids and 207 from both enlarged tonsils and adenoids.

Of the 8,698 children of the Code groups examined, 508 or 5.8 per cent., required medical treatment.

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.

Where there is any doubt and there are no urgent symptoms, it is probably better to leave over the operation until after a further inspection. Sometimes enlargement due to temporary congestion is mistaken for permanent enlargement.

TEETH.—For the last 10 or more years efforts have been made through the schools and by means of the health visitors to teach the prevention of dental caries on physiological lines. Simple rules of prevention have been drawn up and supplied to the schools and to the health visitors. The directions to the health visitor are to leave these at every house where there are young children and explain them. In addition lectures have been given by the medical staff to school teachers, to nurses, to mothers at the Child Welfare Centres and by the County Council health lecturer to the children at the schools.

This teaching is regarded as one of the most important duties of the health visitors. There is reason to think that there has been a considerable improvement in the teeth of the children of the County, but 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.

In my report for last year I said :—

“ 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.”

In this connection it is eminently satisfactory to be able to record that the Society of Medical Officers of Health has drawn up a leaflet containing directions for the prevention of dental caries (see Appendix). This leaflet was drawn up by a committee composed of Dentists, School Medical Officers, Child Welfare Medical Officers and Medical Officers of Health, and may be looked upon as an authoritative statement.

The staff and conditions of working were as stated in the report for 1921.

Before considering the amount of work done, it should be stated that owing to illness and the deplorable accident previously referred to, we were without the services of one dentist for six months during the year.

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 and to the proviso that every filling should be done as well as possible so that it shall be really permanent, 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.

In small country schools inspection and treatment are carried out at the same visit, and in those with less than 50 on the register children of all ages are dealt with. In all other schools the scheme now includes all children of six years and over.

The following table shows the schools separated into these two classes :—

Age Group Treated.	No. of Depts.	Number on Register.
All ages	45	2193
6 and over	203	21021
Totals	248	23214

Out of 350 departments—

- 24 were inspected in 1921 and treated in 1922.
- 225 were inspected and treated in 1922.
- 33 were inspected but not treated.
- 68 departments were not visited.

The children at the schools treated were 74 per cent. of the children on the register.

NUMBER OF CHILDREN DEALT WITH.

	AGE GROUPS INSPECTED.										Specials.	Total.
	5	6	7	8	9	10	11	12	13	14		
East of County (Mr. Miliaressis)	69	1025	1152	1213	1254	1286	1183	1132	840	98	—	9252
Remainder of County (Mr. Keenan)	123	1009	1225	1287	1312	1323	1234	1228	1007	126	—	9874
	192	2034	2377	2500	2566	2609	2417	2360	1847	224	—	19126
(b) Referred for Treatment	..	..	..	..	..	..	..	..	..	..	..	11477
(c) Actually treated	..	..	..	..	..	..	..	..	..	..	..	6260
(d) Re-treated (result of periodical examination)	..	..	..	..	..	..	..	..	..	..	..	4608*

* This number is included in the total actually treated.

Age ..	NO. OF CHILDREN REFERRED FOR TREATMENT.										
	5	6	7	8	9	10	11	12	13	14	Total.
East of County (Mr. Miliarassis)	25	634	721	735	793	703	582	544	454	67	5258
Remainder of County (Mr. Keenan)	29	377	632	865	928	934	834	839	682	99	6219
	54	1011	1353	1600	1721	1637	1416	1383	1136	166	11477

NUMBER OF TEMPORARY TEETH DECAYED.

Age ..	SAVEABLE.									UNSAVEABLE.								
	5	6	7	8	9	10	11	12	13	5	6	7	8	9	10	11	12	13
East of County ..	70	1179	1062	1000	700	502	290	100	37	70	1817	2074	2162	1986	1485	846	480	214
Remainder of County ..	180	1729	1941	2079	1647	1083	552	258	93	60	792	1386	1885	1748	1469	974	596	271
	250	2908	3003	3079	2347	1585	842	358	130	130	2609	3460	4047	3734	2954	1820	1076	485

NUMBER OF PERMANENT TEETH DECAYED.

Age ..	SAVEABLE.									UNSAVEABLE.								
	5	6	7	8	9	10	11	12	13	5	6	7	8	9	10	11	12	13
East of County ..	0	81	265	346	501	541	505	621	599	0	20	61	92	217	234	309	434	441
Remainder of County ..	1	57	188	317	520	615	628	838	782	0	8	32	119	179	326	480	685	722
	1	138	453	663	1021	1156	1133	1459	1381	0	28	93	211	396	560	789	1119	1163

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 Clinics.	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.
160	532	7953	2510	3175	9648	100	3275	186	614	19

The difference between the number referred for treatment and the number treated was 5,217. The details are given in the following statement :—

	Refusals.	Absent on day of Treatment.	Left School.	To be treated in 1923.	Treatment deferred.
East of County ..	1824	316	17	1025	66
Remainder of County ..	1428	232	46	161	102

Prevalence of Dental Caries.

The following tables show percentages of dental caries very similar to last year and very much less in amount than in pre-war times. The figures of the dentists and the medical officers are in fairly close agreement.

RESULTS OF ROUTINE INSPECTION BY THE MEDICAL INSPECTORS.

DISTRICT.	AGE 5.					AGE 8.					AGE 12.				
	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.
Dr. Horsburgh and Dr. Symons ..	388	841	2.2	164	42	589	1346	2.3	173	29	618	707	1.1	310	50
Dr. O'Halloran	248	671	2.7	88	35	373	1438	3.9	47	13	368	693	1.9	109	30
Dr. Priestley	496	1634	3.3	179	36	654	1866	2.9	186	28	606	770	1.3	303	50
Dr. Blake	488	1771	3.6	145	30	720	3472	4.8	91	13	731	1633	2.2	160	22
Dr. Macnab and Dr. Taylor ..	458	1418	3.1	142	31	606	2423	4.0	90	15	578	1112	1.9	177	31
	2078	6335	3.0	718	35	2942	10545	3.6	587	20	2901	4915	1.7	1059	36

Results of Inspection by the Dentists.

Age	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed	2.0	2.5	2.9	3.2	2.9	2.4	1.9	1.7	1.7	2.2

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 of Children from Phthisis Houses by the Medical Inspectors.

No. of Children belonging to phthisis houses.	Not yet examined.	No physical signs.	Suspected.	Phthisis. Diagnosed.
480	117	341	21	1
22				

The 22 cases together with 105 others picked out by the medical inspectors, teachers, nurses, etc., were referred to the Tuberculosis Officers.

Total number of School Children examined by the Tuberculosis Officers.

No. of Children.	No physical signs.	Phthisis. Diagnosed.	Phthisis. Suspected.	Other forms of Tuberculosis.	Left County.	Refused examination.
392	254	52	48	30	7	1

These figures include 22 Shrewsbury school children.

In addition 25 cases referred to the Tuberculosis Officers during 1921 were examined in 1922.

No. of Children.	No Physical signs.	Diagnosed as Phthisis.	Suspicious of Phthisis.	Left County or not seen.
25	18	3	2	2

By these means all children known to have come into close contact with phthisis and showing any signs of failing health and all school children with any suspicious signs of tuberculosis are brought before the Tuberculosis Officers. The new examination centres have been found most useful for this purpose.

GOITRE.—It has not been practicable so far to carry out the suggestion made in last year's report "that some scheme of preventive treatment in schools where goitre is very common might be tried with advantage—a scheme for instance for administering a small daily dose of iodine to all girls showing any enlargement of the thyroid. This could only be done with the consent of the parents and after consultation with the medical practitioners. Such a scheme, accompanied by carefully recorded observations might yield important information." It seems probable that a scheme of this kind is desirable, and if our knowledge becomes more definite and conclusive, a scheme will be put forward in a more concrete form.

The large majority of the cases are again in the south of the County.

Dr. Blake reports upon the prevalence of goitre in the Ludlow, Church Stretton, Bishop's Castle, Cleobury Mortimer and Bridgnorth districts. She speaks of the difficulty of obtaining continuous medical treatment and suggests that iodine should be administered to all children showing signs of enlargement of the thyroid gland.

It appears from an article in the *Lancet* of March 31st, 1923, that one Swiss Canton where goitre is very prevalent has now decided to introduce into the common salt used for daily consumption a very small quantity of iodine. The results will be watched with great interest, as this seems to be an easy and very practical method of preventing goitre in a district where it is very prevalent. The dose necessary is extremely minute.

RINGWORM.—Of the children examined by the Medical Inspectors 56 were found to be suffering from ringworm of the scalp.

In addition, 224 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 49 cases—40 positive, 8 negative and 1 doubtful.

Hairs were submitted to Birmingham University, with 71 positive results and 79 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.

During the year 11 cases were sent to Birmingham to be treated by Dr. Hall Edwards. Eight of these are apparently cured.

PEDICULOSIS.—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 1,107 primary inspections and 1,800 following up inspections. At the primary inspections 85,133 children were examined and 8,448 were found verminous, or a percentage of 9.9.

These figures compare with 87,225 children examined in 1921, of whom 10,719 or 12.3 per cent. were verminous, and a percentage of 14 in 1920.

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 85,133. Verminous 8,448.

Subsequent Inspections.

		2nd inspection.	3rd inspection.	4th inspection.	5th inspection.
Verminous ..	..	5355	2879	779	232
Absent ..	..	1582	902	303	95

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.

These figures appear to show some real improvement. The time has now, however, arrived when verminous conditions can no longer be tolerated and when the procedure of separation in school, exclusion and finally prosecution should be strictly carried out in accordance with instructions. Proceedings in connection with the radically verminous children who are the source of the trouble should be commenced at the beginning of the term instead of waiting until the third inspection. These children should be well known now.

Forty-four children have been reported for prosecution under the Bye-Laws on account of verminous conditions. Proceedings were not taken in seven cases owing to difficulties in arranging for evidence.

Thirty-seven cases were taken into court and heard before the Magistrates at Church Stretton, Wem, Ironbridge, Pontesbury, Wellington, Shifnal, Bishop's Castle, Baschurch, Condover and Newport. Fines were imposed in 30 cases, ranging from 1s. 8d. to £1. Seven cases were dismissed on compassionate and other grounds.

My general remarks in last year's report may be repeated with advantage. Their truth has been confirmed by further experience.

The prevention of verminous conditions depends upon :—

- (1) The influence and teaching of the teachers and their cordial and active co-operation with the school nurses.
- (2) The efficiency of the routine measures taken in the school by the school nurses.
- (3) The steps taken by the nurses and attendance officers, etc., outside the school to get the children clean and to punish neglectful parents.

These measures should extend so far as possible to other members of the household.

I am inclined to think that these three lines of action are placed here in their order of importance.

The raising of the general tone of the children, and of the parents so far as opportunity allows, in their attitude to verminous conditions is the most important step towards cleanliness. This is the work of the teacher, and no one else can do it. In many schools before school nurses were appointed, the teachers unaided, kept the children almost free from vermin. Since school nurses were appointed, the tendency in many schools has been for the teacher to think that his responsibility in this matter has ceased. The relative positions of the teacher and nurse should be clearly recognised. It is the duty of the school nurse to examine the children regularly, to advise separation of infectious children, or their exclusion, and to indicate the methods of cleansing. It should be the constant endeavour of the teacher to see that his school children are clean and for this purpose he should carry out the advice of the nurse carefully, give her all the help and encouragement possible, call her attention to any suspicious children that have been overlooked, and if the arrangements for examination are not sufficient, put his views before the Education Authority. He should, above all, take every opportunity of showing the children how disgusting and degrading it is to harbour lice in their heads.

The regulation with regard to the separation of verminous children should be rigidly insisted upon, not only as a means of protecting clean children but of emphasising the serious view that is taken of this condition.

I am convinced that the attitude and the action of the teacher is the most important matter in the prevention of verminous conditions. It is particularly by education that these conditions will be got rid of from our schools. Without the aid of the nurse, however, the teacher often cannot effect much and it is essential to success that the school nurse should do her part of the work efficiently, both in and out of school. In many schools the scheme has failed largely owing to insufficient inspection and inadequate following-up measures. The instructions to nurses should, if properly carried out, either free the school from vermin during the term or at least greatly lessen the amount, but to attain this end it is necessary that the directions with regard to separation, and exclusion of children and prosecution of parents should be rigidly observed. Instructions are now given to the nurses to exclude at the beginning of a term any grossly verminous children who had been warned in the previous term. Arrangements have been made for the Attendance Officer to take proceedings where the school nurse is also a district nurse and objects to appearing in Court. The Attendance Officer can also be utilised more fully in seeing that children excluded from school for verminous conditions are really carrying out instructions.

The help of the Attendance Officers has been most valuable, and with a better knowledge and appreciation of this work they will become a considerable factor in ridding the schools of vermin. Verminous conditions, if not got rid of, will materially lessen school attendance, and this aspect of the question should stimulate their efforts.

The combination of general instruction in cleanliness by the teacher, instructions in the best methods of cleansing the heads by the nurse, and prosecution in confirmed cases is undoubtedly the proper procedure. Little good can be expected from the actual cleansing of heads by the nurses, unless this is done as an instruction to parents in the best methods.

The Inspectors for the National Society for Prevention of Cruelty to Children have given us very valuable help in dealing with neglected children, and also in helping us to get treatment for defects where the parents had refused or neglected to do anything.

The thanks of the Education Authority are due to the Society and their Inspectors for this most valuable help.

MALNUTRITION.—The actual number of children referred by the Medical Inspectors as requiring special treatment for mal-nutrition was much smaller than in 1921, but the number of children kept under observation as not altogether satisfactory was larger.

During 1922 meals were given at the following schools from the beginning of the year until the date mentioned :—

	Feeding ceased.
St. George's C.E.	17/3/22.
Priors Lee C.E.	27/10/22.
Wrockwardine Wood Council Boys	4/8/22.
Wrockwardine Wood Council Girls and Infants	4/8/22.
Ketley Bank Council	14/4/22.
Malins Lee C.E.	17/2/22.

16,168 meals were provided for 257 necessitous children at an approximate cost of 3½d. per head per meal.

Dr. Priestley, whose district includes Oakengates, Dawley and Madeley, comprising almost the whole of the industrial area of East Shropshire, in reviewing the general question of malnutrition during the past two or three years, says :—"There was little evidence in 1920, beyond a few isolated cases, to show that school children were suffering from malnutrition, but children of all ages in these districts undoubtedly suffered from the effect of the miners' strike in 1921, which led to so much unemployment in other trades, and these children compared unfavourably, as regards nutrition, with children in agricultural districts.

"Evidence of underfeeding began to appear in the autumn of 1921 and winter of 1921—22, *e.g.*, (a) slight falling off in nutrition, (b) slight anaemia, (c) mental fatigue at school, (d) increased susceptibility to catarrhal infections of the respiratory tract and minor skin diseases.

"School feeding ceased in the summer of 1921, and was recommenced in some of the schools in the autumn, and continued until various dates in 1922. All necessitous children were fed and they quickly showed response with improved physique and mentality.

"In my opinion the ill-effects of the industrial conditions have not been permanent and there is now very little evidence of mal-nutrition amongst the school children in these areas. The Head Teachers are also of this opinion. Possibly 25 per cent. will be slightly (2 to 6 lbs.) below average weight for age and height, but few of these show evidence of underfeeding.

"All children suffering from mal-nutrition in 1921 and 1922 have had 'defective' cards, and most of these are now closed.

"I do not find any increase in the cases of 'suspected tuberculosis': (there are always a few each year).

"School feeding was continued in some schools until August and October, 1922, the number of applicants for free meals gradually diminishing.

"I do not find that there is any evidence that the discontinuance of school feeding after this date has had a deleterious effect on any of the child population.

"In my opinion there was an improvement of the physical condition of the school children in the latter half of 1922 as compared with 1921.

"The Poor Law relief was very well organised in Oakengates District in 1922. A large number of necessitous families were referred by me to the Relieving Officer, who attended the Oakengates Child Welfare Centre weekly to discuss with the Health Visitor and School Nurse families requiring 'relief.' The unemployed with the "dole" were assisted by the Relieving Officer, the amount varying with the number of children in the family; and men employed one, two or three days a week were also assisted in the same way if they had children.

"Many of the parents have had less food themselves in order to give to their children, and the children, in my opinion, with few exceptions, have not been short of food in 1922.

"In Dawley the miners obtained work in 1922. The children on the whole have looked better nourished and had a more healthy colour during the past winter, than in 1921. The teachers of the district are of the same opinion. There was also private feeding of necessitous cases in 1922.

"In the agricultural part of East Shropshire, viz., Market Drayton, Newport, Much Wenlock and Shifnal districts, in my opinion the children as a whole have not suffered from the economic conditions of the last 2—3 years. There are a few isolated cases of poverty and malnutrition. The majority of children look well and are of good physique, being of average or slightly above average weight for age and height. Possibly 10 per cent. or less may be slightly below average weight."

I think it may be considered that no alteration has been noticed in the nutrition of the children in the agricultural parts of the County, and that in the industrial parts, particularly that part affected by the coal strike, there was a distinct improvement in 1922 compared with 1921, and that much of the ground lost has been recovered.

DULL AND BACKWARD CHILDREN.—One hundred and four children were brought forward by the teachers as mentally dull, and were carefully examined by the Medical Inspectors. Five were diagnosed as mentally defective.

An analysis of the results of inspection of the 99 dull and backward children shows the following causes :—

Insufficiency of education	29
Physical defects—	
Adenoids and tonsils	6
Vision	7
Other conditions	8
	—
Bad home conditions	21
8	
Mental dullness (no apparent cause)	19
Family history of mental deficiency	21
No diagnosis of cause	1
	—
	99
	—

The degree of retardation was estimated as follows :—1 year, 3 ; 2 years, 57 ; 3 years, 31 ; 4 years, 7 ; 5 years, 1.

Those retarded over three years will be specially examined for mental defect.

Ninety-five children diagnosed dull and backward in 1921 were re-examined this year, 70 were found to have improved, 11 not improved, and in 14 no opinion was given.

TREATMENT OF MINOR AILMENTS OF CHILDREN EXAMINED AT SCHOOL.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Ringworm of Head	156	75	76	151
Ringworm of Body	16	6	8	14
Scabies	11	7	2	9
Impetigo	43	22	20	42
Minor Injuries	1	..	1	1
Other Skin Disease	71	29	36	65
Ear Disease	163	63	45	108
Eye Disease (external and other)	145	39	66	105
Miscellaneous	161	29	54	83

TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Submitted to Refraction.				Number of Children.				
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Other-wise.	Total.	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.
1612	824	69	39	932	741	573	45	45	58

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Referred for Treatment.	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
1400	300	35	335	51

SUMMARY OF TREATMENT OF DEFECTS.

Disease or Defects.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under L.E.A.'s Scheme.	Otherwise.	Total.
Minor Ailments	767	270	308	578
Visual Defects	1612	824	153	977
Defects of Nose and Throat ..	1400	300	86	386
Dental Defects	11477	6260	..	6260
Other Defects	1343	356	384	740

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING
THE YEAR 1922.

(1) The total number of children medically inspected at the routine inspections	8698
(2) The number of children in (1) suffering from—	
Malnutrition	794
Skin Disease	173
Defective Vision (including Squint)	750
Eye Disease	107
Defective Hearing	26
Ear Disease	52
Nose and Throat Disease	1511
Enlarged Cervical Glands (non-tubercular)	132
Defective Speech	30
Dental Disease	69
Heart Disease—	
Organic	94
Functional	90
Anaemia	145
Lung Disease (non-tubercular)	146
Tuberculosis—	
Pulmonary { definite	3
{ suspected	113
Non-pulmonary	11
Disease of the Nervous System	52
Deformities	193
Other defects and diseases	510
(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)	2631
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.)	1686
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	911

These figures do not include the 19,126 children examined by the Dentists, nor the 6,260 children treated for dental defects.

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 Shropshire Orthopaedic Hospital—patients paid for under the tuberculosis scheme, and the scheme for the medical treatment of school children.

(3) The Lady Forester Hospital at Broseley and the Bridgnorth and South Shropshire Infirmary—payment made for the operation for tonsils and adenoids. (No cases yet treated at Bridgnorth under these arrangements).

At Clinics or Schools—

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

Occasional Eye Clinics at Whitchurch, Wellington, Oakengates, Bridgnorth, Ludlow—attended by an Assistant School Medical Officer; also Stokesay and Pool Hill Schools.

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

X-ray treatment of ringworm by a specialist at Birmingham.

Orthopaedic treatment at 14 After-care Centres provided by the Shropshire Orthopaedic Hospital.

The Orthopaedic Hospital with its After-care scheme has been the greatest possible help in the treatment of deformities of school children. By means of this scheme it has been possible to get prompt examination and treatment of every case where consent could be obtained.

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 ninety-one letters of recommendation were supplied and 669 of them have been used.

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.	No change of Glasses ordered.	Other treatment.	Visit to Salop Hospital advised.	No glasses or treatment necessary.	Examination not completed.
Salop Eye, Ear and Throat Hospital ..	428	368	363	21	22	..	17	..
North Staffordshire Infirmary	18	12	12	..	3	..	3	..
Oswestry Eye Centre	82	79	69	..	1	..	2	..
Assistant School Medical Officer at								
Whitchurch Eye Clinic	57	26	22	9	..	17	3	2
Wellington do. ..	57	24	23	6	..	13	1	13
Oakengates do. ..	48	18	17	3	..	20	..	7
Bridgnorth do. ..	58	33	31	4	..	15	1	5
Ludlow do. ..	38	17	11	2	..	12	4	3
Stokesay School ..	35	21	21	4	..	7	..	3
Pool Hill School ..	16	8	8	..	..	6	..	2
Total ..	837	606	577	49	26	90	31	35

THROAT DEFECTS.

Hospital.		Number of Children seen.	Operated on.	Other treatment.
Salop Eye, Ear and Throat Hospital..	..	199	199	..
North Staffordshire Infirmary		4	3	I
Broseley Hospital		3I	3I	..
Shropshire Orthopaedic Hospital		6	6	..
Total		240	239	I

EAR AND NOSE DEFECTS.

Hospital.		Number of Children seen.	Received Treatment.		
			Im- proved.	Not Im- proved.	Not known.
Salop Eye, Ear and Throat Hospital..	..	32	24	4	4
North Staffordshire Infirmary		I	I	..	..
Total		33	25	4	4

TREATMENT AT THE SHROPSHIRE ORTHOPAEDIC HOSPITAL.

Disease.	Cases paid for by the County Council.			Cases not paid for by the County Council.		
	Child Welfare, Tuberculosis and School Cases.			Child Welfare, Tuberculosis, School and other Cases.		
	Under 5	5 to 14	Over 14	Under 5	5 to 14	Over 14
Tuberculosis of Bones and Joints	12	29	48	1	2	5
Tuberculous Peritonitis	..	..	..	..	..	1
Poliomyelitis	5	17	1	..	3	3
Rickets	14	1	..	2	..	..
Knock Knee	..	2	..	1	..	..
Scoliosis	..	6	..	..	4	7
Kypho-Lordosis	..	..	..	..	1	..
Congenital Deformities	4	2	..	..	1	..
Flat Foot	1	..	..	1	..	1
Club Foot and Claw Foot	2	3	..	2	..	5
Osteo-Arthritis	..	..	..	..	..	1
Osteomyelitis	1	..	..	..	..	..
Osteo-chondritis	..	2	..	..	..	..
Epiphysitis	..	1	..	..	..	..
Rheumatoid Arthritis	..	..	..	..	..	4
Arthritis	1	..	..	..	1	..
Spastic Paraplegia	3	3	..	3	1	1
Other Paralysis	2	4	..	..	..	..
Fractures and Dislocations	..	2	..	1	1	7
Un-united Fracture	..	..	..	..	..	1
Calcaneo-Valgus	..	1	..	..	..	..
Hallux-Valgus	..	..	..	..	..	2
Functional Foot	..	..	..	..	..	1
Other Accidents	..	..	..	..	..	2
Other Diseases	1	2	..	..	1	3
	46	75*	49	11	15†	44
	170			70		
	Total 240					

* Includes 5 Shrewsbury school children.

† Includes 5 Shrewsbury school children.

In all 240 cases have been treated at the Hospital, compared with 323 in 1921. So far as we are aware all the cases really needing treatment have been dealt with. This is very satisfactory. It is also satisfactory to find that the falling off has not been in children under five years of age. It is our constant endeavour to get the cases treated as early as possible.

Analysis of cases according to causation :—

98 or 40.8	per cent.	were due to	tuberculosis.
29	12.1	„ „	poliomyelitis.
17	7.1	„ „	rickets.
17	7.1	„ „	congenital deformities.
18	7.5	„ „	other deformities—postural or of doubtful causation.
11	4.6	„ „	injuries and diseases arising at birth.
12	5.0	„ „	infections other than tuberculosis.*
27	11.2	„ „	other accidents and diseases.

* Includes Rheumatoid Arthritis, Osteo-Arthritis and Osteo-Chondritis.

This classification of cases in accordance with causation is extremely instructive. Tuberculosis, rickets, postural deformities and infections other than tubercular must be looked upon as eventually preventable, and most of the conditions here mentioned are comparatively easily cured if got under treatment at the very beginning of the disease. This particularly applies to poliomyelitis, rickets, congenital deformities, and to a considerable extent it applies to cases of tuberculosis. The paralytic conditions arising from child birth are possibly also preventable. A systematic inquiry into these cases would well repay the trouble.

Clinics for Minor Ailments.—The following table shows the work done at these Clinics :—

OSWESTRY CLINIC.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attendances.	Result of Treatment.		
				Remedied	Improved	Unaltered
Skin :—						
Ringworm—head	18	12	283	24	5	..
Ringworm—body	2	12	34	14	..	..
Scabies	1	2	6	3	..	..
Impetigo	14	68	182	78	4	..
Minor Injuries	8	16	96	22	2	..
Other skin diseases	3	3	22	6	..	..
Ear Disease	17	8	293	13	12	..
Eye Disease (external and other)	10	17	50	16	9	2
Vermineous conditions	25	22	380	44	3	..
Other conditions	21	28	200	38	11	..

OAKENGATES CLINIC.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
Skin :—						
Ringworm—head	..	13	70	13	..	..
Ringworm—body	..	5	8	5	..	..
Scabies	..	11	39	11	..	..
Impetigo	1	67	205	68	..	..
Minor Injuries	..	30	72	30	..	..
Other Skin Diseases ..	3	22	105	24	1	..
Ear Disease	2	7	48	8	1	..
Eye Disease (external and other)	20	18	80	16	20	2
Verminous conditions ..	..	12	19	12	..	..
Other conditions	26	93	304	101	16	2

NEWPORT CLINIC.

Skin :—						
Ringworm—head	21	4	127	23	2	..
Ringworm—body	3	4	90	7	..	..
Scabies	..	..	..	..	..	..
Impetigo	7	2	118	9	..	..
Minor Injuries	3	30	249	33	..	..
Other Skin Diseases ..	3	1	7	2	2	..
Ear Disease	2	3	15	5	..	..
Eye Disease (external and other)	2	1	61	3	..	..
Verminous conditions ..	..	6	21	4	2	..
Other conditions	35	..	..	26	9	..

WELLINGTON CLINIC.

Skin :—						
Ringworm—head	1	13	27	4	10	..
Ringworm—body	1	1	2	2	..	..
Scabies	1	7	42	6	2	..
Impetigo	..	21	92	18	3	..
Minor Injuries	..	3	3	3	..	..
Other Skin Diseases ..	2	3	63	2	3	..
Ear Disease	10	18	162	8	20	..
Eye Disease (external and other)	6	11	43	9	7	1
Verminous Conditions ..	..	2	2	2	..	..
Other conditions	15	90	282	57	45	3

WHITCHURCH CLINIC.

Defects or Diseases.	Children seen at Medical Inspection.	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
Skin :—						
Ringworm—head ..	2	20	1032	11	7	4
Ringworm—body ..	..	3	28	3	..	..
Scabies	..	2	2	..	..	2
Impetigo	1	10	174	11	..	..
Minor Injuries ..	..	2	15	2	..	..
Other Skin Diseases ..	..	6	31	3	1	2
Ear Disease	6	5	311	..	9	2
Eye Disease (external and other)	6	4	60	4	2	4
Verminous conditions ..	..	5	17	5	..	..
Other conditions	3	33	219	19	2	15

LUDLOW CLINIC.

Skin :—						
Ringworm—head ..	1	13	292	14	..	..
Ringworm—body ..	..	..	..	..	..	..
Scabies	..	2	5	2	..	..
Impetigo	..	32	81	32	..	..
Minor Injuries ..	..	11	28	11	..	..
Other Skin Diseases ..	..	13	16	13	..	..
Ear Disease	1	1	5	2	..	..
Eye Disease (external and other)	6	8	60	13	1	..
Verminous conditions ..	..	2	17	2	..	..
Other conditions	17	104	167	115	6	..

BRIDGNORTH CLINIC.

Skin :—						
Ringworm—head ..	3	3	68	..	6	..
Ringworm—body ..	..	1	5	1	..	..
Scabies	1	..	7	1	..	..
Impetigo	4	38	353	34	1	7
Minor Injuries ..	..	26	196	26	..	..
Other Skin Diseases ..	..	8	38	6	2	..
Ear Disease	3	1	39	3	1	..
Eye Disease (external and other)	3	11	253	7	4	3
Verminous conditions ..	1	..	6	1	..	..
Other conditions	6	76	770	62	7	13

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

	No. of cases.	No. not visited.	Total visits.
District Nurses	2602	460	4178
Two whole-time Nurses	664	13	2231
Health Visitors	1388	374	1884
Total	4654	847	8293

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 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, to whom the Nurses report on individual cases.

All notifications of cases of infectious skin conditions are sent to the school nurses for them to give instruction and help to the parents in carrying out the routine treatment prescribed. Reports are required from the nurses each month. The cases are also notified to the Attendance Officer, who reports any of them where the treatment is not being carried out or where the absence from school appears to be unduly prolonged.

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.

During serious outbreaks of influenza, leaflets on the lines of that issued by the Ministry of Health are immediately forwarded to the school for distribution.

Under Article 53 (b), 617 certificates of exclusion from school for infectious disease and other conditions have been sent in :—

118	on account of	impetigo.
60	„	ringworm of scalp.
19	„	ringworm of body.
72	„	scabies.
16	„	tuberculous glands.
49	„	suspected phthisis.
52	„	diagnosed phthisis.
11	„	tubercular peritonitis.
28	„	bronchitis.
10	„	anaemia.
19	„	debility.
14	„	verminous conditions.
77	„	mumps, chicken-pox, whooping cough, etc.
72	„	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, 220 schools were closed for the following reasons:— 19 for measles, 20 for whooping cough, 6 for scarlet fever, 2 for diphtheria, 7 for chicken-pox, 9 for mumps, 153 for influenza, and 4 for colds, etc.

There were no outbreaks of jaundice in the schools during 1922.

Special reports were made by the Medical Officers into outbreaks of infectious disease at—

Cruckmeole School for diphtheria.

Yockleton School for diphtheria.

Sheriffhales School for ringworm.

Shawbury School for scarlet fever.

Moreton Corbet School for scarlet fever.

Ludlow Schools for diphtheria.

The results of many of the investigations and reports were that important sources of infection were discovered and the outbreaks limited.

In addition to these reports and investigations numerous visits were made by the Medical Officers and School Nurses for the purpose of swabbing children in connection with diphtheria.

Dr. Macnab called attention to the practice of collecting the pens and pencils, mixing them and distributing them afresh each time instead of keeping one for each child. This certainly appears to be a very easy method of spreading diphtheria when it is present in a school.

REVIEW OF METHODS 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.

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE
AREA ON DECEMBER 31ST, 1922.

			Boys.	Girls.	Total.	
BLIND (including partially blind), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.			Attending Public Elementary Schools	2	3	5
			Attending Certified Schools for the Blind	4	4	8
			Not at School	2	3	5
DEAF AND DUMB. (including partially deaf), within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.			Attending Public Elementary Schools	4	3	7
			Attending Certified Schools for the Deaf	7	11	18
			Not at School	..	1	1
Mentally Defective.	Feeble-Minded	Attending Public Elementary Schools	88	52	140	
		Attending Certified Schools for men- tally defective children	10	7	17	
		Notified to the Local Control Au- thority by Local Education Au- thority during the year	3	1	4	
		Not at School	52	36	88	
	Imbeciles	At School	2	1	3	
		Not at School	25	20	45	
	Moral Imbeciles	At Special School	1	..	1	
	Idiots		9	10	19	
EPILEPTICS.			Attending Public Elementary School	32	22	54
			Attending Certified Schools for Epileptics	1	1	2
			In Institutions other than Certified Schools	..	..	..
			Not at School	8	6	14

TABLE III.—*continued.*

			Boys.	Girls.	Total.
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools	39	32	71
		Attending Certified Schools for physically defective children ..	..	..	..
		In Institutions other than Certified Schools	5	5	10
		Not at School	19	24	43
	Crippling due to Tuberculosis.	Attending Public Elementary Schools	32	18	50
		Attending Certified Schools for physically defective children ..	6	6	12
		In Institutions other than Certified Schools	..	..	..
		Not at School	5	10	15
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> , paralysis, rickets, traumatism.	Attending Public Elementary Schools	144	160	304
		Attending Certified Schools for physically defective children	2	4	6
		In Institutions other than Certified Schools	2	..	2
		Not at School	12	28	40
	Other physical defects, <i>e.g.</i> , delicate and other children suitable for admission to open-air Schools ; children suffering from severe heart disease.	Attending Public Elementary Schools	183	187	370
		Attending Open-air Schools	1	..	1
		Attending Certified Schools for physically defective children, other than Open-air Schools	1	1	2
		Not at School	6	7	13
Dull or Backward		179	123	302	

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

	Certified suitable for Special School on Form 302M, 39, D.E. or 40 B.D.	Uneducable. Notified to Local Control Authority.	To be kept under observation.	Examined and found Dull and Backward only.
Mentally Defective ..	53	46*	25	21
Epileptic	3	..	7	..
Blind	1	..	1	..
Deaf and Dumb ..	1	..	..	..

* 28 Imbeciles, 13 Idiots, 5 Mentally Defective Children.

The number of children admitted to special schools during 1922 was—Blind 2, Deaf and Dumb 2, Epileptic 0, Mentally Defective 7, Physically Defective 57.

The total number of children in special schools in 1922 was—Blind 8, Deaf and Dumb 18, Epileptic 2, Mentally Defective 18, Physically Defective 80.

There are two ways in which defective children are discovered, and these, when perfected, should result in all cases coming to our knowledge at a very early stage.

The one is the routine visits of health visitors which should not only reveal the grosser defects that make a child 'defective' in the sense here used, but the minor defects such as squint, adenoids, discharging ears and rickets, which need early treatment.

The other measure is the census of all children now taken by the Attendance Officers every year. This should prevent any gross defects being overlooked and might discover cases amongst boarded out children or removals into a district that had escaped the attention of the Health Visitor.

As regards the mentally defective children the striking feature is the large number attending the Public Elementary Schools. These to a considerable extent consist of children who have been certified for a special school, but either their parents object to their removal, or there is no available place at Sandlebridge for them. Others were considered too defective for Sandlebridge although to some extent educable. These latter should probably be notified to the Local Control Authority and put under the supervision of the Health Visitors.

PHYSICAL TRAINING.

In the introduction to this report I state that "The outstanding want is still a comprehensive scheme for physical instruction and training." This is preventive work of a radical type. It not only prevents deformities, but it improves the health and physique of the great mass of school children. Upon sufficient exercise of the proper kind, conducted in the open air with due regard to the amount and kind of clothing, depends not only a good growth of the muscles and frame, but also the development of normal functions of the organs, an efficient heart, a freely moveable chest, good abdominal development, a good appetite, prompt riddance of waste produce, and a healthy condition of the mucous membranes and skin.

Exercise and fresh air conditions and proper foods are the two primary factors that govern growth and health, and by attention to these two matters we strike at the root of disease. Measures directed to the prevention of particular diseases or to the early treatment of disease, although important, can never yield the same result to the State, consequently it is essential that we should concentrate our energies more particularly on these general measures, which are essential for the full growth and vitality of the great mass of school children. Of these measures, the provision of a good scheme of physical instruction including the encouragement of organised games and the provision of playing fields, is perhaps the most important. Unfortunately physical instruction is in some respects worse in this County than in 1914. *For these reasons I strongly urge that the scheme for the appointment of two organisers of physical training be proceeded with at the earliest practicable moment, and that in the meantime the acquisition of playing fields and organisation of games be encouraged and helped in every possible way.*

During the year 1921 a class of physical instruction was held at the Orthopaedic Hospital for female teachers in Oswestry and neighbourhood. The classes were held on Monday evenings, commencing Feb. 28th and ending July 4th (21 in all). Twenty-one teachers attended and the average attendance was 16. The general instruction was on the lines of the Board of Education syllabus, but opportunity was taken to show the teachers various deformities arising from posture or otherwise that could be to some extent prevented or cured by exercises. The lecturer took the opportunity afterwards of seeing most of the teachers conducting exercises in their schools. On the whole she was favourably impressed with their work, often carried out under very difficult circumstances.

So far no further classes have been arranged, although the success of this experiment would certainly justify further trials. I sincerely hope that at least one physical instructor will be appointed during the year. It will then be possible to have similar classes in many parts of the County.

The following paragraphs appeared in my last year's report. Since this was written the association between the School Medical Officers and the Centres has become more intimate, and it has become the custom to refer all cases requiring remedial exercises to the Centres.

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 and Bridgnorth, 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.

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	19	Total.
Boys	..	..	..	1	4	3	18	13	25	57	163	46	78	128	25	11	10	2	584
Girls	..	..	..	2	5	4	10	11	45	67	203	74	62	184	34	35	19	..	755
Totals	..	..	..	3	9	7	28	24	70	124	366	120	140	312	59	46	29	2	1339

B.—SPECIAL INSPECTIONS.

Boys	..	..	23
Girls	..	..	44
			67

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

1406

RETURN OF DEFECTS (SECONDARY SCHOOLS).

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)
Skin	Malnutrition	..	..	1	3	..	..
	Uncleanliness—						
	Head	..	..	39	..	..	..
	Body	..	..	..	..	..	..
	Head and Body	..	..	..	..	..	..
	Ringworm—						
	Head	..	..	..	..	..	..
	Body	..	..	..	..	..	..
	Scabies	..	..	2	..	..	..
	Impetigo	..	..	2	..	..	..
Nose and Throat	Other Diseases (non-tubercular)			9	..	..	..
	Teeth—Dental Disease			13	..	..	..
	Dental Caries	..	..	190	..	3	..
	Enlarged Tonsils	..	..	24	35	2	..
	Adenoids..	..	..	7	11	3	..
	Enlarged Tonsils and Adenoids			11	10	3	1
	Other conditions	..	..	1	11	..	2
	Enlarged Cervical Glands (non-tubercular)	..	..	2	1	..	..
	Goitre	..	..	22	57	..	3
	External Eye Diseases			11	3	1	..
Ear	Defective Vision	..	..	90	60	7	3
	Defective Hearing	..	..	8	1	2	..
	Otitis Media	..	..	3	..	..	..
	Other Ear Diseases	..	..	..	1	..	..
	Speech	..	..	..	4	..	..
	Intelligence (backward)	..	..	..	16	..	1
	Heart and Circulation	..	..	4	29	3	7
	Anaemia	..	..	6	10	..	..

RETURN OF DEFECTS (SECONDARY SCHOOLS)—*continued.*

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)
Tuber- culosis	Pulmonary :							
		Definite	..	..	..	..	..	..
		Suspected	..	..	9	3	1	1
	Non-pulmonary :							
		Glands	..	..	..	..	..	..
		Spine	..	..	..	..	..	..
		Hip	..	..	..	..	..	..
		Other Bones and Joints	..	..	..	..	..	..
Lungs		Skin	..	..	..	..	..	..
		Other forms	..	..	..	1	..	..
		Bronchitis	..	..	..	3	..	..
Nervous System		Other Non-tubercular Diseases	..	..	1	2	..	..
		Headache	..	..	2	16	..	1
		Signs of overstrain	..	..	..	6	..	..
Rheumatism		Chorea	..	..	1	..	..	..
		..	..	..	4	4	..	..
Digestion		..	..	..	22	9	..	1
		Spinal Curvature	..	..	10	44	2	1
Deform- ities		Flat Foot	..	..	8	141	4	..
		Other Deformity or Defect	..	..	29	14	2	3
Remedial Exercises advised ..					164		1	
Number of <i>Individual Children</i> having defects which require treatment or to be kept under observation ..					670		46	

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 :—

	Defective Eyesight.	Tonsils and Adenoids.	Defective Hearing and Ear Disease.	Other Con- ditions.	Teeth.	Minor Deformi- ties.	Skin Disease.
Defects requiring treatment ..	100	53	11	112	196	41	12
Defects treated ..	48	18	7	72	90	21	12

Four hundred and nineteen individual children were advised to have treatment, and treatment was obtained for one or more defects in 229 cases.

APPENDIX.

Society of Medical Officers of Health.

PREVENTION OF DECAY OF TEETH.

(Leaflet for the use of Parents).

Decay of teeth is caused by the fermentation of food that sticks on or between the teeth after meals. Acid is formed from the food and this acid eats a hole into the teeth. It is the "starchy" and "sugary" foods (see below) that form acid in the mouth.

It is most important that the jaws should be well grown and the teeth regular. This is brought about by breathing through the nose from birth onwards and by chewing and gnawing. If the jaws are small and the teeth overcrowded, mastication (chewing) cannot be properly performed, and the food will be left clinging to the teeth after meals, and the teeth will decay.

In order that the jaws and teeth shall grow properly and the teeth keep clean and free from decay you should observe the following rules:—

- (1) As soon as an infant needs food other than milk (8—9 months) give it in a solid form, such as crusty bread, twice baked bread, or crisp toast, thus compelling mastication. Do not give bread soaked in milk or milk thickened with flour or other starchy foods such as most patent foods. Encourage the child to chew and see that it breathes through its nose. In these ways good habits of mastication will be formed.
- (2) As the child grows up you should still give most of the food in a solid form, compelling mastication. Food, other than milk, should rarely be taken in a liquid form. Vegetables and meat should not be minced and soaked in gravy. Bread should not be eaten new, and it should have plenty of good firm crust.
- (3) After the first two or three years of life the child should have three meals a day and no food between.
- (4) It is not advisable to drink at mealtimes, but plenty of water should be taken between meals. Milk is a food and should only be taken at meal times and must be followed by a tooth cleansing food.
- (5) All meals should be finished with a cleansing food (see below).
- (6) Sweets, chocolates and biscuits are very harmful to the teeth, if taken the last thing at night. They should only be taken at meal times, and should be followed by a cleansing food. The custom of giving milk and biscuits the last thing at night should not be allowed.
- (7) Correct feeding and chewing are the best means of preventing decay of the teeth, though the intelligent use of the tooth brush will be found helpful.

If decay of the teeth or tenderness of the gums is noticed, the child should be taken to a Dentist. Such conditions prevent mastication and bring about further decay. It is important for the sake of the child that the nursing and expectant mother should also go to the Dentist if her teeth are in a bad condition.

EXAMPLES OF FOOD REFERRED TO ABOVE.

<i>Starchy Foods.</i>	<i>Sugary Foods.</i>	<i>Tooth Cleansing Foods.</i>
Potatoes.	All foods to which sugar is added.	Fresh fruits—apples, oranges, nuts.
Rice, Tapioca, Sago.	Sweets of all kinds.	Raw Vegetables—lettuce, water-cress, celery, radishes, onions.
Bread, Biscuits, etc.	Honey.	*Crusts of bread, crisp toast, twice-baked bread.
Oatmeal Porridge.	Syrup.	Meat, Fish, Bacon.
Most patent foods.	Jams.	
	Marmalade.	
	Milk.	

* The coarse whole-meal flour is best for this purpose.