

**[Report 1928] / School Medical Officer of Health, Salop / Shropshire
County Council.**

Contributors

Shropshire (England). County Council.

Publication/Creation

1928

Persistent URL

<https://wellcomecollection.org/works/qk75z3up>

License and attribution

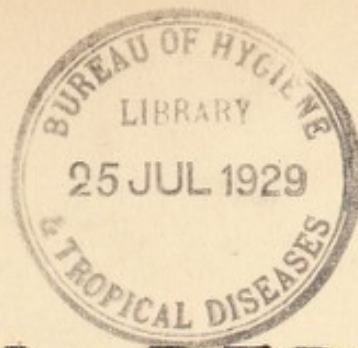
You have permission to make copies of this work under a Creative Commons, Attribution license.

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
<https://wellcomecollection.org>



ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO

The Education Committee

OF THE

SALOP COUNTY COUNCIL

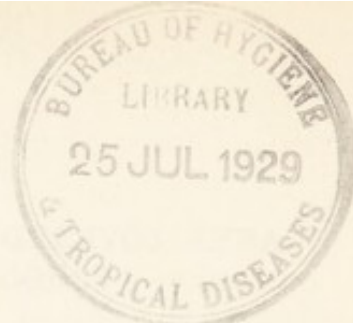
1928

WILLIAM TAYLOR, M.D., D.P.H.



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

<https://archive.org/details/b30087272>



Medical Staff.

School Medical Officer :

The Late DR. JAMES WHEATLEY (till 3rd March, 1928.)

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.S.A.

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

WILLIAM TAYLOR, M.D., D.P.H. (Acting School Medical Officer, from 5th March, 1928).

LESLIE WILSON EVANS, M.B., D.P.H. (half-time, from 1st April, 1928).

BERNARD A. ASTLEY-WESTON, M.B., D.P.H.

School Dentists :

STEPHEN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S.

GERALD R. CATCHPOLE, L.D.S.

Organiser of Physical Training :

MRS. K. W. DAVEY, Diploma of the College of Physical Education.

To the Chairman and Members of Salop Education Committee.

LADIES AND GENTLEMEN,

As Medical Officer to the Salop Local Education Authority I beg to present the Annual Report for 1928.

Owing to the shortage of staff which prevailed during the greater part of the time, it was not possible to carry out as many school medical inspections as in previous years, and the number of children medically examined was consequently less. For the same reason, the educational side of the scheme of school medical inspection did not receive the amount of attention which it deserved, or which, in future years, it is hoped it will receive. Every school was, however, visited at least once during the year.

I am, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

*County Medical Officer and
School Medical Officer.*

COLLEGE HILL HOUSE,
SHREWSBURY,
June, 1929.

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. Owing to Pant School having been closed on 28th July, 1928, and Ironbridge C.E. Infants Department having been amalgamated with the Mixed Department on 1st April, 1928, the number of schools at the end of the year was 281, comprising 339 departments, as opposed to 282 schools for the previous year with 341 departments. The number of children on the Register necessarily varies from time to time to some extent. On December 31st, 1927, it was 29,920 and 29,782 on December 31st, 1928.

STAFF.

At the beginning of the year there were five Assistant School Medical Officers, but the appointment of one of these as Medical Officer of Health to the Oswestry Urban and Rural District Councils, reduced the amount of time he was able to give to the service of the County Council from the 1st of April, 1928, by one-half. Another Assistant School Medical Officer having been made Acting Medical Officer of Health from 5th March, 1928, the effective strength of Assistant Medical Officers undertaking the work of School Medical Inspection was reduced from five to three and a half during the greater part of the year.

In addition to the Assistant Medical Officers above mentioned, there were—

- 3 School Dentists.
- 1 Organiser of Physical Training.
- 2 Wholtime School Nurses.
- 10 Health Visitors undertaking school nursing.
- 94 District Nurses undertaking school nursing.
- 3 Dental Helpers.

CO-ORDINATION.

The School Medical Officer being also the County Medical Officer, complete co-ordination of the School Medical Services with the other services of the County, viz., Child Welfare, Tuberculosis, and Venereal Disease, and with the work of District Medical Officers of Health, is readily brought about.

- (1) *Infant and Child Welfare.*—The same Medical Officers act for both services ; the same nurses are health visitors and school nurses ; and the School Clinics and Child Welfare Centres are held on the same day, in the same building and under the same Medical Officer. The Child Welfare cards are sent to the schools for the information of the Medical Officers at the first medical inspection.
- (2) The Orthopaedic After-Care Centres are held on the same day and in the same building as the School Clinics and Child Welfare Centres, and the Assistant Medical Officers, Health Visitors and School Nurses are in close touch with the work.
- (3) Co-ordination with the Tuberculosis Scheme is close ; see page 9.
- (4) Medical Inspection is closely associated with school attendance through the School Attendance Officers, who attend the medical inspections as required, and have been specially instructed. The School Attendance Officers also undertake the prosecutions in connection with the Verminous Heads Scheme.

The co-ordination of the care of debilitated children under school age with the activities of the school medical service is obtained under Section 1, 2 and 3.

HYGIENIC CONDITION OF SCHOOLS.

The hygienic condition of the schools, although it is steadily being improved, is still undoubtedly low. Not only does it have an important direct effect on the health of the school children, but it also has an indirect effect of no less importance on the mind and outlook of the child, which may endure through life. It is difficult for a teacher to give proper instruction in hygiene and in the rules of healthy living if the school environment is not in accordance with the instruction given; and a child cannot be expected to observe these rules and to appreciate the importance of putting them into practice if he is required to attend a school where it is difficult to conform to them.

The healthiness or otherwise of a school depends upon the facilities provided and the way they are used. Perhaps the gravest examples of misuse are in connection with ventilation of the rooms and spacing of the children. In order to maintain the healthiest conditions possible in any schoolroom much attention should be given to obtaining circulation of air throughout the room, and at the same time the children should be separated so far as floor space and desk accommodation allow. By these precautions the general tone of the children is improved, minds become more alert and educable, and the opportunities for the spread of infection are much lessened. Merely looked upon from an educational standpoint it is well worth the teacher's while to give some thought to this subject.

Enough attention has not, in the past, been given to proper utilization of the floor space available; and now that we know that the control of infectious disease in schools depends more upon spacing and ventilation than upon any specially designed measures, it behoves those responsible for spacing to see how far this can be improved.

It is, no doubt, important that the teacher should be in a position of advantage to address and supervise the children, but in some schools it is a fact that the amount of space occupied by the teacher is equal to the space given up to the desks. This is obviously very uneconomical, and it is in those rooms where the greatest length of the room is across the line of vision of the teacher that the space is utilised so badly. It would be a great move forward if the Board of Education were to specify the minimum distance in both directions that must be allowed between the children.

It must be recognised that it is impossible to ventilate a school properly in winter if the rooms are not warmed sufficiently, and if the children are underclothed and underfed. The teacher should make it a part of his business to see that the caretaker does all in her power to get the school reasonably warm before school hours. He should also advise any child who is cold in school to put on his overcoat. Some of the recorded temperatures were so low that the health of the children must have suffered, particularly those who at the same time were underfed or underclothed.

The unsuitability of the cloakrooms, and the almost complete absence of any means of drying clothes which prevails, especially in the country schools, is a common cause of low health, and it should be made a rule that, in schools heated by hot water pipes, they should always be conveyed into the cloakrooms.

Apart from the internal condition of the school, a good water supply and good playgrounds and playing fields are the most important matters. Research and experience are both pointing to the fact that free drinking of water is essential for health, and that much disease is caused from the breaking of this health law. In many parts of this County the habit of drinking water is not as general as it should be, owing to a great extent to the defective and objectionable character of the water supplies. At school a plentiful supply of wholesome water should always be available, and the children should be taught to drink water freely. Where there is not a wholesome supply of water it should be a duty of the school authority to see that a sufficient quantity is carried each day to the school and stored in a covered vessel, placed conveniently for access and provided with a tap for drawing off. The supply should be ample for drinking and washing the utensils, and should, for drinking purposes only, not be less than one pint for each child.

Earthenware water containers, with draw-off tap, are now being distributed to the schools.

The provision of proper playgrounds and playing fields is a fundamental requirement that has been much neglected in the past. It is very desirable that something more should be done to meet the requirements of the school children in this respect. There are persons, however, who have the interests of scholars so much at heart that they allow scholars to play games in fields and grounds belonging to them.

EDUCATIONAL WORK OF MEDICAL OFFICERS AND OTHERS.

Addresses are given to the older school children by the Assistant School Medical Officers when they visit the schools to do Medical Inspections, if time and opportunity will allow ; but during the year, owing to the shortage of staff and the consequent necessity of devoting as much time as possible to routine medical examinations, this branch of the work has consequently suffered.

The addresses given by the Assistant School Medical Officers during the year to the children were :—

By <i>Dr. M. Blake :</i>	Prevention of spread of				Exercise and Posture			
	Infection	..	..	11	Ventilation, Fresh Air	..	..	5
	Food and Digestion	..	..	8	Sleep	..	..	2
	Clothing	..	..	2	Sun	..	..	2
	Flat Foot	..	..	3				
	Fresh Air and Breathing							48
	Exercises	..	..	8				

By <i>Dr. W. Taylor :</i>	How Infection is spread				..	..	..	..	..	1
---------------------------	-------------------------	--	--	--	----	----	----	----	----	---

By <i>Dr. L. W. Evans :</i>	Laws of Health				..	7	Clothing				..	1
	Infectious Diseases				..	1						
												9

By <i>Dr. B. A. Weston :</i>	Breathing Exercises				..	2	Posture				..	2
	Teeth				..	4	Physical Exercises				..	1
	Milk				..	1						
	Cleanliness of Mouth				..	2						12

By <i>Dr. K. Priestley :</i>	Nil.											
------------------------------	------	--	--	--	--	--	--	--	--	--	--	--

Parents.—A good deal can be done in talks to the parents. It is true that time for this work is limited, and the 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, malnutrition, rheumatism and anaemia, the general advice that is necessary goes, however, far beyond the remedy of the particular defect.

School Nurses.—As regards the school nurse, while it frequently happens that she can only listen to and absorb what is said to the parents, teachers or scholars, the Medical Inspector often finds time to talk to her on some important matter of school or general hygiene. It must always be remembered that most of 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 as far as lies in his power. The nurses in their turn 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.

TEACHERS.—Although the Medical Officer, the Dentist, the Physical Organiser, and the School Nurse have important places in the health education of the school child, it is the teacher and the teacher alone who has the opportunity and the training for presenting the subject to the child in the most suitable way.

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 such training 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.

It is first, however, necessary for the teacher to recognise that a healthy and alert body is as important as a well trained mind, and equally dependent upon him. This may appear to many to be a platitude, but it is not generally recognised. In fact it is not uncommon still to hear that the visits of the Medical Officer, the Dentist, the Physical Organiser and the School Nurse interfere greatly with 'education', yet this time devoted to the health of the body (apart from the short daily physical exercises) cannot occupy more than half to one per cent. of the total school hours. There are, however, an increasing number of teachers who do recognise the paramount importance of a healthy body and the great influence a teacher can have. It is our business to point out clearly and in proper perspective what should be taught. It is the teacher's business to present this to the child's mind in the best possible way, so that it will influence his every-day life. The most important and the most difficult matter is to find 'incentives,' and for this purpose a spirit of emulation or competition must be stimulated. It is for each teacher to think out for himself the methods that are most suitable for himself and his school. A system of monitors and, in the larger schools, the 'house' or 'group' system have advantages in creating responsibility and competition. Competition with neighbouring schools should be fostered in every way. Suitable books giving a general idea of what should be taught are being supplied to all head teachers, and from time to time pamphlets will be issued dealing with special subjects.

The teaching should be from the point of view of improvement of health and physique, disease being rarely mentioned, and should deal principally with those great forces of nature the proper utilisation of which determine health—viz., food, fresh air, sunlight and exercise. The avoidance of infection in school and at home should be shown to be due to these factors together with cleanliness, spacing and ventilation (fresh air). Unless, however, the practice of hygiene is made part of the every-day life of the child, little good will be accomplished.

Exercise.—If the results of the efforts of the Physical Organiser and Teachers is simply that the child goes through its exercises correctly, little good will have been accomplished. If, on the other hand, in consequence of the teaching and training, it walks to and from school properly, plays with greater vigour, stands correctly and sits in a good position, an enormous amount of good will have been accomplished. These are results that the Teacher alone can bring about.

Clothing.—The object of clothing is to conserve the heat of the body in cold weather and when at rest, without interfering unduly with the loss of heat during exercise and in hot weather. It is extremely important that there should be a free play of air and sun on as much of the skin as possible. The success of health teaching concerning clothing can to a great extent be measured by the number of children who, except in cold weather, wear low neck shirts, bare knees and no caps, rather than by a theoretical knowledge of the action of air on the skin and the qualities of wool and cotton. The great advantage to health of not wearing a cap is now recognised, and this should be advised throughout our schools. The danger which undoubtedly exists of *lying* or *sitting* (not walking or playing) in the sun in very hot weather can be got over by protecting the head with a handkerchief. The advantages from the point of view of the spread of vermin and ringworm are also great.

Proper Spacing and Ventilation.—This can not only be taught theoretically but should be illustrated by the proper utilisation of the available floor space and means of ventilation (both of which are unfortunately often insufficient) for the prevention of the spread of disease.

Personal Cleanliness—can be taught and greatly improved by routine inspection. It should include the teaching of the danger of putting anything except food into the mouth, *e.g.*, fingers, pencils, pens, etc. The advocacy of short hair for girls should be part of the cleanliness teaching.

Food.—A great opportunity for teaching is afforded by the mid-day meal. Any teacher really interested in dietetics could get some very instructive facts from a critical examination of the food brought to school. The advocacy of milk with the mid-day meal, and the provision of facilities for getting it, is the one outstanding practical suggestion. The enormous advantage of producing as much fresh food at home as possible should be pointed out, and the great improvement in health that can be brought about by the keeping of goats, the growing of fruit and green vegetables, especially in those households where there is a shortage of food, and more particularly a shortage of these kinds of foods.

Prevention of Dental Decay, and Dental Treatment.—Many opportunities are afforded the teacher to inculcate good habits of eating and drinking, so important in the prevention of decay of teeth. The influence of a teacher in health matters can be measured to a great extent by his success in persuading the children to have dental treatment. The persuasion takes the form of health education and consequently two objects are achieved at the same time.

Sunshine—Moving Air.—The wonderful effects of sunshine and how these are destroyed by passing through glass; the effect of moving air upon the skin and mucous membranes, and through these structures on the general feeling of well being—all these are explained and then illustrated by classes in the open air, or less perfectly by open windows and doors.

Home-life.—The application of all these principles to life out of school and to home life should be explained, as, if the teaching is given in the form of an ordinary school lesson of an 'educational type,' it is apt to be looked upon as something having no bearing upon life. The teaching of health should be primarily the practice of health rules with a simple explanation of the reason. The advisability of attempting to teach simple physiology to the older children is also a very important matter.

ARRANGEMENTS MADE FOR MEDICAL INSPECTION.

For the purpose of inspection the County is divided into areas—one for each Assistant School and Child Welfare Medical Officer—although during the year 1928 these have had to be varied from time to time.

Routine examinations are made at the ages of 5, 8 and 12, and all entrants under five years of age are brought forward for superficial examination, that obvious defects may not go untreated until they reach the age of five. The reason for the systematic examination at 5, is to provide uniform and comparable results. The children found defective on previous occasions are re-examined at each inspection until declared well. In addition, any children about whose health the teacher or nurse have reason to be concerned are also examined. (Children who have had a recent attack of an acute infectious disease, and children who for some reason have fallen behind in their school work are examples of these).

During the year 275 schools were visited once only, and 65 twice.

This represents a total of 405 school medical inspections, as opposed to 547 during 1927. The apparently unfavourable figures for 1928 are due to the shortage of staff, to extra work of various kinds which has been undertaken, and also to the fact that children for whom treatment has been advised are more carefully followed up and reported upon. The examination of mental defectives is taking up an increasing amount of time of the Assistant School Medical Officers.

SCHOOL NURSES.—Ninety-four part-time nurses have been employed in connection with 211 school departments; 90 of these nurses are working for Associations connected with the Shropshire Nursing Federation; 2 nurses are employed by unaffiliated Associations, and 2 are working on their own account.

Number of children attended by—

District Nurses acting as School Nurses	..	..	16,939
Whole-time School Nurses	..	..	5,238
Health Visitors	..	..	6,049
Nurses working on their own account	..	..	1,986

PEDICULOSIS.—The prevention of verminous conditions depends upon :—

- (1) The influence and instruction 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 three lines of action are placed here in their order of importance.

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 1,156 primary inspections and 1,809 following-up inspections. At the primary inspections 89,965 children were examined and 4,865 were found verminous, or a percentage of 5.4. These figures compare with 85,837 children examined in 1927, of whom 4,911 or 5.7 per cent., were verminous. The total number of children found verminous during the year at one time or another was estimated at 3,874, or 12.8 per cent.

The following figures show the results of the examination of heads at the first and following-up inspections. It must be remembered that on the second and subsequent inspections only those found verminous or absent at the first inspection are examined :—

First Inspection.—Number examined 89,965. Verminous 4,865.

Subsequent Inspections :—

			2nd inspection.	3rd inspection.	4th inspection.	5th inspection.
Verminous	..	..	2538	901	246	59
Absent	..	..	1017	501	152	44

There has been a continuous improvement in the condition of the heads of the children since 1920 :—

Year	Percentage verminous.	Year	Percentage verminous.
1920	 14.0	1925	 7.5
1921	 12.3	1926	 6.4
1922	 9.9	1927	 5.7
1923	 9.0	1928	 5.4
1924	 8.0		

The time has now 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 now be well known.

It is the policy to give every assistance and advice before prosecuting, and summonses are only issued as a last resort. There can be no doubt, however, that prosecutions are an essential part of any scheme for getting the children's heads clean, as, without them, the really careless and dirty people will continue to be dirty and verminous and be a constant danger to the clean part of the school. The policy of proceeding to exclusion and prosecution in the persistently verminous cases at the beginning of the term is undoubtedly a sound one.

Legal proceedings were taken in 20 cases—At Oswestry, Wellington, Newport, Bridgnorth, and Clun. Fines, ranging from 5/- to 15/- were imposed in 17 cases, and three cases were dismissed.

This compares with 31 cases last year.

DEFECTS OF NOSE AND THROAT.—There were 983 children with defects of the throat and nose requiring treatment amongst those examined, and 758 children suffering from less pronounced conditions which required to be kept under observation. Of those requiring treatment, 632 were suffering from enlarged tonsils, 97 from adenoids, and 238 from both conditions.

Of the 8,314 children of the Code Groups examined, 829 or 10.0 per cent. required medical treatment.

The probable causation of adenoids and enlarged tonsils has been discussed in previous reports. The preventive measures suggested are :—

- (1) Free exercise of the jaws in mastication during the formative period. This gives a greater widening of the jaws and consequently better spaced air passages and a more vigorous circulation of blood and lymph to the parts.
- (2) The lessening of infection by freer ventilation of the schoolrooms, separation of the children and greater cleanliness.
- (3) Special personal measures directed to keeping the nose free from discharge and the mouth closed during breathing.
- (4) Attention to diet, fresh air, and sunshine, so as to get a free play of air about the skin, exposure of the skin to the sun, and a food supply containing the necessary vitamins and mineral salts.

While it cannot be said that the theories of causation underlying these suggestions are absolutely proved, there is sufficient ground for advocating these measures.

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

By these means all children known to have come into close contact with a case of pulmonary tuberculosis, or showing any signs of failing health without obvious cause, and all school children with any suspicious signs of tuberculosis are brought before the Tuberculosis Officers.

Examination of Children from Phthisis Houses by the Medical Inspectors.

No. of children belonging to phthisis houses.	Not examined.	No physical signs.	Phthisis. Suspected. Diagnosed.
543	138	393	12 0
			12

The 12 suspected cases, together with 45 others picked out by the medical inspectors, teachers, nurses, etc., were referred to the Tuberculosis Officers, during 1928.

Total number of School Children examined by the Tuberculosis Officers.

	No. of Children.	No physical Signs.	Phthisis. Diagnosed.	Suspected.	Other forms of Tuberculosis. Diagnosed.	Suspected.
New cases	224	165	9	22	25	3
Cases from previous years	69	33	17	6	13	0

RINGWORM.—Of the children examined by the Medical Inspectors 6 were found to be suffering from ringworm of the scalp.

In addition, 163 cases were notified by the teachers, although these were not usually based on medical opinion.

Hairs were submitted to Birmingham University, with 37 positive results and 37 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.

Eye Defects.—These include defective vision, squint and external eye defects.

There were 608 children with defective eyesight or squint requiring treatment, and 93 with lesser degrees of defect that needed to be kept under observation. Of the children requiring treatment, 526 were belonging to the code groups, and 82 were special cases. The children aged 5 are not systematically examined for defective eyesight, so that the code group cases are mostly aged 8 and 12. The percentages amongst these children needing medical treatment was 8.7. The pre-war percentages at the age of 12 were :—

Year	..	..	..	1908	1909	1910	1911	1912	1913	1914		
Percentages of defects	..		..	15.5	14.7	13.3	11.8	14.5	18.2	19.4		
Post-war percentages :—												
Year	..	..	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928
Percentages of defects	..	..	10.0	10.2	8.5	7.6	7.5	8.2	7.9	7.3	7.9	8.1

Leaflets for the use of teachers, parents and health visitors dealing with squint, myopia and aural defects were printed in the report for 1922. Teachers were supplied with copies of the leaflet which emphasises the kind of teaching which should be given in school; and the health visitors and school nurses are supplied with copies of the leaflet which were drawn up specially for the use of parents.

Ear Disease and Hearing.—Fifty-six routine cases and 16 special cases were referred for treatment either on account of deafness or otorrhoea, or both. The figures for the previous year were, 66 routine cases and 26 special cases.

Experience has shown that a large number of cases of deafness and otorrhoea are due to an attack of an acute infectious disease, such as measles or scarlet fever, or to other throat affections, especially tonsils and adenoids. Indeed, it is probable that the reduction in the number of children referred for treatment on account of deafness and otorrhoea which has taken place during the last two years is one of the results of the surgical treatment of unhealthy tonsils and adenoids.

Dental Caries.—The following tables show percentages of dental caries at the various age periods amongst the children examined :—

RESULT 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. Blake	492	1598	3.2	167	34	849	3376	4.0	139	16	619	1223	2.0	184	30
Dr. Evans	284	652	2.3	121	43	358	667	1.9	145	41	271	267	1.0	126	46
Dr. Priestley	661	2142	3.2	200	30	861	2416	2.8	163	19	690	880	1.2	284	41
Dr. Taylor	100	241	2.4	39	39	165	577	3.5	32	19	130	270	2.1	39	30
Dr. Weston	377	726	1.9	171	45	607	1830	3.0	110	18	475	621	1.3	215	45
	1914	5359	2.8	698	36	2840	8866	3.1	589	21	2185	3261	1.5	848	39

These percentages of decayed teeth correspond fairly closely with the percentages found by the dentists.

Results of Inspection :—

(1) *By the Dentists—*

Age .. Under 5	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed	1.8	2.2	2.5	2.7	2.8	2.6	2.3	1.9	1.7	1.8
Percentage of children free from caries	50	37	28	20	15	14	17	21	25	26

Average number of decayed teeth per child found by the Medical Inspectors in the years 1919—1928 :—

Year	Age 5.	Age 8.	Age 12.
1919 ..	2.1	3.6	2.1
1920 ..	2.16	3.8	2.1
1921 ..	2.5	3.5	1.9
1922 ..	3.0	3.6	1.7
1923 ..	3.4	3.6	1.7
1924 ..	3.0	3.3	1.6
1925 ..	3.1	3.4	1.6
1926 ..	3.0	3.3	1.5
1927 ..	2.7	3.4	1.6
1928 ..	2.8	3.1	1.5

Secondary School Children.

Age	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed ..	1.0	3.6	5.3	3.7	3.4	2.4	1.9	1.6	1.9	1.7

The amount of caries in secondary school children was greater than that amongst elementary school children. This slight difference may be, to some extent, due to the systematic treatment of the teeth of the elementary school children.

Crippling Defects.—The numbers of these defects found at the routine medical inspections were :—rickets 110, spinal curvature 93, other forms 675. A very small proportion of these were referred for treatment other than special attention in school and school exercises. Probably the most common of school deformities are knock knees, flat feet and spinal curvatures. A very close relationship has been observed between these conditions, often all found in the same child, and the presence of unhealthy tonsils and adenoids.

The cases of school children admitted to the Shropshire Orthopaedic Hospital have been analysed in accordance with causation, and show that :—

23	or 23.9	per cent.	were due to	tuberculosis.
20	„ 20.8	„	„	poliomyelitis.
2	„ 2.1	„	„	rickets.
3	„ 3.1	„	„	congenital deformities.
22	„ 22.9	„	„	other deformities—postural or of doubtful causation.
5	„ 5.2	„	„	conditions due to injury at birth.
8	„ 8.3	„	„	infections other than tuberculosis.
2	„ 2.1	„	„	Rheumatoid Arthritis.
11	„ 11.9	„	„	other accidents and diseases.

This classification of cases in accordance with causation is extremely instructive, as 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 childbirth are possibly also largely preventable, and systematic inquiry into these cases would well repay the trouble.

Many of the tuberculous cases come under notice after considerable damage has been done, the cause of the trouble not having been recognised in the early stages.

Goitre.

DISTRICT.		BOYS.			GIRLS.			Total.
		Entrants.	Intermediates.	Leavers.	Entrants.	Intermediates.	Leavers.	
<i>Dr. Priestley—</i> Oakengates, Dawley, Madeley, Newport, and Drayton.	No. of Children .. Cases of Goitre ..	486 0	467 0	370 1	443 0	476 1	363 1	2605 3
<i>Dr. Blake—</i> South of the County ..	No. of Children .. Cases of Goitre ..	373 1	461 1	300 1	393 0	462 1	341 5	2330 9
<i>Dr. Evans—</i> Oswestry and Ellesmere	No. of Children .. Cases of Goitre ..	192 0	200 0	144 0	194 0	197 0	159 3	1086 3
<i>Dr. Weston—</i> Wellington, Ironbridge and Broseley.	No. of Children .. Cases of Goitre ..	298 0	351 2	267 2	298 0	335 3	252 5	1801 12
<i>Dr. Taylor—</i> Atcham, Whitchurch, Bridgnorth and Wem ..	No. of Children .. Cases of Goitre ..	81 0	120 0	81 0	71 0	71 0	68 9	492 9
Totals ..	No. of Children .. Cases of Goitre ..	1430 1	1599 3	1162 4	1399 0	1541 5	1183 23	8314 36

The amount of goitre in school children as shown by this table is not large. Judging by the amount of goitre one sees in adults, particularly in young women, by far the larger proportion of obvious goitres must develop after school age. It will be observed from the above table that goitre in school children is most common amongst the older girls.

Probably the principal basal factor in the production of extreme goitre is the insufficiency of iodine to meet the demands of the body.

The following suggested subsidiary causes may be cited :—

- (1) Those interfering with the absorption or utilisation of the iodine taken into the body :
 - (a) infections.
 - (b) contamination of water and food.
- (2) Increased demands for thyroid secretion :
 - (a) during pregnancy and lactation.
 - (b) during adolescence.
 - (c) amongst girls compared with boys.

These additional causes of goitre give a rational explanation of the fact that even in a district very deficient in iodine, only a certain proportion of the population suffers from goitre.

Nutrition.—Average Heights and Weights, etc. :—

Age	Total No. of children measured and weighed at the various ages.	HEIGHTS			WEIGHTS.			Measurements made by British Association for Advancement of Science in 1883.	
		Town Schools.	Country Schools.	Town and Country	Town Schools.	Country Schools.	Town and Country.	Hts.	Wts.
		Inches.	Inches.	Inches.	Lbs.	Lbs.	Lbs.	Inches.	Lbs.
BOYS.									
5	935	41.8	42.0	41.9	40.2	41.0	40.8	41.0	39.9
6	361	42.8	43.9	43.8	42.5	44.6	44.2	44.0	44.4
8	1356	47.9	48.3	48.2	52.9	54.5	54.2	47.1	54.9
9	97	49.3	49.7	49.7	56.6	58.8	58.4	49.7	60.4
12	1003	55.5	55.5	55.5	75.2	76.8	76.4	55.0	76.7
13	70	56.5	56.7	57.8	81.7	80.9	81.1	56.9	82.6
GIRLS.									
5	815	41.3	41.8	41.7	38.5	40.2	39.8	40.6	39.2
6	380	43.1	43.4	43.4	41.6	43.7	43.4	42.9	41.7
8	1270	47.8	47.9	47.9	50.9	53.2	52.6	46.6	52.1
9	107	49.1	49.6	49.5	56.3	57.0	56.8	48.7	55.5
12	1014	56.1	56.0	56.1	77.1	77.7	77.5	55.7	76.4
13	85	57.3	58.3	58.0	82.6	87.5	85.1	57.8	87.2

SECONDARY SCHOOLS.

Ages.	No. of Children.	BOYS.		No. of Children.	GIRLS.	
		Heights.	Weights.		Heights.	Weights.
		Inches.	Lbs.		Inches.	Lbs.
10	25	54.8	73.5	9	54.3	71.7
11	63	55.6	72.9	24	56.8	77.5
12	114	57.1	78.3	76	58.2	84.6
13	41	60.0	91.4	21	60.3	96.4
14	27	62.4	100.9	24	62.4	105.8
15	107	64.1	111.5	85	62.5	108.5
16	13	66.5	130.7	22	63.1	117.0
17	7	66.1	123.1	21	63.2	120.4

It will be noticed that heights and weights for both sexes are on the whole slightly greater in the country schools than in the town schools, and that as between the secondary schools and elementary schools, there is very considerable difference at corresponding ages in favour of the former, especially in the matter of weights.

The figures in the town and country schools for the years for which they are available are as follows :—

AVERAGE WEIGHTS IN AGE GROUPS 5, 8 AND 12, IN YEARS 1909—1913, 1923—1928.

BOYS.

				AGE 5.		AGE 8.		AGE 12.	
				Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
				lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Pre-war	Year								
	1909	..	..	39.5	39.2	..	..	72.3	70.9
	1910	..	..	39.2	38.9	..	..	72.0	71.4
	1911	..	..	39.4	38.5	..	..	73.4	71.7
	1912	..	..	39.3	39.0	..	..	72.8	71.0
	1913	..	..	39.8	39.1	..	..	73.2	71.4
Post-war	1923	..	..	40.2	39.7	53.3	51.5	74.0	71.3
	1924	..	..	40.3	39.5	53.2	52.1	73.7	72.2
	1925	..	..	39.8	39.9	53.4	52.4	75.4	73.1
	1926	..	..	40.9	40.2	53.4	53.9	75.0	72.7
	1927	..	..	40.8	40.5	54.3	53.4	75.4	73.2
	1928	..	..	41.0	40.2	54.5	52.9	76.8	75.2
Average for Pre-war years				39.4	38.9	..	..	72.7	71.3
,, Post-war years				40.5	40.0	53.7	52.7	75.0	72.9

GIRLS.

				AGE 5.		AGE 8.		AGE 12.	
				Country Schools.	Town Schools.	Country Schools.	Town Schools.	Country Schools.	Town Schools.
				lbs.	lbs.	lbs.	lbs.	lbs.	lbs.
Pre-war	Year								
	1909	..	..	38.25	37.3	..	..	74.2	71.1
	1910	..	..	38.2	37.9	..	..	73.3	71.1
	1911	..	..	38.4	37.8	..	..	73.9	70.6
	1912	..	..	38.5	38.0	..	..	73.9	71.1
	1913	..	..	38.4	37.8	..	..	73.6	72.2
Post-war	1923	..	..	38.8	37.6	51.2	50.4	75.6	72.5
	1924	..	..	39.2	38.6	51.7	50.1	74.7	74.7
	1925	..	..	39.3	38.2	51.2	50.5	75.7	73.1
	1926	..	..	39.1	38.4	50.7	50.5	75.6	73.2
	1927	..	..	39.5	38.8	51.8	51.3	76.1	75.3
	1928	..	..	40.2	38.5	53.2	50.9	77.7	77.1
Average for Pre-war years				38.3	37.8	..	..	73.8	71.2
,, Post-war years				39.3	38.3	51.8	50.6	75.9	74.3

It is satisfactory to find that the post-war weights are a little better than the pre-war for each age and sex.

DULL AND BACKWARD CHILDREN.—Two hundred and three children were brought forward by the teachers as mentally dull, and were carefully examined by the Medical Inspectors. When the degree of retardation amounted to two years or more in any particular case a special "Dull and Backward" card was made out. Children having these cards are the subject of special inquiry and examination at each visit of the medical inspector to the school.

An analysis of the results of inspection of the 197 dull and backward children shows the following causes :—

Insufficiency of Education	..	..	..	..	..	26
Physical Defects (Tonsils and Adenoids, Vision, etc.)	..	..	..	..	..	6
Heredity	..	..	..	..	..	7
Bad home conditions	..	..	..	..	..	4
No apparent cause	..	..	..	..	..	134
Suspected mental deficiency	..	..	..	..	..	10
No diagnosis of cause	..	..	..	..	..	10

197

Perhaps the matter of most practical importance shown by these figures is the number (26) who were dull and backward apparently from insufficiency of education. The backwardness was attributed principally to late commencement of school life and to some extent to irregular attendance afterwards.

Special attention is being paid to those in whom the dull and backward condition was attributed to physical defects, with the object of getting these defects remedied.

The degree of retardation was estimated as follows :—1 year, 2 ; $1\frac{1}{2}$ years, 6 ; 2 years, 93 ; $2\frac{1}{2}$ years, 26 ; 3 years, 41 ; $3\frac{1}{2}$ years, 11 ; 4 years, 12 ; $4\frac{1}{2}$ years, 1 ; In five cases the degree was not stated.

Those retarded over three years come up automatically for special examination for mental deficiency, unless the retardation is clearly attributable to some other known cause.

Three hundred and eighty-nine of the children diagnosed as dull and backward in previous years were re-examined this year. Twenty-four were found to be mentally deficient ; of the others, 12 were doubtful cases of mental deficiency, 241 were found to have improved, 91 not improved, and in 21 cases no opinion was given.

INFECTIOUS DISEASE.

Action taken to detect and prevent Infectious Diseases, including reference to action under Articles 20, 22 and 23 (b) of the 1926 edition of the Code.

There is no change in the scheme of notification of cases of infectious disease in schools. A full description of the scheme will be found in the report for 1914.

All notifications of cases of infectious skin conditions are sent to the school nurses, who give instructions and help to the parents in carrying out the routine treatment prescribed. Reports are required from the nurses each month in cases of ringworm, and every fortnight in cases of scabies and impetigo. The cases are also notified to the Attendance Officers, who report those in which the treatment is not being carried out or where absence from school appears to be unduly prolonged.

All cases of sore throat, when 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 leaflets relating to diphtheria are sent to the Head Teacher for distribution to each household.

Attention has previously been called to the practice of collecting the pens and pencils and distributing them afresh every time they have to be used. This certainly appears to be a very efficient method of spreading diphtheria, and probably also other diseases.

Each child should have his own pen and pencil, and in addition to this the teachers should take every means possible to break the common habit of putting pencils, fingers, etc., into the mouth.

No attempt has been made to utilise the Schick or Dick Tests to find out the children who are susceptible to diphtheria or scarlet fever and to immunise them. Under present conditions in elementary schools anything like a general application of the test would probably be impossible. Under certain conditions, however, the protection afforded by the tests and immunisation should be offered to the parents.

Whenever there is a serious outbreak of scarlet fever in a school, leaflets pointing out the symptoms, the dangers from, and the precautions that should be taken against, scarlet fever are sent to the Head Teacher for distribution to every household, and also letters for those homes where there are children suffering from sore throat, vomiting and headache, rash or discharge from ears, advising isolation and that a doctor should be called in without delay.

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.

There can be no doubt that these various measures have a distinctly good educational effect.

Under Article 20 (b), 1034 certificates of exclusion from school for infectious disease and other conditions have been sent in by the Assistant School Medical Officers and Tuberculosis Officers and confirmed :—

170	on account of	impetigo.
20	„	ringworm of scalp.
26	„	ringworm of body.
36	„	scabies.
24	„	tuberculous glands.
53	„	suspected phthisis.
15	„	diagnosed phthisis.
7	„	otorrhoea.
45	„	bronchitis.
10	„	anaemia.
45	„	debility.
13	„	heart conditions.
12	„	mumps.
38	„	influenza.
19	„	chorea.
28	„	rheumatism.
26	„	tonsillitis.
9	„	broncho-pneumonia.
93	„	coughs and colds.
30	„	sore throat.
25	„	whooping cough.
6	„	scarlet fever.
14	„	chicken pox.
6	„	diphtheria contacts.
10	„	enlarged glands.
254	„	various conditions.

In addition, the following notifications have been sent in by the teachers for the information of, and scrutiny by, the School Medical Officer :—Measles, 2,304 ; whooping cough, 745 ; mumps, 433 ; chicken-pox, 719 ; coughs and colds, 1,334 ; influenza, 832 ; scarlet fever, 228 ; diphtheria, 78 ; sore throat, 296 ; impetigo, 361 ; ringworm, 163 ; scabies, 20 ; pneumonia, 12 ; other diseases, 151.

Closure of Schools :—(a) by Education Authority—Eighty schools were closed for the following reasons :—23 for measles, 8 for scarlet fever, 1 for diphtheria, 2 for whooping cough, 17 for influenza and 29 for coughs and colds.

(b) by Sanitary Authority—One for measles.

As occasion required, investigations into the outbreaks of scarlet fever and diphtheria were made at various schools, and as a result of these investigations the necessary action was taken to prevent the further spread of infection. The schools were also repeatedly visited by nurses and Medical Officers in order to take swabs from the throats of possible carriers, or from sufferers from diphtheria.

Attempts have been made to prevent outbreaks of measles by closing the schools for about a week, six or seven days after the occurrence of the first case, with the following result :—

In 12 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect.

In 4 instances one or more cases occurred during the interval, and did not attend school till free from infection. As there was no further outbreak it is justifiable to conclude that closure was effective in checking the spread of the disease.

In 4 instances cases occurred during the interval but eventually further outbreaks occurred in school.

It would seem, therefore, that out of 20 schools, closed in order to prevent the spread of measles, in only four of these did the result justify this step. It is only in very sparsely populated country districts, where the homes of the children are widely separated, that closure can be expected to have any real preventive effect.

FOLLOWING UP.

The whole of the following-up, except with occasional help from voluntary helpers and assistance from the School Attendance Officers in the minor skin conditions, is done now by the School Nurses.

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

	No. of cases.	No. not visited.	Total visits.
District Nurses	3871	439	7732
Two whole-time Nurses	562	9	2815
Health Visitors	1188	137	1846
Total	5621	585	12393

FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

At Hospitals—

- (1) Eye, Ear and Throat Defects—letters of recommendation provided for Eye Ear and Throat Hospital, Shrewsbury.
- (2) Eye defects only—Worcester Eye Hospital.
- (3) Throat Defects only—The Lady Forester Hospitals, Broseley and Wenlock ; Ludlow, Oswestry, Wellington, Whitchurch, Ellesmere, Chirk, and Tenbury Cottage Hospitals ; and Kidderminster Hospital—payment made for the operation for tonsils and adenoids.
- (4) Deformities—At Shropshire Orthopaedic Hospital—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.

Eye Clinics at Market Drayton and Ludlow attended by specialists.

Occasional Eye Clinics were held during 1928 at Whitchurch, Bridgnorth, Ludlow, Highley, Craven Arms, and Cleobury Mortimer, and were attended by an Assistant School Medical Officer.

Clinics for minor ailments at Oswestry, Oakengates, Wellington, Whitchurch, Ludlow, Bridgnorth, Newport, Dawley, Market Drayton and Ironbridge.

X-ray treatment of ringworm by special arrangement with the Birmingham Education Authority.

Orthopaedic treatment at 16 After-care Centres provided by the Shropshire Orthopaedic Hospital.

The Orthopaedic Hospital with its After-care scheme has been of 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, and instruction given to the parents with regard to special exercises and other matters.

In addition, remedial physical exercise classes have been held at the Oswestry Orthopaedic Centre by the Physical Trainer from the Orthopaedic Hospital.

The total number of letters of recommendation supplied by the County Council for the treatment of school children at the Salop Eye, Ear and Throat Hospital was 892. Of these, 824 were used during the year by 786 children.

Attendance and Treatment at School Clinics.

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied.	Improved.	Unaltered.

BRIDGNORTH.

Skin :—						
Ringworm—head	3	4	590	4	3	..
Ringworm—body	..	4	26	4	..	..
Scabies	1	..	5	1	..	..
Impetigo	2	51	539	52	1	..
Minor Injuries	..	58	629	58	..	..
Other skin diseases	..	51	342	51	..	..
Ear disease	..	2	28	2	..	..
Eye disease (external and other)	..	5	74	5	..	..
Verminous conditions	..	10	65	10	..	..
Other conditions	5	14	469	18	1	..

DAWLEY.

Skin :—						
Ringworm—head	..	1	5	1	..	..
Ringworm—body	..	5	34	4	1	..
Scabies	..	10	31	7	3	..
Impetigo	..	83	844	78	5	..
Minor Injuries	..	27	76	27	..	..
Other skin diseases	..	39	321	37	1	1
Ear disease	2	16	76	12	3	3
Eye disease (external and other)	1	17	48	9	4	5
Verminous conditions	..	64	75	64	..	..
Other conditions	8	126	304	99	28	7

IRONBRIDGE.

Skin :—						
Ringworm—head	..	2	8	2	..	..
Ringworm—body	..	..	..	..	..	..
Scabies	..	1	2	1	..	..
Impetigo	..	16	20	16	..	..
Minor Injuries	..	10	13	8	1	1
Other skin diseases	1	5	8	6	..	..
Ear disease	2	25	61	14	10	3
Eye disease (external and other)	18	24	59	18	23	1
Verminous conditions	..	2	2	2	..	..
Other conditions	23	115	391	87	43	8

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered

LUDLOW.

Skin :—						
Ringworm—head ..	1	..	7	1	..	..
Ringworm—body ..	..	2	8	2	..	..
Scabies	2	4	27	6	..	..
Impetigo	..	47	142	29	18	..
Minor Injuries ..	..	30	79	20	10	..
Other skin diseases ..	..	73	173	50	23	..
Ear disease	..	6	12	3	3	..
Eye disease (external and other)	6	18	66	16	8	..
Verminous conditions ..	..	..	..	..	..	..
Other conditions	40	218	603	181	72	5

MARKET DRAYTON.

Skin :—						
Ringworm—head ..	..	6	136	6	..	..
Ringworm—body ..	..	5	51	5	..	..
Scabies	..	..	..	..	..	..
Impetigo	..	12	160	12	..	..
Minor Injuries ..	..	257	3463	232	21	4
Other skin diseases ..	..	12	230	6	6	..
Ear disease	..	7	167	4	3	..
Eye disease (external and other)	9	..	204	3	4	2
Verminous conditions ..	..	..	..	..	..	..
Other conditions	..	33	143	3	19	11

NEWPORT.

Skin :—						
Ringworm—head ..	1	5	34	6	..	..
Ringworm—body ..	..	10	128	10	..	..
Scabies	..	..	..	..	..	..
Impetigo	1	28	311	29	..	..
Minor Injuries ..	..	49	418	49	..	..
Other skin diseases ..	..	50	370	50	..	..
Ear disease	2	3	89	5	..	..
Eye disease (external and other)	2	4	65	6	..	..
Verminous conditions ..	4	5	12	9	..	..
Other conditions	6	8	21	11	1	2

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
OAKENGATES.						
Skin :—						
Ringworm—head ..	..	10	56	10	..	..
Ringworm—body ..	..	4	27	4	..	..
Scabies	..	6	25	6	..	..
Impetigo	..	32	199	30	2	..
Minor Injuries ..	..	64	199	58	6	..
Other skin diseases ..	..	12	58	12	..	..
Ear disease	..	26	70	4	13	9
Eye disease (external and other)	..	42	93	12	29	2
Verminous conditions ..	..	10	15	10	..	..
Other conditions ..	27	353	1191	211	116	53

OSWESTRY.

Skin :—						
Ringworm—head	8	10	209	16	2	..
Ringworm—body	1	6	16	6	1	..
Scabies	..	1	7	1	..	..
Impetigo	7	128	1733	135	..	..
Minor Injuries	7	86	451	91	2	..
Other skin diseases	4	8	43	9	..	..
Ear disease	12	18	303	18	6	1
Eye disease (external and other)	17	27	131	17	14	1
Verminous conditions	..	20	41	20	..	..
Other conditions	47	97	298	110	13	5

WELLINGTON.

Skin :—						
Ringworm—head	..	6	87	6	..	..
Ringworm—body	..	5	25	5	..	..
Scabies	..	3	3	1	2	..
Impetigo	..	40	98	39	1	..
Minor Injuries	..	34	150	34	..	..
Other skin diseases	1	23	50	22	2	..
Ear disease	5	27	121	29	3	..
Eye disease (external and other)	8	30	96	21	17	..
Verminous conditions	..	3	8	3	..	..
Other conditions	13	75	330	75	7	6

Defects or Diseases.	Children seen at Medical Inspection	No. of other Cases.	No. of attend- ances.	Result of Treatment.		
				Remedied	Improved	Unaltered
WHITCHURCH.						
Skin :—						
Ringworm—head .. ..	.. ..	7	117	7	..	..
Ringworm—body .. ..	.. ..	1	22	1	..	..
Scabies .. ..	.. ..	2	14	2	..	..
Impetigo .. ..	.. ..	18	230	17	..	1
Minor Injuries	 2	28	391	30	..	..
Other skin diseases .. ..	.. ..	3	41	3	..	..
Ear disease	 1	9	95	5	1	4
Eye disease (external and other) .. ..	.. ..	6	11	1	3	2
Verminous conditions .. ..	.. ..	..	..	..	..	..
Other conditions .. ..	.. ..	47	91	5	5	37
Total for all Clinics, 1928 ..	301	3006	18409	2537	560	174
„ „ 1927 ..	405	2717	15158	2505	442	161
„ „ 1926 ..	329	2507	13005	2211	444	93
„ „ 1925 ..	244	2017	13020	1768	331	82
„ „ 1924 ..	195	1540	11662	1402	235	77
„ „ 1923 ..	312	1640	10034	1674	206	72
„ „ 1922 ..	347	1126	8197	1172	238	62

THROAT DEFECTS.

Hospital.	Number of Children seen.	Operated on.	Other treatment.
Salop Eye, Ear and Throat Hospital ..	133	133	..
Broseley and Wenlock Hospitals ..	51	51	..
Oswestry Cottage Hospital	80	80	..
Ellesmere Cottage Hospital	11	11	..
Kidderminster Hospital	19	19	..
Whitchurch Cottage Hospital	27	27	..
Wellington Cottage Hospital	194	194	..
Shifnal Cottage Hospital	8	8	..
Tenbury Cottage Hospital	1	1	..
Total ..	524	524	..

Ten children with defects of the nose were treated at the Salop Eye, Ear and Throat Hospital.

During the greater part of the year, owing to the accumulation of patients, other than school children, awaiting treatment at the Salop Eye, Ear and Throat Hospital brought about by the interruption of the work caused by building operations, it was not possible to arrange for more than two cases to be dealt with per week in this institution. Arrears of work having been cleared off, however, we are now sending four cases per week for operative throat treatment. We have still a long list of cases awaiting treatment, and at present arrangements are being made to have a larger number of children dealt with at other hospitals. During the year the facilities granted for obtaining treatment for these children were withdrawn at one of the hospitals for certain reasons, and the total number of cases dealt with was of necessity considerably smaller. The facilities for obtaining treatment at this hospital have been renewed, and it is expected that the next report will show that an increased number of cases have been dealt with.

The Reports of the Medical Officers show, on the whole, a very great improvement in the health of the children, although in too high a percentage of cases the tonsils and adenoids have not been completely removed.

No. of Children.	TONSILS.		No. of Children.	ADENOIDS.	
	Completely removed.	Not completely removed.		Completely dealt with.	Not completely dealt with.
174	126	48	173	163	10

EFFECTS OF OPERATION UPON HEALTH.

				Cured.	Improved.	Not improved.
Mouth Breathing	..	..	..	123	45	4
Otorrhoea	..	..	..	12	3	1
Deafness	..	..	..	9	3	1
Nasal Discharge	..	..	..	18	..	..
Enlarged Glands	..	..	..	26	..	..
Minor Deformities	..	..	..	9	..	..
Rheumatism	..	..	..	2	..	..
Intelligence	..	..	..	..	26	..
Speech	..	..	..	..	4	..
Bronchitis	..	..	..	..	1	..
General Health	..	..	..	..	169	7

Tuberculosis.—Twelve school children suffering from phthisis were admitted to the Shirlett Sanatorium during the year, and one to Prees Heath Sanatorium. For particulars of other forms of tuberculosis dealt with reference should be made to the summary of treatment at the Shropshire Orthopaedic Hospital, page 27.

Skin Disease.—Arrangements have been made with the Birmingham Education Authority for the treatment by X-rays of a limited number of cases of ringworm. Only intractable cases are sent for treatment. The railway fares are paid where the parents are not in a position to afford them.

Five cases were sent under this arrangement. All the cases were apparently cured, but one was left with a bald patch.

External Eye Disease.—Eleven external eye defects were treated under the Education Authority's scheme.

Defects of Vision.

DETAILS OF TREATMENT RECEIVED AT THE HOSPITALS AND CLINICS.

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.
Salop Eye, Ear and Throat Hospital	633	476	475	65	40	..	51
Ludlow Eye Clinic	120	93	90	6	6	..	15
Oswestry Eye Clinic	98	92	90	6	..	..	..
Market Drayton Eye Clinic ..	48	31	26	2	2	1	12
Assistant School Medical Officer at Whitchurch Eye Clinic ..	11	11	11	..	..	..	..
Bridgnorth do. ..	44	41	40	1	..	1	1
Bishop's Castle do. ..	12	12	12	..	..	..	..
Craven Arms do. ..	12	12	11	..	..	..	..
Highley do. ..	23	21	15	1	..	1	..
Total ..	1001	789	770	81	48	3	79

Ear Disease and Hearing.

Hospital.	Number of Children seen.	Received Treatment.				Waiting Throat Operation.
		Remedied.	Im-proved.	Not im-proved.	Not known.	
Salop Eye, Ear and Throat Hospital ..	49	14	26	9	..	..

TEETH.—For the last ten 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 visitors are to leave these at every house where there are young children and explain them to the mothers. 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.

The prevention of decay of teeth is now receiving considerably more attention from important bodies responsible for the public health. The Dental Board have issued a leaflet on prevention and treatment. The principal factors in the cause of dental caries are those which determine the acid fermentation of food in contact with the teeth.

In the scheme of dental treatment the ends which have been kept steadily 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 that 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.

In small country schools inspection and treatment are carried out at the same time ; and in all other schools arrangements are made for treatment either at the school or at a clinic some three weeks after inspection.

Children of all ages in the schools have been dealt with since October, 1923. This is a very important advance.

Not only are all ages dealt with, but the schools are now being visited on an average about once in seven months. This has been possible owing to the considerable number of refusals, and the smaller amount of treatment required owing to previous treatment.

All the schools were inspected and treated during the year, and 189 schools were treated twice during the year.

21 schools were inspected twice, but the second treatment was not given until 1929.

The results of inspection and treatment are given in the tables at the end of the report.

The number of unsaveable permanent teeth is a measure of the imperfection of the dental scheme. A tooth becomes unsaveable when the decay has reached the pulp cavity, or very close to the pulp cavity. It is very satisfactory that in 42,547 examinations of children only 3,635 unsaveable permanent teeth were found. 3,130 of these were due to refusal of treatment at the previous inspection. Only 505 can therefore be legitimately attributed to any shortcomings of the scheme. Of this number 327 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion, 41 were due to an unusually long inter-inspection period, and only 137 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period. These figures are extremely encouraging, showing, as they do, that if there were no refusals and no extra long periods between inspections there would be very few permanent teeth destroyed. In the East of the County where treatment is carried on principally in clinics, and where there is consequently more opportunity for treating those children who could not for any reason be dealt with on the day arranged, the total number of unsaveable teeth, apart from refusals was only 25.

The difference between the number referred for treatment, including 392 cases brought forward from 1927, and the number treated was 8,850. The details are given in the following statement :—

		Refusals.	Absent on day of Treatment.	Left School.	To be treated in 1929.	Treatment deferred.
East of County ..	..	1636	286	40	553	44
South of County ..	..	1906	131	9	235	64
North of County ..	..	3267	270	30	332	47

It will be noted that there were no less than 6,809 refusals of treatment. The following table shows the schools in which the percentage of consents was very high and those in which it was very low :—

PERCENTAGES OF " CONSENTS " FOR TREATMENT.

SCHOOLS WITH 90 PER CENT. OR OVER.

Chetwynd	100	Hordley	100
Lee Brockhurst	100	Westbury Forest	93
Sutton Maddock	100	Langley Council Girls	92
Wroxeter	100	Smethcote	92
Leighton	98	Cardington	91
Loughton	97	Pant	91
Berrington	96	Boningale	90
Church Aston	96	Chapel Lawn	90
Adderley	95	Langley Council Boys	90
Quatford	95	Montford	90
Middleton Priors	94	Malins Lee C.E. Mixed	90
Newport R.C.	94	Woodcote	90
Rhydycroesau	94		

SCHOOLS WITH NOT MORE THAN 50 PER CENT.

Knockin	22	Great Hanwood	46
Kinlet	24	Bridgnorth St. Leonard's C.E. Infants	46
Newtown	31	Ludlow C.E. Infants	46
Astley St. Mary	32	Morda	46
Neen Savage	33	Whitchurch Wesleyan Mixed	46
Little Drayton Mixed	36	Alberbury	47
Wem Undenominational	38	Great Ness	47
Wistanstow	38	Oswestry Council Junior Infants	47
Lydbury North	39	Selattyn	47
St. George's Infants	39	Whixall Council	47
Market Drayton Girls	40	Clungunford	48
St. Martin's	40	Oswestry Council Senior Boys	48
Ludlow Undenominational	42	Whittington	48
Criftins	43	Bromlow	49
Eardington	43	Burford	49
Maesbury Council	43	Clee St. Margaret	49
Neen Sollars	43	Ludlow East Hamlet Boys	49
Ratlinghope	43	Myddle	49
Coreley	44	Porthywaen	49
Kinnerley	44	Bridgnorth St. Mary's Mixed	50
West Felton	44	Lineal	50
Wrockwardine C.E. Mixed	44	Little Drayton Infants	50
Ashford Carbonell	45	Malins Lee Institute	50
Nash	45	Marton	50
Eaton Constantine	46	Welshampton	50

It may be looked upon as a reflection on our educational system that, although it has brought about great changes for the better, after fifty years of universal education we should find a considerable percentage of the people ranging in different parts from 20 per cent. to 78 per cent. refusing dental treatment for their children, when skilled treatment is provided free of cost. We know that in the more highly educated classes dental treatment is sought after and obtained at much cost and inconvenience, and we may infer that the large majority of parents who refuse dental treatment do so because of a lack of development of their intelligence and their consequent inability to form a correct judgment on the serious problems of life.

CRIPPLING DEFECTS AND ORTHOPAEDICS.
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 ..	9**	23*	55**	1	..	3
Poliomyelitis	7	15	..	..	5	1
Rickets	6	2	..	3	..	1
Hallux Valgus	..	..	..	..	1	4
Scoliosis	..	5	..	..	1	3
Club Foot	3	..	..	..	..	..
Congenital Deformities	2	2	..	1	..	3
Flat Foot	..	1	..	..	..	5
Claw Foot	..	9	..	1	3	5
Hallux Rigidus	..	..	..	..	..	..
Osteomyelitis	..	7	..	..	..	1
Contractures	..	2	..	..	..	1
Spastic Paralysis	1	4	..	..	1	1
Fractures and Dislocations	..	7	..	..	..	14
Torticollis	..	2	..	..	..	..
Septic Arthritis	1	2	..	..	..	9
Rheumatoid Arthritis	..	..	..	1	..	7
Gonococcal Arthritis	..	..	..	..	..	..
Other Accidents	..	1	..	1	..	5
Other Diseases and Conditions	..	2	..	..	1	4
	29	84	55	8	12	67
	168			87		

* Includes 8 Shrewsbury School Children.

** Two of these cases notified and sent in to the Hospital as tubercular were diagnosed afterwards to be Osteomyelitis 1, Poliomyelitis 1.

In all, 255 cases have been treated at the Hospital, compared with 287 in 1927. So far as we are aware all the cases really needing treatment have been dealt with. This is very satisfactory, as it is our constant endeavour to get the cases treated as early as possible.

The more serious orthopaedic conditions are treated at the Orthopaedic Hospital, and children with less serious defects attend regularly at the weekly After-care Centres.

Although the Committee authorised the treatment of recent fractures at the Orthopaedic Hospital, only 4 were sent to the hospital for treatment.

OPEN AIR EDUCATION.

Playground Classes are encouraged, but although these are increasing they are held only in a comparatively small number of the schools.

Very few of the schools have so far had *School Journeys*, and there have been no *School Camps* in connection with any of them so far as I am aware.

The general plan now adopted for new schools is such that all the classrooms can be used as open-air rooms in suitable weather. The chief difficulty met with is that the method of heating adopted, is altogether unsuitable for open-air rooms. It is quite obvious that any scheme which depends principally upon heating the air of the room cannot be effective. If the air is changed every minute or oftener, as it is in the open-air rooms except on the stillest days, the heating must be by means of radiant heat, the radiating surface being placed in such a position that the heat rays are distributed uniformly over the area occupied by the children and therefore fall directly upon them.

There is no other way of keeping the children reasonably warm in an open-air classroom, and all other methods of heating under open air conditions are almost useless. If it is decided to continue the open air planning of schools, it follows that ceiling heating should be adopted, and investigations, inquiries and experiments have been made in order to determine the best way of carrying it out.

It is doubtful to what extent "Vitaglass" is desirable in schools. It is more particularly in the winter, early spring and autumn that special provision is needed, as it is at those times that the children suffer most seriously from lack of sunlight.

RESIDENTIAL OPEN-AIR SCHOOLS.

There are always a certain number of children who are in a persistently poor state of health, not traceable to any definite physical defect, but probably attributable in most instances to poor home circumstances, lack of proper food and to unhygienic conditions. No form of purely medical treatment can be expected to restore them to normal health, and the only remedy would seem to be to get them removed to where conditions of life will be better for them, and where their physical requirements will be more adequately met. It is for these children that a period of residence in an open-air school would be particularly beneficial; and the fact that none were sent during the year was due partly to the difficulty of sorting them out at an early date as a result of the shortage of staff, but chiefly to the difficulty of finding accommodation for them after the preliminary examinations had been completed. We have now, however, three children in open-air schools.

PHYSICAL TRAINING.

Exercise and fresh air conditions and proper food are the primary factors which govern growth and health, and by attention to these two matters we strike at the root of disease. Measures directed to the early treatment of disease, or to the prevention of particular diseases, although important, can never yield the same result to the State, and consequently it is essential that we should concentrate our energies more especially on these general measures, which are essential for the full growth and vitality of the great mass of school children. Of these measures, a good scheme of physical instruction, including the encouragement of organised games and the provision of playing fields, is perhaps the most important.

In addition to attending to the physical development of all the school children, which is infinitely the most important matter, the question of remedial exercises for children requiring them has received considerable attention.

Those children whose deformities are serious are dealt with by admission for a period into the Orthopaedic Hospital. For the continuation of treatment in these cases and for the treatment of slighter cases it is most desirable that our School Nurses should work in close co-operation with the Orthopaedic After-care Centres in order that daily exercises may be carried out where necessary, and generally more attention given to this work than it is possible for the Orthopaedic Nurses to give.

The report of Mrs. Davey, the Organiser of Physical Training (see appendix) shows that the work is progressing most satisfactorily, so far as it is possible for one person to carry it out. The scheme works smoothly and the teachers on the whole greatly appreciate the assistance given.

SCHOOL BATHS.—An arrangement has been made in Whitchurch, Oswestry and Wellington, whereby the older Elementary School children in these areas are sent for swimming instruction once weekly. The Organiser of Physical Training is giving special consideration to the utilisation of natural waters in country districts for teaching swimming.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

PARENTS.—A notice is sent to all parents inviting their presence at the routine medical and dental inspections. A special effort is always made to get the parents of seriously defective children to attend all examinations.

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

In addition to the routine help at medical inspection described in the earlier reports, the teachers are asked to pay special attention to the attitude of the children in school and to correct false positions ; to see that the children wear spectacles when prescribed ; to see that children with visual and aural defects get the special school treatment indicated ; to note abnormalities and call the attention of the Medical Officers ; to exclude cases of suspected infections in accordance with directions and to report exclusions ; to distribute directions with regard to infectious disease to parents on certain occasions.

The influence of the teachers on the general hygiene of the school has been alluded to in other parts of this report.

SCHOOL ATTENDANCE OFFICERS.—The Attendance Officers are now working in close 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 excluded by the Medical Inspector for various conditions whose parents are not carrying out the treatment prescribed.

They attend at the medical inspections when required and are available for bringing up children who are absent and whose examination is very desirable. They are supposed to keep a strict lookout on children absent on account of verminous or skin conditions in order to see that the treatment prescribed is not neglected. In persistently verminous cases, where it is necessary to take legal proceedings and the nurse objects to appearing in court, they are always present at the final examination of the child, and are therefore able to give evidence when required.

VOLUNTARY BODIES, VOLUNTARY HELPERS.—(See remarks, page 8, report for 1914).

During the war the scheme for utilising Voluntary Helpers became much less efficient, owing chiefly 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.

Where the school nursing is done by the District Nurse the Secretary of the Local Nursing Association very frequently carries out the functions mentioned above.

The Inspector of the National Society for the Prevention of Cruelty to Children has been of great help in obtaining medical treatment, where other means have failed, and in dealing with cases of gross neglect. The thanks of the Education Committee are due to the Society for their ready co-operation and prompt action.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Methods of Ascertainment.—For the ascertainment of these, reliance is placed principally upon the visits of the Health Visitor to the Homes of the children under school age. These visits should bring to light with certainty all defective children who have been born in the County, and with a lesser degree of certainty, defective children who have removed into the County.

In addition, the Attendance Officers make an annual census of all defective children, and for this purpose are supposed to visit every house. For defects that develop during school age, one has to rely upon the inspections of the Medical Officers and the vigilance of the teachers. In addition to these measures, the Attendance Officers call the attention of the Medical Department to children who are permanently absent from school.

To make ascertainment absolutely complete, there should be prompt notification of movements of defective children from the area of one Authority to that of another. This is a matter which can only be satisfactorily undertaken by the help of the Attendance Officers and Teachers.

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

	Certified suitable for Special School on Form 302M. 38D, 39D. or 40 B.D.	Uneducable.	To be kept under observation.	Examined and found Dull and Backward only.
		Notified to Local Authority.		
Mentally Defective ..	30	14*	28	15
Epileptic	2	..	3	..
Blind	2	..	..	..
Deaf and Dumb ..	2	..	..	..
Physically Defective	41	..	1	..

* 11 Imbeciles, 3 Idiots.

Number of children certified as educable and suitable for Sandlebridge in 1928 ..	30
Number of these children admitted in 1928	0
Number not admitted	30
Reasons for non-admission :—Parents' refusal	19
Too old	5
Found unsuitable	3
Awaiting vacancies	1
Referred to Guardians	1
Sent to another Institution	1

The number of children admitted to special schools during 1928 was—Blind 4, Deaf and Dumb 2, Epileptic 1, Mentally Defective 1, Physically Defective 64.

During the year 1928, the striking feature was the large number of mentally defective children attending the Public Elementary Schools. These to a considerable extent consisted of children who had been certified for a special school, but either their parents objected to their removal or they were considered too defective for Sandlebridge, although to some extent educable.

These children are now put under systematic supervision of the whole-time school nurse, and, at the age of 16, are transferred to the supervision of the Health Visitors, although they cannot be notified formally to the Local Authority under the Mental Deficiency Act. A special class was started during the year at Wellington for backward children. Thirty backward children resident in this area are in daily attendance.

Orthopaedic Hospital and Special School.—The more serious orthopaedic cases are admitted to the Hospital on the report of the School Medical Officer, and assessed for payment according to ability to pay. The accommodation is such that there is no delay. The cases are discovered principally by the School Medical Officers and nurses, and every effort is made to get the cases early. On discharge from the Hospital they are kept under supervision at the After-care Centres, 16 in all, distributed throughout the County. Nine of these Centres are open weekly and 7 fortnightly. The cases are re-admitted to the Hospital for re-splinting, plasters, exercises or operation, as required.

Schools for the Blind, Schools for the Deaf.—In both these classes of schools accommodation is always found if the parents are willing for removal. Every effort is made to get these cases under early treatment.

Mentally Defectives.—These children are sent to Sandlebridge Special School, where the Education Authority has an option on 10 beds. The accommodation is not sufficient for the needs of the County, and would be grossly insufficient if all suitable cases were compulsorily removed. There are at present 15 children in this school from the County. (One being paid for by a Board of Guardians).

NURSERY SCHOOLS.

There are none of these schools in the County, nor does the provision appear to be particularly urgent.

SECONDARY SCHOOLS.

There are 21 Secondary Schools, three of which are "Aided" schools, in which routine medical inspections are carried out.

Three of the schools are mixed schools and have to be inspected by male and female Medical Officers. Entrants, leavers and scholars aged 12 and 15 are examined. Owing to the shortage of staff, it was not possible to visit all the secondary schools each term. Three schools were visited only once, thirteen twice, and five schools three times.

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.

Continuation Schools.—There are no Continuation Schools in the County.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The children over 12 years of age in private employment come under the notice of the Assistant School Medical Officers at each visit to the schools, and if they are found to be suffering in any way from their employment, notice is sent to the Education Department.

The findings of the Medical Inspectors are at the service of the Juvenile Employment Committee and the Certifying Factory Surgeon. If the Medical Officers consider that a child is not fit for any specific employment, this information is transmitted to the Juvenile Employment Committee and the Certifying Factory Surgeon.

No definite statement of the findings of the School Medical Service as regards the physical conditions of employed children and young persons can be made, but the Assistant School Medical Officers report cases where they think the child's health is injured by their employment out of school hours, and the information is sent in these cases to the Secretary for Education for appropriate action to be taken.

TABLE I.—A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—							
Entrants	..	..	..	..	..	..	2829
Intermediates	..	..	..	..	..	..	3140
Leavers	..	..	..	..	..	..	2345
Total							8314
Number of other Routine Inspections							—

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	3682
Number of re-inspections	..	..	..	..	10132
Total					13814

TABLE II.—A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDING 31ST DECEMBER, 1928.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Malnutrition					..	968	..	10
Uncleanliness					730	..	7	..
Skin	Ringworm—							
	Scalp				3	..	3	..
	Body				4	..	1	..
	Scabies				7	..	1	..
	Impetigo				32	..	8	..
	Other Diseases (non-tubercular)				19	..	1	..
§Eye	Blepharitis				26	7	4	1
	Conjunctivitis				8	..	..	..
	Keratitis				..	..	1	..
	Corneal Opacities				6	1	..	..
	Defective Vision (excluding squint)				469	82	74	6
	Squint				57	3	8	2
Ear	Other conditions				11	..	1	..
	Defective Hearing				15	..	8	..
	Otitis media				40	1	8	..
	Other ear diseases				1	..	..	..
Nose and Throat	Enlarged tonsils only				521	630	111	20
	Adenoids only				85	62	12	8
	Enlarged tonsils and adenoids				208	32	30	2
	Other conditions				15	3	1	1
Enlarged Cervical Glands (non-tubercular)					5	178	..	13
Defective speech					..	30	..	4
*Teeth, Dental Diseases					219	..	7	..
Heart and Circulation	Heart Disease—							
	Organic				7	78	2	7
	Functional				..	51	..	2
Lungs	Anaemia				1	7	..	..
	Bronchitis				21	31	2	1
	Other non-tuberculous diseases				7	2	2	..

TABLE II.—*continued.*

Defect or Disease.				Routine Inspections.		Special Inspections.	
				No. of Defects.		No. of Defects.	
				Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)				(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary—						
	Definite	..	..	1	1	..	..
	Suspected	..	..	13	..	1	..
	Non-pulmonary—						
	Glands..	..	..	10	..	..	..
	Spine ..	..	..	..	..	..	..
	Hip ..	..	..	2	1	..	..
	Other bones and joints	..	..	1	..	..	..
Nervous system	Skin ..	..	..	..	..	..	..
	Other forms	..	..	2	1	..	..
	Epilepsy	..	..	4	6	2	..
	Chorea ..	..	..	2	1	..	1
Deform- ities	Other conditions	..	..	2	3	..	..
	Rickets ..	..	..	56	54	3	3
	Spinal Curvature	..	..	62	31	4	..
Other defects and diseases	Other forms	..	..	418	257	38	7
		..	..	157	460†	28	61‡

§ In addition there were 156 "Routine" and 2 "Special" cases of defective vision which had been corrected by glasses at the time of examination.

* This only includes the grosser cases requiring immediate treatment, others being left over for routine treatment by the School Dentist.

† Includes 371 Dull and Backward Children. ‡ Includes 34 Dull and Backward Children.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group. (1)	Number of Children.		Percentage of children found to require treatment. (4)
	Inspected. (2)	Found to require treatment. (3)	
Code Groups :—			
Entrants	2829	604	21.4
Intermediates and other routine inspections	3140	789	25.1
Leavers	2345	563	24.0
Total (Code Groups)	8314	1956	23.5

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON DECEMBER 31ST, 1928.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a school or class for the totally blind.	Attending certified schools or Classes for the Blind ..	9	3	12
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution ..	1	..	1
	(ii) Suitable for training in a School or Class for the partially blind.	Attending certified Schools or Classes for the Blind ..	..	3	3
		Attending Public Elementary Schools	10	4	14
		At other Institutions	..	1	1
		At no School or Institution ..	1	4	5
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending certified Schools or Classes for the Deaf ..	7	9	16
		Attending Public Elementary Schools	..	..	..
		At other Institutions	..	..	..
		At no School or Institution ..	..	1	1
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending certified Schools or Classes for the Deaf ..	1	..	1
		Attending Public Elementary Schools	2	2	4
		At other Institutions	1	..	1
		At no School or Institution ..	2	..	2
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Authority).	Attending certified Schools for Mentally Defective children	7	7	14
		Attending Public Elementary Schools	36	28	64
		At other Institutions	..	2	2
		At no School or Institution ..	42	21	63
	Notified to the Local Control Authority during the year.	Feeble-minded	3	3	6
		Imbeciles	6	6	12
		Idiots	1	1	2

			Boys.	Girls.	Total.
Epileptics.	Suffering from Severe Epilepsy.	Attending Certified Special Schools for Epileptics ..	1	2	3
		In Institutions other than Certified Schools ..	..	1	1
		Attending Public Elementary Schools ..	2	3	5
		At no School or Institution ..	2	1	3
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools ..	17	12	29
		At no School or Institution ..	7	4	11
Physically Defective.	Infectious Pulmonary and Glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ..	4	2	6
		At other Institutions ..	2	..	2
		At no School or Institution ..	15	14	29
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board. ..	3	2	5
		At certified residential open-air schools ..	..	..	..
		At certified Day Open-air Schools ..	..	..	..
		At Public Elementary Schools	33	29	62
		At other Institutions ..	..	1	1
		At no School or Institution ..	20	27	47
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc).	At Certified Residential Open-air Schools ..	..	..	..
		At Certified Day Open-air Schools ..	..	..	..
		At Public Elementary Schools	76	68	144
		At other Institutions ..	1	1	2
		At no School or Institution ..	27	22	49

			Boys.	Girls.	Total.
Physically Defective (contd.)	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board	5	3	8
		At Public Elementary Schools	27	19	46
		At other Institutions	1	1	2
		At no School or Institution ..	27	13	40
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, &c., and including those with severe heart disease.	At Certified Hospital Schools	7	4	11
		At Certified Residential Cripple Schools	1	1	2
		At Certified Day Cripple Schools	..	..	..
		At Public Elementary Schools	170	184	354
		At other Institutions	1	2	3
		At no School or Institution ..	73	60	133

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1928.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Defect or Disease.							Number of defects treated, or under treatment during the year.		
							Under the Authority's Scheme.	Otherwise.	Total.
(1)							(2)	(3)	(4)
Skin—									
Ringworm—Scalp	..	..	..	..	..	..	87	20	107
Ringworm—Body	..	..	..	..	..	..	43	4	47
Scabies	..	..	..	..	..	..	27	..	27
Impetigo	..	..	..	..	..	..	463	6	469
Other Skin Diseases ..	..	..	..	..	..	..	283	7	290
Minor Eye Defects—									
(External and other, but excluding cases falling in Group II.)									
Minor Ear Defects ..	..	..	..	..	..	..	217	7	224
Miscellaneous	..	..	..	..	..	..	198	25	223
(e.g., Minor injuries, bruises, sores, chilblains, etc.)							1556	45	1601
Total							2874	114	2988

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	Number of defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of refraction (including Squint)	928	32	10	970
Other defect or disease of the Eye excluding those recorded in Group I.)	11	..	..	11
Total	939	32	10	981

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	793
(b) Otherwise	42

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	754
(b) Otherwise	42

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment. (4)	Total number Treated. (5)
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
572	79	651	6	657

GROUP IV. DENTAL DEFECTS.

NUMBER OF CHILDREN DEALT WITH.

Age	..	..	AGE GROUPS INSPECTED.											Specials.	Total.
			Under 5	5	6	7	8	9	10	11	12	13	14		
East of County (Mr. Birch)	..	..	444	1058	1466	1694	1634	1307	1179	1248	1335	1297	122	63	12847
South of County (Mr. Keenan)	..	..	316	1055	1743	1958	1916	1468	1341	1480	1561	1505	252	—	14595
North of County (Mr. Catchpole)	..	..	289	1276	1814	2033	2009	1586	1432	1455	1490	1518	259	7	15168
Total	..	..	1049	3389	5023	5685	5559	4361	3952	4183	4386	4320	633	70	42610
(b) Referred for Treatment	..	..	..	..	..	..	..	..	..	..	..	..	..	..	20663
(c) Actually treated	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12205
(d) Re-treated (result of periodical examination)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7887

Age	..	..	NO. OF CHILDREN REFERRED FOR TREATMENT.											Specials.	Total.
			Under 5	5	6	7	8	9	10	11	12	13	14		
East of County	..	..	157	486	720	870	859	719	599	542	541	551	54	63	6161
South of County	..	..	57	277	684	995	1137	834	735	772	714	673	114	..	6992
North of County	..	..	88	558	902	1150	1143	861	706	670	654	648	123	7	7510
Total	..	..	302	1321	2306	3015	3139	2414	2040	1984	1909	1872	291	70	20663

NUMBER OF TEMPORARY TEETH DECAYED.

Age	..	SAVEABLE.											UNSAVEABLE.										
		Under 5	5	6	7	8	9	10	11	12	13	14	Under 5	5	6	7	8	9	10	11	12	13	14
East of County	..	803	2534	3663	4265	3806	2718	1935	1178	594	251	18	149	745	1267	1483	1347	1064	685	473	266	152	10
South of County	..	352	1474	2494	2686	2632	1610	922	477	198	78	5	98	419	1140	1710	1870	1171	809	571	310	143	10
North of County	..	151	646	752	650	591	308	198	114	66	11	5	303	1759	2908	3406	2981	1776	1334	632	353	182	20
Total	..	1306	4654	6909	7601	7029	4636	3055	1769	858	340	28	550	2923	5315	6599	6198	4011	2828	1676	929	477	40

NUMBER OF PERMANENT TEETH DECAYED.

Age ..	SAVEABLE.											UNSAVEABLE.										
	5	6	7	8	9	10	11	12	13	14	Total.	5	6	7	8	9	10	11	12	13	14	Total.
East of County ..	2	80	213	358	377	348	454	536	672	62	3102	..	1	6	10	33	45	80	112	154	10	451
South of County ..	..	41	172	338	331	349	461	662	709	110	3173	..	..	11	54	71	86	203	226	271	49	971
North of County ..	3	114	320	462	385	326	416	475	469	71	3041	5	39	106	212	211	277	312	409	534	108	2213
Total ..	5	235	705	1158	1093	1023	1331	1673	1850	243	9316	5	40	123	276	315	408	595	747	959	167	3635

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 and Schools.	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
East of County. 109	318	3804	141	1897	3668	467	2383	—	1726	1035
South of County. 97	348	4805	449	1809	4381	270	2130	—	971	955
North of County. 126	281	3873	527	1350	4391	226	1765	1	1835	148
Total 332	947	12482	1117	5056	12440	963	6278	1	4532	2138

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (1) Average number of visits per school made during the year by the School Nurses 8.7
- (2) Total number of examinations of children in the schools by the School Nurses 93709
- (3) Number of individual children found unclean 3874 approx.
- (4) Number of children cleaned under arrangements made by the Local Education Authority.. .. . nil.
- (5) Number of cases in which legal proceedings were taken :—
- (a) Under the Education Act, 1921 nil.
- (b) Under School Attendance Bye-laws.. .. . 20

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	20	Total.
Boys	..	..	..	..	1	1	11	7	20	57	112	40	25	115	12	8	2	..	..	411
Girls	..	..	1	1	4	2	4	4	19	36	101	23	34	104	28	22	11	3	1	398
Totals	..	..	1	1	5	3	15	11	39	93	213	63	59	219	40	30	13	3	1	809

B.—SPECIAL INSPECTIONS.

Boys	..	..	2
Girls	..	..	12
			<u>14</u>

RE-EXAMINATIONS.

Boys	..	..	257
Girls	..	..	643
			<u>900</u>

RETURN OF DEFECTS (SECONDARY SCHOOLS).

Defect or Disease. (1)	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
Malnutrition	..	39	..	I
Uncleanliness	2	..	..	..
Skin {	Ringworm—			
	Scalp	..	..	..
	Body	..	..	..
	Scabies	..	..	..
	Impetigo	..	..	..
	Other diseases (non-tuberculous)	4	..	..
Teeth	Dental Diseases	128	..	..
Nose and Throat {	Enlarged Tonsils only	28	31	I
	Adenoids only	2	I	..
	Enlarged Tonsils and Adenoids ..	8	3	..
	Other conditions	..	I	..
Enlarged Cervical Glands (non-tuberculous)	I	5	..	..
Goitre	7	..	I	..
Eye {	External Eye Disease	I	I	..
	Defective Vision (including squint)	67	70	I
Ear {	Defective Hearing	3	..	..
	Otitis Media	2	..	..
	Other Ear Diseases	I	..	..
Defective Speech	..	4	..	..
Intelligence (backward)	..	14	..	..
Heart and Circulation	..	8	I	..
Anaemia	2	..	..	..

Defect of Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)					(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary—							
	Definite	..	..	..	..	..	..	..
	Suspected	..	..	..	..	..	..	..
	Non-pulmonary—							
	Glands.. ..	..	..	..	..	..	..	..
	Spine	..	..	..	..	..	..	..
	Hip	..	..	..	..	..	..	..
	Other Bones and Joints ..	..	..	..	..	..	..	..
Lungs	Skin	..	..	..	..	..	..	..
	Other forms	..	..	..	..	..	..	..
Nervous System	Bronchitis	..	..	..	..	2	..	..
	Other Non-tuberculous diseases	..	..	..	..	1	..	..
	Headache	..	..	..	..	..	..	..
Rheumatism	Signs of Overstrain	..	..	..	..	3	..	..
	Chorea	..	..	..	..	..	..	..
Digestion .. ..	.. ..	..	..	..	5	4	..	..
Deform- ities	.. ..	..	..	..	2	2	..	..
	(Spinal Curvature	..	..	..	5	6	..	..
	Flat Foot	..	..	..	32	59	1	1
Other Defects	Other Deformity	..	..	..	2	10	..	..
	.. ..	..	..	..	11	5	2	..
Remedial exercises advised					52		1	
Number of individual children found at Routine Inspection to require treatment					170			

Treatment.—Defects and the nature of the remedy required are explained by the Assistant School Medical Officer to the Head of the School at the time of Inspection.

The following is a summary of the information obtained by the Medical Inspectors by re-examination of the children referred for treatment at previous inspections :—

Defects treated during the year	Defective Eyesight.	Tonsils & Adenoids.	Defective Hearing and Ear Disease.	Other Conditions.	Skin Disease.	Teeth.	Exercises for Flat Foot and Postural Defects.
	34	9	5	18	5	27	25

APPENDIX.

REPORT OF MRS. DAVEY, THE ORGANISER OF PHYSICAL TRAINING, 1928.

During the year classes were held as follows :—

Date.	Centre.	Type of Class. For Teachers of	No. of Students.	Percentage of Attendance.
Jan. to March	Wellington	Infants	26	81.3
"	Baschurch	Infants and Seniors	19	88.3
Feb. to March	Shrewsbury	Seniors	35	79.3
Oct. to Dec.	Priors Lee	Infants	17	77.0
"	"	Seniors	27	77.4
"	Coalbrookdale	Infants	17	76.2
"	"	Seniors	30	79.0

" Refresher " meetings of teachers were held at the following centres :—

Market Drayton	on May 14th.
Minsterley	on June 6th.
Oswestry	on June 20th.

During each evening a talk was given by the organiser on the fundamental points of a good physical training lesson. This was followed by a demonstration of a typical playground lesson by children from the nearest schools, and various points of the work observed were discussed.

The children also demonstrated Stoolball—a game which the teachers in certain types of schools are encouraged to adopt for the summer months.

Playground Lessons.—There is slow but steady progress shown by most schools. The syllabus is followed more methodically, and the choice of games is wiser. A definite improvement has been made in the taking up of places or ranks ready for the performance of exercises. As several dispersals are advisable during the lesson the speed with which children can scatter and re-form again is very important.

The general teaching of the correct standing position has definitely improved, this should help the children to improve their natural standing positions and walking, quite apart from the actual physical training lesson. The way in which the children stand and walk at present leaves much to be desired.

Organised Games.—Where a suitable field is available, most schools include a period for games on the time-table, and the standard of play is gradually improving. There is still much progress to be made in the control and coaching of games.

Many schools are still without fields. Some of those situated in the rural districts are very badly off, and towns such as Oswestry, Wellington, Whitchurch, and others are very inadequately provided with suitable grounds.

Swimming.—Arrangements are made for the school children to attend the Swimming Baths at the following centres :—Oswestry, Wellington, Whitchurch and Ellesmere. There is much progress to be made in the methods of teaching groups of children, and this question will be tackled thoroughly during the coming season. It is hoped that satisfactory progress will be reported next year.

Folk Dancing.—In schools where Folk Dancing is taught a great improvement is noticed.

Classes of Instruction have been arranged in various parts of the County under the control of the Shropshire Branch of the English Folk Dance Society.

Many teachers have taken the opportunity to attend, consequently the dancing in some of the schools reaches a very satisfactory standard.

Netball.—During the autumn, netball in the Oswestry and Wellington areas was somewhat unsettled owing to the reorganisation of departments into Senior and Junior Schools. In the Oswestry area the rules of the Netball League have been revised; a system of handicapping is to be tried, in order that all schools may still take part in league matches.

In Wellington, where the reorganisation was accomplished somewhat late, the arrangements have not been completed.

League Results for the 1927—1928 Season.

Wrekin Area	..	..	Winners	—Constitution Hill Girls.
Oswestry	..	..	"	—West Felton.
Madeley	..	..	"	—Jackfield.
Wem	..	..	"	—Wem C.E.
Newport	..	..	"	—Donnington Wood Girls.

Football.—Hadley Boys' School is to be congratulated on winning the Wrekin Shield, Wellington Town Shield and the County Shield.

Equipment for Physical Training.—At the meeting of the Education Committee on Jan. 21st, 1928, a recommendation of the School Management Committee for the provision of equipment for Physical Exercises, etc., suggested by the Organiser as necessary for the carrying out of the Physical Training Syllabus, was adopted. (The special report of the Organiser can be found on pages 81—83, Education Committee reports, Jan. 21st, 1928).

This provision of equipment has acted as a great stimulus and encouragement to the work in the schools, 162 school departments having been supplied with useful apparatus.

The articles sent to these schools—footballs, small balls, jumping and skipping ropes, etc.—are sufficient to form the nucleus of a Physical Training Outfit. Local effort is still necessary if the school is to procure a complete outfit for organised games.

Grants for Physical Training Vacation Courses.—The offer by the L.E.A. of six grants of £5 each towards the expenses connected with attendance at a Vacation Course, was much appreciated by the teachers. The number of applications for the grant far exceeded the number of grants. Teachers from the following schools were selected :—Oswestry Senior Boys, Coleham Boys, Shrewsbury, Little Drayton Council, Worthen C.E., Cleobury Mortimer Endowed Girls, Highley Council.

During the ensuing year the following branches of the work will receive special attention :—

- (1) Increased acquisition of playing fields.
- (2) Improved methods of swimming instruction.
- (3) Better organisation of large classes on playing fields.
- (4) General improvement in habits of standing and walking.

KATHERINE W. DAVEY.