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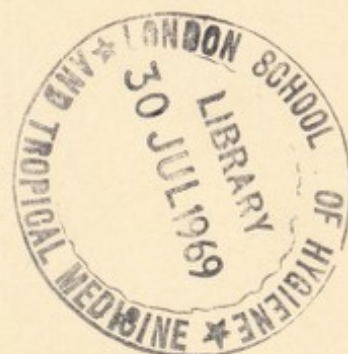
4491
DEPUTY COUNTY MEDICAL OFFICER.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO



The Education Committee

OF THE

SALOP COUNTY COUNCIL

1934.

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



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Medical Staff.

School Medical Officer :

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

Deputy School Medical Officer :

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

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.S.A.

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

LESLIE WILSON EVANS, M.B., Ch.B., D.P.H. (part-time).

WILLIAM H. HARRIS, M.D., D.P.H. (part-time). (Died 5th December, 1934).

SIDNEY S. PROCTOR, M.D., D.P.H.

LLYWELYN ROBERTS, M.D., D.P.H. (commenced duty 18th February, 1935).

School Dental Officers :

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 the Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1934. During the year the most important development was the supply of milk to school children under the Scheme of the Milk Marketing Board, the policy with regard to which is set out in the Report.

There are two items of special interest. Mrs. Davey has reported on the progress made in this county in the organisation of Physical Training during the past ten years; and Dr. Weston has commented on the investigations into the causes contributing to immunity to dental caries.

I am, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

*County Medical Officer and
School Medical Officer.*

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY,

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

The area covered by the Salop Education Authority now comprises 853,665 acres, and on April 1st, 1934, when the revision of county districts under the Salop Review Order was effected, had an estimated population of 206,775. With the exception of the area represented by the Borough of Shrewsbury, which is an independent authority for elementary education, it is co-extensive with the administrative county.

At the end of the year there were 316 departments, comprised in 271 schools. On 31st December, 1933, the number of children on the register was 30,395, as opposed to 28,589 on 31st December, 1934.

STAFF.

The staff consists of the Deputy School Medical Officer, five Assistant Medical Officers, one of whom holds the position of District Medical Officer of Health within the County, and three whole-time Dental Officers. Seven-tenths of the time of the Medical Officers is devoted to the work of School Medical Inspection, the remainder being given to other branches of the health services.

In addition to the Medical Officers and Dental Officers above mentioned, there are—

- 3 Dental Helpers.
- 1 Organiser of Physical Training.
- 2 Whole-time School Nurses.
- 10 Health Visitors undertaking school nursing.
- 88 District Nurses undertaking school nursing.
- 2 Nurses working independently.

The apportionment of the children amongst the nurses is as follows:—

District Nurses acting as School Nurses (88)	..	..	15,915
Whole-time School Nurses (2)	..	..	4,980
Health Visitors (10)	..	..	6,288
Nurses working independently (2)	..	..	2,024
Health Visitors and District Nurses jointly (5)	..	..	141
			29,348

CO-ORDINATION.

The areas for which the School Medical Inspectors are responsible are, as far as possible, made the same as those for which they act in their capacity as Medical Officers under the Maternity and Child Welfare Scheme. The children whom they see at the Welfare Centres under the Maternity and Child Welfare Scheme are the children whom, later, they examine in the schools, and sometimes treat for minor ailments in the school clinics, which are also held in the Child Welfare Centres. In addition, the Orthopaedic Clinics, at which fifty per cent. of the attendances are made by school children, are held, with two exceptions, in the same building and on the same day as the Child Welfare Centres. As the co-operation between the Assistant School Medical Officers and the Orthopaedic Surgeons who attend these clinics is very close, a further linking up of the health services is thus secured; and, in addition, a child attending any of these clinics can be referred for examination to the Tuberculosis Medical Officers.

HYGIENIC CONDITION OF THE SCHOOLS.

In a rural county, such as Shropshire, it is quite impossible to attain anything like uniformity of standard in the hygienic condition of the schools, varying as they do in size and situated as they are both in urban and rural districts. It should be recognised, however, that many of the older schools fall far short of what is required in the matter of lighting, heating and ventilation, and that the nature of the sanitary conveniences provided in certain instances is only partly justified by the limitations imposed by the absence of public services in the localities in which the schools are situated.

The School Medical Inspectors are required to report after each visit to a school on any sanitary defects discovered at the time of the medical inspection. These are forwarded to the Secretary for Education with a view to their being dealt with by the Works Committee. In order, however, to obtain a more precise, if more general, idea of the hygienic condition of the schools in the county as a whole, a new system of sanitary supervision has been initiated. A card has been printed with a series of questions, all of which must be answered in one of three ways, namely, "good," "moderately satisfactory," and "unsatisfactory"; and as the card has been ruled in columns in such a way that it can be used for the purposes of many reports without having to be renewed, a record can in this way be kept in a convenient form of the general sanitary condition of each school. When the answer given to any question is "unsatisfactory," the Medical Inspector reports in detail on the condition so described.

The card was not printed sufficiently early in 1934 to enable a complete picture to be presented of the sanitary condition of the schools in this County, but the following table gives the results of the 182 inspections of schools which it has been possible to make since this system was initiated.

	Good.	Moderately satisfactory.	Un- satisfactory.
Environment	139	33	10
Classrooms :—			
Ventilation	77	82	23
Lighting	83	74	23
Heating	59	86	34
Desks	150	22	9
Sanitation :—			
Drainage	114	50	13
Disposal of refuse	107	51	18
Sanitary Conveniences :—			
Closets—Boys	36	90	48
Girls	36	88	50
Disposal of contents	97	43	30
Urinals	26	97	49
Lavatories	49	77	51
Water Supply :—			
Drinking	99	50	27
Washing	113	45	22
Cloakrooms :—			
Accommodation	87	60	33
Means for drying Clothes and Boots	17	17	145
Cleanliness (Schoolrooms and Cloakrooms)	95	75	10
Playgrounds	34	58	88

DR. WESTON states:—"There is an aspect of the sanitary conditions existing in some rural schools which is apt to be lost sight of. The most obvious reason for altering insanitary conditions is the danger to health, and this is very real, but little account is taken of the harmful effect on the mind of a child by impressions received through sight, smell and touch.

"The common defects found in the sanitary conveniences of some rural schools are uneven floors with puddles of urine and rainwater, through which children have to walk; absorbent brick walls in the urinals, without a flush, resulting in constant smell; uncovered seats exposing the contents of the pail or pit to view and still further adding to the smell. In some places the absence of proper screenings or doors makes privacy impossible, and the inconvenience or absence of washing arrangements make cleanliness impossible. There are few schools in which all these defects are found, but the presence of any one of them must have a hardening effect on the mind.

"An increasing number of children come from homes in which they are taught to be "nice" about such matters, and those who are not taught at home, should be trained at school. Owing to defects, however, it is possible for the well-trained infant to break the good habits that are forming, adopt careless ways, and unconsciously receive the impression that insanitary conditions are to be tolerated; and the child who has had no early training will be confirmed in his unclean ways.

"The habits of the child, whether good or bad, are not formed by reason, but by the impressions received through the senses, coupled with daily practice, and it is important that the influence of everything in the school should help in the formation of a sanitary conscience. It must be remembered that, after the child leaves school, the food of the nation will pass through the hands of these children, either during production, or sale, or in the kitchen, and no method of inspection will be effective unless these good habits have already been formed."

Ceiling Heating.

The usual method of keeping children comfortably warm in school is to place them in a warm atmosphere, heated as a rule by means of so-called radiators. The word "radiator" is, however, to a large extent a misnomer, as "radiators" radiate comparatively little heat, but exercise their effect by heating the air with which they come in contact. As the hot air rises, it must continually be replaced by cold air until the room is gradually filled by a warm atmosphere, the warmest air being located in the upper half of the room and the air next to the floor being comparatively cold. Incidentally, if there is good cross ventilation in the upper part of the room, a great deal of this hot air is lost without having had any very material effect.

Ceiling Heating in Open-Air Schools.

It is considered, therefore, that if so-called radiators be relied upon to heat an open-air class-room, they must fail, as there will be no regulated cross-ventilation to allow of a residue of warm air for the purpose of maintaining warmth; but instead there will be many complete changes of atmosphere in the room at short intervals. If the children in an open-air class-room are to be kept comfortable, it will be necessary under such circumstances to rely on something other than an enveloping warm atmosphere, and it is suggested that this is more likely to be obtained by heat which radiates uniformly over them, the source of the radiant heat being most suitably located in the ceiling.

Ceiling Heating in Schools generally.

If, as is sometimes supposed, heat must rise, because hot air rises above cool air, then ceiling heating would be a failure. But a hot surface, wherever it is placed, radiates heat in straight lines in all directions, passing through the air *without raising its temperature* but heating the objects upon which it falls (incidentally being reflected to a great extent from light coloured surfaces and being readily absorbed by dark surfaces). This is precisely the principle upon which ceiling heating depends and, if the necessary steps are taken to secure efficient heating of the ceiling and to prevent loss of heat in an upward direction, then it is difficult to see how ceiling heating can possibly fail. The heat radiates downwards and heats the walls, floors, furniture, etc., in the room. These heat the air with which they come in contact, and, although this effect on the air of the room is less than that of radiators at any particular point, it is widely spread and the whole atmosphere of the room is uniformly affected. People in the room, therefore, are warmed both by the comfortable atmosphere which has been created in this way and by the warm rays which are falling upon them.

In addition, while the air in a room heated by radiators becomes uncomfortably dry on a cold day and promotes evaporation of moisture from the surface of the body, thus creating a feeling of chilliness, sometimes in a room which is actually uncomfortably hot, radiant heat does not have this effect, and the temperature of the air in a room heated by this form of heat is lower than that of the walls and objects which the room contains, a state of affairs exactly the opposite of that secured in a room heated by so-called radiators.

In cloakrooms, of course, ceiling heating is a complete failure, as what is desired in them is a circulation of hot dry air through the clothing. Hot pipes ought, therefore, to be run along below the coats in order to secure this.

Wem Senior School.

To judge of ceiling heating by the results obtained in Wem Senior School would be very misleading for, although very favourable reports were made by the School Medical Inspectors from time to time on the heating in this School, it later transpired that the results obtained under varying conditions were not uniformly good, and that in really cold weather the heating installations were not proving quite satisfactory. Probably insufficient heat was being generated, but, equally probably, the heat was expending itself in heating the air between the ceilings and the roof.

For ceiling heating to be effective, the heat must get into the ceiling, and there must be protection against loss of heat in an upward direction. These conditions, upon the existence of which successful ceiling heating depends, cannot be said to have been adequately secured in Wem Senior School.

The results obtained so far justify the application of the principle of ceiling heating that the matter is worthy of still further careful consideration by the Works Committee with a view to its installation in the new Schools, the construction of which the Education Committee is contemplating. Not only will ceiling heating give excellent results in an ordinary class-room, but it is the form of heating likely to be most successful in a class-room constructed on the open-air principle.

Meals for School Children.

The health of the children is likely to be improved by arrangements whereby a really good meal can be provided in the school during the middle of the day, and at the present time the problem of how to do this is being dealt with in individual schools to varying extents by different methods. The number of schools in which a good hot meal is provided is not large, but in many schools something is being done as a result of the initiative of the head teachers, and full credit and every encouragement should be given to those who try to provide for the needs of the children in this respect.

Milk.

In 72 schools a regular supply of milk is now being provided in bottles containing a third of a pint at a cost of $\frac{1}{3}$ d. This is usually consumed in the middle of the forenoon, and as milk is the very best form of food obtainable, the needs of the children are up to a point met in this way. In a large number of schools a hot drink, usually consisting of cows' milk modified in some way and sold under a trade name, is given to the children. Although this last is all to the good and many children prefer such a drink to one consisting entirely of cows' milk, it ought to be clearly understood that the chief nutritive value of these preparations lies in the cows' milk which they contain.

Milk Marketing Board's Scheme for supplying Milk to School Children.

Arrangements for securing a daily supply of milk in schools is left to the head teachers, and under the Milk Marketing Board's Scheme for supplying Milk to school children it is now possible to obtain milk for consumption in school premises at a halfpenny per third of a pint.

The scheme requires that all milk supplied to schools should be approved by the County Medical Officer of Health, and the Board of Education states in Circular 1437 that "where a supply of efficiently pasteurised milk is available, such milk should in all cases be provided. In other areas, all possible precautions should be taken to ensure as far as practicable the safety of the supply." Approval, therefore, must be understood to imply a guarantee of safety of some sort.

When the scheme came out, two things were obvious:—

1. That an adequate supply of safe milk was not available in all areas.
2. That milk must be allowed into the schools, even if not safe, on the grounds that, although such milk might give rise to very unfortunate results in the case of certain of the children, to the children as a whole it would do a great deal of good. (This is the view which has been put forward for many years in this County, when Medical Officers of Health in certain other Counties have refrained from advocating milk consumption.)

It was decided, therefore, to approve forthwith those milks which carried with them an adequate guarantee of safety, viz., Tuberculin Tested and Pasteurised Milk, and in the areas in which these milks were afterwards found not to be available, to approve also, on general grounds, temporarily and provisionally, Grade A Milk and milk obtained from a producer whose name was on the Accredited Register of the County Agricultural Department, after making it clear that such approval was "formal" only and that it carried with it no guarantee of safety.

It was hoped that, when the standard required for formal approval was lowered in this way, thus enabling also Grade A Milk and Accredited Milk to be introduced into the schools, it would add very greatly to the number of producers making application to have their names entered on the register of Accredited Producers of the County Agricultural Department, but this has unfortunately not been the case.

The position now is that a supply of milk, which carries with it a guarantee that it is something better than ordinary milk, is available for one-third of the school population. Although supplies of pasteurised milk are gradually covering a wider area, it may be that ordinary milk, carrying with it no guarantee whatsoever, will have to be allowed into the schools if a supply is to be available for all school children. This would be unfortunate, but it would be better to allow such milk into the schools, very unsatisfactory though much of it is, than permanently to withhold approval. Good milk is the very best food available, and it is a matter for much regret that the ordinary milk supply cannot whole-heartedly be recommended for human consumption.

The following are the particulars with regard to the progress of this scheme in this County :—

Total number of children on the Registers of the Secondary and Elementary Schools in this County	31,428
Number of children on the Registers of the schools which are obtaining milk under the Milk Marketing Board's Scheme	10,038
Grades of Milk supplied to these schools and the number of children for whom each special grade is available are as follows :—	
Certified Milk	209
Grade A (Tuberculin Tested) Milk	931
Pasteurised Milk	5,917
Boiled Milk	593
Grade A Milk	431
Accredited Milk	1,957
	10,038

Grants of Free Milk to Malnourished Children.

Under the above-mentioned scheme of the Milk Marketing Board the Local Education Authority can also obtain milk at the reduced rate of a halfpenny per third of a pint for the purpose of making grants of free milk to under-nourished school children.

The following information relating to and governing the provision of free meals (including milk) for school children is extracted from various memoranda, circulars, and reports issued by the Board of Education :—

- (a) The powers of the Local Education Authority in this matter are governed by Section 84 of the Education Act, 1921, the object of which is to ensure that public funds are not wasted in attempting to educate children who, owing to subnormal nutrition, are not in a fit condition to benefit from the education provided. *Free meals were never meant to be a mere form of poor relief*, and it is necessary, therefore, to relate the provision of free meals to the physical and educational capacity of the children.
- (b) The Board would regard it as proper that children should be selected who show any symptoms of subnormal nutrition, however slight. In the case of children whose nutrition is found to be subnormal, it will often be necessary to give more than one-third of a pint of milk per day.
- (c) The Board consider that the selection of children for free meals should be made on *medical grounds* by the Medical Officers of the Local Education Authority, and that when children are provided with free milk they should be re-examined from time to time to ascertain whether the provision of free milk should be continued. In addition, the Board considers that School Medical Officers should keep under observation the results of the provision of milk for any children whether free or on payment.
- (d) The parents of some under-nourished children are in a position to pay for extra nourishment, and it is very desirable that such parents be urged to allow their children to receive milk in school on payment.

The Education Committee decided to take advantage of the Milk Marketing Board scheme, and to make grants of free milk to school children in respect of whom these conditions had been complied with, but also decided that no grant of milk should be made without an assessment of the family income.

The Committee also issued an instruction that all the children attending ordinary elementary schools, who qualified on nutritional grounds to receive milk in school, free or on payment, should be ascertained. This ascertainment is at present in process of being carried out, but in order to cover all the school children in the County time is required. The procedure adopted is to report on the nutrition of each child brought forward for Routine medical examination, and at the same time to ask the Head Teacher and School Nurse to bring forward for special examination any children who in their opinion are in need of extra nourishment

EDUCATIONAL WORK OF MEDICAL OFFICERS AND OTHERS.

In addition to the instruction which the children receive from the teachers in health matters as part of the school curriculum, addresses are given by the Assistant School Medical Officers when they visit the schools if time and opportunity allow.

Summary of Assistant Medical Officers' Addresses to School Children.

				1934	1933	1932
Dr. Blake	..	..	..	63 lectures.	61 lectures.	36 lectures.
Dr. Priestley	..	..	..	13 ,,	11 ,,	9 ,,
Dr. Weston	..	..	..	4 ,,	16 ,,	11 ,,
Dr. Harris	..	..	..	3 ,,	9 ,,	18 ,,
Dr. Proctor	..	..	..	1 lecture.	8 ,,	12 ,,
Dr. Evans	..	..	..	0 ,,	*1 ,,	1 ,,
Total number of lectures				84	106	87

* Lecture on "Essentials of Health" at 20 schools during Oswestry Health Week.

FINDINGS OF MEDICAL INSPECTION.

During the year, 127 schools were visited once only, 177 twice, and 13 three times. This represents a total of 520 medical inspections as opposed to 501 during the previous year. Although nineteen more medical inspections were carried out, there was a decrease of 948 in the number of children who underwent routine examination.

The following are particulars of the number of children who underwent medical examination by the Assistant School Medical Officers:—

		Routine Examinations.			Special	Re-examinations.	Total.
		Aged 5.	Aged 8.	Aged 12.	Cases.		
Dr. Harris ..	..	452	457	354	135	1,802	3,200
Dr. Blake ..	..	768	778	685	204	2,334	4,769
Dr. Weston ..	..	544	537	460	148	1,507	3,196
Dr. Priestley ..	..	485	509	602	64	2,097	3,757
Dr. Proctor ..	..	709	694	665	154	2,763	4,985
Dr. Evans ..	..	372	392	349	84	786	1,983
Totals for 1934 ..	..	3,330	3,367	3,115	789	11,289	21,890
Totals for 1933 ..	..	3,527	3,552	3,681	817	10,690	22,267

Pediculosis—Although this branch of the school medical service is peculiarly that of the school nurses, it is convenient to include it under the findings of the school medical inspection work.

It is the policy to give every assistance and advice before prosecuting and summonses are only issued as a last resort. Prosecutions, however, are an essential part of any scheme for getting the children's heads clean, and legal proceedings were taken in 7 cases during 1934 (and in 18 cases during the previous year). Two cases were dismissed, and in the remainder fines ranging from 5/- to 20/- were imposed.

During the year the percentage of children found verminous on primary inspection was 4.0, a decrease of 0.3 per cent. on the previous year. The percentage of verminous heads for 1934 is therefore the lowest which has yet been recorded.

Year	Percentage verminous.	Year	Percentage verminous.
1920	14.0	1931	4.5
1925	7.5	1932	4.4
1930	4.9	1933	4.3
		1934	4.0

The following are the particulars of the primary and following-up inspections during the years 1933 and 1934 :—

		Primary Inspections.	No. of Children.	No. Verminous.	Percentage Verminous.
1933		1135	89794	3853	4.3
1934		1109	86008	3475	4.0

Below are details of the findings at subsequent inspections in the case of those found verminous at the first inspections :—

No. of following-up inspections.		No. verminous at inspections.			
		Second.	Third.	Fourth.	Fifth.
1933	.. 1731	2082	827	297	85
1934	.. 1736	1710	587	266	69

Ringworm.—Of the children examined by the Medical Inspectors, 4 were found to be suffering from ringworm of the scalp, and 111 cases were notified by the teachers, although these were not usually based on medical opinion.

Defects of Nose and Throat.—Of the 9,812 children belonging to the code groups who were examined, 344 or 3.6 per cent. required treatment on account of diseases or defects of the throat and nose. Inclusive of special cases, there were in all 1,312 children who were found at medical inspections during the year to be suffering from defects of the throat and nose, of whom 399 required treatment, 913 being kept under observation. Of those recommended for treatment, the following are the particulars :—

		Tonsils only.	Adenoids only.	Tonsils and Adenoids.	Total.
1929	..	576	94	388	1058
1930	..	529	70	368	967
1931	..	607	73	439	1119
1932	..	342	53	235	630
1933	..	223	54	157	434
1934	..	224	30	125	379

Tuberculosis—Cases of tuberculosis amongst school children are discovered by the Medical Inspectors, either in the course of ordinary routine inspection or by the examination of cases specially referred to them by teachers or school nurses. In addition, all school children who come from homes in which a case of phthisis has been diagnosed are the subject of special examination at each medical inspection. Of 520 children from phthisis homes, 440 were examined by the medical inspectors, and 8 suspected cases were referred to the Tuberculosis Medical Officers for further examination.

The particulars regarding the total number of school children referred to the Tuberculosis Medical Officers from all sources during the year are as follows:—

	Pulmonary Tuberculosis.				Other forms of Tuberculosis.	
	No. of Children.	No physical signs.	Suspected.	Diagnosed.	Diagnosed.	Suspected.
New Cases	152	104	15	3	27	3
Cases from previous year ..	46	16	3	7	20	..

Eye Defects.—There were 517 children with defective eyesight or squint requiring treatment, and 161 with lesser degrees of defect that needed to be kept under observation. Of the children requiring treatment, 463 belonged to the code groups, and 74 were special cases. As children aged 5 are not systematically examined for defective eyesight, the code group cases are mostly aged 8 and 12, and the percentage amongst these children needing treatment was 6.0.

The following table shows the percentage of children at the age of 12 requiring treatment for eye defects since the war:—

Year	Percentage of defects.	Year	Percentage of defects.
1920	10.2	1931	6.5
1925	7.9	1932	7.0
1930	8.9	1933	6.1
		1934	5.6

Ear Disease and Hearing—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 throat affections, but especially to the presence of unhealthy tonsils and adenoids. Forty-eight routine cases and 12 special cases were referred for treatment either on account of deafness or otorrhoea, or both. The figures for the previous year were, 35 routine cases and 8 special cases.

Dental Caries.—The following tables show percentages of dental caries at the various age periods amongst the children examined. For the purpose of these statistics teeth which have been extracted or filled are included with the decayed teeth. The percentages of decayed teeth found by the School Medical Inspectors correspond fairly closely with those given by the School Dental Officers.

RESULT OF ROUTINE INSPECTION BY THE MEDICAL AND DENTAL OFFICERS.

	Age 5.			Age 8.			Age 12.		
	No. of children Examined.	Average No. of decayed teeth per child.	Percentage of children free from caries.	No. of children Examined.	Average No. of decayed teeth per child.	Percentage of children free from caries.	No. of children Examined.	Average No. of decayed teeth per child.	Percentage of children free from caries.
Dr. Blake	545	4.4	20	741	4.4	9	663	1.7	33
Dr. Evans	265	3.3	27	337	2.3	30	321	1.5	33
Dr. Priestley	437	4.7	14	479	3.9	9	584	1.7	31
Dr. Weston	422	4.2	20	476	5.1	7	426	1.8	35
Dr. Harris	360	3.1	21	436	2.7	18	346	1.4	38
Dr. Proctor	593	3.6	20	621	3.5	9	670	1.6	34
	2622	4.0	20	3090	3.8	12	3010	1.6	34
Dental Officers		4.7	18		3.4	8		1.8	25

The following table gives in detail the results of inspection by the School Dental Officers of children of all ages, and it will be observed that between the ages 5 and 12 the average number of decayed teeth per child gradually diminishes; it will also be noted that the percentage of children free from active caries increases from the age of eight years, and that 25 per cent. of the children of school leaving age are found to be free from all signs of active dental caries.

		Under										
Age	..	5	5	6	7	8	9	10	11	12	13	14
Average number of teeth decayed ..		2.9	4.7	4.2	3.8	3.4	2.9	2.4	2.0	1.8	2.0	2.0
Percentage of children free from caries ..		34	18	11	9	8	11	15	21	25	24	25

Average number of decayed teeth per child found by the Medical Inspectors in the years 1920—1932 :—

Year	Age 5.	Age 8.	Age 12.
1920 ..	2.16	3.8	2.1
1925 ..	3.1	3.4	1.6
1930 ..	3.2	2.7	1.8
1931 ..	3.8	3.1	1.6
1932 ..	3.7	3.1	1.5
1933 ..	3.8	3.4	1.5
1934 ..	4.0	3.8	1.6

Investigation of factors contributing to Immunity to Dental Caries.

In "The Health of the School Child, 1931," Sir George Newman suggested that in the year 1933 an investigation into the question of dental caries should be carried out. Most investigations have been undertaken with a view to determining the cause of dental caries, but in this instance the inquiry was directed towards determining the factors which secure immunity to caries.

In order to make the inquiry a practicable possibility, it was limited to children aged between 12 and 13 years, and a record was kept of all children in that age group examined in 1933 who were naturally free from caries. The homes of these children were then visited by the School Dental Officers with a view to ascertaining the home circumstances, their habits of life, their dietary habits and the condition of the teeth of the parents, brothers and sisters, etc. The results of this inquiry, which was carried out very carefully by the School Dental Officers, were set out in the report for last year, and the following are extracts from the comments then made. The term "naturally free from caries" applies only to those children concerning whom there is no record or history of their ever at any time having suffered from any dental decay, either of the temporary or permanent teeth.

As the home circumstances of these children were "working class," they were divided into "good" and "poor," and it was found that 58 per cent. of the children came from poor homes, and 42 per cent. from good homes. Poor homes, therefore, would seem to favour good teeth, a result doubtless due to dietary habits.

As regards locality, only 27 per cent. were town children and 73 per cent. were country children. Roughly speaking, in this county the population is about equally divided between the two, and it would appear therefore, that the teeth of town children are much more affected by caries than those from the country.

An outstanding result of the inquiry is that 98 per cent. of the children found to be naturally free from caries have normal dental occlusion. It is obvious that normal dental occlusion must make it a comparatively easy matter to keep the teeth clean, and this fact lends support to the theory so strongly held and so consistently taught in this county for a long number of years, namely, that the chief and, for practical purposes, the only cause of dental caries is dental uncleanness. What has yet to be determined are the various factors which bring about normal dental occlusion.

Although 74 per cent. of these children were breast-fed and 25 per cent. were artificially fed, this finding is merely in accordance with the distribution of these forms of feeding in this county during the first nine months of life.

Although 71 per cent. drank hard water, probably this is in accordance with the nature of the water available for the population as a whole, and has no direct relationship to immunity to dental caries. Certainly the effect of hard water would be much less than that of foods rich in minerals, such as milk and vegetables, and as large a proportion as 78 per cent. of these children had vegetables daily. As vegetables ought to be included in every diet, it is possible that their chief significance is that of good management in the home, a *sine qua non* of freedom from dental caries.

The figures relating to cod liver oil, butter, margarine, and lard, do not seem to lend support to the current theory of the relationship of fat soluble vitamins to dental caries.

As regards the influence of heredity, the findings relating to fathers, mothers, brothers and sisters do not seem to indicate that it has any pronounced significance; and the fact that as many as 45 per cent. of the mothers and only 29 per cent. of the fathers had good teeth is contrary to the theory commonly held that pregnancy has a very injurious effect on the teeth.

The relationship of mothers to fathers in this matter appears to be the same as that of sisters to brothers, and is probably a result of the greater attention usually given to the care of the teeth in the matter of dental hygiene by the female side of the household.

Since the above comments were made, the whole of the data obtained as a result of the investigation have been carefully gone into by Dr. Weston, Deputy School Medical Officer in order to ascertain what conclusions might be drawn from the information which had been elicited. DR. WESTON states :—

“ In the Annual Report for 1933 the results of an inquiry made by the Dental Officers were given, and some preliminary observations were made. It has now been possible to examine the findings more closely, in order to extract from them, if possible, some definite indication of the factors which promote immunity from dental caries.

“ The information obtained falls into two categories, (1) facts observed by the Dental Officers themselves, (2) information obtained from parents and others in answer to questions. The first group of facts may be regarded as entirely reliable, while the second group is not to be relied on, for the reason that individual parents have very vague ideas about the diet of their children, and the value of their statements has had to be very carefully assessed ; but even so, the final opinion cannot be accepted as scientifically accurate.

“ A more detailed examination of the figures has now been made, with these limitations in mind, and although no new information has been revealed, the investigation has confirmed all that has been taught in this County, and indicates lines on which future inquiries might be made.

“ Without going into the figures or arguments, the results may be summed up briefly as follows. The influence of heredity is not a factor in producing immunity from dental caries, but there appears to be some factor as yet undiscovered, that tends to produce good teeth in the majority of children of some families ; this is shown by the fact that brothers and sisters of the children examined have good teeth, though the parents of these families have teeth no better than the average. There is no evidence that the chemical composition of the food plays any great part in producing this result, except in so far as a well balanced diet provides an adequate supply of mineral salts which is not depleted by an excess either of fat or protein. The outstanding fact of the investigation appears to be that 97.8 per cent. of these children have good dental occlusion, that is to say, the teeth are well formed and well arranged in the jaws. It is probable that good dental occlusion renders the teeth almost self-cleansing because it facilitates the cleansing action of the tongue and cheeks ; it is thus the first essential in producing immunity to caries. Further investigation might profitably be made into the influences that have produced this good occlusion of the teeth.

“ The investigation appears to support in some ways, each of the opposing theories on the production of dental caries, *e.g.*, that which asserts that cleanliness of the teeth is the chief factor, and that which maintains that the structure of the tooth is its real protection. The truth is probably a combination of these theories, in that the diet of the mother, during pregnancy, and of the child in the first year of life, play their part by producing good structure and arrangement of the teeth, and having such teeth they are automatically cleansed by the constant movements of the tongue and cheeks.”

Crippling Defects.—The numbers of these defects found at the routine medical inspections were :—rickets 28, spinal curvature 65, other forms 210.

School children found to be in need of treatment are admitted to the Robert Jones and Agnes Hunt Orthopaedic Hospital.

Particulars of Cases admitted to Hospital for Treatment.

Congenital Defects and Deformities.

(a)	Club Foot	..	..	4 cases or	4.25 per cent. of admissions.		
(b)	Erbs Palsy	..	..	1	1.06	..	..
(c)	Spina Bifida	..	..	1	1.06	..	..
(d)	Hip	..	..	3	3.18	..	..

Acquired Deformities.

(a)	Spine	..	..	6	6.38	..	..
(b)	Hip	..	..	2	2.12	..	..
(c)	Knees	..	..	1	1.06	..	..
(d)	Feet	..	..	13	13.84	..	..
(e)	Rickets	..	..	1	1.06	..	..

Diseases of Bones and Joints.

(a)	Tubercular	..	..	18	19.15	..	..
(b)	Non-tubercular	..	..	13	13.84	..	..

Injuries and Diseases of Nervous System.

(a)	Poliomyelitis	..	..	13	13.84	..	..
(b)	Paraplegia	..	..	5	5.33	..	..
(c)	Other	..	..	1	1.06	..	..

Injuries.

(a)	Fractures and Dislocations	..	..	11	11.71	..	..
(b)	Muscles or Nerves	..	..	1	1.06	..	..

Goitre.—Although simple goitre in Shropshire is not uncommon, it cannot be said to be seen very frequently in school children. It is found more frequently in girls than in boys, especially in the later years of school life. The following are the figures for 1934 :—

	Boys.			Girls.			Total.
	Entrants.	Inter.	Leavers.	Entrants.	Inter.	Leavers.	
No. of children	1695	1738	1597	1635	1629	1518	9812
Cases of Goitre	1	3	3	..	4	16	27

Dull and Backward Children.—During the year there were 266 *new* cases of retardation, the degree of retardation varying from one to five years, of which the following are the particulars :—

Causes of Retardation.	No. of children.	Degrees of retardation expressed in years.					
		1 year	2 years	3 years	4 years	5 years	Not stated.
Innate dullness	200	14	135	46	2	..	3
Insufficiency of education	24	..	18	5	..	..	1
Physical defects	4	1	..	3	..	..	..
Suspected Mental Deficiency	13	..	3	7	1	..	2
Mental Deficiency	9	..	..	3	4	1	1
Bad Home Conditions	4	..	4	..	..	..	..
Laziness	1	..	1	..	..	..	..
No Diagnosis	11	1	7	1	..	..	2
	266	16	168	65	7	1	9

In addition, 1,162 children, diagnosed as dull and backward *in previous years*, were re-examined, the findings in connection with whom were as follows :—

Backward, but not improving	700
Backward, but improving	376
Doubtful cases of mental deficiency	19
Mentally defective	40
Now normal	27

INFECTIOUS DISEASES.

Notifications—The following notifications were sent in during the year by the *Head Teachers* :—

Coughs and Colds and Sore	German Measles	112
Throats	Ringworm	111
Measles	Other Diseases	103
Chicken-pox	Diphtheria	99
Whooping Cough	Conjunctivitis	30
Scarlet Fever	Tonsilitis	27
Mumps	Scabies	22
Influenza	Bronchitis	20
Impetigo	Pneumonia	5

There was no great variation in the number of notifications in respect of any particular infectious disease with the exception of influenza and scarlet fever. In the case of the former notifications fell from 7,288 in the previous year to 274 in 1934 ; and in the case of the latter notifications increased from 214 to 388.

Certificates of Exclusion.—1,447 certificates of exclusion from school on account of infectious disease and other conditions were sent in by the *Assistant School Medical Officers and Tuberculosis Officers*, of which the following are the particulars:—

Impetigo	234	Bronchial Catarrh ..	99
Coughs and Colds	75	Rheumatism	19
Sore Throat	48	Suspected Phthisis ..	15
Tonsilitis	140	Whooping Cough ..	39
Debility	88	Scarlet Fever	12
Bronchitis	48	Otorrhoea	28
Scabies	13	Chorea	28
Influenza	15	Mumps	4
Tuberculous Glands	38	Tubercular Peritonitis ..	4
Heart Conditions	4	Chicken-pox	18
Ringworm of Body	95	Anaemia	25
Ringworm of Scalp	27	Conjunctivitis	22
Pulmonary Tuberculosis	10	Various Conditions ..	299

Closure of Schools.—During the year 51 schools were closed by the Local Education Authority to prevent the spread of infectious disease, and below are given particulars of school closures during the year:—

Measles	33
Diphtheria	4
Scarlet Fever	14

In thirty-three instances attempts were 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 8 instances no further cases occurred. Closure in these cases must therefore be considered to have been without effect and, therefore, unnecessary.

In 18 instances cases occurred during closure, and further cases developed on re-opening. Closure again proved to be without effect.

In 2 instances no cases occurred during closure, but one or more cases developed on re-opening. Again closure did not justify itself as these bore no relationship to the first cases.

In 5 instances cases occurred during the closure, and did not attend school until free from infection. There was no further outbreak, and it is justifiable to conclude that closure was effective in checking the spread of the disease.

FOLLOWING-UP.

The whole of the following-up, except such assistance as is given from time to time by the Attendance Officers, is done by the School Nurses. The following statement shows how cases recommended for treatment are visited and gives particulars of the number of visits paid:—

	No. of cases.	No. not visited.	Total visits.
District Nurses (88)	2030	187	5158
Nurses working on their own account (2) ..	251	33	523
Whole-time School Nurses (2)	531	8	2147
Whole-time Health Visitors (10)	899	100	1846
Total for 1934	3711	328	9674
Total for 1933	4112	483	9834

FACILITIES FOR TREATMENT PROVIDED BY THE COUNTY COUNCIL.

The following arrangements have been made to provide treatment for school children at hospitals and at clinics held in the County :—

At Hospitals :—

Eye Defects—Eye, Ear and Throat Hospital, Shrewsbury ; Kidderminster Hospital ; Newtown Infirmary.

Ear Defects—Eye, Ear and Throat Hospital, Shrewsbury.

Throat Defects—Eye, Ear and Throat Hospital, Shrewsbury ; Kidderminster Hospital ; The Lady Forester Hospitals at Broseley and Much Wenlock ; Oswestry, Wellington, Ellesmere, Chirk, and Shifnal Cottage Hospitals.

Orthopaedic Conditions—Robert Jones and Agnes Hunt Orthopaedic Hospital.

Pulmonary Tuberculosis—King Edward VII. Memorial Sanatorium, Shirlett ; Prees Heath Sanatorium.

At Clinics :—

School clinics for minor ailments are held at Bridgnorth, Dawley, Ellesmere, Ludlow, Ironbridge, Market Drayton, Newport, Oakengates, Oswestry, Wellington and Whitchurch. These are attended daily by the school nurses, and are visited once a week by the Assistant School Medical Officers, with the following exceptions :—Newport, which is held daily but is only visited fortnightly by the medical officer, and Ellesmere, which is held fortnightly.

Eye clinics are held from time to time at Bishop's Castle, Bridgnorth, Highley, Shifnal, Ellesmere, Ironbridge, Cleobury Mortimer, and Whitchurch, and attended by an Assistant School Medical Officer.

An Eye Clinic at Oswestry is held occasionally and attended by a general practitioner with special experience in eye work.

Eye Clinics attended by specialists are held weekly at Ludlow, and occasionally at Market Drayton.

Orthopaedic Clinics, attended by the staff of the Robert Jones and Agnes Hunt Orthopaedic Hospital, are held weekly at Bridgnorth, Dawley, Ironbridge, Ludlow, Market Drayton, Oakengates, Oswestry, Shrewsbury, Wellington and Whitchurch, and fortnightly at Ellesmere, Newport and Wem.

Tuberculosis Clinics are held at Bridgnorth, Ludlow, Oswestry, Shrewsbury, Wellington, and Whitchurch.

X-Ray Treatment for ringworm is provided at a clinic in Birmingham by special arrangement with the Birmingham Education Authority.

Skin Disease.—In addition to 916 children treated at the County Council School Clinics, particulars of which are given on p. 21, eight cases were sent to Birmingham for X-Ray treatment for ringworm.

Tuberculosis.—Seven school children suffering from phthisis were admitted to the Shirlett Sanatorium during the year, and one to Prees Heath Sanatorium. Children suffering from tuberculosis of the bones and joints were dealt with at the Robert Jones and Agnes Hunt Orthopaedic Hospital, and are included in the particulars given below.

ADMINISTRATIVE COUNTY OF SHROPSHIRE (i.e., EXCLUDING SHREWSBURY BOROUGH NON-TUBERCULAR CASES).—1934.

Diagnosis.	Total treated.			Cured.			Improved.			Refused treatment.			Left District.			Treated elsewhere.			No improvement.			Died.			Number on Books.			On Appliance Supervision.						
	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+				
1. Arthritis	..	11	89	..	1	4	..	1	12	..	..	10	..	..	..	1	1	..	..	2	..	..	2	..	8	47	..	..	11					
2. Congenital Deformities ..	57	61	10	1	4	..	..	2	2	7	6	1	5	5	1	..	..	..	..	..	..	..	..	..	44	43	3	..	1	3				
3. Claw Foot	..	1	42	35	..	6	1	..	2	3	..	7	4	..	1	1	..	..	1	..	..	..	..	..	1	26	16	..	..	3				
4. Erb's Palsy	..	5	..	5	1	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	4	..	..	..	..				
5. Flat Foot	14	130	129	1	20	4	1	3	14	2	33	30	..	2	3	..	1	1	..	..	..	..	..	..	10	71	50	..	..	27				
6. Hallux Rigidus	..	..	6	..	..	..	..	..	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	1	..			
7. Hallux Valgus	1	2	26	..	..	4	..	..	1	..	..	2	..	..	2	..	..	..	..	..	..	..	..	..	1	1	12	..	..	4	..			
8. Injuries	5	58	146	1	27	25	..	3	23	..	5	4	..	2	4	..	1	..	2	..	2	..	..	1	3	20	65	..	..	1	20			
9. Knock-knees	35	75	1	2	8	..	2	3	..	6	22	4	..	..	..	1	..	1	..	..	..	..	..	..	24	41	..	..	..	..	..			
10. Osteomyelitis	..	17	13	..	2	..	..	3	3	..	..	..	..	1	2	..	..	..	..	..	..	..	..	..	..	12	7	..	..	..	..			
11. Poliomyelitis	4	45	40	..	2	1	..	..	4	..	2	..	..	3	2	..	..	1	..	..	..	..	..	..	..	4	33	11	..	4	24			
12. Rickets	39	13	2	9	2	..	2	..	..	11	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	11	1	..	..	..	..			
13. Round Back	..	9	7	..	1	3	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	6	2	..	..	..	..			
14. Scoliosis	..	24	20	..	..	..	..	..	1	3	..	2	1	..	1	..	..	..	..	..	..	..	..	..	..	19	9	..	..	..	7	..		
15. Spastic Diplegia	2	5	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	4	..	..	..	..			
16. Spastic Hemiplegia	2	15	11	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	13	3	..	..	..	1	..		
17. Spastic Monoplegia	2	1	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	..	2	..	..	..	..	..		
18. Spastic Paraplegia	3	10	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	3	9	2	..	..	..	..	..		
19. Surgical Tuberculosis ..	4	50	94	..	2	..	..	2	11	..	..	2	..	1	..	..	..	..	..	..	..	..	..	3	4	45	64	..	..	..	..	14	..	
20. ? Surgical Tuberculosis ..	1	6	6	..	1	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	5	4	..	..	..	..	..	..	
21. Torticollis	2	8	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	4	..	..	..	..	..	..	..	
Others	19	108	90	6	23	7	..	5	11	..	16	13	..	3	..	2	2	1	1	3	1	1	1	11	59	33	..	8	16	..	1	17	..	
Totals	196	695	730	21	102	49	6	29	89	26	96	70	5	19	17	2	5	9	1	1	7	1	1	7	134	434	333	..	8	16	..	..	149	..
	1621			172			124			192			41			16			9			9			901			157						

N.B.—Cases from the Borough of Shrewsbury (with the exception of tuberculous patients) are excluded from this Table.

PREVENTIVE CASES.

Diagnosis.	Total treated.			Cured.			Improved.			Refused treatment.			Left District.			Treated elsewhere.			No improvement.			Died.			On Books 31/12/34.		
	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+	—5	5—16	16+
1. Claw Foot	..	4	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	..	
2. Flat Foot	29	130	7	2	15	2	..	2	..	5	40	3	..	..	..	..	..	..	..	..	..	..	..	22	72	2	
3. Knock-knees	37	83	..	3	21	..	..	4	..	4	13	..	2	..	..	..	..	..	..	..	..	..	..	28	44	..	
4. Rickets	26	2	..	10	..	..	..	..	..	1	1	..	1	1	..	1	..	..	..	..	..	..	..	13	..	..	
5. Round Back	..	7	1	..	1	1	..	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	
6. Others	..	6	38	3	..	10	..	..	..	1	7	2	..	..	..	..	..	..	..	..	..	..	..	5	21	1	
Totals	98	264	11	15	47	3	..	7	..	11	64	5	3	2	..	1	1	..	..	..	..	1	..	68	142	3	
	373			65			7			80			5			2			..			1			213		

	On Books 1/1/34.	Admitted during 1934.	No. Treated during 1934.	Discharged during 1934.	On Books 31/12/34.	On Appliance Supervision 31/12/34.	Attendances during 1934.
— 5 years	154	135	289	92	197	..	1,559
5—16 years	675	229	903	369	527	8	5,329
16 + years	393	248	641	239	268	134	2,659
Tubercular Cases—all ages ..	128	32	161	23	122	15	1,143
Totals	1,350	644	1,994	723	1,114	157	10,690

Also :—101 cases were examined.—" No treatment found necessary."

Crippling Defects and Orthopaedics.—The following is a summary of cases of all ages treated at the Robert Jones and Agnes Hunt Orthopaedic Hospital during 1934, and paid for by the Public Health and Medical Inspection Committees :—

Disease.	Under 5 years of age.	5—16 years of age.	Over 16 years of age.	Total.
<i>Congenital Defects and Deformities :—</i>				
(a) Club Foot	1	4	..	5
(b) Erbs Palsy	..	1	..	1
(c) Spina Bifida	..	1	..	1
(d) Hip	4	3	..	7
(e) Hand	1	..	..	1
<i>Acquired Deformities of :—</i>				
(a) Spine	..	6	..	6
(b) Hip	1	2	..	3
(c) Knees	..	1	..	1
(d) Feet	1	13	..	14
<i>Rickets</i>	1	1	..	2
<i>Diseases of Bones and Joints :—</i>				
(a) Tubercular	7	18*	33	58
(b) Non-Tubercular	..	13	..	13
<i>Injuries and Diseases of Nervous System :—</i>				
(a) Poliomyelitis	3	13	..	16
(b) Paraplegia	..	5	..	5
(c) Other	..	1	..	1
<i>Injuries :—</i>				
(a) Fractures and Dislocations	1	11	..	12
(b) Muscles or Nerves	..	1	..	1
Total for 1934	20	94	33	147
Total for 1933	19	102	33	154

* Includes 3 Shrewsbury Borough School Children.

In addition to those treated in the Orthopaedic Hospital during the year, a much larger number of cases received treatment at the various After-Care Centres. Some of these cases had already received in-patient treatment at the hospital, but a much larger number of patients had never received hospital treatment, as the orthopaedic defect being only of a minor nature, in many instances as a result of early detection, it was possible to give the necessary remedial exercises or other simple forms of treatment at the After-Care Centres.

Full particulars of the patients attending the Orthopaedic Clinics are given in the tables facing this page, but the following is a summary of the attendances and cases dealt with at these centres during 1934 :—

No. of attendances	10,690†
No. of patients treated	1,994
No. on the books on 1st January	1,350
No. on the books on 31st December	1,114
No. of new cases	644
No. of cases discharged	723

In addition, 101 cases were examined and no treatment found necessary. There were also 157 attendances for supervision of appliances.

† 1,559 under five years ; 5,329 five to sixteen years ; 2,659 over sixteen years, and 1,143 tubercular cases—all ages.

Eye Defects.—Twelve hundred and sixteen children were treated for defects of vision, particulars being given below. In addition, 27 children received treatment for other defects or diseases of the eyes and ten children were operated on for squint.

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	749	499	497	176	36	..	38
Ludlow Eye Clinic	148	112	112	24	4	..	8
Oswestry Eye Clinic	99	84	84	9	..	1	5
Market Drayton Eye Clinic	50	33	33	3	2	..	12
Kidderminster Hospital	19	15	15	1	..	..	3
Newtown Infirmary	1	1	1	..	..	..	..
Assistant School Medical Officer at Whitchurch Eye Clinic	52	38	38	11	..	2	1
Bridgnorth do.	26	24	24	1	..	1	..
Ellesmere do.	29	22	22	..	..	1	6
Bishop's Castle do.	14	9	9	3	..	..	2
Ironbridge do.	29	20	20	4	..	4	1
Totals for 1934	1216	857	855	232	42	9	76
Totals for 1933	1278	910	906	235	37	8	88

Ear Disease and Hearing.—The ear conditions on account of which children are referred to hospital for treatment are chiefly intractable otorrhoea and deafness. In most cases of otorrhoea there is usually an accompanying degree of deafness, but in a small number of cases deafness of somewhat obscure origin is the only condition recognised to be present. In the past six years the number of children referred to hospital on account of ear conditions has varied from 35 to 59, and the following are the particulars for 1934 :—

No. sent to hospital for treatment	41	Remedied	20
No treatment necessary	1	Improved	13
		No change	7

Diseases of the Nose and Throat.—Fifteen children suffering from purely nasal conditions were seen at the Salop Eye, Ear and Throat Hospital, and 11 were found to require treatment.

The commonest conditions, however, which necessitated hospital treatment were unhealthy tonsils and adenoids, particulars of which are as follows :—

Hospital.	Number of Children seen.	Operated on.	Other treatment.	No treatment necessary.
Salop Eye, Ear and Throat Hospital	131	130	..	1
Broseley and Wenlock Hospitals	51	51	..	..
Oswestry Cottage Hospital	41	41	..	..
Ellesmere Cottage Hospital	10	10	..	..
Wellington Cottage Hospital	123	123	..	..
Chirk Cottage Hospital	8	8	..	..
Shifnal Cottage Hospital	3	3	..	..
Totals for 1934	367	366	..	1
Totals for 1933	370	368	..	..

In addition to the above, 53 cases were operated on under private arrangements, making a total for the year 1934, of 419 operations.

Reports received from the Medical Officers on 391 children who had undergone operative treatment for tonsil and adenoid conditions showed, on the whole, a very great improvement in the health of the children, although in a number of cases tonsils and adenoids had not been completely removed. Below is given in tabular form a brief summary of these reports:—

No. of children operated on				No. of cases completely dealt with.	Cases not completely dealt with.		
For Tonsils and Adenoids.	For Tonsils only.	For Adenoids only.	Total.		Tonsils.	Adenoids.	Tonsils and Adenoids.
310	75	6	391	363	15	..	13

EFFECTS OF OPERATION UPON HEALTH.

				<i>Cured.</i>	<i>Improved.</i>	<i>Not improved.</i>
General Health	..	..	..	—	201	2
Mouth Breathing	..	..	..	70	31	11
Otorrhoea	..	..	..	11	—	2
Deafness	..	..	..	5	6	—
Catarrhal Symptoms	..	..	..	36	56	7
Enlarged Glands	..	..	..	147	52	23
Minor Deformities	..	..	..	—	2	—
Rheumatism	..	..	..	2	—	—
Asthma	..	..	..	3	—	—
Speech	..	..	..	—	2	—
Bronchitis	..	..	..	1	4	2
Sore Throats	..	..	..	5	2	—

School Clinics for Minor Ailments

Table showing conditions for which treatment was received.

Defect or Illness.	Children referred at S.M.I.	Other Children.	Examinations by M.O.	Attendances.	Results of Treatment.		
					Remedied.	Improved.	Unaltered.
Skin :—							
Ringworm—head	4	25	106	373	26	3	..
Ringworm—body	3	43	105	408	45	..	..
Scabies	..	14	20	52	11	3	..
Impetigo	22	434	683	4450	445	6	..
Minor Injuries	..	780	1004	6227	755	12	13
Other skin diseases	4	367	397	2727	347	18	6
Ear Disease	25	137	302	2284	106	39	7
Eye Disease (external and other)	39	301	448	1353	251	52	20
Vermineous conditions	3	58	17	180	61	..	..
Tonsils and Adenoids	5	34	88	94	38	1	..
Other conditions	103	1216	1706	4298	1011	140	98
Total for 1934 ..	208	3409	4876	22446	3096	274	144
Total for 1933 ..	234	3213	4789	18943	2785	383	144

Table showing attendances at each Clinic.

Clinic.	Children referred at S.M.I.	Other Children.	Examinations by M.O.	Attendances.	Results of Treatment.		
					Remedied.	Improved.	Unaltered.
Bridgnorth	..	437	368	3255	432	5	..
Dawley	40	235	776	2455	262	13	..
Ludlow	14	403	294	1911	362	35	9
Ironbridge	4	317	380	2511	313	16	2
Market Drayton	12	447	941	4324	385	21	53
Newport	1	120	91	713	59	13	49
Oakengates	9	376	713	1947	339	46	..
Oswestry	46	480	431	1846	370	41	13
Wellington	71	424	416	1681	456	39	..
Whitchurch	11	170	466	1803	118	45	18
Totals for 1934 ..	208	3409	4876	22446	3096	274	144

Teeth.—The success or failure of the Dental scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and not upon the refinements of dental treatment. Children of all ages in the schools are dealt with at each visit of the Dental Officer. Not only are all ages dealt with, but the schools are now being visited on an average about once in nine months. The results of inspection and treatment are given in the tables at the end of the report.

One school was not visited during the year, and in another inspection only was done. In the remaining schools both inspection and treatment were carried out. In 37 schools treatment was given twice during the year, and in 9 schools which were inspected twice, the second treatment was not given until 1935.

The number of unsaveable permanent teeth is a measure of the imperfection of the dental scheme. In 28,607 examinations of children, only 3,064 unsaveable permanent teeth were found, and 2,624 of these were due to refusal of treatment at the previous inspection. Only 440 can therefore be legitimately attributed to any shortcomings of the scheme. Of this number, 205 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion, 72 were due to unusually long inter-inspection period, and only 163 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period. These figures show 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 the total number of unsaveable teeth, apart from refusals, was only 8.

The difference between the number referred for treatment (including 955 cases brought forward from 1933) and the number treated was 5,691. The details are given in the following statement :—

	Refusals.	Absent on day of Treatment.	Left School.	To be treated next year.	Treatment deferred.
East of County (Mr. Birch)	1046	164	45	373	0
South of County (Mr. Keenan)	1194	67	21	111	37
North of County (Mr. Catchpole)	1992	179	24	397	41
Totals for 1934 ..	4232	410	90	881	78
„ 1933 ..	4157	549	59	955	64

The table below shows the schools in which the percentage of "consents" was either unusually high or unusually low. It is disappointing to have to report that in the year under consideration there were only 25 schools in which there were at least 90 per cent. of "consents" and as many as 34 schools in which the "consents" only represented 50 per cent. or less of the children referred for treatment. In the previous year there were as many as 48 schools with at least 90 per cent. of "consents," and only 26 schools and in which the "consents" were as low as 50 per cent. This is the second year in succession in which the number of schools in the higher group has diminished and the number in the lower group increased, as in 1932 there were as many as 52 schools in the 90 per cent. group and as few as 14 schools in the 50 per cent. group. It is somewhat difficult to account for this retrograde change, although it is to be hoped it is only temporary, but it may be observed that the scheme to collect 6d. per child treated came into force in June, 1933. In 1934 there was refusal of treatment in 542 cases, which is believed to be attributable to the charge which is now made. The question, therefore, arises whether the present scheme for securing a contribution towards the cost of treatment is an improvement on the previous scheme.

SCHOOLS WITH CONSENTS OF 90 PER CENT. OR OVER.

<i>School.</i>				<i>School.</i>			
Malins Lee Infants	..	..	100	Barrow	..	..	95
Newport R.C.	..	..	100	Wellington R.C.	..	..	94
Cleobury Mortimer Boys		..	100	Little Wenlock	..	..	93
Whitton and Greete	..	..	100	Lilleshall	..	..	93
Stanton-on-Hine-Heath	..	..	100	Cardington	..	..	93
Dudleston	..	..	100	Woodcote	..	..	92
Smethcote	..	..	98	Frankton	..	..	92
Donington	..	..	97	Longdon-on-Tern	..	..	91
Richard's Castle	..	..	97	Madeley Wood Meth. Infants	..		91
Sutton Maddock	..	..	96	Westbury	..	..	90
Onibury	..	..	95	Lydbury North	..	..	90
Quatt	..	..	95	Eaton Constantine	..	..	90
Cainham	..	..	95				

SCHOOLS WITH NOT MORE THAN 50 PER CENT. OF CONSENTS.

<i>School.</i>				<i>School.</i>			
Llanfair Waterdine	..	..	50	Whitchurch C.E. Infants	..	..	45
Dorrington	..	..	50	Eardington	..	..	44
Munslow	..	..	50	Wentnor Stiperstones	..	..	43
Shelve	..	..	50	Coreley	..	..	42
Stoke-on-Tern	..	..	49	Clungunford	..	..	42
St. George's Infants	..	..	49	Llanyblodwell	..	..	41
Hope	..	..	48	Selattyn	..	..	41
Whitchurch Meth. Mixed	..	..	48	Ludlow Senior	..	..	39
Maesbury	..	..	48	Plowden R.C.	..	..	38
Prees C.E.	..	..	48	Kinlet	..	..	38
Ellesmere C.E. Boys	..	..	47	Weston Rhyn	..	..	38
Oswestry R.C.	..	..	47	Knowbury	..	..	37
Moreton Corbet	..	..	47	Porthywaen	..	..	36
Knockin	..	..	47	Burford	..	..	34
Much Wenlock Infants	..	..	47	Neen Sollars	..	..	28
Ellesmere C.E. Infants	..	..	46	Pitchford	..	..	27
Oswestry Senior Council Boys	..	..	46	Button Oak	..	..	18

MR. CATCHPOLE, Dental Officer in the north of the County, commenting in an Address to School Nurses on the working of the dental scheme, states:—

“ The Government Committee appointed to consider the general question of dental treatment have reported as follows:—‘ Steps should be taken without delay to recognise dentistry as one of the chief, if not the chief, means for preventing ill-health, and every possible means should be employed for enlightening the public as to the need for conservative treatment of diseased teeth.’ ”

“ Regular inspection reveals the presence of caries, and after having obtained the consent of the parents, it is the first duty of the dentist to extirpate the decay and restore the teeth with suitable filling material. This saving of the permanent teeth by filling, I regard as the most important part of the dentist’s work, and I regret to say that there is not the enthusiasm for it that I should like to see. Indeed, enthusiasm is a misnomer, for there is as yet nothing like a satisfactory proportion of assent to conservative work. There seem grounds for believing that a deep-rooted distrust of this branch of dentistry exists in the minds of unenlightened parents.”

“ First of all, there is the slowness of a certain class of people to assimilate a new idea. Conservative work, for the children of such people, is to them quite new. Too often elementary school children in the past have come of parents who are indifferent to appearance and careless of health, until pain shouts its warning. I think we should be right in saying that with more enlightened parents, desire for good health and good looks is the chief factor in bringing parent and child to the dentist. With the poorer classes, however, and in remote country districts, the dentist has been merely the Alleviator of Pain, and nothing short of considerable suffering would have driven such a patient to the dentist’s surgery. Before School Dentistry was provided, the number of fillings done for Elementary School children was negligible, and even now my colleagues in private practice assure me that such cases form a very small percentage among their patients.

“ Secondly, the material used for filling cavities in teeth in the back of the mouth is metallic in nature, and dark in colour. After it has been in position for some time, the tooth substance adjacent to the filling will in some cases become discoloured. This dark stain is sometimes mistaken for caries, and thus false statements are circulated about fillings causing a tooth to decay.

“ Thirdly, a current belief that fillings will come out, in which case there is no point in the tedium or discomfort of undergoing a filling, as in any case the tooth will have to be extracted. While I shall not deny that fillings sometimes become dislodged, I have been surprised at the number of parents and children who declare that fillings have come out when an examination on the spot reveals them firm in their place. On the occasion when they do, it is usually the lack of care taken of the tooth subsequently which is the cause of failure; and you will readily see that a tooth which has had to be filled should be regarded as a tooth which has plainly indicated its need of special cleanliness, and not one rendered invulnerable by the dentist’s magic. I am afraid it is true that until conservative work is more appreciated and better understood, fillings will continue to bear the blame of everything that happens in the mouth after they are inserted.

“ And fourthly, of course, the process of filling a tooth can be painful—not more painful than extraction, but more prolonged. This is a tedious and uncomfortable process, and children cannot be expected to like it any more than adults.

“ We must never forget that the ultimate success of the dental scheme will be judged not upon the number of teeth which have been extracted—these in a sense are failures—but upon the number of children who leave school with a full complement of caries-free, serviceable, healthy teeth.

"To achieve this end it is necessary to take every opportunity of educating parents and children on the importance of the care and of the retention of their teeth: to enlist the support of the teaching profession, school managers, clergymen and any person who carries any influence in the village or community which can be brought to bear to induce parents to consent to have dental treatment carried out. *On an analysis I did recently with the schoolmaster concerned on some forty refusals in a boys' school, I found a very small percentage of them were amongst the bright boys, in two or three cases only was there substantial reason for refusing treatment, the rest had no reason at all, consent being withheld because of prejudice, stupidity, misunderstanding or complete lack of interest on the part of parents.*"

OPEN AIR EDUCATION.

Playground Classes are encouraged, but they are held only in a comparatively small number of schools. It is unlikely that there will be any great development of open-air education until it is possible to give it by educating children in schools constructed on the open-air principle.

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 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 there are better conditions of life.

The Local Education Authority maintains three beds for such children in open-air schools. These beds are not occupied continually by the same children, but carefully selected children are sent for a period of three months, when their places are taken by other children equally suitable.

The number of children who are sent to open-air schools has, of course, to be limited, and the length of stay in the schools to be curtailed in order to make these special facilities available for as large a number as possible. The number of children in ordinary elementary schools who could benefit from a change to an open-air school very much exceeds the accommodation available, and if the requirements of this County were to be met, many more than three beds would need to be at the disposal of the Local Education Authority.

At the beginning of the year there were three Shropshire school children in the Liverpool Open-Air Hospital, Leasowe, and eleven more cases were sent there during the year. In addition, two cases were admitted to the St. Catherine's Home, Ventnor, Isle of Wight. Twelve of these children were discharged during the year, leaving three children in the Liverpool Open-Air Hospital and one in the St. Catherine's Home. All the children discharged were found to have improved in health, some in a very marked degree.

Visit to West Malvern Open-Air School.

Towards the end of 1933 the Secretary for Education, the Educational Assistant and the School Medical Officer paid a visit to this school, which is maintained by the Worcestershire Local Education Authority. The following are extracts from the joint report which was made by these officials after this visit of inspection:—

"The School consists of a Boys' and Girls' Department, housed in entirely separate buildings about 100 yards apart.

"The staff in each department consists of a Head Mistress and three Uncertificated Assistants, a children's Matron, a trained Nurse, two Maids and one Cook. In addition there is a part-time Medical Officer, who supervises both departments. A male caretaker is also employed to look after the heating apparatus, and the premises generally, and also assists with the gardening.

" Each department accommodates 70 children, and is kept open for nine months in the year, the School being closed during January, February and March. A child remains at the School for three months, although one or two had been there, for special reasons, very much longer.

" The children are selected by the Medical Officer of Health on grounds of malnutrition, threatened disease, etc. No cases of active disease are admitted.

" On the day of the visit, the children, although they had been selected because of ill-health, looked very well, bright and alert. They had been in attendance at the School approximately six weeks. The personal hygiene of the children was exceptionally good.

" The cost of maintaining the School during the nine months of 1932—1933 was £5,000, the gross cost per place being £48, but as each place is usually occupied by a different child each term the cost per child is £16, of which the Board of Education pay 50 per cent., leaving £8 per child to be found from the rates and parents' contributions. The parents' contribution is at a flat rate of 3/6 per child per week."

In this County, during the year 1934, the School Medical Inspectors reported 498 of the children examined at routine medical inspections as suffering from malnutrition due to one cause or another. As the number of children so examined only represented about one-third of the children on the registers, it can be calculated that about 1,500 children attending Elementary Schools suffer from poor health, which shows itself in the form of malnutrition. These figures are sufficient to show that, if a special open-air residential school were provided, where the children would be well fed and would live under the best hygienic conditions, the expenditure involved would be abundantly justified in the benefit to health of a large number of the child population of school age.

School Camps.—The only school in which arrangements were made to send children to a School Camp was Broseley C.E. Boys, and the following is an extract from the Report made by the Head Teacher in the local magazine on the fortnight which was spent at Abergele, North Wales :—

" To begin with, the Camp was organised as a ' School '—not a ' Holiday '—Camp. This means that at least two hours, morning and afternoon, were devoted to School work, that a register was kept, and that attendance at Camp counted equally with attendance at School. As far as the Education Authority was concerned, it was an interesting experiment, Broseley being the first School in the County to be permitted to attend camp in School time. There can be no doubt as to the success of the experiment.

" Forty of us enjoyed a week of glorious weather at the seaside. What little rain we had was unable to interfere with our pleasure—rather the reverse. Rugby, played in bathing costumes during Tuesday evening's storm, without either referee or rules, was one of the high spots of the week's sport.

" We bathed in the sea twice each day. Every spare minute was devoted to ball games of all kinds, in which everybody took part. Boys who in the ordinary way could not tell a cricket bat from a corner flag, scrambled to be first in whatever was going forward. We enjoyed excellent and unlimited food—something fresh every day and every meal. We did different School work in novel surroundings, and we felt sorry for those grilling in School at home. We learned more of each other in a week than we do normally in a year, and we came back happier and in all round better condition.

" The following figures may be of interest to some of the community :—Full cost of Camp for forty persons, £42 (this includes hire of all equipment, food, transport, ground, water, excursions). Average cost per head, 1 guinea. The average cost per head for food only worked out at 8/3 per week, or 1/2 per day. Bread, butter and jam, the staple diet at many camps, were the smallest items on our bill.

" All boys were weighed and measured before and after camp, the result being as follows :—Average gain in weight per boy, 2½ lbs. (one gained 6 lbs.) ; average gain in height per boy, ½ in.

" Each boy paid 10/- towards the costs of the camp, which depended in the main on the £21 raised by the Jumble Sale."

REPORT ON PHYSICAL TRAINING, 1934.

The following is the report made by MRS. DAVEY, Organiser of Physical Training :—

“Classes for teachers on the new syllabus have been held during the year at :—

Centre.	Duration.		Class Hours.	Students.		Student Hours.	Percentage
	From	To		Men.	Women.		
Wem	12th Feb.	23rd April	15	7	30	464	83.6
Clun	25th April	16th July	15	8	25	444	89.7
Coalbrookdale ..	2nd Oct.	11th Dec.	15	13	46	783	88.5

“As it was impossible to arrange classes to cover the whole County in one year, and teachers were asking for advice with regard to the 1933 syllabus, lectures and demonstrations were arranged at a number of centres.

“By the end of the year these lectures, etc., had been delivered in almost every district, particulars of which are given below.

“At these meetings the main principles of the syllabus were explained, and classes of children demonstrated the various suggested activities.

“In several areas the Organiser was asked by the Local Branch of the National Union of Teachers to give these lectures, and the arrangements were undertaken by the local National Union of Teachers Committees.

“The areas dealt with were :—Wrekin District, Shrewsbury (including the County area), and Market Drayton.

“Other centres (where arrangements were made by the Organiser) were :—Clebury Mortimer, Bridgnorth, Church Stretton, Ellesmere, and Whitchurch.

“In each instance the Teachers from the neighbouring schools were invited, and the attendance in each case was most satisfactory.

“The Teachers expressed gratitude for the help which they received at these meetings, but unfortunately the requests for a full course of lectures were more than the Organiser could arrange with the time at her disposal.

“*Swimming*.—Progress is still being made, but as many of the Teachers are non-swimmers they find points of style difficult to coach. However, under the Class teaching methods a greater number of children are learning to swim.

“The number of Certificates gained this year were :—

“Length Certificates,” 261, and “Proficiency Certificates,” 93.

“Although not so many Certificates were gained this year as last, it must be noted that last year was the first time that “Length Certificates” were issued, and every child who could swim entered for the test. This year’s Certificates, therefore, indicate the number of beginners who succeeded in swimming the length of the Bath.

“*Vacation Courses*.—Six Teachers received a grant of £5 each to enable them to attend a Holiday Course.

“*Oswestry Health Week*.—In October, Oswestry held its usual Health Week, and the Organiser was asked to co-operate on the Committee. Children from the Oswestry Schools gave demonstrations of Physical Training Lessons, Dancing and Games, which were attended by large audiences of parents, friends, and children from the various schools of the district.

REVIEW.

"The year of 1934 saw the completion of ten years' work in Shropshire by the Organiser, and it may interest the Authorities if a brief survey of the results obtained during this period be given.

"The Organiser began work in 1924, and the first few years meant rather heavy "spade work" as the teachers had little or no help previously. The first thing to be tackled was the ordinary routine Physical Training lesson, followed in ensuing years by attention to Organised games, playing fields, swimming, etc.

"About ten years previous to the appointment of an Organiser, six head teachers had been sent to a vacation course by the Local Education Authority; on returning to their respective schools these teachers gave a course of instruction to other teachers in their neighbourhood, so that in six centres only had teachers any opportunity of obtaining any instruction. During the last ten years 60 classes for teachers have been held by the Organiser, and every teacher has had the opportunity of attending one or more Courses.

"*Playing Fields and Organised Games.*—In 1924 only a very few schools had the use of a field for play, and organised games did not hold a recognised place in the school curriculum. Now a large majority of the schools have the use of some grass space and organised games are included in every time-table.

"*Swimming.*—In 1924 only three centres were available for swimming instruction (Oswestry, Wellington, and Whitchurch), and the teaching was undertaken by the Baths Attendant. Usually one child was taught at a time, while the others waited or "played about," also no records of attendance or of progress were kept.

"Now there are three more centres—Ellesmere, Bridgnorth, and Market Drayton, and in every case the instruction is given by the teachers on the "class" methods. The results show an improvement each year, as shown by the careful and methodical "record registers," which are kept by the teachers.

"*Apparatus.*—What little apparatus existed for use in the physical training programme was usually supplied by the teachers themselves, or procured by a system of raffles or jumble sales. The result was most unsatisfactory, and it was impossible to carry out many of the suggestions in the Board's Syllabus. In 1928, the Local Education Authority agreed to the provision of a grant to make it possible to supply a small amount of apparatus to each school. With further small additions to the original grant it is possible now for schools to possess a reasonable amount of equipment. Some schools still supplement this by their own efforts, and this is all to the good of the work.

"*Methods of Teaching.*—It was found ten years ago that many teachers were not using the official syllabus of Physical Training at all. They found it difficult to interpret, and often gave exercises which they thought suitable, but which were without scientific foundation.

"Now it is quite an exception to find a teacher who is not using the present syllabus. Consequently the type of lesson is better and more purposeful than formerly.

SUGGESTIONS FOR FUTURE DEVELOPMENT.

"*Swimming.*—There is a pressing need for more swimming centres. Hundreds of children would benefit from instruction, but unfortunately have no opportunity whatever of learning.

"Especially are swimming baths desirable in such districts as Ketley, Hadley, Wrockwardine Wood, St. George's, Highley, Wem, and Newport.

"Ludlow, with a fine river, ought to be able to supply a safe bathing pool at little expense.

"Playing Fields.—It is to be regretted that there are still some schools without the opportunity of playing games on a grass space. In a small number of cases there appears to be no suitable field near, and in other cases no effort appears to have been made by the managers or teachers to procure one. The Organiser will not be satisfied until every child has a chance of playing organised games on a suitable ground.

"Playgrounds.—Many of the playgrounds are in a poor state. The surface of some is lamentable. Since there are very few schools with any indoor accommodation for physical training, the standard of work frequently depends on the use of the yard. After rain or frost some of these are unfit for use. There is a gradual improvement in the surfacing of yards, but progress seems very slow.

"Clothing.—There is room for much improvement in the type of dress and footgear worn for physical training lessons and games. From the point of view of personal hygiene and of practicability, it is most desirable that children should wear fewer heavy and impeding garments during the physical training lessons.

"Visits to Schools.—With the expansion of work in all branches it is impossible for the Organiser to pay a satisfactory number of visits to each school. The "following up" of work during and after the refresher courses given by the Organiser at the various centres in the County cannot be done as thoroughly as it should be, with only four school days in the week at her disposal.

"Additional Work.—The Organiser is frequently asked to take "keep fit" classes or to give advice as to their organisation in various centres. It is a matter of great regret that this urge on the part of the general public to attain a better standard of physical fitness cannot be catered for, as under existing conditions it has not been possible to comply with these requests.

"Meantime the Board of Education is "looking for an extension of the Organiser's work, which should not be limited to school children. There must be a coverage of adolescents. Further, Organisers must be prepared to shoulder greater responsibilities."

"The Organiser feels that supervision and organising of the physical training classes held at Evening Institutes is really necessary, and that it is essential that provision should be made for exercises and games at any Junior Instructional Centre which may be instituted.

"At the Conference of the National Association of Organisers of Physical Training on March 1st, 1935, the Parliamentary Secretary to the Board of Education said:—"I should like to know that every boy and girl from the age of five to at least 18 . . . had not less than three periods a week of physical training. Then I believe that we should be building up a race with a physique and stamina second to none in the world.' 'Education has too often been confused with book learning . . . in training a child's mind people forgot that he also had a body.'"

K. W. DAVEY,

Organiser of Physical Training.

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, and a special effort is always made to get the parents of seriously defective children to attend.

TEACHERS.—In addition to the help which the teachers give at ordinary school medical inspections, the assistance which they render during the inter-inspection periods in bringing their influence to bear on the parents to secure the treatment which has been advised is very great. This is especially so in the matter of dental treatment, and the effect of a change of head teacher is often very markedly reflected in the number of children whose parents consent to treatment.

SCHOOL ATTENDANCE OFFICERS.—School Attendance Officers are present at the medical inspections when required, and are available for bringing up children who are absent and whose examination is considered desirable. 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.—The Inspectors of the National Society for the Prevention of Cruelty to Children have been of great help in obtaining medical treatment where other means have failed, and in dealing with cases of gross neglect.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The following table gives particulars of children certified by the Medical Officers during the year as exceptional, of children kept under observation, and of the Mentally Defective children notified to the Local Authority under the Mental Deficiency Act :—

	Certified suitable for Special School.	Notified to Local Authority under Mental Deficiency Act.	To be kept under observation.
Mentally Defective	46	28*	31
Epileptic	1	..	5
Blind	4	..	1
Deaf and Dumb	4	..	1
Physically Defective	77	..	..

* 11 Imbeciles, 3 idiots, 9 feeble-minded uneducable children, 4 feeble-minded children discharged from a special school on attaining 16 years of age, and 1 feeble-minded child in whom there were "special circumstances" rendering notification necessary.

SPECIAL SCHOOLS.—The number of exceptional children admitted to special schools during 1934, *whether examined during that year or previously*, was—Blind 4, Deaf and Dumb 4, Epileptic 1, Mentally Defective 2, Physically Defective 87.

Mental Defectives.—During the year 1934 the striking feature was the large number of mentally defective children attending the Public Elementary Schools. Although 46 children were certified as mental defectives and found suitable for special schools, only two were admitted during the year, thus leaving 44 for whom no special provision was made. The reasons for their non-admission are as follows :—

Parents' refusal	36
Too old	4
Awaiting vacancies	3
Residential School not recommended	1

There are at present 13 children in Sandlebridge Special School, 2 at Monyhull Residential School, and 1 at Besford Court Catholic Mental Welfare Hospital.

Physical Defectives.—On the recommendation of the School Medical Officer the more serious orthopaedic cases are admitted to the Orthopaedic Hospital, which is also a special school for physically defective children within the meaning of the Education Act. The cases are discovered principally by the School Medical Officers and nurses, every effort being made to ascertain the cases as early as possible.

Blind and Deaf Children.—In both of these classes of children accommodation in special schools is always found if the parents are willing for removal. Every effort is made to get these children admitted as early as possible.

NURSERY SCHOOLS.—There are none of these schools in the County.

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.

If a Medical Officer considers that any of these employed children are not in a fit state of health to be employed outside of school hours, the facts are transmitted to the Secretary for Education for appropriate action to be taken.

SECONDARY SCHOOLS.

Medical inspection is carried out in 16 of the 18 Secondary Schools in the County. Five of the Secondary Schools are Aided Schools; and of these Aided Schools three undergo medical inspection. As five of the Secondary Schools, namely, Bishop's Castle, Cleobury Mortimer, Bridgnorth Grammar, Coalbrookdale High and Market Drayton Grammar are mixed schools, they have to be inspected by male and female medical officers. An effort is made to carry out an inspection in each school every term, and with the exception of five inspections cancelled owing to the extremely small number of scholars due for examination, this has been done. The number of children in attendance in Secondary Schools in the County in September, 1934, was 3,380, and the number of children on the registers of those secondary schools which undergo medical inspection was, on that date, 2,928.

The children who undergo routine medical examination at the visit of the medical inspector are entrants, children aged 12 and 15, and leavers. In addition, re-examination is carried out in the case of those children in whom some defect has been found at a previous examination, and progress is recorded on a treatment card till further examination on account of defects found is no longer indicated. The head master or head mistress also brings forward for special examination any children, not included in the groups mentioned above, in whose case there seems to be a condition or defect requiring medical attention.

Number of Children Medically Examined.—Below is given in tabular form particulars of the children who underwent routine medical examination:—

Age	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total
Boys	..	2	3	2	6	14	75	127	172	32	37	131	27	10	12	8	..	658
Girls	..	1	1	5	7	13	77	119	222	28	46	183	26	27	24	3	..	782
Totals for 1934..	..	3	4	7	13	27	152	246	394	60	83	314	53	37	36	11	..	1440
Totals for 1933..	..	10	8	9	13	17	137	250	400	72	69	315	54	47	42	14	1	1458

RE-EXAMINATIONS.		SPECIAL EXAMINATIONS.		TOTAL.
Boys	455		3	458
Girls	734		39	773
Totals for 1934	1189		42	1231
Totals for 1933	1329		47	1376

Arrangements for securing Treatment.—No general arrangements have been made by the Local Education Authority for providing treatment for children attending Secondary Schools in whom defects are discovered. If, however, a free place scholar is found to be in need of treatment for a visual defect, and the parents are unable to secure the necessary treatment, the Local Education Authority undertake to provide facilities. In addition, dental inspection is carried out in Secondary Schools as in the case of Elementary Schools and dental treatment under the scheme of the Local Education Authority is provided for those scholars who have free places. The Orthopaedic After-care Centres are, of course, available for scholars from Secondary Schools, just as for Elementary School children, but the Local Education Authority does not undertake to provide beds in the Orthopaedic Hospital in the case of the former. The parents of Secondary School scholars are not visited by school nurses, as is the case in Elementary Schools, and the whole question of securing treatment is left in the hands of the Head Masters and Head Mistresses, who write to the parents regarding any children for whom treatment has been advised by the medical inspectors.

Amongst Secondary School children treatment for defects of the grosser type is more readily obtained by the parents than amongst Elementary School children, but when a defect is of the minor type, a large number of those discovered in Secondary School children go untreated. This last is probably to be attributed partly to the fact that, after a medical inspection in an Elementary School, the homes of the children in whom defects have been found are visited by the school nurses, who point out to the parents the necessity for obtaining treatment at the earliest possible moment, and partly to the fact that facilities for treatment of children in attendance at elementary schools are provided by the Local Education Authority. As, however, about half of the children in attendance at Secondary Schools come from substantially the same class of home as the children in Elementary Schools, the considerations which make desirable the provision of treatment under County Council Schemes for children in attendance at Elementary Schools apply with at least equal force to about 50 per cent. of the children in attendance at Secondary Schools.

Defects found and Treatment received.—On page 41 are tables giving details of defects found, requiring either observation or treatment; and below is given in convenient form for reference a summary of the defects, with a statement of the number of children found during the year by the medical inspectors to have obtained treatment for defects discovered at previous examinations :—

	Defective Eyesight.	Tonsils & Adenoids.	Ear Conditions.	Skin Disease.	Other Conditions.	Total.
Defects discovered	122	14	8	4	40	188
Defects treated	148	8	13	6	9	184

During the year, 57 cases of defect of vision were dealt with under the scheme of the Local Education Authority, 66 through private practitioners or hospitals, and 25 otherwise.

Spectacles were prescribed and obtained in 133 cases, 53 under the Local Education Authority's scheme and 79 otherwise.

Dental Inspection and Treatment.—All the schools in which medical inspection is carried out are visited by the Dental Officers, and all the scholars are inspected at each visit. Only those scholars, however, who have special places receive treatment under the scheme of the Local Education Authority. The parents of the other scholars are advised to obtain the necessary treatment through the agency of private dentists.

In 9 schools inspection and treatment was carried out once, and in 7 schools inspection and treatment was carried out twice.

The findings of the School Dental Officers are given in the tables below, in which the condition of the mouths of free placers, fee paying and elementary school children are compared.

AVERAGE NUMBER OF DECAYED TEETH PER CHILD.

Age	..	7 and under.	8	9	10	11	12	13	14	15	16	17	18	Total
Free-placers	..	..			2.0	1.8	1.7	2.1	2.6	3.0	3.5	3.9	4.5	2.5
Fee-paying	..	..	3.4	4.2	3.5	1.9	1.9	1.9	2.1	2.8	3.2	3.8	4.3	2.6
Elementary	..	..		3.4	2.9	2.4	2.0	1.8	2.0	2.0				2.9

PERCENTAGE FREE FROM CARIES.

Age	..	7 and under.	8	9	10	11	12	13	14	15	16	17	18	Total
Free-placers	..	..			16	22	28	20	17	10	12	4	6	18
Fee-paying	..	..	21	8	8	31	25	29	28	21	14	16	13	23
Elementary	..	..		8	11	15	21	25	24	25				16

It will be seen that, while there is an average of 2.6 decayed teeth amongst the fee-paying children, the average is 2.5 amongst the free-placers.

On page 42 a statement is given in tabular form of the number of children inspected by the School Dental Officers in Secondary Schools, of the findings of these inspections, and of the number of free-placers who were actually treated by them. The following are the chief facts :—

	Fee-paying.	Free-placers.
Total No. of inspections	2047	1729
No. of children referred for treatment	898	804
No. of children actually treated	—	552

STATISTICAL TABLES—ELEMENTARY SCHOOLS.

TABLE I.—A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants	..	..	..	..	..	3,330
Intermediates	..	..	..	..	..	3,367
Leavers	..	..	..	..	..	3,115
Total	..					9,812

Number of other Routine Inspections .. 0

B—OTHER INSPECTIONS.

Number of Special Inspections	..	..	4,198
Number of re-inspections	..	..	12,756
Total	..		16,954

TABLE II.—A.—RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION IN THE YEAR ENDING 31ST DECEMBER, 1934.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					No. of Defects.		No. of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)				
Malnutrition	5	493	2	4				
Skin {	Ringworm—							
	Scalp	4	..	..				
	Body	6	..	..				
	Scabies	..	..	..				
	Impetigo	21	..	5				
§Eye {	Other Diseases (Non-Tuberculous)	16	..	2				
	Blepharitis	29	6	4				
	Conjunctivitis	5	..	2				
	Keratitis	2	..	..				
	Corneal Opacities	2	3	..				
Ear {	Defective Vision (excluding Squint	387	140	64				8
	Squint	76	11	10				2
	Other Conditions	11	7	3				3
	Defective Hearing	10	4	6				1
	Otitis Media	38	1	6				..
Nose and Throat {	Other Ear Diseases	5	1	1				..
	Chronic Tonsilitis only	200	721	24				29
	Adenoids only	21	43	9				1
	Chronic Tonsilitis and Adenoids	108	84	17				8
	Other Conditions	15	25	5				2
Enlarged Cervical Glands (Non-Tuberculous)					2	192	1	18
Defective Speech					..	50	..	8
Heart and Circulation.	Heart Disease—							
	Organic	7	66	1				4
	Functional	..	27	..				1
Lungs {	Anaemia	17	23	3				3
	Bronchitis	23	34	1				3
	Other Non-Tuberculous Diseases	19	26	3				7
Tuberculosis {	Pulmonary—							
	Definite	1	..	..				..
	Suspected	2	..	..				..
	Non-Pulmonary—							
	Glands	22	1	1				..
Nervous System {	Bones and Joints	6	2	..				..
	Skin	1	..	..				..
	Other Forms	3	..	..				..
Deformities {	Epilepsy	6	4	..				3
	Chorea	3	1	2				2
	Other Conditions	4	3	1				..
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ..	Rickets	12	16	2				1
	Spinal Curvature	29	36	..				..
	Other Forms	173	37	28				2
Total ..					1392	2220	221	138

§ In addition there were 242 "Routine" and 13 "Special" cases of defective vision which had been corrected by glasses at the time of examination.

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

Group. (1)	Number of Children.	
	Inspected. (2)	Found to require treatment. (3)
Code Groups :—		
Entrants	3330	433
Intermediates and other Routine inspections	3367	491
Leavers	3115	397
Total (Prescribed Groups)	9812	1321
Other Routine Inspections	..	..
Grand Total	9812	1321

TABLE III.

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA AT THE END OF 1934.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Children suffering from any combination of the following types of defect :—

Blindness (excluding partially sighted children).
 Deafness (excluding partially deaf children).
 Mental Defect.
 Epilepsy.
 Active Tuberculosis.
 Crippling.
 Heart Disease.

Eight children were found to be suffering from combinations of the above defects :—

K.M.F., Feeble-minded, Cripple.—In Special School for Feeble-minded.
 J.E.T., Feeble-minded, Cripple.—At no school or institution.
 J.E.T., Feeble-minded, Cripple.—At no school or institution.
 A.J.B., Feeble-minded, Epileptic.—At no school or institution.
 J.P., Feeble-minded, Heart Disease.—At Public Elementary School.
 B.J., Deafness, Severe Heart Disease.—At no school or institution.
 F.M.S., Heart Disease, Cripple.—At Public Elementary School.
 E.H., Epileptic, Cripple.—At no school or institution.

	At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Certified Schools for Mentally Defective Children.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Blind Children	6	..	..	..	..	..	..	..	..	6
Partially Sighted Children	5	..	..	..	..	..	9	..	2	16
Deaf Children	..	..	12	..	..	..	..	..	..	12
Partially Deaf Children	..	..	4	..	..	..	2	..	2	8
Mentally Defective Children—Feeble- Minded Children	..	..	..	..	15	..	114	8	71	208
Epileptic Children—Children suffering from Severe Epilepsy	..	..	..	..	..	2	..	..	9	11
PHYSICALLY DEFECTIVE CHILDREN.										
A.—Tuberculous Children—										
I.—Children suffering from Pulmon- ary Tuberculosis	..	..	..	..	..	..	..	8	13	21
II.—Children suffering from Non- pulmonary Tuberculosis	..	..	..	..	..	8	89	3	32	132
B.—Delicate Children	..	..	..	..	..	4	121	3	28	156
C.—Crippled Children	..	..	..	..	..	13	104	4	49	170
D.—Children with Heart Disease	..	..	..	..	..	..	39	4	21	64

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1934.
TREATMENT TABLE.

GROUP I.—MINOR AILMENTS.

Defect or Disease. (1)	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm Scalp—			
(i) X-Ray Treatment	8	1	9
(ii) Other	39	4	43
Ringworm—Body	46	..	46
Scabies	14	..	14
Impetigo	456	1	457
Other Skin Diseases	381	4	385
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II)	351	5	356
Minor Ear Defects	227	16	243
Miscellaneous	2199	18	2217
(<i>e.g.</i> , Minor injuries, bruises, sores, chilblains, etc.) ..			
Total	3721	49	3770

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

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)	Prescribed. (1)		Obtained. (2)	
				(i) Under the Authority's Scheme.	(ii) Other-wise.	(i) Under the Authority's Scheme.	(ii) Other-wise.
Errors of Refraction (including squint)	1118	107	1225				
Other Defect or Disease of the Eyes	23	4	27				
Total	1141	111	1252	869	100	861	97

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

Number of Defects.												Received other forms of Treatment.	Total number treated.
Received Operative Treatment.													
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
81	17	296	8	11	3	37	2	92	20	333	10	23	478

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic. (iii)	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated ..	88	..	959	..	..	5	1052

GROUP V. 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	15		
East of County (Mr. Birch)	..	..	197	722	800	824	891	854	846	864	913	936	112	—	—	7959
South of County (Mr. Keenan)	..	..	171	663	934	1080	1072	1050	1014	1042	1044	1094	208	2	—	9374
North of County (Mr. Catchpole)	..	..	183	910	1219	1230	1332	1328	1327	1189	1183	1193	178	2	—	11274
Total	..	..	551	2295	2953	3134	3295	3232	3187	3095	3140	3223	498	4	—	28607

Age	..	..	NO. OF CHILDREN REFERRED FOR TREATMENT.												Specials.	Total.
			Under 5	5	6	7	8	9	10	11	12	13	14	15		
East of County	..	..	57	336	446	517	545	475	456	391	414	404	47	—	—	4088
South of County	..	..	27	249	501	635	644	587	532	472	436	442	81	—	—	4606
North of County	..	..	57	420	675	749	805	756	719	566	532	486	70	—	—	5835
Total	..	..	141	1005	1622	1901	1994	1818	1707	1429	1382	1332	198	—	—	14529

(b) Referred for Treatment 14529
(c) Actually treated 9793

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	..	760	3598	4026	3515	3020	2265	1353	776	301	147	8	87	698	969	1048	910	621	441	270	193	112	5
South of County	..	245	2877	1953	1917	1477	875	472	223	81	29	1	49	386	808	1021	911	680	517	313	189	99	5
North of County	..	304	1587	1750	1284	993	711	384	179	78	14	1	178	1610	2545	2271	2060	1521	924	504	225	121	8
Total	..	1309	8062	7729	6716	5490	3851	2209	1178	460	190	10	314	2694	4322	4340	3881	2822	1882	1087	607	332	18

NUMBER OF PERMANENT TEETH DECAYED.

Age	SAVEABLE.											UNSAVEABLE.										
	5	6	7	8	9	10	11	12	13	14	15	5	6	7	8	9	10	11	12	13	14	15
East of County	6	49	190	291	300	330	288	367	503	63	—	—	..	..	4	9	24	40	78	121	16	—
South of County	..	17	99	164	198	263	288	319	359	65	—	—	1	16	28	77	89	118	166	245	46	—
North of County	16	134	346	583	715	678	616	642	691	97	—	—	8	51	134	257	309	290	390	482	65	—
Total	22	200	635	1038	1213	1271	1192	1328	1553	225	—	—	9	67	166	343	422	448	634	848	127	—

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. 73	263	3098	134	1495	3133	199	1710	—	1403	813
South of County. 73	307	3632	431	930	3070	116	1061	—	1158	365
North of County. 96	295	3557	418	1909	4086	29	2146	—	1955	25
Total 242	865	10287	983	4334	10289	344	4917	—	4516	1203

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (1) Average number of visits per school made during the year by the School Nurses .. 9.0
- (2) Total number of examinations of children in the schools by the School Nurses .. 95,923
- (3) Number of individual children found unclean 2,982 approx.
- (4) Number of children cleansed under arrangements made by the Local Education Authority 0
- (5) Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921 0
 - (b) Under School Attendance Bye-laws 7

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 <i>not</i> requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but <i>not</i> requiring treatment. (5)
Malnutrition	..	36	..	4
Skin {	Ringworm—			
	Scalp	..	..	..
	Body	..	..	..
	Scabies	1	..	..
	Impetigo	..	..	..
Nose and Throat {	Other diseases (Non-Tuberculous)	3	1	..
	Enlarged Tonsils only	11	1	1
	Adenoids only	..	..	..
	Enlarged Tonsils and Adenoids ..	..	..	..
	Other Conditions	3	..	..
Enlarged Cervical Glands (Non-Tuberculous) ..	..	5	..	1
Eye {	External Eye Disease	5	..	..
	Defective Vision (including squint)	122	11	4
Ear {	Defective Hearing	4	1	..
	Otitis Media	4	2	1
	Other Ear Diseases	..	..	..
Defective Speech	..	6	..	..
Intelligence (backward)	..	18	..	..
Heart and Circulation	..	18	..	..
Anaemia	5	4	..	1
Tuber- culosis {	Pulmonary—			
	Definite	..	2	..
	Suspected	..	..	..
	Non-pulmonary—			
	Glands	1	1	..
	Bones and Joints	..	..	..
Lungs {	Skin	..	1	..
	Other Forms	..	..	..
	Bronchitis	1	..	..
Nervous System {	Other Non-Tuberculous Diseases	..	..	..
	Headache	..	..	..
	Signs of Overstrain	..	..	1
Rheumatism	Chorea	..	..	..
Digestion	..	2	1	..
Deform- ities {	..	7	..	..
	Spinal Curvature	11	..	1
	Flat Foot	26	..	..
Other Defects	Other Deformity	9	1	..
		28	4	2
Remedial Exercises advised	51		0	
Number of individual children found at Routine Inspection to require treatment	215		—	

DENTAL INSPECTION OF SECONDARY SCHOOL CHILDREN.

Age					Age Groups Inspected.												Total.
					7 and un- der.	8	9	10	11	12	13	14	15	16	17	18 and over	
Fee-paying	..	..	..	..	39	48	60	120	267	390	395	365	204	104	52	13	2047
Free-place	..	..	..	..	..	..	..	73	232	309	314	297	218	141	98	47	1729
Total	..	..	..	..	39	48	60	193	499	699	709	662	422	245	150	60	3776

Age					No. of Scholars referred for treatment.												Total.
					7 and un- der.	8	9	10	11	12	13	14	15	16	17	18 and over	
Fee-paying	..	..	..	..	15	26	33	48	123	163	160	169	93	47	16	5	898
Free-place	..	..	..	..	..	..	..	40	105	120	139	153	111	71	46	19	804*
Total	..	..	..	..	15	26	33	88	228	283	299	322	204	118	62	24	1702

*Actually treated (Free-place) 552

PARTICULARS OF TIME GIVEN AND OPERATIONS UNDERTAKEN (SECONDARY SCHOOLS).

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 Administra- tions of General Anaesthetics.	No. of other Operations.	
			Ex- tracted.	Filled.	Ex- tracted.	Filled.			Per- manent Teeth.	Temp- orary Teeth.
36	77	657	188	544	102	0	562	0	542	0