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ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO

The Education Committee

OF THE

SALOP COUNTY COUNCIL
1938.

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

Education Committee.

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† Chairman, Medical Inspection Committee.
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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. (resigned Sept. 15th, 1938).

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).

ELFYN T. JONES, M.R.C.S., L.R.C.P., B.Sc., D.P.H. (resigned August 29th, 1938).

WILLIAM AINSLIE, L.R.C.S., L.R.C.P., D.P.H. (resigned June 4th, 1938).

CATHERINE B. MCARTHUR, M.B., Ch.B., D.P.H.

WILLIAM W. SINCLAIR, M.B., Ch.B., D.P.H. (commenced duty September 19th, 1938).

ALEXANDER W. M. BATTERSBY, L.R.C.S., L.R.C.P., D.P.H. (commenced duty September 29th, 1938).

School Dental Officers :

STEPHEN KEENAN, L.D.S.

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

GERALD R. CATCHPOLE, L.D.S.

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

I have the honour to present the Annual Report for 1938. I wish to express my indebtedness to Dr. Battersby under whose general supervision the Report has been largely prepared.

A fact brought out by the report is the slow but progressive increase in the prevalence of dental caries which has been taking place since 1920, notwithstanding the efforts which have been made in this county to educate the public in the methods of its prevention. Whatever factors may be involved in the production of dental caries, the most important and the ultimate deciding factor is dental uncleanliness. That is a matter primarily for the parents, and, while the more serious consequences of dental caries can be prevented by the work of the Dental Officers, it is likely to continue unabated unless dental hygiene is practised by the children.

I am, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

County Medical Officer and
School Medical Officer.

County Health Office,
College Hill,
Shrewsbury,
7th June, 1939.

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. This does not include the area represented by the Borough of Shrewsbury, which is an independent Authority for Elementary Education, but is otherwise co-extensive with the administrative county.

At the end of 1938 there were 302 departments, comprised in 271 schools, and 25,648 children were on the register, a decrease of 530 during the twelve months.

STAFF.

The Staff consisted of the School Medical Officer, the Deputy School Medical Officer, who gave half of his time to School Medical Inspection and Maternity and Child Welfare work, and six Assistant School and Child Welfare Medical Officers, one of whom holds the position of District Medical Officer of Health within the County and gave two days per week to County Council work.

Considerable changes occurred during the year, Dr. Astley Weston, the Deputy School Medical Officer, after twelve years service in this County, and Dr. Wm. Ainslie and Dr. E. T. Jones having resigned to take other appointments.

Since the issue of the last report an additional Dental Surgeon and Dental Attendant have been appointed, but did not commence duties until April 1st, 1939.

In addition to the Medical Officers and Dental Officers above mentioned, the staff during the year consisted of :—

3 Dental Attendants.
1 Whole-time School Nurse.
13 Health Visitors undertaking school nursing.
42 District Nurses undertaking school nursing.
2 Nurses working independently.

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

	1937	*1938*
Whole-time School Nurse (1)	4,526	2,423
Whole-time Health Visitors (13)	5,637	12,336
District Nurses acting as School Nurses (42) ..	14,874	9,431
Health Visitors and District Nurses jointly (8) ..	102	173
Nurses working independently (2)	1,973	1,881
	*27,112	*26,244

* No. on Register at end of June, was used in the compilation of these figures.

From the above table it will be seen that, consequent upon the re-organisation of the District Nursing Service to meet the requirements of the Midwives Act, the school nursing of a considerable proportion of the children has been transferred from the District Nurses to the County Council Health Visitors.

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 thus 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 three exceptions, in the same building and on the same day as the Child Welfare Centres, thus facilitating co-operation between the Assistant School Medical Officers and the Orthopaedic Surgeons who attend these clinics. A child attending any of these clinics can be referred for examination to the Tuberculosis Medical Officers.

HYGIENIC CONDITION OF THE SCHOOLS.

The School Medical Inspectors are required to report 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 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."

The following table gives information regarding the condition of the schools at the time of the last visit of inspection in 1937 and 1938 :—

	Good.		Moderately satisfactory.		Unsatisfactory.	
	1938	1937	1938	1937	1938	1937
Environment	196	190	94	100	12	15
Classrooms :—						
Ventilation	93	94	150	148	59	63
Lighting	109	113	147	144	46	49
Heating	90	88	171	169	41	48
Desks	199	206	100	92	3	7
Sanitation :—						
Drainage	152	156	129	124	21	25
Disposal of refuse	147	157	147	138	8	11
Sanitary Conveniences :—						
Closets—Boys	55	59	172	158	66	78
Girls	53	59	175	154	64	81
Disposal of contents	137	137	128	113	37	51
Urinals	43	40	203	186	47	66
Lavatories	81	77	160	151	61	74
Water Supply :—						
Drinking	141	150	127	111	34	45
Washing	169	179	110	98	23	29
Cloakrooms :—						
Accommodation	106	108	157	155	39	43
Means for drying Clothes and Boots	38	32	38	42	226	230
Cleanliness (Schoolrooms and Cloakrooms)	153	146	144	143	5	16
Playgrounds	104	96	83	78	115	131

Considerable improvements are being made year by year, and it is gratifying to be able to report that the number of unsatisfactory schools shows a decrease. When, as in 1938, there are considerable changes in the personnel, differences of opinion as to the group in which a border line school should be placed must arise, and it would appear that the recently appointed Medical Officers have in certain instances adopted a higher standard for purposes of classification in that some schools formerly classified as " Good " have now been included in the " Moderately satisfactory."

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. The Education Committee has authorised the provision of meals on the recommendation of the School Medical Officer for malnourished children from necessitous homes who are in attendance at schools where meals are available.

Dinners are being provided at six schools at charges ranging from 10d. to 1/6 per week, and authority has been given for dinners to be provided free of cost for 19 children. There is also a school in which, while a complete dinner is not provided, food is prepared for the children there and provided at a weekly cost of 5d.

It is extremely desirable that badly nourished children who throughout the year have to travel several miles to school should have a good meal at mid-day and, as the projected senior schools serving the rural areas are opened the need for the provision of school dinners will be greatly increased. At present, in order to meet the nutritional requirements of the school children chief reliance has to be placed on the Milk Marketing Board's Scheme, particulars of which are given below.

In a certain number of schools a hot drink, usually consisting of cows' milk modified in some way and sold under a trade name, is sold to the children. Although this must be considered as being all to the good, and although many children prefer such a drink to one consisting entirely of cows' milk, the chief nutritive value of these preparations lies, as a rule, in the cows' milk which they contain.

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

Under this scheme school children can obtain milk at a halfpenny per third of a pint ; and as the Local Education Authority can also obtain milk at this reduced rate for the purpose of making grants of free milk to under-nourished school children, the Education Committee decided to take advantage of this scheme where the parents of such children are not able to pay for this extra nourishment. Originally not more than one-third of a pint was allowed for any child, but in September, 1937, the Committee authorised grants up to one pint in special cases on the recommendation of the School Medical Officer.

On the 31st December, 1938, 1,303 children were getting milk in school at the cost of the Local Education Authority ; and during the year ended 31st December, 1938, a total of 306,360 third of a pint bottles of milk, paid for by the Local Education Authority, were supplied to the children under this scheme.

It is very unfortunate that greater facilities for securing a supply of free milk for the children are not available, and the experience of another year has served to confirm the opinion that there is little possibility of the present scheme covering the whole of the county. Indeed the tendency is for producers who have supplied milk to the schools to give it up through dissatisfaction with the financial return.

In 153 schools in which the Milk Marketing Board's Scheme is *not* in operation 876 children were found by the Assistant School Medical Officers to be showing some signs of malnutrition. In the majority of these cases the parents would be unable to afford to buy additional milk for the children, and it is much to be regretted therefore, that, owing to the milk in Schools Scheme not being in operation in these schools, advantage could not be taken of the willingness of the Local Education Authority to supply free milk.

In 163 schools (149 elementary and 14 secondary), 13 more than in the previous year, a regular supply of milk, which is consumed as a rule in the middle of the forenoon, is now being provided in bottles containing a third of a pint at a cost of ½d., but even when the farm where the milk is produced is in close proximity to the school, the producer complains that the remuneration is not commensurate with the trouble and expense involved. There is certainly no profit when a small quantity of milk has to be delivered to a country school some distance away. When one remembers that the milk is supplied in bottles, and that these bottles have to be washed, sterilised, filled, capped, delivered, collected and replaced when they get broken, it will readily be appreciated that there is not much profit in the scheme for the milk producers, many of whom supply the milk to certain of the schools merely on compassionate grounds, because it is good for the children.

This scheme requires that all milk supplied to schools should be approved by the School Medical Officer, 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." Owing to the difficulty of securing supplies of milk for the school children, the words " all possible precautions " have had to be interpreted as meaning anything more than ordinary milk. While it can be argued that almost any milk is better than no milk, it is felt that some standard must be maintained ; and while preference is always given to the higher grade of milk, in those cases in which there is more than one source of supply, Tuberculin Tested, Accredited, Pasteurised or Boiled Milk will all alike be approved. The standard required for approval cannot, therefore, be regarded as a rigid or unreasonable one.

Examinations have shown that the cleanliness of the milk as supplied to the schools is not nearly as satisfactory as it should be. The great difficulty experienced in finding producers or retailers who are willing to work the scheme makes one hesitate to advise the prohibition of unsatisfactory milk in face of the knowledge that by so doing the supply to the school will cease entirely.

The following are the particulars with regard to the progress of the Scheme in this County, and it is gratifying to note the increase in the number of children for whom Pasteurised Milk is now available.

Total number of children on the Registers of the Secondary and Elementary Schools in this County	29,033
Number of children on the Registers of the schools which are obtaining milk under the Milk Marketing Board's Scheme	18,774

Grades of Milk supplied to these schools and the number of children for whom each special grade is available is as follows :—

	1938		1937	
Tuberculin Tested Milk ..	4,917	18,774	4,946	17,942
Accredited Milk	6,630		7,000	
Pasteurised Milk	6,836		5,518	
Boiled Milk	391		478	

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 the Assistant Medical Officers' Addresses to School Children.

	1938	1937	1936	1935
Dr. Blake ..	45 lectures	46 lectures	31 lectures	50 lectures
Dr. Weston ..	0 ,,	0 ,,	0 ,,	3 ,,
Dr. Priestley ..	9 ,,	0 ,,	0 ,,	3 ,,
Dr. Evans ..	0 ,,	0 ,,	0* ,,	1† ,,
Dr. Ainslie ..	0 ,,	7 ,,	11 ,,	0 ,,
Dr. Jones ..	1 ,,	5 ,,	8 ,,	0 ,,
Dr. McArthur ..	23 ,,	0 ,,	0 ,,	0 ,,
Dr. Sinclair ..	6 ,,	0 ,,	0 ,,	0 ,,
Dr. Battersby ..	10 ,,	0 ,,	0 ,,	0 ,,
	94	58	50	57

* Lectures at 11 Schools during Oswestry Health Week.
† ,, ,, 18 ,, ,, ,, ,, ,,

FINDINGS OF MEDICAL INSPECTION.

During the year, 214 schools were visited once only, and 88 were visited twice. This represents a total of 390 medical inspections as opposed to 416 during the previous year. There was a decrease of 33 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-	
	Aged 5.	Aged 8.	Aged 12.	Cases.	examinations.	Total.
Dr. Weston	121	91	64	44	316	636
Dr. Blake	490	474	552	176	2,364	4,056
Dr. Priestley	403	389	494	65	1,399	2,750
Dr. Evans	95	80	55	31	455	716
Dr. Ainslie	268	288	192	74	887	1,709
Dr. Jones	400	427	354	52	1,243	2,476
Dr. McArthur	590	633	596	175	1,865	3,859
Dr. Battersby	209	176	126	46	454	1,011
Dr. Sinclair	286	334	206	70	733	1,629
Totals for 1938	2,862	2,892	2,639	733	9,716	18,842
Totals for 1937	2,923	2,978	2,525	833	10,815	20,074

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

Below are the number of inspections and the number of children found verminous :—

Year.	Primary Inspections.	Head Examinations.	Percentage Verminous.	No. of children found verminous at each inspection :— First.	Second.	Third.	Fourth.	Fifth.
1937	1228	83305	2.9	2413	1002	253	58	19
1938	1122	79455	3.2	2523	1200	404	103	25

There were, in addition to the 79,455 examinations of children at primary inspections, 10,255 examinations carried out in the course of 1388 subsequent inspections, or a grand total of 89,710 examinations.

During the year the percentage of children found verminous on primary inspection was 3.2, an increase of 0.3 per cent. on the previous year. The average percentage of verminous children for the last three years and in the three preceding five year periods was :—

1921—1925..	9.3 per cent.	1936..	2.8 per cent.
1926—1930..	5.6 per cent.	1937..	2.9 per cent.
1931—1935..	4.2 per cent.	1938..	3.2 per cent.

The actual number of individual children found verminous at one time or another during the year was 2,078, namely, 8.0 per cent. of the number on the register. The disparity between this percentage and the percentage of children found verminous at primary inspection (8.0 per cent. and 3.2 per cent. respectively) indicates that almost entirely different children are found verminous at the successive inspections, and that only a very small number are persistently verminous. These latter are of course the most intractable cases, and until they can be eliminated this condition cannot be eradicated from a school.

While there is little disparity between the findings of the School Nurses and the Assistant School Medical Officers, namely, 3.2 per cent. and 3.7 per cent. respectively, it is disquieting to note that one Assistant School Medical Officer discovered two-thirds of the total, her percentage being 10.9

It is the policy to give every assistance and advice before prosecution, and summonses are only issued as a last resort, but legal proceedings were taken in 2 cases during 1938 (and in 6 cases during the previous year). A fine of 5/- was imposed in each case.

Ringworm.—Of the children examined by the Medical Inspectors, none were found to be suffering from ringworm of the scalp, but 70 cases of ringworm of the scalp or of the body were notified by the teachers, although these were not usually based on medical opinion.

Defects of Nose and Throat.—Of the 8,393 children belonging to the code groups who were examined, 400 or 4.8 per cent. required treatment on account of diseases or defects of the throat and nose.

Inclusive of special cases, there were in all 1,551 children who were found at medical inspections during the year to be suffering from defects of the throat and nose, of whom 478 required treatment, 1,073 being kept under observation.

The following are the particulars of those recommended for treatment since 1921 :—

	Tonsils and Adenoids.	Tonsils only.	Adenoids only.	Other conditions.	Total.
1921—25 (Average)	306	317	137	26	786
1926—30 ,,	344	598	107	19	1068
1931—35 ,,	216	323	46	20	605
1936	237	243	32	39	551
1937	203	195	30	17	445
1938	185	256	22	15	478

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 517 children from phthisis homes, 441 were examined by the medical inspectors, and 5 suspected cases were referred to the Tuberculosis Medical Officers for further examination.

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

	Pulmonary Tuberculosis.			Non-pulmonary Tuberculosis.		
	Diagnosed.	Suspected.	No evidence.	Diagnosed.	Suspected.	No evidence.
Children referred by A.S.M.O.'s (16) ..	1	..	11	1	1	2
Other cases (139)	5	1	77	21	..	35
Total (155)	6	1	88	22	1	37

Eye Defects.—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 7.3 as compared with 6.4 in the previous year. In all 515 children were discovered during the year to be suffering from defective eyesight or squint requiring treatment, and 265 with lesser degrees of defect that needed to be kept under observation. Of the children requiring treatment, 451 belonged to the code groups and 64 were special cases.

The following table shows the percentage of children *at the age of* 12 requiring treatment for eye defects at five-yearly stages from 1920 to 1930, and for the years 1935—1938 :—

Year.	Percentage of defects.	Year.	Percentage of defects.
1920	10.2	1935	5.6
1925	7.9	1936	5.9
1930	8.9	1937	7.0
		1938	7.5

Ear Disease and Hearing.—Forty-two routine cases, or 0.5 per cent. of the children belonging to the code groups, and 9 special cases were referred for treatment either on account of deafness or otorrhoea, or both. The figures for the previous year were, 48 routine cases and 12 special cases.

Dental Caries.—The following tables show the prevalence 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.

	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	341	4.8	19	451	5.0	5	529	2.4	25
Dr. Evans	85	5.2	18	71	3.5	10	50	2.4	14
Dr. Priestley	413	5.2	11	399	4.7	7	479	2.0	25
Dr. Weston	71	5.0	13	76	4.5	12	56	2.7	21
Dr. Ainslie	174	2.7	32	264	3.4	12	183	2.2	21
Dr. Jones	333	2.9	28	388	3.8	9	339	2.0	27
Dr. McArthur	394	3.6	22	510	3.4	11	523	2.5	16
Dr. Battersby	141	2.5	11	151	3.1	9	116	2.4	5
Dr. Sinclair	197	2.5	26	294	3.2	17	178	2.0	26
Medical Officers	2149	3.9	20	2604	3.9	10	2453	2.3	22
Mr. Birch	731	6.4	9	891	5.7	2	786	2.1	9
Mr. Catchpole	513	5.0	15	734	5.1	6	564	3.6	13
Mr. Keenan	617	3.0	23	968	3.1	10	889	2.0	22
Dental Officers	1861	4.9	15	2593	4.5	6	2239	2.4	15

The above table shows the state of the teeth of the children examined by the Assistant Medical Officers in the three "routine" age groups. The Dental Officers' figures for these three ages are also given for purposes of comparison.

The Medical Officers' total figures, as perhaps might be expected, show a lower average number of decayed teeth per child and a higher percentage of children free from caries. The figures, however, correspond fairly closely with those of the Dental Officers, the only considerable difference being in the average number of teeth decayed in the age 5 group.

The following table gives the results of inspection by the School Dental Officers of children of all ages, and it will be observed that between the ages of 6 and 14 the average number of decayed teeth per child tends to diminish ; it will also be noted that the percentage of children free from active caries tends to increase from the age of eight years, and that 17 per cent. of the children at the time of their last dental examination before leaving school are found to be free from all signs of active dental caries.

Age	Under 5	**5**	6	7	**8**	9	10	11	**12**	13	14
Average number of teeth decayed	3.9	**4.9**	5.2	5.0	**4.5**	3.8	3.2	2.6	**2.4**	2.4	3.1
Percentage of children free from caries ..	23	**15**	9	7	**6**	6	8	12	**15**	16	17

The following table shows that in five year old children the average number of decayed teeth per child found by the Medical and Dental Officers doubled since 1920, and that there has been a progessive increase in the prevalence of dental caries in the children of each age group :—

Year.	Age 5.		Age 8.		Age 12.	
	Medical Officers	Dental Officers	Medical Officers	Dental Officers	Medical Officers	Dental Officers
1920	2.16	2.0	3.8	3.9	2.1	2.5
1921	2.5	2.0	3.5	3.6	1.9	2.4
1922	3.0	2.0	3.6	3.2	1.7	1.7
1923	3.4	2.1	3.6	2.7	1.7	1.2
1924	3.0	2.8	3.3	2.8	1.6	1.5
1925	3.1	1.7	3.4	3.0	1.6	1.6
1926	3.0	2.3	3.3	2.9	1.5	1.7
1927	2.7	2.1	3.4	2.8	1.6	1.7
1928	2.8	2.2	3.1	2.8	1.5	1.7
1929	2.9	2.7	2.8	2.7	1.5	1.8
1930	3.4	3.2	3.1	2.7	1.6	1.8
1931	3.8	3.4	3.1	2.7	1.6	1.9
1932	3.7	3.6	3.1	3.2	1.5	1.8
1933	3.8	4.0	3.4	3.3	1.5	1.8
1934	4.0	4.7	3.8	3.4	1.6	1.8
1935	4.0	4.0	3.9	3.6	1.7	1.8
1936	3.9	4.0	3.9	3.8	1.8	2.1
1937	4.1	4.3	4.5	3.9	2.1	2.3
1938	3.9	4.9	3.9	4.5	2.3	2.4

Dr. Battersby writes :—" It will be seen from the foregoing table that there has been a definite increase of dental caries in the three age groups of school children. Five-year-old children have now roughly double the amount of caries found in 1923, and, from the Dental Officers' figures, in the eight-year-old group the average number of carious teeth per child has increased by 66 per cent. and in the twelve-year-old group by 100 per cent. since 1923."

" The explanation of this steady increase is very difficult to state as many factors play a part, but the main causes of dental caries may be summarised under the following headings :—

1. Use of soft and sloppy food.
2. Insufficient mastication.
3. Lack of cleansing of teeth and mouth.
4. The existence of dental irregularities.
5. Eating of sweets."

Crippling Defects.—The numbers of these defects found at the routine medical inspections were :—rickets 15, spinal curvature 64, other forms 437. School children found to be in need of treatment are admitted to the Robert Jones and Agnes Hunt Orthopaedic Hospital.

Particulars of cases treated at the Orthopaedic Hospital during the year.

Congenital Defects and Deformities (23 cases, or 23 per cent.)—

(*a*) Feet	(i) Club	5 cases	or 5	per cent.
	(ii) Claw	8 ,,	8	,,
	(iii) Unclassified	2 ,,	2	,,
(*b*) Hip Joint		2 ,,	2	,,
(*c*) Neck		2 ,,	2	,,
(*d*) Knee		1 ,,	1	,,
(*e*) Spine		3 ,,	3	,,

Acquired Deformities (16 cases or 16 per cent.)—

(*a*) Spine	1 case	or 1	per cent.
(*b*) Knee	2 ,,	2	,,
(*c*) Feet	10 ,,	10	,,
(*d*) Hand	1 ,,	1	,,
(*e*) Hip	2 ,,	2	,,

Other Diseases (42 cases or 42 per cent.)—

†(*a*) Osteomyelitis and Epiphysitis	12 cases	or 12	per cent.
*(*b*) Tuberculosis	27 ,,	27	,,
(*c*) Arthritis (Infective)	1 ,,	1	,,
(*d*) Tumour of bone	1 ,,	1	,,
(*e*) Acute Rheumatism	1 ,,	1	,,

Diseases of Nervous System, producing Deformities (11 cases or 11 per cent.)—

(*a*) Poliomyelitis (Old cases)	2 cases	or 2	per cent.
,, (New cases)	7 ,,	7	,,
(*b*) Hemiplegia	1 ,,	1	,,
(*c*) Paraplegia	1 ,,	1	,,

Injuries (8 cases or 8 per cent.)—

(*a*) Bones	4 cases	or 4	per cent.
(*b*) Joints	4 ,,	4	,,

* NOTE.—This includes 2 Shrewsbury Borough Cases.

† NOTE.—This includes 1 case of Brodie's Abscess.

Dull and Backward Children.—During the year there were 181 *new* cases of retardation, the degree of retardation varying from one to four 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	Not stated.
Mental Deficiency	4	..	..	1	1	2
Suspected Mental Deficiency	18	..	5	8	4	1
Innate dullness	124	7	82	29	6	..
Insufficiency of education	9	1	6	2	..	..
Physical defects	8	1	6	1	..	..
Environment	10	3	6	1	..	..
Shyness and Nervousness	1	1	..	..	..	..
Poor Nutrition	3	3	..	..	..	..
No Diagnosis	4	2	2	..	..	..
	181	18	107	42	11	3

In addition, 783 children diagnosed as dull and backward *in previous years*, were re-examined, the findings in connection with whom were as follows :—

Mentally defective	25
Doubtful cases of mental deficiency	30
Backward, but not improving	436
Backward, but improving	272
Now normal	20

Dr. Battersby states :—" The total number of children in attendance at the elementary schools who were found to be mentally retarded in 1938 was 964, or 3.8 per cent. of the children on the register ; for the previous five years the percentage was approximately 4.4, but an authority on Mental Deficiency states that the average figure for England and Wales is between 10 per cent. and 12 per cent.

" Amongst the retarded children there are a number who are defined as " Difficult ", and a Child Guidance Clinic would be of great assistance in dealing with them. At present no such Clinic exists in the County, and if any child requires this form of treatment, he has to travel a considerable distance."

Nutrition.—The Board of Education now requires the state of nutrition of each child to be expressed for statistical purposes under one of the following designations :—Excellent, normal, slightly subnormal, bad. The details (given in Table IIB, on page 34) regarding the state of nutrition of these children who underwent routine examination during the year show that the highest percentage of " bads " was amongst the second age group, and of " excellents " amongst the older children.

During the year, the nutrition of 8,393 children was ascertained as a result of routine inspection, and the findings of the Medical Officers may be expressed in percentages as follows :—

	Excellent.	Normal.	Slightly subnormal.	Bad.
1935	.. 8.15	79.95	11.50	.40
1936	.. 9.35	75.85	14.41	.39
1937	.. 10.80	73.56	15.27	.37
1938	.. 12.06	75.16	12.61	.17

From the above table it will be observed that there was an increase in the percentage of elementary school children whose nutrition has improved, and a corresponding diminution in the percentage of school children whose nutrition was sub-normal or bad.

The greatest difficulty with regard to nutrition is to decide exactly what is " normal." To assume that the state of nutrition of the average child is normal is to take a very great deal for granted. This tendency is liable always to vitiate the findings, and the probability is that normality in the matter of nutrition is the exception rather than the rule. Statistics relating to height and weight are but poor indications of the actual state of nutrition, and their chief value lies in the fact that brawn and brain usually go together. Even amongst the children of the " well to do " evidence of malnutrition, in the shape of minor deformities attributable no doubt to improper feeding, is not uncommon, and it is probable that, strictly speaking, there is evidence of past or present malnutrition in the great majority of children who enter school at the age of five. Certainly few children at that age are entirely free from certain very minor forms of orthopaedic defect, evidence of which disappears in almost all cases with further growth.

While it is a perfectly safe thing to say that certain children are suffering from malnutrition it is a much more difficult matter to be sure, as a result of clinical examination, that other children are not. It is probable that only a very small percentage of children actually go short of food; but it is more than probable that the nutrition of many is adversely affected by improper diet, due either to ignorance of dietetics on the part of the parents or to inability to purchase food with the nutritive qualities necessary for a growing child, particularly if the rate of growth be rapid. Accurately to assess the state of nutrition of a child at any particular time is well nigh impossible. Malnutrition may manifest itself in so many ways, according to the nature of the dietetic or other defect, and in certain cases must be quite unrecognisable. The findings of the medical inspectors therefore, must be regarded as relating to the fairly obvious, and cannot be regarded as reliable in the case of the slightly obscure.

One of the greatest safeguards against malnutrition is the inclusion in the daily diet of a definite quantity of food such as milk which is known to contain in its constituents all the substances necessary for health, and in the absence of certain of which growth and nutrition cannot be normal. The daily addition of one pint of milk to any diet will improve it, however scientifically it may be compounded.

Head Teachers and nurses are requested at the time of routine medical inspection to bring forward for special examination any children who in their opinion are showing signs of malnutrition or are in need of extra nourishment. The following are the findings of the medical officers, the variations in which are indicative of the difficulties of the task.

MALNOURISHED CHILDREN.

	Routine Cases.					Re-examination, Special and Routine Cases.				
	No. of Children.	Slightly Sub-normal.	Per-centage.	Bad.	Per-centage.	Children on Register	Slightly Sub-normal.	Per-centage.	Bad.	Per-centage.
Dr. Weston ..	276	52	18.84	0	..	..	..	..	..	..
Dr. Blake ..	1516	351	23.15	8	.53	5224	1022	19.56	10	.19
Dr. Priestley ..	1286	146	11.35	0	..	5110	706	13.79	0	..
Dr. Evans ..	230	58	25.22	2	.87	..	..	..	..	..
Dr. Ainslie ..	748	58	7.75	0	..	..	..	..	..	..
Dr. Jones ..	1181	91	7.71	0	..	..	..	..	..	..
Dr. McArthur ..	1819	227	12.48	4	.22	4595	590	12.84	9	.19
Dr. Battersby ..	511	16	.31	0	..	4698	253	5.38	0	..
Dr. Sinclair ..	826	59	7.14	1	.12	6012	551	9.16	1	.02

Infectious Diseases.—The following table gives the notifications which were sent in during 1938 by the *Head Teachers*. For purposes of comparison those received during the previous year are also given, and it will be observed that the incidence of infectious disease of the common types, except whooping cough and scarlet fever, was much reduced during 1938:—

	1938	*1937*		*1938*	*1937*
Coughs and Colds and Sore Throats ..	2432	6396	Impetigo	197	145
Measles	1142	1764	Mumps	469	940
Influenza	986	6989	Ringworm	70	77
Chicken-pox	754	889	German Measles ..	24	161
Whooping Cough ..	535	406	Conjunctivitis ..	10	33
Scarlet Fever	260	150	Bronchitis	14	31
Diphtheria	77	139	Tonsilitis	19	38
Other Diseases ..	268	294	Scabies	22	25

Certificates of Exclusion.—943 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	67	Bronchial Catarrh	32
Coughs and Colds	37	Rheumatism	20
Sore Throat	39	Suspected Phthisis	5
Tonsilitis	60	Whooping Cough	10
Debility	85	Otorrhoea	19
Bronchitis	61	Chorea	21
Scabies	69	Mumps	14
Influenza	66	Chicken-pox	20
Tuberculous Glands	31	Anaemia	12
Heart Conditions	10	Conjunctivitis	19
Ringworm of Body	32	Scarlet Fever	2
Ringworm of Scalp	12	Various Conditions	197
Pulmonary Tuberculosis	3		

Closure of Schools.—During the year 20 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	12
Diphtheria	4
Scarlet Fever	3
Jaundice	1

In 12 instances attempts were made to prevent outbreaks of measles by closing the schools for about a week, nine or ten days after the occurrence of the first case, with the following result :—

In 6 instances no further cases occurred. Closure in these instances must therefore be considered to have been unnecessary.

In 1 instance information which was not available when closure was ordered showed that infection was introduced into the school by an earlier unrecognised case. Closure in this case was without effect.

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

Upon notification of a single case of measles from a school where the number of susceptible children is less than 50 per cent. of the number on the register it has been considered preferable to exclude these children rather than to close the whole school. During 1938, susceptibles were excluded in 10 instances, with the following results :—

In 5 instances no further cases of measles developed either during exclusion or after readmission.

In 5 instances cases occurred during exclusion and none afterwards.

This action may therefore be said to have justified itself in 5 instances out of 10.

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 :—

		Treatment Cases.			Observation Cases.			
	No. of Cases.	No.	No. not visited.	No. treated.	No.	No. visited.	No. not visited.	Total Visits.
District Nurses (42)	1601	1068	80	664	533	275	258	3081
Nurses working on their own account (2)	241	190	4	139	51	36	15	470
Whole-time School Nurses (1) ..	364	298	3	205	66	51	15	1069
Whole-time Health Visitors (13) ..	1943	1623	157	1020	320	226	94	4867
	4149	3179	244	2028	970	588	382	9487

It will be observed from the above table that in the class requiring treatment approximately 66 per cent. of the cases receive treatment and 34 per cent. do not. The number of children who do not get the treatment recommended at School Medical Inspections is therefore quite considerable.

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 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, Shifnal and Tenbury 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, Church Stretton, Dawley, Ellesmere, Highley, Ludlow, Ironbridge, Market Drayton, Newport, Oakengates, Oswestry, Wellington, Wem 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 Church Stretton, Ellesmere, Highley, and Wem, which are only 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 Oswestry, Shrewsbury and Wellington, and fortnightly at Bridgnorth, Dawley, Ellesmere, Ironbridge, Ludlow, Market Drayton, Newport, Oakengates, Wem and Whitchurch.

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.—On page 35 particulars are given regarding 971 children who were treated at County Council School Clinics for various forms of skin disease. It was necessary during the year to send 3 children to Birmingham for X-Ray treatment for ringworm of the scalp.

Tuberculosis.—During the year 5 school children suffering from phthisis were admitted to the Shirlett 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 on page 36.

Crippling Defects and Orthopaedics.—Information regarding cases of school age treated at the Robert Jones and Agnes Hunt Orthopaedic Hospital during 1938, and paid for by the Public Health and Medical Inspection Committees is also given on page 36.

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 most of the patients had never received hospital treatment.

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 1938 :—

No. on the books on 1st January	1,769
No. of new cases	1,178
No. of cases discharged	1,035
No. on the books on 31st December (includes 151 patients whose appliances were under supervision) ..	1,912
No. of patients treated	2,842
No. of Attendances	11,756†

In addition, 112 cases were examined and no treatment found necessary.

† 1,961 under five years ; 5,274 five to sixteen years ; 3,524 over sixteen years, and 997 tubercular cases—all ages.

Particulars of Shropshire patients treated at Orthopaedic Clinics, 1938.

Diagnosis.	Total treated.			Cured.			Improved.			Ceased Attending.			Left District.			Treated elsewhere.			No improvement.			Died.			Number on Books. 31/12/38.			On Appliance Supervision. 31/12/38.		
	—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	5	7	154	1	1	1	..	..	15	..	..	29	..	..	..	..	..	4	..	..	1	..	..	2	4	6	88	..	..	14
2. Congenital Deformities	83	70	13	2	1	..	1	..	..	7	4	2	4	..	1	1	..	1	..	..	..	1	..	..	67	62	4	..	3	5
3. Claw Foot	1	58	48	..	4	..	..	1	3	..	9	7	..	2	..	..	1	1	..	..	..	..	..	..	1	41	31	..	..	6
4. Erb's Palsy	4	7	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	7	..	..	..	..
5. Flat Foot	31	156	141	..	3	..	..	7	6	10	52	34	1	2	3	..	1	1	..	..	1	..	..	..	28	91	84	..	..	12
6. Hallux Rigidus	..	3	5	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	..	..
7. Hallux Valgus	..	14	48	..	..	..	..	..	7	..	1	10	..	..	2	..	..	..	..	..	..	..	..	..	..	13	25	..	..	4
8. Injuries	10	95	336	2	30	31	..	13	59	..	10	46	1	1	5	..	2	4	..	..	3	..	..	1	7	38	172	..	1	15
9. Knock-knees	29	81	2	..	6	..	..	7	..	11	26	2	1	1	..	..	..	..	..	..	..	..	..	..	17	41	..	..	..	..
10. Osteomyelitis	..	19	17	..	..	..	..	2	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	15	14	..	1	1
11. Poliomyelitis	3	36	51	..	..	..	..	..	3	..	2	4	..	..	1	..	..	1	..	..	..	..	1	..	3	32	14	..	1	28
12. Rickets	36	13	2	..	1	..	4	..	..	13	2	..	..	..	1	..	1	..	..	..	..	..	..	..	19	9	..	..	..	2
13. Postural Defects	1	93	16	..	1	..	..	5	2	..	27	3	..	1	1	..	..	..	..	..	..	..	..	..	1	59	10	..	..	..
14. Scoliosis	2	24	30	..	..	..	..	1	1	..	6	5	..	1	..	..	..	..	..	..	..	..	..	..	2	16	16	..	..	8
15. Spastic Diplegia	1	5	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	2	1	..	2	..
16. Spastic Hemiplegia	2	17	14	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2	..	..	..	..	..	..	2	16	7	..	..	4
17. Spastic Monoplegia	..	4	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	4	1	..	..	1
18. Spastic Paraplegia	9	12	7	..	..	..	..	..	..	2	2	2	..	..	..	..	..	..	..	..	..	..	1	..	7	9	3	..	..	2
19. Surgical Tuberculosis	8	49	119	..	..	..	..	1	10	..	..	5	..	2	1	..	2	3	..	..	..	..	1	1	8	41	75	..	2	24
20. ? Surgical Tuberculosis	2	4	10	..	..	..	..	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	3	3	7	..	..	1
21. Torticollis	10	13	..	1	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	8	8	..	..	..	..
22. Spasmodic Flat Foot	1	10	17	..	..	..	..	2	2	1	2	..	..	2	..	..	..	..	..	..	..	..	..	..	1	6	7	..	..	2
23. Perthes' Disease	..	6	1	..	..	..	..	..	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..
24. Osteochondritis	..	5	11	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	5	7	..	..	1
25. Others	22	64	185	2	7	11	1	5	25	2	5	33	..	..	7	1	2	4	..	..	1	..	..	..	16	45	93	..	..	11
Totals	268	865	1,230	8	55	44	6	46	135	46	151	192	7	14	23	2	9	23	..	..	6	1	3	4	198	577	662	..	10	141
	2,363			775																					1,437			151		

PREVENTIVE CASES.

Diagnosis.	Total treated.			Cured.			Improved.			Refused treatment.			Left District.			Treated elsewhere.			No improvement.			Died.			On Books 31/12/38.		
	—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. Flat Foot	51	165	4	..	..	..	2	7	..	12	42	1	1	1	..	..	..	..	..	..	..	..	..	..	36	115	3
2. Knock-knees	37	83	..	..	1	..	..	6	..	9	19	..	1	1	..	..	..	..	..	..	..	..	1	..	27	55	..
3. Postural Defects	..	70	2	..	2	..	..	7	1	..	20	..	..	..	..	..	..	..	..	..	..	..	1	..	..	40	1
4. Others	39	27	1	1	1	..	1	..	..	9	7	1	1	..	..	..	..	..	..	..	..	..	..	..	27	19	..
Totals	127	345	7	1	4	..	3	20	1	30	88	2	3	2	..	..	..	..	..	..	..	..	2	..	90	229	4
	479			156																					323		

	On Books 1/1/38.	Admitted during 1938.	No. Treated during 1938.	Discharged during 1938.	On Books 31/12/38.	On Appliance Supervision 31/12/38.	Attendances during 1938.
— 5 years	236	207	443	165	278	..	1,961
5—16 years	730	458	1,188	417	763	8	5,274
16 + years	648	460	1,108	409	583	116	3,524
Tubercular Cases—all ages	155	53	208	44	137	27	997
Totals	1,769	1,178	2,947	1,035	1,761	151	11,756

The total number of individual patients treated was 2,842. Owing to age alterations and changes of diagnosis 105 patients are included in more than one group.

Eye Defects.—Eleven hundred and three children were treated for defects of vision. In addition, 20 children received treatment for other defects or diseases of the eyes and twelve 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.	Told to return for treatment but did not do so.
Salop Eye, Ear and Throat Hospital ..	718	419	419	218	15	..	64	2
Ludlow Eye Clinic..	175	151	150	10	2	..	12	..
Oswestry Eye Clinic	91	83	82	2	2	1	3	..
Market Drayton Eye Clinic	34	32	32	2	..	..	..	..
Kidderminster Hospital	23	14	14	5	1	..	3	..
Newtown Infirmary	3	2	2	1	..	..	..	..
Assistant School Medical Officer at Whitchurch Eye Clinic	10	8	8	1	..	1	..	..
Bridgnorth do.	30	19	19	4	..	3	4	..
Ellesmere do.	15	14	14	1	..	..	..	..
Bishop's Castle do.	4	3	3	1	..	..	..	..
Totals for 1938 ..	1103	745	743	245	20	5	86	2
Totals for 1937 ..	1103	757	753	229	35	10	69	3

It will be observed that in 745 cases glasses were prescribed and that 743 cases, an exceedingly high proportion, obtained them. Two hundred and forty-five cases were re-examined and no alteration in the glasses was advised. Only two cases who were requested to return for eye treatment at the Salop Eye Hospital failed to do so.

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 smaller number of cases deafness of somewhat obscure origin is the only condition recognised to be present. In the past seven years the number of children referred to hospital on account of ear conditions has varied from 27 to 55, and the following are the particulars for 1938 :—

No. sent to hospital for treatment	30	Remedied	10
		Improved	14
		No change	6

Diseases of the Nose and Throat.—The commonest conditions which necessitated hospital treatment were unhealthy tonsils and adenoids, particulars of which are given below. In addition to these, however, 47 cases were operated on under private arrangements, making a total of 379 operations on account of tonsil and adenoid conditions for the year 1938. There were also 4 children suffering from purely nasal conditions who were seen at the Salop Eye, Ear and Throat Hospital, and found to require treatment.

Hospital.	Number of Children seen.	Operated on.	Other treatment.	No treatment necessary.
Salop Eye, Ear and Throat Hospital	145	145	..	..
Broseley and Wenlock Hospitals	30	30	..	..
Oswestry Cottage Hospital	45	45	..	..
Ellesmere Cottage Hospital	8	8	..	..
Wellington Cottage Hospital	90	90	..	..
Chirk Cottage Hospital	7	7	..	..
Shifnal Cottage Hospital	5	5	..	..
Kidderminster Hospital	2	2	..	..
Totals for 1938	332	332	..	..
Totals for 1937	349	349	..	..

Reports received from the Medical Officers on 355 children who had recently 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 small number of cases the 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				Cases completely dealt with.	Cases not completely dealt with.		
Tonsils and Adenoids.	Tonsils. only.	Adenoids only.	Total.		Tonsils.	Adenoids.	Tonsils and Adenoids.
315	37	3	355	337	8	1	9

EFFECTS OF OPERATION UPON HEALTH.

	Cured.	*Improved.*	*Not improved.*
General Health	—	177	—
Mouth Breathing	60	13	1
Otorrhoea	5	—	—
Deafness	9	1	—
Catarrhal Symptoms	20	26	—
Enlarged Glands	146	36	8
Earache	4	—	—
Bronchitis	1	—	—
Sore Throats	15	—	—
Asthma	1	—	—

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	1	14	30	148	15	..	..
Ringworm—body	3	31	89	437	34	..	..
Scabies	5	31	62	156	27	6	3
Impetigo	14	266	309	2154	274	5	1
Minor Injuries	29	745	810	4498	751	15	8
Other skin diseases	12	594	723	4267	591	11	4
Ear Disease	52	152	392	1809	163	28	13
Eye Disease (external and other)	46	223	283	942	214	44	11
Verminous conditions	5	43	13	168	48	..	..
Tonsils and Adenoids	12	16	43	181	27	1	..
Other conditions	135	1458	2513	7575	1313	189	91
Total for 1938 ..	314	3573	5267	22335	3457	299	131
Total for 1937 ..	203	4105	6081	23461	3713	397	198

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	3	498	349	2780	489	12	..
Church Stretton	4	15	23	19	16	3	..
Dawley	62	186	570	2701	241	5	2
Ellesmere	14	65	79	117	44	30	5
Highley	..	36	36	66	34	2	..
Ironbridge	11	482	888	3551	481	12	..
Ludlow	17	389	876	2249	396	9	1
Market Drayton	3	313	404	2889	305	11	..
Newport	8	132	101	1194	123	17	..
Oakengates	48	319	446	1775	340	25	2
Oswestry..	60	454	413	1661	375	70	69
Wellington	35	417	402	1290	414	35	3
Wem	28	40	120	120	42	16	10
Whitchurch	21	227	560	1923	157	52	39
Totals for 1938	314	3573	5267	22335	3457	299	131

Dental Scheme.—The success or failure of the Dental scheme must depend upon the amount of sepsis removed and the number of permanent teeth saved, and the results of inspection and treatment are given in the tables at the end of the report. Ten schools were not visited at all during the year owing to special circumstances, and in eleven schools inspection was carried out but the treatment was not done until the beginning of 1939. With these exceptions treatment was carried out in all the schools once and in 15 schools twice.

Taking the number of unsaveable permanent teeth as a measure of the imperfection of the dental scheme, in 21,768 examinations of children 4,062 unsaveable permanent teeth were found. Of these, 2,845 or seven-tenths, were due to refusal of treatment at the previous inspection, and 1,217 or three-tenths, can therefore be attributed to the short-comings of the scheme. Of this number, 549 were due to lack of opportunity to complete the treatment of the mouth on the previous occasion, 360 were due to an unusually long inter-inspection period, and 308 were due to the fact that the caries was so rapid as to destroy the tooth in the ordinary inter-inspection period.

Including 1,462 cases brought forward from 1937, a total of 15,033 children were referred for treatment and 9,600, or 63.9 per cent., were treated. The following table sets out in detail the particulars regarding 5,433 children referred for treatment but to whom no treatment was given. It is disappointing to note that the number of children whose parents refused to accept treatment has increased by 379 as compared with the previous year.

Area of County.	Referred for Treatment.	Refusals.	Absent on day of Treatment.	Left School.	To be treated next year.	Treatment deferred.
East (Mr. Birch)	5205	1115	170	22	779	0
South (Mr. Keenan)	4965	1052	77	16	208	38
North (Mr. Catchpole) ..	4863	1238	172	48	471	27
Totals for 1938	15033	3405	419	86	1458	65
Totals for 1937	14801	3026	436	73	1434	137

The parents of 716 children declined treatment under the Local Education Authority's Scheme, but gave an assurance that they would have the necessary treatment carried out privately.

The School Nurses investigated 608 of these cases and ascertained the following information :

All necessary treatment has been carried out	37
Receiving treatment	28
Arrangements for treatment have been made	79
Parents promised to make arrangements	176
Parents gave consent for treatment under the Local Education Authority's scheme	44
No action taken or promised	238
Left school, etc.	6
	608

In 36 schools, dental treatment consents of 90 per cent. and over were received, whereas in 15 schools the consents were 50 per cent. and under. In the remaining schools (220) the consents were above 50 per cent. but below 90 per cent.

The table below shows the schools in which the percentage of "consents" was either unusually high or unusually low :—

SCHOOLS WITH CONSENTS OF 90 PER CENT. OR OVER.

School.	*Percentage.*	*School.*	*Percentage.*
Stanton-on-Hine-Heath	100	Brockton	93
Pant Glas	100	Donington	93
Bishop's Castle Council Infants	100	Bucknell	93
Longdon-on-Tern	100	Llanfair Waterdine	92
Kinnersley	100	Quatt	92
Harley	97	Newport R.C.	92
Malins Lee C.E. Infants	97	Wrockwardine Wood Council Senior	92
Westbury Forest	97	Eaton Constantine	92
Little Wenlock	96	Westbury	92
Barrow	96	Madeley Council Senior	91
Loughton	96	Madeley Methodist Junior	91
Llanyblodwel	95	Malins Lee Institute	90
Buildwas	95	Richard's Castle	90
Berrington	95	Ashford Carbonell	90
Ratlinghope	95	Bedstone	90
Whitton and Greete	94	Acton Scott	90
St. Martin's	93	Broseley C.E. Boys	90
Kinnerley	93		
Tuck Hill	93		

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

School.	*Percentage.*	*School.*	*Percentage.*
Tetchill	50	Bridgnorth R.C.	48
Bridgnorth St. Mary's Mixed	50	Button Oak	45
Wrockwardine Wood Council Junior	50	Hope	42
Neen Sollars	50	Nash	37
Middleton	49	Cainham	27
Ludlow C.E. Boys	49	Middleton Priors	22
Ludlow Council Mixed	49	Burford	20
Maesbury	48		

PHYSICAL TRAINING.

The following Report on Physical Training has been received from the Secretary for Education :—

THE ORGANISATION OF PHYSICAL TRAINING IN SHROPSHIRE, 1938—1939.

"The year 1938 saw a great expansion of the Physical Training Organisers' sphere of work, particularly in connection with the National Keep-Fit campaign. In addition to the routine work of visiting schools, a considerable amount of time has been spent in the encouragement and development of Keep-Fit work among the young people and adults throughout the County.

"The Woman Organiser has been concerned primarily with the schools in the north of the county, the Man Organiser with those in the Wrekin area and the east, and the Assistant Woman Organiser with the schools in the south of Shropshire. The supervision of Physical Training in the schools has been maintained, and it is pleasing to note that the standard of work continues to improve.

EQUIPMENT.

" The improved supply of apparatus for use in Physical Training has made possible much more interesting work, more vigorous activity and higher standards of proficiency. Some of the larger articles are often made by schools with woodwork rooms, by way of self-help.

PLAYGROUNDS.

"Another factor influencing the standard of work is the increase in the number of playgrounds which are properly surfaced. This results in more efficient and more regular lessons, as it should always be possible to take the children out for a lesson unless it is actually raining or snowing. In several instances it has been possible to obtain the use of a nearby hall for Physical Training purposes in bad weather.

SHOES.

" There is an increasing necessity as the playgrounds improve, for the children to wear suitable shoes for their Physical Training lessons—shoes which make it possible for the more active agility movements to be safely and adequately taught. One hundred pounds was again granted this year towards the supply of shoes for necessitous children over 11 years of age where the playground conditions were suitable. Parents are encouraged to provide suitable shoes if they possibly can, but those who are unable to do so create a bigger demand than can adequately be met by the grant.

PLAYING FIELDS.

"As a result of arrangements with local landowners or by purchase by the Local Education Authority, most schools have some grass space which they can use for Organised Games. Unfortunately some of these fields are not as satisfactory as one would wish, often being very wet in winter and put down for hay in the spring. A minority of schools are still without playing fields.

SWIMMING.

"A long cold spell in the early summer again affected swimming instruction in open-air baths, but apart from this the results of the season's work were very fair. In several cases, however, the attendance was very unsatisfactory and this naturally restricted progress. Certificates were granted as follows :—

Proficiency 43, Length 142, Width 20.

"A swimming course for men teachers in Shrewsbury was held at the Baths ; five of the teachers were successful in obtaining the Bronze Medallion award of the Royal Life Saving Society.

" The utilisation of rivers, canals and pools has not been developed in rural areas to the extent one would desire, but one school in the county has made a move in the right direction by building a very satisfactory bath of its own at an approximate cost of £5. Baths are urgently needed in several areas, in particular in the Ketley—Hadley and the Ludlow districts.

ATHLETICS.

" Many schools organised their own sports meetings last summer, and at Bridgnorth and Dorrington inter-school meetings were arranged by the teachers. The Physical Training Organisers make every effort to encourage these meetings and to give advice and help. Attention is drawn in particular to the need for adequate coaching and training prior to the actual day of the sports.

COURSES FOR TEACHERS.

" Courses for the training of teachers were held during the year at Wellington, Stokesay, Newport, Whitchurch and Market Drayton, and were in every case well attended. In addition to the extra knowledge gained the teachers seemed to find renewed enthusiasm for their lessons in school.

" The Committee gave 12 grants, not exceeding £5 each, to enable selected teachers to attend vacation courses in Physical Training in the summer. Six men and six women attended these courses with very beneficial results in every instance.

HIGHER EDUCATION.

SECONDARY SCHOOLS.

"All of the Secondary Schools have been visited by the Organisers during the year in an advisory capacity. The standard in the girls' schools is, generally speaking, satisfactory, but the work in the majority of the boys' schools is severely handicapped by lack of suitable facilities and of trained specialist teachers. Halls fitted with fixed gymnastic apparatus and with changing rooms and shower bath accommodation have been built at Oswestry Girls' High School and Ludlow Girls' High School. At Whitchurch Boys' Grammar School there is a new hall where portable apparatus only is used.

TECHNICAL COLLEGES.

" Day and evening Physical Training Classes are now a regular feature of the curriculum. In Shrewsbury a hall is available for Physical Training lessons, but the facilities at Oswestry and at the Walker Technical College are practically negligible ; in consequence it is difficult for satisfactory Physical Training lessons to be taken.

RECREATIVE PHYSICAL EDUCATION.

" The Keep-Fit campaign began in Shropshire in January of last year with a three weeks' visit by two representatives of the Central Council of Recreative Physical Training. Public demonstrations were given at Shrewsbury, Wellington and Oswestry, and courses for training men and women leaders were held in these three centres. In the Autumn further courses were held, for women at Bridgnorth, Ludlow and Market Drayton, and for men at Ludlow and Bridgnorth. As a result of these courses there are now sufficient leaders with some degree of training to satisfy any demands which are likely to be made for instructors for Keep-Fit classes in Shropshire.

"A Half-Day Refresher Course was held for leaders on Saturday, September 17th, at the Shrewsbury School and was attended by approximately 90 men and women. Three representatives from the Central Council of Recreative Physical Training came from London and gave valuable help with the instruction. As this experiment proved so successful it is hoped that a similar course will be held in 1939.

KEEP-FIT CLASSES.

" There has been a surprising increase in the demand for Keep-Fit classes. Great enthusiasm has been shown for this form of work by people of both sexes and varying ages. Figures are as follows :—80 classes were held for women with a total membership of approximately 1,600, and the 36 men's classes had approximately 600 members. In addition, there is no doubt that physical training, in clubs and societies and in other voluntary organisations not directly supported by the Committee, has received a fillip. Apart from the classes officially aided, the Committee have aimed at helping others to help themselves, by the training of leaders, some of whom may engage in voluntary work, by giving partial aid to local effort, and by lending school buildings.

"Classes may either be run separately (arising from some special local enterprise), or in conjunction with an Evening Institute. If the former method is adopted all arrangements have to be made by the local secretary. The Education Committee lend school buildings free of charge where required and a suitable leader is recommended, whose fee and reasonable travelling expenses are paid. No register is kept except that showing the total number attending the class; each member has to pay a minimum fee of 2d. for each evening's attendance. This is the type of class which is usually adopted by voluntary associations, *e.g.*, Women's Institutes, Boys' Clubs, Ladies' Guilds, etc. The other type of class is, of course, subject to the usual Evening Institute regulations.

"Talks on Keep-Fit work have been given by the Organisers at various centres. There has been close co-operation with the Shropshire and Herefordshire Area Committee of the National Fitness Council and the Organisers have on several occasions spoken at meetings arranged by this body.

"Six grants, to the value of £5 each, were given to selected leaders of Keep-Fit work to enable them to attend recognised holiday courses in Recreative Physical Training. These courses were attended by three men and three women who have since been acting as Instructors in classes aided by the Local Education Authority.

"It will be seen from the above that the past year has been one of considerable progress both as regards the development of the Physical Education of the child, and also because of the great strides which have been made in connection with the National Keep-Fit campaign. It is expected that much greater progress will be made, on a wider front, with the additional facilities which will be available with the building of the new Senior Schools.

"(*Signed*) K. W. DAVEY,
F. S. CLAXTON, B.A."

OPEN AIR EDUCATION.

Playground Classes are encouraged, but they are held only in a comparatively small number of Schools.

Residential Open-Air Schools.—The Local Education Authority maintains three beds in residential open-air schools to which 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, can be sent. These beds are not occupied continuously 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.

In this County, during the year 1938, the School Medical Inspectors reported 1,073 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 3,220 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.

At the beginning of the year there were two Shropshire school children in the Liverpool Open-Air Hospital, Leasowe, and one in St. Catherine's Home, Ventnor, Isle of Wight, and thirteen other cases were sent to these schools during the year. 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.

Dr. Battersby comments as follows on the results of the treatment :—

" During 1938, 12 children were discharged from Open-Air Schools, eight from the Liverpool Open-Air School, Leasowe, and four from St. Catherine's Home, Ventnor, Isle of Wight.

"All children discharged were much improved in health, some more than others.

" The average residence at Leasowe was four months (one case was in for eight months), at St. Catherine's the average period was three months.

"All the children on admission were poorly nourished ; two in addition had Catarrhal Bronchitis. One child who suffered from Chronic Bronchitis in addition to being poorly nourished was sent to Ventnor. He improved and was sent home after a period of three months and one week.

" Cases of Chronic Bronchitis require, in my opinion, at least four months to produce permanent benefit.

" The case which was in for a period of eight months at Leasowe Open-Air School had Catarrhal Bronchitis, and on discharge was markedly improved.

" No child was taken home against advice.

" Most benefit is derived from residence by children who live usually in poor surroundings. Vacancies should be used for this type of case."

School Camps.—Wrockwardine C.E. Boys' School and Broseley C.E. Boys' School sent 10 and 35 boys respectively to camp for a week in the summer months with great benefit to their health. In the case of the Broseley boys, the average gain in weight was said to have been 8 oz.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There were 30 mentally defective, 4 deaf, 1 epileptic, and 38 physically defective children certified as " Exceptional " by the Medical Officers during 1938, and the number of children admitted to Special Schools, whether ascertained that year or previously, was as follows :— 2 mentally defective children, 1 blind, and 69 physically defective children.

Mental Defectives.—Although 30 mentally defective children were certified as suitable for a special school, only 1 of these was admitted during the year, thus leaving 29 for whom no special provision was made. The reasons for their non-admission were as follows :—

Parents' refusal	24
Too old on certification	4
Awaiting vacancies	1

The above is typically representative of what happens annually to the children found to be feeble-minded and suitable for special schools by the Assistant School Medical Officers. There are thus a large number of feeble-minded children who are allowed to remain in attendance at ordinary elementary schools.

In addition to the 30 mentally defective children found suitable for admission to special schools, there were 8 mentally defective children who were notified to the Local Authority under the Mental Deficiency Act. Of these, 2 were imbeciles, 3 were feeble-minded children notified on leaving the Special School at 16 years of age, and 3 were notified under Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928, as " special circumstances " feeble-minded children. One child certified as suitable for a special school in 1937 was admitted during 1938.

On 31st December, 1938, there were 7 children in Sandlebridge Special School, 12 at Monyhull Residential School, 1 at Allerton Priory R.C. Special School, Liverpool, 1 at Little House School, Girton, Cambridge, and 1 at Court Grange Special School.

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. On the 31st December, 1938, there were 14 children in Special Schools for the Blind and 10 children in Special Schools for the Deaf.

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. Full particulars of the Orthopaedic Scheme are given on pages 13 and 18.

NURSERY SCHOOLS AND CONTINUATION SCHOOLS.

Nursery Schools.—In this County the Local Education Authority has not so far seen its way to open Nursery Schools. One, however, has been established by voluntary effort in the village of Hodnet about six miles from Market Drayton. The number of children in attendance is 20, and their ages range from 2 to 5 years.

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 for employment outside of school hours, the facts are transmitted to the Secretary for Education for appropriate action to be taken.

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 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 if 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 their intervention in cases of gross neglect has been very beneficial.

SECONDARY SCHOOLS.

Medical inspection is carried out in 15 of the 17 Secondary Schools in the County. Four of the Secondary Schools are Aided Schools; and of these Aided Schools two undergo medical inspection. As four of the Secondary Schools, namely, Bishop's Castle, Bridgnorth Grammar, Coalbrookdale High and Market Drayton Grammar are mixed schools, they have to be inspected by male and female medical officers. The number of children in attendance in Secondary Schools in the County in September, 1938, was 3,585, and the number of children on the registers of those secondary schools which undergo medical inspection was, on that date, 3,158.

Medical Inspection of Secondary Schools is carried out every term, and 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 cases of those children in whom some defect has been found at a previous inspection, and progress is recorded on a treatment card till further re-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.

Medical inspection is carried out also at the three Junior Technical Schools, namely, Oswestry Technical Institute, Walker Technical College, Oakengates, and the Shrewsbury Technical College. The courses of instruction taken by the children usually commence in September and last two years. It is the practice, therefore, to undertake examination of entrants in the Autumn Term and leavers in the Summer Term. One hundred and sixty-six boys and 194 girls attend the Technical Colleges and arrangements are made for the girls to be examined by women doctors. In all, 353 children (172 girls and 181 boys) were medically examined during 1938, and the findings have been included in the Secondary School Tables on pages 39 and 40.

Arrangements for securing Treatment.—Assistance by the Local Education Authority in providing treatment for Secondary School children has previously been limited to scholars exempt from payment of fees suffering from *Dental* and *eye defects*. During the year it was decided that the facilities for the treatment of *minor ailments; affections of the ear, nose and throat; and orthopaedic defects*, should be made similarly available for children attending secondary schools.

Treatment for defects of the grosser type is more readily obtained by secondary than by elementary school children, but for the minor types of defect discovered at school medical inspection, treatment is less promptly secured. Now that assistance in obtaining treatment for the wider range of defects mentioned above is available fewer children should go untreated, but the advantage of visits by the school nurses—a very material factor in securing prompt treatment in the case of elementary school children—is not shared by the secondary school children.

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	1	2	4	2	4	7	61	173	187	66	108	192	31	17	17	2	0	874
Girls	1	5	0	5	5	7	75	176	280	89	84	297	77	42	31	1	0	1175
Totals for 1938 ..	2	7	4	7	9	14	136	349	467	155	192	489	108	59	48	3	0	2049
Totals for 1937 ..	2	7	3	14	12	24	140	306	416	75	93	377	79	56	28	8	0	1640

	Re-Examinations.	Special Examinations.	Total.
Boys	748	10	758
Girls	753	15	768
Totals for 1938 ..	1501	25	1526
Totals for 1937 ..	1316	28	1344

Defects found and Treatment received.—The table on page 39 gives 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.	Orthopaedic Defects.	Other Conditions.	Total.
Defects discovered	180	7	10	67	61	325
Defects treated	184	5	14	69	9	281

During the year, 48 cases of defect of vision were dealt with under the scheme of the Local Education Authority, and 136 through private practitioners or hospitals.

Spectacles were prescribed and obtained in 173 cases, and of these 46 were obtained under the Local Education Authority's scheme, and 127 otherwise.

Dr. Battersby states :—" The total number of defects discovered in the Secondary Schools was 325, and of these 281 received treatment. As a number of defects do not receive treatment because the parents do not act on the letter which they receive, the following up of such cases should be undertaken by a School Nurse, and she should attend the School Inspections."

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. In all schools inspection and treatment were carried out once during the year. The findings of the School Dental Officers are given in the tables below, in which the condition of the mouths of special 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	All ages.
Special Placers				2.5	2.6	2.8	3.0	4.1	4.4	3.8	5.3	6.7	3.5
Fee-paying	3.8	4.6	4.5	3.3	2.7	3.1	3.6	3.5	4.3	4.9	4.8	5.6	3.7
Elementary	..	4.5	3.8	3.2	2.6	2.4	2.4	3.1	..	..	..	..	3.8

Percentage free from Caries.

Age	7 and under.	8	9	10	11	12	13	14	15	16	17	18	All ages.
Special Placers				13	14	13	14	12	8	15	5	4	12
Fee-paying	23	14	7	11	19	10	13	19	9	15	9	5	14
Elementary	..	6	6	8	12	15	16	17	..	..	..	..	11

On page 40 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 Special-placers who were actually treated by them. The following are the chief facts :

	Fee-paying.	Special-placers.
Total No. of Inspections	1792	1402
No. of children referred for treatment	917	876

STATISTICAL TABLES—Elementary Schools.

Table I.—Routine Medical Inspections.

Number of Inspections in the prescribed groups :—

Entrants	2,862
Intermediates	2,892
Leavers	2,639
Total	8,393

Number of other Routine Inspections .. .. —

B—Other Inspections.

Number of Special Inspections	4,306
Number of re-inspections	11,401
Total	15,707

C—Children found to require Treatment.

Number of individual children found at Routine Medical Inspection to require Treatment (excluding defects of nutrition, uncleanliness and dental diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants	10	401	410
Second Age Group	170	438	583
Third Age Group	186	293	456
Total (prescribed Groups)	366	1,132	1,449
Other Routine Inspections	..	..	..
Grand Total	366	1,132	1,449

TABLE II.—A.—RETURN OF DEFECTS FOUND AT MEDICAL INSPECTION IN THE YEAR ENDING 31st DECEMBER, 1938.

Defect or Disease.		Routine Inspections. No. of Defects. Requiring treatment.	Routine Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment.	Special Inspections. No. of Defects. Requiring treatment.	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm—Scalp	..	..	1	..
	Ringworm—Body	7	..	1	..
	Scabies	14	..	1	..
	Impetigo	11	..	1	..
	Other Diseases (Non-Tuberculous)	29	5	1	3
§Eye	Blepharitis	39	8	5	2
	Conjunctivitis	14	2	2	..
	Keratitis	..	..	..	..
	Corneal Opacities	2	..	..	..
	Defective Vision (excluding Squint)	366	209	55	13
	Squint	85	41	9	2
	Other Conditions	17	13	3	3
Ear	Defective Hearing	12	8	5	2
	Otitis Media	30	20	4	..
	Other Ear Diseases	3	11	3	1
Nose and Throat	Chronic Tonsilitis only	220	901	36	30
	Adenoids only	19	32	3	3
	Chronic Tonsilitis and Adenoids	152	83	33	3
	Other Conditions	9	17	6	4
Enlarged Cervical Glands (Non-Tuberculous)		5	555	1	42
Defective Speech		..	49	..	5
Heart and Circulation.	Heart Disease—Organic	2	71	1	3
	Heart Disease—Functional	..	58	..	1
	Anaemia	31	28	4	3
Lungs	Bronchitis	22	27	1	2
	Other Non-Tuberculous Diseases	8	32	..	8
Tuberculosis	Pulmonary—Definite	..	..	1	..
	Pulmonary—Suspected	..	..	..	..
	Non-Pulmonary—Glands	9	3	..	..
	Non-Pulmonary—Bones and Joints	1	1	..	..
	Non-Pulmonary—Skin	..	..	..	..
	Non-Pulmonary—Other Forms	1	2	..	..
Nervous System	Epilepsy	..	2	1	2
	Chorea	1	1	..	1
	Other Conditions	1	1	..	2
Deformities	Rickets	8	7	1	..
	Spinal Curvature	40	24	3	2
	Other Forms	322	115	24	7
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		137	150	20	34
Total		1617	2476	226	178

§ In addition there were 126 " Routine " and 3 " Special " cases of defective vision which had been corrected by glasses at the time of examination.

TABLE II.—B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly Subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	2862	380	13.28	2139	74.74	339	11.84	4	.14
Second Age-group	2892	273	9.44	2181	75.41	432	14.94	6	.21
Third Age-group	2639	359	13.60	1988	75.33	287	10.88	5	.19
Other Routine Inspections ..	..	..	..	..	..	..	..	..	..
Total	8393	1012	12.06	6308	75.16	1058	12.61	15	.17

TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA AT THE END OF 1938.

	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	9	..	..	..	..	..	..	..	..	9
Partially Sighted Children	5	..	..	..	..	..	12	..	4	21
Deaf Children	..	..	10	..	..	..	..	..	..	10
Partially Deaf Children	..	..	..	..	..	..	5	..	3	8
Mentally Defective Children—Feeble-Minded Children	..	..	..	..	22	..	90	7	48	167
Epileptic Children—Children suffering from Severe Epilepsy	..	..	..	..	..	..	..	..	4	4
PHYSICALLY DEFECTIVE CHILDREN.										
A.—Tuberculous Children—										
I.—Children suffering from Pulmonary Tuberculosis	..	..	..	..	..	..	..	5	5	10
II.—Children suffering from Non-pulmonary Tuberculosis ..	..	..	..	..	..	10	115	2	28	155
B.—Delicate Children	..	..	..	..	..	4	92	3	31	130
C.—Crippled Children	..	..	..	..	..	13	98	2	21	134
D.—Children with Heart Disease ..	..	..	..	..	..	1	42	..	24	67

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Feeble-minded and Severe Heart Disease..	..	1	..	..	1
Feeble-minded and Crippling	..	1	..	..	1
Deafness and Severe Heart Disease ..	..	..	..	1	1
Crippling and Severe Heart Disease ..	..	1	..	..	1

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1937.

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	2	..	2
(ii) Other ,, ...	15	4	19
Ringworm—Body	34	..	34
Scabies	36	..	36
Impetigo	280	..	280
Other Skin Diseases	606	11	617
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II)	269	11	280
Minor Ear Defects	204	15	219
Miscellaneous	2443	29	2472
(*e.g.*, Minor injuries, bruises, sores, chilblains, etc.) ..			
Total	3889	70	3959

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects included in Group I.)

Defect or Disease.	No. of Defects dealt with.			No. of children for whom spectacles were			
				Prescribed. (1)		Obtained. (2)	
	Under the Authority's Scheme	Otherwise.	Total.	(i) Under the Authority's Scheme.	(ii) Otherwise.	(i) Under the Authority's Scheme.	(ii) Otherwise.
(1)	(2)	(3)	(4)				
Errors of Refraction (including squint)	1014	64	1078				
Other Defect or Disease of the Eyes	17	3	20				
Total	1031	67	1098	840	60	829	60

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

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
77	4	265	4	12	—	35	3	89	4	300	7	9	409

(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. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
Number of children treated ..	89	..	1243	..	..	..	1254

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)	161	731	832	878	891	906	841	821	786	794	137	—	47	7778
South of County (Mr. Keenan)	126	617	895	978	968	946	956	887	889	815	134	2	26	8213
North of County (Mr. Catchpole)	93	513	652	632	734	673	711	607	564	520	74	4	23	5777
Total	380	1861	2379	2488	2593	2525	2508	2315	2239	2129	345	6	96	21768

NO. OF CHILDREN REFERRED FOR TREATMENT.

Age	Under 5	5	6	7	8	9	10	11	12	13	14	15	Specials.	Total.
East of County ..	53	366	532	611	654	607	545	453	410	363	62	—	47	4656
South of County ..	38	255	510	632	677	662	594	527	517	426	68	2	26	4908
North of County ..	22	234	407	466	575	518	546	441	380	357	60	1	23	4007
Total ..	113	855	1449	1709	1906	1787	1685	1421	1307	1146	190	3	96	13571

(*b*) Referred for Treatment 13571
(*c*) Actually treated 9600

NUMBER OF TEMPORARY TEETH DECAYED.

Age	SAVEABLE.											UNSAVEABLE.										
	Under5	5	6	7	8	9	10	11	12	13	14	Under5	5	6	7	8	9	10	11	12	13	14
ıst of County	843	3883	4398	3957	3388	2504	1466	700	243	85	—	93	767	1223	1222	1196	861	636	391	185	101	15
uth of County	197	1433	2291	2071	1477	793	459	137	54	21	—	64	441	903	1153	1088	836	588	329	167	57	8
orth of County	214	1677	1885	1502	1298	830	514	206	97	31	3	85	889	1470	1615	1547	1108	740	394	145	87	8
Total ..	1254	6993	8574	7530	6163	4127	2439	1043	394	137	3	242	2097	3596	3990	3831	2805	1964	1114	497	245	31

NUMBER OF PERMANENT TEETH DECAYED.

	SAVEABLE.											UNSAVEABLE.										
Age	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	3	75	205	332	333	409	359	418	419	133	—	—	—	2	17	24	47	89	103	152	52	—
South of County	1	39	152	224	393	431	422	507	418	63	4	—	3	29	75	167	229	293	378	385	74	3
North of County	6	164	379	600	670	748	677	660	677	112	4	—	10	53	153	218	347	340	363	367	87	2
Total ..	10	278	736	1156	1396	1588	1458	1585	1514	308	8	—	13	84	245	409	623	722	844	904	213	5

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.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth
East of County.										
85	305	3173	167	1459	3256	295	1818	—	495	1190
South of County.										
72	330	3795	496	1761	3105	152	1917	—	125	8
North of County.										
54	325	3429	681	2129	3527	8	2313	—	199	3
Total										
211	960	10397	1344	5349	9888	455	6048	—	819	1201

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses .. 8.31

(2) Total number of examinations of children in the schools by the School Nurses.. .. 89,710

(3) Number of individual children found unclean 2,078

(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 3

RETURN OF DEFECTS (SECONDARY SCHOOLS).

Defect or Disease. (1)		Routine Inspections. No. of Defects. Requiring treatment. (2)	Routine Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment. (3)	Special Inspections. No. of Defects. Requiring treatment. (4)	Special Inspections. No. of Defects. Requiring to be kept under observation, but *not* requiring treatment. (5)
Skin	Ringworm—				
	Scalp	..	..	..	..
	Body	..	..	..	..
	Scabies	1	..	..	..
	Impetigo	1	..	..	..
	Other diseases (Non-Tuberculous)	5	6	1	..
Nose and Throat	Enlarged Tonsils only	5	58	..	..
	Adenoids only	2	2	..	1
	Enlarged Tonsils and Adenoids	2	3	..	..
	Other Conditions	6	8	..	..
Enlarged Cervical Glands (Non-Tuberculous)		..	10	..	..
Eye	External Eye Disease	7	..	..	..
	Defective Vision (including squint)	175	65	5	1
Ear	Defective Hearing	3	1	..	..
	Otitis Media	5	2	1	..
	Other Ear Diseases	1	..	..	..
Defective Speech		..	3	..	..
Intelligence (backward)		..	16	..	..
Heart and Circulation		..	27	..	1
Anaemia		4	12	..	..
Tuberculosis	Pulmonary—				
	Definite	..	..	..	..
	Suspected	..	..	..	..
	Non-pulmonary—				
	Glands	4	2	..	..
	Bones and Joints	..	..	..	..
	Skin	..	..	..	..
	Other Forms	..	1	..	..
Lungs	Bronchitis	..	..	..	..
	Other Non-Tuberculous Diseases	1	5	1	..
Nervous System	Headache	..	3	1	..
	Signs of Overstrain	..	12	..	..
	Chorea	..	..	..	..
Rheumatism		..	3	..	..
Digestion		..	4	..	..
Deformities	Spinal Curvature	13	29	..	..
	Flat Foot	30	88	..	..
	Other Deformity	24	27	..	..
Other Defects		29	37	..	2
Remedial Exercises advised		97		0	
Number of individual children found at Routine Inspection to require treatment		292		—	

CLASSIFICATION OF THE NUTRITION OF SECONDARY SCHOOL CHILDREN.

ROUTINE INSPECTIONS.

Number of Children.	*Excellent.*	*Normal.*	*Slightly Sub-normal.*	*Bad.*
2049	325	1673	50	1
	15.9	81.6	2.4	.05

DENTAL INSPECTION OF SECONDARY SCHOOL CHILDREN.

	Age Groups Inspected.												
Age	7 and under.	8	9	10	11	12	13	14	15	16	17	18 and over	Total.
Fee-paying	66	36	28	121	217	265	307	325	237	116	53	21	1792
Special-place	..	..	..	62	196	277	242	223	195	107	75	25	1402
Total	66	36	28	183	413	542	549	548	432	223	128	46	3194

	No. of Scholars referred for treatment.												
Age	7 and under.	8	9	10	11	12	13	14	15	16	17	18 and over	Total.
Fee-paying	25	18	14	64	103	132	169	169	127	57	26	13	917
Special-place	..	..	..	39	120	159	159	143	132	58	49	17	876*
Total	25	18	14	103	223	291	328	312	259	115	75	30	1793

*Actually treated (Special-place) 611

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 Administrations of General Anaesthetics.	No. of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
33	91	739	235	760	81	0	800	0	62	0