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# Borough of Swindon EDUCATION COMMITTEE.

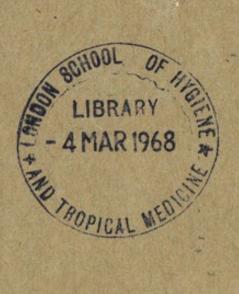
# Annual Report

FOR THE YEAR 1923

OF THE

# School Medical Officer,

DUNSTAN BREWER, M.R.C.S., L.R.C.P., D.P.H.



#### BOROUGH OF SWINDON

#### EDUCATION COMMITTEE.

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\* Members of the Medical Inspection Sub-Committee.

† Chairman of the Medical Inspection Sub-Committee.

#### STAFF.

School Medical Officer-Dunstan Brewer, M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer-Marion Draper, M.B., Ch.B., D.P.H.

Specialist Ophthalmic Surgeon.

RICHARD PHILIP BROOKS, F.R.C.S., L.R.C.P., L.S.A.

Dental Surgeon.-W. KENYON BERRIE, L.D.S., R.F.P.S.G.

Head Clerk—S. Mansfield Dee. Assistant Clerk—Miss G. L. Norris.

School Nurses-

Miss A. M. HOARE.

2 years Certificate of Hospital Training. Certificate of Central Midwives Board. Certificate of the Royal Sanitary Institute.

Miss I. D. SAMPSON.

3 years Certificate of Hospital Training.
Certificate for Tuberculosis (Royal Chest Hospital, London).
Queen's Nurse.

Certificate of Central Midwives Board.

Miss E. M. PILCHER.

3 years Certificate of Hospital Training.
School Nurses and Health Visitors and Tuberculosis Certificate.

Miss L. M. GRIFFIN.

3 years Certificate of Hospital Training. Certificate of Central Midwives Board.

# BOROUGH OF SWINDON. EDUCATION COMMITTEE.

Area		 	 4,265 Acres
Number of Elementary Sc	chools	 	 14
Number of School Depart	ments	 	 30
Recognised Accommodation	on	 	 10,300
Number of Children on Re	egister	 	 8,991
Average Attendance		 	 8,025
	-		
Number of Secondary Sch	hools .	 	 2
Number of Scholars on R	coll :—		
Victoria Road		 	 473
Euclid Street		 	 331

To the Chairman and Members of the Education Committee of the Borough of Swindon.

LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report for the year 1923, upon the Medical Inspection and Treatment of School Children in the Borough.

Mr. E. R. Howlett, Dental Surgeon, resigned on 28th February, 1923, and Mr. W. Kenyon Berrie was appointed in his place, and took up his duties on 4th April, 1923. There was therefore a short interregnum which accounts for the slight diminution in the dental work accomplished during the year. Miss R. Hembry, School Nurse, resigned on 5th July, 1923, and Miss L. M. Griffin was appointed on 1st September, 1923, in her place.

Owing to the increase in the amount of Clerical Work and Record-keeping required in connection with the Clinics Miss G. Norris was appointed as Clerk on the Education Administrative Staff of the School Medical Department on the 19th July.

As the various clinical activities of the Borough had outgrown the available accommodation, and it was becoming increasingly difficult to accommodate the large number of persons who are seen daily at the Clinics, considerable alterations and improvements were made in the premises of the Health Offices during the year. The work was not completed at the end of the year, but when all the alterations are carried out, the premises will be well suited for their purpose, and of sufficient capacity to serve the town for some years to come. The chief alterations were the addition of a large two-roomed hut to serve as a waiting and record room, and a re-arrangement of the Consulting Rooms to supply better provision for treatment under less exacting conditions.

For some years past the School Medical Service in Swindon has been in a healthy state so that it has been possible to carry out not only all that is required by the Board of Education, but to progress steadily with research into the problems connected with the health of the child, and to give some practical expression to the results of our increasing knowledge of the subject. The medical inspection of school children has now been carried out systematically for 15 years, and methods for the treatment of defects found by inspection have been in operation for a period very nearly as long. We are therefore now in a position to estimate the value of the work accomplished and to form ideas of considerable clarity concerning the failures and shortcomings of the system.

The vast mass of information which is now available regarding the school child brings home to us forcibly that we are still a long way from obtaining the freedom from, and assurance of freedom from, disease which our increasing knowledge leads us to expect is possible of attainment. It must be admitted that considering the great field which is open, and the opportunities that are available to those engaged in the School Medical Service, the amount of research work that has been accomplished, and the amount of new truth which has resulted from School Medical Inspection, and its developments, is disappointing, although in various parts of the country research in connection with School Medicine is prosecuted with patience and vigour which is leading to a steady increase in our knowledge. It would be out of place here to discuss the reason why research work in connection with medical inspection progresses so slowly, but one difficulty may be pointed out: that is, that the limits of physiological variation in childhood are very much wider than obtain in the case of adults, and it is extremely difficult to determine whether wide deviations from what are accepted as normal standards are or are not indications of disease. Indeed in this connection we have no accepted standards of physiological activity applicable to children. For instance the frequency of the pulse and the constitution of the blood are constant within narrow limits in the healthy adult, but in healthy children the variations are exceedingly wide and are different from those of the adult.

Obvious failures in connection with medical inspection may be indicated by the following statement:—

"A child passed as free from all defects on Monday, may develop and die from Pneumonia or Appendicitis a week later. A child inspected at intervals; kept under observation and treated for such conditions as may be indicated, and passed out of school into industry as a normal healthy child, may develop tuberculosis of the lungs in early adolescence. A child for which some trivial operation is indicated, may be operated upon and die immediately afterwards."

It may be said that these are accidents which cannot be foreseen. But what right have we to call them accidents? What right have we to say that they cannot be foreseen until we have sought to discover whether they can be foreseen or not? As a matter of fact, in the instances given, a very small amount of research shows that these conditions can, at all events, in some circumstances, be foreseen, and gives an indication that if systematic research is directed to them with energy, it is not unlikely that they can be foreseen with certainty, and that, in all probability, they may eventually be capable of prevention.

The condition of the School Medical Service in Swindon is such that it lends itself to research and development to a somewhat unusual degree. The attitude of the inhabitants of the town towards the service; the appreciation which they show for the benefits obtainable from it; and their general desire to see the service develop to give them the maximum benefit obtainable; act as a stimulant to its development, making it possible to keep individual children under constant and prolonged observation, and so relieving the work of research of some of its greatest difficulties. The School Medical Officer being also Superintendent of the Infectious Diseases Hospital, which now admits a large proportion of the acute diseases of childhood, is enabled to follow the child, not only in health, but through the process of acute infection; and as he is also the Clinician to the Child Welfare Centres, he can follow the life history of the majority of the children from birth into adolescence. He therefore possesses the essentials of following through and interpreting conditions which, if seen as isolated phenomena, often appear to be meaningless, but which judged in relation to past history and development bear meanings of far reaching consequence. In conclusion of this subject it may be stated that without due optimism and with all consideration of the failures and disappointments of the past, there is every indication that if we work hard with the full exercise of our powers and imagination; with full utilization of all scientific progress; in complete collaboration with each other; and with well developed means for the diffusion of the knowledge of the work performed by each observer, the time will come, and that shortly, when the health of the child can be guaranteed with certainty.

#### MEDICAL INSPECTION.

The classes of children submitted to systematic medical and dental inspection were similar to those of past years, namely, 'Entrants,' 'Leavers,' and 'Intermediates' (children born in the year 1914) for Medical Inspection and children born in the year 1915 for Dental Inspection. In addition to systematic inspection, all defective and ailing children are examined at frequent intervals. During the course of the year about 50% of the children attending the elementary schools are examined and about one third of them receive treatment. The system of medical inspection in vogue covers the whole ground pretty thoroughly, and does not allow any defect of importance to escape detection.

### ARRANGEMENTS FOR MEDICAL TREATMENT AND RESULTS OF TREATMENT.

The additions and alteration to the premises which were taken in hand at the end of the year will enable the clinical work to be 6

performed in a more comfortable and expeditious manner, and will also render practicable the introduction of newer and more efficient methods of treatment for chronic diseases of childhood. The lines upon which medical treatment is carried out remain the same as they were last year, and as they work with perfect smoothness no occasion for altering the procedure occurred. It is therefore unnecessary to comment at any length on methods of inspection and treatment that have become stabilized, and do not vary from year to year. It is only necessary to call attention to points of special interest and to methods which are either still in the experimental stage or matters which are at present under consideration.

#### RINGWORM.

The problem of ringworm in Swindon is now practically solved. The long continued cases which have been such an exasperating feature in the past have now been practically eliminated, and we can rest assured that they will not recur to trouble us in the future. New cases arise and will always arise, but our machinery for tackling them is now in good order, and the children are brought under treatment without delay. Where treatment is carried out early and energetically the disease is not very lengthy and exclusion from school need only be for short periods. Towards the end of the year a number of cases of ringworm caused by the large spored fungus were detected. This form of ringworm is much rarer, much more infectious, and much more rapid in its spread than the commoner form caused by the small spored fungus. It is however very easily cured. Most of the brilliant results recorded in connection with new forms of treatment for ringworm owe their brilliancy to the nature of the fungus dealt with, and not to the specific manner of dealing with it.

#### ENLARGED THYROID GLAND.

Enlargement of the thyroid gland and derangement of its action are steadily increasing among the school population: so much so, that though in some districts, of which Swindon is one, they have never been uncommon they are now present in a very large proportion of all children. Formerly met with almost exclusively in girls they have now become common in boys. The consideration of the probable causes of this condition explains their increased frequency and also gives us a clear indication of the means that can be adopted to prevent their occurrence in the future. The special clinic for dealing with the diseases of the thyroid gland was worked at full presure during 1923, and enabled valuable work to be done in relieving or curing those children who have become affected and in working out the natural history, the causes and the results of the disease.

The results obtained by the work done in connection with the thyroid clinic have now reached the stage when they are ready for publication, and as it is proposed to issue a publication on the subject in the course of the next few months, it is unnecessary to elaborate on the subject at the present moment.

The distribution of the disease amongst school children in Swindon at the present time can be gathered from Table IX. given in the appendix.

ELECTRICAL CLINIC.

This clinic has now been in operation for three years. It is called the Electrical Clinic because the electrical machinery is its most sensational feature, but its chief function is dealing with chronic nervous disease and its results in the most comprehensive manner possible. The disease mainly dealt with is paralysis, resulting from acute poliomyelitis. Curiously enough in Swindon paralysis from this cause is far more common in the arms than in the legs. The results of treatment are about as satisfactory as can be expected. Considerable improvement in the value of the limbs and freedom from contraction and deformities can be obtained, but nothing approaching cure is possible. The results that can be obtained can only be obtained by treatment extending over years. This Clinic performs a function that in its absence would be neglected altogether.

## PROVISION FOR THE TREATMENT OF DEFECTS OF THE NOSE, THROAT AND EAR.

A special clinic for dealing with these conditions has been in operation for some years, and as a result of the experience gained the whole subject is now under review in order to decide what further methods of treatment consonant with recent pathological research can feasibly be introduced to deal with these conditions, which are mainly of a complicated and obscure causation, longcontinued and intractable under the ordinary desultory treatment and likely to progress in the course of years to a fatal termination. Anyone who works through the life histories of those members of the population who suffer in adolescence and adult life from chronic disease or premature death, must be struck by the frequency with which such serious matters originate from throat, nose, mouth and ear disease dating from early childhood. Many years ago the writer called attention to the greatly enhanced death rate in late childhood and early adolescence in the subjects of chronic ear discharge.

The diseases connected with the mouth and throat are generally looked upon as chronic nuisances, more or less troublesome,

but not of very serious import. But they are in point of fact one of the great causes of human destruction. One form of treatment now generally adopted unquestionably produces a vast amount of improvement in a large number of cases. That treatment, of course, is the complete removal of enlarged tonsils and adenoids. Provision for this treatment to be carried out where it is indicated is amongst the first necessities of a satisfactory scheme for the treatment of school children. When the operation is performed in a competent manner on children where it is indicated and proper safeguards are taken, the operation is free from risk and in general results in complete and permanent cure. But this operative treatment has been criticised severely and not unnaturally from several points of view and since it is one of the most valuable of all remedial measures that we possess it is right that the public should be informed of the reasons for the criticisms levelled against it. In the first place the operation is useless except for the relief of the conditions caused by enlarged tonsils or adenoids. It is therefore necessary to consider carefully every case before submitting to operation. In the second place the operation produces no permanent benefit unless it is performed completely, and thirdly there is in some cases a risk connected with the operation, but this risk can be recognised and averted before the operation is performed.

Removal of tonsils and adenoids is only indicated in the minority of the cases of chronic throat and nose diseases in children, and even in those in which it is indicated it is only one item in the complete treatment. Even more valuable than the services of the surgeon are those of the dentist, for dental disease is an invariable concomitant of diseases of the throat, ear and nose and not unfrequently it is found that after the dentist has completed his work the whole condition clears up automatically. But there are other cases, particularly the diseases of the ear, in which treatment other than surgical or dental is required, and these cases are not at present adequately catered for. We are thinking out a scheme to remedy this deficiency.

#### OPHTHALMIC CLINIC.

Provision for dealing with defective sight and diseases of the eyes is, and for several years has been, satisfactory, but as with all the other clinical activities in the Borough, the work of the Ophthalmic Clinic has increased both in scope and in attendance. To keep pace with the work, arrangements have been made for the Assistant School Medical Officer, Dr. Draper, to assist Mr. Brooks and a new set of Ophthalmic apparatus has been supplied to enable both Mr. Brooks and Dr. Draper to carry on at the same time.

#### DENTAL WORK.

So far as one full-time dentist can cope with the work, the Dental Clinic is thoroughly satisfactory. With the present staff no extension of the work is possible. Yet extended dental treatment is urgently needed. At present we can offer no dental facilities to children below school age, to expectant mothers, or to the secondary school children, though a very large number of all these are in need of treatment, and do not, and in most cases cannot, obtain it.

If the population were rendered dentally fit, a condition by no means difficult to attain, the problems of the health of the community would be simplified by the abolition of one of the most important and far reaching causes of disease.

#### SCHOOL ACCIDENTS.

The scheme for dealing with accidents that occur to children in attendance at our elementary and secondary schools works with complete smoothness. It has resulted in saving a great deal of trouble and anxiety to the teachers and to the Education Authority, and has proved of great benefit to the children in enabling them to obtain treatment for their injuries without any delay. Its greatest value lies in the fact that many injuries to children, particularly injuries about the elbow are, though they appear to be quite trivial, of a very serious nature. In the past a fair number of these remained unrecognised, but the method now in vogue of X-raying all cases where there is any possibility of serious injury has eliminated the chance of such cases being missed.

#### INFECTIOUS DISEASE.

The problem of acute infectious diseases in childhood is a very serious one, and its relationship to school life and education is so intimate and important that it is well to review the subject in all its bearings at frequent intervals. Our knowledge of infectious disease is increasing steadily and rapidly, so we can look upon the relationship of education and liability to infection in a different light from what we did in the latter part of the 19th century. Moreover there are many local factors which have material bearing upon the question of exclusion, quarantine, and school closure. We have now the results of much experimental work to guide us in the formulation of a plan of campaign for reducing the risks of school infection with the minimum interference with education.

The congregation of children is always dangerous, because it allows the exchange of human parasites. This danger is present

at all ages and under every circumstance, but as the congregation of individuals is essential to civilization its dangers must be faced. The danger can, however, be reduced very materially by hygienic means. In the open air the risk is small, in a building which is properly ventilated it is not very great, in a badly ventilated building it is very great indeed. The proper ventilation of classrooms is our first defence against the spread of infection in schools. Unfortunately it is still very rare to find a classroom which is adequately ventilated. The requirements of perfect ventilation cannot be met in any room with four walls, so that it is only in schools built on the open air principle that really efficient ventilation can be guaranteed. No room can be ventilated with any approach to efficiency unless it is open to the air on at least two sides.

In general one has to deal with schools of old date in which ventilation of even reasonable efficiency is impossible. We cannot scrap all old schools forthwith, but we can see that no school in future is built which does not admit of good ventilation.

If the ventilation of the schools was perfect the spread of infectious disease inside the schools would in most cases be practically negligible.

The procedure in regard to the exclusion of scholars on account of infection and the exclusion of contacts, who though not exhibiting the disease itself, are, or have been, in communication with the actual sufferers, has been varied very considerably from time to time, so that a certain amount of confusion has arisen in respect of what line of action is ruling at the present time. To end all misunderstanding, a completely new schedule has been issued, a copy of which is given in the appendix. It will be noticed that this schedule differs very markedly from that which has previously been in force, but it has been proved by experiment that it covers all points which are of any value to us in limiting the spread of infection, and it reduces the loss of school time to a mere fraction of what it has been in the past. The exclusion of patients and contacts from school for stated or indefinite periods has not, in the past, had any influence in stamping out disease, for in general it resulted in the children being in school during the period when they were infectious, and excluded for long periods during which they were quite harmless.

#### SECONDARY SCHOOLS.

The work done in the Secondary Schools during 1923 was similar to that done during the past two years. It has been impossible to carry out inspection of any except the entrants, but it is hoped that early in the new year an inspection of all the scholars will be made.

The report upon the entrants is given in the appendix. From this it will be seen that the examination given to the secondary school children, particularly to the boys, tends to become more thorough and elaborate. For the past four years secondary school children have been submitted to endurance tests in all cases. As a result of the experience gained during the past eleven years, both here and elsewhere, it is now possible to decide what are the normal limits of variation in endurance reactions in boys between the ages of twelve and puberty. The pulse rate at rest of boys of this age attending school varies between 60 and 166 per minute, and the increase on exertion varies from 0 to 70. Very exceptionally a diminution in the heart rate on exertion is met with. The normal limits may be fixed at from 80 to 120 per minute at rest, with an increase of 25% on exertion, a return from the exertion rate to the rest rate being completed in 40 seconds. Inversion, i.e., diminution of the pulse rate on exertion, is only met with in diseases of the heart and cases of pressure within the thorax. Failure of response to exertion, in which the heart rate does not increase with the standard exercise, is met with frequently in hyperthyroidism, and in that condition only. As regards the breath holding endurance test, the lower limit of normality is 30 seconds.

Where failure in the endurance tests occurs in a child who on routine inspection appears normal, it is advisable to extend the examination in order to discover if possible the cause of the disordered physiological action. This may be found to be some trivial temporary cause such as over exertion, loss of a night's sleep, etc. On the other hand it may be found to have a much more serious significance such as disordered thyroid action, or it may be connected with marked changes in the physical constitution of the blood.

The endurance tests are of considerable importance in deciding what extent of physical and mental strain can be undertaken with safety. It may be said generally that a boy in whom the two simple endurance tests are within the normal limits will not be injured by any strain or exertion to which he will normally be subjected. It is however in connection with acute disease that the endurance tests have their greatest value. It is found that children who fail in the endurance tests when they are presumably healthy re-act in an abnormal manner when suffering from acute infection and a knowledge of what the re-actions were when the child was presumably healthy and running about, is of very material value to the physician when having to attend the same child when suffering from dangerous infective disease. In this connection it is of particular importance to distinguish the two classes of children who fail most conspicuously in the endurance tests, namely, those who are the subject of hyperthyroidism and those who are the subject

of alterations in the blood content. For these two classes of children re-act to infective processes in ways that are different from the normal child and generally when attacked by serious infection either die or else recover only with special treatment.

Every time that the inspection of the secondary school boys is carried out some new test of physical efficiency is introduced. Did time permit, an examination of efficiency as complete as modern research suggests should prove useful, would be carried out for each child. Should experience prove that these tests, or some of them, are final and do not require to be repeated, it would be feasible to introduce them however much they might increase the time required for inspection, but at present we can only go to work tentatively, discarding those tests which are either too elaborate or untrustworthy, or which give information of the least permanent value. The ordinary inspection of school children pays greatest attention to anatomical departures from the normal. These, though easily and rapidly detected, are, in general, scarcely of first class importance in the detection of liability to disease or disability which in the future will destroy the life of the individual or damage his utility. For this requires the detection of departures from normal life long before they have produced any anatomical change, a matter which is admittedly exceedingly difficult. But we must not be deterred from progress because of the difficulties in our path. The history of medicine in the immediate past has proved conclusively that many problems which appeared insoluble can be elucidated by patient inquiry and concerted action.

#### EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

At the end of each term the names of all children about to leave school are submitted to the School Medical Officer who furnishes a report on their physical condition to the Juvenile Employment Committee. Apart from the value of this information to the Advisory Committee, to the employer and the child himself. it is of very great value to the School Medical Department as forming an index of the state of efficiency of children entering industry, of the value of school medical inspection and treatment. and the results which have been achieved. During the year 1923, 937 children were passed out of the Elementary Schools. In 21 cases no report was available, but of the 916 children of which we have information, 839 or 91.5% were efficient; 73 or 8% were partially efficient; and 4 or .4% were inefficient. Looking through the records of these children it becomes apparent that this result, which is an extremely favourable one, has been attained by constant supervision and detection and remedying of defects in their early stages. A Table showing the final results of inspection and treatment of these children is given in the appendix.

#### JUVENILE OFFENDERS.

25 Children were brought before the Children's Court to answer charges, mainly of petty theft and wilful damage. The number of cases dealt with in 1923 was considerably fewer than in 1922 which supplied 40 cases, but as in last year all the offenders were boys.

The offences for which juveniles get themselves into trouble are rarely of a serious nature and very rarely indeed are they indicative of true criminal tendencies which in later years will cause the offenders to be bad citizens. There are, unfortunately, a number of children with criminal tendencies who in after life develop into habitual criminals, but most of these cases do not get into the hands of the police during childhood. They are, to a large extent, high grade mentally defectives in whom serious trouble does not develop until they are thrown upon their own responsibility.

#### PROVISION OF MEALS.

The Education (Provision of Meals) Acts of 1906 and 1914, were in force in the borough throughout the year. The scheme for carrying out this work is similar to what was in vogue last year. It is extremely simple, easy to administer and very cheap; it is also completely efficient to deal with the local needs.

#### CONCLUSION.

The development of school medicine in conformity with our increasing knowledge of the subject seems to be assured if somewhat slow. So far as Swindon is concerned the position is quite open for such developments as research may indicate to be advisable. One provision, however, which is necessary, we have not got: that is an Open-air School or School Colony, which would admit of the education of children whose mental and physical condition does not permit of their receiving reasonable benefit in public elementary schools. There is a class of child whose condition renders education of any kind, either temporarily or permanently impossible; there is a class of child who can only be educated in special schools; but there is a third type of child, more common by far than both of the former, who could be educated to advantage at a very reasonable cost in a school differing somewhat in its construction, management and curriculum from the ordinary public elementary school. In the Annual Report for 1920 a short memorandum was included dealing with this subject, but the financial condition of the last couple of years have ruled out any possibility of a scheme being materialized so that for the last two years the subject has remained in abeyance. But the time appears to be ripe for re-opening the question, for the need of such a school is quite as great, if not greater, than it ever was, and when the expense, the loss of time and effort, and the hinderance to normal children which is incurred by attempting to educate in an ordinary school, children whose condition is incompatible with regularity of attendance, normal school life and normal intellectual progress, are taken into account, it may be questioned whether the provision of some suitable establishment would not, in the end, prove a financial saving, apart from the individual benefits that it would undoubtedly confer.

I have the honour to remain,

Your obedient Servant,

DUNSTAN BREWER,

School Medical Officer.

March, 1924.

#### APPENDIX I.

#### REPORT OF THE SCHOOL DENTAL SURGEON.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I have great pleasure in submitting the Annual Report on Dental Inspection and Treatment for the Year 1923.

Ernest R. Howlett, Esq., L.D.S., (Eng.), fulfilled the duties of Dental Surgeon until the end of February, completing the inspection of two schools.

Full time inspection and treatment commenced again in April, and have been systematically carried on during the year.

A gratifying feature is the improved condition of the mouths of many of the children, who are taking advantage of the periodical inspection and conservative treatment provided at the Clinic, and it is to be hoped that as time goes on, many more will become convinced of the benefit derived and take advantage of it.

The interest taken by parents who attend at the inspections is very encouraging, and much good is done by a talk with them at this time regarding the conditions one sees in the mouth and their remedy.

The aim of the Clinic is of a conservative nature. The chief factor kept in view is the rendering of the mouth clean and serviceable. Extractions have been accomplished practically in every case by the aid of a local anaesthetic. The Dental Nurse was always present, and when a general anaesthetic was administered, it was done by the School Medical Officer.

As in the previous year the inspection at the schools and the treatment at the clinic have been limited to the infant departments, and to all children who have accepted the treatment formerly. These children are reinspected annually and treated till they leave school, thus giving them every chance of having a healthy mouth at this time. Meantime children have the opportunity of treatment up to 9 years of age. If the treatment is refused they cannot be systematically examined, and treated after this age.

The Dental Surgeon wishes to acknowledge the co-operation and helpful services of the School Teachers and the Medical Staff; much is done by them in aiding the work and helping towards the success of the Clinic.

#### ROUTINE INSPECTION.

2,687 children were inspected in the schools.

19.4% or 521 children were found free from caries.

3.2% or 85 children required no treatment meantime.

77.4% or 2081 children were recommended for treatment.
58.3% or 1213 children recommended for treatment attended the Clinic.

The total number of individual children including "Specials" who attended the Clinic was 1,393, who made 2,098 attendances. 841 of these were rendered dentally fit as the result of treatment at the Clinic.

The last half hour of the morning session (11.30 to 12 o'clock) continues to be kept for "Special" and "Casual" cases, i.e., those cases requiring treatment and who have not a definite appointment.

W. KENYON BERRIE, L.D.S., R.F.P.S.G. School Dental Surgeon.

February, 1924.

#### APPENDIX II.

MARCH, 1924.

#### REPORT OF THE OPHTHALMIC SURGEON.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the Annual Report of the Ophthalmic Department for the year 1923.

The report includes some children below school age, referred from the Infant and Child Welfare Department, either on account of acute affections or squint. The importance of beginning the treatment of the latter before the age of five years can hardly be over estimated.

It also includes twenty-five children from the Secondary Schools, for whom lenses have been prescribed. Four serious cases I have treated as in-patients at the Royal Berkshire Hospital, viz:—One of lacrymal abscess, one of tubercular ulcer of the cornea, one of paralysis of the sixth and seventh nerves, and a case of squint which required operation.

My sincere thanks are due for the valuable help I have received from Dr. Draper, and also to the nurses for securing the regular attendance of the children.

Subjoined is a tabular statement of the cases treated during the year.

AFFECTION	SOF	THE CO	ONJUNCI	IVA	
Conjunctivitis, Phly		r			18
,, Catar					7
,, Follie					3
	purule	nt			3
,, Angu		**			4
,, Gran	war				1
					36
					90
	COI	RNEA.			
Keratitis Phlyctenul					8
,, Interstitial					4
Leucoma, Adherens					3 7
Nebulae					7
Ulcer, Simple					4
Ulcer, Tubercular					1
					27

IRIS	AND CH	LARY	BODY.		
Synechia, Anterior					1
Synechia, Posterior					2
Iritis					2
					5
	NERVE	AND I	RETINA.		-
Choroiditis	.;				3
Retina-choroidal At					7
Atrophy of Optic N		-	*		1
Amblyopia, ex Anop	arte		nalitis -		1
Ambryopia, ex Anol	osia				14
Detached Retina (in	ijury)				1
Infantile Glancoma					1
Rupture of Choroid					1
					29
CR	YSTALL	INF I	INS		20
Cataract, Congenita					2
Traumati	C				1
,, Traumati Irregular lenticular	Astigmati	sm			1
					4
LACRYMAL APPA	RATUS,	LIDS .	AND GL	OBE.	
Lacrymal obstruction					2
Blepharitis Cilaris					7
Chalazion					4
Papilloma					7
Hordeolum					7
Anophthalmos					2
Congenital Ptosis					1
					_
DEED (CT)	AT LATE	10000	IMOD LT	TON	25
REFRACTIO	ON AND	ACCOM	IMODAI	ION.	-
Anisometropia					2
Astigmatism, Hype					10
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		pound			49
,, Mixe					7
	ular				3
	oic, Simple				5
	Comp		* *		19
Hypermetropia Myopia					27
Myopia Progressive					11
T. C. C.				**	6
Spasm of Accommod					2
opusin of recommo	accion.				- 2

#### MUSCLES AND NERVES.

Paralysis of 6th and 7th Nerve	1 2 27 3 — 34 —
Cases referred for examination in which no eye defect was found	8 3 
ELEMENTARY SCHOOLS.	
Number of new patients in 1923 Re-examinations from previous years	314 517
SECONDARY SCHOOLS.	
Number of new patients, 1923	24 11
Total Number of Examinations	866
Total number of children for whom Spectacles were prescribed during the year	*386
Number of children who have obtained Spectacles	322
Number of children who have been given pre- scriptions for Spectacles, but are not known to have obtained them	64

<sup>\*</sup> This figure includes some children who were examined again from previous years.

#### APPENDIX III.

REPORT ON PUPILS ATTENDING THE SECONDARY SCHOOLS WHO WERE MEDICALLY EXAMINED DURING THE YEAR ENDED 31st DECEMBER, 1923.

#### BOYS.

The following is a summary of the conditions found:-

108 Boys were examined. Of these 26 were free from defect, and of full efficiency.

There were no boys with nits in their hair or in an unclean condition.

31 Boys require dental treatment.

18 Boys have defective eyesight, but in six the defect is trivial and does not require treatment at present. 8 cases, in which the defect was discovered for the first time, require treatment, and in 4 the defect was known, and has been treated, but further attention is required. One boy was suffering from slight disease of the eye that has been treated and cured.

27 Boys were deficient in hearing or suffering from the results of old ear disease. One of these is suffering from present disease requiring treatment. In another case the condition was cured at the Clinic. In two cases only is the deficiency in hearing sufficient to be noticeable. In the remaining 23 cases the impairment of hearing can only be detected on careful examination.

- 3 Boys are suffering from speech defect in such a stage that they can be cured by special training.
- 13 Boys were thrown out on the provisional test for colour blindness. Of these 9 were normal. In 3 the condition is dangerous for all industrial purposes. In the fourth the error is less severe, and it is doubtful whether he would, or would not, be thrown out by the ordinary methods of testing.
- 14 Boys have enlarged tonsils, but only in one case is operation advisable. In a second case operation would have been advised, except that the boy's condition would render operation dangerous. The remaining 12 cases are unimportant.

- 9 Boys have slight defects of the nose and throat other than enlarged tonsils, but in none of these cases is treatment indicated at present.
- 5 Boys had early spinal curvature; 4 flat feet; 6 deformities of the chest; 4 deformities of the legs; and 2 had other deformities, but all these are trivial and curable by gymnastic exercises.
- 3 Boys were suffering from contagious skin disease and have been treated at the Clinic and cured.
- 15 Boys show enlargement of the thyroid gland, and signs of hyperaction.

In 8 boys a special examination of the blood was required, this was made, and in 7 of these incipient disease was detected.

One boy is suffering from hernia.

One boy is suffering from peculiar action of the heart, the seriousness of which is doubtful.

2 Boys are noted as likely to develop tuberculosis of the lungs in adolescence.

#### OVERSTRAIN.

Only 2 boys showed signs of overstrain. One was in an acute condition which was probably cured by one night's rest; the other was slight.

In 8 boys some curtailment of physical exercises is advisable, and in 5 cases some slackening of mental work is necessary. But all these are temporary.

#### GENERAL SURVEY.

Some explanation of the meanings to be attached to the foregoing defects found among these boys is necessary. Upon the surface the list appears to be excessive, and many of the defects noted appear for the first time. I can, however, relieve anxiety on this score by stating that the batch of boys examined this year was unusually free from defects. The evidence points to the children born in the years 1911 and 1912 being an exceptionally healthy lot, unfortunately somewhat marred by the epidemic of measles which occurred in 1916. All the defects of the ears and most of those of the throat are a legacy of this epidemic. These defects are not of a serious character, and in past years would

have remained undetected. This is especially the case with defects of hearing. Minor defects of hearing in children do not produce any obvious deafness, but they interfere with the process of education, and prevent the children from reaching that degree of success which their mental attributes would, under perfect circumstances, enable them to attain.

### ENLARGEMENT OF THE THYROID AND SIGNS OF HYPERACTION.

The proportion of boys suffering from the condition of Hyperthyroidism is very high. This is not altogether unexpected for the causes of this condition have been in operation almost universally during the past twenty years. Fortunately we have now gone a long way in tracing the causes of this condition, and will be able to prevent its occurrence in the future, and to cure the majority of the persons who have developed it.

The Governors will notice that for the first time a number of boys were submitted to a special examination of the blood. It is unfortunate that this examination is one of great technical difficulty and takes about one and a half hours to perform, so that it cannot be made as a routine in all children. The evidence obtainable by this examination is of the greatest importance as it enables us to estimate the probable future health of the individual; his powers of reaction to infection; and the danger or otherwise of death occurring as the result of trivial operations, injuries or diseases. Where such danger exist we can avert it by treatment.

#### GIRLS.

The following is a summary of the conditions found:-

95 Girls were examined. Of these 12 were free from defects, and of full efficiency.

6 other girls were free from all defects except dental disease and can be rendered fully efficient by a dentist.

- 23 Girls require dental treatment.
- 21 Girls have defective eyesight or disease of the eye which require treatment. Arrangements will be made for the treatment of those girls suffering from defective eyesight.
  - 4 Girls are suffering from defective hearing and ear disease.

There are no cases of speech defect.

There are no cases of colour blindness.

- 6 Girls are suffering from diseases of the nose and throat and three from enlarged cervical glands.
- 2 Girls are suffering from defective action of the heart and three from anaemia.
  - 23 Girls are suffering from enlargement of the thyroid gland.
  - 4 Girls are suffering from skin trouble.
  - 16 Girls had nits in their hair.
- 11 Girls are suffering from flat foot; 2 from deformity of the chest; 3 from spinal curvature; and six from some other deformity.
  - 5 Girls are suffering from faulty nutrition.

One girl is suffering from nervous instability.

2 Girls are suffering from bronchial catarrh.

One girl is suffering from old fracture of the right clavicle, and is waiting for a bed in the Victoria Hospital for treatment.

One girl is suffering from chilblains.

3 Girls are suffering from faulty digestive system and are receiving treatment for same.

#### OVERSTRAIN.

- 3 Girls show signs of overstrain.
- 2 Girls are either incapable of undertaking full athletics or require the exercises to be modified.

In one girl some diminution of homework or schoolwork was necessary.

#### GENERAL SURVEY.

The conditions found among the girls are, on the whole, very similar to those found amongst the boys, but there are some important differences.

Enlargement of the thyroid and signs of derangement of its action are much more common among girls than among boys. In the past the proportion was at least 10 to 1, but the difference is becoming less marked because the causes which produce this condition have been operating in all civil communities at a rapidly accelerating rate. The thyroid apparatus in males; which normally has a far less heavy duty to perform than it has in females; can retain it physiological activity under circumstances which upset the same mechanism in the female, and does not show signs of difficulty until the causes which produce it are present in a high degree of intensity. We have reason to know that between the

years 1915 and 1920 a great majority of the population was absolutely starved of those food materials from which alone the thyroid gland is capable of manufacturing its secretion, so that even the far more resistant males are getting into difficulty.

#### NITS IN THE HAIR.

In the case of boys, nits will only be found in the hair where there is some amount of neglect, but this is not true in the case of girls, as girls are far more open to infection with the head louse and their more abundant hair affords better cover than obtains in the case of boys. The chance of infection in girls is so great that in a town nothing but constant attention to the girls' heads will ensure freedom from nits. The subject of nits in the hair has now become an educational rather than a medical problem, and it is as well that the medical officers should attend only to the amelioration of girls, who from dirt or neglect are harbouring the head louse and acting as infectors to other children, leaving the school mistresses to deal with the cases of accidental infection. For having reached the stage that we have at present, the elimination of the head louse from our community is now a question of education and enlightenment, the main difficulties of the problem having been overcome.

The Governors will notice that though cases of faulty nutrition occur in the girls, they are absent in the boys. The explanation of this was given in my last report to the Governors.

It will be noticed that cases of minor deafness and ear disease are less frequently noted in girls than in boys, and that certain of the special investigations carried out with the boys' examination are omitted from that of the girls. This is due to reasons of administration. All attempts to give practical expression to the results of scientific research must begin somewhere on a small and partly experimental scale, and it is more convenient to start with the boys, where the technical and administrative difficulties fall personally upon the School Medical Officer.

DUNSTAN BREWER, School Medical Officer.

School Medical Department, 61, Eastcott Hill, Swindon. 25th January, 1924.



# Borough of Swindon EDUCATION COMMITTEE.

## School Medical Department.

Notes on the common Infectious and Contagious Diseases of School Children for the Guidance of Teachers and School Attendance Officers. - -

#### NOTES ON THE

#### COMMON INFECTIOUS DISEASES OF SCHOOL CHILDREN.

All the infectious diseases start somewhat suddenly with drowsiness, inattention, and fever. Vomiting is the most important symptom which is present at the beginning in most, but not all, infections.

All the infectious diseases are produced by living parasites and the diseases are propagated by the transference of these parasites from one child to another. This transference takes place directly in most cases and in general by the discharge from the mouth and nose during speaking, coughing and sneezing.

Most of the human parasites are exceedingly tender organisms and are rapidly destroyed when they leave the host. For this reason infectious diseases are far more likely to be spread in a building than in the open air. The main method by which infectious disease is spread among children is by coughing and sneezing and speaking in each others face. In some diseases infection occurs indirectly through the patients sucking sweets, pencils, etc., and handing them on to another child.

Few, if any, infectious diseases are infectious throughout their whole course, most of them being infectious for short periods only, the period varying in different diseases. Unfortunately the infecting period is more often than not in the earliest stage of the process before the characteristic signs of the disease have appeared.

Disease			Designate of Deselve	Ougan pting for Chil.
	Symptoms.	Sources of Infection.	sion of Infected Child	dren exposed to
Scarlet Fever Suring Education Scarlet Fever Suring Education Suring Sur	Sudden onset, vomiting, shivering, headache, fever and sore throat. Red rash following in 24 hours, appearing first about neck and chest and may pass off very quickly. Followed by more or less profuse pecling of the skin.	Infection is given off by the discharges from the nose, mouth & throat.	Until a Certificate has been received signed by the School Medical Officer to say that the child is fit to attend School	Until a Certificate has been received signed by the School Medical Officer to say that the child is fit to attend School.
German Measles. Raffin fin fin fin fin fin fin fin fin fin	Rash appears without any marked previous symptoms, first on the cheeks. Spots smaller and paler than Measles. Except in times of epidemic, cases of German Measles are generally missed in school.	Particles discharged when coughing or sneezing	Three weeks.	None.
Measles.  Be for the property of the property	Begins like a cold in the head; feverishness, cough & running from the nose and eyes. Rash appears on the 4th day, first on the forehead, as small pink patches, and spreads all over body. Measles being infectious mainly before the rash appears it is as well, in times of epidemic, to exclude from Infant Schools and Classes any child developing a cold in the head.	Ditto.	Four weeks at least, or until all discharges from eyes, nose and ears have ceased.	Infants who have not had measles should be excluded for 21 days. Older children need not be excluded at all.

Disease	Symptoms.	Sources of Infection.	Periods of Exclusion of Infected Child	Quarantine for Children exposed to Infection
Smallpox	The initial symptoms of Small-pox are severe illness with marked pain in the back and vomiting, but they may be totally absent. The rash appears first upon the forehead and wrists as small dull red pimples which are more easily felt than seen.	The parasite of smallpox is not known and the method by which it is spread is not known, but the whole patient and everything that comes in contact with him is infectious. Fortunately the infection is not very virulent until the appearance of the rash.	Until a Certificate has been received signed by the School Medical Officer to say that the child is fit to attend school.	Until a Certificate has been received signed by the School Medical Officer to say that the child is fit to attend school.
Chicken-pox	There are commonly no symptoms except a rash which appears first on the trunk. In school it is generally first seen upon the face, and is always present on the scalp	Unknown	Until all the scabs have fallen off and skin is clear, generally about 21 days from commencement of illness.	None
Diphtheria	Children with Diphtheria usually have little fever, but are drowsy and listless. Hoarseness or loss of voice are important signs of Layrngeal Diphtheria. Patients with Diphtheria usually exhale a characteristic sweetish odour which can be recognised by teachers who have met with it before. In times of an epidemic of Diphtheria attention should be paid to all children who come to school in a listless or unfit condition.	The breath and all discharges from the mouth and nose, particularly particles given off in coughing or sneezing.	Until a Certificate has been received signed by the School Medical Officer to say that the child is fit to attend school	Until a Certificate has been received signed by the School Medical Officer to say that the child is fit to attend school.

Exclusion 2 Chillected dren exposed to Infection	ough None, but any child of the family who has a cough should be excluded.	None.	ficate None.  eived e school cer to child end	None.
Periods of Exclusion of Infected Child	As long as cough continues.	One month.	Until a Certificate has been received signed by the school Medical Officer to say that the child is fit to attend school.	Ditto.
Sources of Infection.	Sputum and discharges from nose.	Mostly from the breath	Mixing of hats and caps, use of combs & brushes of those affected. Somewhat intimate contact is required so that the disease is very rarely spread in school.	Contact with others.
Symptoms.	Even before the characteristic whoop occurs, a cough which is markedly worse at night must always be looked upon with suspicion. Cough occurring in spasms followed by retching or vomiting is the first and most constant sign. The whoop may be absent throughout.	Pain and swelling in front of the ear.	Irregular scaly patches on head, the hairs of these patches are withered and dry and most of them broken irregularly. On the face and body it appears as round patches with slightly raised and reddened edges.	Caused by a mite which burrows under the skin, mostly between the fingers, causing small pimples and intense itching, especially when the child is warm
Disease	Whooping Cough	Mumps.	Ringworm	Scabies or Itch.

DUNSTAN BREWER, School Medical Officer

SCHOOL MEDICAL DEPARTMENT,
61, EASTCOTT HILL,
SWINDON.
19th February, 1924.

#### ELEMENTARY EDUCATION.

STATISTICAL TABLES.

#### TABLE I .- RETURN OF MEDICAL INSPECTIONS.

#### A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entra Interr	nts nediates		 637 828
Leave			 897
	TOTAL		 2362
Number of other Routi	ne Inspec	ctions	 Nil

#### B. OTHER INSPECTIONS.

Number of Special Inspections Number of Re-inspections	• •	1570 2846
Total		4416

TABLE II.—A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1923.

			Ro	OUTINE		CIAL CTIONS.
			No. o	f Defects.	No. of	Defects.
r	DEFECT OR DISEASE.		Requiring treatment.	Requiring to be kept under observation but not requiring treatmenc.	Requiring treatment.	Requiring to set wation but not requiring treatment.
	Malnutrition		. 58		9	1
	Ringworm :-		1		101	
100	Scalp Body		9		121 27	
Skin	Scabies		1		31	
	Impetigo		. 15		156	
	Other Diseases (non-T		92	17	254	
	Blepharitis			10	29	
E	Conjunctivitis	C i - 4		1 2	22	
Eye	Defective Vision (exclude Squint		75	2 <b>5</b>	4	
44	Other Conditions		1	1	28	
	(Defective Hearing		50	15	64	56
Ear	Otitis Media		F			****
	Other Ear Diseases			2	99	83
	(Enlarged Tonsils only			75	107	64
Nose and	Adenoids only			6	58	32
Throat	Enlarged Tonsils and	Adenoids	14 58	6 37	113	111
Glands	Other Conditions Enlarged Cervical		1	10	21	30
Grands	Enlarged Thyroid	****	191	35	77	51
Speech	Defective Speech		10	3	6	2
Teeth	Dental Diseases		. 226		7	
Ward 0	(Heart Disease :			0.0	-	7
Heart & Circula-	Organic Functional			26	5	7 15
ation	A		8	65 22	13	
acion	Bronchitis		19	27	6	7
Lungs	Other Non-Tuberculou	s Diseases	3	71	8	9
	Pulmonary :					
51107	Definite					
The leave	Suspected				1	1
Tuber- culosis	Non-Pulmonary :		1	,	4	
culosis	Glands Spine	****	1	1	1	1
	Other Bones and	Toints	1			î
	Other Forms		1		1	
			1			

TABLE II. A—(Continued).

					TINE ECTIONS.	The state of the s	CIAL CTIONS.
				No. of	Defects.	No. of	Defects.
	Defect or Disea	SE.		Requiring treatment	Requiring to sept under observation but not requiring treatment.	Requiring treatment.	Requiring to sobservation but not requiring treatment.
	(Epilepsy				2	1	2 2
Nervous	Chorea	****		****		4	2
Contan	Other Conditions			13	7	20	11
System			10000	2	8	2	
System	(Rickets						
				7	23	13	2
System Deform- ities.	Spinal Curvature Other Forms			7 66	23 38	2 13 11	1 2 8 30

B. Number of INDIVIDUAL CHILDREN found at ROUTINE Medical Inspection to Require Treatment (Excluding Uncleanliness and Dental Diseases).

Group.		Number of	Percentage of Children	
		Inspected	Found to require treat-	found to require
(1)		(2)	ment (3)	treatment. (4)
CODE GROUPS:				
Entrants		637	128	20.1
Intermediates		828	245	29.6
Leavers		897	292	32.6
Total (Code Groups)		2362	665	28.2
Other Routine Inspections			_	_

TABLE III.—Return of all Exceptional Children in the Area.

			Boys	Girls	Tota
Blind (including	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution		1	1
partially blind).	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind Attending Public Elementary Schools At other Institutions At no School or Institution			
Deaf (including deaf and	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf Attending Public Elementary Schools At other Institutions At no School or Institution	2	4	
dumb and partially deaf).	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf. Attending Public Elementary Schools			
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions At no School or Institution	2	8 1 1	19
	Notified to the Local Control Authority during the year.	Feebleminded Imbeciles Idiots	1 3	2	1 8
	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics In Institutions other than Certified Special Schools Attending Public Elementary Schools At no School or Institution			
Epileptics.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution		2	

# TABLE III.—(Continued).

			Boys	Girls	Total
	Infectious pulmon- ary and glandu- lar tuberculosis,	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board. At other Institutions At no School or Institution			
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board.  At Gertified Residential Open Air Schools.  At Certified Day Open Air Schools.  At Public Elementary Schools At other Institutions At no School or Institution	 I 	   	  1
Physically Defective.	Delicate children (e.g., pre-or latent tubercu- losis, malnutri- tion, debility, anaemia, etc.)	At Certified Residential Open Air Schools. At Certified Day Open Air Schools. At Public Elementary Schools. At other Institutions. At no School or Institution	ïi	 8 	9
	Active non-pul- monary tubercu- losis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	 1		 1
	Cripple Children (other than those with active tuber- culous disease), e.g., children suffering from paralysis &c., and including those with severe heart disease.	At Certified Hospital Schools At Certified Residential Cripple Schools At Certified Day Cripple Schools At Public Elementary Schools At other Institutions At no School or Institution	1 2 1	3	 1  5  1

# TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1923.

## TREATMENT TABLE.

# Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

	tre	of Defeated unrity's S	nder	Num- ber	No. of defects	No. of attend-	No. of
Disease or Defect.	From pre- vious Year	New Cases	Total	of def'cts		ances at	sulta- tions.
Contagious Skin Diseases-						201	200
Impetigo		150	159	155	4	884	298
Scabies	1	33	34	31	3	197	140
Pityriasis Rosea		1	1	1	****	8	6
Other Diseases	1		1	1	****	1	1
Non-Contagious Skin Diseases—							
Dormatitie		19	19	18	1	93	59
Eczema		25	25	25		86	38
Psoriasis		3	3	3		9	5
Seborrhoea	1	40	41	41		1.2	55
Alopecia		3	3	3	****	4	3
Abscesses		7	7	7		27	19
Boils		11	11	11		78	35
Warts	1	18	19	19		88	45
Herpes		9	9	9		23	11
Urticaria		3	3	3	****	4	3
Lichen		-2	2	2		6	6
Other Diseases	2	25	27	26	1	94	50
Ear, Nose and Throat Disease	s						
Glands	9	10	12	12		45	38
Laryngitis		1	1	1		1	1 .
Tonsillitis		8	8	8		16	16
Other Diseases		26	26	26		156	62
Wounds and Injuries-							
Injuries	2	51	53	53		188	92
Dog Bites		4	4	4		11	8
Burns, Scalds &c	2	10	12	12		49	25
Septic Sores		68	68	65	3	429	135
Others	8	33	41	39	2	267	77.
External Eye Disease—							
Foreign Body		2	2	2		2	2
Stye		7 .	7	7		18	8
Keratitis		2	2	2	. 4449	5	3
Blepharitis		26	26	22	4	225	75
Conjunctivitis	. 1	21	22	21	1	301	113
Pink-Eye		5	5	5		33	19
Corneal Ulcer	. 1	1	2	2	****	48	30
Other Diseases		10	11	11	****	34	24

# Group I.—Minor Ailments—Continued.

	tre	of Detated unrity's		Num- ber	No. of defects	No. of attend-	No. of	
Disease or Defect.	From pre- vious Year	New Cases	Total	of def'cts	remain- ing under treatm't	ances at		
Deformities—								
Flat Foot Spinal Curvature		2	2 1	2		2	2	
Infectious Diseases— Chicken Pox Scarlet Fever Mumps Whooping Cough		12 5 16 15	12 5 16 15	12 5 15 15	 I 	13 5 30 43	13 5 26 36	
General— Sore Throats Ill-health, &c	2	14 38	14 40	14 40		19 139	18 65	
TOTALS	34	737	771	751	20	3844	1668	

No. of Bacteriological Examinations32No. of X-Ray Examinations17Total Number of Children Treated661

Group II. Defective Vision and Squint (excluding Minor Eye

Defects treated as Minor Ailments—Group I).

		Numbe	r of De	ects dealt with.			
Defect or Disease	Under the Authority's Scheme.			Submitted to refraction by private prac- titioner or at hospital	Other-wise:	Total	
(1)			apart from the Authority's Scheme. (3)	(4)	(5)		
Errors of Refraction (including Squint) (operations for Squint should be recorded separately in the body of the Report)	183	222	405			405	
Other Defects or Disease of the eyes (excluding those recorded in Group I)	15	47	62			62	
TOTAL	198	269	467			467	

(a) Under the Author			es were p		361
(b) Otherwise					
Total number of children w	ho obtaine	ed or rece	ived spec	tacles:	
(a) Under the Auth				****	****
(b) Otherwise	****	****	****	****	297

Group III.-Treatment of Defects of Nose and Throat.

	Total number	311	
	Received other	Treatment.	210
		Total.	101
NUMBER OF DEFECTS.	Received Operative Treatment.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	4
NUMBE	Received	Under the Authority's Scheme, in Clinic or Hospital. the Authority's Scheme.	97

# GROUP IV .- DENTAL DEFECTS.

(1)	Number of Childre (a) Inspect					
		ged ged	3	62		
	Λ	ged	4	183		
			5	327		
			6 7 8	409		
	D 1 6		1	513	T . 1	200=
	Routine Age C	roups	8	538	Total	2687
			9	293		
			10	246		
			11	81		
			12	27		
			13	7		
			14	1		
	Specials					181
		(	GRAND	TOTAL		2868
	(b) Found	to requi	re treat	ment		2262
		y treated		inche		1394
		ted duri		vear as		1001
		lt of per				
	tion	nt or per	iodicai	CAamin	ia-	652
	tion					002
(2)	Half-days devoted	to {Ins	spection eatmen	34 t 315	} Total	349
(3)	Attendances made	by child	lren for	treatm	ent	2098
(4)	Fillings (Permane Tempora	ent teeth ary teeth	360 586	} To	otal	946
(5)	Extractions { Perm	nanent to	eeth eeth l	$\{\frac{132}{108}\}$	Total 1	240
(6)	Administrations of	general a	anaesth	etics for	extraction	ns 5
(7)	Other operations {	Permane Tempora	ent teet ary teet	th 106	Total	1702

# GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	13
(ii)	Total number of examinations of children in the Schools by School Nurses	21315
(iii)	Number of individual children found unclean (mainly Nits in Hair)	1613
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	407
(v)	Number of cases in which legal proceedings were take	en—
	(a) Under the Education Act, 1921	Nil
	(b) Under School Attendance Bye-laws	Nil

TABLE V.—Treatment of Defects of Nose, Throat, and Ear at Special Clinic.

	Myringitis, Diseases and Perforation of	37
	Dis- charg- ing Ears	92
	Nasal Inflam- ation	52
	Nasal Spurs and Deflect- ions	14
	Glands	30
T.S.	Enlarged Inferior Turbin- ates.	11
DEFECTS.	Tonsil- litis.	61
	Ade- noids	89
	Tonsils	54
	Tonsils considerably enlarged enlarged	108
Number of	treatment consider- Tonsils ably enlarged enlarged	3857
	Number of Consultations	624
Number	referred of for treatment.	373

No. of cases	for which no Report is avail.	65
No. of No. of No. of	remain for ing which under reat- Report is or avail- kept able under obser- vation	89
No. or	cured	273
No. of	opera- tions per- formed	6
No. who	opera- tive tions treat- ment formed for s Tonsils and Adenoids	95
No. for	operation tive tive for treat- Tonsils ment and for Adenoids Tonsils was and advised Adenoids	104
	Other condi- itions	7
	Wax in Ears	52
	Deaf- ness (Sev- ere)	+
D).	Deaf ness (Slight)	51
TINUE	Stoma- titis and Gingi- vitis	c1
DEFECTS (CONTINUED).	Tuber- Stoma- Deaf Deaf- V  cular titis ness ness Aden- and (Slight) (Sev- itis Gingi- ere) (Cerv- vitis ical)	
)EFEC	Aural Poly- pus & For- eign Bodies	10
I	In- drawn Mem- branes	59
	Thicken- In- ed, drawn Scarred Mem- and branes Opaque Mem- branes	31

TABLE VI.-Treatment of Ringworm.

Number of cases for which no report is	available.	6
aber of cases still under treatment	Attend- Not attend ing School ing School	16
Number of cases still under treatment	Attend- ing School	53
Number of cases cured.		145
Number of Bacterio- of cases logical cured.	443	
Number of Attendances made by Children at Clinic		2798
Number of Consulta- tions	with	873
	Total	193
Number of cases	Old New Total	148
Z	pto	46

X-Ray Treatment of Ringworm.

1		
Number of children not cured whose	parents refused X-Ray treatment	89
Number of Cases	remaining under treatment.	4
Number of Cases	cared.	13
Number of X-Ray	ryboance	25
	Accepted	17
Number of Cases.	Offered Refused. Accepted	က
Num	Offered	20

TABLE VII.-Electrical Treatment.

4.4

		Functional Paralysis.		0	-	
		Injured		61		
Disease or Defect.		Encephalitis Lethargica		1		
Dise		Naevus		6		
		Infantile	Paralysis		,	
	Number of Attend-	ances for Treatment.			366	
		Total		-	15	-
	Jases.	IS	New		9	
	Number of Cases.	Girls	Old		c1	
	Num		New Old New		2	
		Boys	019	Dia	52	

TABLE VIII.—Summary of School Accidents which occurred during the Year 1923.

(Elementary School Children).

Number of cases resulting in permanent	disability.	67	onio actor of
Number of cases referred to Hospital or Private Practi-	tioner for further treat- ment.	21	gais no tra
Number of	Exposures.	6.	-
Number of cases where	treatment was completed at Clinic.	99	
Total Number of Attendances	made by children at Clinic.	277	
	Total.	F.7	5
Number of Cases	Minor.	1	÷.
Nu	Serious		m

NOTE.—Cases of simple fracture not resulting in permanent disability and cuts requiring stitching, however extensi so long as no permanent injury but a good scar resulted, are included as minor injuries.

# TABLE IX.—SHOWING NUMBER OF CHILDREN DISCOVERED WITH ENLARGED THYROID AT ROUTINE MEDICAL INSPECTION.

		4		ENTRANTS	ANTS				
Z	fumber of	Chil	nedically	dren medically inspected.		Nm h	Number of Children found to have enlarged thyroid.	dren foun d thyroid	d to
Age 5.	õ.	Other a	ages.	Total.	J	A	Age 5.	Total	al.
Soys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
91	84	243	219	334	303	:	61		67

		Number of Children m	of Chil	dren m	nedically inspected.	rinspec	ted.		Nu	mber o	f childrurged th	Number of children found to have enlarged thyroid.	d to ha	ve
	Ag	Age 8.	Age	9.	Other ages	ages	Total	11	Age 8.	×	Age 9.	9.	Total.	al.
	Boys	Boys Girls Boys	Boys	Girls		Boys Girls Boys Girls	Boys	Girls	Boys Girls	Girls		Boys Girls	Boys Girls	Girls
INTERMEDIATES	185 Age	195	268 Age	180	Age	14.	453	375	9. Age	18	17 Age	20	26	38
LEAVERS	199	529	259	174	0 4	(01	462	435	) (e		02		39	66

GRAND TOTAL.	Number of children found to have enlarged thyroid. (All ages).	Boys Girls	65 139
GRANI	Number of children nedically inspected (All ages).	Girls	1116
	Number of children medically inspected (All ages).	Boys	1246

TABLE X.—Treatment of Defects discovered from all sources during the year 1923.

Percentage of defects treated	4.6.3 58.0 81.3 80.9 88.0 68.0 68.0 74.3 100.0 100.0 100.0 100.0 100.0	
No. of defects not treated.	1041 184 177 177 177 177 178 188 18 18 18 18 18 18 18 18 18 18 18 1	
No. of defects treated.	1489 387 131 89 171 475 669 100 62 62 44 122 122 8 123 44 124 124 127 44 127 44 128 44 129 44 121 121	
No. of defects for which no report is available.	33	
No. of defects found for which treatment was considered necessary.	2567 649 161 110 194 594 594 594 594 594 59 177 130 833 53 53 17 17 184 47 413	
		0
Conditions.	Nutrition Teeth Nose and Throat Ear Disease Hearing External Eye Disease Vision and Squint Glands Thyroid Gland Skin Heart and Circulation Lungs Nervous System Speech Mental Condition Tuberculosis— Pulmonary (Suspected) Non-Pulmonary Deformities Infectious Diseases Miscellaneous TOTAL	

TABLE XI.

RESULTS OF INSPECTION AND TREATMENT OF SCHOLARS FINALLY
LEAVING THE ELEMENTARY SCHOOLS.

Number of children finally left school during the year	Number of children for whom no report was available.	Number of children fully efficient for all industrial purposes.	Number of Children partially efficient for industrial purposes.	Number of children inefficient.
937	21	839	73	4

Defects from which children were suffering:-

Partially Effi	cient.		1	Number o	f Children.
Defective Vision					32
Squint					13
Congenital cataract b	oth eves				1
Congenital cataract of					1
Blind left eye					1
Ear Disease					6
Nose, Throat and Ear					
of one eve			1000 0	. 0.8	1
Ctammor	****	****		****	3
Heart defective	****	****		****	7
			****		2
Hearing defective					3
Thyroid enlarged	- 1 T	r: - To:			
Cripples—Infantile Pa	iralysis, F	up Disea	ise	****	3
TOTAL					73
Inefficier	nt.				
Phthisis	****				1
Organic Heart Diseas	se		****		1
Deaf and Dumb					1
Blind					1
					_
TOTAL					4
TOTAL	****		****	****	

4. 2

# HIGHER EDUCATION.

STATISTICAL TABLES.

# Higher Education.

# TABLE I.—Number of Children attending the Swindon Secondary Schools, Inspected 1st January, 1923 to 31st December, 1923.

## A.—ROUTINE MEDICAL INSPECTIONS.

				AGE G	ROUPS	S		Тотаг
	11	12	13	14	15	16	17	TOTAL
Boys	. 7	40	53	6	1	1		108
Girls	. 6	33	47	6		1	2	95
Totals	13	73	100	12	1	2	2	203

## B.—OTHER INSPECTIONS.

Number of Special Inspections	 111
Number of Re-inspections	 262
Total	373

TABLE II.—Return of Defects found in the Course of Medical Inspection in 1923.

	oction i					
				TINE CTIONS.	Spec	IALS
				Defects.		Defects.
DEFECT OR DISEASE.			Requiring Treatment.	Requiring to kept under obser- vation but not quiring treatment.	uiring tment.	Requiring to kept under observation but not uiring treatment.
(1)			(2)	ed(3)	(4)	ped (2)
Malnutrition			5	2		
Uncleanliness-Head Skin-			16		*****	
Non-tubercular Disea	ses		8		5	****
Eye-			0			
Myopia			2 3			
Blepharitis Conjunctivitis					1	
Defective Vision			20		3	
Squint			5			
Other Disease or Defe	ect		****		1	
Otorrhoea					2	
Defective Hearing			6	2	1	1
Other Conditions			6		1	1
Nose and Throat—		1				
Enlarged Tonsils			3	8	3	1
Glands— Enlarged Tonsils and	Adenoic	IS	1			
Enlarged Thyroid Gla	and		30	8	7	
Enlarged Glands			3	2	2	
Speech— Defective			3		2	
Heart—	****				-	
Organic			****	1	2 2	
Functional			1	1 2	2 4	1
Anaemia	****		1	-	-	****
Dental Disease			54		7	
Lungs-						
Bronchial Catarrh	****		2			1
Defective			****		1	1
Nervous System-		-		11/4		
Instability	****		1		1	
Deformities— Spinal Curvature			8		2	
Other Forms			29	5	5	
		1000		The second		
Other Diseases or Defects			12	9	12	3

TABLE III.—Children failing to pass the "Edridge-Green Bead Test" referred for complete examination for Colour Blindness.

							Boys
Heptachromatic							9
Hexachromatic			****		****	••••	****
Cetrachromatic							1
Crichromatic							2
Dichromatic							1
Т	OTAL						13
Deficiency of the	both end	ls of the S	Spectrum		****		4
Dangerously Colo	ur Blind	for Indus	trial pur	poses	***		3
Deficiency of no s							1

TABLE IV.

Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments.

	Number	of Defects dealt	with.	
Defect or Disease.	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital apart from the Auth-	Other- wise.	Total
(1)	(2)	ority's Scheme. (3)	(4)	(5)
Errors of Refraction (including Squint) (operations for squint should be recorded separately in the body of the Report)  Other Defects or Disease of the eyes (excluding those recorded in Group	31			31
1) Group	0			8
Total	39			39

Total n	umber of children	for whom spec	ctacles	were pr	escribed	:
. (	a) Under the Ar	athority's Sche	me			25
(	b) Otherwise	****				
Total n	umber of children	who obtained	or rec	eived sp	ectacles	
		uthority's Sche				
7	b) Otherwise					95

TABLE V.-Summary of Accidents which occurred to Secondary School Pupils, during the year 1923.

NUMBE	NUMBER OF CASES.		Total Number Number of Cases where	Number of	Number of X-Ray	Number of Cases referred to Hospital	Number of Cases resulting
Serious	Minor	Total.	made by children at Clinic.	treatment was completed at Clinic.	Exposures.	Exposures. or Private Practi- tioner for further- treatment.	
-	19	20	101	61	1		-

NOTE.—Cases of simple fracture not resulting in permanent disability and cuts requiring stitching, however extensive, so long as no permanent injury but a good scar resulted, are included as minor injuries.

TABLE VI.-Treatment of Defects discovered in Secondary School Children.-Vear 1923.

		NUMBER	NUMBER OF DEFECTS	rs.		
Decrease on Deserve.	Doforcod	TRE	TREATED.		No.	Tow unknown and
Disbase on Defect.	for treatment.	Under Local Education Authority's Scheme.	Otherwise	Total	Treated.	Report was available.
TI- II- NOT TI	0.5		01	0.1		
Melnutrition	0 10		10	10		
	2 00	7	0 0	200		:
Vision and Squint			া প	20	9	: 67
		+		4	01	-
se	61	-	32	33	26	01
Ear Disease	6	Đ.	. +	6		***
Defective Hearing	7	01	00	5	24	
Nose and Throat	7	5	2	-1		****
Speech	20	61	****	67	co	
Enlarged Thyroid	37	20	8	28	6	****
0						
(Non-Tubercular)	5	60	1	4	-	****
Heart and Circulation	10	10	5	10	****	
Lungs Defective	3	01	1	60		
Nervous System	. 7			5	:	
Deformities		39	00	45	67	
General	24	15	7	22	-	1
					-	Charles on the Control of the Contro

