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# Torquay Education Authority.

# **YEAR 1919**

TWELFTH

# Annual Report



ON THE

# MEDICAL INSPECTION

OF

# Elementary School Children

ALSO

SECOND ANNUAL REPORT

ON THE

# Medical Inspection of Scholars

IN THE

Torquay Secondary School

TOGETHER WITH THE

ANNUAL REPORT OF THE CHILDREN'S CARE COMMITTEE.

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To the Chairman and Members of the Borough of Torquay Education Authority.

LADIES AND GENTLEMEN,

I have the honour to submit to you the Twelfth Annual Report on the Medical Inspection and Treatment of Elementary School Children in the Borough during the year 1919. This includes the report of the Assistant School Medical Officer on medical inspection and treatment of minor ailments; the report of Dr. McKenzie on the examination and treatment of eye defects, and the report of Mr. L. Strangways, on the dental work. Appended are also the Second Annual Report on the Medical Inspection and Treatment of Scholars in the County Secondary School, and the Report of the Children's Care Committee.

During the year Col. Ellis, C.M.G., resigned his position as School Medical Officer. On consideration of the appointment of a successor, it was decided to appoint someone having experience in Public Health Work, who would also undertake the work of the Infant Welfare Centres. Consequently Dr. L. Hynes, who had for four years acted as substitute for Col. Ellis resigned, and Dr. Mary Baird was appointed.

The School Medical Department which was moved to new quarters at Monte Video, Castle Road, last year, has again demonstrated its usefulness. The work of this department being greatly facilitated by the commodiousness of the premises.

# Tuberculosis.

Seven definite cases of this disease were found, and all were referred to the County Tuberculosis Officer for treatment. Besides these 51 other children suspected to be tubercular were kept under observation, i.e., considered as special cases and examined at regular intervals. The necessity for the provision of a residential school for children affected with tuberculosis is much felt. Not only would it benefit them physically, but it would enable the children to receive partial education—at present those that are excluded tend to get into lax ways which is neither good for their physical or moral welfare. It is just possible some of the border line cases may be admitted to our proposed open-air school,

# ADENOIDS AND ENLARGED TONSILS.

You will note from Dr. Baird's report that 85 cases were detected, of these 65 were operated on by Dr. Fenton at the Torbay Hospital, and 20 are under observation. After operation the children attend the school clinic and are instructed in breathing exercises. There is no doubt the children benefit both mentally and physically after treatment.

# PROPOSED OPEN-AIR SCHOOL.

Much to the regret of the Committee, owing to legal difficulties connected with the site at Homelands, the erection of the open-air school could not be commenced. These troubles are gradually clearing away and it is now possible that the school may be in working order before the summer holidays. The proposed plans have been prepared for alterations to Homelands House, and the erection of the various class rooms and rest hut. These plans will be sent to the Board of Education for their approval. The entorced delay has had a detrimental effect on the open-air hospital in Upton Valley, which it was proposed to utilise for our class rooms.

# REMEDIAL CLINIC.

During the year arrangements have been made with the Managers of the Torbay Hospital to conduct a Remedial Clinic there, where all school children requiring such treatment could be received. This has been agreed to and the Education Authority has applied for the approval of the Board of Education to the proposal.

# DENTAL REPORT.

It hardly seems necessary to draw attention to the Report of the Dental Surgeon. It speaks for itself. Instead of dealing only with children in the earlier years of school life, as was done when this work commenced, now practically every child receives periodic examination and treatment. This accounts for the yearly increase in the number of inspections and operations. There can be no doubt that the rising generation are receiving great benefit from regular treatment, a fact that was very apparent when examinations were made of the Secondary School Scholars, the mouths of previous Elementary School Children comparing most favourably with those from outside schools.

#### THE SCHOOL OCULIST.

Dr. McKenzie continues to carry out this most important branch of the School Clinic in his usual efficient manner. All children with defective vision or external eye trouble are referred to him. Cases for whom glasses are ordered are followed up until they are obtained. The School Nurse, when visiting schools, sees that all children who require glasses are in possession and use them.

#### THE CHILDREN'S CARE COMMITTEE.

Appended is the Annual Report of this Committee, showing the useful work carried out on behalf of the children.

# THE DEVON COUNTY (TORQUAY SECONDARY SCHOOL).

I have pleasure in including the Second Annual Report of the Medical Examination and Treatment of Scholars attending the Torquay Secondary School. At the request of the County Council, the Torquay Education Authority agreed to undertake the Medical Inspection and Treatment of Secondary School Scholars, and this is now carried out by your officials on similar lines to those adopted under Elementary Education.

# ANNUAL REPORTS OF SCHOOL MEDICAL OFFICERS.

At the end of the year a circular letter was received from the Principal Medical Officer of the Board of Education drawing attention to information required by the Board. Instructions are there given that in the report for 1920, information of a more complete character will be required. The Officers concerned have had their attention drawn to these points and arrangements made to keep their records in such a way that the desired information will be available when the report is compiled.

The Board's Medical Officer also desires a statement respecting the employment of children of school age in the Area. Recently the Education Secretary, Mr. Lane, prepared a memorandum for your Committee which is appended.

# MEMORANDUM ON EMPLOYMENT OF CHILDREN BETWEEN 12 AND 14 YEARS OF AGE.

Under the bye-law recently made, 88 employers notified their employment of 127 boys and 5 girls between 12 and 14 years of age.

An analysis of these gives the following information :-

#### DELIVERING MILK. 44 Boys and 2 Girls.

Hours during which employed.	Number employed.
6.30 to 8.15 a.m.	1 illegal
7.0 to 8.0 a.m.	2
7.0 to 8.15 a.m.	1
7.0 to 8.30 a.m.	12
7.15 to 8.30 a.m.	4
7.30 to 8.0 a.m.	10
7.30 to 8.15 a.m.	2
7.30 to 8.30 a.m.	9
7.45 to 8.30 a.m.	4
12.30 to 1.30 p.m.	1 illegal
4.30 to 6.30 p.m.	1 illegal
5.0 to 6.0 p.m.	2
5.15 to 6.0 p.m.	1
5.0 to 7.0 p.m.	1 illegal

Five of the same children are in addition thus employed on Saturdays.

7 a.m. to 1 p.m.	1
8 a.m. to 1 p.m.	2
8 a.m. to 5 p.m.	1 illegal
"All Day"	1 illegal

#### DELIVERING AND SELLING NEWSPAPERS

#### 44 Boys and 3 Girls employed.

Hours during which empl	loyed. Number employed.
7.0 to 8.15 a.m.	1
7.15 to 8.30 a.m.	1
7.30 to 8.15 a.m.	1
7.30 to 8.30 a.m.	2
7.45 to 8.30 a.m.	2
8.0 to 8.15 a.m.	1
8.0 to 8.30 a.m.	4
8.0 to 8.45 a.m.	1 illegal
8.0 to 9.0 a.m.	6 illegal
4.30 to 5.30 p.m.	1 illegal
4.30 to 6.0 p.m.	1 illegal
4.30 to 8.30 p.m.	3 illegal
5.0 to 6.0 p.m.	3
5.15 to 6.30 p.m.	2
5.15 to 7.0 p.m.	1
5.15 to 7.15 p.m.	1
5.30 to 6.0 p.m.	2
5.0 to 8.30 p.m.	5 illegal
5.30 to 8.0 p.m.	9

Nine of the boys are employed from 5.30 to 9.30 on Saturdays.

#### ERRAND BOYS.

Forty employers sent in Returns showing their employment of 42 errand boys. The hours during which these boys work are so very varied that it is difficult to classify them in tabular form. The following information may be of use:—

- In 5 cases the employment is on Saturday only. In one of these the employment is in both morning and afternoon, which is illegal.
- B. In 25 other cases there is employment on Saturdays as well as on other week days. In 7 of these the Saturday employment varies:—

In these cases boys are working 20, 22, and 27 hours a week.

- c. In 3 cases boys are employed by Chemists between morning and afternoon school, which is illegal.
- p. In 12 cases boys are not employed until the close of afternoon school.
- E. In 4 cases boys work up to 8.45 or 8.50 a.m. Illegal.

Other occupations in which boys are employed, include:— A boy of 13 as house boy (knives, boots, etc.), from 7.45 to 8.45 a.m., and 12.15 to 12.45 for 6 days a week, breakfast provided. The hours are contrary to the existing bye-laws.

A boy of 13 as tin greaser in a bakehouse for 3 hour daily.

Two boys of 12 years as lather boys. Illegal.

Letters were sent to all employers who were contravening the bye-laws,

A copy of the Home Office Circular dealing with the new law governing the employment of children is enclosed herewith. Notice has been given by the Board of Education that the new provisions of Section 13 (L), (i), (ii). will become operative on the 1st April, 1920, not on the 1st January, as mentioned in paragraph 3 of the Circular.

It will be seen that a comprehensive revision of the existing bye-laws is necessary in order to bring them into line with the new statutory provisions.

#### STANLEY H. N. LANE,

Education Secretary.

4th December, 1919.

As a result of this enquiry, new bye-laws were drafted, putting further restrictions on the employment of children of school age, and endeavouring to curtail as far as possible the hours during which they will be employed, both as errand boys and also in street trading. These have now been submitted to the Home Office for their approval.

I have once more to record my appreciation of the assistance rendered to me by the School Teachers in the notification of infectious sickness, and indeed in every matter pertaining to the health of the children under their care.

My thanks are also due to Inspector Richards of the N.S.P.C.C., for the ever ready assistance rendered in our endeavours to prevent unnecessary suffering among children.

In conclusion, I wish to testify to the whole-hearted manner in which the Members of the Education Committee have extended their help to me in the execution of this essential work, and to express my thanks for their support.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

THOMAS DUNLOP,

M.B., D.P.H.

# Report of Medical Inspection of Elementary School Children during 1919.

GENTLEMEN.

I have the honour to submit the Twelfth Annual Report upon the work of routine inspection in the Public Elementary Schools of the Borough, and also upon that carried out at the School Medical Department.

Owing to the closure of certain schools on account of infectious illness, it was not possible to complete the examinations in 1918, but these were examined first in 1919.

These Schools were:—St. Marychurch Infants, Priory R.C., and Ilsham. This latter school shows increased numbers for examination owing to the inclusion of children from St. Faith's Home.

In 1919, ordinary cases inspected numbered 1368, specials 58, defects found 1608.

In 1918, ordinary cases inspected numbered 1063, specials 72, defects found 963.

This shows an increase of 305 examined at the routine inspection during 1919.

There has also been a marked increase in the number of children attending the school clinic.

During the year, the School Nurse, Miss Hughes, has dealt with 7055 cases of minor ailments, has paid 207 visits to schools, and 1291 to the homes of the children, an increase of 2090, as compared with last year, in the number of minor ailments treated.

The children are seen by me at the School Medical Department every morning, including Saturday. Advice is given or treatment ordered as the cases require. They attend as often as is considered necessary until treatment is completed. Some are kept under observation, while certain cases are referred to private doctors.

School exclusion papers are given to appropriate cases, and when a child is fit to return to school, a certificate to that effect is given. Sometimes the children are sent to the clinic by the school teacher, more frequently the child is brought by the mother. I always insist on the mother or other responsible person attending with the child whenever possible. This procedure has given very encouraging results, as the interest taken by the parents becomes more and more evident.

TREATMENT	CARRIED	OUT	BY	THE	SCHOOL	NURSE	AT	THE
		CLI	NIC	IN 19	19.			

			CLINIC	IN	1919.			
	Abscesses and Boils		112	1	Mumps			92
	Adenoids and Tonsils		6	179	Nasal Troub			15
	Alopecia		6		Pediculosis			120
	Burns and Scalds		100		Psoriasis	-		14
(	Chilblains		320		Ringworm			363
]	Ear Diseases		139		Scabies			402
	Eczema		69	100	Suppurating	Wounds		1654
1	Enlarged Glands		207	188	Throat Trou			33
	inlarged Thyroid		8		Tubercular (		ck	7
	Eye Diseases		297		Miscellaneou	ıs		530
	mpetigo		2157					
1	njuries, Cuts, etc.		404	1	Gr	and Total		7055
(	CASES SEEN BY	THE	ASSISTA	NT	SCHOOL M	EDICAL	OFFI	CER
,	JIDIO DILLI	AT		INIC		BDIONE	OIII	CITIC
	3							
	Adenoids and Tonsils		66 38	1	Injuries, Cut			51
	Abscesses		3		Mental Defe			1 85
-	Alopecia Anæmia and Debility		84	1	Mumps Nasal Troubl	100		11
	Bronchitis		14		Pediculosis			85
	Chest re-examinations		31	1	Phimosis			2
	Chicken-Pox		3	1	Pneumonia			î
	Ear Diseases		72		Psoriasis		.:	8
	Sczema		24		Ringworm	9 9		118
	Enlarged Glands		61		Scabies			280
	Inlarged Thyroid		9		Suppurating			19
	Enteritis		18		Throat Affec			73
1	frysipelas		1		Tubercular I			6
	Eye Diseases		15	1/2	Tubercular I	Disease, Hi	р	1
	Fastritis		12		Miscellaneou			223
I	leart Affections, funct	ional						
	and organic		38		Gr	and Total		1539

86

Impetigo

TABLE OF AVERAGE HEIGHTS AND WEIGHTS.

Totals.	673					969
Other Ages.	1	1	1	1	I	1
14	2	4ft.8.76	6st. 0.0	lft. 10·75	5st. 3.3	4
13	52	4ft. 7·76		4ft. 10-63	5st.10.22	47
12	125	4ft. 6.9	5st. 2.79	4ft. 4·21	5st. 6·19 5st.10·22 5st. 3.3	091
п	28	4ft, 6·11 4ft, 6·9 4ft, 7·76 4ft, 8·76	3st. 652 3st. 9.80 4st.1.50 3st. 7.0 4st.12.3 5st. 2.79 5st. 8.04	3ft. 9-49 3ft. 11.9 4ft. 1-41 4ft. 3-47 4ft. 5-53 4ft. 4-21 4ft. 10-63 4ft. 10-75	3st.4.28 3st.10.77 4st.1.84 4st.3.93 4st.8.9	29
10	17	4ft. 5-0	3st.7-0	4ft. 3-47	4st. 3.93	25
6	40	4ft.1·3	4st.1.50	4ft. 1-41	4st.1.84	38
00	144	3ft 9.8 3ft. 10.5 4ft. 1.3	3st. 9.80	3ft.11-9	3st.10.77	143
7	56	3ft. 9·8	3st. 6 52	3ft. 9-49	3st.4.28	57
9	38	3ft. 8·3	3st.1-73	3ft. 8·5	3st. 1·1	36
5	89	3ft. 5·3	2st.12.5	3ft. 5-8	2st.10.09	20
4	09	3ft. 4·8	2st. 9 92	3ft. 4-28	2st.7.3	52
20	40	3ft. 0.25	2st. 9.75	3ft. 1·26	2st. 5·46	55
Age period	Boys- No. examined	(Height 3ft. 0-25 3ft. 4-8 3ft. 5-3 3ft. 8-3	Weight 2st. 9.75 2st. 9.92 2st. 12.5 3st. 1.73	(Height 3ft. 1.26 3ft. 4.28 3ft. 5.8 3ft. 8.5	Weight 2st. 5.46 2st. 7.3 2st. 10.09 3st. 1.1	Girls- No. examined

GREENWOOD'S AVERAGES (BASED ON OVER 800,000 OBSERVATIONS).

	igue Marie			
-	1	1	1	1
-	5ft. 0.72	5st. 0.14	5ft. 0·26	st. 0.24
-	ft. 10 16	st. 4-00	ft. 10-93	5st. 8-11
1	lft. 8.07 4	st.13.40	lft. 8.81 4	5st. 0.37
-	3ft.11.39 4ft.1.18 4ft.2.84 4ft.4.98 4ft.6.88 4ft.8.07 4ft.10.16 5ft.0.72	3st. 4.0 3st 7.90 3st.12.35 4st. 2.41 4st. 8.96 4st.13.40 5st. 4.00 6st.014	1ft. 7.48	1st. 9.86
-	1ft. 4-98	lst. 2.41	fft. 5.01	1st. 1.52
7	lft. 2.84	st.12-35	lft. 2.60	st. 10.69
	ft. 1.18	st. 7-90 3	lft. 0-71	st. 6.09 3
	ft. 11.39 4	3st. 4.0 3	ft. 10.94	st. 1.55
-		-	ft. 8·76 3	st.12.93
	ft. 6.83 3	st. 10.24	ft. 6-53 3	st. 9.24 2
	ft. 4·68 3	st. 6.68 2	ft. 4-44 3	st. 5.74 2
-	5ft. 2·63 3	st. 3.77 2	Sft. 2.39 4	lst. 2.98 2
-	Height 3ft. 2·63 3ft. 4·68 3ft. 6·83 3ft. 9·04	Weight 2st. 3.77 2st. 6.68 2st.10.24 3st.04	Height 3ft. 2.39 4ft. 4-44 3ft. 6-53 3ft. 8-76 3ft. 10-94 4ft. 0-71 4ft. 2-60 4ft. 5-01 4ft. 7-48 4ft. 8-81 4ft. 10-93 5ft. 0-26	Weight 2st. 2.98 2st. 5.74 2st. 9.24 2st. 12.93 3st. 1.55 3st. 6.09 3st. 10.69 4st. 1.52 4st. 9.86 5st. 0.37 5st. 8.11 6st. 0.24
-		stoor		OILIS

TABLE I.

NUMBER OF CHILDREN INSPECTED, 1919.
A "Code" Groups

le " X.	Re-examinations (i.e. No. of children re-examined (4)		23	18	1	
er than "Cod	Special Cases. 17		33	52	80	
B. Group other than "Code" X.	Intermediate Group (other than 8 years)		138	130	268	1368 (excluding special cases). 251 i.e. 50.0 per cent.
		Grand Total.	534	999	1100	1368 (6
		Total.	299	340	629	ered
	Leavers.	Other Ages.	1	1	1	n examined of boys, numbered
sdı	I	14	5	4	6	amin
Groups	iate	13	46	47	93	n ex
de "	termed	12	122	180	282	ildre
A "Code"	Intermediate Group	∞	126 122	129 180	255	f Ch
A		Other Ages. Total.	235	226	461	Total number of Children examined Parents present in case of boys, nu
	Entrants.	Other Ages.	30	33	63	otal nu arents
	Intra	9	36	36	72	HH
		D	69	20	119	
		4	09	52	95 112 119	
		м	40	55	95	
0			:	:		
5		Age	Boys	Girls	Totals	Para sa

256 i.e. 51.0

507

Total number of parents present

girls

MALNUTRITION.—Altogether 30 cases, or 2.1%, were found. Of these 24 were referred for special treatment, and six for observation.

Uncleanliness of Head—Pediculosis. Altogether 85, or 6.2%, were found, of which six serious cases were excluded for treatment; the others, slight cases, were put under observation. There was a smaller number of really bad cases this year compared with that of last.

CLEANLINESS OF BODY.—On the whole very satisfactory, only one case being found.

SKIN DISEASES.—Of these, impetigo was the most common, seven were discovered and referred for treatment.

Scabies, two found; Eczema, two; Ringworm of Scalp, eight. The number of cases of Scabies was about the same as last year.

VISION.—Altogether 60 cases were detected. Of these 58 were referred to the Oculist for treatment, and two kept under observation. There were three cases of external eye disease found.

DEFECTIVE HEARING.—Five cases found, two were referred to the Torbay Hospital, and three kept under observation.

EAR DISEASE—Accounted for six cases, four were treated, and two kept under observation.

TEETH-(Vide Dental Report on p. 13).

Tonsils and Adenoids.—See Table II.—85 were detected, of these 65 were operated on at the Aural Department of the Torbay Hospital, and 20 still under observation. This number includes those found during the course of medical inspection, and those seen at the clinic. In the majority of cases we find the parents quite willing to have the radical cure done.

DEFECTIVE SPEECH.—Three cases are under consideration.

HEART AND CIRCULATION.—14 organic heart disease have been kept under observation, 14 functional also were found, of which 6 were treated by their own medical attendant, and 8 are under observation.

ANÆMIA.-2 found.

LUNGS.—Definite cases of tuberculosis, 7, all treated; suspected cases of tuberculosis, 51, of which 3 were treated, and 48 for observation. All tubercular cases are referred to the County Tuberculosis Officer.

Bronchitis.—25 cases seen, of which 16 acute cases were treated by private doctors, and 9 chronic kept under observation.

Non-Pulmonary Tuberculosis.—2 cases of glands of neck seen by Tuberculosis Officer.

NERVOUS SYSTEM.—3 cases of epilepsy discovered, of which 1 was treated, and 2 under observation.

DEFORMITIES.—3, all receiving treatment at Torbay Hospital. RICKETS.—3 cases, 1 treated, and 2 for observation.

I am, Gentlemen,

Your obedient Servant,
M. H. BAIRD.

# DENTAL INSPECTION AND TREATMENT.

For the Year ending December 18th, 1919.

This year marks an important departure from preceding years, inasmuch as the inclusion of the new Secondary School brings the treatment up to 17 years of age.

A separate report is made of this work, but it is interesting to compare the Elementary and Secondary results

# Inspections.

Elementary 1555

Secondary 480 Total 2035

# ATTENDANCES.

Elementary 1772

Secondary 422 Total 2194

# TOTAL OPERATIONS.

Elementary 3530

Secondary 866 Total 4396

# DETAILS.

A. H. C.	Fillings.	Scaling, etc.	Extractions.
Elementary	1075	195	2260
Secondary	539	65	261

# HIGH FILLING PERCENTAGE.

I wish to point to the ratio of fillings to extractions, viz., about two fillings to three extractions, whilst in the Secondary School, taken alone, the proportion is still higher, viz., 5 to 2.

This is because most of the temporary teeth have been lost in these cases before treatment.

In the Elementary Schools on the other hand, we now take cases up to 14 years of age. It is obvious that between 6 and 11 years of age, 16 temporary teeth go, whether filled or not, to make room for the second set, and during those years in most cases, only the 4 permanent molars require filling.

I have before me the returns from 4 other Clinics, their joint average being 43 fillings to 174 extractions, and since our results are 16 fillings to 25 extractions, we have every reason to be gratified.

#### REFUSALS.

Elementary, between 4% and 5% for all cases. Secondary, under 2% for school cases.

The refusal rate in the Clinics referred to, averaged 25%, we can therefore claim that advice to parents and following up the refusals, has been successful.

# ADVICE TO PARENTS.

Elementary 245 Secondary 26 Total 271 cases

A large increase, showing the interest taken by parents in this treatment, no other Clinic gives figures for advice to parents as far as I can ascertain.

# SECONDARY SCHOOL.

These cases occupy more time per case than Elementary Scholars, because:—

1. The fillings are more numerous and extensive.

2. The extractions are mostly permanent teeth past repair.

3. There are more fillings in proportion to extractions, also fillings take more time than extractions.

4. Whilst the elementary cases have had more systematic and regular treatment.

This is proved by the inspection results.

Defective 204 School Defective 167 Under Private Sound 72 Cases Sound 26 Treatment.

This is due to want of regular attention, and is no fault of the private practitioner.

It is too late to send a child when in pain, and school inspection aims at filling teeth in the early stage of decay, when practically no pain results. The children readily return for treatment. Our low rate of refusals is a proof of this.

#### VISITS.

This Clinic has been visited by the representatives of other Town Clinics, who were pleased with all the arrangements and Clinic outfit (particularly with the Medical and Dental Clinic being in the same building).

A report of the Clinic work, methods, and establishment, has been published in School Dental Transactions, as we are "among" or "the first," I think we are the first, to extend this treatment to both Elementary and Secondary Scholars.

I have again to acknowledge the assistance I have received from the Staff, not only of the Clinic but also the Schools under treatment.

# LUDLOW STRANGWAYS,

L.D.S., R.C.S., ENG.

# FOOTNOTE.

The rate of progress through the Town Schools has been accelerated, and the inclusion of the large Secondary School with its high proportion of fillings, has of course taken away some of the time from Elementary School work. I hope in the ensuing year the Secondary School work will not be so heavy, as it is most important not to neglect the younger children who are with us all their school life, whereas some of the Secondary cases have left school soon after treatment.

L.S.

# Report of School Oculist.

During the year, 1919, there have been 382 attendances of children, the number of children who seek advice for Treatment has increased, and is increasing. There were 120 children examined for the first time, and of these 15 required treatment, that is to say that some inflammation of the eye was the outstanding feature, and not defective vision. There were 63 children with defective vision for whom appropriate glasses were

ordered, and 42 children had sufficient sight for school purposes. I am glad to be able to report that not a single child was suffering from such serious disease of the eye, which would impair vision to such an extent that special educational facilities would be required, the maladies seen were all curable.

H. V. McKENZIE, M.D.

# TORQUAY SECONDARY SCHOOL. MEDICAL EXAMINATION AND TREATMENT.

To the Chairman and Members of the Torquay Education Authority.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have much pleasure in presenting to you my Second Annual Report on the Medical Inspection of the Scholars attending the Torquay Secondary School.

In the Senior School 423 scholars were examined, of whom 238 were boys, and 185 were girls.

Ages.	10	11	12	13	14	15	16	17	18	19	Total.
Boys Girls	6	27 6	28 15	42 43	71 55	50 32	11 17	7 5	4		238 185
Totals	8	33	43	85	126	82	28	12	4	2	423

The following tables show the numbers in each age group, together with the average heights and weights, the average increase since the previous examination (12 months), and the average of their ages taken from the Report of the Royal Commission on Physical Training.

#### BOYS.

Ages	No. Exd.	Av. Ht. Centi- metres.		Av. Ht. R.C. on P.T.	Av. Wht. in Kilos.	Increase during year	Av. Wht. R.C. on P.T.
10	2	136.06	5.13	131.6	30.15	4.65	30.6
11	27	138.42	5.13	135.8	35.31	4.67	32.6
12	28	140.79	4.65	139.6	33.89	4.75	34.7
13	42	147.30	9.52	144.5	43.04	6.45	37.4
14	71	152.12	4.44	150.6	44.43	2.83	40.9
15	50	162.05	9.45	158.0	48.18	5.90	46.5
16	11	154.57	6.98	163.3	45.43	6.74	53.4
17	7	172.45	1.00	170.0	60.10	1.62	62.3
17	1	172.45	1.00	170.0	60.10	1.62	62

#### GIRLS.

Ages	No. Exd.	Av. Ht. Centi- metres	Increase during year	Av. Ht. R.C. on P.T.	Av. Wht. in Kilos	Increase during year	Av. Wht. R.C. on P.T.
 10	6	135.41	3.81	129.7	34.01	5.43	28.1
11	6	141 03	3.18	134.9	32.42	2.83	30.8
12	15	142.51	1.35	141.4	38.34	3.15	34.6
13	43	152.51	4.44	146.8	41.06	2.95	38.8
14	55	154.70	1.37	151.9	48.01	6.58	43.4
15	32	155.04	1.27	154.7	47.15	6.27	48.2
16	17	157.50	2.00	156.8	55.17	3.29	31.2
17	5	164.21	.48	158.8	52 60	1.16	52.3
18	4	161.39	2.74	158.6	51.82	1.14	54.9
19	2	158.65	.17	159.0	50.80	3.19	55.9

From this it will be seen that in almost every age period both the heights and weights of the boys and girls are above the average of the Country as a whole. In the above table a column is given showing the increase in the heights and weights taking place since the previous examination in 1918. This is recorded for comparison with future years.

#### NUTRITION.

Only three boys and three girls were noted as being under normal, against 20 boys and no girls in 1918. Probably the improved food condition of the Country to some extents accounts for this.

#### CLEANLINESS.

The condition of the children and their clothing was on the whole highly satisfactory. In no case did we find nits in the girls hair, whereas last year we found three. In three instances among the boys their bodies showed evidence of flea bites.

# DENTAL INSPECTION AND TREATMENT.

#### Inspections.

#### INSPECTIONS AT SCHOOL.

250 Boys	195 Defective	55 Sound	92 Private Treatment
182 Girls	153 ,,	29 ,,	80 ,,
31 Juniors	25 ,,	8 ,,	15 ,,
Alas 17 Casnal	Inemastiana		

#### AVERAGE.

About 25% are sound, and 40% under private treatment.

# ATTENDANCES FOR TREATMENT.

There were 422 attendances at the Clinic for treatment, all fillings being done, and also extractions, with the exception of 11 cases away ill or requesting extraction deferred.

Of the School Clinic cases, only 3 refused, this is under 2%.

# ADVICE TO PARENTS.

26 parents attended for advice in crowded mouths, and in one case an Epulis was removed between the upper central incisors.

# WORK DONE.

The total operations were 866, comprising:

539 fillings

65 dressing and scaling

261 extractions

1 Epules excised

866

# VERY HIGH PERCENTAGE OF FILLINGS.

The ratio of fillings to extractions is remarkably high, about 5 to 2, whilst in our Elementary Schools the rate is 1 to 2, and in some clinics, 1 filling and 4 or more extractions, and since a filling takes up more time than an extraction, this results in more time per case than in Elementary cases.

Further the older children are more nervous, the fillings more numerous and extensive, and many of the extractions are permanent teeth past filling.

A local anæsthetic is used for all extractions.

The cases coming from Elementary Schools require less attention, having been previously regularly inspected at the Clinic, a higher percentage of sound cases resulting.

This is important as showing a higher percentage of defectives in private cases. No fault of the private practitioner, responsibity rests with parents.

I received every assistance from the Staff, and am more than pleased with the children, especially as this is the first year of clinic work for this school.

LUDLOW STRANGWAYS,

L.D.S., R.C.S., ENG.

# DEFECTIVE EYESIGHT.

Only those scholars showing eye defects, 6/12 or more, according to Snellen's tests were marked as having defective sight.

No. found No. wearing No. to be seen suitable glasses defective by Oculist 8.4% 30 12.0% 20 10 4.2% 16.2% 19 30 11

In accordance with our arrangements, all children found with defective sight, and not wearing suitable glasses, have been examined by the Ophthalmic Surgeon, and where necessary glasses have been ordered, almost all have been obtained.

#### HEARING.

Six cases (two boys and four girls), were found in which the acuteness of hearing did not come up to the standard. In one or two instances this was accompanied by otorrhœa, and they were referred to Dr. Fenton, who in one case operated for the removal of adenoids.

# PHYSICAL TRAINING.

During the examination there was constant communication between the Instructors in Physical exercises and myself. Cases in which disabilities were noticed by the Instructors were brought to my notice, and cases which in my opinion required modification of their physical training, were referred to the Instructors. A batch of about a dozen girls was examined specially for signs of Spinal Curvature, and those showing any signs referred for special exercises. Such close co-operation must ultimately prove of benefit to the scholars.

# OTHER DEFECTS.

The remaining defects found were similar in nature to those found at the previous examination. Enlarged Thyroids (five among girls and one among boys), none exceptionally severe. Some were stated to be receiving treatment. All were advised to consult their Medical Attendants, should the swelling increase.

As stated under "Hearing," a few cases of otorrhea were found and advice was given. Note was made of cases showing enlarged Tonsils or symptoms of Adenoids with a view to getting Dr. Fenton's opinion as to the necessity for operation. A few children were found with slight heart murmur, probably of a functional nature, and not requiring treatment. Their names were given to the Physical Instructors so that their conditions may be kept under observation.

#### JUNIOR SCHOOL.

The following table shows the number of boys and girls examined and their ages.

Age	5	6	7	8	9	10	Total.
Boys Girls	2 2	2 3	8 3	8	11 6	11 2	42 22
Totals	4	5	11	14	17	13	64

The table below gives the ages and the average heights and weights together with the averages from the Report of the Royal Commission on Physical Training.

15	m	10	T.	S.
		100		200

No. Exd.	Average height in Centimetres	Av. Ht. R.C. on P.T.	Av. Weight in Kilos	Av. Weight R.C. P.T.
2 3 3 6 6	104.12 107.47 123.72 118.21 126.67 129.85	104.19 109.66 114.90 119.33 123.97 129.88	17.23 20.63 24.60 23.48 24.94 27.66	16.68 18.56 20.74 22.70 23.89 26.08
2 2 8 8 11 11	110.25 111.47 116.37 121.72 124.95 129.85	024.93 110.34 116.10 120.49 124.55 129.88	19.55 20.86 23.24 24.26 30.60 27.66	16.34 19.22 20.86 22.62 24.64 26.08
	Exd. 2 3 3 6 6 6 2 2 2 8 8 8 11	Exd. in Centimetres  2 104.12 3 107.47 3 123.72 6 118.21 6 126.67 2 129.85  2 110.25 2 111.47 8 116.37 8 121.72 11 124.95	Exd. in Centimetres R.C. on P.T.  2 104.12 104.19 3 107.47 109.66 3 123.72 114.90 6 118.21 119.33 6 126.67 123.97 2 129.85 129.88  BOYS.  2 110.25 024.93 2 111.47 110.34 8 116.37 116.10 8 121.72 120.49 11 124.95 124.55	Exd.         in Centimetres         R.C. on P.T.         in Kilos           2         104.12         104.19         17.23           3         107.47         109.66         20.63           3         123.72         114.90         24.60           6         118.21         119.33         23.48           6         126.67         123.97         24.94           2         129.85         129.88         27.66           BOYS.           2         110.25         024.93         19.55           2         111.47         110.34         20.86           8         116.37         116.10         23.24           8         121.72         120.49         24.26           11         124.95         124.55         30.60

THE INSPECTION.

I have once again to thank the Principals of the School for the facilities afforded me in carrying out the Medical Inspection, their own private rooms being set apart for the work. I also greatly appreciated the interest taken by the Physical Instructors in the condition of the scholars under their care. Once again the refusals were very small, and I have no doubt in time they will disappear. One is occasionally met with statements, "I will get my own Doctor if there is anything wrong." The parents do not see the desirability of knowing that there is nothing wrong.

I consider that your Committee can rest satisfied that every effort is being made to detect any disability, and that all cases requiring treatment are being followed up.

I have the honour to be, Ladies and Gentlemen.

Your obedient Servant,

THOMAS DUNLOP,

M.B., D.P.H.

# TORQUAY CHILDREN'S CARE COMMITTEE.

#### REPORT FOR THE YEAR 1919.

Fifty-four cases were dealt with during the year, compared with 105 in 1918. Assistance was given as follows:—

in toto. Assistance was given	as rono				
Boots given free	1915 pairs 5	1916 pairs 7	1917 pairs 9	1918 pairs 10	1919 pairs 5
Boots, part payment to be made by parents	35	37	26	30	14
Boots, full cost to be repaid by parents	24	34	45	48	30
	64	78	80	88	49
Assistance towards purchase of	Cases	Cases	Cases	Cases	Cases
crutches	1	_	1	-	1
Hospital	1 0 wks.) (9	2 & 7 wks.)	(2 wks.)	(29 wks.)	(5 wks.)
Milk supplied free	Cases  8  -  11 bots.	Cases 4 - 9 bots.	Cases 6 1 6 bots	Cases 5 —	Cases 1 -
Meals supplied Referred to National Society for Prevention of Cruelty to	Cases 2	Cases 1	Cases —	Cases 2389	Cases
Children	3	2	5 2	8	
Special Surgical Boot	1	1	1	- 1	2
Special Splints supplied	2	4	3	1	_
Sanitary Inspector notified as to state of house	-	_	2	-	4

Seven meetings of the full Committee and 10 of the Sub-Committee were held during the year. This is a decrease of 12 compared with 1918.

#### Воотв.

The number of pairs of boots supplied fell from 88 in 1918 to 49, the smallest number provided since the Committee was formed in 1912.

There was, however, still a further rise in the cost per pair, which on the average was 14s. compared with 12s. 9d. in 1918.

In 1	915 .	. 64	pairs purchased	1	Average cost,	5s.	01d.
1	916 .	. 78	do.		do.	7s.	ld.
1	917 .	. 80	do.		do.	9s.	31d.
1	918 .	. 88	do.		do.	12s.	9d.
1	919 .	. 49	do.			14s.	-

The percentage of cost repaid by parents again rose, as the following figures show:—

	Tot	al spent o							
		and cloth	ing.	Repai	id by	p	aren	ts.	
1914		£19 2	5	£4	14	9	=	24	per cent.
1915	:01	16 2	9	7	13	1	==	38	per cent.
1916		27 10	7	13	0	6	=	47	per cent.
1917		37 3	11						per cent.
1918		56 2	8	31	9 1	0	=	56	per cent.
1919		37 1	4	22	19	4	=	61	per cent.

#### EYESIGHT.

During the year spectacles were provided as follows :-

Parents to pay whole cost Free grant from Fund Grant of part cost	1915 18 9 63 —	1916 9 6 38 — 53	1917 11 17 33 	1918 11 5 32 — 48	1919 18 7 31 — 56
Supplied by Board of Guardians	-	-	1	1	_
New lens supplied or frame repaired	38	39	33	40	26

The balance in hand on the Spectacle Account being over £10, it may not be necessary to ask for any contribution from the Town Council for 1920.

#### MEALS FOR SCHOOL CHILDREN.

Head Teachers were specially asked to report any cases in which children were apparently suffering from under-feeding. Five or six cases were thus brought to the notice of the School Medical Officer, who, however, after examination, did not think there was any necessity for meals to be provided. Arrangements would have been made with the National Kitchen in case of need.

One boy, suffering from tuberculosis, was provided with clothing in order that he might be sent to the Hawkmoor Sanatorium, as advised by Dr. Ward, the County Tuberculosis Officer.

National Council of Women. Mrs. Spragge was nominated to represent the Committee on this body.

The work of the Committee has been very considerably lighter than for several years. This is partly due to the fact that medical foods, surgical appliances, etc., are now provided directly through the School Medical Service; but the marked decrease in the number of pairs of boots supplied is apparently an indication that in spite of high prices parents are now, with increased wages, better able to obtain these necessaries out of the family income.

The Committee desire to express their grateful thanks to all who, whether by monetary assistance or by personal service, have enabled them to carry on their work amongst necessitous children during another year.

TABLE II.—RETURN OF DEFECTS FOUND DURING MEDICAL INSPECTION, 1919.

				Code G	ROUPS.	SPEC	CIALS.
	DEFECT OR DISEASE			Number referred for treatment.	Number referred for Observation.	Number referred for treatment.	Number referred for Observation.
	(1)			(2)	(3)	(4)	(5)
Skin	Malnutrition			24	6		
	Uncleanliness— Head Body		:	6	79		
	Ringworm-						3 "
	Head Body		::	8	_		
	Scabies			2	-		1 2 3
	Impetigo Excema	::	::	2 7 2	=		33
Eve	Defective Vision an External Eye Dises	d Squint	::	58 1	2 2		
EAR	Defective Hearing Ear Disease	::	::	2 4	3 2		
Гветн	Dental Disease Report, pp. )	(vide D	ontal				
Nose and Throat	Enlarged Tonsils a Defective Speech	nd Adeno	ids	36 —	58 3		
HEART AND	Heart Disease—						
CIRCULATION	Organic Functional		••	-	14 8	-	4
	Anæmia			6 2	-		13
Lungs	Pulmonary Tuberc	nlosis—					
	Definite			4 7	-	3	48
	Suspected Bronchitis		::	3 16 1	9	_	48
	Other Disease			1	-		
Nervous	Epilepsy			1	2		
System	Other Diseases Non-Pulmonary To	aberculos	is—··				
	Glands			2	-		
	Bones and Joints Rickets		••	1	2		
	Deformities		::	2 1 1 3 12	$\frac{2}{3}$		1
	Other Defects or D	iseases		12	3	-	1

TRATMENT OF DEFECTS OF CHILDREN DURING 1918.

18319.74	1 left the town Percy Cleasby	1
Under treat. ment.		58
Under obser- vation.		39
No. of defects not treated.		-
Un- changed.		1
Im- proved.	Ŧ111111111 111111111111111111111111111	-
Reme-	23   82 2 2 1 2 3 3 6 2 5 2 5 2 5 3 5 6 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6	1204
No. of defects treated.	120   120	1277
No. of defects for which no report is available		
Total.	28 29 29 29 29 29 29 29 29 29 29 29 29 29	1361
New.	22   88   23   88   24   4   4   4   4   4   4   4   4	1279
From previous years.	1   6   1   2         1	83
CONDITION.	Cleanliness of Head.  Toneils and Adenoids Sore Throat External Eye Disease Ear Disease Heart Lungs Skin—Scabies Ringworm Imperigo Tuberculosis—Non-Pulm. Speech Mental Condition Fits Vision Defective Hearing Injuries Septic Wounds Externa Septic Wounds Burns and Scalds Externa Kiscellaneous  Kiscellaneous	Total .

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1919.

And Control			Boys	Girls	Total
BLI (including par		Attending Public Elementary Schools Attending Certified Schools for the Blind Not at School	2	-	2
DEAF AN		Attending Public Elementary Schools Attending Certified Schools for the Deaf Not at School	2 1 2 2	1	1
Mentally	Feeble- Minded.	Attending Public Elementary Schools Attending Certified Schools for Mentally Defective Children Notified to the Local (Control) Authority during the year Not at School	3 2		3 2
DEFICIENT	Imbeciles	At School		=	2
	Idiots				
EPILE	PTICS.	Attending Public Elementary Schools Attending Certified Schools for Epileptics Not at School	-	-	-
	Pulmonary Tuberculosis	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School	3	11 4	14
Physically Defectives	Other forms of Tuberculosis	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children	1	1	2
	Oripples other than Tubercular	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School	6	4	10
Dull or Ba	CKWARD*	Retarded two years			

<sup>\*</sup> Judged according to age and standard.

TABLE V. Inspection, Treatment & Care of Children During 1919.

(1)	The total number of children medically inspected (whether code group, special or ailing child.)	Total	58 1608	(groups) (specials) (ailing)
(2)	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment.)		127	k and a second
(3)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.)		206	
(4)	The number of children in (3) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.)		204	k

<sup>\*</sup> Does not include children suffering from dental defects.