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# County of West Suffolk.

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EDUCATION COMMITTEE.

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## REPORT

OF THE

## School Medical Officer

FOR THE

## Year 1912.

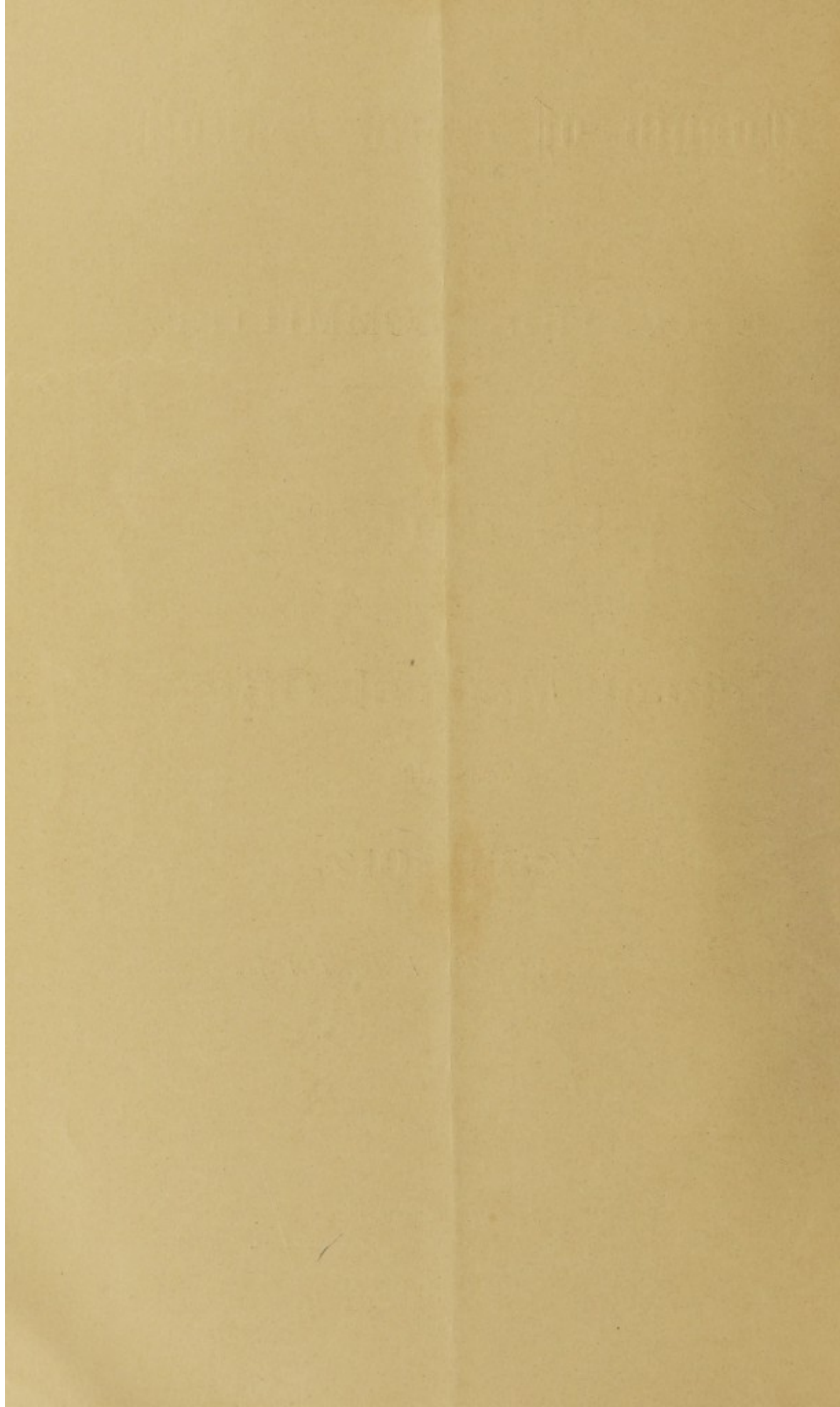
*A. H. BYGOTT, M.D., D.P.H.*

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BURY ST. EDMUND'S :

PRINTED AT THE "FREE PRESS" WORKS, CEMETERY ROAD.

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# REPORT

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### I.—AREA OF COUNTY, NUMBER OF SCHOOLS, ETC.

The area of the County of West Suffolk is 390,914 acres, or approximately 610 square miles. The maximum width is about 28 miles, and the minimum 17 miles. The average length is about 27 miles. The population of the County at the census of 1911 was 116,914; of these, 43,858 reside in the boroughs and urban districts, and 73,056 in the rural districts. The density of the population was 191 to the square mile. For the purposes of education the County Council control the whole of the schools within this area, except those within the Borough of Bury St. Edmund's, which is a separate Education Authority. The total number of schools is 171, with accommodation for 22,835 children, with an average attendance of 16,694 in 1911. Of these schools, 44, with an average attendance of 6,793, are Provided or Council Schools, and 127, with an average attendance of 9,901, are Non-Provided or Voluntary Schools. There are 23 special departments for infants. The school staff consists of about 95 men and 162 women Certificated Teachers, and 30 men and 196 women Uncertificated Teachers, 168 women being "Supplementary" Teachers. The assessable value of the County, including the Borough of Bury St. Edmund's, is £494,322; the assessable value of the County, excluding Bury St. Edmund's, is £426,584. A penny rate yields £2,059 13s. 6d. for the whole County, and £1,777 8s. 8d. for the purposes of Education (i.e., excluding Bury St. Edmund's). The following figures have been published in a return by the County Accountants' Society:—

TABLE I.—STATEMENT SHOWING THE ACTUAL EXPENDITURE INCURRED FOR THE YEAR ENDED

Elementary Education, excluding Expenditure charged on Special

No. of Schools, 31st March, 1912.	Average Number of Scholar.	Rates raised, excluding Rates under Sec. 18 (1) (c) and (d).			Administration Expenses.			Expenses of Maintenance			
		Amount in the £.	Produce of Rate.	Amount of Rate raised per Scholar.	Salaries of Officers.	Printing, Stationery, and Advertising.	Other Expenses.	Salaries of Teachers.	Books, Stationery, Apparatus, and Furniture.	Fuel, Light, Cleaning, and Caretaker's Wages.	Repairs to Schools, Improve- ments, &c.
		s. d.	£	£ s. d.	£	£	£	£	£	£	£
171	16645	1 0½	22045	1 6 6	2761	212	354	45529	2795	3738	1230

The amount of money spent on Medical Inspection represents a sum of 9d. for each child on the School Register, or 3/8 for each child inspected.

The size of the schools is as follows:—

	Number.
Schools with an average attendance of 750 and over ...	1
Schools with an average attendance of between 500 and 600 ...	4
Schools with an average attendance of between 300 and 400 ...	7
Schools with an average attendance of between 150 and 200 ...	6
Schools with an average attendance of between 100 and 150 ...	26
Schools with an average attendance of between 50 and 100 ...	70
Schools with an average attendance of under 50 ...	57
	<hr/> 171

**STAFF.**—The whole of the inspections comprised in this Report were carried out by Dr. Carruthers, the School Medical Officer, who was also Medical Officer of Health for the County. In November, 1912, he was succeeded by Dr. Bygott. The County Council have since appointed an Assistant Medical Officer, who will devote a considerable amount of his time to Medical Inspection.

**OFFICE STAFF.**—The clerical work is undertaken, together with that of the Public Health Department, by a staff of three clerks.

## II.—ARRANGEMENTS FOR MEDICAL INSPECTION.

**SCHEME OF MEDICAL INSPECTION.**—A full statement of the scheme of Medical Inspection undertaken by Dr. Carruthers appears in the Report for 1911. Some modifications of the scheme have recently been introduced; for instance, instead of the entries for Medical Inspection made at the school being made in books, in duplicate, on a card and tissue paper by means of carbon transfers, the card being taken to the office, the usual method as approved by the Board of Education, consisting of the use of a card for each scholar, to be kept at the School, has been introduced. One month after the inspection has taken place teachers are asked to furnish a report shewing the action taken by parents

### 31st MARCH, 1912, AND THE ESTIMATED RATE FOR THE YEAR ENDING 31st MARCH, 1913.

Areas under Sec. 18 (1) (c) and (d), and Loan for Working Balance.

of Schools.		Other Expenses of Maintenance.	Medical Inspection of School Children.	Other Expenses.	Total Expenditure.	Average Cost per Scholar.	Repayment of Loans and Interest, Proportion charged to General Education Rate.		Expenditure charged on Special Areas under Sec. 18 (1) (c) and (d).	Estimated Rate in the £ for Year ending 31st March, 1913.	Outstanding Loans, March 31st, 1912.
Rents.	Rates, Taxes, and Insurance.						Proportion Charged.	Amount.			
£	£	£	£	£	£	£ s. d.		£	£	s. d.	£
97	596	289	672	789	59062	3 11 0	$\frac{1}{2}$	772	2512	1 0 $\frac{1}{2}$	34904



to remedy the defects found on inspection, and to review the cases each month, reporting to the Education Secretary when any defect has been remedied not included in the first list. This information is submitted for the consideration of the Medical Inspection Sub-Committee. The cards of all children found defective on inspection are marked with a brass clip, and the teachers are instructed to present these children at each subsequent inspection until the defective condition is remedied. After an inspection the cards are taken to the office, the results are entered on Summary Sheets, and cards in all cases, except those of leavers who are not defective, are sent to the schools.

### III.—NUMBER OF CHILDREN INSPECTED.

During the School Year which ended on the 31st July, 1912, the children inspected consisted of those prescribed by the Board of Education as leaving and entering school. Other children, known as "Selected Cases," were presented at the request of the teacher, parents, or managers. The total number inspected amounted to 3,617, comprising 630 boys and 620 girls entrants, 1,059 boys and 1,048 girls leavers, and 117 boys and 143 girls examined as selected cases.

### IV.—GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Table II. presents a statement of these facts in rough outline. It is only the most prevailing conditions that need to be discussed in detail:

**NUTRITION.**—This can be estimated by direct judgment as to the state of the nutrition of the individual child inspected. Deduction can be made from the height and weight records. Hence in comparing reports for different districts, under the care of different Medical Officers, wide discrepancies are found owing to the individual differences of opinion. The figures point to malnutrition being exceedingly uncommon in the county. In the absence of complete records of the height and weight this is specially likely to be misleading, as there certainly appear to be a considerable number of children about to leave school whose physical fitness to undertake work leaves very much to be desired.

**CLEANLINESS OF HEAD.**—The percentage of nits found in the girls' heads, which amounts to 21.9, appears to be much smaller than is found in a great many other districts, and the presence of live vermin has appeared to be comparatively exceptional.

**BODILY CLEANLINESS.**—The percentage of uncleanness of the skin is also very low. Unfortunately this is to some extent accounted for by the observations made by the teacher not being made after the removal of some of the clothing. If it is made by the School Medical Officer the child has usually had a bath before the medical inspection, and his report does not therefore give the normal condition of the child.

**DEFECTIVE TEETH.**—A very considerable number of children are found with defective teeth. This is a very serious matter, especially when we consider the very bad condition of

some of these children's mouths, shewing that practically no supervision is ever undertaken by their parents with a view to the protection of the teeth. On several occasions the School Medical Officer has found that primary teeth have been pressed out of their place by the second series to such an extent that they are left horizontally on the top of the gum with the roots actually piercing the cheek. In very few instances is an attempt made to preserve any of the teeth by stopping. Too much stress cannot be laid upon this important subject, because apart from the digestive disturbances which may result from the absence of proper teeth, defective teeth ensure the presence of a large number of dangerous disease germs in the mouth. These may be absorbed either by the gums, tonsils, or other parts of the throat, or may be even taken into the lungs, setting up bronchitis, or irritating the glands in the neck, and, whilst interfering with the general health of the child, afford an excellent starting place for Tuberculosis. In a great many instances children about to leave school at an age of about 13 or 14 years, already have four of their best permanent teeth in a bad condition of decay, which, whilst causing them a considerable amount of pain, must inevitably destroy the teeth in two or three years. In a great many of these cases, if proper care were taken to preserve these teeth, they would be capable of being saved for twenty or more years. In one school, Walsham-le-Willows Infants', the Head Mistress has arranged to supply tooth brushes at a cost of about one penny, and she is doing a very good work in this way. Whilst admitting the desirability of cleansing the teeth properly with a brush, adequate measures for their protection include the provision of proper food, the regular and *proper* use of the brush, regular and frequent inspection, with extraction of some teeth and filling of others.

**EAR DISEASE AND HEARING.**—Ear Disease is, as a rule, not an infrequent disease of childhood. It may occur as a complication of infectious disease such as Scarlet Fever or Measles. Many of these cases are associated with Adenoids, and are best treated by dealing with these growths. The condition may be a serious one, as the seat of the disease is very close to the brain, and may be followed by an abscess in that important organ. It cannot, however, be too strongly emphasised that a discharge from the ear, containing as it does infective organisms, amongst which may be the germ of pneumonia, is a constant source of danger to the child in other ways, and every effort ought, therefore, to be made to cure this trouble. Many cases of defects in hearing, especially in younger children, escape detection, as it is extremely difficult for the Medical Officer to test a child's acuteness of hearing in small children, as they sometimes refuse to speak to him. Extraneous noises, which are always present in a school, also increase the difficulty of applying any tests. The tests applied are the "forced whisper" test, or the sides of the children's heads are placed close to a blackboard, which prevents them seeing sideways. The distance at which they hear a watch is measured off on the blackboard. Home treatment of ear disease is most unsatisfactory, and it is most desirable where daily treatment is required, for this to be given by a nurse.

**NOSE AND THROAT: ENLARGED TONSILS.**—The total number of enlarged tonsils is given as 783, but there is no indication in the figures as to the amount of enlargement. It must be remembered that enlarged tonsils are practically never a source of obstruction to breathing, as the space between the largest tonsils is considerably greater than the opening of the nostrils, even in a well developed nose. They are a source of danger if the surface is ragged or unhealthy, because they afford an excellent breeding ground and source of absorption for dangerous disease germs. This is more likely to occur if the teeth are kept in an unsatisfactory condition.



**ADENOIDS.**—These growths are practically always found in connection with enlarged tonsils, and they are an important source of obstruction to breathing. As they are able to press upon the Eustachian Tubes, especially when swollen as the result of colds, etc., they may cause temporary or permanent deafness, and are a frequent source of ear discharge. It is, of course, impossible to be certain of their presence without either seeing or feeling them, but they are inferred, sometimes incorrectly, from the presence of the ordinary signs of nose obstruction. These conditions are a very serious source of educational inefficiency, and when noticed in a dull child, their removal is always to be recommended, as improvement in the child's learning capacity not infrequently follows such treatment.

**GLANDULAR ENLARGEMENTS.**—These conditions may arise from adenoids, unhealthy tonsils, bad teeth, or from verminous heads. In some instances they are tubercular in origin.

**LUNG DISEASE.**—Two cases were reported as suffering from Tuberculosis of the Lung, and one as suffering from Bronchitis. These bear out the experience of most Medical Inspectors that obvious Tuberculosis of the Lungs among children is extremely rare. In the case of Bronchitis no discrimination is made as to whether the condition is an acute one or whether it was chronic.

**EYE DISEASE.**—In many of these cases there is rather an over-estimate than an under-estimate of these conditions, as bad light and the child's nervousness sometimes prevent the best results being obtained in cases of defective sight. Owing to the difficulty in getting treatment for these conditions, defective sight, unless obviously causing trouble, is not reported unless worse than  $\frac{6}{18}$  or  $\frac{6}{12}$ .

**SPEECH DEFECT.**—157 cases of Speech Defect are reported amongst the routine cases, and in most instances suggestions are made to the teacher or parent respecting some simple measure which may be likely to improve these conditions, which seriously handicap a child in its educational career, and may be a source of considerable injury to its earning power when it leaves school.

**NERVOUS SYSTEM.**—In all, 65 children were reported as suffering from Nervous Diseases; of these, 61 were routine cases and 4 were specials. Many of these children showed signs of sleeplessness and general debility. There were 3 cases of Epilepsy, but no cases of St. Vitus's Dance were reported.

**RHEUMATISM.**—No mention is made in the records of the occurrence of Rheumatism, and this is unfortunate. Although careful inquiries are made from parents as to the occurrence of growing pains or other signs of this very insidious and great danger of childhood, owing to their want of observation of signs which are frequently very obvious as showing these conditions, they are often overlooked.

**DEFORMITIES.**—These include chiefly cases of Spinal Curvature and a few cases of Flat Foot. This last condition would probably be discovered more frequently if it were systematically looked for, as it may be found in children with lax foot ligaments, especially when associated with wearing large and unsuitable boots. In a few instances advice was given showing proper exercises which may be

used to ameliorate this condition. As a defect of this kind impairs a man for military service, it is deserving of more attention than it usually obtains.

GOITRE.—Although only a few cases of marked Goitre are reported upon, in some of the schools there may be found, especially in girls, some enlargement of the Thyroid Gland, and it is desirable that in subsequent years much more attention should be given to discover the prevalence of this diseased condition.

SKIN DISEASES.—22 cases of non-contagious Skin Disease, chiefly Eczema, are mentioned. No cases of Scabies, 6 cases of Impetigo, and 4 cases of Ringworm. An appreciable number of cases suffering from Impetigo are notified from time to time by the Head Teachers as the cause of absence from school. As this condition, as a rule, with proper treatment may be remedied in a few days, and the sufferers would not be considered ill enough by their parents to seek medical aid, the issue of printed instructions, such as are used in some London Hospitals, would be very useful as a means of dealing with this disease. Arrangements are now being made for the microscopical examination of hairs in suspected cases of Ringworm, which will enable better measures to be taken to check the spread of this disease.

MENTALLY DEFECTIVE.—215 children are reported as mentally defective. The amount of the defect is not stated. In these cases it is extremely difficult for a Medical Inspector, seeing a child on one occasion only, to give a valuable judgment in reference to this question, and in some cases he may be influenced by the teacher who, in a country school, has been accustomed to more intelligent children in a town, and who finds his charges not so bright as those to which he had been accustomed. Mental brilliancy must to a considerable extent be inherited, and it is a very interesting problem as to how far the dullness of many of the children in country districts is due to the inter-marriage of relatives which is so common in rural areas, and as to whether the possession of bicycles and other means of travelling will enable young people of marriageable age to seek their partners from a greater distance, and thus sensibly improve the mental capacity of the next generation in rural areas.

HEIGHTS AND WEIGHTS.—No weighing or measuring took place in connection with any of the Medical Inspections during the year, but the Education Secretary was able, after sending out a Circular in December, 1912, to obtain the heights and weights of children who had not previously left school from 61 schools. During 1912, 5 weighing machines and measuring rods were available for circulation throughout the County for recording these figures. Owing to the difficulty of conveying them amongst the various schools, 52 extra machines were ordered in 1913; this provides a separate machine for various outlying schools, and for the circulation of other machines amongst not more than three or four schools.

*See Table III., page 12.*



TABLE II.—SUMMARY OF RESULTS OF

				Born 1897.		Born 1898.		Born 1899.		Born 1900.	
				No. Exd. 17.		No. Exd. 206.		No. Exd. 829.		No. Exd. 7.	
Number Inspected and Disease.		Total defective of each disease.	Total percentage.	No. defective.	Percentage.	No. defective.	Percentage.	No. defective.	Percentage.	No. defective.	Percentage.
Number Examined	Routine, 1689.										
	Specials, 116.										
	Total, 1805.										
Malnutrition ... ..		14	7	...	...	1	4	4	4	...	...
Vermineous Condition of Head...		109	6.03	1	5.8	5	2.4	34	4.1	2	28.5
Vermineous Condition of Body...		...	...	...	...	...	...	...	...	...	...
Uncleanliness of Head ... ..		6	3	...	...	...	...	6	7	...	...
General Uncleanliness ... ..		10	5	...	...	1	4	7	8	...	...
Defective Teeth (3 and over) ...		998	55.2	13	76.4	134	65.04	517	62.3	4	57.1
Uncleanliness of Teeth ... ..		83	4.5	...	...	13	6.3	48	5.7	...	...
Skin Diseases (Ringworm, Eczema, and Impetigo) ...		16	8	2	11.7	2 (b)	9	2 (c)	2	...	...
Uncleanliness of Skin ... ..		12	6	1	5.8	2	9	2	2	...	...
Defective or Insufficient Clothing		14	7	...	...	1	4	9	1.08	...	...
Defective Footgear ... ..		16	8	...	...	1	4	6	7	...	...
Enlarged Tonsils... ..		378	20.9	2	11.7	26	12.6	144	17.3	...	...
Enlarged Glands ... ..		479	26.5	2	11.7	17	8.2	236	28.4	...	...
Adenoids ... ..		17	9	...	...	2	9	8	9	...	...
Nose Defects ... ..		10	5	...	...	...	...	1	1	...	...
Vision Defective ... ..		124	6.8	1 (a)	5.8	27 (c)	13.1	85 (f)	10.2	1 (h)	14.2
External Eye Disease (including Blepharitis, Conjunctivitis, and Strabismus) ... ..		167	9.2	1	5.8	27 (d)	13.1	80 (g)	9.6	...	...
Lung Disease(including Bronchitis)		1	0.5	...	...	1	4	...	...	...	...
Tubercular Disease, Lungs ...		2	1	...	...	1	4	...	...	...	...
Defective Hearing ... ..		28	1.5	...	...	3	1.4	20	2.4	...	...
Ear Disease ... ..		28	1.5	...	...	2	9	12	1.4	...	...
Mentally Defective ... ..		122	6.7	1	5.8	20	9.7	85	10.2	...	...
Heart Disease and Defective Circulation... ..		36	1.9	...	...	5	2.4	27	3.2	...	...
Speech Defect ... ..		108	5.9	5	29.4	9	4.3	48	5.7	1	14.2
Rickets ... ..		441	24.4	3	17.6	50	24.2	215	25.9	2	28.5
Deformities ... ..		204	11.3	6	35.2	33	16.01	147	17.7	1	14.2
Nervous System ... ..		42	2.3	1	5.8	9	4.3	21	2.5	1	14.2
Thyroid Enlargements ... ..		6	3	...	...	3	1.4	3	3	...	...
Other Defects ... ..		9	4	...	...	...	...	3	3	...	...
TOTALS ... ..		3480	6.6	39	7.9	395	6.6	1770	7.3	12	5.9

(a) Left Eye; (b) Eczema; (c) 11 One Eye, 16 Both Eyes; (d) 12 One Eye, 15 Both Eyes;  
 (e) 1 Ringworm, 1 Eczema; (f) 31 One Eye, 51 Both Eyes; (g) 24 One Eye, 56 Both Eyes;  
 (h) Left Eye.



## MEDICAL INSPECTION, 1912 (BOYS).

Born 1904.		Born 1905.		Born 1906.		Born 1907.		Born 1908.		Born 1909.		Specials.	
No. Exd. 1.		No. Exd. 10.		No. Exd. 125.		No. Exd. 261.		No. Exd. 186.		No. Exd. 47.		No. Exd. 117.	
No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.
...	...	...	...	...	...	...	...	1	·5	...	...	8	6·8
1	100·0	...	...	10	8·0	30	11·4	14	7·5	4	8·5	8	6·8
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	1	·8	1	·3	...	...	...	...	...	...
...	...	8	80·0	89	71·2	145	55·5	69	37·09	10	21·2	9	7·6
...	...	2	20·0	5	4·0	11	4·2	4	2·1	...	...	...	...
...	...	...	...	2 (i)	1·6	3 (j)	1·1	2 (l)	1·07	...	...	3 (m)	2·5
...	...	...	...	2	1·6	3	1·1	2	1·07	...	...	...	...
...	...	...	...	...	...	2	·7	...	...	1	2·1	1	·8
...	...	...	...	1	·8	3	1·1	1	·5	2	4·2	2	1·7
...	...	2	20·0	40	32·0	88	33·7	53	28·4	17	36·1	6	5·1
...	...	3	30·0	49	39·2	98	37·5	56	30·1	17	36·1	1	·8
...	...	1	10·0	...	...	...	...	4	2·1	1	2·1	1	·8
...	...	...	...	...	...	1	·3	4	2·1	4	8·5	...	...
...	...	...	...	...	...	...	...	...	...	...	...	10 (n)	8·5
...	...	...	...	2	1·6	12 (k)	4·5	6	3·2	2	4·2	37	31·6
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	·5	...	...	...	...
...	...	1	10·0	...	...	1	·3	1	·5	...	...	2	1·7
...	...	2	20·0	1	·8	6	2·2	2	1·07	1	2·1	2	1·7
...	...	3	30·0	4	3·2	1	·3	1	·5	1	2·1	6	5·1
...	...	...	...	...	...	2	·7	...	...	...	...	2	1·7
...	...	...	...	12	9·6	18	6·8	10	5·3	2	4·2	3	2·5
...	...	...	...	28	22·4	58	22·2	58	31·1	17	36·1	10	8·5
...	...	3	30·0	4	3·2	5	1·9	...	...	1	2·1	4	3·4
...	...	2	20·0	3	2·3	3	1·1	...	...	...	...	2	1·7
...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	6	5·1
1	3·4	27	9·3	253	6·9	491	6·4	289	5·5	80	5·8	123	3·6

(i) 1 Eczema, 1 Ringworm; (j) 1 Impetigo, 2 Ringworm; (k) Both Eyes; (l) 1 Impetigo; 1 Eczema; (m) 2 Impetigo, 1 Eczema; (n) 4 One Eye, 6 Both Eyes.

## SUMMARY OF RESULTS OF

Number Inspected and Disease.		Total defective of each disease.	Total Percentage.	Born 1896.		Born 1897.		Born 1898.		Born 1899.		Born 1900.	
				No. Exd. 1.		No. Exd. 11.		No. Exd. 254.		No. Exd. 771.		No. Exd. 7.	
				No. defective.	Percentage.	No. defective.	Percentage.	No. defective.	Percentage.	No. defective.	Percentage.	No. defective.	Percentage.
Number Examined	Routine, 1668.												
	Specials, 143.												
	Total, 1811.												
Malnutrition ... ..		29	1.6	...	...	...	...	13	5.1	6	.7	...	...
Vermineous Condition of Head...		397	21.9	...	...	...	...	44	17.3	175	22.6	...	...
Vermineous Condition of Body...		...	...	...	...	...	...	...	...	...	...	...	...
Uncleanliness of Head ... ..		10	.5	...	...	...	...	1	.3	7	.9	...	...
General Uncleanliness ... ..		3	.1	...	...	...	...	1	.3	2	.2	...	...
Defective Teeth (3 and over) ...		983	54.2	...	...	7	63.6	159	62.5	488	63.2	4	57.1
Uncleanliness of Teeth ... ..		136	7.5	...	...	1	9.09	14	5.5	44	5.7	...	...
Skin Diseases (Ringworm, Eczema, and Impetigo) ...		6	.3	...	...	...	...	2 (b)	.7	2 (d)	.2	...	...
Uncleanliness of Skin ... ..		3	.1	...	...	...	...	...	...	1	.1	...	...
Defective or Insufficient Clothing		10	.5	...	...	...	...	1	.3	3	.3	...	...
Defective Footgear ... ..		21	1.1	...	...	...	...	2	.7	11	1.4	...	...
Enlarged Tonsils... ..		405	22.3	...	...	1	9.09	58	22.8	155	20.1	1	14.2
Enlarged Glands ... ..		360	19.8	...	...	2	18.1	44	17.3	112	14.5	...	...
Adenoids ... ..		11	.6	...	...	...	...	1	.3	6	.7	...	...
Nose Defects ... ..		13	.7	...	...	...	...	...	...	1	.1	...	...
Vision Defective ... ..		153	8.4	...	...	2 (a)	18.1	43 (c)	16.9	98 (e)	12.7	...	...
External Eye Disease (including Blepharitis, Conjunctivitis, and Strabismus) ... ..		234	12.9	...	...	2	18.1	53	20.8	143	18.5	...	...
Lung Disease (including Bronchitis)		1	.05	...	...	...	...	...	...	...	...	...	...
Tubercular Disease, Lungs ...		...	...	...	...	...	...	...	...	...	...	...	...
Defective Hearing ... ..		19	1.04	...	...	...	...	4	1.5	13	1.6	...	...
Ear Disease ... ..		24	1.3	...	...	...	...	4	1.5	11	1.4	...	...
Mentally Defective ... ..		93	5.1	...	...	...	...	19	7.4	71	9.2	...	...
Heart Disease and Defective Circulation... ..		168	9.2	...	...	...	...	68	26.7	99	12.8	...	...
Speech Defect ... ..		49	2.7	...	...	...	...	6	2.3	19	2.4	...	...
Rickets ... ..		85	4.6	...	...	...	...	13	5.1	31	4.02	...	...
Deformities ... ..		155	8.5	1	100.0	2	18.1	36	14.1	101	13.1	...	...
Nervous System ... ..		19	1.04	1	100.0	...	...	3	1.1	8	1.03	...	...
Thyroid Enlargements ... ..		174	9.6	...	...	...	...	52	20.4	122	15.8	...	...
Other Defects ... ..		23	1.2	...	...	...	...	3	1.1	13	1.6	...	...
TOTALS ... ..		3584	6.8	2	6.8	17	5.3	644	8.7	1742	7.7	5	2.4

(a) One Eye; (b) 1 Eczema, 1 Wart on Hand; (c) 27 One Eye, 16 Both Eyes; (d) 1 Eczema, 1 Impetigo; (e) 42 One Eye, 56 Both Eyes.



## MEDICAL INSPECTION, 1912 (GIRLS).

Born 1902.		Born 1904.		Born 1905.		Born 1906.		Born 1907.		Born 1908.		Born 1909.		Specials.	
No. Exd. 2.		No. Exd. 2.		No. Exd. 10.		No. Exd. 134.		No. Exd. 274.		No. Exd. 172.		No. Exd. 30.		No. Exd. 143.	
No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.	No. defective.	Per-cent-age.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	6.9
2	100.0	...	...	3	30.0	19	14.1	60	21.8	38	22.09	9	30.0	47	32.8
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	1	.3	1	.5	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	2	100.0	7	70.0	87	64.9	150	54.7	60	34.8	5	16.6	14	9.7
...	...	...	...	2	20.0	27	20.1	37	13.8	11	6.3	...	...	...	...
...	...	...	...	...	...	...	...	1 (f)	.3	1 (g)	.5	...	...	...	...
...	...	...	...	...	...	...	...	1	.3	1	.5	...	...	...	...
...	...	...	...	...	...	...	...	1	.3	3	1.7	...	...	2	1.3
...	...	...	...	...	...	...	...	3	1.09	5	2.9	...	...	...	...
...	...	1	50.0	2	20.0	41	30.5	88	32.1	46	26.7	2	6.6	10	6.9
...	...	1	50.0	2	20.0	48	35.8	99	36.1	48	27.9	3	10.0	1	.7
...	...	...	...	...	...	...	...	...	...	...	...	1	3.3	3	2.09
...	...	...	...	1	10.0	...	...	6	2.1	5	2.9	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	10	6.9
...	...	...	...	...	...	...	...	8	2.9	4	2.3	1	3.3	23	16.08
...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	.7
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
1	50.0	...	...	...	...	...	...	1	.3	...	...	...	...	...	...
1	50.0	...	...	...	...	2	1.4	1	.3	...	...	...	...	5	3.4
...	...	1	50.0	...	...	1	.7	...	...	1	.5	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	.7
...	...	...	...	...	...	10	7.4	8	2.9	5	2.9	...	...	1	.7
...	...	...	...	...	...	6	4.4	12	4.3	12	6.9	6	20.0	5	3.4
1	50.0	...	...	...	...	4	2.9	6	2.1	2	1.1	...	...	2	1.3
...	...	...	...	1	10.0	2	1.4	2	.7	...	...	...	...	2	1.3
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	4.8
5	8.6	5	8.6	18	6.2	247	6.3	485	6.1	243	4.8	27	3.1	144	3.4

(f) Impetigo; (g) Eczema.



TABLE III.  
AVERAGE WEIGHTS IN WEST SUFFOLK COMPARED WITH THE AVERAGE WEIGHTS  
AT THESE AGES IN GREAT BRITAIN.

WEST SUFFOLK.							ENGLAND AND WALES.					
Boys.			Girls.				Boys.		Girls.			
Age last Birthday.	No. of Children Weighed.	Kilo-grammes.	Pounds.	No. of Children Weighed.	Kilo-grammes.	Pounds.	Age last Birthday.	Weight.		Age last Birthday.	Weight.	
								Kilos.	Pounds.		Kilos.	Pounds.
3	16	15.9	35.0	15	14.7	32.5	3	15.42	34.0	3	14.29	31.5
4	74	17.0	37.5	63	16.6	36.8	4	16.78	37.0	4	16.33	36.0
5	86	17.9	39.5	71	18.0	39.8	5	18.14	40.0	5	17.69	39.0
6	36	18.2	40.2	28	19.3	42.7	6	20.19	44.5	6	18.94	41.75
7	4	20.7	45.7	4	20.0	44.2	7	22.57	49.75	7	21.55	47.5
8	2	26.5	58.5	3	22.3	49.3	8	24.95	55.0	8	23.59	52.0
9	4	24.1	53.2	5	25.4	56.2	9	27.44	60.5	9	25.18	55.5
10	3	27.3	60.3	6	26.5	58.6	10	30.62	67.5	10	28.12	62.0
11	2	31.4	69.3	3	30.5	67.3	11	32.66	72.0	11	30.85	68.0
12	30	35.8	78.1	28	34.4	76.2	12	34.81	76.75	12	34.70	76.5
13	162	35.8	78.1	164	38.3	84.5	13	37.42	82.5	13	39.46	87.0
14	18	34.1	75.3	23	41.8	92.4	14	41.73	92.0	14	43.89	96.75
Total Weighed.	437			413								

AVERAGE HEIGHTS IN WEST SUFFOLK COMPARED WITH THE AVERAGE HEIGHTS  
AT THESE AGES IN GREAT BRITAIN.

WEST SUFFOLK.							ENGLAND AND WALES.					
Boys.			Girls.				Boys.		Girls.			
Age last Birthday.	No. of Children Measured.	Centi-metres.	Inches.	No. of Children Measured.	Centi-metres.	Inches.	Age last Birthday.	Height.		Age last Birthday.	Height.	
								Centrs.	Inches.		Centrs.	Inches.
3	16	95.1	37.5	15	95.2	37.5	3	88.9	35.0	3	86.4	34.0
4	74	98.2	38.7	63	95.2	37.5	4	94.0	37.1	4	91.4	36.0
5	86	104.3	41.1	71	105.9	41.7	5	101.6	40.0	5	99.0	39.0
6	36	106.8	42.1	28	112.0	44.1	6	109.2	43.0	6	106.6	42.0
7	4	110.2	43.5	4	114.3	45.0	7	116.8	46.0	7	111.7	44.0
8	2	124.4	49.0	3	120.1	47.3	8	119.4	47.0	8	118.0	46.5
9	4	124.9	49.2	5	122.4	48.2	9	126.4	49.75	9	123.8	48.75
10	3	125.9	49.6	6	126.4	49.8	10	131.4	51.75	10	129.5	51.0
11	2	133.2	52.5	3	132.0	52.0	11	135.9	53.5	11	134.6	53.0
12	30	139.9	55.1	28	141.7	55.8	12	139.7	55.0	12	141.0	55.5
13	162	144.2	56.8	164	147.5	58.1	13	144.8	57.0	13	146.7	57.75
14	18	142.7	56.2	23	150.8	59.4	14	150.5	59.25	14	151.8	59.75
Total Measured.	437			413								

## V.—TREATMENT OF DEFECTS FOUND ON INSPECTION.

During the year under consideration no records are available showing the number of defects which were found on inspection and which received treatment. It has been possible, however, to obtain records from teachers showing what has been done since January, 1913, to deal with defects found on inspection, and these results are set out in this table (Table V.).

It is interesting to compare these with the following figures obtained from pages 51 and 52 of the report for 1911, mentioned on page 18.

With the exception of verminous conditions an attempt has been made by the Medical Officer to issue as few notices as possible, because in the event of a large number being issued and a fashion arising of disregarding them, serious damage might be done to the work of medical inspection. For instance, notices are given in the case of eyesight only when there is obvious sign of eye-strain, and the defects amount to  $\frac{6}{12}$  or  $\frac{6}{18}$  and over. In the case of nose obstruction there are always some obvious signs that this condition is doing damage, either by inattention in school, malnutrition, enlarged neck glands, obvious mouth breathing, or the presence of large and unhealthy looking tonsils. In the case of teeth, notices are only given when the presence of decaying teeth appear to be a definite menace to the child's health.

When institutional treatment is required, the institutions available for the purpose are the West Suffolk General Hospital, Bury St. Edmund's, the East Suffolk and Ipswich Hospital, Ipswich (26 miles from the centre of the county), Mildenhall Cottage Hospital (12 miles from the centre of the county), St. Leonard's Hospital, Sudbury (16 miles from the centre of the county, Norfolk and Norwich Hospital, Norwich (43 miles from the centre of the county), Thetford Cottage Hospital (12 miles from the centre of the county), and Addenbrooke's Hospital, Cambridge (28 miles from the centre of the county), while a few cases have obtained admission to some London hospitals.

GRANTS FOR MEDICAL TREATMENT OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS (CIRCULAR 792).—This Circular has received very careful consideration at the hands of the Committee on various occasions, and a very able report was presented by Dr. French Banham, a distinguished authority on medicine and education. It has been decided to allow the further treatment of children by the Education Authority to remain in abeyance until the Medical Staff for the county is strengthened by an additional Medical Officer.

VERMINOUS CONDITIONS.—It will be noticed that a very large number of persons whose children are found to have either nits or vermin about the body or head took some steps to deal with these unsatisfactory conditions. It is a matter for consideration by the Committee as to what steps they would like to have taken with regard to those children whose parents do not comply with these notices. Up to the present during 1913 only rural schools have been inspected, and in these schools the percentage of children with nits in their heads or otherwise verminous children appears to be very small. In many districts in England the problem is rendered very much more difficult because in the girls' schools most of the children are found to be affected in this way. When, however, the number is small, either further notices may be sent to the parents or the children may be separated from others in school, a step which has the disadvantage of calling attention very strongly to the child's misfortune, which is usually the outcome of parental ignorance or neglect, the consequences of which it is hard to visit upon the child if this can be avoided. In a few bad cases which have been already noticed the Medical Officer has visited the houses of the parents, and has discussed the matter with them with a view to improving the conditions. If these steps are found to be unsuccessful, reference might be had to prosecution. This may be arranged either



by excluding the children from school as unfit to mix with others, or by first cleansing the children by the Authority, and the punishment of the parents if they are allowed to get into a bad condition again. This latter course is extremely difficult to adopt in a rural district, because in the case of vermin on the clothing some form of steam disinfection is required, as the nits are very resistant to the action of gases if used for this purpose.

**TREATMENT OF DEFECTIVE SIGHT.**—With reference to the comparatively small percentage of cases in which treatment has been obtained for defective sight, it must be remembered that many hospitals are objecting to treat children who have been referred for treatment by the School Medical Officer, pointing out that the treatment available is limited in extent, and that it is only capable of being used for the purpose of ministering to the needs of persons suffering from these defects coming to them in the ordinary way, which means that very great inconvenience has to be caused by these troubles before the patient's parents ever think of obtaining treatment for them. The treatment of defects of vision in children by general hospitals, moreover, has some very serious disadvantages, as the record of the hospital surgeon's examination is not available for the school authorities, and the provision of spectacles very often is only one step in the adequate treatment of a case of defective sight, whilst the possession of the information given by a full examination of the eye enables the school doctor to give valuable advice to the parents or the teacher, to see that it is carried out, and to re-examine the child when necessary. Under ordinary circumstances, when a child is referred to a hospital for treatment for an eye defect, a hospital letter has to be obtained. The child then visits the hospital for the hospital surgeon to make an independent examination of the obvious sight defect. A drug is then provided to be put into the eye for some days to prepare the child for the examination of the internal structure of the eye. This necessitates a second visit to the hospital. It would then be necessary for the child to visit the person who supplies the spectacles and make a final visit to the hospital for the surgeon to satisfy himself that the spectacles provided are satisfactory. It ought to be possible for one of the Council's Medical Officers to make the first examination at the time of his inspection, to give notice that he intends to visit the school on a certain day, and to make arrangements for the preparation of the patient's eyes before his visit; and to have with him a measuring set for spectacle frames so that when he orders spectacles he may be able to prescribe frames of a suitable shape. He would re-examine the child on his next visit to the school. In this way the whole of the medical work would be done in the neighbourhood of the child's home, and the Medical Officer would have in his possession a proper record of the sight defect, which would enable him to advise both the parents and the school teacher as to its proper treatment, and to take steps to see that it was carried out.

**DEFECTIVE THROAT CONDITIONS.**—Attention must be paid to the large number of cases of bad throat conditions which have not obtained treatment, and this subject calls for similar remarks to those made in reference to eyesight, as if an operation and anæsthesia is required at least three visits would have to be paid to the hospital. The performance of cutting operations and administration of anæsthesia is much more difficult to arrange for to enable the patient to be treated in the neighbourhood of its home, especially as certain conditions may arise in connection with an apparently simple case which would render it advisable for the child to be admitted into an institution for some hours in order to combat the effects of shock, or other troubles connected with such operations. If a nurse's cottage were available in which a patient could be put to bed for the night, if necessary, some of these difficulties would disappear. In various large hospitals arrangements are now made to remove adenoids by means of one sharp stroke with an instrument, without anæsthesia, and, having performed



this operation in a large number of cases, I can speak very highly of this method. Some time ago, to ascertain if operations were necessary, and to avoid a visit to a distant hospital in rural districts, I not infrequently examined the back of the throat with my finger, which is a painful and troublesome proceeding for the patient, and as the result of this examination I gave a notice or otherwise. I have found it very much easier to pass into the throat a small steel instrument which brings away the growth, and appears to cause less pain and inconvenience than to examine with the finger, and at the same time, as a rule, it obviates the necessity for any further treatment. As this method is very definitely a method of treating the case, it cannot form any part of medical inspection, but it demonstrates a method of treatment which could be carried out in country districts with a minimum amount of travelling for the parents.

**DEFECTIVE TEETH.**—The difficulty of obtaining dental treatment being recognised, as few notices as possible have been given in reference to these conditions, and it is very instructive to find the small number of cases in which they have been complied with, the reason being the great difficulty in getting dental treatment in the country, and the objection on the part of the child to suffer any physical pain. In discussing this question with a dental surgeon holding a hospital appointment, he reminded me that this side of the question receives very inadequate attention on the part of the public, as dentists find it extremely exhausting work to have to spend a considerable amount of time in overcoming a child's dread of treatment when little operations have to be undertaken in the mouth. So far as one can gather, most of the milk teeth seem to be extracted by the children themselves, and it is not uncommon to find mouths in a very unsatisfactory condition. It must be remembered that in the examination of the entrants the primary teeth have not begun to be displaced, while in the leavers all the primary teeth should have disappeared. If attention were paid to children between these ages, the state of their mouths, as a rule, is found to be much worse than these figures lead us to believe. The removal of a milk tooth with proper instruments is a much easier matter than for the child or a parent to remove it themselves, and if facilities were provided for the extraction of children's primary teeth, and the dressing, if necessary, of an unhealthy tooth or stumps with nitrate of silver, a very great deal might be done to improve the mouths and general health of many children. This would probably be the best and most profitable way of starting dental treatment in the county, and when it had been placed on proper lines more skilled assistance could be obtained for the provision of fillings or other similar treatment.

**MALNUTRITION.**—It will be seen that ten people had their attention drawn to the extremely ill-nourished condition of their children, but only four cases appear to have done anything in order to deal with this condition. The steps, as a rule, that would be recommended would be the supply of nourishing and easily digested food, the spending of as much time in the open air as possible (which should not involve exclusion from school), and an adequate amount of rest, including lying down in the middle of the day.

From these remarks it will be seen that the idea of the treatment of defects found on medical inspection differs very considerably from ordinary medical treatment as the public have regarded it. Ordinary medical treatment, as a rule, is provided to overcome discomfort, to save life, or to ease pain, and may have to be directed to conditions which are the result of years of neglect. In school work we have to deal with conditions which do not obviously affect life, and which are frequently not causing discomfort, at any rate to the parents, and very often not to the children, especially as they have accustomed themselves to their defect. Thus very considerable persuasive powers have to be made use of in order to get the parents to obtain treatment, and, as they are frequently convinced somewhat unwillingly, they cannot be expected to overcome great difficulties in the way of obtaining

it. Considerable exception would be taken by a certain section of the public if the aid of the law were invoked to compel parents to submit their children to cutting operations, and so it appears that the provision of facilities for adequate treatment is the only line which is likely to be successful. It is instructive in considering this question to remember that parents in schools frequently state that they would obtain this treatment if it were not for the difficulty connected with their getting it. All right-thinking people are objecting to the enlargement of a parasite class, and the object of education, which is a very costly thing, should be to develop a sound mind in a healthy body. This is to be secured much more easily by the treatment of defects, involving as proper treatment does, discipline, to provide a cure, rather than by withholding such treatment and hoping that parents will be stimulated to considerable effort to obtain it themselves. Sensible people realise that the day of the cure of physical ills by the lightning effect of a pill or an appropriate powder is gone, and that cure must take place as the result of persistent effort on the part of the patients and their friends, assisted by skilled advice, to enable the patients to make the utmost use of their own defensive forces. If these truths were more universally realised, defects received better treatment, such movements as the formation of troops of Boy Scouts, and better provision were made for the playing of manly games, we ought to find that in the course of a few years we should be dealing with a manlier and sturdier race.

**BLIND AND DEAF CHILDREN.**—No mentally defective children are maintained by the County Council in special schools, but the following blind and deaf children were maintained at the expense of the Education Committee in boarding schools outside the county.

TABLE IV.

BLIND CHILDREN.	DEAF CHILDREN.
2 at £30 each—£60.	4 at £33. 1 at £30.
	Total, 5. Total cost, £162.

In addition, 2 deaf children at £30 each have been maintained in a similar way since the close of the year.



TABLE V.—TREATMENT OF DEFECTS FOUND ON INSPECTION FROM JANUARY TO THE END OF FEBRUARY, 1913.

	Total.	Complied with.	Promised to comply.	Neglected to comply.	Alleged poverty of parents.	Reason for non-compliance.
Nits ... ..	73	56	2	15	...	One alleged apathy, and one mother ill. No reason given in other cases.
Vision ... ..	34	6	5	23	1	In 5 cases parents state they do not think glasses necessary. No reason given in 11 cases. Mother ill in one case. Not convenient stated in one case. Indifference alleged in two cases. Apathy of parents alleged in two cases.
Nose and Throat ...	51	13	6	32	5	Five alleged apathy. One stated to be against parents' wishes, and two did not give reason.
Malnutrition ...	10	4	...	6	2	No reason given.
Defective Teeth ...	24	2	5	17	1	In two cases parents thought it would hurt child. In two cases alleged to be against parents' wishes. Mother ill in one case, and no reason given in 11 cases.
Ear Disease and Defective Hearing	10	2	1	7	...	No reason given in any case.
Various Defects (including Worms, Paralysis of Leg, Enuresis, Impetigo, Eczema, Lateral Spinal Curvature, Hernia, and Bronchitis).	19	13	1	4	...	No reason given in any case.
TOTALS ...	221	97	20	104	9	
PERCENTAGE ...		43·6	9·09	47·2	4·09	

These figures may be compared with those appearing on pages 51 and 52 of the Annual Report for 1911.



TABLE VI.—RECORDS OF RE-EXAMINATION TO ASCERTAIN THE NUMBER OF CASES IN WHICH TREATMENT HAS BEEN PROVIDED DURING 1910 AND 1911.

	Boys.				Girls.			
Children Re-examined	2201				2217			
Condition.	Boys.				Girls.			
	Treated.		Untreated.		Treated.		Untreated.	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Defects of Vision ...	40	22.3	139	77.6	45	23.4	147	76.5
Blepharitis ...	1	10.0	9	90.0	5	38.4	8	61.5
Conjunctivitis ...	1	50.0	1	50.0	5	83.3	1	16.6
Tonsils and Adenoids	9	18.3	40	81.6	4	6.6	56	93.3
Ear Disease ...	6	21.4	22	78.5	3	12.5	21	87.5
Teeth... ..	45	2.5	1748	97.4	69	3.8	1721	96.1
Verminous ...	81	37.6	134	62.3	221	27.2	589	72.7

## VI.—FORMATION OF AFTER-CARE COMMITTEES.

On November 2, 1911, the following Circular was sent by the Secretary to the Correspondents of each school throughout the county:—

*Education Offices,  
Shire Hall,  
Bury St. Edmund's,  
November 2, 1911.*

## MEDICAL INSPECTION.

## FORMATION OF AFTER-CARE COMMITTEES.

Dear Sir,

I am instructed to bring to your notice the need that exists to follow up cases of school children who are reported by the School Medical Officer as requiring special medical or other treatment. Grave cases of illness, which necessitate absence from school, naturally do not come under his personal supervision, but some chronic cases of a serious nature, which do not necessarily prevent attendance, are reported by him. The majority of such cases refer to Eyesight, Deafness, Defective Teeth, Malnutrition, Glands, Skin Disease, Bad Clothing, Bad Footgear, and Verminous Condition. Such cases need care and attention if our children are to grow up to be healthy and capable citizens, and the Committee feel sure that you will be glad to assist in so good a work, if practicable. My instructions are to

ask for your views as to the best way of following up these cases. Perhaps you will be good enough to say whether:—

- (1). You have a local nurse, and, if so, whether she can spare any time to follow up reported cases?
- (2). Would your teachers give help?
- (3). Have you any ladies in the parish who would undertake such work?
- (4). What are your views as to forming a Local Committee?

"Following up" means that a Nurse, Teacher, or Lady, should go to the home of the child reported, and impress upon the parent or guardian the necessity, in the interests of the child, that he or she should be properly treated by some qualified person for the complaint reported by the School Medical Officer.

The visitor would also probably be asked to report the result of each visit on a form to be provided by the Committee. The Committee feel assured that you will realise the great possibilities of improving the general health of the children if a scheme can be adopted to ensure the recommendations or suggestions of the School Medical Officer being carried out.

The Committee will be obliged if the Managers will give the proposal their careful consideration, and favour them with their opinion and assistance in the matter.

Yours faithfully,

FRED. R. HUGHES,  
*Secretary to the Committee.*

To all Correspondents.

And the following replies were received from 111 schools:—

TABLE VII.

Parishes where there is a local Nurse who could follow up cases.	No local Nurse.	Teachers would be prepared to help.	Teachers are not prepared to help.	There are Ladies in the Parish who could undertake the work.	There are no Ladies in the Parish who could undertake the work.	A local Committee could be formed.	A local Committee could not be formed.	Managers are willing, or have appointed some of their number to act.
47	64	63	48	39	72	25	86	19

No further action has been taken in the matter up to the present time.

## VII.—SCHOOL CLOSURE.

A table is appended showing the number of schools closed and the reason for the same.



## TABLE VIII.

## LIST OF SCHOOLS CLOSED FOR INFECTIOUS DISEASES.

From 1st January to December 31st, 1912.

SCHOOL.	DISEASE.	PERIOD IN DAYS.
Assington ... ..	Chicken Pox ... ..	5
Great Barton G. & I. ... ..	Whooping Cough ... ..	1
Nowton ... ..	Influenza ... ..	35
Lakenheath Sedge Fen ... ..	Measles ... ..	8
Little Saxham ... ..	Influenza ... ..	3
Preston ... ..	Influenza ... ..	10
Fornham All Saints ... ..	Influenza ... ..	10
Great Cornard ... ..	Measles ... ..	15
Flempton ... ..	Influenza ... ..	10
Fornham St. Martin ... ..	Influenza ... ..	8
Ashfield Magna ... ..	Influenza ... ..	7
Wattisham ... ..	Influenza ... ..	7
Layham ... ..	Influenza ... ..	10
Hepworth ... ..	Influenza ... ..	11
Brandon High Street I. ... ..	Influenza ... ..	7
Whatfield ... ..	Influenza ... ..	7
Kersey ... ..	Influenza ... ..	14
Chevington ... ..	Influenza ... ..	9
Whepstead ... ..	Influenza ... ..	11
Boxford Infants' ... ..	Influenza ... ..	5
Ixworth ... ..	Measles ... ..	28
Thurston ... ..	Measles ... ..	8
Risby ... ..	Influenza ... ..	7
Norton ... ..	Influenza ... ..	7
Lidgate ... ..	Influenza ... ..	7
Barningham ... ..	Influenza ... ..	9
Wattisfield ... ..	Influenza ... ..	9
Cowlinge ... ..	Influenza ... ..	6
Hartest ... ..	Influenza ... ..	6
Walsham-le-Willows I. ... ..	Influenza ... ..	15
Walsham-le-Willows G. ... ..	Influenza ... ..	17
Eriswell ... ..	Influenza ... ..	10
Coney Weston ... ..	Influenza ... ..	10
Walsham-le-Willows B. ... ..	Influenza ... ..	11
Newmarket Road, Exning ... ..	Influenza ... ..	9
Clare Infants' Council ... ..	Influenza ... ..	11
Kentford ... ..	Influenza ... ..	4
Culford Heath ... ..	Influenza ... ..	4
Hopton ... ..	Influenza ... ..	7

TABLE VIII.

## LIST OF SCHOOLS CLOSED FOR INFECTIOUS DISEASES.

From 1st January to December 31st, 1912 (*Continued.*)

SCHOOL.	DISEASE.	PERIOD IN DAYS.
Ousden ... ..	Influenza ... ..	7
Pakenham ... ..	Measles ... ..	36
Stradishall ... ..	Influenza ... ..	14
Groton ... ..	Chicken Pox ... ..	16
Newmarket St. Mary I. ...	Whooping Cough ... ..	11
Sudbury Vol. Inf. ... ..	Measles ... ..	5
Barton Mills ... ..	Influenza ... ..	1
Beyton ... ..	Scarlet Fever ... ..	58
Brandon High Street Inf. ...	Whooping Cough ... ..	14
Newmarket Exning Inf. ...	Whooping Cough ... ..	24
Gazeley ... ..	Whooping Cough ... ..	30
Newmarket Exning Inf. ...	Whooping Cough ... ..	26
Brandon High Street Inf. ...	Whooping Cough ... ..	22
Lavenham Inf. ... ..	Chicken Pox ... ..	18
Elmsett ... ..	Measles ... ..	21
Bildeston ... ..	Measles ... ..	7
Chelsworth ... ..	Measles ... ..	12
Livermere Magna ... ..	Whooping Cough ... ..	12
Ampton ... ..	Whooping Cough ... ..	19
Elveden ... ..	Measles ... ..	31
Eriswell ... ..	Measles ... ..	31
Hartest ... ..	Measles ... ..	35
Badwell Ash ... ..	Diphtheria ... ..	16
Bradfield Combust ... ..	Measles ... ..	12
Horningsheath Inf. ... ..	Measles ... ..	14
Sudbury Council Inf. ... ..	Measles ... ..	33
Stradishall ... ..	Whooping Cough and Impetigo	41 includes Xmas. Holiday
West Stow ... ..	Measles ... ..	29
Clare Inf. Council ... ..	Coughs and Colds ... ..	52 includes Xmas. Holiday
Great Waldingfield ... ..	Measles ... ..	33
Lawshall ... ..	Measles ... ..	20 plus Xmas. Holiday
Clare Mixed Council ... ..	Coughs and Colds ... ..	20 plus Xmas. Holiday
Lakenheath Inf. ... ..	Measles and Influenza ...	17 plus Xmas. Holiday
Glemsford Mixed ... ..	Measles ... ..	15 plus Xmas. Holiday
Glemsford Inf. ... ..	Measles ... ..	15 plus Xmas. Holiday
Lakenheath Mixed ... ..	Measles ... ..	15 plus Xmas. Holiday
Bures Boys' ... ..	Measles ... ..	12 plus Xmas. Holiday
Bures Girls' and Inf. ... ..	Measles ... ..	11 plus Xmas. Holiday



**SCHOOL CLOSURE.**—In examining such figures as this, the careful observer is struck by the enormous waste of time and money involved in this list—especially as in many instances the closure of a school has no definite influence for good on the control of epidemic disease. In fact, by providing opportunity for children from infected areas to stray into other districts, it might be a means of spreading disease through a wider area.

From an examination of the individual records of children in the Senior departments of Elementary Schools, a very large percentage are found to have been protected from the commoner infectious diseases by a previous attack. It is therefore most undesirable in such cases to interfere with their education by closing the whole school, a course not infrequently adopted for financial reasons when the infants are not dealt with in a separate department.

It must be remembered that for many years after its inception the Board of Education were obliged to found their policy of paying grants for School Attendance on the advice of lay officers at a time when the knowledge of the spread of infectious disease was very limited. Thus arrangements were made which make it under certain circumstances more profitable to an authority to close a school than to keep it open regardless of the needs of public health or the interests of education in the district. The time seems to have arrived when the question of non-payment of grant in the case of children who are excluded on the advice of the School Medical Officer might be reconsidered.

School closure in this area is usually decided upon after consultation between the Education Secretary and the School Medical Officer. When agreed upon, the closure is effected by the School Medical Officer under Article 57 of the Code. This method is now working satisfactorily so far as the machinery for closure is concerned, but there are still many misunderstandings and difficulties as regards the whole question.

Forms have been issued to every head teacher, on which they are able to notify to the Education Secretary and the Local Medical Officer of Health the occurrence of infectious conditions among the children. In the majority of instances these notifications are now received promptly and satisfactorily, but there still remain a few teachers who appear to have failed utterly to grasp the essential idea connected with the scheme. Some teachers, as a first intimation of the occurrence, will either send one or two forms quite filled with names of children suffering from some infectious disease, or will write a letter containing a long list of children affected, and will ask for further instructions, or will in some instances send a telegram saying that less than half the children are in attendance, and asking for advice. Of course, it is hoped that in the future such occurrences will become less and less frequent, and that all teachers will realise that unless the first case or cases are immediately notified, the School Medical Officer is greatly handicapped in the help that he is able to give.

It does not appear to be properly understood that closure of a public elementary school is absolutely valueless unless all other local gatherings of children are entirely abandoned, and that therefore Sunday schools, bands of hope, choir practices, church lads' brigades, and all such gatherings must be given up for the time.

Teachers and Managers do not altogether appreciate the fact that it may in certain cases be necessary on public health grounds to close a particular department, such as the infants' department, without closing the remainder of the school. For instance, when an infants' department is closed on account of measles, such closure is allowed in some localities to affect unnecessarily the attendance in the other departments.

When children are excluded from school owing to infectious conditions, there appears to be a lack of public opinion sufficient to prevent such children mixing with others as they leave school. One constantly hears reports of an excluded family freely mixing with the other children after school hours. When infection spreads among these others, its increase is commonly put down to the fact that the school has not been closed, whereas it is in most cases altogether independent of the school.

**CHILDREN SUSPECTED OF SUFFERING FROM INFECTIOUS DISEASE.**—If a teacher is suspicious of the presence of infection in a child in attendance at school, or in one presented for attendance at school before the proper period of exclusion has expired, such a child is not to be permitted to remain in school until a certificate is produced from the Medical Attendant, signed on M.I. Form M., stating that the child is free from infection. The teacher should issue a certificate to the child to take to the Doctor, and return to the teacher when completed. These certificates are not for use when children absent from school are definitely known by the teacher to be suffering from infectious disease. Such children are excluded according to the period mentioned in the summary of regulations. Certificates are also issued on a form to enable teachers to exclude children from school who they suspect may be suffering from ringworm, itch, impetigo, or other contagious disease, and these children, after being examined by the Medical Attendant and declared free from infection, may return to school.

TABLE IX.—STATEMENT OF FORMS RECEIVED FROM MEDICAL PRACTITIONERS CERTIFYING THAT CHILDREN ARE FIT TO RETURN TO SCHOOL.

Form M.I. M. is headed as follows :—" If Teachers suspect a child of having contracted an infectious disease, such a child should not be present in school until this certificate has been signed by a Doctor, to whom a payment of two shillings and sixpence will be made for the certificate. *Note.*—No payment will be made for a certificate stating that a child who has had notifiable disease is free from infection."

Disease.	No. of Certificates.	Cost.
		£ s. d.
Chicken Pox ... ..	27	3 7 6
Measles ... ..	16	2 0 0
Whooping Cough ... ..	11	1 7 6
Scarlet Fever ... ..	3	0 7 6
Mumps ... ..	3	0 7 6
" In contact with Infectious Disease "	4	0 10 0
Catarrh ... ..	3	0 7 6
Enlarged Tonsils and Adenoids ...	1	0 2 6
Erythema ... ..	2	0 5 0
Biliousness ... ..	1	0 2 6
Diphtheria ... ..	1	0 2 6
Glandular Fever ... ..	1	0 2 6
Cut Head followed by Scab ... ..	1	0 2 6
TOTALS ... ..	74	£9 5 0



TABLE X.—STATEMENT OF FORMS RECEIVED FROM  
MEDICAL PRACTITIONERS CERTIFYING THAT  
CHILDREN ARE FIT TO RETURN TO SCHOOL.

Form M.I. N. is headed as follows:—"Where a child has suffered from Ringworm, Impetigo, or Itch, the Head Teacher is instructed not to admit him or her unless a doctor's certificate of freedom from contagion be produced on a form, to be supplied by the Committee, and two shillings and sixpence will be paid by the Committee for each certificate. *Note*.—No payment will be made for a certificate unless on this form."

Disease.					No. of Certificates.	Cost.
						£ s. d.
Ringworm	...	...	...	...	94	11 15 0
Impetigo	...	...	...	...	45	5 12 6
Eczema	...	...	...	...	12	1 10 0
Scabies	...	...	...	...	16	2 0 0
Dermatitis	...	...	...	...	2	0 5 0
Chilblains	...	...	...	...	1	0 2 6
Pediculi Capitis and Sores	...	...	...	...	1	0 2 6
Seborrhœa	...	...	...	...	1	0 2 6
Nettle Rash	...	...	...	...	1	0 2 6
TOTALS	...	...	...	...	173	£21 12 6

#### VIII.—INFECTIOUS DISEASE IN SCHOOLS.

Arrangements are made for teachers, directly they discover that a child is suffering, suspected to be suffering from infectious disease, or excluded for house infection, to at once notify the Education Secretary and the Local Medical Officer of Health on a form provided for that purpose. These notifications are referred by the Secretary to the School Medical Officer, who advises as to the necessary steps to be taken in dealing with these cases, and the Secretary communicates with the School Authorities when necessary. Lists of these children are submitted at the end of each week to the Chief Attendance Officer arranged according to each Attendance District. These notifications are filed in the office in files belonging to each school, so that it is easy to obtain at a glance the full history of infectious disease so far as it affects any particular school.

TABLE XI.—SUMMARY OF NOTIFICATIONS TO EDUCATION SECRETARY AND LOCAL MEDICAL OFFICER OF HEALTH BY TEACHERS OF ABSENCE AND EXCLUSION FROM SCHOOL ON ACCOUNT OF DISEASED CONDITIONS.

Disease.	Suffering.	Suspected to be Suffering.	Excluded for House Infection.
Measles ... ..	295	59	156
Influenza ... ..	468	22	...
Chicken Pox ... ..	134	64	54
Whooping Cough ... ..	265	67	134
Mumps ... ..	128	14	2
Ringworm ... ..	58	12	5
Diphtheria ... ..	11	6	26
Scarlet Fever ... ..	54	8	74
Erysipelas ... ..	...	1	...
Impetigo ... ..	81	24	1
Verminous Condition of Head and Body	18	...	...
Bronchitis ... ..	2	...	...
Poliomyelitis ... ..	2	...	8
German Measles ... ..	4	...	12
Scabies ... ..	8	1	1
Enteric Fever ... ..	2	...	...
Sores ... ..	4	...	...
Sore Throat ... ..	4	4	...
Coughs and Colds ... ..	27	1	...
Phthisis... ..	1	...	...
Enlarged Glands ... ..	...	4	...
Eczema... ..	2	...	...
Erythema (contagious) ... ..	2	1	3

Owing to outbreaks of Diphtheria during the year, swabs were taken by the local Medical Officer of Health and School Medical Officer and forwarded to a Bacteriological Laboratory for examination at a cost of £11 17s. 0d.

The County Council are providing facilities for their Medical Staff to make the necessary bacteriological or microscopical examinations in cases of infectious diseases occurring among school children.

#### IX.—DISINFECTION OF SCHOOLS.

One school was disinfected during the year.



## X.—DISINFECTION OF HOUSES IN WHICH SCHOOL CHILDREN RESIDE.

101 Postcards were received from Sanitary Inspectors during the year notifying the disinfection of houses after recovery from, or removal during, infectious diseases, as a guide as to when children attending school residing at these houses might safely return to school. These notifications cost 16s. 10d. during 1912. The information is transmitted to the Attendance Department.

## XI.—CO-ORDINATION WITH ATTENDANCE DEPARTMENT.

The Attendance Department consists of a Chief Attendance Officer and six full-time Attendance Officers. A number of conferences take place between the School Medical Officer and the Chief Attendance Officer. On each Saturday morning the Chief Attendance Officer submits to the School Medical Officer postcard returns from all schools in which the attendance is apparently influenced in any way by unhealthy conditions among the scholars. By comparing these postcards with the notification forms received from teachers during the week a very great deal of valuable information is obtained. Advice is given to the Attendance Officers to enable them to be on the lookout for conditions which they are to report to the Education Secretary. Arrangements have been made for the School Medical Officer to examine some children either at school or at their homes where doubts have been raised as to their fitness to attend school. Visits have also been paid to houses with the Attendance Officers which are occupied by children who are in the habit of coming to school in an unsatisfactory condition. When the medical staff is augmented it is hoped to develop this work to a much more considerable extent.

The percentage attendance for the year ending March 31, 1913, was 92.5.

The following extract has been obtained from the Chief Attendance Officer's Annual Report:—

### *Prosecutions.*

The following is a Summary shewing comparisons with the last financial year:—

	Year ended March 31, 1913.	Year ended March 31, 1912.
Total number of Prosecutions for Irregularity ...	31	19
Convictions ... ..	29	19
Total number of Summonses for Illegal Employment ...	—	—
Convictions ... ..	—	—
Cases dismissed ... ..	—	—
Committed to Industrial Schools ... ..	—	—
Withdrawn ... ..	2	—

### *Exemption Certificates.*

Summary shewing the number of Labour Certificates issued during the year:—

Total Exemptions on passing Standard V. ... ..	46
Ditto on attendance 5 years ... ..	1165
Partial Exemption under Agricultural Bye-law ... ..	Nd.

The following is a Summary of the number presented and the proportion of passes at the Examinations held at the fixed Centres during the year:—

TOTAL NO. OF CANDIDATES PRESENTED.	PASSES.	PERCENTAGE OF PASSES.
49	29	59.1

### XII.—SANITARY CONDITION OF SCHOOLS.

A statement appears in the report of 1911, on pages 54 to 57, on "Sanitary Impressions of the Schools," dealing in a general way with these conditions. It has not been possible this year to prepare an accurate detailed statement likely to be of service. Sanitary supervision is usually exercised in schools by the County Architect and His Majesty's Inspectors. The Minutes of the Committee contain numerous records showing that these matters receive very considerable attention from the Authority.

**SANITATION OF SCHOOLS.**—The Committee's method of dealing with repairs and alterations to Voluntary Schools is in accordance with the Education Act of 1902; such repairs being primarily left in the hands of the Managers. The Committee from time to time call upon the Managers of Voluntary Schools to carry out alterations, improvements to the heating and office arrangements, and such other matters as may be required to maintain the health of the children. In the case of Council Schools, the Committee are responsible, and so each school is thoroughly overhauled once in five years; and it is on this occasion that the Committee specially consider the reports from the Board of Education, the Public Health Committee, and the Education Secretary. Hitherto the Committee have invariably enlarged the schools, provided screens, improved the lighting arrangements, and the offices, etc. Water and drinking vessels have been provided in the case of both Council and Voluntary Schools.

### XIII.—PHYSICAL EXERCISES AND INSTRUCTION IN HYGIENE.

Hygiene is taught apparently, as a rule, by observation lessons, and in rural areas, where sanitation has to be dealt with in a primitive way, there should be considerable scope for lessons dealing with these subjects from that point of view. It is desirable that much more care should be given throughout the County to teaching Mothercraft to the elder girls, and in giving hygiene a more definite place in the School Syllabus. A life-sized model of a baby and other appliances have been provided by the Committee for St. Mary's, Newmarket, Girls' School, and the Head Mistress, Miss Black, is arranging a very thorough course of instruction in this important subject.

If opportunity permits, much good would be likely to follow the giving of Magic Lantern Lectures in the villages during the winter. The Medical Officer invariably prefaces his inspection with an address, which is always listened to with considerable interest, especially by teachers and parents. Some teachers have asked for such lectures.

**PHYSICAL TRAINING.**—During the year 1912 the Education Committee conducted classes for Public Elementary School Teachers at Bury St. Edmund's, Clare, Glemsford, Haverhill, and Wick-



hambrook, when the teachers took a course of instruction based on the Board of Education's Syllabus of Physical Exercises. The work at these Centres finished at the end of July, 1912, and was followed by the opening of five other centres at Bildeston, Kentford, Lavenham, Monks Eleigh, and Woolpit; these classes are still being conducted. The classes are held during the evening, and the time allowed for each class is one hour. The classes are recognised by the Board of Education for purposes of Grant, and are therefore under their inspection. The day time is thus left free for the Instructress to give her time to visit the Elementary Schools. Most of her visits are to those schools whose teachers are attending the evening instruction classes, which enables the Instructress to criticise methods which she sees in use which she has taught in her last lessons.

During the current year fresh centres are being organised at Hadleigh, Icklingham, Ixworth, Mildenhall, and Wattisfield; all the schools surrounding these centres will be visited before the classes commence, and consequently the Instructress will be able to gauge the improvement effected in the work of those teachers who attend.

From time to time more centres will be started, until every teacher in the County will have had opportunity of attending classes on this subject, and of obtaining the Committee's Certificate of efficiency.

The Evening Classes consist of:—

- (1) Practical Work.
- (2) Teaching by the Teachers.
- (3) Theoretical Work.

At present the average number attending each class is 17. This is highly creditable, considering the difficulties the teachers have to contend with in order to attend these classes, as practically all of them have to cycle some distance.

PROVISION OF MEALS.—It has not been found necessary so far to put into operation the Elementary Education (Provision of Meals) Act, 1906. In certain parishes, however, during the winter, soup, cocoa, etc., have been provided for school children by charitable persons residing in the neighbourhood.





