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AC 44147

REPORT

ON THE

Medical Inspection of School Children

IN THE

COUNTY OF WEST SUSSEX,

1935.

RALPH D. SMEDLEY, M.A., M.D., D.P.H.

The area administered by the West Sussex Education Committee includes the whole of the Administrative County of West Sussex, with the exception of the Borough of Worthing.

The County, which is roughly 30 miles long (East to West) and 20 miles wide, has an area of 620 square miles. The Census population 1931, excluding Worthing, was 171,640. In 1935 the population was estimated to be 190,770.

There are 174 School-departments in the area, and the average number of children on the roll in these Schools for the year ended 31st December, 1935, was 20,796, whilst the average attendance during the same period was 18,548.

The following statement shows the number of Births and the Birth Rates for the years 1922-1935 for the Administrative County of West Sussex, excluding the Borough of Worthing, which has a separate Education Authority :—

YEAR	NO. OF BIRTHS	BIRTH RATE	YEAR	NO. OF BIRTHS	BIRTH RATE
1922	2553	15.8	1929	2425	14.1
1923	2444	15.6	1930	2456	14.3
1924	2483	15.6	1931	2598	15.1
1925	2431	15.1	1932	2525	14.1
1926	2509	15.0	1933	2441	13.3
1927	2485	14.5	1934	2599	13.9
1928	2485	14.4	1935	2715	14.2

1.—STAFF.

WHOLE-TIME STAFF :—

School Medical Officer Dr. R. D. Smedley

Deputy " *Dr. W. Templeton

Assistant " Dr. H. M. Ayres

" " Dr. H. G. H.

Butcher

Other

Appointments held.

County Medical Officer of Health.

Tuberculosis Officer

M.O.H., Bognor Regis

Assistant Tubercu-

losis Officer (Temp-

orary) (Resigned

October 1935).

School Dentists

(Mr. H. D. Hall. Senior Dentist.
 Mr. E. S. Brabazon.
 Miss A. M. I. Halsall. (as from 1.7.35.)
 Mr. C. D. Wallis.

*Dr. Templeton takes no active part in school medical work, except in respect of tuberculous and debilitated children (*see par. 8c*).

PART-TIME STAFF :—

Medical Inspectors { Dr. S. Child M.O.H. Northern
 Combined Sanitary
 Districts.
 Dr. W. J. Butcher M.O.H. Southern
 Combined Sanitary
 Districts.

Medical Officers for Eye Work :—

Dr. A. Burn Crawley. (Resigned
 31.3.35).
 Dr. P. H. Nankivell „ (as from 1.6.35).
 Dr. J. W. Dew Horsham Clinic
 Dr. W. B. Heywood-
 Waddington Arundel Clinic.
 Dr. J. K. Raymond Worthing Hospital
 Dr. H. C. L. Morris Bognor Regis.
 Dr. J. A. Valentine Chichester Clinic.

Nose and Throat Operations :—

Members of the Medical Staffs of the Local Hospitals at Arundel, Bognor Regis, Brighton (Sussex Throat and Ear), Chichester, Easebourne, Emsworth, Haslemere, Horsham, Littlehampton, Petersfield, Petworth and Worthing.

*Medical
 Practitioners
 undertaking eye
 work, etc.*

Diseases of the Ear :—

Mr. A. M. Barford Chichester School
 Clinic.
 Mr. J. H. H. Gough „ „
 Mr. T. S. Allen Sussex Throat and
 Ear Hospital, B'ton.

Medical Inspection of Secondary Schools :—

Dr. R. C. Hutchinson
 (Worthing) Worthing Boys.
 Dr. Margaret Hammond
 (Bognor Regis) { Chichester Girls
 Worthing Girls.
 Dr. Alice Owen
 (Horsham) Horsham Girls.
 Dr. J. W. Dew
 (Horsham) Horsham Boys.
 Dr. J. H. H. Gough
 (Chichester) Chichester Boys.
 Dr. M. Fawkes
 (Midhurst) Midhurst Boys.

Orthopaedic Surgeon : Mr. H. J. Seddon, F.R.C.S. (from Royal National Orthopaedic Hospital, London).

Orthopaedic Nurse : Miss L. M. C. Maynard.

<i>School Dentists</i>	{	Mr. W. J. Scoble	Private practice
		(Bognor Regis) (Chichester)	(Resigned 30/6/35)
		Mr. E. N. Stevens	Private practice
		(Midhurst)	

NURSING STAFF :—

The Staff of the West Sussex County Nursing Association, and affiliated District Nursing Associations, consisting of County Superintendent, Deputy County Superintendent, Assistant County Superintendent, 3 whole-time Nurses, and 80 District Nurses.

2.—CO-ORDINATION WITH OTHER HEALTH SERVICES.

(a) As stated in my previous reports, there is close co-ordination with the Maternity and Child Welfare Committee in such matters as operative treatment of enlarged tonsils and adenoids, orthopaedic treatment, treatment of diseases of the ear and the examination for defective vision. Also in three instances (Arundel, Chichester and Horsham) the same buildings are used as Clinics and Centres. Further, home supervision is simplified by the fact that with few exceptions the same Nurse acts as Health Visitor and School Nurse.

Records of abnormal children, when they reach school age, are transferred to the School Medical Department.

(b) **Nursery Schools**—Nil.

(c) **Debilitated Children** under school age are dealt with at Centres or Dispensaries or supervised by Health Visitors.

3.—SCHOOL HYGIENE.—During the year, representation was made in respect of defects relating to playgrounds (3), drinking water (2), heating (1) and sanitation (1).

4.—**MEDICAL INSPECTION.**—The arrangements during the year were the same as during the previous year.

At the end of the year, Dr. Child resigned his appointment as Medical Officer of Health of the Midhurst Rural District. In accordance with the Scheme under Section 111 of the Local Government Act, 1933, a new combined appointment will be made. The Officer appointed will become Medical Officer of Health of the Midhurst Rural District and Assistant County Medical Officer of Health with School Medical duties in the Midhurst Rural District and the City of Chichester, etc.

With great regret, I may here refer to the fact that Dr. Child finds it necessary, for reasons of health, to resign his other appointments, and, in accordance with the above Scheme, another combined appointment will be made. The new Medical Officer will hold the appointment of Medical Officer of Health of the Urban and Rural Districts of Horsham and the Rural District of Petworth, and he will undertake the duties of Assistant County Medical Officer of Health in the same areas.

In 1908, in an unofficial capacity, Dr. Child helped the late Dr. Bostock, of Horsham, to initiate a scheme of Medical Inspection in the County. In the same year, he was appointed School Medical Officer, and held this position until 1911, when revised arrangements were made providing for the appointment of a County Medical Officer of Health and the division of the greater part of the County into two large Sanitary Combined Districts. Dr. Child then became Medical Officer of Health of the Urban District of Horsham and of the Rural Districts of Horsham, Midhurst, Petworth and Thakeham, and School Medical Inspector in his Sanitary District.

Dr. Child's pioneer work in this County was extremely well done. Single-handed, it may be said, he established the Scheme of School Medical Inspection which became necessary after the passing of the Education Act of 1907. His sound judgment, tact, and his interest in the welfare of children, assured the success of the work from the commencement.

Medical Inspector	No. of Depts.	No. of Children on Roll.
Dr. Ayres	47	6500
Dr. Butcher	48	5600
Dr. Child	49	5100
Dr. H. G. H. Butcher ..	31	3600
	175	20800

Two visits per annum are paid to each school, one visit being devoted to routine inspections and examination of special cases and re-examination of children previously found to be defective. At the other visit "absentees" from previous inspections and specials are examined and children found defective at previous inspections are again followed up.

- (a) Age groups subjected to routine inspection :—
 (i) Entrants ; (ii) Intermediates ; (iii) Leavers.
- (b) The inspections are conducted in accordance with the Board of Education's Schedule of Medical Inspection.
- (c) No serious inconvenience to school arrangements was caused by medical inspection. Owing to overcrowding it was necessary to use premises other than the School when the children were inspected at the Selsey C.E. Mixed School.

5.—FINDINGS OF MEDICAL INSPECTION.—In Table I., appended, the number of *routine inspections* at different age-periods is given. With slight variation the numbers of inspections and re-inspections are substantially the same as in previous years. Section C. of this Table shows the number of individual children requiring treatment, excluding malnutrition, uncleanliness and dental diseases. The percentage of children requiring treatment was 12.8, as against 15.7 in 1934 and 14.7 in 1933. The decrease is, of course, mainly due to the fact that, as mentioned in the following paragraph, malnutrition is not now tabulated in Table II.

In December, 1934, the Board of Education issued a Memorandum (No. 124) in connection with the statistical returns relating to nutrition. The following is a brief summary of the Board's Memorandum :—

The Board have had under consideration the returns of cases of malnutrition supplied by School Medical Officers under the first sub-heading of Table II. As it is desirable that the returns should be classified in a precise and uniform manner, the Board have decided in the returns for 1935 and subsequent years to omit the term "malnutrition" from the list of defects in Table II and to add a separate section classifying in four categories the degree of nutrition of the children examined in the three routine age-groups.

The classification is to be made on clinical grounds and not based solely on the height and weight of the child. It is recognised that some variation in the standards adopted by Medical Officers may be unavoidable, but experience appears to show that, generally speaking, a clinical classification is more reliable than one based only upon a height-weight-age ratio.

The main issue is to estimate the general well-being of the child. Such general assessment cannot as a rule be based upon any single criterion such as any ratio of age, sex, height, and weight, but should also have regard to other data derived from clinical observation ; for example, the general appearance, facies, carriage, posture ; the condition of the mucous membranes ; the tone and functioning of the muscular system;

and the amount of subcutaneous fat. An alert cheerful child, with bright eyes and a good colour, may usually be accepted as well-nourished without demur. On the other hand, a child who appears dull, listless and tired, who has a muddy complexion or stands slackly, is at once under suspicion, and should be further examined. Too much reliance on a single sign may lead to error. Carious teeth and other local defects should not in themselves be regarded as evidence of faulty nutrition. It is the general impression which decides the issue.

The importance of sound nutrition is becoming increasingly recognised and the investigation of this question and the provision of suitable treatment for conditions of sub-normal nutrition constitute a very valuable part of the work of the School Medical Service. The Board hope, therefore, that Local Education Authorities and School Medical Officers will co-operate with them in their endeavour to secure that the nutrition of each child examined at Routine Medical Inspection. is classified by the Medical Officer himself according to the method described, and that the material thus available will be presented in such a way that it can be utilised for the purposes of comparison.

From Table II. B. it will be found that the nutrition of 21.5 per cent. of the children examined was slightly subnormal, and 1.1 per cent. bad.

In Table II. A., appended, will be found a list of the defects discovered at Medical Inspection.

There was an increase in the number of children observed to have enlarged tonsils (now referred to as chronic tonsillitis in the Tables) and adenoids, and also an increase in the number of children recommended for operative treatment compared to the previous year.

There was a decrease in the number of children recommended for treatment for defective vision, squint, etc., as compared with last year.

6.—INFECTIOUS DISEASE.—The Head Teachers report to the School Medical Officer and to the District Medical Officers of Health all children absent from School when an infectious disease is suspected to be the cause, as also contacts. Children are allowed to return to School after the disinfection of the home has been completed by the Local Sanitary Authorities, or at appropriate intervals after recovering from Measles, Whooping Cough, etc.

During the year, Schools were closed on 11 occasions, as compared with 24 in 1934 and 149 in 1933, on account of infectious disease, as follows :—Measles, 3; Diphtheria, 2; Measles, associated with epidemic colds or Influenza, 2; Influenza and Epidemic Colds, 2; Scarlet Fever, 1; Scarlet Fever and Sore Throats, 1.

The average period of closure was 1.73 weeks, as against 1.82 weeks in the previous year.

After any outbreak of infectious disease, directions are given for the thorough cleansing of the School premises with soap and water, containing a little disinfectant. The fumigation of buildings as formerly practised has been discontinued for many years. After outbreaks of Scarlet Fever or Diphtheria, pens, pencils, rulers and rubbers, if not destroyed, are treated with disinfectant.

Certificates where the average attendance had fallen below 60 per cent., due to the prevalence of epidemic illness, were issued in 23 instances under the following circumstances :—Measles, 11 ; Influenza and Epidemic Colds, 4 ; Whooping Cough, 2 ; Whooping Cough associated with Epidemic Colds, 2 ; Measles and Influenza, 1 ; Whooping Cough associated with Diphtheria and Epidemic Colds, 1 ; Chicken Pox, 1 ; Scarlet Fever and Sore Throats, 1.

The average period in which attendance was reduced below 60 per cent. was 2.52 weeks, as compared with 2.37 weeks in 1934.

7.—FOLLOWING UP.—After the Inspections, the parents receive notice in writing of the conditions requiring treatment, and at the same time, lists of defects are sent to the School Correspondent, Care Correspondent (if any) and the Head Teacher.

In this way is obtained from a number of parents their consent to the treatment of their children for nose and throat conditions, defective eyesight and defective teeth. When treatment is refused the cases are referred to the Nurses, who visit the parents and advise, and in addition special letters are written by the School Medical Officer to the parents where the Nurse fails to convince them. Children suffering from minor ailments are referred at once to the Nurses for treatment at the Clinics, or otherwise, and suspected cases of Tuberculosis are referred to the Dispensaries.

8.—MEDICAL TREATMENT.—The following statement gives the arrangements for treatment in this county. The figures relating to the number of children treated cannot be compared accurately with the Findings of Medical Inspection recorded in paragraph 5, as a number of cases awaiting treatment are carried forward from one year to another :—

(a) Minor Ailments.

Name and Address of Clinic.	Day and Hour of Clinic.	No. of Children Treated	Total No. of Atten- dances made.
Arundel—Granville House, Maltravers Street ..	Wednesday, 10 a.m.	23	66
Bognor Regis—Council School, Lyon Street ..	Tuesday, 2 p.m.	431	2812
Chichester—Chapel Street	{ Monday, 2 p.m. Friday, 10 a.m.	393	3235
Horsham—Tan Cottage, Brighton Road	{ Thursday, 1.30 p.m. Friday, 10 a.m.	141	590
Littlehampton — Church Army Hall, Maltravers Road	Monday, 10.30 a.m.	421	1994
St. Catharine's R.C. School	Wed., 10.30 a.m.	171	764
Shoreham-by-Sea— Council Infants' School	{ Monday, 2.15 p.m. Friday, 2.15 p.m.	272	1147

Summarising this statement, records exist of 1852 children who made 11,208 attendances at the Clinics. In addition, a large number of children were supervised at home and in the Schools by the Nurses, as stated above in paragraph 7. For further information Table IV., Group I., should be consulted.

(b) Tonsils and Adenoids.

Hospital.	No. of Cases treated during 1935	Terms arranged.	
		Surgeon's Fees (including anaesthetist)	Hospital Charges for Accommodation and Maintenance.
Arundel	13	£1 11s. 6d. for the first case and £1 5s. 6d. for each subsequent case treated at the same time.	Hospital Authorities collect a sum not exceeding 3s. 6d. per day from the parents of the children.
Bognor Regis ..	27	Do.	Hospital Authorities collect a sum not exceeding 3s. 6d. per day—a day reckoned as 24 hours—from the parents of the children.
Petersfield ..	3		
Easebourne ..	14	Do.	Hospital Authorities collect a sum not exceeding 5s. from the parents of the children.
Emsworth ..	16		
Horsham ..	46		
Petworth ..	16		
Chichester Royal West Sussex ..	95	Do.	3s. 6d. per day or part of a day — a day reckoned as 24 hours
Littlehampton and District ..	35		
Worthing ..	26		
Haslemere ..	8	£1 1s. per case, (i.e., Operator 10s. 6d. Anaesthetist 10s. 6d.)	5s. per case.
Brighton—Sussex Throat and Ear	84	£1/11/6 per case or if taken in session of 4 patients £5/5/- (£1/6/3 per case)	Hospital charge 2s. 6d. per case. Maintenance charge 7/- per day.

In December, arrangements were made with the Crawley and Ifield Cottage Hospital for the carrying out of operative treatment for enlarged tonsils and adenoids to elementary school-children residing in the Crawley district.

Two or more cases were treated at the same time whenever this could be arranged by the Hospital Authorities.

All cases were followed up by the School Nurses and given instructions in breathing exercises, which must be continued for a long period in order to re-educate the child in breathing through the nose.

(c) **Tuberculosis.**—During the year 134 children of school age were referred to the Dispensaries. A number of these were examined as contacts to known cases of Pulmonary Tuberculosis, and others were directly referred on the advice of the School Medical Inspectors, Doctors in private practice, and School Nurses.

In addition, 212 children seen in previous years were re-examined and kept under observation.

Of the total number of children examined, or re-examined, 1 was diagnosed to be suffering from Pulmonary Tuberculosis and 15 from Tuberculous Disease of Glands, Bones or Joints, etc.

Under the Scheme of Treatment of the County Council, 16 children received treatment at Aldingbourne House Sanatorium during the year; 8 received surgical treatment at the Royal West Sussex Hospital, Chichester; 11 at the Lord Mayor Treloar Hospital, Alton; and 1 at the Royal National Orthopaedic Hospital, Stanmore.

(d) **Skin Diseases and other Minor Ailments.**—The conditions which receive treatment are set out in Table IV., Group I. Twelve cases of scabies were detected and dealt with satisfactorily. Eight cases of ringworm of scalp were under treatment at the beginning of the year. The treatment of two cases previously treated privately was undertaken, and also four new cases were treated. Seven were discharged as cured, leaving seven cases under treatment at the end of the year. Children receiving regular treatment were permitted to attend School, suitable precautions being taken to prevent the spread of infection and, in consequence, there was a negligible loss of attendance due to this complaint.

X-ray Treatment of Ringworm of Scalp.—Seven of the cases referred to above received X-ray treatment by Dr. J. H. T. Davies of Hove, at his consulting room.

(e) **External Eye Disease.**—Cases of external eye disease are treated at the Minor Ailment Clinics, and treatment at home is supervised by the School Nurses. Intractable cases, where an error of refraction is suspected to be present, are referred to the Eye Clinics.

(f) **Vision.**—In Table IV., Group II., it will be seen that 830 cases were treated, as against 870 cases in the previous year. Refraction work is undertaken at six centres (see paragraph 1).

Seven cases were recommended for operative treatment for squint, and three of these received operative treatment, otherwise than under the Education Committee's Scheme.

(g) **Dental Treatment.**—Table V. contains a record of the work of the School Dentists. The following statement makes comparison with previous years :—

No. of Children	1929	1930	1931	1932	1933	1934	1935
Inspected ..	13049 (100)	14406 (100)	16560 (100)	14197 (100)	13868 (100)	12832 (100)	15244 (100)
Found to require Treatment ..	8713 (66)	9601 (67)	10741 (65)	9792 (69)	9613 (69)	8982 (70)	10974 (71)
Actually Treated	4768 (37)	5418 (38)	6660 (40)	5946 (42)	5844 (42)	5643 (44)	6821 (45)

The figures in brackets are reduced to facilitate comparison, and show for every hundred children inspected :—

- (i.) The number of children requiring treatment.
- (ii.) The number of children actually treated.

It will be noted that during the year 6,821 children received treatment at the Clinics, representing 62% of the children found to require treatment. In addition, a few children received treatment from Private Dentists.

Caravan Dental Clinic.—During the latter part of the year a caravan dental clinic was used in the Chichester area, as mentioned in the Report of the Senior School Dentist (see page 31).

(h) **Crippling Defects and Orthopaedics.**—The following statement is a summary of the cases seen by the Orthopaedic Surgeon :—

Orthopaedic Clinic.	No. of Sessions	No. of Cases seen			Total Attendances
		New	Old	Total	
Arundel	6	47 (11)	62 (19)	109 (30)	189 (49)
Chichester ..	8	124 (24)	103 (16)	227 (40)	395 (65)
Horsham	4	42 (8)	68 (10)	110 (18)	174 (27)
Shoreham	3	46 (13)	44 (10)	90 (23)	121 (30)
*Worthing	5	71 (27)	59 (21)	130 (48)	221 (82)
	26	330 (83)	336 (76)	666 (159)	1100 (253)

*With the approval of the Worthing Education Committee, five special Clinics were held at the Worthing School Clinic for children living near Worthing.

Figures in brackets refer to children under school age.

The following Table, prepared under the direction of Mr. Seddon, Orthopaedic Surgeon, shews the cases examined at the Orthopaedic Clinics during 1935 :—

Diagnosis.	Number of:—		Total.
	Boys.	Girls.	
1. Congenital Defects :—			
Club foot	16 (3)	5 (2)	21 (5)
Dislocation of the hip	— (—)	3 (—)	3 (—)
Spastic paralysis	9 (—)	10 (2)	19 (2)
Spina bifida	3 (1)	— (—)	3 (1)
Other conditions	22 (6)	21 (6)	43 (12)
2. Birth Injuries :—			
Torticollis	11 (1)	— (—)	11 (1)
Other conditions	— (—)	1 (1)	1 (1)
3. Rickety Deformities :—			
Bow legs	44 (22)	23 (16)	67 (38)
Knock knees	10 (2)	12 (1)	22 (3)
Other conditions	7 (1)	9 (3)	16 (4)
4. Knock knees (non-rickety) ..	61 (12)	72 (14)	133 (26)
5. Postural defects of the spine	47 (—)	70 (—)	117 (—)
6. Structural curvature of the spine	20 (—)	16 (—)	36 (—)
7. Flat Feet, etc.	89 (19)	97 (18)	186 (37)
8. Infantile paralysis	10 (—)	7 (—)	17 (—)
9. Sequelae of acute fevers :			
Encephalitis lethargica	1 (—)	— (—)	1 (—)
10. Fractures	— (—)	1 (—)	1 (—)
11. Tuberculous joints	1 (—)	— (—)	1 (—)
12. Other Bone Diseases (Non-tubercular) :—			
Perthe's disease	— (—)	1 (1)	1 (1)
Apophysitis of the os calsis, etc	— (—)	1 (—)	1 (—)
Osteochondritis of spine	1 (—)	— (—)	1 (—)
13. Osteomyelitis	1 (—)	2 (—)	3 (—)
14. Pseudo-hypertrophic muscular dystrophy	2 (1)	— (—)	2 (1)
15. Old amputation (case for artificial limb)	1 (—)	— (—)	1 (—)
16. Other conditions	10 (1)	12 (1)	22 (2)
	366 (69)	363 (65)	729 (134)

Figures in brackets refer to children under school age.

On page 11 it will have been seen that 159 children under School age attended the Clinics during the year, whilst only 134 defects are shown in the above Table. This discrepancy is accounted for by the fact that since their first examination a number of children are now attending School, and are included in the figures for school children.

Five cases were receiving In-patient treatment at the Royal National Orthopaedic Hospital at the commencement of the year and 5 cases were admitted, and 3 re-admitted to the Hospital during the year ; 10 of these cases were discharged, leaving 3 still under treatment at the end of the year.

The cases admitted were as follows :—Deformity of foot, 3 ; Disease or Deformity of Spine, 2 ; Hip disease or deformity, 1 ; Curvature of Tibia, 1 ; Old Infantile Paralysis, 1.

Also, one case receiving treatment at the Lord Mayor Treloar Hospital, Alton, at the commencement of the year, was discharged.

Special boots or other appliances were supplied in 33 cases.

Twenty-five cases were X-rayed during the year.

The treatment received by tuberculous children is referred to in paragraph 8 (*c*).

The following statement is a summary of the cases treated by Miss Maynard, Orthopaedic Nurse :—

Total No. of Cases.	No. of New Cases.	No. of Attendances.	No. of Different Places Visited.
244 (27)	163 (18)	3171 (537)	55 (33)

Figures in brackets refer to children under school age.

(*i*) **Other Defects.**—Under this heading are included Anaemia 25, Bronchitis 11, Pulmonary Tuberculosis 1, Non-Pulmonary Tuberculosis 15. The Education Committee are not responsible for the treatment, but in all instances it will be understood that these cases have been supervised, and pressure brought upon the parents to secure such treatment as would seem to be helpful, though not necessarily definitely curative, as some of the conditions are not amenable to any form of treatment.

(*j*) **Diseases of the Ear.**—During the year 16 special clinics for Diseases of the Ear were held at Chichester and Brighton, and 112 children attended. The following table summarises the work done and treatment carried out.

DISEASES OF THE EAR, 1935.

Clinic	No. of Clinics held	No of Cases	No. of Attendances	Operative Treatment		Tonsils Ade-noids Remov'd	Total Dis-charged
				Mastoid Opera-tion	Para-centesis		
Chichester.. Sussex T. & E. Hospital	11	76 (9)	116 (10)	1	—	18 (1)	37 (6)
Brighton . .	5	36	41	1	2	16	7
	16	112 (9)	157 (10)	2	2	34 (1)	44 (6)

Figures in brackets refer to children under school age.

Three cases of acute ear disease (included in the above table) were referred under the Scheme to a special hospital and received operative treatment (Mastoid or Paracentesis).

Four cases have been reported as cured and have ceased to attend Ear Clinics. In addition, 14 cases examined in previous years have also been reported as cured.

9. SCHOOL NURSES.—The arrangements remain the same as previously reported.

The School Nurses made 17,549 home visits in addition to making a large number of special examinations of children at Schools, in which must be included 43,486 inspections of children at the routine head examination. There were also about 1,962 Clinic Sessions which they attended.

10. UNCLEANLINESS.—Routine Head Inspections consist of three consecutive visits to Schools, paid at weekly intervals, and any cases which remain in an uncleanly condition after the third visit are kept under supervision at home and at School until such time as the condition is remedied.

At 179 inspections, as compared with 160 in the previous year, all the children were found to have clean heads. About 2.9% of children inspected had nits or vermin in the hair.

It was not found necessary to prosecute under the Attendance Bye-Laws.

11.—OPEN AIR EDUCATION.—No School in this Area.

12. PHYSICAL TRAINING.—A welcome feature of this report is the Report of the Organiser of Physical Training, which is appended.

It is a hopeful report, and reflects the progress that has been made in this matter during the past year or two. Physical education and greater attention to nutrition and personal hygiene should give an immediate return, by the reduction of unfitness, and the movement to provide playing fields comes opportunely to stimulate matters.

13.—CO-OPERATION OF PARENTS.—All parents receive a printed letter of invitation to attend the Routine Medical Inspections for interview with the Medical Officers, and about 56% of the parents attended last year.

14.—CO-OPERATION OF TEACHERS AND SCHOOL ATTENDANCE OFFICERS.—As for many years past, Head Teachers and their staffs have continued to give most invaluable assistance to the School Medical Officer and his staff, and without their co-operation many cases would remain untreated. They have also considerably facilitated arrangements at the Clinics by referring children suffering from minor ailments for treatment. The School Attendance Officers have also given every assistance by reporting absentees, making arrangements for special examinations and by warning parents when children have been excluded from School for uncleanness.

15.—CO-OPERATION OF VOLUNTARY BODIES.—The National Society for the Prevention of Cruelty to Children, through the Inspector of the Chichester and Horsham Area and the Inspector of the Brighton Area have again rendered valuable assistance by reporting cases and supervising same where there is neglect.

16.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.—Such cases are reported to the Authority by Head Teachers, School Attendance Officers and School Nurses, or found by the Medical Officers at their Inspections. All cases are registered and specially examined as opportunity occurs. 324 children were submitted to Special Examinations, *viz.*:—Blind, 1; Deaf and Dumb, 2; Epileptic, 5; Heart Disease, 4; Minor Epilepsy, 3; Mentally Defective (re-examined), 11; alleged to be Mentally Defective, 301, of whom 80 were found to be defective, including one case belonging to East Sussex.

The following table shews the number of children in Special Schools at the commencement of the year, the admissions and discharges during the year and the number still in Special Schools on 31st December, 1935.

Condition.	No. in Special Schools 1/1/35	Admitted during year.	Discharged during year.	No. in Special Schools 31/12/35
Blind	3	3*	—	6
Partially Blind	2	1	—	3
Deaf	3	1	1	3
Partially Deaf	4	—	—	4
Feeble Minded	19	10	5	23‡
Epileptics	4	1	—	5
Cripples	1	2	1	2
Heart Disease	—	1	1	—
Total	36	19*	8	46‡

*Includes one case taken over from another Authority.

‡Includes one case taken over by another Authority.

Cases admitted to the Royal National Orthopaedic Hospital are not included in the above Table (see 8 (h), Crippling Defects and Orthopaedics).

The case at the Northamptonshire Home for mal-adjusted girls was discharged, and has been transferred to the care of the Brighton Guardianship Society.

Of the eight children discharged from Special Schools, the crippled boy was discharged as nothing further could be done for him, the parents of the deaf and dumb girl declined to allow the child to return to school after the Summer Vacation, and the heart disease case was discharged from the Lancing Heart Home, having made satisfactory progress, and is being kept under supervision. The five feeble-minded children had attained the age of 16 years, and were referred to the Committee for the Care of the Mentally Defective.

17.—PROVISION OF MILK FOR SCHOOL CHILDREN.—In September, 1934, the Board of Education issued Circular 1437 regarding a scheme submitted by the Milk Marketing Board for the provision of milk to school children at a halfpenny per third of a pint, instead of one penny. The Scheme came into operation on the 1st October, 1934, and all possible precautions were taken at the time to ensure, as far as practicable, the safety of the supply. Before giving temporary approval, enquiries were made of the District Medical Officers of Health and Sanitary Inspectors, the County Director of Agriculture and the County Veterinary Officer. Pasteurised milk was obtained wherever possible.

In the same Circular, the Board suggested the provision of free milk to necessitous children suffering from subnormal nutrition, however slight, and that the selection of these children should be by a system of medical inspection.

The Education Committee formulated a scheme for the provision of free milk to necessitous children of subnormal nutrition, and this came into operation at the commencement of the Autumn term, 1935. The Head Teachers send in a return towards the end of each term of all those children whom they consider to be of subnormal nutrition, and the Medical Officers at subsequent visits confirm the findings of the Head Teachers, adding additional names of children as found. Since the scheme came into operation the Medical Officers have examined the children at practically the whole of the Schools in the County for cases of subnormal nutrition.

The following summary shews the position at the end of the year :—

Number on Roll.	Number of Subnormal Children.	Number of Necessitous Sub-normal Children
18476	4232	2145

It will be seen that 22.9 per cent. of the children examined were of subnormal nutrition, and 11.6 per cent. were necessitous.

The figure of 22.9 per cent., although apparently high, is substantiated by the figures given in Table II. B. (Nutrition Return of Routine Age-groups), which shows that the percentage of children found to be subnormal, either slight or bad, is 22.6 per cent.

18.—SECONDARY SCHOOLS. — Medical Inspection.—

The arrangements for the Medical Inspection of pupils at the five Maintained and three Aided Secondary Schools were the same as in previous years.

At each School the entrants and pupils of 14-15 years of age are submitted to routine examination and also specials brought forward by the Head Master or Head Mistress. In addition, all cases are followed up from the previous examination.

Medical Treatment.—There is no scheme for the treatment of pupils, but free-place pupils are examined on admission to the Secondary Schools and, if found to require treatment, this treatment is provided under the scheme for treatment of elementary school children.

Tables I. and II. on pages 28, 29 and 30 give the number of pupils inspected and the results of inspection in the eight Secondary Schools. It will be seen from Table II. that defective eyesight and chronic tonsillitis were the conditions chiefly requiring attention.

Dental Inspection and Treatment.—Evidence is accumulating that there is a serious state of neglect in regard to dental treatment at the Secondary Schools. Many of the pupils have previously been receiving treatment at the School Clinics when attending the Elementary Schools, and it is highly desirable that there should be continuity of treatment when they enter the Secondary Schools.

I would recommend that at the first favourable moment dental inspection and treatment be carried out in all the Secondary Schools.

19.—CHILDREN AND YOUNG PERSONS ACT, 1933.—This Act came into operation on the 1st November, 1933, and the local authority has certain duties to perform. Under Section 22, a local authority may grant a licence for a child who has attained the age of twelve years and is residing in their area to take part in any specified entertainment or series of entertainments, whether within or without that area :—

Provided that—

- (a) no licence shall be granted unless the local authority are satisfied that the child is fit to take part in the entertainment, or series of entertainments, and that proper provision has been made to secure his health and kind treatment ; and
- (b) no licence shall be granted in respect of any entertainment which is to take place on a Sunday.

Under this Section, eight children were examined and found to be fit.

Section 35 deals with a child or young person who is brought before a Court of Summary Jurisdiction, in respect of an offence alleged to have been committed by him, or is to be brought before a juvenile court as being in need of care or protection. During the year 90 cases were referred to the local authority, of whom 82 received special examination for detection of physical or mental defect.

Of this number, on examination, three cases were classified as feeble-minded.

Under Section 62 it is the duty of a local authority to bring before a Juvenile Court any child or young person residing or found in their district who appears to them to be in need of care or protection, unless they are satisfied that the taking of proceedings is undesirable in his interests, or that proceedings are about to be taken by some other person. The Juvenile Court may :—

- (a) Order him to be sent to an Approved School ; or
- (b) Commit him to the care of any fit person, whether a relative or not, who is willing to undertake the care of him ; or
- (c) Order his parent or guardian to enter into a recognisance to exercise proper care and guardianship ; or
- (d) Without making any other order, or in addition to making an order under either of the last two foregoing paragraphs, make an order placing him for a specified period, not exceeding three years, under the supervision of a probation officer, or of some other person appointed for the purpose by the court.

Four cases were dealt with under this Section.

Under Section 64, if the parent or guardian of a child or young person proves to a juvenile court that he is unable to control the child or young person, the court, if satisfied

- (a) that it is expedient so to deal with the child or young person ; and
- (b) that the parent or guardian understands the results which will follow from and consents to the making of the order,

may order the child or young person to be sent to an approved school, or may order him to be placed for a specified period, not exceeding three years, under the supervision of a probation officer or of some other person appointed for the purpose by the court :

Provided that an order that the child or young person be sent to an approved school shall not be made unless the local authority within whose area he is resident agree.

During the year, three cases were examined under this Section.

20.—EMPLOYMENT OF CHILDREN.—No cases of children unsuitably employed were reported. There is no Juvenile Employment Officer in the area. During the year a number of children received certificates of fitness for employment in the City of Chichester, under the Education Committee Bye-Laws.

21.—CO-OPERATION BETWEEN THE SCHOOL MEDICAL SERVICE AND JUVENILE EMPLOYMENT OR ADVISORY COMMITTEES.—In September last the Board of Education issued Administrative Memorandum No. 137 on this matter.

The following is a brief summary of the Memorandum :—

The Board found that in many areas arrangements for co-operation did not exist or, where they existed, were not on the lines which the Chief Medical Officer had suggested as likely to prove most useful.

The Board agreed with the opinion expressed in their Chief Medical Officer's Report that the most useful form of advice is in terms related to the specific unsuitability of certain children for particular types of work, and they suggested that a list of such terms should be printed for use by the Medical Officer at the last routine examination of the children, the idea being that when the child leaves School the card should be detached by the Head Teacher and sent to the Juvenile Advisory or Employment Committee. The Memorandum then gave a list of the terms suggested in the Chief Medical Officer's Report.

A copy of the Memorandum has been sent to the Assistant School Medical Officers and to the Medical Officers of the Secondary Schools, so that they may comply with the suggestions contained in the Board's Memorandum.

22.—In conclusion, I desire on behalf of myself and staff once more to thank your Committee, the Teaching Staff, and Aid Committees, for valuable support and co-operation.

RALPH D. SMEDLEY,

School Medical Officer.

COUNTY HEALTH OFFICE,
COUNTY HALL,
CHICHESTER.

April, 1936.

TABLE I.

**MEDICAL INSPECTIONS OF CHILDREN ATTENDING
PUBLIC ELEMENTARY SCHOOLS.**

1st January, 1935, to 31st December, 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—						
Entrants	..	..	..	..	..	1986
Second Age Group	..	..	..	..	..	2038
Third Age Group	..	..	..	..	..	1893
Total						5917

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	1869
Number of Re-Inspections	..	..	..	..	*8858
Total						10727

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

†Number of Individual Children found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental diseases).

Prescribed Groups :—						
Entrants	..	..	..	..	..	267
Second Age Group	..	..	..	..	..	273
Third Age Group	..	..	..	..	..	217
Total						757

*Does not include about 1,000 re-inspections made by the Tuberculosis Officer at the Dispensaries.

†Includes children classified "D" under Table II. B.

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1935.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
Skin—				
Ringworm—				
Scalp	—	—	2	—
Body	2	—	4	—
Scabies	1	—	4	—
Impetigo	10	—	27	—
Other Diseases (non-Tuberculous)	19	—	84	—
Total	32	—	121	—
Eye—				
Blepharitis	39	—	45	—
Conjunctivitis	8	—	18	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	1	1
Other Conditions (excluding Defective Vision and Squint)	1	2	35	3
Total	48	2	99	4
Defective Vision (excluding Squint)	231	185	280	59
Squint	27	7	7	11
Ear—				
Defective Hearing	21	13	19	4
Otitis Media	7	—	43	2
Other Ear Diseases	4	15	39	5
Nose and Throat—				
Chronic Tonsillitis only	66	333	137	29
Adenoids only	5	21	17	10
Chronic Tonsillitis and Adenoids	66	54	182	32
Other Conditions	14	70	42	19

Table II.—(continued).

(1)	(2)	(3)	(4)	(5)
Enlarged Cervical Glands (non-Tuberculous) ..	2	162	30	13
Defective Speech	—	1	2	1
Heart and Circulation—				
Heart Disease—				
Organic	—	9	6	6
Functional	—	44	7	9
Anaemia	17	23	8	1
Lungs—				
Bronchitis	2	10	9	11
Other Non-Tuberculous Diseases	4	6	4	3
Tuberculosis—				
Pulmonary—				
Definite	—	—	1	—
Suspected	—	—	—	—
Non-Pulmonary—				
Glands	—	—	12	—
Bones and Joints	—	—	3	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Total ..	—	—	15	—
Nervous System—				
Epilepsy	—	3	2	3
Chorea	—	1	6	3
Other Conditions	—	1	1	—
Deformities—				
Rickets	—	—	2	—
Spinal Curvature	39	6	14	1
Other Forms	104	204	56	6
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases). ..	57	97	246	30
Grand Total ..	746	1267	1395	262

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

Age-Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1986	295	14.86	1238	62.26	428	21.56	25	1.32
Second Age-Group	2038	312	15.31	1185	58.14	518	25.42	23	1.13
Third Age-Group	1893	507	26.78	1043	55.10	326	17.22	17	0.90
TOTAL ..	5917	1114	18.83	3466	58.57	1272	21.50	65	1.10

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA ON 31st DECEMBER, 1935.

	At Certified Schools for					At Public Elementary Schools	At other Institutions	At no School or Institution	Totals
	Blind	Partially Blind	Deaf	Partially Deaf	Mentally Defective					Epileptic
Blind	6	—	—	—	—	—	—	—	6
Partially Blind	3	—	—	—	—	—	—	—	3
Deaf	—	—	3	—	—	—	—	—	5
Partially Deaf	—	—	4	—	—	—	—	—	4
Feeble Minded	—	—	—	—	23	—	—	32	127
Epileptic (Severe)	—	—	—	—	—	5	—	3	16
Tuberculosis (Pulmonary)	—	—	—	—	—	—	—	—	23
Tuberculosis (Non-Pulmonary)	—	—	—	—	—	—	—	—	76
Delicate	—	—	—	—	—	—	—	—	69
Crippled	—	—	—	—	—	—	—	—	25
With Heart Disease	—	—	—	—	—	—	—	—	3
Totals	9	—	7	—	23	5	12	37	357
Children suffering from Multiple Defects									
Children notified to the Mental Deficiency Authority during the year									
								Total ..	359
									25

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1935.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI.)

Disease or Defect (1)	Number of Defects treated, or under treatment, during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp			
(i.) X-ray Treatment ..	7	—	7
(ii.) Other Treatment ..	7	—	7
Ringworm—Body	29	1	30
Scabies	11	1	12
Impetigo	290	1	291
Other skin diseases	136	7	143
Minor Eye Defects—	239	2	241
(External and other, but ex- cluding cases falling in Group II.)			
Minor Ear Defects	295	15	310
Miscellaneous	2269	9	2278
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)			
Total	3283	36	3319

Table IV.—(continued).

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

	Number of defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint)	801	29	830
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	801	29	830
No. of Children for whom Spectacles were			
(a) Prescribed	658	24	682
(b) Obtained	657	24	681

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

Number of Defects.

Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.				Received other forms of Treatment.	Total number treated.
(1)				(2)				(3)						(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
7	9	365	2	1	1	7	—	8	10	372	2	—	392

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.

(iv) Other defects of the Nose and Throat.

TABLE IV.—(continued).

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total Number treated
	Residential treatment with Education (i)	Residential treatment without Education (ii)	Non-Residential treatment at an Orthopaedic Clinic (iii)	Residential treatment with Education (i)	Residential treatment without Education (ii)	Non-Residential treatment at an Orthopaedic Clinic (iii)	
	No. of children treated	14	—	354	1	2		5	376

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of Children Inspected by the Dentist—

(a) Routine Age-Groups

Age	3	4	5	6	7	8	9	10	11	12	13	14	Total
Number.	11	261	1229	1483	1680	1796	1853	1736	1544	1536	1448	228	14805

(b) Specials 439

(c) Total (Routine and Specials) 15244

(2) Number found to require treatment 10974

(3) Number actually treated 6821

(4) Attendances made by children for treatment .. 12513

(5) Half-days devoted to { Inspection 140 }
{ Treatment .. 1453½ } 1593½(6) Fillings { Permanent teeth .. 5684 }
{ Temporary teeth .. 866 } 6550(7) Extractions { Permanent teeth .. 1764 }
{ Temporary teeth .. 13016 } 14780

(8) Administrations of general anaesthetics for extractions —

(9) Other Operations { Permanent teeth .. 1679 }
{ Temporary teeth .. 48 } 1727

TABLE VI.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i). Average number of visits per school made during the year by the School Nurses	6
(ii). Total number of examinations of children in the Schools by School Nurses	43486
(iii). Number of individual children found unclean ..	1139
(iv). Number of children cleansed under arrangements made by the Local Education Authority ..	—
(v). Number of cases in which legal proceedings were taken—	
(a) Under the Education Act, 1921 ..	—
(b) Under School Attendance Bye-Laws ..	—

SECONDARY SCHOOLS.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING SECONDARY SCHOOLS.

1st January, 1935, to 31st December, 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Ages	7	8	9	10	11	12	13	14	15	16	17	18	Totals
Boys	3	2	10	58	96	38	28	149	130	6	1	—	521
Girls	—	—	4	58	84	36	11	138	52	3	7	—	393
Totals	3	2	14	116	180	74	39	287	182	9	8	—	914

B.—OTHER INSPECTIONS.

Number of Special Inspections	8
Number of Re-Inspections	131
	139

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of Individual Children found at Routine Medical Inspection to Require Treatment. (Excluding Uncleanliness and Dental Diseases).

Number of Children.		Percentage of Children found to require treatment.
Inspected.	Found to require treatment.	
914	143	16

SECONDARY SCHOOLS—(continued).

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1935.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment	Requiring treatment	Requiring to be kept under observation, but <i>not</i> requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin—				
Ringworm—				
Scalp	—	—	—	—
Body	—	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Diseases (non-Tuberculous)	3	—	1	—
Total	3	—	1	—
Eye—				
Blepharitis	1	—	—	—
Conjunctivitis	—	1	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision & Squint)	1	1	—	—
Total	2	2	—	—
Defective Vision (excluding Squint)	82	55	6	—
Squint	2	—	—	—
Ear—				
Defective Hearing	4	—	—	—
Otitis Media	—	—	—	—
Other Ear Diseases	—	5	—	—
Nose and Throat—				
Chronic Tonsillitis only	27	15	—	—
Adenoids only	—	—	—	—
Chronic Tonsillitis and Adenoids	5	—	—	—
Other Conditions	3	—	1	—
Enlarged Cervical Glands— (non-Tuberculous)	2	1	—	—
Defective Speech	—	—	—	—

Table II.—(continued).

(1)	(2)	(3)	(4)	(5)
Heart and Circulation—				
Heart Disease—				
Organic	—	—	—	—
Functional	—	8	—	—
Anaemia	—	1	—	—
Lungs—				
Bronchitis	—	1	—	—
Other non-Tuberculous Diseases	—	8	—	—
Tuberculosis—				
Pulmonary—				
Definite	1	—	—	—
Suspected	—	—	—	—
Non-Pulmonary—				
Glands	—	—	—	—
Other Bones & Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Total	—	—	—	—
Nervous System—				
Epilepsy	—	—	—	—
Chorea	—	1	—	—
Other Conditions	—	1	—	—
Deformities—				
Rickets	—	—	—	—
Spinal Curvature	4	3	—	—
Other Forms	9	8	—	—
Other Defects and Diseases	14	15	—	—
Grand Total	158	124	8	—

REPORT OF THE SENIOR SCHOOL DENTIST.

In connection with the School Dental Service, the two outstanding incidents of the year 1935 are the appointment of an additional dentist to the dental staff and the introduction of the dental caravan.

The addition of one full-time Dental Surgeon will now make possible one of the ideals of school dentistry, namely, that the interval between inspections should not be more than twelve months. All age-groups from 5-14 are inspected and treated, and the children of the remote villages share equally with those in the towns in the allotment of the operating time of the Staff.

The difficulty of obtaining suitable premises in the villages for use as temporary clinics has been met by the new motor-drawn dental caravan. By its use the dentists are able to do their work in an up-to-date surgery, and the children in rural districts are now under no disadvantage with regard to modern convenience. Everywhere the caravan has been received with enthusiasm, and its propaganda value has been made apparent by the increased number of consents to treatment where it has been used. This caravan, which is, I believe, the first of its kind in this country, has aroused considerable notice in the dental profession, and numerous enquiries have been made about it, one from as far away as New Zealand.

The clerical organisation of the dental scheme is such that every precaution is taken to ensure that no child misses the opportunity of treatment. Special forms are sent to parents of absentees from inspections and all consent forms are checked back against the list of children found in need of treatment. All "refusals" are visited by the School Nurses, and it is to the credit of the latter that many of these refusals are turned into consents.

Every effort is being made to demonstrate to parents that the School Clinic represents a high standard in child dentistry. The greatest care is taken to remove the element of pain as far as is possible. By this means the old dread of the dentist is gradually disappearing among children. It is quite an uncommon thing now for children to want their parents to come to the clinic with them.

Orthodontic treatment is being done to a limited extent, and the benefit derived from the correction of irregularities of the teeth is greatly appreciated by parents of patients. Conservative treatment is urged whenever it is possible, but there are still many parents who regard extraction of the offending tooth as the only method of treatment. Aesthetic appearance is considered when fillings have to be done and the use of metal is avoided in places where it would show.

For the success that is attending the dental scheme much credit is due to the Head Teachers of the Schools. Their enthusiastic support has done much to instil into the children a realisation of the importance of their teeth. The School Nurses, too, have done great work in breaking down old ignorant prejudices against dentistry on the part of some parents.

In some Schools the proportion of consents is as high as 95 per cent., and the average throughout the County is 62 per cent. These results compare favourably with those of the rest of the country.

In conclusion, I would like to add my thanks to members of the Education Committee who have shown their keen interest in the School Dental Service during the past year.

H. D. HALL,
Senior School Dentist.

REPORT OF THE ORGANISER OF PHYSICAL TRAINING.

PHYSICAL TRAINING.

The Board of Education in 1933 issued a new syllabus for Physical Training which changed the physical drill of the previous syllabus (1919) into the wider channel of physical education. It was soon perceived by Authorities that for the correct interpretation and true value of this new syllabus, it would be essential to secure the services of a Physical Training Organiser. In West Sussex a Woman Organiser was appointed in 1934.

Since that time there has been a growing concern for Physical Education throughout the Country which has culminated in two outstanding publications in 1936 :—

The Board of Education's Circular on Physical Training, No. 1445, and

The Report of the Committee of the British Medical Association on Physical Training.

In West Sussex during this period there has been greatly increased interest among Members of the Education Committee in Physical Training in the County. Since September, 1935, Mr. G. W. Hedley has been assisting the Woman Organiser in Physical Training for Men and Boys. In September, 1936, a full time Male Organiser will be appointed. In addition, grants for apparatus have been increased, new grants made for swimming, film demonstrations and improvements to voluntary school playgrounds.

In the Schools real progress has been made. A brief summary of the work so far accomplished, of obstacles to progress, and of plans for the future is all that is possible in this report.

Visits, Classes, etc.

(a) 350 visits to schools have been made.

(b) Evening talks to men and women Teachers have been given in 7 Centres, attended by 426 Teachers.

(c) Practical courses of 12 Evening Classes for Teachers have been held :—

In 5 centres for women with a total attendance of 392 teachers out of 543.

In 3 centres for men with a total attendance of 78 teachers out of 154.

(d) Demonstrations of Physical Training Films approved by the Board of Education have been held for Teachers in 5 Centres and have proved invaluable in setting a standard towards which Schools can work.

Results.

Teachers have been well repaid for the efforts (often considerable in a rural area) which they have made to attend classes. In brief there is :—

(a) A great improvement in the standard of teaching.

(b) A growing consciousness and desire for improved posture. Increased attention is being paid to minor physical defects through the proper application of the new syllabus and a greater body suppleness is apparent everywhere.

(c) In Schools where the number of P.T. lessons has been increased Teachers frequently report a greater mental alertness.

(d) In most Schools an effort is being made to provide rubber shoes and to strip off some of the countless layers of clothing for the P.T. lesson. A number of Schools are now changing into a costume especially made for the Physical Training lesson.

Chief obstacles to progress.

(a) Bad conditions of playgrounds.

(b) Lack of permanent Playing Fields.

(c) The difficulty of getting children suitably clothed and lack of adequate washing facilities.

(d) The standard of nutrition in individual cases which has necessitated the slowing down of activity.

A County Playground Survey made by the Organiser in 1935 shewed how bad the position was particularly with regard to the condition of playgrounds in Church Schools. A few of these are to be improved by the Committee but the position generally remains bad.

A County Playing Field Survey is to be made this year by the Organiser. The position here is serious in many districts owing to the rapid sale of land for building purposes.

Difficulty of Clothing. Many Schools are hoping to gain the co-operation of parents by small demonstrations this summer. Head Teachers have been urged to invite their medical inspector or the Organiser to talk to parents at these demonstrations. The condition of many schools with regard to facilities for changing and washing, and the surface of the playground, will, however, obviously hinder real progress in this direction.

Other points of interest.

(a) All schools are now regularly supplied with simple apparatus for physical training lessons. Senior Schools are supplied with portable vaulting apparatus.

(b) An annual circular is now sent to all Schools containing suggestions for progress based on the past year's work, hints on care of apparatus, etc.

(c) The Elementary Schools of Chichester now have a communal Playing Field the use of which is shared by approximately 1048 children.

(d) A special Swimming Scheme in Horsham was carried through successfully last Summer. Provision was made by the the Committee for free instruction in Swimming to be given to 143 children in Horsham Elementary Schools between the ages of 10 and 12. At the small Swimming Gala with which the first season ended, members of the local club demonstrated strokes and diving, 55 children swam the width of the bath and 23 children the length.

Secondary Schools.

One of the new duties assigned to the Organiser by Circular 1445 is the visiting of Secondary Schools so that School Physical Training generally can be linked up in each County.

In West Sussex contact had already been made with some Secondary Schools where the Organisers had been invited to see the Physical Training, to discuss the syllabus and time given to the subject and in some cases to help with the lay-out of the Playing Fields.

Post School Age.

An effort is being made to provide sound Physical Training classes for Boys and Girls, Men and Women, under all Evening Institutes in the County.

This year an experiment has been made with "Keep Fit" Classes for young and older women in Chichester and Horsham. These classes have met with excellent response and it is hoped to find and train Leaders so that classes may be started in other Centres.

Voluntary Organisations.

Contact will shortly be made with all voluntary organisations throughout the County, in which Physical Training Classes are held, so that help can be given by the Organisers in the form of Classes for Leaders, etc., where these are required. In this way it is hoped to raise the standard of Physical Training generally throughout the County.

J. W. CATCHPOLE,
Organiser of Physical Training.

and Physical Education

The effort is being made to provide sound Physical Education classes for young and older women in Webster and Howard Counties, Iowa and Western and Eastern Illinois, under the direction of the County Physical Education Committees.

This year an experiment has been made with "Keep Fit" classes for young and older women in Webster and Howard Counties. These classes have met with excellent success and it is hoped to have other classes in other counties.

Physical Education

Contact will shortly be made with all voluntary organizations to improve the county, in which Physical Training Classes will be held, by first aid can be given by the Organizers in the form of classes for teachers, etc. where there are schools. In this way it is hoped to raise the standard of Physical Training generally throughout the County.

J. W. CATHCOTE

Organizer of Physical Training