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REPORT

ON THE

Medical Inspection of School Children

IN THE

COUNTY OF WEST SUSSEX,

1936.

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 1936 the population was estimated to be 194,960.

There are 173 School-departments in the area, and the average number of children on the roll in these Schools for the year ended 31st December, 1936, was 20,519, whilst the average attendance during the same period was 17,892.

The following statement shews the number of Births and the Birth Rates for the years 1923-1936 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
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
1929	2425	14.1	1936	2794	14.3

1.—STAFF.

WHOLE-TIME STAFF :—

School Medical Officer Dr. R. D. Smedley

Deputy „ Dr. W. Templeton

Medical Inspector Dr. W. J. Butcher

Other

Appointments held.

County Medical

Officer of Health.

Tuberculosis Officer.

M.O.H., Southern

Combined Sanitary
Districts.

Assistant County
Medical Officer

„

„

„

School Dentists

PART-TIME STAFF :—

Dr. H. M. Ayres M.O.H., Bognor Regis
U.D.

Dr. J. L. Newman M.O.H., Midhurst
(Appointed 1.6.36) R.D.

Dr. C. F. M.O.H., West Sussex
Brockington (North East) Com-
(Appointed 1.9.36) bined District.

Dr. S. Child „
(Resigned 31.8.36)

{ Mr. H. D. Hall, Senior Dentist.

{ Mr. E. S. Brabazon.

{ Miss A. M. I. Halsall.

{ Mr. C. D. Wallis.

Medical Officers for Eye Work :—

Dr. P. H. Nankivell Crawley.

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, Brigh-
ton (Sussex Throat and Ear), Chichester,
Crawley, 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.
		(Chichester)	
	{	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 78 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 (1), heating (1), sanitation (4) and ventilation (1).

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 10 occasions, as compared with 11 in 1935 and 24 in 1934, on account of infectious disease, as follows :—Measles, associated with Scarlet Fever or Epidemic Colds, 5; Epidemic Colds and Sore Throats, 2; Mumps, Whooping Cough and Epidemic Colds, 1; Whooping Cough, 1; Measles, 1.

The average period of closure was 1.73 weeks.

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 50 instances under the following circumstances :—Measles, 25; Measles, associated with Chicken Pox or Epidemic Colds, 7; Epidemic Colds and Sore Throats, 5; Chicken Pox, 4; Diphtheria, associated with Influenza or Whooping Cough, 2; Mumps, 2; Mumps, associated with Epidemic Colds, 2; Whooping Cough, 2; Measles, associated with Scarlet Fever, 1.

The average period in which attendance was reduced below 60 per cent. was 2.64 weeks, as compared with 2.52 weeks in 1935.

7.—DIPHTHERIA IMMUNISATION.—A satisfactory start has been made with this work, which is being carefully organised by Dr. Templeton, with the help of the Medical Officers of Health of the Sanitary Districts and of some of the Medical Officers in attendance at the Maternity and Child Welfare Centres.

Children admitted to the Children's Ward at Aldingbourne House, the Chichester Children's Homes and the Littlehampton Convent have been inoculated as a matter of routine.

At the beginning of November, immunisation on a more extensive scale was started in selected areas. Head Teachers kindly arranged for the distribution of letters to parents, with an immediate and satisfactory response, as approximately 50 per cent. of the children in these selected areas have been immunised.

During the next 12 months it is contemplated that the practice of immunisation will be firmly established and a high proportion of the children will have been immunised before commencing school-life.

8.—**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.

9.—**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.	30	180
Bognor Regis—Council School, Lyon Street ..	Tuesday, 2 p.m.	326	1658
Chichester—Chapel Street	{ Monday, 2 p.m. Friday, 10 a.m.	312	2611
Horsham—Health Centre, Hurst Road	{ Wednesday, 1.30 p.m. Friday, 10 a.m.	134	594
Littlehampton — Church Army Hall, Maltravers Road	Monday, 10.30 a.m.	473	2463
St. Catharine's R.C. School	Wed., 10.30 a.m.	202	959
Shoreham-by-Sea— Council Infants' School	{ Monday, 2.15 p.m. Friday, 2.15 p.m.	363	1744

Summarising this statement, records exist of 1840 children who made 10,209 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 8. For further information Table IV., Group I., should be consulted.

(b) Tonsils and Adenoids.

Hospital.	No. of Cases treated during 1936	Terms arranged.	
		Surgeon's Fees (including Anaesthetist).	Hospital Charges for Accommodation and Maintenance.
Arundel ..	24	£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 ..	38	Do.	Hospital Authorities collect a sum not exceeding 3s. 6d. per day—a day reckoned as 24 hours—from the parents of the children.
Crawley ..	5		
Petersfield ..	3		
Easebourne ..	11	Do.	Hospital Authorities collect a sum not exceeding 5s. from the parents of the children.
Emsworth ..	13		
Horsham ..	42		
Petworth ..	20		
Chichester Royal West Sussex ..	80	Do.	3s. 6d. per day or part of a day — a day reckoned as 24 hours.
Littlehampton and District ..	46		
Worthing ..	32		
Haslemere ..	14	£1 1s. per case, (i.e., Operator 10s. 6d., Anaesthetist 10s. 6d.)	5s. per case.
Brighton—Sussex Throat and Ear ..	100	£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.

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 162 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, 225 children seen in previous years were re-examined and kept under observation.

Of the total number of children examined, or re-examined, 3 were diagnosed to be suffering from Pulmonary Tuberculosis and 11 from Tuberculous Disease of Glands, Bones or Joints, etc.

Under the Scheme of Treatment of the County Council, 28 children received treatment at Aldingbourne House Sanatorium during the year; 5 received surgical treatment at the Royal West Sussex Hospital, Chichester; 5 at the Lord Mayor Treloar Hospital, Alton; and 3 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. Twenty-seven cases of scabies were detected and dealt with satisfactorily. Seven cases of ringworm of scalp were under treatment at the beginning of the year; eleven new cases were treated, and eleven 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.—Three 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 790 cases were treated, as against 830 cases in the previous year. Refraction work is undertaken at six centres (see paragraph 1).

Six cases were recommended for operative treatment for squint, and two 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	1930	1931	1932	1933	1934	1935	1936
Inspected ..	14406 (100)	16560 (100)	14197 (100)	13868 (100)	12832 (100)	15244 (100)	14225 (100)
Found to require Treatment ..	9601 (67)	10741 (65)	9792 (69)	9613 (69)	8982 (70)	10974 (71)	10986 (77)
Actually Treated	5418 (38)	6660 (40)	5946 (42)	5844 (42)	5643 (44)	6821 (45)	6791 (48)

The figures in brackets are reduced to facilitate comparison, and shew 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 6,791 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.

(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 ..	8	40 (13)	70 (16)	110 (29)	212 (61)
Chichester ..	9	97 (45)	142 (30)	239 (75)	393 (122)
Horsham ..	5	65 (16)	76 (12)	141 (28)	240 (45)
Shoreham ..	3	47 (15)	58 (13)	105 (28)	142 (39)
*Worthing ..	5	49 (20)	79 (25)	128 (45)	198 (72)
	30	298 (109)	425 (96)	723 (205)	1185 (339)

*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 1936 :—

Diagnosis.	Number of:—		Total.
	Boys.	Girls.	
1. Congenital Defects :—			
Club foot	13 (5)	15 (10)	28 (15)
Dislocation of the hip ..	— (—)	4 (—)	4 (—)
Spastic paralysis	7 (1)	8 (4)	15 (5)
Spina bifida	2 (—)	3 (1)	5 (1)
Other conditions	12 (5)	12 (5)	24 (10)
2. Birth Injuries :—			
Torticollis	8 (1)	1 (—)	9 (1)
Other conditions	— (—)	3 (2)	3 (2)
3. Rickety Deformities :—			
Bow legs	32 (19)	32 (24)	64 (43)
Knock knees	9 (3)	8 (2)	17 (5)
Other conditions	3 (—)	7 (4)	10 (4)
4. Knock knees (non-rickety) ..	82 (21)	74 (9)	156 (30)
5. Postural defects of the spine	57 (—)	78 (—)	135 (—)
6. Structural curvature of the spine	13 (—)	5 (—)	18 (—)
7. Flat Feet, etc.	84 (15)	95 (12)	179 (27)
8. Infantile paralysis	13 (—)	11 (1)	24 (1)
9. Sequelae of acute fevers :			
Encephalitis lethargica ..	— (—)	— (—)	— (—)
10. Fractures	2 (—)	1 (—)	3 (—)
11. Tuberculous joints	2 (—)	— (—)	2 (—)
12. Other Bone Diseases (Non-tubercular) :—			
Perthe's disease	1 (—)	— (—)	1 (—)
Apophysitis of the os calsis, etc	— (—)	1 (—)	1 (—)
Osteochondritis of spine ..	— (—)	— (—)	— (—)
13. Osteomyelitis	2 (—)	1 (—)	3 (—)
14. Pseudo-hypertrophic muscular dystrophy	2 (—)	— (—)	2 (—)
15. Old amputation (case for artificial limb)	2 (—)	— (—)	2 (—)
16. Other conditions	12 (4)	29 (7)	41 (11)
	358 (74)	388 (81)	746 (155)

Figures in brackets refer to children under school age.

On page 9 it will have been seen that 205 children under School age attended the Clinics during the year, whilst only 155 defects are shewn 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.

Three cases were receiving In-patient treatment at the Royal National Orthopaedic Hospital at the commencement of the year and 17 cases were admitted, and 6 re-admitted to the Hospital during the year ; 18 of these cases were discharged, leaving 8 still under treatment at the end of the year.

The cases admitted were as follows :—Deformity of foot, 11 ; Old Infantile Paralysis, 8 ; Osteomyelitis, 1 ; Deformity of Spine, 1 ; Wry Neck, 1 ; Rickets, 1.

Also, one case received treatment at the Brighton Borough Sanatorium.

Special boots or other appliances were supplied in 24 cases.

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

The treatment received by tuberculous children is referred to in paragraph 9 (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.
276 (42)	177 (33)	3451 (582)	57 (37)

Figures in brackets refer to children under school age.

(i) **Other Defects.**—Under this heading are included Anaemia 14, Bronchitis 39, Pulmonary Tuberculosis 3, Non-Pulmonary Tuberculosis 11. 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 14 special clinics for Diseases of the Ear were held at Chichester and Brighton, and 120 children attended. The following table summarises the work done and treatment carried out.

DISEASES OF THE EAR, 1936.

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..	8	68 (6)	89 (6)	—	—	7 (1)	31 (4)
Sussex T. & E. Hospital Brighton..	6	52 (2)	54 (3)	2	2	29 (1)	9
	14	120 (8)	143 (9)	2	2	36 (2)	40 (4)

Figures in brackets refer to children under school age.

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

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

The School Nurses made 17,169 home visits in addition to making a large number of special examinations of children at Schools, in which must be included 50,567 inspections of children at the routine head examination. There were also about 2,000 Clinic Sessions which they attended.

11. 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 194 inspections, as compared with 179 in the previous year, all the children were found to have clean heads. About 3.08% of children inspected had nits or vermin in the hair.

Three cases were prosecuted under the Attendance Bye-Laws.

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

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 58 per cent 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 uncleanliness.

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, has 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. 127 children were submitted to Special Examinations, viz.:—Partially Blind, 1; Deaf and Dumb, 1; Epileptic, 1; Heart Disease, 6; Minor Epilepsy 2; Crippled, 4; Feeble-minded and Crippled 1; Mentally Defective (re-examined), 8; alleged to be Mentally Defective, 105, of whom 28 were found to be defective.

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, 1936.

Condition.	No. in Special Schools 1/1/36	Admitted during year.	Discharged during year.	No. in Special Schools 31/12/36
Blind	6	1	1	6
Partially Blind ..	3	1	3*	1
Deaf	3	1	—	4
Partially Deaf ..	4	—	1	3
Feeble Minded ..	23	4	5	22
Epileptics	5	1	1	5
Cripples	2	4	1	5
Heart Disease ..	—	3	1	2
Total	46	15	13*	48

*Includes one case taken over by another Authority.

Cases admitted to the Royal National Orthopaedic Hospital are not included in the above Table (see 9 (h), Crippling Defects and Orthopaedics).

Ten of the thirteen children discharged from Special Schools had attained the age of 16 years, viz.:—Feeble-minded, 5; Blind, 2; Partially Deaf, 1; Epileptic, 1; Crippled, 1. The five feeble-minded children were referred to the Committee for the Care of the Mentally Defective. Of the three remaining cases, one blind boy was discharged from the Brighton School for Blind Boys on account of backwardness and has since (April 1937) been admitted to Sunshine House, Leamington; the responsibility for one partially blind boy has been transferred to another Authority on removal of parents, and the heart case was discharged from the Lancing Heart Home, having made satisfactory progress.

17.—PROVISION OF MILK FOR SCHOOL CHILDREN.—The Scheme referred to in the last Annual Report has been slightly extended by the provision of an additional one-third of a pint or more per day for necessitous children of subnormal nutrition where this is recommended by the School Medical Officer.

Also, in six instances where a supply of milk is not available, grants at the rate of $\frac{1}{2}$ d. per child per day have been made in respect of necessitous children of subnormal nutrition for the supply of a milk preparation instead of milk.

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

Number on Roll.	Number of Subnormal Children.	Number of Necessitous Subnormal Children
20519	5495	2955

It will be seen that 26.7 per cent. of the children examined were of subnormal nutrition as compared with 22.9 in the previous year, and 14.4 per cent. were necessitous as compared with 11.6 in the previous year.

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.

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 25, 26 and 27 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.—The Committee have approved a Scheme for inspection and treatment of pupils at the Secondary Schools, and an additional whole-time Dentist has been appointed to enable this work to be carried out. Preliminary inspections already made indicate that a high percentage of the pupils require treatment.

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.

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 127 cases were referred to the local authority, of whom 109 received special examination for detection of physical or mental defect.

Of this number, on examination, two 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.

Nine 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.

Eight children, at their last routine examination, were noted to be unsuitable for certain types of work and the parents were advised accordingly.

21.—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.

May, 1937.

TABLE I.

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

1st January, 1936, to 31st December, 1936.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	2445
Second Age Group	2199
Third Age Group	2062
Total	6706

B.—OTHER INSPECTIONS.

Number of Special Inspections	†1753
Number of Re-Inspections	*7692
Total	9445

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	278
Second Age Group	282
Third Age Group	248
Total	808

†Does not include "Special" examinations in connection with the "Provision of Milk for School Children" (Circular 1437).

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

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1936.

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	—	—	1	—
Body	1	—	15	—
Scabies	—	—	13	—
Impetigo	10	—	25	—
Other Diseases (non-Tuberculous)	61	—	58	—
Total ..	72	—	112	—
Eye—				
Blepharitis	21	—	32	—
Conjunctivitis	12	—	10	—
Keratitis	—	—	—	—
Corneal Opacities	—	1	4	—
Other Conditions (excluding Defective Vision and Squint)	9	5	66	2
Total ..	42	6	112	2
Defective Vision (excluding Squint)	265	165	303	36
Squint	30	13	8	4
Ear—				
Defective Hearing	17	12	18	6
Otitis Media	18	7	29	—
Other Ear Diseases	5	6	44	6
Nose and Throat—				
Chronic Tonsillitis only	85	243	158	24
Adenoids only	10	26	11	5
Chronic Tonsillitis and Adenoids	81	58	216	36
Other Conditions	14	105	40	5

Table II.—(continued).

(1)	(2)	(3)	(4)	(5)
Enlarged Cervical Glands (non-Tuberculous) ..	9	72	69	14
Defective Speech ..	1	2	—	3
Heart and Circulation—				
Heart Disease—				
Organic	1	19	13	11
Functional	—	82	11	12
Anaemia	3	12	11	2
Lungs—				
Bronchitis	19	47	20	13
Other Non-Tuberculous Diseases	—	11	14	16
Tuberculosis—				
Pulmonary—				
Definite	—	—	3	—
Suspected	—	—	—	—
Non-Pulmonary—				
Glands	—	—	9	—
Bones and Joints	—	—	2	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Total ..	—	—	11	—
Nervous System—				
Epilepsy	—	1	4	8
Chorea	—	4	10	5
Other Conditions	1	9	6	6
Deformities—				
Rickets	—	5	1	2
Spinal Curvature	34	24	10	4
Other Forms	122	31	46	5
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases). ..	45	133	331	25
Grand Total ..	874	1093	1611	250

**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	2445	204	8.34	1656	67.73	563	23.03	22	0.90
Second Age-Group	2199	220	10.00	1352	61.48	612	27.83	15	0.68
Third Age-Group	2062	315	15.27	1255	60.87	484	23.47	8	0.39
TOTAL ..	6706	739	11.02	4263	63.57	1659	24.73	45	0.67

TABLE IV.

**RETURN OF DEFECTS TREATED DURING THE YEAR
ENDED 31st DECEMBER, 1936.**

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 ..	3	—	3
(ii.) Other Treatment ..	10	6	16
Ringworm—Body	43	2	45
Scabies	27	—	27
Impetigo	268	—	268
Other skin diseases	211	—	211
Minor Eye Defects—	174	5	179
(External and other, but ex- cluding cases falling in Group II.)			
Minor Ear Defects	229	10	239
Miscellaneous	2186	9	2195
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	3151	32	3183

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)	763	27	790
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	763	27	790
No. of Children for whom Spectacles were			
(a) Prescribed	654	24	678
(b) Obtained	652	24	676

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

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)						(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
9	3	416	—	1	—	11	—	10	3	427	—	—	440

(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	31	1	366	—	—	7	397

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.	12	271	1282	1457	1577	1512	1554	1555	1387	1507	1446	263	13823

(b) Specials 402

(c) Total (Routine and Specials) 14225

(2) Number found to require treatment 10986

(3) Number actually treated 6791

(4) Attendances made by children for treatment .. 12523

(5) Half-days devoted to	Inspection 131½	1648½
	Treatment 1517	

(6) Fillings	Permanent teeth .. 6041	7005
	Temporary teeth .. 964	

(7) Extractions	Permanent teeth .. 2189	15954
	Temporary teeth .. 13765	

(8) Administrations of general anaesthetics for extractions —

(9) Other Operations	Permanent teeth .. 1400	1449
	Temporary teeth .. 49	

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	50567
(iii). Number of individual children found unclean ..	1225
(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	3

SECONDARY SCHOOLS.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING SECONDARY SCHOOLS.

1st January, 1936, to 31st December, 1936.

A.—ROUTINE MEDICAL INSPECTIONS.													
Ages	7	8	9	10	11	12	13	14	15	16	17	18	Totals
Boys	1	4	10	53	124	72	141	115	96	15	4	1	636
Girls	—	—	7	51	69	57	158	30	81	6	7	—	466
Totals	1	4	17	104	193	129	299	145	177	21	11	1	1102

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	..	..	..	32
Number of Re-Inspections	..	..	..	..	..	..	109
							<u>141</u>

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.	
1102	124	11

SECONDARY SCHOOLS—(continued).

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1936.

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	1	—	—	—
Scabies	—	—	—	—
Impetigo	—	—	—	—
Other Diseases (non-Tuberculous)	9	—	—	—
Total	10	—	—	—
Eye—				
Blepharitis	1	—	—	—
Conjunctivitis	—	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision & Squint)	—	—	—	—
Total	1	—	—	—
Defective Vision (excluding Squint)	56	44	16	4
Squint	—	1	—	—
Ear—				
Defective Hearing	1	—	—	—
Otitis Media	—	—	—	—
Other Ear Diseases	2	3	1	—
Nose and Throat—				
Chronic Tonsillitis only	17	16	—	—
Adenoids only	2	1	—	1
Chronic Tonsillitis and Adenoids	5	—	—	—
Other Conditions	5	—	—	—
Enlarged Cervical Glands— (non-Tuberculous)	1	5	—	—
Defective Speech	1	—	—	—

Table II.—(continued).

(1)	(2)	(3)	(4)	(5)
Heart and Circulation—				
Heart Disease—				
Organic	—	—	—	—
Functional	—	5	—	1
Anaemia	1	—	—	—
Lungs—				
Bronchitis	1	—	—	—
Other non-Tuberculous Diseases	1	2	—	—
Tuberculosis—				
Pulmonary—				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary—				
Glands	—	—	—	—
Other Bones & Joints ..	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Total ..	—	—	—	—
Nervous System—				
Epilepsy	—	—	—	—
Chorea	—	—	—	—
Other Conditions	—	2	—	—
Deformities—				
Rickets	—	—	—	—
Spinal Curvature	4	2	1	—
Other Forms	8	6	3	—
Other Defects and Diseases ..	17	13	2	4
Grand Total ..	133	100	23	10

REPORT OF THE SENIOR SCHOOL DENTIST.

The year 1936 has been an important one in the history of the School Dental Service in West Sussex, having regard to the decision of the Education Committee to include the Secondary Schools in the Scheme and to appoint an additional dental surgeon to meet the extra work entailed. This decision means that in future every child under the care of the Education Committee will be inspected annually and will have the opportunity of obtaining treatment at the School Clinics. The past anomaly of the scholarship children losing their advantage of regular dental treatment when they transferred to the Secondary Schools is removed and they will now be treated on the same basis as before. As it is common knowledge that the condition of the teeth has an enormous influence on the health of the body, it will be appreciated that this new departure in school dentistry is an effort to promote the health of that large and important section of our child population to be found in our Secondary Schools.

A second important departure is the commencement of Nutrition Clinics, as dental caries, probably the most prevalent disease of the civilised races, is often caused by faulty nutrition. It is recognised, for instance, that the teeth of children in orphanages and other institutions are always better than those of the ordinary school-children, and the reason probably lies in the fact that they have plain good food and a regular and healthy daily routine. In tackling this great problem of caries of the teeth there are two fundamental things that must be provided. Firstly, an efficient system of inspection and treatment and, secondly, an adequate and balanced diet for the children. With regard to the former, it is now up to parents to see that their children take advantage of the excellent service provided for them, and the latter is a problem which does not lie in my province, but the fact that a start is being made in the form of Nutrition Clinics and the supplying of milk to undernourished children is significant.

It is very gratifying to the Dental Staff to have available the new clinic premises at Shoreham-by-Sea and Horsham and the addition of modern equipment at Chichester. It will be readily understood what an encouragement and help this is to the dentists and what a good impression it makes on our patients and the parents of the children. School dentistry has had to grow from small beginnings and treatment has often had to be given in all sorts of odd places. Now it is acquiring the recognition which it deserves.

The dental caravan has been in constant use in the rural districts throughout the year, and it has now established its usefulness in this County. It has been singularly free from any trouble and has met with approbation wherever it has been.

During the year a Quarterly Dental Staff Meeting has been instituted and is held on Saturday mornings. Its object is to enable the free discussion of the many problems of our work and the holding of clinical demonstrations. Members of the Staff are made to feel more as members of a team rather than as isolated units, never meeting their colleagues and lacking that exchange of ideas which is so healthy.

In 1936 we were unfortunate in the matter of illness among the Staff; nevertheless I think that a perusal of the figures given on page 23 will shew that a large amount of work has been done. In addition to these figures, 19 cases of orthodontic treatment—that is, the correction of gross irregularities of the teeth by means of apparatus worn by the patient—have been successfully undertaken. It will be noticed that the extractions of permanent teeth number 2189, but it should be noted that about one-third of them were sound teeth which had to be removed to relieve overcrowding and for the correction of irregularity. A big effort has been made to develop the conservative side of the treatment, and the fact that 7005 fillings and restorations were done is evidence of some success.

On behalf of the members of the Dental Staff I would like to offer thanks to the Members of the Education Committee for the sustained interest they have shewn in our work.

H. D. HALL,
Senior School Dentist.



