

MEDICAL INSPECTION OF SCHOOLS.

DEPUTATION TO MR. McKENNA.

THE President of the Board of Education last week received (we learn from the *Times*) a deputation from the Executive Committee of the Association of Municipal Corporations with reference to the question of medical inspection in schools. Mr. A. H. Scott, M.P., introduced the deputation.

Alderman Oulton (Chairman of the Education Committee of Liverpool) urged that there should be a contribution made by the Treasury to defray the cost of the medical inspection of school children. The Ex-Mayor of Sunderland, Mr. Laverack (Town Clerk of Hull), and the Secretary of the Bradford Education Committee also spoke.

Mr. McKenna, in reply, said he did not deny that the Act would throw an additional charge upon the cost of education. He was prepared to recommend to the Treasury that provision should be made in the coming financial year for medical inspection, and further, that the provision should be in the form of a special grant. He thought that the cost of medical inspection would come to something between 6d. and 1s. a child, and he hoped he was not overstating it. In the Bill which he had introduced this year it was proposed to increase the existing grants to local authorities by a sum of £1,400,000, and the actual increase by reason of the special provisions of the Bill would not, in his judgement, come to anything like half that amount. He believed, on the contrary, that the education authorities would not only have an additional grant, but that there would be to some extent a saving on the rates. The additional grant would come to about 5s. 6d. a child, which he thought would be about five or six times the amount which the medical inspection would actually cost. Even the local authorities who were worse treated under the Act would get at least 4s., and he thought in those circumstances it would be admitted that the proposal of the present Bill did give ground for the expectation that they would be far more than indemnified for any special burden imposed under the Administrative Provisions Act. It had been put to him that the local authorities would lose grant by the absence of the children from school owing to medical inspection, and he said that it was obvious they must not suffer, and that means must be devised if possible which would relieve them from suffering any reduction owing to their carrying out the law. He could only ask them to place their confidence in them, for the present at any rate, upon that point. Some points had been mentioned to him in a letter in connexion with that deputation with regard to the relations of the education authority to the sanitary authority, and he thought that there was a little misunderstanding. A great deal of the work which was included under the Administrative Provisions Act was work directly related to, and of the same kind as, the work which was now done by the sanitary authority. In the Board's memorandum they had endeavoured to leave to the local authorities great latitude, and they had interpreted the Act in a way which gave scope for elasticity. With regard to the subject of specific medical treatment, they did not propose to lay down any hard and fast rule, but the local authorities must, with the assistance of their own experience, find out what was best for their particular districts.

Alderman Oulton said that in the case of a girl who left school at 14 or 15 years of age, there might be some objection to medical examination of this kind.

Mr. McKenna remarked that that was a very valuable point, and he could quite understand that there might be great repugnance to examination in that case being made compulsory. He would consider the point.

The Secretary of the Bradford Education Committee thought that if children could be medically examined when they became half-timers, and again when they left school, some valuable evidence would be obtained as to the effect on children of being allowed to work half-time.

DUNFERMLINE.

In his second annual report on the medical inspection of school children in Dunfermline, 1907, Dr J. C. Bridge, Medical Officer of the Carnegie Dunfermline Trust, states that the examination of all children attending each school

has been undertaken continuously, with a view to minimizing, as far as possible, the interruption of school work.

Refusals on the part of parents to submit their children to medical examination have gradually decreased, although there still remain a certain number who prefer that they should not be examined.

The examination is carried out as privately as possible in a warm room, great care being taken to prevent any child from taking cold. The possibility of many of the children who are not submitted for examination being those who most require it must not be forgotten in considering the details in the following report.

The examination of the girls in the senior departments is carried out without the children being undressed. This limits the observations that can be made.

Should the condition of any child appear to require further investigation, a request is sent to the parent for permission to carry out the examination. This is granted in most cases.

It is difficult to ascertain the number of children who have received treatment in consequence of letters sent to the parents. From the beginning of next year a scheme will be started by which it is hoped that the children who are found physically unfit may be brought more closely to the notice of the instructors in physical training and the teachers. The exercises can thus be regulated. Children will be re-examined from time to time with a view to altering, if necessary, the course of physical exercises.

An endeavour will also be made to obtain, through the parents, the past history of each child examined as regards infectious diseases.

Measurements.

Height.—At all ages, in the cases of both boys and girls (1,074 boys and 1,202 girls) the Dunfermline children are just below the standard of the average height estimated by the Anthropometric Committee. Particularly is this so in the case of the girls, the difference becoming especially marked from 10 upwards.

Weight.—The weight of the Dunfermline boys is practically identical with that of the anthropometric standard, but the average weight of the girls is below the standard, the difference being more pronounced from the age of 10 upwards. In comparing the average weight of boys and girls, the average weight of the girls becomes greater than the boys between 13 and 14 instead of between 12 and 13, as is the case in the Committee's standard. Only at the early ages from 5 to 8, and that in the case of the boys alone, is the Dunfermline average above the standard. These averages are probably greatly influenced by the small numbers examined, so that too much importance cannot be attached to them. On the whole, the averages for Dunfermline do not compare so favourably as last year with the Anthropometric Committee's standard.

Chest Measurements.—These consist of (1) girth of chest at rest (normal); (2) girth of chest fully expanded (maximum); and (3) girth of chest after complete expiration (minimum). The reliability of measurements depends upon the intelligence of the child in carrying out certain necessary details. In the case of the boys there is a slight increase in the chest expansion since last year, especially from the ages of 10 and upwards, when the physical training which the boys have been receiving during the past three years ought to begin to make itself apparent. The same boys, however, have not been examined as last year. In boys with the greatest chest measurements it has been generally noted that swimming is one of their forms of recreation, and the number learning is increasing year by year.

Nutrition.—Of the 1,068 boys who were examined, 37.39 per cent. were found good, 48.70 per cent. of average nutrition, while 13.91 were bad. Taken throughout, the percentages at each age bore a close relationship to one another, the poorest state of nutrition being found at the middle ages. The state of nutrition has been observed in 428 girls. The number examined from 9 to 14 has been too small to be of value. At 6 and 7 years 25 per cent. of the 200 girls examined were of good nutrition, and 18 per cent. of bad. At the same age, in the boys, 38 per cent. were good, and 11 per cent. bad. This coincides with the weight results.

Teeth.—Of 492 boys, at the ages from 7 to 10 years, only 25, or just over 5 per cent., had a sound (no decaying) set of teeth. The remaining 95 per cent. had decaying teeth in varying numbers; 20 per cent., or one-

fifth of the whole number at those ages had teeth which had been classified as bad. Much of this is due to the remains of some of the decaying primary teeth in the mouth. Not only does their presence injure the child's general health but leads to caries of the permanent teeth. The presence of carious teeth frequently sets up a condition of chronic inflammation of the glands of the neck. Should the specific organism of tuberculosis enter the child's body, glands in such a state present a very suitable starting point for the disease. Scars, the result of very necessary operations, are but a very mild sequence to the train of events. It is not too much to say that in the forefront of preventive medicine, and in particular the elimination of tuberculosis from the race, proper attention to the teeth of children must play an important part. At present in but a very minute number is any attempt made to preserve the teeth by daily cleaning, and in none of the children examined was there found any attempt to arrest decay by stopping. The question of dental treatment for children attending the schools is an urgent one. Teeth cleaning should be a part of the daily routine during school hours. The result of the examination of 1,208 girls was as follows: Out of 546 examined between the ages of 7 and 10 only 3 per cent., or 2 per cent. less than the boys, had a sound denture, 29 per cent. having bad teeth.

Eyesight.—The 729 boys examined were classified according to their ability to read Snellen's types at 6 metres distance. Both eyes were tested separately as well as together, the following results being those obtained from reading with both eyes together: 87.65 per cent. were found with normal vision ($\frac{6}{6}$), 6.58 per cent. with fair vision ($\frac{6}{9}$), while 5.77 had bad vision ($\frac{6}{12}$ or worse). The latter have been referred for treatment and the defect found to be due to errors of refraction. Many of the children with fair vision had a certain degree of hypermetropia, which, although it did not interfere with the visual acuity, in many cases caused sore eyes, headache, etc., and was thus detrimental to progress in school. Of 639 boys with normal vision, reading with both eyes together, 12 per cent. were found to have one eye more or less defective. The percentage of children with normal vision was highest at age 11. The same tests were applied to 797 girls; 80.56 per cent. were found with good vision, 12.17 per cent. with fair vision, and 7.27 per cent. had bad vision and required suitable correction, which was advised.

Vision Corrected.—During the year, 68 children were found wearing spectacles. Among 1,068 boys and 1,208 girls, or a total of 2,276 children, as far as it was possible to ascertain, 10 boys and 18 girls had been suitably corrected during the past year. There are still many requiring spectacles whose parents have been informed but had not sought advice. Expense no doubt played an important part, but there was still much ignorance regarding the ill effects of neglect.

Squint.—All the cases observed in boys were convergent, 32 being noted. The importance of correction, either by glasses or operation in early life, is pointed out. Among girls, 31 cases of squint were observed, 30 being convergent and 1 divergent. In 16 cases there was normal vision in the squinting eye, the squint being very slight. In 11 cases the vision was more or less defective, and in 4 the squinting eye had become practically visionless. The case of divergent squint was interesting. The spectacles required refitting, the condition of the eye having improved. The squint after correction was hardly noticeable. The girl stated that previous to wearing spectacles she suffered from fits, but since procuring spectacles last year she had ceased to have any fits, the probability being that the eye strain caused by the defective vision produced a cerebral irritation, and when this was remedied by spectacles the fits ceased.

Blepharitis and Styes.—In 50 boys suffering from this condition of the lids, the cases were very mild, with the exception of two; 66 cases of blepharitis and 6 of styes were observed among 1,208 girls.

Conjunctivitis.—Seven cases of the chronic variety and 4 of the acute were noted among the boys, and 4 chronic cases among the girls. Of the 2,276 children examined, 15 suffered with this complaint.

Corneal Nebulae.—This condition was noted in 19 boys and 10 girls. In 11 boys vision was little affected, but in the remaining 8 vision was more or less greatly impaired,

amounting in 4 cases to almost total blindness. Of the 10 cases in girls, in 4 cases the affected eye had lost all vision.

Strumous Keratitis.—One boy and 4 girls were affected; all were referred for treatment with beneficial results.

Iritis.—One case was noted among the boys.

Disease of the Nose and Throat; Adenoids.—Although these are commonly said to disappear at the higher ages, other defects result from them such as mouth-breathing, deafness, and flat chest, to the impairment of health. Treatment should be applied early. Of 1,068 boys and 1,208 girls, 64 were found to be suffering from adenoids, 20 from purulent discharge of the ear; 102 were more or less deaf, and of those who had enlarged tonsils, in 70 they were markedly enlarged, 164 were recorded as medium and 217 as slight. Chronic enlargement of the tonsils was found in 188 boys, or 18.1 per cent. of the number examined. In 22 cases immediate attention was necessary. Among the girls enlarged tonsils were found in 283 cases, or 21.7 per cent., and in 48 the condition was well marked. Moderately enlarged tonsils were present in 104 girls.

Ears.—Of the 1,068 boys examined, 52, or 4.8 per cent., suffered from defective hearing, excluding those whose deafness was due to adenoids. In 11 cases purulent discharge from the ears was present. Of the 1,208 girls examined, 70, or 5.8 per cent., were found affected, purulent discharge being present in 9 cases.

Heart.—Valvular disease was present in 36 boys, or 3.3 per cent. of the total number examined. Irregular or weak action of the heart was found in 23 cases. Nine cases of valvular disease and 6 cases of functional disease were found in this way among 428 girls examined.

Lungs.—Among the boys 73 cases with affections of the lungs were observed; of these, the most important were weak breath sounds in certain areas in 5 boys out of the 30; in addition to this defect, they showed signs of weak condition of the lungs generally. The 40 cases of bronchial catarrh were all of a mild character. Among the girls, 1 case only showed a badly-affected condition of the lungs. The remaining cases were all of a slight nature.

Glands in the Neck.—In 585 boys, or over half the total number examined, the cervical glands were found more or less enlarged. The same condition was found in 647 girls, or 53.5 per cent., of those examined.

Diseases of Bones and Joints.—Of 23 boys found suffering from diseases of the bones and joints, in only 4 was the defect such as to be a hindrance in after-life. Among the girls, only 6 cases were observed, none of which require special mention.

Hernia.—This condition was found in 12 boys.

Deformities.—280 children suffered from deformity. Those requiring special attention were cases of curvature of the spine.

Contagious Diseases of the Skin.—There were 18 cases noted of impetigo contagiosa, scabies, and ringworm.

Miscellaneous.—146 cases suffered from more common conditions not already noted. Anaemia (116 cases) was observed chiefly at the ages of 7 and 8, especially among the boys. Whether it bears any relation to the extra strain thrown on the child as he passes from the junior to the senior department it is impossible to say, but the fact is worth bearing in mind.

A SANITARY bureau has been established in the German colonies in East Africa with the object of promoting the suppression of epidemic diseases among the natives.

THE second Congress of the American School Hygiene Association will be held in Atlantic City, New Jersey, on April 17th and 18th, 1908. The programme includes papers on legislation relative to school hygiene, medical and sanitary inspection of schools and school children, treatment following the medical inspection of school children, nursing system in public schools, and other cognate subjects.

THE report submitted at the annual Court of Governors of the Royal Sea-Bathing Hospital, Margate, showed that the year's work left a considerable balance of income over expenditure, and this it was decided to devote to paying for the two additional observation wards now being erected. The present ambition of the hospital is for the endowment of more individual beds, and a wish was expressed that more people would visit Margate and see for themselves what excellent work this seaside institution is doing for those suffering from tuberculous disease.