

with every family where a child is newly born. As soon as possible after the mother is up and about, she is invited to bring her baby to the centre to be medically examined, together with any other children of the family who are not yet at school. Further, a certain number of other children under school age of whom the society has cognizance in the course of its work are similarly invited. In this way children of every year up to five are brought for examination. The centre being the pioneer of its kind, the results of its workings are of special interest, as providing the only statistical evidence yet published of the physical deficiencies of the child population in each of the first five years, and the following table summarizes the physical conditions noted at the examination of 664 children brought to the centre during 1912 and 1913:—

Age of Child : Number examined :	0 to 1 294	1 to 2 119	2 to 3 120	3 to 4 79	4 to 5 52
	%	%	%	%	%
Decayed teeth...	—	1.7	16.7	45.6	55.8
Enlarged tonsils	—	6.7	21.7	27.8	30.8
Adenoids	3.0	8.4	20.0	39.2	48.0
Rickets,	19.0	24.4	8.3	5.0	1.9

The outstanding feature of this analysis is the rapid rise in the tide of disease in each year of life. While the large majority of children in the first period are healthy, only the minority go through to their fifth year without at least one physical defect of some kind or other. This is most strikingly seen in cases of dental caries, a condition which is probably responsible for more ill-health among children than any other. Further, it should be added that the proportion of the defective cases in urgent need of treatment increases every year; that is to say, the longer the defects are left untreated the more serious they become, the more protracted and costly the treatment, and, of course, the less the chance of completely restoring health. Finally, although rickets dwindles to insignificant proportions by the fifth year (it is rarely even mentioned in the reports of the school medical officers), its lifelong effects in producing deformity, and more often still in stunting the stature in after life, have already become ineradicable long before school begins.

Apart from these four varieties of defects (enlarged tonsils, adenoids, decayed teeth, and rickets), not a great deal of ill-health was found—a fact the importance of which is fully realized only when it is remembered that these particular defects are nowadays largely preventable. Rickets spells improper food. Teeth can hardly decay if the mouth and its contents

are kept scrupulously clean. Adenoids and enlarged tonsils are intimately dependent on the same circumstance, and on the no less important factor of cleanliness of the interior of the nose. Yet how many mothers apply these simple facts in practice? Comparatively few probably even know of them. To maternal ignorance, therefore, of the elementary needs of infancy must be ascribed no inconsiderable share of this widespread deterioration. It is environmental and not inherited.

Now, although it would be unwise to generalize too confidently from statistics based on a few hundred cases, still it is noteworthy that these figures for each of the first five years lead up to and accord very well with those known to represent the condition of school entrants throughout the country. It is very probable, therefore, that our Westminster children are neither much worse nor much better than children elsewhere. In other words, large numbers of children throughout the country, healthy in every respect at birth, become, within five years, the physically defective entrants whom the education authorities are required, at no small cost, to restore, as far as possible, to their original state of health. And most of these cases are preventable if taken in time, and can be relieved more speedily, and therefore more cheaply, by treatment in their earliest stages than if left until school age, by which time not a few will have received permanent damage, physical or mental.

This national problem cannot be solved by any but a national scheme providing for the continuous medical supervision of children from birth to school age. Inspection centres for this purpose will fill the gap between the school medical service on the one hand, and maternity centres dealing with pre-natal and natal conditions on the other. Indeed, their work is so closely related to the latter, of which they are the natural continuation, that the two can be most usefully combined, so that a pregnant mother, after having been brought safely through her confinement, will continue with her baby under the same guidance for the next few years.

By thus making medical advice available for those so much in need of it, a great step towards preventing ill-health among these younger children will have been taken. Still further improvement will be effected when, by teaching girls before they leave school how to rear babies, a generation of enlightened mothers is produced. But it will be many years before these preventive measures alone can meet the situation, since a large though decreasing number of children will still be in need

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