

## **[Report of the School Medical Officer for Finchley].**

### **Contributors**

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Turner, A. A.

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FINCHLEY

Borough of Finchley



REPORT  
OF THE  
School Medical Officer  
For the Year 1936



BOROUGH OF FINCHLEY

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# REPORT

OF THE

## School Medical Officer

For the Year 1936



# BOROUGH OF FINCHLEY.



## MEMBERS OF THE EDUCATION COMMITTEE.

### *Chairman :*

Councillor F. J. GROCOTT.

### *Vice-Chairman :*

Councillor W. L. BROOKSBANK.

### THE MAYOR.

### THE DEPUTY MAYOR.

Councillor P. H. BURCH.

„ J. HUGH JONES, LL.B.

„ MAJOR H. W. STEWARD

„ H. H. WILMOT

### *Co-opted Members :*

Miss L. DAVEY, M.A., Mrs. A. S. MIALL, B.A.,

Mr. D. A. A. MERRY.

### *Ex-officio Members :*

County Councillor J. BOGGON, J.P.

„ „ W. NEWCOME WRIGHT, J.P.

The Chairman of the Local Higher Education Committee

(Alderman C. S. SYRETT).

### *Director of Education*

T. FROST, B.Sc.

# BOROUGH OF FINCHLEY.



## SCHOOL MEDICAL STAFF.

*School Medical Officer :*

A. A. TURNER, M.C., M.D., D.P.H.

*Assistant School Medical Officer :*

C. RUSSELL, M.B., Ch.B., D.P.H.

*Ophthalmic Surgeon :*

J. S. BODEN, M.B., B.S.

*Radiologist :*

J. RHYNLAND PARRY, M.B., Ch.B., D.M.R.E.

*School Dentist :*

C. R. WILSHAW, H.D.D. (Edin.), L.D.S. (Eng.).

*Assistant School Dentist :*

W. B. PRIEST, L.D.S. (Eng.).

*School Nurses and Health Visitors :*

Miss J. HULL.

Miss C. HEMMING.

Miss F. HUGHES.

*Clinic Nurse :*

Miss J. R. SHARPE.

*Dental Attendants :*

Miss M. HIDSON.

Miss E. G. SOMMERFIELD.

*Clerk :*

Miss D. MARTIN.

# FINCHLEY SCHOOLS.

## ELEMENTARY SCHOOLS.

School.				Depart- ment.	No. on roll.	Average Attendance 1936.		
Alder	...	...	...	Senior	...	356	...	323
Alder	...	...	...	Infants	...	135	...	118
Northside	..	...	...	Senior	...	232	...	208
Northside	..	...	...	Junior	...	439	...	387
Manorside	...	...	...	Senior	...	286	...	258
Manorside	...	...	...	Junior	...	505	...	444
Martin	...	...	...	Junior	...	426	...	373
Summerside	...	...	...	Junior	...	519	...	472
St. Mary's	...	...	...	Junior	...	443	...	387
St. John's	...	...	...	Junior	...	253	...	225
Christ Church		...	...	Senior	...	219	...	194
Holy Trinity	...	...	...	Junior	...	285	...	250
Our Lady of Lourdes				Mixed & Infants	286	...	...	246
						4384		3885

## SECONDARY SCHOOLS.

				On Roll.	
County School	...	Boys & Girls	...	...	352
Christ's College	...	Boys	...	...	484
Woodhouse	...	Boys & Girls	...	...	362
					1198



**To the Chairman and Members of the Education Committee  
of the Borough of Finchley.**

I have the honour to submit my report on the work of the School Medical Service for the year 1936.

The general health of the children has been good throughout the year and apart from measles and chicken-pox the incidence of infectious disease has been low.

The work of immunising the children against Diphtheria has gone on smoothly throughout the year and the response has been very gratifying.

The number of children examined by the Medical Officers was greater than in 1935, and increased advantage has been taken of the facilities for treatment at all the clinics.

9.84% of the children submitted to routine inspection were found to be in need of medical treatment and in no less than one half of these the condition requiring treatment was defective eyesight.

The appointment of an additional part-time Dental Officer has greatly reduced the leeway in the dental inspection and treatment of the elementary school children.

I wish to acknowledge my indebtedness to the Director of Education for his advice and encouragement, to the Head Teachers for their ever ready co-operation and to all members of the School Medical Staff for their loyal service throughout the year.

I am,

Your obedient Servant,

**A. A. TURNER,**

*School Medical Officer.*



## **CO-ORDINATION WITH OTHER HEALTH SERVICES.**

Close co-operation exists between the Public Health Department and the School Medical Service; the Medical Officer of Health is also School Medical Officer, while the Assistant School Medical Officer and the three School Nurses also carry out the Maternity and Child Welfare work in the Borough. The School Nurses know most of the children before they are admitted to school, and they are also acquainted with their home circumstances.

### **Medical Inspection.**

Routine Medical Inspection is carried out on the elementary school premises and the three age groups laid down by the Board of Education are dealt with, namely:— Five year olds, eight year olds, and twelve year olds. All new admissions to the schools which do not fall into any of these groups are also examined. "Special" children referred by parents, teachers or school nurses are examined in the schools or at the appropriate school clinic, while "re-inspections" are dealt with in the same manner

In 1936 the total number of medical inspections was 4,226 as compared with 3,731 in 1935.

### **Findings of Medical Inspections.**

The number of defects, apart from dental defects and uncleanliness, found at routine medical inspection in the schools and at other inspections is set out in Table II.

Of the 1,727 who were submitted to routine inspection 170 or 9.84% were found to be in need of medical treatment.

#### *(a) Malnutrition.*

The Board's classification of the nutrition of the children submitted to routine examination was used through-

out the year and the following summary of the results clearly shows that very little malnutrition exists.

No. of children inspected	A (Excellent)		B (Normal)		C (Slightly sub-normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
1727	254	14.71	1329	76.95	143	8.28	1	0.06

(b) *Uncleanliness.*

Every effort is made to keep the standard of cleanliness as high as possible and it is now very rarely that one sees a child with vermin in its head. All children are examined by the School Nurses as soon as possible after the commencement of each term and the unsatisfactory ones are reviewed at frequent intervals. All new admissions are examined at the earliest possible moment. Every case of uncleanliness however slight is recorded. Until a very few years ago one frequently came across children whose bodies were covered with flea bites, but now such cases are never seen.

The nurses paid an average of 64 visits to each school for uncleanliness inspections during the year; 16,730 inspections were made and 280 individual children were found not to comply with the rigid standard which is enforced.

At routine medical inspection the heads of 64 or 3.71% of the children were found not to be entirely satisfactory while 3 or 0.17% had dirty bodies.

(c) *Minor Ailments and Skin Diseases.*

Few cases of minor ailments are found at routine inspection as these are sent to the school clinics by parents, teachers, and school nurses as soon as they are discovered.



One case of scabies, and two cases of impetigo were found at routine inspections, while at special inspections, 4 cases of ringworm of the scalp, 6 cases of ringworm of the body, 37 cases of impetigo, 17 cases of scabies and 74 of other skin diseases were discovered.

*(d) Visual Defects and External Eye Disease.*

Eighty-three or 4.81% of the children at routine inspections were found to be suffering from some fairly serious defect of vision while 22 others were found at special inspections.

A considerable number of children who had already been supplied with spectacles were referred to the School Oculist as a result of re-examination. In all 206 children were referred for refraction.

Five cases of blepharitis and 1 case of conjunctivitis were found at routine inspection and at special inspections 1 case of blepharitis and 32 of conjunctivitis.

*(e) Nose and Throat Defects.*

At routine medical inspection 15 children were found to be in need of surgical treatment for enlargement of the tonsils or adenoids, or both, while 16 were referred for observation. At special inspections 15 were referred for treatment and 24 for observation.

*(f) Ear Disease and Defective Hearing.*

As a result of routine and special examinations, 32 cases of discharging ears were referred for treatment.

*(g) Dental Defects.*

Five hundred and eighty-two or 33.7% of the children were found to be suffering from dental decay, 7.64% having four or more teeth decayed, and 26.06% having less than four.



(h) *Orthopædic and Postural Defects.*

At routine inspection two cases of deformities were referred for observation while at special inspections six cases were referred for treatment.

(i) *Heart Disease and Rheumatism.*

Five cases of organic heart disease were found at routine inspection and three cases at special inspections.

(j) *Tuberculosis.*

One case of quiescent tuberculosis of the spine and one case of neck glands were discovered at special inspections. Both had been adequately treated and were kept under observation.

(k) *Other Defects and Diseases.*

These form a very miscellaneous group and in all 215 cases were referred for treatment from routine and special inspections.

**Following up.**

There are three Health Visitors and School Nurses who devote approximately two-fifths of their time to school work. There is a whole-time Clinic Nurse who does the minor ailments and supervises the Dental Clinic, and there is also a whole-time and a part-time Dental Attendant. Home visits are paid by the School Nurses in connection with the treatment of defects; in connection with uncleanliness cases, and to arrange for children to go to special schools.

The following is a summary of the work done by the School Nurses during the year:—

Visits to schools	...	...	...	642
Visits to clinics	...	...	...	381
Home visits ...	...	..	...	423
				—
				1446
				—
Number of examinations of children—				
	heads, bodies, clothing, etc.			16,730

## Medical Treatment.

### (a) *Minor Ailments.*

The Clinic at Bouchier House is open every morning from 8.30 a.m. and the clinic at Summerside School on Tuesday afternoons. On occasions the number of patients has been so large as to necessitate a second weekly session which has been held on Friday afternoons.

One thousand, four hundred and sixty-eight children received treatment at these clinics during the year, making 9,705 attendances, as compared with 1,327 children making 8,743 attendances in 1935.

### (b) *Tonsils and Adenoids.*

Fourteen children were operated on for tonsils and adenoids at the Finchley Memorial Hospital. The arrangement whereby the children are detained in Hospital for two days following the operation is greatly appreciated by the parents, and it minimises the risk of hæmorrhage and sepsis which are apt to occur when children are taken home immediately after operation.

### (c) *Tuberculosis.*

All cases of tuberculosis occurring among school children are referred to the Tuberculosis Officer of the Middlesex County Council.

### (d) *Skin Disease.*

The treatment of cases of skin disease is carried out at the Minor Ailments Clinics; 489 children were treated during the year.

#### *Ringworm of the Scalp.*

Four cases of ringworm of the scalp were found in 1936. Two were submitted to treatment by X-Rays and two were treated by their family doctor.

### (e) *External Eye Disease.*

Children suffering from external eye disease are treated at the Ophthalmic Clinic and at the Minor Ailments Clinics; 98 children were treated during the year.



(f) *Vision.*

The Ophthalmic Surgeon attends one session per week at the Clinic at the Martin School and examines all children suffering from defects of vision or other eye conditions referred to him.

During 1936, 204 children were referred for examination; 195 were submitted to refraction—spectacles were prescribed in 183 cases and 167 actually obtained spectacles. In 24 of these cases the parents were unable to pay the whole cost of the spectacles and the Children's Care Committee subscribed varying sums towards the purchase.

(g) *Ear Disease and Hearing.*

Children suffering from ear discharge and defective hearing are dealt with at the Minor Ailments Clinic at Bouchier House. During the year 69 children were treated.

(h) *Dental Defects.*

In my report for 1935 I referred to the necessity of appointing a part-time Dental Surgeon to cope with the increased work entailed in the inspection and treatment of Secondary School children and to make further provision for the treatment of Maternity and Child Welfare cases. A part-time Officer took up his duties on the 1st April. Fourteen sessions per week are now devoted to the inspection and treatment of Elementary and Secondary School children and two sessions to Maternity and Child Welfare cases.

This provision should be adequate for some considerable time.

I am indebted to Mr. C. R. Wilshaw, the Senior School Dental Officer, for the following report on the year's work.



The School Dental Service has shown increased activity in the year 1936. This is due mainly to the additional assistance of a Part-time Officer who has been devoting four sessions a week to inspection and treatment of school children since April.

As intimated in last year's report, although the staff is now at adequate strength there has been a certain amount of leeway to overhaul caused by the introduction of the Secondary School children into the scheme. All concerned have joined in a sustained effort to overtake arrears, and by April, 1937, the remaining two schools will be in the annual rota providing for inspection and treatment of all children attending the elementary and secondary schools whose parents wish for treatment at the clinic.

This year's inspection of secondary school children, which is the first annual re-inspection, showed a decrease in those requiring treatment from 81% to 78% ; and the average number of fillings required per child treated fell from 3.31 to 2.68. These figures will probably prove to be an approximate constant in the incidence of dental caries for secondary school children.

The practice of completing as far as is practicable all necessary fillings before undertaking any extractions has been continued, as it tends to ensure complete treatment for each child attending. This policy has not adversely affected the attendance rate and its value is made evident by an analysis of a representative school which showed that 93% of those treated were fully treated ; and further by the ratio of extractions to fillings in permanent teeth, which in Finchley stands at 1:6.5 as compared with 1:2 for all areas.

Fillings are preferable to extractions because it leaves the patient with a useful tooth instead of a useless gap. Prevention of decay is however preferable to either expediency and another instance that it is practicable to reduce the onset of caries is provided by the Wright-Kingsford Home.

The children of this Home attending the Finchley Schools have for the first time been brought into the dental scheme. On inspection it at once became apparent that these children are comparatively free from dental caries. By courtesy of the Matron an enquiry and re-inspection was made at the Home. Of the children of school age only one-third have ever had need of dental treatment. The general estimate of persons affected by dental decay in this country is 95% and of this number nearly 80% require treatment annually. There is of course a reason for this wide difference, and it is no other than the use of fine white flour confections and other soft sticky foods on the one hand and the use of brown bread, fruit and self-cleansing foods on the other.

If only it were possible to induce parents to buy more wholemeal bread, to make sweets, cake and biscuits the exception rather than the rule by substituting fruit, however little, particularly at the conclusion of a meal which is otherwise sticky, then much of their dental troubles would be avoided. Where a parent knows its value it is easy enough to teach the child to clean his teeth last thing at night; it should not, in addition, be too difficult to transfer his liking for sweets to that of fruit.

The latest menace to teeth is the new rage for making milk sticky with easily fermentable carbo-hydrates which their



advertisers recommend for inducing sleep. If such are taken in bed without subsequent tooth-cleansing, then the result will be more carious cavities than successful careers.

As the only opening seems to be by instructing the parent through the child perhaps teachers might during their talks on hygiene stress one or two of these points and thus help prevent in some measure this the most widespread of human disorders.

Grateful acknowledgments are due to the Head-teachers for their invaluable assistance in the smooth working of the scheme. The teachers regard for kept appointments has resulted in real economy of the clinic services.

### **Anaesthetics.**

General anaesthetics are administered by a School Medical Officer who attends for that purpose at special sessions. No extractions of any kind are performed without the use of either a general or local anaesthetic.

The details of the year's work are set out below and on pages 15, 35 and 36.

During the year 3,553 children were inspected, 3,062 as routines and 491 as specials. Of this total 2,893 or 81.42% were found to require treatment and of this number 1,818 of 62.84% were actually treated at the Clinic.

The work carried out for Elementary School Children by the Dentist during the year is set out in the following table :—



	1935	1936
Number of children inspected and re-inspected	1949	3553
Number of children treated ... ..	1308	1818
Number of attendances at Dental Clinic ...	2569	3359
Number of fillings ... ..	2256	3631
Number of extractions ... ..	2985	3394
Number of other operations ... ..	147	324
Number of general anaesthetics ... ..	626	743

### Parents' Contribution Towards Cost of Treatment

The sums recovered from parents in respect of dental and medical treatment are as follows:—

	1935	1936
	£ s. d.	£ s. d.
Dental Treatment ... ..	60 6 0	83 5 0
Operative Treatment of Tonsils and Adenoids ... ..	7 9 0	9 8 6
Treatment of Minor Ailments ...	4 9 3	4 3 9
	<hr/>	<hr/>
	£72 4 3	£96 17 3
	<hr/>	<hr/>

Contributions for dental treatment are collected at the Dental Clinic when the child attends for treatment. The charge is 1/- for each child treated.

At the Minor Ailments Clinic an endeavour is made to collect 3d. a week for each child attending, but treatment is never withheld on account of inability to pay.

Contributions for the operative treatment of tonsils and adenoids are collected by the Education Department.

## Infectious Diseases.

The following list gives the number of cases which were brought to the notice of the School Medical Officer for the past three years.

			1934	1935	1936
Chicken-pox	...	...	48	6	283
Diphtheria	...	...	17	12	15
Measles	...	...	97	3	255
Mumps	...	...	36	44	3
Scarlet Fever	...	...	76	49	28
Whooping Cough	...	...	75	38	15
			<hr/>	<hr/>	<hr/>
			349	152	599
			<hr/>	<hr/>	<hr/>

Measles was prevalent during the Spring months but the disease was mild in character.

The distribution, as is usual in this area, was very patchy, some schools suffering heavily whilst others almost entirely escaped. For example there were 71 cases at St. Mary's Junior School, and 70 in Manorside Junior, while the Martin and Northside Junior Schools escaped with only 5 cases each.

The incidence of Scarlet Fever was lower than for many years, while chicken-pox was very prevalent in certain schools, notably Manorside Junior.



# Exclusion of School Children on Account of Infectious Disease.

<i>Disease.</i>	<i>PATIENTS. Period of exclusion.</i>	<i>CONTACTS. Period of exclusion.</i>
SCARLET FEVER :		
(a) Hospital Cases	Until 14 days after discharge from hospital.	All children in the family must be excluded until 10 days after disinfection of premises.
(b) Home Cases	Until 14 days after disinfection of premises.	
DIPHTHERIA :		
(a) Hospital Cases	Until 28 days after discharge from hospital.	All children in the family must be excluded until 10 days after disinfection of premises.
(b) Home Cases	Until 28 days after disinfection of premises.	
SMALL-POX	Until Medical Officer of Health certifies that child may attend.	All children in the family must be excluded until the Medical Officer of Health certifies that they may attend.
MEASLES	Until 28 days after commencement of illness.	All children in the family who have not had the disease must be excluded until 16 days after the commencement of the last case in the house.
MUMPS	Until at least 21 days after commencement of illness.	No exclusions.
GERMAN MEASLES	Until 14 days after commencement of illness.	No exclusions.
CHICKEN-POX	Until at least 14 days after commencement of illness, and longer if scabs have not fallen off head and body.	No exclusions.
WHOOPIING COUGH	Until at least 5 weeks after commencement of illness, and so long as characteristic cough continues.	No exclusions.

*N.B.*—These periods may be modified by the medical practitioner in attendance or by the Medical Officer of Health, but in such cases a special certificate will be sent to the Head Teacher from the Education Office.

### **Open-Air Education.**

No organised scheme of open-air education exists in the district.

In a few of the schools, classes are conducted in the playgrounds during the summer months, and occasional school journeys are undertaken. No school camps have been held.

Four places, two for boys and two for girls, are reserved by the Education Committee at the Russell Côtes School of Recovery, Parkstone. During the year 35 children were sent to Parkstone, and without exception, their health was greatly improved.

Two places are also reserved, during the winter months, at the Children's Hostel, Collington Manor, Bexhill-on-sea.

Four boys and four girls were sent there for a period of six weeks.

### **Physical Training.**

No direct control over physical training is exercised by the School Medical Officer, but Head Teachers refer for examination any children who appear to them to be unfit to take part in the games and exercises practised in the various schools.

### **Provision of Meals.**

No meals are provided by the Education Committee at any of the elementary schools.

### **Provision of Milk in Schools.**

An effort has been made during the year to increase the consumption of milk in Schools, and in certain cases considerable success has been achieved.

Much credit is due to the Teaching Staff for their untiring efforts and encouragement without which the scheme could not possibly be worked.

The following table shows the number of children on the roll in each department and the numbers receiving milk on the 1st October, 1936.



School.	Department	Total number of pupils on the register	Number of pupils receiving milk	% receiving milk
Alder ...	Senior	329	121	37
Alder ...	Infants	124	90	73
Northside ...	Senior	241	54	22
Northside ...	Junior	444	295	66
Manorside ...	Senior	281	40	14
Manorside ...	Junior	521	268	51
Martin ...	Junior	445	324	73
Summerside ...	Junior	506	318	63
St. Mary's ...	Junior	462	220	48
St. John's ...	Junior	274	180	66
Christ Church ...	Senior	203	127	63
Holy Trinity ...	Junior	283	145	51
Our Lady of Lourdes ...	Mixed	272	200	74
Totals ...		4,385	2,382	54

### School Baths.

The Council's baths in Squires Lane are available for the use of the children of all the elementary schools, and during the year 19,595 attendances were made by 1,823 children.

### Co-operation of Parents.

A large proportion of the parents (68%) attended the routine examinations of their children during the year.

The presence of the parent greatly enhances the value of the examination and it is unfortunate that amongst the older children the idea is prevalent that they will be considered childish if their parents come to see them examined. Many mothers stay away for this reason.

The great majority of parents are glad to give effect to the recommendations of the Medical Officers and it is only in a very few cases that treatment of medical defects is not obtained. On the other hand many parents still fail to take advantage of the facilities offered for the dental treatment of their children.

### **Co-operation of Teachers.**

The closest co-operation exists between the Teachers and the School Medical Service, and in many instances the Teachers have been instrumental in persuading parents to obtain the treatment for their children which has been recommended by the School Medical Officer. Many children are referred by Head Teachers for special examination and children found to be suffering from minor ailments are sent to the school clinics at the earliest opportunity.

### **Co-operation of School Attendance Officers.**

Weekly lists are prepared by the School Attendance Department of all children absent from school on account of illness, and a weekly list of all children who enter or leave school is submitted to the School Medical Officer. The names of all children excluded from school by the School Medical Officer are notified forthwith to the Attendance Department.

The Attendance Officers also inform the School Medical Officer of any children in their districts who are suspected to be physically or mentally defective and thus give valuable assistance in drawing attention to children who might otherwise escape medical supervision.

### **Co-operation of Voluntary Bodies.**

During the year the Children's Care Committee sent 23 children to Bexhill for a period of two weeks and in 24 cases assistance was granted in the purchase of spectacles.

### **Blind, Deaf, Defective and Epileptic Children.**

Every effort is made to ascertain children suffering from "special" defects and it is very unlikely that any are missed.

Physically defective children are few, and so far it has not been found necessary to establish an Orthopaedic Clinic in the Borough, but arrangements have been made whereby the Education Committee assume responsibility for the maintenance in the Royal Orthopaedic Hospital of any cripple child recommended for admission by the School Medical Officer.

No difficulty has been experienced in placing blind, deaf and epileptic children in certified special schools.



Twelve mentally defective children were in attendance at the Joint Special School situated within the area at the end of the year and three were at residential schools outside the district.

The Education Authority has no other Special Schools.

#### **Nursery Schools.**

No nursery schools have been established in the district.

#### **Secondary Schools.**

The School Medical Officer conducts the medical inspection in the three Secondary Schools on behalf of the Middlesex County Council. This arrangement has the advantage of co-ordinating the work in the Secondary Schools with that in the Elementary Schools. Six hundred and ninety-four pupils were examined during the year.

#### **Continuation Schools.**

There are no Continuation Schools in the district.

#### **Employment of Children and Young Persons.**

(1) The children employed in Finchley are mostly engaged in the distribution of milk and newspapers. The conditions of employment have been satisfactory and in no instance has a child been found to have suffered in health owing to such employment.

(2) All children are referred to the School Medical Officer for examination prior to their commencing work. Thirty-six children were examined during the year, and all were fit for employment.

No young persons have been referred to the School Medical Officer during the year.

#### **Special Inquiries.**

No special inquiries have been conducted during the year.

#### **Miscellaneous.**

All school teachers appointed by the Education Committee are examined by the School Medical Officer before they take up their duties. During the year no candidate has been rejected on medical grounds.

# STATISTICAL TABLES

for the Year 1936



TABLE I.

## RETURN OF MEDICAL INSPECTIONS.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	...	501
Second Age Group	...	...	...	...	...	...	569
Third Age Group	...	...	...	...	...	...	498
							—
Total	...	...	...	...	...	...	1568
							—

Number of other Routine Inspections ..... 159

Grand Total ... 1727

## B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	1823
Number of Re-Inspections	...	...	...	676
				—
Total	...	...	...	2499
				—

### C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding defects in Nutrition, Uncleanliness and Dental Diseases).

Group	For defective vision (excluding squint)	For all other conditions recorded in Table IIA	Total
(1)	(2)	(3)	(4)
Entrants ... ..	1	48	49
Second Age Group	52	21	73
Third Age Group	21	12	33
Total (Prescribed Groups) ... ..	74	81	155
Other Routine Inspections ...	9	6	15
Grand Total ...	83	87	170



TABLE II.

A. - Return of Defects found by Medical Inspections in the year ended 31st December, 1936.

DEFECT OR DISEASE.	Routine Inspections. No. of Defects.		Special Inspections No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation but <b>not</b> requiring treatment.	Requiring treatment.	Requiring to be kept under observation but <b>not</b> requiring treatment.
(1)	(2)	(3)	(4)	(5)
<b>Skin—</b>				
Ringworm :—				
Scalp ..	..	..	4	..
Body ..	..	..	6	..
Scabies ..	1	..	17	..
Impetigo ..	2	..	37	..
Other Diseases (Non-Tuberculous)	..	..	74	..
<b>Eye—</b>				
Blepharitis ..	5	..	1	..
Conjunctivitis ..	1	..	32	..
Keratitis ..	..	..	..	..
Corneal Opacities ..	..	..	2	..
Defective Vision (excluding Squint)	83	50	22	..
Squint ..	3	2	1	..
Other Conditions ..	5	..	31	1
<b>Ear—</b>				
Defective Hearing ..	..	3	14	1
Otitis Media ..	6	2	26	..
Other Ear Diseases ..	1	..	34	..
<b>Nose and Throat—</b>				
Chronic Tonsillitis only ..	7	12	7	17
Adenoids only ..	..	2	..	1
Chronic Tonsillitis and Adenoids	8	2	8	6
Other Conditions ..	..	..	48	..
Enlarged Cervical Glands (Non-Tuberculous)	..	1	18	1
Defective Speech ..	..	..	1	..
<b>Heart and Circulation—</b>				
Heart Disease:				
Organic ..	..	5	..	3
Functional ..	..	..	..	..
Anaemia ..	12	..	5	..
<b>Lungs—</b>				
Bronchitis ..	2	3	10	..
Other Non-Tuberculous Diseases	2	2	7	..
<b>Tuberculosis—</b>				
Pulmonary:				
Definite ..	..	..	..	..
Suspected ..	..	..	..	..
Non-Pulmonary:				
Glands ..	..	..	1	..
Bones and Joints ..	..	..	..	1
Skin ..	..	..	..	..
Other forms ..	..	..	..	..
<b>Nervous System—</b>				
Epilepsy ..	..	1	1	4
Chorea ..	..	..	..	..
Other Conditions ..	..	..	10	2
<b>Deformities—</b>				
Rickets ..	..	..	..	..
Spinal Curvature ..	..	..	..	..
Other forms ..	..	2	6	..
<b>Other Defects and Diseases—</b> (Excluding Defects of Nutrition, Un- cleanliness and Dental Diseases) ..	32	3	183	1
<b>Tota's</b>	170	50	666	38

B. Classification of the Nutrition of Children inspected during  
the year in the routine age-groups.

AGE-GROUPS	Number of Child- ren Inspect- ed.	A. [Excellent].		B [Normal]		C. [Slightly sub- normal].		D. [Bad].	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	501	40	7.98	393	78.45	68	13.57	—	—
Second Age Group ...	569	62	10.89	454	79.79	52	9.14	1	0.18
Third Age- Group ...	498	134	26.91	357	71.69	7	1.40	—	—
Other routine Inspections	159	18	11.32	125	78.62	16	10.06	—	—
TOTAL ...	1727	254	14.71	1329	76.95	143	8.28	1	0.06



**TABLE III.**  
**Return of all Exceptional Children in the Area.**  
**Blind Children.**

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	—	1

**Partially Sighted Children.**

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	1	—	—	—	2

**Deaf Children.**

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

**Partially Deaf Children.**

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	2	2	—	—	4

**Mentally Defective Children.**  
**Feeble Minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
20	—	—	1	21

**Epileptic Children.**  
**Children suffering from Severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	2	—	1	4

**Physically Defective Children.**

**A. Tuberculous Children.**

i.—Children suffering from Pulmonary Tuberculosis (including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	1	—	1

ii.—Children suffering from Non-Pulmonary Tuberculosis (this category should include tuberculosis of all sites other than those shown in i. above).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	2	—	1	3

**B. Delicate Children.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	28	—	—	34

**C. Crippled Children.**

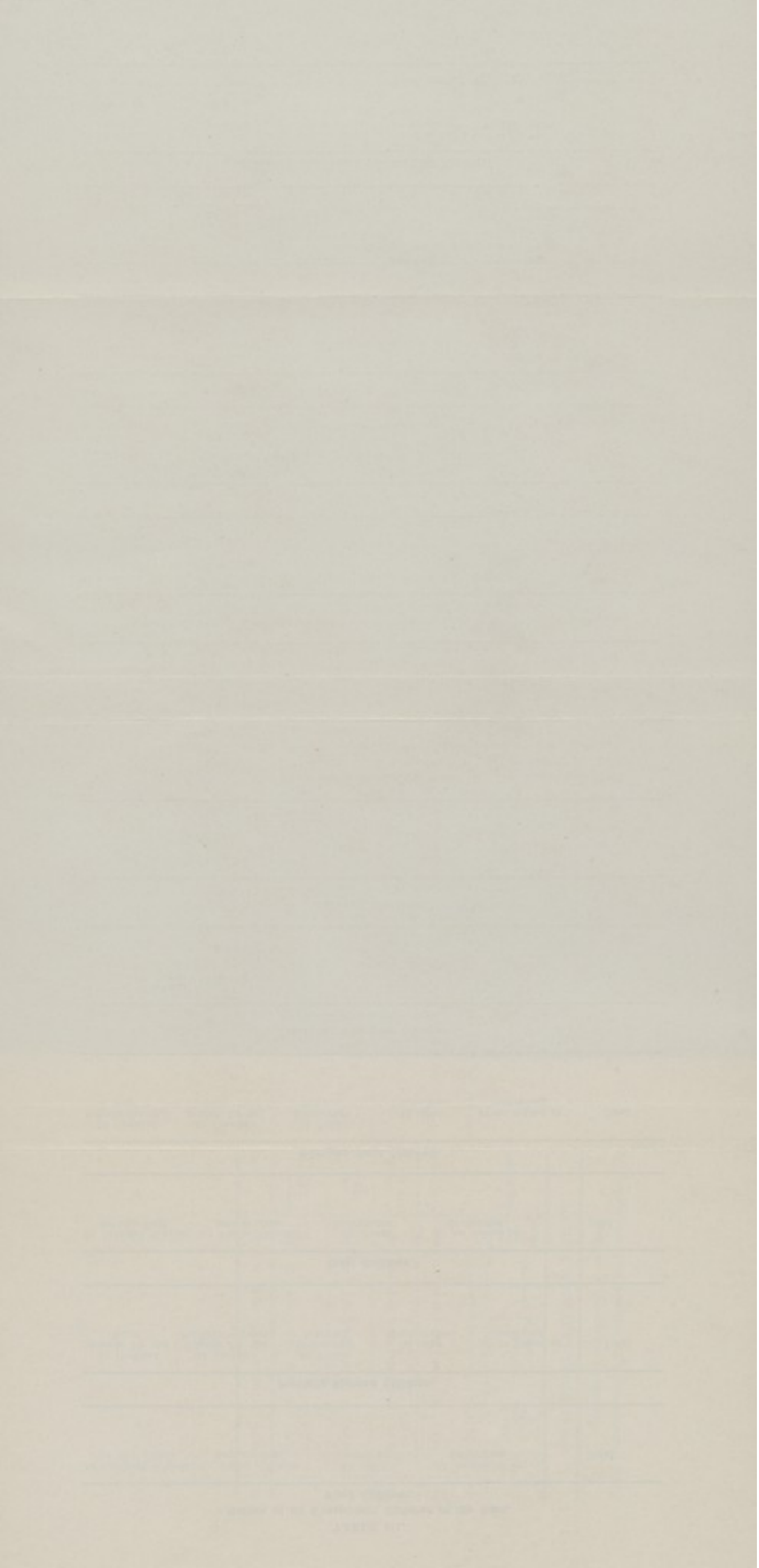
At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	4	—	—	6

**D. Children with Heart Disease.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no school or Institution.	Total.
2	—	—	—	2

**Children suffering from Multiple Defects.**

Combination of defect	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Severe epilepsy and mental defect.	1	—	—	1	2





**TABLE IV.**

Return of Defects treated during the year ended 31st  
December, 1936.

**Treatment Table.**

Group 1.—Minor Ailments (excluding uncleanness, 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 ...	2	—	2
(ii) Other ...	2	—	2
Ringworm — Body ...	6	—	6
Scabies ...	17	—	17
Impetigo ...	384	—	384
Other skin disease ...	78	—	78
MINOR EYE DEFECTS — (External and other, but ex- cluding cases falling in Group II.) ...	80	1	81
MINOR EAR DEFECTS —	69	2	71
MISCELLANEOUS — (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	479	18	497
TOTAL ...	1117	21	1138

**TABLE IV. (Continued).**

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

Defect or Disease (1)	Number of Defects dealt with		
	Under the Authority's Scheme (2)	Otherwise (3)	Total (4)
Errors of Refraction (including Squint). (Operations for squint are recorded separately in the body of the Report.)	204	2	206
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	20	—	20
TOTAL ... ..	224	2	226
Number of Children for whom spectacles were			
(a) Prescribed ... ..	183	—	183
(b) Obtained ... ..	167	3	170



GROUP III.—Treatment of defects of Nose and Throat.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of treatment. (4)	Total number treated. (5)
Under the Authority's Scheme in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)					
(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)	(1)	(2)	(3)	(4)		
2	—	12	—	2	—	9	—	4	—	21	—	5	30

(1) Tonsils only. (2) Adenoids only. (3) Tonsils and Adenoids. (4) Other defects of the nose and throat.

## GROUP IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (1)	Residential treatment without education. (2)	Non- residential treatment at an orthopædic clinic. (3)	Residential treatment with education. (1)	Residential treatment without education. (2)	Non- residential treatment at an orthopædic clinic. (3)	
Number of children treated.	1	—	—	—	—	3	4



TABLE V—Dental Defects.

## Elementary Schools.

(1) Number of Children who were:	(7) Administration of general anæsthetics for extractions	743
(a) Inspected by the Dentist:—		
Aged:—		
5 ...	250	
6 ...	363	
7 ...	361	
8 ...	374	
Routine 9 ...	368	Total: 3062
Age 10 ...	432	
Groups. 11 ...	274	
12 ...	259	
13 ...	249	
14 ...	132	
(b) Specials ...	491	
GRAND TOTAL ...	3553	
(2) Found to require treatment ...	2893	
(3) Actually treated ...	1818	
(4) Half-days devoted to: —		
Inspection ...	44	
Treatment ...	381	
Total ...	425	
(5) Attendances made by children for treatment ...	3359	
(6) Fillings:—		
Permanent teeth ...	3064	
Temporary teeth ...	567	
Total ...	3631	
(8) Extractions:—		
On account of overcrowding		
(a) Permanent ...	89	
On account of advanced decay		
(b) Permanent ...	378	
(c) Temporary ...	2927	
Total ...	3394	
(9) Other operations:—		
(a) Dressings ...	137	
(b) Application of Silver Nitrate ...	124	
(c) Scalings ...	50	
(d) Root treatment ...	3	
(e) Miscellaneous ...	10	
Total ...	324	

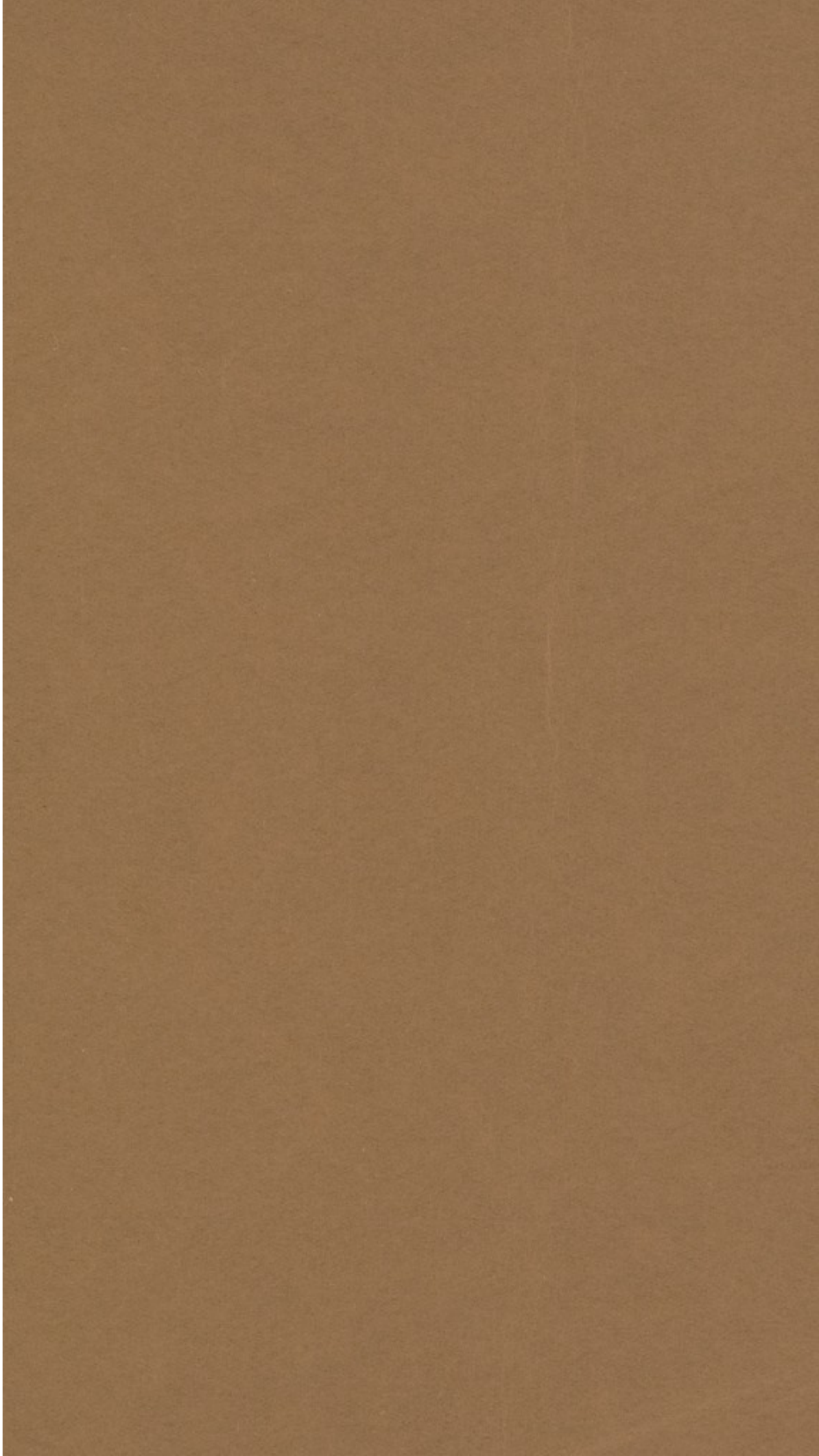
TABLE V—Dental Defects.

## Secondary Schools.

(1) Number of Children who were:				(7) Administrations of general	
(a) Inspected by the Dentist:—				anæsthetics for extractions	21
Aged:—					
	11	...	112		
	12	...	155		
	13	...	225		
	14	...	216		
Routine	15	...	221	On account of overcrowding	
Age	16	...	138	(a) Permanent	36
Groups.	17	...	43	On account of advanced	
	18	...	7	decay	
	19	...	2	(b) Permanent	135
(b) Specials	...	...	...	(c) Temporary	73
			6		
GRAND TOTAL					
			1125		
(2) Found to require treat-					
ment	...	...	866	Total	244
(3) Actually treated	...	...	442		
(4) Half-days devoted to:—					
Inspection	...	...	14	(9) Other operations:—	
Treatment	...	...	129		
				(a) Dressings	93
				(b) Application of Silver	
				Nitrate	—
(5) Attendances made by chil-				(c) Scalings	30
dren for treatment	...	...	713	(d) Root treatment	3
(6) Fillings:—					
Permanent teeth	...	...	1229		
Temporary teeth	...	...	—		
				Total	126
			Total		
			1229		

Table VI—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses	...	...	64
(2) Total number of examinations of children in the Schools by the School Nurses	...	...	16730
(3) Number of individual children found unclean	...	...	280
(4) Number of children cleansed under arrangements made by the Local Education Authority	...	...	—
(5) Number of cases in which legal proceedings were taken:—			
(a) Under the Education Act, 1921	...	...	—
(b) Under School Attendance Bye-Laws...	...	...	—





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