

[Report 1933] / School Medical Officer of Health, Aldershot Borough.

Contributors

Aldershot (England). Borough Council.

Publication/Creation

1933.

Persistent URL

<https://wellcomecollection.org/works/fbd847q3>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC 44 15 (1) ALDERSHOTampton

ANNUAL REPORT

TO THE

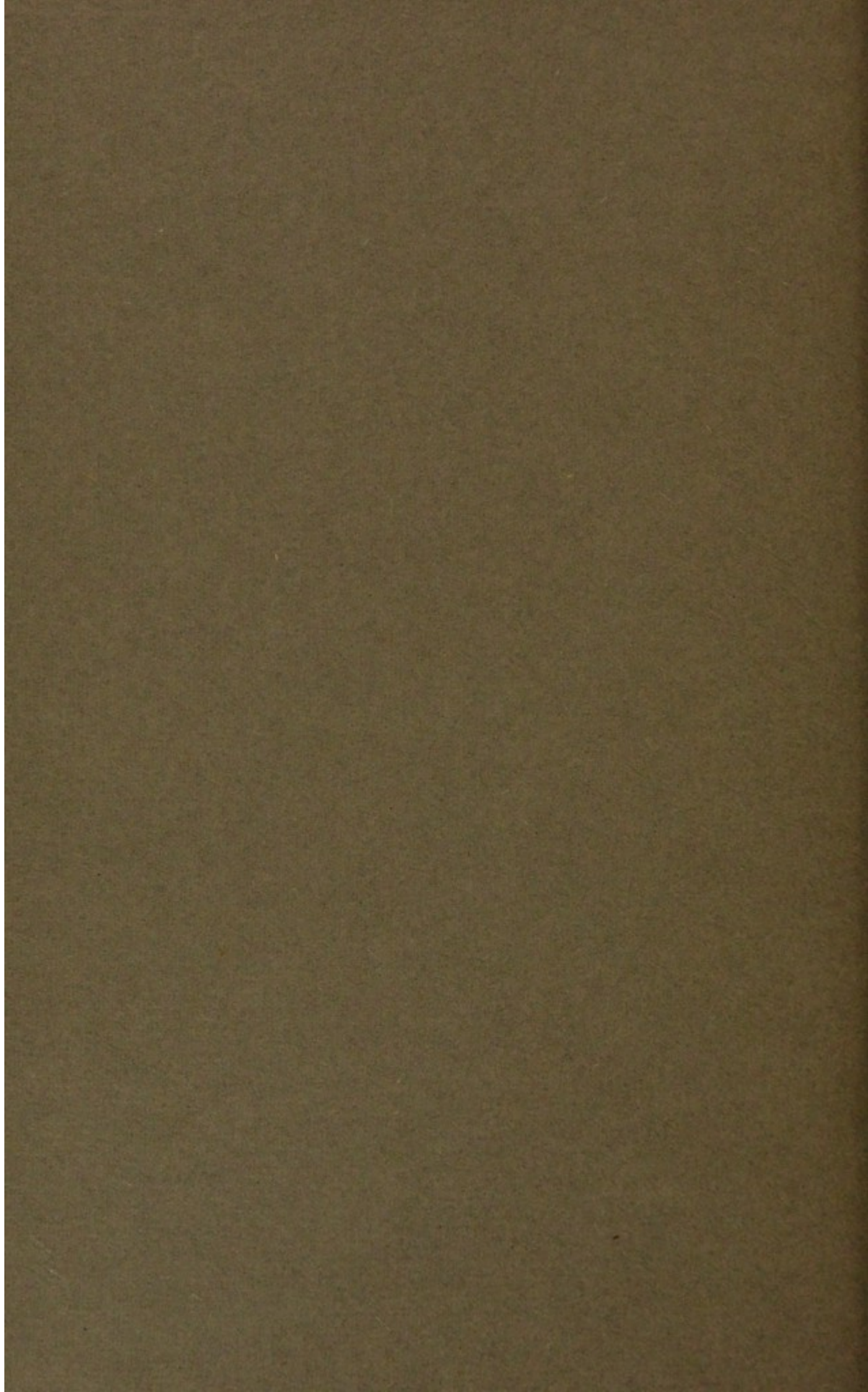
**ALDERSHOT EDUCATION
COMMITTEE**

OF THE

School Medical Officer

FOR THE YEAR 1933

ALDERSHOT :
Wm. May & Co., Ltd., High Street
A22638



ANNUAL REPORT

TO THE

ALDERSHOT EDUCATION
COMMITTEE

OF THE

School Medical
Officer

FOR THE YEAR 1933

ANNUAL REPORT

School of Medicine

1900

ALDERSHOT BOROUGH EDUCATION COMMITTEE

ANNUAL SCHOOL REPORT FOR 1933.

Ladies and Gentlemen,

I have the honour to present my third Annual Report for the year 1933 of the results of Medical Inspection and Treatment in the the Elementary Schools of the Borough.

The work of the School Medical Service in the town proceeded uninterrupted throughout the year, without any radical alteration apart from the addition to the Staff of a part-time specialist oculist to whom all difficult cases of visual defect are referred, at a monthly session. Dr. W. B. Billingham, of Guildford, began work in October last.

I would again take the opportunity of expressing my thanks to the head teachers and staffs for their help and co-operation work of the School Medical Service.

I remain,

Your obedient Servant,

J. CRAIG LINDSAY,

Medical Officer of Health.

The following table gives us an idea of the size of the various schools in the Borough, and the distribution of the school population.

It refers, giving an average for the whole year, to the conditions pertaining at mid-year, 1933.

GENERAL SUMMARY OF SCHOOL ATTENDANCE AT MID-YEAR, 1933.

<i>SCHOOL</i>	<i>No. of Teachers</i>	<i>Accom- modation</i>	<i>Number on Books</i>	<i>Average Attend- ance</i>	<i>Percent- age of Absentees</i>
West End :					
Boys	10	355	361	328	9
Girls	10	362	339	293	14
Infants	10	666	332	295	11
Total ...	30	1383	1032	916	11
East End :					
Boys	9	294	238	215	10
Girls	7	301	277	246	11
Infants	5	216	191	169	12
Total ...	21	811	706	630	11
Newport Road :					
Mixed	12	480	476	413	13
Infants	6	300	276	238	14
Total ...	18	780	752	651	13
Church of England :					
Mixed	5	160	157	140	11
Infants	1	40	39	38	3
Total ...	6	200	196	178	10
Roman Catholic :					
Mixed	10	300	324	294	9
Special Class ...	1		19	18	5
Grand Totals ...	86	3474	3029	2687	11

RETURN OF MEDICAL INSPECTIONS.

Routine Medical Inspections.

Number of Code Group Inspections :—

Entrants	..	..	..	..	..	..	337
Intermediates	..	..	..	..	..	..	335
Leavers	..	..	..	..	..	..	330
Total							1,002

Number of other Routine Inspections 79

Other Inspections.

Number of Special Inspections	..	..	..	..	978
Number of Re-Inspections	..	..	..	..	618
Total					1,596

GENERAL HYGIENE OF THE SCHOOL.

Health and personal cleanliness were again presented to the scholars as matters of supreme importance. In this respect it is to be noted that, in this Borough, the main avenue of approach to the scholars is through the teachers themselves, and it is gratifying for me to report that more than ever are they (the teaching staffs) becoming appreciative of the importance of the place of health and hygiene teaching in the school curriculum. In almost every instance I have noted the anxiety of the teacher to fit, as far as possible, the teaching of health matters into an otherwise crowded curriculum. These efforts are bound to be attended by an improvement in the outlook of the scholar in the years to come.

Leaflets and the "Better Health" Journal were again distributed in the schools, with a view to their possible infiltration into the homes where, to my mind, health education would produce its most effective results.

It would be a gross misrepresentation of the facts to the scholars, if, while teaching health and hygiene, we were unable to place them in school surroundings which produced a practical representation of a healthy environment. For this reason, therefore, the importance of well-ventilated, well-lighted and adequately heated classrooms with appropriate school surroundings is a matter requiring careful consideration.

I am indebted to the Borough Surveyor for the following report on the structural alterations of the various schools carried out during the year.

West End Infants' School.

The lavatories have been reconstructed and fitted with modern sanitary fittings. Otherwise this school has not been altered.

Roman Catholic Schools.

No alterations of any material importance have been effected at this school.

Church of England School.

The same remarks as applied to the Roman Catholic School.

East End Schools. (Boys', Girls', and Infants'.)

No alterations of importance have been carried out, but the question of heating, lighting and ventilation is undergoing consideration, in regard to its possible improvement.

Newport Road Schools.

This school has been re-decorated, and an important extension to the playground carried out.

GENERAL HEALTH IN THE SCHOOL.

Nutrition.

AVERAGE HEIGHT AND WEIGHT OF ENTRANTS WHO WERE EXAMINED AT R.M.I. DURING 1933.

MALES.	<i>Height Weight</i>		FEMALES.	<i>Height Weight</i>	
	<i>ins.</i>	<i>lbs.</i>		<i>ins.</i>	<i>lbs.</i>
Newport Rd. Infants	41.57	38.97	Newport Rd. Infants	41.66	38.55
W. End Infants ...	40.11	42.47	W. End Infants ...	42.47	35.00
C. of England ...	42.35	42.71	C. of England ...	41.33	41.00
St. Joseph's ...	42.00	40.50	St. Joseph's ...	42.00	38.66
E. End Infants ...	41.38	39.66	E. End Infants ...	42.11	42.64

AVERAGE HEIGHT AND WEIGHT OF ALL ENTRANTS WHO WERE EXAMINED AT R.M.I., 1933.

	<i>Height (ins.)</i>			<i>Weight (lbs.)</i>
Males ...	...	...	41.58	40.85
Females ...	...	...	41.91	39.17

This subject, as far as school children are concerned, is not only a matter of the greatest importance, but one of considerable difficulty, because of the fact that age-height-weight ratios vary so widely amongst individual children. Furthermore, a diagnosis of malnutrition is frequently an extremely difficult matter to decide, again due to the individual variations of the children and their "specific dynamic factors."

Nevertheless, the nutrition of the school children was a matter of the closest consideration, and instructions were issued to all concerned to keep careful watch on the school children, both in routine and special examinations, for any debility which might be traceable to the lack of adequate nourishment in the home through reasons which might be either financial or social.

In regard to the above table, which has been compiled from the weight and height of children between the ages of 5 and 5½ years, while too much stress should not be laid on it for comparison between the various schools, it does appear that the average height and weight, taken in conjunction with the absence of other abnormalities, shows that the average child in Aldershot compares favourably with that of other areas, and that the continued economic and financial depression does not appear to have had any deleterious influence on the children in general.

The following table shows the extent and distribution of the "delicate" children in this area. In this instance, one should bear in mind the definition which is put on such a classification.

The ideal place for these children would be an open-air school, but as such is not available in this area, they are perforce retained within the limits of ordinary elementary school. They are, of course, subjected to a most rigorous supervision, with repeated physical examinations at the School Clinic.

DELICATE CHILDREN.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	30	—	—	30

Milk Clubs.

It will be remembered that in my report for 1932 I stated that an endeavour had been made to interest school children in the formation of milk clubs. Following on this, a number of schools, more especially the Infants' Departments, made a start in this direction by way of giving the scheme a trial. Their efforts are particularly praiseworthy in view of the fact that a previous experience of such a trial had not been particularly fortunate, and again in view of the fact that "milk" is, at the present moment, from many aspects, a difficult problem.

The scheme followed the usual lines of that recommended by the National Milk Publicity Council, the difficult problem, of course, being that those cases to which one would have liked to give a daily ration of milk were unable, for various reasons, to enter into the scheme. These children were dealt with in two ways. They were either brought in without payment, as for every fifty children entering into the scheme a varying number from five to ten were allowed free of charge, or the other children were encouraged to contribute towards the daily ration of their less fortunate school-mates. Thus the scheme was also made an object lesson in the welfare of the less fortunate members of the community.

The head teachers in these schools, after a trial of some months, are quite definite that the children are brighter and that the number of absentees had decreased.

Infectious Diseases.

The system of notification by the head teacher of all absentees due to infectious disease, was continued throughout the year.

This system is one of the greatest help to the Health Department in keeping careful watch on the number of school children suffering from non-notifiable infectious diseases, and forms a very useful index as to the state of affairs affecting the health of the whole of the town.

In some cases, however, a falling off of the receipt of these notifications was noted during part of the year, and I take this opportunity of asking the head teachers for their continued co-operation in keeping me informed as to the state of affairs in their schools. I hope to enlarge on this matter further by the process of individual talks with all the head teachers involved, impressing upon them the value I place on these notifications, and on their receipt every Monday morning informing me of the presence as well as the absence of infectious disease in their schools.

The following table does not show any marked outbreak of infectious disease in the school children, and in no instance was it necessary to close any of the schools during the year on account of infectious disease.

It would appear from the table, the value of which, however, is somewhat vitiated by the fact that a number of schools failed to continue sending the notifications, that the worst period for interference with school attendance by reason of infectious disease, is the April-May-June term.

DISEASE	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Measles	...	—	9	11	9	—	24	18	—	—	—	—
Whooping Cough	1	2	1	1	6	2	—	—	—	—	—	—
Scarlet Fever	...	1	—	2	3	2	—	—	2	—	—	2
Chicken Pox	...	4	4	13	8	5	3	—	—	3	—	—
Mumps	...	8	3	11	36	34	14	6	2	—	—	—
Diphtheria	...	—	—	—	—	1	—	—	—	1	—	—
Typhoid	...	—	—	—	—	—	—	—	—	—	—	—

Tuberculosis.

During the year six children were referred to the Tuberculosis Dispensary for further investigation into their cases, with special reference to the possibility of their being tuberculous. There is a total number of four children suffering from pulmonary tuberculosis in this area, and they have been excluded from ordinary elementary school for this reason.

With regard to non-pulmonary tuberculosis, three cases are on the register and all have been found accommodation suitable to their needs, one being in Lord Mayor Treloar's Hospital, Alton, one in a sanatorium at Hayling Island and one at a sanatorium at Chandler's Ford.

TUBERCULOUS CHILDREN.

Type of Disease.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
Pulmonary Tuberculosis	—	—	—	4	4
Non-Pulmonary Tuberculosis	—	—	3	—	3

FACILITIES FOR TREATMENT.

Minor Ailments Clinic.

The work of this Clinic was maintained without interruption throughout the period under review.

During the year 684 defects were detected and remedied or improved : 496 defects were treated at the School Clinic and 189 cases received treatment otherwise : 381 individual children attended the School Clinic for treatment—making a total of 2,824 attendances in all.

DETAILS OF DEFECTS TREATED DURING 1933.

Treatment Table.

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	3	(2 X-ray)	5
Ringworm—Body	11	2	13
Scabies	—	21	21
Impetigo	33	3	36
Other Skin disease	13	28	41
Minor Eye Defects (external and other, but excluding cases falling in Group II.)	40	9	49
Minor Ear Defects	73	41	114
Miscellaneous (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.) ...	323	82	405
Total	496	188	684

Tonsils and Adenoids.

The scheme for treatment of abnormalities of Tonsils and Adenoids in school children was fully described in my report for 1932. The working of this scheme has been found to be very satisfactory.

During the year, 43 cases were dealt with in Aldershot Hospital under the Authority's scheme. This shows a sharp fall from the preceding year's number of 67, but must not be taken as evidence that there is any decrease in the incidence of those abnormalities of throat and nose as they affect school children, rather is the contrary the case.

The high number of operations in 1932 was accounted for by the fact that as the scheme had only newly been put into operation, a number of children awaiting surgical treatment were held over by the general practitioners until such scheme was available. That this was the case is shown by the fall in this year's number.

As far as possible, and where waiting would not prejudice the child's health, cases recommended by General Practitioners to the School Clinic for operative treatment are subjected to a period of observation of some three months' duration, during which time more conservative methods of treatment are attempted. Failing those, the child's name is sent to the waiting list at the Aldershot Hospital.

The whole scheme has worked well, due to the friendly co-operation which is so necessary between Surgical Specialist, General Practitioner, Hospital and School Clinic.

NUMBER OF DEFECTS.

<i>Received Operative Treatment</i>			<i>Received other Forms of treatment</i>	<i>Total Number treated</i>
<i>Under the Authority's Scheme in Clinic or Hospital</i>	<i>By Private Practitioner or Hospital, apart from the Authority's Scheme</i>	<i>Total</i>		
(1)	(2)	(3)	(4)	(5)
43	—	43	66	109

ASCERTAINMENT OF DEFECTS BY ROUTINE MEDICAL INSPECTION.

<i>GROUP.</i>	<i>Number of Children.</i>		<i>Percentage of Children found to require Treatment.</i>
	<i>Inspected.</i>	<i>Found to require Treatment.</i>	
(1)	(2)	(3)	(4)
Code Groups :—			
Entrants	337	22	6.52%
Intermediates	335	40	11.94%
Leavers	330	34	10.30%
Total (Code Groups)	1,002	96	9.58%

DETAILS OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1933.

DEFECT OR DISEASE		Routine Inspections		Specials Inspections		Routine Inspections		Special Inspections	
		Number Requiring Treatment	Number Requiring Observation	Number Requiring Treatment	Number Requiring Observation	Number Requiring Treatment	Number Requiring Observation	Number Requiring Treatment	Number Requiring Observation
Malnutrition	...	3	9	4	—	Defective Speech ...	—	—	1
Skin	{ Ringworm :	—	—	2	—	Heart Disease :	2	—	—
	Scalp ...	—	—	2	—	Organic Functional ...	—	—	4
	Body ...	2	—	21	—	Anæmia ...	4	4	—
	Scabies ...	1	—	3	—	Bronchitis... ..	1	3	—
	Impetigo ...	—	—	—	—	Other Non-Tuberculous Diseases	—	16	—
Eye	Other Diseases (Non-Tuberculous ...	2	—	28	—	Pulmonary :	—	—	—
	Blepharitis ...	2	1	1	—	Definite ...	—	2	—
	Conjunctivitis ...	—	—	6	—	Suspected ...	—	—	3
	Keratitis ...	—	—	1	—	Non-Pulmonary :	—	—	—
	Corneal Opacities	—	—	1	—	Glands ...	—	—	—
Ear	Defective Vision (excluding Squint)	40	6	27	7	Spine ...	—	—	—
	Squint ...	4	2	3	—	Hip ...	—	1	—
	Other Conditions	—	—	17	—	Other Bones and Joints ...	—	—	—
	Defective Hearing	9	10	15	4	Skin ...	—	—	—
	Otitis Media ...	2	1	5	—	Other Forms ...	—	—	—
Nose and Throat	Other Ear Diseases	2	—	32	—	Epilepsy ...	—	—	—
	Chronic tonsils only	—	16	—	36	Chorea ...	—	—	—
	Adenoids only ...	1	1	—	—	Other Conditions	—	7	4
	Chronic Tonsils and Adenoids ...	2	2	50	3	Rickets ...	—	—	—
	Other Conditions	2	2	66	4	Spinal Curvature	—	—	—
Enlarged Cervical Glands (Non-Tuberculous)	...	1	2	3	—	Other Forms ...	20	5	3
	...	—	—	—	—	Other Defects and Diseases ...	11	82	—

Defective Vision.

Under this heading falls to be recorded the only outstanding change in the provision of treatment for school children by this Authority.

It had been noted for some time that no provision had been made for the more difficult cases of visual defect to be seen by a full-time Specialist in eye work. Furthermore, the many other duties of the School Medical Officer did not leave sufficient time to be devoted to refraction work, and so keep abreast with the numbers, not only of new cases of visual defect found at routine inspections, but also for the important work of re-testing those children within a reasonable time after spectacles had been prescribed.

The Committee appreciated these points and sanctioned the appointment of Dr. W. B. Billingham, Sevington, Epsom Road, Guildford, who held his first eye clinic on 1st November, 1933.

The procedure is simple. All visual defects are seen by me at the Schools or at the School Clinic, when if considered advisable, they are collected and referred, under atropine or otherwise as the case may be, to a clinic held, on an average, once a month, by the Specialist at the School Clinic premises.

Thus the slight increase in the number of children examined during 1933, from 50 to 64, can be accounted for, and it is to be anticipated that a further increase will be noted during 1934, when the scheme will have had a full working year. It is hoped to be able to deal with some 120 examinations under atropine during a full year, comprising of course, of new cases arising and old cases for re-testing.

DEFECTIVE VISION AND SQUINT.

<i>Defect or Disease.</i>	<i>Number of Defects dealt with.</i>			
	<i>Under the Authority's Scheme.</i>	<i>Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.</i>	<i>Other-wise.</i>	<i>Total.</i>
Errors or Refraction (including Squint)	64	2	—	66
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—	—
Total	64	2	—	66

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	57
(b) Otherwise	...	...	...	...	2

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	54
(b) Otherwise	...	...	...	...	2

Orthopaedic Treatment.

The arrangements were continued with the Aldershot and Farnborough Orthopaedic Clinic held under the auspices of the British Red Cross Society.

Some slight increase in numbers is to be noted, but this can be attributed to an increase in ascertainment rather than an increase in incidence.

The following table gives some idea of the numbers of children under treatment throughout the year, with details as to the various abnormalities treated.

ORTHOPAEDIC TREATMENT OF SCHOOL CHILDREN.

Patients on Clinic Register on 1-1-33	...	...	...	...	...	24
New Patients arising during 1933	...	...	...	...	...	17
Patients discharged cured during 1933	...	...	...	...	...	3
Patients received Hospital Treatment during 1933	...	...	...	...	...	3
Patients left District or otherwise lost sight of during 1933	...	...	...	...	...	11
Patients remaining on Clinic Register on 1-1-34	...	...	...	...	...	24

ANALYSIS OF CASES TREATED DURING 1933.

Postural and Feet Deformities.				Congenital and Birth Deformities.			
Flat feet and knock-knees	...	14		Spastic Paraplegia	...	...	3
Claw feet	...	2		Spastic Hemiplegia	...	...	1
Hallux-valgus	...	1		Spastic Monoplegia	...	...	1
Spinal curvature and stoops	...	3		Erbs Palsy	...	...	1
				Club foot	...	...	1
Deformities due to Poliomyelitis.				Deformities due to Rickets.			
Short leg and deformed foot	...	3		Bow legs	...	...	1
Paralysis of arm	...	1		Depressed sternum	...	...	1

Home Visiting—School Nurse.

Follow-up visits, re defects found at Inspections	...	...	...	...	223
Visits re Infectious Diseases :—					
Measles	...	...	...	...	42
Whooping Cough	...	...	...	...	1
Chicken Pox	...	...	...	...	8
Mumps	...	...	...	...	29
Visits re Refused Dental Treatment	...	...	...	...	40

Unclean and Verminous Children.

The actual number of individual children found unclean (that is, with at least one nit in the hair) which is the real index of cleanliness amongst school children, seems to vary little from year to year.

In 1932 it was 132, and in 1933 it was found to be 143. Circumstances seem to point to the fact that those children would appear to belong to certain families who might be looked upon as "chronic offenders". Needless to say, every effort is brought to bear on those families to mend their ways.

Co-operation by the N.S.P.C.C. was requested in one case.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurse	...	...	...	...	...	4.3
(ii) Total number of examinations of children in the Schools by School Nurse	...	...	...	...	...	9,456
(iii) Number of individual children found unclean	...	...	...	...	...	143
(iv) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	6
(v) Number of cases in which legal proceedings were taken :—						
(a) Under the Education Act, 1921	...	...	...	...	...	—
(b) Under School Attendance Byelaws...	...	...	...	...	...	11

Backward or Retarded Children.

The work of ascertainment and classification of those children who are so backward that they do not appear, to the School Teacher, to be improving at the ordinary elementary school, was carried on throughout the year.

Nineteen children were referred to me on these grounds, and during the year 17 of them were subjected to the Stanford Revision and Binet-Simon Tests. These were further developed by means of the Porteus Maze and Cube Imitation Tests.

Of the children examined, six were found to be backward to such a degree as to require classification as feeble-minded children. In these six cases the appropriate recommendations were made, but owing to the difficulty of finding vacancies for them in suitable special schools for the purpose, they were admitted to the Special Class in Newport Road School, under the care of Miss Colville.

This Special Class now consists of 19 pupils, and while the average mental age of the child in it might be considered low for the purposes of special class education, good work is being done there. The class is now held in the Rechabite Hall in Ash Road, having been changed from Newport Road School. The change was not so much in the interests of the Special Class as dictated by the overcrowding and consequent necessity of using the room for the other children in that School.

The following table shows the distribution of the feeble-minded children in Aldershot, 24 children being classified under the heading of Public Elementary Schools. This number is made up of 19 pupils who attend the special class mentioned above, and 5 children who have been classified as high grade feeble-minded, and who are remaining at ordinary elementary school because of parental objection or other circumstances.

FEEBLE MINDED CHILDREN.

<i>At certified Schools for Mentally De- fective Children.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
2	24	2	—	28

Employment of School Children.

Twenty-six examinations were carried out under the Employment of Children Act, 1903, and in two cases the necessary permit for such work was refused owing to the condition of the children being found to be such that the long hours involved would prejudice their healths.

SCHOOL DENTAL REPORT.

The School Dental Officer, Mr. Bernard Krauth, L.D.S., has given me the following particulars on the work of the School Dental Service in the Borough, for the year 1933.

* * *

In reviewing the work carried out in the School Dental Clinic it is to be noticed that the amount of conservative work (*i.e.*, fillings) is high in proportion to the number of extractions done.

This is satisfactory in that the aim of the School Dental Service is to preserve as many *useful* teeth as is possible. From this it follows that no attempt is made to fill teeth which do not appear to hold promise of giving many years of service afterwards. Such a process is waste of time, and in many cases definitely harmful, since it interferes with "Nature's" process of getting rid of an undesirable member of the body as soon as possible.

Every attempt is made to stamp out the large extensive type of filling, which requires constant attention and is frequently a failure in spite of everything. The ideal is to be able to insert *small* fillings early. The small filling, if done in time, obviates the necessity for the larger one later. It is sound, and in many cases it lasts a score or more of years. In this area almost all porcelain fillings in children's front teeth are carried out under a local anaesthetic, so as to permit of absolute thoroughness.

Most of the extractions are done under a general anaesthetic (N₂O) administered by the School Medical Officer. It has been found that where the people have been educated to it, "gas" is

greatly preferred to a local injection. From our point of view, we prefer it because, apart from the time saved ("gas" operations take up very little time), it is possible to do all the extractions necessary during any week in two definite part sessions. Thus the rest of the time can be devoted uninterruptedly to fillings and other conservative work.

During the year it was found possible to inspect 1,577 children, and of these 1,123 required treatment. This is a slight improvement upon the previous year, when 1,203 required treatment out of the 1,507 inspected. Of this 1,123, 861 were treated at the School Clinic, and 21 privately, while 570 administrations of a general anaesthetic (N_2O) were given. The year's work finished with 106 children on the waiting list for treatment.

In 121 cases the parents declined to have the necessary treatment carried out, and 87 of the forms requesting permission to carry out treatment were not returned.

There are approximately 3,000 children in the Elementary Schools of this Borough, and it has been found that with the present Dental Staff about 1,500 can be inspected and the treatment carried out each year. Ordinarily, each child attends school between the ages of 5 and 14 years, with the result that it is possible to inspect and treat each child five times during its School life.

The child is likely to derive greater benefit from this attention if it is carried out at certain particular ages than if it is done haphazardly, such as whenever the child happens to be seen. Endeavours are being made to organise matters so that each child shall be seen at these more important periods or ages.

It is not practical with the present Dental Staff, to attempt to see each child every year. This could only be done at the expense of thoroughness, which is definitely quite as essential in School Dentistry as it is in any other branch of the profession.

<i>Number of Children who were :</i>	<i>AGE GROUPS.</i>										<i>'Specials'</i>	<i>Total</i>
	5	6	7	8	9	10	11	12	13	14		
(a) Inspected by dentist ...	259	151	185	193	169	160	149	131	130	17	33	1577
(b) Requiring treatment ...	1095										28	1123
(c) Actually treated	858										24	882

<i>No. of Half-Days devoted to Inspection</i>	<i>No. of Half-Days devoted to Treatment</i>	<i>Total No. of Attendances made by the Children at the Clinic</i>	<i>Fillings</i>		<i>Extractions</i>		<i>No. of Administrations of General Anaesthetics</i>	<i>No. of other Operations</i>	
			<i>Permanent Teeth</i>	<i>Temporary Teeth</i>	<i>Permanent Teeth</i>	<i>Temporary Teeth</i>		<i>Permanent Teeth</i>	<i>Temporary Teeth</i>
14	230	2062	1101	71	223	873	570	259	25

ADDITIONAL TABLES OF EXCEPTIONAL CHILDREN.

Blind Children.

<i>At certified Schools for the Blind.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	—	—	—	—

Partially Blind Children.

<i>At Certified Schools for the Blind.</i>	<i>At Certified Schools for the Partially Blind.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
1	—	—	—	—	1

Deaf Children.

<i>At certified Schools for the Deaf.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
1	—	—	—	1

Partially Deaf Children.

<i>At Certified Schools for the Deaf.</i>	<i>At Certified Schools for the Partially Deaf.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	—	3	—	—	3

Crippled Children.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	6	1	4	11

Children with Heart Disease.

<i>At Certified Special Schools.</i>	<i>At Public Elementary Schools.</i>	<i>At Other Institutions.</i>	<i>At no School or Institution.</i>	<i>Total.</i>
—	6	—	—	6

