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# City of Cardiff Education Committee.

## ANNUAL REPORT

FOR 1919

## SCHOOL MEDICAL OFFICER.

EDWARD WALFORD, M.D., D.P.H.,

School Medical Officer, Cardiff Education Authority :  
Medical Officer of Health, City and Port of Cardiff.

CARDIFF :

S. GLOSSOP AND SONS, LTD., NEW STREET.

1920.



City of Cardiff Education Committee.

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GLASGOW

A. & C. BLACK, 25, N. B. STREET.

1920

# CITY OF CARDIFF

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# CITY OF CARDIFF.

## CARDIFF EDUCATION COMMITTEE.

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" J. DONOVAN.

" T. L. FRANCIS.

" G. F. EVANS.

MRS. E. LESTER JONES.

MRS. A. J. STONE.

MR. GEORGE CLARRY.

MR. WALTER THOMAS.

PRINCIPAL A. H. TROW, D.Sc.

### Medical Inspection Staff.

(DECEMBER, 1919.)

*School Medical Officer :*

EDWARD WALFORD, M.D., D.P.H.

*Assistant School Medical Officers :*

HERBERT SHEASBY, M.B. CH.B., D.P.H.

MIRIAM HUTCHINSON, M.B. CH.B.

ELSIE STANSFELD, M.B., B.S.

*Specialists—School Clinic :*

Oculist : D. LEIGHTON DAVIES, M.D., F.R.C.S.

Aural Surgeon : J. O. WADE, M.B., B.S., F.R.C.S.

Dentist : C. J. HURRY RICHES, L.D.S. (Eng.).

Anæsthetist : ERIC EVANS, M.B.

*School Nurses :*

AGNES C. BRODIE.

ELLEN WHITING.

MARGARET RHOADES.

FRANCIS H. JONES.

INDIANA P. EBBETT.

PHOEBE A. JOHNS.

W. BRODIE.

*Clerks :*

THOMAS CHANT.

THOMAS MILLS.

LILY MELLINGS.

# CITY OF CARDIFF

## Education Committee

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Chairman

ALDERMAN R. M. THOMSON, M.A., J.P.

Deputy-Chairman

COUNCILLOR J. E. BIGGS

ALDERMAN LLOYD THOMAS, J.P.	COUNCILLOR R. G. H. BIGGS
MR. JOHN COOPER, J.P.	E. C. BIGGS
ALDERMAN THOMAS, J.P.	J. BIGGS
JAMES ROBINSON, J.P., C.B.E.	J. A. THOMSON
R. G. L. DAVIS	J. THOMSON
COUNCILLOR A. C. KING, J.P.	T. L. PARRIS
A. J. A. STONE	G. R. STONE
J. TAYLOR	Mrs. E. E. STONE
F. H. TURNER	Mrs. A. J. STONE
SYDNEY JENNINGS	MR. G. STONE
A. J. HOWELL	MR. W. STONE
EVAN OWEN, J.P.	MR. A. H. STONE, J.P.
C. F. BARNES, J.P.	

## Medical Inspection Staff

(December, 1952)

School Medical Officer

HOWARD WATSON, M.D., D.P.H.

Children's School Medical Officer

HENRY SHARP, M.B. Ch.B., J.P.

MILAN HUGHES, M.B. Ch.B.

ELIZABETH STANLEY, M.B., B.S.

Specialist - School Clinic

Ophthalmologist: D. LINDSEY DAVIS, M.D., F.R.C.S.

Anal Surgeon: J. G. WALKER, M.B., F.R.C.S.

Dentist: C. J. HENRY, B.S. (Dent.)

Anaesthetist: RUTH EVANS, M.B.

School Nurses

AGNES C. BROWN

ELLEN W. BROWN

MARGARET BROWN

FRANCIS H. JONES

INDIANA F. JONES

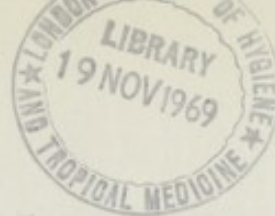
FRANK A. JONES

W. JONES

THOMAS JONES

THOMAS JONES

LUCY JONES



## CARDIFF EDUCATION COMMITTEE.

CITY HALL,  
CARDIFF,

*April, 1920.*

TO THE CHAIRMAN AND MEMBERS OF THE CARDIFF EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I have the honour of submitting my Annual Report upon the Medical Inspection and treatment of School children for 1919.

Until the month of November the work of medical inspection was carried on under considerable difficulties owing to the disorganisation of the Staff and arrangements due to War conditions. Several changes in the Medical Staff took place during the year. Dr. A. F. Bernard Shaw returned to duty in March, 1919, after being absent on Military Service since August, 1914, but resigned his appointment as Assistant Medical Officer in July, 1919. It was not until the end of October that his successor, Dr. Herbert Sheasby, commenced duty. Dr. Ethel Griffiths was appointed in May, 1919, but resigned a few months later. In September two Assistant Medical Officers (Dr. Miriam Hutchinson and Dr. Elsie Stansfeld) were appointed—one in the place of Dr. Griffiths, the other being an additional appointment in view of the increased duties under the Education Act, 1918. So that by the end of October, three Assistant Medical Officers were engaged in medical inspection work. During the year, two School Nurses and two Clerks returned to civil duty after absence on Military Service.

Routine medical inspection of school children, under the circumstances explained, became in arrears. Some of the "entrants" inspected during the year should have been inspected in 1918, and a number of 1919 "entrants" were not inspected until January, 1920. It was found to be impossible to inspect the intermediate age group. However, all arrears ("entrants" and "leavers") have been overtaken, and routine medical inspection is now up to date. Moreover, it is hoped that the additional inspection work under the Education Act, 1918, may be undertaken without any further increase in the Medical Staff.

Official Tables have been prepared by the Medical Department of the Board of Education for the use and convenience of School Medical Officers in keeping and recording their records. The results of medical inspection and treatment of Elementary School children are contained in Tables I. to VI., which are prepared as near as possible to the Official Tables referred to. Fortunately, the records were so kept that practically all the information required by the Board of Education could be given for 1919, although the Chief Medical Officer of the Board states in his Annual Report for 1918 only that "it is hoped that it may be possible for statistics in this form to be supplied in respect of the year 1920." Tables VII. and VIII. relate to the medical inspection of children attending Special Schools.

The Board of Education also request that "the report of the School Medical Officer should include a statement respecting the employment of children of school age in the area, and also a report from the Organiser of Physical Training employed by the Local Education Authority." Tables IX. to XI. in this report give information respecting the ages of school children employed out of school hours, the nature of employment, and the number of hours of employment each week. During the year 1919 there was no Organiser of Physical Training employed in the schools in Cardiff. However, a Chief Organiser and an Assistant Organiser of Physical Training have since been appointed, and will take up their duties shortly.





# CARDIFF EDUCATION COMMITTEE

GET MAIL

CARDIFF

1966, 1966

TO THE CHAIRMAN AND MEMBERS OF THE CARDIFF EDUCATION COMMITTEE

TABLES AND EXHIBITS

I have the pleasure of submitting my Annual Report upon the School Education and Treatment of School children for 1919.

During the year 1919 the work of the School Education and Treatment of School children was carried out under the able and efficient supervision of the Director of the School Education and Treatment of School children, Mr. A. J. Thomas, who was appointed to this post in March 1919, after having acted as Assistant Director of the School Education and Treatment of School children from July 1918. It was my duty to report to the Committee on the work of the School Education and Treatment of School children during the year 1919, and to submit to the Committee the results of the investigation which I conducted into the work of the School Education and Treatment of School children during the year 1919. The results of the investigation are set out in the following tables and exhibits.

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The Board of Education also report that "the report of the School Education and Treatment of School children for 1919 includes a statement regarding the employment of children of school age in the war, and also a report from the Director of Physical Training, prepared by the Local Education Authority." Table IX to XI in this report give information regarding the ages of school children employed out of school hours, the nature of employment, and the number of hours of employment each week. During the year 1919 there was no Director of Physical Training employed in the schools in Cardiff. However, a Civil Engineer and an Assistant Engineer of Physical Training have since been appointed, and will take up their duties shortly.

### EDUCATION ACT, 1918.

The Education Act, 1918, imposes important additional duties on, and gives powers to local education authorities in regard to the medical inspection and medical treatment of children attending schools in their areas.

Health is essential to education, and as parents are under compulsory obligation to send their children to school, it is the duty of education authorities to enable parents to comply with that obligation by providing facilities for the children to be kept in such a state of physical fitness that they may profit by the education provided. The new Education Act empowers local education authorities to do so, and if the provisions of the Act in this matter be carried out in a generous manner, the time will come when, not only is good education provided, but also the means whereby children may be maintained in good health, and therefore able to benefit to the greatest extent by that education.

The experience gained during the past twelve years in the medical inspection and treatment of elementary school children shows the necessity of a scheme "for the progressive development and comprehensive organisation of" medical inspection and treatment of all school children.

The Education Act, 1918, imposes upon local education authorities the duty "to make, or otherwise to secure, adequate and suitable arrangements . . . for attending to the health and physical condition of children educated in public elementary schools." [Vide Section 2—(1)—(b).]

Under Section 18 the local education authority has the same powers with reference to making provision for the medical inspection and treatment of children and young persons attending secondary schools, high schools, continuation schools, and other schools or educational institution provided by them, as they have with reference to children attending public elementary schools.

Under Section 20, the local education authority has the same duty as regards the education of physically defective and epileptic children as they have with reference to the education of mentally defective children under the Elementary Education (Defective and Epileptic Children) Act, 1914.

Section 15 (1) provides that "the local education authority if they are satisfied by a report of the school medical officer, or otherwise, that any child is being employed in such a manner as to be prejudicial to his health or physical development, or to render him unfit to obtain the proper benefit from his education, may either prohibit, or attach such conditions as they think fit to, his employment . . . ."

### ADMINISTRATIVE ARRANGEMENTS.

The Medical Officer of Health is the School Medical Officer, and the School Medical Service is organised in intimate relation with the Public Health Service, which is in accordance with the view of the Board of Education, to the effect that, for the sake both of economy and efficiency, the school medical service should to the utmost extent work in co-operation with the existing machinery of medical and sanitary administration, developing and supplementing it as required, rather than that new agencies should be introduced which might be redundant, and therefore competing, and possibly a source of confusion, waste of effort, and even disorganisation. At the end of the year 1919 the Staff of the School Medical Officer consisted of three Assistant Medical Officers, (each three-quarter time), an Oculist (part-time), an Aural Surgeon (part-time), a Dentist (part-time), seven School Nurses, and three Clerks (one part-time).

### INSPECTION OF CHILDREN.

The local education authority is required by Article 58 (b) of the Code of Regulations for Public Elementary Schools to make provision for the medical inspection of

- (a) All children admitted to school in the year.





- (b) All children between 12 and 13 years of age, together with children over 13 years of age who have not already been examined after reaching the age of 12.
- (c) All children between 8 and 9 years of age.

According to the numbers of children on the school registers in the year 1919, these three groups of children total about 11,000. This is the number of the routine medical inspection for which provision has to be made, and the three Assistant Medical Officers now engaged can undertake their inspection. Part of the time of these Medical Officers is, of course, taken up by their duties as Assistants to the Medical Officer of Health, and in the work of "special" medical inspection and of medical treatment at the School Clinic.

In addition to the children to be medically inspected under "routine" arrangements, there are children who require "special" medical inspection, and these are inspected at the Inspection Clinic, City Hall, each Medical Officer devoting one half day a week to the work.

Adequate arrangements have therefore already been made for the *medical inspection of elementary school children in Cardiff*

#### FOLLOWING UP.

The following up of all cases of disease and defect discovered in the course of medical inspection is a most important branch of the School Medical Service, because upon the thoroughness with which it is undertaken and carried out depends the success of all other efforts. It is useless for the Medical Officers to discover disease unless steps are taken for it to be cured or alleviated. School Nurses necessarily are most concerned in this matter, but its success also depends upon Medical Officers, Teachers, and to some extent upon School Attendance Officers. At present there are seven School Nurses, but two only devote their whole time to this work.

All defects requiring medical or other treatment are recorded on the medical inspection schedules, and parents are notified if their children require treatment. In the letters sent to parents, the importance of the children receiving proper treatment is emphasized. A "following up" card is made out for each case, and handed to the School Nurse concerned, who visits the homes of the children and impresses upon parents the need for treatment, and advises in regard to remedies that can be carried out in the home.

Cases of nose, throat and ear defects, defective vision, and minor ailments, if treatment is not otherwise procurable, are referred for treatment at the School Clinic. Unfortunately, however, the facilities provided there are at present inadequate for dealing with all the children requiring treatment, and it is feared that in consequence many have to go without treatment. The question of an extension of the work of the School Clinic, which has become an extremely urgent matter, will be dealt with later.

Cases of minor ailments (*i.e.*, ringworm, impetigo, other skin disorders, external eye diseases, etc.) requiring regular treatment over an extended period are followed up and treated by the Nurses of the Queen Victoria Jubilee Nurses' Institute.

In many instances, cases, more especially those under exclusion from school, are re-inspected by the Medical Officers, but practically all cases should be re-inspected and arrangements have recently been made to effect this.

Cases of tuberculosis, or suspected tuberculosis, are referred by the Medical Officers for treatment by the Tuberculosis Physician of the Welsh National Memorial Association.

Cases of scabies, which cannot conveniently be treated at home, are referred for treatment by School Nurses at the Cleansing Station of the Sanitary Authority.

There are, of course, many cases for the treatment of which no special provision is made, and parents are in such cases recommended to seek the advice of their private doctor.



(4) All children between 12 and 15 years of age, together with children over 15 years of age who have not already been examined when reaching the age of 15.

(5) All children between 5 and 9 years of age.

According to the number of children on the school registers in the various areas there are groups of children total about 11,500. This is the number of the various medical inspection for which provision has to be made, and the three Assistant Medical Officers are assigned one sector each for inspection. Part of the time of these Medical Officers is to conduct visits up to their duties as assistants to the Medical Officer of Health, and in the work of "special" medical inspection and of medical treatment at the School Clinic.

In addition to the children to be medically inspected under "routine" arrangements, there are children who require "special" medical inspection, and these are reported at the inspection Clinic, City Hall, each Medical Officer dealing one half day a week in this work.

Adequate arrangements have therefore already been made for the medical inspection of elementary school children in Cardiff.

#### Interference with

The following up of all cases of disease and defect observed in the course of medical inspection is a most important part of the Medical Officer's duties, and the inspection is carried out with which it is undertaken and carried out during the course of all other efforts. It is to be noted that the Medical Officer to discover disease cases and make for it to be reported to the School Nurse, and to make arrangements in this matter, but the School Nurse reports upon Medical Officer's findings, and to some extent upon School Attendance Officer. At present there are seven School Nurses, but two only have been trained to this work.

All defects requiring medical or other treatment are recorded on the medical inspection card, and parents are notified if their children require treatment. In the future, it is hoped, the importance of the children requiring proper treatment is emphasized. It is "brought up" and a note sent for each case, and entered in the School Nurse's records, who then can follow up the children and inform parents upon the need for treatment, and efforts are made to ensure that can be carried out in the home.

Cases of new, throat and ear defects, defective vision, and other defects if treatment is not otherwise procurable, are referred for treatment at the School Clinic. Unfortunately, however, the facilities provided there are as yet insufficient to deal with all the children requiring treatment, and it is hoped that in some future years there will be no such treatment. The provision of an extension of the work of the School Clinic, which has become an extremely urgent matter, will be dealt with later.

Cases of minor ailments like, ringworm, impetigo, other skin diseases, external eye diseases, etc., requiring regular treatment are an extended period are followed up and treated by the Nurses of the Queen Victoria Jubilee Nurses' Institute.

In many instances, cases, more especially those which require treatment from school, are reported by the Medical Officer, but practically all cases should be reported and arrangements have recently been made to effect this.

Cases of tuberculosis, or reported tuberculosis, are referred by the Medical Officer for treatment by the Tuberculosis Inspector of the Welsh National Sanatorium Association.

Cases of scabies, which cannot conveniently be treated at home, are referred for treatment by School Nurses at the Cleansing Station of the Sanitary Authority.

There are, of course, many cases for the treatment of which no special provision is made, and parents are in each case recommended to seek the advice of their general doctor.

Frequently several visits in connection with a single case have to be made by the School Nurses before treatment is obtained, and with the present staff of Nurses, the work cannot be carried to a successful conclusion in all cases. Three School Nurses are required to devote practically their whole time to the duty of following up, and to the duties closely associated with it, viz.: the treatment of minor ailments and "cleanliness surveys." Three Nurses, with the part-time assistance of three others, who are now engaged in assisting Medical Officers and in School Clinic duties, could cope with the work.

It is in the following up of dental cases especially, that more assistance is needed, for by the advice given by School Nurses, the indifference and obstinacy of parents to the vital importance of dental treatment may be overcome.

The following up and treatment of minor ailments in the homes of children also require greater attention than it can at present receive.

During the year 1919 the School Nurses followed up 1,998 new cases, and made altogether 4,724 visits to the homes of the children. In addition, Nurses of the Queen Victoria Jubilee Nurses' Institute made 851 visits. The results of this work may be seen on reference to Table IV.

#### TREATMENT.

(a) EYES.—The extension of the facilities for the treatment of visual defects is an urgent requirement. Upon the School Clinic devolves the treatment of practically all the cases of such defects occurring amongst elementary school children, and the School Ophthalmic Surgeon is unable to deal with more than half of the cases discovered in the course of medical inspection. It is found that about 6 per cent. of the children examined by the Medical Officers require treatment. The one half-day at present devoted to this work at the School Clinic is altogether inadequate.

Defective vision impairs the physical and educational efficiency of school children, and no scheme for the School Medical Service is complete unless ample provision is made for the alleviation of this defect. Not only should there be treatment of the vision of all children requiring it, but those for whom spectacles have been prescribed should be followed up and systematically re-examined, for often vision changes and children naturally outgrow their spectacle frames. To cope with all cases, at least one whole day a week should be devoted by an Ophthalmic Surgeon to this branch of treatment.

Further, children suffering from myopia (short sight) should be educated in special classes, in which the use of the eyes in close work should not exist, for myopia may pass through several phases, and lead to greatly impaired vision, if not to blindness. Such classes might be formed in ordinary schools in several districts, and part of the curriculum not requiring close visual attention could be taken with other children, but all fine work and the use of the eyes for ordinary reading and writing should be prohibited. Teachers for these special classes should be specially trained for the work, and the classes should be only of such a size that each child might receive individual attention. In the formation of special classes for myopes, there would be the additional advantage of the facilities afforded for the periodical examination of the children by the School Ophthalmic Surgeon.

Arrangements have been made for the supply of spectacles to school children at reduced rates by several opticians, and in some cases half the cost of spectacles is borne by the education authority. In exceptional cases, in which, owing to poverty, parents are unable to pay for spectacles, the whole cost should be borne by the education authority.

(b) TEETH.—The treatment of dental defects is receiving increased attention on the part of education authorities, and having regard to the injurious effects of dental caries on health generally, the problem of satisfactorily dealing with dental defects in school children has become pressing. A start has been made in Cardiff, both in the dental inspection and treatment of children aged 6 to 8 years, but what is being done but touches the fringe of what is urgently required.





The medical inspection of school children has revealed that only about 14 per cent. of those leaving school do so with sound teeth. The ideal that should be the objective in this matter is, that all children leaving school should do so with sound teeth.

At present the dental arrangements provide only for the inspection of children between the ages of 6 and 8 years, and for the treatment of the children in that group requiring it, and belonging to families whose weekly income does not exceed £4. But, as mentioned before, these arrangements are extremely inadequate. To effectually deal with this matter, the work of dental inspection and treatment should be commenced on the admission of children to school, and facilities should be provided for *all* present urgent dental cases to receive treatment.

There is much ignorance as to the necessity of, and apathy and obstinacy amongst parents as to treatment of dental defects in their children, and these should, and could doubtless, be overcome by educating parents in the matter. Here again is an opportunity for extending the usefulness of School Nurses, for parents are usually not adverse to taking their advice in all matters affecting the welfare of children.

There are approximately 3,000 children of each age from 5 to 14 years attending elementary schools in Cardiff, but to attempt to deal with all cases of dental defect at once would be unreasonable. A beginning should be made with the "entrants" and the parents of all such children requiring treatment should be visited by School Nurses and persuaded to allow their children to undergo treatment at the School Clinic. Facilities at the Clinic should include provision for the treatment of all—some, of course, at a nominal charge. These children should be re-inspected a year later and defects again treated, and so on each year during their school career. In the first year, the work would not be extensive, but each year it would have to be extended, until eventually all children attending school would come under the care of the School Dentists.

The school dental service urgently requires development and expansion, and an additional Dentist (whole-time) should be appointed. Owing to the fact that few, if any, Dentists are likely to take up school dentistry as a career, the work should be under the supervision of a part-time Dental Surgeon, who would, of course, take part in the actual treatment, and who would be likely to retain his appointment over a long period, and therefore be intimately acquainted with the administration of the school dental service.

(c) TONSILS AND ADENOIDS.—It is found that about 5 per cent. of children medically inspected suffer from enlarged tonsils or adenoids, and require treatment by an Aural Surgeon. The present arrangements at the School Clinic are that children referred from "routine" and "special" inspections are first examined by one of the Assistant School Medical Officers as to their necessity for operative treatment. Operative treatment is carried out on one half-day a week. It is only recently that operations have been performed each week, owing to the shortage of whole-time Medical Officers. There is a large number of cases awaiting treatment, but doubtless the waiting list will gradually be reduced. Under normal conditions one half-day a week devoted to operative treatment would be sufficient, but it would be more satisfactory if one surgeon selected and treated all cases. An Aural Surgeon should be available for attendance at the School Clinic on two half-days a week, and operations should be performed in the afternoon, instead of the morning, as at present. The patients ought to be detained overnight in a recovery room, provided with beds, and handed to the care of their parents on the following day.

(d) MINOR AILMENTS.—The diseases that come under this category are ringworm, scabies, impetigo, and other skin diseases, minor injuries, otorrhœa, and certain external eye diseases. In the treatment of these ailments, the arrangements made under prevailing conditions cannot be regarded as satisfactory, and an extension of the facilities is required. These diseases are a cause of considerable non-attendance at school, and therefore the cause of a loss in grant. Three half-days a week are devoted by the Medical Officers to the examination of "special" cases, which includes the examination and treatment of minor ailments, but no child attends at the Clinic for treatment more often than once a week. Consequently the treatment devolves to a great extent upon parents, and has to be continued in many instances over a long period, instead of being



The medical inspection of school children has revealed that only about 15 per cent of those leaving school do so with sound teeth. The ideal that should be the objective in this matter is that all children leaving school should do so with sound teeth.

At present the dental arrangements provide only for the inspection of children between the ages of 5 and 8 years, and for the treatment of two children in one long waiting list, and belonging to families whose weekly income does not exceed £1. But, as mentioned before, these arrangements are extremely inadequate. To effectively deal with this matter, the work of dental inspection and treatment should be concentrated on the inspection of children at school, and further should be provided for all parents urgent dental cases to receive treatment.

There is much ignorance as to the necessity of early dental treatment, and many parents, as to treatment of dental defects in their children, and these should, wherever possible, be educated by educating parents in the matter. Here again is an opportunity for extending the functions of School Nurses, for parents are usually not adverse to taking their babies to all matters affecting the welfare of children.

There are approximately 1,500 children between ages from 5 to 14 years attending elementary schools in Cardiff, but so attempt to deal with all cases of dental defects in one would be impossible. A beginning should be made with the "extremes" and the groups of all such children as regards treatment should be visited by Dental Nurses and provided to show their children to undergo treatment at the School Clinic. Facilities at the School Clinic should be provided for the treatment of all cases, at a nominal charge. These children should be provided with a year later and defects again treated, and so on each year until they are free of all defects. In the first year, the work would not be extensive, but each year it would have to be extended, until eventually all children attending school would come under the care of the School Clinics.

The school dental service urgently requires development and expansion, and an additional Dental (whole-time) should be appointed. Owing to the fact that for 11 and 12 years old, it is to take up school dentistry as a career, the work should be under the supervision of a qualified Dental Surgeon, who would, of course, take part in the actual treatment, and who would be able to obtain his appointment over a long period, and therefore be effectively represented with the administration of the school dental service.

(c) **TOOTH AND GUM DISEASES.**—It is found that about 15 per cent of children normally inspected suffer from enlarged tonsils or adenoids, and require treatment by an Oral Surgeon. The present arrangements at the School Clinic are that children, between 7 and 12 years, and "special" inspections are first examined by one of the Assistant School Medical Officers as to their necessity for operative treatment. Operative treatment is carried out on one half-day a week. It is only recently that operations have been performed each week, owing to the shortage of wards. There is a large number of cases awaiting treatment, and therefore the waiting list will gradually be reduced. These dental conditions are holding a week devoted to operative treatment would be sufficient, but it would be more satisfactory if one surgeon worked and treated all cases. An Oral Surgeon should be available for attendance at the School Clinic on two half-days a week, and operations should be performed in the afternoon, instead of the morning, as at present. The patients ought to be detained overnight in a recovery room, provided with beds, and handed to the care of their parents on the following day.

(d) **MINOR SURGERY.**—The diseases that come under this category are ingrowing, warts, papillae, and other skin diseases, minor injuries, abscesses, and certain external eye diseases. In the treatment of these ailments, the arrangements under dental provision conditions cannot be regarded as satisfactory, and an extension of the facilities is required. These diseases are a large cause of absence from school, and therefore the care of a few in good days a week are desired by the Medical Officer for the convenience of "special" cases which involve the examination and treatment of minor ailments, but he will attend at the Clinic for treatment more often than once a week. Consequently the treatment facilities to a great extent upon parents, and has to be continued in many instances over a long period, instead of being

regularly and carefully treated by School Nurses under the supervision of Medical Officers. Some of the cases of ringworm, etc., are treated by the Nurses of the Queen Victoria Jubilee Nurses' Institute. An urgent necessity is for a School Clinic to be open daily for, say, two hours, with School Nurses in attendance, in order that minor ailments may be treated regularly and thoroughly. Attendance of children at the School Clinic would count as attendance at school, provided they returned to school immediately after treatment, and the period of exclusion from school of children suffering from infectious skin disorders would be reduced considerably.

The treatment of cases of scabies is undertaken by School Nurses at the Cleansing Station of the Sanitary Authority, and this arrangement works satisfactorily.

For the treatment of ringworm, in itself not a serious malady, but often the cause of absence from school for very long periods, retarding the children's educational progress, and, of course, causing considerable loss in grant, an X-ray department should be provided. Some education authorities have provided for the X-ray treatment of ringworm. Where such treatment is provided there has been a steady decline in the number of cases occurring, and whilst the duration of absence from school after X-ray treatment is three or four weeks, the absence of children undergoing other forms of treatment extends over many months, and in some cases a year, or even two.

(c) REMEDIAL EXERCISES.—The Medical Officers frequently discover cases of minor deformities for which remedial exercises would be beneficial. These deformities consist of round shoulders, mouth breathing, flat foot, unsatisfactory standing position, etc. Small classes of children with these defects should be formed in several districts of the town, the necessary exercise being given by the Organisers of Physical Training. For the more serious cases of deformities (spinal curvature, etc.) special facilities should be provided. A School Clinic with the necessary accommodation and equipment would be most suitable, and the instruction should be given by a qualified remedial gymnast. In a complete scheme of treatment facilities for remedial exercises are necessary.

#### SCHOOL CLINIC.

The proposals for the extension of the usefulness of the School Clinic outlined above depend entirely upon the provision of a suitably constructed and equipped building. The five rooms in the City Hall now used for the purpose are inadequate and inconvenient, and the examinations and treatment undertaken are carried out under considerable difficulties. One room only is available for operations, treatment of visual defects, dental treatment, and treatment of minor ailments; therefore only one form of treatment can be undertaken at a time. A room which is on some occasions, used as a waiting room, has, on other occasions, to be used, after operations and dental treatment, as a recovery room, and when used for the latter purpose, there is no suitable waiting-room accommodation. Moreover, the rooms are also used as a Maternity and Child Welfare Centre on several half-days a week, and in addition seven School Nurses have their office accommodation in two of the rooms. Frequently it is necessary to medically examine special cases, and owing to the rooms being in use difficulties occur. It will therefore be seen that the facilities for treatment are inadequate and altogether unsuitable, having regard to the large number of children to be dealt with.

"Adequate and suitable arrangements for attending to the health and physical condition of children" cannot be made unless adequate and suitable accommodation is provided.

A School Clinic to meet present and future needs should have the following accommodation:—

- (1) Large waiting room, with accommodation for fifty people.
- (2) Dental room.
- (3) Ophthalmic room.
- (4) Nose, throat and ear room.
- (5) Minor ailment room, which could also be used for "Special" inspections.
- (6) Recovery room, with ten beds.
- (7) Remedial exercise room.
- (8) Office accommodation for the School Medical Officer's Staff.

regularly and carefully treated by School Nurses under the supervision of Medical Officers. Some of the cases of ringworm, etc., are treated by the Nurses of the Queen Elizabeth School Nurses. An urgent necessity is for a School Clinic to be open daily for say, two hours, with School Nurses in attendance, in order that minor ailments may be treated rapidly and thoroughly. Attendance of children at the School Clinic would mean an attendance at school, provided they returned to school immediately after treatment, and the period of absence from school of children suffering from infectious skin diseases would be reduced considerably.

The treatment of cases of scabies is undertaken by School Nurses in the following manner of the Sanitary Authority, and this arrangement works satisfactorily.

For the treatment of ringworm, in thick and a serious nature, but after the issue of absence from school for very long periods, treating the children's educational progress, and, in some cases, causing considerable loss in grant, an X-ray treatment should be provided. Some education authorities have provided for the X-ray treatment of ringworm. When such treatment is provided there has been a steady decline in the number of cases occurring, and whilst the duration of absence from school after X-ray treatment is three or four weeks, the number of children who go on other forms of treatment extends over many months, and in some cases a year, or even two.

(c) **Medical Examination.**—The Medical Officer frequently discovers cases of skin diseases for which remedial measures would be beneficial. These diseases would be treated in school, month by month, but for most cases, the local medical authorities should be consulted. Children with these diseases should be treated in special clinics at the time the necessary services being given by the Officers of Special Training. For the more serious cases of skin diseases (eczema, etc.) special facilities should be provided. A School Clinic with the necessary accommodation and equipment would be most suitable, and the treatment should be given by a qualified medical practitioner. In a complete scheme of treatment facilities for various diseases are necessary.

#### School Clinic

The proposals for the extension of the work of the School Clinic, outlined above depend entirely upon the provision of a suitable premises and equipment building. The City Council the City Hall now used for the purpose has been suggested, and the necessary alterations and treatment undertaken are carried out under conditions of efficiency. One room only is available for operations, treatment of skin diseases, dental treatment, and treatment of minor ailments; there are only one form of treatment can be undertaken at a time. A room which is no more convenient, used as a waiting room, but, as other conditions to be used, also operations and dental treatment, as a recovery room, and when used for the latter purpose, there is an available waiting room convenient. However, the room can also be used as a waiting room, and the School Clinic can be used half-day a week, and in addition seven School Nurses have their office accommodation in two of the rooms. It is necessary to provide a specially equipped room, and owing to the small space in the building, it will therefore be seen that the facilities for treatment are inadequate and altogether unsuitable, having regard to the large number of children to be dealt with.

“Adequate and suitable arrangements for attending to the health and physical condition of children” cannot be made unless adequate and suitable accommodation is provided.

A School Clinic to meet present and future needs should have the following equipment—

- (1) Large waiting room, with accommodation for City people.
- (2) Dental room.
- (3) Operation room.
- (4) Dress, dress and eye room.
- (5) Minor ailments room, which could also be used for “Special” treatment.
- (6) Recovery room, with two beds.
- (7) Medical examination room.
- (8) Office accommodation for the School Medical Officer's staff.



Provision should also be made for the X-ray treatment of ringworm in one of the treatment rooms.

Each form of treatment (except X-rays) should be separately provided for, so that any two or more forms of treatment may be undertaken at the same time.

At the end of the year 1919 there were awaiting treatment at the School Clinic :—

Nose and Throat Cases	...	...	...	353
Vision Cases	...	...	...	168
Dental Cases	...	...	...	60

**MEDICAL OBSERVATION AND SUPERVISION OF EMPLOYED CHILDREN.**—In order that the local education authority may know whether children are employed in such a manner as to be prejudicial to their health or physical development, or to render them unfit to obtain the proper benefit from their education, so that their employment may be prohibited or restricted, it will be necessary to organise a system for ascertaining what children are employed out of school hours, and then to arrange for their medical inspection. The Juvenile Employment (Education) Officer will doubtless have full particulars regarding such children, and could supply the School Medical Officer with the required information. Possessing the names of employed children, addresses, the schools attended, and the nature of employment, the arrangements for their medical inspection present no difficulty. Such children could be examined as "specials" by the Medical Officers when visiting the schools, and in cases where the employment of children is found to be prejudicial to their health, the matter reported to the local education authority, so that appropriate action might be taken.

Experience has shown that on the whole the employment of the older children out of school hours, within reasonable limits, does but little, if any, physical harm. It is intellectually that they are likely to suffer. When the employment is out-door it might even be physically beneficial, for the children would perhaps otherwise be indoors when they should be in the open air. Employed children should be medically inspected periodically in school as to the effect of employment on their health, and if it be found that the employment is injurious or prejudicial to their health or physical development, or renders them unfit to obtain proper benefit from their education, the matter reported to the education authority. Special attention will have to be paid to those children found to require treatment, and their treatment promptly undertaken at the School Clinic, or otherwise, according to the nature of the condition requiring treatment.

#### DEALING WITH UNCLEANLINESS.

The existing arrangements for dealing with uncleanness work satisfactorily. In each case discovered in the course of "routine" and "special" medical inspection, and in the periodical "cleanliness surveys" by School Nurses, a notice is sent to the parents, requiring them to remedy the defect. All cases of uncleanness are re-examined or "followed up" and a second notice sent when necessary. When the home conditions are such that the children cannot be properly cleansed at home, the children are taken to the Cleansing Station of the Sanitary Authority, and there cleansed by School Nurses.

#### DEALING IN CONSULTATION WITH THE SANITARY AUTHORITY WITH INFECTIOUS DISEASES AND OTHER MATTERS OF COMMON INTERESTS.

The Education and Sanitary Authorities work in close co-operation, and the school medical service and the public health service are practically one. Cases of notifiable infectious disease are visited by Inspectors of the Sanitary Authority, and in their reports the names of all children attending school ("contacts") are given, together with the school and department attended. Exclusion orders are then sent to the Head Teachers and Superintendent School Attendance Officer regarding the patient, if a school child, and the "contacts." In due course re-admission orders are also sent.





Cases of tuberculosis, or suspected tuberculosis, are referred by the School Medical Officer to the Tuberculosis Medical Officer of the Welsh Memorial Association, who undertakes the treatment of tuberculosis cases for the Sanitary Authority. There is close co-operation between the School Medical Officer and the Tuberculosis Medical Officer in matters affecting school children.

In all matters of common interest there is the same co-operation, the School Medical Officer, being also Medical Officer of Health, forms a link between the two authorities, closely uniting them.

#### DULL OR BACKWARD CHILDREN.

Medical investigation as to the causes of dullness or backwardness in school children is a necessity, which would lead to good results if steps were taken to remove or alleviate the causes. Practically no special attention has been paid to such an investigation in Cardiff, for the reason that with the limited medical staff provided in the past, there has always been a difficulty in carrying out the absolute requirements in the matter of routine inspection of groups of children, as laid down in the Code of Regulations for Elementary Schools. Dullness or backwardness is possibly caused by a number of factors, varying in different cases. Children suffering from deafness, defective vision, adenoids, etc., cannot be expected to be equal in brightness to normal, healthy children. Dullness would naturally be caused by irregular attendance at school, by excessive employment out of school hours, by malnutrition, or by a combination of causes. Some children, of course, are mentally inferior to others without any apparent reasons. A medical investigation is desirable, to ascertain the cause in each instance of dullness or backwardness amongst school children. In many cases, the cause might be removed by treatment of physical defects. If the cause be excessive employment out of school hours, it will be removed by the attention that employed children are to receive. For cases of what might be termed chronic dullness, not amounting to feeble-mindedness, special classes should be formed on the lines suggested for myopes, etc. The classes should be established in several centres in the town, and should be small enough for the scholars to receive individual attention by the teachers. It is desirable that such children should be educated apart from others, because their presence in ordinary classes is obviously detrimental to the interests of other children, and the ordinary curriculum is, of course, unsuitable for dull children. If such children were concentrated in a few, instead of being scattered through all schools, they could more easily be kept under medical supervision.

#### SPECIAL SCHOOLS.

(a) **BLIND CHILDREN, INCLUDING PARTIALLY BLIND.**—A school for blind children already exists (at Marlborough Road Council School), where there is certified accommodation for fifty children. This school is sufficient for present needs, and further accommodation is unlikely to be required for some considerable time. The number of children on the registers is under half for which there is accommodation.

(b) **DEAF CHILDREN, INCLUDING PARTIALLY DEAF.**—The accommodation at the oral school for deaf children (Howard Gardens) is sufficient for present needs, less than three-quarters of the accommodation being taken up.

(c) **PHYSICALLY DEFECTIVE CHILDREN, INCLUDING DELICATE CHILDREN FOR WHOM AN OPEN-AIR SCHOOL IS DESIRABLE.**—No special provision has been made for children that come under this category, but such provision is an urgent necessity. There are in the ordinary elementary schools many children who cannot under ordinary conditions profit fully from the education provided, and who are not capable of keeping pace with other children. These consist of children suffering from debility, anæmia, malnutrition, etc. Frequently in the course of medical inspection, children are discovered who are obviously unsuited to be in an ordinary elementary school, and who would benefit from instruction, at least for a few months, in an open-air school. There is a large number of children suffering from physical defects now attending elementary schools in Cardiff, who cannot do so without injury, and for the education of such children open-air schools should be provided. Where these schools have been provided, the results gained have proved their value. A beginning should be made at the earliest possible moment, by the provision of an open-air school, with accommodation for 120 children. Owing to the individual attention that delicate children require, the





number should not be larger. The school should be situated on the outskirts of the town, within easy reach of the tram-car service, and devoted exclusively to the purpose. Ample evidence of the utility of open-air schools is available, so that the building should be of a permanent and not temporary character. It should consist of class-and-rest rooms and dining room (open to the air on the south side), kitchen, bath room, teachers' room, medical inspection room, cloak rooms, etc.

The arrangement should be under the supervision of the School Medical Officer, and a School Nurse in constant attendance at the school. The children to attend the school should be selected by the Medical Officer, and the period of attendance should be not less than three months. At least one good meal, a substantial dinner, should be provided on the premises, the whole or half cost being recovered from the parents.

The teaching staff should consist of, say, five teachers, chosen for their fitness and experience for the work.

An efficient cook should be employed, who would require two assistants.

The school day at an open-air school is usually longer than at an ordinary school, a period of one-and-a-half hours being devoted to instruction, both morning and afternoon, the remainder of the day being spent in resting, at meals, exercise, and outdoor occupation. Obviously, ailing children would be better off at such a school than they would be even at home, especially if the home conditions were not satisfactory.

The question of suitable extra clothing for the children would have to be considered, and the means of transit to and from the school.

Although the cost of an open-air school would be high, there are certain economies that would ultimately result. Much of the money now spent in endeavouring to educate ailing children in ordinary schools is wasted, because such children are frequently absent from school, and even when present they are to some extent ineducable. After a period in an open-air school, there would be a great improvement in their condition, and in most cases a complete cure, since they would be both treated and educated at the same time. The children could, when well, return to the ordinary schools, being able then to benefit from the instruction given, which they could not do formerly.

An open-air school is an urgent necessity, but the *duty* of the education authority to establish certified schools for boarding and lodging physically defective and epileptic children does not come into operation until seven years from the appointed day. It will therefore at that time be necessary to provide a residential school for "cripple" children and a school sanatorium for tubercular children. The number of "cripple" children that could not be educated at the ordinary elementary schools would be small, and arrangements might be made for the provision of a residential school with a neighbouring authority. Provision of a school sanatorium for tubercular children should be made at the proper time. There are about fifty children in Cardiff absent at a time from school for long periods on account of tuberculosis (all forms), and many more than that number attending elementary schools, but who should be educated in a school sanatorium. Such an institution should have accommodation for at least 100 children.

#### CLOTHING AND FOOTGEAR.

In the course of routine and special medical inspection 25 children were found to be insufficiently clad, to be wearing dirty clothing, or to have unsatisfactory footgear. Of these 25 children, 22 were insufficiently clad, 13 were wearing dirty clothing, and 5 had unsatisfactory footgear.

#### MEDICAL INSPECTION AND JUVENILE EMPLOYMENT.

Arrangements exist by which the results of the medical inspection of children leaving school were supplied to the Juvenile Employment Officer. The height, weight, particulars as to vision, and of any disease or defect of every "leaver" are given. In many instances special medical examinations of children are made on the request of the Juvenile Employment Officer.



number should not be large. The school should be situated on the outskirts of the town, with easy access to the nearest railway and bus station. The school should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

The management should be under the supervision of the Board of Education, and should be subject to the control of the Local Education Authority. The school should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

The teaching staff should consist of one or more teachers, and should be subject to the control of the Local Education Authority. The school should be of a permanent character, and the building should be of a permanent character.

An efficient staff should be employed, who would be subject to the control of the Local Education Authority. The school should be of a permanent character, and the building should be of a permanent character.

The school day should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

The question of suitable water clothing for the children would have to be considered, and the means of transport to and from the school.

Although the cost of an open-air school would be high, it is not a very high cost, and it is not a very high cost. The school should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

An open-air school is an urgent necessity, but the cost of the school is not a very high cost, and it is not a very high cost. The school should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

## CONCLUSION AND RECOMMENDATIONS

In the course of the investigation, it has been found that the school should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

It is recommended that the school should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

It is recommended that the school should be of a permanent character, and the building should be of a permanent character. It should consist of classrooms, a library, a laboratory, a gymnasium, a canteen, and a playground. The school should be of a permanent character, and the building should be of a permanent character.

## MENTAL DEFICIENCY ACT, 1913.

During the year 1919, 23 children of school age were examined and dealt with under the Mental Deficiency Act, 1913.

Six of these children were certified as not incapable, by reason of mental defect, of receiving benefit from the instruction in an ordinary public elementary school.

Eleven children were certified as feeble-minded within the meaning of the Act, but not incapable by reason of mental defect of receiving benefit from instruction in a special school or class. These children were recommended for admission to Virgil Street School for Mental Defectives.

Four children were certified as being incapable, by reason of mental defect, of receiving benefit from instruction in a special school or class. These cases were notified by the Education Authority to the Local Authority under the Mental Deficiency Act, 1913.

One child attending the Virgil Street Special School was certified as being incapable, by reason of mental defect, of receiving further benefit from instruction in a special school or class.

One child was certified that he could not be instructed in a special school or class without detriment to the interests of the other children.

## MEDICAL EXAMINATION OF TEACHERS.

On instructions from the Education Committee the medical examination of newly appointed and pupil school teachers is carried out by the Assistant School Medical Officers. During the year 1919, 64 teachers and pupil teachers were examined, and 4 re-examinations were made.

TABLE I.

Number of Children Inspected 1st January to 31st December, 1919.

## A.—ROUTINE MEDICAL INSPECTION.\*

AGE.	ENTRANTS.					TOTAL
	3	4	5	6	OTHER AGES	
Boys ... ..	14	409	941	662	209	2,235
Girls ... ..	16	370	888	696	225	2,195
TOTALS ... ..	30	779	1,829	1,358	434	4,430

AGE	INTER-MEDIATE GROUP 8	LEAVERS				TOTAL	GRAND TOTAL
		12	13	14	OTHER AGES		
Boys ... ..	...	1,495	924	2	...	2,421	4,656
Girls ... ..	...	525	689	12	...	1,226	3,421
TOTALS ... ..	...	2,020	1,613	14	...	3,647	8,077

# MENTAL DEFECTIVES, 1912.

During the year 1912, 75 children of school age were committed and their names enter the Mental Defectives Act, 1912.

Six of these children were certified as not responsible by reason of mental defect at receiving benefit from the institution in an ordinary public elementary school.

Eleven children were certified as delinquents within the meaning of the Act, and are responsible by reason of mental defect of receiving benefit from institution in a special school or class. These children were recommended for admission to the following special delinquent Detention Class.

Four children were certified as being responsible by reason of mental defect at receiving benefit from institution in a special school or class. These cases were referred by the Director, Authority to the Local Authority under the Mental Defectives Act, 1912.

One child attended the 7th Street School which was certified as being responsible by reason of mental defect at receiving benefit from institution in a special delinquent class.

One child was certified that he could not be treated in a special school or class without detriment to the interests of the other children.

## MENTAL DEFECTIVES BY TREATMENT.

No instructions from the Education Committee the previous year of nearly equal number and pupil school teachers is reported out by the Assistant Chief Medical Officer. During the year 1912, 64 teachers and pupil teachers were reported, and a recommendation was made.

TABLE I.

Number of Children reported as being in the Institution, 1912.

## A.—DETENTION SCHOOL INSTITUTION.

	Age	Duration				Total
		1	2	3	4	
Boys	14	10	10	10	10	40
Girls	10	10	10	10	10	40
Totals	24	20	20	20	20	80

	Age	Duration	Duration				Total
			1	2	3	4	
Boys	14	10	10	10	10	10	40
Girls	10	10	10	10	10	10	40
Totals	24	20	20	20	20	20	80



TABLE I.—Continued.

## B.—SPECIAL INSPECTIONS.

	SPECIAL CASES†	RE-EXAMINATIONS (i.e., NO. OF CHILDREN RE-EXAMINED).
Boys ... ..	662	438
Girls ... ..	586	352
TOTALS ... ..	1,248	790

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE MEDICAL OFFICERS, whether as Routine or Special Cases (no Child being counted more than once in the year).

No. of Individual Children Inspected ... ..	9,325
Actual No. of Re-examinations :—	
Boys ... ..	805
Girls ... ..	591
TOTAL ... ..	1,396

\*Routine Medical Inspection is medical inspection carried out on the lines of the approved Schedule at the time when Routine Medical Inspection is due, and made on the school premises or other place sanctioned by the Board of Education under the Code.

†“Special Cases” are those children specifically referred to the Medical Officers and not due for Routine Medical Inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age, and may be referred to the Medical Officer at the School, or the Clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, Parents or otherwise.

TABLE II.

Return of Defects found in the Course of Medical Inspection in 1919.

DISEASE OR DEFECT	ROUTINE INSPECTIONS		SPECIALS*	
	Number referred for Treatment	Number requiring to be kept under observation, but not referred for Treatment	Number referred for Treatment	Number requiring to be kept under observation, but not referred for Treatment
Malnutrition ... ..	46	9	19	...
Uncleanliness :—				
Head ... ..	41	...	25	...
Body ... ..	63	...	4	...
Skin :—				
Ringworm—				
Head ... ..	9	...	83	...
Body ... ..	17	...	57	...
Scabies ... ..	54	...	102	...
Impetigo ... ..	60	...	114	...
Other Diseases (Non-tubercular) ... ..	10	2	33	...

TABLE I—Continued.

## B.—ROUTINE INSPECTIONS.

ROUTINE INSPECTIONS	ROUTINE INSPECTIONS	ROUTINE INSPECTIONS
Boys	100	100
Girls	100	100
Total	200	200

C.—TOTAL NUMBER OF INDIVIDUAL CHILDREN INSPECTED BY THE BOARD OF HEALTH, WHETHER AS ROUTINE OR SPECIAL CASES (no child being counted more than once in the year).

No. of individual children inspected.

Actual No. of inspections:—

Boys	100
Girls	100
Total	200

\* Routine Medical Inspection is medical inspection carried out on the basis of the approved schedule at the time when Routine Medical Inspection is due, and made on the child's person at other places mentioned by the Board of Health under the Act.

† "Special Cases" are those children specifically referred to the Medical Officer and not for Routine Medical Inspection under the Act or the time when specifically referred. Such children may or may not be of Child-group age, and may be referred to the Medical Officer at the school, or the Clinic by the Committee, Medical Officer, School Nurse, Teacher, Parent, or otherwise.

TABLE II.

Results of Disease found in the Course of Medical Inspection in 1915.

DISEASE FOUND	ROUTINE INSPECTIONS		SPECIAL CASES	
	Boys	Girls	Boys	Girls
Measles	40	10	10	10
Scarlet fever	41	10	10	10
Diphtheria	42	10	10	10
Whooping cough	43	10	10	10
Smallpox	44	10	10	10
Polio	45	10	10	10
Other Diseases (Not tabulated)	46	10	10	10

TABLE II.—Continued.

DISEASE OR DEFECT	ROUTINE INSPECTIONS		SPECIALS*	
	Number referred for Treatment	Number requiring to be kept under observation, but not referred for Treatment	Number referred for Treatment	Number requiring to be kept under observation, but not referred for Treatment
Eye :—				
Blepharitis ... ..	27	...	20	...
Conjunctivitis ... ..	6	...	5	...
Keratitis ... ..	2	...	1	...
Corneal Ulcer... ..	1	...	...	...
Corneal Opacities ... ..	6	...	...	...
Defective Vision ... ..	462	...	250	...
Squint ... ..	68	...	11	...
Other Conditions ... ..	4	...	6	...
Ear :—				
Defective Hearing ... ..	55	1	25	...
Otitis Media ... ..	64	...	48	...
Other Ear Diseases ... ..	1	...	1	...
Nose and Throat :—				
Enlarged Tonsils ... ..	314	...	96	...
Adenoids ... ..	104	...	67	...
Enlarged Tonsils and Adenoids ... ..	89	...	30	...
Other Conditions ... ..	10	...	14	...
Enlarged Cervical Glands (Non Tubercular) ... ..	15	...	8	...
Defective Speech ... ..	...	...	2	...
Teeth :—				
Dental Diseases ... ..	279	...	20	...
Heart and Circulation :—				
Heart Disease—				
Organic ... ..	9	9	1	5
Functional ... ..	7	10	2	1
Anæmia ... ..	67	2	18	...
Lungs :—				
Bronchitis ... ..	6	59	11	15
Other Non-Tubercular Diseases ... ..	...	...	8	...
Tuberculosis :—				
Pulmonary—				
Definite ... ..	...	...	3	...
Suspected ... ..	3	3	2	13
Non-Pulmonary—				
Glands ... ..	3	2	4	...
Spine ... ..	...	...	1	...
Hip ... ..	...	...	...	...
Other Bones and Joints ... ..	1	...	1	...
Skin ... ..	1	...	2	...
Other Forms ... ..	...	...	1	...
Nervous System :—				
Epilepsy ... ..	...	...	8	...
Chorea... ..	4	...	11	...
Other Conditions ... ..	3	1	3	...
Deformities :—				
Rickets ... ..	2	...	...	...
Spinal Curvature ... ..	10	...	6	...
Other Forms ... ..	7	...	3	...
Other Defects and Diseases ... ..	19	7	39	...

Number of Individual Children having Defects which required

Treatment or to be kept under Observation ... .. 2,706





TABLE III.

Numerical Return of all Exceptional Children in Cardiff in the year 1919.

			Boys	Girls	TOTAL
BLIND. (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools...	...	...	...
		Attending Certified Schools for the Blind	9	12	21
		Not at School ... ..	1	4	5
DEAF AND DUMB. (Including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools...	...	...	...
		Attending Certified Schools for the Deaf	15	16	31
		Not at School ... ..	1	...	1
MENTALLY DEFICIENT.	Feeble Minded.	Attending Public Elementary Schools...	11	7	18
		Attending Certified Schools for Mentally Defective Children ... ..	27	12	39
		Notified to the Local Control Authority by Local Education Authority during the year ... ..	1	3	4
		Not at School ... ..	4	7	11
	Imbeciles.	At School ... ..	...	...	...
		Not at School ... ..	5	1	6
	Idiots.		1	...	1
	EPILEPTICS.		Attending Public Elementary Schools...	21	16
		Attending Certified Schools for Epileptics ... ..	...	...	...
		In Institutions other than Certified Schools ... ..	...	...	...
		Not at School ... ..	...	7	7
PHYSICALLY DEFECTIVE.	Pulmonary Tuberculosis.	Attending Public Elementary Schools...	7	6	13
		Attending Certified Schools for Physically Defective Children ... ..	...	...	...
		In Institutions other than Certified Schools ... ..	...	...	...
		Not at School ... ..	11	9	20
	Crippling due to Tuberculosis.	Attending Public Elementary Schools...	7	5	12
		Attending Certified Schools for Physically Defective Children ... ..	...	...	...
		In Institutions other than Certified Schools ... ..	...	...	...
		Not at School ... ..	7	7	14
	Crippling due to causes other than Tuberculosis, i.e., Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools...	47	54	101
		Attending Certified Schools for Physically Defective Children ... ..	...	...	...
		In Institutions other than Certified Schools ... ..	...	...	...
		Not at School ... ..	8	11	19
	Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools...	114	112	226
		Attending Open-Air Schools ... ..	...	...	...
		Attending Certified Schools for Physically Defective Children, other than Open-Air Schools ... ..	...	...	...
		Not at School ... ..	7	3	10
DULL OR BACKWARD.*		Retarded 2 years ... ..	422	312	734
		Retarded 3 years ... ..	91	99	190

The number of attendances of these children at the School during the year was 215





TABLE IV.

Treatment of Defects of Children during 1919.

## A.—TREATMENT OF MINOR AILMENTS.

DISEASE OR DEFECT	NUMBER OF CHILDREN.							
	Referred for Treat- ment	TREATED.					Other- wise	TOTAL
		Under Local Education Authority's Scheme						
		By School Nurses at Homes of Children	By School Nurses at School Clinic	By School Nurses at Cleansing Station	By Nurses of Queen Victoria Jubilee Nurses' Institute			
SKIN :—								
Ringworm—Head ...	92	...	72	...	19	1	92	
"    Body ...	86	2	81	...	1	2	86	
Scabies ...	211	9	88	71	11	32	211	
Impetigo ...	337	32	83	...	23	199	337	
Minor Injuries ...	...	...	...	...	...	...	...	
Other Skin Diseases ...	114	2	25	...	3	84	114	
EAR DISEASE ...	140	1	112	...	9	18	140	
EYE DISEASE (external and other) ...	78*	...	11	...	...	14	25	
MISCELLANEOUS ...	112	23	22	2	9	56	112	

This Table includes many cases that were not examined by the Medical Officers owing to the disorganisation of the School Medical Service due to the War. Such cases were referred mainly by Head Teachers, and when medical attention was not absolutely necessary, the cases were dealt with by the School Nurses.

\*Some of these cases were subsequently referred to the Oculist at the School Clinic, and therefore are reported upon in Table IV. B. (Treatment of Visual Defect).

## B.—TREATMENT OF VISUAL DEFECT.

	No. of Children.
Referred for Refraction ...	791
Submitted to Refraction :—	
At School Clinic ...	278
By Private Practitioners ...	17
Otherwise ...	21
<b>Total</b>	<b>316</b>
For whom Glasses were Prescribed ...	263
For whom Glasses were Provided ...	179
Recommended for Treatment other than by Glasses ...	75
Received other forms of Treatment at School Clinic ...	71
For whom no Treatment was considered necessary ...	73
For whom Glasses were Provided at Half Cost (included in the No. 179 above) ...	45
Old Cases (Year 1918) for whom Glasses were provided in 1919	38

The number of attendances of Vision Cases at the School Clinic during the year was 819.

TABLE IV

Treatment of Defects of Children during 1915

## A.—TREATMENT OF DEFECTS

DISEASE OR DEFECT	Treated Total	Treated				Total
		Under Local Education Authority's Orders				
		By Order of Local Education Authority	By Order of Local Education Authority	By Order of Local Education Authority	By Order of Local Education Authority	
HEARS:—						
Ringworm—Head	80	—	—	75	—	80
Body	80	—	—	80	—	80
Scabies	211	—	—	211	—	211
Impetigo	232	—	—	232	—	232
Minor injuries	—	—	—	—	—	—
Other Skin Diseases	114	—	—	114	—	114
EYE DISEASE	140	—	—	140	—	140
EYE DISEASE (external and other)	78*	—	—	78	—	78
MISCELLANEOUS	112	—	—	112	—	112

This Table includes many cases that have not been treated by the Local Education Authority in the classification of the Local Education Authority in the H.E. Some cases were treated under the H.E. and some under the Local Education Authority. The cases were treated by the Local Education Authority and were treated under the Local Education Authority.

\*None of these cases were voluntarily referred to the Local Education Authority and therefore are reported upon in Table IV. (Treatment of Local Defects)

## B.—TREATMENT OF DEFECTS

DEFECT	Treated	Treated				Total
		By Order of Local Education Authority	By Order of Local Education Authority	By Order of Local Education Authority	By Order of Local Education Authority	
For whom orders were forwarded	210	—	—	210	—	210
For whom orders were forwarded	170	—	—	170	—	170
Forwarded for treatment after the H.E.	78	—	—	78	—	78
Forwarded after the H.E. and treatment at School Clinic	72	—	—	72	—	72
For whom no treatment was forwarded	—	—	—	—	—	—
For whom orders were forwarded to the Local Education Authority	—	—	—	—	—	—
For whom orders were forwarded to the Local Education Authority	—	—	—	—	—	—

The number of children of whom orders were forwarded during the year was 210.

## C.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	No. of Children.
Referred for Treatment ... ..	724
Examined by Specialists at School Clinic ... ..	286
Received Operative Treatment :—	
At School Clinic ... ..	215
By Private Practitioners ... ..	46
<b>TOTAL</b> ... ..	<b>261</b>
Received other forms of Treatment :—	
At School Clinic ... ..	20
By Private Practitioners ... ..	5
<b>TOTAL</b> ... ..	<b>25</b>

The number of attendances of Nose and Throat cases at the School Clinic during the year was 796.

## D.—TREATMENT OF DENTAL DEFECTS.

## 1.—Number of Children (6 to 8 years) dealt with.

(a) Inspected by Dentist ... ..	4,839
(b) Referred for Treatment ... ..	3,016
(c) Actually Treated ... ..	671
(d) Re-treated ... ..	Nil.

## 2.—Particulars of Time given and of Operations undertaken.

(1) No. of Half-days devoted to Inspection ... ..	39
(2) " " " Treatment ... ..	78
(3) Total No. of Attendances made by the Children at the Clinic ... ..	1,062
(4) No. of Permanent Teeth Extracted ... ..	85
(5) " " " Filled ... ..	323
(6) No. of Temporary Teeth Extracted ... ..	2,502
(7) " " " Filled ... ..	Nil.
(8) Total No. of Fillings ... ..	323
(9) No. of Administrations of General Anæsthetics included in (4) and (6) ... ..	540
(10) No. of Other Operations—Permanent Teeth ... ..	1
(11) " " " Temporary Teeth ... ..	Nil.

## E.—TREATMENT OF UNCLEANLINESS.

Number of Visits made by School Nurses to Schools ... ..	164
Average number of Visits to each School ... ..	4.4
Total number of Examinations made of children by School Nurses during the year in the Schools ... ..	35,691
Number of individual children found unclean ... ..	1,407
Number of individual children re-examined by School Nurses in the Schools ... ..	417
Number of children found upon re-examination to have been cleansed... ..	281

In two cases only were the children so unclean as to require cleansing by School Nurses at the Cleansing Station of the Sanitary Authority.





## F.—TREATMENT OF ALL OTHER DEFECTS.

during the Year 1919.					NUMBER OF CHILDREN.			
DISEASE OR DEFECT.					Referred for Treat- ment	* TREATED		
						By Private Practitioners, Hospital, or Tuberculosis Dispensary	Other- wise	TOTAL
Malnutrition ... ..	...	...	...	...	65	4	11	15
Enlarged Cervical Glands ... ..	...	...	...	...	23	...	1	1
Dental Diseases ... ..	...	...	...	...	299	...	59	59
Diseases of Heart and Circulation ... ..	...	...	...	...	104	19	26	45
Diseases of Lungs (Non-Tubercular) ... ..	...	...	...	...	25	6	...	6
Pulmonary Tuberculosis ... ..	...	...	...	...	8	8	...	8
Other Forms of Tuberculosis ... ..	...	...	...	...	14	14	...	14
Diseases of the Nervous System ... ..	...	...	...	...	29	3	...	3
Deformities ... ..	...	...	...	...	28	1	3	4
Other Defects and Diseases ... ..	...	...	...	...	58	12	4	16

\*The figures given relate to children known to have been actually treated. Many others probably received treatment after the visits of the School Nurses. Altogether 85 cases referred for treatment during 1919 were not visited during that year, and are therefore not included in the tabulated statements in this report.

TABLE V.

SUMMARY of TREATMENT OF DEFECTS as shown in Table IV. (A, B, C, D and F, but excluding E).

(5) The number of children in (4) who received treatment during the year 1919.					NUMBER OF CHILDREN.			
DISEASE OR DEFECT.					Referred for Treat- ment	TREATED.		
						Under Local Education Authority's Scheme	Other- wise	TOTAL
Minor Ailments ... ..	...	...	...	...	1,170	711	496	1,117
Visual Defects ... ..	...	...	...	...	791	349	38	387
Defects of Nose and Throat ... ..	...	...	...	...	724	235	51	286
Dental Defects ... ..	...	...	...	...	3,315	672	59	731
Other Defects ... ..	...	...	...	...	354*	...	112	112
TOTAL ... ..	...	...	...	...	6,354	1,967	666	2,633

\*See Foot-note to Table IV.—F.

## B.—TREATMENT OF ALL OTHER DISEASES

DISEASE OR DISORDER				TREATMENT		NUMBER OF CASES	
DISEASE OR DISORDER	TREATMENT	NUMBER OF CASES	TREATMENT	NUMBER OF CASES	TREATMENT	NUMBER OF CASES	TREATMENT
Alcoholism	...	...	...	...	...	...	...
Delirium Tremens	...	...	...	...	...	...	...
Chorea	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...
Epilepsy	...	...	...	...	...	...	...
Paralysis	...	...	...	...	...	...	...
Stuttering	...	...	...	...	...	...	...
Neurosis	...	...	...	...	...	...	...
Psychosis	...	...	...	...	...	...	...
Mania	...	...	...	...	...	...	...
Depression	...	...	...	...	...	...	...
Other Mental Disorders	...	...	...	...	...	...	...
Other Physical Disorders	...	...	...	...	...	...	...
Total	...	...	...	...	...	...	...

\*The figures given relate to patients who were treated in the hospital during the year 1910. The figures given in parentheses relate to patients who were treated in the hospital during the year 1910 and who were not included in the total number of patients treated in the hospital during the year 1910.

TABLE V

SUMMARY OF TREATMENT OF DISEASES AND DISORDERS IN TABLE IV, A, B, C, D AND E, FOR THE YEAR 1910

DISEASE OR DISORDER				TREATMENT		NUMBER OF CASES	
DISEASE OR DISORDER	TREATMENT	NUMBER OF CASES	TREATMENT	NUMBER OF CASES	TREATMENT	NUMBER OF CASES	TREATMENT
Alcoholism	...	...	...	...	...	...	...
Delirium Tremens	...	...	...	...	...	...	...
Chorea	...	...	...	...	...	...	...
Convulsions	...	...	...	...	...	...	...
Epilepsy	...	...	...	...	...	...	...
Paralysis	...	...	...	...	...	...	...
Stuttering	...	...	...	...	...	...	...
Neurosis	...	...	...	...	...	...	...
Psychosis	...	...	...	...	...	...	...
Mania	...	...	...	...	...	...	...
Depression	...	...	...	...	...	...	...
Other Mental Disorders	...	...	...	...	...	...	...
Other Physical Disorders	...	...	...	...	...	...	...
Total	...	...	...	...	...	...	...

\*See footnote to Table IV.



TABLE VI.

SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED at the Routine Inspections during the Year 1919.

(1) The total number of Children medically inspected at the Routine Inspections* ...	8,077
(2) The number of Children in (1) suffering from Defects (other than uncleanness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ... ..	61
(3) The number of Children in (1) suffering from :—	
Malnutrition ... ..	55
Skin Disease ... ..	152
Defective Vision (including Squint) ... ..	530
Eye Disease ... ..	46
Defective Hearing ... ..	56
Ear Disease ... ..	65
Nose and Throat Disease ... ..	517
Enlarged Cervical Glands (Non-Tubercular) ... ..	15
Defective Speech ... ..	...
Dental Disease ... ..	279
Heart Disease :—	
Organic ... ..	18
Functional ... ..	17
Anæmia ... ..	69
Lung Disease (Non-Tubercular) ... ..	65
Tuberculosis :—	
Pulmonary { Definite ... ..	...
{ Suspected ... ..	6
Non-Pulmonary ... ..	7
Disease of the Nervous System ... ..	8
Deformities ... ..	19
Other Defects and Diseases ... ..	26
(4) The number of Children in (1) who were referred for treatment (excluding uncleanness, defective clothing, etc.) ... ..	1,198
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanness, defective clothing, etc.) ... ..	732†

\*" Specials " are not included in this Table.

†See foot-note to Table IV.—F.

TABLE VI

Summary relating to Chemical Laboratory Experiments on the Human Population during the Year 1919

(1) The total number of children actually exposed at the Human Laboratory* ...	6,077
(2) The number of children in (1) suffering from defects which were not due to the laboratory but not referred for treatment ...	81
(3) The number of children in (1) suffering from:—	<div>Malnutrition ... 27</div> <div>Brain Lesions ... 142</div> <div>Defective Vision (including strabismus) ... 290</div> <div>Ear Lesions ... 46</div> <div>Defective Hearing ... 36</div> <div>Eye Lesions ... 63</div> <div>Rose and Throat Lesions ... 617</div> <div>Enlarged Thyroid Glands (Non-Tuberculous) ... 16</div> <div>Defective Speech ... 119</div> <div>Dental Lesions ... 119</div> <div>Heart Lesions ... 18</div> <div>Gonorrhea ... 17</div> <div>Functional ... 66</div> <div>Acute ... 66</div> <div>Long Lesions (Non-Tuberculous) ... 66</div> <div>Tuberculosis ... 66</div> <div>Poliomyelitis { Paralytic } ... 66</div> <div>Non-Poliomyelitis ... 66</div> <div>Lesions of the Nervous System ... 66</div> <div>Other Defects and Diseases ... 12</div>
(4) The number of children in (1) who were referred for treatment for defects which were not due to the laboratory ...	1,198
(5) The number of children in (4) who received treatment for one or more defects (including malnutrition, defective hearing, etc.) ...	727

\* "Specific" are not included in this Table  
 \* See footnote to Table IV—E.

## SPECIAL SCHOOLS.

TABLE VII.

AGES OF CHILDREN MEDICALLY INSPECTED.

AGE	5	6	7	8	9	10	11	12	13	14	15	16	Total
Special School for Mentally Defective Children :—													
Boys ... ..	...	...	...	...	2	...	3	1	4	3	2	1	16
Girls ... ..	...	...	...	...	1	...	...	2	...	3	3	...	9
Oral School for Deaf Children :—													
Boys ... ..	1	...	3	1	2	3	2	1	...	1	...	...	14
Girls ... ..	...	1	...	2	1	4	5	...	1	2	1	...	17
School for Blind Children :—													
Boys ... ..	...	...	1	2	1	1	...	1	2	...	...	...	8
Girls ... ..	...	...	...	...	...	2	1	1	3	1	2	...	10
TOTALS ... ..	1	1	4	5	7	10	11	6	10	10	8	1	74

TABLE VIII.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION OF CHILDREN  
ATTENDING SPECIAL SCHOOLS.

DISEASE OR DEFECT.	REFERRED FOR TREATMENT.			
	Special School for Mentally Defective Children	Oral School for Deaf Children	School for Blind Children	TOTAL
Uncleanliness—Body ... ..	3	...	...	3
Defective Vision ... ..	1	1	...	2
Otitis Media ... ..	...	2	...	2
Enlarged Tonsils ... ..	6	...	...	6
Dental Disease ... ..	5	2	...	7

No. of Individual Children having Defects which require Treatment ... 13



# 12 SPECIAL SCHOOLS

TABLE VII

AGE OF CHILDREN HANDED FOR TREATMENT

Age		5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
Special School for Mentally Defective Children:—																
Boys	...	...	...	...	2	...	7	1	4	8	2	1	...	...	...	25
Girls	...	...	...	...	1	...	...	2	...	2	...	...	...	...	...	5
Special School for Blind Children:—																
Boys	...	1	...	2	1	3	2	2	1	...	1	...	...	...	...	13
Girls	...	...	1	...	2	1	2	2	...	1	2	1	...	...	...	17
School for Blind Children:—																
Boys	...	...	1	2	1	1	1	1	2	...	...	...	...	...	...	8
Girls	...	...	...	...	...	2	1	1	1	1	1	2	...	...	...	10
Totals	...	1	1	1	5	7	10	11	6	10	10	5	1	...	...	74

TABLE VIII

NUMBER OF DEFORMS NOTED IN THE COURSE OF MEDICAL TREATMENT OF CHILDREN  
ATTENDING SPECIAL SCHOOLS

Diseases or Deformities	Handled for Treatment		
	Special School for Mentally Defective Children	Special School for Blind Children	Other Special Schools
Orthopedic—Body	...	...	...
Orthopedic—Vision	...	1	...
Other Deformities	...	2	...
Orthopedic Treatment	...	...	...
Orthopedic Treatment	...	2	...

No. of Individual Children having Deformities which require Treatment

TABLE IX.

AGES OF SCHOOL CHILDREN EMPLOYED OUT OF SCHOOL HOURS.

AGE.				7	8	9	10	11	12	13	14	TOTAL
Boys	...	...	...	1	15	65	122	224	394	494	48	1,363
Girls	...	...	...	...	5	12	24	26	54	66	10	197
TOTALS	...	...	...	1	20	77	146	250	448	560	58	1,560

TABLE X.

NATURE OF EMPLOYMENT OF SCHOOL CHILDREN EMPLOYED OUT OF SCHOOL HOURS.

NATURE OF EMPLOYMENT						BOYS	GIRLS	TOTAL
Assisting in Shops	...	...	...	...	...	52	30	82
Delivery of Bread	...	...	...	...	...	36	...	36
Delivery of Milk	...	...	...	...	...	87	1	88
Domestic Work	...	...	...	...	...	13	112	125
Errands	...	...	...	...	...	726	34	760
Newspaper Selling	...	...	...	...	...	248	8	256
Miscellaneous	...	...	...	...	...	201	12	213
TOTALS	...	...	...	...	...	1,363	197	1,560

TABLE IX.

TABLE IX. (Continued) Employment of School Children Outside of School Hours.

	Age	7	8	9	10	11	12	13	14	Total
Boys	1	10	10	10	10	10	10	10	10	100
Girls	1	10	10	10	10	10	10	10	10	100
Total	1	10	10	10	10	10	10	10	10	100

TABLE X.

TABLE X. (Continued) Nature of Employment of School Children Outside of School Hours.

	Nature of Employment	Boys	Girls	Total
Assisting in shops	...	...	...	...
Delivery of food	...	...	...	...
Delivery of milk	...	...	...	...
Domestic work	...	...	...	...
Errands	...	...	...	...
Newspaper selling	...	...	...	...
Unclassified	...	...	...	...
Total	...	...	...	...



TABLE XI.

NUMBER OF HOURS OF EMPLOYMENT PER WEEK (including Saturday and Sunday) of School Children employed out of School Hours.

NUMBER OF HOURS PER WEEK.							BOYS	GIRLS	TOTAL
1	...	...	...	...	...	...	4	2	6
2	...	...	...	...	...	...	9	9	18
3	...	...	...	...	...	...	15	9	24
4	...	...	...	...	...	...	26	10	36
5	...	...	...	...	...	...	22	10	32
6	...	...	...	...	...	...	47	14	61
7	...	...	...	...	...	...	36	18	54
8	...	...	...	...	...	...	43	8	51
9	...	...	...	...	...	...	65	9	74
10	...	...	...	...	...	...	74	12	86
11	...	...	...	...	...	...	35	2	37
12	...	...	...	...	...	...	79	10	89
13	...	...	...	...	...	...	40	2	42
14	...	...	...	...	...	...	69	9	78
15	...	...	...	...	...	...	76	18	94
16	...	...	...	...	...	...	46	2	48
17	...	...	...	...	...	...	50	3	53
18	...	...	...	...	...	...	90	4	94
19	...	...	...	...	...	...	39	2	41
20	...	...	...	...	...	...	98	4	102
21	...	...	...	...	...	...	52	2	54
22	...	...	...	...	...	...	42	2	44
23	...	...	...	...	...	...	29	...	29
24	...	...	...	...	...	...	65	3	68
25	...	...	...	...	...	...	41	5	46
26	...	...	...	...	...	...	22	1	23
27	...	...	...	...	...	...	32	2	34
28	...	...	...	...	...	...	31	7	38
29	...	...	...	...	...	...	17	1	18
30	...	...	...	...	...	...	17	3	20
31	...	...	...	...	...	...	6	...	6
32	...	...	...	...	...	...	10	2	12
33	...	...	...	...	...	...	7	2	9
34	...	...	...	...	...	...	6	...	6
35	...	...	...	...	...	...	4	2	6
36	...	...	...	...	...	...	8	3	11
37	...	...	...	...	...	...	2	...	2
38	...	...	...	...	...	...	1	...	1
39	...	...	...	...	...	...	2	2	4
40	...	...	...	...	...	...	1	1	2
41	...	...	...	...	...	...	2	...	2
42	...	...	...	...	...	...	...	...	...
43	...	...	...	...	...	...	1	...	1
44	...	...	...	...	...	...	1	1	2
54	...	...	...	...	...	...	...	1	1
56	...	...	...	...	...	...	1	...	1
TOTALS							1,363	197	1,560

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

EDWARD WALFORD,

*School Medical Officer.*

