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Contributors

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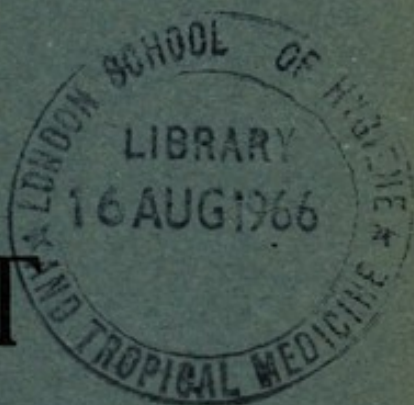
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COUNTY OF FLINT

INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD



REPORT

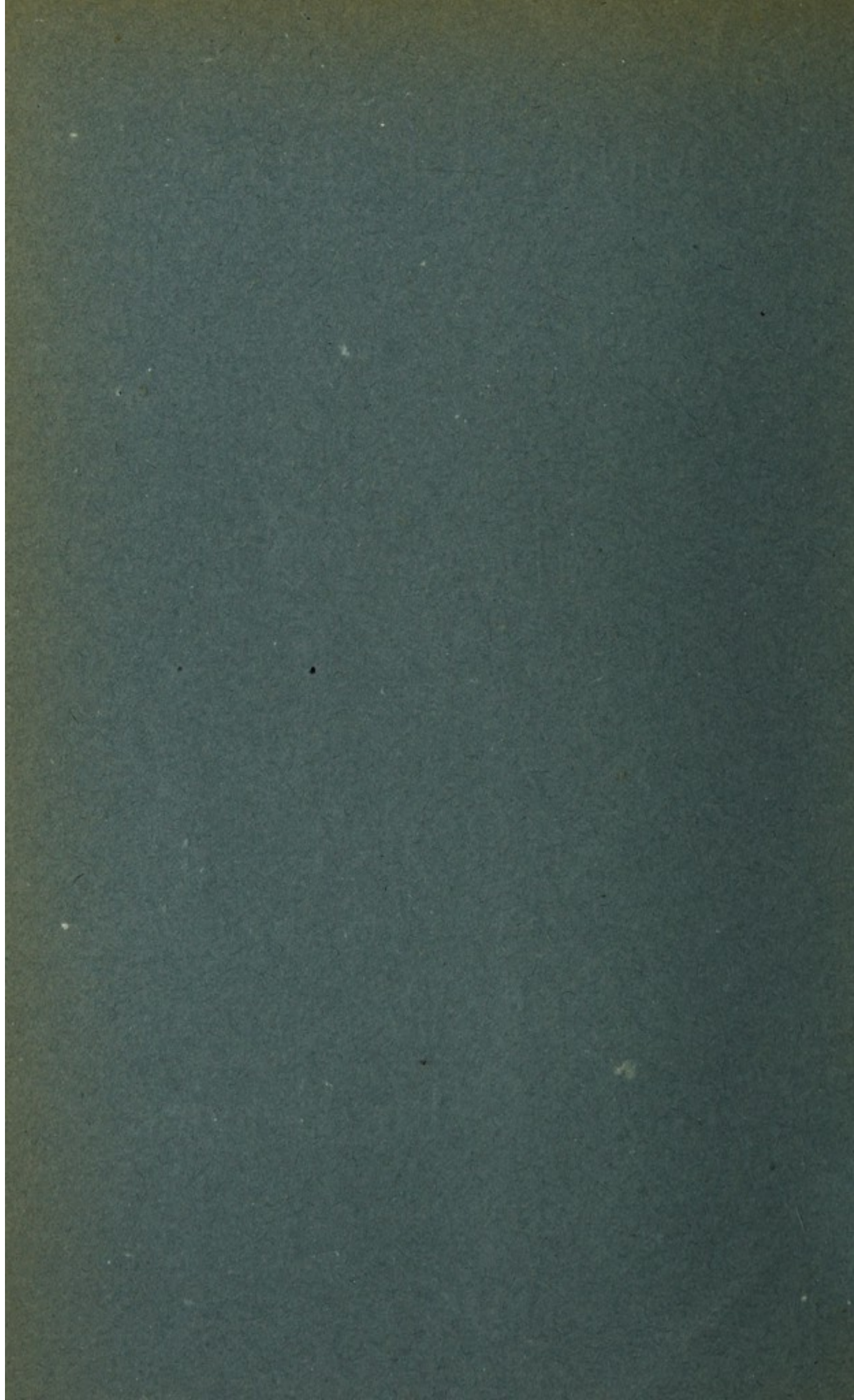
on the work of the

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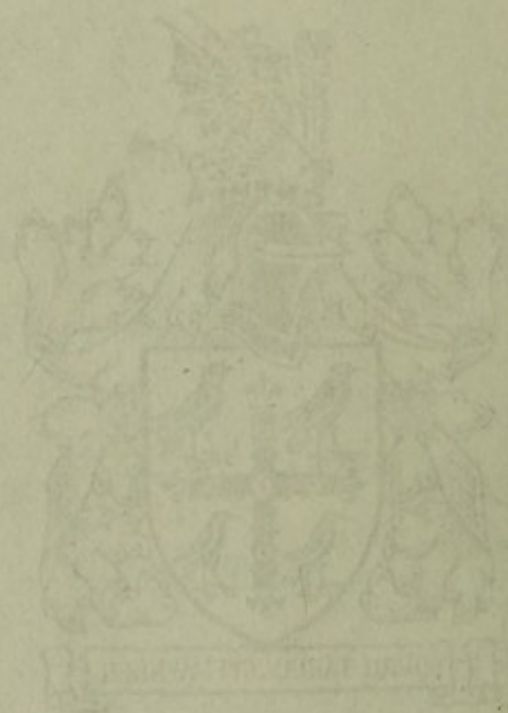
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FLINTSHIRE COUNTY COUNCIL.

County Health Offices,

MOLD,

July, 1946.

The Chairman and Members
of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I hereby have the honour to submit my report on the work performed by the Flintshire School Health Service during the year 1945, and, in so doing, to place on record my appreciation and thanks to you, as the Local Education Authority, for invaluable support and guidance, to my medical, dental, nursing and clerical staffs for loyal and untiring collaboration, and to the head teachers and staffs of the schools, for their prompt and generous help.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. ROBERTS,

School Medical Officer,

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

- School Medical Officer :** Aneurin Evan Roberts, M.B., B.S. (Lond.), D.P.H. (Liverp.).
- Assistant School Medical Officers :** A. E. Gwladys Rowlands, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P., Quarter-time. Also (Three-quarter time) First Assistant County Medical Officer (M. & C.W.) ; Vernon Kent Drennan, M.B., Ch.B. (Liverp.), M.R.C.S. (Eng.), L.R.C.P. (Lond.) (Resigned 12/11/45) ; Thomas Wynne Brindle, M.B., Ch.B. ; W. H. Parkinson, M.D., D.P.H. (Deceased 6/3/46) ; Betty J. McConnell, B.Sc., M.B., B.Ch. (Wales) ; Edna Pearse, M.B., Ch.B., P.H.Certif. (Began 11/2/46).
- School Dental Surgeon :** Peter Lunt, L.D.S., R.C.S. (Eng.).
- Assistant School Dental Surgeons :** Miss N. G. Woodward, L.D.S., R.C.S. (Edin.) (Resigned 22/3/46) ; W. B. Glynn Jones, L.D.S. (Began 22/1/45) ; Leslie E. Hanson, L.D.S. (Began 1/5/46) ; Miss Betty E. Williams, B.Ch.D., L.D.S. (Began 1/5/46).
- School Nurses (Half-time Health Visitors) :** **Buckley**—Miss L. M. Eyes, T.N., S.C.M. ; **Caergwrle**—Mrs. Janet Thomas, S.R.N., S.C.M., H.V.Cert., R.F.N., Tb.Cert. ; **Caerwys**—Mrs. M. Edwards, S.R.N., S.C.M. ; **Connah's Quay**—Mrs. J. M. Hampson, S.R.N., C.M.B., H.V.Cert., Tb.Cert., Ep. Diploma ; **Flint**—Mrs. M. M. Nield, S.R.N., S.C.M., H.V.Cert., Tb. Cert. ; **Hawarden**—Miss E. Jones, S.C.M., H.V. & San.Cert. ; **Holywell**—Miss L. Reynolds, S.R.N., S.C.M. ; **Maelor**—Mrs. M. P. Thomas, S.R.N., S.C.M., Trnd.Fev. and Tb., H.V. & S.N.Cert. ; **Mold**—Mrs. M. Ll. Taylor, S.R.N. ; **Northop**—Miss A. Molloy, S.R.N., S.C.M., H.V.Cert. ; **Pres-tatyn**—Miss M. E. Roberts, S.R.N., S.C.M. ; **Rhyl**—Mrs. A. M. Bailey, S.R.N., S.C.M., H.V.Cert., and Miss D. Sheppard (Temp. Asst).
- County Tuberculosis Visitors :** Miss D. V. Gray, S.R.N., S.C.M., H.V. Cert., M.S.R. ; Miss Gwenneth Jones, S.R.N., S.C.M., H.V.Cert. (Since 1/7/45).
- Chief Clerk :** William Davies, A.R.I.P.H.
- Senior Assistant Clerks :** W. Ithel Roberts (County Health) ; Arthur Whitley (School Medical).

B.—ASSOCIATED OFFICERS.

- Clerk of the County Council :**
Mr. W. Hugh Jones (since 7/3/45).
- Secretary of the Education Committee :**
Dr. B. Haydn Williams, B.Sc., Ph.D.
- County Surveyor and Architect :**
Mr. R. G. Whitley, A.M.I.C.E., L.R.I.B.A., County Buildings, Mold
- County Treasurer :** Mr. R. J. Jones, County Finance Offices, Mold.
- Physical Training Organisers :**
Mr. Bertram W. Clarke ; Miss Sarah Storey-Jones.
- School Meals Organiser :** Mrs. M. Hugh Edwards.

C.—HEADQUARTERS.

County Health Offices, County Buildings, Mold—Tel. : 106 Mold.

D.—GENERAL INFORMATION.

Area of Administrative County—

Statutory Acres	...	...	...	...	...	163,707
Square Miles	...	...	...	...	...	255.7

Population of County—

1931 Census	...	...	...	...	...	112,889
1945 Mid-year Estimate	...	...	...	...	...	125,670

Number of Schools—

Primary	...	...	...	...	...	115
Modern Secondary	...	...	...	...	...	7
Grammar	...	...	...	...	...	5

School Child Population—

Aged 5-14 years—1931 Census	...	...	...	...	17,491
On School Registers (1945)	...	...	...	...	17,094
Average Attendance (1945)	...	...	...	...	14,376

Financial Circumstances of County—

Rateable Value—Year 1944-45	...	...	...	£759,004
Estimated Product of a Penny Rate—Year 1944-45	£3,000

Number of Flintshire Live Births—

Year 1945	2,234
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Number of Flintshire Deaths (1945)—

Infantile	106
Road Traffic	15
General	1,537

Medical Officers—

For County Health and School Medical Services combined (1945)	5
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School Dental Surgeons—

Full-time Officers (1945) 2 ; 1946	4
------------------------------------	-----	-----	---

School Nurses—

Serving half-time also as Health Visitors	13
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Clinical Establishments—

Minor Ailments (for School Children)	8
Orthopædic (for Patients of all ages)	3
Dental (for School Children)—Portable	...	...	4
Infant Welfare (for pre-School Children)	...	...	12
Visual Defects (for School Children)—Portable	...	...	1
Tonsils and Adenoids—at Hospitals	...	...	7
Tuberculosis (Welsh National Memorial Association)	...	...	4

E.—FLINTSHIRE CLINICS.

(Situations, Opening Hours, etc.).

MINOR AILMENTS CLINICS.

- Buckley—Welsh C.M. Chapel. Every Tuesday, 2 to 4-30 p.m. Doctor attends every opening.
- Caergwrle—Wesleyan Church Schoolrooms. Every Tuesday, 1-30 to 2-30 p.m. Doctor attends 1st and 3rd Tuesdays.
- Flint—The Clinic, Borough Grove. Every Tuesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Holywell—County School Grounds. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Mold—The Clinic, King Street. Every Wednesday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Rhyl—Old Emmanuel School.—Every Monday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Saltney—The Clinic. Every Friday, 9-30 a.m. to 12 noon. Doctor attends every opening.
- Shotton—The Clinic, Central School. Every Monday and Thursday, 9-30 a.m. to 12 noon. Doctor attends every opening.

ORTHOPÆDIC CLINICS.

- Holywell—Cottage Hospital. 2nd and 4th Fridays of each calendar month, 10 a.m. to 12 noon. Orthopædic Nurse attends every opening ; Surgeon every 4 months.
- Rhyl—Old Emmanuel School. 2nd and 4th Fridays of each calendar 1-30 to 3-30 p.m. Orthopædic Nurse attends every opening ; Surgeon every 4 months.
- Shotton—Council School. 1st and 3rd Fridays of each calendar month, 10-30 a.m. to 12-30 p.m. Orthopædic Nurse attends every opening ; Surgeon every 4 months.

TUBERCULOSIS CLINICS.

(Attended by Tuberculosis Officer, Welsh National Memorial Association).

- Holywell—Cottage Hospital. Every Tuesday, 10-30 a.m.
- Penyffordd—Meadowslea Hospital. Monday and Thursday afternoons (by appointment only).
- Queensferry—Oaklands. Every Wednesday, 10 a.m.
- Rhyl—27 Edward Henry Street. Every Friday, 10 a.m.

Section 2.

TEXT.

Staff.—During the latter part of the year Dr. W. H. Parkinson became seriously ill and it was with deep regret that I subsequently had to report his death, which occurred on the 6th March, 1946. During his service in Flintshire he had done much valuable work, and his loss was very keenly felt.

Dr. Edna Pearse began duty as an Assistant Medical Officer on the 11th February, 1946.

The Dental Staff was augmented on the 1st May, 1946, by the appointment of Mr. Leslie E. Hanson, L.D.S., and Miss Betty E. Williams, B.Ch.D., L.D.S., and of Miss M. E. Roberts and Miss Gwyneth Read as Dental Attendants.

Administration.—Owing to the dislocation of staff during the later part of the year the total number of inspections (routine, special and re-examinations) is slightly lower than that for the preceding twelve months.

The number of children examined at routine inspections in the Primary Schools, however, was greater than in the previous year by 160, and the reduction in the total number is due to fewer examinations of "special cases" and fewer re-examinations.

Routine examinations of pupils attending Primary Schools were carried out for the same age-groups as in previous years, namely, Entrants (age 6), Intermediates (age 8) and Leavers (age 12); but it is proposed henceforth, subject to the approval of the Minister of Education, to examine the 6, 8, 11 and 15 age-groups. Regulations made by the Minister in April 1945 prescribe that (a) every pupil who is admitted to a maintained school shall be inspected as soon as possible after the date of admission, (b) every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school, (c) every pupil attending a maintained school shall be examined on such other occasions as the Minister may from time to time direct, or the Authority with the approval of the Minister may determine. Submission of school children to medical inspection, formerly optional, is, under the Education Act, 1944, now obligatory, and failure to do so renders the parent liable on summary conviction to a fine not exceeding £5.

It is gratifying to be able to report that a high percentage of parents attend at the schools on the occasion of the routine examination of their children. During the year reviewed, the parents of 2,714 children attended (56.5 per cent.).

Table 2 shows the diseases and defects found at the routine and special medical inspections.

Of the 4,800 children examined at the routine inspections 596 subsequently attended at one of the School Clinics, by appointment and accompanied by a parent, for further examination and advice.

In addition to the routine examinations, 5950 special examinations and 5267 re-inspections were made.

Nutrition.—Reference to the appended Table shows that there is an improvement in the nutrition of the children examined.

Year		No. of Children Examined	A (Excellent)		B (Normal)		C (Slight)		D (Bad)	
			No.	Percent- age	No.	Percent- age	No.	Percent- age	No.	Percent- age
1937	..	4621	418	9.0	3579	77.5	591	12.8	33	0.7
1938	..	4823	400	8.3	3821	79.2	577	12.0	25	0.5
1939	..	2367	257	11.0	1838	77.6	267	11.2	5	0.2
1943	..	3651	425	11.6	2755	75.5	457	12.5	14	0.4
1944	..	4221	459	10.9	3134	74.2	594	14.1	34	0.8
1945	..	4381	500	11.4	3291	75.1	565	12.9	25	0.5

The findings are given in detail in Tables 3(a) and 3(b).

Two factors which have without doubt materially contributed towards maintaining the nutritional level are (1) the increased number of schools supplying school meals and (2) the regular consumption of school milk by a large number of children.

It is apparent, however, that many parents do not realise the great importance of an adequate amount of sleep in maintaining the health and nutrition of children. Sleep is necessary in the child for growth and development as well as for recovery from fatigue.

The schools already play an important part in educating the public in this important health measure, but it is still all too common to see young children in large numbers coming from the cinema or playing in the streets at a late hour. The consequent lack of sleep is reflected in the tired and pale faces of a number of the children examined.

It is certain that an improvement in the general health and nutrition of the children and the avoidance of much sickness would result from a successful campaign to secure sufficient sleep. If the maximum benefit from the provision of school meals and school milk is to be obtained it is essential to secure the co-operation of parents in this matter.

Tonsils and Adenoids.—The arrangements made with the various hospitals for the operative treatment of tonsil and adenoid cases have worked satisfactorily except for an unduly long waiting period in some districts. All cases are now detained in Hospital for two nights but the serious shortage of nursing staff has compelled most hospitals to restrict their admissions, with consequent increase in the waiting period. It is hoped that an improvement will be effected in the near future.

Defective Vision.—Over 130 cases of defective vision were refracted by a medical member of the Department. Complicated cases and cases of squint were referred, under the Authority's Scheme, for treatment in the Orthoptic Department of the Chester Royal Infirmary.

Tuberculosis.—Of the 4,381 children examined at routine inspection none was found on clinical examination to be definitely suffering from pulmonary tuberculosis and only five were "suspected" to be so suffering (1.14 per 1,000). This might appear to be a very low figure but it is generally recognised that the incidence of pulmonary tuberculosis among children under fifteen years of age is very low, and that the detection of early cases by clinical examination only is a matter of extreme difficulty. Reference to various reports of the Welsh National Memorial Association will show that even mass-radiography, which is now recognised as one of the most valuable aids to diagnosis, gives a very low incidence rate among school children. Between February 7th, 1944, and March 31st, 1946, 90,922 persons of all ages were examined in the general survey by mass-radiography in Wales, and in addition a special survey of 9,707 children of school age was undertaken in the Merthyr Tydfil area. The results are tabulated below :—

	Total No. Examined	Tuberculosis	
		Definite	Suspected
Total	90,922	321 (3.5 per 1,000)	383 (4.2 per 1,000)
Under 15 (Included in above) ...	3,391	1 (0.3 per 1,000)	16 (4.7 per 1,000)
Special Survey Merthyr Tydfil	9,707	3 (0.3 per 1,000)	43 (4.4 per 1,000)

It will thus be seen that although the incidence of definite pulmonary tuberculosis is considerably lower in children of school age than in the adult population, the incidence of suspected pulmonary tuberculosis is somewhat higher. Mass radiography of all school children would therefore appear to be highly desirable, especially as the most fruitful source of new cases is to be found among the "household contacts" of known cases. Unfortunately, at the present moment, mass radiography of all children of school age is not practicable, as only one unit is available for the whole of Wales, and the Welsh National Memorial Association has wisely considered it advisable to concentrate on the young-adult age group where more serious disease is likely to be found. In an effort however to detect more of these suspicious cases, Dr. Brindle, one of my Assistants, has during the year conducted a number of special clinics outside of school hours. Persons known to be suffering or to have suffered from pulmonary tuberculosis are invited to bring their children under sixteen years of age for examination. Each child is sub-

mitted to a careful clinical examination and to a skin test by tuberculin jelly, which has kindly been supplied by Professor Tytler of the Welsh National Memorial Association. Advice is given as to diet, general and personal hygiene, etc., and all cases reacting to the skin test are referred to the Tuberculosis Physician for further examination and X-ray ; others are kept under close observation at regular intervals. It is pleasing to record that the response of the parents to these invitations has been most encouraging, and it is hoped that the establishment of these special clinics will enable the School Health Service to contribute further towards the eradication of this dread disease.

Immunisation.—The work of immunising against diphtheria has continued satisfactorily. Official figures for the County (for the year 1945) are not yet available, but from returns received from the Health Visitors it would appear that 7,517 children aged under 5 years had completed a full course of primary immunisation up to and including the 31st December, 1945.

Much remains to be done, and this is definitely not the time for any relaxation of effort, as there still remains a number of children of school age who are not yet protected against diphtheria by immunisation.

If the percentage of immune children in the whole country can be maintained at a figure greater than 75% we may hope for the almost complete disappearance of diphtheria, which has hitherto caused such a severe loss of life or permanent disability amongst the child population.

School Milk Supply.—At frequent intervals throughout the year samples of milk collected from schools in the County were submitted to laboratory tests to ensure that the milk supplied is clean and safe.

Convalescent Treatment.—Owing to present day circumstances convalescent treatment is at present restricted to children under seven years of age.

Dental.—Table 10 of the Report gives particulars of the valuable work accomplished during the year under this head.

Section 3.

STATISTICAL TABLES.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS, 1945.

Description	Inspections	
	Primary and Secondary Schools	Grammar Schools
ROUTINE INSPECTIONS—		
Children of Prescribed Age Groups—		
The aged 6 	1573	—
The aged 8 	1623	—
The aged 12 	1141	147
The aged 15 	34	272
Children of Other Ages 	10	—
Total (Routine) 	4381	419
NON-ROUTINE INSPECTIONS—		
Special Inspections 	5950	10
Re-inspections 	5267	4
Total (Non-Routine) 	11217	14
TOTAL INSPECTIONS—		
(Routine and Non-Routine) 	15598	433

TABLE 2.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

Excluding Uncleanliness and Dental Conditions.

Note.—The figures in brackets denote Grammar School pupils ;
those not in brackets Primary and Secondary School children.

Disease or Defect	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No of Defects		No of Defects	
	Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment	Requiring Treatment	Requiring to be kept under obser- vation but not re- quiring Treatment
(1)	(2)	(3)	(4)	(5)
Skin—Ringworm: Scalp	1	—	6	—
Body	7	—	27	—
Scabies	43 (1)	— (1)	248	—
Impetigo	14	—	216	—
Other Dis. (Non.Tub.)	170 (17)	8 (2)	349	6
Eye—Blepharitis	71 (8)	—	55	—
Conjunctivitis	6	—	30	1
Keratitis	—	—	—	—
Corneal Opacities ...	—	2	—	—
Defective Vision (Ex.Squint)	112 (23)	76 (8)	219	55
Squint	103 (2)	5 (1)	77	19
Other (Eye) Condt'ns	36 (3)	— (1)	123	7
Ear—Defective Hearing	11	1	16	8
Otitis Media	6 (1)	— (1)	67	3
Other (Ear) Diseases	26	8 (1)	74	17
Nose and Throat—				
Chronic Tonsillitis only:				
Requiring Operation	236 (2)	3	194	4
Not req'ring Operat'n	325 (24)	225 (14)	253	61
Adenoids only :				
Requiring Operation	35	—	34	2
Not req'ring Operat'n	8	10	12	7

TABLE 2 (continued)

(1)	(2)	(3)	(4)	(5)
Chr. T'itis & Adenoids :				
Requiring Operation	94	3	173	8
Not requir'g Operat'n	22	7	12	9
Other Conditions :				
Not requir'g Operat'n	75 (3)	2	284	15
Cervical Glands Enlarged (Non-Tubercular)	50 (5)	12 (1)	108	19
Speech Defective	16	8	3	10
Heart and Circulation—				
Heart Disease :				
Organic ...	14	4 (2)	10	8
Functional	20 (1)	42 (1)	10	8
Anæmia	75 (4)	1	44	1
Lungs : Bronchitis	152 (8)	26 (2)	138	22
Other (Lungs)				
Non-Tubercular	66	9 (1)	43	13
Tuberculosis :				
Pulmonary : Definite	—	—	—	—
Suspected	3	2	9	3
Non-Pulmonary :				
Glands	3	3	7	2
Bones and Joints ...	—	—	2	1
Skin	—	—	—	—
Other Forms	—	—	2	—
Nervous System—				
Epilepsy	4	1	8	1
Chorea	7	—	9	—
Other (Nerve) Cond'ns	8 (1)	3	30	7
Deformities—				
Rickets	6	2	—	—
Spinal Curvature ...	25 (2)	2	2	1
Other Forms	129 (15)	14 (2)	100	11
Debility	11	—	54	6
Goitre	6	6 (1)	33	—
Rheumatism	11 (1)	3	35	2
Other Defects & Diseases				
Major	39	2 (1)	106	10
Minor	660 (42)	12 (1)	1933	84

TABLE 3 (a).

NUTRITION.

Classification of the Nutrition of the Children Examined
Routine Inspections only.

(Primary and Secondary School Children).

Age Group	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Sl. Sub-norm.)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	1573	181	11.5	1192	75.8	193	12.3	7	0.4
Second Age-Group	1623	169	10.4	1214	74.8	233	14.3	7	0.4
Third Age-Group	1141	139	12.2	858	75.2	134	11.7	10	0.8
Other Inspections	44	11	25.0	27	61.3	5	11.3	1	2.2
Totals ...	4381	500	11.4	3291	75.1	565	12.9	25	0.5

TABLE 3 (b).

NUTRITION.

Classification of the Nutrition of the Children Examined
Routine Inspections only.

(Grammar School Pupils).

Age Group	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Sl. Sub-norm.)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
The aged 12 Group	147	32	21.7	102	69.3	13	8.8	—	—
The aged 15 Group	272	75	27.5	168	68.3	11	4.0	—	—
Other Inspections	—	—	—	—	—	—	—	—	—
Totals ...	419	107	25.5	288	68.7	24	5.7	—	—

TABLE 4.

UNCLEANLINESS CONDITIONS.

Average number of visits per School made during the year by the School Nurses	...	...	...	...	9
Total number of examinations of children in the Schools by the School Nurses	...	...	...	...	57,822
Number of individual children found to be unclean—					
(a) Slightly verminous (nits only)	...	...	...	848	
(b) Markedly verminous (pediculi)	...	...	...	71	
				—	919
Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	—
Number of cases in which legal proceedings were taken	....				—

TABLE 5.

CASES SPECIALLY REFERRED TO THE SCHOOL NURSES.

Disease or Defect	Cases Referred	No. of Visits
General Ailments	5281	7002
Nose and Throat Conditions	491	1240
Eye Diseases and Defects	119	412
Crippling Conditions	49	95
General Debility	3	9
Blindness, Deafness, Epilepsy, etc.	14	67
Totals	5957	8825

TABLE 6.

SUMMARY OF THE WORK OF THE SCHOOL NURSES.

Disease or Defect	Number of Cases	Results of Visits, Advice given, &c.				
		Treated			Not Treated	Not Re-examined
		Remedied	Improved	Unchanged		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Dirty (but not verminous)	106	89	16	—	—	1
Verminous—Slight	848	501	217	64	18	48
Marked ...	71	34	25	6	4	2
Clothing and Footgear ...	130	92	31	5	—	2
Skin—Ringworm: Head ..	9	7	—	—	—	2
Body ..	6	5	1	—	—	6
Impetigo, Sores, etc. ...	457	374	69	3	—	11
Other (Skin)	132	93	23	14	—	2
Ear Disease	68	34	24	6	—	4
Eye Disease (External) ...	204	119	36	16	29	4
Other Diseases or Defects	1971	1374	421	55	13	108
Totals	4002	2722	863	169	64	184

Number of Examinations of Children in the Homes 3,034

Number of Examinations of Children in the Schools 57,822

TABLE 7.

TREATMENT OF NOSE AND THROAT DEFECTS.

(Under the Authority's arrangements).

Number of Children who received Operative treatment	517
Children who received other forms of treatment	1012
Total number of Children treated (for Chronic Tonsillitis and/or Adenoids and Minor Nose and Throat ailments)	1529

TABLE 8.

MINOR AILMENTS TREATED.

(Excluding Uncleanliness and Teeth, for which
see Tables 4, 6 and 10, respectively).

Disease or Defect	Number of Defects treated, or under treatment, during the year		
	Under the Authority's Arrange- ments	Not under Authority's Arrange- ments	Total Minor Ailments Treated
Skin—Ringworm : Scalp*... ..	7	—	7
Body	35	—	35
Scabies	291	—	291
Impetigo	230	—	230
Other Diseases	534	2	536
Total	1097	2	1099
Minor Eye Diseases and Defects— (External and other, but exclud- ing cases which fall in Table 9) :			
Blepharitis	134	—	134
Conjunctivitis	35	—	35
Keratitis	—	—	—
Corneal Opacities	—	—	—
Other Diseases or Defects	146	3	149
Total	315	3	318
Minor Ear Defects— (Excluding serious diseases, e.g. those operatively treated, etc.) :			
Defective Hearing	27	—	27
Otitis Media	49	25	74
Other Diseases or Defects	96	4	100
Total	172	29	201
Miscellaneous Defects— (e.g., Minor Injuries, Bruises, Cuts, Sores, Chilblains, Abra- sions, Burns, Scalds, etc.) :	2506	53	2559
Total	2506	53	2559
Total Minor Ailments Treated	4090	87	4177

* None received X-Ray Treatment.

TABLE 9.

TREATMENT OF DEFECTIVE VISION.

(Under the Authority's Scheme).

Number of Children treated for errors of refraction (including Squint)	360
Number of Children treated for other defects or diseases of the eyes (excluding those mentioned in Table 2)	12
Number of Children for whom spectacles were prescribed ...	279
Number of Children for whom spectacles were obtained	244

TABLE 10.

DENTAL DEFECTS.

Description	Primary & Secondary Schools	Grammar Schools
(1) Number of Children who were—		
(a) Inspected by Dentist :		
Routine Age-Groups—		
Aged 6	1052	...
" 7	1159	...
" 8	1103	...
" 9	1223	...
" 10 ... ..	...	34
" 11 ... ..	...	127
" 12 ... ..	...	57
" 13 ... ..	...	8
" 14 ... ..	...	2
" 15 ... ..	...	...
Total (Routine)	4537	228
Specials (i.e., Non-Routine)	422	8
Total (Routine and Specials)	4959	236
(b) Found to require treatment	4104	154
(c) Actually treated	3125	87
(d) Re-treated during the year ... ..	...	...
(2) Half days devoted to—		
Inspection	99½	4
Treatment	930	31¼
Ancillary work	234	2½
(3) Attendances made by Children for treatment ...	7321	352
(4) Fillings—		
Permanent teeth	1748	125
Temporary teeth	1588	...
(5) Extractions—		
Permanent teeth	313	44
Temporary teeth	7233	68
(6) Administrations of Anæsthetics for Extractions—		
General	75	...
Local	7386	112
(7) Other Operations—		
Permanent teeth	426	113
Temporary teeth	673	17
(8) Letters to, or interviews with, Parents	448	11