

**[Report 1932] / School Medical Officer of Health, Bedfordshire County Council.**

**Contributors**

Bedfordshire (England). County Council. n 50055519

**Publication/Creation**

1932

**Persistent URL**

<https://wellcomecollection.org/works/kd4s773g>

**License and attribution**

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

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

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



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

C.I.  
AC 4422

**BEDFORDSHIRE  
COUNTY COUNCIL**

---

**ANNUAL REPORT**

of the

**School Medical Officer**

for the year

**1932**





**Bedfordshire County Council**

---

**ANNUAL REPORT**  
*of the*  
**SCHOOL MEDICAL OFFICER**

*for the year*

**1932**

---

**By**

**CUTHBERT G. WELCH,**

*M.D. (Lond.), Degree in State Medicine, D.P.H. (Oxon.)*

*County Medical Officer*

*and*

*School Medical Officer.*

---

BEDFORD :

PRINTED BY ROGERS G. PORTER, NEWNHAM STREET.

---

1933.

Hydrographic Survey

ANNUAL REPORT

SCHOOL MEDICAL OFFICE

1933

REPORT OF THE

REPORT OF THE

1933

## To the Chairman and Members of the Bedfordshire Education Committee

---

I have the honour to present to you my Annual Report on the School Medical Service for the year 1932.

During the year under review the medical inspection of scholars has been carried out on the same lines as in 1931, and broadly speaking the findings have been substantially the same.

It is somewhat remarkable that the number of children found to be suffering from malnutrition was smaller than in 1931. It is true that there is no satisfactory standard for determining which children come within this classification, and therefore different observers arrive at slightly different results.

That there has been no deterioration in the general nutrition and development of the school children is demonstrated by the fact that the average height and weight of both boys and girls at the various routine age groups have, with one exception, shown an increase on the figures for the previous year.

I desire to express my thanks to Dr. G. R. Painton for his assistance in the preparation of this Report, and to testify to the valuable work performed by all my colleagues in the School Medical Service.

I have the honour to be,

Your obedient Servant,

CUTHBERT G. WELCH,

*County Medical Officer and  
School Medical Officer.*

Shire Hall, Bedford.

6th, April, 1933.



## GENERAL STATISTICS.

The report upon the Census taken on the 26th April, 1931, shows the total population of Bedfordshire to be 220,525. The Borough of Bedford, with a population of 40,554, and the Borough of Luton, with a population of 68,523, are separate authorities for Elementary Education within the administrative County. The population, therefore, for which the County Education Committee provides elementary education is 111,448.

On the 31st December, 1932, there were 149 Elementary School Departments in the county area, 85 being Council Schools and 64 Church of England Schools. This number is a reduction of one on the previous year, due to the closure of Little Barford C. Junior School. The average number of children on the rolls of the schools was 14,862 and the average number attending 13,531.

### 1. STAFF.

Details of the staff engaged upon the work of the School Medical Service were set out in my report for the year 1931. There has been one change during the year under review, *viz.*, the resignation of Dr. Alan Ashworth on his appointment as School Medical Officer in the City of Coventry, Dr. W. E. Mashiter being appointed to the vacant post.

### 2. CO-ORDINATION OF THE SCHOOL MEDICAL SERVICE WITH THAT OF OTHER HEALTH SERVICES.

Effective co-ordination between the various Departments of the County Health Services is much simplified by the fact that the County Medical Officer is also the School Medical Officer. The services which are principally related to the School Medical Service are the provisions for Maternity and Child Welfare, for the treatment of Tuberculosis and, to a lesser extent, Venereal Diseases.

The closest co-operation exists between the Tuberculosis Officers and members of the School Medical Staff, all cases of tuberculosis or suspected tuberculosis in scholars being referred to the Tuberculosis Medical Officer for examination, institutional treatment being provided where necessary.

The Lady School Doctor is also the Medical Officer of the various Infant Welfare Centres in the County and thereby becomes personally acquainted with the pre-school medical history of those children who attend all the schools in her area.

As the Record Cards of all children who have attended Infant Welfare Centres are attached to the School Medical Schedules, the early medical history of such children is known to the various School Medical Officers.



### 3. SCHOOL HYGIENE.

During the past year renovations and, where necessary, improvements have been carried out at the following schools :

Dunstable Chiltern Rd. Junior.	Marston Moretaine C. Mixed.
Dunstable Burr Street Infants.	Maulden C. Mixed.
Dunstable C. Mixed.	Millbrook C. Junior.
Eaton Bray C. Infants.	Tempsford C. Junior.
Eaton Bray C. Mixed.	Colmworth C. of E. Mixed.
Flitwick C. Mixed.	Houghton Regis C of E. Mixed.
Harlington C. Junior.	Odell C. of E. Junior.
Leighton Buzzard C. Girls.	Podington C. of E. Junior.
Leighton Buzzard Bassett Road Infants.	Wymington C. of E. Junior.

#### Heating.

The undermentioned school has been greatly improved by the installation of central heating :

Felmersham C. Junior.

#### Sanitation.

The block of sanitary offices at Marston Moretaine C. Mixed School has been improved, and the sanitary conditions at Stotfold C. Boys School have been greatly improved by the introduction of the water carriage system to the offices there.

#### Playgrounds.

Most of the Council Schools are now provided with tar-paved playgrounds and the usual maintenance of these has been carried out during the year.

#### Felmersham School.

Since leasing the above school, a new cloakroom has been erected, the lighting and ventilation improved, and a heating apparatus installed, together with new sanitary offices and a paved playground.

### 4. MEDICAL INSPECTION.

The arrangements hitherto in force with regard to the inspection of the scholars in the elementary schools in the County have been continued, details of the various age-groups examined being set out below :

<i>Entrants.</i>	<i>Children of 5 and 6 years of age, not previously examined.</i>
<i>Intermediates</i>	<i>Children between 8 and 9 years of age.</i>
<i>Leavers.</i>	<i>Children of 12 and 13 years of age, not previously examined as "Leavers."</i>
<i>Specials.</i>	<i>Children specially selected, by parents or teachers, for examination, because of some disease or defect for which they think treatment might be advisable.</i>
<i>Re-examinations.</i>	<i>Children found at a previous inspection to have defects.</i>



During the year under review all the classes of children set out above have been examined, and it has been possible to continue the investigation as to the number of dull, backward and mentally deficient children attending the various schools in the County, and also to re-examine all those previously ascertained and to record the changes (if any) which have taken place in their mental condition.

Details of the findings at medical inspections have, as usual, been communicated to the Head Teachers and School Nurses, and also to the parents when present at the examination. In those cases where the parents were absent and defects were found, they were notified by letter of the defects found and the recommendations made.

The percentage of parents present at the inspection of their children during the year 1932 was 63.2 per cent.

In the following tables the children examined are classified according to group, age, and sex :

Group A (Entrants) .. .. .	1388
Group B (Children between 8 and 9 years) .. .. .	1264
Group C (Leavers) .. .. .	1399
Group D (Specials) .. .. .	1502
	<hr/>
	5553
Number Re-examined .. .. .	2976
	<hr/>
	8529
	<hr/>

Table showing age and sex of children examined in 1932 :

Age	Boys	Girls	Total
4	2	4	6
5	633	553	1186
6	85	96	181
7	5	10	15
8	665	599	1264
12	685	626	1311
13	44	40	84
14	3	1	4
Other ages (Specials)	831	671	1502
Re-examinations	1509	1467	2976
Totals .. ..	4462	4067	8529

## 5. FINDINGS OF MEDICAL INSPECTION.

The following table shows the number and nature of the diseases and defects revealed by medical inspections during the year 1932 :

Defective Vision and Squint	..	..	in 511 children	
External Eye Disease	..	..	29	..
Enlarged Tonsils	..	..	78	..
Adenoids	..	..	62	..
Enlarged Tonsils and Adenoids	..	..	461	..
Diseases of the Ear and Deafness	..	..	87	..
Diseases of the Skin	..	..	22	..
Decayed Teeth	..	..	168	..
Verminous Conditions	..	..	159	..
Malnutrition	..	..	37	..
Anaemia	..	..	30	..
Various Forms of Tuberculosis	..	..	7	..
Heart disease	..	..	36	..
Rickets, Spinal Curvature, and other deformities	..	..	51	..
Other diseases and defects	..	..	278	..
Total	..	..	2016	..

The percentage of children referred for treatment during the year under review (excluding dental defects and verminous heads) who received the requisite treatment remains fairly constant, being 63.5 per cent. as compared with 64.3 per cent. in 1931.

### Uncleanliness of Scholars.

The standard of cleanliness amongst the scholars continues to be very satisfactory. The total number of children examined by Doctors, School Nurses, and Health Visitors acting in that capacity, was 12,787, showing an increase of some 700 over the figure for 1931.

The percentage of uncleanliness revealed at these inspections was 4.2 per cent., which is a reduction of 2.3 per cent. over the figure for the previous year.

Of the total of 12,787 children inspected, 4,258 were examined by the School Nurses and Health Visitors at special visits to the schools for this purpose.



### Heights and Weights.

The average heights and weights of the children at the various age groups as set out in the following table show a small increase on those of the previous year, with the exception of the age group 12 years (Boys).

BOYS.			
Age Group.	Number Weighed and Measured.	Average Height in Inches.	Average Weight in Pounds.
5	608 (455)	43.02 (42.84)	42.81 (42.05)
8	632 (593)	49.78 (49.14)	57.73 (56.04)
12	648 (456)	56.73 (56.50)	79.43 (79.70)
GIRLS.			
Age Group.	Number Weighed and Measured.	Average Height in Inches.	Average Weight in Pounds.
5	546 (448)	42.70 (42.37)	41.30 (40.07)
8	570 (601)	49.12 (48.92)	55.26 (54.62)
12	616 (406)	57.87 (57.46)	83.17 (81.07)

*The figures in brackets relate to the year 1931.*

### 6. INFECTIOUS DISEASES.

During the year under review the infectious diseases most prevalent in the schools were Whooping Cough, Chicken-pox, Influenza, Mumps, and Measles, these illnesses accounting for the greatest proportion of low attendances in the schools during the winter months.

As is usual, isolated cases of Diphtheria, and Scarlet Fever occurred in various schools in the County, but it was only found necessary to close three schools during the year.

The following tables give particulars as to the schools closed during the year on account of infectious diseases, and details as to the diseases which accounted for the attendances at 28 schools falling below 60 per cent.

TABLE I.

## Closures.

Name of School	Closed		Disease
	From	To	
Podington Junior ..	1. 2.32	12. 2.32	Whooping Cough
Aspley Heath Mixed ..	4. 7.32	29. 7.32	Measles
Amphill Methodist ..	30.11.32	6.12.32	Scarlet Fever

TABLE II.

## Attendances below 60 per cent.

Disease	No. of Schools affected	Total No. of weeks involved
Whooping Cough .. ..	8	24
Mumps .. .. .	4	13
Chicken Pox .. ..	4	9
Whooping Cough and Influenza .. .. .	1	9
Measles .. .. .	2	8
Influenza .. .. .	5	7
Mumps and Chicken Pox ..	1	3
Chicken Pox and Influenza	1	3
German Measles .. ..	1	4
Chicken Pox and Measles	1	1
Totals .. .. .	28	81

## Exclusion from School on account of Infectious Diseases, etc.

During the year 1932 the following numbers of children have been excluded from school under Article 53 (b) :

- (1) Children excluded on the ground that, owing to their state of health, or physical or mental defects, they were incapable of receiving proper benefit from instruction in the schools :

Tuberculosis .. .. .	1	} 4
Chorea .. .. .	1	
Other conditions .. ..	2	



- (2) Children excluded on the ground that their exclusion was desirable to prevent the spread of disease :

Whooping Cough	..	..	2	} 11
Scabies	..	..	2	
Impetigo	..	..	2	
Chicken Pox	..	..	3	
Tonsillitis	..	..	1	
Ringworm	..	..	1	

- (3) Children excluded on the ground that their uncleanly or verminous condition was detrimental to other scholars :  
21 children were excluded on these grounds at the time of medical inspection.

## 7. FOLLOWING UP.

The arrangements for the following up of cases referred for treatment at medical inspections has been carried out, during the year under review, as heretofore, the general method employed being to utilise the services of the District Nurses employed by the Bedfordshire County Nursing Association in those areas where these Nurses are available. Otherwise the duties of following up are undertaken by the County Health Visitors.

During the year 1932 the number of home visits paid by the Council's Health Visitors acting in the capacity of School Nurses was 1405.

## 8. MEDICAL TREATMENT.

### Minor Ailments.

Following our usual practice, all cases of minor ailments revealed by medical inspection were referred to their own doctor for the necessary attention.

### Tonsils and Adenoids.

The total number of children found at routine inspections to be suffering from enlarged tonsils, adenoids, or tonsils and adenoids, shows an increase over that of the previous year—*viz.*, 200 last year and 273 this year.

Those under observation also show an increase from 161 to 243. The number of positive diagnoses made at "special" inspections has fallen from 365 to 328.

The number of operations for the removal of tonsils and adenoids during the year under review was 197, compared with 276 in 1931.

### Tuberculosis.

All cases of tuberculosis or suspected tuberculosis are referred to the Tuberculosis Officer unless at the time of examination they are under the care of their private doctor. During the past year

five school children were admitted to the County Sanatorium for treatment and twelve discharged. On the 31st December, 1932, two such children were in the Sanatorium. Two other children, suffering from non-pulmonary tuberculosis, were sent to special institutions for the necessary in-patient treatment. Four such children were still under treatment on the 31st December, 1932.

### **Skin Diseases.**

Skin Diseases are not common in this County, only 22 cases occurring during the year under review, these being referred for treatment either at a general hospital or to the care of private practitioners.

### **External Eye Disease.**

These have been few in number and of a mild type.

### **Defective Vision.**

There has been a slight increase in the number of suspected visual defects found among the children—*viz.*, a total of 491 compared with 422 last year. Of these a total of 306 presented themselves to the oculists for examination, and 295 were prescribed glasses. Several children examined during the latter part of the year have not yet presented themselves for examination by the oculists, as some little time must, of necessity, elapse between the discovery of the suspected defect, and their appointment with the oculist.

### **Ear Diseases.**

Serious impairment of hearing was found in eleven cases. Otitis media was present in nine cases, all of whom were referred for treatment.

### **Dental Treatment.**

The number of children found to require dental treatment at their examination by the School Medical Officers continues to be satisfactorily low, this being due, as I pointed out in my report last year, to the very efficient work already performed by the Dental Staff. From a medical, as distinct from a dental standpoint, a doctor judges dental defects according to the effect on the general health of the child, and marks his Schedules accordingly, hence the number of dental defects discovered by doctors will not be at all comparable to the number of defects discovered by the special examinations carried out by the School Dental Surgeons. Special mention of this work is contained in the Report of the School Dentists on pages 16-17.

### **Crippling Defects.**

No epidemic of acute polio-myelitis (the disease causing infantile paralysis) has occurred in Bedfordshire for many years.



Rickets is a rare disease in this County, only sixteen cases of deformity due to this disease having been found. Spinal curvature and other deformities were present in thirty-five children.

## **9. MID-DAY MEALS.**

The arrangements in force for mid-day meals for scholars necessarily remaining at school during the luncheon period have continued during the past year, thus enabling the scholars to have their meals under supervision in comfortable surroundings.

There are now sixteen schools in the County where mid-day meals are provided by the Education Committee at a charge of 1s. per head for five meals per week. During 1932 at these schools approximately 150,000 meals were served to 858 children.

The facilities necessary for the preparation of hot drinks and the warming of meals brought by the scholars have also continued, the teachers, as in the past, taking a great personal interest in the comfort of those scholars who remain at school for their mid-day meal.

Milk Schemes operating hitherto in connection with the provision of hot milk during the morning recreation period have again been working satisfactorily, the children at a large number of schools obtaining a drink of hot milk at a very low charge.

## **10. CO-OPERATION OF PARENTS, TEACHERS, AND SCHOOL ATTENDANCE OFFICERS.**

The interest of parents in the work of the School Medical Service continues to be very keen, and I am pleased to be able to report that more than sixty per cent. of the parents were present at the medical inspection of their children.

It is with pleasure that I have once more to place on record the large amount of voluntary work performed by the Teachers in this County, which largely contributes towards the smooth running of this important Health Service. Much of the good results and benefits accruing to the scholars from their medical inspection and treatment could not possibly be attained without the willing help which our Teachers give.

The School Attendance Officers continue to work in co-operation with the Staff of the School Medical Service, with mutual advantage to both of these branches of the Education Committee's work.

## **11. BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.**

All exceptional and defective children requiring institutional and other treatment have been dealt with during the year. In addition a number of physically defective children have been sent to the Out-Patient Department of the Royal National Orthopaedic Hospital



in London for examination and treatment. The following table shows the extent of residential treatment afforded to Elementary School children during the year 1932 :

	Blind	Deaf	Physically Defective	Epileptic	Mentally Defective
In Institutions on 31-12-31 ..	3	2	—	1	2
Admitted during year	—	—	5	—	—
Discharged during year .. ..	2	1	2	1	—
In Institutions on 31-12-32 .. ..	1	1	3	—	2

## 12. SECONDARY SCHOOLS.

Particulars of the Secondary Schools in the County are as follows :

(a) Number of Schools provided by the Authority—3.

Luton Modern Boys' School.

Luton High School for Girls.

The Cedars School, Leighton Buzzard.

(b) Number of Schools not provided but aided—3.

Bedford Modern School (Boys).

Bedford Modern School (Girls).

Dunstable Grammar School.

(c) Number of schools neither provided nor aided—2.

Bedford High School.

Bedford School.

A full medical examination of all scholars at the following schools : Luton Modern Boys' School, Luton High School for Girls, The Cedars School, Leighton Buzzard, and the Dunstable Grammar School, was completed in 1931, and arrangements made that in future all new entrants, intermediates (twelve years old) and leavers (fifteen years old), and any pupils whom the Principal of the school or parent may wish to be seen specially should be medically examined each year, and special and " exceptional " cases seen at each visit of the medical officer. This has been carried out in the year under review.

A report of the findings of the Examining Medical Officer is sent to the Principal of the School and the parent or guardian is also communicated with. Forty-two per cent. of parents attended the



medical inspections and had the benefit of the Medical Officer's opinion. The physical training instructors are advised in the case of defects requiring special supervision on their part, in connection with remedial exercises, etc.

The following-up of defects discovered by medical inspection is performed in a somewhat different manner from that employed with regard to elementary scholars.

Particulars of the defects found and the treatment recommended are, after a suitable interval, forwarded to the Principals of the schools. They kindly inform me of the names of any scholars who have not received treatment. The parents of such scholars are communicated with, the need for the requisite treatment being emphasised.

At subsequent visits of the Medical Officers, these scholars are again seen and, when occasion requires, the parents interviewed. The results obtained continue to be encouraging.

Details of the principal defects discovered at the routine medical inspections of Secondary School Pupils show that with regard to :

#### **Malnutrition.**

Out of the 652 pupils examined only nine were found to be suffering from malnutrition, all of whom have received the appropriate form of treatment.

#### **Defective Vision.**

Forty-nine cases of defective vision were discovered, and of these twenty-seven have been treated.

#### **Dental Disease.**

This was present in eighty-six children, of whom fifty-eight have already received attention.

#### **Deformities.**

Spinal curvature was present in only two cases, and other deformities (including Flat Feet) in twenty-one cases, these latter cases being referred to the Physical Training Instructors, and instruction has been given to all cases suffering from minor degrees of flat-feet in the uses of various exercises for the correction of these defects.

### **13. EMPLOYMENT OF CHILDREN.**

One hundred and one children were examined under the Byelaws regulating the employment of children. Each child was medically examined as to fitness for work, and details as to the days and hours of employment and exact nature of the proposed work were obtained with regard to each child. In 100 cases the health of the children and the proposed conditions of labour were satisfactory and the necessary certificates given. In one case, however, a certificate was not granted.

#### 14. EXAMINATION OF BURSARS AND JUNIOR COUNTY SCHOLARS.

During the year all candidates for Bursaries and Junior County Scholarships have been examined. The defects found are shown in the table below :

	With Defective Vision		With Defective Hearing.	With Decayed Teeth.	With Tonsils or Adenoids.	With other Defects.	Total.
	Slight.	Distinct.					
Number of Bursars(out of 15 examined) ..	4	2	—	4	—	1	11
Number of Junior County Scholars (out of 11 examined)	—	—	—	2	—	—	2

Eight Supplementary Teachers and four Student Teachers were also examined during the year.



## Report of the School Dentists.

We have the honour to present our Annual Report for the year 1932.

During the period covered by the Report all elementary children present during the inspection sessions were examined and the necessary operations were carried out on all children for whom treatment was accepted.

It will be seen from Table IV Group IV (Dental Defects) that 16,777 children were inspected, of whom 7,733 required treatment, which gives a percentage of 46.1, a reduction upon the previous year of 3.3 per cent.

The number of children accepting treatment was 3,058, a percentage of 39.5 of those referred for treatment. Both the aggregate and the percentage is somewhat higher than that of last year.

As regards the amount of actual treatment done, there has been a rather sharp increase in the number of teeth filled; 1,255 fillings were applied to both temporary and permanent teeth as compared with 984 in 1931. This is an increase of work in the right direction. On the other hand, the increase in the number of extractions of permanent teeth that were necessary (from 580 to 701) is not so satisfactory. In spite of the conservative treatment that has been done in previous years the number of extractions of permanent teeth necessary is far too high. We shall, however, refer more fully to this at a later stage in this Report. As an offset against this increase, the number of extractions of temporary teeth has fallen from 4,811 to 4,456.

In the dental reports that we have received during the past year from other administrative authorities, there have been two facts that have been recorded in several cases. These two facts are also confirmed by our own observations in Bedfordshire. One is that the condition of the teeth of children newly admitted to school does not improve in any way, but tends rather in the other direction. When the amount of medical and dental attention and advice now given to expectant and nursing mothers is considered, an improvement in the condition of the teeth of their young children would naturally be hoped for. It is generally acknowledged that the dietary factor plays a very large part in the condition of teeth, and we do know of the insistence that is placed upon correct feeding by those engaged in Maternity and Child Welfare Work. It would indeed seem that the advice given is either forgotten or disregarded when attendance at the Welfare Centres ceases.

The other fact referred to is that the number of refusals among the older children is much greater than among the younger children and that this number does not tend to decrease. It is to be feared, that in too many cases, the decision for acceptance or refusal rests with the children themselves, and that the parents are too indulgent to insist that treatment is sought. The school teachers too have very often referred to this lack of authority on the part of parents. We have so often found that children who regularly seek our services



during earlier school life (aged 5 to 10) seem reluctant to be treated after that time. Those who are referred for conservative treatment, *i.e.*, primarily for fillings, do not take advantage of the scheme, so that by the time they are in the higher age group, or of leaving age, their teeth, which a year or two previously could have been saved, now need extraction. And, further, it is only when teeth are actually giving trouble, that the child himself, without compulsion from the parents, avails himself of treatment. It is a matter of concern how small the percentage of acceptances in Senior Schools is as compared with the percentage in Junior Schools. This fact does not reflect at all adversely upon the teachers in Senior Schools, for almost without exception as we know from experience they lose no opportunity of impressing upon their scholars, both collectively and individually, the importance of our work.

Yet progress, gradual progress, continues to be made ; as a whole the dental condition of children improves from year to year, and, though the aggregate of children requiring treatment does not decrease to any great extent, the average amount of treatment needed by any individual child becomes less and less.

In conclusion, we again thank the teachers for their continued help and courtesy, for it is due to their co-operation and goodwill that our work at the school is conducted so smoothly.

ERIC MAINWARING, L.D.S.

*Senior School Dentist.*

REGINALD B. T. DINSDALE, L.D.S.

*Assistant School Dentist.*





# STATISTICAL TABLES

*relating to*

THE WORK OF THE

## SCHOOL MEDICAL SERVICE

*during the year*

1932

---

CUTHBERT G. WELCH, M.D., D.P.H.

*County Medical Officer and School Medical Officer.*



# 1. MEDICAL INSPECTION AND TREATMENT OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

**TABLE 1.**

**Return of Children Inspected during the period 1st January, 1932,  
to 31st December, 1932.**

## A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections—

Entrants .. .. .	1388
Intermediates .. .. .	1264
Leavers .. .. .	1399
Total .. .. .	<u>4051</u>

## B. OTHER INSPECTIONS.

Number of Special Inspections .. .. .	1502
Number of Re-inspections .. .. .	2976
Total .. .. .	<u>4478</u>

TABLE II.

Return of Defects found by Medical Inspection in the Year ended  
31st December, 1932.

Disease or Defect.	Routine Inspections.		Special Inspections.	
	Requiring Treatment.	Kept under Observation.	Requiring Treatment.	Kept under Observation.
Malnutrition .. ..	30	—	7	—
Uncleanliness .. ..	42	—	117	—
Skin—				
Ringworm: Scalp ..	2	—	2	—
Body ..	—	—	—	—
Scabies .. ..	1	—	2	—
Impetigo .. ..	4	—	5	—
Other Diseases (non TB)	3	—	3	—
Eye—				
Blepharitis .. ..	12	—	13	—
Conjunctivitis .. ..	1	—	3	—
Keratitis .. ..	—	—	—	—
Corneal Ulcer .. ..	2	—	—	—
Corneal Opacities .. ..	1	—	—	—
Defective Vision .. ..	205	121	286	65
Squint .. ..	9	1	11	1
Other Conditions .. ..	1	—	—	—
Ear—				
Defective Hearing .. ..	3	4	8	2
Otitis Media .. ..	6	—	3	—
Other Ear Diseases .. ..	33	—	34	1
Nose and Throat—				
Enlarged Tonsils only .. ..	41	139	37	84
Adenoids only .. ..	19	26	43	13
Tonsils and Adenoids .. ..	213	78	248	38
Other Conditions .. ..	3	1	6	—
Enlarged Cervical Glands (non TB) .. ..	54	16	23	7
Defective Speech .. ..	1	—	3	—
Teeth—Dental Disease .. ..	145	—	23	—
Heart and Circulation—				
Heart Disease :				
Organic .. ..	8	1	4	—
Functional .. ..	18	11	6	11
Anaemia .. ..	18	—	12	—
Lungs—				
Bronchitis .. ..	4	4	2	1
Other non TB Diseases .. ..	1	—	1	—
Tuberculosis—				
Pulmonary : Definite .. ..	1	—	—	—
Suspected .. ..	2	—	—	—
Non-Pulmonary : Glands .. ..	2	—	3	—
Spine .. ..	—	—	—	—
Hip .. ..	—	—	1	—
Other Bones and Joints .. ..	—	—	—	—
Skin .. ..	—	—	—	—
Other Forms .. ..	—	—	—	—
Totals c/f .. ..	885	402	906	223



Table II.—*Continued.*

Disease or Defect.	Routine Inspections.		Special Inspections.	
	Requiring Treatment.	Kept under Observation.	Requiring Treatment.	Kept under Observation.
Totals b/f .. ..	885	402	906	223
Nervous System—				
Epilepsy .. ..	3	—	2	—
Chorea .. ..	1	1	2	—
Other Conditions ..	9	1	4	—
Deformities—				
Rickets .. ..	14	—	2	—
Spinal Curvature ..	1	1	2	—
Other Forms .. ..	20	—	12	1
Other Defects and Diseases	78	44	75	15
Totals .. ..	1011	449	1005	239

Number of **INDIVIDUAL** Children found at **ROUTINE** Medical Inspection to require Treatment (excluding Uncleanliness and Dental Defects).

Group.	Number of Children.		Percentage of children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups—			
Entrants .. ..	1388	237	17.07
Intermediates ..	1264	252	19.93
Leavers .. ..	1399	270	19.29
Total .. ..	4051	759	18.73

**TABLE III.**  
**RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.**

			Boys.	Girls.	Total.
Children suffering from Multiple Defects such as any combination of Total Blindness ; total Deafness ; Mental Defect, Epilepsy, Active Tuberculosis, Crippling or Heart Disease .. .. .			2	5	7
Blind (including partially blind)	(1) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind .. .. .	1	—	1
		At Public Elementary Schools ..	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	1	—	1
	(2) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	—	—	—
		At Public Elementary Schools ..	5	1	6
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf)	(1) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf .. .. .	—	1	1
		At Public Elementary Schools ..	2	—	2
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	(2) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf	—	—	—
		At Public Elementary Schools ..	7	4	11
		At other Institutions ..	—	—	—
		At no School or Institution	2	—	2
Mentally Defective.	Feeble-minded	At Certified Schools for Mentally Defective Children .. .. .	2	—	2
		At Public Elementary Schools ..	25	21	46
		At other Institutions ..	—	—	—
		At no School or Institution	33	13	46
	Notified to the Local Mental Deficiency Authority during the year.	Feebled-minded .. .. .	5	5	10
		Moral defectives .. .. .	—	—	—
		Imbeciles .. .. .	2	3	5
		Idiots .. .. .	1	—	1
	Epileptics. Suffering from severe epilepsy.	At Certified Schools for Epileptics .. .. .	—	—	—
		At Certified Residential Open-air Schools ..	—	—	—
		At Certified Day Open-air Schools .. .. .	—	—	—
		At Public Elementary Schools .. .. .	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	2	3	5



Table III.—Continued.

			Boys.	Girls.	Total.
	Suffering from epilepsy which is not severe	At Public Elementary Schools .. .. . At no School or Institution	9 1	9 1	18 2
	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. . At Certified Residential Open-air Schools .. At Certified Day Open-air Schools .. .. . At Public Elementary Schools .. .. . At other Institutions .. At no School or Institution	— — — — — —	2 — — — — —	2 — — — — —
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. . At Certified Residential Open-air Schools .. At Certified Day Open-air Schools .. .. . At Public Elementary Schools .. .. . At other Institutions .. At no School or Institution	— — — 2 — —	— — — 5 — 1	— — — 7 — 1
Physically Defective	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. . At Certified Residential Open-air Schools .. At Certified Day Open-air Schools .. .. . At Public Elementary Schools .. .. . At other Institutions .. At no School or Institution	1 — — 7 — —	— — — 3 — —	1 — — 10 — —
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. . At Certified Residential Open-air Schools .. At Certified Day Open-air Schools .. .. . At Public Elementary Schools .. .. . At other Institutions .. At no School or Institution	— — — 2 — —	— — — — — —	— — — 2 — —

Table III.—Continued.

			Boys.	Girls.	Total.
Physically Defective (continued)	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. .. .	4	—	4
		At Public Elementary Schools .. .. .	1	1	2
		At other Institutions .. .. .	—	—	—
		At no School or Institution	1	—	1
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .. .. .	—	—	—
		At Public Elementary Schools .. .. .	—	—	—
		At other Institutions .. .. .	—	—	—
		At no School or Institution	—	—	—
	Delicate Children— <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-air School	At Certified Residential Cripple Schools .. .. .	—	—	—
		At Certified Day Cripple Schools .. .. .	—	—	—
		At Certified Residential Open-air Schools .. .. .	—	—	—
		At Certified Day Open-air Schools .. .. .	—	—	—
		At Public Elementary Schools .. .. .	126	88	214
		At other Institutions .. .. .	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools .. .. .	—	—	—
		At Certified Residential Cripple Schools .. .. .	1	3	4
		At Certified Day Cripple Schools .. .. .	—	—	—
		At Certified Residential Open-air Schools .. .. .	—	—	—
		At Certified Day Open-air Schools .. .. .	—	—	—
		At Public Elementary Schools .. .. .	38	35	73
		At other Institutions .. .. .	—	—	—
		At no School or Institution	7	1	8
	Children with heart disease— <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools .. .. .	—	—	—
		At Certified Residential Cripple Schools .. .. .	—	—	—
		At Certified Day Cripple Schools .. .. .	—	—	—
		At Certified Residential Open-air Schools .. .. .	—	—	—
		At Certified Day Open-air Schools .. .. .	—	—	—
		At Public Elementary Schools .. .. .	21	16	37
		At other Institutions .. .. .	—	—	—
		At no School or Institution	1	1	2



**TABLE IV.**  
**RETURN OF DEFECTS TREATED DURING THE YEAR**  
**ENDED 31st DECEMBER, 1932.**

**Group I.—Minor Ailments (excluding Uncleanliness).**

Disease or Defect.	Number of Defects treated, or under Treatment, during the Year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin—			
Ringworm : Scalp .. ..	—	2	2
Body .. ..	—	—	—
Scabies .. .. .	—	—	—
Impetigo .. .. .	—	6	6
Other Skin Diseases .. ..	—	1	1
Minor Eye Defects .. ..	—	15	15
Minor Ear Defects .. ..	—	30	30
Miscellaneous .. .. .	—	138	138
Total .. .. .	—	192	192

**Group II.—Defective Vision and Squint.**

Disease or Defect.	Number of Defects dealt with.			
	Under the Authority's Scheme.	By Private Practitioner or Hospital.	Otherwise.	Total.
Errors of Refraction (including squint) ..	276	30	—	306
Other Defects or Diseases of the Eyes .. ..	—	—	—	—

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme .. ..	265
(b) Otherwise .. .. .	30

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme .. ..	265
(b) Otherwise .. .. .	30

### Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital apart from Authority's Scheme.	Total.		
143	54	197	3	200

### Group IV.—Dental Defects.

(1) Number of Children who were :

(a) Inspected by the Dentist—

Routine Age Groups	5	..	..	1521	Total .. 16694
	6	..	..	1712	
	7	..	..	1826	
	8	..	..	1917	
	9	..	..	1990	
	10	..	..	1981	
	11	..	..	2149	
	12	..	..	2002	
	13	..	..	1410	
	14	..	..	186	
Specials ..	..	..	..	..	83

Grand Total .. .. 16777

(b) Found to require treatment .. .. 7733

(c) Actually treated .. .. 3058

(d) Re-treated during the year as the result of periodical examination .. .. 33

(2) Half-days devoted to { Inspection .. 278 } Total .. 736  
 { Treatment .. 458 }

(3) Attendances made by the children for treatment .. 3091

(4) Fillings { Permanent Teeth .. 1223 } Total .. 1255  
 { Temporary Teeth .. 32 }

(5) Extractions { Permanent Teeth .. 701 } Total .. 5157  
 { Temporary Teeth .. 4456 }

(6) Administrations of general anaesthetics for extractions.. nil

(7) Other operations to permanent or temporary teeth  
 (Scaling, etc.) .. .. 297



**Group V.—Uncleanliness and Verminous Conditions.**

Total number of examinations of children in the schools by School Nurses.. .. .	4258
Number of individual children found unclean .. ..	385

**2.—MEDICAL INSPECTION OF PUPILS  
ATTENDING SECONDARY SCHOOLS.****TABLE V.  
Number of Pupils Inspected.****(A) BOYS.**

Age on Examination.	Number Examined.
8 .. .. .	3
9 .. .. .	2
10 .. .. .	5
11 .. .. .	43
12 .. .. .	67
13 .. .. .	17
14 .. .. .	10
15 .. .. .	71
16 .. .. .	36
17 .. .. .	9
18 .. .. .	1
Total ..	264

**(B) GIRLS.**

Age on Examination.	Number Examined.
8 .. .. .	—
9 .. .. .	—
10 .. .. .	—
11 .. .. .	147
12 .. .. .	131
13 .. .. .	22
14 .. .. .	3
15 .. .. .	69
16 .. .. .	15
17 .. .. .	1
18 .. .. .	—
Total ..	388

2 pupils were specially examined, and 16 pupils were also re-examined during the year and 42.8 per cent. parents were present at the inspection of their children.

TABLE VI (A).

Return of Defects found by Medical Inspection and treated during the period 1st January, 1932, to 31st December, 1932.

Disease or Defect.	Requiring Treatment.	Kept under Observation.	Treated.
Malnutrition .. ..	9	—	9
Uncleanliness .. ..	1	—	1
Skin—			
Ringworm : Scalp .. ..	—	—	—
Body .. ..	—	—	—
Scabies .. ..	—	—	—
Impetigo .. ..	—	—	—
Other Diseases .. ..	2	—	—
Eye—			
Blepharitis .. ..	1	—	1
Conjunctivitis .. ..	—	—	—
Keratitis .. ..	—	—	—
Corneal Ulcer .. ..	—	—	—
Corneal opacities .. ..	—	—	—
Defective Vision .. ..	49	19	27
Squint .. ..	1	—	—
Other Conditions .. ..	—	—	—
Ear—			
Defective Hearing .. ..	1	—	—
Otitis Media .. ..	1	—	—
Other Ear Diseases .. ..	1	—	1
Nose and Throat—			
Enlarged Tonsils .. ..	1	3	1
Adenoids .. ..	—	6	—
Enlarged Tonsils and Adenoids .. ..	2	1	—
Other Conditions .. ..	—	—	—
Enlarged Cervical Glands (Non T.B.) .. ..	—	1	—
Defective Speech .. ..	1	—	—
Teeth—Dental Disease .. ..	86	—	58
Heart and Circulation—			
Heart Disease : Organic .. ..	1	3	1
Functional .. ..	3	8	2
Anaemia .. ..	4	1	4
Lungs—			
Bronchitis .. ..	—	—	—
Other Non T.B. Diseases .. ..	2	—	—
Tuberculosis—			
Pulmonary : Definite .. ..	—	—	—
Suspected .. ..	—	—	—
Non-pulmonary : Glands .. ..	—	—	—
Spine .. ..	—	—	—
Hip .. ..	—	—	—
Other Bones and Joints .. ..	—	—	—
Skin .. ..	—	—	—
Other Forms .. ..	—	—	—
Nervous System—			
Epilepsy .. ..	—	—	—
Chorea .. ..	—	—	—
Other Conditions .. ..	2	—	—
Deformities—			
Rickets .. ..	1	—	—
Spinal Curvature .. ..	2	—	1
Other Forms (including Flat Feet) .. ..	21	2	9
Other Diseases and Defects .. ..	44	4	23
Totals .. ..	236	48	138



**TABLE VI (B).**

**Number of INDIVIDUAL Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Defects).**

Number of Children.		Percentage of Children found to require Treatment.
Inspected.	Found to require Treatment.	
652	108	16.56











