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ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

TEMPORARY

SCHOOL MEDICAL OFFICER

(LEWIS GRAHAM, M.S. (LOND.), F.R.C.S. (ENG.)),

INCLUDING THAT OF THE SUPERINTENDENT
OF SPECIAL SCHOOLS,

FOR THE

YEAR ENDED 31ST DECEMBER, 1914.

*In accordance with Circulars 576 and 596 of the
Board of Education.*

BIRMINGHAM:
PERCIVAL JONES LIMITED, TOWN HALL PRINTING WORKS, GREAT CHARLES STREET.

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TEMPORARY SCHOOL MEDICAL OFFICER

LEWIS GRAHAM, M.S. (LOND.), F.R.C.S. (ENG.),

FOR THE YEAR ENDED 31st DECEMBER, 1914.

INTRODUCTION.

The year under review has been an eventful one on account of the engagement of this country in the European War. Certain Officers of the School Medical Service were called up for Military duty, and others volunteered their services. This has, of course, left its mark upon the work of the School Medical Department, but only in an indirect manner, for in every instance the services of a temporary officer have been secured.

The following is a list of the officers who took up Military Service during the period covered by this report:—

One School Medical Officer.

One Assistant School Medical Officer (resigned).

One Dental Surgeon.

Two School Nurses.

One Clerk.

Since the commencement of the year 1915 another Assistant School Medical Officer has enlisted, but that circumstance does not properly fall within the scope of this report, which deals in particular with the year 1914.

The writer of the present report did not take up his duties until the 9th November, 1914. Consequently only the work of the last two months of the year has been done under his supervision. Information as to the work of the other ten months has, however, been readily forthcoming from the administrative officials, and although steps were taken during the year to re-model the scheme of inspection and treatment (see page 17), such scheme was not actually put into effect until 1915. The medical inspection and treatment of the year 1914 has, therefore, been uniform throughout the year, and, with the exception that certain extensions have taken place in the matter of treatment, has followed closely the lines of previous years.

The work of the Medical Staff of the Education Committee, broadly speaking, falls into two sections—Medical Inspection and Medical Treatment—each dependent upon the other, the latter the natural result of the former. For the purposes of this report it has been

deemed advisable to deal in the first place with Medical Inspection and afterwards with Medical Treatment. By this means it is hoped to demonstrate to what extent the provision made by the Education Committee for the treatment of child ailments is adequate and effective, due regard being paid to the agencies which already exist for the amelioration of such defects.

MEDICAL INSPECTION.

For the last four years there has been included in the Report of the School Medical Officer a table showing the defects found in the children undergoing routine medical inspection. A similar table has been compiled this year, and is given below. For comparative purposes the percentage for the year 1913 has also been added.

Number of Children examined	...	...	1914.	33,193	1913.	32,376
Number of Parents present	...	...	...	23,383	...	23,511
Percentage	...	...	...	70.4	...	72.6

Defects Found.

	TOTAL	Per-centage, 1914.	Per-centage, 1913.
1. EYES:—			
(a) Vision ($\frac{6}{12}$ or less) all causes	3943	11.9	10.1
(b) Squints	1071	3.2	3.
(c) Corneal Ulcers, Opacities, and Keratitis	329	.99	.96
(d) Other Eye Defects	430	1.29	1.2
2. EARS:—			
(a) Hearing Defective, all causes	1197	3.6	3.3
(b) Otorrhœa	973	2.9	2.1
3. NOSE AND THROAT DEFECTS:—			
(a) Tonsils or Adenoids	3039	9.1	7.9
(b) Other Defects	1053	3.1	1.
4. CHEST:—			
(a) Phthisis—certain	94	.28	.3
(b) " doubtful	291	.87	.7
(c) Other Lung Diseases	1096	3.3	1.9
(d) Heart Disease—congenital	83	.25	.2
(e) " " acquired	434	1.3	1.5
5. CHOREA	67	.2	.2
6. EPILEPSY—including Petit Mal (undoubted cases)	77	.2	.2
7. HERNIA	92	.27	.2
8. ANÆMIA (marked cases only)	125	.37	.7
9. SPEECH DEFECTS	367	1.1	.7
10. DEFORMITIES (excluding Paralysis)	423	1.27	.9
11. PARALYSIS:—			
(a) Upper Limbs	36	.1	.09
(b) Lower Limbs	71	.2	.2
12. SCALP DISEASE:—			
(a) Ringworm	111	.3	.7
(b) Other	210	.6	.4
13. SKIN DISEASE	589	1.7	1.1
14. OTHER DEFECTS	2724	5.19	2.9

" FOLLOWING UP."

A mere recital of the various defects found, although perhaps of interest from a statistical point of view, would be of little value were it to lead to nothing more practical. Accordingly, in addition to the annual routine medical inspection, as far as possible arrangements have

been made for the Assistant School Medical Officers to pay re-visits, at suitable intervals, to ascertain to what extent the advice to the parents of defective children has been acted upon. The School Nurses also re-visit in the same manner, acting under the direction of the Assistant School Medical Officers. In addition, a growing number of Industrial Care Committees are undertaking medical care. Their members, acting on information provided by the Medical Staff, are able to visit the homes of dilatory parents and to urge the wisdom and necessity of medical treatment.

In each school there have been kept, in charge of the Head Teachers, lists of the children found, on the occasion of the annual routine medical inspection, to be in need of treatment. These lists are provided with columns, in which, on the occasion of the "re-visits," the Assistant School Medical Officer enters notes as to the treatment procured. For the children who, on the occasion of the second re-visit (or even the first re-visit in urgent cases), remain untreated, a special card is filled in. This is referred to the Medical Care Committee, with information as to the treatment to be sought after. Thus there exists a fairly close network through which there can pass no child found to be in need of medical treatment, without at least an effort being made to secure that such child receives appropriate treatment. With the inauguration of the revised scheme of medical inspection, referred to at a later stage in this Report, the machinery for "following up" will become even more highly organised, inasmuch as every school will be visited eight or nine times a year.

THE RELATION OF MEDICAL INSPECTION TO JUVENILE EMPLOYMENT.

Now that the School Medical Service has been a feature of the national system of education for about seven years, there are, of necessity, very few children in the Public Elementary Schools who have not passed through the process of medical inspection. Indeed, those who, at the commencement of their school careers, were examined as "entrants" are now maturing for inspection as "leavers." The changing of the definition of "leavers" to "children between 12 and 13 years of age" has necessarily shortened the period between the "entering" and the "leaving" examination, and it has, at the same time, somewhat modified the utility of the "leaving" examination as a guide to indicate which, if any, particular employment should be eschewed. Formerly, when the "leaving" examination took place within a few months of the close of a child's school career, there could be entered on the Industrial Care Committee Helper's Report Card germane facts likely to assist in the choice of employment. Under the new regulations, however, children must be examined between the ages of 12 and 13. *i.e.*, between twelve months and two years before the child leaves school. In favour of this earlier examination it may be said that longer time is provided in which to enable measures to be taken for the remedy of defects, and therefore children on the whole should be in a more healthy condition at the time of leaving school to commence work. On the other hand, there is the disadvantage that these "leaving" reports, having been made a year to two years before the children leave school, are not of the same value as more recent reports, and that wrong may be done to children who are reported on Head Teachers' Report Cards as defective at the time of examination, and unfit for certain occupations, because the defects may have been remedied by the time of leaving school. Conversely, defects may have

developed in children reported as normal or healthy at the time of the inspection. With regard to the latter, it has been pointed out that the objection would be largely met by the presentation for special examination, under present arrangements, of children in whom defects have developed. With regard to the others, in whom remediable defects have been reported, it would appear that only a further report at, or shortly before, the time of leaving school will satisfactorily meet the case.

The attention of the Central Care Committee has been drawn to the fact that, under the revised scheme of Medical Inspection (see page 17), whereby the Assistant School Medical Officers visit the schools at frequent intervals and the Clinics are open every afternoon, it is possible for special (*i.e.*, weakly or ailing) children to receive a special examination either at the routine inspection or else at the local clinic. This arrangement seems to meet all the difficulties which have been encountered, and the "leaving" examination has the same value, from the point of view of children's future employment, as hitherto.

MEDICAL TREATMENT.

The Medical Treatment of School Children has proceeded during the year 1914 very largely on the lines laid down by the Education Committee when the work was originally commenced in January, 1913. Modifications have been made here and amplifications there, but, generally speaking, the basic principles have remained unaltered. The year has not been one of inactivity, and, surveying the branches of the work, one is conscious of progress and extension in all directions.

It may perhaps facilitate the consideration of the work of medical treatment if the various branches of the work are dealt with seriatim.

PRESCRIPTION OF SPECTACLES.

The total number of pairs of spectacles prescribed during the year was 2,533, made up as follows:—

Ophthalmic Surgeon	...	...	870
Temporary Ophthalmic Surgeon	199	(4 months at $\frac{1}{2}$ -day per week)	
Assistant School Medical Officers	1,464		

As in other years, Mr. Beatson Hird has drawn up a report upon his work, and this is appended:—

" During the school weeks in the year 1914 I was in attendance at the Education Office on 81 mornings for the treatment of school children suffering from defective eyesight and other ocular conditions. The number of new cases seen was 1,022, giving a morning average of 12·6. The number of new cases seen this year was no less than 54 in excess of those seen the previous year, due largely to better attendances. Of these new cases, 870 were found to require spectacles, so that on an average 10·7 pairs were prescribed every morning. The remaining 152 children did not require treatment by spectacles, many suffering from inflammatory and other conditions which had been referred to me for advice.

During the year I also saw many of the children who had been ordered glasses and other treatment previously. The number of old cases seen amounted to 398, or 62 less than the previous year. The attendances were on some mornings very

pcor, and may be due to change of address and attendance at other schools, so that the notices may never have reached them. The number of old cases has reached such proportions in the past three years that I have done this work that it is impossible to deal with more than a few of the more important. The number of children seen by me personally since appointed in May, 1912, now totals 2,715. The morning average of old cases seen during the past year was 4.9, compared with 5.4 of the previous year.

The analysis of the new glass cases for 1914 works out as follows:—

(1) Hypermetropia (long sight)	193	or	22.1%
(2) Hypermetropic	538	or	61.8%
Total long-sight cases ...	731	or	83.9%

Amongst these were 291 children suffering from squints, forming 33 per cent. of the cases seen requiring glasses.

(3) Myopia (short sight)	33	or	3.7%
(4) Myopic astigmatism	73	or	8.3%
(5) Mixed astigmatism	33	or	3.7%
Total short-sight cases ...	139	or	15.7%

As in previous years, all the children suffering from squint received a printed leaflet of instructions how to train the squinting eye to see. In a number of cases the sight of the squinting eye was very bad. A printed leaflet of instructions was also given to the short-sighted children in order to take every precaution against it becoming worse. Several of the bad cases were ordered to be educated at the School for the partially blind in order to preserve what sight they had, which would have run serious risk from ordinary school work.

Amongst the new cases seen, 80 were suffering from scars on the cornea, more or less impairing the vision. They amounted to 9.1 per cent. of the total new cases. Some of the cases were quite hopeless, and could only be educated at the Schools for the Blind or Partially-Blind.

The old cases seen consisted for the most part of children suffering from squint and short sight. These cases, which require seeing periodically, have reached such numbers that it is impossible to deal with them all. Since I began the work I have seen no less than 762 squints and 415 suffering from short sight in some form. There has been considerable improvement in many of these cases of both groups, a number of the short-sighted cases showing no progression, which is most satisfactory and one of the chief objects of this work. The new School for the Partially-Blind at Aston has filled a long-felt want. Part of one of my mornings was given to inspection of this new school, and another morning was set aside for thorough examination of all the children attending there. I was able to allow a few children who had improved to go back to ordinary school, and a few I found too bad for education there, and so had them transferred to the School for the Blind. I intend to make a periodic inspection

of this school at Aston to keep in touch with the children, and records are being kept of them all, as suggested by the Board of Education.

Treatment was undertaken in a number of cases not requiring spectacles. The total number of attendances for treatment at the Education Office under my care was 110. To those who could afford, prescriptions numbering 38 were given. Where the treatment was simple and the parents too poor to get the remedies, these were provided by the Department. The more severe cases were put under my care at one of the hospitals. Some cases of cataract and many cases of squint requiring operation I operated upon at the General and Eye Hospitals. Quite a number were dealt with in this way. They obtained the admission tickets and there was a minimal delay in getting the treatment carried out. On the whole, it has been the most successful year since I started this work."

On September 1st Dr. A. W. Aldridge commenced duty as Temporary Ophthalmic Surgeon for service on one half-day each week. Dr. Aldridge's services were engaged by the Committee to endeavour, in a measure, to overtake the arrears of applications received from parents for the provision of spectacles for children. For some considerable time the number of such applications was considerably in excess of the ability of the medical staff to carry out the necessary examinations. At the time of writing (February, 1915), thanks to the reconstructed scheme of treatment, it is just about possible to keep abreast of the applications, but there will be (pending the adoption of some measure to reduce it) a waiting list of some 800 names. This list represents about five or six weeks' work of the Medical Staff, and to this extent the work will be handicapped until measures are taken to reduce the list. The Hygiene Sub-Committee have from time to time given the matter their careful attention, and, as the appointment of the Temporary Ophthalmic Surgeon indicates, have taken steps to deal with the situation. The Sub-Committee is considering the matter with a view of finally coping with the list of waiting children.

DENTAL TREATMENT.

The number of Dental Clinics at work during 1914 was five:—

1. Dental Hospital, Great Charles Street (afternoons only).
2. Albert Road, Aston.
3. Soho Hill, Handsworth.
4. Warwick Road, Greet.
5. Fashoda Road, Selly Park.

The following is a summary of the work accomplished:—

RECORD OF WORK CARRIED OUT AT SCHOOL DENTAL CLINICS DURING YEAR ENDED
31st DECEMBER, 1914.

CLINIC.	No. of Attendances.		AGE.		EXTRACTIONS.		Anes- thetics.	FILLINGS.		Dress- ings.	Refused Treat- ment.	No. of individual Children treated.
	Boys.	Girls.	6-8 years.	Over or under 6-8 years.	Perman- ent Teeth.	Temp- orary Teeth.		Perman- ent Teeth.	Temp- orary Teeth.			
Great Charles Street	1843	1762	3056	549	1423	11211	1838	1203	1808	499	8	3444
Aston ...	1409	1293	1802	900	571	4902	1657	663	1585	601	10	1560
Fashoda Road	1167	1186	1774	578	446	8988	1861	821	1132	138	15	1981
Handsworth ...	1012	917	1584	345	293	4259	1101	877	1999	15	1	1615
Greet	1297	1206	2092	313	236	3492	1571	683	2549	39	9	2045
	6728	6364	10308	2685	2969	32852	8028	4247	9073	1292	43	10645

At the latter end of the year the Hygiene Sub-Committee, acting on the advice of the Temporary School Medical Officer, decided to provide mouth washes for children undergoing dental treatment. This is a measure which will make for the comfort of children submitting to extractions. A small charge will be made for the mouth wash, but this, in cases of poverty by reason of circumstances beyond the parents' control, the dentists will be authorised to remit.

Tooth brushes are also provided on the same principle.

In this connection it is interesting to note the remarks of the Dental Surgeon from the Fashoda Road School Clinic, who writes:—

“ Whilst inspecting schools I have noted a decided difference in the general conditions of the mouth in schools where tooth-brush drill is in vogue or where Hygiene lessons are given. In these schools the mouths are generally clean and healthy, and the teeth better in condition. On the other hand, where no instruction is given, caries and general sepsis are very prevalent.”

RINGWORM.

In the reports of previous years reference has been made to the loss of educational efficiency and financial grant which is occasioned by this disease. This year it is possible to record a forward movement in the direction of exterminating the infection. An arrangement was made in January with the Birmingham Board of Guardians for the use of their X-ray apparatus (on payment of a sum by the Education Committee) on two half-days per week, and Dr. Russell Green (Radiographer to the Guardians and to the Birmingham and Midland Hospital for Skin Diseases) was appointed to the Medical Staff of the Education Committee for service also on two half-days per week. This, of course, was a temporary measure only, and was designed to ensure that no time should be wasted in waiting for the completion of the Clinic in Great Charles Street, where the Committee contemplated the installation of an X-ray apparatus. The arrangement was originally for twelve months, expiring in February, 1915, but in December, 1914, it was extended to July, 1915, and a third half-day each week was added to the work.

When the X-ray treatment at the Infirmary commenced, difficulty was experienced in controlling in any way the necessary home care, some parents taking an interest, and others being indifferent or unable to understand the importance of carrying out instructions.

Since the Summer vacation the Radiographer, with the approval of the Hygiene Sub-Committee, has instructed the Committee's nurses in the methods of preventing re-infection, and also as to the directions necessary to impress upon those responsible for the child's welfare.

Before August barely half the cases could be sent to school by the third to the fifth week, and twelve cases required further X-ray treatment.

Since August two cases have required further X-ray treatment, and the average time away from school of all cases treated was twenty-six days (or twenty school days).

The number of school children suffering from ringworm who were exposed to X-rays during the year was 175, of whom 160 returned to school.

Although not properly a subject for notice in the present report, it is perhaps opportune at this point to mention that Dr. Russell Green has just (February, 1915) been appointed Radiographer to the Education Committee. Before commencing his duties as a permanent officer, Dr. Russell Green will be required to advise the Committee in regard to the installation of the X-ray apparatus for Great Charles Street Clinic.

MINOR AILMENTS.

Provision is made in the Clinics for the treatment of discharging ears, external eye diseases such as blepharitis and conjunctivitis, skin diseases, *e.g.*, impetigo and sores, ringworm of the scalp, and such other conditions as require the frequent services of a nurse.

The following table summarises the work of the year:—

	Number of Children treated.					
EARS :—						
(a) Wax	95
(b) Otorrhœa	620
EYE DISEASES :—						
(a) Blepharitis	293
(b) Conjunctivitis	193
(c) Corneal Ulcers	11
NASAL DISCHARGE	4
SKIN DISEASES :—						
(a) Ringworm	1,103
(b) Impetigo	1,198
(c) Eczema	111
(d) Sores...	72
SUPERFICIAL ABSCESSES	18
SEPTIC WOUNDS	114
OTHER COMPLAINTS	639

A study of the various ailments treated shows that it is almost impossible for many of these children to receive efficient treatment except through the channels of the School Medical Service. This is especially true in the case of children suffering from impetiginous sores and discharging ears. In the case of children suffering from sores the School Nurses themselves bathe off all scabs and crusts, and instruct the mothers how to continue the treatment and how to apply ointment efficaciously. The ears of children suffering from otorrhœa are carefully syringed for a limited period, and in many cases a beneficial result follows. Cases which do not yield to this treatment are referred to the Aural Surgeon for examination and advice.

At one period a great handicap to this work was the fact that many children attended the Clinics unaccompanied by their parents. This was, to a large extent, due to the fact that the mother had to assist in the maintenance of the home by going to work. Where it was necessary for the treatment given in the Clinics to be continued in the home it was, in circumstances such as those described, desirable that the Nurses should visit the homes to explain to the parents the method of treatment and to give practical demonstrations. The matter having been brought to the notice of the Hygiene Sub-Committee, they decided that, in special circumstances, the Nurses should be allowed to visit the homes of children attending the Clinics to carry out special treatment under the direction of the School Medical Officer or his Assistants.

These minor ailments, although not of much consequence in themselves, are frequently the forerunners of other and more serious defects, and moreover, in many cases, necessitate prolonged absence from school on the part of the sufferers, resulting in loss of educational efficiency, which, especially in the case of older children, can rarely be retrieved. The loss of school attendance grant involved by the absence of these children is also a matter of considerable importance. The treatment of these ailments, therefore, is by no means an unimportant part of the School Medical Service, from whatever standpoint the matter may be viewed. Accordingly, in the revised scheme of treatment, to which reference is made elsewhere in this report, two half-days (Tuesday afternoons and Friday afternoons) are devoted to this work. Broadly speaking, Tuesday afternoon is the time for new cases, when the Assistant School Medical Officers diagnose the ailment and direct the course of treatment to be followed by the Nurses, and Friday afternoon is the time for treating cases which have already been diagnosed. This is only a general principle. In actual practice it is found necessary for certain children to attend daily for treatment and observation.

TONSILS AND ADENOIDS.

The Tonsil and Adenoid Clinic has experienced a year of progress. At the commencement of the year there were ten beds, and operations took place once a week. In the Autumn the number of beds was increased to twelve, and a second day was appointed for the performance of operations each week. Thus it is now possible to deal with twenty-four children each week, and no difficulty is experienced in getting this number of children to attend. Simultaneously with the extension of operations a change was made in the nursing arrangements. During the first twelve months of its history the work at this Clinic had been divided among the whole staff of School Nurses, but this had not been a satisfactory arrangement, leading, as it did, to confusion and dislocation of other work. Accordingly arrangements were made for the work to be carried out by the same four nurses each week—an arrangement which was much more satisfactory from all points of view.

Recently certain minor structural alterations have been effected in the ante-room to the Operating Theatre, *e.g.*, the provision of a hospital trough and the addition of a hot-water supply to all sinks. These have very much facilitated the work.

The total number of children dealt with at the Clinic during the year was 349, and it is pleasing to report that no untoward incident has occurred during their treatment.

It may be of interest to relate, in some detail, the manner of dealing with children suffering from enlarged tonsils and adenoids.

When, at a routine medical inspection, a child is found to be suffering from enlarged tonsils and adenoids, a form is filled in and handed to the parents. This form calls attention to the child's condition, urges the importance of attention to the matter, and goes on to state that, if it is wished, an operation can be performed by the Aural Surgeon of the Education Committee at the School Clinic, Soho Hill. In some instances this form is supplemented by a visit to the home on the part of the Nurse, who is able to impress the importance of treatment, to remove, if necessary, any parental apprehension, and, at the

same time, to obtain the necessary information to enable the charge for the treatment to be fixed at the office.

At the foot of the form above referred to is printed a request for the operation to be carried out. On receipt of this request, signed by the parent or guardian, arrangements are made for the child to attend the Clinic. The date for the operation is fixed, and the parents receive a card of printed instructions as follows:—

IMPORTANT.

CITY OF BIRMINGHAM EDUCATION COMMITTEE.

TONSIL AND ADENOID CLINIC.

In order that your child may be properly prepared for the operation, it is most important that the following rules shall be carried out:—

1. Give the child a dose of one of the following aperient medicines on the morning before the operation day—
 - (a) Castor Oil (one table spoonful).
 - (b) Gregory's Powder (one tea spoonful).
 - (c) Liquorice Powder (one tea spoonful).
2. On the evening before the operation day give the child a light supper only, such as a basin of bread and milk, or a glass of milk with bread and butter or dripping.
3. Give the child a warm bath and well wash him or her. Comb the hair thoroughly.

¶ Children presented for operation in a dirty or verminous condition will not be admitted.
4. On the morning of the operation day give no solid food whatever. A cup of clear soup, beef tea, bovril, oxo, tea, cocoa or similar liquid food (not milk) should be given early in the morning, but no food whatever should be given after half-past seven.

¶ If solid food has been given, it will cause danger, and under no circumstances will the operation be performed if it is known that such food has been taken.
5. Bring the child to the School Clinic, Soho Hill, Handsworth (trams from Colmore Row pass the gates—cars stop opposite gates by request) at 8-30 o'clock prompt. No children will be admitted after 8-45 a.m.
6. Bring with the child, if possible, two night gowns or clean shirts and a face flannel.

*Education Office,
Council House, Birmingham.*

Arrived at the Clinic, the child, together with its parent, is shown into a large waiting room, where, with other children about to be operated on, it whiles away the time with toys and picture books. This is a useful feature of the Tonsil and Adenoid Clinic in that it serves to divert the impressionable child mind from the purpose in view. On the occasion of my visits to the Clinic I have been deeply impressed by the entire absence of that manifestation of uneasiness and anxiety which usually characterises a child for whom an operation is impending. The children are quite taken up with the pleasures of the moment. Each, in its turn, is bathed and taken to the operating theatre and, after operation, to the ward, where it is detained overnight. A Nurse is on duty all night, and the building is equipped with a post office telephone and also connected by a private telephone with the caretaker's quarters on the same site.

When the operation has taken place a further card of printed instructions is given to the parents as follows:—

Form 303 Hy.

CITY OF BIRMINGHAM EDUCATION COMMITTEE.

DIRECTIONS TO BE FOLLOWED AFTER TONSILS AND ADENOIDS HAVE BEEN REMOVED.

- 1.—Wrap up the child well for the journey home. Keep in bed for three days in a well ventilated room, or on a couch downstairs.
- 2.—For the first three days give the child bread and milk, cocoa, porridge, soup or broth, but do not give hard food such as crusts or hard biscuits. Oranges may be given.
- 3.—Insist that the child keeps the mouth closed when breathing. This is most important and will require constant watching and constant reminders. The operation will not produce good results unless the child learns to breathe through the nose. Get the child each morning to take ten deep breaths with the mouth closed, in the way which is taught at school.
- 4.—The child will be excluded from school until.....
on which date at.....he must be taken for examination by the Assistant
School Medical Officer at.....

Please take this form with you when you take the child for examination.

Directions are also sent to the Head Teachers as to the formation of the habit of nose breathing. These are reproduced below:—

“ This child has recently been operated on for the removal of Tonsils and Adenoids. In order that the child may benefit by this operation it is of the utmost importance to see that the child learns to breathe properly through the nose with the mouth closed. The habit of mouth breathing, once formed, tends to persist in spite of the removal of the obstruction. To secure this proper breathing it is necessary to see that the breathing exercises are properly performed, whether as single exercises, or in combination with other physical exercises. The child should be placed in the front row for better and closer observation. The lips should be tightly closed (the teeth, however, should not clenched), and both inspiration and expiration should be deep and slow, and *entirely through the nose.*”

REVISED SCHEME OF MEDICAL INSPECTION AND TREATMENT.

On the 1st April, 1914, there came into operation a new regulation of the Board of Education which had the temporary effect of doubling the number of leaving children to be presented for medical inspection. The regulation, which was contained in Circular 823 of the Board of Education, read as follows:—

“ It has also been found that the existing definition of the last age group as ‘ all children who are expected to leave school in the year ’ has led to some difficulties in practice. It has, therefore, been decided to substitute for this definition one founded on an age basis and to require the inspection of 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. This change should be brought into operation for the year beginning on the 1st April, 1914, in order that any temporary additional burden due to the change may have ceased by the time that the requirement of the inspection of a third age group referred to in the following paragraph comes into force.”

This regulation superseded Article 58 (b) of the Code, which was as follows:—

“ The Board must be satisfied that provision has been made for the medical inspection of all children admitted to school within the year, and of all children expected to leave within the year—the year in each case being the twelve months ending on 31st July.”

It is obvious that, theoretically speaking, this revised regulation will only increase the number of leaving children for a period of twelve months, for, at the end of that time, there ought not to be any “ children over 13 years of age who have not already been examined after reaching the age of 12.”

By the time that this matter has righted itself, however, the following regulation will become operative:—

“ For the year beginning on the 1st April, 1915, and subsequent years, it will be required that provision shall be made for the medical inspection of all children between eight and nine years of age.”

The ultimate effect of these new regulations will therefore be to change the age at which leaving children are examined, and also to add another age group to the yearly requirements. This, of course, will very materially increase the work of the School Medical Staff, but the Hygiene Sub-Committee have, in considering the effect of these regulations, also had in mind a plan for the general revision of the scheme of inspection and treatment under which, instead of each Assistant School Medical Officer visiting the schools in his district for routine inspection once a year (such visit frequently covering a period of seven to ten days), every school would receive a visit from the Assistant School Medical Officer for the area about once a month, such visit occupying about half a day. This plan (the author of which appears to have been the Chairman of the Education Committee) involves—

- (i.) The division of the City, for medical purposes, into eight districts, instead of seven as hitherto.
- (ii.) The appointment of an additional Assistant School Medical Officer and two additional School Nurses.
- (iii.) The establishment of an eighth clinic, thus providing one clinic for each of the eight districts.
- (iv.) The confinement of medical inspection (in the schools) to the morning sessions, and medical treatment (in the clinics) to the afternoon sessions; and
- (v.) The visiting of the schools by the Assistant School Medical Officers at more frequent intervals, the length of such visits being curtailed.

There is much to be said in favour of this plan:—

1. The teachers welcome arrangements which tend to modify or minimise the disturbance caused by the suspension and resumption of medical inspection, morning and afternoon indiscriminately, as hitherto.
2. It is a convenience to parents, Teachers, Attendance Officers, Care Committee Helpers, School Nurses, Health Visitors, and others interested to know for a certainty that *all* the Clinics are opened *every* afternoon, without exception.

3. It is an advantage for an Assistant School Medical Officer, discovering a child with a minor ailment in a morning, to be able to treat the same child at the district clinic the same afternoon.
4. There are many mothers who are compelled to go out to work in the mornings, but who are free in the afternoons. Heretofore these have been unable to accompany their children to a " morning " clinic, but are able to go in an afternoon.
5. The Assistant School Medical Officers find it a welcome change to be relieved from the monotony of routine inspection each afternoon.

Other reasons, equally weighty, could be adduced, but sufficient has been said to show that the scheme has much to commend it.

The proposals here set out were laid before the Education Committee and approved in July, 1914, and later (12th August, 1914) received the sanction of the Board of Education. The working out of the details of the scheme, the establishment of the eighth clinic, and the appointment of the additional officers, occupied the Sub-Committee from September to Christmas. The writer, from the date of his appointment (November, 1914) until Christmas, was making arrangements preparatory to the launching of the scheme in January, 1915.

At the time of writing, the scheme has been in operation about six weeks, and is found to work smoothly and effectively. The result of the work will, of course, be dealt with in the report for the year 1915, but it seems opportune at this point briefly to sketch the general outlines of the scheme as they were framed in the year under review.

Dealing in the first place with the establishment of the eighth clinic, after much careful thought it was decided to establish this clinic in the neighbourhood of Floodgate Street, and negotiations were opened for the renting of the Medical Mission premises. Certain accommodation in the premises is hired from the Committee of the Medical Mission, and, in addition to the appointment of an extra Assistant School Medical Officer and two Nurses, an additional School Dental Surgeon and Attendant have been appointed. Provision is thus made at this new clinic for the treatment of ringworm, minor ailments, defective eyesight, and defective teeth.

The accommodation hired was as follows :—

- Operating Room (for use as Dental Surgery).
- Dental Recovery Room.
- Consulting Room (for use of Assistant School Medical Officer).
- Casualty Room (for treatment of minor ailments).
- Special Section of Waiting Hall.
- Two Consulting Rooms (by arrangement).
- Lavatories for staff and patients.
- Doctor's Dining Room, and
- Nurses' Dining Room.

This building is situated in one of the poorest and most densely populated parts of Birmingham, and the opportunity for effective remedial work which here presents itself is probably unequalled in any other area of the City. The Clinic has, at the time of writing, been opened about six weeks for medical purposes, and it is hoped to commence the Dental Work on the 1st March, 1915.

The eight School Clinics of the City are situated as follows:—

1. Great Charles Street* (Education Office *pro tem.*).
2. Albert Road, Aston.
3. Medical Mission Premises, Floodgate Street.
4. Council School, Gem Street.
5. Warwick Road, Greet.
6. Soho Hill, Handsworth.
7. Fashoda Road, Selly Park.
8. 535, Moseley Road.

The medical work carried on at these Clinics is as follows:—

Monday afternoon—Examination of adjourned Police Court cases, and where there is a Dental Clinic, administration of anæsthetics. Miscellaneous examinations.

Tuesday afternoon—Treatment of minor ailments (no charge).

Wednesday afternoon—Examination and treatment of ringworm cases (no charge).

Thursday afternoon—Prescription of spectacles, by appointment only (charge 2s. 6d.).

Friday afternoon—Prescription of spectacles, by appointment only (charge 2s. 6d.). Treatment of minor ailments (no charge).

Saturday morning—Prescription of spectacles, by appointment only (charge 2s. 6d.); and other necessary work.

As has already been pointed out, although Tuesday and Friday afternoons are assigned to the work, no hard and fast rule can be laid down as to the time for the treatment of minor ailments, as many cases necessitate almost daily observation and treatment. Generally speaking, however, Tuesday and Friday afternoons are devoted to this work.

Turning now to the inspection of the children in the schools, each Assistant School Medical Officer is furnished with a list of the schools in his or her area, and each school is visited in turn. The lists contain, on an average, 23 schools, so that, roughly speaking, allowing for the various holidays, and for the variation in the size of the schools, the schools ought, on an average, to be visited about nine times a year.

On the occasion of each visit, the Assistant School Medical Officer examines thirty children, at the rate of six each half-hour.

The children are selected from the following groups:—

- (1) Entrants, *i.e.*, those admitted to an Infants' School for the first time since the last examination of entrants.
- (2) Mid group, *i.e.*, those between 8 and 9 years of age.
- (3) Leavers, *i.e.*, 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, and who will be leaving school within the next six weeks.
- (4) Specials, *i.e.*, weakly or ailing children.

* This Clinic, described on page 10 of last year's Annual Report, is now nearing completion. It adjoins the Dental Clinic, Dental Hospital, Great Charles Street, and is connected thereto by means of a fireproof door. When the new building is finished there will be, to all intents and purposes within the same four walls, a clinic designed to provide treatment for all the branches of the work which the Education Committee have undertaken, except removal of Tonsils and Adenoids. Pending the completion of the Clinic, the treatment of minor ailments and the provision of spectacles is carried on at the Education Office, Council House, and the X-ray treatment of ringworm at the Infirmary, Dudley Road (see page 12).

Should the number of children to be examined *fall below* thirty, the Assistant School Medical Officer spends the balance of the morning in re-examining children found on previous inspection to be in need of treatment.

On the other hand, should the number *exceed* thirty, a second half-day is devoted to the examination of the children at the school on the occasion of the Assistant School Medical Officer's next visit.

The Assistant School Medical Officer is required, in filling in his or her weekly time-table, to state, in respect of each school to be visited, the number of children left over from the last inspection. By this means, it is possible to gauge to what extent, if any, the medical inspection at a given school is falling into arrears, and to adopt appropriate measures to prevent the accumulation of such arrears.

THE WORK OF THE SCHOOL NURSES.

Each Assistant School Medical Officer has the help of two School Nurses. With the exception of Monday and Thursday afternoons, when one nurse suffices, both are engaged in the Clinics in the treatment of minor ailments or ringworm. On Monday and Thursday afternoons those nurses who are not engaged at the Tonsil and Adenoid Clinic, Handsworth (see page 14) are free to re-visit schools, "follow up" in the homes, or examine children with a view to the detection of the presence of vermin.

In the medical inspection in the schools in the mornings one nurse assists, whilst the other is doing similar work to that carried out on Monday and Thursday afternoons, described in the preceding paragraph. In four of the districts an automatic exchange takes place week by week, the nurse who has been assisting in medical inspection one week taking the place the following week of her colleague who has been re-visiting, "following up," and examining for vermin, etc., and *vice versa*. In the other four districts exactly the same principle is followed, but it is subject to the limitations necessitated by the attendance of four of the nurses at the Handsworth Tonsil and Adenoid Clinic. This arrangement is calculated to produce from the staff of sixteen nurses the maximum amount of effective work consistent with variety.

VERMINOUS CHILDREN.

During the year, prolonged consideration was given to the question of the cleansing of verminous children. There was a feeling on the part of the Public Health and Housing Committee that the work done by the Health Visitors in visiting schools to examine verminous children and subsequently the taking of proceedings under the Children Act ought to be discontinued on account of the procedure being too slow, ineffective, and unnecessarily expensive. The Hygiene Sub-Committee finally decided, with the approval of the Education Committee, to make arrangements for the cleansing of children, under Section 122 of the Children Act, to be carried out by their own Staff, but only as a final step, the usual practice being to exclude verminous children and then proceed against the parents for not causing their children to attend school. Various circumstances have contributed to the delay in putting this arrangement into operation—for it has only just (January, 1915) been found possible to make a start—but it is confidently hoped that it will have the desired effect, and that a marked improvement in the cleanliness of the children will follow.

The School Nurses have, as in previous years, continued to visit the schools to examine verminous children. The following table shows the result of their examinations, and for comparative purposes the figures for 1913 are added:—

Year.	No. of Examinations.	OVA.		VERMIN.		CLEAN.	
		No.	Percentage.	No.	Percentage.	No.	Percentage.
1913	114,846	40,218	35	8,950	7	65,678	58
1914	152,769	59,159	38·64	12,528	8·2	81,082	53·4

EPILEPTIC REGISTER.

There were 96 children on this register at the end of the year, as against 99 at the end of the preceding year. During the year—

3 children were admitted to Epileptic Institutions.

26 children were removed from the register, having left school on account of age, or having improved sufficiently to warrant this step.

26 children were admitted to the register.

This register contains the names of children of school age who are known to suffer from epileptic attacks which are so infrequent or of such a kind as not to warrant exclusion from school. It is of supreme importance to the welfare of these children that a careful watch should be kept upon them, so that, should there be a change in the character or frequency of their fits or in their intellectual capacities, appropriate steps may be taken.

These children are examined at half-yearly intervals, and a card is kept at the school, on which the teachers enter particulars of fits which occur during the periods intervening between the examinations. The register performs two useful functions—(a) it permits of the attendance at school of children who, but for its existence, would probably have to be excluded, and (b) by means of the information given on the card, *e.g.*, the length of period of unconsciousness, or any peculiarity of mental state or action immediately following the fit, enables a more accurate estimate to be formed of the child's progress or retrogression.

FEEDING OF SCHOOL CHILDREN.

The number of children on roll, the daily averages, and the total number of breakfasts supplied during the year were as under:—

	No. on Roll.	Daily Average.	Total No. of Breakfasts.
4 school weeks ended 6th February, 1914 ...	1,939	1,460	29,191
4 " " 6th March, 1914 ...	1,897	1,618	34,348
4 " " 3rd April, 1914 ...	1,846	1,576	31,524
3 " " 1st May, 1914 ...	1,671	1,455	20,370
4 " " 29th May, 1914 ...	1,618	1,345	26,902
3 " " 26th June, 1914 ...	1,588	1,292	19,381
6 " " 5th September, 1914 ...	7,017	2,168	67,221
5 " " 10th October, 1914 ...	13,048	10,464	366,231
4 weeks (including holidays) ended 7th November, 1914 ...	7,308	6,721	188,202
3 school weeks ended 28th November, 1914 ...	4,024	3,838	80,610
6 weeks (including holidays) ended 9th January, 1915 ...	3,586	2,911	122,281

The abnormal increase in the numbers during the periods ended 5th September and 10th October was, of course, a consequence of the distress occasioned by the War. With the increased distress, it was found necessary to provide free breakfasts on Saturdays and Sundays, and these were commenced on the 5th and 6th September. Later the number of breakfasts provided showed a decrease. This was due to the fact that the wives of men serving with the Colours commenced to receive their proper separation allowances, and, in part, to a number of withdrawals in consequence of wage-earners having resumed work full time.

In accordance with Parliamentary powers, the Committee tried, during the Autumn and Christmas holidays, the experiment of giving free meals during periods other than school sessions.

EXPERIMENTAL FEEDING CENTRE.

In the early part of the year an experimental feeding centre was established at St. Edmund's Hostel, Deritend, with a view of testing, in a practical manner, the respective merits of breakfasts, dinners and evening meals. The meals have been served at three different hours, *i.e.*, breakfast 8.10 a.m.; dinner 12.30 p.m.; evening meal (same as dinner) at 4.45 p.m.

The menu for the breakfast was the same as before, *i.e.* :—

- (1) Half a pint of cocoa, about 5 oz. wholemeal bread, half of which is spread with margarine and the other half with jam, on Mondays and Wednesdays.
- (2) Half a pint of hot skimmed milk, about 7 oz. porridge with treacle or sugar, and about 2 oz. seconds bread and dripping, on Tuesdays, Thursdays, and Fridays.

For dinners and evening meals the following were supplied :—

Mondays	...	Stew	...	...	...	...	Jam Roll
Tuesdays	...	Pea Soup	...	...	...	...	Treacle Roll
Wednesdays	...	Pig's Fry	...	...	...	...	Bread Pudding or Jam Tart
Thursdays	...	Stew	...	...	...	...	Rice Pudding
Fridays	...	Scotch Broth	...	...	...	...	Jam Roll
Saturdays	...	Pea Soup	...	...	...	...	Treacle Roll or Jam Tart
Sundays	...	Stew	...	...	...	...	Rice Pudding

N.B.—Sufficient Bread to be supplied each day.

The experimental centre was opened on the 2nd of March, 1914, and, at the time of writing, is still in existence.

Since my appointment I have visited the Centre from time to time, and have witnessed the preparation and provision of breakfasts, dinners and evening meals. With regard to the food provided for breakfasts, I am satisfied that it is suitable, and the cocoa made with skimmed milk is, in my opinion, an excellent drink. At this Centre the serving left nothing to be desired. For the mid-day meal I have nothing but praise. All the children appeared to enjoy it thoroughly, and there was practically no waste. I have recently submitted to the Provision of Meals Sub-Committee a detailed report, making various suggestions, which will doubtless receive consideration.

The Assistant School Medical Officers are given to understand that it is part of their duty to visit the various free-meal distribution centres from time to time, and they are encouraged to report upon such visits.

CONCLUSION.

In presenting this Report, I am only too conversant with its demerits, and for them take all responsibility with regret. My main plea for leniency in its consideration is that I was responsible for the work above recorded for a short period only.

For the efficient manner in which the work detailed in this Report has been done I am indebted to my professional co-workers in the School Medical Service here, and to them I tender my grateful thanks.

Not least have I to thank Mr. Lackey, the Clerk to the Hygiene Sub-Committee, for his invaluable help, not only in the preparation of the Report, where his assistance has been great, but also in the carrying on of the whole routine and administrative work of the Sub-Committee.

REPORT ON MEDICAL INSPECTION
OF
CHILDREN ATTENDING THE SPECIAL SCHOOLS
FOR THE YEAR 1914.

MENTALLY-DEFECTIVE.

(See Table I.)

Four hundred and twelve cases were examined in 1914, and the results on the whole were fairly satisfactory. There were fewer bad boots and clothes than in 1913, but, on the other hand, there were fewer good ones, leaving more indifferent garments than in the previous year. The general nutrition of the children was at a lower level than in 1913. In spite of all the efforts of the Health Authorities and the teachers, verminous children were in greater number than in 1913. Bad teeth, as usual, head the list of defects, which is not surprising, as, unfortunately, mentally-defective children do not come within the scope of the school dentist, although they suffer as much from toothache as the normal child.

A good number of parents attended the examinations and showed interest in the welfare of their children, but though they listen, and apparently agree to all that is said, very few of them take any steps to have the treatment advised carried out. The Special Schools are badly in need of a nurse of their own to follow up cases and to carry out simple treatment.

I have found more lung and heart diseases among the children than last year, and many have been notified to the Medical Officer of Health.

As in former years, I have been well assisted by the bath attendants and the head mistresses.

PHYSICALLY-DEFECTIVE.

(See Tables II. and III.)

Here, as before, tubercular diseases account for the greater number of children certified, infantile paralysis and rickets coming second and third. The clothing and boots of these children are usually much better than those of the mentally-defective. Although these children do come under the operation of the dental scheme there are still many bad teeth among them. However, the school dentist makes periodical visits to the Schools, so that as many as possible are treated.

Verminous children are rare in these Schools. On the whole, their parents are cleaner and more intelligent than those of the mentally-deficient.

As usual, every assistance was rendered by mistresses and school nurses, who take a keen interest in the work, and in many instances the nurses are able to follow up the cases and to induce the parents to adopt the treatment suggested.

DEAF.

(See Table IV.)

Seventy-five children were examined in the Schools for the Deaf in 1914. The results on the whole were very satisfactory. The greater number of these children were well nourished and well clothed.

There are a good many cases of discharging ears at Gem Street which require regular treatment, and as the school clinic is already over-worked the need of a school nurse of our own, for Special Schools only, is much felt here. Cases which ought to be treated every day are now treated occasionally once a week and sometimes not that.

Bad teeth are, as usual, in large numbers, but as deaf children are treated by the school dentist many of these have been, or will be, attended to.

Cleanliness has much improved. Not one case of vermin was found in the children examined in either of the two Schools and only four cases of nits.

The attendants and teachers rendered every assistance and were much interested in the results of the examination. A good many mothers attended.

PARTIALLY-BLIND.

(See Table V.)

There are now two sets of the above to be examined, as the Whitehead Road Day School for the Partially-Blind was opened in October.

Except that all these children suffer from a severe lack of vision their condition compares very favourably with that of other defectives. Nutrition, clothing and boots are good in the majority of cases. A large proportion suffer from bad teeth, but some have been, and the others will be, treated by the school dentist.

Many of them suffer from eye defects in addition to their lack of vision, but all are under the direct supervision of the school oculist and have received, or are receiving, the necessary treatment.

At the Royal Institution for the Blind, I was ably assisted by the Head Mistress and the Head Master, and by Miss Rogers, the attendant. At Whitehead Road there was no assistant, but most of the children were able to manage for themselves with a little kind help from the Mistress, Miss Rothwell.

A good many parents attended and showed much interest in the examination.

There were no verminous children amongst those examined.

C. E. O'CONNOR, M.B., Ch.B.,

Superintendent of Special Schools.

March, 1915.

SPECIAL SCHOOLS MEDICAL INSPECTION, 1914.

TABLE I.

MENTALLY-DEFECTIVE.

Number examined 412.

Defective Teeth	...	...	...	...	...	259
Enlarged Tonsils	...	...	...	...	...	61
Defective Vision (197 examined)	...	...	...	...	...	60
Defective Speech	...	...	...	...	...	57
Defective Hearing	...	...	...	...	...	42
Chronic discharge from Nose	...	...	...	...	...	41
Nits in hair	...	...	...	...	...	28
Verminous	...	...	...	...	...	25
Discharging Ears	...	...	...	...	...	22
Eye Defects, apart from Vision	...	...	...	...	...	20
Lung Diseases	...	...	...	...	...	17
Skin Diseases	...	...	...	...	...	13
Squint	...	...	...	...	...	12
Heart Diseases	...	...	...	...	...	11
Paralysis	...	...	...	...	...	11
Rickets	...	...	...	...	...	5
Epilepsy	...	...	...	...	...	2

			Nutrition.		Clothes.		Boots.
Good	...	...	137	...	184	...	205
Fair	...	...	184	...	151	...	101
Bad	...	...	91	...	77	...	106

Parents present	...	...	...	...	...	185
Advice given	...	...	...	...	...	80

TABLE II.

PHYSICALLY-DEFECTIVE.

Number examined 124.

*Diseases for which certified.**Tuberculous.*

Spinal Disease	...	...	...	...	...	19
Hip-joint Disease	...	...	...	...	...	17
Knee-joint Disease	...	...	...	...	...	12
Amputations due to tubercle	...	...	...	...	...	2
Tubercle of Ankle-joint	...	...	...	...	...	2
Tubercle of Thigh Bone	...	...	...	...	...	1

Total of tuberculous cases ... 53

Non-Tuberculous.

Infantile Paralysis	...	...	...	...	27
Rickets	...	...	...	...	16
Spastic Paralysis	...	...	...	...	8
Congenital Dislocation of the Hips	...	...	...	...	5
Talipes (Club-foot)	...	...	...	...	5
Hemiplegia (paralysis of one side)	...	...	...	...	2
Other forms of paralysis	...	...	...	...	2
Heart Disease	...	...	...	...	2
Severe Burns	...	...	...	...	1
Fragilitas Ossium (brittle bones)	...	...	...	...	1
Spinal Curvature	...	...	...	...	1
Deformity of Arms	...	...	...	...	1
Total of non-tuberculous cases					71

TABLE III.

PHYSICALLY-DEFECTIVE.

Number examined 124.

Intercurrent Affections.

Defective Teeth	...	...	...	...	75
Enlarged Tonsils	...	...	...	...	20
Defective Vision (73 examined)	...	...	...	...	18
Defective Hearing	...	...	...	...	13
Lung Diseases	...	...	...	...	11
Nits in head	...	...	...	...	9
Speech Defects	...	...	...	...	9
Eye Defects, apart from Vision	...	...	...	...	8
Discharging Ears	...	...	...	...	4
Heart Disease	...	...	...	...	3
Chronic discharge from Nose	...	...	...	...	3
Squint	...	...	...	...	2
Verminous	...	...	...	...	1
Skin Disease	...	...	...	...	1

			Nutrition.		Clothes.		Boots.
Good	...	...	26	...	73	...	67
Fair	...	...	52	...	34	...	35
Bad	...	...	46	...	17	...	22

Parents present	...	...	...	...	...	87
Advice given	...	...	...	...	...	29

TABLE IV.

DEAF.

Number examined 75.

Defective Teeth	...	...	...	...	45
Defective Vision (49 examined)	...	...	...	...	14
Lung Diseases	...	...	...	...	8
Discharging Ears	...	...	...	...	7
Chronic discharge from Nose	...	...	...	...	7
Enlarged Tonsils	...	...	...	...	5
Nits in Head	...	...	...	...	4
Eye Defects, apart from Vision	...	...	...	...	2
Heart Disease	...	...	...	...	2
Rickets	...	...	...	...	1
Paralysis	...	...	...	...	1
Skin Disease	...	...	...	...	1

			Nutrition.		Clothes.		Boots.
Good	...	...	35	...	54	...	54
Fair	...	...	32	...	17	...	12
Bad	...	...	8	...	4	...	9

Parents present	...	...	...	...	...	30
Advice given	...	...	...	...	...	15

TABLE V.

PARTIALLY-BLIND.

Number examined 30.

Defective Teeth	...	...	...	...	19
Eye Defects, apart from Vision	...	...	...	...	7
Squint	...	...	...	...	3
Lung Diseases	...	...	...	...	3
Nits in Head	...	...	...	...	2
Enlarged Tonsils	...	...	...	...	2
Discharge from Ears	...	...	...	...	1
Defective Hearing	...	...	...	...	1
Chronic discharge from Nose	...	...	...	...	1
Heart Disease	...	...	...	...	1
Rickets	...	...	...	...	1

			Nutrition.		Clothes.		Boots.
Good	...	...	10	...	22	...	22
Fair	...	...	15	...	5	...	7
Bad	...	...	5	...	3	...	1

Parents present	...	...	...	...	...	20
Advice given	...	...	...	...	...	4

