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County Borough.**

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County Borough of Burton upon Trent.

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EDUCATION COMMITTEE.

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# ANNUAL REPORT

UPON THE  
SCHOOL MEDICAL SERVICE

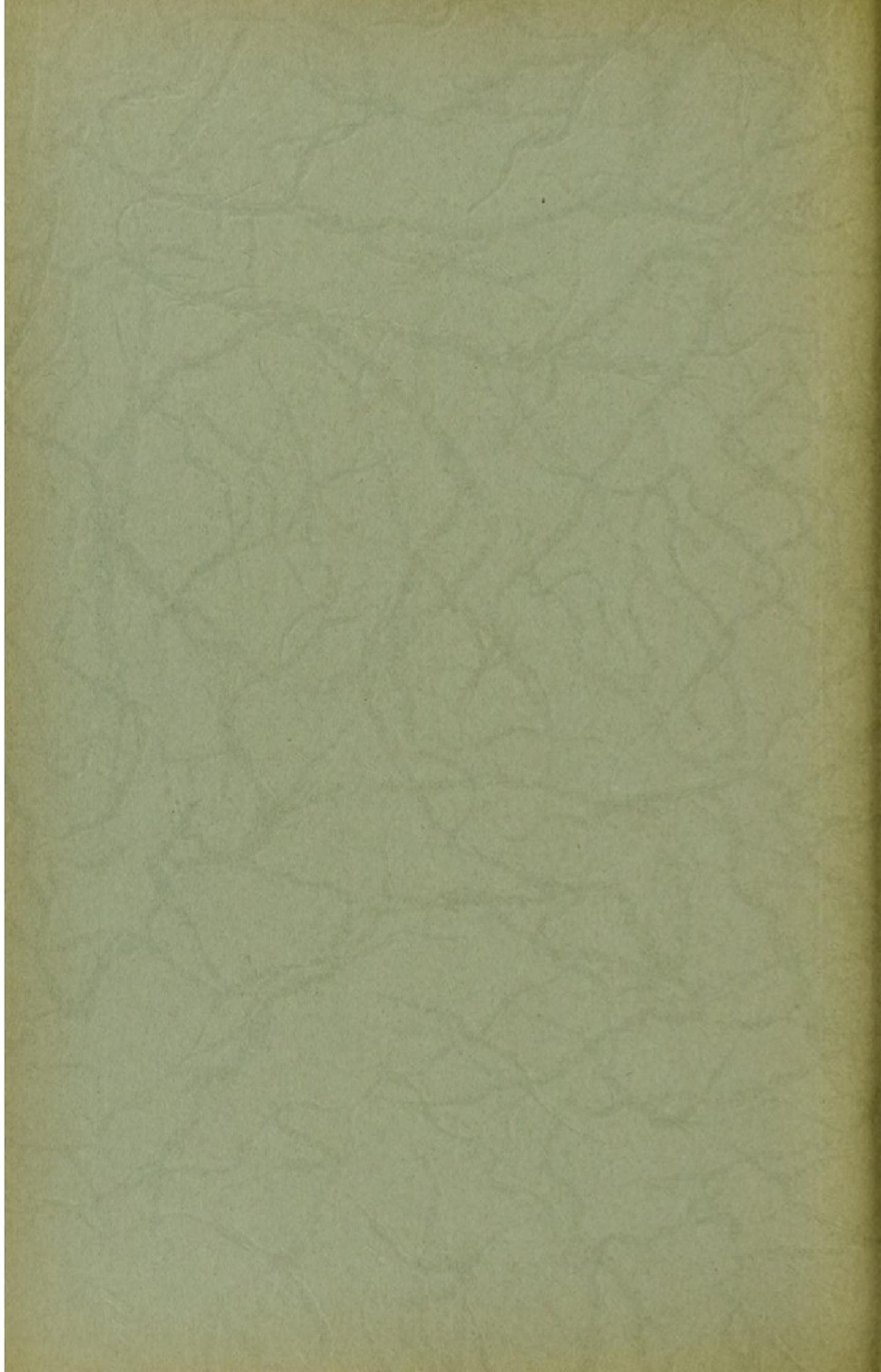
FOR THE YEAR 1934,

BY

**JAMES M. COWIE,**

M.D., D.P.H.,

SCHOOL MEDICAL OFFICER.





County Borough of Burton upon Trent.

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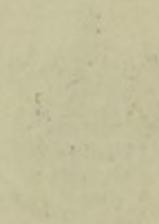
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THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

ANNUAL REPORT

SCHOOL OF CHEMICAL ENGINEERING

JAMES H. GOWIE

DEPARTMENT OF CHEMISTRY

## Staff of the School Medical Service.

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School Medical Officer :

JAMES M. COWIE, M.D., Ch.B., D.P.H.

Assistant School Medical Officer :

GEORGE F. BRAMLEY, M.D., Ch.B., D.P.H.

Orthopædic Surgeon :

J. H. MOIR, D.S.O., M.C., M.D., Ch.B., D.P.H.

(Part Time).

School Oculist :

EDWIN R. JAGGER, M.R.C.S., L.R.C.P., D.O.M.S.

(Part Time).

School Dentist :

Miss J. H. W. HEPBURN, L.D.S.

School Nurses :

Miss M. E. COLEMAN, Certified and Registered Nurse and Certified Midwife.

Miss W. JAMES, Certified and Registered Nurse and Certified Midwife.

School Dental Nurse :

Miss M. MOORE, Certified and Registered Nurse and Certified Midwife.

Masseuse at Orthopædic Clinic :

Miss M. J. W. ABBOTTS

Cert. Ch. Soc. of Massage and Medical Gymnastics and M.E.

(Part Time).

Clerk :

Miss G. BAKEWELL.

Staff of the School of Medicine

Dean of the School

Chairman of the Board

President of the University

Faculty of the School

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# Annual Report of the School Medical Officer.

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TO THE LOCAL EDUCATION AUTHORITY,  
BURTON UPON TRENT.

I herewith present the Annual Report of the School Medical Service for the year 1934.

The report shows an analysis of the findings of medical inspection of school children and of the treatment given by the school medical service.

The general standard of the health of the school children remains good, and there were no outstanding epidemics except for the expected large number of cases of measles. In children of school age, however, the disease is usually less severe than before the age of five. The few cases of Diphtheria which occurred were still of the severe type and this opportunity ought to be taken to advise parents to have their children protected against this dangerous disease. The Health Committee have made arrangements for Diphtheria Immunisation to be available for all children in the Borough whose parents desire it and full information will be given to parents on application at any of the Clinics. As the protection takes some time to develop it would be unwise to wait until an epidemic begins and advice should be sought in the very near future.

1. **Staff.** There were no changes in the staff of the School Medical Service during the year 1934.

2. **Co-ordination.** There have been no administrative changes in the School Medical or other Health services during the year and the share taken by the School Medical Officer and his assistant in all the health services in the Borough facilitates all the administrative and clinical work.

Full co-ordination continues to exist with the general practitioners the staffs of institutions, the Certifying Factory Surgeon and the Voluntary Associations of the area whose liberal co-operation is hereby acknowledged with many thanks.

3. **School Hygiene.** The new school in Clarence Street is still awaited to relieve the overcrowding in the Uxbridge Street and Christ Church Schools. The Horninglow Schools are also in danger of becoming overcrowded in view of the opening out of Harper Avenue but perhaps the provision of new houses in other parts of the town will preclude the danger. Few of the schools in the Town could in view of their age be considered to meet the latest type of modern hygienic requirements, but from their condition and the study of the children who use them they may be considered to be adequate.

4. **Medical Inspection.** The age groups inspected during the year 1934 were those required by the Board of Education :—

1. Entrants—children admitted during the year.
2. Intermediates—children in their 9th year.
3. Leavers—children in their 13th year.

Also special cases referred for examination for some defect by their parents or teachers.

Reinspection of children found at a previous inspection to be defective was carried out each term.

The number of routine inspections in all groups was 2,494, a decrease in all groups, but chiefly in the "leavers." This will continue to be evident in the next few years due to the fall in the birth rate since the early years after the Great War.

In 1934 the average number of children on the school roll was 7,889 and the average number in attendance 7,111.

The School Nurses made 24,425 examinations during 13 visits to each school. These general inspections are made for detection of uncleanliness and skin diseases, for hygienic advice to scholars and teachers and the following up of the results of treatment and advice given by them and the School Medical Officers to parents.

(b) **Uncleanliness.** 614 children were discovered to be in an unclean condition, resulting in 734 exclusions during the year. These numbers show a welcome decrease, but as uncleanliness is a condition which should not occur there still remains room for improvement.

The presence of " nits " in the head must be recognised as the eggs of vermin and not " dead things." The " nits " mean that the head louse has been in the hair to lay them and if left more vermin will appear.

(c) **Minor ailments and diseases of the skin.** 938 cases were found to require treatment for these conditions at Routine, Special and General Inspections of which 6 were scabies (including 4 cases in one family). There were 96 cases of skin disease other than scabies which were referred for treatment from Routine and Special Inspections.

(d) **Visual defects and external eye disease.** There were 334 cases of external eye disease found to require treatment, 15 at routine Inspections and 144 at special inspections. As in 1933 there was an increased number of cases of conjunctivitis but none of these could be attributed to attendance at the Swimming Baths. Communal use of face towels was suspected and teachers and parents should warn the children of this dangerous practice. Many cases were of the angular type and its contagious nature was observed, though it never assumed epidemic form.

162 cases of defective vision (including 11 cases of squint) from routine inspections were referred to the ophthalmic surgeon for further examination and his report will be found under Section 8c 11.

(e) **Nose and throat defects.** 39 cases of Tonsillar and/or adenoid inflammation and enlargement were referred from Routine inspection for treatment and 15 from special inspection. Careful assessment for the need for operative treatment was made in each case and in many it was only after a referred period of 3 months that a positive decision was made. After watching for this period or longer many children were found to require no treatment on account of absence of symptoms of sepsis or obstruction.

(f) **Ear disease and defective hearing.** 48 cases of defective hearing were noted at routine and special inspections of which 26 were due to wax impaction. All cases of defective hearing are referred to the School Clinic for further investigation and treatment if necessary. The number of cases of otorrhoea was 65. This is a condition which may lead to permanent deafness and parents are urged to obtain early treatment. There were more cases of otorrhoea during 1934 which is probably coincident with an increase of Streptococcal infections such as Scarlet Fever in 1934 over 1933.

(g) **Dental defects.** 7,257 children were examined at School Dental inspections, 4,463 (61.9%) being referred for treatment, of these 2,341 were treated at the School Dental Clinic.

(h) **Orthopaedic and postural defects.** The type and number of cases referred to the Orthopaedic Surgeon has not differed materially from last year. The early detection of this type of case and early and preventive treatment is one of the successes of preventive medicine as witnessed by the fewer really bad cripples seen in the schools.

(i) **Heart Disease and Rheumatism.** Below is a table taken from the Rheumatism register. Children with a history of Chorea, Rheumatic Fever, or minor manifestations of Rheumatism, are referred for 3-monthly observation, or treatment if necessary.

#### CHILDREN SUFFERING FROM HEART OR RHEUMATIC DISEASES.

	Males	Females	Total
Congenital heart disease ... ..	2	3	5
Acquired heart disease			
(1) With no antecedent rheumatism ...	10	12	22
(2) Following Chorea ... ..	3	9	12
(3) Following sub-acute or chronic rheumatism ... ..	8	9	17
(4) Following rheumatic fever ... ..	—	4	4
No signs of heart disease but			
(1) History of Chorea ... ..	4	8	12
(2) History of rheumatic fever ... ..	1	1	2
(3) History of sub-acute or chronic rheumatism ... ..	14	11	25
	42	57	99
	—	—	—

(j) **Tuberculosis.** Five cases of non-pulmonary tuberculosis were found at inspection to require treatment and nine to require no treatment but to continue under observation.

One case of pulmonary tuberculosis was found at routine inspection, a case of epituberculosis. This is a condition of reaction of the lung to a tuberculous infection as shown by gross X-ray changes and marked physical signs but in which the child's health is not affected, but should a second infection follow, grave results may ensue. This child has had a period of open air treatment and efforts are being made to build up his bodily condition and keep him from any obvious forms of tuberculosis.

The system has been continued of examining child contacts of pulmonary tuberculosis each term and these children have been the subject of a special investigation by the Assistant School Medical Officer in his joint role as Assistant Tuberculosis Officer—see Section 19.

(k) **Crippling defects.** Fewer new names were added to the Physically defective Register in 1934 than in 1933, but that year an unusually large number were added because of the stricter definition of "a crippled child" as recommended by the Board of Education.

	Number added in 1934	Total number on Register
Organic Heart Disease (compensation not fully acquired) ... ..		
(a) Congenital ... ..	1	2
(b) Acquired ... ..	4	19
Tuberculosis of Bones and Joints ...	3	6
Tuberculosis of Other parts ... ..	9	17
Deformities following Poliomyelitis ...	0	12
Defective Vision (High Myopia, etc.) ...	2	16
Defective hearing ... ..	0	7
Congenital deformities ... ..	0	10
Miscellaneous ... ..	0	6
	—	—
	19	95
	—	—

## Exclusions from School.

						No. of exclusions
Uncleanliness	...	...	...	...	...	734
Skin Diseases—Impetigo and Sores	...	...	...	...	...	181
	Scabies	...	...	...	...	6
	Ringworm : Scalp	...	...	...	...	4
		Body	...	...	...	4
	Herpes	...	...	...	...	16
	Miscellaneous Dermatitis	...	...	...	...	9
Ear Diseases—Otorrhoea	...	...	...	...	...	37
	Furunculosis	...	...	...	...	4
Eye Diseases	Keratitis and Corneal Ulcers	...	...	...	...	7
	Conjunctivitis	...	...	...	...	199
	Blepharitis and Hordeola	...	...	...	...	11
	Myopia	...	...	...	...	2
Throat	Tonsillitis and Sore Throat	...	...	...	...	44
	Enlarged Glands	...	...	...	...	8
Other Diseases	Bronchitis	...	...	...	...	6
	Rheumatism and Chorea	...	...	...	...	9
	Tuberculosis	...	...	...	...	10
	Epilepsy	...	...	...	...	2
	Miscellaneous	...	...	...	...	85
Total						<hr style="width: 100%;"/> 1378 <hr style="width: 100%;"/>

**Infectious Diseases.** A table of the common infectious diseases and their distribution throughout the schools is presented below :

### SCHOOLS AND INFECTIOUS DISEASES

SCHOOL.	Whoop- ing Cough.	Chicken Pox.	German Measles and Measles.	Scarlet Fever.	Diph- theria.	Mumps.
Winshill .. .. .	7	3	11	6	5	0
Horninglow .. .. .	34	13	65	7	11	2
Broadway .. .. .	1	18	7	7	2	2
Mission Room, Stapenhill ..	1	48	46	0	0	0
Victoria Road .. .. .	17	23	53	6	2	1
Grange Street .. .. .	25	61	55	7	3	1
Holy Trinity .. .. .	2	8	17	5	4	0
Christ Church .. .. .	10	3	29	2	7	2
Shobnall Road .. .. .	2	0	1	3	0	9
Hill Street and St. Peter's Street	5	16	60	2	2	2
Guild Street .. .. .	0	1	3	7	0	0
Wetmore Road .. .. .	5	1	11	5	1	4
Uxbridge Street .. .. .	1	38	24	14	1	3
St. Modwen's .. .. .	3	6	7	0	2	1
Goodman Street and Stafford St.	14	7	2	11	6	0
High School (Girls) .. .. .	0	0	0	1	0	0
Grammar School .. .. .	0	0	0	0	0	0
No School .. .. .	44	39	106	40	11	4
Private School .. .. .	0	1	0	0	0	0
Bond Street .. .. .	1	3	30	1	1	0
Totals ..	172	289	527	124	58	31

1934 was a " peak " year for measles which shows a biennial increase, there were few cases in 1933 and few are expected in 1935. There were no deaths amongst school children from this disease, but to their younger sisters and brothers to whom they may carry it, it is of course a very dangerous but often neglected disease. There were few cases of diphtheria throughout the year, but these were of the severe " gravis " form. Towards the end of the year there was a minor local prevalence in the Horninglow District. Home contacts were excluded until a negative nose and throat swab had been obtained from them. A visit to one school in this area detected three cases of untreated nasal diphtheria who might well have been responsible for many more and severer forms.

There were an increased number of cases of Scarlet Fever and of Whooping Cough.

Of the lesser ailments, both mumps and chicken-pox began to decrease in number towards the end of the year.

#### VACCINATION TABLE, 1934.

Age Period.	Unvaccinated per cent.	Vaccinated per cent.	
		Under 4 Marks.	4 or more Marks.
Entrants ..	78·0	14·5	7·5
Intermediates	64·6	8·6	26·8
Leavers ..	69·9	6·0	24·1

The percentage of unvaccinated children continues to increase.

6. **Following up.** This essential part of the service necessitated 113 home visits by the School Nurses. These visits are of great importance and usually it is possible to have the full co-operation of the parents for their children's welfare without the necessity for these visits. The School Nurses made 109 visits for other purposes.

Where full co-operation for the child's welfare is not given, I have to thank the Local Inspector of the National Society for the Prevention of Cruelty to Children. The willing help of this officer usually produces an immediate anxiety on the part of the parents to provide the treatment required for their children.

Below is a summary of the Inspector's visits in connection with the School Medical Service.

Failure to provide spectacles	...	...	...	32
Failure to provide treatment for				
Defective vision	...	...	...	4
Impetigo	...	...	...	1
Dental defects	...	...	...	7
Malnutrition	...	...	...	1
Miscellaneous	...	...	...	5
				—
		Total	...	50
				—

The number of children affected was 60. All the above cases except one, which was not pressed and one in course of completion were brought to a successful issue.

## 7. Arrangements for Treatment.

(a) **Malnutrition.** This is dealt with under Section 11.

(b) **Uncleanliness.** The majority of the children excluded for uncleanliness are certified as fit to return to school within 48 hours, the parents having cleansed the child. There are a few chronic cases whose parents make little or no effort and a warning by the Committee is required, this usually results in the child appearing in a clean condition and being allowed to return to school.

(c) **Minor ailments and diseases of the skin.**

837 cases attended the School Clinic for treatment whilst 101 obtained treatment from other sources. This resulted in 9,980 attendances at the school clinic for the treatment of these minor conditions. 184 were cases of skin disease including six cases of scabies.

(d) 1. **External Eye disease.** 293 cases chiefly of conjunctivitis were treated at the School Clinic, whilst 41 were treated elsewhere, the majority at the Burton upon Trent Infirmary Eye Department and these were usually the most severe type.

(d) 11. Ophthalmic Report by the School Oculist. Edwin R. Jagger, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.O.M.S. (Lond.)

**Report on School Eye Clinic.** The work of the School Eye Clinic has been carried on smoothly during the year ending 31st December, 1934. In taking a survey of the class of cases dealt with, there is to be found an increasing number of children referred by the teacher or parent where some abnormality of the eyes is suspected. Often it is a squint which is believed to be present. Many of these cases are found not to be so afflicted. It would appear that a greater interest is being stimulated in the well being and care of children's eyes.

With regard to children actually suffering from one or other type of squint, there is apparently an increasing number.

#### TREATMENT OF DEFECTIVE VISION, 1934.

Total number of children attending refraction clinics	325*
Total number of attendances ... ..	914
Number prescribed glasses ... ..	277‡
Number referred to Infirmary ... ..	4
Number found not to require glasses ... ..	28†
Present glasses suitable ... ..	2

\* Includes 9 Secondary School children.

‡ Includes 8 Secondary School children.

† Includes 1 Secondary School child.

#### ANALYSES OF FINDINGS.

Hypermetropia ... ..	29
Hypermetropic Astigmatism ... ..	126
Myopia ... ..	33
Myopic Astigmatism ... ..	63
Mixed Astigmatism ... ..	8
Marked Anisometropia ... ..	9
Squint and Hypermetropia ... ..	14
Squint and Hypermetropia Astigmatism ... ..	4

(e) **Nose and Throat defects.** Operative treatment for Enlarged Tonsils and Adenoids is not provided by the Local Education Authority, there being adequate facilities for this through the Burton upon Trent General Infirmary and private practitioners. Through the courtesy of the Infirmary Authorities, I am able to state that 86 operations upon school children for enlarged tonsils and adenoids were performed during 1934 as against 77 in 1933 and 129 in 1932.

Each case is seen at medical re-inspection after the operation and again as often as may be necessary to judge the results of the treatment.

(f) **Ear disease and defective hearing.** The Assistant Medical Officer continues to carry out the treatment necessary for Acute and Chronic Otorrhoea in those cases not judged as requiring operative treatment. Cases coming for treatment early, have on the whole been rapidly cured but there are a few old attenders who have had much treatment including Zinc Ionisation in earlier years on several occasions. Improved and quicker results have been obtained since the adoption early in 1934 of the use of a 0.75% of resublimed iodine in boric acid powder instilled by a powder blower after thoroughly cleansing the ear of the old discharge.

The tabular list shows the results of treatment.

	1933	1934
Number of ear examinations ... ..	821	1216
(1) Minor Conditions		
Wax Impaction ... ..	31	32
Catarrhal Deafness ... ..	1	2
Furunculosis ... ..	6	3
Foreign body removed ... ..	1	0
Otitis Externa ... ..	3	1
	—	—
	42	38
	—	—

(2) Otorrhoea. Results of Treatment.	1933	1934
Routine Treatment.		
Ears dry ... ..	33	46
Improved (still attending) ... ..	11	10
No effect ... ..	0	0
Ceased attending ... ..	2	3
Transferred to private doctor ... ..	2	1
Transferred to Infirmary ... ..	4	5
	—	—
	52	65
	—	—

(g) **Dental Defects.** 2341 children obtained treatment at the School Dental Clinic, 189 administrations of nitrous oxide gas anaesthesia being required for extractions.

(h) **Orthopaedic and Postural Defects.**

The Orthopaedic Clinic has continued to increase its work under its present cramped conditions and those in charge are looking forward to the transfer to Cross Street where with more space and suitable equipment this important and increasing work can be continued.

The following table shows the number of cases dealt with during the year :—

	Number of new cases.	Total Number of attendances.
Health ... ..	4	77
Maternity and Child Welfare ...	6	22
Education ... ..	28	3142

**Results of operative treatment.** The following summary gives brief details of the results of cases sent for operative treatment to Orthopaedic Hospitals in previous years.

**REPORT ON THE PRESENT CONDITION OF CASES  
SENT BY THE EDUCATION COMMITTEE TO  
ORTHOPAEDIC HOSPITAL, AT COLESHILL  
IN PREVIOUS YEARS.**

Initial and age of patient.	Date Sent.	Condition for which sent.	Present Condition.
P. aged 8 yrs.	1928	Calcaneo cavus.	Walks well, working.
M. aged 13 yrs.	1928	Infantile Paralysis right leg.	Working and walks well.
B. aged 7 yrs.	1928	Infantile Paralysis right leg.	Improved. Still attends for treatment.
G. aged 14 yrs.	1928	Infantile Paralysis both legs.	Improved.
M. aged 6 yrs.	1928	Infantile Paralysis right leg.	Improved.
H. aged 6 yrs.	1930	Infantile Paralysis right leg.	Improved.
H. aged 6 yrs.	1928	Infantile Paralysis both legs.	Walks well without irons.
D. aged 11 yrs.	1928	Infantile Paralysis both legs.	Walks well, working.
B. aged 6 yrs.	1931	Infantile Paralysis both legs.	Walks well, working.
B. aged 6 yrs.	1928	Infantile Paralysis right leg.	Condition very good.
J. aged 7 yrs.	1930	Infantile Paralysis right leg.	Almost normal.
J. aged 7 yrs.	1928	Congenital double club foot.	Walks well.
J. aged 7 yrs.	1929	Congenital double club foot.	Walks well.
J. aged 7 yrs.	1932	Congenital double club foot.	Walks well.
F. aged 9 yrs.	1929	Infantile Paralysis left leg and left arm. Father refused further treatment.	Condition relapsed.
F. aged 9 yrs.	1931	Infantile Paralysis left leg and left arm. Father refused further treatment.	Condition relapsed.
F. aged 9 yrs.	1932	Infantile Paralysis left leg and left arm. Father refused further treatment.	Condition relapsed.
W. aged 6 yrs.	1929	Infantile Paralysis right leg. Mal-united fracture of forearm.	Improved.
W. aged 6 yrs.	1930	Infantile Paralysis right leg. Mal-united fracture of forearm.	Almost normal.
W. aged 6 yrs.	1932	Infantile Paralysis right leg. Mal-united fracture of forearm.	Almost normal.
W. aged 6 yrs.	1933	Infantile Paralysis right leg. Mal-united fracture of forearm.	Almost normal.
A. aged 12 yrs.	1929	Infantile Paralysis right leg.	Condition very good.
G. aged 9 yrs.	1929	Infantile Paralysis left leg.	Walks well.
G. aged 10 yrs.	1929	Infantile Paralysis left leg.	Walks well.
G. aged 10 yrs.	1930	Infantile Paralysis both legs.	Walks badly but improved slightly since operation.
B. aged 14 yrs.	1930	Infantile Paralysis right leg.	Working, walks well.

Initial and age of patient.	Date Sent.	Condition for which sent.	Present Condition.
S. aged 12 yrs.	1930	Infantile Paralysis right leg.	Improved but still walks badly, working.
M. aged 9 yrs.	1931	Congenital spastic Diplegia.	Relapsed. Referred to Coleshill again.
J. aged 9 yrs.	1931	Infantile Paralysis right leg.	Walks well.
S. aged 10 yrs.	1931	Kyphosis Scoliosis.	Condition relapsed.
S. aged 11 yrs.	1931	Club Foot.	Cured.
B. aged 8 yrs.	1931	Wry neck.	Cured.
B. aged 5 yrs.	1932	Spastic condition, calf muscles of both legs.	Improving but slow.
M. aged 14 yrs.	1933	Multiple Arthritis.	Improving slightly.
C. aged 14 yrs.	1933	Curvature of the spine.	Much improvement.
S. aged 13 yrs.	1933	Wry neck.	Working, much improved.
B. aged 11 yrs.	1933	Injury to right arm involving ulnar nerve.	Improvement slight.

### Hospital Treatment.

Cases requiring operative treatment are referred from the Orthopaedic Clinic to the Warwickshire Orthopaedic Hospital for Children at Coleshill. Two new cases were sent during 1934 and in all six children were treated at Coleshill, one case remained there on the 31st December, 1934.

(i) **Heart Disease and Rheumatism.** Treatment for these conditions is required to be provided by the parents but it is realised that in many cases the care provided is inadequate and parents are again urged to provide medical attention even for what to them may appear trifling, for example "growing pains," repeated mild attacks of tonsillitis and jerky movements. These are often manifestations of Subacute Rheumatic infection and unheeded in a child who does not obtain a large amount of rest, may lead to damage of the heart and chronic invalidism.

PERCENTAGE OF PARENTS PRESENT AT ROUTINE  
INSPECTIONS, 1934.

School	Infants	Intermediates		Leavers		Total
		Boys	Girls	Boys	Girls	
Bond Street ..	86.7	50.0	77.8	—	—	75.0
Broadway ..	69.6	40.7	40.7	4.7	8.7	35.9
Christ Church ..	77.5	47.1	37.1	20.5	13.6	47.3
Goodman and Stafford St. ..	74.5	23.5	50.0	—	15.2	31.3
Grange St. ..	78.3	32.3	48.4	—	—	55.6
Guild St. ..	—	—	—	19.6	24.4	21.9
Holy Trinity ..	90.0	53.9	26.7	—	—	60.4
Horninglow ..	80.0	44.0	44.7	—	—	60.5
Shobnall ..	65.2	50.0	33.3	0.0	0.0	41.8
Stapenhill ..	79.4	61.2	57.7	2.3	46.2	52.6
Stap'nhill Miss'n Room ..	82.1	—	57.1	—	30.4	66.1
St. Modwen's ..	41.2	60.0	0.0	14.3	15.4	27.7
Uxbridge St. ..	66.3	31.9	46.9	11.8	15.9	35.2
Victoria Rd. ..	84.6	62.5	65.0	0.75	—	34.7
Wetmore Rd. ..	72.2	50.0	55.6	—	—	62.9
Winshill ..	74.6	29.6	55.0	27.3	14.8	48.6

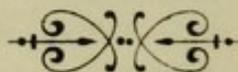
Total Percentage of Infants ...	...	...	75.9
Total Percentage of Intermediates ...	...	...	46.0
Total Percentage of Leavers ...	...	...	13.9

Total Percentage ... 44.0

12. (b) **Co-operation of Teachers.** Without the help of the teachers the School Medical Service would be unable to carry out its work, and their assistance at medical inspections is greatly appreciated. With regard to the early reference of minor maladies and defective children and the following up of cases the teachers perform infinite service and this opportunity is taken of thanking them.

12. (c) **Co-operation of School Attendance Officers.** The reports of these Officers concerning cases of non notifiable disease and the health of the absentees and home histories in difficult cases are exceedingly valuable and the School Medical Service is indebted to them.

12. (d) **Co-operation of Voluntary Bodies.** Burton upon Trent is fortunate in the number and character of its voluntary charitable associations and we wish especially to thank the Children's Care Committee and the "Burton Observer" Uncle Jack Fund for providing seaside convalescent home treatment for children recommended by the School Medical Service and for orthopaedic appliances, the provision of hospital treatment and railway fares to Institutions by the Children's Care Committee and the Voluntary Aid Association.



## CHILDREN'S CARE COMMITTEE.

### Report for 1934.

The Children's Care Committee was re-appointed by the Education Committee in November, 1933, and constituted as follows :— Miss Evershed, Mrs. Lyon, Mrs. Oakden, Mrs. Pidocke, Mrs. Rowland, Mrs. Sanders, Mrs. Slator, Mrs. Templeman, Mrs. Walley and Mrs. Williams.

The Officers were re-elected for 1934 viz. :—

Chairman, Mrs. Oakden; Vice-Chairman, Mrs. Sanders; Hon. Secretary and Treasurer, Miss Evershed.

In July the resignation of Mrs. Lyon was received with sincere regret.

Mrs. Curzon was appointed to the Committee in September.

During the year 92 cases were reported to the Committee and were dealt with as follows :—

* 1.	Girl	aged 9	Sent to Convalescent Home, Rhyl.
2.	Boy	„ 12	do. do. for 2 mths.
3.	Boy	„ 6	do. do.
* 4.	Girl	„ 14	do. do.
5.	Girl	„ 6	do. do. for 2 mths.
6.	Girl	„ 8	do. do. for 2 mths.
* 7.	Girl	„ 12	do. do.
* 8.	Girl	„ 7	do. do.
9.	Girl	„ 12	do. do.
10.	Girl	„ 5	do. do.
11.	Boy	„ 9	do. do. for 2 mths.
* 12.	Girl	„ 13	do. do.
13.	Girl	„ 9	do. do. for 2 mths.
14.	Girl	„ 10	do. do.
15.	Girl	„ 10	do. do.
16.	Girl	„ 9	do. do.
17.	Boy	„ 10	do. do.
* 18.	Girl	„ 13	do. do.
19.	Boy	„ 15	do. Bournemouth.

20.	Boy	„	6	Sent to Convalescent Home,	Rhyl.
21.	Boy	„	13 $\frac{1}{2}$	do.	Bournemouth.
22.	Girl	„		do.	Rhyl.
*23.	Boy	„	12 $\frac{3}{4}$	do.	do.
24.	Girl	„	13	do.	do.
*25.	Girl	„	10	do.	Bournemouth.
26.	Boy	„	8	do.	Southport.
27.	Girl	„	6	do.	Rhyl.
28.	Girl	„	13	do.	do.
*29.	Boy	„	8	do.	do.
30.	Boy	„	10	do.	Southport.
*31.	Boy	„	9	do.	Rhyl.
*32.	Boy	„	9	do.	do.
33.	Boy	„	10	do.	Southport.
34.	Girl	„	14	do.	do.
*35.	Boy	„	7	do.	Rhyl.
*36.	Boy	„	11	do.	do.
*37.	Girl	„	13	do.	do.
38.	Boy	„	8	do.	Southport for 5 wks.
*39.	Boy	„	12	do.	do. do.
*40.	Boy	„	9	do.	do. do.
*41.	Boy	„	11	do.	do. do.
42.	Boy	„	7	do.	do. for 2 mths.
*43.	Boy	„	11	do.	do.
44.	Boy	„	11	do.	do.
45.	Girl	„	13	do.	do.
*46.	Girl	„	6	do.	Rhyl.
47.	Girl	„		Sent to Birmingham Skin	Specialist.
48.	Girl	„		do.	do.
*49.	Girl	„	10	Sent to Convalescent Home,	Rhyl.
*50.	Boy	„	6	do.	do.
51.	Boy	„	10	do.	Southport.
*52.	Boy	„	7	do.	Rhyl.
*53.	Girl	„	11	do.	do.
*54.	Boy	„	8	do.	do.
55.	Girl	„	7 $\frac{3}{4}$	do.	Southport.
*56.	Boy	„	9 $\frac{1}{2}$	do.	Rhyl.

57.	Boy	..	7	Sent to Convalescent Home, Rhyl.
58.	Girl	..	13 $\frac{1}{2}$	do. Southport.
59.	Girl	..	5	do. do.
60.	Boy	..	8	do. do.
61.	Boy	..	7 $\frac{3}{4}$	do. Rhyl.
62.	Boy	..	3	do. do.
63.	Girl	..	10 $\frac{3}{4}$	do. Southport.
*64.	Boy	..	7	do. Rhyl.
*65.	Boy	..	5 $\frac{1}{2}$	do. do.
*66.	Girl	..	10	do. do.
*67.	Girl	..	8	do. do.
68.	Girl	..	14	Recommended for Convalescent Home treatment. Developed illness and was in the Infirmary.
*69.	Girl	..	9	Sent to Convalescent Home, Rhyl.
*70.	Girl	..	13	do. do.
71.	Girl	..	7	do. Southport 2 mths.
72.	Boy	..	5	do. do. do.
73.	Girl	..	11	do. Rhyl.
*74.	Girl	..	10	do. do.
*75.	Girl	..	7	do. do.
*76.	Girl	..	6	do. do.
77.	Boy	..	10	do. do.
*78.	Girl	..	14	do. do.
79.	Boy	..		Provided with Surgical Boot.
80.	Girl	..	7	Recommended for Convalescent Home treatment. Unable to be sent owing to illness.
81.	Girl	..	9	Sent to Birmingham Skin Hospital.
82.	Girl	..	13	Sent to Convalescent Home, Rhyl, for 2 mths.
83.	Boy	..	6	do. do.
84.	Girl	..	6	Recommended for Convalescent Home treatment. Parents did not allow her to be sent.
85.	Girl	..	14	Sent to Convalescent Home, Rhyl.
86.	Girl	..	13	do. do.
87.	Boy	..	7	do. do.

- |      |      |   |                  |                                                                                  |
|------|------|---|------------------|----------------------------------------------------------------------------------|
| 88.  | Girl | „ | 11               | Recommended for Convalescent Home treatment. Unable to be sent owing to illness. |
| 89.  | Boy  | „ | 10 $\frac{3}{4}$ | Sent to Convalescent Home, Bournemouth.                                          |
| 90.  | Girl | „ | 9                | do. Rhyl.                                                                        |
| *91. | Boy  | „ | 8                | do. do.                                                                          |
| 92.  | Boy  | „ | 6                | Under observation and being treated.                                             |

The cases marked \* were sent by the " Burton Observer " Uncle Jack Fund to Convalescent Homes, the Children's Care Committee visiting them, after examination at the Clinic by the School Medical Officer.

The Co-operation of the Voluntary Aid Association in investigating cases where railway fares were required and in advancing these fares is greatly appreciated.

The Mayoress' Needlework Guild again provided garments for necessitous children being sent to Convalescent Homes, thus being of great assistance to the Committee.

The Feoffees gave a grant of £25 and provided 34 tickets for the Rhyl, 19 for the Southport and 3 for the Bournemouth Convalescent Homes. The Committee acknowledge with gratitude this generous help and their constant support in the work.

Phyllis M. Evershed,  
Hon. Sec.

Edith E. Oakden,  
Chairman.

13. **Blind, Deaf, Defective and Epileptic Children.** There is one blind child in the County Borough and 15 partially blind. Four partially blind children are in the Birmingham Royal Institution for the Blind, one in the Kindergarten branch and ten are in public Elementary schools where they are taught by means of a special curriculum. One partially blind child and one blind child are to be admitted to Birmingham Royal Institution for the Blind in January, 1935. There are 2 deaf children, one at a certified school for the deaf and one at no school or institution being still under the age of seven. Five partially deaf children attend public elementary schools.

34 children were examined in 1934 with reference to their mental condition and eight of these were found to be mentally defective, five of whom were notified to the Local Education Authority as unfit for education in a special school or class. These were made up of one idiot, three imbeciles and one moral defective.

There are now 37 feeble minded children in the Borough and 20 attend ordinary elementary schools pending the provision of a special school or class. The remainder below the age of seven and between 14 and 16 years of age are periodically visited by the school nurses.

There are 14 epileptic school children, 13 at Elementary Schools and one at no school.

15. **Nursery Schools.** These are not provided in the Borough.

16. **Secondary Schools.**

#### I. **Medical Inspection.**

The Girls' High School and the Grammar School controlled by the Governors of the Endowed Schools, were inspected three times during the year, the following age groups being examined :—

1. Children on admission.
2. Children at the age of 8 years.
3. Children at the age of 12 years.
4. Children at the age of 15 years.
5. All other children over 12 years were also examined, special attention being paid to defects previously noted.

In addition to the above routine examinations all children with known defects were re-examined to discover if treatment had been adopted, or if the defect had become aggravated.

A table is appended at the end of this report, showing a detailed return of defects found at medical inspections. The principal defects observed were defective vision and dental disease.

## II. **Medical Treatment.**

### (a) Forms of Treatment provided.

The forms of treatment provided by the Local Authority are the same as given in previous reports.

20. **Employment of School Children.** Ninety-one children were certified as fit and 5 were rejected as unfit for employment outside school hours in conformity with the Byelaws. There was no contravention of Bye-laws during the year.

Employment	Boys	Girls	Total
Newspaper delivery ... ..	88	4	92
Errands ... ..	21	0	21
Milk Delivery ... ..	3	2	5
	—	—	—
	112	6	118
	—	—	—

20. **Teacher Bursars.** During 1934 seventeen teacher bursars were examined in connection with their fitness to pursue the vocation of teaching.

19. **Special Enquiry.** An investigation into the Mantoux Tuberculin Intracutaneous Reaction in school children who are, or have been contacts with cases of Pulmonary Tuberculosis by Dr. G. F. Bramley, Assistant School Medical Officer.

It is an accepted fact that the Mantoux intradermal Tuberculin reaction is probably the best of all Tuberculin tests. Its value as an aid to the diagnosis of tuberculosis is accepted if it is used in conjunction with other methods of diagnosis and deductions from it are used intelligently.

As all Burton upon Trent school children who are or have been in contact with a case of Pulmonary Tuberculosis in the home are examined each term in school, this investigation was carried out to determine what proportion of these children had contracted any tuberculous infection, as shown by the tuberculin reaction. This does not mean that they have active Tuberculosis, but that the tubercle bacillus has made its entry into the body at some time. As shown by D'Arcy Hart in his London Investigation in 1929 positive tuberculin reactions are more common amongst children of tuberculous households than amongst those whose homes are free from clinical tuberculosis. The fact that the Assistant School Medical Officer in this Borough is also Assistant Tuberculosis Officer allows of easy collaboration between the two departments and all the tests were made and read at the Tuberculosis Dispensary in normal Dispensary hours. Parents on the whole were anxious to have the test done so that they may be advised as to further home precautions and future care of their child's health. Home contact children seen at school medical reinspections were given an appointment card to attend at the Dispensary with their parent.

The Tuberculin (Human old Tuberculin B.W. & Co.,) used was put up fortnightly in dilutions 1/10,000 & 1/1,000 with 0.5% phenol saline. No control was used and no control series of children were used. The dose used was 0.1 c.c. given intradermally of 1/10,000 dilution, if a negative response was noted when read at three and seven day intervals, a second test dose of 0.1 c.c. of 1/1,000 dilution was injected on the seventh day. The reactions were measured according to size but are here recorded as Positive or Negative. All cases of tuberculosis in the child itself—usually of non-pulmonary tuberculosis—are excluded from this investigation.

Of 96 school children home contacts with a case of Pulmonary Tuberculosis, 78 were positive to 0.1 c.c. 1/10,000 dilution of tuberculin and of the 18 who were negative responders, 17 were submitted to the 1/1,000 test and 14 were positive.

**Home contacts with living or dead cases of  
Pulmonary Tuberculosis.**

Age		4	5	6	7	8	9	10	11	12	13	14	Total
1/10000	+	2	1	1	3	10	15	5	7	17	14	3	78
Tuberculin	—	0	1	0	3	3	1	1	3	2	2	2	18
1/1000	+	0	0	0	1	3	1	1	3	2	2	1	14
Tuberculin	—	0	1	0	2	0	0	0	0	0	0	0	3

When those cases are excluded which have not been in contact with a case of pulmonary tuberculosis with tubercle bacilli in the sputum, it is found that of 76 only 12 are negative to 1/10,000 intra-dermal tuberculin and 64 are positive, of these 12 only 1 is negative to 1/1,000 dilution.

**Home contacts with living or dead cases of Pulmonary  
Tuberculosis who had Positive Sputum.**

Age		4	5	6	7	8	9	10	11	12	13	14	Total
1/10000	+	2	0	1	2	9	10	4	4	17	14	1	64
Tuberculin	—	0	0	0	2	2	1	1	2	2	1	1	12
1/1000	+	0	0	0	1	2	1	1	2	2	1	1	11
Tuberculin	—	0	0	0	1	0	0	0	0	0	0	0	1

The only child to give a negative reaction to 1/1,000 dilution was a girl aged 7 whose contact with a positive case must necessarily have been short as the case was that of a lodger in her home.

It is thus suggested that all children who have been in contact at home with cases of pulmonary tuberculosis whose sputum contained during this time the tubercle bacillus have received some infection. The need for segregation and isolation is once more shown to be obvious. The work of the Tuberculosis Authorities is always to this end and in Burton upon Trent during 1933 further help was given in this direction by the provision of larger houses where there was a tuberculous patient in a house with two bedrooms or less.

The need for constant supervision in these child contacts is also emphasised. During this investigation any child with physical signs in the chest at all suspicious was X-rayed and one child was found to be suffering from Pulmonary Tuberculosis. The children who reacted positively to the test will receive a very careful scrutiny at each succeeding school reinspection in order that any tuberculous condition may be detected early on that prophylactic treatment may be advised.

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Dr. G. F. Bramley, Assistant School Medical Officer, has been responsible for the preparation of this Report, and his assistance in this respect is hereby acknowledged.

J. M. COWIE,

School Medical Officer.

# ELEMENTARY SCHOOLS.

**TABLE 1.**

**RETURN OF MEDICAL INSPECTIONS.**

**Year ended 31st December, 1934.**

**A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed Groups—

Entrants .. .. .	802
Second Age Group .. .. .	789
Third Age Group .. .. .	901
Total .. .. .	2492
Number of other Routine Inspections .. .. .	2

**B.—OTHER INSPECTIONS.**

Number of Special Inspections .. .. .	1307
Number of Re-Inspections .. .. .	8996
Total .. .. .	10303

# ELEMENTARY SCHOOLS.

## TABLE II.

**A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.**

DEFECT OR DISEASE.  (1)	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS		
	No. of Defects		No. of Defects		
	Requiring Treatment.  (2)	Requiring to be kept under observation, but <i>not</i> requiring Treatment.  (3)	Requiring Treatment.  (4)	Requiring to be kept under observation, but <i>not</i> requiring Treatment  (5)	
Malnutrition .. .. .	29	24	23	0	
Skin {	Ringworm—Scalp	0	4	0	
	Body	0	8	0	
	Scabies .. .. .	0	6	0	
	Impetigo .. .. .	5	0	16	
	Other Diseases (Non-tuberculous) ..	6	10	57	7
Eye {	Blepharitis .. .. .	9	0	28	0
	Conjunctivitis .. .. .	6	0	116	0
	Keratitis .. .. .	0	0	0	0
	Corneal Opacities .. .. .	0	1	2	0
	Defective Vision (ex.squint)	97	321	54	40
	Squint .. .. .	5	20	6	8
Ear {	Other Conditions .. .. .	1	3	24	3
	Defective Hearing .. .. .	14	20	12	2
	Otitis Media .. .. .	8	9	57	1
	Other Ear Diseases .. .. .	1	2	10	0
Nose and Throat {	Chronic Tonsillitis only .. .. .	17	106	12	5
	Adenoids only .. .. .	2	2	2	3
	Chronic Tonsillitis and Adenoids .. .. .	20	9	1	1
	Other Conditions .. .. .	2	6	27	9
Enlarged Cervical Glands (Non-Tub.)	2	25	13	4	
Defective Speech .. .. .	0	4	0	1	
Heart and Circulation {	Heart Disease : Organic .. .. .	0	8	3	1
	Functional .. .. .	0	25	1	4
	Anæmia .. .. .	5	2	6	2
Lungs {	Bronchitis .. .. .	4	38	20	3
	Other Non-Tuberculous Diseases .. .. .	0	15	7	5
Tuber- culosis {	Pulmonary : Definite .. .. .	0	1	0	0
	Suspected .. .. .	0	0	0	0
	Non-Pulmonary : Glands .. .. .	1	6	3	0
	Bones and Joints .. .. .	0	3	1	0
	Skin .. .. .	0	0	0	0
	Other Forms .. .. .	0	0	0	0
Nervous System {	Epilepsy .. .. .	0	6	0	4
	Chorea .. .. .	0	3	12	1
	Other Conditions .. .. .	0	23	2	39
Defor- mities {	Rickets .. .. .	0	0	0	0
	Spinal Curvature .. .. .	2	1	0	0
	Other Forms .. .. .	15	16	9	5
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	19	49	109	32	
<b>Total</b>	<b>270</b>	<b>758</b>	<b>651</b>	<b>180</b>	

## ELEMENTARY SCHOOLS.

### TABLE II.—B.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP	Number of Children	
	Inspected	Found to require Treatment
PRESCRIBED GROUPS :—		
Entrants .. ..	802	65
Second Age Group ..	789	74
Third Age Group ..	901	109
Total (Prescribed Groups) ..	2492	248
Other Routine Inspections	2	0
Grand Total	2494	248

BURTON UPON TRENT

**Children Suffering from Multiple Defects,  
1934.**

**MALE at Public Elementary School.**

1. 1. Epileptic and Heart Disease.

**MALES at No School or Institution.**

- 2 1. Feeble minded and Epileptic.
- 3 1. Feeble minded and Epileptic and Spastic Paraplegia.

**FEMALE at Public Elementary School.**

- 4 1. Feeble minded and Epileptic.

**FEMALE at No School or Institution.**

- 5 1. Feeble minded and Epileptic.

## ELEMENTARY SCHOOLS.

### TABLE III.

**Return of all Exceptional Children in the Area for Year 1934.**

		Total
Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease .. .. .		5
<b>Blind Children—</b> A blind child is a child who is too blind to be able to read the ordinary school books used by children.		
	At Certified Schools for the Blind .. .. .	—
	At Public Elementary Schools .. .. .	—
	At other Institutions .. .. .	—
	At no School or Institution .. .. .	1
		1
<b>Partially Sighted Children—</b> Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially Sighted		
	At Certified Schools for the Blind .. .. .	4
	At Certified Schools for the partially Sighted .. .. .	—
	At Public Elementary Schools .. .. .	10
	At other Institutions .. .. .	—
	At no School or Institution .. .. .	1
		15
<b>Deaf Children—</b> A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.		
	At Certified Schools for the Deaf .. .. .	1
	At Public Elementary Schools .. .. .	—
	At other Institutions .. .. .	—
	At no School or Institution .. .. .	1
		2
<b>Partially Deaf Children—</b> Children who can appropriately be taught in a school for the partially deaf.		
	At Certified Schools for the Deaf or Partially Deaf .. .. .	—
	At Public Elementary Schools .. .. .	5
	At other Institutions .. .. .	—
	At no School or Institution .. .. .	—
		5
<b>Mentally Defective Children—</b>		
	At Certified Schools for Mentally Defective Children .. .. .	—
	At Public Elementary Schools .. .. .	20
	At other Institutions .. .. .	—
	At no School or Institution .. .. .	17
		37
<b>Epileptic Children—</b>  Suffering from severe epilepsy		
	At Certified Special Schools .. .. .	—
	At Public Elementary Schools .. .. .	13
	At other Institutions .. .. .	—
	At no School or Institution .. .. .	1
		14

## ELEMENTARY SCHOOLS.

TABLE III.—*continued.*

			Total
<i>Physically Defective Children—</i>			
Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.			
<i>A. Tuberculous Children.</i>			
<i>I.—Children suffering from Pulmonary Tuberculosis</i>  (Including pleura and intrathoracic glands).	At Certified Special Schools ..	—	} 0
	At Public Elementary Schools ..	—	
	At other Institutions ..	—	
	At no School or Institution ..	—	
<i>II.—Children suffering from Non-Pulmonary Tuberculosis</i>			
Tuberculosis of all sites other than those shown in (1) above.	At Certified Special Schools ..	—	} 23
	At Public Elementary Schools ..	16	
	At other Institutions ..	4	
	At no School or Institution ..	3	

## ELEMENTARY SCHOOLS.

TABLE III.—*continued.*

			Total
<i>B. Delicate Children—</i>	At Certified Special Schools ..	—	} 72
	At Public Elementary Schools ..	71	
	At other Institutions ..	1	
	At no School or Institution ..	—	
<i>C. Crippled Children—</i>	At Certified Special Schools ..	—	} 28
	At Public Elementary Schools ..	25	
	At other Institutions ..	1	
	At no School or Institution ..	2	
<i>D. Children with Heart Disease—</i>  Confined to children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.	At Certified Special Schools ..	—	} 20
	At Public Elementary Schools ..	19	
	At other Institutions ..	—	
	At no School or Institution ..	1	

## ELEMENTARY SCHOOLS.

### TABLE IV.

**Return of Defects Treated during the Year ended 31st December, 1934.**

#### TREATMENT TABLE.

**GROUP 1.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)**

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
<i>Skin—</i>			
Ringworm—Scalp			
X-Ray Treatment .. .. .	—	—	—
Other .. .. .	4	—	4
Ringworm—Body .. .. .	5	1	6
Scabies .. .. .	6	—	6
Impetigo .. .. .	86	8	94
Other Skin Disease .. .. .	83	15	98
Minor Eye Defects .. .. . (External and other, but excluding cases falling in Group II.)	293	41	334
Minor Ear Defects .. .. .	38	3	41
Miscellaneous .. .. . (e.g., minor injuries, bruises, sores, chilblains, &c.)	322	33	355
<b>Total .. .. .</b>	<b>837</b>	<b>101</b>	<b>938</b>

## ELEMENTARY SCHOOLS.

### GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.  (1)	No. of Defects dealt with.			No. of Children for whom Spectacles were			
	Under the Authority's Scheme.  (2)	Otherwise.  (4)	Total  (5)	Prescribed (1)		Obtained (2)	
				(i) Under the Authority's Scheme.	(ii) Otherwise.	(i) Under the Authority's Scheme.	(ii) Otherwise.
	Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) .. ..	296	6	302	269	5	262
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	—	—	—	—	—	—	—
<b>Total</b> .. ..	<b>296</b>	<b>6</b>	<b>302</b>	<b>269</b>	<b>5</b>	<b>262</b>	<b>5</b>

### GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.												Total number treated  (5)
Received Operative Treatment.										Received other forms of Treatment.  (4)	Total number treated  (5)	
Under the Authority's Scheme, in Clinic or Hospital. (1)				By Private Practitioner or Hospital apart from the Authority's Scheme. (2)				Total (3)				
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	
—	—	—	—	1	2	83	—	1	2	83	—	86

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and Adenoids.

(ix) Other defects of the nose and throat.

## ELEMENTARY SCHOOLS.

### TABLE IV.—*continued*

#### GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

Number of Children Treated—

Under the Authority's Scheme: (1)

Residential treatment with education .. ..	6
Residential treatment without education .. ..	0
Non-residential treatment at an orthopædic clinic ..	90

Otherwise: (2)

Residential treatment with education .. ..	0
Residential treatment without education .. ..	3
Non-residential treatment at an orthopædic clinic ..	0

Total number treated .. .. .	94
------------------------------	----

#### GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were :

(a) Inspected by the Dentist :

Routine Age Groups.	Aged 4 .. .. .	106
	5 .. .. .	593
	6 .. .. .	658
	7 .. .. .	774
	8 .. .. .	864
	9 .. .. .	710
	10 .. .. .	725
	11 .. .. .	719
	12 .. .. .	745
	13 .. .. .	710
	14 .. .. .	211

Total .. .. .	6815
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Specials .. .. .	442
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Grand Total .. .. .	7257
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(b) Found to require treatment .. .. .	4463
----------------------------------------	------

(c) Actually treated .. .. .	2341
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## ELEMENTARY SCHOOLS.

(2) Half-days devoted to :						
Inspection	..	..	..	..	..	27
Treatment	..	..	..	..	..	424
Total ..						451
(3) Attendances made by children for treatment .. .. 4038						
(4) Fillings :						
Permanent Teeth	..	..	..	..	..	1581
Temporary Teeth	..	..	..	..	..	158
Total ..						1739
(5) Extractions :						
Permanent Teeth	..	..	..	..	..	352
Temporary Teeth	..	..	..	..	..	2882
Total ..						3234
(6) Administrations of general anæsthetics for extractions 189						
(7) Other operations :—						
Permanent Teeth	..	..	..	..	..	612
Temporary Teeth	..	..	..	..	..	44
Total ..						656

## GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses .. .. .	13
(ii) Total number of examinations of children in the Schools by School Nurses .. .. .	24,425
(iii) Number of individual children found unclean ..	614
(iv) Number of children cleansed under arrangements made by the Local Education Authority .. .. .	0
(v) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921 .. .. .	0
(b) Under School Attendance Byelaws .. .. .	2

**STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED  
DURING THE YEAR ENDED 31st DECEMBER, 1934, BY THE  
LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL  
DEFICIENCY AUTHORITY.**

Total number of children notified—5.

ANALYSIS OF THE ABOVE TOTAL.

DIAGNOSIS.	BOYS.	GIRLS.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots .. .. .	—	1
(b) Imbeciles .. .. .	3	—
(c) Others .. .. .	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives .. .. .	1	—
(b) Others .. .. .	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 .. .. .	—	—
3. Feeble-minded children notified under Article 3, i.e., "special circumstances" cases .. .. .	—	—
NOTE.—No child should be notified under Article 3 until the Board have issued a formal certificate Form 308M to the Authority.		
4. Children who in addition to being mentally defective were blind or deaf .. .. .	—	—
NOTE.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
GRAND TOTAL .. .. .	4	1

# SECONDARY SCHOOLS.

## RETURN OF MEDICAL INSPECTIONS FOR YEAR ENDED 31st DECEMBER, 1934.

### A.—ROUTINE MEDICAL INSPECTIONS.

Age	}	Under 9 years	..	..	..	20
		9	..	..	..	17
		10	..	..	..	21
		11	..	..	..	35
		12	..	..	..	112
		13	..	..	..	111
		14	..	..	..	80
		15	..	..	..	64
		16	..	..	..	38
		17	..	..	..	35
		18	..	..	..	13
		19	..	..	..	2
Total					..	548

### B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	17
Number of Re-Inspections	..	..	213
Total			230

## SECONDARY SCHOOLS.

### Return of Defects found by Medical Inspection in the Year ended 31st December, 1934.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS		
	No. of Defects		No. of Defects		
	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	
(1)	(2)	(3)	(4)	(5)	
Malnutrition .. .. .	1	1	—	—	
Skin {	Ringworm—Scalp .. .. .	0	0	1	0
	Body .. .. .	0	0	0	0
	Scabies .. .. .	0	0	0	0
	Impetigo .. .. .	0	0	0	0
	Other Diseases (Non-tuberculous) .. .. .	0	1	1	0
Eye {	Blepharitis .. .. .	0	0	0	0
	Conjunctivitis .. .. .	0	0	0	0
	Keratitis .. .. .	0	0	0	0
	Corneal Opacities .. .. .	0	0	0	0
	Defective Vision (ex.squint)	11	65	0	0
	Squint .. .. .	0	0	0	0
	Other Conditions .. .. .	0	0	0	0
Ear {	Defective Hearing .. .. .	2	0	0	0
	Otitis Media .. .. .	0	1	0	1
	Other Ear Diseases .. .. .	0	0	0	0
Nose and Throat {	Chronic Tonsillitis only .. .. .	1	10	0	1
	Adenoids only .. .. .	0	0	0	0
	Chronic Tonsillitis and Adenoids .. .. .	0	0	0	0
Other Conditions .. .. .	0	0	0	0	
Enlarged Cervical Glands (Non-Tub.)	0	1	0	0	
Defective Speech .. .. .	0	2	0	0	
Heart and Circulation {	Heart Disease : Organic .. .. .	0	1	0	0
	Functional .. .. .	0	8	0	0
	Anæmia .. .. .	1	2	0	0
Lungs {	Bronchitis .. .. .	0	3	0	0
	Other Non-Tuberculous Diseases .. .. .	0	4	0	0
	Pulmonary : Definite .. .. .	0	0	0	0
Suspected .. .. .	0	0	0	0	
Tuberculosis {	Non-Pulmonary : Glands .. .. .	0	0	0	0
	Bones and Joints .. .. .	0	0	0	0
	Skin .. .. .	0	0	0	0
	Other Forms .. .. .	0	0	0	0
	Nervous System {	Epilepsy .. .. .	0	0	0
Chorea .. .. .	0	0	0	0	
Other Conditions .. .. .	0	0	0	0	
Deformities {	Rickets .. .. .	0	0	0	0
	Spinal Curvature .. .. .	0	0	0	0
	Other Forms .. .. .	2	5	0	0
Other Defects and Diseases excluding uncleanliness and dental diseases	1	11	0	2	

## SECONDARY SCHOOLS.

**B.** Number of individual children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.	
	Inspected	Found to require Treatment
Total .. ..	548	19

## SECONDARY SCHOOLS.

### BOARD OF EDUCATION.

### MEDICAL INSPECTION RETURNS.

#### TABLE IV.

**Returns of Defects treated during the Year ended  
31st December, 1934.**

#### TREATMENT TABLE.

**GROUP I.—MINOR AILMENTS (excluding Uncleanliness,  
for which see Group VI.).**

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total (4)
<b>Skin—</b>			
Ringworm-Scalp. (Show separately in brackets the number which were treated by X-Rays) ... ..	2 (-)	—	2
Ringworm-Body ... ..	—	—	—
Scabies ... ..	—	—	—
Impetigo ... ..	—	—	—
Other skin disease ... ..	—	—	—
<b>Minor Eye Defects</b> ... .. (External and other, but excluding cases falling in Group II.)	—	—	—
<b>Minor Ear Defects</b> ... ..	1	—	1
<b>Miscellaneous</b> ... .. (e.g., minor injuries, bruises, sores, chil- blains, etc.).	—	—	—
<b>Total</b> ... ..	<b>3</b>	<b>—</b>	<b>3</b>

## SECONDARY SCHOOLS.

### GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease.  (1)	No. of Defects dealt with.			
	Under the Authority's Scheme.  (2)	By Private Prac- titioner or at Hospital, apart from the Authority's Scheme.  (3)	Otherwise  (4)	Total.  (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report) .. .. .	9	8	0	17
Other Defects or Disease of the Eyes (excluding those re- corded in Group I.) ..	0	0	0	0
Total .. .. .	9	8	0	17

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme .. .. .	8
(b) Otherwise .. .. .	7

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme .. .. .	8
(b) Otherwise .. .. .	7

# SECONDARY SCHOOLS.

## GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—						
(a) Inspected by the Dentist :						
Routine Age Groups	..	..	..	..	..	0
Specials	..	..	..	..	..	12
					—	
Grand Total..	..	..	..	..	..	12
(b) Found to require treatment .. .. . 0						
(c) Actually treated .. .. . 12						
(2) Half days devoted to :						
Inspection	..	..	..	..	..	0
Treatment	..	..	..	..	..	0
					—	
Total	..	..	..	..	..	0
(3) Attendances made by children for treatment .. .. 28						
(4) Fillings :						
Permanent Teeth	..	..	..	..	..	16
Temporary Teeth	..	..	..	..	..	0
					—	
Total	..	..	..	..	..	16
(5) Extractions :						
Permanent Teeth	..	..	..	..	..	7
Temporary teeth..	..	..	..	..	..	7
Total ..	..	..	..	..	..	14
(6) Administrations of general anæsthetics for extractions .. 2						
(7) Other operations :—						
Permanent teeth	..	..	..	..	..	7
Temporary teeth	..	..	..	..	..	0
Total	..	..	..	..	..	7

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