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County Borough.**

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County Borough of Burton upon Trent

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR 1938

BY

JAMES M. COWIE

M.D., D.P.H.

SCHOOL MEDICAL OFFICER





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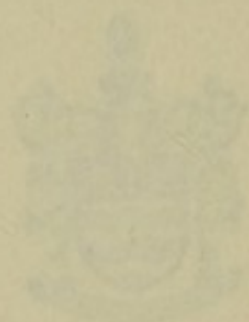
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Staff of the School Medical Service



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ANNUAL REPORT

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SCHOOL MEDICAL OFFICER

AND SURGEON

Staff of the School Medical Service

School Medical Officer :

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

Assistant School Medical Officers :

THOMAS ROSS, M.B., Ch.B., D.P.H.

E. ANNE PERROTT, M.B., B.S., D.P.H.

Orthopaedic 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, State Registered Nurse and State Certified Midwife.

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

School Dental Nurse :

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

Masseuse at Orthopaedic Clinic :

Miss M. J. W. ABBOTTS,
Cert. Ch. Soc. of Massage and Medical Gymnastics and M.E.
(Part Time).

Clerk :

Mrs. G. H. WATSON.

Staff of the School Medical Service

(Continued)

Chief Medical Officer:

JAMES M. COVIE, M.D., C.R., D.P.H.

Assistant School Medical Officer:

THOMAS ROSS, M.L., C.R., D.P.H.

E. ANNE FERROTT, M.B., B.S., D.P.H.

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(Part Time)

Chief Officer:

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

(Part Time)

Chief Officer:

Miss J. H. WILKINSON, I.D.S.

School Nurse:

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

Midwife

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

School Dental Nurse:

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

Assistant at Orthopaedic Clinic:

Miss M. J. W. ABBOTT

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

(Part Time)

Class:

Mr. G. H. WATSON

Annual Report of the School Medical Officer

TO THE LOCAL EDUCATION AUTHORITY,
BURTON UPON TRENT.

I have pleasure in submitting the Annual Report of the School Medical Officer for the year 1938.

The report is in the customary form of a commentary on the findings at the statutory medical inspections of school children, and supplementary inspections and treatment provided by the School Medical Service.

Scarlet Fever continued at the high rate of incidence of last year, but the Diphtheria case rate fell by more than half, while Mumps and Whooping Cough also were less frequent. There was an increase in the number of cases of Measles, but not reaching epidemic proportions. Immunisation against Diphtheria is still being sought by a comparatively small number of parents and again the point must be emphasised that while the individual is protected when satisfactorily immunised the community does not gain, until a significant proportion of susceptibles are immune—say 60% of all school children.

Malnutrition remains about the level of recent years.

1. **Staff.** Personnel remained unchanged during 1938, viz. :—

Dr. Thomas Ross, *Assistant School Medical Officer.*

Dr. E. Anne Perrott, *Assistant School Medical Officer.*

2. **Co-ordination.** No change has taken place in the administration of the School Medical Service during the year, and close co-operation with the Health, Infant Welfare, Tuberculosis, Mental Deficiency, and other services continues.

The assistance of the General Practitioners, the Factory Surgeon, the staffs of the Voluntary Institutions and Associations has been valuable, and I again express thanks for their co-operation.

3. **School Hygiene.** No major changes were made affecting school hygiene during 1938, but redecoration and other improvements, for example, new floors, were carried out in several schools.

The School Clinic was re-decorated and given improved fixtures and facilities.

The following figures indicate the position during 1938, so far as number of children are concerned :

Average number on roll	..	6,752
Average attendance	.. ..	6,051

4. **Medical Inspection.** Medical inspection consists of two divisions as before.

1. Routine inspection of

- (a) Entrants—consisting of children admitted to school during the year, or those children who for any reason have not previously been examined.
- (b) Intermediates—aged 9 years next birthday.
- (c) Leavers—aged 13 years next birthday.

2. Supplementary inspections of defects found at routine inspections or specially referred by parents, school teachers, or school nurses. This type of inspection is repeated each term until the defect is remedied.

The number of routine inspections in statutory groups was as follows :—

Entrants	..	..	..	660
Intermediates	..	..	..	719
Leavers	..	..	..	741
				<hr/>
				2,120
				<hr/>

The number of supplementary inspections was 9,445.

In addition, the School Nurses made 22,255 examinations during 12 visits to each school. These general inspections are made with the particular objects of detecting uncleanness, and contagious skin diseases, of giving hygienic advice to scholars and teachers, and of following up the results of treatment and advice given by them and the School Medical Officers.

It should be noted that all above figures represent increases over last year with the exception of those for entrants and intermediates which fell, in accordance with present trends.

AVERAGE HEIGHT AND WEIGHT OF CHILDREN ROUTINE EXAMINED DURING THE LAST 2 YEARS.

Boys

Age	1937		1938	
	Height	Weight	Height	Weight
4 years	102.7	17.5	106.7	17.2
5	107.6	18.5	108.6	19.5
6	114.8	20.8	111.7	20.5
8	124.9	25.9	126.0	26.1
9	128.2	27.2	128.2	26.5
12	144.9	37.7	144.8	36.6
13	145.8	40.0	148.0	39.5

Girls.

Age	1937		1938	
	Height	Weight	Height	Weight
4 years	101.9	17.3	103.3	17.3
5	106.5	18.3	107.3	18.4
6	111.4	19.8	114.3	21.1
8	123.3	24.9	124.8	24.9
9	128.1	27.0	127.9	26.4
12	146.2	39.3	147.4	38.9
13	149.2	40.7	147.9	40.4

5. Findings of Medical Inspections.

(a) **Nutrition** is again assessed on clinical grounds and is classified as

- A. Excellent.
- B. Normal.
- C. Slightly subnormal.
- D. Bad.

Table II. B. at the end of this report gives the numbers and percentages coming into each of the above categories.

107 cases came into Category C. (5.1 %), 9 into Category D. (0.4%).

(b) **Uncleanliness.**

An increase in numbers of children found to be unclean is evident, 669 children having been found in an unclean condition, resulting in 786 expulsions during the year. It would appear that for various reasons some parents are incapable either of keeping their children clean or they fail to appreciate the importance of cleanliness, especially of heads.

(c) **Minor Ailments and Diseases of the Skin.** 1,046 cases were reported to the Minor Ailments Clinic or to own Doctor or Hospital as a result of routine and special inspections. 72 were cases of scabies and 292 of skin diseases other than scabies, which means a marked increase of scabies.

Blepharitis and conjunctivitis found at inspections totalled 184.

(d) **Visual defects and external eye diseases** found at the medical inspections to require treatment were as follows :—

1. Defective vision not including squint	..	217
2. Squint .. .. .	..	37
3. External eye disease .. .. .	..	197

of the latter, 172 were blepharitis or conjunctivitis.

(e) **Nose and Throat defects** found were as under :—

1. Chronic Tonsillitis only	..	..	171
2. Adenoids enlarged	..	..	6
3. Tonsillitis and Adenoids	..	..	9
4. Other conditions of nose and throat	..	43	

11 cases only of the above total (186) defective tonsils and adenoids were notified to parents as requiring treatment which indicates the continuance of a conservative practice in this field.

(f) **Ear disease and defective hearing** accounted for 166 of the defects found at medical inspections and the distribution under different headings is as follows :—

Defective hearing	..	..	9	(0)
Otitis Media	..	..	30	(23)
Other ear diseases	..	..	46	(37)

The bracketed figures indicate the number of defects recommended for treatment, the remainder continuing under observation.

Otitis Media remains an important factor in the production of permanent deafness, and we attach much importance to the early and vigorous treatment of such cases. The majority of cases respond rapidly to Zinc Ionisation treatment carried out at the School Clinic in those cases which are not complicated by other defects more deeply seated in the ear than Otitis Media. No child was found during the year so deaf as not to benefit from the ordinary school curriculum.

(g) **Dental defects.** 6,194 children were examined by the School Dentist in the course of routine and special inspections. Of this total, 3,737 were found to require treatment, whilst 1,926 actually received treatment.

(h) **Orthopaedic and Postural defects.** Defects of this type found at medical inspections numbered 28 of which 6 required treatment, and the remainder observation.

(i) **Heart Disease and Rheumatism.** As in previous years the practice of supervising every child who has a history of rheumatism in any form or of chorea or is found to have a heart lesion with or without antecedent rheumatism or chorea was continued and appropriate measures recommended where necessary to limit the stress on the damaged or endangered heart.

Children suffering from Heart or Rheumatic Diseases.

	Males	Females	Total
Congenital heart disease	2	2	4
Acquired heart disease			
(1) With no antecedent rheumatism ..	4	6	10
(2) Following Chorea	0	3	3
(3) Following sub-acute or Chronic Rheumatism	7	11	18
(4) Following Rheumatic Fever	2	3	5
(5) Following Rheumatism and Chorea ..	1	0	1
No sign of Heart Disease but,			
(1) History of Chorea	1	3	4
(2) History of Rheumatic Fever	2	3	5
(3) History of sub-acute or Chronic Rheumatism	5	9	14
(4) History of Rheumatism and Chorea ..	2	8	10
	—	—	—
	26	48	74
	==	==	==

(j) **Tuberculosis.** All Tuberculosis contacts were examined each term in accordance with the practice of previous years.

(k) **Crippling Defects.** The number of children on the Register of physically defective children showed an increase over the previous year, viz., from 48 to 58. The following table gives an analysis of these figures.

				Number added in	Total number
				1938	on Register
Organic Heart Disease					
(Compensation not fully acquired)					
(a)	Congenital	..	..	—	2
(b)	Acquired	..	..	9	15
Tuberculosis of Bones and Joints..				1	3
Tuberculosis of other parts ..				4	9
Deformities following Poliomyelitis ..				2	11
Defective Vision (High Myopia, etc.) ..				1	10
Defective Hearing ..				—	4
Congenital Deformities ..				—	2
Miscellaneous ..				—	2
				—	—
				17	58
				==	==

Exclusions from School.

						No. of exclusions
Uncleanliness ..						786
Skin Diseases—Impetigo and Sores ..						153
Scabies ..						68
Ringworm : Scalp ..						3
Body ..						0
Herpes ..						12
Miscellaneous Dermatitis ..						22
Ear Diseases—Otorrhoea ..						7
Furunculosis ..						0
Eye Diseases—Conjunctivitis ..						46
Blepharitis and Hordeola ..						22
Myopia ..						1
Throat—Tonsillitis and Sore Throat ..						43
Enlarged Glands ..						9
Other Diseases—Bronchitis ..						1
Rheumatism and Chorea ..						5
Epilepsy ..						0
Miscellaneous ..						105
						==
Total ..						1,283
						==

6. Following up. This procedure is an important part of the School Medical Service, and is very often successful in producing the required action on the part of parents, a home visit being apparently much more effective than repeated written notices. Should the visits of the School Nurses fail to obtain the necessary treatment, recourse is occasionally made to the Inspector of the N.S.P.C.C. for action, on information from the Director of Education. Sparing use is made of this course of action but it is highly successful in urgent cases.

Following up by the School Nurses is of course complementary to the following up at medical re-inspections in schools.

The School Nurses made 96 visits during the year to the homes of school children in this connection and 28 for other purposes.

7. Arrangements for Treatment.

(a) **Malnutrition.** Whilst lack of food or improper feeding still largely contributes to produce malnutrition, other factors have a part, e.g., inadequate sleep, and poor ventilation, particularly in bedrooms, both of which tend to depress activity of the body and so interfere with the complete assimilation of food even when obtained in sufficient amount. Too often the parents admit that the child is allowed to eat what it likes however ill-balanced the diet which results, and deficiency conditions are seen even when the family income level is sufficient to ensure enough food : anaemia is a frequent result of this faulty dieting. Milk is recommended in all cases of malnutrition and is provided free in school where the income falls below a certain level. Unfortunately, milk is deficient in iron, and the response to advice regarding diet and medicine to make good the lack is not infrequently poor, especially in the low income group. Older children, girls and boys, are heard to declare milk drinking to be babyish and beneath their dignity. However, a gratifying increase in the consumption of milk in schools is noted elsewhere in the report.

(b) **Uncleanliness.** As in the past, parents of children found unclean in School were required to cleanse the children as soon as practicable, and as the children are usually excluded until certified fit at the School Clinic failure to comply in a reasonable time might result in prosecution for non-attendance.

36 such prosecutions occurred during the year. One must confess, however, to the inadequacy of this procedure, as it would appear that for various reasons certain parents are incapable of cleansing verminous heads.

As a corollary to this admission it seems that some machinery must be set up to cleanse the resistant cases as an alternative to coercion under threat of prosecution.

(c) **Minor Ailments and Diseases of the Skin.** 1,003 cases were treated at the Minor Ailments Clinic at the School Clinic, 239 having skin conditions, of which 49 were cases of scabies, 189 eye defects, 52 ear defects, and 523 having various minor injuries. 46 minor ailments received treatment otherwise than at the Minor Ailments Clinic.

The comparatively high incidence of scabies was an additional problem, as it caused much absenteeism. Although successfully treated in the end, many of the cases were prolonged, largely because instructions were not adhered to, or fresh infection was occurring from untreated cases at home, in parents and non-school children. In one instance all the children of a family of sixteen members received hospital treatment as in-patients before the disease was arrested.

These treatments, together with head examinations, necessitated 14,247 attendances at the School Clinic.

(d) **External Eye Disease.**

i. 189 cases, largely of conjunctivitis and blepharitis were treated at the School Clinic, while 24 cases received treatment otherwise.

ii. 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 Refraction Clinic for 1938

"At this time of clinical stock taking, one must assess merit or demerit, as the case may be, by the measure of success attending definite lines of effort.

For some time it has been the aim of this Clinic to combine treatment with instruction regarding the care of the eyes, that is, preventive treatment. It is gratifying to find there is some evidence that this additional work has had a good result. There is undoubtedly a wider and better realisation that the eyes of our children are worthy of medical care, as opposed to lay treatment and the spectacle shop.

In bringing about this happy state of affairs the Nursing Staff deserve the highest praise and thanks. I would also thank the Medical Staff, Drs. Cowie, Ross and Perrott, for their valuable help, Dr. Ross in particular for the many hours he has spent in controlling an otherwise embarrassing waiting list."

TREATMENT OF DEFECTIVE VISION, 1938

Total number of children attending Refraction Clinics	..	*332
Total number of attendances	.. .. .	947
Number prescribed glasses	.. .. .	†275
Number referred to Infirmary	.. .. .	5
Number found not to require glasses	.. .. .	23
Present glasses suitable	.. .. .	2
Refused treatment	.. .. .	1

* Includes 24 secondary school children.

† Includes 24 secondary school children.

ANALYSES OF FINDINGS.

Hypermetropia	.. .. .	226
Hypermetropic Astigmatism	.. .. .	148
Myopia	.. .. .	50
Myopic Astigmatism	.. .. .	74
Mixed Astigmatism	.. .. .	30
Squint and Hypermetropia	.. .. .	25
Squint and Hypermetropic Astigmatism	.. .. .	12
Squint and Myopia	.. .. .	1
Emmetropia	.. .. .	16

For the purposes of the analyses each eye has been taken into consideration separately.

There were five cases of marked Anisometropia.

(e) **Nose and Throat Defects.** The Local Education Authority has no special scheme for the treatment of diseased tonsils and adenoids, but such treatment is readily available at the Local General Hospital, and through the courtesy of the Infirmary Staff, we are provided with the information that 64 operations upon school children for diseased tonsils and adenoids were performed during 1938.

(f) **Ear Disease and Defective Hearing.** Treatment of ear disease has again been vigorously pursued by the Assistant School Medical Officers at the School Clinic. Otorrhoea generally required daily attention initially and thereafter the child was seen weekly until the discharge had ceased for some considerable time.

Zinc Ionisation was carried out in selected cases.

The following table summarises the work of the Ear Clinic :—

Number of ear examinations					606
1.	Minor conditions—				
	Wax Impaction	..	..	..	14
	Defective hearing	..	..	..	14
	Furunculosis	..	..	..	2
	Foreign bodies	..	..	..	2
	Catarrh of Middle Ear	..	..	..	18
					—
					50
					==
2.	Otorrhoea. Result of treatment—				
(a)	Routine treatment.				
	Ears dry	..	..	..	34
	Improved but still attending	..	..		1
	Ceased attending	..	..	..	5
	Transferred to own Doctor	..	..	..	1
	Transferred to Infirmary	..	..	..	3
					—
					44
					==

(b) Special Treatment (Zinc Ionisation).					
Cured ..	..	..	..	..	2
Incomplete course ..	..	..	..	..	1
					—
					3
					=

(g) **Dental Defects.** Of 3,737 children found to require dental treatment 1,926 were actually treated which represents an acceptance rate of 51%. These figures take no account of those receiving private treatment.

Fillings totalled 1,834, very largely in permanent teeth, whilst 2,693 extractions were done, of which 413 were of permanent teeth. Other operations were carried out on 1,122 teeth of which 919 were permanent. General anaesthesia is regarded with increasing favour and nitrous oxide was administered in 456 cases.

(h) **Orthopaedic and Postural Defects.** This department of remedial work continues to function at the Orthopaedic Clinic, Cross Street, under the direction of Dr. J. H. Moir, assisted by Miss M. J. W. Abbotts. Cases were seen on the first Friday of each month by Dr. Moir.

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

	Number of new cases	Total number of attendances
Health Committee	2	42
Maternity and Child Welfare Committee	9	126
Education Committee ..	14	2,671

Hospital Treatment is carried out where necessary by the Warwickshire Orthopaedic Hospital for Children at Coleshill and at Bretby Hall. Two new cases were sent during 1938 to Coleshill and one to Bretby Hall.

(i) **Heart Disease and Rheumatism.** There is no special provision made for treatment of this type of case but a careful supervision is maintained of known affected children and their activities controlled so far as our advice is taken. One child suffering from rheumatic disease of the heart is being maintained at the Liverpool Home of Rest and her education is being continued.

(j) **Tuberculosis.** Five children were admitted to the Outwoods Sanatorium during the year through the Tuberculosis service.

Abdominal Tuberculosis	3
Observation	2

One case of Tuberculosis of the right hip joint was sent to Bretby Hall Orthopaedic Hospital during the year.

8. **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
Clarence Street	0	1	0	6	2	6
Winshill	1	3	1	2	2	74
Horninglow	17	17	0	26	4	42
Broadway	0	15	44	8	0	18
Mission Room, Stapenhill ..	0	2	4	10	2	4
Victoria Road	0	23	1	14	4	4
Grange Street	5	87	0	33	6	4
Holy Trinity	0	24	0	4	1	1
Christ Church	0	5	3	13	2	27
Shobnall Road	0	0	0	3	0	0
Hill Street and St. Peter's Street	0	0	22	3	0	4
Guild Street	1	2	1	16	1	4
Wetmore Road	0	3	0	9	1	2
Uxbridge Street	1	16	12	20	8	66
St. Modwen's	0	0	0	3	1	6
Goodman St. and Stafford St. ..	1	24	10	24	1	2
High Schools (Girls)	0	1	0	0	1	0
Grammar School	0	0	0	2	1	0
No School	2	33	8	121	31	3
Private School	0	0	0	1	1	0
Bond Street	0	0	1	2	0	4
Totals	28	256	107	320	69	271

Scarlet Fever continued at a slightly higher rate of incidence during the year, but Diphtheria declined to about one third the total for 1937. Fortunately, complications of a serious nature were absent despite the high Scarlet Fever rate. Three deaths of school children from Diphtheria occurred during the year which again gives point to the plea for more extensive immunisation against this preventable disease.

A marked decline in requests for immunisation against Diphtheria is to be noted, 74 courses being instituted during the year. Immunisation at this rate will produce no effect in protecting the community whatever benefit there may be to the individual immunised. Three investigations were carried out at Schools with regard to outbreaks of infectious disease.

There were 11 deaths amongst children of school age during the year, 1938.

Cause of Death.					Number
Diphtheria	..	..	..	..	3
Peritonitis	..	..	..	..	2
Hydrocephalus	..	..	..	..	1
Epilepsy ..	..	..	..	..	2
Lymphatic Leukaemia	..	..	..	..	1
Heart Disease	..	..	..	..	1
Burns in Home	..	..	..	..	1

VACCINATION TABLE, 1938.

Age Period.	Unvaccinated per cent.	Vaccinated per cent.	
		Under 4 Marks	4 or more Marks
Entrants ..	81.4	18.5	.1
Intermediates	82.2	14.2	3.6
Leavers ..	65.2	8.8	26.0

9. **Open Air Education.** There is no open air school in the Borough. Playground classes, school camps, and journeys to places of interest have been held as in previous years.

10. **Physical Training.** Remedial exercises are given in cases referred from school medical inspections, at the Orthopaedic Clinic, with generally good results. In addition, where necessary, Head Teachers are informed when modified physical training is thought necessary for particular children.

11. **Provision of Meals.** Provision of meals has not been found to be necessary in view of the supply of cheaper milk available under the Milk Marketing Board Scheme.

Free milk is supplied when the family income is below the scale set up by the Local Education Authority.

The particulars indicate the scope of the scheme during 1938.

Number of individual children supplied with free milk	395
Average number of children supplied with milk in school at a special price	3,115
Number of one-third pint bottles supplied free	106,912
Number of one-third pint bottles supplied on payment	551,966

The children receiving free milk and those paying for milk on the recommendation of the Assistant School Medical Officers are examined each term, weight and general condition being ascertained.

Almost invariably an improvement is noted.

An increase in consumption of milk in school, both free and supplied in payment, is a satisfactory feature for the year 1938, revealed in the above figures.

12. (a) **Co-operation of Parents.** The co-operation of parents is generally enlisted without difficulty, especially in relation to specialist services such as Dental, Orthopaedic and Ophthalmic services.

Routine inspections with the exception of those of "leavers" are well attended. The personal contact and verbal advice possible when the parent is present lends weight to any recommendations which are to be made, to say nothing of the more complete account which can be elicited of the child's personal history.

PERCENTAGE OF PARENTS PRESENT AT ROUTINE INSPECTION, 1938.

School	Infants	Intermediates		Leavers		Total
		Boys	Girls	Boys	Girls	
Bond Street ..	75.0	71.4	0	—	—	64.0
Broadway ..	64.5	52.1	70	0	23.2	68.8
Christ Church ..	96.4	39.1	47.4	—	—	58.8
Goodman St. and Stafford Street ..	83.1	7.14	11.1	—	23.0	40.4
Grange Street ..	69.7	34.4	62.5	—	—	58.09
Guild Street ..	—	—	—	15.2	22.2	18.6
Holy Trinity ..	84.6	9.9	41.6	—	—	56.6
Horninglow ..	75.6	18.8	16.6	—	—	40.6
Shobnall ..	90.0	55.5	42.84	14.28	14.28	54.3
Stapenhill ..	78.1	57.1	62.7	18.5	30.0	55.4
Stapenhill M.R. ..	74.0	—	45.0	—	36.8	53.7
St. Modwens' ..	20.0	25.0	0	0	0	12.0
Uxbridge Street ..	77.7	50.0	56.5	—	—	63.2
Victoria Road ..	64.1	26.0	23.0	1.7	—	19.5
Wetmore Road ..	81.2	54.5	25.0	—	—	60.0
Winshill ..	55.0	23.5	34.8	18.2	11.5	33.2
Clarence Street ..	—	—	—	0	10.1	5.1
<hr/>						
Total percentage of Infants ..	..	..	..	..	..	67.9
Total percentage of Intermediates ..	..	..	..	..	..	35.6
Total percentage of Leavers ..	..	..	..	..	..	16.0
Total percentage ..						39.1

(b) **Co-operation of Teachers.** We must again repeat our thanks of previous years to the teachers for the part they play in the smooth running of the medical inspections. Their day-to-day contact with the children enables them to contribute valuable information when the children deviate from normal, either in function or behaviour, and this information is always readily given.

(c) **Co-operation of School Attendance Officers.** These officers serve as a useful link between the homes of children suffering from non-notifiable infectious diseases and the School Medical Service.

(d) **Co-operation of Voluntary Bodies.** We again sincerely thank the voluntary charitable bodies in Burton upon Trent for the invaluable work they have done for the children of the Borough. The Voluntary Aid Association never fails us when we invite their help, and have been particularly concerned in providing railway fares in necessitous cases to the Convalescent Homes.

The Children's Care Committee and the "Burton Observer" Uncle Jack's Fund enabled many children during the year to have holidays when most needed, for example, following a debilitating illness, and we are pleased to record that nearly always much benefit was gained.

A detailed report of the work of the Children's Care Committee is appended.

CHILDREN'S CARE COMMITTEE.

Report for the year ending 31st December, 1938.

The Children's Care Committee was re-appointed by the Education Committee in November, 1937, and was constituted as follows :—

Mrs. Curzon, Miss Evershed, Mrs. Griffiths, Mrs. Piddocke, Mrs. Rowland, Mrs. Sanders, Mrs. Slator, Mrs. Templeman, Mrs. Walley, and Mrs. Williams.

The Officers were elected for 1938, viz. :—

Chairman—Mrs. Slator,

Vice-Chairman—Mrs. Sanders.

Hon. Secretary and Treasurer—Miss Evershed.

137 cases were reported to the Committee during the year, and were dealt with as follows :—

1. Boy, aged 10, sent to Convalescent Home, Rhyl.
2. Girl provided with surgical boots.
3. Girl „ 14, sent to Convalescent Home, Bournemouth for 2 months.
4. Girl, „ 12, sent to Convalescent Home, Rhyl.
5. Girl, „ 9, do. do.
6. Girl, „ 7 do. do.
7. Boy, „ 11, Treatment in Birmingham & Midland Skin Hospital and later sent to Convalescent Home, Rhyl.
8. Girl, „ 9, sent to Convalescent Home, Rhyl.
9. Girl, „ 11, sent to Convalescent Home, Rhyl.
10. Boy, „ 9, do. do.
11. Boy, „ 10, do. do.
- *12. Boy, „ 14, do. Southport.
- *13. Girl, „ 13, do. do.
- *14. Boy, „ 11, do. Rhyl.

15. Boy, aged 14, sent to Convalescent Home, Southport, for
2 months
16. Girl, „ 9, sent to Convalescent Home, Rhyl.
17. Girl, „ 8, do. do.
18. Girl, „ $13\frac{1}{2}$, do. do.
19. Girl, „ $7\frac{3}{4}$, recommended for Convalescent Home treatment
—parents did not wish her to go.
- *20. Boy, „ $13\frac{1}{2}$, sent to Convalescent Home, Southport.
21. Girl, „ 13, do. Rhyl.
22. Boy, „ 6, do. do.
23. Boy, „ 13, do. do. for 2 months
24. Girl, „ 7, do. do.
25. Boy, „ 10, do. do.
26. Boy, „ 9, do. do.
27. Boy, „ 12, provided with a course of medicine and later sent
to the Convalescent Home, Bournemouth.
28. Girl, „ $11\frac{1}{2}$, sent to Convalescent Home, Rhyl.
29. Boy, „ 10, do. do.
- *30. Boy, „ 9, do. do.
31. Girl, „ 10, do. do.
- *32. Girl, „ 13, do. do.
- *33. Boy, „ $8\frac{1}{2}$, do. do.
34. Girl, provided with a course of medicine.
35. Boy, „ 10, sent to Convalescent Home, Rhyl.
- *36. Boy, „ 7, do. do.
37. Girl, „ 13, do. do.
38. Girl, „ 8, do. do.
39. Girl, „ 11, do. do.
40. Girl, „ 5, sent for examination by Birmingham Ear
specialist.
41. Girl, „ 6, sent to Convalescent Home, Rhyl.
42. Girl, „ 13, do. do.
43. Girl, „ 13, do. do.
44. Girl, „ $11\frac{1}{2}$, do. do.
45. Boy, aged 12, sent for examination by Birmingham Skin
Specialist. Treatment recommended carried
out at School Clinic.

46. Girl, aged 7, sent to Convalescent Home, Rhyl.
- *47. Girl, „ 7, do. do.
48. Boy, „ 7, do. do.
49. Girl, „ 7, do. do.
- *50. Boy, „ 13, do. Bournemouth.
51. Girl, „ 7, do. Rhyl.
52. Boy, „ 6, do. Southport.
53. Boy, „ 8, Recommended for Convalescent Home treatment. Parents did not wish him to go.
- *54. Boy, „ sent to Convalescent Home, Southport.
- *55. Girl, „ do. do.
- *56. Girl, „ do. do.
- *57. Girl, „ do. do.
58. Boy, „ 8, do. do.
59. Boy, „ Provided with a surgical boot.
- *60. Boy, „ $7\frac{1}{2}$, sent to Convalescent Home, Southport.
- *61. Boy, „ 6, do. do.
- *62. Boy, „ 7, do. do.
63. Girl, „ 13, do. Rhyl.
64. Girl, „ 10, do. do.
- *65. Girl, „ 12, do. do.
- *66. Boy, „ do. do.
- *67. Boy, „ 7, do. do.
- *68. Boy, „ 12, do. Southport.
69. Girl, „ 10, Recommended for Convalescent Home treatment. Parents did not wish her to go.
70. Boy, „ $6\frac{3}{4}$, Treatment at Birmingham and Midland Skin Hospital.
- *71. Boy, „ 10, sent to Convalescent Home, Southport.
- *72. Boy, „ 7, do. do.
73. Boy, „ 8, Treatment at Birmingham & Midland Skin Hospital.
74. Boy, „ $6\frac{1}{2}$, do. do.
- *75. Girl, „ $7\frac{1}{2}$, sent to Convalescent Home, Southport.
76. Girl, „ 8, do. Rhyl.
- *77. Girl, „ 10, do. Southport.
78. Girl, „ 12, do. Rhyl.
- *79. Boy, „ 7, do. Southport.

- | | | | |
|-------|--|---|------------|
| 80. | Boy, aged 10, sent to Convalescent Home, Rhyl. | | |
| *81. | Boy, „ 11, | do. | Southport. |
| 82. | Girl, „ 13, | do. | Rhyl. |
| 83. | Boy, „ | do. | do. |
| 84. | Boy, „ 7, | do. | do. |
| 85. | Girl, „ 12, | do. | do. |
| 86. | Boy, „ 11, | do. | do. |
| 87. | Boy, „ 7½, | do. | do. |
| * 88. | Boy, „ 9 , | do. | Southport. |
| * 89. | Girl, „ 11, | do. | do. |
| * 90. | Boy, „ 13, | do. | do. |
| * 91. | Girl, „ 13½, | do. | do. |
| * 92. | Boy, „ 11, | do. | do. |
| * 93. | Girl, „ 10, | do. | do. |
| 94. | Boy, „ 5, | do. | Rhyl. |
| 95. | Girl, „ 10, | do. | do. |
| * 96. | Girl, „ 12, | do. | Southport. |
| * 97. | Girl, „ 7, | do. | do. |
| * 98. | Girl, „ 9, | do. | do. |
| 99. | Girl, „ 13, | do. | Rhyl. |
| 100. | Boy, „ 6, | do. | do. |
| 101. | Girl, „ 10, | Provided with a course of medicine. | |
| 102. | Boy, „ | Treatment in Birmingham & Midland Skin Hospital. | |
| 103. | Girl, „ 6, | sent to Convalescent Home, Rhyl. | |
| 104. | Girl, „ 6, | sent for examination by Birmingham Skin Specialist. Treatment recommended carried out at School Clinic. | |
| *105. | Boy, „ 9, | sent to Convalescent Home, Southport. | |
| *106. | Girl, „ 12, | do. | do. |
| 107. | Girl, „ 10, | do. | Rhyl. |
| 108. | Girl, „ 7, | do. | do. |
| 109. | Boy, „ 9, | do. | do. |
| 110. | Girl, „ 11, | do. | do. |
| 111. | Girl, „ 6, | sent to Convalescent Home, Rhyl, for 2 months. | |
| 112. | Boy, „ 7, | do. | do. |
| 113. | Boy, „ 10, | do. | do. |
| 114. | Boy, aged 9, | Provided with surgical boots. | |

115. Boy, aged 8, sent for examination by Birmingham Skin Specialist. Treatment recommended carried out at School Clinic.
116. Boy, „ 8, recommended for 2 months Convalescent Home treatment. Parents did not wish him to go.
117. Girl, „ 5, sent to Convalescent Home, Rhyl.
118. Girl, „ 12, do. Rhyl for 2 months.
119. Girl, „ 14, do. Southport.
- *120. Boy, „ 11, do. do.
121. Boy, „ 4, do. Rhyl.
122. Boy, „ 5, Treatment in the Children's Hospital, Birmingham.
123. Girl, „ 5, sent to Convalescent Home, Rhyl.
124. Boy, „ 9, do. do.
125. Boy, „ 5, do. do.
126. Girl, „ 6, do. do.
127. Girl, „ 7, do. do.
128. Girl, „ 5, do. do.
129. Boy, „ 6, do. do.
130. Boy, „ 12, do. do.
131. Girl, „ 11, sent for examination to the Birmingham Ear, Nose, and Throat Hospital.
132. Girl, „ 9, sent to Convalescent Home, Rhyl.
133. Boy, „ 5, do. do.
134. Boy, „ 12, sent for examination by Birmingham Skin Specialist. Treatment recommended carried out at School Clinic.
135. Girl, „ 11, sent to Convalescent Home, Rhyl.
136. Boy, „ 9, do. do.
137. Girl, „ 13, Provided with a course of medicine.

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 School Clinic by the School Medical Officer.

A child, suffering from Heart trouble, was sent to a special Home in August, 1936, and was kept there for one year, the Feoffees paying for the treatment. At the end of the year, the Home decided to keep her on in their free bed, and she is still there. The child has greatly improved in every way. The Committee acknowledge this extremely generous help, which has given the child a great chance of being restored to health.

The assistance of the Voluntary Aid Association in investigating cases where railway fares were required is gratefully acknowledged.

The many gifts of clothing from the Mayoress' Needlework Guild for children going to Convalescent Homes have been a great help.

The Feoffees again gave a grant of £25, and provided 82 tickets for the Rhyl, Southport, and Bournemouth Convalescent Homes. Without this help the work could not be carried out, and the Committee greatly appreciate the support of the Feoffees.

The number of cases dealt with has been larger than in any of the past twelve years. In most cases, the improved health of the children was appreciated by their parents.

(Signed) J. M. SLATOR.

(Signed) PHYLLIS M. EVERSLED,

Hon. Secretary.

Chairman.

11th January, 1939.

13. **Blind, Deaf, Defective and Epileptic Children.** There are three blind children in the Borough, one of whom is at no school or institution, whilst the other two, together with three partially-blind children, are in the Birmingham Royal Institution for the Blind. Four partially-sighted children attended ordinary elementary schools, a special curriculum being provided for them.

There were two deaf and one partially-deaf children attending certified schools for the deaf, and one partially-deaf child attending a public elementary school.

There were eighteen children examined during 1938 with reference to their mental condition and eleven of these were found to be feeble minded, of whom one was notified to the Local Mental Deficiency Authority as unable to be instructed in a special school without detriment to the interests of other children.

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

15. **Secondary Schools.**

(a) **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 :—

- (a) Children on admission.
- (b) Children at the age of eight years.
- (c) Children at the age of twelve years.
- (d) Children at the age of fifteen years.
- (e) All other children over twelve 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.

At the end of this report is a table showing a detailed return of defects found at routine inspections. The principal defects observed were defective vision and dental diseases.

(b) Medical Treatment.

i. FORMS OF TREATMENT PROVIDED. The following forms of treatment are provided by the Local Authority, viz. :—

Dental treatment, Orthopaedic treatment, Eye testing, X-Ray treatment for ringworm of the head, Treatment of minor ailments.

ii. TYPES OF PUPIL FOR WHOM TREATMENT IS AVAILABLE. Treatment is available for all types of pupils, but in most of the fee-paying pupils treatment is arranged privately.

iii. ARRANGEMENTS FOR RECOVERING COST OF TREATMENT FROM PARENTS.

All Scholarship children attending the Secondary Schools may receive treatment provided by the Local Authority on the same terms as children attending elementary schools, i.e., all the treatment is free except dental treatment, for which 1s. per annum per case is charged.

For children other than scholarship children the charges have been fixed as follows :—

For Dental treatment—5s. per annum.

For Orthopaedic treatment—5s. per annum.

For X-Ray treatment of Ringworm of the Scalp—Full charge.

For Eye testing—No charge.

For treatment of Minor Ailments—No charge.

16. Employment of School Children. The following table indicates the number of children examined and passed fit for several kinds of employment within prescribed limits during 1938 :—

	Boys	Girls	Total
Newspaper delivery	112	1	113
Errands	36	—	36
Domestic Duties	6	—	6
	—	—	—
	154	1	155
	—	—	—

17. **Student Teachers.** During 1938 eight student teachers were examined in connection with their fitness to pursue the vocation of teachers.

18. Dr. T. Ross, 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.

STATEMENT OF WORK

The purpose of this document is to define the scope of work for the project. It is intended to provide a clear understanding of the project's objectives, deliverables, and the roles and responsibilities of the project team.

The project is to be completed by the end of the fiscal year. The project manager will be responsible for the overall management of the project, including the development of the project plan, the allocation of resources, and the monitoring of progress.

The project team will consist of the project manager, the project sponsor, and the project steering committee. The project manager will be responsible for the day-to-day management of the project, while the project sponsor will provide the necessary resources and support.

The project steering committee will be responsible for the overall direction and control of the project. It will meet regularly to review the project's progress and to make any necessary adjustments to the project plan.

The project manager will be responsible for the development of the project plan, which will include the project's objectives, deliverables, and the roles and responsibilities of the project team. The project plan will be used to monitor the project's progress and to ensure that the project is completed on time and within budget.

The project manager will also be responsible for the allocation of resources to the project. This will include the assignment of staff to the project and the procurement of any necessary materials or equipment.

The project manager will be responsible for the monitoring of the project's progress. This will involve regular communication with the project team and the project steering committee, as well as the use of project management tools to track the project's progress.

The project manager will be responsible for the reporting of the project's progress to the project steering committee. This will include the preparation of regular reports on the project's progress, as well as the presentation of the project's status at the steering committee meetings.

The project manager will be responsible for the management of the project's budget. This will involve the development of a project budget, the monitoring of the project's spending, and the reporting of the project's financial status to the project steering committee.

The project manager will be responsible for the management of the project's risks. This will involve the identification of potential risks to the project, the assessment of the risks' impact, and the development of a risk management plan to mitigate the risks.

The project manager will be responsible for the management of the project's communication. This will involve the development of a communication plan, the implementation of the plan, and the monitoring of the project's communication.

The project manager will be responsible for the management of the project's quality. This will involve the development of a quality management plan, the implementation of the plan, and the monitoring of the project's quality.

ELEMENTARY SCHOOLS

TABLE I.
RETURN OF MEDICAL INSPECTIONS.

Year ended 31st December, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :—

Entrants	660
Second age group	719
Third age group	741
Total	2,120

Number of other Routine Inspections —

B.—OTHER INSPECTIONS.

Number of Special Inspections	2,036
Number of Re-Inspections	7,409
Total	9,445

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding defects of nutrition, uncleanliness and dental diseases).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For all other conditions recorded in Table II A</i>	<i>Total</i>
Entrants	8	26	34
Second Age Group	45	18	63
Third Age Group	16	20	36
Total (prescribed Groups) ..	69	64	133
Other Routine Inspections ..	—	—	—
Grand Total	69	64	133

ELEMENTARY SCHOOLS.

TABLE II.

**A—Return of Defects found by Medical Inspection in the
year ended 31st December, 1938.**

DEFECT OR DISEASE		ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
(1)		(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp	—	—	3	—
	(2) Ringworm—Body	1	—	8	—
	(3) Scabies	2	—	70	—
	(4) Impetigo	3	—	154	—
	(5) Other Diseases (Non-Tuberculous)	4	4	119	5
	TOTAL (Heads 1 to 5)	10	4	354	5
Eye	(6) Blepharitis	3	3	73	2
	(7) Conjunctivitis	—	1	101	1
	(8) Keratitis	—	—	1	—
	(9) Corneal Opacities	—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	1	1	24	10
	TOTAL (Heads 6 to 10)	4	5	199	13
Ear	(11) Defective Vision (excluding Squint)	69	40	148	17
	(12) Squint	9	5	28	4
	(13) Defective Hearing	—	4	—	5
	(14) Otitis Media	1	3	22	4
Nose and Throat	(15) Other Ear Diseases	9	2	28	7
	(16) Chronic Tonsillitis only	5	161	1	4
	(17) Adenoids only	—	2	1	3
	(18) Chronic Tonsillitis and Adenoids	—	2	4	3
Heart and Circulation	(19) Other Conditions	—	5	23	15
	(20) Enlarged Cervical Glands (Non-Tuberculous)	—	78	2	9
	(21) Defective Speech	—	14	—	15
	Heart Disease :				
Heart and Circulation	(22) Organic	—	14	—	—
	(23) Functional	—	7	—	9
	(24) Anaemia	2	4	4	—

ELEMENTARY SCHOOLS.

TABLE II—*continued.*

A—Return of Defects found by Medical Inspection.

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)
Lungs	(25) Bronchitis	—	49	1	1
	(26) Other Non-Tuberculous Diseases	—	32	—	3
Tuber- culosis	Pulmonary :—				
	(27) Definite	—	—	—	—
	(28) Suspected	—	—	—	—
	Non-Pulmonary :—				
	(29) Glands	—	—	—	—
	(30) Bones and Joints	—	—	—	—
	(31) Skin	—	—	—	—
	(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32) ..		—	—	—	—
Nervous System	(33) Epilepsy	—	1	—	3
	(34) Chorea	—	2	4	—
	(35) Other Conditions	—	1	4	3
Deform- ities	(36) Rickets	—	—	—	—
	(37) Spinal Curvature	1	1	—	—
	(38) Other Forms	5	21	—	—
(39) Other Defects and Diseases (excluding defects of Nutrition, Uncleanliness and Dental Diseases)		18	59	260	52
Total		133	516	1083	175

ELEMENTARY SCHOOLS.

B.—Classification of the Nutrition of Children Inspected during the year 1938 in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	660	103	15.6	527	79.8	29	4.4	1	0.2
Second Age-group	719	146	20.3	522	72.6	46	6.4	5	0.7
Third Age-group ..	741	112	15.1	594	80.2	32	4.3	3	0.4
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total ..	2120	361	17.0	1643	77.5	107	5.1	9	0.4

ELEMENTARY SCHOOLS.

TABLE III.

Return of all Exceptional Children in the Area,
December 31st, 1938.

BLIND CHILDREN.

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	Total
2	—	—	1	3

PARTIALLY SIGHTED CHILDREN.

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	At Certified Schools for the Partially Sighted	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
3	—	4	—	—	7

DEAF CHILDREN.

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	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
2	—	—	—	2

TABLE III—*continued.*

PARTIALLY DEAF CHILDREN.

Children who can appropriately be taught only in a class for the partially deaf.

At Certified Schools for the Partially Deaf	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	1	—	—	2

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	29	—	12	41

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions	At no School or Institution	Total
—	10	—	—	10

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	1	—	—	1

TABLE III—*continued.***II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.**

At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
—	12	2	—	14

B. DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	23	—	—	23

C. CRIPPLED CHILDREN.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	10	3	—	13

D. CHILDREN WITH HEART DISEASE.

Confined to children who are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary School.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	16	1	—	17

ELEMENTARY SCHOOLS.

Children Suffering from Multiple Defects.

Defects	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Feeble-minded and Epileptic ..	—	—	—	1	1

TABLE IV.

Return of Defects treated during the year 1938.

Group I.—Minor Ailments (excluding Uncleanliness,
for which see Table VI)

Disease or Defect	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
Skin :—			
Ringworm—Scalp (i) X-Ray treat- ment	—	—	—
(ii) Other treat- ment	3	—	3
Ringworm—Body	8	—	8
Scabies	49	—	49
Impetigo	90	—	90
Other Skin Disease	89	—	89
Minor Eye Defects	189	24	213
(External and other, but excluding cases falling in Group II) ..			
Minor Ear Defects	52	1	53
Miscellaneous	523	21	544
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	1003	46	1049

ELEMENTARY SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments.—Group I).

	No. of Defects dealt with		
	Under the Authority's Scheme	Otherwise	Total
ERRORS OF REFRACTION (including squint)	308	2	310
Other defect or disease of the eyes (excluding those recorded in Group 1.) ..	—	—	—
Total	308	2	310
	Under the Authority's Scheme	Otherwise	Total
No. of Children for whom spectacles were			
(a) Prescribed	275	2	277
(b) Obtained	254	2	256

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

Number of Defects.													
Received Operative Treatment.												Received other Forms of Treatment	Total number treated
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Author- ity's Scheme				Total					
Tonsils only	Adenoids only	Tonsils & Adenoids	Other Defects	Tonsils only	Adenoids only	Tonsils & Adenoids	Other Defects	Tonsils only	Adenoids only	Tonsils & Adenoids	Other Defects		
—	—	—	—	1	1	62	—	1	1	62	—	—	64

ELEMENTARY SCHOOLS.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme.			Otherwise			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
Number of children treated	8	—	71	—	—	—	79

Table V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist.

(a) Routine age-groups.

AGE ..	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL
Number	154	515	585	588	603	617	632	566	591	600	346	96	5,893

(b) Specials 301

(c) TOTAL (Routine and Specials) 6,194

(2) Number found to require treatment 3,737

(3) Number actually treated 1,926

(4) Attendances made by children for treatment 3,773

(5) Half-days devoted to :—

Inspection 32
 Treatment 443

Total 475

(7) Extractions :—

Permanent Teeth .. 413
 Temporary Teeth .. 2,280

Total 2,693

(8) Administrations of general anaesthetics for extractions 456

(6) Fillings :—

Permanent Teeth .. 1,599
 Temporary Teeth .. 235

Total 1,834

(9) Other Operations :—

Permanent Teeth .. 919
 Temporary Teeth .. 203

Total 1,122

ELEMENTARY SCHOOLS.

Table VI.—Uncleanliness and Verminous Conditions.

(i)	Average number of visits per School made during the year by the School Nurses	12
(ii)	Total number of examinations of children in the Schools by School Nurses	22,320
(iii)	Number of <i>individual</i> children found unclean	669
(iv)	Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	Nil
(v)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	Nil
	(b) Under School Attendance Byelaws	36

Statement of the Number of Children notified during the year ended December 31st, 1938, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of Children notified, 1.

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	—	—
(b) Imbeciles	—	—
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children		
(a) Moral Defectives	—	—
(b) Others	1	—
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>i.e.</i> , “special circumstances” cases	—	—
4. Children who, in addition to being mentally defective, were blind or deaf	—	—
Grand Total	1	—

SECONDARY SCHOOLS.

TABLE 1.

Return of Medical Inspections for year ended
the 31st December, 1938.

A.—ROUTINE MEDICAL INSPECTIONS.

Age	{	Under 9 years	..	45
		9	..	9
		10	..	16
		11	..	62
		12	..	87
		13	..	97
		14	..	68
		15	..	88
		16	..	40
		17	..	18
		18	..	7
				<hr/>
				537
				<hr/>

B.—OTHER INSPECTIONS.

Number of special inspections	..	..	..	5
Number of re-inspections	..	..	..	350
				<hr/>
				355
				<hr/>

C.—INDIVIDUAL CHILDREN.

Found to require treatment	..	..	..	23
(excluding uncleanness and dental diseases)				

SECONDARY SCHOOLS.
Medical Inspection Returns.

Table 2.

**A.—Return of Defects found by Medical Inspection in
the year ended 31st December, 1938.**

DEFECT OR DISEASE				Routine Inspections		Special Inspections	
				No. of Defects		No. of Defects	
				Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation, but not requiring Treatment
SKIN DISEASE	..	..	..	2	—	—	—
EYE	{	Blepharitis	.. ..	—	—	—	—
		Other conditions excluding vision and squint	..	—	1	—	—
		Defective vision excluding Squint	.. ..	15	7	1	3
		Squint	.. ..	—	1	—	—
EAR		Otitis Media	.. ..	—	1	—	—
Tonsils	..	..	.. ..	—	15	—	—
Enlarged cervical glands (Non-Tuberculous)	..	..	.. ..	—	5	—	—
Bronchitis	..	..	.. ..	—	2	—	—
HEART	{	Organic	.. ..	—	—	—	—
		Functional	.. ..	—	11	—	1
Rheumatism	..	..	.. ..	—	3	—	—
Defective Speech	..	..	.. ..	—	1	—	—
Defective Teeth	..	..	.. ..	34	—	—	—
DEFORMITIES							
		Spinal curvature	.. ..	—	4	—	—
		Other forms	.. ..	4	3	—	—
Other defects, excluding defects of Nutrition, Uncleanliness and Dental Diseases				3	3	—	—
Totals				58	57	1	4

SECONDARY SCHOOLS.

**Return of Defects treated during the year ended
the 31st December, 1938.**

Defective Vision and Squint.

	Number of defects dealt with		
	Under Authority's Scheme	Otherwise	Total
ERRORS OF REFRACTION (including squint)	24	8	32
Number of children for whom spectacles were			
(a) Prescribed	24	8	32
(b) Obtained	24	8	32

Dental Treatment, 1938.

HIGH SCHOOL.

Number of cases treated	8
Number of attendances	17

GRAMMAR SCHOOL.

Number of cases treated	3
Number of attendances	6
Fillings—Permanent Teeth	14
Temporary Teeth	—
Extractions—Permanent Teeth	7
Temporary Teeth	2
Number of cases in which general anaesthetics were given for extractions	5
Other operations—Permanent Teeth	10
Temporary Teeth	—

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