[Report 1921] / School Medical Officer of Health, Bury County Borough.

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COUNTY BOROUGH OF B

REPORT

ON THE

Medical Inspection of School

For the Year ended December 31st,

G. GRANVILLE BUCKLEY, M.D., D.

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER

AND

CHIEF TUBERCULOSIS OFFICER.

BURY:

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1922.

PUBLIC HEALTH DEPARTMENT,

CLOUGH STREET, BURY,

April 5th, 1922.

To the Chairman and Members of the Education Committee,
County Borough of Bury.

LADIES AND GENTLEMEN,

I beg to submit for your consideration my Annual Report on the Medical Inspection of School Children during the year ended December 31st, 1921.

No important changes have taken place during the year as to staff or methods of Inspection.

The chief feature of this Report is the expansion of the work of the Minor Ailments Clinic, the attendances numbering 5,637, as compared with 2,531 during the previous year.

I take this opportunity of expressing my thanks to the Director of Education and his staff, the Head Teachers of the various schools, the clerical staff of the Health Department, and to the School Nurses for the assistance they have given me, and to you, Ladies and Gentlemen, for your courtesy and consideration.

I should also like to express my appreciation of the valuable assistance rendered by the Assistant School Medical Officer, Dr. C. S. Harwood.

I am, Ladies and Gentlemen,

Your obedient Servant,

G. GRANVILLE BUCKLEY.

County Borough of Bury.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

STAFF.

The School Medical Staff consists of :—

The School Medical Officer, who also acts as Medical Officer of Health and Chief Tuberculosis Officer.

One Assistant School Medical Officer, who also acts as Assistant Medical Officer of Health and Assistant Tuberculosis Officer.

Two School Nurses. (From January 15th to April 1st only one Nurse was employed.)

The clerical work is performed by the clerical staff of the Health Department.

Co-ordination of the work of the School Medical Service with that of the other Health Services is assured owing to the fact that the School Medical Staff is also responsible for the control of the various activities of the Health Department.

ELEMENTARY SCHOOLS.

MEDICAL INSPECTION.

Four groups of children are inspected annually, viz. :—

1. "Entrants."
2. "Intermediates" (aged 8 years).
3. "Leavers" (aged 12 years).
4. "Specials" (children brought to the notice of the School Medical Officer by the Teachers or Nurses as suffering from some palpable disease or defect).

All children in the above groups who have been referred either for treatment or observation are re-examined after a suitable interval has elapsed.

The Schedule of Medical Inspection issued by the Board of Education has been followed throughout.

The Teachers and School Nurses have been instructed to bring to the notice of the School Medical Officer any children who, in their opinion, are abnormal in any way. Such children are specially examined and early information as to crippling and other defects is thus obtained. These cases are examined not only on the occasion of the Medical Officer's visits to schools, but may be sent to the clinic on any morning. Valuable information is also received from the School Attendance Officers.

When carrying out Medical Inspection, every effort is made to avoid unnecessary disturbance of the school arrangements. In a few schools there are one or more rooms which are not used as classrooms, and these are always used for Medical Inspection. In the majority of the schools, however, it is necessary to make use of a classroom for the purpose.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Uncleanliness.—There has been considerable improvement in the cleanliness of school children during the past few years, but the condition of a few children still leaves much to be desired. Occasionally a child is found whose body is covered with the bites of vermin or whose head is verminous and covered with sores. Where necessary, strong action is taken in these cases, but only too often a relapse takes place. Such children constantly require the attention of the School Nurses.

During the year the following cases of uncleanliness were dealt with:—Head, 330; Body, 49.

In this connection it must be remembered that the standard of cleanliness required is constantly being raised.

Minor Ailments.—The cases of Minor Ailments met with are included under their respective headings, viz. :—Skin Diseases, External Eye Diseases, &c.

Tonsils and Adenoids.—During the year 61 children were found to be suffering from enlarged tonsils to such a degree as to require treatment, while 74 were suffering from slight enlargement and were referred for observation. One hundred and two children were referred for treatment for adenoids and 69 for observation, while the corresponding figures for children suffering from both conditions together were 77 and 19 respectively.

Tuberculosis.—No cases of definite Pulmonary Tuberculosis were discovered, but two suspicious cases were referred for treatment and 13 for observation. Other forms of Tuberculosis found were :—Glandular : Nine referred for treatment and eight for observation. Spinal : One referred for observation. Hip joint : One for treatment and two for observation. Skin : Eight for treatment and one for observation. Other forms : Three referred for observation.

Skin.—Apart from such conditions as Ringworm, Scabies, and Impetigo, cases of Skin Disease are comparatively rarely found. Among the cases of Skin Disease found were :—

Ringworm, Head	16
Ringworm, Body	23
Scabies	25
Impetigo	143
Other Skin Diseases (Non-Tubercular)... ...	77

External Eye Disease.—Eighty-seven cases of external eye disease requiring treatment were found during the year, whilst 19 further cases were referred for observation only. The following table shows the nature of these cases :—

Blepharitis	55
Conjunctivitis	19
Keratitis	5
Corneal Ulcer	3
Corneal Opacities	11
Other conditions	13

Defective Vision and Squint.—377 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these, 296 were cases of defective vision and 81 cases of squint. 293 were referred for treatment and 84 for observation only.

Ear Diseases and Hearing.—Thirty-six children were suffering from defective hearing, 92 from Otitis Media, and three from other ear diseases.

Dental Defect.—A very large proportion of the children examined were found, on cursory examination, to be suffering from dental caries, and no doubt, if a careful examination were made by a skilled dentist, the proportion would be higher still. Notification of the defect is only sent to the parent if four or more carious teeth are found. Parents do not realise the importance of the treatment of this condition, and it is extremely difficult to get them to take any action. The local Education Authority has not yet provided a Dental Clinic.

Crippling Defects.—Comparatively few cases of crippling defects were discovered. The total number of children found to be suffering from defects which may fairly be classified under this heading was 31. Seven of these were cases of rickets, and many of the remainder were congenital.

INFECTIOUS DISEASE.

The number of cases of infectious disease in the schools has been somewhat less than usual. The School Medical Officer receives as Medical Officer of Health notification of all cases of notifiable Infectious Disease occurring in the Borough, and is thus enabled to take prompt action.

Arrangements are in force whereby the teachers notify to the Medical Officer all cases of non-notifiable infectious disease occurring among their scholars. During the year the following schools have been closed owing to the prevalence of infectious disease among school children :—

St. Chad's School: Infants' Department, 26th January to 15th February, owing to the prevalence of Measles.

Holy Trinity School: Infants' Department, 4th February to 25th February, owing to the prevalence of Measles.

Walmersley School: Both Departments, 11th February to 4th March, owing to the prevalence of Measles.

Guardian Angels' School: Infants' Department, 11th February to 4th March, owing to the prevalence of Measles.

St. Chad's School: Infants' Department, 17th February to 11th March, owing to the prevalence of Measles.

St. Stephen's School: Infants' Department, 25th February to 18th March, owing to the prevalence of Measles and Chicken-pox.

Clerke Street School: Infants' Department, 15th March to 1st April, owing to the prevalence of Measles.

St. John's School: Infants' Department, 30th March to 15th April, owing to the prevalence of Measles.

Elton Council School: Infants' Department, 31st March to 22nd April, owing to the prevalence of Measles.

"FOLLOWING UP."

Medical Inspection is obviously of very little use unless those children who are found to be suffering from some disease or defect are "followed up" in order to ensure that the necessary treatment is obtained. The procedure adopted in this Borough is as follows:

A note is at once sent to the parent informing him of any abnormal condition discovered, and urging him to obtain appropriate treatment. After an interval the house is visited by the nurse and enquiries made as to whether treatment has been obtained. If not, a further note is sent, and after another interval the house is again visited. These visits are repeated as often as necessary. In certain special cases (defective vision, &c.) arrangements are made, where necessary, for the child to receive treatment under the scheme of the Local Authority. Such schemes at present in operation are detailed in a succeeding paragraph.

All children found to be defective on inspection are re-examined by the Medical Officer on his next visit to the school in order to ascertain whether treatment has been obtained, and, if so, the result of same.

In addition to the Routine Medical Inspections periodical examinations for cleanliness are made by the school nurses, special attention being paid to the heads of the girls. In cases where uncleanliness exists, a card is sent to the parent calling his attention to the fact and giving instructions for cleansing. If, on subsequent examination, the condition is found to persist, a card of a different colour and more strongly worded is sent. If on a third examination the condition still persists the child is excluded, and in some cases prosecutions have been instituted. In bad cases the child is excluded at once.

The institution of the School Clinic has greatly facilitated the work of "following up." Frequently, parents who have received notice of defect or disease in their children, and who have not been present at the inspection, have attended at the Clinic to obtain further particulars as to what treatment is required. It is thus possible to explain the condition much more fully than can be done by letter, with the result that treatment is often obtained in cases which would otherwise remain untreated.

Two hundred and forty parents so attended with their children during the course of the year as the result of School Medical Inspection alone, and as a further 69 children were brought voluntarily for advice regarding other conditions, it will be seen that over 300 parents were interviewed at the clinic. Many of these came repeatedly or were sent for in order to ascertain what action had been taken in regard to obtaining medical treatment for defects. The net result is that in very few cases is there lacking definite evidence of medical advice having been obtained. The securing of this evidence has hitherto been a source of difficulty to the Nurses in their home visiting, and they are of the opinion that the clinic has very materially assisted in their work.

During the year the School Nurses have carried out the following visits, &c. :—

Number of visits to school departments in connection with medical inspection	171
Number of visits to schools to examine children for cleanliness	317

Number of visits and re-visits to homes	1,897
,, examinations for cleanliness	17,037
,, visits with children to Ophthalmic Surgeon's rooms	43

MEDICAL TREATMENT.

Minor Ailments.—In November, 1919, a Clinic for the treatment of Minor Ailments was opened at the Public Health Office in Clough Street. The accommodation consists of a waiting and treatment room. The necessary sterilising and minor surgery appliances and a weighing machine were provided.

The Clinic is open six days a week during school terms. Children attend from 9 to 10 a.m., when they are seen by the Medical Officer. They are either treated or referred to their own doctor in the case of children having a regular medical attendant.

The School Nurse on duty deals with cases requiring special treatment and excluded children after 10 a.m., and is frequently so engaged until after 11 a.m. Specials and children requiring more than one daily treatment are seen by appointment later in the day.

An arrangement has been made by which children are provided with a small attendance card which they bring to and from school. On this card, which is available for a month, is noted the date of each attendance and the time of arrival and departure, and when the child is to re-attend.

The records of the Clinic are kept on a Card Index system. On each card are the particulars of the child, its defect, and whether attending as result of school inspection or sent by teacher, doctor, or parent. On the card are also recorded the treatment and condition on discharge, with the date of each attendance, the time of arrival and departure, and the period of any exclusion.

To reduce the period of absence from school in the case of excluded children to a minimum every school exclusion is recorded on a chart, so that it is under constant observation till the child is fit to return.

One of the nurses on duty is in charge of the booking while the Clinic is open, and a monthly summary is made of all attendances in accordance with the above particulars.

The number of children who attended during the year is as follows, a statement of defects being given in Table IV.—A. at the end of this Report :—

Number of children attending from 1920	27
,, ,, discharged	591
,, ,, still attending at end of 1921	89
,, ,, who attended during 1921	680
,, attendances	5,637
Clinic open ... ...days	268
Average attendance per child	8.2
Average daily attendance	21

In addition to the above, 243 children attended on two successsive days for mydriatic application before seeing the School Oculist for purposes of refraction.

The School Clinic has been fruitful of results in three directions :—

1. In obtaining treatment.—Very few parents now object to refraction as their apprehensions in regard to "drops" can be allayed by explanation. The sometimes difficult matter of deciding in the case of children with defects whether treatment should be recommended has been greatly facilitated by obtaining personal histories from parents and by the opportunity that is afforded for more detailed examination. The parents of numerous children with enlarged tonsils and adenoids and showing marked signs of ill-health have been prevailed upon to obtain the necessary treatment.

2. As regards uncleanliness of the head.—The practice has been to exclude all flagrant cases from school for a sufficient number of days to enable cleansing to be carried out. During this period the child is repeatedly inspected at the

clinic and the parent interviewed. In every case cleansing has been carried out, and there has been no necessity to prosecute. Though the number of heads with nits is still too high there has been a marked improvement in the worst schools. The loan of a "Sacker" comb for three days on deposit of 2s. 6d. (returnable on receiving back the comb) has proved a great boon to parents, who have largely availed themselves of the opportunity of quickly clearing the hair. A supply of these combs is kept for this purpose.

3. Exclusions for minor ailments has been reduced to a minimum. Impetigo, which used to be a frequent cause, is now hardly ever excluded in the case of children attending the clinic. The care bestowed on the dressing of these cases by the nurses enabling the most extensive to attend school with little risk of spreading infection.

Tonsils and Adenoids.—Many of the cases requiring operative interference are treated by general practitioners. Arrangements have now been made with the Board of the Bury Infirmary under which certain cases are treated at that Institution and the fees paid by the Education Committee. When the Education Committee considers that the parents are able to pay the whole or part of the cost, efforts are made to recover the amount.

During the year 244 cases of Enlarged Tonsils received some form of treatment. Of these, 130 received operative treatment—61 under the Local Authority's scheme and 69 by private practitioner or otherwise. The remaining 114 children received non-operative treatment.

Tuberculosis.—Cases of Pulmonary Tuberculosis occurring in the Borough are sent for treatment to the Institutions of the Bury and District Joint Hospital Board, but the Board does not admit children under 14. The majority of such cases are treated at the Bury Tuberculosis Dispensary, and a few find their way to outside institutions.

An agreement was entered into between the Bury Corporation and the Bury Infirmary in July, 1920, under which cases of Non-Pulmonary Tuberculosis occurring in the Borough are treated at that Institution. Such treatment is available for school children.

Arrangements were made, at the commencement of the year under review, with the Manchester and Salford Hospital for Skin Diseases, whereby patients from the Borough suffering from Tuberculosis of the Skin could attend and receive appropriate treatment. These arrangements extend also to children of school age.

The following table shows the number of cases of definite or suspected Tuberculosis which have received Institutional treatment during the year :—

	No.	Total No. of Days.
At the Bury Dispensary :		
Boys	10	 627
Girls	9	 679
At the Bury Infirmary :		
Boys	3	 278
Girls	3	 300
At the Manchester and Salford Hospital for Diseases of the Skin :		
Boys	2	 41
Girls	1	 48

Skin Disease.—The majority of the cases of Skin Disease occurring among school children were treated at the Minor Ailments Clinic. Further particulars will be found in Table IV.—A. at the end of this Report.

External Eye Disease.—The same remarks apply to cases of External Eye Disease. Particulars of cases treated will be found in the same table (IV.—A.).

Vision.—The majority of children suffering from defective vision are now examined by the Ophthalmic Surgeon to the Local Authority.

On the day preceding the examination the nurse introduces atropine into the eyes of the children, and is present at the examination.

During the year 265 children have been submitted to refraction, and spectacles prescribed in the case of 226. Nine children were found not to require spectacles.

Of the 226 children for whom spectacles were prescribed, 172 had obtained them by the end of the year.

In cases where the parent cannot afford to pay for glasses the Education Committee pay the cost wholly or in part. The number of cases in which such assistance was rendered was 8.

Ear Disease and Hearing.—No special treatment is provided apart from the Minor Ailments Clinic. Table IV.—A. gives particulars of the cases treated.

Dental Defects.—No Dental Clinic has up to the present been provided. Treatment is, therefore, not satisfactory, very few parents taking the trouble to consult a dentist. Even where treatment is obtained it usually consists of one or more extractions, and very little conservative treatment is carried out.

Crippling Defects and Orthopædics.—No special provision is made for dealing with these defects. Many of the sufferers attend the local Infirmary or the Manchester Children's Hospital.

OPEN-AIR EDUCATION.

There are no open-air day or residential schools in the Borough. In summer many of the classes are held in the playgrounds, and visits are made to the various recreation grounds.

PHYSICAL TRAINING.

The Organiser of Physical Training reports as follows:—

The Local Education Authority employs an Organiser of Physical Training, whose duties include:

1. The organisation of Physical Instruction, including Organised Games, in the Elementary Schools.
2. The conducting of Teachers' Classes in Physical Training.
3. The supervision, and with necessary assistance, the instruction of swimming classes arranged by the Education Committee for Elementary School children.

4. The giving of some instruction in Physical Exercises to pupils of the Municipal Secondary School and the Junior Technical School.

A fuller realisation of the value of Physical Education and its important relation to the general scheme of education has been encouraged. There is increasing recognition of the good effects on the child of the attention paid to its physical education, and teachers value the new syllabus for the scope it gives by the increased variety in the work.

An increasing number of schools are devoting a daily period to physical training and a weekly period to organised games.

In games the Team System is being initiated, and nine fields, recreation grounds, and open spaces are being utilised. Some schools are still handicapped by lack of playing space, and the children have to suffer in consequence.

The schools have been provided with some games material, such as footballs, rubber balls, rounder bats, skipping ropes, &c., and some head and assistant teachers show much initiative in improvising apparatus and in securing a greater supply by individual efforts. In this respect many parents show their interest by supporting and by allowing the children to support these efforts.

Dancing for girls has been introduced into all schools, and it is with pleasure that record can be made of the interest in some cases that parents take in the provision of shoes.

During the year three classes of instruction for teachers in Games and Dancing have been conducted.

PROVISION OF MEALS.

During the year 1921 it was found necessary to provide 43,199 meals to school children. All were dinners, and were provided by and served at four restaurants in various parts of the town. The average total cost per meal was 7.55d. The cases were selected by a Sub-Section of the Care of Children Section of the Education Committee, taking into consideration rent, family income, and number in family.

SCHOOL BATHS.

No Baths are provided at any of the schools. The Baths Committee, however, provide facilities by allowing the Elementary School children the use of the Public Swimming Baths. The Education Committee arrange for the attendance of classes of children during school hours, and during the summer months 8,699 attendances were made. Marked hygienic results were obtained.

Co-operation of Parents.—Notice is sent to the parent of every child of the date and time of inspection, and the parent is invited to attend. The percentage of parents attending was :—

"Entrants"	49.6%
"Intermediates"	20.5%
"Leavers"	5.9%

Particulars of the methods used to obtain the further co-operation of parents in securing treatment for their children are given in another portion of the report.

Co-operation of Teachers.—Many of the teachers render invaluable assistance in connection with the medical inspection and treatment of the children. In many cases the teacher is present at the inspections, and any defects found are pointed out. The teacher is thus enabled to explain to the parent in a subsequent interview the importance of obtaining treatment, and so to assist the Medical Officer very substantially.

Co-operation of School Attendance Officers.—The School Attendance Officers assist the School Medical Officer in many ways, and interviews are constantly taking place between them and the School Medical Staff. Their services are specially valuable in connection with the Minor Ailments Clinic, as they are able to secure the attendance of the children in a way that would be otherwise impossible.

Mention should here be made of the co-operation of the Inspector for the National Society for the Prevention of Cruelty to Children. The Inspector pays regular visits to the School Medical Department and discusses with the staff cases which it is thought advisable to keep under observation. His work is most valuable and helpful.

BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

No schools for the treatment of these children have so far been provided by the Local Education Authority, but Blind and Deaf children are sent to outside institutions. There is no provision for Mentally Defective and Epileptic children, but the question of special arrangements is now under discussion.

During the year four children were inmates of institutions for the Blind, and four others were in institutions for the Deaf.

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

SECONDARY SCHOOLS.

The children attending the Secondary Schools (the Municipal Secondary School and the Junior Technical School) were inspected for the first time in 1920. During the year under review every child in each school has been medically inspected.

The total number inspected was 447 (an increase of 65 on the previous year). All the children in these schools are inspected annually. Particulars as to age and sex of the children inspected will be found in Table I. at the end of the Report. As in the case of Elementary School children, the schedule of the Board of Education has been followed in its entirety.

Interference with the school routine was avoided as far as possible, and I have to thank the Head Master for kindly placing his room at my disposal for the purpose of the inspections.

FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.—The standard of cleanliness in the Secondary Schools is very high, only ten children out of the 447 inspected being found to require attention in this respect. Eight were cases of neglected heads and two of neglected bodies.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—Ten children were found to be in need of treatment for Enlarged Tonsils and Adenoids, and 10 cases were referred for observation.

Tuberculosis.—No cases of definite or suspected Tuberculosis were found.

Skin Diseases.—One case of Impetigo only was discovered.

External Eye Diseases.—Three cases of Blepharitis were found, and were all referred for treatment.

Vision.—Twenty-six children were found to be suffering from seriously defective vision and squint, and were all referred for treatment. In addition to these a number had already been provided with suitable spectacles.

Ear Disease and Hearing.—Three children were found to be suffering from Otitis Media and were referred for treatment. In addition one child was suffering from Defective Hearing.

Dental Defect.—Fifty-two children were found to have four or more carious teeth, and were referred for treatment. Many other children had already received conservative treatment from a dentist before presenting themselves for inspection.

Crippling Defects.—The majority of the cases which have been placed under this heading were cases of Spinal Curvature and Flat Foot. None of these was very marked, but all were referred for remedial exercises.

Sixteen cases of Organic Heart Disease were referred for treatment and three for observation, but all these children were able to attend school regularly.

Infectious Disease.—No action in respect of Infectious Disease was necessary during the year.

"Following Up."—The method of following up cases referred for treatment has already been detailed in a previous page. The methods employed in connection with the Secondary Schools are identical with those used in the case of the Elementary Schools.

MEDICAL TREATMENT.

Minor Ailments.—Three children from the Secondary Schools attended the Minor Ailments Clinic. Two were suffering from Impetigo, and one from double Otitis Media.

Tonsils and Adenoids.—During the year 13 cases of Enlarged Tonsils and Adenoids received operative treatment. Four of these were cases of children suffering from both defects, seven from Enlarged Tonsils only and two from Adenoids only. In every case the result was satisfactory.

Vision.—Of the 26 cases of defective vision referred for treatment, 25 had undergone ophthalmoscropic examination, and one had received no treatment. Spectacles were prescribed in all the 25 cases, and in each instance were obtained.

Ear Disease and Hearing.—Three children suffering from Otitis Media received medical attention.

Dental Defect.—Of the 52 children referred for treatment for defective teeth, 23 received satisfactory treatment. Many others had received partial treatment, such as the extraction of one or two teeth. In addition to the above a number of children who had not been referred for treatment obtained it voluntarily.

Deformities and Crippling Defects.—Nearly all the cases of Spinal Curvature and Flat Foot, &c., seen during the year were of a slight degree, and practically all the cases discovered in previous years were improved.

Co-operation of Parents.—The parents of Secondary School children take a greater interest in the Medical Inspection of their children than do those of Elementary School children.

Ninety-six girls (45.13%) and 61 boys (22.69%) were accompanied at the inspection by parents.

CONTINUATION SCHOOLS.

There are at present no Continuation Schools in the Borough.

TABLE I. Number of Children Inspected 1st January, 1921, to 31st December, 1921.

Elementary Schools. A—Routine Medical Inspection

Age.	Entrants.						Intermediate Group.	Leavers.					Grand Total.
	3	4	5	6	Other Ages.	Total.	8	12	13	14	Other Ages.	Total.	
Boys	1	146	155	41	10	353	359	399	49	—	—	448	1160
Girls	4	160	145	41	22	372	423	332	46	—	—	378	1173
Totals...	5	306	300	82	32	725	782	731	95	—	—	826	2333

B—Special Inspections.

	Special Cases.	Re-examinations
Boys	450	668
Girls	469	788
Totals	919	1456

C—Total number of individual children inspected by the Medical Officer, Routine or special (no child being counted more than once), during the year :—2,818.

Secondary Schools. A—Routine Medical Inspection.

Age.	10	11	12	13	14	15	16	17	18	Totals.
Boys	6	19	39	79	59	30	1	1	...	234
Girls	2	26	35	33	52	26	17	15	7	213
Totals...	8	45	74	112	111	56	18	16	7	447

TABLE II.

Return of Defects found in the Course of Medical Inspection during 1921.

Defects or Disease.	Elementary Schools.				Secondary Schools.	
	Routine Inspections.		Specials.		Routine Inspections.	
	Number referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	No. requiring to be kept under observation but not referred for Treatment.	Number referred for Treatment.	No. requiring to be kept under observation but not referred for Treatment.
1	(2)	(3)	(4)	(5)	(6)	(7)
Malnutrition	1	29	16	7	...	10
Uncleanliness: Head	204	1	126	...	8	...
Body	33	3	16	...	2	...
Skin: Ringworm, head	...	...	16	...	...	...
Ringworm, body	...	...	22	1	...	...
Scabies	1	1	23	...	...	...
Impetigo	13	...	130	...	1	...
Other diseases (non-tubercular)	8	5	63	1	...	...
Eye: Blepharitis	15	9	30	1	3	...
Conjunctivitis	4	2	12	1	...	...
Keratitis	1	...	3	1	...	...
Corneal Ulcer	...	...	3	...	...	...
Corneal Opacities	3	2	5	1	...	...
Defective Vision	144	43	98	11	25	...
Squint	30	25	21	5	1	...
Other Conditions	2	1	9	1	...	...
Ear: Defective Hearing	2	12	6	16	1	...
Otitis Media	17	9	63	3	3	...
Other Ear Diseases	...	2	1	...	...	...
Nose and Throat: Enlarged Tonsils	33	60	28	14	4	10
Adenoids	57	48	45	21	3	...
Enlarged Tonsils and Adenoids	36	15	41	4	3	...
Other Conditions	2	3	1	2	...	...
Enlarged Cervical Glands: (Non-tubercular)	3	25	3	15	3	5
Defective Speech	2	14	...	5	...	6
Teeth: Dental Diseases	...	..	...	...	52	...
Heart and Circulation: Heart disease, organic	4	14	4	5	16	3
Heart disease, functional	1	31	1	5	...	1
Anæmia	2	10	1	3	5	2
Lungs: Bronchitis	10	31	9	2	1	...
Other Non-Tubercular Diseases	2	9	2	1	...	...
Tuberculosis: Pulmonary—Definite	...	...	...	...	...	...
,, Suspected	...	9	2	4	...	...
Non-Pulmonary—Glands	3	7	6	1	...	...
,, Spine	...	1	...	...	...	...
,, Hip	1	1	...	1	...	..
,, Other Bones and Joints	...	...	...	...	...	...
,, Skin	1	...	7	1	...	...
,, Other Forms	...	2	...	1	...	...
Nervous System: Epilepsy	...	1	...	1	...	...
Chorea	...	...	...	...	...	...
Other conditions	...	5	...	5	...	...
Deformities: Rickets	...	5	...	2	...	1
Spinal Curvature	1	7	...	5	3	2
Other forms	2	15	1	10	1	2
Other Defects and Diseases	4	43	16	22	...	1

Number of INDIVIDUAL CHILDREN having Defects which required treatment or to be kept under observation	1531	138

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1921.

			Boys.	Girls.	Total.
Blind (including partially blind), within the meaning of the Elementary Education (Blind & Deaf Children) Act 1893.		Attending Public Elementary Schools	1	..	1
		Attending Certified Schools for the Blind	1	3	4
		Not at School	..	1	1
Deaf & Dumb (including partially deaf), within the meaning of the Elementary Education (Blind & Deaf Children) Act 1893.		Attending Public Elementary Schools	2	2	4
		Attending Certified Schools for the Deaf	2	2	4
		Not at School	..	..	..
Mentally Deficient.	Feeble Minded	Attending Public Elementary Schools	16	11	27
		Attending Certified Schools for Mentally Defective Children	..	..	..
		Notified to Local Control Authority by Local Education Authority during the year	..	..	..
		Not at School	3	5	8
	Imbeciles	At School	..	..	..
		Not at School	3	6	9
	Idiots		2	3	5
	Epileptics	Attending Public Elementary Schools	..	..	..
		Attending Certified Schools for Epileptics	..	..	..
		In Institutions other than Certified Schools	..	..	..
		Not at School	1	1	2
Physically Defective.	Pulmonary Tuberculosis	Attending Public Elementary Schools	..	..	..
		Attending Certified Schools for Physically Defective Children	..	..	..
		In Institutions other than Certified Schools	..	..	..
		Not at School	1	..	1
	Crippling due to Tuberculosis	Attending Public Elementary Schools	3	4	7
		Attending Certified Schools for Physically Defective Children	..	..	..
		In Institutions other than Certified Schools	..	..	..
		Not at School	..	..	..
	Crippling due to causes other than Tuberculosis, *i.e.* Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools	11	11	23
		Attending Certified Schools for Physically Defective Children	..	..	..
		In Institutions other than Certified Schools	..	..	..
		Not at School	1	1	2
	Other Physical Defectives *e.g.* Delicate and other Children suitable for admission to Open-Air Schools; Children suffering from severe Heart Disease.	Attending Public Elementary Schools	2	3	5
		Attending Open-Air Schools	..	..	..
		Attending Certified Schools for Physically Defective Children other than Open-Air Schools	..	..	..
		Not at School	..	1	1
Dull or Backward		Retarded 2 years	36	19	55
		Retarded 3 years	10	7	17

TABLE IV.—A. Treatment of Minor Ailments.

Disease and Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
SKIN:				
Ringworm—Head	16	9	7	16
Ringworm—Body	22	17	5	22
Scabies	23	16	7	23
Impetigo	141	117	8	125
Minor Injuries	14	12	2	14
Other Skin Disease	69	37	7	44
EAR DISEASE	75	51	12	63
EYE DISEASE (External and Other)	67	43	10	53
MISCELLANEOUS	283	60	171	231
Totals	710	362	229	591

TABLE IV.—B. Treatment of Visual Defects.

Referred for Refraction.	Submitted to Refraction.				For whom glasses were prescribed.	For whom glasses were provided.	Recom'ended for treatment other than by glasses.	Received other forms of Treatment.	For whom no treatment was considered necessary.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital	Otherwise.	Total.					
	NUMBER OF CHILDREN.								
261	243	14	8	265	226	172	9	7	8

TABLE IV.—C. Treatment of Defects of Nose and Throat.

Referred for Treatment.	NUMBER OF CHILDREN.			
	Received Operative Treatment.			Received other forms of Treatment.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
181	61	69	130	114

TABLE V.—Summary of Treatment of Defects.

Disease or Defect.	NUMBER OF CHILDREN.			
	Referred for Treatment.	Treated		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	710	362	229	591
Visual Defects	261	243	22	265
Defects of Nose and Throat	181	61	183	244
Other Defects	74	23	32	55
Total	1226	689	466	1155

TABLE VI.

Summary relating to Children Medically Inspected at the Routine Inspections during the Year 1921.

	Elementary School.	Secondary School.
1. The total number of children medically inspected at the Routine Inspections	2333	447
2. The number of children in (1) suffering from—		
Malnutrition	30	10
Skin Disease	28	1
Defective Vision (including Squint)	242	26
Eye Disease	39	3
Defective Hearing	14	1
Ear Disease	28	3
Nose and Throat Disease	254	20
Enlarged Cervical Glands (non-tubercular)	28	8
Defective Speech	16	6
Dental Disease	194	52
Heart Disease—Organic	18	19
,, Functional	32	1
Anæmia	12	7
Lung Disease (non-tubercular)	52	1
Tuberculosis—Pulmonary definite	—	—
,, ,, suspected	9	—
,, Non-Pulmonary	16	—
Disease of the Nervous System	6	—
Deformities	31	9
Other Defects and Diseases	47	1
3. The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	339	39
4. The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.)	429	99
5. The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.)	325	74