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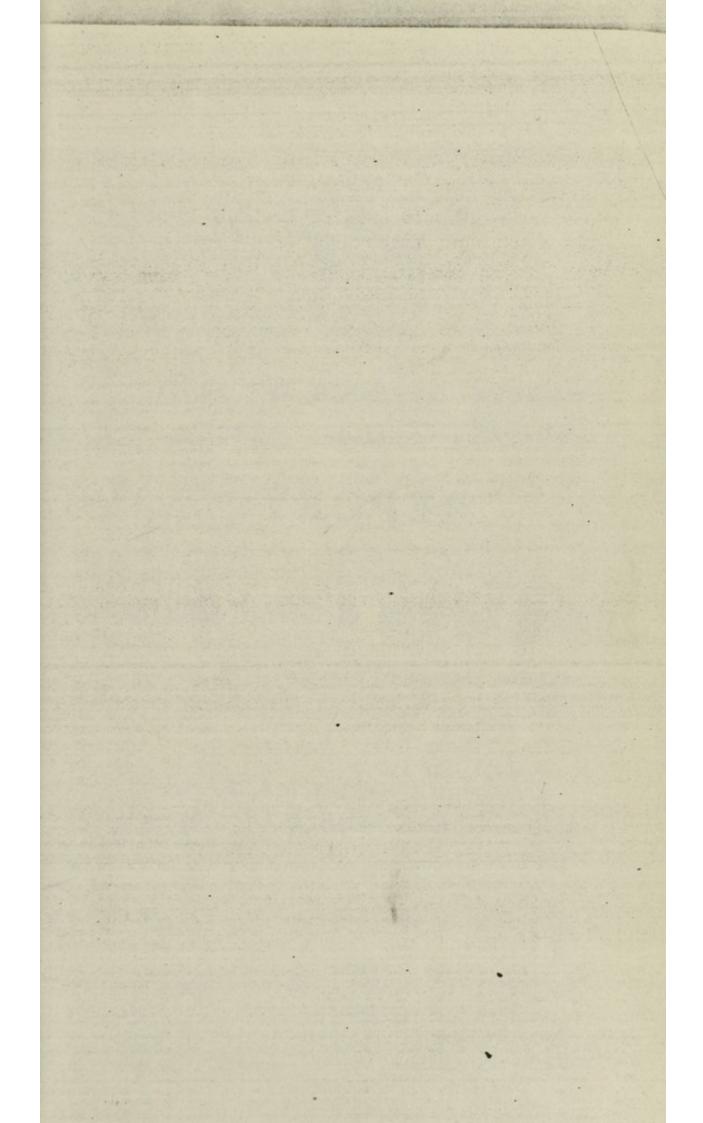
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## COUNTY BOROUGH OF BURY.

# REPORT

ON THE

# Medical Inspection of School Children,

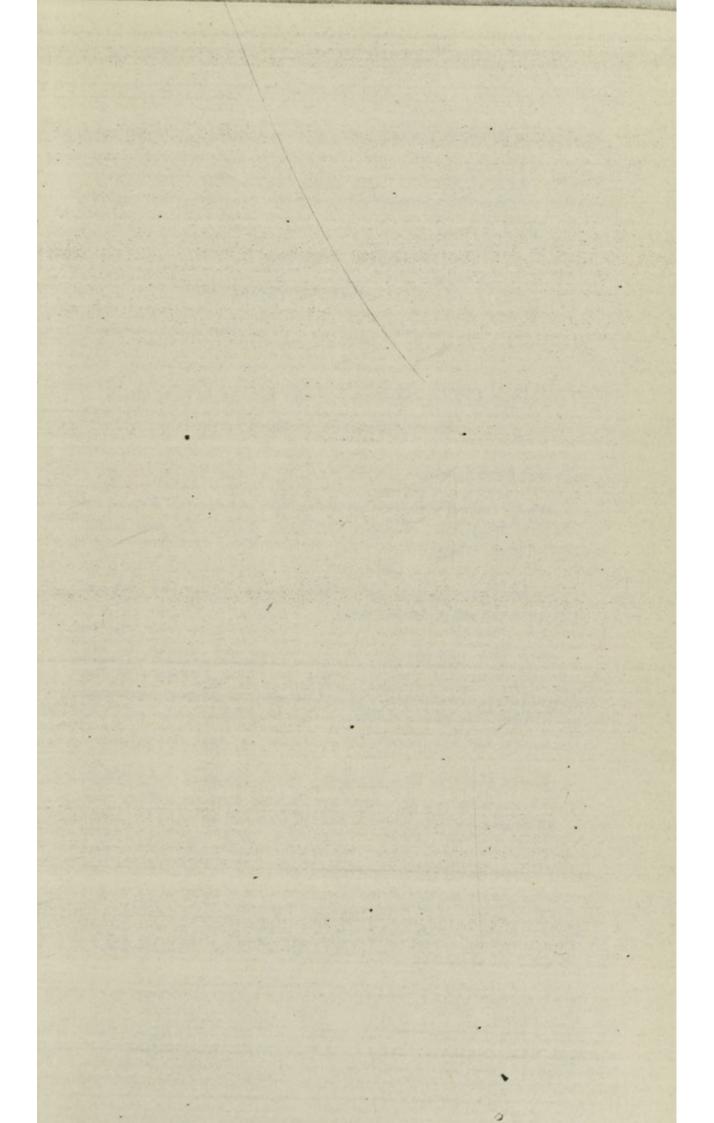
For the Year ended December 31st, 1922.

## G. GRANVILLE BUCKLEY, M.D., D.P.H.,

School Medical Officer, Medical Officer of Health, and
Chief Tuberculosis Officer.

#### BURY:

PRINTED AT THE "TIMES" OFFICE, CROSS STREET. 1923.



#### PUBLIC HEALTH DEPARTMENT,

CLOUGH STREET, BURY,

March 5th, 1923.

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, 1922.

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

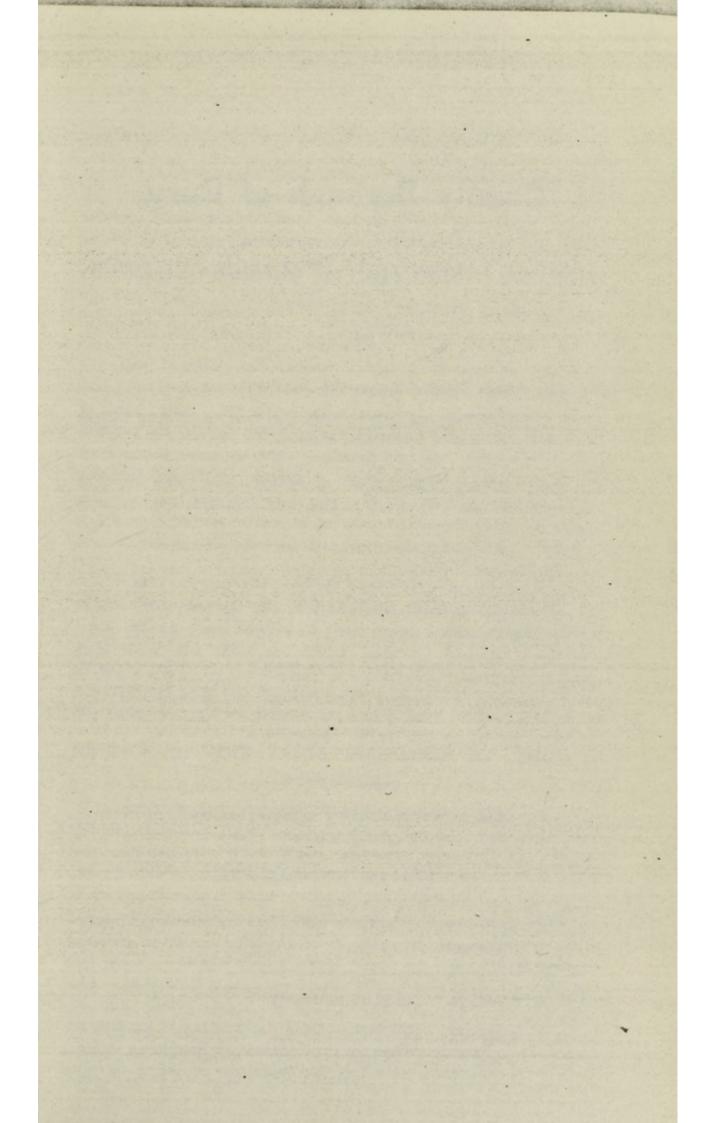
I take this opportunity of expressing my thanks to the Director of Education and his staff, the Head Teachers of the various schools, the clerical staff of the Health Department, and to the School Nurses for the assistance they have given me, and to you, Ladies and Gentlemen, for your courtesy and consideration.

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 Inspection 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.

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 12-14 years).
- "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. Cases requiring special supervision are seen at the Clinic from time to time with a view to ascertaining whether the necessary medical attention is being received.

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. Periodically lists of children considered defective are obtained from Head Teachers. 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 eften a relapse takes place. Such children constantly require the attention of the School Nurses, and the difficulty of dealing with a certain proportion of them is exemplified in the case of one school to which special attention was devoted:—Twenty-five children were excluded during the twelve months for badly infested heads. Of this number, 12 were excluded once, 9 were excluded twice, 2 three times, and 2 four times.

During the year 164 children were noted at the Routine inspections as having unclean heads, as compared with 205 in 1921. All the cases were verminous or had numerous nits on casual inspection. In addition 156 children were found by the Nurses to be badly infested and were referred to the Clinic, while circulars were sent to the parents of 159 children whose heads were found to be harbouring a few nits.

In all 158 children were excluded for uncleanliness during the year.

There has been a decided improvement as regards body cleanliness, only four children being found offensively dirty or verminous at the Routine Inspections, as compared with 36 in 1921.

In addition to the Routine Medical Inspections periodical examinations for cleanliness are made by the School Nurses. They devoted four weeks to a thorough inspection of all the schools immediately after the long vacation when the children return often in a very neglected condition. As a result 33 children were referred to the School Clinic.

In cases where uncleanliness exists a circular is sent to the parent calling his attention to the fact and giving instructions for cleansing and other advice. If, on subsequent examination, the condition is found to persist a card more strongly worded is sent. If on a third examination the condition still persists the child is excluded. In bad cases the child is excluded at once. All excluded children are inspected at the clinic as to their fitness for return to school, and in every case a sufficient improvement has been effected without resort to prosecution, though the assistance of the attendance officers and of the Inspector for the Prevention of Cruelty to Children has frequently to be invoked. Unfortunately many children quickly relapse.

The loaning of Sacker Combs to parents is proving very successful, combs having been lent on 116 occasions during the year and mothers now frequently borrow them from the clinic of their own accord.

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 65 children were found to be suffering from enlarged tonsils requiring treatment, while 92 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Ninety children were referred for treatment for adenoids and 63 for observation, while the corresponding figures for children suffering from both conditions together were 38 and 9 respectively.

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

Skin.—A number of cases of Skin Disease were discovered during the Routine Inspections, and many more were sent as "specials" to the clinic for treatment. By far the greater number were cases of Impetigo. Among the cases of Skin Disease found were:—

		Referred for Treatment.	Referred for Observation Only,
Ringworm, Head		4	4
Ringworm, Body		6	1
Scabies		5	2
Impetigo		185	-
Other Skin Diseases (Non-Tubercular)	)	32	10

External Eye Disease.—Eighty-one cases of external eye disease requiring treatment were found during the year, whilst 26 further cases were referred for observation only. The following table shows the nature of these cases:—

	Referred	for ent.	Referred for Observation Only.
Blepharitis	35		19
Conjunctivitis	26		—
Keratitis	3		—
Corneal Ulcer			
Corneal Opacities	9		6
Other conditions	5		1

Defective Vision and Squint.—335 cases of defective vision (of less acuity than  $\frac{6}{12}$  in either eye) and squint were found. Of these 298 were cases of defective vision and 37 cases of squint. 236 were referred for treatment and 99 for observation only. The latter were cases in which spectacles had already been provided at the time of inspection.

Ear Diseases and Hearing.—Thirty-one children were found to be suffering from defective hearing, 68 from Otitis Media, and 2 from other ear diseases. The Head Teachers are being provided with the names of children in their schools who have, in the past, suffered from discharging ears, so that these cases may be kept under better supervision. Children who have been treated at the clinic are called up subsequently, from time to time, in order that any recurrence may be detected.

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 vet provided a Dental Clinic.

Crippling Defects.—Reference to Table III. at the end of the report will show the number of children who were found to be suffering from crippling defects.

## INFECTIOUS DISEASE.

The number of cases of infectious disease in the schools has been very much 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 when necessary.

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 only school closed owing to the prevalence of infectious disease among school children was Walmersley, Infants' Department, from September 19th to October 6th, on account 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, but owing to the unsatisfactory replies often given by parents and the difficulty experienced by the Nurses, with the limited time at their disposal, in getting into touch with the latter (many of them being out at work at the time of the visit), they are, as far as possible, induced to attend the clinic. In this way many more parents are prevailed upon to obtain medical treatment for their children, and by calling up the latter from time to time the receipt of such treatment can be verified.

In certain special cases (defetive vision, tonsils, and adenoids, &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 reexamined 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.

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.

During the year the School Nurses have carried of	out the
following visits, &c. :-	
Number of visits to school departments in connection	
with medical inspection	167
Number of visits to schools to examine children for	
cleanliness	341
Number of visits and re-visits to homes	899
,, examinations for cleanliness	18,502
,, 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 1921	89
,, ,, discharged	812
" still attending at end of 1922	107
" fresh children who attended during 1922	830
,, attendances	4,038
Clinic open	265
Average attendance per child	4.3
Average daily attendance	15

In addition to the above, 230 children attended on two successive days for mydriatic application before seeing the School Oculist for purposes of refraction.

Altogether 471 parents were seen at the Clinic during the course of the year, so that in over fifty per cent. of cases the father or mother of the child was interviewed. This was largely in connection with defects found in the course of Medical Inspection.

Although the number of children attending the Clinic has increased during the year, the actual number of attendances has substantially diminished. This is accounted for by the reduced amount of uncleanliness, which has also enabled the Nurses to devote much more time to the efficient treatment of cases and to obtaining greater regularity of attendance.

Much prolonged treatment is caused by children ceasing to attend before being cured, and then relapsing and coming back to the Clinic in as bad a state as at the commencement of treatment.

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 216 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 134 received operative treatment—79 under the Local Authority's scheme and 55 by private practitioner or otherwise. The remaining 82 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 is in force between the Bury Corporation and the Bury Infirmary, under which cases of Non-Pulmonary Tuberculosis occurring in the Borough are treated at that Institution. Such treatment is available for school children.

Arrangements have been made 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:—

At the Bury Dispensary:	No.	Total No. of Days.
Boys	10	490
Girls	13	974

At the Bury Infirmary:	No.	Total No. of Days.
Boys	2	115
Girls		
At the Manchester and Salford Hospital for Diseases of the Ski	n:	
Boys		0
Girls		

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 238 children have been submitted to refraction. Thirty-two children were found not to require spectacles. Spectacles were prescribed in respect of 202 children, and 172 obtained glasses during 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 25. In 21 cases spectacles were provided free, and in the other four the parent paid a proportion of the cost.

At a census taken in the middle of the year of all the Elementary Schools in the Borough, 369 children out of 554 known to require spectacles were wearing them habitually (66.6%). The number of children wearing glasses has since increased, and in at least two of the schools is now virtually 100%.

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.

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 "											51.1%
	Intermediates	,	,									15.6%
"	Leavers "											5.1%

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.

#### 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 play-grounds, and visits are made to the various recreation grounds.

#### PHYSICAL TRAINING.

The Organiser of Physical Training reports as follows:-

"The arrangements for the Organisation of Physical Training for the year ending December, 1922, have been the same as for the previous year. Steady progress has been made in the Physical Training in the schools, and this has been due largely to the interest of the majority of the teachers in the work. The conditions, generally speaking, have been far from ideal, and the splendid spirit with which some individual teachers have carried out the work under adverse conditions is very creditable to them.

There has been a fuller realisation of the fact that the securing of general efficiency is helped by the inclusion of a period of suitable physical activities in the daily routine of school work.

During the fine weather Organised Games have been taken, usually once a week, in the Recreation Grounds or open spaces near the schools, and a very notable development has been made in the game of Rounders amongst the older girls. The successful initiation and high degree of development of the game were due to the great interest taken in it by many of the lady teachers, and much credit is due to them for the good work.

Much wet weather was experienced during the latter part of the year, outdoor games being naturally prevented, and it is a pleasure to record that, under such trying conditions, head teachers in some schools without permanent central hall accommodation made splendid arrangements for some indoor games and dancing.

The continued interest in Folk Dancing during the year brought about the formation in the town of a centre of the English Folk Dancing Society."

#### PROVISION OF MEALS.

During the year 1922 it was found necessary to provide 58,564 meals to school children. All were dinners, and were provided by and served at six restaurants in various parts of the town. The average total cost per meal was 7.507d. 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 10,582 attendances were made.

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

No schools for the treatment of these children have so far been's 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.

During the year four children were inmates of institutions for the Blind. One of these completed the period of attendance on June 30th, and a second on December 31st, 1922.

Four children were inmates of 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 483 (an increase of 36 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, as far as possible, avoided. The Head Master and Head Mistress very kindly placed their rooms at my disposal, and I desire to express my thanks to them and to the other members of the staff for their interest in the work of Medical Inspection and for their kind assistance.

#### FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.—The standard of cleanliness in the Secondary Schools continues to be high, only 11 children out of the 483 inspected being found to require attention in this respect. All were cases of neglected heads.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—Seven children were found to be in need of treatment for Enlarged Tonsils, 3 for Adenoids, and 10 for Enlarged Tonsils and Adenoids combined, and 19 cases of Enlarged Tonsils were referred for observation.

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

Skin Diseases.—The only cases of skin diseases discovered were three cases of Impetigo.

External Eye Diseases.—Two cases of External Eye Disease were found and were both referred for treatment.

Vision.—The number of cases of seriously Defective Vision increased from 26 in 1921 to 45 in the year under review, and these were all referred for treatment. A large number of children were already provided with suitable spectacles. In the majority of cases these had been obtained in consequence of Medical Inspection in the Elementary Schools.

Ear Disease and Hearing.—Defective Hearing is much rarer than Defective Vision, only two such cases having come under notice, and these not of a very serious character. They were both, however, referred for treatment. Six cases of Otitis Media were also referred for treatment.

Dental Defect.—Sixty 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.—Several cases of very slight Flat Foot and Spinal Curvature have come under notice, but they were so slight that they were placed under observation.

Heart and Circulation.—Six cases of Organic Heart Disease were referred for treatment and 12 were referred for observation. Several of these had already been under the care of medical practitioners. All these children were attending school regularly, and suffered little discomfort from their affliction.

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

#### MEDICAL TREATMENT.

Minor Ailments.—Eight children from the Secondary Schools attended the Minor Ailments Clinic. Five were suffering from Otitis Media and three girls had dirty heads.

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, six from Enlarged Tonsils only and three from Adenoids only. In every case the result was satisfactory.

Vision.—Of the 45 cases of Defective Vision referred for treatment, 31 had undergone ophthalmoscopic examination, and nine had received no treatment. Spectacles were prescribed in all the 31 cases, and in 29 instances were obtained.

Ear Disease and Hearing.—All the six children suffering from Otitis Media received medical attention, and one case was treated for defective hearing.

Dental Defect.—Sixty children suffering from Dental Defect were referred for treatment. Of these 15 received no treatment, and in six cases no information was obtained. Of the remaining 39, thirteen had received thoroughly satisfactory treatment and 26 had had one or more extractions or fillings.

Deformities and Crippling Defects.—All the cases of deformity (Spinal Curvature, Flat Foot, &c.) seen during the year were of slight degree, and all tended to improve under remedial exercise. Of the six cases of Organic Heart Disease five received treatment, and of these four had improved and one was unchanged.

Co-operation of Parents.—The parents of Secondary School children take a great interest in the Medical Inspection of their children, and attend the inspections whenever it is convenient—especially the first after entering school.

#### CONTINUATION SCHOOLS.

There are at present no Continuation Schools in the Borough

Number of Children Inspected 1st January to 31st December, 1922. A-ROUTINE MEDICAL INSPECTION. TABLE I. Elementary Schools.

Grand	Total.	1200	2384
	Total	474	616
LEAVERS.	Other Ages.	11	1
LEA	41	'u re	7
	13	39	89
	12 13	422	823
Intermediate Group.	8	416	855
	Total.	300	610
	Other Ages.	15	26
ENTRANTS.	9	33	73
EN	5	123	253
	4	139	258
	ε.	11	1
	AGE	Boys	Totals

B - SPECIAL INSPECTIONS.

	Special Cases.	Special Cases. Re-examinations
Boys Girls	386	844 933
Totals	757	1777

C-Total number of individual children inspected by the Medical Officer, Routine or special (no child being counted more than once), during the year: -3,141.

Secondary Schoo	Scho	ols.	A.	-Rour	INE MI	A-ROUTINE MEDICAL INSPECTION.	INSPECT	rion.			
Age.	10	11	12	13	14	15	91	1.1	18	19	Totals.
Boys Girls	0 0	36	51 47	83	31	35	491	1 4-	13	-	232
Totals	4.	. 72	86	122 "	62	. 59	20	1.5	13	-	483

## TABLE II.

# Return of Defects found in the Course of Medical Inspection during 1922.

	El	ementar	y Sc	hools.	Sec	ondary nools.
		outine ections.	Sp	ecials.	lnsp	utine
DEFECTS OR DISEASE.	mber referred	No. requiring to be kept under observa- tion, but not referred for Treatment.	Number referred, for Treatment.	No. requiring to be kept under observa- tion but not referred for Treatment.	Number referred for Treatment.	No. requiring to be kept under observa- tion but not referred
1	(2)	(3)	(4)	(5)	(6)	(7)
Malnutrition	6	75	5	9		4
	116	48	156	159	9	2
kin: Ringworm, head	3	1	4	4	***	1
Ringworm, body			6	1		
Scabies	1	2	4.			
Impetigo	19		166		3	***
Other diseases (non-tubercular)	10	9	31	1		
ye: Blepharitis	10	9	25 23	11		
Keratitis			3		***	
Corneal Ulcer			3			
Corneal Opacities	6	3	3	3		
Defective Vision	158	74	52	14	45	60
Squint	17	11	9			
Other Conditions	3 5	iii	7	8	2 2	***
ar: Defective Hearing	13	7	46	2	6	
Other Ear Diseases		1		1	5	
lose and Throat: Enlarged Tonsils	45	77	20	15	7	19
Adenoids	51	41	39	22	3	
Enlarged Tonsils and Adenoids	21	8	17	1	10	
Other Conditions	12	37	7	6		5
inlarged Cervical Glands: (Non-tubercular)	12	13		4		5
eeth: Dental Diseases	149	109	9	4	60	
Heart and Circulation: Heart disease, organic	2	24	2	2	6	12
Heart disease, functional		27		1		2
· Anæmia	2	16	.2	3	6	3
.ungs: Bronchitis	13	23	1	4		
Other Non-Tubercular Diseases	3	7	4	4		***
uberculosis: Pulmonary—Definite		4		1		
Non-Pulmonary—Glands	5	7	3	1		
,, Spine						
Hip	***	1	1			
,, Other Bones		-	- 15			103
and Joints Skin		2	1			***
Other Forms		3	1		***	
lervous System: Epilepsy		2	2			
Chorea			1	2		
Other conditions	1	12		3		
deformitles: Rickets		4	***			3
C-11 C	2	19		1		3 6
Spinal Curvature	***	7	31	12	i	1
Other forms	4	31	91		18	
Spinal Curvature		31	31			196

## TABLE III.

# Numerical Return of all Exceptional Children in the Area in 1922.

		•	Boy	10:	la .
D11-	3 (2-3-3)		- Doy	Gir	ls. Total.
bline	d (including partially d), within the meaning		100		
of t	he Elementary Educa-	Schools Attending Certified Schools for the			
tion	(Blind & Deaf Children)	Blind	1	1	
	1893.	Not at School	i	1	1
Deaf	& Dumb (including	Attending Public Flomentown			
mear	ially deaf), within the ning of the Elementary	Schools	1	1	1
Edu	cation (Blind & Deaf	B comment isomoons for the	1		
Chile	dren) Act 1893.	Not at School	2	2	4
	,	Attending Public Elementary		1:	1
nt.		Schools	26	16	42
oie	Feeble	Attending Certified Schools for Mentally Defective Children	1		
)efi	Minded	Notified to Local Control Authority			1
Mentally Deficient.	{uded	by Local Education Authority	1 200		1
ally		Not at School		1 .:	1
ent	Imbeciles J	At School	3 2	1	2
M	Idiots {	Not at School	3	i	4
	diots	Attanton Dalli Di	2	3	. 5
		Attending Public Elementary Schools	1.		
	Epileptics	Attending Certified Schools for	1.		
	2 priceptics	Epileptics			
		In Institutions other than Certified Schools			
		Not at School	i	i	2
	1	Attending Public Elementary		-	Marie de
		Schools			
	Pulmonary	Attending Certified Schools for Physically Defective Children			
	Tuberculosis	In Institutions other than Certified	**		
		Schools			
	1	Not at School	1		1
	1	Attending Public Elementary Schools	2		
	Crippling	Attending Certified Schools for	-	4	6
	due to	Physically Defective Children			
	Tuberculosis	In Institutions other than Certified Schools		1999	
ive	Crimpling	Not at School	::		
feet	Crippling due to causes /	Attending Public Elementary		001	Man .
De	other than	Schools	11	11	22
>	Tuberculosis, i.e. Paralysis,	Attending Certified Schools' for Physically Defective Children			
Physically Defective.	Rickets,	In Institutions other than Certified			
уві	Traumatism.	Schools	-:		
Ph	Other Physical Defectives	Not at School	1	1	2
	e.g. Delicate				
	and other	Attending Public Elementary		9	
	Children suitable for	Schools	1	2	3
	admission to	Attending Certified Schools for			in a
	Open-Air	Physically Defective Children		1916	S. Harris
	Schools ; Children	Not at School		;	;
	sufferingfrom			1	
	severe Heart				
	Disease.	Retarded 2 years		0	00
1	Oull or Backward {	D 4- 3-30			88
			100		TO THE REAL PROPERTY.

Total. 160 28 265 618 32 19 NUMBER OF CHILDREN Otherwise. Treated 10 85 121 Under Local Education Authority's Scheme. Treatment of Minor Ailments. 26 30 153 180 47 S 497 51 Treatment. Referred 32 59 280 185 28 67 699 Other Skin Disease..... EVE DISEASE (External and Other)..... EAR DISEASE Scabies ..... Disease and Defect. Impetigo ..... TABLE IV.-A. Totals ..... Minor Injuries ..... Ringworm-Head Ringworm-Body MISCELLANEOUS SKIN:

TABLE IV.-B.

Treatment of Visual Defects.

NUMBER OF CHILDREN.

For whom For whom treatment glasses were glasses were glasses.  For whom treatment glasses were other than by forms of provided.  Received other no treatment was considered treatment.

TABLE IV.-C.

Treatment of Defects of Nose and Throat.

		Received other forms of Treatment.	82
HILDREN.	ment	Total.	i34
NUMBER OF CHILDREN.	Received Operative Treatment	By Private Practitioner or Hospital.	55
	Receiv	Under Local Education Authority's Scheme, Clinic or Hospital.	79
		Referred for Treatment.	204

TABLE V.-Summary of Treatment of Defects.

		NUMBER OF CHILDREN,	CHILDREN,	
4			Treated.	
Disease or Defect.	Referred for Treatment.	Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	699	497	121	819
Visual Defects	236	230	00	238
Defects of Nose and Throat	204	62	137	216
Dental Defects	158	1	24	24
Other Defects	122	36	83	611
Total	1389	842	373	1215

#### TABLE VI.

## Summary relating to Children Medically Inspected at the Routine Inspections during the year 1922.

Elementary Secondary School. School. 1. The total number of children medically inspected at the 2. The number of children in (1) suffering from-81 ... 33 ... Defective Vision (including Squint) ... ... ... ... 260 ... 105 33 ... 2 16 ... 2 21 ... 6 Nose and Throat Disease ... ... ... ... ... ... ... 249 ... 39 Enlarged Cervical Glands (non-tubercular) ... ... 49 ... 5 13 ... 5 258 ... 60 Heart Disease-Organic ... ... ... ... ... ... ... ... 26 ... 18 Functional ... ... ... ... ... ... 27 ... 2 18 ... 9 Lung Disease (non-tubercular) ... ... ... ... ... ... 46 ... Tuberculosis-Pulmonary definite ... ... ... ... suspected ... ... ... ... 4 ... Non-Pulmonary ... ... ... ... ... ... 19 ... Disease of the Nervous System ... ... ... ... ... 15 ... 32 ... 9 Other Defects and Diseases ... ... ... ... ... ... 35 ... 2 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 426 ... 4. The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.)... 461 ... 108 5. The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective 269 ... 91