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COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1923.

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


SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,

AND

CHIEF TUBERCULOSIS OFFICER.

BURY :

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PUBLIC HEALTH DEPARTMENT,

CLOUGH STREET, BURY,

March 5th, 1924.

*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, 1923.

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

The tables which appear at the end of the Report are according to the new models recently issued by the Board of Education.

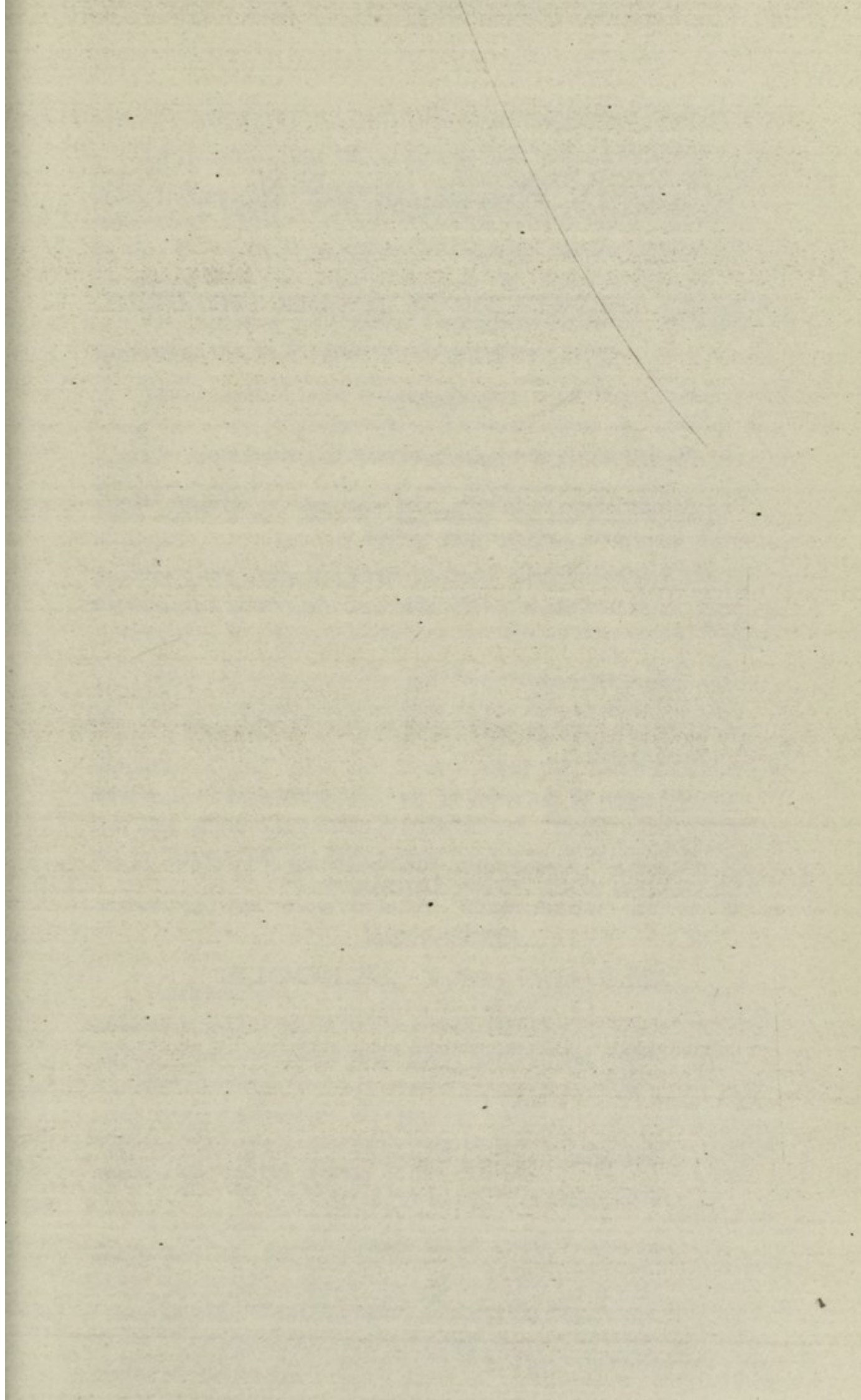
I take this opportunity of expressing my thanks to the Director of Education and his staff, the Head Teachers of the various schools, the clerical staff of the Health Department, and to the School Nurses for the assistance they have given me, and to you, Ladies and Gentlemen, for your courtesy and consideration.

I should also like to express my appreciation of the valuable assistance rendered by the Assistant School Medical Officer, Dr. C. S. Harwood, who left on January 2nd, 1924, in order to take up an appointment abroad.

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).
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. 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.—I am pleased to be able to record a very considerable improvement in the cleanliness of children attending the public Elementary Schools. During the year under review only 112 children were found to be in an unclean condition as compared with more than double that number in the previous year. In my opinion this improvement is due, to a great extent, to the work carried out by the Nurses in the schools.

There were, in addition, of course, a number of children who had a few nits only.

The improvement in body cleanliness was even more marked, not a single child having been found in a verminous or offensively dirty condition, as compared with 4 in 1922, and 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.

In cases where uncleanness 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 232 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 79 children were found to be suffering from enlarged tonsils requiring treatment, while 107 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Eighty-nine children were referred for treatment for adenoids and 43 for observation, while the corresponding figures for children suffering from both conditions together were 39 and 11 respectively.

Tuberculosis.—No cases of definite Pulmonary Tuberculosis were discovered, but two suspicious cases were referred for treatment. Other forms of Tuberculosis found were:—

Glands: Seven referred for treatment and seventeen for observation.

Spine: One referred for treatment and three for observation.

Hip: Three referred for observation.

Other bones and joints: One referred for observation.

Skin: One referred for treatment and one for observation.

Other forms: Three referred for treatment and four 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	16	0
Ringworm, Body	16	1
Scabies	2	0
Impetigo	150	2
Other Skin Diseases (Non-Tubercular) ..	51	2

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

	Referred for Treatment.	Referred for Observation only.
Blepharitis	31	2
Conjunctivitis	17	1
Keratitis	5	—
Corneal Opacities	—	—
Other conditions	6	1

Defective Vision and Squint.—322 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these 272 were cases of defective vision and 50 cases of squint. 263 were referred for treatment and 59 for observation only. The latter were cases in which spectacles had already been provided at the time of inspection.

Ear Diseases and Hearing.—Eleven children were found to be suffering from defective hearing, 53 from Otitis Media, and 3 from other ear diseases. The Head Teachers have been 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 is now, however, considering the question of providing 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.

With the exception of a small outbreak of Measles at the end of February and beginning of March, nothing occurred which called for special action. During the year the following schools were closed on account of the prevalence of Measles amongst the children :—

Chesham, Infants' Department	Feb. 27th to Mar. 16th.
St. Paul's (Bell) Infants' Department ...	Mar. 1st to Mar. 16th.
East Ward Infants' Department	Mar. 8th to Mar. 29th.
Brunswick Infants' Department	Mar. 13th to Mar. 29th.

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.

" 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 (defective 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 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.

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 out the following visits, &c. :—

Number of visits to school departments in connection with medical inspection	195
Number of visits to schools to examine children for cleanliness... ..	410

Number of visits and re-visits to homes	668
„ examinations for cleanliness	19,906
„ visits with children to Ophthalmic Surgeon's rooms	51

With the exception of that relating to the number of visits to homes, all the above figures show an increase on the corresponding ones for the previous year. The reduction in the number of visits to homes is accounted for by the fact that parents are now usually interviewed at the Clinic, where they are seen by the Medical Officer, and where the children can be more conveniently examined for results of treatment.

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 to a minimum the period of absence from school 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:—

Number of children attending from 1922	107
„ „ discharged	845
„ „ still attending at end of 1923	103
„ fresh children who attended during 1923 ...	841
„ attendances	3,636
Clinic open days	265
Average attendance per child	3.8
Average daily attendance	13.7

In addition to the above, 250 children attended on two successive days for mydriatic application before seeing the School Oculist for purposes of refraction.

Altogether 460 parents were seen at the Clinic during the course of the year, so that in about 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 uncleanness, 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 195 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 101 received operative treatment—89 under the Local Authority's scheme and 12 by private practitioner or otherwise. The remaining 94 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	14	849	
Girls	16	867	
At the Bury Infirmary :		No.	Total No. of Days
Boys	0	0	
Girls	2	268	

At the Manchester and Salford Hospital for Diseases of the Skin :	No.	Total No. of Days
Boys	0	0
Girls	1	(out-patient)

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., Group I., 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 Table IV., Group II.

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 278 children have been submitted to refraction. Eighteen children were found not to require spectacles. Spectacles were prescribed in respect of 260 children, and 283 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 32. In 26 cases spectacles were provided free, and in the other six 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, 409 children out of 573 known to require spectacles were wearing them habitually (71.3%). The number of children wearing glasses is still increasing, and in several schools now approaches 100%.

Four cases of squint received operative treatment at the Bury Infirmary.

Further particulars as to treatment of Defects of Vision will be found in Table IV., Group II.

Eye Disease and Hearing.—No special treatment is provided apart from that which may be obtained at the School Clinic. As will be seen from Table IV., Group I., 38 cases of Minor Ear Defect have been treated at the Clinic and 9 have been treated elsewhere during the year.

Dental Defects.—There has been no improvement in the number of children obtaining treatment for Dental Defects, nor is any to be expected until a Dental Clinic is provided. This important matter is now under consideration by the Local Authority, and there is every prospect of a Clinic being provided in the near future.

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"	50.0%
"Intermediates"	22.3%
"Leavers"	5.3%

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 playgrounds, 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 as described in a previous report have been continued during the year ending December, 1923, without material change.

“Provision has been made in Infants' and Mixed Departments of all schools for Physical Training, Games and Simple Dances, on the lines of the suggestions contained in the Syllabus of Physical Training issued by the Board of Education in 1919. For all Mixed Departments minimum and maximum times have been laid down at 100 and 125 minutes per week respectively. This allows for a daily period for Physical Training and a weekly period for Organised Games. In Infants' Departments daily morning primary lessons and in most schools daily afternoon secondary lessons have been in operation.

“A stimulus was given to the general training during the year by the development of work for a Display. This Display of Games and Dances, in which some 100 boys and 250 girls took part, was given in connection with the Annual Athletic Sports arranged by the Elementary Schools' Athletic Association. The work of this Association in the arrangement and encouragement of Games for school children out of school hours has been very effective. In addition to the Annual Sports, an Inter-Schools' Football League, Football Shield Competition, Cricket League, Rounders League, and Swimming Squadron League have been

successfully managed. Through this splendid work, to which many teachers have given much time and energy, hundreds of children have benefited by their participation in team games."

PROVISION OF MEALS.

During the year 1923 it was found necessary to provide 32,410 meals to school children. All were dinners and, with the exception of 170 supplied to three children attending an outlying school, were provided by and served at six restaurants in various parts of the town. The average total cost per meal was 6.83d. The cases were selected by the application of a scale, approved by the Board of Education, taking into consideration 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 13,824 attendances were made, viz. : Boys 6,753, Girls 7,071.

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.

During the year two children were inmates of institutions for the Blind. One of these completed the period of attendance.

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 486 (an increase of 3 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 the following table :—

Age	11	12	13	14	15	16	17	18	Total
Boys ...	39	49	73	58	27	12	2	—	260
Girls ...	26	55	34	41	27	21	16	6	226
Totals..	65	104	107	99	54	33	18	6	486

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 valuable assistance.

FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.—The standard of cleanliness in the Secondary Schools continues to be high, only 8 children out of the 486 inspected being found to require attention in this respect. Six of these were cases of neglected heads and two of uncleanliness of body.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—Four children were found to be in need of treatment for Enlarged Tonsils, 2 for Adenoids, and 3

for Enlarged Tonsils and Adenoids combined, and 20 cases of Enlarged Tonsils were referred for observation.

Enlarged Glands.—Seven cases of Enlarged Cervical Glands came under notice, of which one was referred for treatment and the remaining six for observation.

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

Skin Diseases.—No cases of skin disease were discovered.

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

Defective Vision.—Twenty-three cases of seriously defective vision were found, and these were all referred for treatment. These were chiefly among the children who were admitted to the schools during the year under review, but a very few were children who had been referred for treatment on a previous occasion. A strongly worded notice was sent to the parent in each case.

Ear Disease and Defective Hearing.—Three cases of Otitis Media were referred for treatment and one for observation. No fresh cases of Defective Hearing were discovered.

Dental Defect.—Sixty-six 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.—Three cases of Organic Heart Disease were referred for treatment and 10 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.

One case of Anæmia was referred for treatment and five for observation.

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

MEDICAL TREATMENT.

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

Tonsils and Adenoids.—During the year 5 cases of Enlarged Tonsils and Adenoids received operative treatment. One of these cases was a child suffering from both defects, three were cases of Enlarged Tonsils only and one of Adenoids only. In every case the result was satisfactory.

Vision.—23 new cases of Defective Vision were referred for treatment; 30 had undergone ophthalmoscopic examination, and three had received no treatment. Spectacles were prescribed in 20 cases, and in 15 instances had been obtained at the time of re-inspection.

Ear Disease and Hearing.—All the three children suffering from Otitis Media received medical attention, with the result that two showed considerable improvement and the other was unchanged.

Dental Defect.—Sixty-six children suffering from Dental Defect were referred for treatment. Of these 29 received no treatment, and in nine cases no information was obtained. Of the remaining 28, four had received thoroughly satisfactory treatment and 24 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. Each of the three cases of Organic Heart Disease received treatment. One had improved considerably and the other two appeared to be 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.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :—

Entrants	616
Intermediates	952
Leavers	540
	<hr/>
Total	2108
	<hr/>

Number of other Routine Inspections

B.—OTHER INSPECTIONS.

Number of Special Inspections... ..	762
Number of Re-inspections	1918
	<hr/>
Total	2680
	<hr/>

TABLE II.

**A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1923.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
	Number of Defects.		Number 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)
MALNUTRITION.....	14	69	5	9
UNCLEANLINESS:	(See	Table IV.,	Group	V.)
SKIN: Ringworm: Scalp.....	2	..	14	..
Ringworm: Body.....	..	1	16	..
Scabies.....	..	..	2	..
Impetigo.....	4	1	146	1
Other Diseases (Non-Tubercular)	2	2	49	..
EYE: Blepharitis.....	11	2	20	..
Conjunctivitis.....	1	1	16	..
Keratitis.....	..	..	5	..
Corneal Opacities.....	..	..	..	..
Defective Vision (excluding Squint).....	174	35	50	13
Squint.....	30	10	9	1
Other Conditions.....	2	1	4	..
EAR: Defective Hearing.....	..	5	3	3
Otitis Media.....	12	9	32	..
Other Ear Diseases.....	2	..	1	..
NOSE & THROAT:				
Enlarged Tonsils only.....	49	96	30	11
Adenoids only.....	59	37	30	6
Enlarged Tonsils and Adenoids	25	8	14	3
Other Conditions.....	3	1	9	..
ENLARGED CERVICAL GLANDS (Non-Tubercular).....	33	45	11	6
DEFECTIVE SPEECH.....	..	3	..	..
TEETH: Dental Diseases.....	(See	Table IV.,	Group IV.)	
HEART AND CIRCULATION:				
Heart Disease: Organic.....	15	22	2	4
" " Functional....	6	10	3	2
Anæmia.....	4	12	3	2
LUNGS:				
Bronchitis.....	11	14	12	3
Other Non-Tubercular Diseases	..	5	..	..
TUBERCULOSIS:				
Pulmonary:				
Definite.....	..	..	..	..
Suspected.....	..	..	2	..
Non-Pulmonary:				
Glands.....	3	5	4	12
Spine.....	..	1	1	2
Hip.....	..	..	..	3
Other Bones and Joints.....	..	..	..	1
Skin.....	1	..	..	1
Other Forms.....	..	2	3	2
NERVOUS SYSTEM:				
Epilepsy.....	..	3	1	1
Chorea.....	..	1	2	1
Other Conditions.....	..	..	1	..
DEFORMITIES:				
Rickets.....	..	3	..	..
Spinal Curvature.....	..	2	1	..
Other Forms.....	..	15	1	1
OTHER DEFECTS & DISEASES	3	14	16	2

TABLE II.—Continued

B.—Number of Individual Children Found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
Code Groups :—			
Entrants	616	87	14·1
Intermediates	952	146	15·3
Leavers	540	87	16·1
Total (Code Groups)	2108	320	15·1
Other Routine Inspections.....	—	—	—

TABLE III.
Return of all Exceptional Children in the Area.

			Boys	Girls	Total		
Blind (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind.....	1	..	1		
		Attending Public Elementary Schools ..	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind.....	..	..	..
		Attending Public Elementary Schools ..	1	2	3		
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
	Deaf (including deaf & dumb & partially deaf)	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the deaf	3	2	5	
			Attending Public Elementary Schools	
At other Institutions.....			..	..	..
At no School or Institution .....			..	..	..
(ii.) Suitable for training in a School or Class for the partially deaf.		Attending Certified Schools or Classes for the deaf .....	..	..	..
		Attending Public Elementary Schools ..	..	..	..
		At other Institutions.....	..	..	..
		At no School or Institution .....	..	..	..
		Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children
				Attending Public Elementary Schools ..	31	18	49
At other Institutions.....	..			..	..
At no School or Institution	2			1	3		
Notified to the Local Control Authority during the year.	Feeble-minded		1	..	1		
	Imbeciles .....		..	..	..
	Idiots.....		..	..	..
	Epileptics.		Attending Certified Schools (Special) for Epileptics	
				In Institutions other than Certified Special Schools.....
				Attending Public Elementary Schools
Suffering from epilepsy which is not severe.		At no School or Institution .....	..	..	..
		Attending Public Elementary Schools ..	2	2	4		
		At no School or Institution .....	..	..	..
Physically Defective.		Infectious, Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	
			At other Institutions	
			At no School or Institution	
			At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	
	Non-infectious but active Pulmonary and Glandular Tuberculosis.	At Certified Residential Open-Air Schools .....	..	..	..
		At Certified Day Open-Air Schools..	..	..	..
		At Public Elementary Schools.....	1	2	3		
		At other Institutions .....	..	..	..
	Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility, anemia, etc).	At no School or Institution .....	..	..	..
		At Certified Residential Open-Air Schools .....	..	..	..
		At Certified Day Open-Air Schools..	..	..	..
		At Public Elementary Schools.....	3	..	3		
	Active non-pulmonary Tuberculosis.	At other Institutions .....	..	..	..
		At no School or Institution .....	..	..	..
		At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	..	..	..
		At Public Elementary Schools.....	..	..	..
Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At other Institutions .....	..	..	..
	At no School or Institution .....	..	1	1		
	At Certified Hospital Schools .....	..	..	..
	At Certified Residential Cripple Schools .....	..	..	..
	At Certified Day Cripple Schools.....	..	..	..
	At Public Elementary Schools.....	9	11	20			

TABLE IV.

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

TREATMENT TABLE.

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

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm, Scalp	9	7	16
Ringworm, Body	10	6	16
Scabies .....	...	2	2
Impetigo.....	145	5	150
Other Skin Disease	46	5	51
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	45	8	53
Minor Ear Defects	38	9	47
Miscellaneous—e.g. minor injuries bruises, sores, chilblains, &c.	21	4	25
Total.....	314	46	360

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

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to Refraction by private practitioner or at Hospital apart from the Authority's Scheme.	Otherwise	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction—(including Squint)	250	28	5	278
Other Defect or Disease of the Eyes (excluding those recorded in Group I)	...	...	...	...
Total	250	28	5	278

TABLE IV.—Continued.

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme234
 (b) Otherwise 26

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme257
 (b) Otherwise 26

GROUP III—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Total.		
(1)	(2)	(3)	(4)	(5)
89	12	101	94	195

GROUP V—UNCLEANLINESS AND VERMINOUS CONDITIONS.

- (i) Average number of visits per school made during the year by the School Nurses 4
 (ii) Total number of examinations of children in the Schools by School Nurses.....19906
 (iii) Number of individual children found unclean 112
 (iv) Number of children cleansed under arrangements made by the Local Education Authority —
 (v) Number of cases in which legal proceedings were taken :
 (a) Under the Education Act, 1921 —
 (b) Under School Attendance Bye-laws —

