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COUNTY BOROUGH OF BURY.

REPORT

ON THE

Medical Inspection of School Children

For the Year ended 31st December, 1933.

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,

TITHEBARN STREET, BURY.

March 31st, 1934.

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, 1933.

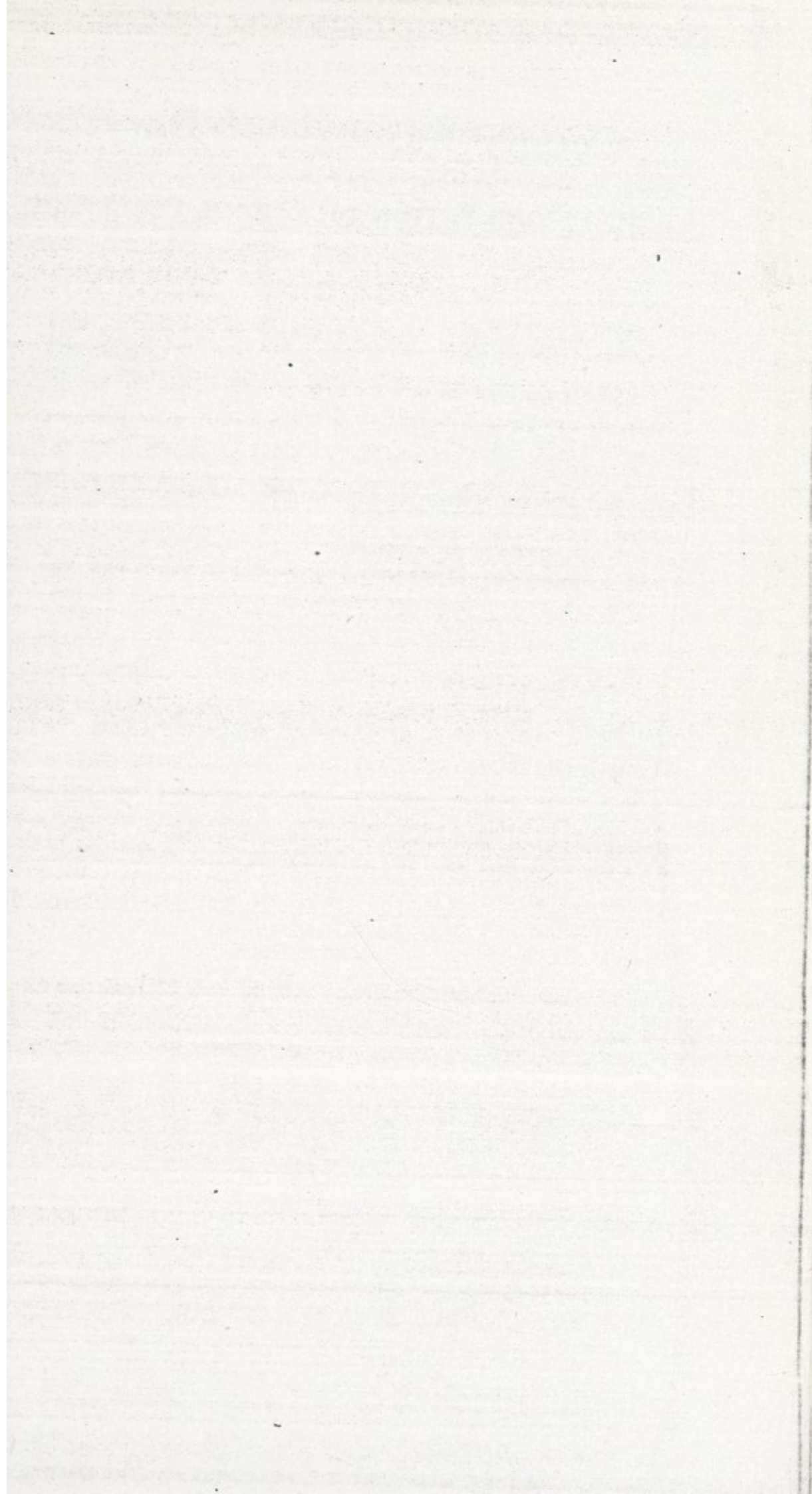
Two changes in the personnel of the staff have taken place. Dr. R. C. Holderness, the Assistant School Medical Officer, left on August 19th to take up a new post, and Dr. J. S. Drummond, who was appointed to the position, commenced his duties on August 21st. Mr. Johnston, the School Dentist, left to take up another appointment on the 31st December.

I take this opportunity of expressing my thanks to Dr. Holderness, Dr. Drummond, Dr. Ratcliffe, Mr. Johnston, 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 to me, and to you, ladies and gentlemen, for your courtesy and consideration.

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.

One whole time Dentist.

Two School Nurses.

One Dental Nurse.

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. Second Age Group (aged 8 years).
3. Third Age Group (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.—During the year under review 21 children were found to be in such an unclean condition that it was considered necessary to exclude them from school. There were in addition 231 children who were found to have a few nits only. Notices were sent to the parents calling their attention to the condition.

There were no cases of verminous or offensively dirty bodies.

In addition to the Routine Medical Inspections periodical examinations for cleanliness are made by the School Nurses. They again 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 71 occasions during the year, and mothers frequently borrow them from the clinic of their own accord. Many mothers have now bought their own combs.

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 204 children were found to be suffering from enlarged tonsils requiring treatment, while 102 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Twenty-six children were referred for treatment for adenoids, and 8 for observation, while the corresponding figures for children suffering from both conditions together were 76 and 10 respectively.

Tuberculosis.—One case of definite Pulmonary Tuberculosis and one suspicious case were discovered. These were referred for treatment.

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. Among the cases of Skin Disease found were:—

	Referred for Treatment	Referred for Observation only
Ringworm, Scalp	18	—
Ringworm, Body	15	—
Scabies	28	—
Impetigo	152	2
Other Skin Diseases (Non-Tuberculous)..	143	6

External Eye Disease.—Sixty cases of external eye disease were found during the year, all of which were referred for treatment. The following table shows the nature of these cases:—

	Referred for Treatment.	Referred for Observation only
Blepharitis	36	—
Conjunctivitis	24	—

Defective Vision and Squint.—400 cases of defective vision (of less acuity than $\frac{6}{12}$ in either eye) and squint were found. Of these 380 were cases of defective vision and 20 cases of squint. 356 were referred for treatment and 44 for observation only.

Ear Diseases and Hearing.—Seventeen children were found to be suffering from defective hearing, and 33 from Otitis Media. 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 Defects.—See Table IV., Group V., at end of report.

INFECTIOUS DISEASE.

It was only found necessary on one occasion during the year to close a school owing to the prevalence of infectious disease. This was when the St. George's School, Unsworth, was closed, owing to an outbreak of Diphtheria, from noon, December 20th, to noon, December 23rd (immediately before the Christmas holidays).

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	294
Number of visits to schools to examine children for cleanliness	389
Number of visits and re-visits to homes	189
„ examinations for cleanliness	15,903

MEDICAL TREATMENT.

Minor Ailments.—A Clinic for the treatment of Minor Ailments is held at The Wylde. The accommodation consists of waiting room, dressing room, consulting room, and nurses' room.

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 attending the Minor Ailments Clinic during the year 1933 is shown in the following table:—

Number of children attending from 1932	124
„ „ discharged during 1933	750
„ „ still attending at end of 1933	100
„ fresh children who attended during 1933 ...	726
„ attendances	6,882
Clinic open days	284
Average attendance per child	8.09
Average daily attendance	24.2

In addition to the above, 348 children attended on three or four successive days for mydriatic application before seeing the School Oculist for purpose of refraction.

Altogether 376 parents were seen at the Clinic during the course of the year. This was largely in connection with defects found in the course of Medical Inspection.

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

Tonsils and Adenoids.—Many of the cases requiring operative interference are treated by general practitioners. New arrangements came into force during 1930 with the Board of the Bury Infirmary under which certain cases are treated at that Institution. No charge is made by the Board to the Education Committee, and correspondingly no charge is made by the Education Committee to parents of children treated. The Local Authority makes an annual grant to the Infirmary in connection with this scheme.

During the year 177 cases of Adenoids or Enlarged Tonsils received some form of treatment. Of these, 156 received operative treatment—75 under the Local Authority's scheme and 81 by private practitioner or otherwise.

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. School children are, however, occasionally sent to the Liverpool Open-Air Hospital for Children, Leasowe, and to Eastby Sanatorium, Skipton.

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. Cases are also occasionally sent for treatment to the Shropshire Orthopædic Hospital at Oswestry.

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 Tuberculosis which have received Institutional treatment during the year:—

At the Shropshire Orthopædic Hospital:

	No.	Total No. of Days.
Boys	2	244
Girls	0	0

At the Eastby Sanatorium:

Boys	2	490
Girls	0	0

At Liverpool Open-Air Hospital for Children, Leasowe:

Boys	1	61
Girls	5	447

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 Dr. James Ratcliffe, the Ophthalmic Surgeon to the Local Authority.

On three days preceding the examination and, also, on the day of the examination the Nurse introduces atropine into the eyes of the children, and is present at the clinic.

The following table gives the figures for 1932 and 1933:—

	1932.		1933.
Number of children submitted to refraction ...	379		356
" " already provided with suitable spectacles	76		66
" " not requiring spectacles ...	45		44
" " for whom spectacles were prescribed... ..	258		246
" " who had obtained the necessary spectacles by the end of the year... ..	237		234

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 13. In each instance spectacles were provided free.

Cases are continually arising where the parent refuses or neglects to provide the necessary spectacles for his child. These parents are interviewed by the Care of Children Section of the Education Committee and warned that, unless spectacles are obtained within a reasonable time, further action will be taken. In every case, so far, this has had the desired effect.

Further particulars as to treatment of Defects of Vision will be found in Table IV., Group II., page 29.

Ear 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., 52 cases of Minor Ear Defect have been treated at the Clinic.

Dental Defects.—See Table IV., Group V.

Crippling Defects and Orthopædics.—An arrangement is in force under which Orthopædic cases from Bury are treated under the Scheme of the Lancashire County Council. The scheme falls into three parts:—

1. Orthopædic Centre.
2. Ancoats Hospital, Manchester.
3. Biddulph Orthopædic Hospital, Staffordshire.

1. **ORTHOPÆDIC CENTRE.**—An Orthopædic Clinic is held once weekly at the "Uplands," Whitefield. The Centre is attended each session by the County Orthopædic Nurse. Once a month it is attended by the County Assistant Orthopædic Surgeon, Mr. E. S. Brentnall, F.R.C.S. Mr. Brentnall sees all new cases and supervises all old cases.
2. **ANCOATS HOSPITAL.**—Here cases are seen for further opinion or for further examination, including X-ray photographs, by Mr. Harry Platt, F.R.C.S., Orthopædic Surgeon to the Hospital and to the Biddulph Hospital. Apart from examination and out-patient treatment, only short stay cases are admitted to the Wards of the Ancoats Hospital.
3. **BIDDULPH HOSPITAL.**—This Hospital belongs to the Lancashire County Council. It is situated 28 miles south of Manchester, near Congleton.

Particulars of cases dealt with at the Orthopædic Centre during the year will be found in the following table:—

ORTHOPÆDIO TREATMENT. Children seen at the Orthopædic Clinic for the first time during 1933.

No.	Age.	Sex.	Diagnosis.	Treatment.	Result of Treatment.	Prognosis.
1.	13 years	F.	Scoliosis—Shortening of L. Lower Limb	Exercises and Raised Heel	Improved	Good
2.	6 "	F.	Knock-knees	Knock-knee braces	Excellent correction Discharged	—
3.	11 "	M.	Knock-knee L. Bow-leg R.	In-Patient, Biddulph Hospital	—	Fair
4.	9 "	M.	Knock-knees.	Valgus Wedges and Manipulations	Not completed	Good
5.	13 "	M.	Valgus—feet	Valgus Wedges and exercises	Not completed	Good
6.	7 "	M.	Defective Posture	Exercises	Not completed	Good
7.	13 "	M.	Defective Posture	Exercises	Well, discharged	—
8.	14 "	M.	Flat Feet	Valgus wedges and exercises	Not completed	Good
9.	13 "	M.	Flat Feet	Valgus wedges and exercises	Well, discharged	—
10.	8 "	F.	Infantile Paralysis L. Lower Limb	Plaster	Improved, Satisfactory...	Fair
11.	11 "	M.	Muscular Distrophy	No Treatment Recommended	—	Bad
12.	6 "	M.	Torticollis	For in-patient treatment at Biddulph Hospital	—	Good
13.	9 "	F.	Knock-knees, Valgus—Feet	Valgus wedges and knock-knee braces	Satisfactory	Good
14.	13 "	M.	Severe Knock-knees	Operation	—	Fair
15.	11 "	F.	Pronated Feet	Valgus wedges and exercises	Satisfactory	Good
16.	10 "	M.	Valgus—Feet, Knock-knees...	Valgus wedges	Not completed	Good
17.	6 "	F.	Sub-Luxation, R. Wrist	In-Patient, Biddulph Hospital	—	Good
18.	14 "	M.	Valgus—Feet, Valgus—Knees	Valgus wedges	Not completed	Good
19.	13 "	M.	Slight Knock-knee. Everted feet	Valgus wedges and exercises	Not completed	Good

In addition 15 old cases attended the Clinic.
 ... examination by Orthopædic Surgeon..... 60.

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 "	67.3%
" Second Age Group "	39.3%
" Third Age Group "	13.7%

The figures for each age group, particularly the Second and Third, show a marked increase on those for the previous year.

Particulars of the methods used to ensure 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 parents 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:—

During the year ended 31st December, 1933, a change has been made in the arrangements for Physical Training in Central and Senior Schools by the provision of gymnastic apparatus. Teachers' courses were held, and the change in the work has had a very good effect on the spirit of the teaching of Physical Training in the Schools.

The arrangements for Junior and Infants' Schools continued as before.

Organised Games.—Conditions for organised games have been improved by the increased use of the Hoyle Playing Fields. More playing pitches are being laid in the fields and the capacity thereby for organised games will still further be increased for the future.

The Education Committee paid the usual grants towards the maintenance of playing fields, and supplied the usual games apparatus.

SCHOOL BATHS.

No baths are provided at any of the schools.

Classes in swimming were held at the Corporation Baths from the 1st May to the 26th October, 1933. The total attendance during this period was 23,604, an increase of 4,320 on the numbers for the corresponding period of the previous year. There can be no further increase of attendances with the existing facilities.

The results of the swimming instruction are as follows:—

Total number of children taught to swim	760
Total number of children to pass tests of ability in swimming	1081

A Schools' Swimming Gala was held at the end of the season and proved successful.

As a result of certain changes in teaching method, it is confidently hoped that from next season (1934) onwards, it will be possible for every child medically fit to attend the Baths to learn to swim before the end of his or her school career.

PROVISION OF MEALS.

During the year it was found necessary to provide 45,153 meals to school children—7,723 more than the number provided in the previous year. All were dinners and were provided by and served at seven restaurants in various parts of the town. The average total cost per meal was 5.91d.

The cases were selected by the application of a scale, approved by the Board of Education, taking into consideration income and number in family.

Children in receipt of Free Meals attend at the School Clinic once monthly, where they are weighed and examined and a record kept of the condition of each child. During 1933, 326 children made 1,141 attendances.

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.

During 1933 the following children were maintained in special schools or hospitals:—

Blind... ..	4	Physically defective ...	3
Deaf	2	Orthopædic cases	3

NURSERY SCHOOLS.

No nursery schools have been provided in the area.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 60 children have been examined as to their fitness to undertake employment (usually the delivery of newspapers) out of school hours.

SECONDARY SCHOOLS.

In a Circular dated January, 1934, the Board of Education ask for a statement of the work of the School Medical Service in connection with pupils attending Secondary Schools and other Institutions of Higher Education, showing the provision made for medical inspection and treatment.

The information asked for is given under the following heads :

“ 1. MEDICAL INSPECTION.

“ (a) Numbers of schools concerned, showing separately schools provided by the Authority, those not provided but aided, and those which are neither provided nor aided.”

The schools concerned in Bury are—

The Municipal Secondary School.

The Junior Technical School.

Both are provided by the Local Authority.

“ (b) Frequency and character of medical inspection, i.e., whether full inspection or otherwise.”

All children are submitted to a full inspection annually.

“ (c) Whether all pupils attending the schools are inspected.”

All pupils attending the schools are inspected.

2. FOLLOWING-UP AND MEDICAL TREATMENT.

“ (a) The arrangements for following-up the defects discovered.”

Exactly as in the case of Elementary Schools.

“ (b) Forms of treatment provided under arrangements made by the Authority.”

Exactly as in the case of Elementary Schools.

“ (c) Types of pupil for whom treatment is available (e.g., all, or necessitous cases only).”

Available for all.

The children attending the Secondary Schools were first inspected in 1920.

During the year 1933 the total number inspected was 537. Particulars as to age and sex will be found in the following table:

Age	10	11	12	13	14	15	16	17	18	19	Total
Boys ...	13	35	75	108	59	30	18	10	—	—	348
Girls ...	14	41	41	31	22	13	24	6	2	—	194
Totals..	27	76	116	134	81	43	42	16	2	—	537

Interference with the school routine was, as far as possible, avoided. The Head Masters of the two schools 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.—For the first time since the Medical Inspection of Secondary School children was commenced not a single child was found to require treatment for uncleanliness.

Minor Ailments are referred to under their respective headings.

Tonsils and Adenoids.—Twenty-three children were found to be suffering from enlarged tonsils. Five of these were considered to require treatment, and the rest were referred for observation. Four cases of Adenoids were referred for treatment.

Tuberculosis.—No cases of Tuberculosis were discovered.

Skin Diseases.—One case of Impetigo came under notice during the year.

External Eye Diseases.—Two cases of Blepharitis, two of Strabismus, and one of styne were found.

Defective Vision.—Thirty new cases of seriously impaired vision were found and were referred for treatment.

Ear Disease and Defective Hearing.—Four cases of slightly defective hearing were referred for observation, and two cases of Otorrhœa were referred for treatment.

Crippling Defects.—Three cases of knock-knee and two cases of flat-foot were referred to the Orthopædic Clinic. In addition several cases of flat-foot and curvature of the spine of a slight degree were referred for observation.

Heart and Circulation.—Two fresh cases of Organic Heart Disease were discovered during the year, together with seven cases of functional disease and one of Anæmia. All were referred for observation.

Lungs.—Two cases of slight Bronchitis were referred for observation.

Minor Ailments.—Five children from the Secondary Schools attended the Minor Ailments Clinic during the year. One was suffering from Impetigo, one from Blepharitis, two from cuts on the fingers, and one from sore nose.

External Eye Disease and Defective Vision.—Thirty-one new cases of Defective Vision were referred for treatment. All of these were seen by the Ophthalmic Surgeon and spectacles were prescribed in twenty-six cases. In each instance these had been obtained at the time of re-examination. In addition to the above, thirty-two children who were wearing glasses which were considered unsatisfactory underwent refraction and the necessary action was taken. The two cases of Strabismus received treatment from the Ophthalmic Surgeon. The remaining cases of external eye disease received appropriate treatment and, on re-inspection, were found to be cured.

Ear Disease and Hearing.—The four cases of defective hearing were found, on re-inspection, to have improved, and the two cases of Otorrhœa were receiving treatment from their own doctor.

Dental Defect.—Twenty-one cases of Dental Defect were referred for treatment, and of these fourteen consulted a dentist and received appropriate treatment. In addition to the above, twenty-two children attended the Dental Clinic for treatment.

Nose and Throat.—Of the five cases of Enlarged Tonsils referred for treatment, four underwent operation. The fifth showed considerable improvement. Of the four cases of Adenoids, three received operative treatment.

Heart and Circulation.—On re-inspection all the cases of Heart Disease, with two exceptions, were found to be improved.

Crippling Defects.—All the cases showed signs of improvement.

REMEDIAL EXERCISES.

No special classes for Remedial Exercises were arranged for the year 1933.

ELEMENTARY SCHOOLS.

TABLE I.

Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants.....	866
Second Age Group	739
Third Age Group	685
Total.....	2290

Number of other Routine Inspections	—

B.—OTHER INSPECTIONS.

Number of Special Inspections	780
Number of Re-inspections.....	4188
Total.....	4968

TABLE II.

**A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1933.**

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.....	..	19	..	23
UNCLEANLINESS:	(See Table IV., Group VI.)		..	..
SKIN: Ringworm: Scalp.....	..	..	18	..
Ringworm: Body.....	..	..	15	..
Scabies.....	..	..	28	..
Impetigo.....	2	..	152	..
Other Diseases (Non-Tuberculous)	6	7	143	..
EYE: Blepharitis.....	11	..	25	..
Conjunctivitis.....	..	..	24	..
Keratitis.....	..	..	..	..
Corneal Opacities.....	..	..	..	..
Defective Vision (excluding Squint).....	312	44	24	..
Squint.....	20	..	..	..
Other Conditions.....	..	..	..	..
EAR: Defective Hearing.....	1	3	13	..
Otitis Media.....	10	..	23	..
Other Ear Diseases.....	2	..	16	..
NOSE & THROAT:				
Enlarged Tonsils only.....	171	102	33	..
Adenoids only.....	10	8	16	..
Enlarged Tonsils and Adenoids	61	10	15	..
Other Conditions.....	..	..	..	..
ENLARGED CERVICAL GLANDS (Non-Tuberculous).....	1	19	15	..
DEFECTIVE SPEECH.....	..	11	..	..
TEETH: Dental Diseases.....	(See Table IV., Group V.)		..	..
HEART AND CIRCULATION:				
Heart Disease: Organic.....	..	1	..	4
" " Functional.....	..	56	..	..
Anæmia.....	..	..	..	11
LUNGS:				
Bronchitis.....	4	..	..	11
Other Non-Tuberculous Diseases	1	6	..	..
TUBERCULOSIS:				
Pulmonary:				
Definite.....	1	..	..	..
Suspected.....	1	..	..	..
Non-Pulmonary:				
Glands.....	..	..	..	..
Bones and Joints.....	..	..	..	..
Skin.....	..	..	..	..
Other Forms.....	..	..	..	..
NERVOUS SYSTEM:				
Epilepsy.....	..	1	..	..
Chorea.....	..	2	..	7
Other Conditions.....	..	3	..	..
DEFORMITIES:				
Rickets.....	..	..	..	..
Spinal Curvature.....	4	..	..	..
Other Forms.....	23	10	..	..
OTHER DEFECTS & DISEASES (excluding Uncleanliness and Dental Diseases)	14	..	41	38

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)
Prescribed Groups :—			
Entrants	866	238	27·48
Second Age Group	739	224	30·31
Third Age Group	685	193	28·17
Total (Prescribed Groups).....	2290	655	28·60
Other Routine Inspections.....	—	—	—

TABLE III.

Return of All Exceptional Children in the Area.

	Total
Children suffering from any combination of the following types of defect:—Blindness (not partial blindness), Deafness (not partial deafness), Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease	3
The actual combination of defects and the types of School, if any, attended, is shown separately. (See Addenda to this table).	
Blind Children.	
At Certified Schools for the Blind	1
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—1
Partially Blind Children.	
At Certified Schools for the Blind	3
At Certified Schools for the Partially Blind	0
At Public Elementary Schools	2
At other Institutions	0
At no School or Institution	0—5
Deaf Children.	
At Certified Schools for the deaf	1
At Public Elementary Schools	0
At other Institutions	0
At no School or Institution	0—1
Partially Deaf Children.	
At Certified Schools for the Deaf	0
At Certified Schools for the Partially Deaf	1
At Public Elementary Schools	1
At other Institutions	0
At no School or Institution	0—2
Mentally Defective Children—Feeble Minded Children.	
At Certified Schools for Mentally Defective Children	0
At Public Elementary Schools	10
At other Institutions	0
At no School or Institution	1—11
Epileptic Children—Children suffering from Severe Epilepsy.	
At Certified Special Schools	0
At Public Elementary Schools	2
At other Institutions	0
At no School or Institution	1—3

TABLE III.—Continued.

Physically Defective Children:

A.—Tuberculous Children.		Total
I.—Children suffering from Pulmonary Tuberculosis.		
At Certified Special Schools	0	
At Public Elementary Schools	4	
At other Institutions	2	
At no School or Institution	0—6	
II.—Children suffering from Non-Pulmonary Tuberculosis.		
At Certified Day Special Schools	0	
At Public Elementary Schools	11	
At other Institutions	0	
At no School or Institution	0—11	
B.—Delicate Children.		
At Certified Special Schools	1	
At Public Elementary Schools	22	
At other Institutions	0	
At no School or Institution	0—23	
C.—Crippled Children.		
At Certified Special Schools	0	
At Public Elementary Schools	5	
At other Institutions	1	
At no School or Institution	0—6	
D.—Children with Heart Disease.		
At Certified Special Schools	0	
At Public Elementary Schools	2	
At other Institutions	0	
At no School or Institution	0—2	

ADDENDA TO TABLE III.**Children Suffering from Multiple Defects:**

Feeble-minded and Epileptic.

At no School or Institution 1 |

Feeble-minded and Blind.

In Certified Schools for Mental Defectives 1 |

Feeble-minded and Physically Defective.

At Public Elementary Schools 1 |

TABLE IV.

**Return of Defects treated during the year ended
31st December, 1933.**

TREATMENT TABLE.

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

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	18†	...	18
Ringworm, Body	15	...	15
Scabies	28	...	28
Impetigo.....	152	2	154
Other Skin Disease	148	6	149
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	49	11	60
Minor Ear Defects	52	16	68
Miscellaneous—e.g. minor injuries, bruises, sores, chilblains, &c.	79	14	93
Total.....	536	49	585

† 1 treated by X-Rays.

TABLE IV.—Continued.

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)	356	4	...	360
Other Defect or Disease of the Eyes (ex- cluding those re- corded in Group I)	...	...	1	1
Total	356	4	1	361

Total number of children for whom spectacles were prescribed :

(a) Under the Authority's Scheme.....	246
(b) Otherwise	4

Total number of children who obtained or received spectacles :

(a) Under the Authority's Scheme	284
(b) Otherwise	4

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, in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
3	1	71	—	6	9	66	—	9	10	137	—	21	177

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
(iv) Other Defects of the Nose and Throat.

TABLE IV.—Continued.

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total Number Treated
	Residential Treatment with Education	Residential Treatment without Education	Non-residential Treatment at an Orthopædic Clinic	Residential Treatment with Education	Residential Treatment without Education	Non-residential Treatment at an Orthopædic Clinic	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children Treated ...	3	...	34	...	...	...	35†

† Two children included in (i) are also included in (iii).

GROUP V.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist :—Aged :

Routine age groups	5.....	409	} Total ...5293
	6.....	631	
	7.....	736	
	8.....	683	
	9.....	725	
	10.....	751	
	11.....	525	
	12.....	460	
	13.....	341	
	14.....	82	

Specials 616

Grand Total.. ...5909

(b) Found to require treatment3875

(c) Actually treated.....2448

(2) Half-days devoted to :—

Inspection 46

Treatment393 Total..... 439

(3) Attendances made by children for treatment3203

(4) Fillings : Permanent teeth 2027

Temporary teeth Total.....2027

(5) Extractions : Permanent teeth 479

Temporary teeth 3568 Total.....4047

TABLE IV.—Continued.

(6)	Administration of general anæsthetics for extractions.....	27
(7)	Other operations : Permanent teeth	90
	Temporary teeth	228
	Total.....	318

GROUP VI.—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.....	15908
(iii)	Number of individual children found unclean	21
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	9
(v)	Number of cases in which legal proceedings were taken :	
	(a) Under the Education Act, 1921	...
	(b) Under School Attendance Bye-laws	5

