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Borough of Chelmsford.

EDUCATION COMMITTEE.

REPORT

on

MEDICAL INSPECTION

of

SCHOOL CHILDREN

FOR THE YEAR 1920

by

WILLIAM J. COX, M.B., Ch.B., D.P.H.,

School Medical Officer.

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PUBLIC HEALTH OFFICE,
DUKE STREET,
CHELMSFORD,
April, 1921.

To the Chairman and Members of the Chelmsford Education Committee.

Ladies and Gentlemen,

I have the honour to submit to you my Second Annual Report on the Medical Inspection of School Children in the Borough, and in doing so would gratefully acknowledge the courteous consideration you have shown me during my time in office.

Bearing in mind the present necessity for economy, this report is not a lengthy one, but I think it will be found to contain all that is essential. The six tables required by the Board of Education have been included.

Reference should be made to these for the figures of the Report.

I am,
Ladies and Gentlemen,
Your obedient Servant,
WILLIAM J. COX

Report for the Year 1920.

The Scope and Application of Medical Inspection of Schools.

The scope and application of medical inspection of schools have developed considerably since the inception of this work, and particularly during the last few years.

In the earlier stages of the work it was justly complained that the scheme was one which devoted itself too much to mere *inspection* of children, ignoring more or less the more important matter of treatment.

This is no longer the case in the majority of towns, including Chelmsford.

The scheme in Chelmsford may be considered under two heads, (1) inspection, (2) treatment.

With regard to inspection, the aim is to give each child three or four routine medical inspections during its school life in order that no serious physical defect may be overlooked. Thus the child is examined first of all as an "entrant" to school life, in the Infants' Department, within three months of its admission to school.

At this age, many serious defects may be detected, and the attention of teacher and parents drawn to their existence.

At this early age, however, some physical defects, such as defective sight, are not so obvious as at a later age of seven or eight years.

At the age of about eight years, or a little earlier, on admission to the boys' or girls' department, the child is again submitted to routine medical inspection. This is known as the inspection of the "intermediate" group.

Before leaving school, between the ages of 12 and 14, the final inspection is made, the child now being examined as a "leaver." It is not desirable that this last inspection should be deferred until the last few months of school life. If it is left so late, there is greater risk that the parents will neglect to secure treatment.

In the Borough of Chelmsford "leavers" are, as far as possible, examined at the age of 12 years, in order that the final warning to parents may be given in good time. A good opportunity is thus given to obtain treatment for physical defects before the child leaves school.

In addition to the routine inspection of "entrants," "intermediates" and "leavers" by the School Medical Officer, which apply to every school child, other inspections are made at the request of either teacher or parent.

These are the "special" cases.

The number of children examined by each of these methods will be found in Table I. at the end of this Report.

On medical examination, the child may prove to be normal in health and development, or certain defects may be present.

Some defects require immediate treatment, or it may be sufficient in other cases to keep the child under observation until it can be decided whether special treatment is necessary.

The numbers and description of such cases will be found on reference to Table II.

In addition to the classes of children already mentioned as being examined as routine or special cases, a survey of the schools has been made to discover the existence of what the Board of Education describes as "exceptional" children.

Under this term the following classes of children are included:—Blind, Deaf and Dumb, Mentally Deficient, Dull or Backward, Epileptic, Tuberculous and Cripples.

Some such cases were of course discovered in the routine inspections, and their existence was noted, but in order that others might not be overlooked, a circular letter was addressed to the head teacher of each department, asking for a list of children who were known to belong to any of these classes.

A return of such children is given in Table III. A survey of this kind is useful in order that special cases of the types mentioned may be brought to light, with a view to securing treatment either of a curative or educational character, or both, as the case may be.

Treatment of Defects found.

After medical inspection of school children and the detection of defects, appropriate medical treatment should follow as a matter of course.

In cases where the parents are intelligent, and at the same time anxious for the well-being of their children, this is the usual sequel to inspection.

There are, however, still large numbers of parents who fail to obtain adequate treatment for their children. This may arise either from lack of knowledge to appreciate the seriousness of neglect, or else because of a perverted mentality, which causes them to resent what they consider interference with their parental rights.

Under Part II. of the Children's Act, 1908, there is a legal remedy for the prevention of cruelty of this character. Heavy penalties may be imposed on persons in charge of any child or young person who neglect this child "in a manner likely to cause him unnecessary suffering or injury to his health." Under this Act, "neglect" includes failure to provide adequate food, clothing, medical aid or lodging.

It is, however, rarely necessary for an Education Authority to take proceedings against parents, neither is it desirable to do so very frequently.

To take such action would have the effect of causing parents to regard the School Medical Officer and School Nurse as officials with functions similar to those of the police force.

It is far better that they should be regarded as friendly advisers in the matters of health and cleanliness.

With regard to the matters of obtaining treatment for defects found, parents now have no excuse for not doing so.

The arrangements existing at the School Clinic, in addition to the Dental Clinic recently provided by the Education Committee, have removed the plea of not being able to afford treatment.

The parent has every opportunity of being informed of the existence of physical defects.

Parents are invited and encouraged to attend the Routine Inspections at school.

If the parents fail to attend, and the child is found defective, steps are taken to inform the parent of the child's condition.

In necessary cases, the School Medical Officer sends a notification of the defect to the parents. In some cases the teacher also informs the parent, or the School Nurse pays a visit to the home.

A list of defective children, with the defects found, is left with the head teacher in order that the teacher may later on make enquiries as to whether treatment has been obtained.

Later on, in cases where treatment has not been obtained, comes the "following up" and re-examination of cases by the School Medical Officer and the School Nurse.

The latter visits the homes in many cases, particularly with reference to obtaining treatment for defective sight, defective teeth and enlarged tonsils.

After her visits, in many cases, the parents are converted to the idea of obtaining treatment, where formerly they had strenuously opposed any idea of " interference " of this type.

With regard to the treatment of *enlarged tonsils and adenoids*, those cases which need operation are referred to the Chelmsford Hospital.

They are detained in Hospital for the night after the operation, and usually return to their homes on the following day. The results of this treatment are usually very satisfactory.

Further particulars will be found in Table IVc.

Forty-five cases were dealt with by operation in 1920.

Cases of *Ringworm* are dealt with as follows:—

> Ringworm of the skin is treated at the School Clinic by means of applications of Tincture of Iodine. In the case of Ringworm of the scalp, it is usually found necessary to refer cases of this disease for X-ray treatment. If this is not done, recovery is very slow, and this results in a long period of absence from school. Our cases are dealt with at the X-ray Department, London Hospital, E.

Six cases were sent up for treatment in 1920, a satisfactory cure resulting in each case.

Three cases, suspected of suffering from *Pulmonary Tuberculosis*, were referred to the Tuberculosis Dispensary during the year, but in no case could very definite evidence of the disease be discovered.

The cases requiring *dental treatment* were referred to their own dentist or to the School Dentist.

Cases of *defective sight* were usually dealt with by the School Eye Specialist at the School Clinic, but in some cases parents took their children to their family doctor in order to obtain spectacles.

Further particulars as to the number of children treated for various defects found are given in Tables IV., V. and VI. at the end of this Report.

The School Clinic.

In many cases it is not necessary to have recourse to the School Clinic, or to hospital treatment, as some parents are well able to afford the services of their family doctor.

It is very desirable that they should call in his services when this is possible. Naturally, the general practitioner will attend all children who are away from school suffering from acute illness.

In addition, many parents are quite willing to call in the family doctor for other ailments, and also to resort to their own dentist for treatment of their children's teeth.

The majority of the cases of the so-called "school diseases," however, find their way to the School Clinic. This class of ailments includes the following conditions :—Ringworm, Scabies, Impetigo and uncleanliness. In addition, cases are referred to the Inspection Clinic in order to ascertain whether they are fit for school attendance.

There is, however, no intention to thrust on parents the treatment of general medical and surgical conditions through the agency of the School Clinic. The School Clinic does not possess the equipment for such treatment, neither is it desirable for it to be undertaken there, instead of at the hands of the general practitioner.

In addition to the Inspection Clinic, there are also Ophthalmic and Dental Clinics.

Staff of School Medical Service.

The Medical Officer of Health of the Borough is also School Medical Officer.

The School Nurse is a whole-time Officer. Formerly she was also Health Visitor for the Borough, but under this arrangement it was found impossible to do justice, either to the work of Medical Inspection of Schools, or of health visiting.

Owing to the additional work now provided by the School Clinic, a whole-time Nurse for the schools is absolutely necessary.

Mr. Nathan Smith, K.D.S., is School Dentist, and devotes two half-days a week to the work.

Mr. F. Astley-Cooper Tyrrell, F.R.C.S., is Eye Specialist, and attends at the School Clinic once a month.

Dental Clinic.

The School Dentist commenced work on June 28th, 1920, and has inaugurated a necessary and most useful work. Reference to Table IVD. will show that a large amount of work has already been done. His first object was to make a general inspection of dental conditions in school children in order to map out the extent of work which needed to be done.

Nearly 2,000 children were inspected with this object in view, and it was found that about 60 per cent. of these children were in need of dental treatment. Thus there exists a ample field for dental work among school children.

A part-time dentist cannot deal with *all* the cases requiring treatment, that is assuming that all the parents were willing for their children to have treatment. It is doubtful whether he will be able to treat all the cases whose parents wish for treatment. Obviously, then, he should give most attention to those cases in which the best results will be obtained from treatment.

During the first year of working, the most urgent cases were dealt with as *e.g.*, children with septic conditions of the teeth and gums, and those with a large number of carious teeth.

For the future, whilst still dealing with urgent cases as they arise, the School Dentist will also concentrate attentions on the teeth of children between the ages of 5 and 8 years.

This is the most critical age for dental treatment, as it includes the time when the "six year" molar teeth are erupted, these being the first permanent teeth.

Periodical re-inspection will follow the treatment of these teeth to ensure preservation of the earliest teeth of the permanent set.

In nearly all cases an anæsthetic is given, either novocaine injected into the gum by the School Dentist, or nitrous oxide administered by the School Medical Officer.

The new Dental Clinic situated in rooms at the Trinity Road Council School is well equipped, and in addition to its use by the Borough of Chelmsford, is also rented by the County Council for treatment of dental conditions in school children in their area.

Treatment by fillings and extractions was commenced in September.

A nominal charge of sixpence is made for the treatment of each case, or a shilling if gas is used.

Eye Clinic.

Particulars of this branch of the School Clinic will be found in Table IVB. Cases of visual defect and of squint are referred by the School Medical Officer to the Eye Specialist, in order to ascertain whether spectacles are necessary. In addition, it is necessary to have an Eye Specialist in order to refer to him cases of eye disease which may require operation and other ophthalmic cases.

Treatment of Uncleanliness.

Fortunately, Chelmsford is not a town where conditions of dirt and squalor are very prevalent, as compared with other larger towns.

It must also be remembered that the condition of Chelmsford school children with reference to uncleanliness has been steadily improving for years.

This gratifying fact is in part a result of the routine medical inspection of school children. It is also due to the visits of the School Nurse to various school departments in order to deal with verminous conditions, and not least of all to the constant efforts of the school teachers to raise the standard of cleanliness.

During the year 1919 Nurse Briscoe paid 55 visits to school departments to inspect for verminous conditions.

In some cases she has examined all the children in a school department, but at other times only the cases most likely to be verminous were examined.

In all, 2,572 inspections were made. Of this number, 13 were found with live vermin, 89 showed the presence of a large number of "nits," and in 150 cases a few "nits" were found. Instructions for cleansing were given to the parents, but some cases were eventually "cleaned up" at the Clinic.

Mentally Defective Children.

On reference to Table III, it will be seen that the number of mentally defective children in Chelmsford—nine, is not a large one. Under the term mentally defective, only those cases which are feeble-minded are included.

It is hardly practicable to start a special class for such a small number of mentally defective children. If all these children were of the same age, it would be an advantage to have them in one class under a specially trained teacher, if suitable premises could be found in which these unfortunate children could be instructed in manual work.

Provision has been made for dull and backward girls at the Trinity Road Council School, where there is a special class of about 30 girls of this description.

None of these girls are feeble-minded, however.

Prevention of Infectious Diseases.

As the Medical Officer of Health is also School Medical Officer, action with regard to the prevention of infectious disease amongst school children is greatly facilitated. On the receipt of a notification of infectious disease, all school children coming from the infected house are excluded from school attendance for the requisite period of time. At the same time the head teacher of the school department to which the case belongs is notified from the health office. Similar action is taken with reference to the non-notifiable infectious diseases—Measles, Whooping Cough, Mumps and Chicken Pox.

In order that the Health Department may be aware of the outbreak of infectious disease in a school, the head teachers are requested to notify the Medical Officer of Health when such an outbreak occurs. Forms are provided for this purpose. The notification of the first batch of cases is of the greatest value. At this stage it is possible to take steps to prevent further extension of the outbreak. If notification is deferred until a large number of cases has occurred, it is usually too late to prevent the spread of infection. School closure is of little avail in preventing the spread of infection in a town school. In the case of a country school the conditions are such that school closure may be useful. In this case the school is perhaps the only centre of contact for children coming from various parts of a rural district. In the town, however, there are many places where children may meet together, in addition to the school, so that school closure does not materially lessen the risks of infection.

The following is a list of rules which have been drawn up for the exclusion of cases of infectious disease from the schools, and also for dealing wlth " contacts " :—

MEASLES AND GERMAN MEASLES: *Children affected*, for 4 weeks usually, or until recovery.

Contacts: Period of 3 weeks from last " sickening " in the house, *all* infants, but in upper departments only those who have *not* had Measles. *All* children with catarrhal symptoms (running eyes, nose, &c.) should be excluded during epidemic of Measles.

WHOOPING COUGH: *Children affected*, for 6 weeks, or until characteristic cough disappears.

Contacts: All infants while infection in the house, but of the children in upper departments, only those who have *not* had Whooping Cough.

MUMPS: Period of 4 weeks, or as long as swelling persists.

Contacts: Also excluded for 4 weeks.

CHICKEN POX: Period of 3 weeks, or until scabs disappear.

Contacts: For same period.

DIPHTHERIA AND SCARLET FEVER: *Contacts* should be excluded for 2 weeks.

Children affected should, after recovery, report to School Medical Officer at School Clinic before being admitted into school.

It will be seen that a maximum period of exclusion has been adopted in the case of "contacts" with Scarlet Fever and Diphtheria. This is on account of the serious character of these diseases, and in the case of Diphtheria because the "contact" is liable to be infective for a considerable period.

In the case of children who have been discharged from hospital after suffering from either of these diseases, it is necessary that they should remain at home for a further period of four weeks before being admitted to school.

This precaution is advisable, not only in the interests of the patient's health, but as an additional precaution against the transmission of infection.

Co-ordination with other Departments.

The co-ordination of the work of medical inspection of schools with that of public health work in respect of prevention of infectious disease has already been referred to. Some co-ordination also exists with maternity and child welfare work, in that cases of squint and defective sight occurring in infants are referred to the school eye specialist.

Cases of dental disease in infants are similarly referred to the School Dentist. By these measures, disease in school children may be anticipated and prevented.

Co-operation of Teachers, Parents and others.

Valuable assistance has been rendered by some of the teachers, many of whom take great interest in the physical well being of the children under their care. Some of the particulars on the form of routine medical inspection are supplied by the teachers. The teachers are also able to help by impressing on the children the importance of the attendance of their parents at medical inspection.

Some parents do not attend the inspections, but in all cases opportunity is given for them to attend. In many cases they are unable to attend on account of pre-occupation with domestic work. On the whole it may be said that they attend very well, considering the various hindrances to which they are subject. Also it is evident that the majority of them are anxious to do their best for the health of their children. If, however, parents do not attend the medical inspection, much of it is ineffectual, as the opportunity of impressing on the parents, the importance of neglecting minor ailments in their children, is lost. The School Attendance Officer is a useful ally of the School Medical Officer. In the course of his rounds he sometimes finds that parents are neglecting to obtain the necessary medical treatment which would bring about recovery from an ailment which is keeping the child away from school.

He then has the opportunity to urge that treatment should be obtained as quickly as possible.

The School Clinic in its turn is of great assistance to the School Attendance Department.

Owing to the unremitting attention which the School Nurse gives to various skin diseases, the children get back to school much earlier than they otherwise would do, if they were entirely dependent on the efforts of their mothers to treat these ailments at home.

Sanitary Condition of Schools.

The schools are visited regularly by the School Medical Officer and Sanitary Inspector to investigate sanitary conditions, and a monthly report thereon is made to the Education Committee.

Most of the school premises in the town are old, and therefore less satisfactory than the newer types of School.

Among their chief drawbacks are, that in some cases, the classrooms are too lofty, rendering them cold in winter. More floor space is desirable, and lack of this requisite is not compensated for by additional height. In other cases, some classrooms are badly lighted.

There are no satisfactory arrangements for drying wet boots and clothing except at Trinity Road Schools. The water supply for drinking is now satisfactory in all school departments, except at St. John's School.

At this school the drinking water is still derived from storage tanks which cannot be satisfactorily cleaned out.

A similar state of affairs formerly existed at St. Peter's School, also at Victoria Road Boys' and Friars' School, but this was remedied at these schools on representations being made that a sanitary defect existed.

A very objectionable type of trough closet was formerly in use at Springfield School, but this was replaced by modern pedestal closets which were brought into use early in 1920.

General Conclusions from Inspection, etc.

In general, it may be said that the results of medical inspection are fairly satisfactory.

As compared with the conditions existing in some of the larger industrial towns in this country, the comparison is in favour of this borough. Thus, for example, the children in the Chelmsford schools are, as a rule, well nourished, and are kept in a fairly cleanly condition by their parents.

The condition of boots and clothing is generally good. It is, indeed, exceptional to find any evidence of cruelty or neglect.

It is also gratifying to find that the majority of parents appear to appreciate the scheme of medical inspection and endeavour to carry out the advice given.

The condition of the teeth of school children is the least satisfactory feature revealed by inspection. It will be a considerable time before the whole of the parents can be brought to realise the seriousness of neglecting dental disease in children.

In the meantime, however, some good work is being done, which will bear fruit not only in improved dental conditions, but also in promoting better general health of school children.

TABLE I.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1920, TO 31ST DECEMBER, 1920.

A.—Routine Medical Inspection.

Age	Entrants					
	3	4	5	6	Other Ages	Total
Boys	—	—	130	26	23	179
Girls	—	—	107	21	11	139
Totals	—	—	237	47	34	318

Age	Intermediate Group	Leavers.			Other Ages	Total	Grand Total
	8	12	13	14			
Boys	58	118	22	—	—	140	377
Girls	77	64	39	2	—	105	321
Totals ..	135	182	61	2	—	245	698

B.—Special Inspections.

	Special Cases.	Re-examinations (*i.e.*, No. of Children Re-examined).
Boys	193	425
Girls	215	420
Totals ..	408	845

C.—Total Number of Individual Children inspected by the Medical Officer, whether as Routine or Special Cases (*no Child being counted more than once in one year*).

No of Individual Children inspected.
1,106

TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1920.

Defect or Disease. (1)		Routine Inspections.		Specials.	
		No. referred for Treatment. (2)	No. requiring to be kept under observation, but not referred for Treatment. (3)	No. referred for Treatment. (4)	No. requiring to be kept under observation, but not referred for Treatment. (5)
	Malnutrition	—	18	—	4
	Uncleanliness :				
	Head	32	—	22	—
	Body	6	—	6	—
Skin	Ringworm :				
	Head	2	—	7	—
	Body	3	—	10	—
	Scabies	8	—	12	—
	Impetigo	8	—	15	—
	Other Diseases (non-Tubercular)	2	—	6	—
Eye	Blepharitis	2	—	2	—
	Conjunctivitis	4	—	5	—
	Keratitis	—	—	—	—
	Corneal Ulcer	1	—	2	—
	Corneal Opacities	—	2	—	—
	Defective Vision	80	—	40	—
	Squint	25	—	13	—
	Other conditions	—	—	—	—
Ear	Defective Hearing	13	6	4	3
	Otitis Media	12	—	3	—
	Other Ear Diseases	6	—	2	—
Nose and Throat.	Enlarged Tonsils	112	60	8	30
	Adenoids	2	12	2	8
	Enlarged Tonsils and Adenoids	14	28	6	22
	Other conditions	—	—	—	—
Enlarged Cervical Glands (non-Tubercular)		12	43	7	8
Defective Speech		—	8	—	—
Teeth—Dental Diseases		—	—	—	—
Heart and Circulation	Heart Disease :				
	Organic	—	5	—	1
	Functional	12	—	2	—
	Anæmia	22	—	12	—
Lungs	Bronchitis	8	10	2	—
	Other non-Tubercular Diseases	—	—	—	—
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	5	—	2	—
	Non-Pulmonary :				
	Glands	6	—	2	—
	Spine	1	—	2	—
	Hip	—	—	1	—
	Other Bones and Joints	1	—	1	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	3	—	—	—
	Chorea	4	—	2	—
	Other Conditions	4	—	—	—
Deformities	Rickets	—	6	—	—
	Spinal Curvature	3	—	—	—
	Other Forms	2	—	—	—
Other Defects and Diseases		20	—	10	—

Number of individual children having Defects which required Treatment or to be kept under observation 520

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1920.

—	—	—	Boys	Girls	Total
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools..	—	—	—
		Attending Certified Schools for the Blind	2	—	2
		Not at School	—	1	—
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools..	—	—	—
		Attending Certified Schools for the Deaf	1	1	2
		Not at School	1	—	1
Mentally Deficient.	Feeble Minded.	Attending Public Elementary Schools..	4	5	9
		Attending Certified Schools for M.D. Children	—	1	1
		Notified to the Local Control Authority by Local Education Authority during the year	1	—	1
		Not at School	—	1	1
	Imbeciles.	At School	—	—	—
		Not at School	—	—	—
	Idiots.	—-	—	—	—
Epileptics.		Attending Public Elementary Schools ..	3	4	7
		Attending Certified Schools for Epileptics	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	2	2
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools..	1	4	5
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	—	—
	Crippling due to Tuberculosis.	Attending Public Elementary Schools..	2	2	4
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	—	—
	Crippling due to causes other than Tuberculosis, *i.e.*, Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools ..	—	1	1
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools	—	—	—
		Not at School	—	—	—
	Other Physical Defectives, *e.g.*, delicate and other children suitable for admission to Open Air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools ..	3	3	6
		Attending Open Air Schools ..	—	—	—
		Attending Certified Schools for Physically Defective Children other than Open Air Schools	—	—	—
		Not at School	—	1	1
Dull or Backward.		Retarded 2 years	20	28	—
		Retarded 3 years	12	16	—

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN DURING 1920.

A.—Treatment of Minor Ailments.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Skin—				
Ringworm-Head	9	9	—	9
Ringworm-Body	13	13	—	13
Scabies	20	20	—	20
Impetigo	23	23	—	23
Minor injuries	10	10	—	10
Other skin disease	6	6	—	6
Ear Disease	15	15	—	15
Eye Disease (external and other)	25	25	—	25
Miscellaneous	18	18	—	18

B.—Treatment of Visual Defect.

Number of Children.									
Referred for Refraction.	Submitted to Refraction.			Total.	For whom glasses were prescribed.	For whom glasses were provided	Recommended for Treatment other than by glasses.	Received other Forms of Treatment.	For whom no treatment was considered necessary.
	Under Local Education Authority's Scheme Clinic or Hospital	By Private Practitioner or Hospital	Otherwise.						
142	139	3	—	142	95	—	1	—	43

C.—Treatment of Defects of Nose and Throat.

Referred for Treatment.	Number of Children.			
	Received Operative Treatment.			Received other Forms of Treatment.
	Under Local Education Authority's Scheme—Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
83	42	3	45	12

D.—Treatment of Dental Defects.

1.—Number of Children dealt with.

—	Age Groups.										"Specials."	Total.
	5	6	7	8	9	10	11	12	13	14		
(*a*) Inspected by Dentist ..	50	253	341	283	287	251	130	173	113	28	40	1949
(*b*) Referred for treatment	1160											
(*c*) Actually treated ..	216											
(*d*) Re-treated (result of periodical examination)	Nil											

2. Particulars of time given and of operations undertaken.

No. of Half Days devoted to Inspections.	No. of Half Days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anæsthetics included in (4) and (6).	No. of other Operations.	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
(1.)	(2).	(3).	(4).	(5).	(6).	(7).	(8).	(9).	(10).	(11).
27	20	216	33	22	502	10	32	184	6	9

TABLE V.—SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE IV. (A, B. C. D. AND F., BUT EXCLUDING E.).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments	139	139	12	151
Visual Defects	42	139	3	142
Defects of nose and throat .	83	42	3	45
Dental Defects..	105	58	20	78
Other Defects	38	22	3	25
Total	507	400	41	441

TABLE VI.—SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1920.

(1)	The total number of children medically inspected at the routine inspections.	698
(2)	The number of children in (1) suffering from—	
	Malnutrition	18
	Skin Disease	15
	Defective Vision (including Squint)	105
	Eye Disease	12
	Defective Hearing	29
	Ear Disease	12
	Nose and Throat Disease	128
	Enlarged Cervical Glands (non-tubercular)	55
	Defective Speech	8
	Dental Disease	308
	Heart Disease—	
	Organic	5
	Functional	12
	Anæmia	22
	Lung Disease (non-tubercular)	8
	Tuberculosis—	
	Pulmonary { definite	—
	Pulmonary { suspected	6
	Non-pulmonary	8
	Disease of the Nervous System	11
	Deformities	11
	Other defects and diseases	20
(3)	The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment).	150
(4)	The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.).	401
(5)	The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.).	305