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Borough of Chelmsford.



EDUCATION COMMITTEE.

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REPORT  
ON  
MEDICAL INSPECTION  
OF  
SCHOOL CHILDREN  
FOR THE YEAR 1921  
BY  
WILLIAM J. COX, M.B., Ch.B., D.P.H.,  
*School Medical Officer.*



# Borough of Chelmsford.

PUBLIC HEALTH OFFICE,  
DUKE STREET,  
CHELMSFORD,<sup>1</sup>

January, 1922.

*To the Chairman and Members of the Chelmsford Education  
Committee.*

*Ladies and Gentlemen,*

*I have the honour to submit to you my Third 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.*

*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, and to last year's Report for further details, which are not repeated this year in order to economise printing.*

*I am,*

*Ladies and Gentlemen,*

*Your obedient Servant,*

WILLIAM J. COX.



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# Report for the Year 1921.

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## **Scope of Inspections during the year.**

The work during 1921 was generally carried out on lines very similar to those of 1920. Full particulars and details were given in last year's Report and many of these it will not be necessary to repeat. In carrying out the scheme of inspection there has been no departure from the system recommended by the Board of Education, the usual classes (entrants, intermediates and leavers) being examined. In addition, some children were examined at the ages of 10 and 11 years. It is the intention of the Board of Education that all children should be examined by the School Medical Officer three times during their school life, but in this borough many of the children receive four examinations during this period. In addition, other children have been examined at the School Clinic, having been referred there by their parents or teachers for the treatment of ringworm, scabies, impetigo, verminous conditions or similar ailments usually classed as "school" diseases.

No attempt has been made to treat cases of acute illness, serious injury, general constitutional disease or surgical conditions at the School Clinic. The School Clinic was never intended to deal with cases of this type, which are therefore referred to the medical practitioner who attends the child's parents.

## **Treatment of Defects found.**

As already stated, treatment is confined chiefly to skin diseases and uncleanliness. It should here be stated that although a certain number of verminous and dirty cases are dealt with by the School Nurse at the Clinic, neither the School Nurse nor the Teacher is responsible for the cleanliness of the child. This is a responsibility which falls entirely on the parent, and is recognised by the law which holds the parent liable to prosecution for neglecting the child so that it becomes verminous. In addition to treatment of "school" disease at the Clinic, many children receive treatment at the hands of the family practitioner for various ailments.

TONSILS AND ADENOIDS are removed at the Chelmsford and Essex Hospital, cases being detained there over-night to allow recovery before they return home. During the last year 26 cases received treatment in this way. In some cases parents prefer to have the operation done at home by their own doctor.

RINGWORM cases are sent for X-ray treatment to the London Hospital when the scalp is affected. With any other treatment the usual result is a long absence from school. Fortunately the number of cases of Ringworm of the scalp was small this year, 2 cases receiving X-ray treatment. In both cases the result was satisfactory.

DENTAL TREATMENT was given at the Dental Clinic by the School Dentist, but in a few cases parents took their children to a private dentist.

CASES OF DEFECTIVE SIGHT received treatment by the eye specialist who attends once a month.

### **Staff of School Medical Service.**

This consists of the School Medical Officer, who is also Medical Officer of Health of the Borough, a whole-time School Nurse, a part-time School Dentist Mr. Nathan Smith, and an Eye Specialist Mr. F. Astley-Cooper Tyrrell, F.R.O.S., who is a member of the staff of the Royal London Ophthalmic Hospital.

### **Dental Clinic.**

There is a well-equipped Dental Clinic, which is held in premises at the Trinity Road Council School. The premises consist of a room in which dental operations are carried out, with two smaller rooms opening into it. The smaller rooms are used as waiting room and recovery room.

The work of the Dental Clinic is coming to be more appreciated as time goes on, and there are now fewer parents who object to dental treatment than there were at the inception of the work. In nearly all cases a local anæsthetic is injected into the gums, and by this means the work of the Clinic is greatly facilitated, as both parents and children have less dread of extractions under these circumstances. The Dental Clinic is also used by the Essex County Council, who pay rent for this privilege.

### Treatment of Uncleanliness.

This is a matter which is primarily in the hands of the parents themselves, but great improvement in this matter has been brought about by the intervention of the teachers and of the School Nurse.

It is now rare to meet with the filthy conditions which formerly prevailed. Nurse Mittell has put in a lot of work at verminous inspection since her appointment early in the year, and it is doubtless due to her efforts that one rarely hears a complaint nowadays about a verminous head in the schools.

During the year 5,193 inspections were made, as compared with 2,572 inspections in 1920. These figures mean that not only were the heads of *all* girls and infants inspected whether they were considered to need it or not, but also that "suspicious" cases were inspected repeatedly. When necessary, visits were paid to the parents to instruct them in the matter of cleanliness.

In cases of repeated negligence a hint was sometimes dropped that a prosecution might result unless the offending parent amended her ways. In four cases it was found necessary to report the circumstances to that useful society, the N.S.P.C.C., when it was found that a visit from the Inspector produced a marked change for the better. It cannot be said, however, that there is as much ground for complaint as in larger towns, which have a much larger population of the "slum" type than Chelmsford. The figures for the last two years are given for comparison, as follows:—

		Number of inspections.		Number with a few nits.		Number with many nits.		Live vermin.
1920	...	2,572	..	150	...	89	...	13
1921	...	5,193	...	230	...	76	...	39

The figures for the two years are perhaps not strictly comparable as they are results obtained by two different examiners at different times. It may be said, however, that the results for 1921 are highly satisfactory as compared with the state of affairs formerly existing. Undoubtedly a steady improvement for the better is taking place.

### Mentally Defective Children.

A list of mentally defective children is kept by the School Medical Officer, together with full particulars of these cases. At the present time ten cases are known to be certifiable. There is now one case maintained at the Eastern Counties' Institution, Colchester, which is



due for discharge, but another case has been nominated to take its place. In Chelmsford, which is a non-county borough, the responsibility for mental deficiency is divided between the borough and the county. The borough is responsible for dealing with cases of school age, which, in the case of the mentally deficient, is up to the age of 16 years, whilst the county is responsible for all cases not of school age, and also for cases of school age who are "ineducable."

The number of mentally deficient children in the borough does not warrant the starting of a special school. The Essex Voluntary Association does much good work by keeping in touch with cases of mental deficiency, and the School Medical Officer co-operates with this society and attends its monthly committee meetings.

### **Prevention of Infectious Diseases.**

As the School Medical Officer is also Medical Officer of Health of the borough there is complete co-ordination of school medical inspection with the public health work. "Contacts" with cases suffering from infectious disease and the cases themselves are excluded from school for the usual periods as set out below:—

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.

WHOOPIING 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.

### **Provision of School Meals.**

During the year 1921 school meals have not been provided. During the earlier part of the year, cases of school children suffering from mal-nutrition were referred to the Mayor's Relief Fund for assistance, but when this fund came to end it was necessary to find some other source of assistance. The committee decided not to provide meals at a centre, but to supply cocoa and biscuits at the schools for those children who showed signs of mal-nutrition. This scheme was not to apply to the children of those parents in receipt of Poor Law Relief. A survey of the schools was made by the School Medical Officer and it was found necessary towards the end of December to provide cocoa for 45 children free of charge.

### **Employment of School Children.**

In September, 1920, bye-laws were made by the Chelmsford Local Education Authority to regulate the employment of children and young persons. During the year 1921 53 certificates of fitness were issued to school children to take up part-time employment in accordance with these bye-laws.

### **Effect of "Summer Time."**

It has been alleged that the operation of the Daylight Saving Bill has had a prejudicial effect on the health of school children, owing to the fact that during "summer time" young children were kept up too late. Whilst there was considerable evidence of the fact that the hours of sleep were curtailed owing to the extra hour of daylight, the supposed bad effects on the health of school children were not obvious, so far as I was able to ascertain in the Chelmsford schools. If, however, there was some curtailment of the hours of sleep the fault rested with the parents and not with the working of the Act, which was in the main highly beneficial to the community.

The remedy lies not in the abolition of the "summer time" arrangement but in the instruction of parents regarding the necessity of a sufficient amount of sleep.

The following amounts of sleep may be considered sufficient for children at the ages here stated :—

Age in years-				Hours of sleep required.
4	...	...	...	12
5 to 7	...	...	...	11 to 12
8 to 11	...	...	...	10 to 11
12 to 14	...	...	...	9 to 10

## **Figures, Findings and Results of Medical Inspection.**

*(See Tables I. to VI.)*

The number of children examined by Routine Inspections is set out in Table I., being 1,023 as compared with 698 in 1921. The defects found in the Routine Inspections are detailed in Table II., which also gives the return of defects found in Special cases. The term "special" cases includes cases referred by the teachers for examination in the schools and cases referred for examination at the School Clinic. In Table III. is given a return of all "exceptional" children in the schools under which are included all blind, deaf and dumb, mentally deficient, epileptic, and physical defective children. Table IV. gives particulars of the number of cases treated at the School Clinic for minor ailments, also of those who were seen by the eye specialist and those who received treatment in hospital for tonsils and adenoids. The work of the School Dentist is dealt with in the same tables. Tables V. and VI. summarises the treatment of defects generally and also those found in the course of Routine Inspection.

The results of inspection and treatment may generally be described as satisfactory. A large proportion of the children in the schools have been inspected during the year and the great majority of remediable serious defects have received treatment. With the existence of a Dental Clinic, and a School Clinic for minor ailments, with an eye specialist attending once a month, with an arrangement for the removal of tonsils at the Chelmsford Hospital, in addition to the services of the medical practitioners of the town, it may be said that every facility now exists for the treatment of ailments in school children.

## School Dentist's Report.

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During the year ended December 31st, 1921, satisfactory progress has been made with the School Dental Clinic. Parents are bringing their children much more readily to be treated. (*Vide* Summary of Treatment.)

During the past year 13 half-days have been devoted to Inspections and 71 half-days to treatment. 429 children have been treated, and this bids fair to be exceeded in the year just commenced.

During the examination of the new entrants, *i.e.*, the children born during the years 1915 and 1916, a marked improvement was noticeable in the development of the teeth and jaws of those children born during that period, and this has been confirmed by subsequent correspondence with other Dentists and Medical Officers in other parts of the country, the cause being probably due to the dietary of the mothers and children during that strenuous period.

Chelmsford was visited by the Chief Dental Inspector of the Board of Education in the early part of the year. Fortunately this occurred when dental treatment was actually in progress at the Clinic. He expressed satisfaction with the same and also with its equipment, but suggested some slight alteration in the waiting room arrangements, which have been carried out.

Many parents are under the impression that dental treatment means extractions. This is not necessarily the case and if they will bring their children early there would be far less need for this treatment to be resorted to.

The ignorance that exists, especially with reference to the six-year-old molar, is appalling; not one per cent. of the parents realise that it is a permanent tooth. In fact they flatly tell one they know better than the dentist and that this particular tooth is "a baby one" and that there is no need to conserve it.

It would be an advantage if a leaflet on dental hygiene were enclosed with each form when notification was made to the parents that treatment was necessary.

May I be allowed to suggest that from time to time lantern lectures are given for the parents and others who are interested in the welfare of the coming generation; also that the Dental Clinic be furnished with the Charts Nos. 1, 2 and 3 issued by the School Dentists' Society.

In conclusion, allow me to express my sincere thanks to the Medical Officer of Health, to the Nurse, and also the Head Teachers, from whom I have received valuable assistance whilst performing the duties of the office.

NATHAN SMITH,

*School Dentist*

TABLE I.

NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1921, TO 31ST DECEMBER, 1921

## A.—ROUTINE MEDICAL INSPECTION.

Age	ENTRANTS.					
	3	4	5	6	Other Ages	Total
Boys .. ..	—	—	180	32	16	228
Girls .. ..	—	—	153	30	18	201
Totals .. ..	—	—	333	62	34	429

Age	Intermedi- ate Group	LEAVERS.			Other Ages	Total	Grand Total
		8	12	13			
Boys .. ..	133	59	9	18	24	243	471
Girls .. ..	197	125	20	2	7	341	552
Totals .. ..	330	184	29	20	31	584	1023

## B.—SPECIAL INSPECTIONS.

	Special Cases.	Re-examinations ( <i>i.e.</i> , No. of Children Re-examined).
Boys .. ..	121	229
Girls .. ..	120	225
Totals .. ..	241	454

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.
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1,210
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TABLE II.—RETURN OF DEFECTS FOUND IN THE COURSE OF  
MEDICAL INSPECTION IN 1921.

Defect or Disease.					Routine Inspections.		Specials.	
					No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.	No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.
(1)					(2)	(3)	(4)	(5)
	Malnutrition ..	..	..	..	8	24	45	6
	Uncleanliness :							
	Head ..	..	..	..	44	—	36	—
	Body ..	..	..	..	3	3	—	—
Skin	Ringworm :							
	Head ..	..	..	..	3	—	5	—
	Body ..	..	..	..	2	—	2	—
	Scabies ..	..	..	..	—	—	4	—
	Impetigo ..	..	..	..	2	—	42	—
	Other Diseases (non-Tubercular) ..	..	..	..	—	—	9	—
Eye	Blepharitis ..	..	..	..	3	—	—	—
	Conjunctivitis ..	..	..	..	7	—	3	—
	Keratitis ..	..	..	..	—	—	—	—
	Corneal Ulcer ..	..	..	..	—	—	—	—
	Corneal Opacities ..	..	..	..	—	—	—	—
	Defective Vision ..	..	..	..	48	—	25	—
	Squint ..	..	..	..	5	—	2	—
	Other conditions ..	..	..	..	—	—	1	—
Ear	Defective Hearing ..	..	..	..	12	8	—	2
	Otitis Media ..	..	..	..	14	—	2	—
	Other Ear Diseases ..	..	..	..	11	—	—	—
Nose and Throat.	Enlarged Tonsils ..	..	..	..	60	64	4	6
	Adenoids ..	..	..	..	21	20	2	4
	Enlarged Tonsils and Adenoids ..	..	..	..	17	26	4	6
	Other conditions ..	..	..	..	—	—	—	—
	Enlarged Cervical Glands (non-Tubercular) ..	..	..	..	6	21	6	4
	Defective Speech ..	..	..	..	—	3	—	—
	Teeth—Dental Diseases ..	..	..	..	201	—	12	—
Heart and Circulation	Heart Disease :							
	Organic ..	..	..	..	12	2	—	2
	Functional ..	..	..	..	8	5	—	—
	Anæmia ..	..	..	..	14	—	8	—
Lungs	Bronchitis ..	..	..	..	4	5	3	—
	Other non-Tubercular Diseases ..	..	..	..	—	—	—	—
Tuber- culosis	Pulmonary :							
	Definite ..	..	..	..	—	—	—	—
	Suspected ..	..	..	..	2	9	7	5
	Non-Pulmonary :							
	Glands ..	..	..	..	3	—	4	—
	Spine ..	..	..	..	4	—	—	—
	Hip ..	..	..	..	—	—	—	—
	Other Bones and Joints ..	..	..	..	—	—	—	—
	Skin ..	..	..	..	—	—	—	—
	Other Forms ..	..	..	..	—	—	—	—
Nervous System	Epilepsy ..	..	..	..	—	2	—	—
	Chorea ..	..	..	..	1	—	—	—
	Other Conditions ..	..	..	..	3	—	—	—
Defor- mities	Rickets ..	..	..	..	4	—	—	—
	Spinal Curvature ..	..	..	..	2	—	—	—
	Other Forms ..	..	..	..	4	—	—	—
	Other Defects and Diseases ..	..	..	..	6	—	8	—

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

TABLE III.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN  
IN THE AREA IN 1921.

			Boys	Girls	Total
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.		Attending Public Elementary Schools..	—	—	—
		Attending Certified Schools for the Blind .. .. .	2	—	2
		Not at School .. .. .	—	1	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 Not at School .. .. .	1	1	2
			—	—	—
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..	1	1	2
		Attending Certified Schools for Epi- leptics .. .. .	—	—	—
		In Institutions other than Certified Schools .. .. .	—	—	—
		Not at School .. .. .	—	2	2
Physically Defective.	Pulmonary Tuberculosis.	Attending Public Elementary Schools..	1	2	3
		Attending Certified Schools for Physic- ally Defective Children .. .. .	—	—	—
		In Institutions other than Certified Schools .. .. .	—	—	—
		Not at School .. .. .	—	—	—
	Crippling due to Tuberculosis.	Attending Public Elementary Schools..	1	1	2
		Attending Certified Schools for Physic- ally Defective Children .. .. .	—	—	—
		In Institutions other than Certified Schools .. .. .	—	—	—
		Not at School .. .. .	—	—	—
	Crippling due to causes other than Tuberculosis, <i>i.e.</i> , Paralysis, Rickets, Traumatism.	Attending Public Elementary Schools ..	—	2	2
		Attending Certified Schools for Physic- ally Defective Children .. .. .	—	—	—
		In Institutions other than Certified Schools .. .. .	—	—	—
		Not at School .. .. .	—	—	—
	Other Physical Defectives, <i>e.g.</i> , 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 Physic- ally Defective Children other than Open Air Schools .. .. .	—	—	—
		Not at School .. .. .	—	1	1
		—	—	—	
Dull or Backward		Retarded 2 years .. .. .	16	26	42
		Retarded 3 years .. .. .	4	6	10



TABLE IV.

## TREATMENT OF DEFECTS OF CHILDREN DURING 1921.

## A.—TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
<i>Skin—</i>				
Ringworm-Head .. ..	8	8	—	8
Ringworm-Body .. ..	4	4	—	4
Scabies .. ..	4	4	—	4
Impetigo .. ..	44	44	—	44
Minor injuries .. ..	9	9	—	9
Other skin disease .. ..	1	1	—	1
<i>Ear Disease</i> .. ..	40	37	3	40
<i>Eye Disease</i> (external and other)	73	57	—	57
<i>Miscellaneous</i> .. ..	27	27	—	27

## B.—TREATMENT OF VISUAL DEFECT.

Referred for Refraction.	Number of Children.								
	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	Other-wise.						
69	62	2	—	64	49	46	7	1	7

## 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.	
108	26	4	30	25

## 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 ..	221	203	208	260	106	104	154	100	32	10	—	1398
(b) Referred for treatment	732											
(c) Actually treated ..	429											
(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.	
			Ex-tracted.	Filled.	Ex-tracted.	Filled.			Perma-ent Teeth.	Tem-porary Teeth.
(1.)	(2.)	(3.)	(4.)	(5.)	(6.)	(7.)	(8.)	(9.)	(10.)	(11.)
13	71	429	42	13	381	60	73	49	9	10

TABLE V.—SUMMARY OF TREATMENT OF DEFECTS AS SHOWN IN TABLE IV.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments .. ..	210	191	3	194
Visual Defects .. ..	69	49	3	52
Defects of nose and throat ..	108	26	34	60
Dental Defects .. ..	732	429	30	459
Other Defects .. ..	—	—	—	—
Total .. ..	1119	695	70	765

TABLE VI.—SUMMARY RELATING TO CHILDREN MEDICALLY INSPECTED AT THE ROUTINE INSPECTIONS DURING THE YEAR 1921.

(1) The total number of children medically inspected at the routine inspections.	1023
(2) The number of children in (1) suffering from—	
Malnutrition .. ..	32
Skin Disease .. ..	7
Defective Vision (including Squint) ..	53
Eye Disease .. ..	10
Defective Hearing .. ..	20
Ear Disease .. ..	25
Nose and Throat Disease .. ..	208
Enlarged Cervical Glands (non-tubercular) ..	27
Defective Speech .. ..	3
Dental Disease .. ..	201
Heart Disease—	
Organic .. ..	14
Functional .. ..	13
Anæmia .. ..	14
Lung Disease (non-tubercular) ..	9
Tuberculosis—	
Pulmonary { definite .. ..	—
suspected .. ..	11
Non-pulmonary .. ..	7
Disease of the Nervous System ..	6
Deformities .. ..	10
Other defects and diseases .. ..	6
(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).	192
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, &c.).	512
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, &c.).	386