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CORNWALL COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

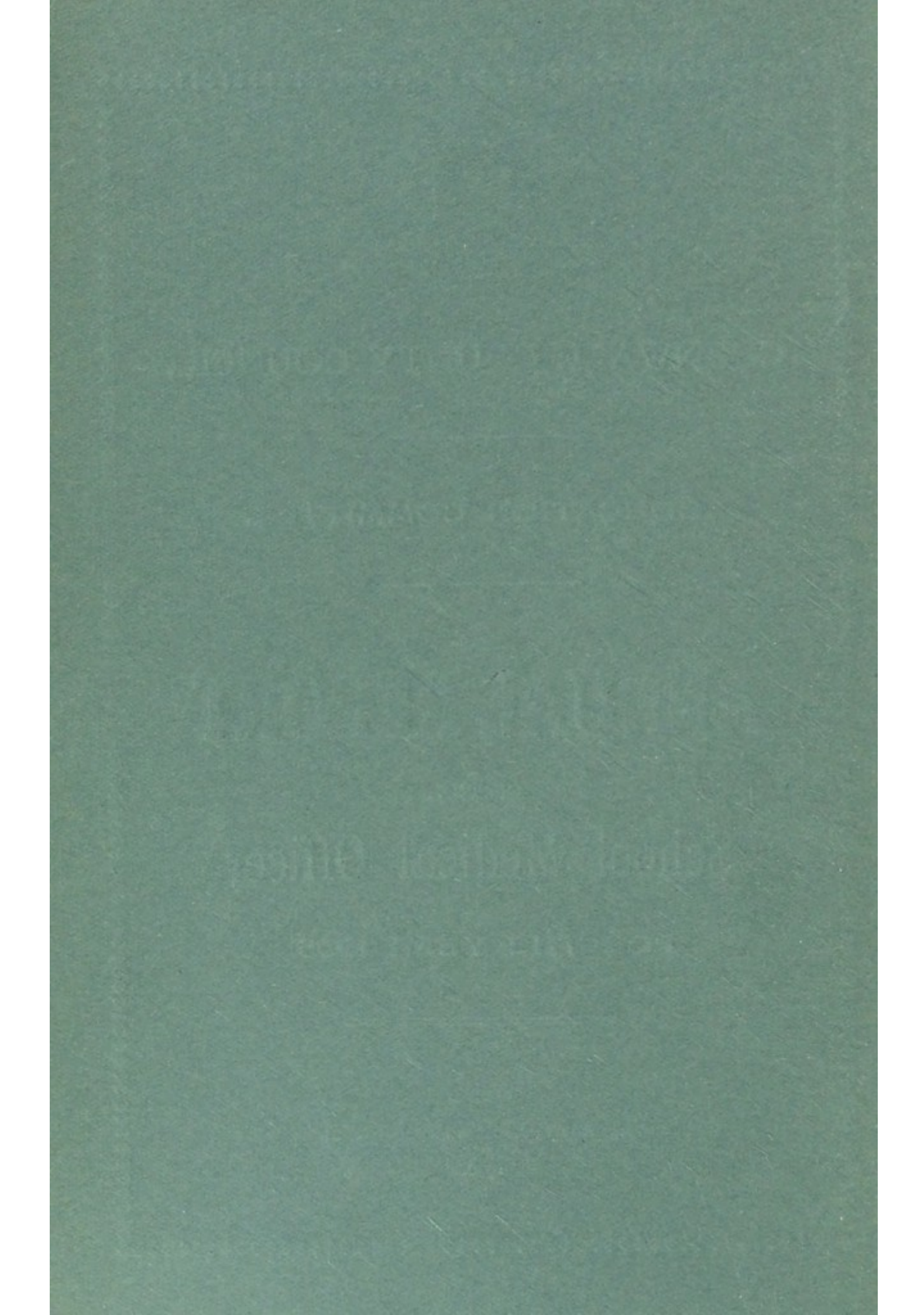
School Medical Officer

FOR THE YEAR 1935.

TRURO :

Oscar Blackford, Printer by Appointment,

1936.





CORNWALL COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1935.

School Medical Staff.

School Medical Officer: E. M. Clarke, M.D.Lond.

Assistant School Medical Officers:

Dorothy A. Chown, M.R.C.S. Eng., L.R.C.P. Lond.,
J. A. Clark, M.B., B.S.Lond., M.R.C.S. Eng., L.R.C.P.
Lond.,
R. J. E. Hanson, M.A., M.B., B.Ch. Camb.,
F.R.C.S. Ed.,
Elizabeth Macleod, M.D., Ch.B. Ed.

School Dental Surgeons:

W. H. Ellam, B.D.S. Univ. L'pool.
F. R. Taylor, L.D.S., R.C.S. Eng.

Dental Nurses:

Mrs. C. D. Good.
Miss R. P. Rowe.

Orthopaedic Sister: Miss H. V. Jonsson, C.S.M.M.G., M.E.

School Nurses: Seven Health Visitors and 152 District Nurses
give part time to school work.

Statistics.

Area of County:—Elementary Education Area (Penzance and Falmouth Boroughs excluded): 863,132 acres.

Higher Education Area 868,167 acres.

<i>Population</i> <i>1931 Census</i>	{	Higher Education Area	317,968
		Elementary	282,921

		Elementary.	Secondary.
<i>School Population</i> (on books)	... ..	34,780	3,660
<i>Average Attendance</i>	... ..	31,260	3,400
<i>Number of Schools</i>	... ..	294	21
<i>Number of Departments</i>	... ..	357	—

Co-ordination.

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

The health visitors and district nurses undertake maternity and child welfare work in addition to school work and tuberculosis work. The superintendents of the County Nursing Association are also the inspectors of midwives. The work of the health visitors and district nurses is co-ordinated under the supervision of the Superintendent of the County Nursing Association and the County Medical Officer.

School Hygiene.

There are many schools in which the hygienic conditions are very different from those which would be provided in new schools, but it is impossible to remedy all these defects now owing to the expense. The most unsatisfactory schools are replaced as opportunity offers. During recent years piped water supplies have been provided in several districts and where there is a satisfactory water supply and a satisfactory sewerage system the sanitary conveniences should be of the modern type with separate closets and separate flushing cisterns. This is the only satisfactory system.

Where there is no water supply and sewerage system it is necessary to use pails, but these require more careful attention than is sometimes received. It is occasionally alleged that unsatisfactory school offices are the cause of epidemic sickness in the schools but there is no evidence of this and there is always evidence that the infectious diseases spread directly from child to child.

Medical Inspection.

Each Assistant School Medical Officer undertakes all the work in his or her district with the exception of "refraction" which is undertaken by Dr. Hanson throughout the County. Each school is visited twice a year, once for a routine inspection, and once, usually without notice, for re-examination of children previously referred for observation or treatment; children absent at the previous inspection are also seen.

Age groups inspected:—

Entrants.

Children 8 years old.

Children 12 years old.

"Specials" selected by parents and teachers and not due for inspection under one of the first three headings.

Findings of Medical Inspection.

The numbers of children referred for treatment by the School Medical Officers are given in Table II at the end of the report. The figures below indicate the number of defects per 1,000 of the children examined at the routine inspections:—

UNCLEANLINESS. A nurse usually makes three inspections of a school during the year, i.e. one visit at least a term. During 1935, 87,115 inspections were made and 4,528 individual children were found to be somewhat below the high standard now adopted. Compared with the number on books this gives a rate of 13%, which is higher than the rate for England and Wales and much higher than the rate in certain towns.

SKIN DISEASES. 10.3 per 1,000. There were more cases of Impetigo than usual. Children known to have a contagious skin disease are excluded from school by the Head Teacher and would not be included in these figures unless specially brought to the inspection.

DEFECTS OF VISION. The vision of entrants is not usually examined so that entrants are not included in the figures. The defects are 70.8 per 1,000. This figure is usually rather below that for England and Wales.

SQUINT. 9.4 per 1,000, which is slightly higher than that for England and Wales.

OTHER EYE DISEASES. These include Blepharitis and Conjunctivitis, the most common defects. The rate for these defects, 4.3 per 1,000 is always considerably below the rate for England and Wales, which is about 7.5.

DEFECTS OF HEARING.—3.7 per 1,000—about the average and the same rate as for England and Wales.

OTITIS MEDIA.—Middle Ear Disease—2.4 per 1,000. The average rate for England and Wales is about 4.6.

NOSE AND THROAT DEFECTS.

(1)	Enlarged Tonsils	...	11.5	} 70.6 per 1,000.
(2)	Adenoids	...	4.4	
(3)	Enlarged Tonsils and Adenoids	...	54.7	

The average figures for England and Wales are (1) 20, (2) 3, (3) 17, a total of 40 per 1,000. The rate for (3) is always high in Cornwall. Possibly the damp climate favours the persistence of catarrhal conditions and the development of adenoids and enlarged tonsils. The number is not diminished by surgical treatment to such an extent as in some areas.

HEART DISEASE AND RHEUMATISM. The figures suggest that this is much less common than in England and Wales generally.

TUBERCULOSIS. These figures refer to cases found in school, which are rare. Most cases are already excluded from school and dealt with under the Tuberculosis Scheme.

Nutrition.

For the year 1935 the Board of Education omit the term 'malnutrition' from the list of defects shown under Table II A. and include a new classification (Table II B.) under which the nutrition of children in each of the routine age groups is classified as 'excellent', 'normal', 'slightly sub-normal', and 'bad'. The Board consider that the classification should be made on clinical grounds and not based solely on the height and weight of the child. It is hoped that this table will give results comparable with those for other districts, but probably wide variations will still occur, due to the personal equation of the examiner. The figures for the County cannot yet be compared with those for England and Wales.

Taking those figures of the School Medical Officers which are about the same, the following may be regarded as the result:—

Excellent	...	...	...	22%
Normal	...	...	...	71%
Slightly sub-normal			...	6.5%
Bad	...	...	...	0.5%

This result will probably be much the same as that for England and Wales. A comparison of the figures for each doctor's district suggests that the standard for the western district, including the mining areas, is rather below that for the rest of the County.

Following-Up.

The whole-time health visitors and district nurses attend the routine inspections at the schools and follow up children to their homes on the recommendation of the School Medical Officers.

The nurses try to get the defects treated by medical practitioners if necessary, and help in carrying out the treatment.

	Whole-time Health Visitors.	District Nurses.	Total.
Number of children followed up 	1,340	1,730	3,070
Number of visits paid ...	2,733	4,794	7,527
Number of Medical Inspections attended 	143	566	709
Number of Inspections for cleanliness 	166	841	1,007
" Following up " Tonsils and Adenoids 	33	126	159

These figures do not show all the work done by the district nurses, as so much of the work is done for school children quite apart from the school examinations.

Arrangements for Treatment.

NUTRITION. The " Milk in Schools Scheme ", under which a child may receive one-third of a pint of milk daily for a half-penny, has been continued. In necessitous cases the milk is paid for by the Education Committee and more than one-third of a pint may be supplied if the School Medical Officer considers it desirable.

At the end of the year 14,977 children in the Elementary Schools were receiving milk: for 13,345 children payment was made by the parents and for 1,632 payment was made by the Education Committee. Also 956 Secondary School pupils were receiving milk under the scheme, payment in all cases being made by the parents.

Apart from the milk scheme, 44 children were receiving Cod Liver Oil and 823 Elementary and 101 Secondary School children were receiving Malted Milk.

The following is a summary of the reports of the School Medical Officers:—

Dr. Dorothy Chown. Some teachers report individual improvement, some general improvement, others that children show less fatigue at the end of the day.

An undernourished child needs more than one-third of a pint of milk and two-thirds pint has been granted in some cases.

Some children complain that milk is cold where teachers have no convenience for warming it. For children who bring their dinners, milk might be encouraged as a dinner time drink.

Some schools which need it cannot obtain a milk supply.

An astonishingly large number refuse milk because they do not like it.

Dr. J. A. Clark. The provision of milk in schools has resulted in an improvement in the health and mentality of the children taking it. It is one of the greatest steps ever taken for the improvement of the physique of children.

About 50 per cent. of the children take milk but there are still schools where no supply is available. This is accounted for by the fact that so many dairymen sell their milk in bulk to factories.

Some parents say that milk takes away children's appetites for dinner. This would probably be overcome if the milk were taken earlier in the morning—say at 10 to 10.15 a.m.

The coldness of the milk is repugnant to some children—there should be a universal scheme for warming the milk.

Our efforts should be directed to amplifying the provision of milk until every school child receives a daily ration.

Dr. Elizabeth Macleod. Teachers report that on the whole the school work has improved since children have received milk.

Children granted free milk have improved very much in general condition and nutrition. Practically all show an approach to normal in carriage and gait and an obvious gain in vitality.

Dr. R. J. E. Hanson. Although the amount of milk consumed per week is small, it has an extremely beneficial effect upon the children: they are more alert mentally and physically.

Milk meals are especially valuable in rural schools where children walk long distances.

Some parents say that appetite for dinner is lessened by milk meals. In these cases milk should be consumed at 10 a.m.

Milk-mindedness is becoming a fact among teachers, parents and pupils. There is little malnutrition in this area.

In addition to milk, fruit and green vegetables should be increased in the children's dietary.

UNCLEANLINESS. Advice is given to the parents by the Health Visitors and District Nurses, with good results, except in cases where the mentality of the parents is very low. These tend to become chronic, the children being cleaned periodically but always relapsing.

The nurse may help the parents in the cleansing, but no official cleansing stations are in use.

MINOR AILMENTS AND DISEASES OF THE SKIN. Cases are followed up by the Nurses and receive help in carrying out the treatment. Where medical advice is required cases are referred to general practitioners.

A temporary clinic could be arranged when necessary so that Nurses could deal with greater numbers; for instance in an epidemic of Impetigo.

VISUAL DEFECTS AND EXTERNAL EYE DISEASES. Visual defects are referred to the School Oculist for refraction. The necessary glasses are prescribed, and the majority are provided by the parents. In cases of necessity, on the recommendation of the School Managers, glasses are provided by the Education Authority. All children in need of examination can be seen at one of the 15 Eye Clinics. See Table IV. Group II.

Children for whom glasses have been prescribed are re-examined every 2 years or oftener, so that it may be ascertained whether any change is required.

The following particulars will amplify the figures given in Table IV. Group II. and will give some indication of the work done in 1935:—

(1) Spectacles prescribed by School Oculist:					
(a)	Obtained by parents	...	...	...	495
(b)	Paid for by L.E.A.	276	+	3 on 1934	
	prescription	...	...	...	= 279
(c)	Not obtained	...	...	...	75
					— 849
(2) New frames prescribed by School Oculist:					
(a)	Obtained by parents	...	...	...	85
(b)	Obtained by L.E.A.	...	...	...	12
(c)	Not obtained	...	...	...	10
					— 107
(3)	Spectacles repaired by L.E.A.	...	...		12
(4)	" Continue present spectacles "	...	...		323
(5)	" No spectacles needed "	...	...		108
(6) Children absent from Eye Clinics:					
(a)	Parents refuse examination	...	...		43
(b)	Child had left school	...	...		9
(c)	Child treated privately	...	...		15
(d)	Child had left district	...	...		11
					— 78

The treatment of external eye disease is undertaken by the general practitioners with the help of the Nurses.

NOSE AND THROAT DEFECTS. Cases are referred to their own doctors in the first place, and if operative treatment is required, arrangements have been made for it to be given at 12 hospitals in, or adjoining, the County. There should be no difficulty in any child obtaining the necessary treatment. See Table IV. Group III.

EAR DISEASE AND DEFECTIVE HEARING. The arrangements are similar to those for the treatment of nose and throat defects. There is an Ear and Throat department at the Prince of Wales Hospital, Plymouth, to which cases requiring special treatment may be sent.

There will soon be established at the Royal Cornwall Infirmary, Truro, an Ear and Throat Department in charge of

a Specialist in the treatment of these diseases. This will meet a special need of the County as it is difficult to get children from the Western part of the County sent to the Plymouth Hospital.

DENTAL DEFECTS. The Dental Scheme was started in 1931 and in the first year three age groups were treated (5, 6 and 7 year old children), together with as many 'specials' as time permitted.

Each year the same children, together with the 'Entrants' during the year, have been examined and when necessary treated, and in 1935 the following age groups were included—5, 6, 7, 8, 9, 10 and 11 year old children. Children are re-examined yearly, otherwise the scheme would be of little use.

In 1935 (See Table V.) 17,203 children were examined, 15,373 were found to require treatment, and 10,115 actually accepted and received treatment, i.e. 65.8 per cent. The rate for England and Wales in 1934 was 63.0 per cent.

There are obvious disadvantages in collecting school children together for dental treatment and the same disadvantages occur whatever method is adopted—whether at a clinic, dental caravan or in a school classroom as is usually done in this County.

For each 100 children treated in 1935 the following work was done (as compared with the figures for England and Wales in 1934):—

	Cornwall.	England and Wales.
Fillings in permanent teeth ...	45.9	67
Fillings in deciduous teeth ...	1.2	7
Extractions of permanent teeth	13.5	33
Extractions of deciduous teeth	92.8	155
Other Operations	106.7	29.5

There is considerable variation in the figures for the two dentists—

	(1)	(2)
Fillings in permanent teeth ...	79.6	8.6
Extractions of permanent teeth	4.5	23.4

During the Christmas Holidays the dental examination and treatment was carried on in some of the smaller schools with the following results:—

Number of Schools examined	20
Number of children for examination ...	536
Actually attended at the school ...	153
Number found to require treatment ...	137
Number treated	137

Compared with the examination and treatment during school hours the comparative figures are:—

During school hours: 58.8 per cent. of children due for inspection were treated.

During holiday period: 25.5 per cent. of children due for inspection were treated.

On a future occasion the experiment will be made of examining some large schools during school time and arranging for the actual treatment during the holiday period.

The time has now come when it is impossible to visit all the schools without an extra dentist and some of the smaller schools have had to be omitted from the scheme. During the fifth 'round' of inspections it has been necessary to omit about 65 of the smaller schools and the suggestion that some work should be done for the Secondary Schools has not been carried out. It is desirable that children who have received regular examination and treatment while in the Elementary Schools should continue to receive examination and treatment after going to a Secondary School, but in many cases this is not done.

Dental Propaganda. During the year the Dental Board of the United Kingdom arranged demonstrations for some of the Elementary School children at the following centres:—Torpoint, Saltash, St. Austell, Truro, Redruth and Camborne. These demonstrations were much appreciated and further demonstrations would be useful, especially when the older school children are included in the scheme and when there are sufficient dentists to undertake more work. At present the work has to be curtailed owing to insufficient staff. The dentists should not give

time for Secondary School pupils while there is insufficient time to deal with the Elementary School children.

ORTHOPAEDIC AND POSTURAL DEFECTS (See Table IV, Group IV). There are Orthopaedic Clinics maintained by the County Council at:—

Penzance	St. Austell	Helston	} New Clinics opened during 1935.
Tuckingmill	Wadebridge	St. Just	
Truro	Liskeard	Bodmin	

There is also a clinic at Launceston, maintained by the Devonian Association, serving part of Cornwall and part of Devon, and one at Plymouth at the Mount Gold Hospital, maintained by the Plymouth Borough Council, which is available for children from the Eastern part of the County.

Orthopaedic Beds. At present there are 14 beds at the Royal Cornwall Infirmary, Truro. Beds are available also at the Mount Gold Hospital, Plymouth. For cases seen under the Devonian Association Scheme at Launceston there are beds at the Princess Elizabeth Orthopaedic Hospital School, Exeter, and the Dame Hannah Rogers Orthopaedic Hospital School, Ivybridge.

It has been found in practice that it is impossible to get more than a few children sent out of the County and there is a proposition now before the Board of Education for the erection of new wards at the Royal Cornwall Infirmary, Truro, with 32 beds instead of the present 14 beds. These beds are also for children under school age. The usual 'waiting list' is about 45—50, including children under school age.

The question of the postural defects mentioned in the report for 1934 is still under consideration and the appointment of a second Orthopaedic Sister will enable more attention to be given to these cases at the clinics. A male Physical Training Organiser is also to be appointed who will be able to give a part of his time to remedial instruction.

The following is a summary of the work done at the Orthopaedic Clinics and Hospitals during 1935:—

	Under School Age.	School Age.	Total.
New cases seen at the clinics	78	205	283
Total attendance of cases on doctors' days	601	2037	2638
Cases recommended for ad- mission to hospital ...	31	75	106
Number admitted during the year	21	69	90

The Orthopaedic Surgeon attends each clinic once a month and the Sister attends once a week to carry out the necessary treatment.

HEART DISEASE AND RHEUMATISM. Cases seen are referred to private practitioners.

TUBERCULOSIS. Cases suffering from or suspected to be suffering from Tuberculosis are referred to the County Tuberculosis Officer, and arrangements are made for attendance at a clinic, or a visit to the home if necessary.

The notifications of tuberculosis between the ages of 5 and 15 were:—

Pulmonary	...	3
Non-pulmonary	...	9

The following patients were treated at the Tehidy Sanatorium:—

Ages 5 to 15 years.	Pulmonary.	Non-Pulmonary.
Patients in Tehidy 1.1.35 ...	3	5
Patients admitted during the year	2	11
Patients discharged during the year	4	8
Patients in Tehidy 31.12.35 ...	1	8

INFECTIOUS DISEASE. Full directions are given to the teachers in the Green Handbook. Cases of infectious disease are reported to the County and the District Medical Officer of Health.

Exclusions from school during the year are analysed below:

				S.M.O.'s.	Head Teacher's.
Impetigo	...	...	...	11	22
Scabies	...	...	...	4	1
Ringworm—					
Body	...	...	...	—	10
Head	...	...	...	8	2
Other Skin Diseases			...	—	2
Verminous Condition			...	39	1
Infectious Diseases			...	10	12
Miscellaneous	...	...	...	4	—
				—	—
Totals				76	50
				—	—

DIPHTHERIA. This remains one of the serious diseases to which school children are liable and there are no means of preventing infection apart from a successful immunisation. By suitable injections it is now possible to render a child immune to diphtheria. Immunisation is gradually becoming more common and probably in future many parents will desire to avail themselves of this protection for their children.

This is a matter for Local Sanitary Authorities and not for Education Authorities, although the Education Authority can assist.

In two districts the Councils have made arrangements for immunisation: in the Launceston Rural District, 435 school children and 20 children under school age were inoculated by the Medical Officer of Health; in the St. Ives Borough, 163 children were inoculated by the School Medical Officer (Dr. Dorothy Chown) acting for the Medical Officer of Health. In the Zennor district of the West Penwith R.D.C., 22 children were inoculated by the Medical Officer of Health as the children from this district attend the St. Ives Schools.

It is not possible to prevent occasional small epidemics arising unless 60—70 per cent. of the school children and 30 per cent. of the children under school age are immunised, but there can be no doubt as to the benefit to the individual children immunised.

PHYSICAL TRAINING. The County Organiser is making a separate report.

PROVISION OF MEALS. Under Section 84 of the Education Act, 1921, the L.E.A. provides free Milk and Cod Liver Oil for necessitous undernourished children selected by the School Medical Officers. (See also "Nutrition").

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.

CO-OPERATION OF PARENTS. The parents are notified when a child is due for examination: 5,949 parents were present during the examinations (of routines and specials) at the elementary schools, i.e., for 44 per cent. of the children. In some of the towns nearly all the children are accompanied by their parents, showing that considerable interest is taken, but in the rural districts the distances are usually too great.

CO-OPERATION OF TEACHERS. Much of the clerical work falls on the teachers, especially in preparing the schedules for the entrants, sending out notices to parents, etc. The teachers have great influence in persuading the parents to obtain treatment, and more would be done if there were greater facilities for treatment.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS. The Attendance Officers try to get absent children brought to the routine inspections when there is some doubt as to their fitness for school.

CO-OPERATION OF VOLUNTARY BODIES. The County Nursing Association and the District Nursing Associations render great assistance by allowing their nurses to attend the medical inspections and to follow up children to their homes. During the year they have also taken part in the cleanliness surveys.

N.S.P.C.C. During the year a grant of £5 was made to this Society by the Education Committee. In giving their approval the Board of Education requested that a report of the work done should be included in the Annual Report of the

School Medical Officer. Most of the work done by the N.S.P.C.C. is not directly the result of reports from the School Authorities, but the following work was done in response to such reports :—

- 131 children in 50 families. Neglected or ill-treated.
- 31 families—results satisfactory.
- 15 families—improving.
- 2 families—still under observation.
- 1 family moved—no result.
- 1 family—prosecution pending.
- 197 visits were made to the homes.

Blind, Deaf, Defective and Epileptic Children.

Teachers and Attendance Officers report to the District Clerk particulars of children alleged to be unable or unfit to attend an elementary school owing to permanent defect, and arrangements are made for a medical examination of such children if possible. If they are attending school the teachers present them for medical examination as "Specials."

Blind and deaf children are sent to special residential or day schools if the parents are willing. Further provision has been made for crippled children in hospital schools while under treatment. Early treatment will diminish the number requiring education in Residential Cripple Schools.

The numbers of defective children are given in Table III. It will be seen that most of the feeble-minded children are retained in public elementary schools. There are no Special Schools to which all these children could be sent, and only a few special cases are sent to the Royal Western Counties Institution, Starcross. The Wood Report made some suggestions for the future care of these children and until some indication of future legislation is given it is unlikely that more Special Schools will be established.

A "defective" child is defined as one who is unfit for education in an elementary school but not unfit for education in a special school or class. The numbers given are only those ascertained to be defective by the School Medical Officers

and do not include children not examined by them. It is not possible to examine all children alleged to be defective. The School Medical Officers report very few children as specially needing education in open air schools, as in Cornwall the conditions are very different from those found in the slums of large towns, and often a supply of milk in school effects considerable improvement, which is more likely to be permanent than education in a Special School, as experience shows a tendency for children when discharged from Special Schools to relapse.

There are no Special Schools maintained by the Education Authority, and there is no register showing the after-careers of children who have been maintained in Special Schools. Local Councillors are asked to keep such children under observation and if possible assist them in obtaining suitable employment. As mentally deficient children are not sent to Special Schools it is not possible to notify their names to the Mental Deficiency Committee, and no provision is made for their after-care.

The Cornwall Blind Association is a voluntary body which undertakes the after-care of blind children, and in the same way a Deaf Association has been set up in the County with the object of looking after the interests of the Deaf and Dumb.

HIGHER EDUCATION. Blind children of suitable intelligence are sent by the Authority to the South Devon and Cornwall Institution for the Blind for training on leaving the special school at Exeter. A few pupils are also trained in the Exeter Institution.

The usual method of dealing with blind persons who are in need of further training is to consider the report and recommendations submitted by the Institutions responsible for their education up to the age of 16.

The requirements of other blind persons in need of training are usually brought to the Committee's notice by the Cornwall County Association for the Blind.

One pupil received training during the year 1935 at the S. Devon and Cornwall Institution for the Blind: Course commenced September, 1934.

The records of the after-career of pupils who have completed training, as desired by the Board, would be interesting but are not available at present.

NURSERY SCHOOLS. There are no nursery schools provided by the Authority.

Secondary Schools.

I. (a) There are 21 Secondary Schools maintained by the Authority.

(b) Pupils are submitted to a full medical inspection on admission, and during the years in which they reach the ages of 12 and 15 years; and to a general survey in the intervening years.

(c) All pupils attending the schools are inspected.

II. MEDICAL TREATMENT.

(a) Parents are advised of defects requiring treatment, and pupils are re-inspected in the following term to ascertain the result. There is no "following-up" to the homes by school nurses, except occasionally for special reasons.

(b) Treatment is not provided under arrangements made by the Authority. Occasionally, however, pupils suffering from defective vision are examined by the School Oculist, and glasses are prescribed. In a few cases the Higher Education Committee have recommended the provision of glasses at the cost of the County. Occasionally orthopaedic treatment is provided. Each case is considered on its merits.

(c) The type of pupil for whom treatment is sometimes provided is the "special place" pupil.

Tables I. and II. (Secondary Schools) at the end of the report give the numbers of pupils examined and the results. 3,764 pupils were inspected, and apart from uncleanliness and dental defects treatment was required for 563 pupils—14.95 per cent. Apart from defective teeth, defective vision was by far the most common defect found. 595 parents attended the inspection for girls, and 318 for boys.

The general health of the secondary school pupils compares favourably with that of the elementary school, especially in the case of the boys. The girls tend to develop defects more easily than boys when much time is given to school work. The secondary school pupils are usually the pick of the elementary schools and many of them have received any treatment necessary before coming to the secondary schools.

Parents' Payments.

Arrangements for recovering the cost of treatment from parents are as follows:—

(a) CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

DENTAL TREATMENT. Treatment is free where the income of the parents falls below the limit fixed by the Committee. Where the income is above this limit, the child brings 1s. to school.

TONSILS AND ADENOIDS, ORTHOPAEDIC TREATMENT. Where the income exceeds the limit fixed by the Committee, the County Accountant makes a claim approved by the Chairman or Vice-Chairman of the Committee.

SPECTACLES. Parents usually pay the optician direct. In necessitous cases an order for glasses is given by the Authority for the optician.

(b) PUPILS IN SECONDARY SCHOOLS. Treatment is not usually provided and no arrangements are made for payments. In the few cases where treatment is provided the arrangements are similar to those for elementary school children.

Miscellaneous Work.

Medical Examinations of Teachers ...	37
Examinations of Hair for Ringworm ...	5

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1935.

Elementary Schools.

TABLE I.

A. Routine Medical Inspections.

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	...	3,834
Second Age Group			...	...	...	3,504
Third Age Group	...	...	...	...	...	3,581
Total						10,919

Number of other Routine Inspections ... Nil.

B. Other Inspections.

Number of Special Inspections	...	...	...	2,521
Number of Re-Inspections	...	...	...	5,247
Total				7,768

C. Children found to Require Treatment.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups:

Entrants	...	...	...	...	...	736
Second Age Group	...	...	...	...	...	590
Third Age Group	...	...	...	...	...	594

Total (Prescribed Groups) ... 1,920

Other Routine Inspections ... Nil

TABLE II.

**A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1935.**

DEFECT OR DISEASE.					Routine Inspections.		Special Inspections.	
					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)
Skin	Ringworm :							
	Scalp	...	...	...	5	1	4	1
	Body	...	...	...	4	2	1	2
	Scabies	...	...	...	4	—	4	—
	Impetigo	...	...	...	41	—	30	—
Eye	Other Diseases (non-tuberculous)				59	12	37	2
	Blepharitis	...	...	...	28	1	3	1
	Conjunctivitis	...	...	...	13	—	13	—
	Keratitis	...	...	...	1	—	—	—
	Corneal Opacities	...	...	...	—	—	1	1
Ear	Other Conditions (excluding Defective Vision and Squint)				5	—	3	1
	Defective Vision (excluding squint)	...	...	...	502	213	191	8
	Squint	...	...	...	103	36	32	—
	Defective Hearing	...	...	...	41	20	14	4
	Otitis Media	...	...	...	26	6	11	1
Nose and Throat	Other Ear Diseases				—	3	—	1
	Chronic Tonsillitis only	...	...	...	116	107	10	5
	Adenoids only	...	...	...	48	41	5	1
	Chronic Tonsillitis & Adenoids	...	...	...	597	79	51	5
	Other Conditions	...	...	...	46	7	8	—
Enlarged Cervical Glands (Non Tuberculous)...					13	13	2	1
Defective Speech					3	4	—	—
Heart and Circulation.	Heart Disease :							
	Organic	...	...	...	2	16	1	22
	Functional	...	...	...	1	34	—	2
	Anæmia	...	...	...	43	2	28	1
	Bronchitis	...	...	...	26	7	2	1
Lungs	Other Non-Tuberculous Diseases...				36	71	6	4
	Pulmonary :							
	Definite	...	...	...	—	—	—	—
	Suspected	...	...	...	4	2	1	1
	Non Pulmonary :							
Tuberculosis	Glands	...	...	...	1	1	—	—
	Bones and Joints	...	...	...	—	2	—	—
	Skin	...	...	...	—	—	—	—
	Other Forms	...	...	...	1	—	—	—
Nervous System	Epilepsy	...	...	...	—	5	—	2
	Chorea	...	...	...	—	5	—	1
	Other Conditions	...	...	...	6	9	3	—
	Rickets	...	...	...	—	3	2	—
	Spinal Curvature	...	...	...	100	12	15	12
Deformities	Other Forms	...	...	...	54	22	29	45
	*Other Defects and Diseases (excluding uncleanness and dental diseases)				211	106	69	57
	Totals				2140	842	576	182

* Malnutrition not included.

**B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN
INSPECTED DURING THE YEAR IN THE ROUTINE AGE
GROUPS.**

Age-groups	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	3834	933	24·3	2506	65·4	358	9·3	37	1·
2nd Age Group ...	3504	693	19·8	2295	65·5	454	13·	62	1·8
3rd Age Group ...	3581	822	23·	2334	65·2	382	10·7	43	1·2
Other Routine Inspections }	--	—	—	—	—	—	—	—	—
Total	10919	2448	22·4	7135	65·3	1194	10·9	142	1·3

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1935.

GROUP I. MINOR AILMENTS (excluding uncleanness).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3).	(4).
Skin—			
Ringworm—Scalp—			
(i.) X-Ray Treatment	—	—	—
(ii.) Other „	9	7	16
Ringworm—Body	51	—	51
Scabies	20	2	22
Impetigo	162	15	177
Other Skin Diseases	9	29	38
Minor Eye Defects (External and other but excluding cases falling in Group II.)	23	2	25
Minor Ear Defects	12	1	13
Miscellaneous (Minor injuries, bruises, sores, chil-blains, etc.)	45	—	45
Total	331	56	387

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.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including squint). ...	1,257	49	1,306
Other Defect or Disease of the Eyes, (excluding those recorded in Group I).	—	7	7
Total	1,257	56	1,313
Number of Children for whom spectacles were			
(a) Prescribed	719	28	747
(b) Obtained	252	395	647

TABLE IV.—(Contd.).**GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.**

No. of Defects:—

Received Operative Treatment—

(1) Under the Authority's Scheme
in Clinic or Hospital—

(i) Tonsils only	...	...	20
(ii) Adenoids only	...	...	1
(iii) Tonsils and Adenoids	...	...	138
(iv) Other defects of the Nose and Throat	...	...	—

(3) Total—

(i) Tonsils only	...	...	20
(ii) Adenoids only	...	...	1
(iii) Tonsils and Adenoids	...	...	237
(iv) Other defects of the Nose and Throat	...	...	—

(2) By Private Practitioner or Hos-
pital, apart from the Authority's
Scheme—

(i) Tonsils only	...	...	—
(ii) Adenoids only	...	...	—
(iii) Tonsils and Adenoids	...	...	99
(iv) Other defects of the Nose and Throat	...	...	—

(4) Received other forms of
Treatment

(5) Total number treated

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(1) Under the Authority's Scheme:

Number of Children treated—

(i) Residential treatment with education	...	...	49
(ii) Residential treatment without education	...	...	21
(iii) Non-residential treatment at an orthopaedic clinic	...	...	573

(2) Otherwise:

(i) Residential treatment
with education(ii) Residential treatment
without education(iii) Non-residential
treatment at an
orthopaedic clinicNot
known.
Probably
None.

Total number treated

TABLE V.—DENTAL INSPECTION AND TREATMENT.(1) Number of Children inspected
by the Dentist—

(a) Routine Age Groups:

Aged 5	...	...	2,068
" 6	...	...	2,546
" 7	...	...	2,692
" 8	...	...	2,461
" 9	...	...	2,247
" 10	...	...	2,105
" 11	...	...	1,835
" 12	...	...	640

Total 16,594

(b) Specials

(c) Total (Routine and
Specials)(2) Number found to require
treatment

(3) Number actually treated

(4) Attendances made by chil-
dren for treatment(5) Half-days devoted to:—
Inspection and Treatment

(6) Fillings:—

Permanent Teeth

Temporary Teeth

(7) Extractions:—

Permanent Teeth

Temporary Teeth

(8) Administrations of general
anæsthetics for extrac-
tions

(9) Other Operations:—

Permanent Teeth

Temporary Teeth

Total

TABLE VI.**UNCLEANLINESS AND VERMINOUS CONDITIONS.**

(1) Average number of Visits per School made during the year by the School Nurses	... ..	2.82
(2) Total number of Examinations of children in the Schools by School Nurses	... ..	87,115
(3) Number of individual children found unclean	...	4,528
(4) Number of children cleansed under arrangements made by the Local Education Authority	... ..	Nil.
(5) Number of cases in which legal proceedings were taken:		
(a) Under the Education Act, 1921	... ..	Nil.
(b) Under School Attendance Bye-laws	... ..	Nil.

Secondary Schools.

**Table I.—Medical Inspection of Pupils for the year ended
31st December, 1935.**

Routine Examinations.

Entrants	...	...	...	...	...	...	848
12-year-olds	...	...	...	...	...	...	471
15-year-olds	...	...	...	...	...	...	509
Other ages	...	...	...	...	...	...	1,936
							<hr/>
Total							... 3,764
							<hr/>

Re-Examinations.

Boys	...	...	...	...	...	...	498
Girls	...	..		...	...	...	450
							<hr/>
Total							... 948
							<hr/>

Number of Individual Children examined	...	3,764
Number of children requiring treatment	...	563
(Excluding uncleanliness and dental diseases).		
		<hr/>
Percentage	...	14.95
		<hr/>

Number of Parents or Guardians present at Examinations.

With Boys	...	...	...	...	...	318
With Girls	...	...	...	...	...	595

Table II.—Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

DEFECT OR DISEASE.	Routine Inspections.		Treated.
	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	
(1)	(2)	(3)	(4)
Malnutrition	3	—	—
Skin	40	1	17
Hair	17	1	11
Defective Vision	189	113	173
Squint	3	4	—
External Eye Disease	5	1	5
Defective Hearing	9	4	2
Ear Disease	5	1	1
Nose and Throat	52	14	16
Enlarged Cervical Glands	—	5	1
Heart and Circulation	4	8	—
Anæmia	23	3	14
Lungs	3	9	4
Nervous System, conditions other than Epilepsy or Chorea	4	2	—
Epilepsy	—	1	—
Chorea	—	—	—
Overstrain	4	—	4
Spinal Curvature	55	3	19
Flat Foot and other Deformities	179	1	120
Teeth	706	1	391
Other Defects and Diseases.. .. .	53	29	42
TOTALS	1354	201	820

