# [Report 1933] / School Medical Officer of Health, Eastbourne County Borough.

#### **Contributors**

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# County Borough of Eastbourne.



Local Education Authority.

# Medical Officer's Annual Report for 1933.

W. G. WILLOUGHBY, M.D. Lond., M.R.C.S., L.R.C.P., D.P.H., School Medical Officer.

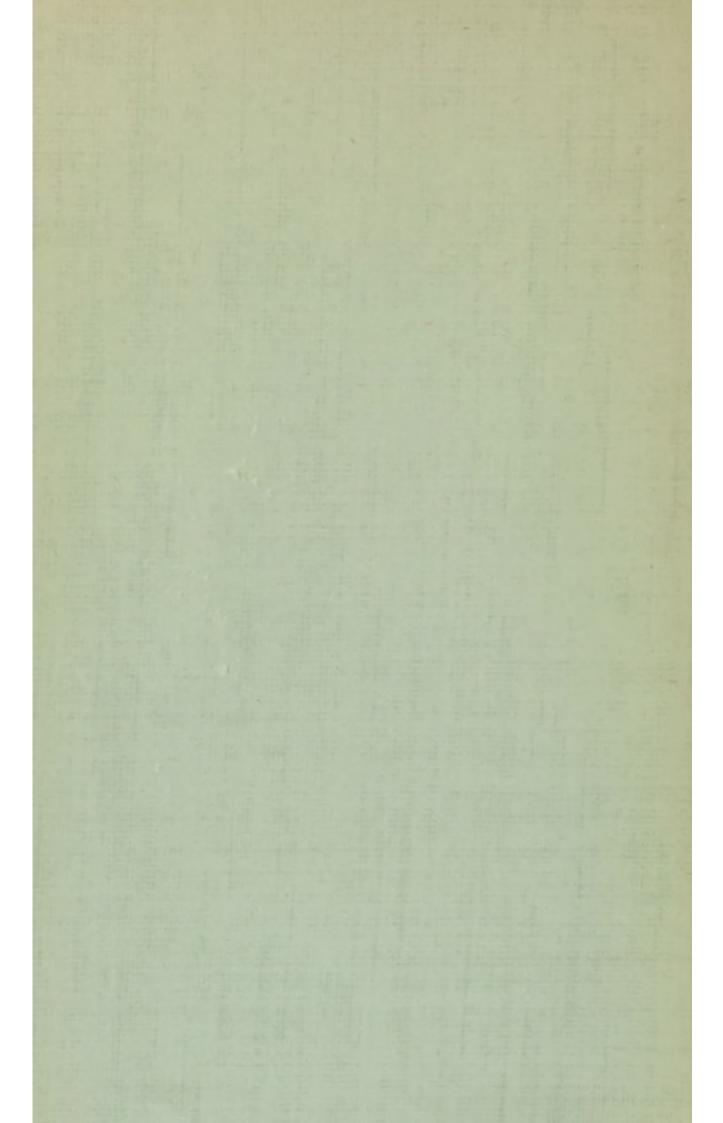
JOHN FENTON, M.B., B.Ch., B.A.O., D.P.H.,

Assistant School Medical Officer

(Inspecting Officer).

EASTBOURNE:

V. V. Sumfield, Printer, Station Street.



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# County Borough of Eastbourne.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I submit herewith my Twenty-Sixth Annual Report on your School Medical Service.

There has been no change in the arrangements for medical inspection and treatment of defects during the year. There have been changes in the personnel of the staff as follows:—Dr. Fenton became Deputy School Medical Officer and Inspecting Medical Officer in place of Dr. Coghill on June 1st; Miss Beney and Miss Fry resigned on their respective marriages, and during 1933 Miss E. Wallace and Miss R. Voysey have occupied the clerical posts vacated.

In the report will be found particulars as to the nature and amount of the various physical and mental defects found in the course of inspection and otherwise. Owing to the change of Inspecting Medical Officer, the actual percentage of defects found in 1933 cannot be strictly compared with that found in previous years, as personal variations in standards are inevitable. On the whole it is below that of the country generally and above that of Eastbourne in recent years.

The average attendance of children at school is one of the guides to the amount of sickness among children, especially in schools senior to the infants' schools. In 1933 however these statistics were complicated by a very severe epidemic of influenza in January, which reduced the attendance in sixteen of the schools to an average of 51% for two weeks.

It will be noted that Dr. Fenton found an increase in cases of malnutrition. The figures will be found in the body of the report and are not large. Malnutrition is not merely due to want of food; wrong food, badly cooked food and debilitating illnesses are common causes also, but allowing for these, it is the fact that the proportion of income paid in

rent in these days has an unsatisfactory effect on the amount that can be expended on wholesome food and cookery.

During the year one of the Medical Inspectors of the Board of Education visited the Borough and inspected the School Medical Service. In a letter dated August 10th, 1933, from the Board to the Local Authority, the following paragraph appeared:—

"I am directed to state that the Board have had under consideration a report by Dr. Robert Weaver, one of their Medical Officers, on his recent visit to Eastbourne and are glad to learn therefrom that the Authority are to be commended for the provision they have made for attending to the health of the school children within their area. The organisation of the work is on sound lines and, apart from the dental scheme, a very complete service is provided. The Board understand that with the present acceptance rate for dental treatment, the time now allocated to the work is adequate, but it should be recognised that the acceptance rate is disappointingly low, and they are glad to learn that steps are being, or will be taken to improve matters in this respect."

We are taking steps to get parents and children to see the importance of dental efficiency. Nearly 500 more children attended in 1933 than in 1932.

It has been pointed out that the School Medical Service is expensive; it seems as if it must be so to be efficient. An analysis of costs is being made to ascertain the reasons. The provision of an Open Air School and of a School for Mental Defectives and the sending of defective children to institutions to treatment, often necessary over long periods, are leading causes of expenditure. A scheme for school children would not be complete if any of these items were missing.

It is very satisfactory to note that the building of new clinics has been approved. It is not generally understood that these are necessary for the proper carrying out of existing work. It is not contemplated to extend the work or the number of the staff.

I have to thank the members of the Education Committee, its staff and the teachers for the constant interest in the work. I have also to thank my own staff for their work throughout the year, and Miss E. Wallace for her work in the compilation of the figures for this report.

I am, Ladies and Gentlemen,

Your obedient Servant,

W. G. WILLOUGHBY,

School Medical Officer.

# SCHOOL MEDICAL DEPARTMENT STAFF.

(a) OFFICERS OF THE COUNCIL.

School Medical Officer:

W. G. WILLOUGHBY, M.D., Lond., D.P.H.

Assistant School Medical Officer (Inspecting Officer):
J. Fenton, M.B., B.Ch., B.A.O., D.P.H.

School Nurses:

Miss R. Clark (Superintendent) (half-time).

Miss M. L. RICHNELL (quarter-time).

Miss I. M. SIMMONDS (half-time).

Miss L. Curtis (half-time).

Miss O. Mack (quarter-time).

Miss E. WARD (half-time).

(All partly Health Visitors and partly School Nurses).

#### Clerks:

The Staff of the Public Health Department, and especially Miss E. Wallace. Miss R. Voysey.

### (b) CONSULTING STAFF.

Ophthalmic Surgeon:

E. V. OULTON, B.A., M.B., B.Ch., D.O.M.S.

Visiting Orthopaedic Consultant:

H. J. SEDDON, F.R.C.S., Royal Nat. Orthopaedic Hospital.

Aural Surgeon:

D. E. O'C. CUFFEY, F.R.C.S., Ed.

Physician for X-Ray Work:

G. P. NORMAN, M.D., M.B., Ch.B.

Surgeons for Nose and Throat Operations:

D. E. O'C. CUFFEY, F.R.C.S., Ed.

R. C. MACQUEEN, F.R.C.S.

Anaesthetist for Nose and Throat Operations:

R. M. BARRON, M.R.C.S., L.R.C.P.

Grammar and Continuation Schools, Inspecting Medical Officer:

T. TURNER, M.B., B.S., M.R.C.S., L.R.C.P.

Dentist:

A. H. PICKETT, L.D.S., D.D.S.

#### SCHOOL STATISTICS.

(1st April, 1932, to 31st March, 1933).

Central Schools (2)	 Accommodation.	Average No. on Roll, 682	Average attendance. 636	Per- centage 93.2
Senior Schools (3)	 652	636	586	92.1
Junior Schools (10)	 2929	2421	2247	92.8
Infant Schools (9)	 1776	1498	1320	88.1
Special Schools (2)	 185	177	156	88.1
Totals	 6402	5414	4945	91.3
			-	

The average number on the books shows an increase of 193 on the figures for the preceding year, which were 162 more than in 1931.

The proportion of children of school age in the total population of Eastbourne in census returns is as follows:—

1891	 21.19	1921	 16.40
1901	 19.57	1931	 12.2
1911	 17.51		

The greatest number on the books in any year in infant departments was 1,848 in 1911. The number in 1933 was 1,498, which is ten more than in 1932.

In other departments the highest number was 4,259 in 1912, and in 1933, 3,916.

# PERCENTAGE ATTENDANCE.

The percentage of children on the rolls attending school in 1933 was again an improvement compared with that of 1932. This is especially the case in Central and Senior schools. Reduction in absenteeism in these schools means improvement in health, since ill-health is the only legitimate cause of absence.

A table of some of the causes of absence from ill-health is given in the report. The cases referred to are those children excluded from school by your Medical Officers. Other absences are due to illnesses which are dealt with by medical practitioners.

#### CO-ORDINATION.

The School Medical Officer and the Assistant School Medical Officer are also Medical Officer of Health and Assistant Medical Officer of Health respectively, and the services are in entire co-ordination.

The nursing staff of the Education Authority is also engaged in the work of the Sanitary Authority. Five of the six nurses are part-time Infant and Child Welfare Nurses; thus the care of children of all ages up to 14 and in many cases later is provided for through the same nurses and medical staff.

The Borough is divided into four districts for nursing purposes and the nurse in any particular area is both Infant Welfare Nurse and School Nurse. One of the other nurses gives occasional help in clinics and with tuberculous children. The sixth nurse is the Superintendent Nurse.

#### HYGIENE OF THE SCHOOLS.

A complete survey is being made on the lines set out in Form 6M (Schedule) of the Board of Education and the report will be submitted to you later.

The sanitary condition of the schools has been kept under observation regularly.

Some of the schools are old, but except in the case of the Open Air School, not likely to have any detrimental effect on the health of the children, though the report will show where improvements such as arrangements for drying wet clothes are still wanting.

The Open Air School huts have reached a state when they are no longer fit for the purpose, and this has been agreed to by the Local Education Authority and reported to the Board of Education.

Considerable improvements have been effected at Christ Church Schools and a very necessary extension made to the Hampden Park Schools.

No school camps were held in 1933. It is to be hoped that these camps can be re-commenced when finance is less stringent.

# MEDICAL INSPECTION OF ELEMENTARY SCHOOL CHILDREN.

The first table in the appendix shows the numbers inspected and the ages at inspection.

The number of children examined at routine inspections was 1,804; of these, 1,669 were examined at the routine periods, viz., entry, intermediate and age twelve, and the other 135 were children not of the customary age groups, but examined on transfer from other schools, and Special School children. In addition, 2,385 special cases were examined, making a total of 4,189. There were also 3,161 re-examinations of children.

The total number of examinations of children medically was therefore 7,350.

At 52.5% of the examinations parents attended.

There were 13 refusals of examination.

Absentees were looked up and additional visits to schools were made to complete the examinations.

Cases of defect found are referred to medical practitioners and to the clinics for more thorough examination and treatment.

The schedule used for recording the results of inspection is that suggested by the Board of Education with one addition, viz., particulars as to vaccination.

The special cases are those found by the Medical Officers apart from the routine inspections, or brought to our attention by teachers and parents. They also include some re-examinations.

Very little disturbance of school routine is occasioned by the inspections. The convenience of the teacher is followed as far as possible.

Where possible the children are examined in the schools and all in school hours. In some schools there is little accommodation for medical inspection and the children in three of these are examined as follows:—

All Souls' .. Parish Room.

St. Andrew's .. Acacia Villa (School Clinic).

St. Saviour's .. Town Hall.

# FINDINGS OF MEDICAL INSPECTION.

The defects found are set out in detail in Table II. in the appendix.

In the 1,804 children examined in routine examinations 412 defects were found requiring treatment in 321 of the children. Over 17.8% therefore of the children required treatment. Other conditions that required observation to the number of 1,478 were found in 815 children. This does not include want of cleanliness or dental defect.

The Maternity and Child Welfare Authority in 1928 appointed an additional nurse for increased work to be carried out among the children of pre-school age. There are too many children who on admission to school are found to be physically defective.

MALNUTRITION.—The figures for 1933 have increased on those of previous years. The leading factors have been (a) an increased stringency of inspection on change of Inspecting Officer; (b) early illness; (c) want of provision of proper nourishment through ignorance, poverty and lack of proportion between rent and income.

As a result of the 1,804 routine inspections, 37 children required treatment for malnutrition and 85 others required to be kept under observation. In 2,385 special inspections, 45 children were found to require treatment and 71 to be kept under observation.

It will be understood from these figures what a number of outside investigations have to be made.

On the other hand, a survey of the children in the schools has shown me that they look far healthier and happier on the whole than in the days when medical inspection was in its infancy.

The excellent teaching at the Domestic Centre on food values and cooking should have an increasing result in reducing malnutrition. The work of the Health Visitors is also very useful, for early illnesses are very common causes of later malnutrition.

Uncleanliness.—All the schools are satisfactory in

this respect. Later in this report the steps taken by the department are given.

MINOR AILMENTS AND DISEASES OF THE SKIN.—On the whole these have increased a little in number, but impetigo cases have been reduced and thus increased school attendance. Details are set out in the clinic reports later.

VISUAL DEFECTS.—Cases of errors of refraction are set out in detail in the report on the Ophthalmic Clinic. They remain about the same in number, in spite of attention given to such matters as lighting, desks and books.

External eye diseases required more treatment and observation in 1933 than usual.

Nose and Throat Defects.—The cases requiring treatment were many more in 1933, but I think a higher standard of inspection accounts for some of this. Tonsil and adenoid operations are set forth in the clinic reports. The growing tendency to limit these operations has been borne in mind and observations kept on the results in children operated on. In spite of a wish to reduce the number of operations, such undoubted benefit has been found in many cases that it will be necessary to proceed carefully.

EAR DISEASES.—These appear to be diminishing in severity and to require less stringent treatment, but the numbers of chronic otitis cases keeps up and preventive treatment in the pre-school age is the best hope in this class of ailment. The successful treatment at school age of old cases is difficult and the resultant loss of hearing in some cases a handicap to the child.

Dental Defects.—As noted in the introduction to this report, the Board of Education is not satisfied with the acceptance rate on the part of the parents of the treatment offered. The Dental Board's exhibit is being shown in the senior schools to try to encourage senior children themselves in the care of their teeth. The School Dentist feels that the children of the elementary schools show a fairly high percentage of satisfactory teeth, though agreeing that more might be done if the parents took a proper view of the importance of dental precautionary work.

ORTHOPAEDIC AND POST-NATAL DEFECTS.—It will be seen in the Orthopaedic Clinic report that every attention is being given to defects found. On the preventive side physical training and the great improvement in desks in recent years are important factors that have received attention.

HEART DISEASE AND RHEUMATISM.—As regards the former, while only two cases were found in routine inspections and six in special inspections requiring treatment, it will be seen that many more are under observation. Except for instances of vague "pains," no serious cases of rheumatism were found; four children were kept from school for an average of a little over a week each through this disease.

Tuberculosis.—Pulmonary.—No cases were found in the routine inspections and no definite case in special inspections. Five suspicious cases were kept under observation.

Non-Pulmonary.—In special examinations it was found that three children required treatment and two others were being specially watched.

OTHER DEFECTS AND DISEASES.—Thirty-nine cases of scarlet fever caused an average absence of six-and-a-half weeks and forty contacts remained absent for an average of 11.2 days.

Fourteen cases of diphtheria were absent on an average five weeks each and 32 contacts for 8.7 days each.

One case of chorea and one of epilepsy were excluded from school for 19 and 16 weeks respectively.

Other diseases that occurred are set out in the list of diseases on account of which children were excluded from school on the advice of the School Medical Officer.

Speech Defects.—Of the 23 speech defects noted from routine medical inspections, seven were found in the Special School, all of them cases of defective articulation. Sixteen cases of stammering were found in six schools, but no serious case.

#### INFECTIOUS DISEASES.

As the School Medical Officers are also the Public Health Medical Officers, the occurrence of notified infectious disease is known at once to them and steps taken accordingly.

No schools were closed for infectious illness during 1933, but the attendance in January was greatly reduced owing to prevalence of influenza.

#### DEATHS OF CHILDREN OF SCHOOL AGE.

Four children, aged 5 to 15, died in Eastbourne in 1933 from the following causes:—

Diphtheria			2
Gastritis			1
Bulbar Paralysis			1

#### EXCLUSIONS FROM SCHOOL.

Code Art. 53 (b).—Under this article 527 children were excluded from school during 1933 on the advice of the School Medical Officers. A list is submitted showing the causes and the average length of the exclusions.

The number excluded in the previous year was 372.

Disease.				period clusion.	No. of cases.	Average time excluded in each case.
Migraine			2	weeks	1	2 weeks
Anaemia			4	,,	2 2	2 weeks 2 ,,
Malnutrition			10	"	2	1
Debility			68.5	,,	20	3.4 ,,
Enlarged Gland	ds		62	"	14	4.5
Nose & Throat	Operati	on	1467	days	106	13.8 days
Asthma			6	weeks	1	6 weeks
Tonsilitis			10.5	-37	5	2.1 ,,
Sore Throat			10.5	11	7	1.5 ,,
Influenza			136	days	11	12.36 days
Laryngitis			3	weeks	1	3 weeks
Chill			24.5	,,,	8	3.1 ,,
Colds			45	days	6	7.5 days
Bronchial Cata	rrh		265	days	11	24.1 days
Croup			1	week	1	1 week
Bronchitis			11	weeks	4	2.75 weeks

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DISEASES AND TIME EXCLUDED—Continued.

Disease.			period clusion.	No. of cases.	Average time excluded in each case.
Rheumatism		5	weeks	4	1.25 ,,
Pemphigus		8	days	1	8 days
Scabies		36	weeks	7	5.1 weeks
Eczema		6		1	6 ,,
Impetigo		52.5	11	25	2.1 ,,
Other Skin Diseases		209	days	15	13.9 days
Conjunctivitis		26	weeks	8	3.25 weeks
Styes		21	days	3	7 days
Corneal Opacity		4	weeks	1	4 weeks
Swollen Eyelids		7	days	1	7 days
Threadworms		3	weeks	1	3 weeks
Cystitis		2		1	9
? Appendicitis		2 5	33	2	9.5
Abdominal Tuberculosis		7	"	1	7
Hernia and Rickets		18	weeks	Î	18 weeks
Ac. Polio Myelitis		4		î	4
Vaginitis		5	**	î	5
Phthisis		4	21	Î	4
Feeble Minded		33	33	2	16.5
? Tubercular Knee	3223	7	2.5	ī	7
Chorea		19	"	Î	19
		16	",	1	16
The state of the s		7	23	3	0.2
**		89	darre	5	
**		7	days	2	17.8 days 3.5 weeks
		69	WEEKS	14	10
Diphtheria		279	dove	32	
Contact Diphtheria		3	days	1	8.7 days
? Diphtheria		255	monles.	39	6.5 weeks
Scarlet Fever			weeks	40	
Contact Scarlet Fever		448	days		11.2 days 3 weeks
? Scarlet Fever			weeks	4	10
C.S.M		10	3	1	
? Mumps		4	days	2	4 days 1.5 weeks
Chicken Pox		3	weeks	1	
? Chicken Pox		16	days		16 days 5.8 weeks
Whooping Cough		87	weeks	15	
Whooping Cough		115	days	7	16.4 days
Ringworm		98	weeks	10	9.8 weeks
Infantile Paralysis		19	",	2 2 2 1	9.5 ,,
Stomatitis		3	, ,,	2	1.5 ,,
Burn		28	days	2	14 days
Chilblain		6	33		6 ,,
Tinea		103	11	8	12.9 ,,
Alopoecia Areata		28	**	8 2 3	14 ,,
Abdominal Pain		35		3	11.7
Epistaxis		3	weeks	1	3 weeks
Ear Disease		39.5	**	11	3.6 ,,
Gastritis		5.5	31	3	1.8 ,,
Injuries		46	**	15	3.1 ,,
Other Ailments		106	,,	20	5.3 ,,

#### EXCEPTIONAL CHILDREN.

A table in the appendix classifies and shows the numerical return of exceptional children and how their education as far as possible receives attention.

The circulars of the Board of Education as regards these children are carefully considered. The ascertainment of cases is thorough owing to the complete co-ordination of the Public Health and School Medical Departments.

In the return on Table III. in this report it is shown that there are five abnormal children not in schools or institutions. One of these children is suffering from more than one defect—blindness and crippling. These five abnormal children not attending any school are under clinic treatment: two are incapable of educational assistance, one has tuition at home and two are under orthopaedic treatment.

#### FOLLOWING UP.

Arrangements for following up cases of defect found are as follows:—The child attends the Tuesday or Thursday clinic, or is seen by a nurse at its own house. Cases are not lost sight of and parents are as a rule quite anxious as to the cure of the defect. Attendance cards are issued at the clinics, when children are able to attend school during treatment. The numbers attending these clinics will be seen on reference to the clinic figures.

Records on the card system are kept of all such cases, their progress and treatment.

The School Attendance Officers assist the department by reporting absentees. They act in close co-operation with the Medical Service.

# SCHOOL NURSES.

Number of home visits by nurses	 19	34
Number of children cleansed	 	13
Number of cleansing notices sent	 	_
Attendance at school clinics	 (See Clinic	cs)

## MEDICAL AND SURGICAL TREATMENT.

The presence of defects having been ascertained, provision is made for treatment as follows:—

The parents of the children with defects are notified as to what has been found and requested to make arrangements for medical attention.

If, owing to financial stringency or other cause, the parents cannot do this, use is made of the Local Authority's arrangements set out herewith.

There are numerous conditions, minor ailments especially, which would escape attention altogether unless the Authority arranged for official attention. There is no general out-patient hospital in Eastbourne.

The number of cases referred for treatment will be found in detail in the sub-divisions of Table IV.; the numbers treated, whether by the Authority's schemes or not, are there set forth. These tables refer to treatment as a result of the inspections.

The measures adopted to secure treatment are the consistent following up of cases, the provision of clinics set forth in detail herewith and other items referred to in this report, such as transference to the Open Air School.

Arrangements have been made to conduct a dental campaign in Central and Senior schools to try to secure more use of the facilities provided.

It has not been necessary to institute any legal proceedings in 1933, but pressure has been necessary in some cases to secure that treatment is received, even when offered free.

There has been no change in the various clinics established by the Authority, which are as follows. The Monday afternoon clinic, at Hampden Park has now been regularly established and is very useful. Any variety of case is seen there, except specialist cases:—

- A Minor Ailments Clinic. Town Hall and Acacia Villa. Each morning at 9, except Saturdays and Sundays.
- 2. Ophthalmic Clinic: mainly for refractions. Town Hall. Half-day, usually about once a month, when sufficient cases, *i.e.*, about 15, have accumulated.
- 3. Throat and Nose Clinic. Tonsil and adenoid operations at the Ear, Nose and Throat Hospital on Tuesdays. Children are retained at least one night in the hospital and are conveyed free by the Authority by ambulance to their homes on discharge.

When specially requested by parents, the operation is performed at the Leaf Hospital.

- 4. Examination Clinic. Town Hall on Thursday afternoons and Acacia Villa on Tuesday afternoons, for the further examination of special cases and cases referred from routine inspections. This includes backward children.
- Dental Clinic. Town Hall. Monday (two sessions), Tuesday, Wednesday, Thursday and Friday forenoons.
- 6. Tuberculosis and Malnutrition Clinic. Town Hall and Acacia Villa with Clinic No. 4.
- Ringworm Clinic. Attendance at the consulting rooms of the X-ray operator by arrangement. Cases not treated by X-ray are seen at Clinics Nos. 1 and 4.
- 8. Ear and Hearing Clinic. Town Hall as necessary and in special cases when required. For ordinary cases supplement to Clinic 4. For Consultant's cases last Monday in each month. These last have not been necessary in 1933. Clinic No. 3 has been occasionally used.
- 9. Orthopaedic Clinic. Latimer Road. Daily except Sundays. The Consultant Orthopaedic Surgeon visits monthly on second Mondays.

10. At Clinic No. 9 a few cases are treated by artificial light.

Skin diseases, external eye diseases and other defects are included in the one of the above clinics found most suitable.

#### PAYMENTS FOR CLINIC TREATMENT.

By the instructions of the Board of Education the following scale of charges is exhibited in the clinics:—

#### COUNTY BOROUGH OF EASTBOURNE.

SCHOOL MEDICAL SERVICE.

In accordance with the instructions of the Board of Education, notice is hereby given that those who can afford to do so should contribute to the cost of Medical Services.

#### SCALE.

Spectacles.—Actual cost.

Adenoid and Tonsil Operations.-5/- to 7/6.

X-ray Treatment.—

£1. 1s. 0d. for partial exposure.

£3. 3s. 0d. for full exposure.

Minor Ailments .-

Free for first fortnight.

1/- for three months.

2/- for six months.

Dentistry.—

6d. per attendance, or

1/- for treatment.

Free medical treatment will continue to be given in cases where parents cannot afford to pay for it.

During 1933 the payments made in accordance with the scale amounted to £88. 3s.

#### CLINICS.

The numbers attending in 1933 were as follows:-

	0	Ch	ildren.	Attendances	
Minor Ailments		405	(400)	3455	(3768)
Ophthalmic		213	(197)	242	(213)
Nose & Throat (Operation)		110	(140)	110	(140)
Do., Leaf Hospital		21	(13)	21	(13)
Examination		989	(791)		(2100)
Dental		2409	(1963)	2763	(2944)

			Ch	ildren.	Atte	ndances.
Tuberculosis, et	tc		141	(128)	199	(164)
Ringworm (X-r	ay)		2	(2)	2	(2)
Ear Diseases				(28)	_	(34)
Orthopaedic			156	(121)	4641	(4121)
		Totals	4446	(3783)	13752	(13499)

The numbers in brackets are the totals for 1932.

The children at the Open Air School are not examined at the clinics. They are regularly examined at the school.

#### MINOR AILMENTS CLINIC.

Town Hall and Acacia Hall. Medical Officer: The School Medical Officers when required. Daily at 9 a.m., except on Saturdays and Sundays.

307

Number of days clinics were open

Number of da	ys chin	ics were o	pen	 307	
Total number	of atte	endances		 3455	
Daily average	 11.3				
Number of cas	ses tre	ated		 405	
		AILMENTS.			
E D1 -1 -				0	
EYES—Blepha	aritis			 2	
Conjur	nctiviti	is		 8	
Styes	and ot	her eye ail	ments	 26	
Ears-Otorrh	oea			 33	
Deafne	ess			 15	
Injuries				 104	
Impetigo				 26	
Miscellaneous				 141	
Septic Sores				 50	
				405	
	Tota	d in 1932,	400.		

This clinic is useful in reducing the length of absence from school.

# OPHTHALMIC CLINIC.

Town Hall. When required. Medical Officer: Mr. E. V. Oulton. During 1933, 14 Ophthalmic Clinics were

held. There were 242 attendances of 213 children. Of these, 105 were re-examinations, and 16 new cases re-examined during 1933. (In 1932, 197 children).

The new cases were as follows:—Error of refraction, 73; squint and defective vision, 9; squint only, 2; other cases, 24; glasses not prescribed in 27 of the new cases.

In 19 cases the patients were not actually attending elementary schools, viz.:—

Secondary School	 	16
Day Continuation School	 	1
House of the Good Shepherd	 	1
Left School (Special)	 	1

In 121 cases spectacles were prescribed for constant use. In 34 cases no spectacles were necessary. In 56 cases of re-examination there was no change in the conditions, but four of these cases were referred for operation later. One case was to wear a disc and one to have axis moved.

Provision of spectacles:-

Provided free in 23 cases.

Provided on part payment in 1 case.

Repairs to spectacles :-

Provided free in 17 cases.

Hypermetropia, myopia and a combination of these two defects in new cases accounted for 78 of the children seen by Mr. Oulton during the year. The remaining patients were those suffering from squint, astigmatism, ulcers and various inflammatory conditions of the conjunctivae and eyelids.

Classifying the hypermetropia, myopia and mixed cases as :—

Slight, i.e., those corrected by a lens of less than 1D; Medium, i.e., requiring a lens 1 to 3D, and in which the defect was almost or quite corrected;

Bad, i.e., requiring a lens stronger than 3D; the cases were as follows:—

		Slight.	Medium.	Bad.
Hypermetre	opia	 20	26	1
Myopia		 5	14	2
Mixed		 2	4	4

#### NOSE AND THROAT CLINIC.

At the Ear, Nose and Throat Hospital. Tuesdays at 10 a.m. Medical Officers: Drs. Cuffey and MacQueen. Anaesthetist: Dr. Barron.

Number of clinics held, 30.

Number of children attending, 110.

#### AGES OF CHILDREN.

Years.	Cases.	Years.	Cases.
4	 7	12	 3
5	 26	13	 2
6	 24	14	 _
7	 16	15	 _
8	 15		
9	 4		110
10	 6		
11	 7		

The children operated on are kept in the hospital for at least one night and are afterwards examined at their homes and at the examination clinic at the Town Hall. The procedure at present is admission on Monday, operation on Tuesday and the child is taken home by ambulance on Thursday.

Others—Promised private treatment	 18
Refused treatment	 8
Not yet treated by operation	 99
Referred for observation	 22

At the Leaf Hospital. Medical Attendants: Drs. Pollard and Croucher.

Years.	Cases.	Years.	Cases.
4	 1	11	 1
5	 6	12	 0
6	 5	13	 1
7	 4	14	 1
8	 1		_
9	 1		21
10	 0		_

#### EXAMINATION CLINIC.

Town Hall and Acacia Villa. Tuesday and Thursday afternoons at 2 p.m. Medical Officer: Dr. John Fenton.

The attendances of 989 children for 1,306 ailments amounted to 2,319.

The defects for which children attended were as follows:

Nose and throat affections		251
Scabies		6
Errors of refraction		63
Anaemia		27
Malnutrition		45
Impetigo		31
Defects of heart and circulation	n	12
Ear diseases		77
Skin diseases		43
Dental diseases		32
Septic sores		23
External eye disease		62
Injuries		54
Bronchitis		7
Bronchial catarrh		26
Debility		32
In connection with infectious of	liseases	61
Nervous debility (pre-chorea)		21
Ringworm		20
Asthma /		3
Rheumatism		31
Epilepsy		2
Spinal curvature		9
Other deformities		45
Other ailments		187
Enlarged glands		136
		1306

Figures for 1933, 791 children with 881 ailments, attendances, 2,100.

# DENTAL CLINIC.

Town Hall. Daily except Saturdays at 10 a.m. Dentist: Mr. A. H. PICKETT.

Number of Sessions, 272.

Number of Attendances, 2,763.

Average Attendance, 10.15. Number of Children, 1,806.

Age.	First Cases.	Re- examina- tions.	Totals.	Teeth good.	Child refused treatment	No treat- ment.
3	13	_	13	_	_	_
4	39	2	41	_	-	-
5	96	17	113	2	2	1
6	95	65	160	2	1	2
7	74	122	196	3	1	3
8	55	144	199	1	3	5
9	41	152	193	6	6	3
10	31	169	200	5	3	6
-11	32	143	175	2	3	4
12	26	149	175	7	3	1
13	28	190	218	5	3	3
14	9	87	96	_	2	4
15	5	16	21	_	-	-
16	4	2	6	-	-	_
Totals	548	1258	1806	93	27	32

It will be noted that a few children of pre-School age were included.

24 Cases Not Attending, 1933.

Age.	Failed to Attend.	Left Town.	Left School.	Promised private treatment	Parent refused treatment	Totals.
4	5	_	_	3	_	8
5	57	1	_	32	2	92
6	80	2	-	54	_	136
7	94	5	1	74	2	176
8	83	4	_	64	_	151
9	66	3	-	55	3	127
10	77	4	-	58	1	140
11	72	4	_	68	3	147
12	96	1	-	68	2	167
13	119	2	-	83	1	205
14	42	-	74	28	1	145
15	10	-	7	1	1	19
16	2	-	-	-	-	2
Totals	803	26	82	588	16	1515

Inspections at schools:—

Number of sessions for inspection	 35
Number of children inspected	 5,399
Number not requiring attention	 2,523

# TUBERCULOSIS CLINIC.

Attendances, 199 of 139 children. (In 1933, 128 children).

At this clinic, tuberculosis contacts and observation cases are examined.

Of the children examined, 5 were suffering from pulmonary tuberculosis or consumption and 24 had tuberculosis elsewhere, as follows:—

Cervical gland	S	 	9
Mediastinal gl	ands	 	1
Left knee		 	1
Spine		 	4
Left hip		 	1
Submaxilliary	glands	 	2
Right knee		 	1
Abdomen		 	4
General tubero	culosis	 	1
			_
			24

The following is a summary of the above cases, together with particulars of the contacts and observation cases examined, with the attendances:—

Nature of	Case.	No. of Cases Attending.	No. of Attend- ances.
PULMONARY—			
New cases		 1 .	5
Old cases		 4	6
Non-Pulmonar	Y—		
New cases		 3	9
Old cases		 21	45
CONTACTS		 105	121
OBSERVATION C	ASES	 5	13
Totals		 139	199

During the year 8 cases of non-pulmonary tuberculosis were seen in elementary school children elsewhere than in the Tuberculosis Clinics, viz., at the Orthopaedic Clinic.

# RINGWORM CLINIC.

X-ray Medical Officer: Dr. G. P. NORMAN.

Cases of ringworm are seen at the Tuesday and Thursday clinics by Dr. Fenton.

Where parents consent, cases of ringworm of the head receive X-ray treatment by Dr. Norman.

Number of cases at beginning of 1933, one.

Fresh cases during year, 10 cases in nine families, 5 boys and 5 girls.

Cured during the year, 8 cases, 4 boys and 4 girls. Cases at end of year, 3.

Cases receiving X-ray treatment during the year, 2.

During the year 8 cases of ringworm of the scalp were treated by other measures than X-ray, viz., with Iodine Medol. One case was treated by his own doctor.

#### EAR DISEASES.

Town Hall. As required. Medical Officer: Dr. Cuffey. The clinic was commenced in April, 1920, for specially difficult cases.

Owing to the absence of special cases, it was not necessary to hold this clinic in 1933.

#### INSTITUTIONAL TREATMENT, 1933.

		Tuber	culosis.	0	thers.
	M	ales. F.	emales.	Males.	Females.
Receiving treatment at end of 1932		3	1	2	2
Admitted during 1933		3 (a)	2 (b)	1	1
Discharged during 1933		2	2	3	2
Receiving treatment at end of 1933		4 .	1	-	1

Note.—(a) One of these cases was re-admitted. (b) One of these cases was a re-admission of the case receiving treatment at the end of the year and the other an observation case for pulmonary tuberculosis.

The particulars of the other cases are as follows:—

1 female

Receiving treatme	ent at	
2 males		1 spina bifida.
		1 injury to leg.
2 females		1 certified mentally defective.
		1 blind.
Admissions during	g 1933-	_
1 male		1 after effects of polio myelitis.
1 female		1 painful right hip.
Discharges during	1933-	_
3 males		1 injury to leg.
		1 after effects of polio myelitis.
		1 spina bifida.
2 females		1 painful right hip.
2 101111110		1 blind.
Receiving treatme	ent at	end of 1933—

.. 1 certified mentally defective.

ORTHOPAEDIC CLINIC—Latimer Road.

Consultant Monthly: H. J. Seddon, F.R.C.S. (of the Royal National Orthopaedic Hospital). Number of cases attending during 1933. Date of opening, 24th February, 1930.

	Total.	0.8. 2.2. 4.2. 4.2. 4.2. 4.2. 4.2. 4.2. 4	146
	Still under treatment	200241128	50
GIRLS.	Relieved		1
GIB	Cured	12 6 17 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	24
	Number	15 13 13 13 13 13 13 13 13 13 13 13 13 13	75
	Still under treatment	<del>4</del> 544     -         5	45
YS.	Relieved		1
Boys.	Cured	s ∞   α       α	26
	Number	207 498 6498 6498 6498 6498 6498 6498 6498	71
	Disability.	Spinal Curvature Flat Feet Ant. Polio Myelitis Talipes Genu Valgum Erbs Paralysis Hemiplegia Sprengel Shoulder Pseudo Hypertrophy Injury to Popliteal Nerve Deformity due to Old Fracture Fractures Spinal Bifida Exostosis on Tibia Torticolis Injury to Foot Scar (Skin Graft) Debility Sores	

#### HOSPITAL CASES.

Royal National Orthopaedic Hospital, Stanmore.

			Boys.	Girls.	Total.
Receiving treatment of	n 31st Dec	cember	-		
1932			2	-	2
Admissions during the	year		1	1	2
Discharges during the	year		3	1	-
Receiving treatment or	n 31st Dec	cember			
1933			_	-	_
The particulars of	these cas	es are s	hown e	lsewhere	
Number of atten-	dances at	the O	rthopa	edic Clir	nic

#### ARTIFICIAL SUNLIGHT TREATMENT.

during 1933, 5,270.

Orthopaedic Clinic.

Lamp used: Carbon arc (Quain). Distance: 36 inches from lamp.

Dosage: From 2 mins. gradually increasing to 10 mins.

No. of cases: 4.

No. of treatments: 34.

#### EDUCATION.

	Cases	Boys	Girls	Remarks.
Debility & Glands.	3	2	1	All the children in this group have shown a marked improvement in weight, appetite and disposition. They are still under treatment and attend
Sores	1	1	-	thrice weekly for treatment.  This boy improved rapidly and was discharged cured after ten treatments.

#### UNCLEANLINESS AND SCABIES.

There were 6 attendances of children for special baths for scabies during 1933 at the special bathing station for such cases. In the previous two years there were no cases.

# TREATMENT OF UNCLEANLINESS.

The school nurses periodically visit each school to examine children as regards cleanliness, the average number

of visits to each school for the year being 28.8, the total number of examinations being 21,329.

Five hundred and six children were found to be unclean, and where necessary a cleansing notice was served on the parents. When this is found to be ineffective, the children are sent to the cleansing station at Seaside Baths and cleansed, the number so dealt with during the year being 13. In 1932 there were 8 children so cleansed.

The cleansing station is a bathroom used for no other purpose and attached to the public baths. It has a bath, a disinfecting apparatus for clothes and arrangements for making light refreshments. While the child is having its bath the clothes can be disinfected and dried. The cleansing station is used occasionally for others besides elementary school children.

#### LEGAL PROCEEDINGS.

No legal proceedings were necessary and the number of parents refusing medical aid for the children was very small indeed. Some had to be specially looked up and even cautioned.

BACKWARDNESS AND MENTAL DEFECT.

Medical Officers: Drs. Willoughby and Fenton.

Mental Deficiency.

Thirty-seven children were specially examined, viz., 19 boys and 18 girls, 15 were found suitable for the Special School, 22 are being kept under observation; 46 of the children already in the Special School were re-examined.

Two children were notified during the year by the Local Education Authority to the Local Mental Deficiency Authority. Two others were notified on leaving the Special School. The first two were unable to be instructed in the school without detriment to the interests of the other children.

The figures for the Special Day School in Whitley Road are as follows:—

During 1933, 8 boys and 11 girls were admitted and 3 boys and 4 girls re-admitted; 8 boys and 10 girls left.

The number on the books at the end of the year were:—Boys, 49; girls, 33; total, 82.

The causes of leaving of the	boys	were as	follows :-
To go to work			3
Age 16			2
Sent to institutions			3
The causes of leaving of the	girls	were as	follows :-
Age 16			1
Left neighbourhood			3
To go to work			3
Private school			1
Excluded as unfit			2

Arrangements have been made for after-care to be undertaken by the managers. Miss Wilkes, who was appointed in 1927, is continuing to make the school a success. It is satisfactory to note that six children obtained regular work on leaving.

Six children were admitted from the East Sussex County Council Authority and four remained at the end of the year.

#### OPEN AIR EDUCATION.

### 1. THE OPEN AIR SCHOOL.

The Open Air School was formed by alteration of army huts and opened on 7th June, 1920. During the autumn of 1929 an additional classroom of an up-to-date character was added, the accommodation being now for 110 children instead of 75. Financial difficulties stopped the re-building of the school, but this is now very necessary.

The Head Mistress, Miss E. G. Martin, and her assistants have always shown that special interest so necessary for the successful working of a difficult school.

The figures for 1933 have been as follows:-

	Boys.	Girls.	Total.
On books at commencement of year	55	36	91
Admitted during 1933	36	28	64
Attending at end of year	59	46	105

Note.—Of these, 7 boys and 10 girls will not rejoin the school in 1934.

I submit a report for 1933 by Dr. Fenton:

This school, as in previous years, has proved itself a very helpful adjunct to the School Medical Service, chiefly in dealing with children suffering from general debility and other allied conditions.

Of the 67 children discharged during the year, 50 were noted as cured, 7 were improved, 7 left for other treatment or left the district, 2 left at parents' request and 1 was over age.

The average length of attendance was 20.04 months.

The following are the ailments owing to which children were admitted to the Open Air School:—

Ailmer	ıt.		Boys.	Girls.
Malnutrition		 	22	8
Debility		 	4	5
Anaemia		 	2	6
Nervous debility	у	 	1	6
Heart disease		 	2	2
Asthma		 	2	-
Chorea		 	2	-
Bronchial catar	rh .	 	-	1
Congenital syph	nilis	 	1	-

A nurse attends at the school each morning to treat minor ailments.

Remedial exercises under medical advice have been given at the school, with good results.

All the children are obliged to rest on stretchers for 1\frac{3}{4} hours after their dinner, 1-2.45 p.m. It is a very essential part of the treatment and is markedly beneficial. Parents have mentioned how the children appear to miss their rest.

in the holiday seasons and have thus accounted for weight lost during the holiday.

#### 2. OPEN AIR CLASSES IN ORDINARY SCHOOLS.

These were referred to in the section on Hygiene in the Schools in previous reports and there has been no change.

#### PHYSICAL TRAINING.

The Organiser of Physical Training, appointed in 1923, continues to be a valuable co-operator in health services. Teachers are trained and instruction given direct to the children. Much of the general improvement in health so noticeable in the schools in the present day is due to organised physical training and to organised games.

In accordance with the instructions of the Board, I submit herewith a report for 1933 kindly supplied by Captain Stainfield. The part referring to higher education schools appears in that part of the report:—

#### PHYSICAL TRAINING.

Report of the Organiser of Physical Training, Eastbourne Education Committee, for the period 1st January, 1933, to 31st December, 1933.

During this period the elementary schools (26 departments) were visited as follows:—

4	schools	visited	21	times	s	84	visits.
11	,,	,,	22	,,		242	"
8	,,	,,	23	,,		184	,,
2	,,	,,	26	,,		52	,,
1	,,	,,	24	,,		24	,,
_							
26					Total	586	"

At these visits 1,682 lessons applied by the class teachers were seen. I gave 331 "Demonstration" or "Relief" lessons.

The general attitude towards physical education and the physical well-being of the children is sound and thoroughly recognised by the staffs of all schools, and I am hoping to see even better results from the advent of the new 1933 syllabus. (It appears to offer much more scope).

We are very fortunate in that all our 11 plus scholars are able to be allotted a weekly period on the open playing fields, also many of the top classes of the junior schools. (This period is undoubtedly the most popular of the school curriculum).

#### SWIMMING.

I visited the swimming baths 41 times during the period of this report.

This year we created a record in the "one length" proficiency tests, 463 scholars (238 boys and 225 girls) qualifying for the certificate, which indicates the splendid work put in by the teachers concerned with the instruction, coupled with the splendid summer we had, offering such wonderful opportunities for sea bathing.

The following schools carry out swimming throughout the year:—

- (1) Willowfield Council Central (Mixed).
- (2) Cavendish Council Senior (Mixed).
- (3) St. Mary's Boys' Senior Classes.
- (4) St. Mary's Boys' Junior Classes.
- (5) St. Mary's Girls' Senior Classes.
- (6) St. Saviour's Senior School.

G. A. STAINFIELD (Capt.),

Organiser of Physical Training.

# PROVISION OF MEALS.

A certain amount of provision of meals, nearly independent of rate aid, has been made as follows:—

- (a) At the Special School for backward children.
- (b) At the Open Air School.

# (a) SPECIAL SCHOOL.

At the Special School the children are provided with the mid-day meal at a charge of 3d. In addition to these children, a certain number of those attending other schools and suffering from malnutrition have been given a mid-day meal at the Special School in 1933.

The report has been kept by the Head Mistress. I submit her figures for 1st January, 1933, to 31st December, 1933.

The number of dinners provided for the school children was 9,793, an increase of 1,212 on that of 1932.

The approximate cost per head for these meals was 3.5d.

The total cost was as follows:—	£	s.	d.
Balance in hand, 1st January, 1933	 6	18	6
Money received from parents and guardians	 62	16	5
Money received from Mayor's Poor Fund	 20	0	0
Money received from staff dinners	 15	0	3
			_
	104	15	2
Purchases	 97	19	0
Balance in hand, 31st December, 1933	 £6	16	2

All children received cocoa on cold mornings during the winter months.

During the year a friend gave bread to the value of £5. 5s. The school garden produce has been also used to the value of £35.

### (b) OPEN AIR SCHOOL.

Every child at this school receives a substantial dinner and morning milk daily at a charge of 4d. The number of meals served during 1933 was 18,684.

All children also received cocoa during the winter.

The cost worked out at 3.5d. per meal.

In many cases children whose parents could not afford the 4d. received free meals. This cost the Authority £110. 16s. 8d., as compared with £73. 5s.  $6\frac{1}{2}$ d. in the previous year. The increase was due to unemployment.

The following are the accounts for the	year:	_	
	£	S.	d.
Stock in hand, 1st January, 1933	5	11	2
Purchases	278	11	9
	284	2	11
Stock in hand, 31st December, 1933	5	15	6
Amount expended during 1933	278	7	5
Received in fees	167	10	9
Balance of cost to Education	-		-
Authority	£110	16	8

### (c) SUPPLIES OF MILK.

At six schools milk is supplied daily. Approximately 200 children receive milk at one penny on each occasion. The cost is paid by the individual parents. At one large school there is a self supporting chocolate milk scheme which is successful.

### SCHOOL BATHS.

There are no baths provided at the schools. In connection with verminous conditions and scabies, compulsory baths are provided free. There are public baths at each end of the Borough provided by the Corporation, and these have been much used by school children during the year. The new houses erected by the Corporation are all provided with baths.

### SWIMMING BATH.

The municipal swimming bath has been extensively used by elementary school children during the year.

Swimming certificates, provided originally through the kindness of the late Mr. Alderman Hollins, M.A., and now by the Council, are annually awarded to elementary school children, who, having learned to swim during the year, swim

the length of the bath from the deep end; 463 of these certificates were awarded in 1933, 238 to boys and 225 to girls.

The following figures show the number of certificates which have been awarded since 1920:—

		Boys.	Girls.	Total.
1920	 	40	45	85
1921	 	87	49	136
1922	 	31	41	72
1923	 	86	60	146
1924	 	70	71	141
1925	 	109	86	195
1926	 	103	66	169
1927	 	82	87	169
1928	 	98	130	228
1929	 	142	189	331
1930	 	119	112	231
1931	 	81	91	172
1932	 	179	166	345
1933	 	238	225	463

The annual gala for elementary school children was held during the year. The Education Committee and the Eastbourne Swimming Club kindly gave prizes.

The number of children who used the municipal swimming bath in 1933 was 19,619 boys, 9,324 girls, total 28,943. These were not exclusively elementary school children.

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

The attendance of parents at the medical inspections reached a percentage of 52.5% during 1933. At the clinics parents nearly always attend.

Notice of intention of inspection is always sent to parents.

The teachers take a kind interest in the work in spite of the occasional interruption in the course of duties and their help is most valuable. They are often present and can be always at the inspection, but take no active part. The following up is carried on mainly without teachers' aid, but, if this is wanted, it is given; the same applies to medical treatment.

Communication and mutual assistance is constant between the Medical Staff and the School Attendance Department. It is especially useful in changes of school, long absences, tracing of causes of absence and information as to home circumstances.

Voluntary bodies do not assist in medical inspection or following up. The N.S.P.C.C. kindly assists occasionally in enforcing treatment. The Care Committees' work is almost entirely outside the school medical work, though assistance would be given where required.

### FREE CONVEYANCE.

Many of the children of the Whitley Road Special School and of the Open Air School are conveyed to and from school by 'bus. Owing to the education system, many other children have partial conveyance.

### BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

Table III. in the appendix describes how these children are dealt with. The ascertainment of cases is facilitated by the amalgamation of the Public Health Service and School Medical Service in respect of Medical Officers and Nurses. Cases are known from birth in this way. The officers of the Public Assistance Committee, religious organisations and social services are cognisant of the arrangements made for defective children.

There are seven mentally defective children (one feebleminded and six imbeciles) not in Special Schools and these are otherwise affected so as to prevent their attendance.

### NURSERY SCHOOLS.

There are no nursery schools.

### EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

The school medical records of the children are available for the Juvenile Employment Committee and the certifying Factory Surgeon. The parents are well informed as to the conditions of health of any delicate child leaving school.

In the report on the health of children in the Continuation School will be found the only records we have of the health of employed children and young persons.

The annual report of the Eastbourne Juvenile Employment Bureau is issued up to July 31st, 1933. It shows a registration in twelve months of 305 boys and 285 girls, with 287 and 215 respectively placed in situations. Vacancies notified to the Bureau numbered 668.

Care Committees are established in connection with seven of the schools.

### GENERAL.

Special inquiries were not made during 1933, the routine work having occupied all available time.

Teachers absent more than one month are referred to the School Medical Officer for report.

Scholarship candidates are examined as occasion arises.
Children sent to school in other areas are examined and reports sent with them to their schools.

### TABLE I.

Number of Code Group	Inspect	ions—			2.2
Entrants			2.5		 553
Second Age Group					 47
Third Age Group					 640
Total					 166
Number of other Routin	ne Inspe	ections			 *13.
(B)	OTHE	R INSPI	ECTIONS	S.	
Number of Special Inspe	ections				 238
Number of Re-inspectio					 316
Total					 554

<sup>\*</sup> Children not of group ages but examined on transference from other Schools and Special School children.

TABLE II.

# (A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1933.

			tine ctions. Defects	Inspe	ecial ctions. Defects
Defect or Disease.	*	Requiring Treatment.	Requiring to be kept under observation.	Requiring Treatment.	Requiring to be kept under observation.
Malnutrition		37	85	45	71
Skin-					
Ringworm—Scalp		1	-	10	_
Body		-	-	10	-
Scabies		2 3	-	6	-
Impetigo		3	_	33	1
Other Diseases (Non-Tuberculous)		3	2	10	1
Blepharitis		6	7	11	5
Conjunctivitis		2	2	30	1
Keratitis		_			-
Corneal Opacities		_	_	3	-
Defective Vision (excluding squint		64	59	68	85
Squint		19	18	17	37
Other Conditions		5	7	17	12
Ear-			1		1
Defective Hearing			20	14	12
Otitis Media			2	27	6
Other Ear Diseases		12	9	33	17
Nose and Throat—		-		0=	000
Enlarged Tonsils only			446	97	298
Adenoids only			5	6	8
Enlarged Tonsils and Adenoids			35	48	12
Other Conditions ENLARGED CERVICAL GLANDS (No	N.		4	29	3
Tuberculous)	) N.	00	432	63	209
DEFECTIVE SPEECH		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	21	3	18
TEETH—Dental Diseases				_	10
(See Table IV., Group IV.)					
HEART AND CIRCULATION—		1		100	
Heart Disease—Organic		2	35	6	24
Functional			19	_	5
Anaemia		. 14	41	29	13
Lungs—			1	1	
Bronchitis		100000000000000000000000000000000000000	-	-	1
Other Non-Tuberculous Diseases		. 15	32	27	9

### RETURN OF DEFECTS-Continued.

	Inspe	itine ctions. Defects	Inspe	ecial ections. Defects
Defect or Disease.	Requiring Treatment.	Requiring to be kept under observation.	Requiring Treatment.	Requiring to be kept under observation.
Tuberculosis				
Pulmonary—Definite	_		_	_
Suspected	-	_	_	5
Non-Pulmonary—Glands	-		1	5 1
Spine	-	-	-	-
Hip	-	-	_	-
Other bones and				
joints	-	-	1	-
Skin	-	-	-	-
Other Forms	-	-	1	1
NERVOUS SYSTEM—		0		
Epilepsy	-	2	2	-
Chorea	1 2	4	17	7
Other conditions	2	4	17	/
Deformities— Rickets		9		
Coinal Complete	6	2 4	5	8
Other France	67	92	39	30
Other Defects and Diseases (exclud-	07	02	00	00
ing Uncleanliness and Dental Diseases)	37	92	395	280

# (B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

		Number of	Percentage of Children	
Group.		Inspected.	Found to require treatment.	Found to require treatment.
Code Groups—				
Entrants		553	118	21.33%
Second Age Group		470	88	18.72%
Third Age Group		646	100	15.47%
Total (Code Groups)		1669	306	18.33%
Other Routine Inspection	ns	135	15	11.11%

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

### CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Blindness (not Partial Blindness).

Deafness (not Partial Deafness).

Mental Defect.

Epilepsy.

Active Tuberculosis.

Crippling (as defined in the penultimate category of the Table). Heart Disease.

Number of children	suffering	g from	any com	bination	of the	
above defects						5

#### BLIND CHILDREN.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

Children who are so blind that they can only be appropriately taught in a school for blind children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
_	_	_	1	1

### PARTIALLY BLIND CHILDREN.

Children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially blind.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

Schools for	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions	At no School or Institution.	Total
_	_	-	-	-	-

## EXCEPTIONAL CHILDREN IN THE AREA—Continued. DEAF CHILDREN.

A child who is too deaf to be taught in a class of hearing children in an elementary school.

Only children who are so deaf that they can be appropriately taught in a school for the deaf.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2		-	-	2

#### PARTIALLY DEAF CHILDREN.

Children who can appropriately be taught in a school for the partially deaf.

Schools for	At Certified Schools for the Partially Deaf.		At other Institutions	At no School or Institution.	Total
_	_	1	-	_	1

#### MENTALLY DEFECTIVE CHILDREN.

### FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary School but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and should exclude all children who have been notified to the Local Authority under the Mental Deficiency Act.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
80	-	1	1	82

### EXCEPTIONAL CHILDREN IN THE AREA.—Continued.

### EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	Certified Public Special Elementary		At no School or Institution.	Total.
2	_	_	1	3

### PHYSICALLY DEFECTIVE CHILDREN.

Physically Defective children are children who, by reason of physical defect, are incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for physically defective children.

The exact classification of physically defective children is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings.

### (a) TUBERCULOUS CHILDREN.

### (1) Children Suffering from Pulmonary Tuberculosis. (Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
_	_	_	3-	_

### (2) Children Suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	3	4	_	8

### (b) DELICATE CHILDREN.

This Section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.

### EXCEPTIONAL CHILDREN IN THE AREA—Continued.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
100	32	4	1	137

### (c) CRIPPLED CHILDREN.

This Section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	19	_	1	22

### (d) CHILDREN WITH HEART DISEASE.

Children whose defect is so severe as to necessitate the provision of educational facilities other than those of the Public Elementary School.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	_	1	_	3

#### COMBINATION OF DEFECTS-1933.

		COMBINITION OF PERSON	-	
Sex.		Combination of Defects.		Type of School.
Female	1 1 2 1	Heart Disease and Crippling Blindness and Crippling Mental Defect and Epilepsy Mental Defect and Crippling		Open Air School. No School. Special School. Special School.
Males Female	4			

Total 5

# TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1933.

### TREATMENT TABLE.

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

Disease or Defect.	Number of Defects treated or under treatment during the year.		
Disease of Defect.	Under the Authority's Scheme.	Otherwise	Total.
Skin—  Ringworm—Scalp  Body  Scabies  Impetigo  Other Skin Disease  Minor Eye Defects (external and other, but excluding cases falling in Group II.)  Minor Ear Defects  Miscellaneous (e.g. Minor Injuries,	58 31 59 54	1 1 2 - 1	11 11 8 58 32 62 59
Bruises, Sores, Chilblains, etc.)  Total		39	373 614

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

	N	umber of Defects dealt	with.			
Defect or Disease.	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme.	Otherwise.	Total.		
Errors of Refrac- tion (including Squint) Other Defect or Disease of the Eyes (excluding those recorded	- A A A	8	_	174		
in Group I.)	19	3	-	22		
Total	185	11	_	196		

### GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Author- ity's Scheme.	Total.	Received other forms of treatment.	Total number treated.
130	9	139	17	156

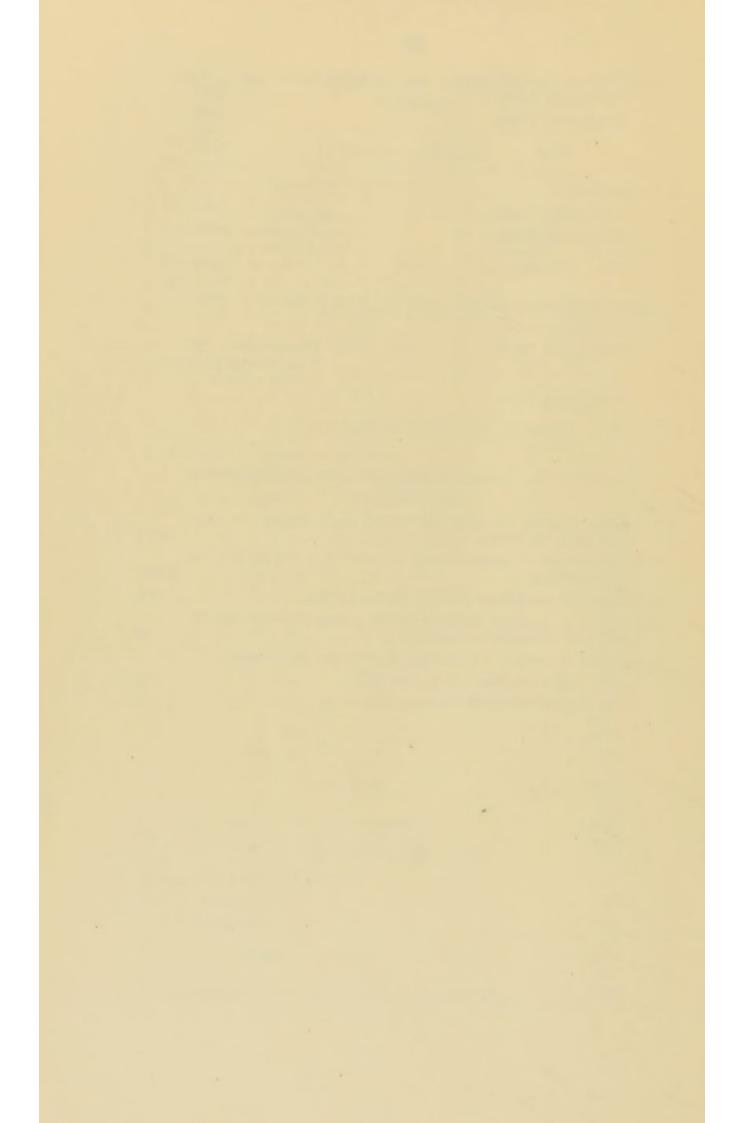
### GROUP IV.—DENTAL DEFECTS.

1 3T		- 0	2. 27. 2		1	
1 Num	per	OI (	child	ren w	no w	ere-

(a) Inspected by the Dentist-

Age	ed—					
	( 5					367
	6					467
.sc	7			* *		567
Routine Age Groups.	8	**				526
, i	9					508
9	10					548
og e	11					518
4	12					535
ne	13				* *	674
垣	14					333
no	15		* *			50
K	16					7
	Total					5100
Spe	cials					106
	Gran	d Total				5206
(b) Found	to requi	re treatn	nent			3197
(c) Actual	ly treate	d				1714
2. Half-days dev	oted to-					
Inspection					2.2-	35
Treatment						272
Tot	al					307
3. Attendances n	nade by	children	for treat	ment		2763

4. Fillings—						
Permanent Teeth					1510	
Temporary Teeth					287	
Total					1797	
5. Extractions—						
Permanent Teeth					347	
Temporary Teeth					1006	
Total					1353	
6. Administrations of gen	eral ana	esthetics	for extra	ctions	529	
7. Other Operations—						
Permanent Teeth		(		ulation ulation rious ye	s from	pre-
Temporary Teeth		18		lous ye	W13	
Total		25	6			
GROUP V.—UNC				ERMIN	ious	
(1) A		DITIONS				
(1) Average number of v by the School Nurses						28.8
(2) Total number of exam	mination	s of child		e Schoo		21329
(3) Number of individual						506
(4) Number of children of the Local Education	cleansed	under a			de by	13
(5) Number of cases in w					1—	
(a) Under the Edu						_
(b) Under School	Attenda	nce Bye-l	aws			_



### Municipal Secondary

AND

Continuation School Reports.

### MUNICIPAL SECONDARY SCHOOLS.

There are two Municipal Secondary Schools, now known as the Grammar School for Boys and Girls' High School:—

- (a) Boys.—Number on books at end of year, 283.
- (b) Girls.—Seniors, number on books at end of year, 259. Young children.—Boys, 25; Girls, 49; Total, 74. The premises are satisfactory as regards sanitation.

The question of a new Secondary School for Girls or a re-building of the present High School is under consideration.

### MEDICAL INSPECTION OF CHILDREN.

This commenced on 18th June, 1920, in the case of the boys, and on 1st June, 1920, in the case of the girls. All children are inspected annually as a rule, except a few who leave before examination in any year. In 1933, owing to pressure of work and changes in the medical staff, only special cases were examined in the Girls' High School. The staff for medical inspection, etc., is the same as in the case of the elementary schools, with the addition of Dr. T. Turner as Inspecting Medical Officer for boys.

The arrangements for inspection are similar to those in the case of elementary schools.

The schedule used is that suggested by the Board of Education and differs somewhat from that in use in elementary schools.

Re-examinations and following up are carried out as in the case of elementary schools.

The results of inspection are set forth in the tables appended. It will be noticed that the outstanding unsatisfactory items during 1933 were:—

- 1. Defects of the eyes, and especially abnormal vision.
- 2. Enlarged tonsils and adenoids.
- 3. Enlarged cervical glands.
- 4. Deformities.
- 5. Dental.

In the table summarising these it will be noted that for the most part, especially in the case of deformities, the defects were not sufficient to require actual medical treatment, but rather observation.

The conditions named are not acquired at the Secondary Schools, but are the result of a gradual ill-health in earlier years as a rule, hence importance of the early work in connection with pre-school age.

The defects mentioned were often multiple in the same child. Of the 310 children inspected, 75 individual children were referred for treatment, i.e., 24.1% of the total. The appended tables show the defects in detail.

Mr. C. J. Blackburn, Miss C. Adams and Miss Gunnery have kindly given us much assistance in the work.

There were three refusals on the part of parents to allow inspection.

Parents were present in 20.3% of the inspections.

I submit Dr. Turner's report on the boys :-

GRAMMAR AND DAY CONTINUATION SCHOOLS.

I beg to report that during the year 1933 I have examined 277 boys of the Eastbourne Grammar School, of which 128 were inspected and 89 re-inspected.

From the point of view of health and general condition of the boys, I consider this is the best inspection I have done. The large number of fat, flabby boys I saw in 1932 have almost disappeared and, of course, the children now being examined are almost entirely born after the war period. The boys, on the whole, seemed in better training.

Defective vision was again the major error, and I was disappointed to find that this was more marked amongst the new boys, showing that it is on the increase at the present time.

Large tonsils have almost disappeared, but dental caries are still too common.

Structural deformities consisted almost entirely of flat feet, but only in one or two cases was this a serious handicap.

I am glad to say that 42 parents attended the inspection, and were of great assistance.

In the Day Continuation School I examined 19 boys, of which 5 were again inspected and 4 re-inspected. Here again defective vision was very marked, in fact, it occurred in no less than 9 boys out of the 19.

Flat feet was again the second highest defect, viz., 6 boys out of the 19.

There were two cases of malnutrition at the Grammar School and two at the Day Continuation School.

In conclusion, I wish to thank Mr. Blackburn and Mr. Primmer for the way in which they have attended the inspections, and the great help they have given me through their personal knowledge of the boys.

(Signed) THOMAS TURNER, M.B., B.S.

### GIRLS' HIGH SCHOOL.

As mentioned above, the general inspection of all the girls was omitted in 1933. The Medical Inspector saw only those specially called to his attention.

REPORT OF ORGANISER OF PHYSICAL TRAINING.

I visited (a) The Boys' Grammar School 31 times (12 of which were for the purpose of dealing with special remedial cases). The physical training at this school is on very sound lines.

(b) The Day Technical School 27 times. The young master here is doing some splendid work indeed amongst the boys and promises to become a very fine physical training teacher. The girls, I regret to say, do not get physical training now, but have a full afternoon on the playing field for organised games (weekly).

Remedial Work (Boys' Grammar School).—One hundred and twenty-eight scholars were instructed in and given tables of special remedial exercises by the Organiser of Physical Training under the direction of the Inspecting Medical Officer (Dr. T. Turner) as follows:—

(a)	Flat feet			94
(b)	Scoliosis			11
(c)	Kyphosis, contracted chest	, round shou	lders,	
	and special breathing ex	ercises		9
(d)	Flat feet and rigid spine			1
(e)	Flat feet and kyphosis			3
(f)	Hammer toes	٠		1
(g)	Flat feet and scoliosis			6
(h)	Old rickets			1
(i)	Rigid spine and scoliosis			1
(j)	Rigid spine			1
			-	
	Total		1	128

On the whole, I am extremely pleased with the physical and recreational education throughout the schools of the Authority.

G. A. STAINFIELD (Capt.),

Organiser of Physical Training.

### MEDICAL TREATMENT.

The children at the Secondary Schools are for the most part in a better position financially than those in the Elementary Schools. The Authority accordingly resolved that only those children promoted by scholarship from Elementary Schools should automatically be treated at the school clinics, together with those whose parents were able to show they could not afford ordinary medical attention. The parents were therefore specially called upon to give the necessary attention, with the results shown in the tables.

Thirty-three children were treated in the Authority's clinics.

### TABLE I.

### (A) ROUTINE MEDICAL INSPECTIONS.

Number of Code Group	Inspecti	ons—			
Entrants					 10
Intermediates					 12
Leavers					 215
Total					 237
Number of other Rout	ine Inspec	ctions			 73
(в	) OTHER	R INSPI	ECTIONS	5.	
Number of Special Ins	pections				 221
Number of Re-inspect	ions				 89
Total					 310

### TABLE II.

## (A) RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION, 1933.

		itine	Special Inspections.	
Defect or Disease.	No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No. to be kept under observation.
MALNUTRITION	2	4		
UNCLEANLINESS—Head				
Body				
SKIN—				
Ringworm—Head		_	-	
Body	1	-		
Scabies	_	_	_	
Impetigo			_	-
Other Diseases (non-tuberculous)	2		2	1
Eye—	1			
Blepharitis		_	_	3
Conjunctivitis		_	_	_
Keratitis	_			
Corneal Ulcer			-	-
Corneal Opacities	_	_	_	
Defective Vision	16	24	19	43
Squint	_	3	1	4
Other Conditions		-	1	_
Ear-				
Defective Hearing	_	2	1	_
Otitis Media		_	_	-
Other Ear Diseases	1	_	-	1
NOSE AND THROAT—				
Enlarged Tonsils	2	12	2	37
Adenoids	1	3	1	-
Enlarged Tonsils and Adenoids	_	_	_	_
Other Conditions	_	_	1	2
ENLARGED CERVICAL GLANDS (NON-				
Tuberculous)	2	29	-	27
DEFECTIVE SPEECH	-	2	-	2
TEETH—Dental Diseases	33	_	8	1
HEART AND CIRCULATION—				
Heart Disease—Organic	1	4		3
Functional	-	-	_	-
Anaemia	2	-	1	4
LUNGS-				
Bronchitis	-	-	-	-
Other Non-Tuberculous Diseases	-	1	-	1

### RETURN OF DEFECTS—Continued.

		Routine Inspections.		ecial ctions.
Defect or Disease.	No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No. to be kept under observation.
Tuberculosis—				
Pulmonary—Definite	_	_		_
Suspected		3	_	2
Non-Pulmonary—Glands		3 2 1	_	2
Spine		1		_
Ĥip		_	_	_
Other bones and	1			
joints		-	-	-
Skin			-	-
Other Forms .		-	-	-
NERVOUS SYSTEM—				
Epilepsy		-	-	_
Chorea		-	-	-
Other Conditions		-	-	-
DEFORMITIES-				
Rickets			-	
Spinal Curvature		1	20	4
Other Forms	. 22	37	30	26
OTHER DEFECTS AND DISEASES .	. 8	12	3	12

# (B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT

(excluding uncleanliness and dental diseases).

	Number o	Percentage of Children	
Group.	Inspected.	Found to require treatment.	found to require treatment.
All Ages	310	50	16.1%

### TREATMENT TABLE.

### Minor Ailments.

Disease or Defec	Number of Defects treated or under treatment during the year.				
			Under the Authority's Scheme.	Otherwise.	Total.
Skin— Ringworm—Scalp			_	_	_
Body			_	1	1
Scabies			_	_	_
Impetigo			_	-	-
Other Skin Disease			1	1	2
Minor Eye Defects			_	1	1
Minor Ear Defects			-	1	1
Miscellaneous			_	_	_
Total			1	4	5

### Defective Vision.

	Under the Authority's Scheme.	Privately.	Total.
Errors of Refraction	 16	11	27
Other Defect or Disease	 -	-	_

### Defects of Nose and Throat.

Under the Authority's Scheme.	Privately.	Total.
1	1	2

Dental.

Under the Authority's Scheme.	Privately.	Total,		
15	13	28		

### DENTAL CLINIC, 1933.

Age.	First Cases.	Re- examina- tions.	Totals.	Teeth good.	Child refused treatment (re-exam.)	No treat- ment.
5	_	-	_	-	_	_
6	-	_	•-	-	_	-
7	_	-	_	_	-	-
8	_	-	_	-	-	-
9	_	_	-	-	_	-
10	_	_	_	-	_	_
11	_	1	1	-	_	_
12	1	1	2	1	_	_
13	_	2	2	3	1	_
14	1	3	4	1	-	1
15	_	2	2	-	_	_
16	1	2	3	-	-	_
17	-	1	1	-	-	-
Totals	3	12	15	5	_	1

59
Cases not Attending, 1933.

_	1					
Age.	Failed to Attend.	Left Town.	Left School.	Promised private treatment.	Parent refused treatment.	Totals.
5	_	_	_	_	_	_
6	_	-	_	_	_	-
7	-	-	_	_	_	_
8	_	-	-	_	_	_
9	_	-	-	-	_	_
10	1	_	-	_	_	1
11	_	_	_	_	_	_
12	_	_	_	1	_	1
13	7	_	_	_	_	7
14	6	_	_	_	_	6
15	5	_	_	_	_	5
16	6	_	1	_	_	7
17	1	_	4	_	_	5
18	_	_	4	_	_	4
Totals	26	-	9	1	_	36

# MUNICIPAL DAY CONTINUATION SCHOOL.

The voluntary Continuation School for boys and girls beyond school age, under the Education Act, 1918, was opened on 22nd September, 1919, at the Technical Institute; 326 students were in attendance during the last school year, the average number each term being about 150.

The arrangements made for medical inspection were as follows:—Dr. T. Turner was appointed to examine the boys and Dr. Fenton to examine the girls.

Dr. Turner's report on the boys will be found incorporated with his report on the Grammar School.

# TABLE I.—NUMBER OF SCHOLARS INSPECTED, 1st January, 1933, to 31st December, 1933.

### (a) ROUTINE MEDICAL INSPECTION.

Age	e	14	15	16	17	18	19	20	Total.
Boys		11	6	2	_	_	_	_	19
Girls		2	3	2	_	_	_	_	7
Totals		13	9	4	_	_	_	_	26

### (B) SPECIAL INSPECTIONS.

		Special Cases.	Re-examinations (i.e., No. of Children re-examined).
Boys	 	5	4
Girls	 		_
Total	 	. 5	4

# (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).

Number	of Individual Children Ins	pected.
	26	

### TABLE II.

### [A] RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1933.

			tine ctions.		ecial ctions.
Defect or Disease.		No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No. to be kept under observation.
MALNUTRITION			2		_
UNCLEANLINESS—Head		-			
Body			-	_	_
SKIN-	1.5				
Ringworm—Head				-	
Body					_
Scabies		_			
Impetigo		1	-	-	
Other Diseases [non-tuberculous]			_		_
Eye—					
Blepharitis		_			_
Conjunctivitis		_			
Keratitis		_			_
Corneal Ulcer		_			
Corneal Opacities		_		_	-
Defective Vision		1	9	_	5
Squint					_
Other Conditions		_	1		-
Ear-					
Defective Hearing		-	-	_	_
Otitis Media		-		-	
Other Ear Diseases		-	-	-	-
NOSE AND THROAT-					
Enlarged Tonsils			1	-	-
Adenoids		-	-	-	
Enlarged Tonsils and Adenoids			_	_	-
Other Conditions		-	-	_	-
ENLARGED CERVICAL GLANDS [NON-					
Tuberculous]		-	-	-	-
DEFECTIVE SPEECH		_	_	-	-
TEETH—Dental Diseases		_		-	-
HEART CIRCULATION-					
Heart Disease—Organic		_		-	_
Functional		_	-	-	-
Anaemia		_	1	-	-
Lungs—					
Bronchitis		-	-		-
Other Non-Tuberculous Diseases		-	-	-	-

### RETURN OF DEFECTS—Continued.

					itine ctions.	Spe	ecial ctions.
Defect or 1	Disease.			No. referred for Treatment.	No. to be kept under observation.	No. referred for Treatment.	No. to be kept under observation.
TUBERCULOSIS-							
Pulmonary—Defin	nite						_
	ected			_			_
Non-Pulmonary	-Glands			_		_	_
	Spine			_		-	_
	Hip			_			_
	Other bo	nes ar	nd				
	joints			_	_	-	-
	Skin			_	-	-	_
	Other Fo	orms		-	_		_
NERVOUS SYSTEM—							
Epilepsy				-	-	-	-
Chorea				-	-	-	-
Other Conditions				-	-	-	-
DEFORMITIES-							
Rickets				_	-	-	_
Spinal Curvature				1	_	_	_
Other Forms	D			-	2	_	
OTHER DEFECTS AND	DISEASE	S		-	6	-	-

### [B] NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT

[excluding uncleanliness and dental diseases].

	Number o	Percentage of Children	
Group.	Inspected.	Found to require treatment.	found to require treatment.
All Ages	26	3	11.5%

### TREATMENT TABLE.

Minor Ailments.—None treated.

Defective Vision.—One case treated.

Defects of Nose and Throat.—None treated.

Dental.—None treated.

Deformities.—None treated.

### LEFT WITHOUT HAVING HAD TREATMENT.

There is no machinery for following these cases up. Spinal curvature, 1; Impetigo, 1.



