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ESSEX EDUCATION COMMITTEE.



REPORT

OF

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1932.

CHELMSFORD :

Printed by John Dutton, 8, Tindal Street and 91, High Street.



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ESSEX EDUCATION COMMITTEE.

PREFACE.

To the Chairman and Members of the Essex Education Committee.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Twenty-fourth Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1932, in the part of the Administrative County of Essex for which the County Council is the Education Authority.

The Report has again been curtailed in the interests of economy, and as in previous years the outstanding features are summarised in this Preface.

School Population.

In 1932, the average attendance (89,443) was 6,464 more than the figure for 1931, the number of elementary schools being 436, or three less than the previous year. In addition, there are 19 maintained secondary schools, four trade schools, eleven aided secondary schools, and nine other recognised secondary schools. 19 schools in the two last mentioned groups are not subject to medical inspection.

Staff.

Various changes occurred in the medical staff during the year, the nett result being an increase in the number of equivalent whole-time Medical Officers from nine to ten.

Two whole-time Dental Surgeons and two Dental Attendants took up duty, and two part-time Dental Surgeons resigned during the year.

The School Nursing Service has been strengthened by the addition of two Health Visitors, one School Nurse, and one Probationer Nurse, bringing the equivalent of whole-time School Nurses up to 21.45, most of whom are assisted by 164 District Nurse-Midwives.

Medical Inspection.

Comparative figures showing the number of examinations carried out during 1931 and 1932 are given below :—

		No. of Examinations.	
		1931.	1932.
Three Code Groups	..	32,143	31,258
Specials	..	7,182	9,063
Re-inspections	..	22,551	20,711
Totals	..	61,876	61,032

It will be observed that the number of examinations carried out in the three code groups during 1932 is 885 less than the previous year, whereas there was an increase in the number of specials examined of 1,881.

Findings of Medical Inspection.

The tables of results required by the Board of Education are printed at the end of the Report, and show that the percentage of routine cases referred for treatment was 23.85, which compares favourably with 29.84 per cent. for the year 1931. This figure, however, is much higher than the percentage for 1930, which was 12.06.

On pages 9 and 10 I have included this year a summary of some of the comments which have been made by the School Medical Inspectors in their reports upon the year's work. One interesting feature is that there has been no falling off in the attendance of parents at routine inspections; also that the general nutrition of children examined was good in spite of unemployment and general financial difficulties.

Minor Ailment Clinics.

The policy of erecting permanent Combined Treatment Centres has been continued by the Education Committee and the Public Health and Housing Committee. Such a Centre was opened at Laindon during the year, and arrangements are in progress for the provision of similar Centres at Chingford, Hornchurch, and Pitsea. There are now twenty-eight Minor Ailment Clinics, an increase of three, where 19,347 children made 36,345 attendances, the comparative figures for 1931 being 14,133 and 28,830 respectively.

Treatment of Tonsils and Adenoids.

It will be observed from Table IV that 3,235 children received operative and other forms of treatment of defects of nose and throat, being 267 more than the number for 1931. There is no doubt that these operations in a large majority of the patients produce lasting and beneficial results. An assertion has, however, been made that reference for operation is too frequently recommended. After making further enquiries into this matter, the School Medical Inspectors have been asked to take every care to ensure that only children actually in need of operation are recommended. Notes for the guidance of the School Medical Inspectors were included in a circular which is printed on pages 11 and 12 of this Report.

Dental Treatment.

It is pleasing to record that the Dental Service has been strengthened by the appointment of two whole-time Dental Surgeons and two Dental Attendants who commenced duty during the year. In consequence, there has been a marked increase in the work of dental inspections and treatment.

Mid-day Meals and Milk Clubs.

General economic conditions have made a greater call on the medical services during the year. On pages 16 and 17 is set out a circular which was issued to School Medical Inspectors for their guidance when examining children who are recommended for participation in the meals provided at Dagenham, Tilbury and Grays by the Education Committee.

There has also been an extension in the number of Milk Clubs formed by Head Teachers, the number having increased from 213 in 1931 to 288 in 1932.

Conclusion.

I wish to take this opportunity of again expressing my sincere thanks to the Chairman and Members of the Education Committee and the School Medical Sub-Committee for their kindly advice and assistance during the year. My thanks are also due to the Director of Education, Head Teachers, Clerks to District Education Sub-Committees, as well as to the Medical, Dental, Nursing and Clerical Staffs, for their valuable co-operation and assistance.

I particularly desire to thank the Deputy County Medical Officer, Dr. T. P. Puddicombe, for compiling this report and for his help throughout the year.

W. A. BULLOUGH,
School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
CHELMSFORD.

March, 1933.

ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1932.

1. Area and Population.

The population of the Geographical County of Essex according to the Census of 1931 was 1,755,240, allocated as follows :—

(1) Administrative County area, within which the Essex Education Committee is responsible for—

(a) Elementary (and also Secondary) Education	..	667,152
(b) Secondary Education only	..	531,449

(2) County Boroughs 556,639

In area (1) (a) with an acreage of 927,500, there are 436 elementary schools, three less than in 1931, consisting of 234 Non-provided and 202 Council. The Council Schools include three special schools for the mentally defective, one open air school, special classes for the physically defective, and one special class for the partially blind. There are 553 departments with number on books of 101,808, and average attendance of 89,443, an increase of 6,464 over that for 1931. There are nine secondary schools with an accommodation for 3,470 pupils.

Area (1) (b) contains 10 secondary schools with an accommodation for 4,492 pupils, and four trade schools with 962 pupils on books.

In the Administrative County there are also 11 aided secondary schools with a total number on books of 3,576, and a further nine recognised secondary schools with 1,887 pupils on books. Except in the case of one aided school, routine medical inspection under the County Scheme is not carried out in these schools.

2. Staff, &c.

The following changes in the Medical, Dental and Nursing Staffs took place during 1932 :—

School Medical Inspectors.

- (a) *Appointments.* Brown, F. G., Ive, C., Hatton, J.
- (b) *Resignation.* Sleight, J. C.

Dental Staff.

- (a) *Appointments.* *Whole-time.* Roberts, A. S., Donaldson, S. K.
- (b) *Resignations.* *Part-time.* Barrand, H. J., Pickett, L. G.

School Nurses.

(a) *Appointments.* Hillyer, I. G., Shepherd, M. A., Knight, M. K., Lamb, M. E., Bass, N. S., Turner, V. N. (probationer).

(b) *Resignation.* Thickens, L.

Dental Attendants.

Appointment. Lyon, G., Morris, W.

3. Co-ordination of Health Work.*(a) Medical Services.*

There has been complete co-operation in the various health services during the year, resulting in most useful interchange of reports and opinions between the different branches of the County Medical Staff. The total service rendered by the Medical Staff to School medical duties, including those of administration, was the equivalent of 10 whole-time medical officers.

(b) Nursing Services.

From year to year some re-organisation of these services is necessary in order to cope with the constant increase of school population and extension of facilities for treatment.

Additions to staff included two Health Visitors, one School Nurse and one probationer Health Visitor. The number of Health Visitors with combined duties (including school nursing) at the end of the year was 42. There are also five Nurses carrying out school duties only in the Dagenham Urban District.

The above-mentioned additions bring the equivalent number of whole-time School Nurses to 21.45.

The District Nurse Midwives number 164, an increase of two during the year, and they continue to render most useful assistance in school work.

(c) Infant and Child Welfare Centres.

Additional Child Welfare Centres have commenced at Coggeshall, Harold Wood, Hornchurch and Kelvedon, and the following were taken over from Local Authorities :—Boxted, Broomfield, Danbury, Dedham, Fordham, East Hanningfield, Great Baddow, Great Horkesley, Galleywood, Ingatestone, Layer-de-la-Haye, Rowhedge, Stanway, Tiptree, Waltham Abbey and Writtle. Mistley came under the County Scheme on the 1st January, 1932. The total number of centres under the County Council is now 88.

Ante-Natal Clinics have been established at Brentwood, Chelmsford, Hornchurch and Pitsea, and the Clinic at Waltham Abbey was taken over from the Urban District Council, making a total of 11 under the direction of the County Council. The majority of these Centres are attended by Medical Officers who carry out other duties on the County Staff.

(d) *Care of Delicate Children under School Age.*

There is still no definite scheme for dealing with all children under the age of five years. Those considered to be in need of examination are, however, dealt with at Child Welfare Centres, School Clinics and, if necessary, under the Orthopædic Scheme.

4. Facilities provided for Children partaking of the Mid-day Meal in School.

The arrangements set out in previous reports have continued to show progress as also has the organisation of milk clubs.

The Committee have now made provision for certain necessitous children to participate in the milk clubs.

5. School Hygiene.

(a) *General.*

Every effort is made to promote the keen interest of the Medical Staff and Teachers in the general hygiene of the school, its surroundings and the scholars. This subject should be a regular part of the school curriculum.

(b) *School Premises.*

Defects in structure or equipment are reported as they occur to the Director of Education.

The following new Schools or Departments have been opened :—

Dagenham Park Senior Council.	
Hatfield Heath Council.	
Chingford Council Senior	} Additional Departments.
Epping St. Johns Road Council	

Five Schools have been permanently closed, viz., Great Wigborough C.E., Hatfield Broad Oak Heath C.E., Hatfield Broad Oak Undenominational, Ramsden Bellhouse C.E., and White Colne C.E.

6. Medical Inspection.

(a) *Groups Inspected.*

The children inspected have been those of the age periods laid down by the Board of Education, together with re-examinations and specials.

Whilst there has been some advance in the work during the year, limited staff and increased school population have made it impossible to complete the work in the largely growing areas of Romford and Dagenham.

Tables I A and B give totals of examinations made. The grand total of 61,032 includes 31,258 routine, 9,063 specials and 20,711 re-examinations. The routine examinations are 885 less than the number seen in 1931, but 490 in excess of the figures for 1930.

(b) *Uncleanliness.*

As the result of routine school medical inspection, 133 children were referred for treatment of uncleanliness, the large majority for an unsatisfactory condition of the head, and a further 120 were found to require treatment at special inspections. As stated in previous reports, this condition appears to remain stationary. The results of the efforts of the School Nurses are shown in Table IV, group V. An average of twelve visits per school has been made and 4,109 children were found unsatisfactory. Proceedings were taken under the School Attendance Bye-laws in six cases; in two other cases proceedings were instituted under the Children Act, 1908, but afterwards withdrawn.

(c) *Ascertainment of Cripples.* See 10 (i).

(d) *Holding of Medical Inspections off the School Premises.*

This course was taken in the case of four schools.

7. Findings of School Medical Inspection.

Tables showing figures in detail as required by the Board of Education are set out at the end of the report. In Table II B it will be seen that 23.85 per cent. of routine cases were referred for treatment. This compares favourably with 29.84 per cent. for 1931. There is still room for a further reduction, and every effort must be made by the medical and nursing staffs to ensure that those children requiring treatment or observation are continually followed up until the conditions are remedied.

School Medical Inspectors' Reports :—

Comments from these reports include the following :—

Medical Inspections.

There is no falling off in the attendance of parents at routine inspections and favourable comment is made on the interest in general taken in their children's welfare.

Dental Treatment.

This has been increased and it is hoped that the progress made will continue. It is desirable to hold regular sessions for treatment of these conditions and educational advantages will accrue if this subject is fully dealt with in the school hygiene course.

It is hoped that gradually the unwilling parents will be prevailed upon to see the necessity of and benefits which follow from early treatment and efficient care of the teeth.

Eye Clinics.

These are well attended, but there is difficulty in persuading a few parents that glasses are necessary.

Tonsil and Adenoid Operations.

These operations are of great value in necessary cases, and early operation is advisable after the parent has given consent.

In many instances the resulting benefits to the children's health are most striking.

Whenever possible, it is advisable to retain the child in hospital for at least the night following the operation.

Nutrition.

As a whole, the general condition of children examined was good in spite of unemployment and general financial difficulties.

Children derive advantage in health from participation in milk clubs and a scheme for provision of milk for the children of necessitous parents is advisable.

Orthopaedics.

This service is doing good work and receives great praise.

Minor Ailment Clinics.

These are well attended and of great benefit to the children concerned.

8. Infectious Diseases.

Cases of smallpox (*variola minor*) continued to occur during the year, mainly in the extra-metropolitan and Thames-side area, involving the exclusion of school children as contacts. Two elementary school children were reported as actually having contracted the disease.

Eight schools only were closed, all by the Local Sanitary Authority (Measles 5, Diphtheria 1, Whooping Cough 1, and Scarlet Fever 1).

168 certificates under para. 15 (ii) of the Board of Education Administrative Memorandum No. 51 in respect of reduced attendance, due to the prevalence of infectious diseases, were issued by the School Medical Officer. The diseases were as follows:—Measles 74, Mumps 6, Chickenpox 12, Scarlet Fever 3, Whooping Cough 20, Influenza 52, Diphtheria 1.

9. Following Up.

These duties, as in previous years, are well carried out by School Nurses, who paid 31,797 visits to homes. In addition, the District Nurse Midwives made 8,878 home visits.

10. Medical Treatment.

Arrangements as set out in previous reports have continued.

(a) *Minor Ailment Clinics.*

These continue to increase in number and attendances and to give most valuable assistance to parents and children.

The following clinics were opened during the year:—Laindon Combined Centre, Hornchurch temporary premises (St. Andrews Church Hall), Stanford-le-Hope (Infants' School). At Romford a change was made to more suitable premises. Arrangements are in progress for the erection of new Combined Clinics at Chingford, Hornchurch and Pitsea.

At the 28 Clinics in use during 1932, 19,347 individual children made 36,345 attendances.

(b) *Treatment of Tonsils and Adenoids.*

Table IV, Group III, indicates that 3,235 children received operative treatment, and of these 1,545 were dealt with under the Committee's Scheme, an increase of 19 on the figures shown for 1931.

A further 1,294 children received other forms of treatment.

In the last few years there have been various comments on operations for these conditions and some have had the temerity to assert that reference for operation is too frequently made. Every care is taken to ensure that only children actually in need of operation are recommended and all School Medical Inspectors were circularized in June, 1932, as follows:—

During the past few years it has been noticed that, on re-examining children, who have previously been recommended but owing to some delay have not received operative treatment for enlarged tonsils and adenoids, the School Medical Inspectors have reported that a certain number do not after all require such treatment. This suggests that a percentage are being unnecessarily referred for operation.

Enlarged tonsils *per se* is not an adequate reason for advising operation as it may be a transient growth from some passing infection. Careful enquiries should be made of recent illnesses which may have caused temporary infection or enlargement. Such cases should be referred for observation.

Operation for the removal of enlarged tonsils and adenoids is only necessary under the following conditions:—

- (1) If there is continuous obstruction to natural breathing.
- (2) If there is evidence of systemic infection, as shown by septic absorption affecting glands or the general health of the child, *e.g.*, frequent catarrh and colds, some cases of kyphosis, &c.

It must also be borne in mind that the actual size of the visible portion of tonsil does not settle the point as to whether operation is necessary. Many cases of embedded tonsils which are infected are the most dangerous to health. Again, the small fibrosed tonsil with crypts often causes auto-infection.

The Education Committee Scheme is for the convenience and help of those parents who cannot arrange the operative treatment through their own resources. Due consideration must always be given to the views of the private practitioner when re-examining cases for whom an operation was considered necessary. Forms M.I.14 and M.I.18 should be given in the first instance to the parent when operative treatment is advised. When, on following up, it is ascertained that assistance under the County Scheme is required, Form M.I.15 should be initialled by the School Medical Inspector, and passed to the School Nurse for completion by the parent.

After the operation, the School Nurse should be given instructions to follow up and see that efficient breathing is practised.

There is no doubt that these operations in a large majority of the patients produce lasting and beneficial results.

Treatment of these conditions have been assisted by arrangements which were made in 1932 for operations to be performed in the Public Assistance Hospitals at Romford and Billericay, in addition to those Centres already under the Committee's Scheme.

(c) *Tuberculosis.*

When the condition of the chest of a school child is in doubt the School Medical Inspector is able to consult the Tuberculosis Officer in order that a definite diagnosis or recommendation for treatment may be made.

During 1932, 208 scholars (boys 103, girls 105), classified as follows, received sanatorium treatment :—

		Boys.	Girls.	Total.
Pulmonary conditions ..	..	4	16	20
Non-pulmonary conditions ..	..	72	66	138
For observation ..	..	27	23	50
		103	105	208

(d) *Skin Diseases.*

Children suffering with impetigo numbered 2,831, scabies 395, and ringworm of the body 153, all showing a slight increase on the previous year. 112 children (29 less than last year) had ringworm of the scalp, eleven being treated satisfactorily by epilation with X-Rays.

(e) *External Eye Diseases.*

1,248 children were treated, including 1,166 under the Committee's arrangements.

(f) *Vision.*

Table IV, Group II, records that 4,185 received treatment, 3,331 under the Committee's arrangements. 1,664 children were prescribed glasses and 1,502 actually obtained these.

In dealing with cases of defective vision, the School Medical Service has been greatly assisted during the last half of the year by the arrangement under which the services of T. Collyer Summers, Esq., F.R.C.S., Consulting Ophthalmic Surgeon to the County Council, are available for difficult cases.

This arrangement is of inestimable value, and especially so in cases referred for special school teaching and certification under the Blind Persons Act. It in no way interferes with the invaluable help which has been and is still being given by the various special Eye Hospitals in London and for which we are very grateful.

(g) *Minor Ear Defects.*

1,572 children received treatment, 1,411 being dealt with under the Committee's Scheme.

These defects require an organised scheme of treatment, including the services and advice of a skilled specialist surgeon. Under such an arrangement much inconvenience to the children concerned would be avoided and a quicker and more lasting restoration to health, with prevention of possible deafness in some cases, might be expected.

(h) *Dental Treatment.*

During the year a great advance has been made in the facilities provided for dental treatment, due to the appointment of two whole-time Dentists, who took up duty in March and October respectively.

As a result of these additional services, there has been a large increase of dental inspections and treatment. Further, it has been possible to organise the work in the areas of the whole-time Dentists so that the inspections can be regularised in age groups, the work thus being carried out on a systematic basis.

Indifference on the part of some of the parents is now the only factor which militates against treatment being received by all children who need it.

Talks have been given to parents with a view to enlisting their willing co-operation. These must still be continued and so educate the parent to appreciate the value of conservative treatment.

The dentists have devoted 1,462 half-day sessions to the work, an increase of 483 sessions (inspection 107, treatment 376) over those for 1931. At these sessions 37,884 children were inspected, of whom 26,684 (70.4 per cent.) were offered treatment, 15,526 children received treatment under the Committee's Scheme, making in all 17,578 attendances. These figures show an advance on 1931 of 2,515 receiving treatment and 3,627 attendances.

In regard to actual treatment, a general anæsthetic, nitrous oxide or other, was administered in 11,008 cases. 36,748 extractions (temporary teeth 31,576, permanent 5,172) and 5,930 fillings were made.

It will be seen that the number of extractions is still in excess of that of fillings, viz., 6.2 extractions to 1 filling. When permanent teeth alone are considered, however, this proportion falls to 1.1 extractions to 1 filling. This, the lowest ratio ever recorded in these reports, is very encouraging, and inclines to make one optimistic that the day is not far distant when the number of fillings will greatly exceed the number of extractions, thereby showing that the children of the County are not being made edentulous.

(i) *Crippling Defects.*

Crippling defects due to tuberculosis are referred to in para. 10 (c). In addition, 12 children (boys 9, girls 3) are accommodated in Residential Cripple Schools. The Physically Defective Classes at Halbutt Street, Dagenham, continue to be of great benefit to children suffering from physical defects, and at the end of the year 124 children (66 boys, 58 girls) were in attendance. These include 42 (19 boys, 23 girls) with heart conditions.

Mr. B. Whitechurch Howell, F.R.C.S., has continued his work in the County, ably assisted by Miss Tabor and Miss Scott and other Masseuses (part-time).

A summary of the work carried out during 1932, is as follows :—

63 ascertainment and advisory clinics were held, viz., 8 at Dagenham ; 7 at Woodford ; 5 each at Harwich, Grays and Tilbury ; 4 at Colchester ; 3 each at Clacton, Romford, Braintree, Halstead, Brentwood, Maldon and Chelmsford ; 2 each at Epping, Saffron Walden, Stansted and Southend.

884 children (470 boys, 414 girls) were examined and reported on at these clinics ; including 385 (212 boys, 173 girls) new cases, and 499 (258 boys, 241 girls) who had been examined previously by the Surgeon.

These examinations are classified as follows :—

Congenital defects, club foot, &c.	..	..	128
Infantile paralysis and after effects of	..	..	145
Spinal curvature, &c.	..	..	196
Paralysis (Hemiplegia, &c.)	..	..	35
Cleft palate—including hare lip	..	..	3
Other deformities, &c., including injuries, &c.	..	..	377
			884

A summary of the history of cases and advice given shows the following :—

With history of having already had hospital treatment	231
To continue present form of treatment	 132
Advised admission to hospital	 77
Advised apparatus or modified boots	 196
Advised massage or exercises, &c.	 87
Advised observation	 260
No treatment required	 50
Discharged cured	 82

In addition, 133 children (65 boys, 68 girls) under school age were examined under the County Scheme, and 217 for other local Authorities, making a total number of 1,234. Many of these were presented for examination more than once. 47 school children (25 boys, 22 girls) completed a course of hospital treatment under the County scheme, and 11 (8 boys, 3 girls) remained in hospital at the end of the year; whilst 36 children awaited hospital treatment compared to 26 at the end of 1931. These figures do not include cases where parents definitely refused treatment.

Treatment Centres have been established under the Scheme, as shown in the following table, which also includes particulars of Child Welfare Patients :—

Clinic.	No. of Sessions.	No. of attendances.	No. of Patients treated.	Form of Treatment.			
				Massage.	Exercises.	Electrical.	Supervision.
*Grays ...	148	1007	317	7	24	3	288
Romford ...	87	459	183	1	34	—	149
*Dagenham ...	138	1040	361	2	104	1	256
*Woodford ...	152	1107	98	17	67	1	3
Epping ...	189	218	30	15	14	—	2
Maldon ...	42	553	117	—	89	—	31
Brentwood ...	79	551	145	—	56	2	88
*Colchester ...	43	111	44	1	7	—	37
Braintree ...	36	125	68	4	14	4	52
*Clacton ...	5	6	6	—	1	—	5
(Opened 24/11/32)							

*These figures do not include patients from local autonomous Child Welfare Authorities.

11. Open-air Education.

(a) Open-air Classes.

These are held in playgrounds, &c., when weather is suitable.

(b) School Journeys.

(c) School Camps.

A number of Schools, as in other years, have arranged school journeys or school camps during the usual holiday periods and, in addition, educational visits have been made to various places of interest.

(d) Open-air Classrooms.

Nil.

(e) Open-air Day Schools.

The Grays Open-air School has proved to be popular and applications for admission have been continuous. The lavatory accommodation has been improved and a hot water supply installed. It only remains now for the contemplated enlargement of the kitchen to be carried out, and when facilities are available, to give increased playground space.

The School accommodates 60 children, and there have been 58 admissions and 56 discharges during the year. The records show that the children (with the exception of three) in attendance gained in height and weight during their stay at the School.

(f) *Residential Open-air Schools.*

Full use has again been made of the 15 beds retained at Ogilvie School, Clacton; 31 children (boys 16, girls 15) having had courses of treatment, and of these 16 were new entrants.

Short periods of treatment have been given as occasion arose at Open-air Schools outside the County.

12. Physical Training.

The following information has been supplied by the Director of Education :—

During the year the arrangements made by the Committee for the inspection and supervision of the Physical Training done in the Elementary Schools have been very much on similar lines to those previously reported. Further advantage has, however, been taken of the wide experience of Miss F. A. Morgan, Physical Training Instructress of the Saffron Walden Training College, in calling upon her for advice and help not only at Conferences with Miss Collman, Physical Training Instructress at the Clacton and Harwich County High Schools, and Miss Craig, Physical Training Instructress at the Braintree County High School, who are also engaged in visiting Elementary Schools in an advisory capacity, but also in regard to the supply of suitable apparatus to the Schools. The activities of the three Instructresses cover the instruction of teachers in the newer methods of work and visitations of Schools to follow up and test the instruction given. Their visits are much appreciated by both teachers and scholars and there is evidence that distinct improvement is continuing in the Physical Training being taught. Classes for teachers responsible for Physical Training have been held at the following Schools :—

Braintree County High School	..	Number enrolled, 40.
Chelmsford County High School	..	„ 59.
Dagenham Valence Avenue School	..	„ 44.
Hornchurch Village Council School	..	„ 49.

Reports on these Classes show that, owing to the enthusiasm and response of the teachers, very good results have been obtained with correspondingly good progress in the Schools.

13. Provision of Meals.

During the year there has been a greater call for these services, due to the general economic conditions. The School Medical Service have co-operated in examining and recommending, where found necessary, children for participation in these meals. For the guidance of School Medical Inspectors a circular has been drawn up and issued as follows :—

Section 84 of the Education Act, 1921, states :—

“ Where the local education authority resolve that any of the
‘ children attending an elementary school within their area are
‘ unable by reason of lack of food to take full advantage of the
‘ education provided for them, and have ascertained that funds
‘ other than public funds are not available or are insufficient in
‘ amount to defray the cost of food furnished in meals under this
‘ Act, they may spend out of the rates such sum as will meet the
‘ cost of the provision of such food.”

It will thus be seen that the provision of meals by the Education Authority for any particular child must be on the grounds that the child is “ by reason of lack of food unable to take full advantage of the ‘ education provided.” This implies that the child is not only impoverished and undernourished, but this condition is so grave as to prevent the child taking full advantage of the education provided.

It will be helpful to School Medical Inspectors, when examining children put forward as in need of meals, to bear the above and the following points in mind :—

In order to assess the nutrition of a child it is necessary to consider :—

(1) The child's general appearance and well being :—

- (a) Is there any pallor, softness of muscles or loss of elasticity of skin, &c. ?
- (b) The physique (including height and weight ratio).
- (c) Is the child listless and unable to partake of the normal activities of a child ? If so, is the cause lack of food or lack of sleep ?

(2) Further enquiries should include :—

- (a) Are there any physical or medical defects requiring medical treatment ?
- (b) Enquiry into the habits of life, the requisite number of hours in bed being a most important factor as is also the home environment.
- (c) Is the food partaken of lacking in quality or quantity ?

Every advantage should be taken of the services of the School Nurse, in order to assist in carrying out your investigations and to disseminate amongst parents information on the values of foods and the correct methods of feeding children.

Meals have been provided in the following areas :—

(a) *Dagenham.*

Further facilities have been made in this area, an additional Centre being opened at St. George's Church Hall in November. The Centres in Dagenham thus number four.

(b) *Tilbury.*

Tentative arrangements were made in this district by co-operation with the Tilbury Distress Fund Committee. In October the scheme was revised and arrangements made for meals to be served in a Hall hired for the purpose and, in the case of two Schools, on School premises.

(c) *Grays.*

In November arrangements were considered for provision in this area and the meals are partaken of in the Hall of Bridge Road Council School.

During the year in area (a) 844 children partook of 149,448 free dinners and 1,582 by contribution. In areas (b) and (c) 1,200 children were provided with 21,400 free dinners.

14. School Baths.

At Grays (2,989) and Tilbury (5,611) the use of the baths has shown an increased number, but still not so great as in 1930, a total of 8,600 as compared to 7,265 for 1931 and 10,466 for 1930.

15. Co-operation of Parents.

The School Medical Inspectors remark on the good co-operation of parents and regret that there are a few who require continual stimulation to do all that is necessary for their children and others who are distinctly refractory to any treatment which savours of the nature of an operation. It is hoped that the number of those who are dilatory in health matters will become less and less, as they see the benefits which accrue to children whose parents agree to treatment and are persuaded by the School Medical Inspectors and School Nurses of the advantage of early treatment.

Parents attended routine examination in 68 per cent.

Refusal to permit routine inspection was made in the case of 206 children.

16. Co-operation of Teachers.

Valuable assistance has continued to be given by the Teachers. Without their willing assistance the benefits from Medical Inspection must often be lost.

17. Co-operation of Attendance Officers has continued as in previous years.**18. Co-operation of Voluntary Bodies, &c.**

Thanks are again due to certain Voluntary Hospitals, as well as the following for reports upon and assistance rendered to Essex School Children :—Care of Children Committees, Public Assistance Committee, County Nursing Association, County Association for the Care of the Blind, Essex Voluntary Association for Mental Welfare, National Society for Prevention of Cruelty to Children, British Red Cross Society, Society of the Order of St. John, Hospital Saving Association and Invalid Children's Aid Association.

19. Blind, Deaf and Epileptic Children.

Table III gives detail of these children as far as has been ascertained.

(a) *Multiple Defects.*

Table III (a) shows that there are 37 children suffering from multiple defects (boys 24, girls 13) and 13 of these are catered for at Institutions or Special Schools. Some of these cases are most difficult to find places for in suitable Institutions, and in others it is a doubtful question if it is an economic proposition to pay for special instruction, even provided a suitable place were available.

(b) *Blind.*

There are 49 children certified, and of these 40 are in Special Schools, the majority at the East Anglian Institution, Gorleston, and a few at the Brighton School for the Blind.

The partially blind number 79; of these 32 are in Special Schools for such cases, 20 of these being in attendance at the Grays Myope Class, which has given every satisfaction.

(c) *Deaf.*

42 children are classed as deaf, and 29 of these are suitably placed in Special Schools for the Deaf. It is found that there is great difficulty in persuading some parents to accept special education for a deaf child.

(d) *Epileptics.*

23 children are classed as suffering from severe epilepsy, and 11 of these are in Certified Schools.

There are also 44 children reported as minor epileptics.

(e) *Mentally Defective.*

466 children (boys 293, girls 173) are registered as feeble-minded, 189 (boys 126, girls 63) are in attendance at Special Schools and of these 50 (boys 33, girls 17) are in Residential Schools.

The three day Special Schools provided by the Essex Education Committee have the following numbers in attendance :—

				Boys.	Girls.	Totals.
Grays	..	..	..	21	17	38
Woodford	..	..	..	29	10	39
Romford	..	..	..	45	14	59
				95	41	136

Ten children (boys 4, girls 6) are in attendance at the Walthamstow Day Class.

20. Nursery Schools are not established.

21. Secondary Schools (see also Para. 1).

Accommodation in the schools maintained by the Committee again shows an increase during the year, being 7,962 as compared to 7,710 for 1931.

	No.	Accommodation.	No. on Books.	
			Boys.	Girls.
Schools in Part III area ..	10	.. 4,492 ..	1,964 ..	2,429
Schools in remainder of County	9	.. 3,470 ..	1,327 ..	2,321
Totals ..	19	.. 7,962 ..	3,291 ..	4,750

Trade Schools in Part III area are four with 962 on books (boys 706, girls 256).

Routine inspections have been carried out on similar lines to previous years. During 1932 there has been an increase in the number of sessions, thereby bringing routine inspections quite up-to-date. In all 4,116 scholars were subjected to routine examination, together with 1,138 re-inspections and 235 specials.

Details of the results of the examinations are given in Table II S.

Of the total 4,116 (boys 1,924, girls 2,192) examined at routine inspection, 903 (or 21.9 per cent.) were referred for treatment, a very appreciable decrease on the figure for 1931, when the percentage was 34 per cent. This number is still much too high to consider satisfactory. As in previous years a large percentage of those referred for treatment are for defective vision, nose and throat and dental defects, showing respectively percentages of 11, 3.2 and 16.7. In all cases requiring individual attention parents are referred to their own medical attendant.

In the following up of these cases, the Head Masters and Mistresses render most willing and helpful assistance, and in a few cases the assistance of the School Nurse is invoked in visiting the homes.

22. Convalescent Schools.

When children are found to need a period of convalescence away from home every effort is made to see that they are suitably placed. The three beds retained at the Russell-Cotes School, Parkstone, Bournemouth, have been most useful, and there has been no difficulty in keeping these occupied to the advantage of the children and families concerned.

23. Miscellaneous.

(a) *Bursar and Scholarship Candidates.*

Table III S. shows detail of 732 children examined. Of these, 105 (or just over 14 per cent.) were charted as requiring some form of treatment as against 24 per cent. and 14.9 per cent. for 1931 and 1930 respectively. Here again defects of vision and dental disease comprise the bulk of defects.

(b) *Teachers.*

Examinations of Teachers have been arranged as and when required; 21 being examined, viz., 10 supplementary, 5 intending, and 6 monitresses.

(c) *Propaganda Lectures, &c.*

The Medical and Nursing Staff have continued to assist in this work, giving lectures and demonstrations at Women's Institutes, Mother's Unions, Health Weeks, &c

A further method of propaganda has been instituted during the year. The Committee have agreed that the Medical Inspectors should give short talks to parents at the parents' gatherings on the occasion of Open Days at School. This has been welcomed by Teachers and should be very helpful in bringing to the notice of parents the advantages obtained by full co-operation with the School Medical Service.

Lectures have also been given to parents by the School Dentists.

24. Employment of Children and Young Persons Regulations.

The following examinations (33 more than for 1931) were made :—

			Boys.	Girls.	Total.
(i) Submitted for examination	..		656	14	670
(ii) Passed as fit	..	..	615	14	629
Employments :—					
(a) Farm work	..	..	12	—	12
(b) Home	..	..	18	2	20
(c) Gardening	..	..	7	—	7
(d) Paper delivery	..	..	325	—	325
(e) Milk delivery	..	..	65	1	66
(f) Errands	..	..	66	1	67
(g) Others (Bread, caddying, grocery, &c.)	..	..	122	10	132
			615	14	629

25. Special Inquiries.

There have been no special investigations worthy of note.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1932.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

	Boys.	Girls.	Total.
Entrants	4,781	4,969	9,750
Second Age Group	5,995	5,660	11,655
Third Age Group	4,759	5,094	9,853
Totals	15,535	15,723	31,258

B.—OTHER INSPECTIONS.

	Boys.	Girls.	Total.
Number of Special Inspections ..	4,959	4,104	9,063
Number of Re-Inspections ..	10,096	10,615	20,711
Totals	15,055	14,719	29,774

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1932.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
	Malnutrition	311	170	339	10
	Uncleanliness :	133	39	120	12
	(See Table IV., Group V.)				
Skin	Ringworm :				
	Scalp	4	1	34	3
	Body	3	—	47	—
	Scabies	24	—	99	—
	Impetigo	76	—	1007	—
	Other Diseases (Non-Tuberculous)	134	30	1221	2
Eye	Blepharitis	101	30	112	—
	Conjunctivitis	11	—	92	—
	Keratitis	—	—	1	—
	Corneal Opacities	6	1	15	—
	Defective Vision (excluding Squint)	1903	558	596	38
	Squint	39	20	106	2
	Other Conditions	19	9	156	—
Ear	Defective Hearing	154	40	82	3
	Otitis Media	53	4	172	1
	Other Ear Diseases	62	33	116	—
Nose and Throat	Enlarged Tonsils only	1416	1635	407	84
	Adenoids only	170	96	88	3
	Enlarged Tonsils and Adenoids	1280	269	500	16
	Other Conditions	233	134	224	11
	Enlarged Cervical Glands (Non-Tuberculous)	241	165	179	10
	Defective Speech	12	25	19	2
Heart and Circulation	Heart Disease :				
	Organic	11	5	40	—
	Functional	95	264	84	24
	Anæmia	337	117	174	4
Lungs	Bronchitis	56	17	142	2
	Other Non-Tuberculous Diseases	162	156	130	10
Tuberculosis	Pulmonary :				
	Definite	1	—	2	—
	Suspected	35	17	42	5
	Non-Pulmonary :				
	Glands	7	—	14	—
	Spine	—	—	—	—
	Hip	—	2	—	—
	Other Bones and Joints	—	1	4	—
	Skin	1	—	1	—
	Other Forms	2	—	3	—
Nervous System	Epilepsy	10	11	18	2
	Chorea	14	4	77	3
	Other Conditions	55	21	117	6
Deformities	Rickets	39	7	16	—
	Spinal Curvature	91	32	22	1
	Other Forms	264	126	149	3
	Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)	393	541	1185	18

TABLE II.—*continued.*

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

GROUP. (1)	NUMBER OF CHILDREN.		Percentage of children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS :—			
Entrants	9750	2119	21·73
Second Age Group	11655	3059	26·25
Third Age Group	9853	2279	23·13
Total (Code Groups)	31258	7457	23·85
Other Routine Inspections	—	—	—

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1932.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease			24	13	37
Blind (including partially blind)	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ...	25	15	40
		At Public Elementary Schools ...	—	1	1
		At other Institutions ...	1	—	1
		At no School or Institution ...	3	4	7
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or partially blind ...	18	14	32
		At Public Elementary Schools ...	16	25	41
		At other Institutions ...	—	1	1
		At no School or Institution ...	3	2	5
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf ...	14	15	29
		At Public Elementary Schools ...	5	5	10
		At other Institutions ...	1	—	1
		At no School or Institution ...	1	1	2
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or partially Deaf ...	5	—	5
		At Public Elementary Schools ...	1	7	8
		At other Institutions ...	—	1	1
		At no School or Institution ...	—	—	—

TABLE III—continued.

			Boys.	Girls.	Total.
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Mental Deficiency Authority.)	At Certified Schools for Mentally Defective Children ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	126 120 — 47	63 78 1 31	189 198 1 78
	Notified to the Local Mental Deficiency Authority during the year.	Feeble-minded ... Imbeciles ... Idiots ... Others ...	12 23 7 3	11 8 1 2	23 31 8 5
Epileptics	Suffering from severe epilepsy.	At Certified Schools for Epileptics ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	8 — — 3 2 2	3 — — 1 1 3	11 — — 4 3 5
	Suffering from epilepsy which is not severe.	At Public Elementary Schools ... At no School or Institution ...	20 6	12 6	32 12
Physically Defective	Active pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	1 — — 1 — 7	7 — — 6 — 10	8 — — 7 — 17
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — 14 — 2	— — — 19 — 3	— — — 33 — 5
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	10 — — 78 — 19	6 — — 68 — 17	16 — — 146 — 36
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... At Certified Residential Open Air Schools ... At Certified Day Open Air Schools ... At Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — 18 — 4	— — — 7 — 1	— — — 25 — 5

TABLE III—continued.

			Boys.	Girls.	Total.
Physically Defective <i>continued.</i>	Tuberculosis of bones and joints (not including deformities due to old tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	11	14	25
		At Public Elementary Schools ...	31	22	53
		At other Institutions ...	1	—	1
		At no School or Institution ...	5	5	10
	Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	1	1
		At Public Elementary Schools ...	2	6	8
		At other Institutions ...	1	—	1
		At no School or Institution ...	1	4	5
	Delicate children (<i>i.e.</i> , all 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.	At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	11	7	18
		At Certified Residential Open Air Schools ...	15	14	29
		At Certified Day Open Air Schools ...	32	28	60
		At Public Elementary Schools ...	156	129	285
		At other Institutions ...	—	1	1
		At no School or Institution ...	13	10	23
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools ...	6	—	6
		At Certified Residential Cripple Schools ...	9	3	12
		At Certified Day Cripple Schools ...	35	26	61
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	317	286	603 (3)*
		At other Institutions ...	—	—	—
		At no School or Institution ...	38	59	97
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools ...	2	1	3
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	18	22	40
		At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	36	45	81
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	15	15

* Figure in brackets shows number of children recommended admission to a Residential School.

PARTICULARS OF CHILDREN WITH MULTIPLE DEFECTS.

SEE TABLE III.

		Boys.	Girls.	Total.
Totally Blind and Mentally Defective.	At Certified Schools for the Blind	1	—	1
	At Certified School for the Mentally Defective and Blind	—	1	1
Totally Deaf and Mentally Defective.	At no School or Institution	2	—	2
Mentally Defective and Crippled.	At Certified Schools for the Mentally Defective	4	—	4
	At Schools for the Physically Defective	1	—	1
	At Public Elementary Schools	3	2	5
	At no School or Institution	4	3	7
Mentally Defective and Epileptic.	At Certified School for Mentally Defective ...	2	—	2
	At Public Elementary Schools	1	1	2
	At no School	2	1	3
	At other Institutions	1	—	1
Mentally Defective, Epileptic, and Crippled.	At Public Elementary Schools	1	—	1
	At no School or Institution	1	—	1
Mentally Defective and Heart Disease.	At Certified Schools for the Mentally Defective	—	1	1
	At Schools for the Physically Defective ...	—	1	1
Crippled and Epileptic.	At no School	—	1	1
	At other Institution	—	1	1
Crippled and Heart Disease.	At Schools for the Physically Defective ...	1	1	2

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1932.

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

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total (4)
<i>Skin—</i>			
Ringworm-Scalp... ..	105	7	112
Ringworm-Body	148	5	153
Scabies	386	9	395
Impetigo	2787	44	2831
Other skin disease	2976	109	3085
<i>Minor Eye Defects</i>	1166	82	1248
(External and other, but excluding cases falling in Group II.).			
<i>Minor Ear Defects</i>	1411	161	1572
<i>Miscellaneous</i>	5439	2117	7556
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total	14418	2534	16952

TABLE IV,—*continued.*

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

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	3315	424	422	4161
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	16	8	—	24
Total	3331	432	422	4185

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme 1574
 (b) Otherwise 90

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme 1412
 (b) Otherwise 90

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

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme—in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
1545	396	1941	1294	3235

SECONDARY SCHOOLS.

TABLE I. S.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1932.

A.—ROUTINE MEDICAL INSPECTION.

Number of Code Group Inspections.

	Entrants. (7—10 years.)	Intermediates. (11—13 years.)	Leavers. (14 years and over).	Totals.
Boys	157	907	860	1924
Girls	328	1039	825	2192
Totals	485	1946	1685	4116

B.—OTHER INSPECTIONS.

	Special Cases.	Re-examinations.
Boys	18	79
Girls	217	1059
Totals	235	1138

TABLE II. S.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1932.

Defect or Disease.				Routine Inspections.		Specials.	
				No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.	No. referred for Treatment.	No. requiring to be kept under observation, but not referred for Treatment.
(1)	(2)	(3)	(4)	(5)			
Malnutrition	5	5	3	—			
Uncleanliness	1	—	2	—			
Skin {	Ringworm :						
	Scalp	—	—	—			
	Body	—	—	—			
	Scabies	—	—	—			
	Impetigo	9	3	—			
Other Diseases (Non-Tuberculous) ...				15	2	—	—
Eye {	Blepharitis	12	—	1			
	Conjunctivitis	—	—	—			
	Keratitis	—	—	—			
	Corneal Opacities	1	—	—			
	Defective Vision (excluding Squint) ...	459	151	103	33		
	Squint	45	13	—	—		
Other Conditions				2	—	—	—
Ear {	Defective Hearing	14	2	—	—		
	Otitis Media	3	1	—	—		
	Other Ear Diseases	4	1	—	—		
Nose and Throat {	Enlarged Tonsils only	73	111	34	1		
	Adenoids only	9	3	2	—		
	Enlarged Tonsils and Adenoids	21	15	2	—		
	Other Conditions	31	14	9	—		
Enlarged Cervical Glands (Non-Tuberculous) ...				21	16	4	—
Defective Speech				1	1	1	—
Teeth—Dental Diseases				689	5	49	—
Heart and Circulation {	Heart Disease :						
	Organic	1	2	1	—		
	Functional	8	44	8	3		
Anæmia				30	24	1	—
Lungs {	Bronchitis	1	1	—	—		
	Other Non-Tuberculous Diseases ...	14	23	5	—		
Tuberculosis {	Pulmonary :						
	Definite	—	—	—	—		
	Suspected	1	—	1	—		
	Non-Pulmonary :						
	Glands	—	—	—	—		
	Spine	—	—	—	—		
	Hip	—	—	—	—		
	Other Bones and Joints	—	—	—	—		
Nervous System {	Skin	—	—	—	—		
	Other Forms	—	—	—	—		
	Epilepsy	—	—	—	—		
Deformities {	Chorea	—	—	—	—		
	Other Conditions	9	5	2	—		
Other Defects and Diseases	Rickets	17	—	8	—		
	Spinal Curvature	71	28	29	4		
	Other Forms	26	36	—	—		
Other Defects and Diseases				88	48	19	—

Number of Individual Children found to require treatment (excluding uncleanliness and dental disease) ... 903

TABLE III. S.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION, YEAR ENDED
31ST DECEMBER, 1932.

SCHOLARSHIP HOLDERS, BURSARS, ETC.

Defect or Disease.					Routine Inspections.	
					Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)					(2)	(3)
	Malnutrition	...	...	...	—	1
	Uncleanliness	...	...	...	1	—
Skin	Ringworm :					
	Scalp	...	...	...	—	—
	Body	...	...	...	—	—
	Scabies	...	...	...	—	—
	Impetigo	...	...	...	—	—
	Other Diseases (Non-Tuberculous)	...	...	...	2	—
Eye	Blepharitis	...	...	...	1	—
	Conjunctivitis	...	...	...	—	—
	Keratitis	...	...	...	—	—
	Corneal Opacities	...	...	...	—	—
	Defective Vision (excluding Squint)	...	...	...	85	45
	Squint	...	...	...	—	—
	Other Conditions	...	...	...	—	—
Ear	Defective Hearing	..	...	...	—	3
	Otitis Media	...	...	...	—	—
	Other Ear Diseases	...	...	...	—	—
Nose and Throat	Enlarged Tonsils only	...	...	...	4	19
	Adenoids only	...	...	...	1	—
	Enlarged Tonsils and Adenoids	...	...	...	3	—
	Other Conditions	...	...	...	—	1
	Enlarged Cervical Glands (Non-Tuberculous)	...	...	...	—	2
	Defective Speech	...	...	...	—	1
	Teeth—Dental Disease	...	..	...	142	2
Heart and Circulation	Heart Disease :					
	Organic	...	...	...	—	1
	Functional	...	...	...	—	7
	Anæmia	...	...	...	—	2
Lungs	Bronchitis...	...	...	...	—	—
	Other Non-Tuberculous Diseases	...	...	...	—	4
	Tuberculosis	...	...	...	—	—
Nervous System	Epilepsy	...	...	...	—	—
	Chorea	...	...	...	—	—
	Other Conditions	...	...	...	—	—
Deformities	Rickets	...	...	...	—	—
	Spinal Curvature	...	...	...	1	2
	Other Forms	...	...	...	4	21
	Other Defects and Diseases	...	...	...	2	4

Total number examined ... 732

Number of Individual Children found to require Treatment (excluding uncleanliness and dental diseases) ... 105

