#### [Report 1933] / School Medical Officer of Health, Essex County Council.

#### **Contributors**

Essex (England). County Council.

#### **Publication/Creation**

1933

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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, 1933.

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-fifth Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1933, 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 1933, the average attendance (93,349), was 3,906 more than the figure for 1932, the number of elementary schools being 439, or an increase of 3 over the figure for the previous year. In addition, there are 19 maintained secondary schools, 8 technical and art schools, 11 aided secondary schools, and 9 other recognised secondary schools. 19 schools in the two last mentioned groups are not subject to medical inspection.

#### Staff.

There have been several changes in the medical staff during the year, but the nett result is that the number of equivalent whole-time Medical Officers (10) remains the same as last year. In view of the ever increasing work, arrangements have been made to augment the medical staff during the year 1934.

Six part-time Dental Surgeons resigned during the year. The Committee's scheme for strengthening the dental service was continued, with the result that at the time of writing there are 4 whole-time Dental Surgeons, an increase of 2, and each Dental Surgeon is assisted by a female Dental Attendant.

Additions to the staff of School Nurses include 2 Health Visitors and 1 School Nurse, bringing the equivalent of whole-time Nurses up to 23.50, most of whom are assisted by 165 District Nurse-Midwives.

#### Medical Inspection.

Comparative figures showing the number of examinations carried out during 1932 and 1933 are given below:—

No. of Examinations.				
1932.		1933.		Increase.
 31,258		37,798		6,540
 9,063		9,825		762
 20,711		22,489		1,778
 61,032		70,112		9,080
	1932. 31,258 9,063 20,711	1932. 31,258 9,063 20,711	1932. 1933. 31,258 37,798 9,063 9,825 20,711 22,489	1932. 1933. 31,258 37,798 9,063 9,825 20,711 22,489

Every effort was made to complete the inspection of each school during the year, but with the limited staff this was found to be impossible, particularly in the still growing populous areas of Hornchurch and Romford. Nevertheless, there was a great increase in the number of examinations, particularly in the three code groups.

# Findings of Medical Inspection.

Table II on page 27 gives the number of children found by routine medical inspection to require treatment (excluding uncleanliness and dental diseases). Of the 37,798 examined, 5,414 or 14.32 per cent. were found to require treatment, a reduction of 9.53 per cent. when compared to the previous year, which is very satisfactory.

School Nurses, with the assistance of the District Nurse-Midwives, continued the work of following up those children who were found to be in need of treatment, the former making 33,421, and the latter 9,647 visits to homes.

#### Minor Ailment Clinics.

There are 28 Minor Ailment Clinics in the Administrative County. During the year, a building at Waltham Abbey was adapted as a Treatment Centre, and a Treatment Centre was erected in each of the following places:—Chingford, Hornchurch and South Benfleet, the last named being opened early in 1934. Attendances at all the Clinics have been well maintained, 17,086 children making 38,458 attendances during the year.

#### Treatment of Tonsils and Adenoids.

There was a marked decrease in the number of children receiving operative treatment—see Table IV on page 31. This has no doubt been brought about as a result of the instructions which were issued to the School Medical Inspectors in June, 1932, which aimed at ensuring that only children actually in need of operation were recommended. Endeavours are being made to extend the facilities for treatment with a view to bringing the Treatment Centres as near to the children's homes as possible.

#### Defective Vision.

During the year there was a marked increase in the number of children receiving treatment for defective vision, no less than 3,718 being dealt with under the Committee's scheme; 1,622 were prescribed spectacles, and 1,507 actually obtained spectacles.

It is pleasing to note that in 1934 the Committee propose adding to the treatment staff by appointing a skilled oculist for assisting in this most important conservative and ameliorative work.

#### Dental Treatment.

Group V in Table IV on page 31 gives details of the amount and nature of the work carried out by the Dental Surgeons during the year. 36,718 children were inspected by the Dental Surgeons, and 24,963 or 67.9 per cent. were found to require treatment. There was a great increase in the number of fillings provided, whilst there was a marked decrease in the number of extractions. There has thus been a decided increase in the conservative work undertaken.

# School Hygiene.

Attention is drawn to the fact that during the year 1933 the Board of Education published a revised edition of the "Handbook of Suggestions on Health Education." In the preface it is stated that "a knowledge of its contents should therefore be regarded as part of the necessary equipment of every teacher." This handbook should be in the possession of every Head Teacher, who should be encouraged to create in the minds of boys and girls during the years of adolescence an understanding and cultivation of health.

#### 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.

COUNTY HALL,
CHELMSFORD.

lpril, 1934.

#### ESSEX EDUCATION COMMITTEE.

# ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1938.

# 1. Area, Population and Staff.

## (a) Area and Population.

The population of the Geographical County of Essex according to the Registrar General's estimate at mid-year, 1932, was 1,793,200, allocated as follows:—

- (1) Administrative County Area, within which the Essex County Council is responsible for :—
  - (a) Elementary (and also Secondary) Education .. 693,020
  - (b) Secondary Education only .. 548,980

The figures for 1933 are not yet available.

In area (1) (a) with an acreage of 927,500, there are 439 Elementary Schools (three more than in 1932), consisting of 235 Non-provided and 204 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 551 departments with number on books of 105,474, an average attendance of 93,349, which is an increase of 3,906 over that for 1932\*. There are nine Secondary Schools with accommodation for 3,470 pupils.

Area (1) (b) contains 10 secondary schools, with an accommodation for 4,492 pupils, and eight Technical and Art Schools with 1,267 pupils on books.

In the Administrative County there are also eleven aided Secondary Schools with a total number on books of 3,782, and a further nine recognised Secondary Schools with 1,915 pupils on books. Except in the case of one aided school, routine medical inspection under the County Scheme was not carried out in these schools.

# (b) Staff, &c.

The following changes in the Medical, Dental and Nursing Staffs took place during 1933:—

<sup>\*</sup>Note.—On 1st October, 1933, Shoeburyness and Eastwood, which at 1931 Census had a total acree of 3,854, and a total population of 10,300, were transferred to Southend-on-Sea Cour Borough. The three schools in this area have not been included in the figures given about

## School Medical Inspectors.

- (a) Appointments. Park, Miss A. R., Knight, S., Pearson, N. F., Wood, J. L. M.; Mawson, K. N., (commenced duty 1st January, 1934).
- (b) Resignations. Bennett, Miss M., Ive, C.
- (c) Re-arrangement Hatton, J., Stewart, W. A. M. and Wood, J. L. M. of duties. were relieved of school medical work.

## Dental Staff.

- (a) Appointments. Whole-time. Hendry, A. W.; Whitmore, Miss A. L. T. (commenced duty 1st January, 1934).
- (b) Resignations. Part-time. Goodey, A., Benjamin, B., Cloke, E. J., Godfrey, J. F., Allan, A., Phillips, G. E.

#### School Nurses.

- (a) Appointments. Alder, B., Mackenzie, D. L., Robinson, V. M., Turner, V. M., Wigby, M., Jackson, M. H. (temporary).
- (b) Resignations. Limmer, I., Plummer, E.

#### Dental Attendants.

- (a) Appointments. Pidgeon, W. J.; Philpot, M. B. and Wittich, D., (commenced duty 8th January, 1934).
- (b) Resignation. Morris, W.

# Orthopaedic Masseuses.

- (a) Appointment. Wells, M. E.
- (b) Resignation. Tabor, W. H.

# 2. Co-ordination of Health Work.

# (a) Medical Services.

The co-ordination in previous years between the different branches of the service has continued with consequent advantage to all concerned. The equivallent number of whole-time Medical Officers performing School Medical duties remained the same as for the previous year, viz., 10, but arrangements are being made to strengthen the staff during 1934.

# (b) Nursing Services.

Re-organisation of this service continues as also does the practice of the Health Visitor performing the duties of School Nurse in areas where this can, with advantage, be arranged. Additions to the staff include one Health Visitor and one School Nurse, while the probationer Health Visitor (Miss Turner), mentioned last year, qualified as a Health Visitor and commenced full duty on 1st October, 1933.

The number of Health Visitors who performed the duties of School Nurse at the end of the year was 43.

In Dagenham there are six School Nurses whose duties are confined solely to Schools.

The total equivalent number of whole-time School Nurses is 23.50.

The 165 District Nurse-Midwives in the County continue to assist in certain branches of school medical work.

# (c) Infant and Child Welfare Centres.

Additional Child Welfare Centres commenced at Fingringhoe, Little Waltham and Woodham Ferrers. On 1st January, 1933, Messing Centre was transferred to Tiptree. Owing to the extension of the County Borough of Southend, Shoeburyness Centre was taken over by that Authority from 1st October, 1933. The total number of centres under the County Council is now 90.

Ante-Natal Clinics have been established at Canvey Island, Felsted, Rochford and Witham, making a total of 15 under the direction of the County Council. The majority of these Centres are attended by Assistant County Medical Officers who carry out other duties on the County Staff.

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

Similar arrangements to previous years have continued and in this there is co-ordination with the Child Welfare work. There is evidence that more complete supervision of the pre-school child is highly essential. This increased supervision and following up is being encouraged in the areas in which the County Council is the Child Welfare Authority, with a view to eradicating defects prior to entrance to school.

## 3. School Hygiene.

## (a) General.

The School Medical Inspectors continue to supervise the general hygiene of the schools and the personal hygiene of the scholars.

# (b) Premises.

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

The following new schools have been opened:-

Dagenham Beam Bridge C. Hornchurch St. Mary's R.C.

Dagenham Eastbrook C. Laindon Markhams Chase C.

Dagenham Rush Green C. Dagenham Goresbrook Road St.

Hornchurch Bush Elms C. Peter's R.C.

Hornchurch Rainsford Way C. Hornchurch Ardleigh Green C.

Three Schools have been permanently closed, viz. :-

Dagenham Arnold Road Temporary C. Little Bardfield C.E.

Little Maplestead C.

## 4. Medical Inspection.

The results of inspections during 1933 are shown at the end of this report in the modified tables as required by the Board of Education.

# (a) Groups Inspected.

These have been limited to the statutory inspection groups, together with re-inspection and examination of specials.

The year's work has been a heavy one and, in spite of all efforts, limited staff has resulted in inability to complete all age groups in one or two areas; this especially applies to the still growing populous areas of Hornchurch and Romford. The portended increase of Staff for 1934 should find us in a far better position in this respect.

Tables I A and B indicate a grand total of 70,112 examinations, including 37,798 routine, 9,825 specials and 22,489 re-inspections.

These all show an increase on the figures for 1932 as follows:—6,540 routine, 762 specials and 1,778 re-examinations.

(b) Holding of Medical Inspections off the School Premises.

It was necessary to adopt this course in regard to 4 schools.

# 5. Findings of School Medical Inspection.

# (a) General.

Details of numbers under the different headings are set out in the Tables on page 26.

Table II is well worthy of perusal and under all headings the figures compare favourably with last year's returns.

Table II B shows that there is again a large decrease in the percentages of children found at routine examinations to be in need of treatment, indicating that efforts have certainly been well maintained in following up these children, the percentage of all groups being 14.32 as compared to 23.85 for 1932.

# (b) School Medical Inspectors' Reports :-

The following points are referred to in the reports:-

# (i) Medical Inspections.

Attendance of parents has been well maintained and they have shown a definite response in obtaining the necessary treatment.

Arrangements have continued satisfactorily except in one or two areas where extra staff is necessary.

A more complete routine examination of the feet has brought to notice more minor defects.

#### (ii) Dental Treatment.

There has been a definite improvement in this work with a consequent increase of healthy mouths and reduction in the number showing unhealthy tonsils. The initiation of a full-time dental service is considered an advantage.

Parents are taking a greater interest in their children's teeth as shown by the records of sale of dentifrice and tooth brushes.

The poor condition of the teeth in entrants is unfavourably commented on, indicating that more efforts must be made to cater for the child of pre-school age.

Parents should be stimulated to obtain complete dental treatment for their children and not be satisfied by the extraction of a painful tooth. There is still, on the part of some parents, a reluctance to present their child for conservative treatment.

## (iii) Eye Clinics.

These have shown a continued good attendance.

# (iv) Tonsils and Adenoids Operations.

A more conservative action in regard to these operations appears to be fully justified.

# (v) Nutrition.

In spite of continued economic difficulties, the nutrition of the children on the whole appears satisfactory, but there are a certain number who fall below the desired standard and for these the provision of free milk is a welcome innovation.

Similarly, the provision of meals in certain areas has been most helpful.

Comment is made that the elementary school child in many cases does not have sufficient rest and it is suggested that if a rest could be arranged during the dinner period it would be very helpful.

The practice of children wearing gymnasium shoes all day is deprecated.

Mothers are taking a practical interest in the varied values of food.

## (vi) Orthopaedics.

All the School Medical Inspectors appear to agree that this service is very well provided.

## (vii) Minor Ailment Clinics.

Increased facilities have been provided and these are appreciated by all concerned. In the populous areas it is noted that the numbers in attendance tend to markedly decrease as the school holidays approach.

## (viii) Care Committees.

Valuable assistance has been received from these Committees in many ways.

#### (ix) Assistance.

Appreciation of the work of the School Nurses and the assistance of the District Nurse-Midwives has been favourably commented on; and also in many instances the help of the Head Teachers.

In one area comment is made of the School Nurses' valuable assistance in inaugurating a boot club to the great advantage of children of the poorer families.

# 6. Following Up.

As in previous years this has been carried out by the School Nurses with the assistance of District Nurse-Midwives, the former making 33,421 and the latter 9,647 visits to homes.

#### 7. Medical Treatment.

Arrangements have been made on similar lines to previous years with additional facilities as occasion demanded and staff permitted.

# a) Minor Ailment Clinics.

These have continued to increase and attendances have been well maintained.

During the year the establishment of extra centres and changes to new premises according to the scheme approved by the County Council have continued to naterialise.

New premises for combined centres at Chingford and Hornchurch have been built and are in use. At Waltham Abbey a suitable building was purchased and idapted as a combined centre.

A combined centre has been built and was opened early in 1934 at South Benfleet.

At Grays the pressure on accommodation necessitated the use of other premises for dental clinics and at present plans are prepared for the building of suitable clinic premises to deal with this large industrial population. It is hoped that these may be built in 1934. Provision has also been made for new Combined Treatment Centres at Hadleigh, Pitsea and possibly Thundersley.

In the re-distribution of districts under the Local Government Act, 1929, the clinic at Shoeburyness was transferred to the Southend County Borough.

At the 28 minor ailment clinics in operation, 17,086 individual children made 38,458 attendances during 1933.

# (b) Treatment of Tonsils and Adenoids.

Table IV, Group III, shows that 3,147 children received treatment for these conditions, 1,371 of these receiving operative treatment or 570 less than the previous year. Of these, 1,108 or 437 less than for 1932, were treated under the Committee's scheme.

The decrease in operations under this heading tends to show that there is a more conservative attitude in dealing with these conditions and this attitude has no doubt been influenced by the instructions issued to Medical Inspectors as set out in last year's report. It is, however, possible that in a few years the percentage of operations may again show an increase as a result of the present conservative attitude and better facilities that are being arranged for treatment of these defects.

The present arrangements are similar to those for 1932, but negotiations are taking place with a view to facilities being available at the Southend General Hospital. When these mature it will be of great assistance, as the Rochford District has never been efficiently catered for in this respect.

At Queen Mary's Hospital, Stratford, arrangements are being made whereby the children will be retained in hospital the night after the operation; this will be an added advantage. Also regular clinics for these operations are being arranged at the Dagenham Five Elms branch of the Ilford King George Hospital.

#### (c) Tuberculosis.

Close co-operation is maintained with the Tuberculosis Medical Staff.

During 1933, 208 scholars (boys, 110; girls, 98), received sanatorium treatment:—

	Boys.	Girls.	Total.
Pulmonary conditions	 7	17	24
Non-pulmonary conditions	 86	62	148
For observation	 17	19	36

#### (d) Skin Diseases.

3,091 children were treated for impetigo, an increase of 260 on the figure for 1932. There was a slight decrease in the numbers treated for scabies (380), ringworm of the body (103) and ringworm of the scalp (103). Of the latter, 8 were treated by X-rays.

# (e) External Eye Diseases.

1,079 children were treated, 909 being dealt with under the Committee's scheme.

# (f) Vision.

Table IV, Group II, shows that 4,788 received treatment, 3,718 under the Committee's scheme, 1,622 being prescribed glasses and 1,507 actually obtaining them. The Committee propose in 1934 strengthening the treatment staff under this heading by appointing a skilled oculist for assistance in this most important conservative and ameliorative work. This appointment will not interfere with the very valuable assistance received from Mr. T. Collyer Summers, F.R.C.S., mentioned in last year's report.

# (g) Minor Ear Defects.

1,576 children were treated, 1,293 of these being treated under the Committee's scheme.

This is a service which has not received the full attention it deserves in the past, with a view to eradicating cases of otorrhoea and possible prevention of deafness. It is hoped that in the near future a more efficient service may be provided for this most urgent and preventative side of the School Medical Service.

# (h) Dental Treatment.

During the year gradual progress has been made in the Committee's Scheme for strengthening the staff by the employment of whole-time Dental Surgeons. There are now 4 full-time Dental Surgeons employed, an addition of 2; one commenced duty towards the end of December, 1933, and one early in January, 1934. Each Dental Surgeon is assisted by a female dental attendant and the School Nurse helps at Clinics where anæsthetics are administered.

There is no doubt that the provision for the dental care of the elementary school child in Essex has been improved, but there is still ample room for progress in this department of ameliorative work for the elementary school child; the Committee, recognising the need, have sanctioned the appointment of one additional full-time Dental Surgeon during 1934.

In general the scheme is being worked on approved lines, the main features of which are :—

- (1) Inspections are carried out at the schools.
- (2) Parents are notified of treatment required; acceptances and fees are returned to the Head Teacher; these are passed to the District Clerk, who in turn transfers the acceptances to the Dental Surgeon concerned.
- (3) The Dental Surgeon arranges clinics for treatment as and when required.
- (4) Re-inspections are made the following year and further treatment carried out for those who accept.

The following are comments from the reports of two full-time Dental Surgeons who were on the staff for the whole year:—

There is a slight increase in the number of children accepting treatment. The number of acceptances might be increased by organised lectures. It is considered that as the full-time staff increases so will propaganda and acceptances increase.

There appears to be no doubt that there is need for much educational work amongst the parents with a view to convincing them of the great advantages of the care of the teeth and more especially to eradicate the view that teeth should be left untreated until extraction is necessary. In regard to this, it might be helpful to carry out any necessary conservative treatment for the child before consenting to remove those teeth which must necessarily require extraction.

Table IV, Group V, shows details of the work carried out during the year. The total number of half-day sessions held by the Dental Surgeons was 1,601, an increase of 139 over that for last year. As the number of inspection sessions was 6 less than for 1932 there was an actual increase of 145 treatment sessions.

At these sessions 36,717 children were inspected, of whom 24,963 (67.9 per cent.) were offered treatment. 17,112 children actually received treatment by the School Dental Staff and made 18,246 attendances. This is an increase of 1,586 children receiving treatment and 668 attendances as compared with 1932.

Nitrous Oxide or other general anæsthetic was administered in 9,658 cases, a decrease of 1,350 as compared to the previous year, thus showing that the whole-sale extraction campaign is beginning to slow down.

In all, 32,900 extractions (temporary teeth, 27,509; permanent, 5,391) were made and 7,053 fillings inserted. The fillings show an increase of 1,123 over the number for the previous year. There were 79 more fillings than extractions of permanent teeth, a position never attained previously, indicating that there has been a marked improvement in conservative work.

# (i) Crippling Defects.

Tuberculous conditions are referred to in paragraph 7 (c). There are 22 children (boys, 13, girls, 9) at Residential Cripple Schools.

The Physically Defective Classes at Dagenham have continued to render useful service, 82 children being in attendance, viz., boys, 39; girls, 43; of these, 42 are for heart conditions (boys, 18; girls, 24).

The Orthopædic Scheme has continued with Mr. B. Whitchurch Howell, F.R.C.S., as Consulting Surgeon and two whole-time Masseuses, together with the assistance of a part-time Masseuse, by arrangement with the B.R.C.S., at Woodford and Epping.

The summary of the work for 1933 is as follows:-

64 ascertainment and advisory clinics were held, viz., 8 at Dagenham; 7 at Woodford; 6 each at Harwich, Grays and Tilbury; 4 at Romford; 3 each at Clacton, Colchester, Braintree, Halstead, Brentwood, Maldon and Chelmsford; 2 each at Epping, Saffron Walden and Stansted.

1,114 children (583 boys, 531 girls) were examined and reported on at these clinics, including 453 (212 boys, 241 girls) new cases, and 661 (371 boys, 290 girls) who had been examined previously by the Surgeon.

These examinations are classified as follows :-

Congenital defects, club foot	, &c.			217
Infantile Paralysis and after	effects			128
Spinal curvature, &c.				182
Paralysis (Hemiplegia, &c.)				59
Cleft palate, including hare l	ip			11
Other deformities, &c., include	ding inju	uries, &c.	·	517
				1,114

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

With history of having	s arroady had not	prediction	COMPONE	200
To continue present fo	orm of treatment			181
Advised admission to	Advised admission to hospital			
Advised apparatus or	Advised apparatus or modified boots			
Advised massage or ex	Advised massage or exercises, &c.			
Advised observation				281
No treatment required				82
Discharged cured				75
				1,114

In addition, 163 children (93 boys, 70 girls) under school age were examined nder the County Scheme, and 286 for other Local Authorities, making a total umber of 1,563. Many of these were presented for examination more than once. 5 school children (38 boys, 27 girls) completed a course of hospital treatment nder the County Scheme, and 16 (9 boys, 7 girls) remained in hospital at the end f the year; whilst 37 children awaited hospital treatment compared to 36 at the nd of 1932. These figures do not include cases where parents definitely refused reatment.

Treatment Centres have been established under the Scheme, as shown in the ollowing table, which also includes particulars of Child Welfare patients who ttended such Centres:—

				No. of Patients					
Clinic	Par A		No. of attend- Sessions. ances.		treated.	Mass- age.	Exer- cises.	Elec- trical.	Super- vision.
Epping			166	161	23	8	10	_	6
*Woodford			151	1308	129	16	112	4	1
Braintree			42	415	150	4	77	-	69
Brentwood			68	420	149	1	38	_	111
Chingford (Opened	10/1/33)		66	419	167	4	28	-	140
*Clacton			14	34	21	_	4	-	17
*Colchester			48	74	30	_	7	1	22
*Dagenham			139	1336	470	2	149	100	340
*Grays			118	936	376	6	31	3	347
Hornchurch (Opened	21/8/33)		16	230	99	3	43	-	54
Laindon (Opened	**		14	85	51	1	9	_	43
Maldon			38	469	128		73	-	57
*Romford			70	891	329	8	130	2	193

<sup>\*</sup>These figures do not include patients from local autonomous Child Welfare Authorities.

#### (i) Uncleanliness.

Table IV, Group VI, shows that the School Nurses made 338,925 examinations of children and classified 4,635 individual children as unclean. An average of 11 visits per school was made. All the unclean children are followed up and it was not found necessary to institute any proceedings in the Courts to obtain the desired result.

Bathing facilities at Grays and Tilbury Baths continue to render most useful service, 3,594 baths being given at the former and 9,377 at the latter.

#### Infectious Diseases.

Thirteen cases of smallpox (variola minor) occurred mainly in the extrametropolitan and Thameside area, involving the exclusion of school children as contacts, the last cases occurring in August. Three school children in Dagenham and two in Braintree were reported as actually having contracted the disease.

Apart from an epidemic of influenza at the commencement of the year, there was no unusual prevalence of infectious illness in the schools. Twenty schools were closed, 4 by the Local Sanitary Authority and 16 with the approval of the School Medical Officer. The diseases necessitating closure were Influenza 15, Whooping Cough 2, Scarlet Fever 1, Chickenpox 1 and Tonsillitis 1.

144 certificates under paragraph 15 (ii) of the Board of Education Administrative Memorandum No. 51 in respect of reduced attendance, due to the prevalance of infectious diseases, were issued, the diseases being as follows:—Influenza 105, Whooping Cough 23, Scarlet Fever 7, Chickenpox 5, Measles 2, Tonsillitis 1 and Mumps 1.

- 9. Open-air Education.
- (a) Open-air Classes.

These are encouraged in playgrounds, &c., as facilities and occasion allow.

b) School Journeys.

A certain number of schools have been able to continue their usual practice of arranging school journeys or school camps during the ordinary holiday periods and a good many educational visits have been organised either during school sessions or during the week-end holiday period.

(c) School Camps.

Nil recorded.

d) Open-air Classrooms.

Nil.

## 0. Physical Training.

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

The Committee's arrangements for the inspection and supervision of the Physical Training undertaken in the Elementary Schools have, during 1933, been carried out on similar lines to those previously reported.

Miss F. A. Morgan, Physical Training Instructress of the Saffron Walden Training College; Miss Craig, Physical Training Instructress at the Braintree County High School and Miss Collman serving in a like capacity at the Clacton and Harwich County High Schools, are still employed as part-time advisers and instructresses in regard to Physical Training. Their activities include the instruction of teachers in the latest approved methods of handling their special subject in accordance with the syllabus of the Board of Education, and the visitation of schools to follow up the instruction given. During school visits, not only is advice and help given to the teachers, but much work is also done in actual teaching of groups of children as demonstration lessons for the teachers concerned.

Classes for teachers responsible for taking Physical Training in the schools in different districts have been held during the year as follows:—

Centre.		No. Enrolled.		
County High School for Girls, Ron	nford		36	
Saffron Walden Training College			49	
County High School, Braintree			96	
Chingford Senior Council School			50	

In addition, single Physical Training lectures for teachers in the neighbouring districts have been given:—

Centre.		No. E	nrolled.
Finchingfield Congregational Mixed	School	* *	21
County High School, Braintree			74
County High School, Chelmsford			77
Dunmow C.E. School			39
Halstead Council School			54
County High School, Colchester		4.4	55
County High School, Colchester			70
The Grammar School, Maldon			65

The Classes and lectures organised have been well attended and have led to increasingly better informed methods of Physical Training being used in the schools.

## 11. Provision of Meals, &c.

During the year similar arrangements to those set out in my Report for 1932 have been followed in selecting and supervising children recommended for meals.

In the last quarter of the year further facilities were provided by the Committee in that milk, or alternatively cod liver oil and malt, could be provided for necessitous children on the recommendation of the School Medical Officer. These facilities are a helpful addition to the milk clubs, and provision of cod liver oil at a cheap rate is already in existence.

The following is a short account of the call on these facilities:-

## (I) Meals :-

- (a) Dagenham Area. The arrangements for the provision of meals at Dagenham were continued during 1933 on the same lines as in the previous year, there being four centres; 134,606 meals were provided.
- (b) Grays and Tilbury Area. In view of the small numbers, the feeding of necessitous children at Grays was discontinued temporarily at the end of April, 1933. The arrangements were also discontinued at Tilbury on the closure of the schools for the Summer Holidays.

The feeding of children was re-commenced at Tilbury on 12th December, 1933.

- (c) Pitsea Area. The Committee made arrangements with the Pitsea Unemployment Relief Distress Fund Committee for the feeding of about 30 necessitous school children at Pitsea for a short period in the Spring of 1933.
- (II) Milk and Cod Liver Oil and Malt. A number of children have been supplied with milk in school and cod liver oil and malt under the Committee's Scheme for periods up to six weeks and a few for longer periods when recommended by the School Medical Officer.

Milk Clubs. According to present information there are self-supporting schemes for the supply of fresh milk in about 150 schools.

The general method for the working of a Milk Club is for each child joining the Club to pay 5d. a week for which he receives each school day one third of a pint of milk contained in a bottle from which he drinks the milk through a straw. Grade "A" (T.T.) milk is supplied wherever possible, and it is usually distributed among the scholars during the morning recreation period.

There are also a number of other schools where milk made from dried preparations is supplied.

Thanks are due to the Head Teachers for their most willing co-operation and assistance in the control and organisation of these Clubs.

## 12. Co-operation of-

## (a) Parents.

The School Medical Inspectors report that this co-operation on the whole is good.

Attendance at routine examination is shown as 67 per cent.

# (b) Teachers.

The Head Teachers have continued to render valuable assistance in this work.

# (c) Attendance Officers.

This has continued as in the past.

# (d) Voluntary Bodies, &c.

Thanks are again willingly recorded to the following for help and assistance rendered:—

The Voluntary Hospitals, Care of Children Committees, Public Assistance Committee, County Nursing Association, Essex County Association for the Care of Blind, Essex Voluntary Association for Mental Welfare, National Society for Prevention of Cruelty to Children, the British Red Cross Society, the Society of the Order of St. John, the Hospital Savings Association, the Invalid Children's Aid Association and the Essex Rural Community Council.

# 13. Blind, Deaf and Epileptic Children.

The numbers of these children ascertained are set out under the sub-headings of Table III.

## (a) Multiple Defects.

There are 47 children recorded under this heading; of these 17 are not at any school, the remainder being at recognised schools or institutions.

## (b) Blind.

There are 28 children certified as blind under the Education Act and of these 23 are in recognised schools, being mainly catered for at the Gorleston and Brighton Special Schools.

On the Register of partially blind there are 94 children and of these 54 are suitably catered for in recognised schools, 18 being in attendance at the Grays Myope Class.

# (c) Deaf.

There are 49 children classed as deaf and 38 of these are suitably placed in recognised special schools.

## (d) Epileptics.

24 children are registered as suffering from this condition and 8 of these are attending special schools.

There are also 39 children reported as minor epileptics.

# (e) Mentally Defective.

484 children (boys, 309; girls, 175), are classed as feeble-minded and of these 212 (boys, 144; girls 68), are receiving education in special schools. Of this number 55 (boys, 38; girls, 17) are in residential special schools.

On the roll of the three Special Schools provided by the Essex Education Committee there are 149 children as follows:—

Boys.	Girls.	Totals.
 26	26	52
 28	11	39
 47	11	58
 101	48	149
	26 28 47	26 26 28 11 47 11

At the Walthamstow Day Class there are 8 children (boys, 5; girls, 3) in attendance.

The arrangements for after-care are as set out in previous years. All children are reviewed within a reasonable period of date due to leave the school and those in need of Statutory Supervision or Institution or Guardianship Care are reported to the County Committee for the Care of the Mentally Defective; particulars of others are passed to the Essex Voluntary Association for friendly care.

The Head Teachers of the day and special schools also endeavour to keep in touch with their old scholars for varying periods with a view to friendly advice and help when needed.

# (f) Cripples.

See paragraph 7 (i).

# (g) Delicate Children.

# (i) Open-air Day Schools.

The Grays Open-air Day School, accommodation 60, has had 49 admissions and 45 discharges during the year; in addition there were 10 others who were readmitted.

Dr. Boul, who keeps a careful scrutiny over the health of the children and conditions of the school, reports as follows:—

"As in 1932 it will be observed that the girls appear to have responded to the "treatment better than the boys. In view of the waiting list for admission which "always exists at this school the question of increasing the accommodation was "considered during the year. Plans were prepared for the provision of 30 extra "places.

"Analysis of the records of each child's progress at the school proves beyond all "doubt that the system of education, rest and nourishment, set out in the curri"culum is efficient and calculated to give the maximum results. I have again to 
"refer to the valuable work of the staff of the school, especially the Head Teacher, 
"to whose enthusiastic co-operation much of the success of the establishment is 
"due."

There is no doubt that open-air schools might with advantage be provided in other areas of the County and would render most useful service. This proposal is under consideration.

# (ii) Residential Open-air Schools.

Short periods of treatment have been provided for children in need of this at various institutions outside the County as occasion required. At the Russell Cotes School and Convalescent Home, Parkstone, Dorset, three places have been retained and made full use of, 14 boys and 10 girls receiving periods of treatment at this school with great benefit to the children concerned.

The Committee's 15 places at the Ogilvie School, Clacton, have continued to be occupied. 31 children, (boys, 17; girls, 14,) have received a course of treatment and of these 22 were new entrants.

Advantage is taken from time to time of sending children for short periods of convalescence to other Homes and Schools outside the County.

# Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

41 students received training during the year, viz., 31 blind, 9 crippled and 1 epileptic.

Of the seven pupils who completed training during the year, six were admitted to the Blind Home Workers' Scheme and one is employed at the Barclay workshops, London.

## 15. Nursery Schools.

There are no nursery schools provided by the Education Committee, but the matter is under consideration.

# Secondary Schools and other Institutions of Higher Education. (See also para. 1).

The accommodation and number of schools maintained by the Committee are the same as for 1932. There has, however, been an increase of scholars, there being 3,340 boys and 4,891 girls in attendance as compared to 3,291 and 4,750 respectively in the previous year.

There are 8 Technical and Art Schools, with 1,267 on books (boys, 928 and girls, 339), which is also an increase in the numbers for 1932. In addition, 11 aided Secondary Schools with 3,782 on books (boys, 2,848; girls, 934), together with 9 other recognised schools with 1915 scholars on books.

Routine inspections of scholars have been on the lines of previous years; 4,729 were subjected to routine examination. There were 900 re-inspections and 134 special inspections made. The difference in the numbers examined from that of the previous year is accounted for by the altered Regulations of the Committee in regard to the examination of entrants to Secondary Schools.

The results of routine examination of children are shown in Table II S. Scrutiny of this shows that 556 scholars or 12 per cent. were referred for treatment, an appreciable decrease from the figure 21.9 per cent. referred for 1932. As in previous years, the bulk of these are for defective vision and conditions of the nose and throat.

Following up has been similar to that of previous years.

During the year the Committee carefully considered the question of providing for the medical inspection of scholars in the 7 deficiency aided secondary schools and decided to offer the Governors the great advantage of this. This offer has been accepted in the case of six of these schools, with 2,027 pupils on books.

The Committee also gave careful consideration to the provision of dental inspection and treatment of secondary pupils and it was agreed, subject to the consent of the Board of Education, to commence this scheme in 1934.

The above-mentioned proposals may be considered sound innovations from a medical point of view, as it is advisable that all secondary scholars should be regularly medically reviewed; also that pupils who have previously been surveyed and treated by the School Dental Surgeon whilst attending elementary schools should be carefully followed up to ensure continuation of treatment, which is apt to be neglected.

## 17. Parents' Payments.

## (a) Elementary School Children.

Medical treatment under the Committee's Schemes can only be arranged with the prior approval of the Committee and when the parents cannot make their own arrangements. The whole, or as much as possible, of the fee is recovered from the parents in proportion to their financial circumstances. No definite scale of contribution is laid down, each case being considered on its merits.

## (b) Secondary School Children.

There is no scheme at present for the medical treatment of secondary school children. Treatment may, however, be provided in necessitous cases under similar arrangements to those for elementary school children.

# 18. Health Education, Propaganda, &c.

The staff have continued to assist in this work, giving talks and demonstrations as required, at Women's Institutes, Open Days at Schools, Mothers' Unions, Health Weeks, &c.

The School Dental Surgeons have assisted in this propaganda work by talks to parents.

# 19. Special Inquiries. Nil.

#### 20. Miscellaneous.

#### (a) Teachers.

Examinations of Teachers have been arranged, as and when required, 12 being examined, viz., 10 supplementary and 2 monitresses.

# (b) Employment of Children and Young Persons Regulations.

Examination of particular children desirous of obtaining employment whilst still of school age has continued, 767 examinations being made, an increase of 97 on the figure for 1932. The following is a summary of these:—

		Boys.	Girls.	Totals.
(1) Submitted for examinati	on	733	34	767
(2) Passed as fit		692	33	725
Employments :-				
(a) Farm work		15		15
(b) Home		20	11	31
(c) Gardening		13	-	13
(d) Paper delivery		355	6	361
(e) Milk delivery		79	-	79
(f) Errands		68	-	68
(g) Others (Bread, cad	dy-			
ing, grocery, &c.)		142	16	158

The examinations for the Juvenile Courts under the Children and Young Persons Act, which came into force on January 1st, 1934, will add another category for examination.

# MEDICAL INSPECTION RETURNS.

#### ELEMENTARY SCHOOLS.

#### TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31ST DECEMBER, 1933.

#### A .- ROUTINE MEDICAL INSPECTIONS.

#### Number of Code Group Inspections.

Entrants	 			 	12,348
Second Age Group	 			 	13,866
Third Age Group	 			 	11,584
		7	Cotal	 	37,798

#### B .- OTHER INSPECTIONS.

	1	Total	 	32,314
Number of Re-Inspections	 		 	22,489
Number of Special Inspections	 		 	9,825

TABLE II.

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

						utine ections.		ections.
					No. of	Defects.	No. of	Defects.
Defect or Disease.				Requiring Treatment,	Requiring to be kept under ob- servation but nut requiring Treatment.	Requiring Treatment.	Requiring to be kept under ob- servation but not requiring	
	(1)				(2)	(3)	4)	(5)
	Malnutrition Uncleanliness		***		59 105	212 24	549 13	30
	Ringworm : Scalp				5		22	
Skin	Body				2	_	55	
Jam	Scabies Impetigo	***	***		17 29	_	232 1340	-
	Other Diseases (Non-T	uberculo	us)		72	23	1512	-
	Blephariti.				69	26	135	3
	Conjunctivitis Keratitis		***		7	_	176	
Eye	Corneal Opacities		2.4		1	_	2	1
	Defective Vision (exch Souint	ading Squ			2121	593 10	725 105	21
	Other Conditions		***		3	-	174	1
	( Defective Hearing				198	65	75	3
Ear	Otitis Media Other Ear Diseases		***		4 3	7	316 75	1
		***	***	****				
Your and	Chronic Tonsillitis only	y			991 89	1224 93	347 68	67
Throat	Chronic Tonsillitis and Other Conditions	Adenoi	ds		949	243	637	17
	Other Conditions		***		8	21	285	-
Enlarged	Cervical Glands (Non-T	uberculou	as)		31	82	319	8
Defective	Speech	***	***		10	24	28	4
Heart	( Heart Disease :							
	Organic				5	0	4.4	
and	The section of					102	67	16
Circula-	Functional Ansemia	***		***	25 37	193	67 168	16 11
	Functional Anæmia		***		25	193	67	
Circula- tion	(Ansemia			***	25 37 47	193 44 22	67 168 203	11
Circula-	(Anæmia				25 37	193 44	67 168	11
Circula- tion	Ansemia  Bronchitis Other Non-Tuberculou (Pulmonary:	 is Disease	es		25 37 47 54	193 44 22	67 168 203 139	11
Circula- tion	Ansemia  Bronchitis Other Non-Tuberculou  Pulmonary: Definite	Disease	es		25 37 47	193 44 22	67 168 203	11
Circula- tion  Lungs	Anzemia  Bronchitis Other Non-Tuberculou  Pulmonary: Definite Suspected Non-Pulmonary:	 is Disease	es		25 37 47 54	193 44 22 177 —	67 168 203 139 2 32	11 
Circula- tion	Anzemia  Bronchitis Other Non-Tuberculou  Pulmonary: Definite Suspected Non-Pulmonary: Glands	Disease	es		25 37 47 54 2 12	193 44 22 177	67 168 203 139	20
Circulation  Lungs  Tuber-	Anzemia  Bronchitis Other Non-Tuberculou  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints Skin	is Disease	es		25 37 47 54	193 44 22 177 —	67 168 203 139 2 32 32 16 10 2	11 
Circulation  Lungs  Tuber-	Anzemia  Bronchitis Other Non-Tuberculou  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints	Disease	es		25 37 47 54 2 12 3	193 44 22 177 —	67 168 203 139 2 32 32 16 10	11 
Circulation  Lungs  Tuber-culosis	Anzemia  Bronchitis Other Non-Tuberculou  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints Skin Other Forms	is Disease	es		25 37 47 54 2 12 3	193 44 22 177 7 4 —	67 168 203 139 2 32 16 10 2 1	11 
Circulation  Lungs  Tuberculosis	Anzemia  Bronchitis Other Non-Tuberculous  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints Skin Other Forms  Epilepsy Chorea	is Disease	es		25 37 47 54 2 12 3 1 —	193 44  22 177	67 168 203 139 2 32 16 10 2 1	11 
Circulation  Lungs  Tuberculosis	Anzemia  Bronchitis Other Non-Tuberculous  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints Skin Other Forms  (Epilepsy	is Disease	es		25 37 47 54 2 12 3 1	193 44 22 177 - 7 - 4 1	67 168 203 139 2 32 16 10 2 1	11 
Circulation  Lungs  Tuber-culosis  Nervous System	Anzemia  Bronchitis Other Non-Tuberculou  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints Skin Other Forms  Epilepsy Chorea Other Conditions	is Disease	es		25 37 47 54 2 12 3 1 —	193 44  22 177	67 168 203 139 2 32 32 16 10 2 1 2 78 121	11
Circulation  Lungs  Tuber-culosis  Nervous System  Defor-	Anzemia  Bronchitis Other Non-Tuberculous  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints Skin Other Forms  (Epilepsy Chorea Other Conditions  Rickets Spinal Curvature	is Disease	es		25 37 47 54 2 12 3 1 - - 15 6 12	193 44  22 177  7 4 11 21 14	67 168 203 139 2 32 32 16 10 2 1 25 78 121	11 
Circulation  Lungs  Tuber-culosis  Nervous System	Ansemia  Bronchitis Other Non-Tuberculous  Pulmonary: Definite Suspected Non-Pulmonary: Glands Bones and Joints Skin Other Forms  (Epilepsy Chorea Other Conditions	is Disease	es		25 37 47 54 2 12 3 1 —	193 44 22 177 - 7 4 1 11 21	67 168 203 139 2 32 32 16 10 2 1 2 78 121	11 

#### TABLE II .- continued.

-NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION

REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

				Number of Children.		Percentage of
GROUP.			Inspected.	Found to require Treatment.	children found to require Treatment.	
(1)				(2)	(3)	(4)
PRESCRIBED GROUPS :-						
Entrants		***		12348	1634	13.23
Second Age Group	***			13866	2135	15.40
Third Age Group	***			11584	1645	14.21
Cotal (Prescribed Groups)				37798	5414	14:32
Other Routine Inspections				_	_	_

# PARTICULARS OF CHILDREN WITH MULTIPLE DEFECTS. SEE TABLE III.

Defects.	Type of School.	No. of Children.
rippled and Mentally Defective	At Certified School for Mentally Defective At Public Elementary Schools At no School or Institution	7 5 10
Defective.	At Certified School for the Mentally Defective and Blind	2 1 1
pileptic and Mentally Defective	At Certified Schools for the Mentally Defective At Public Elementary Schools At no School or Institution	2 5 3
rippled and Heart Disease	At Certified School for the Crippled	3
pileptic and Heart Disease	At Certified School for Epileptics	1
pileptic and Crippled	At Certified School for the Crippled	2
pileptic, Crippled and Mentally Defective	At no School	1
eaf and Mentally Defective	At no School	2
eart Disease and Mentally Defective	At Certified Schools for the Mentally Defective At Certified School for the Crippled	1 1

#### TABLE III.

#### RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1933.

Children suffering from Multiple Defects.	(See page	27).		
Children suffering from any combination of the above defects			***	47

#### Blind Children.

At Certified Schools	At Public	At other	At no School	Total.
for the Blind.	Elementary Schools.	Institutions.	or Institution.	
23	-	-	5	28

#### Partially Blind Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
25	29	38	-	2	94

#### Deaf Children.

At Certified Schools for the Deaf,	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total.
35	11	1	2	49

#### Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	-	7	1	1	12

#### Mentally Defective Children.

#### FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
202	228	5	49	484

#### TABLE III-continued.

# Epileptic Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
7	10	2	5	24
	Physically	Defective Children.		
	A-TUBER (i) Children suffering	CULOUS CHILDREN. from Pulmonary Tube	erculosis.	

#### \* This figure relates to "disease arrested" cases.

2

16

40

9\*

13

#### (ii) Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
59	223	2	9	293

#### B-DELICATE CHILDREN.

At Certified	At Public	At other	At no School	Total.
Special Schools.	Elementary Schools.	Institutions.	or Institution.	
90	302	3	33	428

#### C-CRIPPLED CHILDREN.

At Certified	At Public	At other	At no School	Total.
Special Schools.	Elementary Schools.	Institutions.	or Institution.	
77	652	9	148	886

#### D-CHILDREN WITH HEART DISEASE.

At Certified	At Public	At other	At no School	Total.
Special Schools.	Elementary Schools.	Institutions.	or Institution.	
50	47	1	17	115

#### TABLE IV.

#### RETURN OF DEFECTS TREATED DURING 1933.

GROUP I. - MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

Disease or Defect.	Number of Defects treated, or under treatment during the year.				
(1)	Under the Authority's Scheme. (2)	Otherwise.	Total (4)		
Skin— Ringworm-Scalp Ringworm-Body Scabies Impetigo Other skin disease	40 93 369 3043 2509	3 10 11 48 124	43 103 380 3091 2633		
Minor Eye Defects  (External and other, but excluding cases falling in Group II.).	909	170	1079		
Minor Ear Defects	1293	283	1576		
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, &c.)	3178	3703	6881		
Total	11434	4352	15786		

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

	N	o. of Defect	s dealt wit	th.	No. of C	hildren for we	whom spec	ctacles
		By private practi-			Presci		Obta	
Defect or Disease.	Under the Author- ity's Scheme.	tioner or at hospital, apart from the Author- ity's Scheme. (3)	Otherwise.	Total.	(i) Under the Author- ity's Scheme.	(ii) Other- wise.	(i) Under the Author- ity's Scheme.	(ii) Other wise
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)  Other Defect or Disease of the	3711	563	500	4774	1184	438	1107	4001
Eyes (excluding those recorded in Group I.)	7	7	-	14				
Total	3718	570	500	4788				

#### TABLE IV, - continued.

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

	Nu	mber of Defects.		
Rece	eived Operative Treatme	ent.		775
Under the Authority's Scheme —in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total number treated.
(1)	(2)	(3)	(4)	(5)
(i)   (ii)   (iii)   (iv) 67   31   810   —	(i) (ii) (iii) (iv) 120 35 108 —	(i) (ii) (iii) (iv) 387 66 918 —	1776	3147

#### GROUP IV. -ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under th	e Authority's	Scheme.		Otherwise. (2)			
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopædic clinic. (iii)	Residential treatment with education.	Residential *reatment without education.  (ii)	Non- residential treatment at an orthopædic clinic. (iii)	Total number treated.	
Number of children treated.	26	30	1195		-Not avail	able		

# GROUP V.-DENTAL DEFECTS.

(1)	Number of Children who were:
	(a) Inspected by the Dentist:
	Routine   5 4653   6 5125   7 4862   8 4146   9 3794   Age   10 3777   Total 36717   Groups   11 3265   12 3412   13 3127   14 556
	Specials 1
	_
	Grand Total 36718
	_
	(b) Found to require treatment 24963
	(c) Actually treated 17112

(2)	Half-days devoted to :-
	Inspection 241
	Inspection 241 Treatment 1360 Total 1601
(3)	Attendances made by children for treatment 18246
(4)	Fillings .—
	Permanent teeth 5470
	Permanent teeth 5470 Temporary teeth 1583 Total 7053
(5)	Extractions:-
	Permanent teeth 5391
	Permanent teeth 5391 Temporary teeth 27509
(6)	Administrations of general anæsthetics for extractions 9658
(7)	Other operations:-
	Permanent teeth 383
	Temporary teeth 861 Total 1244

#### TABLE IV .- continued.

#### GROUP VI.-UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.)	Average number of visits pe	r school	made duri	ng the year	ar by the	School	
	Nurses		***			***	11
(ii.)	Total number of examinations	of childre	en in the S	chools by	School Nu	rses	338929
(iii.)	Number of individual children	found un	clean	***		***	4635
(iv.)	Number of children cleanse Education Authority	d under	arrangem	ents made	e by the	Local	Nil
(v.)	Number of cases in which legs	al proceed	ings were t	taken :—			
	(a) Under the Education	Act, 1921					Ni
	(b) Under School Attend	ance Bye-	laws				Nil

#### SECONDARY SCHOOLS.

#### TABLE I. S.

# RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1933.

#### A .- ROUTINE MEDICAL INSPECTION.

# Number of Code Group Inspections.

	 		***		808
***	 				2,668
***	 ***				1,253
	Total	***		***	4,729

#### B .- OTHER INSPECTIONS.

Number of Special Inspections		 	 	 134
Number of Re-Inspections	188		 -	 900
		Tota		 1,034

TABLE II. S.

REFURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 318T DECEMBER, 1933.

					Routine	Inspections.	Spe	cials.
					No. of	Defects.	No. of	Defects.
	Defect or Dis	ease.			Requiring Treatment,	Requiring to be kept under observation, but not referred for Treatment.	Referred for Treatment.	Requiring to be kept under observation, but
	(1)				(2)	(3)	(4)	(5)
	Malnutrition				5	-	-	-
	Ringworm :							
	Scalp Body	***	211	3+				
Skin	Scabies			2400		_	_	
	Impetigo			0	-	-	-	-
	Other Diseases (Non	-Tubercul	ous)	2000	16	3	1	-
	Blepharitis				5	1	-	-
	Conjunctivitis Keratitis	***	***	***	1			-
Eye -	Corneal Opacities			***			_	
	Defective Vision (ex	cluding S	quint)		432	159	31	-
	Squint Other Conditions	***			1	-	-	
	Other Conditions	***	***	***	-			
	Defective Hearing				12	8	2	-
Ear	Otitis Media	411	***	411	-	-	-	-
	Other Ear Diseases		***		-			
	Enlarged Tonsils on	ly	***		59	122	7	(
Nose and	Adenoids only				4	4	17	
Throat	Chronic Tonsils and Other Conditions	Adenoids			13	7		3
Enlarged	Cervical Glands (Non		ous)	***	3	19	_	
Defective	484	- Luceicui		***		1		
Defective		***	***	***	_			
Heart	Heart Disease :							
and Circula-	Organic Functional	***	***	***	13	40		-
tion	America			***	7	3	-	-
	( Door Alitic				1			
Lungs	Bronchitis Other Non-Tubercu	lous Disea	ses		-6	14	=	-
	/ Pulmonary :							
	Definite	***	**		_	-	-	-
Tuber-	Suspected Non-Pulmonary:	***		***	2	_	-	
culosis	Glands		***	***	-	-	_	-
	Bones and Joint	8		***	-	-	-	-
	Skin Other Forms	***	**	***			N=2	1
	The same of the sa	344	***	***				
Nervous	Epilepsy		***		-	-	-	-
System	Chorea Other Conditions	***	***	***	1	4	=	
	Condi Conditions	***	**	100		-		
Defor-	(Rickets	***			1	_	-	-
mities	Spinal Curvature Other Forms			***	2	143	3	3
000000	( Other Forms	10.0	***	* *	29	149	0	
	efects and Diseases (e: ental Diseases)	xeluding	Uncleanl	iness	32	45	,	
and D	ental Diseases)				369	40		

Number of Individual Children found to require treatment (excluding uncleanliness and dental disease) ... 556



