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Borough of Harrogate.

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# ANNUAL REPORT

OF THE

SCHOOL

MEDICAL OFFICER

FOR

1933

BY

*JAMES MAIR, M.B., D.P.H.,*

*School Medical Officer.*

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B. THORPE, TYP., BOWER RD., HARROGATE.







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MUNICIPAL OFFICES,  
HARROGATE,  
*April, 1934.*

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

LADIES AND GENTLEMEN,

I have the honour to submit to you for your information and consideration my Annual Report upon the inspection of School Children and the work of the School Medical Department for the year 1933.

The Report is on the lines suggested by the Board of Education, and, while condensed as much as possible, is believed to contain all essential information.

I have again to thank the Members of the Education Committee for the courtesy always extended to me, and the Director of Education and his staff for assistance always willingly given.

I have especially to thank the members of my own staff and the School Teachers, without whose assistance and co-operation the work could not be carried on.

I am, Ladies and Gentlemen,

Your obedient servant,

JAMES MAIR,  
*School Medical Officer,*



# THE EDUCATION COMMITTEE.

1932-33

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1933-34

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MR. J. S. HOLMES

MR. A. J. PYRAH

MR. W. P. WELPTON, B.Sc.

MISS NORTHROP

MISS CORLETT

## School Medical Staff.

**School Medical Officer :**

JAMES MAIR, M.B., D.P.H.

**Ophthalmic Surgeon :**

W. J. FORBES, M.B.

(Part-time)

**School Dentist :**

C. S. W. SABINE, L.D.S.

(Part-time)

**Senior School Nurse :**

\*MISS A. WARDLE, C.M.B., M.R.S.I. Cert. of Ministry of Health.

**School Nurses :**

\*MISS M. NIBLETT, C.M.B.

\*MISS M. B. WILSON, C.M.B.

\*MISS N. GREEN, C.M.B.

\*MISS M. LANGTON, C.M.B.

**Clerk :**

MISS M. UNSWORTH (Part-time)

MISS P. LEAF, Junior Clerk (Part-time)

\* Are also Health Visitors.



## **Staff.**

The names and qualifications of the Staff are set out on the preceding page. There has been no change during the year.

## **Co-ordination.**

There has been no alteration in the arrangements for the co-ordination of the work of the School Medical Service with that of other health services. These arrangements were described in the annual report for 1932, to which reference may be made.

## **The School Medical Service in relation to Public Elementary Schools.**

There are ten elementary schools—six “provided” and four “non-provided”—in the Borough.

These schools have accommodation for 4,515 children, and at the end of the year there were 3,803 names on the registers.

There is also one special school for mentally defective children, with accommodation for twenty pupils.

With the exception of St. Peter's Church of England, to which reference was made in the report for 1932, the hygienic condition of the schools is on the whole satisfactory.

No structural alterations have been carried out at any of the schools during the year.

## **Medical Inspection.**

The children inspected during the year fall into two groups:

- (a) Routine Medical Inspections.
- (b) Non-routine Medical Inspections.

The routine inspections comprise the following age groups, viz.:—

- (1) Entrants: i.e., Children newly admitted to school usually between the ages of 5 and 6 years.
- (2) Intermediates: i.e., children born in 1925 and who will therefore reach 8 years of age during the year.
- (3) Leavers: i.e., children born in 1920, and older children who have not been inspected since reaching the age of 12 years.



- (4) Other Routine Inspections: i.e., children of other ages who for various reasons have not previously been inspected: e.g., late entrants; transfers from other schools; etc.

The non-routine group comprises those children who are referred for "Special" examination on account of known or suspected defect, and also those children who at previous inspections have been found to be suffering from some defect and are kept under observation until this defect is remedied or they have left school.

All routine inspections and the majority of re-inspections are carried out on school premises during school hours, and the Board's schedule of Medical Inspection is followed throughout.

Six schools were inspected twice during the year, but it was found impracticable to inspect the remaining four a second time; these were, however, inspected as early as was possible in 1934.

The number inspected in each group was:—

ROUTINE.						1932.	1933.
Entrants	...	...	...	...	...	333	496
Intermediates	...	...	...	...	...	408	385
Leavers	...	...	...	...	...	283	402
Total						1024	1283
Other routine children	...	...	...	...	...	150	156
Grand Total						1174	1439
NON-ROUTINE.						1932.	1933.
Special Inspections (individual children)	...	...	...	...	...	368	549
Number of re-inspections	...	...	...	...	...	1446	930
Total						1814	1479
Number of individual children (routine, special, re-inspections) inspected ..							2288

It will be noted that, as compared with 1932, there has been a considerable increase in the number of "Entrants" and "Leavers" inspected. The increase in the "Leavers" group



is due to the fact that 1920—the year in which these children were born—was a year of exceptionally high birth rate; the increase in the “Entrants” group appears to be due to the inspection in 1933 of a number of children in this group who ought to have been inspected in 1932, but who, on account of absence or some other cause, were not inspected until 1933.

### **Findings of Medical Inspection.**

These are set out in Table II. in the appendix, but it is convenient to refer here to some of the defects in more detail.

#### **(a) Nutrition.**

The estimation of the state of nutrition is not an easy matter. There is, unfortunately, no method by which this may be measured exactly; much depends upon the personal equation of the examiner, and as the standards of different observers vary to a greater or less degree, the results obtained by them are not strictly comparable.

The number of poorly nourished children in the Harrogate schools is not large. Among the routine children 178 were noted as being below normal in this respect. In 142 the degree of malnutrition was slight, and these were kept under observation. In 36 cases, however—2.5 per cent. of the total inspected—the condition was more marked, and treatment was considered necessary. This is considerably below the number in 1932, in which year 4 per cent. were referred for treatment.

#### **(b) Cleanliness.**

During the year the School Nurses paid 115 visits to the schools, and made 21,713 inspections. They found 165 children who at one or another inspection had vermin or nits in their hair. At their first visit at the beginning of the year they inspected 878 boys and 1,588 girls, and found 5 boys (0.6%) and 68 girls (4%) verminous.

At the last inspection at the end of the year 708 boys and 1,691 girls were inspected, and 6 boys (0.8%) and 66 girls (4%) were found to be verminous. It should be noted that the standard set is a high one, and that every child in whose hair any nits at all are found is classed as verminous.

#### **(c) Diseases of the Skin.**

These are not prevalent to any great extent among school children. Altogether 90 cases (19 routine and 71 special)



came to notice; mainly eczematous conditions of the face. There were, however, 3 cases of Scabies and 35 cases of impetiginous eruptions among the special children.

For the first time since the beginning of medical inspection, no case of ringworm, either of head or body, was discovered.

**(d) Visual Defects and External Eye Diseases.**

Among routine children 164 were found to be suffering from defective eyesight, and of these 76 were referred for treatment, and 88, who were already provided with spectacles, were kept under observation.

In addition, 32 children were affected with squint, of whom 20 were referred for treatment.

External eye diseases were noted in 27 children. These were for the most part slight, and included 18 cases of blepharitis; 3 of conjunctivitis; and 1 of corneal opacities.

**(e) Nose and Throat Defects.**

The most important and most common defect found was the presence of enlarged tonsils and adenoids, either singly or combined. This condition was found in greater or less degree in 120 children. In 45 cases—the same number as in 1932—the condition was considered sufficiently marked to call for operative treatment; the others were kept under observation.

**(f) Ear Disease and Defective Hearing.**

The only ear disease of any significance discovered was otitis media (running ears), which was present in 10 children, all of whom were referred for treatment.

Deafness of some degree was present in 13 cases, of whom 3 were referred for treatment. In none of these was the deafness sufficient to warrant admission to a special class, but in each case the teacher was notified of the condition and asked to place the child in the most favourable position for hearing.

**(g) Dental Defects.**

Details of these are given in the report of the School Dental Surgeon, but 22 children were found at routine inspections to be suffering from defects—for the most part oral sepsis—which required immediate treatment.

**(h) Orthopædic and Postural Defects.**

These are not common, and only 10 cases were noted, of which 2 required treatment.



(i) **Heart Disease and Rheumatism.**

Eleven children were found to be suffering from organic heart disease, two of whom were referred for treatment.

(j) **Tuberculosis.**

No case of definite tuberculosis was discovered, but two suspected cases of pulmonary tuberculosis were noted. Both were referred to the Tuberculosis Officer.

## **Following Up.**

The arrangements for the "following up" of defective children are on the same lines as in former years. The bulk of the work is done by the School Nurses, who during the year paid 2,294 visits to the homes of children; of these 539 were "following up"; 409 were in connection with infectious diseases; and 1,346 were for various reasons.

## **Arrangements for Treatment.**

The only alteration in the arrangements for treatment is the making of a more satisfactory arrangement with the General Hospital for the operative treatment of tonsils and adenoids. Under the original arrangement a fee of 3/6 per case was payable by the Education Authority, and children were admitted, operated on, and discharged from hospital on the same day. This was obviously a most unsatisfactory arrangement, but until accommodation at the new hospital was available was the only one possible. Towards the end of the year a fresh arrangement was made whereby, in return for an inclusive fee of £2/2/- per case, the hospital undertakes to retain children admitted under this arrangement for at least 24 hours after operation, and longer if necessary.

## **School Clinics.**

(a) **General Clinic:**—The general clinic conducted by the School Medical Officer on one afternoon per week serves the double purpose of an inspection clinic and a clinic for the treatment of minor ailments.

It was attended during the year by 480 children, of whom 410 were new cases.

The principal reasons for the attendance of the new cases were:—



Diseases of the Eye ... ..	29
Diseases of the Ear ... ..	27
Diseases of the Throat and Nose ... ..	36
Skin Diseases ... ..	70
Heart Diseases ... ..	7
Infectious Diseases ... ..	28
Bronchitis, etc. ... ..	24
Enlarged Glands ... ..	7
Deformities ... ..	5
Nervous Conditions ... ..	14
Other Conditions ... ..	163
	<hr/>
	410
	<hr/>

The Senior School Nurse is in attendance at this Clinic each morning for the treatment of minor ailments, discharging ears, etc. The attendances at this clinic during the year were 1,466; the corresponding figure for the previous year was 1,248.

(b) **Starbeck Clinic:**—A School Nurse attends at Starbeck School once a week—more frequently if necessary—for treatment of children attending this school who are suffering from various minor ailments, mainly skin diseases and slight injuries. Other cases are referred to the General Clinic.

This Clinic has proved very useful in dealing with such cases; in many it has obviated the necessity for absence from school, and in others it has considerably reduced the period of absence.

During the year it was attended by 82 children, the majority of whom were suffering from minor diseases of the skin.

(c) **Ophthalmic Clinic:**—Dr. W. J. Forbes continued to act as Ophthalmic Surgeon to the Authority, and attended at the Clinic on one afternoon per week during the school terms.

During the year it was attended by 206 children, of whom 82 were new cases. The number attending is considerably above the number referred by the School Medical Officer for treatment. This is due partly to the fact that in a number of instances the Ophthalmic Surgeon instructs children to attend for re-examination after a stated period, and partly to the fact that a number of children are sent directly to the Clinic by teachers and parents.



The errors of refraction found in the new cases were:—

Hypermetropia ... ..	18
Myopia ... ..	15
Hypermetropic Astigmatism ... ..	24
Myopic Astigmatism ... ..	8
Mixed Astigmatism ... ..	4
No apparent defect, or treatment postponed	13
	<hr/> 82 <hr/>

Spectacles were prescribed for 167 children (164 under the Authority's scheme and 3 otherwise), and at the end of the year 157 children had been provided with spectacles (64 under Authority's scheme and 93 otherwise).

(d) **Dental Clinic:**—The report of Mr. C. S. W. Sabine, L.D.S., School Dentist, is appended:—

“It will be observed that more fillings (1,737) have been performed in 1933 than in 1932 (1,442). One reason for this is that fewer extractions have been done (423 in 1933, as against 577 in 1932), and I think that another important reason is that parents are seeing to it that their children have their teeth filled immediately they start to decay. A filling done during the early stages is a far sounder and more permanent job than one done later. If all parents had their children's teeth filled the first time they are notified it would save much valuable time also. A tooth left decaying an extra year, if at all saveable, might take ten times as long to fill as one that is attended to immediately. The saying, ‘a stitch in time saves nine’ most certainly applies here.

“I also wish to emphasise the fact that fillings do not come out, as is sometimes alleged.

“Occasionally I have heard a patient say that a filling done on a previous visit ‘has come out.’ I have hardly yet found this to be correct. Usually it is some other tooth that decayed in the meantime that has originated this idea. On the whole, there is a decided improvement in the dental condition of the school children of Harrogate, and it is hoped that next year there will be still fewer refusals on the part of parents to have their children's mouths put into a healthy condition.”

C. S. W. SABINE.



(e) **X-Ray Treatment of Ringworm:**—The arrangements made with the General Hospital for X-Ray treatment of ringworm continue in operation. As, however, no case of ringworm was discovered during the year, it was not necessary to make use of them.

(f) **Tuberculosis:**—The close co-operation between the School Medical Officer and the Tuberculosis Officer of the West Riding County Council continues.

All definite or suspected cases of tuberculosis are referred to the Tuberculosis Officer, who, as a rule, keeps definite cases under his own observation and returns others to the School Medical Officer. No child who has been notified as tuberculous is allowed to attend school without the sanction of the Tuberculosis Officer.

(g) **Diseases of the Eye, Ear, Throat and Nose:**—Minor diseases of these organs are, as a rule, treated at the School Clinic; more serious cases are referred to the General Hospital.

It will be seen from Table IV. that, while 38 children received operative treatment for Tonsils and Adenoids at this Hospital, only 6 of these were treated under the Authority's scheme. The smallness of this number is attributable to the fact that, through the operation of the Hospital's contributory scheme, children whose parents are contributors are entitled by virtue of that to receive free treatment at the Hospital, and therefore do not come within the scope of the Authority's scheme, which is only applicable to those children whose parents are not contributors—a very small number.

(h) **Orthopædic Treatment:**—It is greatly to be regretted that the West Riding County Council have not yet felt themselves to be in a position to carry out their proposed Orthopædic scheme, so that the position still is as described in the report for 1932.

## **Infectious Diseases.**

The arrangements for the control of infectious diseases in schools remain as in former years, and continue to work smoothly.

The number of cases known to have occurred among elementary school children during the year was:—



	1932.	1933.
Scarlet Fever ... ..	25	31
Diphtheria ... ..	9	27
Whooping Cough ... ..	139	80
Measles ... ..	379	17
Chicken Pox ... ..	80	231
Mumps ... ..	9	35

**Scarlet Fever**, while slightly more prevalent than in 1932, gave little trouble. The incidence was not specially marked in any school, or at any period of the year.

**Diphtheria** was distinctly more prevalent than in the previous year—exactly three times as many cases occurring among school children. The schools principally affected were Western Council with 7, and Starbeck Council with 15 cases.

In the former school six of the children affected were inmates of an Orphanage, and the infection appeared to have been introduced to the Orphanage by a recent arrival, and was confined to inmates of that institution.

In Starbeck School 13 of the cases occurred between the beginning of October and the middle of November, and the infection appears to have been spread by school contact. There is reason to believe that the original source of infection may have been a boy attending the infant school, who, within ten days of the discovery of the first known case, was found to be a carrier of the virulent bacillus.

The Starbeck cases were fairly severe, and gave rise to one death.

### **Measles.**

Was almost entirely absent from the schools during the year, only 17 cases being notified, as compared with 379.

### **Whooping Cough.**

Was also less prevalent; 80 cases were notified, as compared with 139, nearly all during the first six months of the year.

## **Open Air Education.**

“During the year physical exercises have formed a regular part of the curriculum of the elementary schools, receiving special attention by the provision of a demonstration at which nearly all the teachers were present, two terminal courses attended by about 50 teachers, and the additional equipment and apparatus necessary to bring the instruction up to date.



The result has been a marked improvement in the enthusiasm and alacrity of the children in these exercises.

“Organised games have included football, hockey, net-ball, and swimming, which have been encouraged also by the teachers through inter-school matches and a swimming gala which they arranged.

“Folk-dancing has been taught regularly, and maintained its popularity among the children, who benefit very much from it.

“As in previous years, the Education Committee has rented the Swimming Baths, and, where necessary, football and cricket grounds for organised games.

“The valuable services rendered by the teachers, who give freely of their own time, and the help of others who are not teachers, but have readily and unstintingly assisted with the organised games, are deserving of comment, and this opportunity is taken of placing on record the Education Committee’s appreciation of these services.”

W. E. C. JALLAND,  
Director of Education.

### **Provision of Meals.**

No meals are provided by the Education Authority, nor does there seem to be any great need for such provision.

### **Co-operation of Parents.**

Parents are always invited to be present at routine inspection and at certain selected re-inspections.

During the year 816 parents (57%) were present at the routine inspections, and 285 attended at re-inspections.

### **Co-operation of Teachers, Attendance Officers and Voluntary Bodies.**

Teachers give much valuable assistance ; much of the preliminary work of medical inspection is done by them ; and their personal influence is often of assistance in securing treatment. Their services are always willingly given, and are much appreciated by the Medical Department.

Attendance Officers, too, give valuable assistance, especially in securing the attendance of children at the clinics and in helping to secure treatment for defective children.



The Voluntary Bodies whose services are most frequently utilised are:—

(a) The National Society for the Prevention of Cruelty to Children, which helps in "following up" and in investigating and supervising any cases of neglect or ill-treatment.

(b) The Citizens' Guild of Help, which gives assistance in necessitous cases and secures accommodation in Convalescent Homes for a certain number of delicate children.

### **Blind, Deaf and Epileptic Children.**

The methods adopted for ascertaining children suffering from these defects were described in the Annual Report for 1932. These methods are believed to be adequate and there are few, if any, such children who do not come to the knowledge of the Authority.

No special schools are provided locally for these children, but arrangements are made for their maintenance by the Authority in special schools in other areas.

At the end of the year 2 deaf children and 1 blind child were so maintained.

### **Special Schools.**

Since 1920 the Authority has maintained a special school for mentally defective children.

This school consists of one classroom at Grove Road Council School with accommodation for 20 children.

There is only one teacher, so that any attempt at grouping the children is impracticable.

In the annual report for 1920 it was pointed out that this was not a satisfactory arrangement and that unless the children could be suitably grouped good results could not be expected.

Experience showed that the results obtained were not satisfactory, and after very careful consideration and with the full concurrence of the Director of Education your Medical Officer advised that the school should be closed. The Authority accepted this advice and the sanction of the Board of Education has been obtained to close the school on the 31st March, 1934.

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

These are not provided.

## Nursery Schools.

There are no nursery schools in Harrogate.

## Parents' Payments.

Except in the case of treatment of minor ailments which is free, and dental treatment for which a charge of 6d. per attendance is made, parents are expected to pay the full cost of treatment provided by the Authority.

Where the family income falls below a certain figure the whole or part of the cost may be remitted.

Spectacles are provided at cost price or in necessitous cases free.

The amount received during the year was:—

				1932.			1933.		
				£	s.	d.	£	s.	d.
Dental Treatment	...	...	...	29	12	6	22	18	0
Hospital Treatment	...	...	...	0	3	6	0	0	0
X Ray Treatment	...	...	...	0	0	0	0	0	0
Provision of Spectacles	...	...	...	15	13	0	7	1	0
Total				£45	9	0	29	19	0

## Statistical Tables.

The statistical tables required by the Board of Education are appended.



## MEDICAL INSPECTION RETURNS

TABLE 1.  
RETURN OF MEDICAL INSPECTIONS.

### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	...	...	...	...	...	496
Second Age Group	...	...	...	...	...	385
Third Age Group	...	...	...	...	...	402
Total	...	...	...	...	...	<u>1283</u>

Number of other Routine Inspections ... .. 156

### B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	549
Number of Re-Inspections	...	...	...	...	930
Total	...	...	...	...	<u>1479</u>

TABLE II.

## A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1933.

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						36	142	—	—
Uncleanliness : (See Table IV., Group V.)						—	—	—	—
Skin	Ringworm—Scalp					—	—	—	—
	" Body					—	—	—	—
	Scabies					—	—	3	—
	Impetigo					—	—	35	—
	Other Diseases (Non-Tuberculous)					18	1	33	—
Eye	Blepharitis					17	1	10	—
	Conjunctivitis					3	—	8	—
	Keratitis					—	—	—	—
	Corneal Opacities					1	—	—	—
	Defective Vision (excluding Squint)					76	88	9	—
	Squint					20	12	7	—
	Other Conditions					5	—	4	8
Ear	Defective Hearing					3	10	1	8
	Otitis Media					10	—	13	—
	Other Ear Diseases					—	—	5	—
Nose and Throat	Enlarged Tonsils only					34	74	—	—
	Adenoids only					9	—	—	—
	Enlarged Tonsils and Adenoids					2	1	8	7
	Other Conditions					8	7	20	—
Enlarged Cervical Glands (Non-Tuberculous)						5	9	2	6
Defective Speech						1	3	—	—
Teeth—Dental Diseases (See Table IV., Group IV.)						22	—	—	—
Heart and Circulation	Heart Disease—Organic					2	9	3	—
	" " Functional					—	19	—	—
	Anæmia					14	—	—	—
Lungs	Bronchitis					7	—	4	—
	Other Non-Tuberculous Diseases					5	1	4	14



TABLE II.—Continued.

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)
Tuber- culosis	Pulmonary :								
	Definite ... ..					—	—	—	—
	Suspected ... ..					2	—	—	—
	Non-Pulmonary :								
	Glands ... ..					—	—	—	—
	Spine ... ..					—	—	—	—
	Hip ... ..					—	—	—	—
	Other Bones and Joints ... ..					—	—	—	—
Nervous System	Skin ... ..					—	—	—	—
	Other Forms ... ..					—	—	—	—
	Epilepsy ... ..					1	—	—	—
	Chorea .. ..					—	—	1	—
Deform- ities	Other Conditions ... ..					5	1	5	5
	Rickets ... ..					—	1	—	—
	Spinal Curvature ... ..					—	—	—	—
	Other Forms ... ..					2	7	5	—
Other Defects and Diseases ... ..						36	21	101	105

**B. Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

GROUP	Number of Children		Percentage of Children found to require Treatment
	Inspected.	Found to require Treatment	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants ... ..	496	105	21·2
Intermediates ... ..	385	88	22·8
Leavers ... ..	402	65	16·1
Total (Code Groups) ... ..	1,283	258	20·1
Other Routine Inspections ... ..	156	35	22·4

TABLE III.

## Return of all Exceptional Children in the Area, 1933.

## Children Suffering from Multiple Defects.

DEFECTS	AT M.D. SCHOOLS	AT DEAF SCHOOL	AT BLIND SCHOOL	AT ORDINARY SCHOOL	AT NO SCHOOL	TOTAL
M.D. and Epilepsy ...	1	—	—	1	—	2
M.D. and Paralysis ..	1	—	—	—	1	2
M.D. and Ricketty Deformity ...	1	—	—	—	—	1
Epilepsy and Paralysis ...	—	—	—	1	—	1
TOTALS ... ..	3	—	—	2	1	6

## Blind Children.

At Certified Schools for the Blind	At Public Elementary Schools	At other Institutions	At no School or Institution	TOTAL
1	—	—	—	1

## Partially Blind Children.

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
—	—	* 2	—	—	2

\* Admitted to certified Schools for the Blind in 1934.

## Deaf Children.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At No School or Institution	TOTAL
2	—	—	—	2



**TABLE III.**—continued.**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
—	—	2	—	1	3

**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
7	1	—	4	12

**Epileptic Children—Children Suffering from Severe Epilepsy.**

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	3	—	—	3

**Physically Defective Children.****A—Tuberculous Children.****I.—Children Suffering from Pulmonary Tuberculosis  
(Including pleura and intra-thoracic glands).**

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	1	—	1	2

**II.—Children Suffering from Non-Pulmonary Tuberculosis.**

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



**B. Delicate Children.**

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	39	—	—	39

**C. Crippled Children.**

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	6	—	1	7

**D. Children with Heart Disease.**

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	3	—	6	9

TABLE IV.

Return of Defects Treated during the Year ended 31st December,  
1933.

## TREATMENT TABLE.

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

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme  (2)	Otherwise  (3)	Total  (4)
Skin—			
Ringworm—Scalp ... ..	—	—	—
Ringworm—Body ... ..	—	—	—
Scabies ... ..	3	—	3
Impetigo ... ..	35	—	35
Other Skin Disease ... ..	32	3	35
Minor Eye Defects ... .. (External and other, but excluding cases falling in Group II.)	21	9	30
Minor Ear Defects ... ..	18	8	26
Miscellaneous ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.)	203	38	241
Total ... ..	312	58	370



**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	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).	206	2	1	209
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—	—
Total ... ..	206	2	1	209

Total number of Children for whom spectacles were prescribed

(i) Under the Authority's Scheme	...	...	...	164
(ii) Otherwise	...	...	...	3

Total number of children who obtained or received Spectacles

(i) Under the Authority's Scheme	...	...	...	64
(ii) Otherwise	...	...	...	93

**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)			
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)
1	—	5	—	2	—	30	—	3	—	35	—
										—	38

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.  
(iv) Other defects of the nose and throat.

## GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were—

(i) Inspected by the Dentist :

Routine Age Groups	Aged :		Total 3366
	5—	65	
	6—	360	
	7—	375	
	8—	394	
	9—	410	
	10—	404	
	11—	408	
	12—	343	
	13—	412	
	14—	195	

Specials ... .. 290

Grand Total ... .. 3656

(ii) Found to require treatment ... .. 1968

(iii) Actually treated ... .. 1156

(2) Half-days devoted to:—

Inspection	...	22	} Total
Treatment	...	124	

(3) Attendances made by children for treatment... .. 1324

(4) Fillings:—

Permanent teeth	...	1705	} Total
Temporary teeth	...	32	

(5) Extractions:—

Permanent teeth	...	64	} Total
Temporary teeth	...	359	

(6) Administrations of general anaesthetics for extractions ... Nil

(7) Other operations:—

Permanent teeth	} Total
(Scaling) ... 104	
Temporary teeth ... —	104

## GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses ... .. 11.5

(ii.) Total number of examinations of children in the Schools by School Nurses ... .. 21,713

(iii.) Number of individual children found unclean ... .. 165

(iv.) Number of children cleansed under arrangements made by the Local Education Authority ... .. Nil

(v.) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921	...	...	Nil
(b) Under School Attendance Byelaws	...	...	Nil









