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Borough of Harrogate.

ANNUAL REPORT
OF THE
SCHOOL
MEDICAL OFFICER
FOR
1935

BY
JAMES MAIR, M.B., C.M., D.P.H.,
School Medical Officer.

B. THORPE, PRINTER, HARROGATE.





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

School Medical Officer.

MUNICIPAL OFFICES,
HARROGATE,
April, 1936.

*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 1935.

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.

1934-35

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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.

1. STAFF.

There has been no change in the personnel of the staff during the year. Their names and qualifications are given on the preceding page.

II. CO-ORDINATION.

The arrangements for the co-ordination of the School Medical Services with the other health services are very complete and were fully set out in the Annual Report for 1932.

III. THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

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

They have accommodation for 4,525 children, and at the end of the year there were 3,731 names on the registers.

During the year a considerable improvement was effected at Oatlands Mount School by the substitution of pedestal water closets for the existing trough closets. It is intended during the present year to effect a similar substitution at all those schools where trough closets are still in use.

In the report for 1934 it was stated that the Managers of St. Peter's C. of E. School had acquired the old Harrogate Infirmary with the intention of converting it into a school. Considerable delay has occurred in carrying through the necessary negotiations, but I understand that these are now practically completed, and that the new school will be in occupation before the end of the year. It is to be hoped that this is so, as the present school buildings are far from satisfactory.

IV. 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:—

- (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 1927 and who will therefore reach 8 years of age during the year.
- (3) Leavers: i.e., children born in 1922, 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 Inspections is followed throughout.

Five schools were inspected twice during the year, but it was found impracticable to inspect the remaining 5 a second time; these were, however, inspected as early as was possible in 1936.

The number inspected in each group was:—

Routine.

	1934.	1935.
Entrants	372	393
Intermediates	393	394
Leavers	344	322
	<hr/>	<hr/>
Total	1109	1109
Other routine children	157	178
	<hr/>	<hr/>
Grand Total	1266	1287

Non-Routine.

Special Inspections (individual children)	641	613
Number of re-inspections ...	1284	1627
	<hr/>	<hr/>
Total	1925	2240
Number of individual children (routine, special, re-inspections) inspected	2159	2145

V. FINDINGS OF MEDICAL INSPECTION.

These are set out in detail in Table II. in the statistical appendix.

(a) Nutrition.

As has been stated before, the estimation of the state of nutrition is by no means easy. There is no method by which it can be gauged exactly. The standards of different observers vary more or less; indeed the standard of the same observer is apt to be influenced to some extent by the average nutrition of the children he is examining. It is therefore difficult if not impossible to obtain figures which are strictly comparable. The state of nutrition of the routine children has been estimated as carefully as possible and there is no evidence to show that malnutrition is increasing; on the contrary the impression gained is that the nutrition of the school children as a whole is steadily improving.

Of the 1,287 routine children examined, 344 (26.7%) had excellent nutrition; 778 (60.4%) were of normal nutrition; 154 (11.9%) were slightly subnormal; and 11 (0.8%) were badly nourished.

(b) Uncleanliness.

During the year the school nurses paid 83 visits to the schools. They made 13,774 inspections and found that at some time during the year 133 children (9 boys and 124 girls) were unclean, i.e., either vermin or nits were found in their hair.

(c) Diseases of the Skin.

Twelve cases of skin disease were found on routine inspection and 95 among special cases, all of which were referred for treatment. The greater number of the cases were of little importance, mainly eczematous conditions, but 10 cases of scabies were discovered (1 routine and 9 special). For the third year in succession no case of ringworm of the scalp came to notice, but 5 cases of ringworm of the body were discovered.

(d) Visual Defects and External Eye Diseases.

Among routine children 135 were found with defective eyesight, i.e., they could not see better than 6/12 with each eye.

36 were referred for treatment and the remainder, who were for the most part already provided with spectacles, were kept under observation.

In addition, 41 children were affected with squint, of whom 18 were referred for treatment.

External eye disease was found in 40 children; these included 22 cases of blepharitis, 10 of conjunctivitis, 2 of keratitis, and 6 other conditions.

(e) Nose and Throat Defects.

The most important defect and the one most commonly found is chronic enlargement of the tonsils and adenoids, either occurring together or singly. This condition was found in 124 routine children, of whom 30 were referred for immediate treatment and the remainder kept under observation.

(f) Ear Disease and Defective Hearing.

The only ear disease of importance which came to notice was otitis media (running ear) which was found in 8 routine children, all of whom were referred for treatment, as were 19 special cases.

Defective hearing of such extent as to interfere to some degree at least with their school work was noted in 6 routine cases, of whom 1 was referred for treatment.

In none was the deafness sufficiently marked as to warrant admission to a deaf school, but the teachers were notified of the condition and asked to place the child in the most favourable position.

(g) Dental Defects.

Details of these are given in the report of the School Dental Surgeon.

(h) Heart Disease.

Organic heart disease was found in 4 children, but in none was special treatment thought necessary. In 23 cases of functional disease—nearly all slight irregularity of the heart's action—were found, all of which were kept under observation.

(i) Tuberculosis.

No case of definite or suspected tuberculosis was found among routine children, but 2 cases of suspected phthisis and 5 cases of tubercle of the glands were found among special children.

VI. FOLLOWING UP.

The "following up" of defective school children is carried out as in former years. The work is almost entirely in the hands of the school nurses, who during the year paid 1,802 visits to the homes of the children; 309 of these were "following up"; 211 were in connection with infectious diseases; and 1,282 for miscellaneous reasons.

VII. ARRANGEMENTS FOR TREATMENT.

(a) Skin Diseases and Minor Ailments.

These are for the most part treated at the School Clinic, which is conducted by the School Medical Officer on one afternoon per week, and which also serves as an inspection clinic.

It was attended during the year by 636 new cases, the principal reasons for attendance being:—

Diseases of the Eye	54
Diseases of the Ear	26
Tonsils and/or Adenoids	52
Other Diseases of the Nose and Throat	42
Skin Diseases	95
Infectious Diseases	38
Enlarged Glands	5
Deformities	2
Nervous Conditions	5
Other Conditions	317
	<hr/>
	636

The Senior School Nurse attends at this clinic each morning for the purpose of treating children suffering from minor ailments, skin diseases, etc. There were 1,549 attendances at this clinic during the year.

A school nurse attends at Starbeck School weekly or more frequently if necessary for the treatment of children attending this school who are suffering from minor ailments, etc. During the year it was attended by 84 children.

(b) External Eye Diseases and Defective Vision.

Minor eye diseases, e.g., conjunctivitis, blepharitis, etc., are treated at the School Clinic; more serious conditions are as a rule referred to the General Hospital, and during the year 3 cases of conjunctivitis, 3 of corneal opacities, and 1 of keratitis were referred to that institution.

Defective vision is treated at the school clinic, at which Dr. W. J. Forbes attends on one session weekly during the school term.

During the year it was attended by 176 children, of whom 91 were new cases.

The errors of refraction found in new cases were:—

Hypermetropia	26
Myopia	8
Hypermetropic Astigmatism	29
Myopic Astigmatism	8
Mixed Astigmatism	12
No apparent defect, or treatment postponed	8

91

In 32 cases no spectacles were prescribed, either because none were necessary or because the children were already wearing suitable glasses. Spectacles were prescribed in 144 cases, and of these 142 had been obtained at the end of the year (57 under the Authority's scheme and 85 otherwise).

In 27 instances spectacles were provided at the cost of the Authority.

(c) Tonsils and Adenoids.

The arrangements made in 1933 with the Harrogate and District General Hospital for the treatment of school children suffering from enlarged tonsils and/or adenoids continued in operation throughout the year. The scheme provides that in return for a payment of £2/2/- per case children are admitted to the hospital for treatment, and are retained in hospital for at least 24 hours after the operation, and longer if necessary. The parents of the children are required to refund to the Education Committee a portion of the cost, the amount payable varying according to the family income from nothing to a maximum payment of £2.

During the year 77 vouchers for admission to the hospital were issued, and by the end of the year 59 children had been treated at a cost to the Committee of approximately £118. The amount refunded by parents was £48/1/2.

(d) Dental Defects.

Details of the work of the School Dental Surgeon are given in Table V. in the statistical appendix, and Mr. Sabine's report on his work is appended:—

Dental Clinic Report for 1935.

1,939 fillings, as against 1,681 for 1934, were performed this year. Also 60 more extractions were done (544).

I attribute this to the fact that more children attended each session. (All who have appointments made for them do not attend) due to my having a separate talk to each class immediately after I have inspected them. This is much better than talking to the whole school at once, as one is able to talk according to the child's age. There is a very definite improvement in the use of the dental clinic during 1935.

C. S. W. SABINE.

(e) X-Ray Treatment of Ringworm.

The arrangements made with the General Hospital for the X-Ray treatment of ringworm of the scalp continue in operation, but as no case came to notice during the year it was not necessary to make use of them.

(f) Tuberculosis.

There is close co-operation between the School Medical Officer and the Tuberculosis Officer of the W.R.C.C.

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

During the year 5 children (2 glands and 3 pulmonary) were referred to the Officer, who reported that one of the gland cases was definitely tuberculous, and that one of the pulmonary cases was still under observation. The other cases were in his opinion not tuberculous.

(g) Orthopædic Treatment.

The West Riding County Council have not yet been able to carry out their orthopædic scheme, so the position is still as described in the report for 1932.

VIII. INFECTIOUS DISEASES.

The arrangements for the control of infectious diseases 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:—

	1934.	1935.
Scarlet Fever	126	67
Diphtheria	5	2
Whooping Cough	63	124
Measles	177	24
Chicken Pox	162	72
Mumps	169	21

Scarlet Fever was much less prevalent than in 1934, although still considerably above the level of the years before that. While no school escaped entirely, those most affected were Starbeck (16 cases), Bilton Grange (14 cases), and Grove Road (13 cases); and in these schools the cases kept cropping up pretty regularly throughout the year.

Upon the whole, the disease was of a fairly mild type, and there were no deaths among school children.

Diphtheria was almost entirely absent from the schools during the year. Only 2 cases occurred, both in non-immunised children. One of these was a child attending a Harrogate school; the other a child who developed diphtheria a few days after her arrival in Harrogate, and who had not attended a Harrogate school. The latter case proved fatal.

Immunisation against diphtheria continued on the same lines as in 1934, and during the year 504 children of school age were immunised. This makes a total of approximately 2,500 school children immunised during the last two years, and it may, I think, be legitimately claimed that the immunisation of this large proportion of school children is very largely responsible for the low incidence of diphtheria.

Whooping Cough was considerably more prevalent than in 1934, nearly twice as many cases being notified as in that year.

The incidence was greatest in the first and third quarters of the year, and the schools principally affected were Starbeck, Bilton Grange, and Grove Road. There were no fatal cases among school children.

Measles was present only to a small extent. Only 24 cases were notified, nearly half of which occurred in Western School, and no deaths occurred among school children.

IX. OPEN AIR EDUCATION & PHYSICAL TRAINING

For the following account of open air education and physical training I am indebted to Mr. W. E. C. Jalland, Director of Education:—

During the year physical exercises have formed a regular part of the curriculum of the elementary schools, and further progress in the provision of equipment and apparatus has been made. All schools have now an adequate supply of the smaller apparatus, such as balls, hoops, etc., and a number of schools have been provided with bigger apparatus such as mats, benches, and vaulting boxes. The appointment of an organiser of physical training last October is already having a markedly beneficial effect on the standard of the work done. There is no doubt the children are coming more and more to enjoy this part of their work, while the desire of the teachers to improve it further is shown by their readiness to take advantage of the vacation and other teachers' courses arranged.

Organised games have included football, hockey, netball, and swimming, which have been encouraged also by the teachers through inter-school matches, an athletic sports, and a swimming gala which they have arranged. As in previous years, the Education Committee has rented the Swimming Baths, and, where necessary, football and cricket grounds for organised games.

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

The valuable services rendered by the teachers, who give freely of their 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 their services.

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

X. PROVISION OF MEALS.

No meals are provided by the Education Authority, but St. Robert's Roman Catholic School has an arrangement whereby children can obtain a hot dinner on payment of 3d. This arrangement continues in operation during the winter months, and some 45 children take advantage of it.

In ten departments of the other schools Horlick's malted milk is supplied; one supplies milk (not under the Milk Marketing Board's scheme), and one supplies Bovril. The milk is given to the children in the middle of the forenoon at a charge of $\frac{1}{2}$ d. per glass, and in the majority of instances the supply is discontinued during the summer months. Approximately 40% (about 1,100) of the children take advantage of this arrangement.

The scheme is, of course, carried out voluntarily by the teachers.

Milk Marketing Board's Scheme.

At their meeting in November the Education Committee decided to adopt the Milk Marketing Board's scheme for the supply of milk to school children. They also decided that only tubercle free milk, i.e., "Certified" or "Grade 'A' Tuberculin Tested Milk" should be supplied, and that the scheme should be put into operation when the existing stocks of dried milk, etc., in the schools were exhausted.

It soon transpired, however, that there was considerable opposition to the scheme, both on the part of the teachers and of the parents. The principal objection appeared to be that under the existing arrangement a hot drink was provided, whereas if the scheme were adopted the milk supplied would be cold, and it was felt to be very unlikely that the children would take kindly to drinking cold milk on a cold winter's forenoon.

It must be admitted that this objection appears to be reasonable, and the Committee finally decided to allow the present arrangements for supplying dried milk to continue, but to endeavour to arrange for the Milk Marketing Board's scheme to be adopted in two schools where no provision for the supply of milk was made. Up to the present, however, no arrangements have been made.

XI. CO-OPERATION OF PARENTS.

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

During the year 815 parents (63%) were present at routine inspections, and 295 at re-inspections.

XII. 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.

XIII. 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.

XIV. SPECIAL SCHOOLS.

No special schools are provided by the Authority.

XV. FULL TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS.

These are not provided.

XVI. NURSERY SCHOOLS.

There are at the moment no nursery schools in Harrogate, but the Committee are at present considering whether one should not be provided.

There are, however, considerable difficulties in the way. The acquisition of a suitable central site would be almost impossible, and as a large proportion of the children who attend such a school live on the outskirts of the town, a centrally situated school would be of little use to these children. And if a school were placed in the outskirts it would only serve the children in its immediate neighbourhood, only a comparatively small number, and be of no avail to those living in other areas.

It would seem, therefore, that instead of establishing one nursery school the Committee would be well advised to consider carefully whether it would not be preferable to establish nursery classes in selected schools, as such classes would be less costly, and would be available for a much larger number of children than would one school, wherever it was situated.

XVII. 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:—

	1934.	1935.
Dental Treatment	£23 10 0	£23 13 6
Hospital Treatment	2 0 0	48 1 2
X-Ray Treatment	0 0 0	0 0 0
Provision of Spectacles	3 9 9	4 3 0
	<hr/> £28 19 9	<hr/> £75 17 8

XVIII. 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 Inspections in the prescribed Groups.

Entrants	...	...	...	...	...	393
Second Age Group	...	...	...	...	...	394
Third Age Group	...	...	...	...	...	322
Total	...	...	...	...	...	<u>1109</u>
Number of other Routine Inspections	...	...	...	...	...	<u>178</u>
Grand Total	...	...	...	...	...	<u>1287</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	613
Number of Re-Inspections	...	...	...	...	...	<u>1627</u>
Total	...	...	...	...	...	<u>2240</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Prescribed Groups:

Entrants	...	...	...	...	...	40
Second Age Group	...	...	...	...	...	65
Third Age Group	...	...	...	...	...	<u>35</u>
Total Prescribed Groups	...	...	...	...	...	<u>140</u>
Other Routine Inspections	...	...	...	...	...	<u>30</u>
Grand Total	...	...	...	...	...	<u>170</u>

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

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)
Skin	(1) Ringworm—Scalp	—	—	—	—
	(2) „ Body	—	—	5	—
	(3) Scabies	1	—	9	—
	(4) Impetigo	—	—	41	—
	(5) Other Diseases (Non-Tuberculous)	11	—	40	—
Total (Heads 1 to 5)...		12	—	95	—
Eye	(6) Blepharitis	22	—	20	—
	(7) Conjunctivitis	10	—	8	—
	(8) Keratitis	2	—	1	—
	(9) Corneal Opacities	—	—	3	—
	(10) Other Conditions (excluding Defective Vision and Squint) ...	6	1	6	—
Total (Heads 6 to 10)...		40	1	38	—
Ear	(11) Defective Vision (excl'g Squint)...	36	99	15	—
	(12) Squint	18	23	6	—
	(13) Defective Hearing	1	5	6	1
Nose and Throat	(14) Otitis Media	7	1	19	—
	(15) Other Ear Diseases	—	1	—	—
	(16) Chronic Tonsillitis only ...	25	89	5	—
Heart and Circulation	(17) Adenoids only	4	4	1	—
	(18) Chronic Tonsillitis and Adenoids	1	1	35	11
	(19) Other Conditions	2	6	25	17
(20) Enlarged Cervical Glands (Non-Tubercul's)		1	6	4	—
(21) Defective Speech		—	5	—	1
Heart Disease:					
Heart and Circulation	(22) Organic	—	4	1	—
	(23) Functional	—	23	3	—
	(24) Anæmia	5	2	—	—
Lungs	(25) Bronchitis	6	3	6	2
	(26) Other Non-Tuberculous Diseases	2	2	8	—

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 :							
	(27)	Definite	...	...	—	—	—	—
	(28)	Suspected	...	...	—	—	2	—
	Non-Pulmonary :							
	(29)	Glands	...	...	—	—	4	1
	(30)	Bones and Joints	...	...	—	—	—	—
	(31)	Skin...	...	...	—	—	—	—
	(32)	Other Forms	...	...	—	—	—	—
Total (Heads 29 to 32)					—	—	4	1
Nervous System	(33)	Epilepsy	...	...	—	—	2	—
	(34)	Chorea	...	...	—	—	2	1
	(35)	Other Conditions	...	...	1	5	—	—
Defor- mities	(36)	Rickets	...	...	—	—	—	—
	(37)	Spinal Curvature	...	...	—	3	—	—
	(38)	Other Forms	...	...	1	4	2	—
(39) Other Defects and Diseases (excluding Uncleanliness & Dental Diseases)					29	16	321	24
Total					191	303	600	58

B. Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

AGE GROUPS	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	393	97	24.6	244	62.08	46	11.7	6	1.5
2nd Age gr'p	394	96	24.3	235	59.6	61	15.4	2	0.5
3rd Age gr'p	322	107	33.2	190	59.3	24	7.4	1	0.3
Other R'tine Inspections	178	44	24.7	109	61.2	23	12.9	2	1.1
Total ...	1287	344	26.7	778	60.4	154	11.9	11	0.8

TABLE III.

Return of all Exceptional Children in the Area, 1935.

Blind Children.

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

Partially Sighted 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	—	3	—	1	6

Deaf Children.

At Certified Schools for the Deaf	At Public Elementary Schools	At other Institutions	At No School or Institution	TOTAL
1	—	—	—	1

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
—	—	1	—	—	1

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
—	2	—	8	10

TABLE III.—continued.**Epileptic Children—Children Suffering from Severe Epilepsy.**

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

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
—	2	—	—	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
1	7	—	—	8

B. Delicate Children.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	42	—	2	44

C. Crippled Children.

At Certified Special Schools,	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	5	2	2	9

D. Children with Heart Disease.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	5	—	5	10

Children Suffering from Multiple Defects.

Defects.	No.	School Attended.
Epilepsy and Mental Defect ...	2	No School.
Epilepsy and Paralysis ...	1	Elementary School
Mental Defect and Paralysis ...	1	Elementary School
Mental Defect and Cripple	1	No School.
Total ..	5	

TABLE IV.

Return of Defects Treated during the Year ended 31st December,
1935.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness,
for which see Table 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—			
(i.) X-Ray Treatment	—	—	—
(ii.) Other „	—	—	—
Ringworm—Body	5	—	5
Scabies	9	—	9
Impetigo	41	—	41
Other Skin Disease	40	4	44
Minor Eye Defects	50	8	58
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	26	3	29
Miscellaneous	290	46	336
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)			
Total	461	61	522

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	Otherwise	Total
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint)	176	—	176
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	3	3
Total	176	3	179
Number of Children for whom spectacles were			
(a) Prescribed	144	—	144
(b) Obtained	57	85	142

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)
5	—	54	—	—	—	—	—	5	—	54	—	—	59

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

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	(1)			(2)			
	Residential Treatment with education. (i.)	Residential Treatment without education. (ii.)	Non-Residential Treatment at an orthopaedic clinic. (iii.)	Residential Treatment with education. (i.)	Residential Treatment without education. (ii.)	Non-Residential treatment at an orthopaedic clinic. (iii.)	
Number of Children Treated.	—	—	—	—	—	—	—

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children Inspected by the Dentist :
(a) Routine Age Groups

Age	5	6	7	8	9	10	11	12	13	14	Total
Number	157	453	499	556	562	509	520	484	481	380	4601

(b) Specials 332

(c) Total Routine and Specials 4933

(2) Number found to require treatment 2312

(3) Number actually treated 1413

(4) Attendances made by children for treatment... .. 1501

(5) Half-days devoted to:—

Inspection	27
Treatment	122
Total	149

(7) Extractions:—

Permanent teeth	139
Temporary teeth... ..	405
Total... ..	544

(8) Administrations of general anæsthetics for extractions —

(6) Fillings:—

Permanent teeth	1842
Temporary teeth	97
Total	1939

(9) Other operations:—

Permanent teeth	118
Temporary teeth	—
Total	118

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses 8.3

(ii.) Total number of examinations of children in the Schools by School Nurses 13,774

(iii.) Number of individual children found unclean 133

(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





