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Harrogate (England). Borough Council. nb2014025795

Publication/Creation

1936

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Borough of Harrogate.

ANNUAL REPORT

OF THE

SCHOOL

MEDICAL OFFICER

FOR

1936

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.,

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MUNICIPAL OFFICES,

HARROGATE,

April, 1937.

*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 1936.

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.

1935-36

Chairman :

ALD. J. A. WHITEOAK.

Vice-Chairman :

COUNCILLOR H. J. T. BAKE

Members of Committee :

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(COUN. S. CARTWRIGHT)

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" HESSELWOOD

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" SIMPSON

" SPENCELEY

" TENNANT

" TOPHAM, J.C.

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MR. H. P. RILEY

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MR. A. J. PYRAH

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

MISS NORTHROP

MISS CORLETT

1936-37

Chairman :

ALDERMAN J. A. WHITEOAK

Vice-Chairman :

COUNCILLOR H. J. T. BAKE

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ALDERMAN CHARLES

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COUNCILLOR ALLEN

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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 (Part-time)

* Are also Health Visitors.

I. 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 School Medical Officer is Medical Officer of Health, and the School Nurses are also Health Visitors; there is, therefore, the closest co-operation and co-ordination between the two services.

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 3,869 names on the registers.

On the whole, the hygienic condition of the schools is satisfactory; a few schools are still provided with old-fashioned trough closets, but it is intended to replace them with pedestal closets when the re-organisation of the schools is carried out.

St. Peter's Church of England School has been transferred from its old unsatisfactory premises to the old Harrogate Infirmary, which has been converted into satisfactory school premises.

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 five and six years.
- (2) Intermediates; i.e., children born in 1928 and who will therefore reach eight years of age during the year.

- (3) Leavers: i.e., children born in 1923, 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.

The number inspected in each group was:—

Routine.

	1935.	1936.
Entrants	393	382
Intermediates	394	351
Leavers	322	327
Total	1109	1060
Other routine children	178	145
Grand Total	1287	1205

Non-Routine.

Special Inspections (individual children)	613	797
Number of Re-inspections ...	1627	1444
	2240	2241
Number of individual children (routine, special, re-inspections) inspected	2145	2247

V. FINDINGS OF MEDICAL INSPECTION.

These are set out in detail in Table II. in the statistical appendix; they are very much the same as in former years.

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 1,659 visits to the homes of the children; 542 of these were "following up"; 828 were in connection with infectious diseases; and 289 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 821 new cases, the principal reasons for attendance being:—

Diseases of the Eye	48
Diseases of the Ear	38
Tonsils and/or Adenoids	96
Other Diseases of the Nose and Throat	33
Skin Diseases	117
Infectious Diseases	34
Enlarged Glands	14
Rheumatism	8
Deformities	4
Nervous Conditions	4
Heart Diseases	2
Bronchitis, etc.	26
Miscellaneous	397

821

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 1,839 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 80 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 four cases 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 223 children, of whom 93 were new cases.

The errors of refraction found in new cases were:—

Hypermetropia	28
Myopia	14
Hypermetropic Astigmatism	20
Myopic Astigmatism	11
Mixed Astigmatism	13
No apparent defect, or treatment postponed	7
	93

In 45 cases no spectacles were prescribed, either because none were necessary or because the children were already wearing suitable glasses. Spectacles were prescribed in 178 cases, and of these 173 had been obtained at the end of the year (76 under the Authority's scheme and 97 otherwise).

In 14 instances spectacles were provided at the cost of the Authority.

(c) Tonsils and Adenoids.

The arrangements made with the Harrogate and District General Hospital for the treatment of school children suffering from enlarged tonsils and/or adenoids continued in operation, the only alteration being that in the case of children whose parents are members of the Hospital Contributory Scheme the fee payable by the Committee to the Hospital is £1 10s. instead of £2 2s., and the parents of these children are not required to make any repayment to the Committee. This arrangement was come to in order to obviate the complaints of contributors, who felt that under the old scheme they were being called upon to pay twice, i.e., as contributors and by repayment to the Committee.

All children are kept in the Hospital for at least 24 hours after the operation, and all operations are performed by a Specialist on the Hospital Staff.

During the year 101 vouchers were issued, and by the end of the year 85 children had received treatment; in two instances tonsils only, and 83 tonsils and adenoids had been removed.

The total cost to the Committee was approximately £179 0s. 6d., and the amount refunded by parents was £79 5s. 7d.

(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 1936.

“The slight reduction in the number of fillings, 1,882, compared with 1,939, and also of extractions, 510, compared with 544 for the previous year, is accounted for by the fact that there were 119 sessions devoted to treatment compared with 122 for 1935. Practically all the teeth filled in time, i.e., immediately after first being found necessary, are perfectly sound on the child leaving school. It is regretted there still are a number of parents who refuse to allow their children to have their mouths made healthy. It is, of course, all due to misunderstanding on their part, but one cannot understand

why they do not come along to the clinic, at least to ask for advice. Most trouble is due to parents, chiefly mothers, thinking the first permanent molars are milk teeth, and also to the unaccountable idea that milk teeth should not be filled. On the whole, though, there is a gradual improvement in this state of affairs."

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.

(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:—

	1935.	1936.
Scarlet Fever	67	12
Diphtheria	2	1
Whooping Cough	124	41
Measles	24	496
Chicken Pox	72	17
Mumps	21	511

Scarlet Fever was slightly less prevalent than in 1935, but still above the level of former years. The schools principally affected were Western Council with 21, and Starbeck Council with 20 cases. In the former school the cases were entirely confined to the first six months of the year; in the latter they occurred pretty regularly throughout the whole year.

Two school children died during the year; death in each case being attributed to scarlet fever and measles.

Diphtheria was almost entirely absent from the schools during the year. Only one case occurred in a non-immunised child, who recovered.

Immunisation against diphtheria has continued on the same lines as before, but the response has been very meagre; in only 28 cases was immunisation completed, as compared with 504 during the previous year.

The freedom of the schools from Diphtheria is due to various causes, but part of the credit can quite legitimately be attributed to the fact that during the past three years a considerable proportion of the school children have been immunised. It must be realised, however, that this freedom is unlikely to continue unless children, and especially those under five years of age, are immunised in much greater numbers than during the year under review. Every effort is being made to induce parents to accept immunisation for their children, and it is hoped that these efforts will meet with greater success during the present year.

Measles was prevalent to a considerable extent during the year. Altogether 496 notifications were received from the schools, as compared with only 24 during the previous year. The incidence was mainly in the summer, 373 cases occurring during the months May to September.

There were two deaths among children of school age, death in each instance being attributed to the double infection of scarlet fever and measles.

Whooping Cough was present to a much less extent than during 1936; 41 cases being notified, as compared with 124. This also was most prevalent during the summer: 14 cases being notified during September.

Mumps was very prevalent during the latter half of the year; 511 cases were notified practically all during this period.

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 further developments have taken place in the teaching of physical exercises, all schools having been provided with an adequate supply of equipment such as balls, hoops, etc., and many with further apparatus, such as mats, benches, and vaulting boxes. The provision of apparatus is being continued in accordance with the advice of the organiser of physical training, and demonstrations of the work done are being arranged for an afternoon and evening in the summer—the first of these for the benefit of the teachers, and the second for the information of parents. The teachers have taken advantage of courses offered, and the children are coming to school with more appropriate dress for this work.

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

Folk-Dancing has been taught regularly, and maintained its popularity among the children.

The Education Committee has agreed to enter into an arrangement with the West Riding Education Committee whereby the services of a second organiser of physical training—a man—may be secured for a day, or part of a day, a week. With this appointment the Committee will have the benefit of both a part-time man organiser and a part-time woman organiser, and the excellent work now being done should be further improved.

The valuable services of the teachers, given freely in and out of school hours, and the help of others who have assisted with the organised games, are deserving of comment, and this opportunity is taken of placing on record the Education Committee's appreciation of them.

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 90 children take advantage of it.

Milk Marketing Board's Scheme.

As indicated in the report for last year, the Education Committee agreed to adopt the Milk Marketing Board's scheme for the supply of milk to school children, and decided that the milk supplied should be tubercle free, i.e., either "Tuberculin Tested" or "Pasteurised." They further decided that the scheme was to be entirely voluntary.

Under this scheme Pasteurised milk was supplied to children attending eight departments. In three departments the supply was continued during the winter months, and in five during these months Horlick's Malted Milk was supplied instead. The reason given for this change was invariably that a warm drink was preferable to a cold one during the winter months.

In all the other departments Horlick's Milk was supplied during the greater part of the year.

The percentage of children receiving milk, either "Pasteurised" or Horlick's, was approximately 40 per cent.

XI. CO-OPERATION OF PARENTS.

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

During the year 814 parents were present at routine inspections, and 241 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 Authorities.

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 3 partially-sighted children 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 & EPILEPTIC STUDENTS.

These are not provided.

XVI. NURSERY SCHOOLS.

There are no nursery schools in Harrogate, and, as was indicated in the report for last year, it would be difficult to establish one.

The Education Committee have given the subject careful consideration, and have resolved to provide nursery classes in one or two schools; and it is hoped that these will be in operation before the end of the year. Should they prove successful, no doubt the scheme will be extended to other schools.

XVII. PARENTS' PAYMENTS.

Except in the 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:—

	1935.	1936.
Dental Treatment	£23 13 6	£21 6 6
Hospital Treatment	48 1 2	79 5 7
X-Ray Treatment	0 0 0	0 0 0
Provision of Spectacles	4 3 0	6 15 10
	£75 17 8	£107 7 11

XVIII. STATISTICAL TABLES.

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

MEDICAL INSPECTION RETURNS

TABLE 1.

Medical Inspections of Children Attending Public Elementary Schools.

A —ROUTINE MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups.

Entrants	...	...	...	...	...	382
Second Age Group	...	...	...	...	...	351
Third Age Group	...	...	...	...	...	327
Total	...	...	...	...	...	<u>1060</u>
Number of other Routine Inspections	...	...	...	...	...	145
Grand Total	...	...	...	...	...	<u>1205</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	..	...	...	...	797
Number of Re-Inspections	...	...	...	...	...	1444
Total	...	...	...	...	...	<u>2241</u>

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Prescribed Groups:

Entrants	...	...	...	...	...	39
Second Age Group	...	...	...	...	...	62
Third Age Group	...	...	...	...	...	24
Total Prescribed Groups	...	...	...	...	...	<u>125</u>
Other Routine Inspections	...	...	...	...	...	27
Grand Total	...	...	...	...	...	<u>152</u>

TABLE II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

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	—	—	2	—
	(3) Scabies	—	—	6	—
	(4) Impetigo	—	—	66	—
	(5) Other Diseases (Non-Tuberculous)	15	1	43	—
Total (Heads 1 to 5)...		15	1	117	—
Eye	(6) Blepharitis	7	1	19	—
	(7) Conjunctivitis	2	—	10	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	—	2	—	—
	(10) Other Conditions (excluding Defective Vision and Squint) ...	6	3	—	—
Total (Heads 6 to 10)...		15	6	29	—
	(11) Defective Vision (excl'g Squint)...	40	90	20	—
	(12) Squint	16	17	—	—
Ear	(13) Defective Hearing	—	7	5	3
	(14) Otitis Media	6	—	18	—
	(15) Other Ear Diseases	1	2	7	6
Nose and Throat	(16) Chronic Tonsillitis only ...	23	90	83	1
	(17) Adenoids only	3	4	2	—
	(18) Chronic Tonsillitis and Adenoids	5	—	15	—
	(19) Other Conditions	3	4	35	—
(20) Enlarged Cervical Glands (Non-Tubercul's)		1	5	8	3
(21) Defective Speech		—	6	—	—
Heart Disease:					
Heart and Circulation	(22) Organic	—	4	2	—
	(23) Functional	—	8	—	—
	(24) Anæmia	12	1	—	—
Lungs	(25) Bronchitis	2	1	16	7
	(26) Other Non-Tuberculous Diseases	1	7	—	—

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	...	...	...	—	—	1	—
	(28)	Suspected	...	...	...	—	—	4	—
	Non-Pulmonary :								
	(29)	Glands	...	...	...	1	—	—	—
	(30)	Bones and Joints	...	...	...	—	—	—	—
	(31)	Skin...	...	...	...	—	—	—	—
	(32)	Other Forms	...	...	...	—	—	—	—
Total (Heads 29 to 32) ...						1	—	—	—
Nervous System	(33)	Epilepsy	...	...	...	2	—	—	2
	(34)	Chorea	...	...	...	—	—	—	2
	(35)	Other Conditions	...	...	...	1	3	—	—
Deform- ities	(36)	Rickets	...	...	...	—	—	—	—
	(37)	Spinal Curvature	...	...	...	—	1	—	—
	(38)	Other Forms	...	...	...	—	3	—	4
(39) Other Defects and Diseases (excluding Defects of Nutrition, Unclean- liness and Dental Diseases)						21	9	356	47
Total ...						168	269	718	75

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 ...	382	70	18.3	257	67.2	48	12.5	7	1.8
2nd Age gr'p	351	51	14.5	239	68.09	53	15.09	8	2.2
3rd Age gr'p	327	71	21.7	232	70.9	23	7.03	1	0.3
Other R'tine Inspections	145	30	20.6	85	58.6	27	18.6	3	2.06
Total ...	1205	222	18.4	814	67.5	151	12.5	18	1.4

TABLE III.

Return of all Exceptional Children in the Area, 1936.

Blind Children.

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

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	1	2	—	1	6

Deaf Children.

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

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	—	—	2

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	—	2	4

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	—	—	2	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
2	3	—	—	5

B. Delicate Children.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	34	—	3	37

C. Crippled Children.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
—	7	2	—	9

D. Children with Heart Disease.

At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
1	6	—	3	10

Children Suffering from Multiple Defects.

Defects.	No.	School Attended.
Epilepsy and Paralysis	1	Public Elementary School
Epilepsy and Feeble-minded	1	No School.
Paralysis and Feeble-minded	1	Public Elementary School
Cripple and Heart	1	Public Elementary School
Total	4	

TABLE IV.

Return of Defects Treated during the Year ended 31st December,
1936.

TREATMENT TABLES.

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 	2	—	2
Scabies 	6	—	6
Impetigo 	66	—	66
Other Skin Disease 	43	5	48
Minor Eye Defects 	25	4	29
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects 	25	2	27
Miscellaneous 	350	30	380
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total 	517	41	558

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)	223	4	227
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	—	—
Total	223	4	227
Number of Children for whom spectacles were			
(a) Prescribed	178	4	182
(b) Obtained	76	101	177

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)	(4)	(5)
2	—	83	—	—	—	1	—	2	—	84	—	—	86

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

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

Number of Children Treated.	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	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.)	
	—	—	—	—	—	—	

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 ...	163	365	438	444	458	479	489	433	421	269	3959

(b) Specials ... 355

(c) Total Routine and Specials ... 4314

(2) Number found to require treatment ... 2195

(3) Number actually treated ... 1256

(4) Attendances made by children for treatment... 1353

(5) Half-days devoted to:—

Inspection ... 29

Treatment ... 119

Total ... 148

(7) Extractions:—

Permanent teeth .. 124

Temporary teeth... 386

Total... 510

(8) Administrations of general anæsthetics for extractions —

(6) Fillings:—

Permanent teeth ... 1812

Temporary teeth ... 70

Total ... 1882

(9) Other operations:—

Permanent teeth ... 80

Temporary teeth ... —

Total ... 80

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses ... 83

(ii.) Total number of examinations of children in the Schools by School Nurses ... 14,327

(iii.) Number of individual children found unclean ... 152

(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

GROUP IV. ORTHOPEDIC AND POSTURAL DEFECTS

TABLE IV. DEFECTS OF THE POSTURE AND THE EFFECTS OF THE DEFECTS OF THE POSTURE. The following table shows the results of the examination of the posture of the subjects of the study. The table is divided into two parts, the first part showing the results of the examination of the posture of the subjects of the study, and the second part showing the results of the examination of the effects of the defects of the posture.

TABLE V. DEFECTS OF THE POSTURE AND THE EFFECTS OF THE DEFECTS OF THE POSTURE

Defect of Posture	Effect of Defect of Posture
1. Defect of Posture	1. Effect of Defect of Posture
2. Defect of Posture	2. Effect of Defect of Posture
3. Defect of Posture	3. Effect of Defect of Posture
4. Defect of Posture	4. Effect of Defect of Posture
5. Defect of Posture	5. Effect of Defect of Posture
6. Defect of Posture	6. Effect of Defect of Posture
7. Defect of Posture	7. Effect of Defect of Posture
8. Defect of Posture	8. Effect of Defect of Posture
9. Defect of Posture	9. Effect of Defect of Posture
10. Defect of Posture	10. Effect of Defect of Posture
11. Defect of Posture	11. Effect of Defect of Posture
12. Defect of Posture	12. Effect of Defect of Posture
13. Defect of Posture	13. Effect of Defect of Posture
14. Defect of Posture	14. Effect of Defect of Posture
15. Defect of Posture	15. Effect of Defect of Posture
16. Defect of Posture	16. Effect of Defect of Posture
17. Defect of Posture	17. Effect of Defect of Posture
18. Defect of Posture	18. Effect of Defect of Posture
19. Defect of Posture	19. Effect of Defect of Posture
20. Defect of Posture	20. Effect of Defect of Posture
21. Defect of Posture	21. Effect of Defect of Posture
22. Defect of Posture	22. Effect of Defect of Posture
23. Defect of Posture	23. Effect of Defect of Posture
24. Defect of Posture	24. Effect of Defect of Posture
25. Defect of Posture	25. Effect of Defect of Posture
26. Defect of Posture	26. Effect of Defect of Posture
27. Defect of Posture	27. Effect of Defect of Posture
28. Defect of Posture	28. Effect of Defect of Posture
29. Defect of Posture	29. Effect of Defect of Posture
30. Defect of Posture	30. Effect of Defect of Posture
31. Defect of Posture	31. Effect of Defect of Posture
32. Defect of Posture	32. Effect of Defect of Posture
33. Defect of Posture	33. Effect of Defect of Posture
34. Defect of Posture	34. Effect of Defect of Posture
35. Defect of Posture	35. Effect of Defect of Posture
36. Defect of Posture	36. Effect of Defect of Posture
37. Defect of Posture	37. Effect of Defect of Posture
38. Defect of Posture	38. Effect of Defect of Posture
39. Defect of Posture	39. Effect of Defect of Posture
40. Defect of Posture	40. Effect of Defect of Posture
41. Defect of Posture	41. Effect of Defect of Posture
42. Defect of Posture	42. Effect of Defect of Posture
43. Defect of Posture	43. Effect of Defect of Posture
44. Defect of Posture	44. Effect of Defect of Posture
45. Defect of Posture	45. Effect of Defect of Posture
46. Defect of Posture	46. Effect of Defect of Posture
47. Defect of Posture	47. Effect of Defect of Posture
48. Defect of Posture	48. Effect of Defect of Posture
49. Defect of Posture	49. Effect of Defect of Posture
50. Defect of Posture	50. Effect of Defect of Posture
51. Defect of Posture	51. Effect of Defect of Posture
52. Defect of Posture	52. Effect of Defect of Posture
53. Defect of Posture	53. Effect of Defect of Posture
54. Defect of Posture	54. Effect of Defect of Posture
55. Defect of Posture	55. Effect of Defect of Posture
56. Defect of Posture	56. Effect of Defect of Posture
57. Defect of Posture	57. Effect of Defect of Posture
58. Defect of Posture	58. Effect of Defect of Posture
59. Defect of Posture	59. Effect of Defect of Posture
60. Defect of Posture	60. Effect of Defect of Posture
61. Defect of Posture	61. Effect of Defect of Posture
62. Defect of Posture	62. Effect of Defect of Posture
63. Defect of Posture	63. Effect of Defect of Posture
64. Defect of Posture	64. Effect of Defect of Posture
65. Defect of Posture	65. Effect of Defect of Posture
66. Defect of Posture	66. Effect of Defect of Posture
67. Defect of Posture	67. Effect of Defect of Posture
68. Defect of Posture	68. Effect of Defect of Posture
69. Defect of Posture	69. Effect of Defect of Posture
70. Defect of Posture	70. Effect of Defect of Posture
71. Defect of Posture	71. Effect of Defect of Posture
72. Defect of Posture	72. Effect of Defect of Posture
73. Defect of Posture	73. Effect of Defect of Posture
74. Defect of Posture	74. Effect of Defect of Posture
75. Defect of Posture	75. Effect of Defect of Posture
76. Defect of Posture	76. Effect of Defect of Posture
77. Defect of Posture	77. Effect of Defect of Posture
78. Defect of Posture	78. Effect of Defect of Posture
79. Defect of Posture	79. Effect of Defect of Posture
80. Defect of Posture	80. Effect of Defect of Posture
81. Defect of Posture	81. Effect of Defect of Posture
82. Defect of Posture	82. Effect of Defect of Posture
83. Defect of Posture	83. Effect of Defect of Posture
84. Defect of Posture	84. Effect of Defect of Posture
85. Defect of Posture	85. Effect of Defect of Posture
86. Defect of Posture	86. Effect of Defect of Posture
87. Defect of Posture	87. Effect of Defect of Posture
88. Defect of Posture	88. Effect of Defect of Posture
89. Defect of Posture	89. Effect of Defect of Posture
90. Defect of Posture	90. Effect of Defect of Posture
91. Defect of Posture	91. Effect of Defect of Posture
92. Defect of Posture	92. Effect of Defect of Posture
93. Defect of Posture	93. Effect of Defect of Posture
94. Defect of Posture	94. Effect of Defect of Posture
95. Defect of Posture	95. Effect of Defect of Posture
96. Defect of Posture	96. Effect of Defect of Posture
97. Defect of Posture	97. Effect of Defect of Posture
98. Defect of Posture	98. Effect of Defect of Posture
99. Defect of Posture	99. Effect of Defect of Posture
100. Defect of Posture	100. Effect of Defect of Posture





