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THE  
EDUCATION COMMITTEE  
OF THE  
HINDLEY URBAN DISTRICT COUNCIL.

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School Medical Officer's  
REPORT,  
1916.

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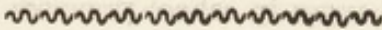
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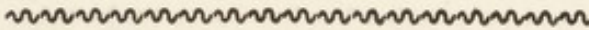
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## HINDLEY EDUCATION COMMITTEE.



# School Medical Officer's Report, 1916.



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

LADIES AND GENTLEMEN,

In this my ninth Annual Report of the Medical Inspection work in the Schools and Clinic, many of the tables presented in previous reports are omitted on the instruction of the Board of Education. All the tabular forms have been prepared, as in other years, and are at your disposal. Owing to shortage of paper, however, and its increased cost, they are not to be printed.

The totals under the different sections are shown.

The war has not interfered with the work. Small-pox, which was found in March and April in the area, did cause some interruption. There has been no change in the staff during the year, and I have once more to thank Mr. Pharaoh for much valuable assistance during the year, especially in "Following-up."

The teachers in most of the schools have helped in the routine inspections.

The School Clinic has been continued daily during the school year. In only three instances, and these were carried over from the preceding year, has there been failure to procure amelioration of the defects found in the course of the School Medical inspections. There has been no prosecution during the year. It has, however, been found necessary to have Sections 12 and 122 of the Children Act, 1908, printed, and a copy has been supplied to each parent when following up showed nothing had been done,

I have found this a valuable aid, and have moved many of the delinquents. It was being said in some quarters we had no power to insist on treatment or amelioration of the physical defects found, hence it became necessary to publish broadcast the clauses mentioned. I had intended reprinting here these parts of the Act, but I will have a copy supplied to each member of the Committee with this report.

There has been no changes in school premises or departments.

*School Closure.*—All Saints' Schools were closed in April owing to scarlet fever, and the Hindley Green United Methodist School in March and April owing to small-pox. I have to thank the Correspondents of both these schools for closing the Sunday Schools during the whole period of closure.

Dr. Crowley, from the Education Board, visited the district in the autumn.

The sanitary defects reported in 1915 are much as they were, only the more gross and necessary repairs having been undertaken.

Number of children inspected, shown in detail in Table I. (A. and B.) :—

Entrants	..	..	..	..	530
Leavers	..	..	..	..	488
					—
					1018
Intermediates	..	..	..	..	701
					—
					1719
					—
Specials	..	..	..	..	46
Re-examinations	..	..	..	..	914
					which is a very considerable increase on any previous year.

Table II., owing to the expense, is not printed this year; nor is the additional matter showing the work of the School Clinic; the schools sending the children and the numbers from each school, though all this is set out in tabular form as in other years. Shortly, the figures of the different sections are as follows: Clothing satisfactory, 97·85; unsatisfactory, 2·15; and even this does not all imply dirty and ragged conditions, but includes children, mainly girls, over-clad. Some of these have as many as eight (8) garments on, and do not even cast any off in the summer.

We are trying to induce parents to dress their girls in a more rational manner. The teachers are also being asked to take the question up, and the Sanitary Committee is supplying a copy of Miss Synge's book, with patterns of suitable garments to each school.

*Footgear* was satisfactory in all but .23 per cent. of the children inspected.

*Head.*—Cleanliness of :—

94.71 per cent.	clean.	(That is neither nits nor pediculi were present).
2.85	„	nits only.
2.44	„	pediculi.

These two last groups are almost entirely found in members of the same families as met in previous years. Some of the mothers tell us their families always have pediculi in their hair ; that they remembered being troubled the same way themselves, and in two instances they are no cleaner to-day.

*Body.*—Cleanliness of :—

97.2 per cent.	clean.	
.53	„	dirty.
2.27	„	pediculi present.

Most of these appear in the previous paragraph.

*Nutrition* :—

97.58 per cent.	excellent or normal.	
2.62	„	below normal.

Almost the whole of these children had been suffering from long continued illness, yet in very few cases was it possible to infer that it was due to want. The same careless and indifferent women who allow their children's bodies and clothing to get into the description set out above are responsible for most of this. The Nurse also finds that in some instances the mothers do not get up in time to provide breakfast for their children, and when dinner-time comes give them a copper to buy chipped potatoes. It has not been necessary to provide feeding centres.

*Nose and Throat* :—

84.06 per cent.	no defect.	
6.81	„	mouth breathers.
4.65	„	tonsils slightly enlarged.
4.42	„	tonsils much enlarged.
2.91	„	adenoids slight.
1.57	„	adenoids marked.

The tonsils much enlarged and marked adenoids all required surgical treatment, and, with three exceptions, this was given. But there is much delay in many cases taken to the hospital for treatment, mainly owing to shortage of staff.

*External Eye Diseases :—*

95·23	per cent.	no disease.
4·13	„	blepharitis.
0·12	„	conjunctivitis.
0·12	„	corneal opacities.
0·06	„	ophthalmia.
0·34	„	other diseases.

*Ear Diseases ;—*

99·01	„	no disease.
0·35	„	otorrhœa. (R., ·18 ; L., ·23).
0·64	„	other diseases. (R., 0·64 ; L., 0·52).

Most of these were treated at the Clinic (Otorrhœa).

*Teeth :—*

52·06	per cent.	had sound teeth.
17·57	„	had less than four decayed.
30·37	„	had four or more decayed.

We found no cases of active sepsis.

Want of attention to the teeth of the children is one of the weak spots of your system, and nothing satisfactory will be done until a School Dentist is appointed.

*Heart Diseases :—*

77·37	per cent.	no disease.
7·68	„	organic disease.
12·51	„	functional disease.
2·44	„	anæmia.

Most of the cases of organic disease had a history of rheumatic fever, severe scarlet fever or measles, and several of chorea.

*Lungs :—*

91·1	per cent.	no disease.
8·43	„	chronic bronchitis and bronchial catarrh.
·35	„	tuberculosis.
·12	„	tuberculosis suspected.

The latter are now well. The cases of tuberculosis were notified and reported to the parents for treatment.

*Nervous System :—*

99.07	per cent.	no disease.	
0.29	"	epilepsy.	
0	"	chorea.	(None present at inspections).
.64	"	other diseases.	

*Skin :—*

98.7	per cent.	no disease.	
0.06	"	ringworm body	} Found at inspections.
0.06	"	ringworm head	
0.6	"	impetigo.	
0.06	"	scabies.	
0.52	"	other diseases.	

*Rickets :—*

97.34	per cent.	no disease.
0.69	"	slight disease.
1.97	"	marked disease.

The attention of parents is invariably called to this condition and the necessity of adequate treatment, more especially in girls.

*Deformity :—*

99.31	per cent.	none.
.69	"	present.

Mainly congenital, chronic anti-poliomyelitis and injury at birth.

*Tuberculosis, Non-pulmonary :—*

99.19	per cent.	no disease.
0.46	"	glandular.
0.06	"	bones and joints.
.29	"	other forms.

These were the only cases found in the schools.

*Speech :—*

98.78	per cent.	not defective.
0.81	"	defective articulation.
0.41	"	stammering articulation.

*Mental Condition :—*

93.54	per cent.	normal.
6.28	„	dull or backward.
0.12	„	mentally defective (all grades):
.06	„	imbecile.

Owing to the war no provision has been made by the County Authority for dealing with these cases. One child has been admitted to the County Asylum during the year; he was a confirmed epileptic.

*Vision.*—127 children had vision less than  $\frac{6}{9}$  in one or both eyes (that is  $\frac{6}{12}$  or less requiring treatment). To this number must be added cases of children with strabismus without glasses, viz., 17; total 144.

126 of these were treated at the Wigan Infirmary (about three miles from the Council offices) in the eye department.

Admission is gained by recommendations received from the subscribers to that institution. If glasses are prescribed, and only then, the prescriptions are endorsed by the School Medical Officer, enabling the parents to obtain glasses at the maximum price of 5/- per pair. Two were treated by private practitioners and four by chemists, the payments in the latter cases greatly exceeding the sum mentioned, and usually the glasses supplied are no good. In six cases the treatment is not complete, and in six others there is no information, the families having left the district.

I think this is a record we may justly be proud of. I omitted to add the Committee has provided glasses in four necessitous cases. All soldiers' children have been so treated.

*Following-up.*—The system of previous years has been kept up. The children have been re-inspected in the schools. The School Nurse has visited the schools 164 times, and paid 532 visits to the children's homes. 220 written notices were sent to parents. 117 of the Nurse's visits were in connection with defective vision and 226 diseases of nose and throat. 250 children with a family history of pulmonary tuberculosis have been periodically weighed and show a gain in weight during the year varying from 1½ lb. upwards. The attention of the parents is always directed to those cases showing less than the average increase in weight.

I have already detailed the procedure for dealing with defective visions.

The School Clinic has treated 408 cases during the year, making a total attendances of 4,567. This is a reduction compared with the preceding year, and is explained by the great improvement in the health of the children generally. The cases of impetigo are nearly 100 per cent. less than in 1915.

Again, diseases of the eyelids and conjunctiva were only 79, compared with 174 in 1915. Even injuries show a diminution, 59, as against 76. I have found it necessary to remove adenoids and tonsils six times at the Clinic, or there would have been no treatment for the sufferers, and it was only when signs of deafness became evident that it was possible to get consent.

The Nurse attends the Clinic daily. I attend every Tuesday and Friday, and at other times when the Nurse requests my attendance, and in some weeks this happens several times. For instance, two children were sent from school when peeling. I was asked to see them, and found both had scarlet fever. The total number of children excluded from school by Medical Certificate was 1,352, including those children (verminous) sent home by the School Medical Officer.

An Infant Welfare Centre was opened in December, 1915.

We have, as yet, no Open Air or Special Schools.

*Half-timers.*—I feel it is my duty to again discuss this question. We have had trouble with it all through the year. It is a very serious problem, and I think the particulars set out in the accompanying table justify my further reference to it.

We find that in the majority of instances it is not the poorest parents that call their 12 year old boys and girls from bed at 4 30 a.m. or 5 a.m., to go and work at this age. Some of the parents that do not need the money earned by their children justify their attitude by telling you that in the case of weavers, if the girls did not enter the weaving shed as half-timers, they would have to wait too long for looms of their own.

I understand this system of half-time employment is practically confined to the wealthy counties of Lancashire and Yorkshire. I know widows with small families that refuse to let their children go to work before the age of 13 years.

We have been told, so far as employment in the mill is concerned, it is necessary to get the children at 12 years, as it would be impossible at a later age to train them for the special work they have to do. But as against that it would be interesting to know how many of the children, boys and girls, entering the mills at 12 or 13 years are to be found there at 14 or 15.

It cannot be claimed that sweeping, cleaning, or work in the cellar of a cotton mill requires any special training.

In Hindley the boy often begins by selling newspapers before he is 12. At the age of 12 he gets a half-time certificate, and at 13 he leaves school for full work in the mill or a shop until he is 14. At the latter age he may begin work in the colliery, and, as the wage is higher, he goes there. In the following

table the time the children tell us it takes to walk to their work is stated. During the winter for three months, the afternoon session in the schools begins at 1 p.m.; at other times 1 30 p.m. If work ceases at 12 30 what chance has the child of getting any dinner, or of washing and changing, if he has 20, 30, or 45 minutes' walk to his home.

The physical condition of some of the children is deplorable. A child whose heart sounds are impure rises at 4 30 a.m., and it takes him one hour to get to his work. In this case he works one day and attends school the following day. Others are shown with organic heart disease; one has adenoids, enlarged tonsils, a goitre, and the mental condition is dull; others, again, suffer from anæmia, and several show evidence of neglect in their homes; for instance, body and clothing dirty, and the clothing needs repairs, and more than one instance of verminous heads.

I am told that it is no uncommon occurrence for the young girls to have to leave their work in the morning turn both before and after breakfast.

The teachers report an all-round deterioration in the mental attainments of the half-timers; he is less amenable to discipline; he cannot keep up with the work of his class because he misses the sequence of his lessons, owing to fatigue, and when working in the morning turn takes no interest in his school work. Of course, this is general; there are some exceptions.

Matters have been worse in the past than they are to-day. In 1887 Lord Salisbury pledged the Government of the day to bring in a Bill to raise the age from 10 years to 12 years, but this did not come about until 1899.

There is a growing opposition to half-time employment, and an association known as "The Half-time Council" is working to abolish it. Trade Union leaders and Trade Union Congresses have repeatedly condemned it.

I read recently in the daily press that the Local Education Authority for the Borough of Heywood had decided to stop it. Cannot Hindley follow such a lead? Both towns have much in common.

Until the time arrives for the abolition of half-time employment, I would suggest all future applicants for half-time exemption be referred to your Secretary, and that he be authorised to see the School Medical record card of each candidate. He will find the physical condition and personal history of the child set out therein, and would be able to assist you in your decision.

In closing, I would call your attention to the death last September of a youth aged 16 as he was leaving the colliery at the end of his day's work. He was examined in 1911 and found to have heart disease (aortic valves). At that time he was selling papers; his mother had been invited to attend the medical examination, but did not do so. A letter was written to her describing the boy's condition, and advising medical aid; also asking her to stop his newspaper work. He made no change. In 1912 he was a leaver. Again his mother was asked to be present at his medical inspection, with the same result. The boy was then a half-timer, and it was found he was

much worse physically than before. The mother was written to again, and was told the lad was not fit for work of any kind, and that he ought to be under treatment. He was employed as an errand boy on his 13th birthday; he continued in the same work until he was 14, when he went to the colliery, with the result as stated above. No inquest was held. The Coroner's certificate certified "Death from natural causes," probably heart failure.

A Juvenile Employment Committee could do useful work in this connection.

J. CHRONNELL,

School Medical Officer.

January 15th, 1917.

## SUMMARY OF HALF-TIMERS ATTENDING

No.	Medical No.	Weekly Wages.	Where Employed.	Average Weekly Hours Worked.	Time taken going	
				Home to Work.	Home to School.	
				Hours.	Minutes.	Minutes.
1	201	4/-	Mill, Twist Cellar	30	30	10
2	181	4/-	Print Works	30	1hr.	5
3	196	4/-	Print Works	30	1 ..	5
4	188	None.	Home	..	..	5
5	136	3/6	Mill, Bobbin Carrier	30	20min.	5
6	158	3/-	Grocer's.	38½	20	20
7	153	4/-	Print Works	30	1hr.	5
8	174	2/6	Mill Sweeping	30	20min.	5
9	131	None	Mill, Spinning	30	30	5
10	155	2/10 & 5/2	Mill, Spinning	30	30	5
11	179	4/-	Greengrocer	32	5	10
12	136	2/5	Mill, Knot picking	30	15	10
13	167	3/3	Mill, Packing Room	30	15	15
14	151	3/-	Grocer's	41½	5	5
15	164	2/3	Mill, Bobbin Reeler	30	20	20
16	127	2/9	Mill, Card Room	30	10	5
17	160	2/6	Mill, Cop Reeling	30	10	5
18	117	None	Home	..	..	5
19	167	2/8	Mill, Sweeping	30	10	5
20	161	6/2 & 3/4	Mill, Spinning	30	40	15
21	178	3/3	Mill, Bobbin Carrier	30	15	10
22	184	3/3	Mill, Packing	30	10	5
23	193	2/9	Mill, Reeling	30	20	15
24	191	2/7	Mill, Sweeping	30	15	5
25	95	None	Home	..	..	10
26	197	None	Mill, Reeling R.	30	20	25
27	168	2/6	Mill, Reeling	30	20	15
28	177	2/1	Mill, Distributing Weft	30	20	15
29	182	3/-	Clogger's	38	5	15
30	128	3/-	Butcher's	38	10	15

## PUBLIC ELEMENTARY SCHOOLS.

Average at 12 years of age :		Physical Condition.	Time of Rising.	Day or Half Day.
M., 4ft. 7in. F., 4ft. 7½ins. Height.	M., 5sts. 6¾lb. F., 5sts. 6½lb. Weight.			
Ft. Ins.	Sts. Lbs.			
4 10	5 3½	Nasal catarrh, heart sounds impure, always tired	5 a.m.	Half
4 5	5 4	Heart sounds impure	4 30 a.m.	Day
4 3¼	5 0	Good	4 30 a.m.	Day
4 3	4 7½	Good	..	Half
4 8½	4 12	Otitis media., obstruction throat	5 30 a.m.	Half
4 8¾	6 3	Vision: R., 6/9, L., —, with glasses, squint	7 a.m.	Half
4 2	4 3	Obstruction throat	4 30 a.m.	Day
4 1½	4 0	Heart mitr. syst.	5 a.m.	Half
4 9½	5 13	Heart sounds impure	5 15 a.m.	Day
4 6¼	5 4	Good	5 a.m.	Day
4 2	5 2	Good	6 a.m.	Day
4 3½	4 2½	Under N. Bronchial Catarrh, Heart syst., T.B skin	5 a.m.	Day
4 4½	4 10	Tonsils, adenoids, goitre; mental condition: dull	5 a.m.	Half
4 2	4 10	Good	7 a.m.	Half
4 7½	5 0½	Good	5 a.m.	Half
4 7¾	5 12½	Good	5 a.m.	Half
4 3	4 4	Good	5 a.m.	Half
4 3¾	5 5	Good	7 a.m.	Half
4 5	4 6¾	Under normal	5 a.m.	Half
4 3½	4 13	Good; head verminous	5 a.m.	Day
4 3	4 1	Heart card., hyper, has catarrh; mental condition: dull	5 a.m.	Half
4 3½	4 4	Vision, 6/18 and 6/24; has myopia, reading distance 5" L.	5 a.m.	Half
4 7½	5 11	Good	5 15 a.m.	Half
4 11	5 10		5 a.m.	Half
4 11½	6 0½	Heart sounds impure	..	Day
4 6	4 9	Good	5 a.m.	Half
4 7½	4 11½	Bronchial catarrh, cervical glands delicate	5 a.m.	Half
4 4½	4 12	Heart sounds impure; mental condition: dull	5 a.m.	Half
4 5¼	5 0½	Good	7 a.m.	Half
4 7½	5 9½	R. Tonsil enlarged; organic heart disease; vision: 6/12-2, 6/24	7 a.m.	Half

## SUMMARY OF HALF-TIMERS ATTENDING

No.	No.	Weekly Wages.	Where Employed.	Average Weekly Hours Worked.	Time taken going	
				Home to Work.	Home to School.	
				Hours.	Minutes.	Minutes.
31	179	3/3	Mill, Bobbin Carrier	30	20	15
32	168	2/8	Mill, Sweeping	30	15	20
33	196	2/6	Mill, Reeling	30	20	20
34	164	4/-	Print Works	30	1hr.	20
35	181	3/-	Grocer's	37	15min.	15
36	214a	2/8	Mill, Sweeping	30	10	15
37	134	2/6	Mill, Reeling	30	10	15
38	197	None	Mill, Weaving	30	10	15
39	208	2/-	Mill, Reeling	30	10	15
40	178	3/-	Greengrocer	37	10	10
41	214b	2/8	Mill, Cleaning	30	15	15
42	207	2/6	Mill, Cellar	30	15	15
43	194	2/-	Mill, Reeling	30	15	15
44	180	None	Mill, Scavenging	30	30	10
45	182	3/10 & 5/10	Mill Scavenging	30	30	15
46	151	4/6	Grocer's	36	15	10
47	205	2/1	Mill, Weft Room	30	10	10
48	187	3/6	Mill, Spinning	30	10	10
49	214	4/-	Print Works	30	1hr.	5
50	231	4/-	Print Works	30	1 „	10
51	171	4/-	Print Works	30	1 „	20
52	181	None	Selling papers	..	..	15
53	179	3/-	Grocer's	40	10min.	5
54	147	3/-	Mill, Weft Room	30	10	15
55	142	None	Home	..	..	10
56	218	3/9	Mill, Bobbin Carrier	30	15	5
57	210	None	Mill, Spinning	30	30	5
58	186	2/8	Mill, Twist Cellar	30	15	10
59	194	2/6	Grocer's	18	5	15
60	201	3/6	Print Works	30	1hr.	10
61	213	None	Mill, Spinning	30	5min.	10
62	230	3/-	Greengrocer's	32	10	5
63	220	2/6	Hairdresser's	30	10	5

## PUBLIC ELEMENTARY SCHOOLS (Continued).

Average at 12 years of age :		Physical Condition.	Time of Rising.	Day or Half Day.
M., 4ft. 7in. F., 4ft. 7½ins. Height.	M., 5sts. 6¾lb. F., 5sts. 6½lb. Weight.			
<i>Ft. Ins.</i>	<i>Sts. Lbs.</i>			
4 2½	4 5½	Heart sounds impure ; hyper very nervous	5 a.m.	Half
4 1	4 4	Under N., head nits ; clothing dirty	5 a.m.	Half
4 5	5 3	Body dirty ; clothing needs repairs	5 a.m.	Half
4 7½	5 10	Good	4 30 a.m.	Day
4 5½	5 2	Good	7 a.m.	Half
4 7½	5 9	..	5 20 a.m.	Half
4 5¾	4 6	Under normal	5 30 a.m.	Half
4 6	4 10½	Good	5 a.m.	Half
4 4½	4 8	Anæmic ; not fit to be half time ; is too light	5 15 a.m.	Half
4 7¾	5 7	Good	7 30 a.m.	Half
4 8	5 0	..	5 a.m.	Half
4 2½	4 12	Good	5 a.m.	Half
4 7	4 13	Good	5 a.m.	Half
4 8	5 7	Heart sounds impure ; Speech lips	5 a.m.	Day
4 5½	5 2	Heart mitr., regurg., vision, 6/24-1, G. Left.	5 a.m.	Day
4 6½	5 1½	Vision : 6/18, 6/12, glasses, mental condition : dull	7 a.m.	Half
4 6½	4 11	Heart mitr. regurg ; pigeon breast	5 30 a.m.	Half
4 6	4 1½	Heart mitral systolic ; cervical glands	5 a.m.	Half
4 2	4 4¼	Under N. bronchitis	4 a.m.	Day
4 4	4 12½	..	4 20 a.m.	Day
4 8	6 13½	Parents object to inspec- tion	4 30 a.m.	Day
4 8	4 8½	Heart sounds impure	7 a.m.	Half
4 7	4 13	Heart sounds impure	7 a.m.	Half
4 10	5 12	Heart Syst. Murm.	5 a.m.	Half
4 10	6 13	Good	8 a.m.	Half
4 4½	5 9	Good	5 a.m.	Half
4 4	4 9½	Good	5 a.m.	Day
4 9¾	5 11½	Good	5 a.m.	Half
4 0¼	4 0	Good	7 a.m.	Half
4 0	4 3	Under N., bronchial catarrh, heart mitr. syst.	4 30 a.m.	Day
4 2½	4 3	Under N.	5 a.m.	Half
4 6	5 3	..	7 a.m.	Half
4 4¾	4 2	Under N., heart sounds impure	7 a.m.	Half

## SUMMARY OF HALF-TIMERS ATTENDING

No.	No.	Weekly Wages.	Where Employed.	Average Weekly Hours Worked.	Time taken going	
				Home to Work.	Home to School.	
				Hours.	Minutes.	Minutes.
64	158	4/-	Print Works	30	1hr.	5
65	227	3/4 & 6/2	Mill, Scavenging	30	30min.	5
66	207	2/7	Mill, Cellar	30	15	15
67	149	3/6	Print Works	30	1hr.	10
68	159	3/6	Mill, Bobbin Carrier	30	10min.	10
69	183	2/6	Mill, Card Room	30	10	15
70	182	3/10	Mill, Card Room	30	10	5
71	168	3/6	Mill, Spinning	30	40	10
72	164	1/6	Nurse Girl	36	5	5
73	177	2/6	Mill, Warehouse	30	10	5
74	154	4/10 & 2/8	Mill, Spinning	30	30	10
75	102	2/6	Mill, Sweeping	30	15	20
76	130	4/3	School, Cleaning	30	10	10
77	165	2/6	Mill, Card Room	30	10	10
78	191	2/6	Mill, Reeling	30	15	10
79	103	None	Mill, Spinning	30	30	10
80	138	9/2 F'rt night	Mill, Spinning	30	5	5
81	110	None	Home	..	..	5
82	116	7/4 F'rt-night	Mill	30	10	5
83	118	8/- F'rt-night	Mill	30	15	10
84	123	9/6 F'rt-night	Mill	30	10	5
85	131	8/- F'rt-night	Mill	30	5	5
86	111	None	Home	..	..	5
87	134	8/- F'rt-night	Mill	30	5	10
88	136	8/- F'rt-night	Mill	30	5	5
89	153	None	Home	..	..	5
90	135	None	Home	..	..	30
91	159	None	Home	..	..	5



*With the Medical Officer of Health's  
Compliments.*



## PUBLIC ELEMENTARY SCHOOLS (Continued).

Average at 12 years of age :		Physical Condition.	Time of Rising.	Day or Half Day.
M., 4ft. 7in. F., 4ft. 7½ins. Height.	M., 5sts. 6¾lb. F., 5sts. 6½lb. Weight.			
Ft. Ins.	Sts. Lbs.			
4 9	6 2	Good ; mental condition : dull	4 30 a.m.	Day
4 1	4 5½	Good	4 30 a.m.	Day
4 5½	4 12	Blepharitis ; vision : 6/18 both	5 30 a.m.	Half
4 4½	5 2½	Squint	4 30 a.m.	Day
4 3	4 9½	..	5 15 a.m.	Half
4 6	5 2½	Vision, 6/18·1, 6/12 ; mental condition : dull	5 a.m.	Half
4 6	4 12½	..	5 a.m.	Half
4 5½	4 13½	Heart sounds impure, tonsils, adenoids	5 a.m.	Day
4 4	4 2	Good	7 a.m.	Half
4 7½	5 6	Vision, 6/24, 6/12, glasses, tonsils	5 30 a.m.	Half
4 10	5 13½	Verminous head and body	4 45 a.m.	Day
4 6	4 9½	..	5 a.m.	Half
4 10	5 11½	Good	5 a.m.	Half
4 7½	5 11	Good ; mental condition : dull	5 30 a.m.	Half
4 6½	5 2½	Good	5 a.m.	Half
4 5½	5 3	Heart sounds impure	5 a.m.	Day
4 7¼	5 3	..	5 30 a.m.	Day
4 5	5 0	Blepharitis	7 a.m.	Half
4 7½	5 2	Good	5 a.m.	Day
4 4	4 8½	Heart mitr. syst. ; stammers	5 a.m.	Day
4 7	6 6	Good	5 15 a.m.	Day
4 9½	6 0	Heart sounds impure ; chronic bronchitis, pigeon breast, subm. glands	5 a.m.	Day
4 10½	7 1	Good	7 a.m.	Half
4 3	4 5	Heart sounds impure, catarrh, under N. vision, 6/24·2, 6/12·2	5 a.m.	Half
4 4	4 7	Cleanliness, mental con- dition : dull	5 30 a.m.	Half
4 5	4 12	Good	7 a.m.	Half
4 4½	4 4½	Vision, 6/12, 6/9	7 a.m.	Half
4 8¼	5 12	Tonsils thickened	7 a.m.	Half

## SUMMARY OF HALF-TIMERS ATTENDING

No.	No.	Weekly Wages.	Where Employed.	Average Weekly Hours Worked.	Time taken going	
				Home to Work.	Home to School.	
				Hours.	Minutes.	Minutes.
92	148	4/6 & 6/6	Mill	30	40	10
93	164	5/3 & 6/6	Mill	30	30	5
94	127	None	Home	..	..	10
95	171	None	Mill	30	10	10
96	30	7/4F'rt night	Mill	30	10	5
97	26	4/-	Mill	30	5	10
98	34	None.	Mill	30	10	5
99	110	5/6	Mill, Scavenger	30	30	5
100	124a	2/6	Mill, Weaver	30	45	10
101	126	2/9	Mill, Weaving	30	45	10
102	84	2/6	Mill, Weaving	30	45	10
103	78	5/6	Mill, Spinning	30	30	10
104	120	4/3	Mill, Spinning	30	20	10
105	137	4/6	Mill, Scavenging	30	30	10
106	143	4/6 & 6/6	Mill, Scavenging	30	30	10
107	117	2/-	Mill, Scavenging	30	30	10
108	124b	4/6 & 6/6	Mill, Scavenging	30	30	15
109	118	5/6	Mill, Scavenging	30	30	5
110	93	4/6 & 6/6	Mill, Scavenging	30	30	15
111	67	2/9	Mill, Weaving	30	45	10
112	85	2/9	Mill, Weaving	30	45	5
113	121	2/9	Mill, Weaving	30	45	10
114	122	2/9	Mill, Weaving	30	45	10
115	134	4/6 & 6/6	Mill, Scavenging	30	30	10
116	130	4/6 & 6/6	Mill, Scavenging	30	35	10
117	86	4/6 & 6/6	Mill, Scavenging	30	30	5
118	180a	4/6 & 6/6	Mill, Scavenging	30	30	10
119	105	4/6 & 6/6	Mill, Scavenging	30	30	10
120	116	2/3	Mill, Scavenging	30	30	10

## PUBLIC ELEMENTARY SCHOOLS (Continued).

Average at 12		years of age :		Physical Condition.	Time of Rising.	Day or Half Day.
M., 4ft. 7in.	F., 4ft. 7½ins.	M., 5sts. 6¾lb.	F., 5sts. 6½lb.			
Height.		Weight.				
Ft.	Ins.	Sts.	Lbs.			
4	6	5	1½	..	5 a.m.	Half
4	4	4	9	Good	5 a.m.	Half
4	11	6	3	Good	7 a.m.	Half
4	6	5	2	..	5 15 a.m.	Half
4	11½	6	6½	Goitre	5 a.m.	Day
4	10½	5	3	R. tonsil, deaf, heart, in-drawn chest	5 a.m.	Day
4	4½	4	8	Enlarged left tonsil	5 15 a.m.	Day
4	9	5	4½	Tonsils thickened, stoops, contracted chest, pale	5 a.m.	Half
4	3½	4	2½	Left tonsil thickened	5 a.m.	Half
4	3½	4	3½	Under N.	4 50 a.m.	Half
4	6	5	5	Good	4 50 a.m.	Half
4	11½	5	10½	Good; mental condition: dull	4 45 a.m.	Half
4	8½	6	4½	Tonsils; verminous; clothing needing repairs	5 a.m.	Half
4	2½	3	12½	Under N.	5 a.m.	Half
4	6	5	4	..	5 a.m.	Half
4	3	4	9½	..	4 50 a.m.	Half
4	7½	5	10½	..	5 a.m.	Half
4	6	5	6½	..	5 a.m.	Half
4	6	6	1	Good	5 a.m.	Half
4	5½	5	0½	Good	4 30 a.m.	Half
4	6	4	10½	Good	4 45 a.m.	Half
4	6	4	10½	Under N., subm. glands	4 30 a.m.	Half
4	5	5	1	Good	4 45 a.m.	Half
4	4	4	10½	..	4 45 a.m.	Half
4	7¾	5	10	Deaf	4 45 a.m.	Half
4	9¾	5	10	Vision, 6/18-2 Right	4 45 a.m.	Half
4	1¾	4	2	..	4 45 a.m.	Half
4	5	5	3	Tonsils, cervical glands	4 45 a.m.	Half
4	6½	4	13	Good	4 45 a.m.	Half

TABLE I.—NUMBER OF CHILDREN INSPECTED FROM 1ST JANUARY  
TO 31ST DECEMBER, 1916.  
A.—“CODE” GROUPS.

AGE.	ENTRANTS.						LEAVERS.				Grand Total.
	Under 5	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys .. ..	81	169	16	3	269	226	16	-	-	242	511
Girls .. ..	71	171	12	7	261	230	16	-	-	246	507
Totals .. ..	152	340	28	10	530	456	32	-	-	488	1018

B.—GROUPS OTHER THAN “CODE.”

	Intermediate Group (if any).	Special Cases.	Re-Examinations (i.e., No. of Children Re-examined).
Boys .. ..	339	21	423
Girls .. ..	362	25	491
Totals .. ..	701	46	914

TABLE II.  
RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION.

DEFECT OR DISEASE.	CODE GROUPS.		SPECIALS.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
Malnutrition .. .. .	52	—	—	—
UNCLEANLINESS :—				
Head .. .. .	102	—	9	—
Body .. .. .	44	—	3	—
SKIN :—				
Ringworm :				
Head .. .. .	1	—	—	—
Body .. .. .	1	—	—	—
Scabies .. .. .	1	—	—	—
Impetigo .. .. .	10	—	2	—
Other Disease .. .. .	10	—	2	—
EYE :—				
Defective Vision and Squint .. .. .	144	—	3	—
External Eye Disease .. .. .	84	—	1	—
EAR :—				
Defective Hearing .. .. .	19	—	—	—
Ear Disease .. .. .	22	—	1	—

TABLE II. (CONTINUED).  
RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION.

DEFECT OR DISEASE.	CODE GROUPS.		SPECIALS.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
TEETH :—	—	—	—	—
Dental Disease (see N.B. 2 at end of Table II.)	—	—	—	—
NOSE AND THROAT :—				
Enlarged Tonsils .. .. .	76	80	5	—
Adenoids .. .. .	37	50	—	—
Enlarged Tonsils and Adenoids .. .. .	49	—	—	—
Defective Speech .. .. .	26	—	—	—
HEART, AND CIRCULATIONS :—				
Heart Disease :				
Organic .. .. .	45	—	—	—
Functional .. .. .	123	215	—	—
Anæmia .. .. .	42	—	—	—
LUNGS :—				
Pulmonary Tuberculosis :				
Definite .. .. .	6	—	—	—
Suspected .. .. .	2	—	—	—
Chronic Bronchitis, Bronchial Catarrh, and other Disease .. .. .	150	—	—	—

TABLE II. (CONTINUED).  
RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION.

DEFECT OR DISEASE.	CODE GROUPS.			SPECIALS.	
	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
<b>NERVOUS SYSTEM:—</b>					
Epilepsy .. .. .	5	—	—	—	—
Chorea .. .. .	—	—	—	—	—
Other Disease .. .. .	12	—	—	—	—
<b>Non-Pulmonary Tuberculosis:</b>					
Glands .. .. .	8	—	—	—	—
Bones and Joints .. .. .	1	—	—	—	—
Other Forms .. .. .	5	—	—	—	—
Rickets .. .. .	53	12	1	—	—
Deformities .. .. .	19	—	—	—	—
Other Defects or Diseases .. .. .	115	—	7	—	—

N.B.—(1) In areas where the routine medical inspection of the groups of children prescribed by the Code is temporarily suspended, and the examination of ailing children of all ages is undertaken instead, a note should be made to this effect, and the particulars should be given under the head of "Specials" in Columns (4) and (5).

(2) It will be observed that the headings "Clothing" and "Footgear" have been omitted. A short reference should be made to these in the body of the report. As regards "Teeth," particulars should be given in the statements of the working of schemes of dental inspection and treatment where a scheme is in operation.

Table III.

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

	<i>Blind (Including partially blind).</i>	Boys	Girls	Total.
	Attending Public Elementary Schools ..	6	4	10
	"    Certified Schools for the Blind ..	-	-	-
	Not at School .. .. .	-	-	-
	<i>Deaf and Dumb (including partially Deaf).</i>			
	Attending Public Elementary Schools ..	1	-	1
	"    Certified Schools for the Deaf ..	1	-	1
	Not at School .. .. .	-	-	-
	<i>Mentally Deficient.</i>			
Feeble Minded.	Attending Public Elementary Schools ..	8	5	13
	"    Certified Schools for Mentally Defective Children .. .. .	1	-	1
	Notified to Local (Control) Authority during the year .. .. .	-	-	-
	Not at School .. .. .	4	2	6
Imbeciles.	At School .. .. .	-	1	1
	Not at School .. .. .	-	-	-
Idiots.	— .. .. .	-	-	-
	<i>Epileptics.</i>			
	Attending Public Elementary Schools ..	15	4	19
	"    Certified Schools for Epileptics ..	-	-	-
	Not at School .. .. .	5	1	6
	<i>Physically Defective.</i>			
Pulmonary Tuberculosis.	Attending Public Elementary Schools ..	12	7	19
	"    Certified Schools for Physically Defective Children .. .. .	-	-	-
	Not at School .. .. .	2	3	5
Other forms of Tuberculosis.	Attending Public Elementary Schools ..	23	9	32
	"    Certified Schools for Physically Defective Children .. .. .	-	-	-
	Not at School .. .. .	6	4	10
Cripples other than Tuberculosis.	Attending Public Elementary Schools ..	4	3	7
	"    Certified Schools for Physically Defective Children .. .. .	-	-	-
	Not at School .. .. .	1	1	2
	<i>Dull or Backward.</i>			
	* Retarded 2 years .. .. .	10	6	16
	* Retarded 3 years .. .. .	8	5	13

\* Judged according to Age and Standard.

TABLE IV.—TREATMENT OF DEFECTS OF CHILDREN DURING 1916.

CONDITION.	No. of Defects found for which Treatment was considered necessary.		No. of defects for which no report is available.	No. of defects Treated.	Results of Treatment.			No. of defects not Treated.	Per-centage of defects of defects Treated.	
	From previous Years.	New.			Total.	Reme-died.	Im-proved.			Un-changed.
Clothing .. ..	3	38	41	41	5	33	3	100		
Footgear .. ..	-	4	4	4	-	2	2	100		
Cleanliness of Head .. ..	11	91	102	98	4	90	4	96.8		
Cleanliness of Body .. ..	-	44	44	35	-	35	8	79.6		
Nutrition .. ..	7	45	52	52	-	46	6	100		
Nose and Throat .. ..	20	142	162	131	62	58	11	80.87		
External Eye Disease .. ..	5	79	84	81	32	49	3	91.7		
Ear Disease .. ..	5	17	22	22	6	16	-	100		
Teeth.. ..	873	824	1697	-	-	-	1697	-		
Heart and Circulation .. ..	36	174	210	210	-	190	30	100		
Lungs .. ..	7	151	158	158	-	158	-	100		
Nervous System .. ..	-	17	17	15	-	15	-	88.4		
Skin .. ..	1	22	23	23	13	10	-	100		
Rickets .. ..	7	46	53	53	-	53	-	100		
Deformities .. ..	7	12	19	19	-	18	1	100		
Tuberculosis—Non-Pul-monary .. ..	-	14	14	14	-	12	2	100		
Speech .. ..	5	21	26	26	-	26	-	100		
Mental Condition .. ..	-	111	111	110	-	110	-	99.1		
Vision and Squint .. ..	18	126	144	132	17	112	3	91.7		
Hearing .. ..	-	19	19	17	-	17	-	89.5		
Miscellaneous .. ..	4	111	115	114	1	113	-	99.14		
Total .. ..	1009	2,108	3,117	1,355	140	1,183	32	1,747	43.49	

