[Report 1939] / School Medical Officer of Health, Isle of Ely County Council.

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ISLE OF ELY COUNTY COUNCIL.

EDUCATION COMMITTEE.

Annual Report

of the

School Medical Officer

for the

Year ending 31st December, 1939.

LITTLEPORT, ISLE OF ELY.
G. T. WATSON (LATE BARBER), PRINTER, VICTORIA STREET.
1940.

COUNTY OF THE ISLE OF ELY.

Number of Schools	76
Number of Departments	85
Number of Children on Roll	11,311

Cost of School Medical Service (for the Year ending 31st March, 1939)	£	s.	d.
Elementary Education	4325	15	9
Higher Education	227	2	1
	£4552	17	10

Product of 1d. Rate (for the Year ending 31st March, 1939)	£1164	0	0

The Chairman and Members of the Education Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

To present an adequate report on the working of the School Medical Service for the past year is really almost an impossible task for a newcomer, as first of all Dr. Lonie was the School Medical Officer until his departure just before Christmas and secondly, the complete disorganisation caused by the outbreak of war so interrupted the routine services that the Report only covers 10 months in any case, the whole of September and most of October being an unfortunate interregnum due to the demands on the Staff by other services. The result is that the Report is shorter than would normally be the case.

Dr. Lonie's departure was regretted by all. For seven years he worked, first as Deputy and then as School Medical Officer, to improve the health of the school children, in which he was particularly interested, especially in the information which could be obtained as to the child's physical progress by means of regular height and weight measurements. It is difficult for one who only had the pleasure of working with him for a very short time to give an adequate appreciation, but the fact that his departure was so universally regretted is evidence of the esteem in which he was held.

As far as the Report is concerned few items arouse comment at the present time, though it will be necessary to make some very emphatic remarks on a subsequent occasion. The cleanliness of the school child has recently received considerable prominence and this and the question of malnutrition are likely to be controversial matters for some time to come.

In conclusion I wish to thank the Director of Education and the teachers for their very great help; their goodwill is of primary importance for the proper functioning of the School Medical Service and we are deeply grateful for their interest.

I am,

Your obedient Servant,

W. K. DUNSCOMBE,

School Medical Officer.

STAFF.

School Medical Officer.

T. C. LONIE, M.B., Ch.B., D.P.H. (Resigned 31st December, 1939).

W. K. DUNSCOMBE, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H., D.T.M. & H. (Appointed 11th December, 1939).

Assistant School Medical Officers.

M. V. JOSCELYNE, M.B., Ch.B., D.P.H.

J. F. DAWSON, M.B., Ch.B., B.A.O. (IRE.), D.P.H. (Resigned 30th September, 1939).

W. C. DAVIDSON, M.D., Ch.B., D.P.H., D.T.M. & H. (Appointed 1st October, 1939).

School Dental Surgeons.

T. MACNAMARA, L.D.S. (Resigned 31st March, 1939).

D. A. S. MARTIN, L.D.S. (Resigned 26th March, 1939).

S. GOLDMAN. (Appointed 16th April, 1939. Resigned 14th May, 1939).

H. W. DUCHESNE, L.D.S. (Appointed 25th June, 1939).

I. S. POWRIE, L.D.S. (Appointed 14th August, 1939).

School Nurses (also Health Visitors).

MISS J. A. ANDERSON, March.
MISS A. LLOYD, Ely.
MRS. M. MEACHAM, Littleport.
MISS H. L. MORRIS, Ely.
MISS A. MORT, Chatteris.
MISS M. J. PATERSON, March.
MRS. M. E. ROSE, Whittlesey.
MISS E. T. TAYLOR, Wisbech.
MISS B. WHITAKER, Wisbech.

Dental Attendants.

MISS A. COLES. MISS Q. COUSINS.

Clerical Staff.

F. RITCHIE.

ANNUAL REPORT.

Routine Medical Inspection.

(a)—Elementary.

The number of children examined in the various statutory age groups is:—

		No. Examined.	*Percentage of Defects found.*
1.	Entrants	859	15·9
2.	Intermediates ...	911	18·0
3.	Leavers	723	20·8

Owing to the interruption of work caused by the war comparison with the figures of previous years is not really satisfactory but the percentage of defects has not altered much.

The postponement of the raising of the school-leaving age was regarded by the ardent educationalists as a disaster. The writer does not altogether agree with this, since from the Medical point of view, arrangements for the proper supervision of the 14 - 15 age group were by no means complete, and the deferring of the Act may mean that more adequate preparations can be made.

In a Report to another Education Authority I mentioned that the raising of the school-leaving age was likely to have repercussions on the routine inspection of school children generally and one feels now, even more strongly, that this must be the case. The present method has too many gaps and, though the "nutrition surveys" favoured by the Board tend to fill up these gaps to some extent, they are *faute de mieux*, and I feel convinced that routine six monthly weight and height measurements, with a more frequent reference of children who do not seem to be doing well by the teachers to the School Medical Officer, will be a much better way. In effect, this would mean the abolition of the prescribed age groups and of routine medical inspection and its replacement by a system of special inspections.

In this area this cannot be done without extra Medical and Nursing Staff, but nevertheless one feels it is a better way than that now existing.

(b)—Secondary.

		No. Examined.	*Percentage of Defects found.*
1.	Entrants	213	23·47
2.	Routines	880	23·63

In comparison with the figures for previous years there has been little alteration in the percentage of defects.

Nutrition.

This is naturally brought into greater prominence by the war and its associated rationing.

We have heard a good deal lately about the great variation in clinical assessment by various Medical Officers, and certainly some of the published figures of Class D. are so microscopic that they are almost incredible, but this may be partly

because, however indirect, some stigma is felt by the Education (including School Medical Service) Authority for the particular area if a relatively large percentage of this class is recorded. In view of the figures given below these remarks could equally well apply here and I find it difficult to believe that, out of 3,700 school children, only 5 should be put into this category. Again, what is meant by Class A (Excellent) ? Nobody seems to know!

As the result of nutrition surveys personally carried out on several thousand children, I am satisfied that the classification is far too detailed and consider that if a much simpler one were adopted, for example, into satisfactory and unsatisfactory groups, the position would be clarified considerably.

The following is the percentage of children in the various categories according to the present classification :—

ELEMENTARY

Age Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	859	37	4·30	728	84·74	92	10·71	2	·23
Second Age Group	911	68	7·46	701	76·94	142	15·58	..	..
Third Age Group	723	64	8·85	561	77·59	97	13·41	1	·13
Other Routine Inspections ..	103	11	10·67	69	66·98	23	22·33	..	..
Total ..	2596	180	6·93	2059	79·31	354	13·63	3	·11

SECONDARY.

Age Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	213	25	11·73	177	83·09	11	5·16	..	..
Routines ..	880	259	29·43	600	68·18	20	2·27	1	·11
Total ..	1093	284	25·98	777	71·08	31	2·83	1	·09

It is gratifying to the writer to note that the provision of meals as against milk is being stressed more. I am completely satisfied that we shall get a better return for money spent in the improved nutrition of the children if meals are provided than when milk is the only extra nourishment given.

Milk in Schools.

The number of schools having a milk scheme in force is now 75. The number of children receiving milk, according to the latest returns, is now 5,731, as against 5,365 last year.

In 10 schools there are no arrangements for a supply of liquid milk.

Evacuation.

The mass movement from the towns to the country, which occurred at the beginning of September, as far as Britain is concerned, is probably the greatest in its history from the point of numbers, though not from its effect on the population as a whole. The only event of greater magnitude as far as the latter is concerned, being the general disturbance caused by the "Black Death," with its resulting terror migration.

1.—Cleanliness.

The arrival of numerous children in their rural billets was the signal for an outburst of abuse on their lack of cleanliness and the School Medical Service came in for every brickbat that was flying.

Verminous heads and general uncleanliness are conditions which have required attention at Clinics with monotonous regularity, especially to those of us accustomed to working in densely populated areas, and we knew they were always worse after the summer holidays. The fact that evacuation took place then simply served to draw the attention of the general public to these conditions, and head lice and enuresis, although they have not yet achieved the distinction of the bug in being extensively discussed in that sparsely attended assembly, the House of Lords, have none the less become very prominent.

The blame was put on the School Health Service, but rather should it have been placed on the Board of Education and Parliament.

The law dealing with uncleanliness in school is practically a farce and requires drastic alteration. Where parents are so anti-social that children are found with nits or lice in their hair this should be made a summary offence, punishable with a sharp fine, and for a second offence a larger fine and/or imprisonment.

The present system involves the sending of a cleansing notice to the parent, together with instructions. If these are not carried out the Authority have the power to cleanse the child by their authorised officers in suitable premises and with suitable appliances, when if the parents offend again they may be fined the ridiculously small sum of 10/-. This is an infinitesimal amount compared with the trouble that has been caused. Is it any wonder then, that the number of cases taken to court is so few? It is also possible to exclude the child on account of vermin and then prosecute the parents under the attendance byelaws, though this is an unsatisfactory method.

The only alternative is to ask the N.S.P.C.C. to take the case, but this is "passing the buck" with a vengeance and it is deplorable that any Local Education Authority should get a Society supported by voluntary contributions to do its own work.

2.—Bed-Wetting.

This is the second of the great problems brought to the fore as the result of evacuation.

All School Medical Officers are aware of the problems presented and they appreciate the difficulty with which a parent, and still more a household on whom a bed-wetter is billeted, is faced.

In spite of all investigation, virulent psycho-analysis, etc., the cause remains completely unknown and it is a mournful fact that, when asked as to the prognosis, to be honest the answer is "I don't know." Although its psychological basis is doubtful, I must say that I am in full agreement with those who say it is useless to punish the child. None-the-less, it is a most unfortunate thing to occur in a previously well-ordered household and the distress of the persons is understandable. In several areas hostels have been established for the worst cases and, provided nothing is done to indicate to the children in such places the special reason for which they are placed there, this may be the best way of dealing with them.

While bed-wetting may be called the "Billeter's Problem," what about those children whose clothes are wet during the day? These cases are fortunately considerably rarer than the bed-wetters but are ever so much more difficult to deal with. They are the result, amongst other more obscure causes, of years of complete lack of parental training, and in some instances also an unsympathetic attitude on the part of the teachers. The result is a habit as distinct from nocturnal enuresis, which might be perhaps regarded more as an unfortunate occurrence, and in view of the difficulty in dealing with it such a child is better placed temporarily under medical supervision, even if this means absence from school.

Immunisation.

Owing to the number of children from urban areas accommodated here as the result of evacuation and the consequent possibility of the occurrence of a larger number of diphtheria cases than usual, an immunisation campaign, first of all among the school children, was commenced on the 23rd October, 1939. The work was carried out by the Medical Officer of Health for the Isle of Ely combined areas, together with the Council's Medical Staff. The method used was two injections of 1 c.c. each of T.A.F., and though this is not generally regarded as giving as full immunity as three injections, it was at least of value.

Up to the end of the year 1,963 children received two injections. This represents an acceptance rate of approximately 33%. Owing to the large number of children to be immunised it was not possible to finish the campaign by the end of the year.

School Dental Service.

In this area this very necessary service has suffered from repeated changes of staff, with the result that there are schools which have not been examined for more than three years. Now that two Dental Surgeons are on the staff it is anticipated that these great arrears will gradually be made up, but this will take time, of course. In 1939 the School Dental Service suffered since the beginning of September in that the Dental Van was taken as a Mobile Unit for nearly two months, thus lessening further the facilities ordinarily provided.

The Report of the School Dental Surgeons is given below:—

Report of the School Dental Surgeons.

The rural children seem to show a sounder and healthier dentition than those in the urban areas.

The long periods elapsing between dental treatment to schools in the Isle reflect conclusively in the returns of school inspections, which show a neglected state of the children's mouths.

The correction of this lies in the speeding up of treatment as far as practically possible, and vastly more important is the necessity of each child accepting treatment having their mouths put into an individual state of complete dental health by removing all septic teeth and teeth that might become infected in the course of an approximate year and the filling of even the smallest cavities. This may involve an apparent slowing up of treatment from school to school, but in the following visit there will be less treatment required in every mouth that has had complete treatment at the previous visit.

It is important to take into account, on coming to any conclusion with regard to Dental Services in the Isle during 1939, that the School Dental Services suffered from long gaps due to the resignations of staff and to new appointments being taken up and also from the outbreak of war. The Dental Van and one of the dentists was seconded to full time A.R.P. duties for nearly two months and this, in all, represents a period of eleven months' working time of one dentist. In spite of this the Dental Van has visited and completed treatment to children in thirteen schools and the children from eleven schools have been treated in the Clinics.

Emergency treatment has also been given to about 200 evacuee children.

Summary of Treatment of Dental Defects (Elementary and Secondary).

Dental Inspection and Treatment.

(1)	*Age* ...	...	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14+*	*Total*
	Number	...	231	240	228	269	294	228	228	323	299	88	2428
	(*b*) Specials		...	...	...	...	...	...	...	...	...	...	160
	(*c*) Total (Routine and Specials)							...	...	...	...	...	2588
(2)	Number found to require treatment							...	...	...	...	...	2512
(3)	Number actually treated							...	...	...	...	...	1178
(4)	Attendances made by children for treatment							...	...	...	...	...	3783
(5)	Half-days devoted to :—						Inspection	...	20	Total	...		618
							Treatment	...	598				
(6)	Fillings :—				Permanent teeth	...	...	...	2533	Total	...		2976
					Temporary teeth	...	...	...	443				
(7)	Extractions :—				Permanent teeth	...	...	...	702	Total	...		4207
					Temporary teeth	...	...	...	3505				
(8)	Administrations of general anæsthetics for extractions							...	...	...	...	...	308
(9)	Other operations :—				Permanent teeth	...	...	...	727	Total	...		1479
					Temporary teeth	...	...	...	752				

Visual Defects and External Eye Disease.

230 cases of defective vision were ascertained at routine and special examinations and 549 cases were seen at re-examinations. The figure for cases found at routine examinations represents a percentage of 7·38.

Squint was found in 3·8 instances at routine examinations and 45 cases were noted at re-inspections.

No arrangements were made during the year for operative treatment of squint.

45 cases of blepharitis were ascertained at routine examinations, 2 at special examinations, and 84 were noted as a result of re-inspection. In addition, corneal ulcer was noted in 2 instances.

328 children were seen during the year under the arrangements operating for the examination of cases with defective vision and spectacles were prescribed in 297 instances.

Details of other defects will be found in the tables at the end of the Report.

School Nurses' Inspections.

The following table summarises the work of the School Nurses during the year:—

School visits for medical inspection.	School visits for cleanliness inspection.	Number of children re-examined for cleanliness.	Number of individual cases found unclean in 1939.	Home visits re school children	School clinics attended by nurses.
244	435	27,359	1,307	4,385	1,278

Work at School Clinics.

1939	Ringworm		Impetigo		Other Skin Diseases		Other Conditions	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
January	1	1	34	97	3	20	102	251
February	..	..	33	129	10	29	122	332
March	1	5	26	124	4	16	130	519
April	..	..	23	59	7	12	105	186
May	2	8	27	118	7	29	135	392
June	2	4	25	91	7	26	128	395
July	2	15	36	146	4	8	97	288
August	..	..	23	57	4	4	65	156
September	1	10	40	216	17	86	142	359
October	1	3	80	499	16	91	244	638
November	1	12	65	478	16	103	384	645
December	..	..	76	278	87	158	441	745
Total ..		58		2292		582		4906

Infectious Disease in Schools.

The following table shows the incidence of notifiable and non-notifiable infectious disease in the Schools:—

Schools concerned 85	Scarlet fever	Diphtheria	Whooping cough	Chicken pox	Measles	German measles	Mumps	Influenza	Total
Cases ...	45	38	154	151	47	97	583	1	1116
Contacts...	8	8	1	4	1	20	11	...	53

School Closure.

No schools were closed and in no case has a certificate of attendance below 60% on account of epidemic disease been given.

Sanitary Circumstances of the Schools.

The County is fortunate in possessing certain very modern and up-to-date schools which are a credit to the Committee and though it will be understood that the writer has not yet had the opportunity of investigating the conditions of many of the rural schools, my colleagues have told me that a number of defects exist, notably bad lighting and heating, unsatisfactory and insufficient lavatories and cloakrooms, playgrounds in need of repair, etc.

ELEMENTARY SCHOOLS, 1939.

Return of Defects found in the course of Medical Inspection in 1939.

Conditions	Entrants			Intermediates			Leavers			For observation only	Referred for treatment	Specials			For observation only	Referred for treatment	Re-examinations			For observation only	Referred for treatment
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total			Boys	Girls	Total			Boys	Girls	Total		
Total Inspected	540	545	1085	563	551	1114	490	427	917	..	..	27	24	51	..	..	2619	2362	4981	..	..
CLOTHING..Unsatisfactory	3	3	6	5	1	6	3	1	4	..	16	..	..	..	..	..	9	8	17	..	17
FOOTGEAR..Unsatisfactory	1	1	2	2	..	2	3	2	5	..	9	..	..	..	..	..	12	2	14	..	14
MALNUTRITION	80	93	173	75	85	160	23	61	84	202	215	3	1	4	..	4	303	291	594	246	348
UNCLEANLINESS — Head	11	41	52	12	42	54	6	36	42	..	148	..	..	..	..	..	40	141	181	..	181
UNCLEANLINESS — Body	7	9	16	16	4	20	14	2	16	..	52	..	..	..	..	..	15	8	23	..	23
TEETH — Sepsis	1	..	1	..	..	..	..	1	1	1	1	..	..	..	..	..	5	1	6	2	4
TEETH — Five or more decayed	173	160	333	125	115	240	27	14	41	..	614	..	..	..	..	..	494	383	877	..	877
TEETH — Less than five decayed	186	180	366	220	170	390	197	147	344	87	1145	9	5	14	2	5	604	618	1222	60	1156
NOSE and THROAT — Enlarged Tonsils	120	129	249	103	121	224	74	57	131	539	65	2	2	4	4	..	409	464	873	712	161
NOSE and THROAT — Adenoids	1	1	2	1	1	2	..	1	1	1	4	..	..	..	..	..	10	8	18	6	12
NOSE and THROAT — Enlarged Tonsils & Adenoids	10	8	18	12	10	22	7	4	11	..	51	..	..	..	..	..	33	26	59	..	59
NOSE and THROAT — Other conditions	9	9	18	6	8	14	6	4	10	34	8	..	..	..	..	..	46	49	95	79	16
Enlarged Cervical Glands (Non-Tuberc.)	162	164	326	100	132	232	60	76	136	566	128	2	2	4	4	..	326	399	725	492	233
EYE — Blepharitis	5	8	13	7	12	19	7	6	13	16	29	2	..	2	2	..	45	39	84	43	41
EYE — Conjunctivitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
EYE — Keratitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
EYE — Corneal Ulcer	..	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	2	1	1
EYE — Corneal Opacities	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	3	4	7	5	2
EYE — Defective Vision	4	11	15	45	56	101	49	62	111	73	154	2	1	3	..	3	285	264	549	263	286
EYE — or Squint	4	10	14	8	10	18	3	3	6	14	24	1	..	1	..	1	25	20	45	20	25
EAR — Defective Hearing	13	5	18	7	2	9	1	8	9	17	19	..	..	..	..	..	21	16	37	24	13
EAR — Otitis Media	2	3	5	3	4	7	6	1	7	15	4	..	..	..	..	..	11	8	19	13	6
EAR — Other Ear Diseases	..	2	2	2	1	3	7	2	9	10	4	..	..	..	..	..	22	3	25	14	11
DEFECTIVE SPEECH	6	2	8	2	2	4	3	..	3	9	6	..	..	..	..	..	17	7	24	24	..
MENTAL CONDITION	11	8	19	3	8	11	4	4	8	38	..	1	..	1	1	..	39	23	62	62	..
HEART & CIRCULATION — Organic Disease	3	2	5	2	5	7	1	4	5	17	..	..	1	1	1	..	15	19	34	34	..
HEART & CIRCULATION — Functional Disease	4	16	20	7	13	20	2	7	9	49	..	..	..	..	..	..	44	45	89	89	..
HEART & CIRCULATION — Anæmia	1	4	5	3	1	4	1	5	6	5	10	..	..	..	..	..	15	13	28	10	18
LUNGS — Bronchitis	18	8	26	4	7	11	14	3	17	42	12	..	..	..	..	..	18	7	25	15	10
LUNGS — Other Non-Tubercular Diseases	24	29	53	6	11	17	1	6	7	77	..	..	1	1	1	..	10	19	29	23	6
NERVOUS SYSTEM — Epilepsy	..	..	..	1	..	1	1	..	1	1	1	..	..	..	..	..	1	2	3	3	..
NERVOUS SYSTEM — Chorea	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
NERVOUS SYSTEM — Other Conditions	3	5	8	1	..	1	..	2	2	10	1	1	1	2	..	2	2	10	12	9	3
TUBERCULOSIS — Pulmonary— Definite	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..
TUBERCULOSIS — Pulmonary— Suspected	1	..	1	1	1	2	..	..	..	3	..	..	..	..	..	..	1	..	1	1	..
TUBERCULOSIS — Non-Pulmonary— Glands	4	2	6	..	1	1	1	..	1	7	1	..	..	..	..	..	3	2	5	3	2
TUBERCULOSIS — Spine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TUBERCULOSIS — Hip	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TUBERCULOSIS — Other Bones and Joints	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TUBERCULOSIS — Skin	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TUBERCULOSIS — Other Forms	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DEFORMITIES — Rickets	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1
DEFORMITIES — Spinal Curvature	1	1	2	..	1	1	..	1	1	1	3	..	1	1	1	..	1	4	5	5	..
DEFORMITIES — Other Forms	8	6	14	11	11	22	1	18	19	36	19	..	..	..	..	..	26	40	66	38	28
SKIN — Ringworm (head)	..	..	..	..	..	..	..	1	1	..	1	..	1	1	..	1	1	4	5	5	..
SKIN — Ringworm (body)	..	..	..	..	1	1	1	1	2	1	2	..	..	..	..	..	..	1	1	..	1
SKIN — Scabies	..	..	..	..	1	1	1	..	1	..	2	..	..	..	..	..	..	3	3	..	3
SKIN — Impetigo	..	..	..	2	..	2	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..
SKIN — Other Diseases (Non-Tuberc)	7	3	10	7	3	10	2	2	4	16	8	..	..	..	..	..	17	25	42	35	7
Other Defects or Diseases	49	27	76	39	23	62	28	26	54	135	57	4	9	13	5	8	153	151	304	223	81

Table I.

Return of Medical Inspections.

A.—Routine Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	859
Second Age Group	911
Third Age Group	723
Total ...	2493
Number of other Routine Inspections	103
Grand Total ...	2596

B.—Other Inspections.

Number of Special Inspections and Re-inspections	4490

Table III.

Blind Children.

At a Public Elementary School	At another Institution	At no School or Institution
—	—	—

Deaf Children.

At a Public Elementary School	At another Institution	At no School or Institution
1	—	—

TABLE IV.

Group 1.—Minor Ailments.

Disease or Defect.	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
SKIN—			
Ringworm—Scalp (i) X-ray Treatment	..	..	..
(ii) Other „	1	..	1
„ —Body	10	1	11
Scabies	16	3	19
Impetigo	325	..	325
Other Skin Diseases	158	1	159
MINOR EYE DEFECTS (external and other, but excluding cases falling in Group II.)	97	1	98
MINOR EAR DEFECTS .. .. (Treatment for more serious diseases of the ear (*e.g.*, operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report)	74	4	78
MISCELLANEOUS (*e.g.*, minor injuries, bruises, sores, chilblains, etc.) ..	1211	6	1217
Total ..	1892	16	1908

Table IV. (continued).

Group II.—Defective Vision and Squint.

Defect or Disease	Number of Cases dealt with		
	Under the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report)	328	9	337
Other Defect or Disease of the eyes (excluding those recorded in Group I.)	..	5	5
Total	328	14	342

Number of Children for whom spectacles were prescribed :—

(*a*)	Under the Authority's Scheme	328
(*b*)	Otherwise	9
	Total ...	337

Number of Children for whom spectacles were obtained :—

(*a*)	Under the Authority's Scheme	266
(*b*)	Otherwise	9
	Total ...	275

Table IV. (continued).

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 Hosp'l, apart from the Authority's Scheme				Total					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
16	1	1	..	8	..	5	..	24	1	6	..	23	54

(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
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an orthopaedic clinic	
Number of Children Treated	7	..	38	..	..	..	45

Table V.

Dental Inspection and Treatment. Elementary and Secondary.

(1)	*Age* ...	...	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*	*13*	*14+*	*Total*
	Number	...	231	240	228	269	294	228	228	323	299	88	2428
	(*b*) Specials				...	...	...	...	...	...	...	...	160
	(*c*) Total (Routine and Specials)							...	...	...	...	...	2588
(2)	Number found to require treatment ...						...	...	...	...	...	...	2512
(3)	Number actually treated				...	...	...	...	...	...	...	...	1178
(4)	Attendances made by children for treatment							...	...	...	...	...	3783
(5)	Half-days devoted to :—						Inspection	...	20	Total	...	618	
							Treatment	...	598				
(6)	Fillings :—				Permanent teeth	...	...	...	2533	Total	...	2976	
					Temporary teeth	...	...	...	443				
(7)	Extractions :—				Permanent teeth	...	...	...	702	Total	...	4207	
					Temporary teeth	...	...	...	3505				
(8)	Administrations of general anæsthetics for extractions							...	...	...	...	...	308
(9)	Other operations :—				Permanent teeth	...	...	...	727	Total	...	1479	
					Temporary teeth	...	...	...	752				

1.—Number of Children dealt with.

	Age Groups										Specials	Total
	5	6	7	8	9	10	11	12	13	14+		
(*a*) Inspected by Dentist ..	231	240	228	269	294	228	228	323	299	88	..	2428
(*b*) Referred for Treatment ..	218	229	223	257	288	226	227	314	284	86	..	2352
(*c*) Actually Treated	48	80	116	167	163	127	95	78	84	60	160	1178
(*d*) Re-treated (result of periodical examinations)	..	9	33	60	52	42	31	28	35	33	6	329

2.—Particulars of Time given and of Operations undertaken.

No. of Half-days devoted to Inspection	No. of Half-days devoted to Treatment	Total No. of Attendances made by the Children at the Clinic	No. of Permanent Teeth		No. of Temporary Teeth		Total Number of Fillings	No. of Administrations of General Anaesthetic included in (4) and (6)	No. of other Operations	
			Extracted	Filled	Extracted	Filled			Permanent Teeth	Temporary Teeth
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*
20	598	3783	702	2533	3505	443	2976	308	727	752

Table VI.

Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses 4·8

(2) Total number of examinations of Children in the Schools by School Nurses ... 27,098

(3) Number of Individual Children found unclean 1448

(4) Number of Individual Children cleansed under Section 87 (2) and (3) of the Education Act, 1921 711

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

(*a*) Under the Education Act, 1921 ... ... Nil

(*b*) Under School Attendance Byelaws ... ... Nil

SECONDARY SCHOOLS, 1939.

Return of Defects found in the course of Medical Inspection in 1939.

Conditions.		Entrants			Intermediate			For observation only	Referred for treatment
		Boys	Girls	Total	Boys	Girls	Total		
Total Inspected		95	118	213	387	493	880	..	..
Clothing	Unsatisfactory	..	..	..	..	..	..	..	..
Footgear	Unsatisfactory	..	..	..	..	..	..	..	..
Malnutrition		..	7	7	2	15	17	15	9
Uncleanliness	Head	..	..	..	..	..	..	..	..
	Body	..	..	..	..	..	..	..	..
Teeth	Sepsis	..	..	..	1	1	2	1	1
	Five or more decayed	2	..	2	5	7	12	..	14
	Less than five decayed	25	39	64	129	125	254	35	219
Nose and Throat	Enlarged Tonsils	7	9	16	18	38	56	54	2
	Adenoids	..	..	..	..	1	1	1	..
	Enlarged Tonsils & Adenoids	..	..	..	..	2	2	1	1
	Other conditions	1	1	2	1	10	11	9	4
Enlarged Cervical Glands (Non-Tuberc.)		10	30	40	13	55	68	108	..
Eye	Blepharitis	2	1	3	6	6	12	9	6
	Conjunctivitis	..	..	..	..	2	2	..	2
	Keratitis	..	..	..	..	..	..	..	..
	Corneal Ulcer	..	..	..	..	..	..	..	..
	Corneal Opacities	..	..	..	..	..	..	..	..
	Defective Vision	12	31	43	58	113	171	33	181
	or Squint	1	1	2	..	4	4	2	4
Ear	Defective Hearing	2	1	3	1	4	5	5	3
	Otitis Media	..	..	..	1	..	1	1	..
	Other Ear Diseases	1	..	1	..	2	2	3	..
Defective Speech		..	..	..	3	..	3	3	..
Mental Condition		..	..	..	..	..	..	..	..
Heart & Circulation	Organic Disease	1	..	1	1	5	6	7	..
	Functional Disease	1	3	4	..	17	17	21	..
	Anæmia	..	3	3	1	2	3	2	4
Lungs	Bronchitis	..	1	1	..	..	..	..	1
	Other Non-Tubercular Diseases	2	1	3	1	6	7	9	1
Nervous System	Epilepsy	..	..	..	..	..	..	..	..
	Chorea	..	..	..	1	..	1	1	..
	Other Conditions	..	..	..	..	4	4	4	..
Tuberculosis	Pulmonary—								
	Definite	..	..	..	..	..	..	..	..
	Suspected	..	..	..	..	..	..	..	..
	Non-Pulmonary—								
	Glands	..	..	..	..	1	1	1	..
	Spine	..	..	..	..	..	..	..	..
	Hip	..	..	..	..	..	..	..	..
	Other Bones and Joints	..	..	..	..	..	..	..	..
	Skin	..	..	..	..	..	..	..	..
	Other Forms	..	..	..	..	..	..	..	..
Deformities	Rickets	..	..	..	..	1	1	2	..
	Spinal Curvature	..	1	1	..	4	4	..	5
	Other Forms	6	9	15	4	82	86	37	64
Skin	Ringworm (head)	..	..	..	..	..	..	..	..
	Ringworm (body)	..	..	..	..	..	..	..	..
	Scabies	..	..	..	..	..	..	..	..
	Impetigo	..	..	..	..	..	..	..	..
	Other Diseases (Non-Tuberc)	1	1	2	2	10	12	9	5
Other Defects or Diseases		2	12	14	10	41	51	38	27

Table II.B.

Number of Individual Children found at Routine Inspections to require Treatment.

(Excluding Uncleanliness and Dental Diseases).

Group	Number of Children		Percentage of Children found to require treatment
	Inspected	Found to require treatment	
Code Groups :—			
Entrants	213	50	23·47
Routines	880	208	23·63
Total (Code Groups)	1093	258	23·60
Other routine inspections ..	Nil	Nil	Nil

Table IV.

Return of Defects treated during the Year ended 31st December, 1939.

Group I.—Minor Ailments.

(Excluding Uncleanliness, for which see Group V.)

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm—Scalp	..	..	..
,, Body	..	..	..
Scabies	..	..	..
Impetigo	..	..	..
Other Skin Disease	..	4	4
Minor Eye Defects (external and other but excluding cases falling in Group II.)	..	..	..
Minor Ear Defects	..	1	1
Miscellaneous (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	..	2	2
Total	..	7	7

Group II.—Defective Vision and Squint.

(Excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to Refraction by private Practitioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint) (Operations for Squint should be recorded separately in the body of the Report)	125	20	..	145
Other Defect or Disease of the eyes (excluding those recorded in Group I)	..	2	..	2
Total	125	22	..	147

Total number of Children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme 104

(*b*) Otherwise 20

Total number who obtained or received spectacles :—

(*a*) Under the Authority's Scheme 97

(*b*) Otherwise 20

Group III.—Treatment of Defects of Nose or 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		
Nil	2	2	Nil	2