

[Report 1927] / School Medical Officer of Health, Gloucestershire County Council.

Contributors

Gloucestershire (England). County Council. n 50061360

Publication/Creation

1927

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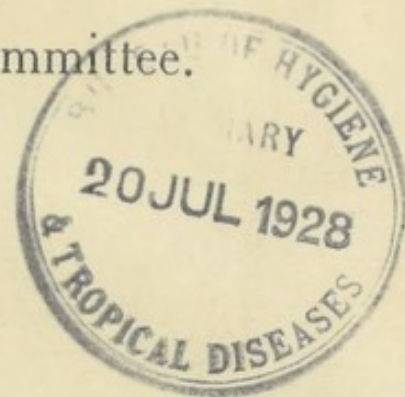
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Gloucestershire Education Committee.



TWENTIETH ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND
TREATMENT

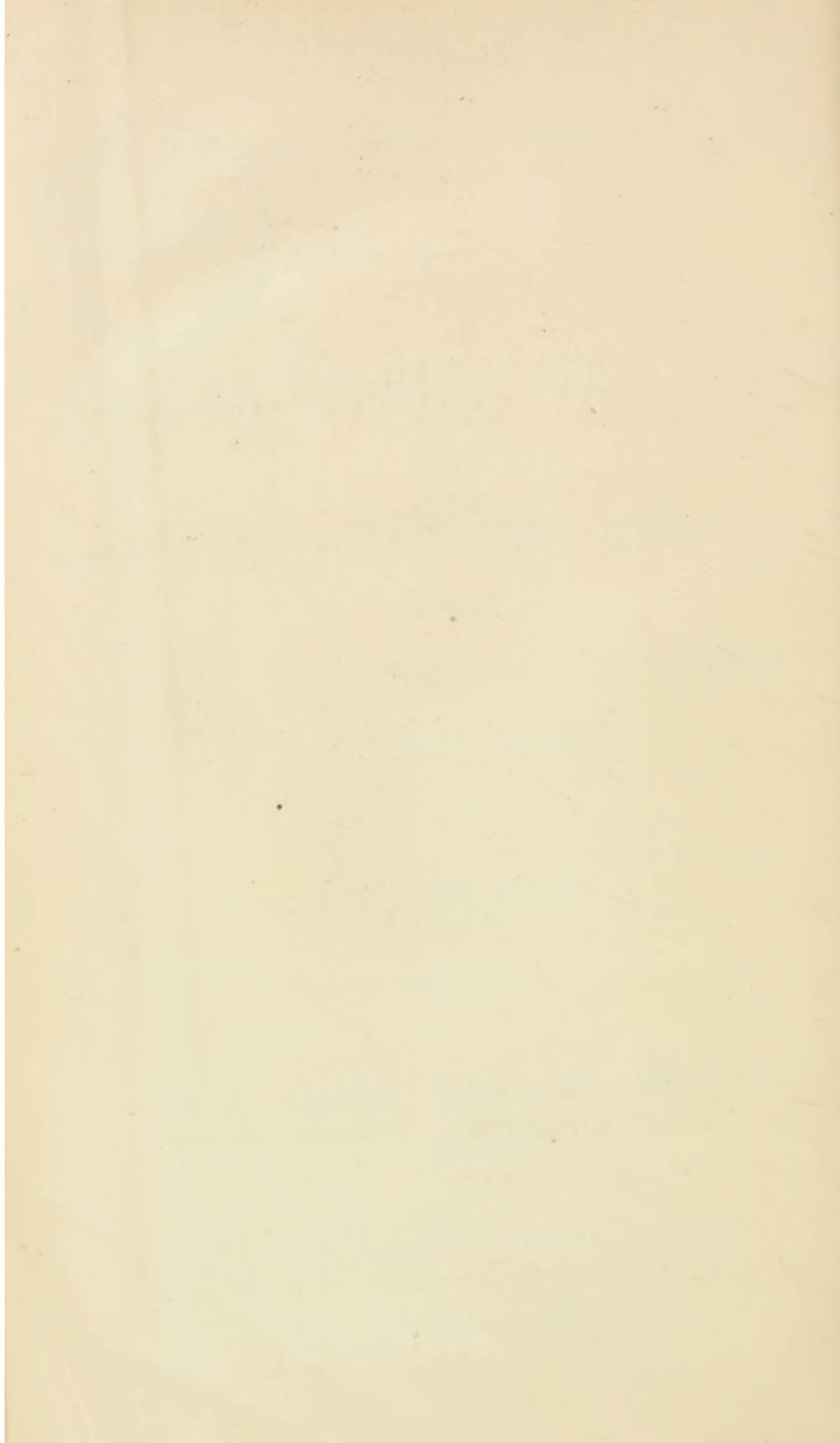
OF THE

CHILDREN

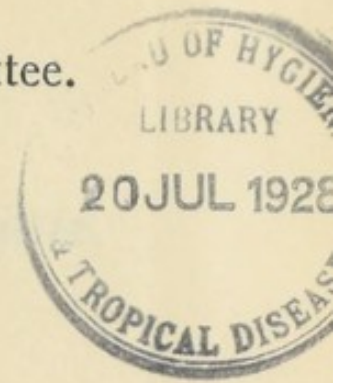
ATTENDING

**The Public Elementary Schools of the
County**

For the year ended December 31st, 1927.



Gloucestershire Education Committee.



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SCHOOL MEDICAL OFFICER

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The Public Elementary Schools of the
County

For the year ended December 31st, 1927.

Gloucestershire Education Committee.

SHIRE HALL,
GLOUCESTER,

9th April, 1928.

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

LADIES AND GENTLEMEN,

The accompanying report contains a very condensed summary of the work of the School Medical Inspectors, Dentists and Nurses in the Elementary Schools (mostly in connection with the nineteenth round), and in the Secondary Schools (during the seventh round), and of the treatment given under the scheme to school children during 1927. The records are mainly of a routine character, but attention may be drawn particularly to the steady development in the advantage taken of the treatment arrangements.

A brief note comparing recent findings with those in the early days of medical inspection is included and, so far as it goes, it shows improvement in the condition of the later generation of children. The scope of the treatment provided under the scheme is enlarging gradually; in particular, the supervision of children with orthopaedic defects is more thorough and many more have been brought under treatment. Further, arrangements have been made for the special examination of children with signs of heart disease in conjunction with the Bristol University Cardiac Research Institute.

The Committee are fortunate in having retained the services of the same doctors and Health Superintendents for several years: that the work proceeds so smoothly is evidence of the manner in which it is done by them and by the District Nurses throughout the County.


For the cordial assistance of all engaged in the work, I am grateful.

I have the honour to remain,

Your obedient servant,

J. MIDDLETON MARTIN,

School Medical Officer.



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Twentieth Annual Report

OF THE

SCHOOL MEDICAL OFFICER.

Staff.

Medical.—The Education Committee have been fortunate in retaining the same Medical Staff for seven years, namely :—

Dr. T. F. H. Blake	appointed	1 Sept., 1908	} Whole Time. Also M.O.H. for their respective Districts.
„ Sarah Wilson	„	14 Oct., 1916	
„ H. F. W. Adams	„	7 Feb., 1921	
„ R. Green	„	1 Sept., 1912	
„ T. Rhind	„	1 Feb., 1913	

Dental—

Mr. B. F. Wren	„	1 May, 1919	} Whole Time.
„ P. J. Wakley	„	5 May, 1919	

Nursing.—The nursing work in the schools is supervised by the eight County Health Superintendents, among whom there has been no change since September, 1925. Their names are :—

Miss A. Boyd	„	appointed	5 Aug.,	1916.
„ V. M. Crow	„	„	1 Sept.,	1925
„ M. H. Griffiths	„	„	1 March,	1915.
Mrs. F. E. Lyne	„	„	16 March,	1921.
Miss J. I. McLauchlan	„	„	30 July,	1917.
„ E. Mason	„	„	5 June,	1916.
„ D. K. Palin	„	„	10 March,	1919.
„ M. S. Payne	„	„	17 Nov.,	1923.

The greater part of the actual work is undertaken by the District Nurses in the County. In 1916 the number of Associations co-operating with the County Council in its public health work was 75, but this number had increased by the end of 1927 to

121, covering 299 of the 353 civil parishes. The volume of their work is indicated by the following statement :—

			<i>No. of District Nurses.</i>	<i>Visits to Schools.</i>	<i>Children examined for pediculosis.</i>	<i>No. of examina- tions.</i>	<i>Visits to Defective Children.</i>
1921	...	...	109	2,007	41,947	53,213	3,334
2	...	...	113	2,312	43,540	53,177	4,371
3	...	...	117	2,168	47,276	54,737	4,901
4	...	...	122	2,357	49,822	58,065	4,237
5	...	...	129	1,879	54,650	63,062	4,738
6	...	...	131	1,799	57,530	64,015	6,573
7	...	...	127	1,673	55,452	61,756	5,272

What cannot be indicated in any such statistical statement is the personal interest taken by the Nurses in the children: this varies considerably in different parts of the County, but it is a valuable feature of the County arrangements, for of all visitors to homes no person is more acceptable than the District Nurse.

A further advantage is that the District Nurse is also the Infant Visitor, who has had the child under observation before admission to school, and who has often attended at its birth. While there are arguments which may be advanced in favour of more highly trained special School Nurses, who from their special training may be able to give more skilled advice, the value of the advice is the product of its quality and the reception: the conclusion reached by a special committee in the United States is that this product is greater in the case of the District Nurse than of the whole time visitor.

School Hygiene.

The Medical Inspectors noted in their routine reports improvements which they found in 7 schools during their round, and drew attention to matters at 7 other schools whereby conditions might be made more satisfactory. In one instance, alterations which had been proposed were then being carried out.

Medical Inspection.

A. General Arrangements.—The same procedure has been followed throughout and the arrangements worked as smoothly as usual. The schedule of visits is arranged with the Head Teachers, who make the necessary preparations, and District Nurses attend at about two-thirds of the schools, with the doctors at the times of their routine visits: in other schools, assistance is willingly given by the teachers.

B. Places of Inspection.—In 411 of the 425 departments the inspections were made in rooms at the respective schools: in 9 cases the teachers' room was used, 2 the Chapel vestry, 1 mission

room, 1 managers' room and 1 school house. In 6 schools of one room only a part was curtained off for the purpose.

C. Appliances.—A measuring standard, with a moveable head-piece, is fixed in each school. For weighing, a portable steelyard in a compact case is taken to each school. These are tested by the Inspector of Weights and Measures each summer, and rarely there are more than minor matters requiring attention. In 1927 3 were returned to the makers (Messrs. Avery & Co.) for overhauling, as the Inspector reported that the knife edge centres required attention.

D. Numbers of Children.—The numbers of children in the different groups during the nineteenth round of the schools are set out in the following statement:—

No. of children on the registers of 425 departments	...	...	...	...	39,991
Children examined—					
A. Code Groups.					
Entrants	...	...	...	...	4,819
Intermediates	...	...	...	...	3,299
Leavers	...	...	...	...	3,985
					12,103
B. Specials.					
Re-examinations	...	...	...	...	5,745
less examined as routine	...	...	...	...	547
					5,198
New Specials (not routine)	...	...	...	...	325
					5,523
Total children examined	...	...	...	...	17,626

In the following statement is set out the percentages of children in average attendance examined in the three code groups year by year together with the birth-rate five years previously:—

	Birth Rate.	Percentage on average attendance.		
		Entrants.	Intermediates.	Leavers.
1919-20	... 18.0 (1915)	15.2	12.4	14.2
1920-21	... 17.9 (1916)	12.1	11.3	10.7
1921-22	... 14.7 (1917)	9.9	11.3	10.2
1922-23	... 15.2 (1918)	9.9	11.5	10.3
1923-24	... 16.4 (1919)	11.1	11.2	10.4
1924-25	... 23.8 (1920)	13.0	11.3	10.0
1925-26	... 19.9 (1921)	14.6	9.0	11.7
1926-27	... 18.5 (1922)	13.4	9.15	11.0

All children who have presented any defect are reviewed at each visit to the school: the number of these remains at an almost constant figure of about 8,000; that is about one-fifth

of the children on the registers. Many of the conditions bringing them into this category may be slight, but the provision of a "special" card for any such child helps to ensure that no case which would be the better for attention is overlooked.

Findings of Inspection.

The general results of the examination of 14,743 children (12,103 routine and 2,640 specials) are set out in Table II at the end of this report, and in the statement below. These are summaries of the findings of the same five examiners who have been engaged in the work for seven years, and the records year by year are therefore comparable. There is evidence, however, that the statistics for different areas are influenced by the personal equation of the different examiners: this is brought out by an analysis that has been made of the findings of the five Medical Inspectors in this County, and emphasises the importance of weighing this factor carefully in comparisons of different areas to determine local influences.

The grouping of the defects noted in the nineteenth round of the schools is set out shortly in the following table:—

	<i>Entrants.</i>		<i>Intermediates.</i>		<i>Leavers.</i>		<i>Total.</i>	
	No.	%	No.	%	No.	%	No.	%
No. examined	4,819		3,299		3,985		12,103	
Nose and throat	1,229	25.5	651	19.7	670	16.8	2,550	21.04
Teeth (over 3 decayed) ...	1,021	21.2	549	16.6	267	6.7	1,837	15.2
Heart trouble	78	1.62	97	2.94	212	5.31	387	3.20
Glandular enlargement ...	545	11.3	305	9.3	186	4.67	1,036	8.55
Vision (6/12 and worse)								
R. eye	9	6.8	145	4.54	237	5.82	391	5.28
External eye	117	2.43	101	3.06	90	2.26	308	2.54
Defective Hearing (R.) ...	43	.89	44	1.33	37	.93	124	1.02
Ear discharge	65	1.35	46	1.39	39	.98	150	1.24
Skin disease	52	1.08	29	.88	25	.63	106	.87
Deformities	67	1.39	29	.88	31	.78	127	1.05
Bronchial catarrh	71	1.47	21	.64	7	.18	99	.82
Anæmia	15	.31	16	.49	25	.63	56	.46
Others	57	1.18	68	2.06	196	4.92	321	2.66
Total	3,369	69.72	2,101	59.27	2,022	44.79	7,492	58.65

Of the 12,103 children examined, 6,161, or 51 per cent., presented no defect calling for notice: the remaining 5,942 (49 per cent.) were reported to have 7,492 defects, 1.26 per child, an average of 5 for every 4 children, the same as last year. In general, the proportion of children affected in various ways varies but little year by year, and even in a long series of results but

slight changes are to be noted, except with respect to a few conditions.

A comparison has been made of the results for two periods of five years, 1912-16 and 1922-26, and it would appear that the conclusions drawn by Sir George Newman, the Principal Medical Officer of the Board of Education, hold good with respect to this County. Thus, the proportion of children with no recognisable defect is above instead of below half the number: more children are reported to be above the normal generally and less poorly nourished: fewer children have defective vision and hearing; the proportion of dull and backward children is now about one-half the former figure. There were several changes in the examiners as between these two periods, and personal equation is probably a factor to be considered, as above mentioned. It is, however, satisfactory that, on the whole, the change is towards improvement, though there may not be strong grounds for claiming it to be the result of medical inspection. As regards one condition—dental decay—a reduction amongst leavers by about one-half may be attributed directly, at least in some measure, to the work of the School Dentists.

With the object of ascertaining the treatment services required, general surveys of 5,862 children attending schools in selected urban and rural neighbourhoods were made. As a general result, the defects found were skin affections (1.4 per cent.) defects of throat (1.35 per cent.), defective vision (.7 per cent.), external eye (.7 per cent.), ear discharge (.4 per cent.), defective hearing (.3 per cent.), debility (.3 per cent.), and other conditions (.3 per cent.), a total of 55 children per 1,000.

Pediculosis.

In regard to a gross condition, pediculosis, there is evidence of an even greater improvement: thus, from the School Nurses' reports only 23 children were found in 1927 to be infected for every 100 in 1908-10, and similar reports are made by the Medical Inspectors. It is an interesting side-light on the extent to which the effect is felt in the home that as great improvement is not noticed among infants, the proportion infected being 33 compared with 100 in 1908-10: comparing schools in rural and urban districts, the improvement is greater in the former (14) than in the latter (26).

The labour involved is indicated by the following summary statement of the work done since 1916, fuller details with respect to 1927 being given in Table B at the end of the report.

		<i>Departments visited.</i>	<i>No. of Examina- tions.</i>	<i>Children.</i>		<i>Percentage infected.</i>
				<i>No. examined.</i>	<i>No. infected.</i>	
1916	...	251	39,582	26,175	4,257	16.3
7	...	249	31,197	22,192	3,445	15.5
8	...	276	31,480	24,854	3,172	12.8
9	...	239	25,067	19,378	2,299	11.9
1920	...	370	42,433	32,705	4,627	14.1
1	...	491	53,213	41,947	5,832	13.9
2	...	516	53,177	43,540	5,122	11.8
3	...	579	54,737	47,276	4,911	10.4
4	...	597	58,065	49,822	5,108	10.3
5	...	669	63,062	54,650	5,310	9.7
6	...	692	64,015	57,530	4,816	8.3
7	...	672	61,756	55,452	3,842	6.9

In the last resort, generally after at least three warnings, the child is excluded and proceedings are taken against the parents for the child's compulsory absence from school, under the Bye-Laws. A more satisfactory alternative course is offered under Section 87 of the Education Act, 1921, under which it is an offence to allow a child to become infected after "cleansing" at an approved place. So far only one such "cleansing station" has been provided in this County, namely at Stroud: this has been in operation since the end of 1924. In 1925 notices were issued with respect to 41 children and 17 were actually treated at the "cleansing station": in 1926 the numbers were 22, and 20 respectively, and in 1927 23 and 21. In no instance has occasion arisen for proceedings on account of re-infection, though after long intervals the same children have been again under notice.

Infectious Diseases.

From the returns made weekly by the Head Teachers, through the Medical Officers of Health, the prevalence of infectious conditions was less than in the previous two years. This applies particularly to measles, diphtheria, scarlet fever and whooping cough: mumps was slightly more prevalent and chickenpox almost as much as in 1926.

The numbers of children excluded on account of infectious skin conditions were about the average, viz., 343 cases of impetigo, 222 of ringworm and 31 of scabies. The lists of affected children are sent by Head Teachers each week to the Medical Officer of Health for the District concerned, and are passed on by him to the School Medical Officer. In this way the former is kept informed of the occurrence of cases, enabling him to take appropriate action. On receipt of the lists, the School Medical Officer

sends the names of children with infectious skin conditions to the District Nurses, so that they may ensure that they are brought under effective treatment. Further control is maintained by monthly reports by Head Teachers on each child absent from school on account of infectious skin disease.

211 schools were closed during 1927 on account of infectious diseases, 194 closures being due to the influenza epidemic in the early months of the year. 169 certificates were issued in respect of periods of low attendances due to epidemic illness.

Arrangements for following up Children with Defects.

The arrangements have been described in previous reports, but it may be stated shortly that—

1. The School Medical Inspectors make out lists of children after each visit to the school.
2. The lists are sent to the School Nurse, Children's Care Committee (where there is one) and to the Head Teachers.
3. Reports on the respective cases are received, generally from the Nurses.
4. In areas, accessible to Out Stations, reports are made monthly until each case has had appropriate treatment.
5. When difficulty is experienced in getting parents to appreciate the importance of giving treatment to any child and the efforts of local persons and of the School Medical Officer have proved unsuccessful, the assistance of the National Society for the Prevention of Cruelty to Children is invoked.

As a result of this combined effort, treatment is, in general, given more promptly than in the early days of this work. There are, however, always some cases in which the last step is necessary, and in many instances a visit from the local Inspector of the Society promptly secures the action desired.

Treatment.

The facilities available for the treatment of defects include general medical practitioners, hospitals and the arrangements under the scheme for the extension of Medical Services, with the assistance of the District Nurses. The arrangements under the scheme were enlarged during 1927 by the opening of the Out Station at the Lydney Hospital, where the work has developed very rapidly. The places now available are :—

GENERAL HOSPITALS ... Bath and Bristol (for approved eye, ear, nose and throat cases only), Cheltenham, Gloucester and Stroud.

SPECIAL HOSPITALS ... Cosham Hospital, Gloucester Children's Hospital and Stratford-on-Avon and Chepstow Hospitals (for eye, throat and ear cases only).

OUT-STATIONS—

Cottage Hospitals ... Almondsbury, Berkeley, Chipping Sodbury, Cirencester, Fairford, Lydney, Moreton-in-Marsh, Tewkesbury and Winchcombe (eye cases only).

Special Buildings ... Chipping Campden, Cinderford, Soundwell and Thornbury.

The general progress of the work done under the scheme is shown in the following condensed statement, which deals *only with school children*: there is now a tendency for much greater increase of work among infants under 5 years of age, the limits with respect to school children in the areas at present covered by out stations appearing to have been reached and the numbers tending to remain stationary.

	1921-22.	1922.	1923.	1924.	1925.	1926.	1927.
No. of Out-Stations	8	8	8	9	10	11	12
	(about 8 months)						
Openings of Out-Stations:							
Routine	225	407	407	420	442	533	571
Intermediate	—	—	—	280	289	603	501
Cases seen	272	942	1,566	1,954	2,132	3,161	3,394
Attendances	758	2,282	4,239	5,326	5,443	10,768	8,618
Average attendance at							
Routine openings	3.3	5.6	10.6	9.9	9.6	13.8	9.0
Specialist cases:							
Vision	121	489	692	617	706	974	1,048
Ear, nose and throat	48	210	374	730	888	1,095	1,260
Orthopaedic	—	—	25	48	66	170	140
Throat operations	56	159	312	386	556	611	717
Spectacles obtained	24	169	428	325	361	550	581

The Medical Services Committee have been encouraged by the success of their arrangements, both as regards the progress of work and the satisfactory manner in which it has been done, to decide to enlarge the scope gradually and to open one or two new Out Stations each year until the whole of the County is covered and the facilities for treatment are available in all parts. The areas now under special consideration are the east central and the part to the north of Bristol.

Orthopaedic Treatment.

Considerable progress has been made in bringing cases under review by the Orthopaedic Surgeon and a good foundation

has been laid for developing this work on sound lines. The numbers of cases seen by him year by year have been 40 in 1924, 140 in 1925, 310 in 1926 and 699 in 1927: these include children of all ages, and it is particularly satisfactory that infants are being referred in increasingly large numbers: thus out of the 316 cases seen during 1927, 176 were among children under 5 years of age and 140 between 5 and 14 years.

The defects from which the 316 children were reported to be suffering are summarised as follows:—

<i>Paralytic—</i>				
Infantile paralysis	...	...	...	46
Spastic paralysis	...	...	...	11
Birth palsy	...	...	...	7
Acute poliomyelitis	...	...	...	4
Muscular paralysis	...	...	...	2
				—
				70
<i>Rickets</i>	...	...	...	12
<i>Spine—Scoliosis and kyphosis</i>	...	...	...	15
<i>Hip Joint—</i>				
Congenital dislocation	...	...	...	9
Perthe's disease	...	...	...	3
				—
				12
<i>Knees and Legs—</i>				
Bow legs	...	...	...	45
Knock knees	...	...	...	5
Knee joint	...	...	...	7
				—
				57
<i>Feet—</i>				
Flat foot	...	...	...	59
Club foot	...	...	...	30
Hammer toes	...	...	...	5
				—
				94
<i>Hare Lip and cleft palate</i>	...	...	...	15
<i>Various</i>	...	...	...	41
				—
				316

The arrangements are now on a more definite basis and, shortly, are as follows:—

1. Information as to cases is received from various sources and, as to infants, in increasing numbers from Health Visitors. The names are entered on a card index register and this now contains entries of 536 cases.
2. Cases are reviewed by the Orthopaedic Surgeon of the Cheltenham General Hospital at the Hospital and at seven Out Stations, and copies of his reports are sent to the usual medical attendants and nurses concerned.
3. The cases are kept under supervision by the Surgeon and whole-time Orthopaedic Nurse, the former visiting

Out Stations quarterly and the latter weekly. The Nurse also sees as many cases as possible in their homes.

4. Treatment is given in the Hospital and at the Out Stations. All operative work is done in the former, where the Committee have reserved six beds. Intermediate treatment is given by the Orthopaedic Nurse at the Out Stations and to a limited extent in the homes. Efforts are made to interest District Nurses in this work, and it is hoped that they will be able to give increasing assistance in the supervision of remedial exercises, care of appliances, etc.
5. Efforts are made to encourage children to lead as normal a life, including attendance at school, as possible: beyond this it has been possible, so far, to do very little in the way of providing occupation (hand work, etc.) for children not able to attend school, but it is hoped in time to discover some one person who will be willing to help in this direction with respect to each child. Some children would be suitable for a special school, and it was desired that provision should be made for them in the pavilion for surgical cases in the tuberculosis institution: this proved impracticable owing to the special constitution of the Joint Committee for Tuberculosis. The only existing school for physically defective children in the County is that at St. Rose's Convent, Stroud, where very good work is done: so far no cases have been sent by the Education Committee, partly in view of the cost.

The arrangements whereby patients are examined by the Orthopaedic Surgeon and intermediate treatment is given by the Orthopaedic Nurse at the Out Stations have proved very useful. The numbers of attendances in 1927 were:—

<i>Out Station.</i>		<i>For examination by Surgeon.</i>	<i>For treatment by Nurse.</i>
Berkeley ... ..	...	74	217
Chipping Campden ... ..	...	69	220
Cinderford ... ..	...	125	234
Cirencester ... ..	...	120	228
Lydney ... ..	...	59	75
Tewkesbury ... ..	...	62	322
Thornbury ... ..	...	32	46
Totals ... ..	...	541	1,342

Even with these facilities there are many patients who cannot attend even for the visits of the Surgeon: this difficulty has been overcome in a few parts by arrangements for transport which

have been proved so successful that it is hoped the arrangement may be enlarged. It is also proposed to open more Out Stations gradually and preliminary negotiations in respect of two in association with Cottage Hospitals are proceeding.

With a view to providing more regular and systematic intermediate treatment the Medical Services Committee are proposing to appoint a second Orthopaedic Nurse and with her assistance it would be practicable not only to maintain more effective direct supervision of cases but also to spend more time in showing the District Nurses ways in which they can give assistance.

Dental Treatment.

This branch of work has proceeded as smoothly and as satisfactorily as in previous years and probably there is none that meets with greater appreciation from all concerned. In the tenth round of the schools now specially under consideration the age groups were extended from 6 to 10 years, to include the children between 5 and 6 years, thus bringing over half the children in attendance under review by the dentists. This extension has resulted in 5,000 additional children being examined and 2,000 being treated by the dentists: the actual numbers examined were 18,343 and treated 8,712, including 964 "casuals," i.e. children not actually coming within the age groups but needing attention at the times of the dentists' visits. The numbers also include the extra children in 20 small schools where all the children in attendance were examined. Fuller details will be found in Tables C and IV at the end of the report.

Physical Training.

No special provision has been made for physical training beyond the usual drill and exercises carried out under the supervision of the teachers.

The Secretary for Education reports that no Courses of "Instruction in Physical Exercises" for teachers were conducted in the County during 1927.

Provision of Meals.

The Secretary for Education reports that no formal arrangements were made by the Local Education Authority for the Provision of Meals in their area during the year 1927.

Baths for Children.

In no instances as yet have baths been provided in connection with any school in the County and—so far as is known—the only place in the County where special provision has been made for school children is Tewkesbury. There, two baths were pro-

vided for soldiers during the war, and at the instance of Mrs. Smith, one of the District Nurses, the Corporation agreed to open them for school children in December 1921. For some months she herself superintended the arrangements: encouraged by the success of her enterprise, the Corporation employed a woman for the purpose from the autumn of 1922, and towards the end of the same year added two more baths, making a total of four. The following year they were made available for women and girls from 2 to 8 p.m. on Fridays at a charge of 3d., and later Thursday and Saturday afternoons were allotted to men and boys. The time for children is 10.30 a.m. to 1.30 p.m. on Saturdays, with no charge.

Both the nurses and the bath attendants report that the opportunities are greatly appreciated, and it is stated that it is proposed to provide an additional two baths. The attendances in 1927 averaged 19 per week.

Emphasis is laid on this subject as, simple though it appears, it is a valuable influence in public health education. In some ways baths established in this way have advantages over those in cottages, as here the water is ready and the use of the bath does not lock up a room in the house. Another reason is that, in these Tewkesbury baths, is an example of the simple and cheap manner in which they can be provided: the building is an old malt house with a part of the first floor partitioned into cubicles for bath-rooms and the boiler in the basement. The threepence per bath paid by the adults goes a long way towards covering all the working expenses, so that the Corporation are able, without serious loss, to grant the use of the baths free to children.

Special Subjects.

Bronchial Catarrh.—In the report for 1925 (p. 20) was included a note on the catarrhal condition of the lungs, which was found so frequently, especially among infants. The proportion of entrants affected has varied slightly from year to year, the average during 18 years being $1\frac{1}{2}$ per cent.: amongst children at the time of leaving school it is one-third per cent. In both groups boys are affected more than girls in the proportion of about 4 to 3, girls recovering more rapidly than boys. In the note above mentioned it was said that Dr. R. C. Clarke had observed that amongst infants aged 3 to 6 weeks about one-half have respiratory catarrh, and that he suggested that our figures are too low in that probably the objective signs are not always present. His conclusion was that the bronchitis of middle and later life is but a relapse to this condition.

The personal factor of the examiner comes into this matter

as with respect to other conditions, but it appears to be clear that for some reason or other the pulmonary mechanism of infants commonly has a catarrhal state, and it would be interesting to determine the significance, if any.

Rheumatic Heart Disease.—Another condition is found not infrequently in the course of the examination of the children, and—like bronchial catarrh—often without symptoms. This is some abnormal sign in the heart sounds, which may be due to an attack—slight or severe—of some acute rheumatic affection. The conditions under which children are examined in the school buildings are by no means ideal for a refined analysis of slight sounds, but any child presenting suspicious signs is noted, so that it may be kept under observation. It is probable, therefore, that the annual numbers include very many children in whom there is no organic disease. Further, the personal factor of the examiner is probably even more strongly emphasised in the findings than with respect to most conditions: this is shown by the very considerable variations in the proportions found by different observers. Fortunately, a considerable range of statistics is available, in which there has been no change in the personnel so that it has been possible to compare the results over a series of seven years, the only differences being the year of birth of the child examined. In the following statement are given the percentage of children found in the course of examination (under the very unfavourable conditions for this purpose) to present signs consistent with organic disease of the heart:—

			<i>Entrants.</i>	<i>Leavers.</i>
1920	...	...	6.6	9.7
1	...	...	6.8	4.6
2	...	...	4.85	9.7
3	...	...	4.55	9.5
4	...	...	3.4	10.1
5	...	...	2.4	7.2
6	...	...	1.7	5.65
7	...	...	1.6	5.3

It would appear that children born about 1912–14 were particularly liable to present these signs as shown by the high proportions for “entrants” in 1918 and 1919 and for “leavers” in 1923 and 1924: successive generations of children exhibit the signs less and less until by 1927 the proportion had steadily fallen from 6.8 per cent. in 1921 to 1.6. This conclusion is supported by the corresponding results observed amongst the same groups of children when they became due for examination as “leavers,” as evidenced in the gradual fall from 10.1 per cent. affected in 1924 to 5.3 per cent. in 1927. The observation is of special interest in view of the fact that the condition is now so generally regarded as the result of an infection. Infectious conditions

In previous reports mention has been made of the desirability of provision for the special instruction of short-sighted or myopic children. The only school of this type in this part of the Country is at Bristol, in connection with which it was hoped arrangements might be made for certain cases from this County. Unfortunately, however, the Committee have not yet been able to make provision for such cases.

Deaf.—The Committee are maintaining 14 children in a special school, and there are 3 further cases under observation, 2 of them under 7 years of age.

Mentally Defective Children.—The following statement gives a summary of the reports on the mental condition of 656 children examined during the course of their school life and now on the County register :—

	<i>Total number examined.</i>			<i>Number 7-16 yrs. on 31st Dec., 1927.</i>	<i>Dead and Left County.</i>	<i>Number over 16 yrs. on 31st Dec., 1927.</i>
	<i>To 31st Dec. 1926.</i>	<i>1927.</i>	<i>To 31st Dec. 1927.</i>			
Children suitable for Instruction in a Public Elementary Sch.	105	11	116	54	1	61
Special Class	97	3	100	32	7	61
Special Day School ...	69	—	69	9	3	57
Special Res. School ...	213	13	226	89	26	111
Other Special Schools ...	13	—	13	4	1	8
Children unsuitable for Instruction in a Special School	130	2	132	45	38	49
Total children specially examined	627	29	656	233	76	347

During the period 1st January, 1927, to 31st December, 1927, 2 children were specially examined and certified to be unsuitable for instruction in a special school. These were classified as Imbeciles, and were notified to the local authority.

Epileptic.—The number of children examined by the School Medical Inspectors and reported to suffer from epileptic fits is 20, 15 being in attendance at a school and 5 suffering so seriously as to make it desirable they should not attend. There are 3 further children not in attendance at any school awaiting examination as opportunity offers, making a total of 23.

No children are being maintained in a special school.

Physically Defective Children.

The following is a summary of the register compiled from returns from the school attendance officers, of children in the County who are not in attendance at any elementary school :—

CHILDREN NOT IN ATTENDANCE AT SCHOOL.

	Age	5	6	7	8	9	10	11	12	13	Total.
Mentally Defective	...	—	3	11	3	6	8	7	9	14	61
Delicate	...	4	6	5	2	6	2	—	4	2	31
Cripples	...	—	2	3	5	3	—	3	4	3	23
Paralysis	...	3	5	4	—	2	1	—	4	1	20
Tuberculosis	...	1	1	3	2	1	—	3	1	3	15
Heart Affection	...	—	2	1	1	—	5	1	2	2	14
Debility	...	4	1	2	1	1	2	—	2	1	14
Epileptic	...	—	2	2	—	1	—	2	1	—	8
Blind or Partially Blind	...	1	2	2	—	1	—	—	2	—	8
Deaf and Dumb	...	—	2	1	—	—	—	—	—	—	3
Other Defects	...	2	3	2	4	1	2	—	2	2	18
Totals	...	15	29	36	18	22	20	16	31	28	215

Efforts are made to get the children into convenient schools for medical examination, and most have been seen either in the schools or in their own homes. As far as practicable, endeavours are made to secure effective treatment, especially of the physically defective, so that, if possible, the respective children may have the advantage of instruction.

Miscellaneous Work.

Amongst other work undertaken during 1927 was the following :—

1.—Fourteen pupil teachers, etc., were examined and were classed as follows :—

A 1.—Free from physical defect	...	...	...	...	10
A 2.—In good health, but with some defect not likely to shorten the full term of service	...	...	...	...	4
B 1.—In good health, but with some permanent defect likely to shorten the full term of service	...	...	...	...	0
B 2.—In good health but with some defect likely to interfere to some extent with efficiency	...	...	...	...	0
B 3.—Temporarily in sub-normal health, but may make a good recovery	...	...	...	...	0
C —Those whose physical condition is such as to make them unfit for the teaching profession	...	...	...	...	0

2.—In accordance with the requirements of the Board of Education, laid down in their Circular 1,169, of 9th July, 1920, sixteen Supplementary Teachers were medically examined and were classed as follows:—

A 1.—Free from physical defect	... ..	13
A 2.—In good health, but with some defect not likely to shorten the full term of service	... ..	3
B 1.—In good health, but with some permanent defect likely to shorten the full term of service	... ..	0
B 2.—In good health, but with some defect likely to interfere to some extent with efficiency	... ..	0
B 3.—Temporarily in sub-normal health, but may make a good recovery	... ..	0
C —Those whose physical condition is such as to make them unfit for the teaching profession	... ..	0

3.—Thirty-nine specimens of hair were examined for the spores of ringworm, which were found in sixteen cases.

Secondary Schools.

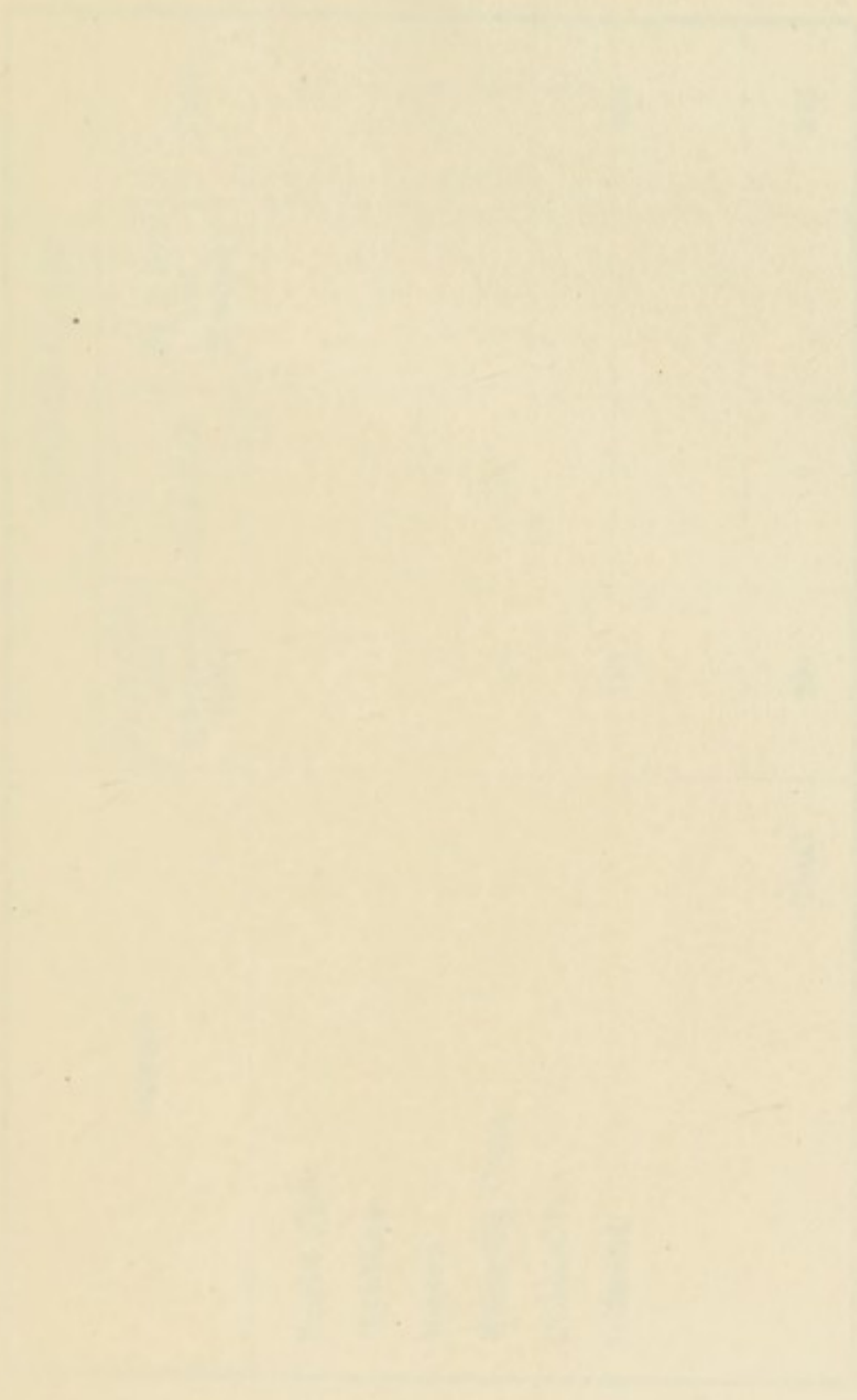
Inspection.—The number of secondary schools was increased by one during 1927, the Grammar School at Northleach being resuscitated, making a total of 19 with 3,753 children—1,948 boys and 1,705 girls—on the registers: 13 schools take both boys and girls, and there are 3 for boys only and 3 for girls only. The children at these schools were examined by the whole-time School Medical Inspectors—Dr. Blake and Dr. Sarah Wilson. Owing to the very small number of entrants and local difficulties in making arrangements, the schools were not visited in the spring term: the work in the summer term occupied 22 days and in the autumn term 85 days, a total of 107 days. The number of examinations was 3,077, 619 in the summer and 2,458 in the autumn term.

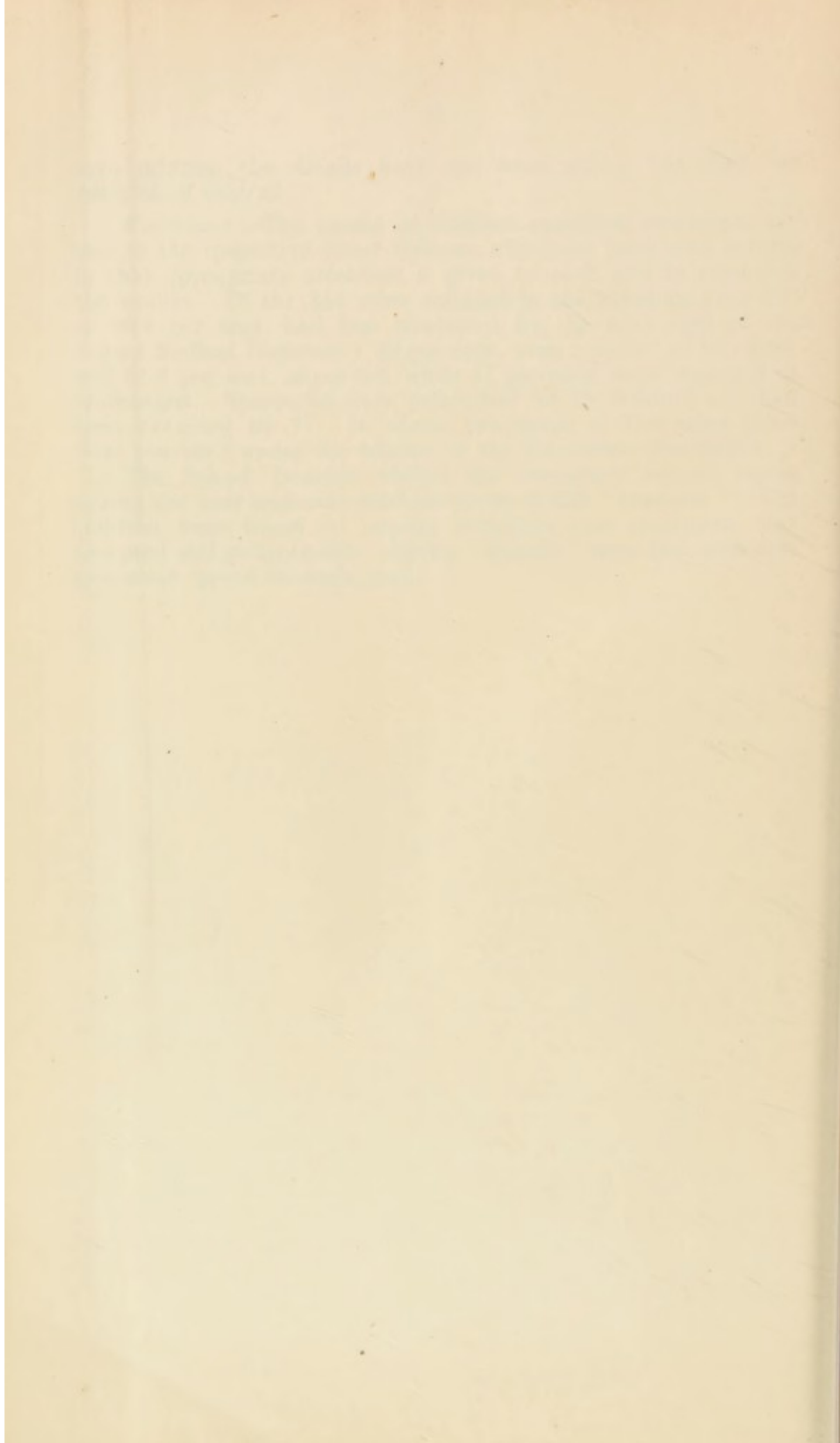
The total number of children for whom special cards were provided is 636, or 16.9 per cent., which compares with 22 per cent. for the children in the elementary schools. From this the secondary school children are distinctly at an advantage, and when the results are examined more closely it is found that they hold this advantage with respect to nearly every condition except defective vision: in regard to this condition about 16 per cent. of secondary school children are noted to have poor vision compared with 8 per cent. among elementary school children. To

save printing the details have not been given, but they are available if desired.

Treatment.—The names of children requiring treatment are sent to the respective Head Masters, who have been very helpful in that appropriate attention is given to each and in reporting the results. Of the 344 cases referred in the previous year 339 or 98.4 per cent. had had treatment by the next visit of the School Medical Inspector: 20 per cent. were reported to be cured, and 61.8 per cent. improved, while 17 per cent. were regarded as unchanged. Spectacles were prescribed for 78 children and had been obtained by 77. In about two-thirds of the cases these were provided under the scheme of the Education Committee.

The School Dentists visited the secondary schools again during the year and examined the teeth of 603 "entrants": 432 children were found to require attention and treatment was accepted and given to 286. Seven "casuals" were also seen and treatment given to each case.





SCHOOLS CLOSED ON ACCOUNT OF INFECTIOUS DISEASE DURING 1927.

<i>Infection</i>	SCHOOLS CLOSED				<i>Total</i>
	<i>By M.O.H. with approval of S.M.O.</i>	<i>By S.M.O.</i>	<i>By R.D.C. and Managers</i>		
Scarlet Fever	7	—	—	7	
Diphtheria	1	—	—	1	
Measles	5	—	—	5	
Whooping Cough	3	—	—	3	
Chicken Pox	1	—	—	1	
Influenza	185	9	—	194	
Total	202	9	—	211	

DATE	DESCRIPTION	AMOUNT	BALANCE	REMARKS
1911
1911
1911
1911
1911
1911
1911
1911

TABLE B.

PEDICULOSIS.—Following-up, 1927.

	<i>Mixed</i>	<i>Boys</i>	<i>Girls</i>	<i>Infants</i>	<i>Total (All Departments)</i>
Departments	543	30	30	69	672
Number of Examinations	46,788	3,713	3,908	7,347	61,756
Children examined	42,095	3,584	3,369	6,404	55,452
Children infected	2,778	102	412	550	3,842
Percentage infected	6.6	2.8	12.2	8.6	6.9
Cards :—					
Blue (Mild)	1,431	55	211	317	2,014
Green (Stronger)	1,441	51	219	303	2,014
Red (Second Warning)	657	17	106	154	934
Letters (Subsequent Warnings)	600	21	174	139	934
Children excluded... ..	229	1	37	48	315
Prosecutions (under Bye-Laws) :—					
Results :— Fines	5	—	—	—	5
Cautioned	1	—	—	—	1
Withdrawn	3	—	1	—	4

Fines :—3—5/- ; 2—4/-.

TABLE C.
TREATMENT OF DENTAL DEFECTS.
Results from Commencement of Scheme.

	<i>First Inspection</i> 1915-16 Apr 6-8 years	<i>Second Inspection</i> 1917-18 Apr 6-10 years	<i>Third Inspection</i> 1919-21 Apr 6-10 years	<i>Fourth Inspection</i> (i) Mar., 1921-Mar., 1922 Apr 6-10 years	<i>Fifth Inspection</i> Feb., 1922-Feb., 1923 Apr 6-10 years	<i>Sixth Inspection</i> Feb. to Dec., 1923 Apr 6-10 years	<i>Seventh Inspection</i> Jan. to Nov., 1924 Apr 6-10 years.	<i>Eighth Inspection</i> Sept. 1924 to Sept. 1925 Apr 6-10 years.	<i>Ninth Inspection</i> Sept. 1925 to June, 1926 Apr 6-10 years.	<i>Tenth Inspection</i> June, 1926 to June, 1927 Apr 5-10 years.
	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>	<i>No. Per cent.</i>
No. of Departments ...	364 —	123 —	452 —	452 —	443 —	439 —	433 —	420 —	430 —	423 —
No. on Registers ...	34,873 —	12,167 —	42,965 —	41,948 —	41,255 —	41,119 —	40,264 —	40,187 —	40,124 —	40,056 —
INSPECTION.										
Children due for examination ...	8,518 24.4	3,438 44.7	18,927 45.0	18,480 44.1	18,183 44.0	17,381 42.2	16,114 40.0	15,448 38.4	15,170 37.9	20,897 52.1 of No. on Registers
“ examined ...	7,877 92.5	5,110 94.0	16,806 89.5	16,482 89.1	16,060 88.3	15,278 87.9	14,420 89.5	13,663 88.5	13,336 88.2	18,343 87.9 of No. due for Examination.
“ requiring treatment ...	4,176 53.0	2,673 52.3	10,360 60.9	10,341 62.9	9,892 61.5	9,700 63.6	8,905 61.7	8,793 64.3	8,559 64.1	10,981 59.9 of No. examined
TREATMENT.										
Children treated by School Dentist ...	2,274 54.4	1,600 59.8	6,144 59.6	5,995 51.2	5,339 51.9	5,495 56.5	5,419 60.9	5,948 67.6	5,720 66.9	7,948 69.6 of No. requiring treatment
“ “ Dentist privately ...	51 1.2	27 1.0	270 2.6	64 .6	39 .4	34 .4	50 .6	40 .5	34 .4	22 .2 “ “ “
“ absent and left ...	353 8.5	194 7.3	565 7.4	293 2.0	83 .8	116 1.2	41 .5	32 .4	35 .4	57 .5 “ “ “
Balance not accepting treatment ...	1,488 35.9	852 31.9	3,121 30.4	4,469 43.2	4,431 44.8	4,064 41.9	3,396 38.0	2,773 31.5	2,761 32.3	3,254 29.6 “ “ “
Casuals treated ...	216 —	136 —	785 —	778 —	792 —	982 —	756 —	1,025 (ii) —	1,069 (ii) —	964 (iv) —

(i) Treatment given on day of inspection from June 1921 onwards (part 4th Rd.) (ii) Including 243 in additional age groups in 52 small Schools. (iii) Including 227 in additional age groups in 59 small Schools. (iv) Including 61 in additional age groups in 20 small Schools.

Date	Description	Debit	Credit	Balance
1891	Jan 1			
	Jan 2	100		
	Jan 3	200		
	Jan 4		150	
	Jan 5	300		
	Jan 6		250	
	Jan 7	400		
	Jan 8		350	
	Jan 9	500		
	Jan 10		450	
	Jan 11	600		
	Jan 12		550	
	Jan 13	700		
	Jan 14		650	
	Jan 15	800		
	Jan 16		750	
	Jan 17	900		
	Jan 18		850	
	Jan 19	1000		
	Jan 20		950	
	Jan 21	1100		
	Jan 22		1050	
	Jan 23	1200		
	Jan 24		1150	
	Jan 25	1300		
	Jan 26		1250	
	Jan 27	1400		
	Jan 28		1350	
	Jan 29	1500		
	Jan 30		1450	
	Jan 31	1600		
	Feb 1		1550	
	Feb 2	1700		
	Feb 3		1650	
	Feb 4	1800		
	Feb 5		1750	
	Feb 6	1900		
	Feb 7		1850	
	Feb 8	2000		
	Feb 9		1950	
	Feb 10	2100		
	Feb 11		2050	
	Feb 12	2200		
	Feb 13		2150	
	Feb 14	2300		
	Feb 15		2250	
	Feb 16	2400		
	Feb 17		2350	
	Feb 18	2500		
	Feb 19		2450	
	Feb 20	2600		
	Feb 21		2550	
	Feb 22	2700		
	Feb 23		2650	
	Feb 24	2800		
	Feb 25		2750	
	Feb 26	2900		
	Feb 27		2850	
	Feb 28	3000		
	Feb 29		2950	
	Feb 30	3100		
	Feb 31		3050	

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A—ROUTINE MEDICAL INSPECTIONS	
Number of Code Group Inspections:	
Entrants ...	4,819
Intermediates ...	3,299
Leavers ...	3,985
Total ...	12,103
Number of other Routine Inspections...	—
B—OTHER INSPECTIONS	
Number of Special Inspections ...	1,624
Number of Re-Inspections ...	5,745
Total ...	7,369

TABLE II. A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1927.

Defect or Disease (1)	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects Requiring Treatment (2)	No. of Defects Requiring no further treatment (3)	No. of Defects Requiring Treatment (4)	No. of Defects Requiring no further treatment (5)
Malnutrition ...	—	1,712	116	182
Unsanitization (See Table IV., Group V.)	—	—	—	—
Scalp ...	12	—	6	—
Body ...	8	—	—	—
Scabies ...	2	—	2	—
Impetigo ...	16	—	4	—
Other Diseases (non-tuberculous)	63	—	78	—
Rhinitis ...	42	49	26	4
Otitis Media ...	3	3	3	3
Keratitis ...	—	—	1	3
Conjunctivitis ...	6	5	9	6
Corneal Opacities ...	—	—	—	—
Defective Vision (excluding Squint)	291	105	435	105
Squint ...	71	131	43	43
Other conditions ...	11	30	21	17
Defective Hearing ...	71	33	85	16
Otitis Media ...	20	69	60	7
Other Ear Diseases ...	23	47	7	9
Enlarged Tonsils only ...	333	1,369	156	124
Adenoids only ...	136	112	129	45
Enlarged Tonsils and Adenoids ...	118	22	107	10
Other conditions ...	—	349	28	12
Enlarged Cervical Glands (non-tuberculous)	69	95	32	27
Defective Speech ...	19	80	17	19
Dental Diseases (See Table IV., Group IV.)	1,837	—	17	—
Heart Disease:				
Organic ...	20	267	33	119
Functional ...	—	—	—	—
Anemia ...	5	51	16	7
Rheumatism ...	30	7	24	8
Other non-tuberculous Diseases	30	32	24	2
Pulmonary:				
Tuberculous ...	—	—	—	—
Other forms ...	4	17	7	4
Suppurated ...	—	—	—	—
Non-Pulmonary:				
Glands ...	—	4	2	3
Spine ...	—	—	—	—
Hip ...	1	1	1	1
Other Bones and Joints	—	—	—	—
Skin ...	—	—	—	—
Other forms ...	—	5	1	1
Epilepsy ...	4	2	4	5
Chorea ...	2	4	8	4
Other conditions ...	13	20	25	10
Rickets ...	6	41	6	—
Spinal Curvature ...	4	1	8	5
Other forms ...	23	104	67	32
Other Defects and Diseases	242	241	111	59

B.—NUMBER OF DEFECTIVE CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

GROUP.	Number of Children		Percentage of Children Found to Require Treatment.
	Inspected.	Found to Require Treatment.	
(1)	(2)	(3)	(4)
Cash Groups ...	4,819	480	10.0
Estimate ...	2,275	257	11.7
Leavers ...	3,265	453	13.9
Total (Cash Groups)	12,103	1,200	10.7
Other Routine Inspections	—	—	—

THESE RECORDS ARE KEPT IN THE OFFICE OF THE SECRETARY OF THE INTERIOR DEPARTMENT

UNITED STATES DEPARTMENT OF THE INTERIOR

GENERAL LAND OFFICE

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TABLE III.
RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys	Girls	Total	
Mentally Retarded	(a) Suitable for training in a school or the locally blind.	Attending Certified Schools or Classes for the Blind	7	3	10
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	1	1
		At no School or Institution	2	2	4
Mentally Retarded	(b) Suitable for training in a school or the locally blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	8	4	12
		At other Institutions	—	1	1
		At no School or Institution	5	3	8
Mentally Retarded	(c) Suitable for training in a school or the locally blind.	Attending Certified Schools or Classes for the Blind	6	8	14
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
Mentally Retarded	(d) Suitable for training in a school or the locally blind.	Attending Certified Schools or Classes for the Blind	—	—	—
		Attending Public Elementary Schools	25	30	71
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
Mentally Retarded	Prejudicial to Local Control Authority during the year.	Attending Certified Schools for Mentally Defective Children	8	2	10
		Attending Public Elementary Schools	24	22	56
		At other Institutions	1	2	3
		At no School or Institution	21	21	42
Dyslexia	Suffering from severe epilepsy.	Attending Certified Special Schools for Dyslexia	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	1	4	5
Dyslexia	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	11	4	15
		At no School or Institution	—	—	—
		At no School or Institution	—	—	—
		At no School or Institution	—	—	—
Dyslexia	Tubercular, phthisical, or other chronic diseases.	At Sanatorium or Sanatorium Schools approved by the Authority of Health or the Board	—	2	2
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
		At no School or Institution	—	—	—
Dyslexia	Kendrickian but active pulmonary and general tuberculosis.	At Sanatorium or Sanatorium Schools approved by the Authority of Health or the Board	20	28	78
		At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
Dyslexia	At other Institutions	At other Institutions	—	—	—
		At no School or Institution	7	8	15
		At no School or Institution	—	—	—
		At no School or Institution	—	—	—
Dyslexia	Delicate children (e.g. general debility, nervousness, etc.).	At Certified Residential Open Air Schools	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At no School or Institution	12	9	21
Dyslexia	At other Institutions	At Sanatorium or Hospital Schools approved by the Authority of Health or the Board	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
Dyslexia	At other Institutions	At other Institutions	—	—	—
		At no School or Institution	—	—	—
		At no School or Institution	—	—	—
		At no School or Institution	—	—	—
Dyslexia	Original Children (under 14 years of age) with active tuberculosis, e.g. children not being from public institutions, those with severe heart diseases.	At Certified Hospital Schools	—	—	—
		At Certified Residential Cottage Schools	—	—	—
		At Certified Day Cottage Schools	1	1	1
		At Public Elementary Schools	131	129	260
Dyslexia	At other Institutions	At other Institutions	—	—	—
		At no School or Institution	19	28	47
		At no School or Institution	—	—	—
		At no School or Institution	—	—	—

<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>
<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>
<p>9</p>	<p>10</p>	<p>11</p>	<p>12</p>

REPORT OF DEFECTS TREATED DURING THE YEAR ENDING
31st DECEMBER, 1927.
LONDON SCHOOL BOARD
GROUP I.—MISCELLANEOUS DEFECTS, for which no
Specialist is provided.

Disease or Defect (1)	Number of Children under Treatment during the year		
	Under the Authority of Schools. (2)	Otherwise. (3)	Total. (4)
Spots	6	4	10
Hemorrhagic Blisters	1	1	2
Impetigo	1	1	2
Other Skin Diseases	27	30	57
Mean Eye Defects. (Excluded under this, but including cases falling in Group II.)	46	30	76
Mean Ear Defects	115	110	225
Fractures (limbs, hands, feet, skull, etc.)	146	290	436
Total	344	512	856

GROUP II.—DEFECTIVE VISION AND LOSING (including Near Eye
Defects) treated in Main Almshouse—Group I.

Defect or Disease (1)	No. of Defects and work.		
	Submitted to refraction by order of the Authority of Schools. (2)	Otherwise. (3)	Total. (4)
Hyperopia (including Squint)	625	182	807
Other Defect or Loss of vision of the kind specified in Group I.	—	—	—
Total	625	182	807

Total number of children for whom operations were provided
(a) Under the Authority of Schools ... 463,542
(b) Otherwise ... 463,542
Total number of children who obtained or received spectacles
(a) Under the Authority of Schools ... 463,542
(b) Otherwise ... 463,542

GROUP III.—TREATMENT OF DEFECTS OF NOSE & THROAT.

Disease or Defect (1)	NUMBER OF DEFECTS.		
	Received Operative Treatment (2)	Received other forms of Treatment (3)	Total number treated (4)
638	78	486	558

GROUP IV.—DENTAL DEFECTS.
(Completed Sanitary Districts Only.)

Disease or Defect (1)	NUMBER OF DEFECTS.		
	Received Operative Treatment (2)	Received other forms of Treatment (3)	Total number treated (4)
638	78	486	558

(1) Number of Children under treatment during the year ending 31st December, 1927.
(2) Impacted by the Board.
(3) Impacted by the Board.

Basilar Age Groups	4	20	24
	3	2,171	2,174
	7	3,024	3,031
	8	2,086	2,094
Total	22	5,205	5,227

(4) Found to require treatment ... 11,284
(5) Received during the year as the result of periodical examination ... 8,223
(6) Had days devoted to ... 2,509

(7) Total 784
(8) 313 Class
(9) 7,750 School

(10) Total 2,305
(11) Total 12,486
(12) Total 839

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of children per school made during the year ... 3
(2) Total number of examinations of children in the Schools by ... 42,756
(3) Number of individual children found unclean ... 3,842
(4) Number of individual children found verminous ... 21
(5) Total number of children who were unclean or verminous ... 3,863
(6) Under the Metropolitan Public Health Act, 1927 ... 10
(7) Under the Metropolitan Public Health Act, 1927 ... 10

1	2 3 4	5 6 7	8 9 10	11 12 13	14 15 16	17 18 19	20 21 22
2	23 24 25	26 27 28	29 30 31	32 33 34	35 36 37	38 39 40	41 42 43
3	44 45 46	47 48 49	50 51 52	53 54 55	56 57 58	59 60 61	62 63 64
4	65 66 67	68 69 70	71 72 73	74 75 76	77 78 79	80 81 82	83 84 85
5	86 87 88	89 90 91	92 93 94	95 96 97	98 99 100	101 102 103	104 105 106

Handwritten notes or a list of numbers, possibly a continuation of the table's data or a separate record.