[Report 1934] / School Medical Officer of Health, Gloucestershire County Council.

Contributors

Gloucestershire (England). County Council. n 50061360

Publication/Creation

1934

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TWENTY-SEVENTH ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON

MEDICAL INSPECTION AND TREATMENT

for the year ended December 31st, 1934.

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Gloucestershire Education Committee

SHIRE HALL, GLOUCESTER, 18th March, 1935.

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

My twenty-seventh Annual Report is mainly a record of the routine survey of the children and the action taken thereon. It is now a generally accepted fact that treatment follows the detection of defects and the treatment scheme of the County Council makes this ordinary course as easy as can be arranged in a County area. Now that the work in the more populous centres is so much a matter of routine, it may be considered that the time has arrived to consider the possibility of extending the services in a modified manner to the more sparsely populated parts.

That much of the arrears has been overtaken is shown by the decrease in the numbers of throat operations and in the fall in severe orthopædic defects.

An exceptional feature in this Report is the section dealing with Nutrition with which is included a chart. What is the precise significance of the series of curves may be open to various interpretations, but the evidence so far as it goes is that there was improvement in the later war years, followed by a marked fall, and that the proportion of children above average has been and still is rising while the proportion below average steadily decreases.

It is gratifying that the many branches of work which are here summarised briefly are conducted so smoothly and that this is the case is evidence of the happy manner in which the large numbers of persons concerned have undertaken their respective shares —teachers, nurses, dentists, doctors and clerical staff. Such hearty co-operation it is a privilege to acknowledge.

I have the honour to remain,

Your obedient servant,

J. MIDDLETON MARTIN, School Medical Officer.



Twenty-Seventh Annual Report

OF THE

SCHOOL MEDICAL OFFICER

Staff.

Medical.—On 31st March, 1934, Dr. Sarah Wilson retired from her appointment as whole-time School Medical Inspector and was succeeded by Dr. Isabel R. Gordon as from 17th April, 1934. This is the first change in the personnel of the School Medical Staff of the County since 1921. The Staff now consists of two whole-time Medical Inspectors and three Doctors who are also Medical Officers of Health in their respective areas. They are :—

Dr. T. F. H. Blake	appointed	1	Sept.,	1908	Whole Time.
Dr. Isabel R. Gordon	,,	17	April,	1934	3
Dr. H. F. W. Adams	,,	7	Feb.,	1921	1
Dr. R. Green	,,	1	Sept.,	1912	Part Time.
Dr. T. Rhind	,,	1	Feb.,	1913)

The County Council approved, on 18th April, 1934, a Scheme under Section 58 of the Local Government Act, 1929, whereby provision is made for the establishment of seven combinations of districts, in five of which the office of Medical Officer of Health would be associated with that of School Medical Inspector, and such other branch of work as may be agreed. The Scheme has been submitted to the Ministry of Health.

Dental.—There has been no change in the Dental Staff since September, 1931, when the number of Dentists was increased from three to four on account of the dental work amongst mothers and young children in connection with the Scheme of the Maternity and Child Welfare Committee. The names of the County Dentists are :—

Miss A. M. Boal	appointed	1	April, 1928
Miss D. W. Crozier	,,	1	Sept., 1931
Mr. P. J. Wakley	"	5	May, 1919
Mr. B. F. Wren	"	1	May, 1919

Nursing.—The nursing work of the County Council is undertaken by the following whole time Nurses :—eight County Health Superintendents, three Health Visitors, two Orthopædic Nurses, and four Dental Nurses and 137 District Nurses. The number of District Nursing Associations in 1934, was 121, and the services of their nurses are now available over the County generally with the exception of parts of the Forest of Dean, Staple Hill and a few scattered parishes. The County Nursing Association have all unprovided parts under consideration and secure their inclusion in the area of a District Nursing Association—new or existing—as opportunity offers.

The Staff is :--

County Health Superintendents-

	Miss	A .	Boyd			appointed	5	June,	1916.
			(Res	signed	as	from 11th March,	193	5)	
	Mrs.	V.	M. Ba	usor		,,	1	Sept.,	1925
	,,	I.	V. Lac	ld		**	19	May,	1930.
	,,	F.	E. Ly	ne		,,	16	March,	1921.
	Miss	J.	I. Mel	Lauch	lan	,,	30	July,	1917.
			Mason			,,	6	June,	1916.
	,,	D.	K. Pa	lin		,,	10	March,	1919.
	,,	M.	S. Pa	yne	••••	,,	17	Nov.,	1923.
ea	lth Vie	sitor	rs and	Schoo	ol N	Turses—			
						appointed	7	Sept.,	1921
			E. Wa			"		1 Oct.,	
				t				Dec.,	

. mopicano								
Miss	D.	A. Roder	nhurst	appointed	22	March,	1926.	
,,	J.	Shepherd		,,	1	Feb.,	1929.	

Dental Nurses-

He

Miss	M. Hu	int		appointed	30	Aug.,	1920.
,,		Powell		,,	1	Sept.,	1931.
		Rober		,,		Nov.,	
Mrs.	E. E.	Witche	11	"	9	Jan.,	1933.
District Nu	trses				137	7 part	time.

Treatment Staff—

L

Treatment is not given by the whole time medical officers but by men in active practice of their profession. The Out-Stations are staffed by 48 local practitioners taking duty for six months at a time. Special branches of work are undertaken by the Staffs of the four large General Hospitals serving the County, namely :--

31 MAY 19

Treatment Staff—	1º2
Bristol Hospital Area.	1.9
Ophthalmic Surgeons	Mr. E. R. Chambers ,, A. E. Iles
Ear and Throat Surgeons	", E. Watson Williams ", J. Angell James ", G. R. Scarff
Orthopædic Surgeon Heart Physician	T. T.I. 1 37 T. 1
Cheltenham Hospital Area.	
Ear and Throat Surgeon Orthopædic Surgeon	Dr. J. G. D. Currie Mr. T. D. Deighton ,, J. S. Robinson Dr. J. R. Collins
Gloucester Hospital Area.	
Ophthalmic Surgeons	Mr. W. Niccol Dr. J. D. J. Freeman
Ear and Throat Surgeon Orthopædic Surgeon Heart Physician	Mr. C. de. W Gibb ,, J. F. H. Stallman Dr. D. E. Finlay
ficare inysteran	Dr. D. B. Filling
Oxford Hospital Area.	
Ophthalmic Surgeon Ear and Throat Surgeon	Dr. O. B. Pratt Mr. R. H. Rose Innes

Co-ordination.

The various branches of the Public Health Service in the County are under the administrative control of the County Medical Officer, who is also School Medical Officer. With the growth and development of various health services in recent years, steps have been taken to ensure that as complete co-ordination as possible is maintained and, in this connection, particular attention is given to the arrangements whereby the useful information obtained by the Health Visitors during the pre-school life of each child is available for the use of the School Medical Inspectors when they make their first examination of a child on entering School.

School Hygiene.

At their visits to the Schools, the Medical Inspectors pay special attention to school environment such as buildings, lighting, ventilation, water supplies, sewage disposal, etc. During 1934 they noted improvements which they had found in 4 schools and drew attention to matters at 11 other schools whereby conditions might be made more satisfactory. The suggestions made are brought to the notice of the Managers and it is encouraging to know that improvements on these lines are steadily being carried out.

5

Medical Inspection.

A. General Arrangements.—There has been no alteration in the usual procedure and the schedule of medical inspection has been completed on the lines laid down by the Board of Education. Routine examinations are made at the ages of 5, 8 and 12, and children found defective on previous occasions are re-examined at each inspection as long as it appears desirable. In addition, any children about whose health the teacher or nurse has reason to be concerned are also examined.

The visits of the School Medical Inspectors are arranged with the Head Teachers who make the necessary preparations. Arrangements are made for a Nurse to be present, also, with the doctor at the time of the inspection, and it proved possible for the nurse to be in attendance at 342 of the 391 departments. Apart from schools attended by the County Health Superintendents and Health Visitors, 123 District Nurses were invited to attend at the inspections in 307 departments and, although it might be expected that other urgent work, such as midwifery cases, etc., would prevent their doing so, they were present at no less than 288 inspections. The reasons for their non-attendance at the remaining 19 departments were notified as follows :— 3 were at cases, 8 on urgent work, 3 on holiday, and 5 on account of illness. At 49 inspections no nurse was present and the necessary assistance was given by the teachers.

B. Places of Inspection.—No particular difficulty has been experienced during the year in the work of medical inspection and undue dislocation of school routine has been avoided. At 359 of the 391 departments the inspections were made in rooms at the respective schools; in 13 the Teachers' Room was made available. The Domestic Science and Manual Rooms were used in 9 instances, at 4 a part of a room was partitioned by a curtain, in 2 cases the Out-Station was used and in 2 others the Vestry Hall and Parish Room respectively. At 2 small rural Schools only was it found necessary to send the children who were not to be presented for examination to the playground.

C. Appliances.—A standard for measuring heights, with a movable headpiece, is fixed in each school. The weights are taken by portable steel yards specially designed by Messrs. Avery & Co. for the Committee when medical inspection was commenced in 1908: they weigh up to 121 lbs. by ounces and in practice have proved very satisfactory. The steel yards are tested by the Inspector of Weights and Measures each summer, and rarely are there other than minor matters requiring attention. In 1934 the maximum error was 4 oz. on full load.

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

Children Examined

No. of Children on the registers of departments-39,323.

	Children	Examin	iea.		
A	Code Groups.				
	Entrants			4,195	
	Intermediates			4,255	
	Leavers			4,272	
					12,722
в	Specials.				
	Re-examinations			6,567	
	less examined as ro	utine		575	
				- 000	
				5,992	
	New Specials (not	routine)		391	0.000
					6,383
Total ch	nildren examined				19,105

In the following statement are 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 a	ttendance.
		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
1927-28	 18.0 (1923)	13.95	11.8	10.4
1928-29	 16.6 (1924)	13.5	14.9	9.6
1929-30	 16.7 (1925)	13.2	13.9	7.7
1930-31	 15.9 (1926)	12.2	13.0	7.7
1931- 32	 14.9 (1927)	13.0	12.9	10.2
1932-33	 14.8 (1928)	11.05	11.7	11.1
1933-34	 15.0 (1929)	11.8	11.9	12.02

Findings of Inspection.

The following table is a brief summary of the defects found amongst the 12,722 children in the code groups in 1933-34.

	Entrants.	Intermediates.	Leavers.	Total.
Numbers examined	4,195	4,255	4272	12,722
	No. %	No. %	No. %	No. %
Nose and throat	1,061 25.3	654 15.3	533 12.5	2,248 17.6
Teeth (over 3 decayed)	1,197 28.4	785 18.4	268 6.3	2,250 17.7
Heart trouble	35 .8	77 1.8	96 2.2	208 1.6
Glandular enlargement	582 13.9	580 13.6	388 9.1	1,550 12.2
Vision (6/12 and worse				
R. eye)	19 2.1	209 5.0	194 4.5	422 4.5
External eye	134 3.2	131 3.1	105 2.5	370 2.9
Defective Hearing (R.)	30 .7	40 .9	40 .9	110 .9
Ear Discharge	68 1.6	51 1.2	42 1.0	161 1.3
Skin diseases	45 1.1	37 .9	38 .9	120 .9
Deformities	124 3.0	96 2.3	95 2.2	315 2.5
Bronchial catarrh	64 1.5	27 .6	8 .2	99 .8
Anæmia	10 .2	9 .2	9 .2	28 .2
Others	35 .8	55 1.3	58 1.4	148 1.2
Total	3,404	2,751	1,874	8,029

A. Nutrition. (See page 22 and Chart).

B. Uncleanliness.—It is gratifying to note the steady fall in the number of children found to be infected with pediculosis of the hair at the times of the inspections by the nurses continues, as will be seen by the following summary :—

			No. of	Child	ren.	
	De	partments	Examina-	No.	No.	Percentage
	1	visited.	tions.	examined.	infected.	infected.
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
8	 	731	65,121	60,188	4,321	7.2
9	 	734	68,033	62,442	4,228	6.8
1930	 	741	69,330	62,551	4,253	6.8
1	 	798	72,852	66,331	3,932	5.9
2	 	753	72,194	67,202	3,595	5.3
3	 	778	77,054	71,311	3,651	5.1
4	 	778	78,052	68,835	3,188	4.6

In the broad sense of the term "uncleanliness" has to do with the condition of the whole child and the above figures refer only to the head infestation by nits or lice. In practice gross infection of head, body or clothing is extremely rare, and in 11 cases only was it found necessary to institute proceedings against the parents because the condition had not been remedied promptly.

Sir George Newman, in his report on the "Health of the School Child" for 1933, states that "It may be well to explain "once more that all cases of uncleanliness, even if only one nit can "be found, should be recorded." From inquiries which have been made from time to time, it has been ascertained that this practice has been followed by the nurses in this County and the results are, therefore, all the more encouraging. It is now generally realised that each year our standard regarding cleanliness becomes higher, and also that a considerable proportion of the infected children are old offenders. A great deal of credit is due to the nurses for the enthusiastic and assiduous way they have carried out this unpleasant part of their duties.

A detailed summary of the work during 1934 is given in Table B. at the end of this report.

C. Dental Defects.-The scheme of dental treatment was instituted in this County in 1915 and a brief summary of the way in which the work has developed is given in Table C at the end of this report. The progress made is largely due to the increasing interest taken by parents in conservative dentistry and the fact that the high percentage of acceptances (about 78% for the last complete Round of the Schools) is being maintained is an index of the cordial relationships which have been established between the Dental Staff and the children, teachers and parents. Teachers say that as a result of the work which has been carried out, most children now go through their school life without suffering from toothache. As mentioned in previous reports, with the present staff it has not proved possible to give the advantage of treatment to children after they attain eleven years of age, except to those that come under observation specially when trouble occurs at the time of the yearly visit to the schools.

A most satisfactory feature of the scheme is the very large proportion of children needing care who actually have treatment. Of 26,316 children inspected, only 7,644 required no treatment. It is encouraging to note that only 364 unsavable permanent teeth were extracted, and it is probable that a large proportion of these were due to refusal of treatment at previous inspections. Under the conditions in which the treatment is carried out in the schools, it is not possible for the Dentists to give complete treatment in cases where the trouble is gross and general anæsthesia is required. Arrangements have, however, been made whereby school children who reside within easy distance of the five dental clinics established for the dental work under the Maternity and Child Welfare Committee's Scheme to attend for treatment under general anæsthesia.

Arrangements for following-up children with Defects.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. No material changes have been made in the arrangements which include :—

- 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) or to the Official Correspondent.
- 3. Reports on the respective cases are received, generally from the Nurses.
- 4. Reports are made monthly with a view to each case receiving appropriate treatment.
- 5. When other methods of persuasion have failed, the Inspectors of the National Society for the Prevention of Cruelty to Children are often successful, and the assistance so willingly given by them is greatly appreciated by all interested in the welfare of the children.
- 6. Review of all "referred" children at the subsequent visits of the School Medical Inspectors.

Satisfactory results from the system of medical inspection are dependent upon the provision of treatment for defects discovered and, from the reports received from nurses by the end of the year, the number of untreated cases had been reduced from 1,291 to 468. The most complete evidence of the results is given in the succeeding survey of the children by the School Medical Inspectors : the summary of their reports is :—

Children with defects— From previous year		 	2,568	
New cases		 	1,318	
Total		 		3,886
Treated-				
Under Scheme of Council	l	 	2,207	
Otherwise		 	1,413	
				3,620

Remedied		 	 	1,052	
Improved		 	 	1,917	
Little or no	change	 	 	651	
					3,620
Untreated		 	 		266

Arrangements for Treatment.

The facilities available for the treatment of defects include :--

- (1) Usual Medical Attendants.
- (2) Hospitals.
- (3) Arrangements under the Scheme for the Extension of Medical Services, with 18 Out-stations.
- (4) Dental Surgeons—four whole-time, shared with the Maternity and Child Welfare Committee.
- (5) Nurses. (a) 137 District Nurses.
 - (b) 4 Dental Nurses (whole time).
 - (c) 2 Orthopædic Nurses (whole time).

The places now available include the General Hospitals in Bristol, Cheltenham and Gloucester, the smaller Hospitals at Almondsbury, Berkeley, Chipping Sodbury, Cirencester, Fairford, Lydney, Stroud, Tewkesbury, and Winchcombe, rooms in the Northleach Institution and special buildings at Bourton-on-the-Water, Chipping Campden, Cinderford, Coleford, Dursley, Hambrook, Newent, Soundwell, Thornbury and Wotton-under-Edge.

There remain more or less sparsely populated areas for which the cost of similar provision in the way of a special treatment centre would scarcely be justifiable. It would be practicable, however, to arrange reasonable accommodation by agreement with the Committees of District Nursing Associations for a treatment room in the Nurse's Home : such a room has been arranged in the Nurse's Homes at Lechlade and Nailsworth, and would be very useful in other places.

The general progress of the work with respect to school children is indicated in the following summary in alternate years.

onoming	Summity	III GIUCIII	years.	
1926.	1928.	1930.	1932.	1934.
11	12	16	16	18
:				
533	559	677	761	856
603	658	865	962	875
3,161	3,871	4,491	4,831	5,355
10,768	10,368	14,618	14,748	16,127
13.8	11.8	10.2	10.8	10.6
974	1,170	1,528	1,782	1,875
1,095	1,641	1,700	1,747	1,369
170		287	431	596
611	832	908	778	623
550	670	797	890	890
	1926. 11 : 533 603 3,161 10,768 13.8 974 1,095 170 611	$\begin{array}{ccccccccc} 1926. & 1928. \\ 11 & 12 \\ \vdots \\ & & \\ 533 & 559 \\ 603 & 658 \\ 3,161 & 3,871 \\ 10,768 & 10,368 \\ \hline & & \\ 13.8 & 11.8 \\ & & \\ 974 & 1,170 \\ 1,095 & 1,641 \\ 170 & 178 \\ 611 & 832 \\ \end{array}$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

An interesting record in this table is the rise in the number of nose and throat cases to 1932 and in the number of operations to 1930, followed by great falls both in cases and operations. As mentioned in previous reports the surgeons have evidenced careful selection of operative cases, and the present low number is due partly to this fact and partly to the pool of neglected cases having now been overtaken.

Orthopædic Treatment.

This branch of work was added to the scope of the County Scheme of Medical Treatment in 1925, and was undertaken at first by one part-time Orthopædic Surgeon and one Orthopædic Nurse, with the use of six beds in the Cheltenham General Hospital. In 1929 a second Nurse was appointed and in the following year, the arrangements were enlarged on the lines of the general treatment scheme, and in-patient accommodation was provided in each of the three large General Hospitals serving the County. The general arrangements which have now been in operation for five years include :

In-Patient Treatment.

Cheltenham General Hospital Gloucestershire Royal Infirmary and Children's Hospital Bristol, Winford and other special Hospitals

equivalent of twelve beds.

Out-Patient Treatment. Clinics at Out-Stations.

Quarterly by Orthopædic Surgeons.

Cheltenham Hospital Area—Mr. J. S. Robinson. Chipping Campden, Cirencester, Fairford, Stroud and Tewkesbury.

Gloucester Hospital Area—Mr. J. F. H. Stallman. Berkeley, Cinderford, Coleford, Lydney and Newent.

Bristol Hospital Area—Dr. Ethel M. Redman. Chipping Sodbury, Soundwell and Thornbury.

Weekly by Orthopædic Nurses.

Miss D. A. Rodenhurst—Chipping Campden, Cinderford, Coleford, Lydney, Newent, Northleach and Tewkesbury.

Miss J. Shepherd—Berkeley, Chipping Sodbury, Cirencester, Fairford, Soundwell, Stroud, Thornbury and Wotton-under-Edge.

The summary of the conditions for which children were treated —apart from tubercular defects which are treated by the Joint Committee for Tuberculosis—during 1934, is as follows :—

		10				
Paralytic.—						
Infantile Paralysis				 	64	
Facial Paralysis				 	3	
Spastic Paralysis				 	1	
Erb's Paralysis				 	8	
Poliomyelitis				 	7	
Muscular Paralysis				 	1	
Hemiplegia				 	3	
I8						87
Rickets				 		10
Spine-Scoliosis and Kyr	ohosis			 		102
Hip Joint-		1.00	1.1			
Congenital dislocatio	n			 	10	
Perthe's Disease				 	5	
Coxa Vara				 	2	
Others				 	1	
oracio in in				 		18
Knees and Legs-						~
Bow Legs				 	66	
Knock Knees				 	79	
Shortening of Leg				 	1	
Others				 	30	
				 		176
Feet-						1.0
Flat Foot					236	
Club Foot				 	17	
Des Comme					16	
TT				 	10	
Othoma				 	44	
Others				 	44	323
Hans Lin and Claft Palat					-	
Hare Lip and Cleft Palat				 		6
Various				 		131
						050
						853

The following table gives evidence of the development of the work done by the Surgeons and Nurses :---

Out Station	F	or exam	ination	For treatment			
		by Su	rgeon.	by Nurse.			
			1927.	1934.	1927.	1934.	
Berkeley			74	121	217	340	
Chipping Car	mpden		69	84	220	142	
Chipping Soc				89	_	115	
Cinderford			125	130	234	343	
Cirencester			120	118	228	271	
Coleford			_	138		601	
Fairford				88		108	
Lydney			59	168	75	339	
Newent				52	_	160	
Soundwell				123		333	
Stroud				174		412	
Tewkesbury			62	78	322	375	
Thornbury			32	54	46	193	
Wotton-unde			_	—	—	151	
Totals			541	1,417	1,342	3,883	

13

Infectious Disease.

As in former years, head teachers notified absentees owing to infectious disease (actual, suspected or contact) weekly to the Medical Officers of Health for their respective Districts and the Returns are transmitted to the County Medical Officer of Health. This system of notification serves at least two purposes :—

- 1. Early knowledge of a case of infectious disease (notifiable and non-notifiable) in a School enables the Medical Officer of Health to make such investigation as is desirable.
- 2. Information is obtained on which it is possible to certify that low attendance at a school is due to the prevalence of infectious disease, thus exempting a period of low attendance from the calculation on which the grant by the Board of Education is based.

On the whole infectious conditions were more prevalent among the children than in 1933. This was due mainly to Scarlet Fever, Diphtheria and Measles. In the early part of the year Mumps was fairly prevalent. The incidence of skin disease remained low, particularly for ringworm which was the lowest on record (77 cases). The average number of attendances lost per case owing to ringworm infection was 44. This figure would be very much lower were it not for the fact that a few cases did not yield promptly to treatment and necessitated somewhat prolonged absences.

In accordance with the Regulations of the Board of Education Schools are closed only when such closure is deemed necessary to prevent the spread of infection : on these grounds it was found desirable to close 20 departments only. Certificates to cover periods of small attendance were issued in respect of 75 schools for 207 weeks.

Open Air Education.

There are no open-air day schools in the County, except at Standish House Sanatorium where considerable accommodation has been provided for the treatment and instruction of 120 children, including 19 with surgical tuberculosis.

No comprehensive arrangements have been made for playground classes, school journeys, or open-air classes in Elementary Schools. Classes are, however, held in the open at a good number of schools when the weather is suitable, at the discretion of the Head Teachers.

Encouraged by the successful Camp for boys (aged 10 to 12 years) which was held in the previous year, the Gloucester District Committee of Toc. H. organised another Camp at Earl Bathurst's

Park, Cirencester, during the summer holidays of 1934. The numbers given the opportunity of spending twelve days under canvas were increased from 200 to approximately 300, about 75 of whom were drawn from South Wales and the remainder from various parts of Gloucestershire. The Education Committee made a grant of £20 towards the cost of the arrangements.

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 Courses of Instruction in Physical Exercises to Teachers, based on the latest Syllabus of the Board of Education, were given at Staple Hill, during 1934, and a large number of teachers availed themselves of the opportunity of attending.

It would be difficult to over-estimate the importance of physical training, and it will be readily recognised that a child who is well trained in this respect will be more alert and more capable of deriving benefit from the general educational curriculum. So far it has not been practicable for an Instructor in Physical Training to be appointed in this County as in some other areas.

Provision of Meals, etc.

In a few schools only in the County has it proved possible to arrange for children to be supplied with a hot meal daily at a small charge, but special provision along these lines has been made at the Abenhall, Berkeley, Stroud Central Boys' and Girls' Schools respectively where children are drawn from neighbouring villages.

Milk for School Children.—The Education Committee's scheme for the supply of milk to children in attendance at the Elementary Schools of the County has been in operation since 1st March, 1934. Its scope was enlarged considerably with the introduction of the scheme of the Milk Marketing Board as from 1st October, 1934. The scheme comprises arrangements for the supply of liquid milk in bottles of one-third of a pint, provided with a disc and straw, or in cartons : in some schools it has proved not practicable as yet to arrange supplies on these lines and milk is delivered in bulk. The Education Committee have agreed to grant a free supply of milk for children who are regarded as necessitous and undernourished, provided the income of the parents, after paying the weekly rent, does not exceed the scale drawn up by the Committee. On 14th March, 1935, 337 schools were participating in the scheme and 21,554 children were being supplied daily, 2,479 at the cost of the Committee. Children who are receiving a free supply are seen specially at the times of the visits of the doctors to the Schools and a certificate is then given as to whether or not in their opinion, the children are "unable by reason of lack of food to "take full advantage of the education provided . . . in accordance "with the interpretation of this condition given by the Board of "Education in Clause 3 of Circular 1437 of 5th September, 1934."

In respect of each supply the following procedure is adopted :

- 1. The herds are inspected twice yearly by the Veterinary Surgeons under arrangements made by the Diseases of Animals Sub-Committee.
- 2. Reports on the farms of production are obtained from the Medical Officers of Health for the respective districts.
- 3. Samples of milk are taken at the schools by the Sanitary Inspectors and are examined in the Laboratories of the Bristol University, Gloucester and Cheltenham General Hospitals respectively.

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. As in previous years, the facilities which have been provided by the Town Council for children to use the baths free of charge on Saturdays have been fully appreciated. During the year ended 31st December, 1934, 1,591 children used the baths under these arrangements. Unfortunately, the facilities at Coln St. Aldwyns and Hatherop, where public baths are also available, do not seem to be realised by the school population. At Coln St. Aldwyns the Head Teacher reports that no child has attended during the year and, at Hatherop, only 3 boys and 4 girls took advantage of the arrangements, although the Head Teacher adds that he believes "there are a few others "who use the baths occasionally, more particularly in the summer "months."

Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies.

Parents are invited to and welcomed at all medical and dental inspections and it is gratifying to note that they avail themselves of the opportunity in satisfactory numbers. The valuable help afforded by Head Teachers and their Assistants continues. They are called upon to assist very largely in the arrangements for the inspections, making a return of the children eligible for examination, preparing the cards of new cases, notifying the parents of the date of the inspection, and arranging a room for the use of the inspector. Providing suitable accommodation is often a matter of considerable inconvenience to the Head Teachers, for in only a few of the schools of the County is there a room to spare for inspection. Their influence, too, with the parents is of great service, particularly when a question of treatment of a defect arises.

School Attendance Officers and, in a few instances, Children's Care Committees co-operate with the Inspectors in their work, and their interest in the welfare of the children is greatly appreciated. The Inspectors of the N.S.P.C.C. work in hearty co-operation with this department and all cases referred to them receive prompt and effective attention.

Blind, Deaf, Defective and Epileptic Children.

Children presenting these defects are reported by the Medical Staff to the Committee as they come to their knowledge in the schools or from other sources. A numerical return of all exceptional children in the area is furnished in Table III appended to this report.

Blind Children.

All children found or reported to be suffering from defective eyesight are referred for examination by the Ophthalmic Surgeons at the earliest possible moment, and any found to be " blind " or " partially blind " are certified accordingly.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. There were at the end of the year ten children in special schools for the blind at the instance of the Education Committee. The records show that there were only six children between the ages of 5 and 16 years who were unable to take advantage of instruction in a special school for the blind. There are now two children under the age of 5 years on the County register of blind, and these cases are kept under observation.

Institutional cases on attaining the age of 16 years are offered, if suitable, further training and the Committee were maintaining two boys and two girls under their voluntary powers during 1934.

No provision has yet been made for "partially blind" children and, at present, bad-sighted or myopic children remain in the elementary schools. Deaf Children.—Provision has been made by the Committee for twenty.one children in the following Special Schools for the Deaf :—

Royal Institution	for the	Deaf and Dumb	, Edgbaston	 14
Royal Institution				 3
Moorfields Special	School,	Bristol		 4

There are also three children under observation who have not yet reached 7 years of age.

The importance of the early education of deaf and dumb children has been urged on the County Council by the Ear and Throat Surgeons and the Council have authorised the Maternity and Child Welfare Committee to make provision for the training of suitable children up to five years of age. The compulsory duties of the Education Authorities do not commence until the age of seven years, but the Education Committee have agreed, under their voluntary powers, to continue the special education of the children from the time that the powers of the Maternity and Child Welfare Committee cease. The latter Committee are maintaining one child in an Institution for the Deaf and consideration is being given to 2 other cases with a view to admission as soon as arrangements can be made.

Mentally Defective Children.—The number of children on whom full reports were made during 1934 was 38, the total number to 31st December being 936. The following statement is a brief summary of the results :—

	Total nut	mber exe	amined.			
Children suitable for	To 31st Dec., 1933.	1934.	To 31st Dec., 1934.	Number 7-16 yrs. on 31st Dec., 1934.	Dead or Left County	Number over 16 yrs. on 31st Dec., 1934
Instruction in a						
Public Elementary Sch.	146	-	146	40	27	79
Special Class	150	8	158	44	41	73
Special Day School	91	3	94	19	15	60
Special Res. School	326	17	343	87	84	172
Other Special Schools Children unsuitable for Instruction in a	21	1	22	5	б	12
Special School	164	9	173	37	67	69
Total children specially examined	898	38	936	232	239	465

The children unsuitable for instruction in a special school were referred to the Joint Committee for the Mentally Defective. Arrangements are made for the periodic visitation in their homes of all mentally defective children who are not in attendance at public elementary or special schools, and the reports received from the nurses on these children are considered quarterly.

Special reference has been made in previous reports to the difficult problem of makingsuitable provision for educable children in County areas, owing to lack of accommodation in Residential Schools and insufficient space and staff existing at present in ordinary elementary schools for the establishment of special classes for dealing with the high grade and dull and backward children. In one part of the County only, viz.: the Urban District of Kingswood, has it proved possible to arrange a special class for these backward cases.

During the year, seven children, classified by the School Medical Inspectors as Idiots (1), and Imbeciles (6) were notified to the Joint Committee. Particulars of two other children aged 6 years were also reported to that Authority. Two boys are being maintained at Special Residential Schools for mentally defective children at the instance of the Committee.

Epileptic Children.—The number of children examined by the School Medical Inspectors and reported to suffer from epileptic fits is 39, 28 being in attendance at a school and 11 suffering so seriously as to make it desirable they should not attend. There is one other child not in attendance at any school awaiting examination as opportunity offers.

The Education Committee are maintaining one child, who had hitherto been maintained at the instance of the Public Assistance Committee, at the Chalfont St. Peter Colony for Epileptics.

Provision has been made in the estimates for two other children to be admitted to a Special School for Epileptics.

Defective Children not in attendance at School.

The following is a summary of the register, compiled mainly from the returns of School Attendance Officers, of children not in attendance at School, and of the causes :—

	Age	5	6	7	8	9	10	11	12	13	Total.
Mentally Defective		1	5	5	6	3	5	3	3	4	35
Cripples		3	3	2	1	1	.—	2	-	-	12
Paralysis		_	1	1	2	-	-	1	-	1	6
Delicate		3	3	1	3	-	3	3	3	-	19
Tuberculosis		2	1	-	1	1	1	1	-	-	7
Blind (or partially)		1	-	-	-	-	-	-	-	-	1
Deaf and Dumb		1	1	_	1	-	-	1	-	-	4
Heart affection		1	1	1	3	1	-	-	-	2	9
Epileptics		_	1	-	3	1	-	1	3	2	11
Other Defects		1	-	-	-	-	1	-	1	1	4
Totals		13	16	10	20	7	10	12	10	10	108

Efforts are made to get the children into convenient schools for medical examination, and nearly all of them 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.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.

In view of the satisfactory reports on the progress of four children attending Special Schools for the Blind, the Committee have agreed to continue their technical education for two years after they attained 16 years of age.

No courses have been maintained by the Authority during the year, but arrangements are made, through the agency of the County Association for the Blind, so that all students who have passed through Special Schools are visited and appropriate consideration given to their individual circumstances.

Arrangements are also being made with the Missioners for the Deaf in the Gloucester Diocese and the area in the neighbourhood of Bristol so that the after-care and placement of persons who are Deaf and Dumb may be more fully developed.

Nursery Schools.

No Nursery Schools are in existence in this County.

20

Miscellaneous Work.

Amongst other work undertaken during 1934 was the following :--

1.—Forty-two pupil teachers, etc., were examined and were classed as follows :—

A	1.—Free from physical defect	32
A	2.—In good health, but with some defect not likely to shorten the full term of service	7
в	1.—In good health, but with some permanent defect likely to shorten the full term of service	0
В	2In good health, but with some defect likely to interfere to some extent with efficiency	1
в	3.—Temporarily in sub-normal health, but may make a good recovery	2
с	-Those whose physical condition is such as to make them unfit for the teaching profession	0

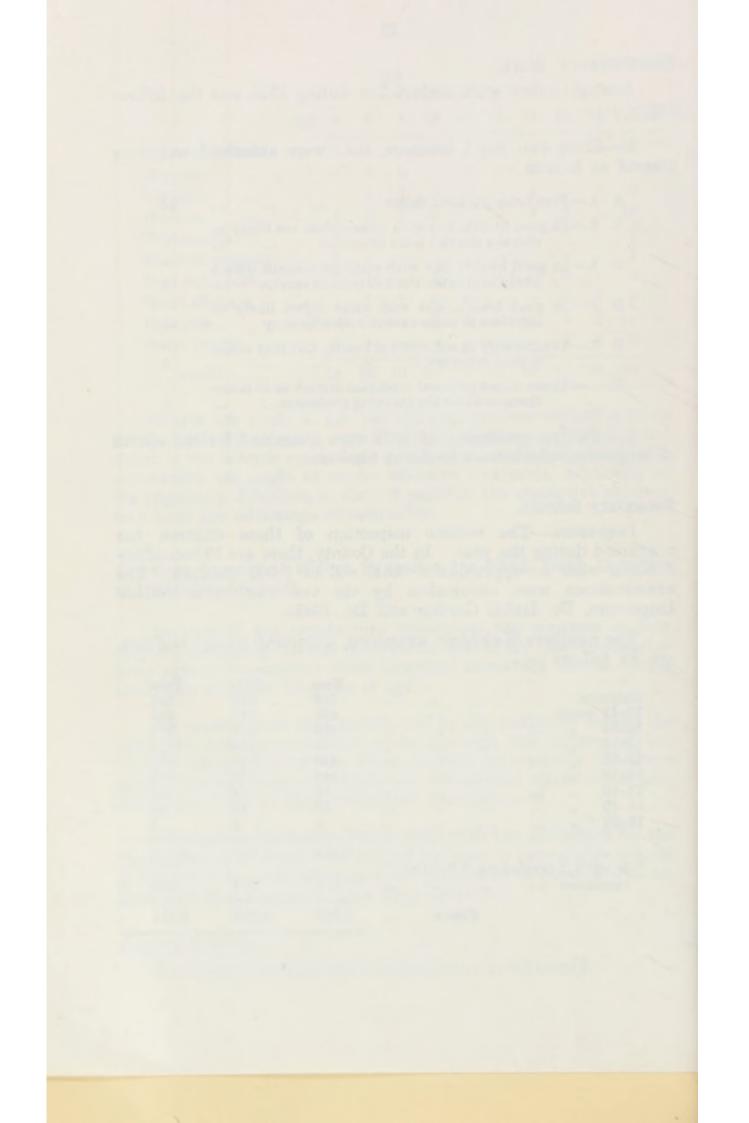
2.—Twelve specimens of hair were examined for the spores of ringworm, which were found in ten cases.

Secondary Schools.

Inspection.—The routine inspection of these children has continued during the year. In the County, there are 19 Secondary Schools, with an approximate total roll of 5,069 children. The examinations were undertaken by the two whole-time Medical Inspectors, Dr. Isabel Gordon and Dr. Blake.

The numbers of children examined, according to age and sex, are as follows :---

					Boys.	Girls.	Total.
Entra	nts				 356	310	666
12-13	years				 480	339	819
13-14	,,,				 485	388	873
14-15	,,				 568	446	1014
15-16	,,				 346	256	602
16-17	**				 146	129	275
17-18					 62	59	121
18-19					 32	12	44
19-20	**				 	1	1
				D	 2,475	1,940	4,415
" Spec	nined	(exclu	iding "		 328	368	696
			T	otals	 2,803	2,308	5,111



Following-up and Medical Treatment.

In Secondary Schools no "following up" of cases is undertaken by the School Nurses and the after supervision of the cases is undertaken by the Head Masters (or Mistresses) who are always most willing to co-operate and ensure that any treatment recommended by the Medical Inspectors is carried out.

468 Cases were referred for special attention in 1934 and, by the time of the initial reports, 78.2% had received treatment.

The treatment arrangements of the County Council apply to suitable cases among children attending Secondary Schools, and it is encouraging to note that, of 693 children referred for treatment during 1933, only 15 had been untreated by the time they came under review again in 1934. 445 children were treated under the County Scheme, and 233 otherwise. It is satisfactory to report that, as a result of the treatment given, 131 were regarded as remedied, and 468 as improved. In 79 cases the condition was regarded as unchanged. Of the 547 cases in which only improvement and no change was noted, 402 were defects of vision : in such cases suitable glasses would frequently not bring the vision fully up to normal and the children were therefore not included amongst those completely remedied.

Dental Inspection and Treatment.

In 1934, 7 Schools were visited by Mr. Wakley, 5 by Mr. Wren, 3 by Miss Boal and 4 by Miss Crozier.

The inspection is still limited to children on admission to school, but treatment is also given to a few children who happen to require dental attention on these occasions : the number of such children in 1934 was 3. 33 days were occupied in examining 895 children and in treating 439. Some of the children had been treated previously in the elementary schools ; these included 232 of the 439 treated. The proportion of consents was 71.1%, which is not so high as that among elementary school children. The aim of the dentists is to give conservative treatment as far as possible in all cases ; of a total of 822 treatments 499 were fillings, 82 dressings and 19 scalings of permanent teeth and only 32 permanent teeth were extracted ; 150 temporary teeth were also extracted as unsavable.

Nutrition.

The term nutrition is used fairly freely, but it is difficult to define exactly in a short sentence what the word embraces. It may be said, however, that perfect nutrition would result from the perfect functioning of the body as a whole with a sufficiency of suitable food and a suitable environment. While the two latter points can be estimated fairly accurately, the functioning of the body cannot be determined closely. Efforts have been made in many directions to discover a comparative basis, including elaborate formulae of the relation of height and weight, but up to the present no satisfactory standard of an exact character has been reached. Height and weight do give some indication, but there are many other considerations, and the following quotation from the Administrative Memorandum No. 124 issued by the Board of Education on 31st December 1934 shows the variety of factors that have to be taken into consideration.

"The main issue is to estimate the general well-being of "the child. Such general assessment cannot as a rule be " based upon any single criterion such as any ratio of age, sex, " height and weight, but should also have regard to other data "derived from clinical observation; for example, the general "appearance, facies, carriage, posture; the condition of the "mucous membranes; the tone and functioning of the muscular "system; and the amount of subcutaneous fat. An alert "cheerful child, with bright eyes and a good colour, may " usually be accepted as well-nourished without demur. On the "other hand, a child who appears dull, listless and tired, who "has a muddy complexion or stands slackly, is at once under "suspicion, and should be further examined. Too much "reliance on a single sign may lead to error. Carious teeth "and other local defects should not in themselves be regarded as "evidence of faulty nutrition. It is the general impression "which decides the issue."

In this Circular the Board ask that in future the children shall be classified in the various age groups, under four headings :— (i) Excellent nutrition; (ii) normal; (iii) slightly sub-normal; and (iv) bad. The heading under which any particular child will be placed depends on the general opinion formed by the doctor as to the child's development and the border lines between the various headings cannot be otherwise than very broad. In other words, there is room for wide divergence of opinion as to very large numbers of the children and the results obtained by different observers may vary greatly.

In this County, records have been kept on these lines from the time medical inspection commenced in the schools in 1908, the actual classification being "above average," "average," "below average," and "much below." The general results have been examined closely at various times in the past twenty-six years, but the variations from year to year were so slight that no precise conclusions from the figures available appeared to be possible. In 1917 the following note was made :---

"At the time of the examination each Medical Inspector "notes his general impression of the nutrition of each child; "the results, of course, largely depend on the personal equation "of the Inspectors and vary greatly from year to year, but the "averages form a rough guide as to the general development "of the different groups of children."

"During 1917, far larger numbers of children have been "classed as above and below the average than in the previous "six years."

In the report for 1918, after the end of the war, the following note appears :---

"The Medical Inspectors appear to have formed about "the same general opinion of the nutrition of children as "in previous years, and there does not seem to be any marked "effect, so far as the total results go, of war conditions on "the children."

In the report for 1920 a comparison was made between the records for the periods 1908—1915 and 1916—1920 and the following observation was made :—

"As regards average heights and weights, the differences "in the two are very slight, but over the age of 9 years the "weights in the second period are about 1-2% below those "of children measured in the earlier period, for both boys and "girls."

"In some respects it would seem that their condition was "better as exemplified by increases of 30% in the proportion of 'normal' children and of nearly 200% in those regarded as "above average' nutrition, as well as in regard to such conditions as rickets, anæmia, defective hearing and discharge of ear, and also certain skin affections. The increases noted require further investigations, which will be made as opportunity offers, before any satisfactory explanations can "be offered." In 1923 a map of the County was prepared showing the proportion of children regarded as below normal in the various sanitary districts in the County, based on the findings of the Medical Inspectors in the ten years 1911-21, which was inconclusive except possibly as indicating the personal equations of the examiners. In the succeeding Annual Reports there are notes showing the general impression of improvement in the physique of the children.

It was mentioned earlier that the children are classified on the general impression of the doctors at the times of examination. They have, as a check, the average height and weight for a child of the same age in this County in a table based on the records of the heights and weights of 100,000 children examined in this County during the ten years 1909-18. The routine summary of these records was dropped about this time owing to economy measures, but a test comparison was made in 1930 on the records of about 1,000 children in the urban districts. The general conclusion of slight evidence of improvement was confirmed by this test.

The issue of the Circular of the Board of Education asking that records in the future should be kept on the lines followed in this County during the past quarter of a century, led to an analysis of the Gloucestershire results, as it appeared that a review of 287,201 examinations over a period which included the years of the Great War might be interesting.

The records are plotted as a series of six curves on the accompanying chart. These represent the proportions of children reported year by year from 1909 to 1934 as being (a) above average, and (b) below average. It will be noted that every one of the six sets of curves follows the same general tendency, namely (a) an increase in the proportion "above average" up to about 1918-20, followed by a sudden fall and then a slow steady rise for 12 years up to 1934, the last record available, and (b) a somewhat similar rise in the proportion "below average" to about 1914 for entrants and 1916 for leavers, followed by a level or falling line for 4 or 5 years and a succeeding slight fall to 1934.

The following facts are to be noted :--

- 1. In the first twelve years there were ten changes in the medical staff.
- 2. The personnel of four has been the same in the last fourteen years.

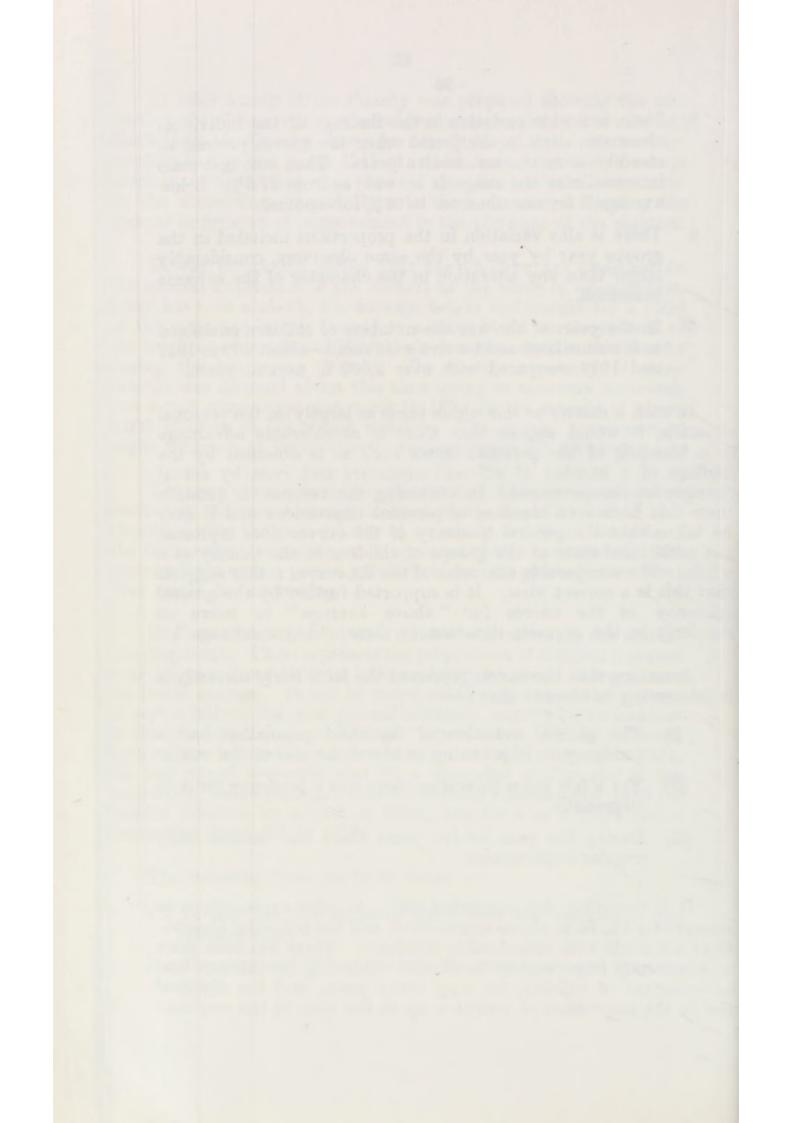
- 3. There is a wide variation in the findings of the individual observers, even in the period when the curves proceed so steadily as in the last twelve years. Thus amongst male intermediates the range is so wide as from 27.5% "below average" for one observer to .4% for another.
- 4. There is also variation in the proportions included in the groups year by year by the same observers, considerably larger than any alteration in the character of the subjects examined.
- 5. In the years of the war the numbers of children examined as intermediates and leavers were small—about 400 in 1917 and 1918 compared with over 2,000 in normal years.

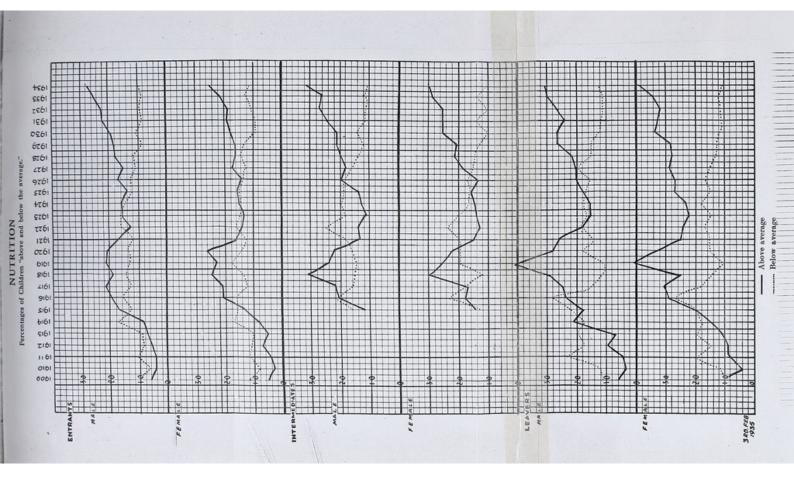
In such a matter as this which turns so largely on the personal equation, it would appear that there is considerable advantage in a blending of the personal factor such as is obtained by the findings of a number of different observers and even by actual changes in the personnel. In obtaining the records in question there has been such blending of personal impressions and it may be taken that the general tendency of the curves does represent the nutritional state of the groups of children in the County as **a** whole. The comparable character of the six curves rather suggests that this is a correct view. It is supported further by the general tendency of the curves for "above average" to move **so** regularly in the opposite direction to those "below average."

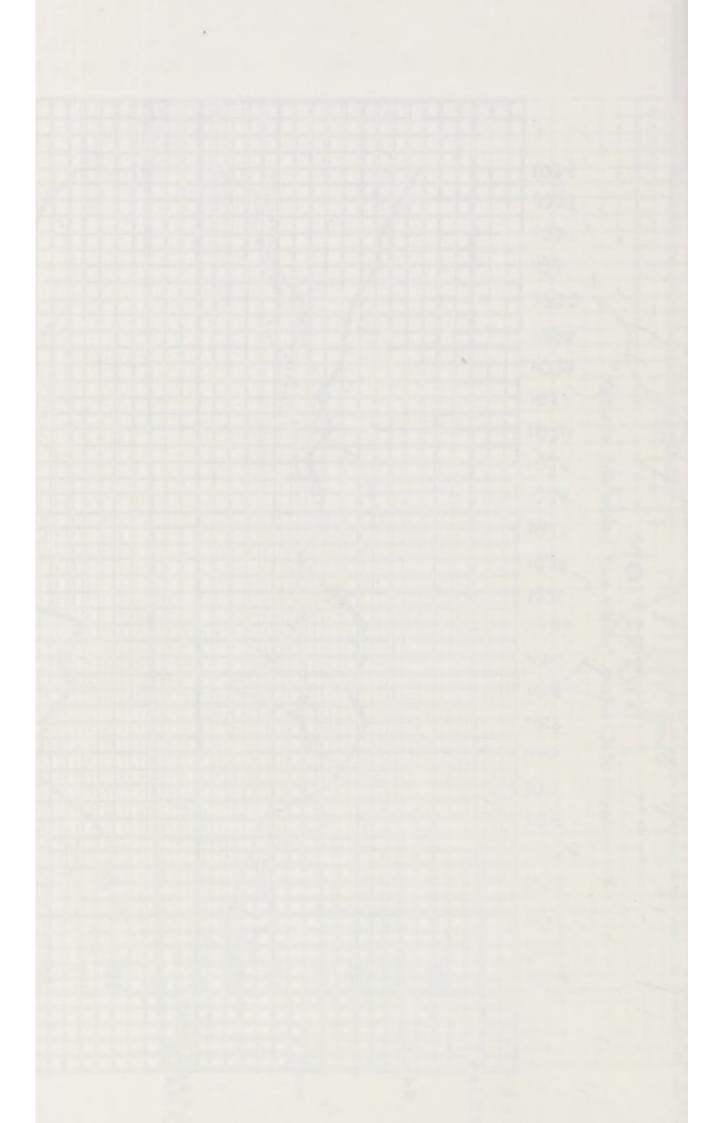
Assuming that the curves represent the facts fairly correctly it is interesting to observe that :—

- (i) The general nutrition of the child population had a tendency to improve up to about the end of the war.
- (ii) For a few years thereafter there was a tendency for it to depreciate.
- (iii) During the past twelve years there has been a fairly regular improvement.

It is tempting, but somewhat risky, to offer explanations to account for the facts above summarised, and the following observations are made with considerable diffidence. There has been more or less steady improvement in all that makes up for the care and environment of children for very many years, and the observed rise in the impression of nutrition up to the time of the war may







be attributed to these general factors. During the war there were exceptional conditions. In the early days, money was comparatively free, and large quantities of good food could therefore be obtained; in the latter days while money was still comparatively plentiful, food was reduced. Succeeding the war there were years when money was scarce, and the combined effect of these last two factors synchronised with a fall in the nutritional state of all six groups of children. Gradually, environmental factors have improved, including better opportunity for work, and improved housing conditions, and the nutritional state of childhood also has improved steadily.

It is interesting to observe in conclusion that the Gloucestershire findings appear to be confirmed by those in the schools of the London County Council, based on very much larger numbers. In the table on page 13 of Vol. iii (part ii) of the Annual Report for 1933, is given a table of "Nutrition Sub-normal" showing a slight, but distinct, fall in the percentages from 1920 to 1933.



TABLE L.

RETURN OF MEDICAL INSPECTIONS.

A .- ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections :---

	Entrants				 	 4,195	
	Second Age	Group			 `···	 4,255	
	Third Age (Group			 	 4,272	
			Total		 	 12,722	
Number	of other Ro	utine I	nspecti	ons	 	 -	

B .- OTHER INSPECTIONS.

Number of Special Inspecti	ons		 		1,928	
Number of Re-Inspections			 	·	6,567	
	Т	otal			8,495	

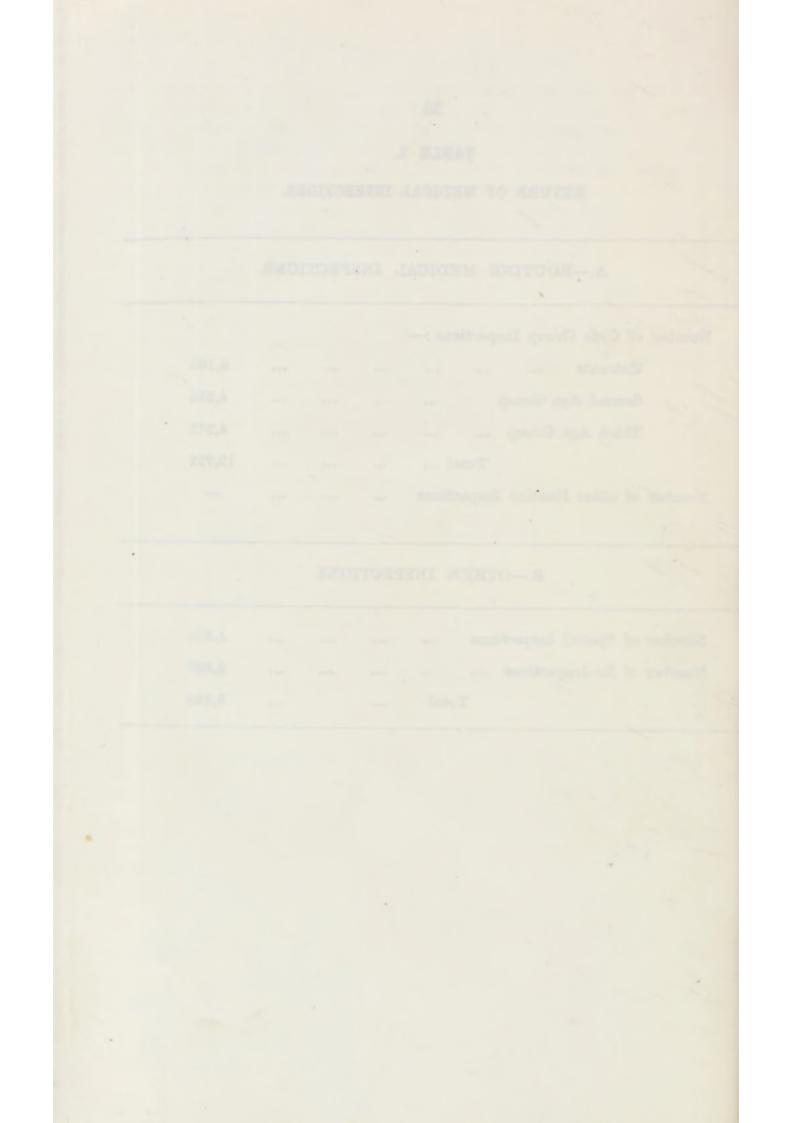


TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1934.

			ROUTINE INSPECTIONS.			ECIAL ECTIONS.
			No. of	o. of Defects. No. of De		
	Defect or Disease. (1)		Requir- ing Treat- ment (2)	Requiring to be kept under obser- vation, but not requiring Treatment (3)	Requir- ing Treat- ment (4)	Requiring to be kept under obser- vation, but not requiring Treatment (5)
	Malnutrition		-	1,393	53	94
Skin	Ringworm : Scalp Body Scabies Impetigo Other Diseases (Non- Tuberculous)		9 1 6 15 89		1 6 58	 6
Еуе	Blepharitis Conjunctivitis Keratitis Corneal Opacities Defective Vision (excludi	 	$\begin{array}{c} 69 \\ 4 \\ \hline 1 \end{array}$		$\frac{36}{2}$	2 1 -2
	Squint) Squint Other Conditions		422 96 40	193 97 23	$561\\111\\23$	169 55 7
Ear	Defective HearingOtitis MediaOther Ear Diseases		46 48 3	64 18 92	37 59 4	11 2
Nose and	Chronic Tonsilitis only Adenoids only Chronic Tonsilitis and		225 129	1,591 63	68 26	$\begin{array}{c} 144 \\ 19 \end{array}$
Throat	Adenoids Other Conditions		54 —	4 860	$51\\16$	44 28
	d Cervical Glands (Non- berculous)	·	44	1,506	21	29
Defectiv	ve Speech		5	87	4	21

		Rou Inspe	TINE CTIONS.		ECIAL ECTIONS.
		No. of	Defects.	No. of Defects.	
Defect or Disease. (1)		Requir- ing Treat- ment (2)	Requiring to be kept under obser- vation, but not requiring Treatment (3)	Requir- ing Treat- ment (4)	Requiring to be kept under obser- vation, but not requiring Treatment (5)
Heart and Circula- tion	}	19 16	188 1 2	31 7	48 15
Lungs	 lous 	21 17	22 39	18 33	8 12
Tuber- culosis		2 	$ \begin{array}{c} 1\\ 15\\ 11\\ 2\\ -\\ 3\end{array} \end{array} $	1 3 13 - 1	7 5 18 5 11
$\begin{array}{c} \mathbf{Nervous} \\ \mathbf{System} \end{array} \begin{cases} \mathbf{Epilepsy} & \dots \\ \mathbf{Chorea} & \dots \\ \mathbf{Other \ Conditions} \end{array}$	··· ···	8	6 9 24	14 6 26	1 3 14
Defor- mities {Rickets Spinal Curvature Other Forms	··· ···	29	38 7 169	$\begin{array}{r} 4\\13\\126\end{array}$	5 15 110
Other Defects and Diseases (e Uncleanliness and Dental Di	excluding iseases)	59	298	32	82

TABLE II.—continued.

TABLE II.—continued.

BNUMBER OF	INDIVIDUAL	CHILDREN	FOUND	AT ROU:	TINE
INSPECTION TO RE	QUIRE TREATM	ENT (EXCLUD)	ING UNCL	EANLINESS	AND
	DENTAL	DISEASES).			

	Number of Children		
GROUP.	Inspected (2)	Found to require Treatment (3)	
Code Groups : Entrants Second Age Group Third Age Group	4,195 4,255 4,272	495 521 429	
Total (Prescribed Groups)	12,722	1,445	
Other Routine Inspections	_	-	
Grand Total	12,722	1,445	

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Total

CHILDREN SUFFERING FROM MULTIPLE DEFECTS 12

BLIND CHILDREN

At Certified Schools for the Blin	nd	 	 10
At Public Elementary Schools		 	 -
At other Institutions		 	 -
At no School or Institution		 Total	 11

PARTIALLY SIGHTED CHILDREN

At Certified Schools for the				 —
At Certified Schools for the Pa		Blind		
At Public Elementary Scho	ols			 29
At other Institutions				 1
At no School or Institution	•••		Total	 30

DEAF CHILDREN

At Certified Schools for the Deaf	 	 21
At Public Elementary Schools	 	
At other Institutions	 	
At no School or Institution	 m	 2
	Total	 23

PARTIALLY DEAF CHILDREN

At Certified Schools for the I	Deaf			
At Certified Schools for the P.	artially	Deaf		
At Public Elementary School	s			 100
At other Institutions				
At no School or Institution	• •	••	m	 101
			Total	 101

MENTALLY DEFECTIVE CHILDREN FEEBLE-MINDED CHILDREN

At Certified Schools for Mente		fective C	hildren	 2
At Public Elementary Schools	s			 62
At other Institutions				 5
At no School or Institution				 40
			Total	 109

TABLE III.—continued.

EPILEPTIC CHILDREN

CHILDREN SUFFERING FROM SEVERE EPILEPSY

At Certified Special Schools				 1
At Public Elementary Schools At other Institutions	••	• •		 7
At no School or Institution				 11
			Total	 19

PHYSICALLY DEFECTIVE CHILDREN

A. TUBERCULOUS CHILDREN

I. Children suffering from Pulmonary Tuberculosis.

At Dublic Elements Col				11
At Public Elementary Schools At other Institutions				9
At no School or Institution	•• ••			-
At no School or Institution				
		Total		20
II. Children suffering from Non	Dulman			
At Contice of Continenting it officiation	- runnonary	Tuberci	llosis.	
At Certified Special Schools				87
At Public Elementary Schools				61
At other Institutions				1
At no School or Institution				7
		Total		156
P DELICA				
B. DELICA	TE CHILD	REN		
At Certified Special Schools				
At Public Elementary Schools		••	••	
At other Institutions		•••	•••	90
At no School or Institution		••	••	10
		Total	••	12
		TRIOT	•••	102
C. CRIPPL	ED CHILDI	REN		
	0			
At Certified Special Schools	• ••			2
At Public Elementary Schools . At other Institutions	• ••			169
At no School or Institution	• ••			-
	• ••			18
		Total		189
D CHILDDEN	and the second			
D. CHILDREN WI	TH HEAR'	T DISEA	ASE	
At Certified Special Schools .				
At Public Elementary Schools		• •	• •	-
At other Institutions		•••		50
At no School or Institution				_
,	• • •		• •	6
		Total		56

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1934.

GROUP I.--MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.)

	Number of Defects treated, or under treatment during the year.			
Disease or Defect.	Under the Authority's Scheme	Otherwise.	Total.	
(1)	(2)	(3)	(4)	
Skin— Ringworm-Scalp— (i) X-Ray Treatment (ii) Other Ringworm-Body Scabies Scabies Impetigo Other skin disease Minor Eye Defects (External and other, but excluding	 3 6 30 43			
cases falling in Group II.)				
Minor Ear Defects	143	72	215	
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.).	399	3 3 0	729	
Total	624	481	1,105	

TABLE IV.—continued.

luding Squint)	No. 0	f Defects dealt 1	vith.
Defect or Disease.	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(4)	(5)
/	1019	238	1,257
ther Defect or Disease of the Eyes (excluding those recorded in Group I.)	_	_	-
Total	1019	238	1,257

GROUP II.— DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.].

	Under the	Author	rity's	Scheme					549
(b)	Otherwise								31
	umber of ch				r recei	ived sp	ectacle	s :—	
	Under the	Author	ity's	Scheme		•••			526
(b)	Otherwise								31

TABLE IV .- continued.

GROUP III .- TREATMENT OF DEFECTS OF NOSE AND THROAT.

		REC	EIVE	D OF	ERA	FIVE	TRE	ATMEN	T.			Received	
Sche	Authorithe AuthoritheA	er the prity's in Cli pspita 1)	inic	Pro Hos from	pital pital h the s S	rivate oner , ap Aut chem 2)	or art hor-		<i>To</i> (3	tal 3)		other forms of Treatment (4)	Total number treated (5)
(i) 167	(ii) 43	(iii) 142	(iv) 48	(i) 30	(ii) 1	(iii) 18	(iv) 19	(i) 197	(ii) 44	(iii) 160	(iv) 67	274	742

NUMBER OF DEFECTS.

(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

Residential trea							5
Residential trea	atment wit	hout edu	cation				40
Non-residential	treatment	at an or	thopædic	elinie			685
Otherwise					•••	••	

Total number of children treated .. 730

GROUP V.-DENTAL DEFECTS.

(Completed Sanitary Districts).

(1) Number of Children who were :---

(a) Inspected by the Dentist :

Aged :

Routine Age Groups	 5 6 7 8 9 10 11 12 13 14	3,671 3,864 4,109 4,541 4,373 5,047 183 — — —	Total	 25,788
Specials	 			 528
	G	rand Tot	al	 26,316

	(b) Found to require treatment (c) Actually treated	18,672 14,674
(2)	Half-days devoted to :	
	Inspection —] The set of the	
	Inspection	
(3)	Attendances made by children for treatment } Total 14,674	
(4)	Fillings :	
	Permanent teeth \dots 8,402Temporary teeth \dots Total8,402	
	Temporary teeth $-\int 10tar 8,402$	
(5)	Extractions :	
	Permanent teeth 364	
	Permanent teeth $$ 364 Total $15,023$ Temporary teeth14,659 $15,023$	
(6)	Administrations of general anæsthetics for extractions 21	
(7)	Other operations :	
	Permanent teeth 1,573	
	Permanent teeth 1,573Total4,515Temporary teeth $\dots 2,942$ \blacksquare \blacksquare \blacksquare	

TABLE IV.—continued.

GROUP VI.-UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) A	by the School Nurses	ing the	year	2
(ii.) T	otal number of examinations of children in by School Nurses	the Sci	hools	78,052
(iii.) N	umber of individual children found unclean			3,188
(iv.) N	umber of children cleansed under arrangen by the Local Education Authority	nents 1	nade 	_
(v.) N	umber of cases in which legal proceedings wer	re take	n :—	
	(a) Under the Education Act, 1921			_
	(b) Under School Attendance Byelaws			11

TABLE A. SCHOOLS CLOSED ON ACCOUNT OF INFECTIOUS DISEASE DURING 1984.

		SCHOOL	S CLOSED	
Infection.	By M.O.H. with approval of S.M.O.	By S.M.O.	By R.D.C. and Managers	Total
Diphtheria Scarlet Fever Measles Chicken Pox and Measles	4 8	=		7 4 8 1
Total	20	_	-	20

PEI	DIC	ULOSIS	-Followin	g-up, 193	4.	
		Mixed	Boys	Girls	Infants	Total (All Departments)
Departments		637	33	30	78	778
Number of Examinations		61,925	4,669	4,596	6,862	78,052
Children examined		54,048	4,621	3,938	6,228	68,835
Children infected		2,338	97	334	419	3,188
Percentage infected		4.3	2.1	8.5	6.7	4.6
Cards :— Blue (Mild)		1,361	68	245	235	1,909
Green (Stronger)		1,330	35	203	273	1,841
Red (Second Warning)		544	5	107	101	757
Letters(SubsequentWarnin	gs)	609	1	65	51	726
Children excluded		230	3	34	26	293
Prosecutions (under Bye-Law	vs)					
Results :Fines		7	-	_	1	8
Cautioned		1	-	_	-	1
Withdrawn		2	-	-	-	2

TABLE B. PEDICULOSIS.—Following-up, 1934.

Fines :---7----5/-; 1---2/6.

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TABLE C.

SUMMARY OF DENTAL INSPECTION AND TREATMENT.

ROUNDS OF SCHOOLS.

	Age	No.	Required	Treatment	School	ed by Dentists
	Groups	examined	No.	%	No.	%
1915-16	 6-8	7,877	4,176	53.0	2,274	54.4
1917-18	 6-10	5,110	2,673	52.3	1,600	59.8
1919-21	 ,,	16,936	10,300	60.9	6,144	59.6
1921-22	 ,,	16,482	10,341	62.9	5,605	54.2
1922-23	 ,,	16,060	9,892	61.5	5,339	54.0
1923	 	15,278	9,709	63.6	5,495	56.5
1924	 **	14,420	8,905	61.7	5,419	60.9
1924-25	 ,,	13,463	8,793	64.3	5,948	67.6
1925-26	 ,,	13,356	8,559	64.1	5,729	66.9
1926-27	 5-10	18,383	10,981	59.9	7,648	69.6
1927-28	 5-11	20,529	13,484	65.8	9,944	73.7
1928-29	 ,,	23,675	16,016	67.6	11,767	73.5
1929-30	 ,,	24,975	16,804	67.3	13,038	77.6
1930-31	 ,,	24,533	16,773	68.4	13,238	79.0
1931-32	 ,,	23,623	17,236	73.0	13,566	78.7
1932-33	 ,,	22,973	16,547	72.1	13,036	78.8
1933-34	 ,,	22,343	15,749	70.6	12,266	77.8

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TABLE D.

SECONDARY SCHOOLS.

FINDINGS OF MEDICAL INSPECTION.

	En	trants.	12	-13.	13	-14.	14	-15.	15-	16.
Number examined	666		819		873		1014		602	
Nose and Throat		12.3	95	11.6	71	8.1	71	7.0	36	6.0
Teeth (over 3 decayed)	53	8.0	33	4.0	26	3.0	52	5.1	44	7.3
Heart Trouble	11	1.6	16	1.9	12	1.4	19	1.2	5	.8
Glandular Enlargement	12	1.8	2	.2	5	.5	3	.3	1	.1
Vision (6/12 R. eye)	39	6.0	67	8.2	80	9.1	118	11.0	60	10.0
External Eye	24	3.6	22	2.7	32	3.7	33	3.2	14	2.3
Defective Hearing (R.)	1	.1	9	1.1	5	.6	5	.5	3	.5
Ear Discharge	8	1.2	3	.3	3	.3	3	. 3	2	.3
Skin Disease	12	1.8	12	1.4	12	1.4	18	1.8	11	1.8
Deformities	41	6.1	42	5.1	51	5.8	52	5.1	23	3.8
Bronchial Catarrh	-	-	-	-	-		-	-	-	-
Anæmia	-		4	.5	-		4	.4	2	.3
Others	19	2.8	9	1.1	9	1.0	16	1.6	9	1.5
TOTAL	302		314		306		394		210	

	16	-17.	17	-18.	18	-19.	19	9-20.	Tot	al.
Number examined	275		121		44		1		4415	
Nose and Throat	8	2.9	3	2.5	3	6.8	-	-	369	8.3
Teeth (over 3 decayed)	22	8.0	5	4.1	1	2.3	-	-	236	5.3
Heart Trouble	2	.7	1	.8	-	-	1	_	67	1.5
Glandular Enlargement	-	-	-	-	- :	-	-	-	23	.5
Vision (6/12 R. eye)	41	15.0	10	8.3	6	13.6	1	-	422	9.6
External Eye	7	2.5	6	5.0	2	4.5	-	-	140	3.2
Defective Hearing (R.)	3	1.1	-	-	-	-	-	-	26	. 6
Ear Discharge	-	-	-	-	-	-	-	-	19	.4
Skin Disease		2.2	3	2.5	-	-	-	-	74	1.7
Deformities	13	4.7	5	4.1	2	4.5	-	-	229	5.2
Bronchial Catarrh	-	-	-	-	-	-	-	-	-	
Anæmia	-	-	-	-	-	-	-	-	10	.2
Others	4	1.4	2	1.6	-	-	-	-	68	1.5
TOTAL	106		35		14		2		1683	