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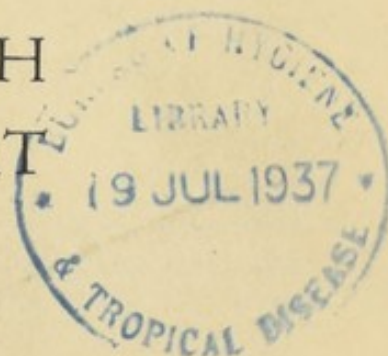


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Gloucestershire Education Committee

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TWENTY - NINTH  
ANNUAL REPORT




OF THE

SCHOOL MEDICAL OFFICER

ON

MEDICAL INSPECTION AND  
TREATMENT

For the year ended December 31st, 1936



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# Gloucestershire Education Committee.

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SHIRE HALL,

GLOUCESTER,

13th April, 1937.

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

LADIES AND GENTLEMEN,

This is the twenty-ninth Annual Report that I have presented to you and it is my great regret that it is my last, as I hand over the position of School Medical Officer, which I have held for over twenty-nine years, to my successor in August next.

The report itself is of the usual routine character, but in view of the above fact I thought that it would not be without interest to you if I included a brief resumé of the work from its initiation so that you may appreciate the great progress that has been made and that you may be encouraged to give the children of the County the wider benefits possible from the framework built up during the past years. That so great progress has been made is due to the manner in which everyone concerned has supported the Committee in all directions—your medical and dental staff, the hospitals, the doctors who have co-operated so happily, the whole-time nursing staff and especially the district nurses with their influence in the homes of the children.

In this series of Reports, much of their work has been summarised year by year, but there is one aspect that cannot be put into any formal statement—the personal relations between the staff, the school teachers and the children, which have been so happy throughout this long period.

There is another set of workers, whose efforts do not find a record in these reports and whose names do not appear—the members of the clerical staff. Without their loyal support and steady work day by day satisfactory administration would be impossible, and to all engaged in it the Committee have good reason to be grateful for the smooth working of their scheme of medical inspection and treatment.



In this last note, it is difficult for me to find words to express my feelings towards those who have assisted me in fulfilling my duties as School Medical Officer throughout the County : all have treated me as a friend and I will say only that as a friend I thank them one and all.

To the members of the Committee I am grateful for the support which has been accorded to me from start to finish.

I have the honour to sign myself,

Your obedient servant,

J. MIDDLETON MARTIN,

*School Medical Officer.*

## SCHOOL MEDICAL INSPECTION.

### General.

The first occasion—so far as information is available—on which the children in any school in this County were inspected systematically was in November, 1901, when it was suggested to the Managers of the Stonehouse National School that a medical survey of the children should be made, primarily for the detection of unrecognised cases of scarlet fever: arrangements were made with a local medical practitioner to undertake the examination of the children. At the first review it was found that 103 of 244 children were suffering from infectious skin conditions, chiefly lice in the head, and the visits were continued each term up to the time when the schools were taken over by the County Council: at the final examination (with the exception of a few cases of impetigo) the school had a clean bill of health. In view of this experience the Medical Officer of Health for the district included the following observation in his Annual Report for 1902:

“ At the present time when the whole subject of education has to be dealt with almost ‘ de novo ’ by the County Council, a good opportunity is given for starting a system of medical examination.”

The County Council had been the Local Education Authority little more than two years when they decided to carry out an experimental scheme of medical inspection in the 44 schools, with about 7,000 children, in the Stroud Union, the decision being reached by the Education Committee on 28th May, 1904. The survey was commenced in the following August, but it came to an end prematurely in May, 1905, owing to certain difficulties. The County Medical Officer of Health was asked to give evidence on the scheme before the Inter-Departmental Committee on the “ Medical Inspection and feeding of children attending Public Elementary Schools ” appointed by the President of the Board of Education on 14th March, 1905. In their Report, dated 9th November, 1905, they say with respect to Gloucestershire:

“ We think that, even though the experiment has terminated, it may be of interest to give some account of the system of medical inspection which was carried on in the Stroud district of Gloucestershire between the Summer of 1904 and the Spring of the present year. We are the more inclined to do so, because it is the only experiment of the kind which has been attempted. Moreover it is the only case in which any statistics are available.” They then set out general notes on the experience,



One outcome of the report of this Committee was the inclusion of section 13 in the Education (Administrative Provisions) Act, 1907, under which Local Education Authorities were required to provide for the medical inspection of children on their admission to elementary schools and such other occasions as the Board of Education direct, and were empowered to provide treatment, subject to the approval of the Board. These duties and powers were extended to Secondary Schools under Section 18 of the Education Act, 1918. These two Acts were repealed in great measure by Part VII of the Consolidating Education Act, 1921, but the duties and powers of Education Authorities in these directions were extended and enlarged greatly, and provision for attending to the health and physical condition of children was made obligatory.

### **Staff.**

The Board of Education issued a Circular (No. 576) on 22nd November, 1907, setting out their requirements with general observations on the arrangements apparently necessary to give effect to the provisions in the Act of 1907. These included a recommendation that the County Medical Officer of Health should be appointed the School Medical Officer and that in the first year two groups of children should be examined, those newly admitted and those about to leave school : a schedule of the examination was outlined. In the second year, a third group of children was added, namely, those reaching seven years of age.

In this County, the Medical Officer of Health was appointed the School Medical Officer on 13th April, 1908, and has had the direction of medical inspection from its initiation. The first School Medical Inspector (Dr. T. F. H. Blake) was appointed on 1st September, 1908, and after nearly 29 years continues to give most reliable service to the County. In November of the same year two further Medical Inspectors were appointed but did not remain long. A portable steelyard was devised for use in this County by Messrs. Avery, and seven are still in use, being checked each year by the Inspector of Weights and Measures.

For the greater part of the period of school medical inspection the staff has consisted of two whole-time officers and three doctors who are also the Medical Officers of Health for their respective areas. In connection with the grouping of the districts for the appointment of Medical Officers of Health not engaged in private practice, a more or less final stage will be reached during 1937. The staff will then be six Medical Inspectors, also Medical Officers of Health in their areas, and one whole-time School Medical Inspector, a woman doctor who, amongst her duties, will continue to undertake the examination of the girls at the Secondary schools.



It was realised from the first that there would be undue tax on the teaching staff unless nursing assistance was provided. Two whole-time Nurses were appointed. It is interesting too that from the start authority was given to the School Medical Officer to utilise also the services of district nurses affiliated with the County Nursing Association where available, but they were not to be asked to examine children's heads. Thirty-two nurses working for 30 Associations gave their assistance in 1908-9. In September, 1911, a third school nurse was appointed with the interesting combination of school attendance with her nursing work. On her resignation in June, 1915, the appointment of a successor was postponed till the end of the war. Meanwhile, there had been two developments in respect of which other nursing services were required—the scheme for the Treatment of Tuberculosis and the appointment of nurses as Health Visitors in various areas. This led to a suggestion that one set of nurses should perform all three branches of work: effect was given to the combination of school and tuberculosis duties in November, 1914, with seven whole-time nurses. Early in 1916 the County Nursing Association started a voluntary system of Health Visiting for mothers and young children, and as a result the County Council adopted a general scheme for the whole County, which came into operation on 1st July, 1916: under these arrangements the combined work for the three services was undertaken by seven whole-time nurses and 78 district nurses. The County was divided into six areas with a whole-time nurse in charge of the nursing work in each, supervising the work of the district nurses and undertaking the detailed duties where no district nurse was available. Up to this time, district nurses had taken no share in the examination of the children's heads, as it was feared that it would make them unpopular with their patients. This fear has proved during the past 21 years to be groundless, though there have been rare occasions on which parents were difficult: on the other hand, the peculiar acceptability of district nurses in the homes has been very valuable in the encouragement of the parents. The general nursing arrangements have not been varied in principle since 1916, but the County is now practically covered by District Nursing Associations and the great bulk of the work is done by them, the number in 1936 being 138.

### **Pediculosis of the Head.**

It is probably as the result of the work of the nurses that the most striking improvement amongst school children is evidenced. In the early days so large a proportion as 44% of girls with pediculosis in their heads was by no means unusual, and in 1916, 16.3%



of all children were infected : in the last two years the proportion has been only 4.3%, and the main sources of the trouble are comparatively few families whose names recur year after year. Part of the improvement may be due to the present day fashion of short hair for girls, and even amongst them only about 7.0% are found infected, generally in very mild degree.

### **Nutrition.**

From the commencement records have been kept of the nutritional state of the children, and an analysis of the results made a few years since brought out interesting information. One point was the great variation in the findings of the individual observers : when these were blended in the total results they produced a series of very uniform curves tending to show the three following factors obtaining in each of the six groups—boys and girls examined as entrants, intermediates and leavers :—

1. The general nutrition of the child population had a tendency to improve up to about the end of the war.
2. For a few years thereafter there was a tendency for it to depreciate.
3. During the subsequent years there has been steady improvement.

The following observations were made with considerable diffidence. There has been more or less steady improvement for very many years in all that makes up the care and environment of children, 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 be obtained : in the latter days while money was comparatively plentiful, food was reduced. Succeeding the war, there were years when money was scarce and the combined effect of these two factors synchronised with a fall in the nutritional state in 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 improved steadily.

### **Treatment of Defects.**

A serious gap in the arrangement in the early years of School Medical Inspection was that while many children were found to require treatment for more or less serious conditions, the scheme did not embrace arrangements for treatment. Inspection was obligatory



under Section 13 of the Education (Administrative Provisions) Act, 1907, and by the same section local authorities had such powers of treatment as may be sanctioned by the Board of Education. Pending such arrangements all that could be done was to encourage parents to take advantage of local agencies—usual medical attendants, hospitals and Poor Law doctors, and in this the Committee had the assistance of Children's Care Committees in various parts of the County. As a result, treatment was provided for considerable numbers of children year by year, but there was a balance of children who had not this advantage. In 1912 the Committee gave general consideration to the question of providing treatment and made special endeavours to secure fuller co-operation from Children's Care Committees. Local efforts had been made by two or three persons to make good some of the deficiencies : for example, dental treatment was arranged by Miss Wedgwood and the late Sir Philip Stott at Stanton, at Badminton by the Dowager Duchess of Beaufort and at Horton and Lower Guiting. Encouraged by these examples, the Committee commenced a system of dental treatment, and a whole-time school dentist commenced work on 19th October, 1914. Equipped with portable apparatus, for four years he did very useful work under difficult conditions, and was successful in securing the consent of parents to the treatment of some 60% of those requiring it. In March, 1919, two whole-time dentists and two dental nurses were appointed, and children aged 6-10 years were examined : in the early days treatment was accepted by the parents in respect of some 55% of children. This proportion has increased fairly steadily to nearly 80% in the last few years. Meanwhile the staff has been increased from 2 to 4 dentists, part of their services being given to mothers and young children since September, 1931. An unfortunate fact is that the upper age limit for the treatment of children is still 11 years.

Towards the end of 1918 it was felt that the time had arrived for some action by the Committee to enable medical and surgical treatment to be available for children requiring it, and a comprehensive scheme was adopted on 25th January, 1919. Alternative proposals were before the Committee, namely, (1) the provision of *ad hoc* school clinics staffed by whole-time officers, and (2) the utilisation of out-stations, in co-operation with other committees of the County Council providing treatment for various groups of persons, in connection with the large general hospitals and attended by local doctors and the visiting staffs of the hospitals. The former is the arrangement generally adopted and is the simplest from the point of view of administration : the County Council adopted the second course which has various advantages, including



the best available services for treatment in a County area. The scheme, however, presented certain novel features, causing departure from the traditions, particularly of the Board of Education, e.g., the mixing of different groups at the centres for treatment. Partly as a result of these departures, the scheme had rather a stormy infancy, but it came happily through the troubles of childhood and it is now well developed in structure, though there are still directions in which it might be made more vigorous. The arrangements were started modestly on 23rd May, 1921, but the Council was fortunate in securing from the first the co-operation of the local hospitals and by the end of the year treatment was given at eight out-stations of which seven were at local hospitals and one was an adapted Army hut, still in use. More out-stations were arranged gradually and there are now available for the treatment of persons over the County's 29 centres including 5 general hospitals, 18 out-stations (8 at local hospitals) and 6 other hospitals for operative treatment. The range of work in the early days was limited to such conditions as minor ailments, defective vision and defects of the nose and throat. Subsequently the scope of the scheme was enlarged gradually to include the treatment of goitre, very valuable arrangements for the examination of children with signs of heart disease by a panel of physicians in connection with the Bristol University Centre of Cardiac Research, orthopædic treatment, and dental treatment of mothers and infants. Connected with these developments, more and more generous provision for in-patient treatment has been made with the general hospitals and with the special hospitals for prolonged treatment and education combined. This applies more particularly to children with orthopædic defects rendered unable thereby to get to schools. These cases tend to be fewer, for since orthopædic treatment was undertaken systematically by the Council, most children, even with defects of a serious character, are brought under review at so early a stage that much can be done by more or less simple remedial treatment, which will prevent them from becoming cripples in the ordinary sense of the word. The service was commenced in a modest manner in 1923, the value of the work was appreciated from the start and in 1930 it was placed on the same basis as the other treatment services, utilising the services of the orthopædic surgeons at the large general hospitals at Bristol, Cheltenham and Gloucester, assisted by three orthopædic nurses. Beds are available not only at these hospitals but also, for long cases, in Winford and Wingfield-Morris Orthopædic Hospitals, where treatment is combined with education. The surgeons have expressed their appreciation of the opportunities now given to them for early treatment of patients, in no little degree to the detection by the district nurses of minor departures



from the normal, whereby children a few months or even days old are referred for examination and are found to have defects remediable in the early stages of the trouble. The scheme, however, is not developed to its full possibilities as yet, either in range of places or scope of treatment, but presumably they will be realised gradually. Very valuable functions in ensuring happy working with the hospitals and the large number of doctors co-operating with the County Council are performed by the Medical Advisory Committee, but so smoothly does the scheme operate that the Committee is called but rarely. Another very useful feature of the scheme is the co-operation of the district nurses in running the out-stations, which are separate buildings.

It may be said broadly that under these arrangements the County is provided with a treatment service probably as complete and well distributed as that in any county area. Though there are still opportunities for developments it is very rarely that there is any great difficulty in providing treatment for any special case, though at times it takes a little contriving.

### **Special Groups of Children.**

Special arrangements had been made for particular groups of children before the County Council became the Education Authority. Thus as long ago as 1899 School Authorities were empowered to provide special classes and schools for children, defective mentally or physically. In this County parents have been given from the early days opportunity for the education of blind and of deaf children in special schools, but this benefit has been available for mentally defective children for only a few years: prior to 1936 the opportunity was given to very few children in schools outside the County, but last year, to help Gloucestershire children, the Committee of Stoke Park, rather against their own wishes, generously applied to the Board of Education for their approval to a school for 50 children in the grounds of the Colony which is in the County.

Very fortunately, blindness among children is becoming a rarity owing to the great care taken of any child with eye troubles before any permanent defect is established. One result of this is that the school accommodation provided for blind children is now in excess of the demand, and it is hoped that some of it may be made available for special children with defective vision who require appropriate methods of instruction, partly with a view to the prevention of blindness.

These notes cover in a somewhat sketchy manner the developments of the medical work of the Education Committee initiated by the Act of 1907. Reports have been made to the Committee year by year but it requires some such review as this to enable the march of events to be appreciated, and it is clearly evident that enormous progress has been made. It is not suggested that the picture is complete, far from it. There is much more to be done in the direction of prevention : for example, physical exercises are taken in the schools, but not to that extent which enables the full possibilities to be realised. In another direction, so far as is known, baths are available for school children in only three parts of the County—at Tewkesbury (originally due to the enterprise of the district nurse), and in the two villages of Coln St. Aldwyn and Hatherop : at Tewkesbury very considerable advantage is taken of the opportunities but practically none in the two villages.



# Twenty-Ninth Annual Report

OF THE

## SCHOOL MEDICAL OFFICER

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### Staff.

*Medical.*—There has been no change in the Medical Staff during 1936, but Dr. T. Rhind, one of the part-time School Medical Inspectors, was again off duty on account of illness during the greater part of the year and arrangements were made for Dr. C. H. Pauli, of Pilning, to examine the children due for inspection at schools in the Thornbury and Chipping Sodbury Rural Districts.

The Staff 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	
Dr. H. F. W. Adams	„	7 Feb., 1921	} Part Time.
Dr. R. Green	„	1 Sept., 1912	
Dr. T. Rhind	„	1 Feb., 1913	

*Dental.*—The Dental Staff consists of the following whole-time County Dentists :—

Miss A. M. Boal	appointed	1 April, 1928
Miss M. M. Clerke	„	2 Sept., 1935
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 :—Seven County Health Superintendents, five Health Visitors, three Orthopædic Nurses and four Dental Nurses, and 138 District Nurses.

The number of District Nursing Associations in 1936 was 123, and the services of their nurses are now available over the County generally, with the exception of parts of the Forest of Dean, 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—*

Mrs. V. M. Bausor	...	appointed	1 Sept., 1925.
„ I. V. Ladd	...	„	19 May, 1930.
„ F. E. Lyne	...	„	16 March, 1921.
Miss J. I. McLauchlan	...	„	30 July, 1917.
„ E. Mason	...	„	6 June, 1916.
„ D. K. Palin	...	„	10 March, 1919.
„ M. S. Payne	...	„	17 Nov., 1923.

*Health Visitors and School Nurses—*

Miss E. M. Burges	(temporary)	appointed	25 March, 1935.
		resigned	17 June, 1936.
„ R. Carter	(temporary)	appointed	16 Nov., 1936.
„ E. H. V. Howse		appointed	15 June, 1936.
„ E. N. James	...	„	18 June, 1936.
„ A. Somerfield	...	„	7 Sept., 1921.
Mrs. P. E. Watkins	...	„	1 Oct., 1923.
„ L. Wright	...	„	8 Dec., 1927.

*Orthopædic Nurses—*

Miss E. G. Bowden	...	appointed	23 April, 1935.
„ D. A. Rodenhurst	...	„	22 March, 1926.
„ J. Shepherd	...	„	1 Feb., 1929.

*Dental Nurses—*

Miss M. Hunt	...	appointed	30 Aug., 1920.
„ A. G. Powell	...	„	1 Sept., 1931.
„ W. H. Roberts	...	„	1 Nov., 1931.
Mrs. E. E. Witchell	...	„	9 Jan., 1933.

*District Nurses* ... .. 138 part time.

*Treatment Staff—*

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 :—

*Bristol Hospital Area.*

Ophthalmic Surgeons	...	Mr. E. R. Chambers
		„ A. E. Iles
Ear and Throat Surgeons	...	„ E. Watson Williams
		„ J. Angell James
		„ G. R. Scarff
Orthopædic Surgeon	...	Dr. Ethel M. Redman
Heart Physician	...	„ C. E. K. Herapath



**Cheltenham Hospital Area.**

Ophthalmic Surgeons	...	Dr. J. G. D. Currie
		Dr. J. P. F. Lloyd
Ear and Throat Surgeon		Mr. T. D. Deighton
Orthopædic Surgeon	...	„ J. S. Robinson
Heart Physician	...	Dr. J. R. Collins

**Gloucester Hospital Area.**

Ophthalmic Surgeons	...	Mr. W. Niccol
	...	Dr. J. D. J. Freeman
Ear and Throat Surgeon	...	Mr. C. de W. Gibb
Orthopædic Surgeon	...	„ J. F. H. Stallman
Heart Physician	...	Dr. D. E. Finlay

**Oxford Hospital Area.**

Ophthalmic Surgeon	...	Dr. O. B. Pratt
Ear and Throat Surgeon	...	Mr. R. H. Rose Innes

**Co-ordination.**

Every endeavour is made to ensure that the work of the School Medical Service is co-ordinated with other branches of Public Health work in the County. All the medical services are under the control of the County Medical Officer, who is also School Medical Officer.

There is close co-operation between the School Medical and Maternity and Child Welfare Services. The records made by the Health Visitors after their periodic visits to children from birth to five years of age are forwarded to the School Medical Inspectors for their information when the children are being examined as entrants at the public elementary schools : extracts from the medical history of the child are copied on the school card.

**Hygiene.**

The School Medical Inspectors in the course of their work report to the County Medical Officer defects in school premises, and in this way details of ventilation, lighting, heating, equipment and general sanitation are continually under review. Special notes are made by the Inspectors in appropriate cases and the information is passed to the Secretary for Education for action.

During 1936 the Medical Inspectors drew attention to matters at ten schools whereby conditions might be improved, and improvements were noted at eight schools.

**Medical Inspection.**

*A. General Arrangements.*—There is no change to record in regard to the general arrangements for medical inspection. The Board's Schedule as to routine medical inspection has been followed, the groups of children inspected being as under :—



- (i) *Entrants*—Children entering school for the first time and others who have not been examined previously.
- (ii) *Intermediates*—Children at eight years of age.
- (iii) *Leavers*—Children at twelve years of age and those who have not been inspected since attaining the age of twelve.
- (iv) *Specials*—Children of various ages presenting conditions at previous occasions suggesting the desirability of further examination.
- (v) Children whom teachers or nurses present on account of some possible defect.

The visits of the Medical Inspectors are arranged with the Head Teachers who make the necessary preparations for the inspection. Arrangements are made as far as possible for a Nurse to be in attendance ; in 1936 a Nurse attended at 341 of the 380 departments. Apart from schools attended by the County Health Superintendents and Health Visitors, 126 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 289 inspections. The reasons for their non-attendance at the remaining 18 departments were notified as follows :—14 on urgent work, 1 on holiday, 3 on account of illness. At 39 inspections no Nurse was present and the necessary assistance was given by the teachers.

*B. Places of Inspection.* Interference with ordinary school work is to a certain extent unavoidable, but no particular difficulty has been experienced during the year in the work of medical inspection. At 351 of the 380 departments the inspections were made in classrooms at the respective schools ; in 10 the Teachers' Room was made available. The Domestic Science and Manual Rooms were used in 10 instances, at 5 a part of a room was partitioned by a curtain, in 1 case the Manager's Room was used and in 2 others the Vestry Hall. At 1 small rural school only was it found necessary to send the children who were not to be presented for examination to the playground.

*C. Appliances.*—The arrangements for appliances are unchanged. A standard for measuring heights, with a movable head-piece, 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 more than minor matters requiring attention. In 1936 the maximum error was 3 ozs. on full load.



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

No. of Children on the registers of departments—36,716.

Children Examined.

A Code Groups.

Entrants	...	...	...	3,922	
Intermediates	...	...	...	3,927	
Leavers	...	...	...	3,318	
				—	11,167

B Specials.

Re-examinations	...	...	6,651	
less examined as routine	...	...	581	
			—	6,070
New Specials (not routine)	...	...	421	
			—	6,491

Total children examined	...	...	...	...	17,658
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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 :—

		<i>Birth-rate.</i>	<i>Percentage on average attendance.</i>		
			<i>Entrants.</i>	<i>Intermediates.</i>	<i>Leavers.</i>
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
1934-35	...	14.6 (1930)	12.2	12.1	10.2
1935-36	...	14.6 (1931)	11.9	11.9	10.0



### Findings of Inspection.

4,206 children were reported to be free from defects (other than minor decay in one or two teeth).

The numbers in the following table, which accord very closely to those presented in previous years, shew the defects found amongst the remaining 6,961 children. Nearly half of these are dental decay and obstructive condition of the nose and throat, not necessarily serious in all cases. All defects are, however, noted so that the individual children may be kept under observation at subsequent visits to the Schools.

	<i>Entrants.</i>		<i>Intermediates.</i>		<i>Leavers.</i>		<i>Total.</i>	
Numbers examined ...	3,922		3,927		3,318		11,167	
	No.	%	No.	%	No.	%	No.	%
Nose and throat ...	1,204	30.7	748	19.0	466	13.9	2,418	21.7
Teeth (over 3 decayed)	1,310	33.3	1,021	25.9	239	7.0	2,570	23.0
Heart trouble ...	56	1.4	65	1.6	83	2.5	204	1.8
Glandular enlargement	595	15.2	509	12.9	364	10.9	1,468	1.3
Vision (6/12 and worse								
R. eye) ...	21	2.4*	177	4.6*	163	5.0*	361	4.5*
External eye ...	142	3.6	167	4.2	92	2.8	401	3.6
Defective Hearing (R.)	28	.7	27	.7	27	.8	82	.7
Ear Discharge ...	76	1.9	46	1.2	38	1.1	160	1.4
Skin diseases ...	53	1.3	52	1.3	46	1.4	151	1.3
Deformities ...	135	3.4	149	3.8	111	3.3	395	3.5
Bronchial catarrh ...	70	1.8	42	1.1	6	.2	118	1.1
Anæmia ...	8	.2	8	.2	1	.	17	.1
Others ...	43	1.1	48	1.2	70	2.1	161	1.4

\* Proportion calculated on the numbers of children whose vision was tested.

A. *Nutrition.*—The state of nutrition of every child examined at routine medical inspections is noted and the children are classified according to the instructions of the Board of Education (A) excellent, (B) normal, (C) slightly sub-normal, and (D) bad.

The following table gives the findings of the School Medical Inspectors during the year :—

	MALES.					FEMALES.				
	<i>No. of Children inspected.</i>	(A)	(B)	(C)	(D)	<i>No. of Children inspected.</i>	(A)	(B)	(C)	(D)
Entrants ...	2,001	594	1,201	206	—	1,921	531	1,118	272	—
Intermediates	2,009	664	1,108	237	—	1,918	594	1,023	301	—
Leavers ...	1,711	568	947	196	—	1,607	578	840	188	1
	5,721	1,826	3,256	639	—	5,446	1,703	2,981	761	1



It would appear that of the 11,167 children inspected in the various groups, 31.7% were recorded as having excellent nutrition, 55.8% normal nutrition, and 12.5% slightly sub-normal nutrition. In one case only was the child's nutrition reported to be "bad." These figures would appear to indicate that the nutrition of the children at the elementary schools in the County is satisfactory.

*B. Uncleanliness.*—The general improvement which has been noted for many years past continues as will be seen in the following summary which deals with the examination of the heads of the children by the nurses :—

			Departments visited.	No. of Examina- tions.	Children.		Percentage infected.
					No. examined.	No. 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
5	...	...	753	71,533	66,966	2,886	4.3
6	...	...	758	69,559	64,725	2,813	4.3

Cases of gross infection are now rare, and it is encouraging to observe that the number of exclusions in 1936 on account of this condition—211—was the lowest on record. In five instances only was it found necessary to institute proceedings against the parents, fines being inflicted in four cases and proceedings being withdrawn in one case as the child's condition had been remedied.

A summary of the official work during 1936 is given in Table B. at the end of this report.

*C. Dental Defects.*—Dental Inspection and Treatment in this County were first commenced with one dentist in 1915; the work was interrupted for a short period during the war, but was resumed with two whole-time dental surgeons in 1919. The staff was



enlarged by the addition of a lady dentist in April, 1928, and by another in September, 1931, when the Maternity and Child Welfare Committee commenced their scheme for mothers and young children.

As mentioned in previous reports, the scheme is incomplete in that it is now only possible with the present staff to deal with children from 5 years of age until they attain their eleventh birthday in the Elementary Schools, and new "Entrants" in the Secondary Schools. This limitation is deplored by all concerned. At least two additional dentists would be required to ensure that all the children in our Schools would be inspected once in each year.

One of the most satisfactory features of the scheme is the large number of children who have the advantage of the services offered. In the Sanitary Districts completed during 1936, 22,996 children were inspected (plus 436 "casuals"), 17,174 (74.6%) required treatment, and 12,990 (75%) received treatment by the County Dentists. In addition, 436 "casuals" were treated in the course of the visits to the schools.

The treatment given was mainly conservative, as will be seen by the details given in Table IV at the end of the report.

### **Arrangements for following-up children with Defects.**

In previous reports an extended account has been 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 needing attention 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 shortly after each inspection.
4. Reports are made monthly with a view to each case receiving appropriate treatment.
5. In the comparatively few cases that these 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 1,070 to 459. 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 report is:—

Children with defects—

From previous years	...	...	...	...	2,592	
New cases	...	...	...	...	1,638	
Total	...	...	...	...		4,230

Treated—

Under Scheme of Council	...	...	...	...	2,359	
Otherwise	...	...	...	...	1,585	
						3,944

Remedied	...	...	...	...	1,093	
Improved	...	...	...	...	2,185	
Little or no change	...	...	...	...	666	
						3,944

Untreated	...	...	...	...	...	286
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In addition to the above, considerable numbers of home visits are made by the Medical Inspectors and Nurses for the purpose of examining physically and mentally defective children and obtaining particulars of home conditions of certain cases.

### 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) 138 District Nurses.
  - (b) 4 Dental Nurses (whole time).
  - (c) 3 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.

	1928.	1930.	1932.	1934.	1936.
No. of Out-Stations ...	12	16	16	18	18
Openings of Out-Stations:					
Routine ...	559	677	761	856	867
Intermediate ...	658	865	962	875	1,102
Cases seen ...	3,871	4,491	4,831	5,355	5,909
Attendances ...	10,368	14,618	14,748	16,127	18,352
Average attendance at					
Routine openings ...	11.8	10.2	10.8	10.6	10.2
Specialist cases :					
Vision ...	1,170	1,528	782	1,875	1,940
Ear, nose and throat ...	1,641	1,700	1,747	1,369	1,470
Orthopædic ...	178	287	431	596	794
Throat operations ...	832	908	778	623	701
Spectacles obtained ...	670	797	890	890	895

### Orthopaedic Treatment.

This branch of work was added to the scope of the County Scheme of Medical Treatment in 1923, and was undertaken at first by one part-time Orthopædic Surgeon, with the use of beds at the Cheltenham Hospital for the treatment of special cases. In 1930, the arrangements were enlarged on the general lines of the treatment scheme whereby the services were provided by each of the three large General Hospitals serving the County. Provision has been made also for long cases at the Wingfield-Morris and Winford Orthopædic Hospitals, where treatment is combined with education.

The general arrangements which have now been in operation for seven years include :—

#### *In-Patient Treatment.*

Cheltenham General Hospital	}	equivalent of twelve beds.
Gloucestershire Royal Infirmary and Children's Hospital		
Bristol, Winford and other special Hospitals		

*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 E. G. Bowden—Cinderford, Coleford, Lydney and Newent.

Miss D. A. Rodenhurst—Chipping Campden, Cirencester, Fairford, Northleach and Tewkesbury.

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

The summary of the conditions for which children of all ages were treated—apart from tubercular defects which are treated by the Joint Committee for Tuberculosis—during 1936, is as follows :—

*Paralytic.—*

Infantile Paralysis	...	...	...	...	...	59
Spastic Paralysis	...	...	...	...	...	34
Erb's Paralysis	...	...	...	...	...	4

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97

Rickets	...	...	...	...	...	...	14
Spine—Scoliosis and Kyphosis	...	...	...	...	...	...	127

*Hip Joint—*

Congenital dislocation	...	...	...	...	...	12
Perthe's Disease	...	...	...	...	...	5
Coxa Vara	...	...	...	...	...	1
Others	...	...	...	...	...	2

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20*Knees and Legs—*

Bow Legs	...	...	...	...	...	63
Knock Knees	...	...	...	...	...	110
Shortening of Leg	...	...	...	...	...	—
Others	...	...	...	...	...	19

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192*Feet—*

Flat Foot	...	...	...	...	...	391
Club Foot	...	...	...	...	...	31
Pes Cavus	...	...	...	...	...	28
Hammer Toes	...	...	...	...	...	28
Others	...	...	...	...	...	38

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516

Hare Lip and Cleft Palate	...	...	...	...	...	9
Various	...	...	...	...	...	65

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65

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1,040

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

<i>Out Station.</i>	<i>For examination by Surgeon.</i>		<i>For treatment by Nurse.</i>	
	1927.	1936.	1927.	1936.
Berkeley ... ..	74	112	217	311
Chipping Campden ...	69	130	220	137
Chipping Sodbury ...	—	74	—	211
Cinderford ... ..	125	198	234	774
Cirencester ... ..	120	133	228	453
Coleford ... ..	—	180	—	869
Dursley ... ..	—	—	—	206
Fairford ... ..	—	95	—	116
Lydney ... ..	59	258	75	675
Newent ... ..	—	90	—	544
Northleach ... ..	—	—	—	111
Soundwell ... ..	—	130	—	450
Stroud ... ..	—	201	—	495
Tewkesbury ... ..	62	114	322	612
Thornbury ... ..	32	55	46	250
Wotton-under-Edge ...	—	—	—	269
Totals ... ..	541	1,770	1,342	6,483

### Heart Affections.

The arrangements made for the examination of children with signs of disease of the heart by the six Physicians working in connection with the Scheme of the Bristol University Centre for Cardiac Research still continues, and such examinations have been found very helpful in obtaining information as to the appropriate care to be given to the respective children. One striking feature of the examinations is that many children have been able to carry on their ordinary life who otherwise would probably have had their activities reduced considerably.

It must be recognised that a child with severe symptoms of organic disease of the heart is as much a "physically defective" child for practical purposes as one with a damaged spine or limb, and needs institutional treatment and instruction in the same way.

The Committee are fortunate, therefore, in having such an Institution for special cases, as the Winford Hospital, so near at hand, where education facilities are also available.

During the year two children were admitted to the Winford Hospital. One was in hospital for six months, and when discharged was in good health, and had no apparent cardiac lesion. The other child is still in the Hospital and her heart trouble is quiescent.



These cases are evidence of the great benefits that are derived from the amenities of such an Institution.

During 1936, the Physicians held 10 sessions at 5 Out-stations and conducted 115 examinations, 36 of the children being new cases. The results of the 36 cases, shortly summarised are :—

*Condition.*

No. having Rheumatic Heart Disease ...	...	...	11
No. having Congenital Heart Disease ...	...	...	3
No. doubtful and under observation ...	...	...	3
No. with no Organic Disease of Heart ...	...	...	19
			<hr/>
			36

*School Attendance.*

	<i>May attend School.</i>	<i>Should not attend School.</i>
Rheumatic Heart Disease ...	9	2
Congenital Heart Disease ...	3	—
Doubtful and under observation ...	2	1
No organic disease of heart ...	18	1
		<hr/>
		4
		<hr/>
		32
		<hr/>

**Infectious Diseases.**

All cases of definite or suspected infectious disease are reported to the District Medical Officer of Health for the area in which the child or children reside, and the reports are passed by him to the School Medical Officer.

There have been no outbreaks of infectious disease marked by any degree of severity during the year under review.

The number of children excluded on account of Diphtheria (86) was the lowest on record, and those reported to be suffering from Scarlet Fever (378) were many fewer than in the previous year (521). On the other hand, Measles (3,642) and Whooping Cough (1,440) shewed big increases, being the highest since 1931 and 1928 respectively. 1,252 children were notified as suffering from Chicken Pox and 459 from Mumps, about the same as last year.

One very satisfactory feature was the fact that the number of children absent on account of Ringworm (42) was the lowest on record. 240 children were excluded owing to Impetigo and 28 children on account of Scabies, about the same as last year.

Eleven schools were closed for short periods during the year on medical grounds, the causes being set out in table A at the end of the report. Certificates of low attendance due to the prevalence of infectious diseases were given in respect of 92 departments. The certificates covered 225 weeks, compared with 149 weeks in the previous year.



### **Open-Air Education.**

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

The Gloucester City Education Committee have, however, informed the County Education Committee that it may be possible for them to admit a limited number of County children if desired to their new Day Open-Air School at Tuffley.

The modern tendency to appreciate more fully the benefits of fresh air and sunshine has been quite definitely reflected in the schools in the County, and there is an increasing number of instances where, if weather conditions permit, classes are held in the open air during the summer.

### **Physical Training.**

The Secretary for Education states that arrangements were made by the Education Committee for Courses of Instruction in Physical Exercises to Teachers, based on the syllabus of the Board of Education, at Cirencester and Chipping Campden, during 1936. 74 teachers took advantage of the opportunity of attending the former and 68 at the latter. The local branches of the National Union of Teachers also arranged, and financed, classes during the year at Gloucester, Cinderford, Lydney and Stroud, at which there were large attendances.

The Committee appointed two Instructors of Physical Training (a man and a woman) early in 1937, and it is hoped that, under their expert supervision, there will be considerable developments.

### **Provision of Meals.**

(a) *Dinners.* General arrangements for the provision of meals under Section 82 of the Education Act, 1921, are not made in the County. At four of the larger elementary schools, viz., Berkeley, Mitcheldean, Stroud Central Boys' and Girls' Schools, respectively, where children are drawn from neighbouring villages, teachers organise and manage dinner schemes enabling children to have a good mid-day meal at a cost varying between twopence and fourpence per meal.

In many schools where there are a few scholars who cannot get home to dinner, the teachers arrange for hot drinks to be provided at mid-day.



The Committee have given special consideration to the question of children suffering from malnutrition, and the School Medical Inspectors have been asked to pay special regard to this matter. In the case of holders of free places or special places in Secondary Schools, the Committee have agreed to defray the cost of a mid-day meal on the recommendation of the School Medical Inspectors if the parents' income falls within the Committee's scale, and such assistance will be an addition to any maintenance grant to which the pupil may be entitled. Cases of fee-payers who are found to be suffering from malnutrition will be considered specially as they arise.

At those Secondary Schools at which dinners are not provided at present, the Head Master will be asked to be good enough to make some economical arrangement whereby the pupil concerned can have a meal at a restaurant or house near the School.

(b) *Milk Scheme*.—Full details of the arrangements in this County were given in the Annual Report for 1934. The scheme was inaugurated on 1st March, 1934, and enlarged on the introduction of the scheme of the Milk Marketing Board in October of the same year.

311 departments are participating in the scheme, compared with 326 in 1935, and 18,960 children were taking milk daily in January, 1937; of these 2,694 are supplied at the cost of the Committee.

At 29 additional departments arrangements were made for a supply of Horlick's Milk to the children. Certain children at a few other Schools shewed a preference for Horlick's and the Head Teachers made arrangements for them accordingly.

The initiative and responsibility for arranging milk supplies are with the schools, and the schools, usually through the head teacher, enter into contracts for supply. Arrangements have been made to test the condition of the milk and for the examination of the cattle and inspection of the places of production. In this connection 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.**

There is one very satisfactory report for 1936—from Tewkesbury—and two most disappointing reports from Coln St. Aldwyn and Hatherop. The bathing arrangements for children at Tewkesbury have been in operation since 1921, and it is satisfactory to know that 1,421 school children used the Baths at the Malthouse free of charge on Saturdays during 1936.

The reports from the Head Teachers at Coln St. Aldwyn and Hatherop shew unfortunate contrasts. At the former it is reported that, so far as can be ascertained, no children took advantage of the facilities available, and at the latter only six boys and four girls used the Baths during the year. This, however, was a slight increase on the previous year when three boys and two girls were reported to be using the Baths.

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

A notice is sent to all parents inviting their presence at the routine medical and dental inspections, and a special effort is always made to get the parents of seriously defective children to attend.

Many factors govern the attendance of parents at Inspections, but the main one obviously is interest in the children's welfare. Other factors are time of examination, which may interfere with the preparation of meals, distance to the school and the popularity of the teaching staff. Many of the parents reside in isolated places at some distance from the school, and, taking this into account, the fact that 7,408 of them, or about 40%, took the trouble to attend the medical inspections during 1936, is reasonably satisfactory. The number of parents attending the dental inspections is considerably less, only 3,564 (14.6%) taking the trouble to be present when their children's teeth were inspected.

The willing help of teachers is a valuable asset in the work of medical and dental inspection. Not only do they prepare the record cards prior to the inspection, but they assist in other ways, particularly in influencing parents to take action on the findings of the medical and dental inspections and, when necessary, communicate with the office regarding special cases.



The assistance of School Attendance Officers and, in a few instances, Children's Care Committees, is much appreciated and is often most helpful.

Valuable help is also given by the Inspectors of the National Society for the Prevention of Cruelty to Children in the special cases referred to them.

### **Blind, Deaf, Defective and Epileptic Children.**

Children presenting these defects are reported to the Committee as they come to light. The numbers in 1936 are included in the return of all exceptional children in the area given in Table III at the end of this report.

*Blind Children.*—All children reported to be suffering from defective eyesight are referred to the Ophthalmic Surgeons for examination, and any found to be "blind" or "partially sighted" are certified accordingly.

The number of blind children between the ages of 7-16 at present maintained at Special Schools is 7. There are 2 children at other Institutions owing to other disabilities, and 5 others are kept under observation in their own homes for the time being owing to various causes.

Institutional cases on attaining the age of 16 years are offered, if suitable, further training and the Committee were maintaining one boy and two girls under their voluntary powers during 1936.

*Deaf Children.*—Provision has been made by the Committee for 15 children in the following Special Schools for the Deaf :—

Royal Institution for the Deaf, Edgbaston	...	...	...	7
Royal Institution for the Deaf, Exeter	...	...	...	2
Carlton Park Special School, Bristol	...	...	...	6

There are also two children under observation and awaiting admission to a Special School as soon as the necessary arrangements can be made.

The Maternity and Child Welfare Committee are providing for the training of one child under the age of five years, and the Education Committee have agreed to continue the maintenance of the child under their voluntary powers from the time it reaches five years of age.

*Physically Defective Children.*—During the year, the Education Committee made provision for the maintenance of two physically defective boys at the School of Arts and Crafts, Chailey.



*Mentally Defective Children.*—The number of children on whom full reports were made during 1936 was 26, the total number to 31st December being 1,003. The following statement is a brief summary of the results :—

	<i>Total number examined.</i>			<i>Number 7-16 yrs. on 31st Dec., 1936.</i>	<i>Dead or Left County</i>	<i>Number over 16 yrs. on 31st Dec., 1936</i>
	<i>To 31st Dec., 1935.</i>	<i>1936.</i>	<i>To 31st Dec., 1936.</i>			
Children suitable for Instruction in a						
Public Elementary Sch.	149	3	152	26	34	92
Special Class ...	166	9	175	40	50	85
Special Day School ...	94	3	97	12	25	60
Special Res. School ...	367	8	375	73	102	200
Other Special Schools...	22	—	22	2	5	15
Children unsuitable for Instruction in a Special School ...	179	3	182	25	76	81
<b>Total children specially examined ...</b>	<b>977</b>	<b>26</b>	<b>1003</b>	<b>178</b>	<b>292</b>	<b>533</b>

Arrangements are made for the special examination of all suspected mentally defective children of school age by the School Medical Inspectors. Whenever possible, the examinations are made at the times of the visits to the Schools, but occasionally the special examinations are carried out in the homes of the children.

As mentioned in the report for 1935, this County is fortunate in that they have facilities available for the instruction of "educable" mentally defective children in a portion of Stoke Park Colony, which has been approved for the reception of not more than 50 Gloucestershire children. So far, the Committee have sent 9 children (one of whom has since died) and arrangements are in hand for the admission of 6 others in the near future.

The Committee are also maintaining two boys at other Special Schools in the country.

Children who are diagnosed as belonging to the category of imbeciles or idiots are dealt with by the Joint Committee for the Mentally Defective. During 1936, 3 children were notified under Section 2 of the Mental Deficiency Act, 1913, accordingly.

*Epileptic Children.*—The number of children examined by the School Medical Inspectors and reported to suffer from severe epileptic fits is 19, 10 being in attendance at a school and 9 suffering



so seriously as to make it desirable they should not attend. There are 3 other children not in attendance at any school awaiting examination as opportunity offers.

The Education Committee are maintaining 1 child at the Chalfont St. Peter Colony for Epileptics.

### Child Guidance Clinics.

So far, two Child Guidance Clinics have been started under voluntary arrangements in this County, viz., at Stroud and Cheltenham. The purpose of these Clinics is to provide means of investigating the difficult maladjusted child.

The County Education Committee have made a contribution towards the travelling expenses of the Social Worker at Cheltenham, incurred in the investigation of County children.

### 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 ...	...	—	8	2	6	7	6	4	6	4	43
Cripples ...	...	1	1	2	—	1	—	—	1	—	6
Paralysis ...	...	—	1	1	—	1	—	—	—	—	3
Delicate ...	...	2	2	1	—	—	2	1	—	2	10
Tuberculosis ...	...	—	—	1	3	—	—	—	—	3	7
Blind (or partially) ...	...	1	—	—	1	—	—	—	1	—	3
Deaf and Dumb ...	...	—	1	—	2	—	—	—	—	—	3
Heart affection ...	...	—	1	—	1	2	2	2	—	1	9
Epileptics ...	...	1	2	1	2	2	1	2	2	—	13
Other Defects ...	...	2	7	—	—	1	1	—	2	2	15
Totals ...	...	7	23	8	15	14	12	9	12	12	112

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 students who have passed through Special Schools are visited and appropriate consideration given to their individual circumstances, and their employment in suitable work on leaving Special Schools.

Arrangements are also made with the Missioners for the Deaf in the Gloucester Diocese and the area in the neighbourhood of Bristol for the after-care of deaf children and they have been very successful in securing their placement in work suited to the individual circumstances.

### **Nursery Schools.**

No Nursery Schools are in existence in this County so far as is known.

### **Miscellaneous Work.**

Amongst other work undertaken during 1936 was the following :—

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

A 1.—Free from physical defect	...	...	...	...	25
A 2.—In good health, but with some defect not likely to shorten the full term of service	...	...	...	...	6
B 1.—In good health, but with some permanent defect likely to shorten the full term of service	...	...	...	...	—
B 2.—In good health, but with some defect likely to interfere to some extent with efficiency	...	...	...	...	—
B 3.—Temporarily in sub-normal health, but may make a good recovery	...	...	...	...	1
C —Those whose physical condition is such as to make them unfit for the teaching profession	...	...	...	...	—

2.—One specimen of hair was examined for the spores of ringworm which were found.



## 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 5,093 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 :—

				<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Entrants	...	...	...	366	369	735
12-13 years	...	...	...	500	378	878
13-14	„	...	...	456	359	815
14-15	„	...	...	439	327	766
15-16	„	...	...	363	302	665
16-17	„	...	...	244	170	414
17-18	„	...	...	69	57	126
18-19	„	...	...	24	13	37
19-20	„	...	...	3	3	6
				<hr/> 2,464	<hr/> 1,978	<hr/> 4,442
“Specials” (excluding						
“Routine”) examined	...		383	424	807	
				<hr/> 2,847	<hr/> 2,402	<hr/> 5,249
<i>Totals</i>	...					

## *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 children 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.

455 cases were referred for special attention in 1936 and, by the time of the initial reports, 73% 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 799 children referred for treatment during 1935, only 21 had been untreated by the time they came under review again in 1936. 488 children were treated under the County Scheme, and 290 otherwise. It is satisfactory to report that, as a result of the treatment given, 161 were regarded as remedied, and 527 as improved. In 90 cases the condition was regarded as unchanged. Of the 617 cases in which only improvement and no change was



noted, 397 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 1936, 7 schools were visited by Mr. Wakley, 5 by Mr. Wren, 3 by Miss Boal and 4 by Miss Clerke.

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 1936 was 5. 29½ days were occupied in examining 927 children and in treating 451. The proportion of consents was 65.3%, 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 the total of 797 treatments 406 were fillings, 89 dressings and 77 scalings of permanent teeth and only 38 permanent teeth were extracted. 187 temporary teeth were extracted as unsavable.



TABLE I.  
RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	...	...	...	...	...	...	3,922
Second Age Group			...	...	...	...	3,927
Third Age Group	...	...	...	...	...	...	3,318
Total	...	...	...	...	...	...	11,167

Number of other Routine Inspections	...	...	...	—
Grand Total	...	...	...	11,167

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	2,066
Number of Re-Inspections	...	...	...	...	6,651
Total	...	...	...	...	8,717

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Group (1)	For defective vision (excluding squint) (2)	For all other con- ditions recorded in Table II A. (3)	Total (4)
Entrants	21	507	528
Second Age Group	177	335	512
Third Age Group	163	268	431
Total (Prescribed Groups)	361	1110	1471
Other Routine Inspections	—	—	—
Grand Total	* 361	1110	1471

\* A few of these cases are included in Column 3.



TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR  
ENDED 31st DECEMBER, 1936.

Defect or Disease.  (1)					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					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)
Skin	{	Ringworm :						
		Scalp ... ..	—	—	1	—		
		Body ... ..	4	—	1	—		
		Scabies ... ..	9	—	3	—		
		Impetigo ... ..	6	—	2	—		
Other Diseases (Non- Tuberculous) ... ..		168	—	48	6			
Eye	{	Blepharitis ... ..	54	25	36	16		
		Conjunctivitis ... ..	4	2	3	—		
		Keratitis ... ..	—	—	—	—		
		Corneal Opacities ... ..	1	1	4	2		
		Other Conditions ... ..	32	56	9	7		
		Defective Vision (excluding Squint) ... ..	361	2.0	508	154		
		Squint ... ..	112	114	112	92		
Ear	{	Defective Hearing ... ..	38	44	37	10		
		Otitis Media ... ..	36	11	37	3		
		Other Ear Diseases ... ..	2	111	4	5		
Nose and Throat	{	Chronic Tonsilitis only ... ..	326	1,577	96	203		
		Adenoids only ... ..	235	67	30	20		
		Chronic Tonsilitis and Adenoids... ..	28	3	81	22		
		Other Conditions ... ..	—	911	16	22		
Enlarged Cervical Glands (Non- Tuberculous) ... ..		91	1,377	20	19			
Defective Speech ... ..		29	83	12	16			



TABLE II.—continued.

Defect or Disease.  (1)						ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
						No. of Defects.		No. of Defects.	
						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	{	Heart Disease :							
		Organic	...	32	172	23	76		
		Functional	...						
		Anæmia	... ..	6	11	4	6		
Lungs	{	Bronchitis	... ..	27	20	26	7		
		Other Non-Tuberculous	...						
		Diseases	... ..	21	50	27	10		
Tuber- culosis	{	Pulmonary :							
		Definite	... ..	—	1	2	19		
		Suspected	... ..	7	1	5	9		
		Non-Pulmonary :							
		Glands	... ..	1	13	3	32		
		Bones and Joints	... ..	—	—	1	—		
		Skin	... ..	—	—	—	—		
		Other Forms	... ..	2	5	2	3		
Nervous System	{	Epilepsy	... ..	4	12	9	16		
		Chorea	... ..	3	8	6	9		
		Other Conditions	... ..	25	21	33	16		
Deform- ities	{	Rickets	... ..	2	61	2	3		
		Spinal Curvature	... ..	14	11	18	15		
		Other Forms	... ..	123	247	114	189		
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...					83	392	71	114	

TABLE II.—*continued.*

**B. — CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED  
DURING THE YEAR IN THE ROUTINE AGE GROUPS.**

Age Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	3,922	1,125	28.7	2,319	59.1	478	12.2	—	—
Second Age Group	3,927	1,258	32.0	2,131	54.2	538	13.7	—	—
Third Age Group	3,318	1,146	34.5	1,787	53.8	384	11.6	1	—
Other Routine Inspections	—	—	—	—	—	—	—	—	—
TOTAL	11,167	3,529	31.7	6,237	55.8	1,400	12.5	1	—



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

					Total
<hr/>					
BLIND CHILDREN					
At Certified Schools for the Blind	..	..	..	7	
At Public Elementary Schools	..	..	..	—	
At other Institutions	..	..	..	2	
At no School or Institution	..	..	..	5	
		Total	..	14	
<hr/>					
PARTIALLY SIGHTED CHILDREN					
At Certified Schools for the Blind	..	..	..	—	
At Certified Schools for the Partially Blind	..	..	..	—	
At Public Elementary Schools	..	..	..	19	
At other Institutions	..	..	..	—	
At no School or Institution	..	..	..	—	
		Total	..	19	
<hr/>					
DEAF CHILDREN					
At Certified Schools for the Deaf	..	..	..	9	
At Public Elementary Schools	..	..	..	—	
At other Institutions	..	..	..	—	
At no School or Institution	..	..	..	2	
		Total	..	11	
<hr/>					
PARTIALLY DEAF CHILDREN					
At Certified Schools for the Deaf	..	..	..	—	
At Certified Schools for the Partially Deaf	..	..	..	6	
At Public Elementary Schools	..	..	..	14	
At other Institutions	..	..	..	—	
At no School or Institution	..	..	..	—	
		Total	..	20	
<hr/>					
MENTALLY DEFECTIVE CHILDREN FEEBLE-MINDED CHILDREN					
At Certified Schools for Mentally Defective Children	..	..	..	10	
At Public Elementary Schools	..	..	..	44	
At other Institutions	..	..	..	5	
At no School or Institution	..	..	..	37	
		Total	..	96	

TABLE III.—*continued.*

EPILEPTIC CHILDREN					
CHILDREN SUFFERING FROM SEVERE EPILEPSY					
At Certified Special Schools	..	..	..	..	1
At Public Elementary Schools	..	..	..	..	8
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	10
Total				..	<u>19</u>
PHYSICALLY DEFECTIVE CHILDREN					
A. TUBERCULOUS CHILDREN					
I. Children suffering from Pulmonary Tuberculosis.					
At Certified Special Schools	..	..	..	..	29
At Public Elementary Schools	..	..	..	..	22
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	—
Total				..	<u>51</u>
II. Children suffering from Non-Pulmonary Tuberculosis.					
At Certified Special Schools	..	..	..	..	64
At Public Elementary Schools	..	..	..	..	62
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	7
Total				..	<u>133</u>
B. DELICATE CHILDREN					
At Certified Special Schools	..	..	..	..	—
At Public Elementary Schools	..	..	..	..	101
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	5
Total				..	<u>106</u>
C. CRIPPLED CHILDREN					
At Certified Special Schools	..	..	..	..	2
At Public Elementary Schools	..	..	..	..	90
At other Institutions	..	..	..	..	1
At no School or Institution	..	..	..	..	9
Total				...	<u>102</u>
D. CHILDREN WITH HEART DISEASE					
At Certified Special Schools	..	..	..	..	2
At Public Elementary Schools	..	..	..	..	31
At other Institutions	..	..	..	..	—
At no School or Institution	..	..	..	..	6
Total				..	<u>39</u>
CHILDREN SUFFERING FROM MULTIPLE DEFECTS 10					



TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER  
1936.

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

<i>Disease or Defect.</i>  (1)	<i>Number of Defects treated, or under treatment during the year.</i>		
	<i>Under the Authority's Scheme</i> (2)	<i>Otherwise.</i> (3)	<i>Total.</i> (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment ...	—	—	—
(ii) Other ... ..	2	2	4
Ringworm-Body ... ..	—	2	2
Scabies ... ..	—	1	1
Impetigo ... ..	2	3	5
Other skin disease ... ..	29	43	72
<i>Minor Eye Defects</i> ... .. (External and other, but excluding cases falling in Group II.)	55	41	96
<i>Minor Ear Defects</i> ... ..	125	51	176
<i>Miscellaneous</i> ... .. (e.g., minor injuries, bruises, sores, chilblains, etc.).	511	421	932
<b>Total</b> ... ..	<b>724</b>	<b>564</b>	<b>1,288</b>

TABLE IV.—*continued.*

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

<i>Defect or Disease.</i>	<i>No. of Defects dealt with.</i>		
	<i>Under the Authority's Scheme.</i>	<i>Otherwise.</i>	<i>Total.</i>
(1)	(2)	(4)	(5)
Errors of Refraction (including Squint) ...	1066	289	1,355
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	—	—
Total... ..	1066	289	1,355

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	...	...	480
(b) Otherwise	...	...	...	...	15
Total	...				495

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	...	...	463
(b) Otherwise	...	...	...	...	15
Total	...				478



TABLE IV.—*continued.*

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

## NUMBER OF DEFECTS.

RECEIVED OPERATIVE TREATMENT.												<i>Received other forms of Treatment</i>	<i>Total number treated</i>
<i>Under the Authority's Scheme, in Clinic or Hospital</i>				<i>By private Practitioner or Hospital, apart from the Author- ity's Scheme</i>				<i>Total</i>					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
125	22	191	39	31	3	19	16	156	25	210	55	288	734

(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 treatment with education ..	..	..	..	7
Residential treatment without education ..	..	..	..	32
Non-residential treatment at an orthopaedic clinic ..	..	..	..	794
Otherwise ..	..	..	..	3
Number of individual children treated ..	..	..	..	797

## GROUP V.—DENTAL DEFECTS.

(1) Number of Children who were inspected by the Dentist :

Aged :		$\left\{ \begin{array}{ll} 4 & 24 \\ 5 & 3,360 \\ 6 & 3,623 \\ 7 & 3,719 \\ 8 & 3,767 \\ 9 & 3,965 \\ 10 & 4,446 \\ 11 & 92 \\ 12 & — \\ 13 & — \\ 14 & — \end{array} \right.$			
(a) Routine Age Groups	...	...	Total	...	22,996
(b) Specials	...	...	...	...	436
(c) Total (Routine and Specials)	...	...	...	...	23,432

TABLE V.—*continued.*

(2) Number found to require treatment	...	...	...	17,610
(3) Number actually treated	...	...	...	13,426
(4) Attendances made by children for treatment	} Total			13,426
(5) Half-days devoted to :—				
Inspection ...	...	...	—	} Total 1,322
Treatment ...	...	1,322		
(6) Fillings :—				
Permanent teeth ...	...	6,699	} Total	6,699
Temporary teeth ...	...	—		
(7) Extractions :—				
Permanent teeth ...	...	366	} Total	15,069
Temporary teeth ...		14,703		
(8) Administrations of general anæsthetics for extractions				54
(9) Other operations :—				
Permanent teeth ...	...	1,718	} Total	4,923
Temporary teeth ...	...	3,205		

## GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i.) Average number of visits per school made during the year by the School Nurses	...	...	...	...	4
(ii.) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	69,559
(iii.) Number of individual children found unclean	...	...	...	...	2,813
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	—
(v.) Number of cases in which legal proceedings were taken :—					
(a) Under the Education Act, 1921	...	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	...	5



**TABLE A.**  
**SCHOOLS CLOSED ON ACCOUNT OF INFECTIOUS DISEASE DURING 1936.**

<i>Infection.</i>	SCHOOLS CLOSED			
	<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>	<i>Total</i>
Scarlet Fever... ..	—	2	—	2
Measles ... ..	2	4	—	6
Whooping Cough ... ..	—	3	—	3
Total ... ..	2	9	—	11

**TABLE B.**  
**PEDICULOSIS.—Following-up, 1936.**

	<i>Mixed</i>	<i>Boys</i>	<i>Girls</i>	<i>Infants</i>	<i>Total (All Departments)</i>
Departments ... ..	617	29	35	77	758
Number of Examinations ...	54,693	3,680	5,139	6,047	69,559
Children examined ... ..	50,589	3,608	4,640	5,888	64,725
Children infected ... ..	2,024	83	338	368	2,813
Percentage infected ... ..	4.0	2.3	7.3	6.2	4.3
Cards :—					
Blue (Mild) ... ..	987	45	203	179	1,414
Green (Stronger) ... ..	1,147	36	161	259	1,603
Red (Second Warning) ...	629	6	75	99	809
Letters(SubsequentWarnings)	533	5	31	84	653
Children excluded ... ..	175	—	4	32	211
Prosecutions (under Bye-Laws)					
Results :—Fines ... ..	4	—	—	—	4
Cautioned ... ..	—	—	—	—	—
Withdrawn ... ..	1	—	—	—	1

Fines :—4—5/-

TABLE C.

SUMMARY OF DENTAL INSPECTION AND TREATMENT.  
 ROUNDS OF SCHOOLS.

	<i>Age Groups</i>	<i>No. examined</i>	<i>Required Treatment</i>		<i>Treated by</i>	
			<i>No.</i>	<i>%</i>	<i>School No.</i>	<i>Dentists %</i>
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
1934-35 ...	"	22,197	15,644	70.7	12,225	77.4
1935-36 ...	"	21,454	15,863	74.2	12,338	77.8



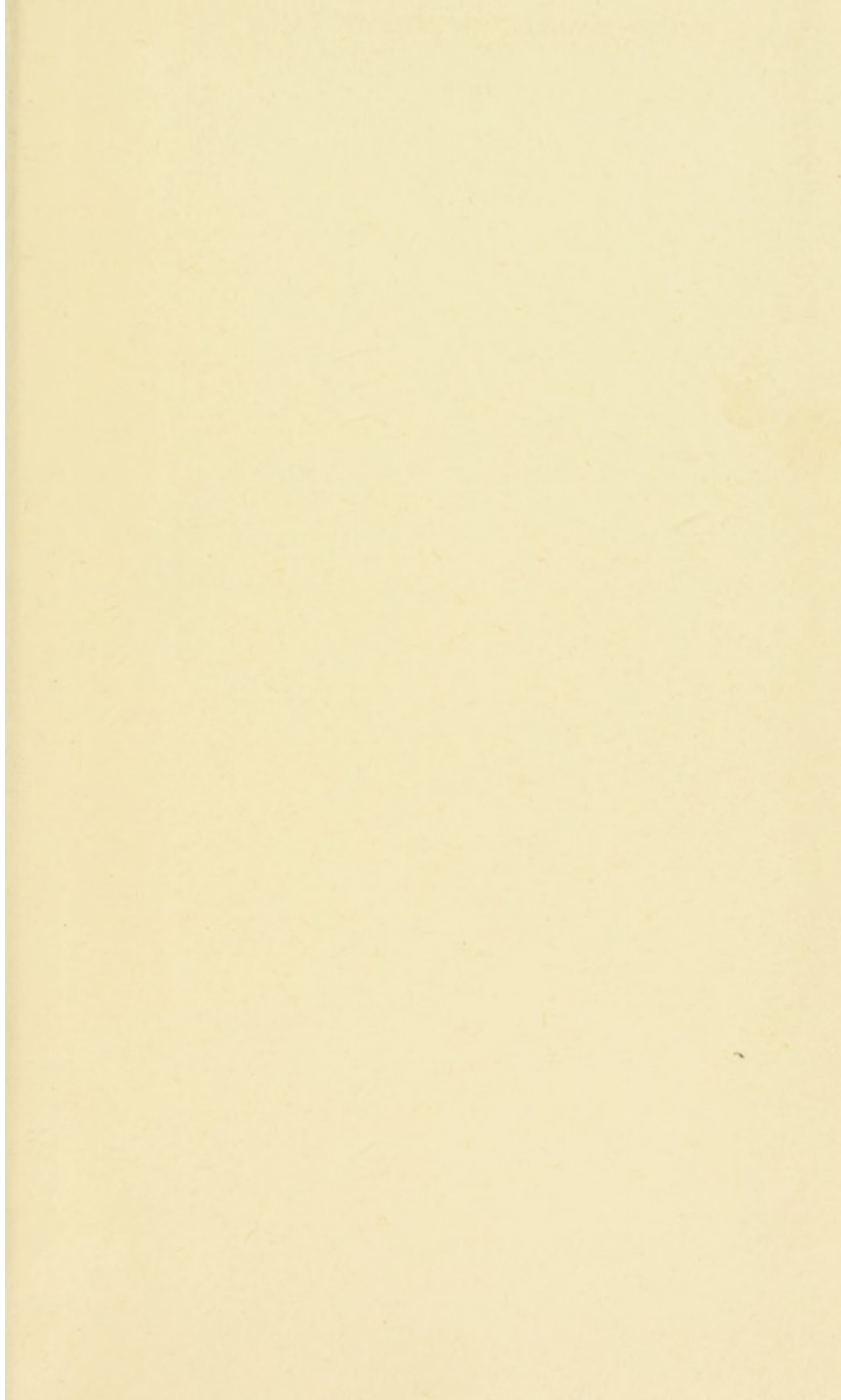
**TABLE D.**  
**SECONDARY SCHOOLS.**  
**FINDINGS OF MEDICAL INSPECTION.**

	<i>Entrants.</i>	12-13.	13-14.	14-15.	15-16.
Number examined ...	735	878	815	766	665
Nose and Throat ...	103	101	91	71	37
Teeth (over 3 decayed)	68	61	40	41	59
Heart Trouble ...	12	14	18	17	6
Glandular Enlargement	19	7	3	1	2
Vision (6/12 R. eye) ...	55	69	91	78	70
External Eye ...	38	29	29	15	18
Defective Hearing (R.)...	7	7	4	5	2
Ear Discharge ...	9	3	4	4	1
Skin Disease ...	12	23	38	18	28
Deformities ...	71	73	61	65	50
Bronchial Catarrh ...	3	1	—	1	—
Anæmia ...	1	1	2	1	3
Others ...	19	23	31	17	11
<b>TOTAL ...</b>	<b>417</b>	<b>412</b>	<b>412</b>	<b>334</b>	<b>287</b>

	16-17.	17-18.	18-19.	19-20.	<i>Total.</i>
Number examined ...	414	126	37	6	4442
Nose and Throat ...	19	3	1	—	426
Teeth (over 3 decayed)	41	9	4	—	323
Heart Trouble ...	8	2	—	—	77
Glandular Enlargement	1	1	—	—	34
Vision (6/12 R. eye) ...	54	15	6	1	439
External Eye ...	6	5	1	—	141
Defective Hearing (R.)...	2	1	—	1	29
Ear Discharge ...	2	—	—	—	23
Skin Disease ...	17	6	—	—	142
Deformities ...	34	10	4	1	369
Bronchial Catarrh ...	—	—	—	—	5
Anæmia ...	—	—	1	—	9
Others ...	11	3	3	—	118
<b>TOTAL ...</b>	<b>195</b>	<b>55</b>	<b>20</b>	<b>3</b>	<b>2135</b>











24/2

