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Borough of Royal Leamington Spa.

**Report of
School Medical Officer
for 1927.**

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Borough of Royal Leamington Spa.

EDUCATION COMMITTEE.

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Mr. Councillor J. GAMESON (Vice-Chairman).
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MEDICAL INSPECTION STAFF.

SCHOOL NURSES:

Miss MORRIS.
Miss MASKELL (Part Time).

CLERK:

Miss WEBB.

DENTAL SURGEON:

(Part Time).

LESLIE E. HANSON, L.D.S.

SCHOOL MEDICAL OFFICER:

W. L. GOLDIE, F.R.C.S., D.P.H.

To the Chairman and Members of the Leamington Spa Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to report as follows with respect to the School Medical Department for the year 1927.

The number of children examined in the three "Code" Groups was 1,171. Of these the percentage of children found to require treatment was 14.

As has been noted before there was a drop in the number of children on the School Register from 1920 to 1924, followed by an increase in the two following years.

This year, however, there is a small decrease, which, in view of the falling Birth Rate, is likely to continue for some years.

At the Warneford Hospital 118 children were treated for Enlarged Tonsils and Adenoids, Defective Vision, and Ringworm; an increase of 11 over last year.

I have for several years past drawn attention to the large proportion of unvaccinated children attending your Schools. Only 30% of the three "Code" Groups examined were vaccinated, while amongst entrants alone the figure dropped to 26.5.

Mr. Leslie Hanson commenced his duties as Dental Surgeon at the beginning of the year. The number of weekly sessions were doubled after April 1st, and this has permitted of much valuable and much needed work being accomplished.

The addition to the Staff of Miss Maskell, who took up her appointment as part-time School Nurse on June 6th, has proved most useful in enabling us to follow up cases more quickly and thoroughly, and also in increasing the number of visits to homes and schools.

I have once again to thank Dr. French, Assistant County Tuberculosis Officer, for the ready assistance in all cases referred to him, and also to all those associated with Education in the Borough for their unfailing courtesy and hearty co-operation.

I am,

Your obedient Servant,

MARCH 15th, 1928.

W. L. GOLDIE.

Report of School Medical Officer for 1927.

The total area of the Borough of Royal Leamington Spa is 2,816 acres, divided up as follows:—

Leamington Priors	...	1,594 acres.
New Milverton	... ..	691 „
Lillington	... ..	531 „

The estimated population for 1927 was 30,050.

There are nine Public Elementary Schools, of which four schools with nine departments are non-provided. Of the provided schools, the Central is for children from 11 to 15 years of age and upwards. The instruction here is more practical and advanced. The average number of children on the register was 3,405, a decrease of 11 as compared with 1926.

ATTENDANCES FOR YEAR, 1ST JANUARY—31ST DECEMBER, 1927.

NON-PROVIDED SCHOOLS.

No.	Name of School.	Average on Reg- isters.	Average Attend- ance.	Per- centage
1	Bath Place (C. of E.) Mixed ...	401	343	86
2	Lillington (C. of E.) Mixed ...	79	67	85
3	St. Paul's (C. of E.) Mixed ...	347	306	88
4	St. Peter's (R.C.) Boys ...	101	92	91
	„ Girls ...	117	100	85
	„ Infants ...	83	71	86
		1128	979	86·7

PROVIDED SCHOOLS.

5	Clapham Terrace, Senior ...	267	233	87
	„ Junior ...	367	318	87
6	Central, Boys... ..	213	191	90
	„ Girls... ..	209	213	90
7	Leicester Street, Infants ...	196	163	83
8	Milverton, Mixed ...	308	274	89
	„ Infants ...	181	157	87
9	Shrubland Street Junior, Boys ...	180	165	92
	„ Junior, Mixed ...	334	302	91
		2255	2016	89·4
		3383	2995	88·5

STAFF.

1. The School Medical Staff consists of an S.M.O. (also M.O.H.), one whole-time and one half-time School Nurse, and one part-time Dental Surgeon, Mr. Leslie E. Hanson, L.D.S., who was appointed in January, 1927, in succession to Mr. E. W. Thomas, L.D.S. For the first three months of this year two sessions per week were held, but after April 1st this number was increased to four sessions a week. The extra sessions were badly needed, as not only the parents but the children also are realizing the importance of dental treatment. It has also enabled the Dental Surgeon to keep under close observation those cases that have already been treated. Under an agreement between the Borough Council and the Warneford Hospital, certain cases are, on the recommendation of the S.M.O., treated by Specialists attached to the Hospital Staff as follows:

For Tonsils and Adenoids: F. W. Sydenham, M.D., F.R.C.S.

For Defective Vision: T. Harrison Butler, M.A., M.D.

For Ringworm: W. Edmund Jones, M.R.C.S., L.R.C.P.

CO-ORDINATION.

2. An Infant and Child Welfare Clinic is held weekly, and children are seen here up to two years of age, and in some instances considerably later. Owing to the appointment of another Nurse, who divides her time between School Medical work and Public Health duties, we have been able during the last year to keep in touch with the majority of children who have been brought to the Infant Clinic up to the time they reach school age. Delicate children are visited from time to time, and any suspected cases of Tuberculosis are referred to Dr. French, Assistant County Tuberculosis Officer. In needy cases, out-patients and in-patients letters to the Warneford Hospital are provided.

SCHOOL MEDICAL SERVICE IN RELATION TO ELEMENTARY SCHOOLS.

3. There are nine Elementary Schools in the Borough, of which five are Provided and four Non-Provided Schools. The main features of these were set out in the table appended at the end of the report for 1925.

4. **Medical Inspection.**—The age groups inspected have been those laid down by the Board of Education. A few children may have escaped routine inspection owing to illness or absence from school, but as far as possible these were collected and examined before the end of the year. At no school is there a room specially set apart for medical inspection. This takes place either in the head teacher's room or in one of the smaller class-rooms.

5. **Findings of Medical Inspection.**—(a) Uncleanliness.—On the whole the standard of cleanliness is very fair. A total number of 9,951 examinations were made at the schools, and 220 individual children were found unclean. The largest numbers are found, as is usually the case, after the holidays, especially the summer ones, when routine inspection has been suspended for some time. The average number of visits per school made during the year by the School Nurses was 108.

(b) Minor Ailments.—These consisted mainly of cuts, bruises, small abscesses, and various skin diseases. In all, 14 cases of goitre (all in girls) are known amongst school children. In four cases only is the enlargement of the thyroid marked, and beyond slight anæmia in a few cases no other symptoms were noted. In eight cases one or more relations were affected, viz., mother 7, aunt 3, sister 2. In one case, not only had the mother an enlarged goitre, but two of the father's sisters suffered from thyroid enlargement, and one had died from carcinoma of this gland.

(c) Tonsils and Adenoids.—Since 1921, when arrangements were made in the Warneford Hospital for the treatment of Tonsils and Adenoids, the number of cases annually operated upon has gradually increased from 43 in that year to 73 in the school year here under consideration. Parents still show a tendency to delay operation, even when most necessary, and thereby preventing the child from receiving the full benefit of treatment at the earliest possible opportunity. I am glad this year, however, to record that 36 of the cases operated on were in entrants of 5 and 6 years of age. There seems to be some grounds for thinking that there is a familial tendency for hypertrophy of tonsillar and adenoid tissue, and



it is rare for parents to refuse treatment for a second child when they have seen the marked improvement in one who has already been operated on.

(d) Tuberculosis.—Only one case of Tuberculosis was notified during the year, the site of the disease being the hip joint.

(e) Skin Diseases.—The bulk of these were cases of contagious impetigo. Scabies, as has been noted for some years, is very rare.

(f) External Eye Diseases.—No large number of these were seen. The few cases of blepharitis and conjunctivitis yielded fairly readily to treatment. In the month of November a visit was paid to all schools within the course of a few days, and children noted with any form of squint. Forty-eight cases were found, nine of whom wore glasses. The form of squint was as follows:—Lt. Int. Strabismus, 31; Rt. Int. Strabismus, 13; Double Convergent Strabismus, 3; Ext. Strabismus, 1 (a case of undoubted specific origin). Nebulae of the Corneal were noticed in a few cases, in 5 of which vision was markedly interfered with.

(g) Vision.—During the visit alluded to above in November, the number of children wearing glasses was found to be 101, a percentage of 3 of those on the school register. There are three children wearing glass eyes who have lost the sight of one eye through an accident. Excluding infants, 697 children were examined in the schools. Of these, good vision—that is to say, not less than 6/9 in both eyes—was found in 643 cases, or 92 per cent., and in 23, or a further 3.3, there was fair vision, i.e., not less than 6/12 in both eyes. Under the scheme of treatment with the Warneford Hospital, 30 children received treatment. Seven of these were provided with spectacles free of cost.

(h) Ear Disease and Hearing.—The number of deaf and dumb children of school age is seven, viz., four boys and three girls. Two girls and three boys are in an institution at Edgbaston. All these children are quite up to the average of intelligence. A few cases of partial deafness due to Chronic Otitis Media were noted, but in two only was hearing markedly affected.

(i) Dental Defects.—In addition to the cases of Dental Caries referred for treatment as the result of routine medical inspection, a number of cases are now being brought to the Clinic by parents, although the superstition still largely survives that there is no necessity to worry about the first dentition. A most satisfactory feature is that many of the elder children return for re-inspection on their own account.

(j) Crippling Defects.—As has been reported in previous years, cases of Rickets in which much crippling has resulted are rarely seen. A search through the medical cards of the children on the school register revealed 56 cases. In the majority of these, little beyond beading of the ribs and slight enlargement of the ends of Radius and Ulna was found, and seven cases only showed any marked degree of severity.

Cases of Infantile Paralysis numbered eleven, three of whom started school this year. All these cases had received treatment, and in five cases surgical boots were worn.

The following cases of developmental defects were noted and kept under observation, viz.:

Congenital dislocation of hip	1
Hare lip.	1
Cleft palate	1
Hare lip and cleft palate	3
Birth paralysis	1
Coloboma of Iris and Chovoid	1
Buphthalmos	1
Extensive bone deficiencies	1
Little's disease	1

Of 27 cases of heart disease, one transferred from the Warneford Hospital, where she contracted scarlet fever during an attack of acute endocarditis, to Heathcote Isolation Hospital, died. Five cases received in-patient and five out-patient treatment at the Hospital, and two were treated by private practitioners.

6. **Infectious Diseases.**—Thirty-six cases of scarlet fever were notified, being 16 more than in 1926. The type of disease continues to be very mild.

Diphtheria cases numbered seven only, the same number as in the previous year.

There was a large increase in the number of cases of mumps, 97 cases being reported, as against 11 in the previous twelve months.

Only seven cases of measles and three of whooping cough were reported as against 313 and 66 in 1926.

Chicken pox cases numbered 121, an increase of 37 on the previous year.

Owing to the prevalence of influenza special certificates were given to the following schools where the attendance was lower than 60%, viz., S. Peter's Infants, 2 weeks; S. Peter's Boys, one week; Leicester Street Infants, one week.

The table below shows the condition of children as regards vaccination.

VACCINATION.

	Total Examined.	Not Vaccinated.	Vaccination Marks.				Total.	Percentage
			1	2	3	4		
GIRLS	557	360	9	36	21	131	197	35.0
Boys	614	458	11	25	21	99	156	25.4

Of those vaccinated, the figures are:—

	Total.	Vaccinated.	Percentage.
Girls—Entrants up to 6 years	219	67	30
From 6 „ 12 years	159	55	34
„ 12 „ 14 years	179	75	42
Boys—Entrants up to 6 years	211	47	32
From 6 „ 12 years	232	60	26
„ 12 „ 14 years	171	49	28

The appalling increase in the number of un-vaccinated children, especially entrants is very disquieting.

PREVIOUS INFECTIOUS DISEASES.

An enquiry into the number of children who had at one time or another suffered from an attack of one of the commoner infectious diseases gave the following figures for those examined in the three age periods this year:—

Measles	...	...	...	...	...	617
Whooping Cough	...	...	...	...	...	417
Chicken Pox	...	...	...	...	...	297
Scarlet Fever	...	...	...	...	...	38
Mumps	...	...	...	...	...	110
Diphtheria	...	...	...	...	...	12
Pneumonia	...	...	...	...	...	31

7. **Following Up.**—In all cases where a treatment order to the Warneford Hospital has been given, the child is visited on the day following its attendance at the Hospital by the School Nurse, and as soon as possible he or she is brought to the School Clinic for examination by the S.M.O. Practically all cases of scarlet fever, diphtheria and typhoid are removed to Heathcote Hospital and a report on the home conditions set out by a Sanitary Inspector. In the case of non-notifiable diseases, such as chicken-pox, measles, whooping cough, etc., a visit is paid by the School Nurse, who, if no doctor had been called in, gives instructions as to general nursing, the necessity for calling in medical aid should complications arise, the probable date that return to school may be permitted, and the need or otherwise of keeping contacts away from school for a period. Swabs for bacteriological examination are taken if considered advisable.

In the case of tuberculous children, the task of supervision is in the main handed on to the Health Visitor, who enquires into family conditions and reports on the form of treatment outlined and the general progress of the patient. Cases failing to attend the School Clinic when requested to do so are visited and also referred to the School Attendance Officer for a report.

8. **Medical Treatment.**—(a) Minor Ailments: These are treated at the School Clinic which is open daily at 9 a.m. by the School Nurse. On Tuesday and Saturday mornings the School Medical Officer attends at 10 a.m. The total number of cases during the year was 5,291, giving a daily average of 17 cases.

(b) Tonsils and Adenoids. — Operations for enlarged Tonsils and Adenoids are performed at the Warneford Hospital by Mr. Sydenham, the Surgeon to the Nose and Throat Department. During the year 73 cases were treated, with most satisfactory results.

(c) External Eye Diseases.—Minor cases were treated at the School Clinic; more serious ones were sent to the Warneford Hospital.

(d) Vision.—30 cases were sent to Mr. Harrison Butler at the Warneford Hospital, for 23 of whom glasses were prescribed and obtained. In seven cases the cost of spectacles was borne by the Education Authority.

(e) Ear Disease and Hearing.—Comparatively few cases of Ear Disease were seen. A fair number of children with wax in the ears came to the Clinic. A few cases of chronic Otorrhoea were sent to the Warneford Hospital, where they received treatment.

(f) Crippling Defects and Orthopædics.—Up to the present no special provision has been made by the Local Authority for the treatment of Crippling Defects, but working in conjunction with the Warneford Hospital, where there is a well equipped and up-to-date Electrical and Massage Department, adequate provision has been made for treatment.

Five children suffering from Infantile Paralysis have been supplied with the necessary surgical boots.

Several cases of Heart Disease and two of Chorea have been admitted as in-patients to the Hospital during the year.

(g) **Tuberculosis.**—Of the 24 cases of tuberculosis in children of school age, the site of the disease was as follows:—

Chest: 7, viz., 5 boys and 2 girls. Two cases, both boys, spent some portion of the year in King Edward VII Memorial Sanatorium, Hertford Hill.

Bones and Joints: 7. One of these is and has been for some time at Heatherwood. The remainder have attended school with a very fair degree of regularity.

Abdomen: 3. Of these, one has kept quite well, one has been frequently absent from school, and one died.

Glands: 6. In all these except two the disease appears to be quiescent and all have attended school regularly.

All these cases have been regularly visited and reported on by the Health Visitor, as well as the School Nurse.

In addition, 15 children, in whom debility, indefinite pulmonary or abdominal conditions, or bad family history have been noted, have been referred to Dr. French, the Tuberculosis Officer, to whose ready assistance I am greatly indebted.

(h) **Skin Diseases.**—With the exception of ringworm of the scalp, for which X-ray treatment is provided at the Warneford Hospital, where 14 cases were treated this year, nearly all cases of skin diseases are treated at the School Clinic.

As in previous years, the bulk of the cases were of contagious impetigo, of which there were 201.

The diminution in the number of cases of scabies seen nowadays is most striking.

The only three cases seen during the year were treated by the so-called Danish method, with most excellent results.

(i) **Dental Defects.**—The Dental Surgeon attends the School Clinic on Monday and Thursday mornings and afternoons, and in all held 147 sessions, of which eight were devoted to inspection and the remainder to treatment. Of the work at the Dental Clinic, Mr. Hanson reports as follows:—

“A review of the dental figures for 1927 reveals a substantial increase in every desirable direction.

“The number of children treated as a result of periodical inspection has in the period of twelve months more than trebled, a result which is very gratifying in view of the fact that it is these figures which indicate the degree of appreciation of dental treatment by children and parents. To completely account for such an overwhelming increase in both attendances for the first time, and periodical inspection cases, is difficult, but to some extent is traceable to two causes. In the case of older children, particularly the girls, systematic scaling and bleaching in cases in which this operation has been indicated have prompted many of them to attend in the hope that their own teeth would be

similarly treated. So far as the younger groups are concerned, parental influence has probably been the chief factor governing the attendance of the children, as no opportunity has been lost of enlightening parents and guardians of the possible dangers and complications of neglected dental sepsis.

"It has been the constant aim of the dental staff to eliminate fear of dental operations, and with a knowledge of child psychology, this can be very successful, particularly so in the case of young patients attending for the first time, always providing their parents have not told them "It will not hurt"—a fatal mistake, for pain should never be even mentally associated with the visit.

"From a structural point of view, the teeth of Leamington children compare very favourably with those of some districts, the percentage of hypoplasia being small and seldom affecting the whole dentition.

"The increased number of sessions devoted to dental treatment since April of last year have allowed more time for conservative treatment, with the result that, compared with last year, the number of fillings has more than doubled, and the number per head has risen from 0.8 to 1.2.

"On the whole, the co-operation of parents and guardians has been excellent, and in no instance in which the patient's parent has attended the Clinic has opposition to the treatment prescribed been met with.

"The principles of dental and oral hygiene have been taught the children at every opportunity, and many of the cases periodically inspected appear to have considerably benefited by such instruction."

9. **Open Air Education.**—There are no open air Schools residential or otherwise in the Borough, but classes are sometimes conducted in the playgrounds during the summer months, more especially in the Infant Schools.

10. **Physical Training.**—Physical training is undertaken by the School teachers in all the Schools, adapted to the age and sex of the children, and in accordance with the Board's Syllabus. The usual method is for each class to spend 12 to 15 minutes on physical exercises daily. There is no area Supervisor.

11. **Provision of Meals.**—No arrangements are in force for the provision of meals for school children.

12. **School Baths.**—There are no school baths, but full advantage is taken of the Corporation Swimming Baths. Tickets for these are purchased at threepence each by the Education Committee and re-sold to the scholars at 1½d. each. In 1927 children from the various Schools purchased 8,800 tickets.

13. **Co-operation of Parents.**—Parents are notified beforehand of the date on which their children are to attend for routine examination, and are requested to be present.

For 1927 the percentage of parents attending for all age groups was 53. For Infants alone it was 74 per cent., but for Leavers it dropped to the low figure of 25 per cent.

For the year, however, there was an increase of 12 per cent. in the number of parents who were present at the routine examinations.

Although inspection is rendered slower if parents are present, this is undoubtedly counterbalanced by the fact that any defects found can be pointed out without delay and the proper form of treatment indicated.

14. **Co-operation of Teachers.**—In spite of the inconvenience entailed by having to give up either the Head Teacher's Room or a Class Room for routine inspection, the teachers have invariably given every assistance in their power.

In notifying cases of non-notifiable infectious diseases, in sending cases of skin diseases to the Clinic for treatment, and in periodically sending children for dental re-inspection, they have rendered most useful service.

15. **Co-operation of School Attendance Officer.**—The School Attendance Officer's chief work is, as far as the School Medical Service is concerned, in notifying the names of all entrants and leavers at the schools, in tracing children whose attendance at school or at the Clinic is unsatisfactory, and in seeing that children who are under private practitioners are supplied with an adequate certificate for absence. As a general rule, poor attendance at school falls into one of two classes, (a)

the child, frequently an only child, who, in the opinion of the mother, "suffers from nerves," (b) the eldest daughter nearing the end of a school career, especially if one of a large family and more especially if a new arrival in the family is expected.

16. Co-operation of Voluntary Bodies.—The National Society for Prevention of Cruelty to Children maintains an inspector in the town, and his aid has been called upon on a few occasions. Boy Scout and Girl Guide organizations are fairly well supported, and a certain number of children obtain a camp holiday.

17. Blind, Deaf, Defective, and Epileptic Children.—

(a) The register for these children has been kept up to date during the year, and they have all been seen at least twice during 1927.

Of five Epileptics, in only one is the disease at all severe. Three of the children had no fits during the year.

All three children who have accidentally lost the sight of one eye have been provided with glass eyes through voluntary sources.

Five of the seven deaf and dumb children are in an Institution at Edgbaston, and their reports have been uniformly satisfactory.

Two children, both girls, were notified to the Local Authority, under the Mental Deficiency Act 1915 as imbeciles.

The principal sources of information as to defective children are: (a) Through the Infant Welfare Clinic; (b) visits to homes by Health Visitor; (c) notifications by medical practitioners to the M.O.H.; (d) visits of inspection by the School Attendance Officer: but in many cases the defect is not reported until the child is seen on its entrance to School life.

(b) There is no special class for mentally defective and backward children. The majority attend the Public Elementary Schools.

I think it may be said that the only really beneficial treatment for the mentally defective child is in an Institution. Hard as the separation may be on the parents, I feel sure it is more than counterbalanced by the advantages to the child.

Unfortunately vacancies in Institutions are few and far between, and the present day cost is prohibitive.

Dull and backward children come in another category. In many cases the condition results from ill health, some physical defect, or irregular attendance at School, and in all probability Special Classes, especially if the number of children is restricted so that more individual attention could be given to each child, would prove advantageous.

18. Nursery Schools.—There are no nursery schools in the Borough, but the National Institute for the Blind, during 1924, have opened a "Sunshine Home" for Blind Children in the Town, with accommodation for 30 babies. Children are taken in up to 5 years of age. There is a Certificated Teacher, and the Home receives a grant from the Board of Education.

19. Secondary Schools.—The Secondary Schools are in connection with the Warwickshire County Council, and medically examined by the County School Staff.

20. Continuation Schools.—Evening classes are run in conjunction with the Warwickshire County Council.

21. Employment of Children and Young Persons.—Under the Employment of Children Act, 1903, and Education Act, 1918, and Bye-laws made thereunder, 77 certificates of fitness have been given, all to boys.

In 31 instances the work required by these children was the delivery of newspapers, and 40 are employed as errand boys.

There is a Juvenile Employment Committee in connection with the County, and as far as possible employment is found for those leaving school.



TABLE I.
BOARD OF EDUCATION.

RETURN OF MEDICAL INSPECTIONS.

A. Routine Medical Inspections.

Number of Code Group Inspections :

Entrants	...	...	...	...	430
Intermediates...	...	...	...	...	391
Leavers	...	...	...	...	350
					<hr/>
Total				...	1171
					<hr/>

Number of other Routine Inspections Nil.

B. OTHER INSPECTIONS.

Number of Special Inspections	...	831
Number of Re-Inspections...	...	1542
		<hr/>
Total	...	2373
		<hr/>

TABLE II.

BOARD OF EDUCATION.

Return of Defects found in the course of Medical Inspection 1927.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
1					2	3	4	5
Skin.	Malnutrition ...	...	...	...	—	9	—	4
	Uncleanliness ...	...	...	...	27	118	85	18
	Ringworm—							
	Head ...	...	...	...	3	—	17	—
	Body ...	...	...	...	—	—	24	—
	Scabies ...	...	...	...	1	—	2	—
	Impetigo ...	...	...	...	13	—	193	—
Eye.	Other Diseases(non-Tubercular)				8	—	15	—
	Blepharitis ...	...	...	...	4	—	2	—
	Conjunctivitis ...	...	...	...	2	—	5	—
	Keratitis ...	...	...	...	—	—	—	—
	Corneal Opacities ...	...	...	...	2	—	1	2
	Defective vision							
	(excluding squint)				15	28	23	103
Ear.	Squint ...	...	...	...	6	11	5	25
	Other conditions ...	...	...	...	—	3	18	6
	Defective Hearing ...	...	...	...	—	—	—	2
	Otitis Media ...	...	...	...	—	—	7	—
	Other Ear Diseases ...	...	...	...	2	—	19	—
Nose and Throat.	Enlarged Tonsils only ...	...	...	...	36	216	9	—
	Adenoids only ...	...	...	...	—	16	1	—
	Enlarged Tonsils & Adenoids				69	23	67	63
	Enlarged Cervical Glands							
	(non-Tubercular)				19	350	8	52
	Other conditions ...	...	...	...	—	9	17	4
	Defective Speech ...	...	...	...	—	7	—	5
	Teeth—Dental Diseases ...				588	108	736	—

TABLE II., BOARD OF EDUCATION (continued).

Return of Defects found in the course of Medical Inspection, 1927.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
1					2	3	4	5
Heart and Circulation.	Heart Disease—							
	Organic	...	...	...	1	4	17	5
	Functional	...	...	...	—	4	1	1
	Anæmia	...	...	...	12	82	5	30
Lungs.	Bronchitis	...	...	...	—	6	2	7
	Other Non-Tubercular Diseases				—	3	1	1
	Pulmonary—							
	Definite	...	...	...	—	—	7	—
Tuberculosis.	Suspected	...	...	...	—	1	1	4
	Non-Pulmonary—							
	Glands	...	...	...	—	1	—	6
	Spine	...	...	...	—	—	—	3
	Hip	...	...	...	—	—	1	1
	Other Bones and Joints				...	—	—	2
	Skin	...	...	...	—	—	—	—
	Other Forms				...	—	1	3
	Epilepsy	...	...	...	—	1	1	3
Nervous	Chorea	...	...	...	—	—	2	7
	Other Conditions				...	—	—	—
Deformities.	Rickets	...	...	...	3	30	2	21
	Spinal Curvature				...	—	—	—
	Other Forms	...	...	...	2	8	2	13
	Other Defects and Diseases				...	8	28	240	78
					821	1066	1537	469

TABLE II., BOARD OF EDUCATION (continued).

B. Number of individual children found on Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
1	2	3	4
Code Groups—			
Entrants	430	69	16·0
Intermediates	391	55	14·0
Leavers	350	40	11·4
Total (code groups)...	1171	164	14·0
Other Routine Inspections ...	—	—	—

TABLE III.
BOARD OF EDUCATION.
Return of all Exceptional Children in the Area.

			BOYS.	GIRLS.	TOTAL.
BLIND. (Including partially blind).	(1) Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	—	—	—
	(2) Suitable for training in a School or Class for the partially Blind.	Attending Certified Schools or Classes for the Blind ... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	6	5	11
DEAF. (Including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	3 1 — —	2 1 — —	5 2 — —
	(2) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools ... At other Institutions ... At no School or Institution ...	— — — —	— 2 — —	— 2 — —
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children... Attending Public Elementary Schools... At other Institutions ... At no School or Institution ...	— 13 — —	— 10 — 2	— 23 — 2
	Notified to the Local Control Authority.	Feeble-minded ... Imbeciles .. Idiots ...	— — —	— 2 —	— 2 —

TABLE III., BOARD OF EDUCATION (continued).

			Boys.	Girls.	Total.
EPILEPTICS.	Suffering from Severe Epilepsy.	Attending Certified Special Schools for Epileptics ...	—	—	—
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	1	—	1
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE.	Infectious Pulmonary and Glandular Tuberculosis.	Attending Public Elementary Schools ...	2	2	4
		At no School or Institution ...	—	—	—
	Non-infectious but active Pulmonary and Glandular Tuberculosis	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board...	3	—	3
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	—	1
	Delicate children (e.g., re- or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools ...	6	4	10
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Active Non-Pulmonary Tuberculosis.	At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schools ...	18	32	50
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Crippled Children (other than those with active Tuberculosis disease) e.g., children suffering from Paralysis, &c., and including those with severe heart disease.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	1	—	1
		At Public Elementary Schools ...	6	4	10
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
		At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schools ...	23	21	44
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	1	1

TABLE IV.

BOARD OF EDUCATION.

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

GROUP 1. Minor Ailments (excluding Uncleanliness).

Disease or Defect. 1	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	TOTAL. 4
Skin—			
Ringworm, Scalp	14	6	20
Ringworm, Body	24	—	24
Scabies	3	—	3
Impetigo	201	—	201
Other Skin Diseases	23	—	23
Minor Eye Defects— (External and other, but ex- cluding cases falling in Group II.)	21	—	21
Minor Ear Defects—	21	—	21
Miscellaneous— (e.g., minor injuries, bruises, sores, chilblains, etc.)	246	45	291
Total	553	51	604

TABLE IV., BOARD OF EDUCATION (continued).

GROUP II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	TOTAL.
1	2	3	4	5
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in the body of the Report) ...	30	—	—	30
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	—	3	—	3
TOTAL ...	30	3	—	33

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme ... 23
 (b) Otherwise —

Total number of children who obtained or received spectacles :

- (a) Under the Authority's Scheme ... 23
 (b) Otherwise —

GROUP III. Treatment of Defects of Nose and Throat.

Number of Defects.				Total number treated.
Received Operative Treatment.			Received other forms of treatment.	
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	TOTAL.		
1	2	3	4	5
73	—	73	1	74

TABLE IV., BOARD OF EDUCATION (continued).

GROUP IV.

- (1) Number of children who were :—

(a) Inspected by the Dentist.

Aged	5	6	7	8	9	10	11	12	13	14	15	Total
	113	137	132	151	184	119	112	133	101	64	3	1249
								Specials	...	...		253
								Grand Total...			...	1502

(b) Found to require treatment ... 841

(c) Actually treated ... 618

(d) Treated during the year as the result of periodical examination 365

- (2) Half days devoted to { Inspection ... 8
Treatment ... 139 Total... 147

- (3) Attendances made by children for treatment ... 2481

- (4) Fillings { Permanent Teeth ... 510
Temporary Teeth ... 272 Total... 782

- (5) Extractions { Permanent Teeth ... 216
Temporary Teeth ... 1416 Total... 1632

- (6) Administrations of General Anæsthetics for Extractions ... Nil.

- (7) Other Operations { Permanent Teeth 585
Temporary Teeth 22 Total... 607

Group V. Uncleanliness and Verminous Conditions.

- (1) Average number of visits per School made during the year by the School Nurses ... 108

- (2) Total number of examinations of children in the Schools by School Nurses ... 9951

- (3) Number of individual children found unclean ... 220

- (4) Number of children cleansed under arrangements made by the Local Education Authority ... Nil.

- (5) Number of cases in which Legal proceedings were taken :

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

(b) Under School Attendance Bye-Laws ... Nil.





