

[Report 1945] / School Health Service, Leicestershire County.

Contributors

Leicestershire (England). County Council. School Health Service.

Publication/Creation

1945

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LEICESTERSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE SCHOOL MEDICAL
OFFICER FOR THE YEAR

1945

J. A. FAIRER, M.D., D.P.H.

The Tudor Press, Leicester

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17 Friar Lane,
Leicester.
April 8th, 1946.

Mr. Chairman, Ladies and Gentlemen,

It gives me pleasure to present my annual report on the work of the Leicestershire School Medical Department during the year 1945.

As a result of the Education Act of 1944 many changes have taken place in the organisation and duties of the school medical department. Previously a local education authority could not provide a general medical service for school children and its duties were concerned mainly with the regular medical inspection of children and with the treatment of certain special types of illness or disability. Under the new Education Act the responsibilities of the school medical service have been widely extended, and a comprehensive medical service must now be provided for all types of illness except those requiring domiciliary treatment. The implications of these new responsibilities are of a very far reaching nature and the treatment facilities provided by the school medical service are now expanding as fast as the limited numbers of doctors, dentists, nurses and hospital beds will permit. As from 1st April, 1945, all treatment has been carried out without cost to the parents.

The Act has also necessitated considerable administrative reorganisation. During the first three months of the year Loughborough, a former 'part III' education authority was responsible for the medical inspection and treatment of elementary school children within its own boundaries, whilst the corresponding service in the remaining area of the county and for the children attending secondary schools in Loughborough was provided by the county education authority. After the 1st April the responsibility for the inspection and treatment of all school children was placed upon the county authority and a Northern Divisional Executive was created to cover the area comprising the Borough of Loughborough, the Urban District of Shepshed and parts of the Rural Districts of Castle Donington and Barrow on Soar. Dr. R. C. Holderness, medical officer of health and school medical officer of Loughborough, was appointed divisional medical officer to the Northern Divisional Executive Committee.

As the decision to create the Northern Divisional Executive was not confirmed until December, 1945, and as the existing medical, dental, nursing and clerical staffs in Loughborough were insufficient in number to carry out the entire work of the divisional area, duties outside the boundaries of the borough have continued for the present to be carried out by the staff attached to the central office of the school medical department.

Considerable difficulties have been experienced in summarising the records of the work which has been carried out during the year and the following arrangement has been adopted in this report to cover the period of transition.

- (a) The tables in the appendix of the report refer to the entire administrative county.
- (b) The report of Dr. Holderness, divisional medical officer, refers to the inspection and treatment of children who were the responsibility of the former part III Loughborough Education Authority.
- (c) The remainder of the report deals, except where otherwise stated, with the administrative county, excluding those children referred to in Section (b).

The work of reorganisation and expansion has placed additional strain on the staff, and I am particularly indebted to Dr. A. E. Martin, senior assistant school medical officer, and to Mr. W. A. Thornton, the chief clerk of the department, for their keenness and enthusiasm in dealing with the constant problems arising from the interpretation of the new Act and the regulations and circulars which have followed it. To them also I tender my thanks for the compilation and production of this report.

In conclusion I must express my appreciation of the kindly help and consideration which, as always, the chairman and members of the committee have given me during the year.

I am,

Your obedient servant,

J. A. FAIRER,

School Medical Officer.

REPORT.

STAFF OF THE SCHOOL MEDICAL SERVICE.

School Medical Officer:

J. A. Fairer, M.D., D.P.H. (County Medical Officer of Health).

Deputy School Medical Officer:

A. A. Lisney, M.A., M.D., D.P.H. (Deputy County Medical Officer of Health).

Senior Assistant School Medical Officer:

(Also Assistant County Medical Officer and Medical Officer of Health for Oadby and Wigston Urban District Councils):

A. W. S. Thompson, M.B., M.R.C.P. (Edin.), D.P.H. (*Resigned 11.12.45*).
A. E. Martin, M.D., D.P.H. (*temporary*).

Assistant School Medical Officers:

I. B. Lawrence, B.Sc., M.B., Ch.B., D.P.H. (Assistant County Medical Officer of Health and Medical Officer of Health for Barrow-on-Soar Rural District). (*On military service*.)

S. E. Murray, M.B., B.S.

Mary E. Weston, M.B., B.S.

Constance Walters, B.Sc., M.B., B.Ch. (School Oculist).

Margaret O. Cruickshank, M.A., M.R.C.S., L.R.C.P. (*temporary*).

School Dental Surgeon:

P. Ashton, L.D.S.

Assistant School Dental Surgeons:

A. E. Ward, L.D.S.

C. L. R. McLellan, L.D.S.

D. R. A. Wilcox, L.D.S. (*on military service*).

L. D. Smith, L.D.S. (*on military service*).

W. E. Lyne, L.D.S. (*on military service*).

A. Rodger, L.D.S.

W. G. Campbell, L.D.S. (*on military service*).

School Nurses:

*Miss G. I. Carryer (*superintendent*).

*†Miss A. Addy.

*Miss J. A. Anderson.

*Miss E. S. Bonser.

Mrs. A. D. Antrobus.

Mrs. S. J. Bourne.

†Mrs. F. E. Cade.

*Miss M. J. Casey

*Mrs. G. E. Coulson.

Miss M. A. Dilworth.

*Miss E. Y. Feakin.

*Miss M. E. L. Hall (*appointed 26.4.45*).

*Miss D. M. Hill.

*Miss M. L. Hill.

*Mrs. C. Mason (*appointed 8.8.45*).

*Miss K. McDonagh.

*Miss G. McIlrath.

†Miss K. A. Marsh (*retired 7.11.45*).

*Miss M. J. Paterson.

*Miss W. C. Porter.

Miss E. H. Seabrook.

Miss W. A. Simmons.

All the nurses are state registered and hold the certificate of the Central Midwives' Board. Those marked † hold the certificate of sanitary inspector, and those marked * have the health visitors' certificate (Ministry of Health).

In addition to the above, one London school nurse was undertaking temporary duties in the county up to 31st July, 1945.

NORTH DIVISIONAL EXECUTIVE.

Divisional School Medical Officer:

(Also Medical Officer of Health for Loughborough).

R. C. Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Ophthalmic Surgeon (part-time):

C. C. Binns, M.B., B.Ch., M.R.C.S., L.R.C.P.

Dental Surgeon (part-time):

D. A. Patterson, L.D.S.

Dental Anaesthetist (part-time):

A. V. McOuat, M.B., Ch.B.

School Nurses:

Miss M. Cleasby, S.R.N.

Miss H. Widdowson, S.R.N., S.C.M. (*resigned August 1945*).

Miss E. M. V. Patterson, S.R.N. (*appointed August 1945*).

REPORT FOR THE COUNTY

(Excluding Borough of Loughborough except where otherwise stated).

I.—GENERAL STATISTICS.

Number of Schools (including Loughborough):

	Voluntary	County
Secondary	6	27
Primary	162	94
	<hr/>	<hr/>
Total	168	121
	<hr/>	<hr/>
Number of children on the rolls		41,225
Average attendance		36,561

II.—MEDICAL INSPECTION.

Most of the children included in the routine age groups have been inspected but owing to the shortage of medical officers it was not possible to examine every child. Efforts will be made to include those omitted with the children due for examination in the early part of 1946.

The numbers of children examined were as follows:—

Primary and Secondary Schools (excluding North Divisional Executive)	11,515
Primary and Secondary Schools (North Divisional Executive)	1,017
	<hr/>
Total	12,532
	<hr/>

III.—FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

At routine inspections 139 cases of uncleanliness were discovered, and 123 children were found to be unclean during examinations of specials at the school clinics. At "march past" examinations conducted by the school nurses on the school premises, 6015 children were reported under this heading. 37 verminous children were excluded from school.

Tonsils and Adenoids.

A total of 953 children were referred for treatment, comprising 553 cases of enlarged tonsils, 107 of adenoids, 279 both tonsils and adenoids and 14 children with some other condition of the nose and throat. In addition 525 cases were recommended to be kept under observation for some abnormal condition of the nose and throat.

Tuberculosis.

No definite case of pulmonary tuberculosis was discovered during the course of routine examinations, but 6 suspected cases were referred for observation. 5 cases of non-pulmonary tuberculosis were referred for treatment and 1 for observation.

Defective Vision and Squint.

The number of cases referred to the school oculist was 1,086. Of this total there were 931 cases of defective vision, 145 of squint, and 10 with some other condition requiring treatment. In addition 65 cases were referred for observation.

External Eye Disease.

The number of cases referred to the school oculist was 40, which included 29 cases of blepharitis, 8 of conjunctivitis, 2 of keratitis, and 1 of corneal opacities.

Ear Diseases and Defective Hearing.

A total of 98 children were referred for treatment, 52 for otitis media, 29 for defective hearing, and 17 with other diseases of the ear. 7 cases were referred for observation.

Dental Defects.

During routine examinations 704 children were reported as having four or more carious teeth.

Crippling Defects.

145 cases of crippling defects were recorded as requiring treatment and a further 22 cases required to be kept under observation.

Nutrition.

All children examined at routine inspections are classified according to the Ministry's requirements. As a result of these examinations 61 children were found to require treatment and 5 to be kept under observation.

Skin Diseases.

During routine and special inspections 981 cases of skin disease were referred for treatment. This total comprised 34 cases of ringworm, 329 of scabies, 277 of impetigo and 341 children with some other skin trouble.

IV.—INFECTIOUS DISEASE.

The year has been noteworthy for a low incidence of the common infectious diseases of childhood.

The number of cases of measles was within normal limits and although a mild epidemic occurred during the first quarter, there were few cases during the remaining nine months of the year. Whooping cough, chickenpox and mumps all maintained a low incidence and no serious outbreaks of these conditions were reported.

Scarlet Fever.

During recent years the number of cases of scarlet fever has been tending to increase, but the disease has at the same time become of a uniformly mild character and few complications are now experienced. The case-fatality rates (all ages) are now less than two per thousand, and any deaths which may occur are usually found to be associated with severe debility, malnutrition or some concurrent disease.

It is pleasing to note that during 1945, the number of cases of scarlet fever was considerably lower than in the preceding year. In the administrative county, a total of 313 cases were notified in children of school age, as compared with a corresponding total of 525 cases during 1944. The cases were evenly distributed with no major epidemics.

Diphtheria.

The reduction in the number of cases of this disease has been maintained, and in school children only 30 true cases occurred in the entire county. This figure is substantially the same as the 33 cases occurring in 1944, and represents a startling contrast to the number, usually several hundreds, which used to occur before the war.

In view of the importance of maintaining a high proportion of immunised children, a special article on diphtheria immunisation was published in the annual report of the County Medical Officer for the year 1944, and copies were also prepared in pamphlet form for distribution to the medical and teaching professions in the county. The striking difference in the proportions of immunised and unimmunised children suffering from diphtheria was shown in the following table, which is based on the experience of Leicestershire during the 12 months ending 31st December, 1944. The provisional figures indicate that similar conditions have prevailed during the year 1945.

Proportion of unimmunised children contracting diphtheria ...	1 in 450
Proportion of immunised children contracting diphtheria ...	1 in 3,420
Proportion of unimmunised children dying from diphtheria ...	1 in 4,400
Proportion of immunised children dying from diphtheria, less than	1 in 55,000

As the above figures refer to the proportion of children contracting diphtheria in a single year, it is evident that if the same experience is to hold good for each of the years of a child's school and pre-school life, the chance of an unimmunised child suffering from diphtheria during some period of his childhood is relatively high. It must therefore be emphasised that although the general incidence of diphtheria is low, the incidence amongst the unimmunised children still remains high. Every child should therefore be offered immunisation and no effort should be spared in pointing out to the parents the risk of allowing a child to remain unimmunised.

The most satisfactory results are obtained if the child is immunised at the end of the first year of its life, and since the first two or three years of school life represent the most dangerous period, a single "booster" dose of the immunising material should be given either immediately after, or, preferably, immediately before, the child enters the infant school.

Dysentery.

Towards the end of the year a number of cases of Sonne dysentery occurred in the Melton Mowbray district, and in a number of other villages in the county. Owing to the mild nature of the symptoms of most of the cases, the actual incidence of this condition was probably much higher than was shown by the official notifications of the disease. The outbreak in the Melton Mowbray district was thoroughly investigated by Dr. J. Young, Medical Officer of Health of the Leicestershire Combined Districts, and it is satisfying to note that the number of cases showed a very marked decrease during the early months of 1946.

Typhoid Fever.

Among school children one case of typhoid fever occurred. The patient, a girl of 13 years of age, was found to have consumed infected foodstuff 18 days previously, and a full investigation revealed that the same source of infection was responsible for a total of 11 cases of this disease which had occurred in the counties of Derbyshire, Leicestershire and Nottinghamshire. A full account of this epidemic will be given in the annual report of the County Medical Officer for 1945.

V.—FOLLOWING UP.

All cases referred for treatment or observation are reported to the school nurses for the purpose of following up by home visits. During the year the school nurses made 3,852 visits to the homes of children for this purpose.

VI.—MEDICAL TREATMENT.

Minor Ailments.

The number of attendances at the school clinics was as follows:—

Clinic.	Children.	Attendances.
South Wigston	432	1,127
Hinckley	453	978
Melton Mowbray	476	1,292
Coalville	312	1,301
Market Harborough	230	1,328
Leicester	271	282
	2,174	6,308

Ear Diseases and Defects.

During the year 11 children attended the Leicester City Clinic for treatment.

Defective Vision.

During the year the school oculist examined 1,842 children. Of this number 1,432 were found to require correction by glasses, 47 were wearing glasses which were considered satisfactory, and in 363 cases glasses were not recommended.

Parents obtained glasses in 1,293 of these cases. These glasses were all obtained through the authority's scheme and in addition 59 parents obtained glasses through their own opticians.

Since the 1st April your committee make a contribution of 7/6 towards the cost of each pair of glasses, and provide free of charge any special lenses or fittings prescribed by the school oculist. Where a parent requires a more expensive type of spectacle they are required to pay the difference. All spectacles are supplied through the committee's optician and although there was some delay in certain cases where complicated lenses were required I am pleased to report that no undue delay is now experienced in supplying glasses prescribed by the oculist.

Orthopædic Treatment.

The clinics at Hinckley and Coalville have continued during the year and sessions are held twice per week at each clinic. The number of sessions held during the year was 193, and 3,322 attendances were made.

Treatment at these clinics included:—

Radiant heat or electricity	589
Muscle re-education and exercises	2,158
Massage and manipulation	372
Fitting of splints	125

Out-patient treatment is also undertaken at the Leicester City Orthopaedic Clinic, the Loughborough Cripples' Guild and the Hospital of St. Cross, Rugby. The total number of patients receiving in-patient treatment was 32 (17 boys, 15 girls); these cases were admitted to St. Gerard's Hospital, Coleshill 16, City General Hospital, Leicester 12, Hospital of St. Cross, Rugby 1, and Harlow Wood Orthopaedic Hospital, Mansfield 3.

Tonsils and Adenoids.

The total number of cases receiving treatment was 459. These cases were dealt with at the various hospitals in the county and at the Leicester City Clinic as follows:—

Leicester City Clinic	...	...	...	...	260
Melton Mowbray Memorial Hospital	...	...	...	...	94
Loughborough General Hospital	...	...	...	...	62
Market Harborough Hospital	...	...	...	...	43

Owing to the shortage of hospital beds and staff there is still some delay in the admission of these cases to hospital, and although the waiting period has been reduced it is as yet impossible to deal with these cases as expeditiously as ideal conditions would allow.

No contributions are now received from the parents as free treatment is provided under the Education Act 1944.

Tuberculosis.

The number of children admitted to Markfield Sanatorium was 17, and of this number 7 were cases of non-pulmonary tuberculosis. In addition 11 surgical cases were admitted to the following hospitals: City General Hospital, Leicester 5, St. Gerard's Hospital, Coleshill, 3, Harlow Wood Orthopaedic Hospital 2, The Lord Mayor's Treloar Hospital, Alton, 1.

Skin Diseases.

The number of children with skin diseases treated at the minor ailment clinics was as follows:—

Impetigo	...	...	...	...	...	266
Scabies	...	...	...	...	...	292
Ringworm	...	...	...	...	...	30
Other conditions	...	...	...	...	...	305

VII.—DENTAL TREATMENT.

Report of the School Dental Surgeon.

It is with pleasure that I write my last war-time report on the school dental service in the county.

In two areas, Melton Mowbray and Ashby-de-la-Zouch the dentists were not called up and it was possible to continue a complete service throughout the war period. In the remainder of the county most of the service has been of an emergency nature with the exception of certain schools which I have been able to visit myself.

During the treatment of the children in these schools I have had a splendid opportunity of inspecting the work carried out in previous years by the dental officers now in the Services. It is gratifying to find that the work shows a very high standard of efficiency, and its lasting quality, which is the most important point in children's dentistry, is a credit to the officers concerned. I should also like to call attention to the excellent work undertaken by the school dental service in other parts of the country as was evident by the condition of the dentition of the large number of evacuees who were inspected and treated.

Of the total number treated 4,675 were children in primary and secondary modern schools and the number of fillings necessary were 5,141.

A further 183 children requiring treatment were attending the secondary grammar schools and required 423 fillings. This is a very significant fact and bears out my previous contention that in the age groups over 11 years more time and treatment is necessary and therefore fewer children can be dealt with in any one session.

During the coming year I am anxious to arrange for all children entering the secondary grammar schools in 1946 to receive treatment at the various clinics during their summer vacation. There are of course difficulties, the most apparent being the reluctance of children to attend for dental treatment during their holidays, but if, as I sincerely hope, the response is worth while they will have the opportunity of commencing their secondary education dentally fit and with a healthy mouth.

The clinic in Leicester is to be fitted with a complete set of modern equipment as and when supplies become available. This will prove a great advantage as patients are inclined to judge the standard of treatment by the quality of the apparatus in the surgery. The extension of the work in connection with the treatment of expectant and nursing mothers also makes it necessary to provide up-to-date equipment. It will be of considerable benefit to the dental service when it is possible to provide the same facilities at the other clinics in the county.

I am still of the opinion that the best place to carry out the inspection and treatment of children is on the school premises or as near as possible, both from the psychological effect on the child, and equally as important, as a time saving factor.

With these facts in mind the dental officers have in the past worked under very unsuitable and uncomfortable conditions, such as cloak rooms or the end of a class room. Conditions are however becoming more and more difficult as with the extension of the school meals service and the taking over of spare rooms for additional classes, no accommodation is available for the dental staff. In some schools clinic rooms were provided but in their efforts to provide extra classes these rooms have been taken over by the teachers and consequently the dental surgeon has to accept the situation and carry out his clinical work in temporary and often unsuitable premises. It must be admitted that however accommodating the dental surgeon may be, the fact that he may be on the school premises for a period ranging from a few days to six weeks must be a burden on the head teacher.

The whole of the teaching staffs and especially the head teachers have always been so courteous and helpful that one hesitates to put forward anything which would be likely to add to their present worries. With the return to duty of the officers in the services and the possible further extension of the dental schemes it becomes apparent that the question of suitable accommodation will have to receive further consideration in the very near future.

Towards the end of the year one dental officer was released from the services and recommenced duty on December 10th and it is confidently expected that three more will return to duty early in the new year.

PERCY ASHTON, *School Dental Surgeon.*

VIII.—NUTRITION.

The medical officers have continued to classify all children medically examined according to the Ministry's requirements regarding nutrition. A total of 11,515 children were examined and classified. In cases where extra milk and mid-day meals were considered necessary a recommendation was made to the appropriate department.

Although the total number of children classified is approximately the same as in the previous year there appears to be a considerable decrease in the numbers classified in category "A" and a corresponding increase in category "B."

The same standards of classification were applied as in previous years and it is rather disturbing to note that the number of children in category "A" has decreased to such a large extent.

The figures for the year are as follows:—

Age Groups.	No. Inspected.	State of Nutrition.			
		"A" (Excellent)	"B" (Normal)	"C" (Sub-normal)	"D" (Bad)
Entrants	3,447	524	2,746	170	7
Intermediates	3,322	473	2,648	194	7
Leavers	4,611	682	3,649	255	25
Other Age Groups	135	21	108	6	—
Totals	11,515	1,700	9,151	625	39

Vitamin Supplements.

In accordance with the Ministry of Education Circular 485 dated 29th October 1943 arrangements were made for the supply of cod liver oil and orange juice to children under 5 years of age in attendance at county schools.

The allowances permissible under these arrangements are one 6 fluid ounce bottle of concentrated orange juice per eligible child per 4 weeks and one 6 fluid ounce bottle of cod liver oil compound per eligible child per 12 weeks. Parents are not required to surrender any coupons and are therefore free within the limits of the ration book system to purchase additional supplies for use at home.

These supplements are supplied through the local food offices and the teachers are responsible for the general administration of the scheme. These preparations are only supplied at the request of a child's parent and it is not compulsory for any child to take part in the scheme.

During the year 1,805 bottles of cod liver oil and 687 bottles of orange juice were supplied and the total cost was approximately £70.

IX.—MILK IN SCHOOLS SCHEME.

All the secondary grammar and secondary modern schools, and all but eight of the primary schools are supplied with liquid milk, the eight primary schools concerned being supplied with full cream dried milk powder.

The following figures show the number of children in primary and secondary schools (including the Borough of Loughborough) taking milk on a single representative day in October 1945:—

	Primary	Secondary
No. of children in attendance	26,457	11,741
No. of children taking milk	20,520	5,807
Percentage of children taking milk	77%	49%

Milk is supplied free in necessitous cases and on the day referred to above, 398 children in primary schools and 141 in secondary schools were receiving milk without payment.

X.—PROVISION OF SCHOOL MEALS.

The years 1939-45 showed a marked increase in the provision of school meals throughout the country, and in December 1945, a total of 223 schools in the county (including Loughborough) were fully equipped with school canteens, a further 14 had canteens under construction and plans for an additional 44 canteens were under consideration. In the remaining 25 schools plans have not yet been prepared.

The following table shows the number of children taking school meals on a single representative day in November 1945.

	Leicestershire (excluding Loughboro')	Loughborough	Total for Administrative County
A.			
Total number of children present in primary and secondary schools with provision for meals on day selected for the return	30,667	3,631	34,298
B.			
Total number of children taking meals in primary and secondary schools on day selected for the return	15,591	883	16,747
Percentage of number present taking meals	50.8%	24.5%	48.0%
C.			
Total number of children on roll in all primary and secondary schools on day selected for the return	37,178	3,970	41,148
Percentage of number on roll taking meals	41.9%	22.2%	40.0%
Percentage of children taking free meals in school canteens	4.5%	5.3%	4.6%

XI.—PHYSICAL EDUCATION.

Report of the Organisers of Physical Education for the year ended 31.12.45.

1. *General.*

With the advent of peace and the easing of difficulties created by war conditions, it is hoped that physical education will again take its place as an important branch of education.

War conditions have, in general, severely curtailed the progress of physical education. Many men teachers were called to the Services, playgrounds and playing fields were left unattended, swimming baths were commandeered, transport was reduced to a minimum, and clothing (vests and shorts) could not be procured. All these difficulties, together with the task of handling large classes of children of different types and age groups have confronted the physical training teacher with an insuperable problem.

As the men teachers are returning from the Services, and with the gradual return of labour and facilities for training, the time is approaching when it will be necessary to build a scheme of physical education in order that lost ground may be regained and a fresh advance made in this branch of education. This applies particularly to boys' classes and departments. If such a scheme is to be designed to improve the health of the post-school population, it is of paramount importance that the training in the schools should begin with the inculcation of good health attitudes, e.g., personal cleanliness and the desire to wear suitable clothing and footwear when taking part in the training. The teachers who are responsible for this training in the junior schools have an excellent opportunity to foster the growth of such habits—habits which the children would carry with them through their school and post-school years. Such habits, however, will not become established unless the teacher of physical exercises makes full use of personal example and skilful encouragement, and appreciates the desire for movement which proper clothing and footwear bring. The success of the lesson will then depend upon its presentation and the ability of the teacher, not only to

demonstrate but to encourage, especially by suggestion, when nerve and agility are required. It is hoped, through the medium of teachers' classes and demonstrations that such a scheme may be put into operation.

2. *Facilities for Physical Exercises and Games.*

(a) *Plimsolls and Clothing.*

The continued help of the Education Committee in the provision of plimsolls has been invaluable, but the problem of proper clothing for physical training still remains. It is hoped that as soon as clothing becomes available, it will be allocated to schools, as plimsolls have been during the war years.

(b) *Playgrounds.*

It is unfortunate for physical training that shelters, kitchens, and probably additional classrooms, have been and are to be built in the playgrounds. Much valuable space has been taken, making it more and more difficult to give the large classes room for adequate activity. While it is recognised that these buildings are necessary, it is suggested that consultation between the buildings department and the physical training organisers before the erection of more buildings in school playgrounds would help to minimise interference with school activities.

(c) *Playing Fields.*

It is regrettable to have to report that the condition of the school fields has deteriorated through lack of attention during the war years. It is just possible to play some football without marking, but it is quite impossible to play cricket, hockey or rounders. As a result there are no entries from county schools for the schools hockey tournament, and rounders has to be played on asphalt playgrounds. In addition, the acreage is insufficient for the large classes. This will become more marked with the raising of the school age next year. It is most urgently requested that work on these fields should be started at the very earliest opportunity; otherwise there will be further deterioration, and still more time, labour, and expense will be required to restore them to normal condition.

3. *Teachers' Classes.*

Attendance by teachers at local courses of instruction has been maintained, as in previous years, at an excellent standard, and there is no doubt that the small rural classes are very popular.

Classes for women teachers were held as follows:

(a) At Market Harborough for infant and junior teachers	25	attended.
(b) „ Rearsby „ „ „ „ „	17	„
(c) „ Lutterworth „ „ „ „ „	9	„
(d) „ Stathern „ „ „ „ „	8	„
(e) „ Roundhill „ senior teachers	23	„
(f) „ Hinckley (swimming) „ „ „	29	„
(g) „ Coalville „ „ „ „	35	„

4. *Vacation Courses.*

Three youth leaders attended a one-week course at Lowther College, North Wales.

One teacher attended a two-week course at Loughborough.

One teacher attended a week-end course at Grantham.

Two teachers attended a week-end course at Nottingham.

5. *Demonstrations of Physical Exercises.*

In co-operation with the Education Handwork Association, three demonstrations have been given as follows:—

(a) At Lutterworth in February, showing dancing.

(b) At Leicester in November, showing infant and junior P.T.

(c) At Leicester in December, showing senior P.T.

In each case, progressive work was shown by different age groups. The standard of performance was remarkably good considering all the difficulties of staff and accommodation. There was a large and appreciative audience of teachers at each demonstration.

The following schools took part:—

At Lutterworth: Shawell, Walcote, Husbands Bosworth, Lutterworth Modern.

At Leicester: Croft, Countesthorpe C.E., Braunstone Ravenhurst Road, South Wigston Junior Girls, South Wigston Modern Girls' and Boys', Kibworth Grammar School.

6. *Leaders' Training Courses.*

In co-operation with the Central Council of Physical Recreation, two courses for young women leaders and two for young men leaders were started in Coalville and Hinckley in May. Except for the men's course at Coalville, these were continued after the summer holiday and are now in their third term. It is expected that, as a result of these classes, the young people attending them will be able to contribute materially to improving the standard of work in their clubs. It is also hoped that this initial training will encourage them to take advantage of the many residential national courses open to them, and by attendance at such courses to fit themselves for the test by which they may become recognised national leaders.

It was hoped to hold a similar course in Melton Mowbray, but though there appeared to be a demand on paper, it was only possible to hold a one day course, at which 24 young people were present. A residential course would solve the transport difficulties in the district, and it is hoped that as soon as bedding and blankets are obtainable, residential courses will be held both for the training of youth leaders and teachers, and for camps for youth organisations and schools.

7. *Out of School Activities.*

(a) *Netball.*

Once again much good work has been done by the teachers in keeping up a good standard of play in netball. District tournaments were held at Loughborough, Melton Mowbray, Market Harborough, Earl Shilton, and Leicester. These led up to the annual county tournament in March, with an entry of 24 junior teams (under 14 years 3 months) and 26 senior teams. This tournament is open to teams from any school or club in the county and city. As a result of the county tournament, teams, including school teams and two county teams, entered for the Midlands rally at Nottingham in March, after an interval of 5—6 years. Melton Mowbray Modern Girls' School won in the schools section for teams under 14 years 3 months. In the county section, Leicestershire tied with Derbyshire for first place in the under 18 years club teams. Finally a county team played in the All England Rally at Manchester in May.

Three county teachers passed Part I. of the test for the netball umpires' "B" badge, and have sat for Part II.

(b) *Rounders.*

The annual county rounders tournament was held at the Aylestone Playing Fields in June. There was an excellent number of entries—36 teams in the junior section (under 14 years 3 months) and 24 in the senior section. Though the standard of play was satisfactory, it was not so good as in previous years, owing to the serious shortage of small balls, especially rounders balls, which means that the girls are not able to get sufficient practice.

(c) *Swimming.*

The following swimming baths were used during the season:

Coalville, Hinckley, Market Harborough, Burton-on-Trent, Loughborough, and Aylestone Bath, Leicester.

As more transport became available, 25 schools were able to include swimming instruction in their scheme of physical education. Considering that many of the pupils were visiting the baths for the first time, the results achieved were satisfactory.

	Girls.	Boys.
No. attending baths	1,381	1,185
Non-swimmers	442	531
Swimmers not graded	363	228
Swimmers—Grade 1	414	308
Swimmers—Grade 2	255	175
Swimmers—Grade 3	65	36
Swimmers—Grade 4	36	30
Life-saving awards—		
Elementary	3	—
Intermediate	5	1
Bronze	1	—
No. of girls who have learned to swim	550	
No. of boys who have learned to swim	563	

(d) *Schools' Athletic Association.*

The Schools' Athletic Association has resumed its activities after six years' enforced idleness.

8. *Evening Institute Classes.*

It is pleasing to record that, after five years, classes have re-started at Hinckley, Market Harborough, Melton Mowbray. A number of P.T. classes are being held in connection with youth clubs and organisations.

Practical help and advice has been given direct by the organisers to the following organisations:

Central Council of Physical Recreation; G.F.S.; G.T.C.; Church Youth Fellowship; Women's Institutes; Army Cadets; Council of Outdoor Activities; W.A.A.F. Bomber Command.

9. *The Leicester and District Gymnastic Teachers' Association.*

The Leicester and District Gymnastic Teachers' Association continues to give useful service by arranging voluntary lectures and training courses on widely varying aspects of physical education. Lectures have been given by well-qualified experts from many parts of the country. Six meetings have been held during the year as follows:

- February.* Lecture demonstration on netball umpiring by Miss Hobbs (Anstey Physical Training College).
March. Lecture on "Relaxation and exercise in pregnancy and labour" by Mrs. Heardman.
May. Lecture demonstration on "Practical health" by Miss Brackenbury, Avery Hill Training College.
June. Social—cricket, rounders, swimming.
October. Practical class, by Miss M. A. Jarvis.
December. Day course in co-operation with the Ling Physical Education Association.

Lecturers. Miss P. Spafford, Secretary, Ling Physical Education Association.
 Miss K. Powell-Tuck, Anstey P.T. College.
 Miss Lindsay, Bedford P.T. College.
 Miss E. Selby, Peterborough.

10. *Youth Organisations.*

In co-operation with the youth organisers, activities have been undertaken at the Coalville, Hinckley and Loughborough centres.

M. D. O. COLE,
 D. MILLER,

Organisers of Physical Education.

XII.—PHYSICALLY AND MENTALLY DEFECTIVE CHILDREN.

The registers containing the information concerning children in this section have been kept up to date during the year and although the number of home visits has been restricted the number of children examined has increased. Where possible parents are requested to bring their children to the clinics, therefore economising in the time which the medical officer would normally spend travelling.

All new cases are examined as soon as possible after being brought to the notice of the department and during the year 50 such cases have been added to the registers.

The total number of examinations made during the year was 110, which includes re-examinations.

XIII.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The number of children medically examined before commencing work under these regulations was 48. This is a considerable decrease on last year's figure, and it would appear that numbers of children are engaged on part-time work unknown to the Education Authority. Under present circumstances it is very difficult to ascertain which children are employed in part-time employment unless the parents notify the head teacher. Where however, it is known that a child is employed the parents are approached and arrangements made for the child's examination.

XIV.—HYGIENIC CONDITIONS OF SCHOOLS.

At each routine visit to the schools the medical officer inspects the premises and particular attention is paid to the condition of the out-offices. All these reports are carefully scrutinised and any serious defects are reported immediately to the architect's department, or in the case of voluntary schools, to the school managers.

XV.—EVACUATION.

During the early part of the summer the Government issued instructions for the return home of the official evacuees, and during the month of June the majority were returned home in organised parties in the care of escorts. The hostels administered by the local authorities and this department were closed with the exception of one at Loughborough. The majority of the children were returned to their parents but those for whom no accommodation was available were transferred to the Loughborough hostel.

Looking back on the last six years it is difficult to realise that during the whole time and in spite of conditions of overcrowding and countless unofficial evacuees in this area, no serious epidemics of infectious disease were encountered. There were of course the usual outbreaks of scabies, which is always associated with conditions of overcrowding, but these were adequately dealt with and were usually of a local nature.

It is hardly necessary to state that all these children derived a great deal of benefit from their stay in the county as the majority were evacuated from large cities where conditions of overcrowding were acute, and the children were unable to obtain the fresh air associated with country life.

NORTH DIVISIONAL EXECUTIVE.

Annual Report of the Divisional Medical Officer for the Year 1945.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my first annual report as divisional medical officer. This report relates, however, exclusively to the work carried out in the Borough of Loughborough which formerly came within the orbit of the late Loughborough Education Committee, as the divisional executive did not come into being until December, 1945.

In my report for 1944 to the Loughborough Education Committee I referred to the changes envisaged under the new Education Act, and to the possible danger that by too much centralisation, the local interest in the school medical service might be lost, thus leading to stagnation. The creation of a divisional executive for the northern area of the county, which brings under local executive control all the educational establishments both primary and secondary, while at the same time enabling the resources of the larger county authority to be utilised where necessary, seems to be a most advantageous arrangement, which should be of great benefit to the future development of the school medical service.

The transfer to the North Divisional Executive of the secondary schools in Loughborough and of the elementary schools in other parts of the divisional area, and which have previously been dealt with by the county, will necessarily be delayed until the requisite medical and dental staff are available. The divisional executive will have before them in due course proposals to this end.

A notable feature of the year under review has been the complete absence of diphtheria. While it would be too much to expect that this will continue, there are good grounds for hoping that the large outbreaks of this disease which have given rise to so much anxiety in the past, will not recur, thanks to immunisation.

No serious outbreak of other infectious disease occurred during the year.

In conclusion I should like to thank the committee, the divisional education officer, and all the members of the school medical staff for their assistance and co-operation.

I am, your obedient servant,

R. CAUTLEY HOLDERNESS.

General Statistics.

Estimated Population of Loughborough	33,150
No. of Schools: Primary	14
No. of Schools: Secondary	4
No. of children on rolls of Primary Schools	2,663
No. of children on rolls of Secondary Schools	1,296

Evacuation.

With the end of the war in Europe all the children from the evacuation areas returned home with the exception of a very small number, who for various reasons were unable to do so, and the only remaining temporary school was closed.

Medical Inspection.

The number of children examined in the routine age groups was 1,017. It has not been found necessary to curtail the age groups inspected.

Uncleanliness.

The number of children found to be verminous at the cleanliness inspections by the school nurses was 342. These cases were mainly of moderate or slight degree. Few children are found to have a very heavy infestation nowadays. There seems to be some grounds for believing that the use of lethane preparations, which are sold under various proprietary names by the chemists, is having an effect in keeping the more serious cases in check.

At cleanliness inspections the children are also examined for the presence of scabies or other contagious conditions. A number of cases of scabies are detected in this way.

Diseases of the Nose and Throat.

96 children were referred for operative treatment for conditions under this heading, mainly cases of tonsils and adenoids.

Defective Vision and Squint.

159 children were referred to the school oculist, in 146 cases spectacles were prescribed and obtained in 128. All children who are suffering from visual defects, or who have been recommended spectacles, are seen periodically to detect any alteration in the condition, and to see that spectacles, if prescribed, are satisfactory and are being worn.

Orthopaedic Defects.

16 children were referred to the orthopaedic surgeon. A further number are under observation.

Nutrition.

The classification of children examined at routine inspections into the four prescribed groups gave the following results:

Excellent	...	...	...	...	...	31.1%
Normal	...	...	...	...	...	60.6%
Subnormal	...	...	...	...	...	8.3%
Bad	...	...	...	...	...	Nil

Follow-up Inspections and Special Inspections.

These are cases which were recommended for further observation, either at the next routine inspection in the school, or at the school clinic, or are cases specially referred for examination. They totalled 2,095 during the year.

Minor Ailments.

During the year 890 children made 6,800 attendances for treatment at the school clinic. 105 cases of scabies were treated.

Dental Inspection and Treatment.

The number of children inspected in the routine age groups was 2,610. In addition there were 550 special inspections.

The number found to require treatment was 1,530, and of these 1,454 were treated, making 1,692 attendances. Mr. Patterson, the school dental surgeon, reports as follows:—

“The percentage of acceptances for dental treatment throughout the year is 83.73, which shows a satisfactory understanding and appreciation of a healthy mouth. The remainder is made up by 8.82% refusals and 7.45% who attended their own dentist.”

“School ‘Leavers’ have had a second inspection to ensure that they leave school dentally fit. Of the 194 ‘leavers,’ 101 did not require treatment, and 67 of the remainder were treated, making a total of 168 dentally fit on leaving school.”

“During the year I carried out an experiment with the administration of nutritive salts to suitable children. These salts are prepared in tablet form. They are a balanced preparation of many salts which are said to assist the growth and development of the body, and it is claimed that they may assist in the arrest of dental decay. To this end I sought the assistance of the head-

master and headmistress of Shelthorpe School. After obtaining the consent of the parents, I divided a number of children up into the following sections":—

- "1. Children taking school dinners and tablets, having extensive or moderate caries.
2. Those taking dinners and tablets, having slight or no caries.
3. Those taking dinners but no tablets, having extensive or moderate caries.
4. Those taking dinners but no tablets, having slight or no caries.
5. 20 children not taking dinners or tablets, who were used as control."

"To obtain as full data as possible, sections No. 1 and 2 were given a tablet a day by their teachers, at dinner-time over a period of one year. Unfortunately, the continuity was broken in some cases, due to several factors over which we had no control, such as illness, discontinued dinners, distaste of tablets, etc. However, the evidence I was able to accumulate at the end of the year was interesting if not conclusive."

"1. Of those taking tablets and whose teeth were extensively decayed, there was a large proportion of teeth which developed secondary dentine, but comparatively little deterioration at the end of the year. My conclusion is that arrest of decay appears to be more marked in those teeth extensively decayed."

"2. Those not taking tablets, but with slight caries, showed no secondary dentine and only slight deterioration at the end of the year. Those not taking tablets but with extensive decay showed well-developed secondary dentine and marked deterioration."

"3. The control children, i.e., those taking neither tablets or dinner showed a deterioration of those teeth already affected but little change in those with little or no caries."

"My conclusion is that the administration of tablets appears to have a beneficial effect on those teeth already extensively decayed."

"The administration of the tablets would appear to help to raise the resistance of those children who are deficient in mineral salts. I would suggest that these tablets be given as routine administration to suitable cases."

"My thanks are due to the teachers and attendant who co-operated with me in this work."

Provision of School Milk and Dinners.

All schools are provided with liquid milk of approved quality. Dinners are also supplied at all schools.

No. of children on the register	...	...	...	3,453
No. of children taking milk	...	...	...	2,070
No. of children taking dinners	...	...	...	679

Milk and dinners are supplied free in all cases where the parents' income warrants it. A number of samples of milk supplied to the schools were examined and all were found satisfactory.

Employment of Children.

Eighty-one children were examined prior to their taking up employment, mainly in delivering newspapers or in running errands.

Physically and Mentally Defective Children.

During the year one child was certified as in need of special education on account of deafness and was sent to the Derby Royal School for the Deaf.

One child was certified as epileptic and sent to Lingfield Epileptic Colony.

Six children were examined on account of mental deficiency. Of these, two were found to be ineducable and were referred to the local mental deficiency authority, two were certified as in need of residential special school treatment, and two were recommended to continue in ordinary schools.

Physical Education.

Mr. G. V. Sibley and Mrs. M. D. O. Cole, Organisers of Physical Education report as follows:—

“The last year of the war proved itself to be of equal difficulty in the organisation and development of physical education in this area. The number of men teachers for boys had been reduced to its lowest level, but it was very gratifying to see a small number of former Loughborough teachers being demobilised and returning to the schools in the later months of this year. Frequent changes of staff in the schools dislocate the work very considerably. We have also suffered very badly from the extraordinarily short supply of equipment. Whereas formerly gym shoes were easily and cheaply obtainable, they are now very difficult to get, and when obtainable they are several times as costly as in pre-war years. The importance of the subject is again stressed and suitable clothing and equipment are vital to its proper development.”

“Some more specialisation in this work is desirable, and it is very strongly urged that large schools and the secondary schools in particular should have men and women who have been specially trained in this subject to take responsibility for the training in the gymnasium, on the playing field and in the swimming baths.”

“The standard of the work taken on the whole is reasonably satisfactory when all the difficulties of war years are taken into consideration.”

“Both with the return of men teachers and the addition of properly trained and well qualified experts in physical training and games, it is certain that the previous high standard set by the teachers and organisers will be obtained without undue delay. In many respects the war-time staffs of schools are to be complimented on the way they have carried on their work without complaint. Women teachers who have taken boys' classes have had a most difficult task, but they have responded to this call just as well as they have done in other callings.”

Swimming.

Boys and girls have had regular periods of swimming in the Corporation Baths in Granby Street during the few months when they were open, and the following numbers will indicate the progress made in swimming by the awarding of “Grades” ranging from Grade I, where a child is asked to swim one width of the bath at the shallow end, to Grade IV., where a boy or girl is required to show substantial ability by swimming:—

- 1 length breast stroke.
- 1 length front crawl stroke.
- 1 width back crawl *or* 1 width back stroke, with certain diving ability and simple type of life-saving methods.”

Schools	BOYS.			
	I.	II.	III.	IV.
Limehurst	65	34	34	39
Shelthorpe	11	4	2	—
Cobden Street	2	7	—	—
Rosebery Street	9	5	6	—
Rendell Street	4	1	4	4
St. Mary's	15	4	1	7
Warner	1	4	—	—
	107	59	47	50

GIRLS.

Schools	Grade			
	I.	II.	III.	IV.
Shelthorpe	17	5	—	—
Cobden Street	18	11	2	2
Warner	6	2	1	1
St. Mary's	11	8	4	2
Emmanuel	8	4	3	2
Rendell Street	13	9	3	2
Rosebery Street	18	7	4	—
Limehurst	58	41	15	11
	<u>149</u>	<u>87</u>	<u>32</u>	<u>20</u>

"Playing Fields and Playgrounds.

The war necessitated the loss of space on some of the school playing fields, but it is now hoped that this space can soon be made available again for games. More playing fields are still needed so that every school can be certain that fullest value is obtained from the "Organised games" periods scheduled on the time-tables."

"The surface of some school playgrounds has deteriorated very badly, and part re-surfacing or complete relaying is most urgently needed in those schools where the surface is rough and dangerous to children's limbs. Perhaps the reserve stocks of fuel which occupy space on certain playgrounds can soon be removed."

"Sports.

The annual athletic sports and swimming gala were held at Limehurst School with success and to the great benefit of the children concerned. The standard of performance was just as good as that of previous years."

SOME RESULTS OF ANISOMETROPIA.**Special Report by the School Oculist.**

In July last year I attended a meeting of various members of the staff to discuss with a society of opticians, the latter's request to visit all infants schools in the county at definite intervals, to examine the eyes of all children newly admitted to the school registers. The society criticised the present practice of the school medical service by which children's vision is not tested until the age of 8 years. It was stated that the purpose of their scheme was (a) the detection of early myopia, (b) the prevention of squint, (c) the diagnosis and treatment of muscular imbalance of the eyes, and (d) the detection and early treatment of amblyopia without obvious deviation.

The first three of these claims can, I think, be safely dismissed; as in children of five, the only myopia which occurs is the malignant type, which, when binocular, is usually noticed by teachers or school medical officers. The onset of the commoner acquired myopia seldom occurs before the age of eight, and I find that these cases are invariably detected in their early stages by the school doctors.

The claims (b) and (c) can quite easily be dismissed. The best opportunity for preventive treatment of squint has long been passed by the time the child has reached the age of five. A few accommodative squints occur after this age, but they cannot be foreseen, and it would be unthinkable to condemn all cases of anisometropic hypertropia to the wearing of glasses, in order to prevent an easily detected squint in a very small minority of children of the same age. As orthophoria is so rarely found either in adults or children, the same argument holds against prescribing glasses for all cases of muscular imbalance. The wearing of glasses by children between the age of five and eight years, except

for definite ocular defects, is undesirable, because, between these ages the harmonious reflexes are still developing and unnecessary "unnatural" conditions such as glasses may interfere seriously with this important process of development.

The claim (d) that a certain number of anisometropic children who do not squint, but who nevertheless suppress to some extent the vision in the less emmetropic eye in the interests of binocularity, is more disturbing. In this group the failure to equalise the refractivity in the two eyes between the important ages of five and eight years may have definitely harmful effects. After the age of eight the reflexes become grounded, and even if the vision with glasses subsequently improves, the binocularity may never develop beyond the level of the uncorrected visual acuity in the defective eye. I am not, of course suggesting that for this reason the opticians should have been granted the permission they sought, the matter has a very much simpler remedy than that; but I think the criticism needs an answer.

In the following analysis I have therefore taken all the intermediate, i.e., eight year old children, referred to me for the first time from the medical examinations of 1945 in order to find the incidence of unequal sight. I have excluded from the series all cases of fundus abnormality and of congenital defect, as in the majority of these the age factor in diagnosis is not of such paramount importance. Squints, and such external cases of monocular defects as can be diagnosed by superficial inspection, are also irrelevant to the series.

During the past year 316 children between the ages of eight and nine were referred to me for their first eye examination, from the intermediate routine medical inspections. Of these, 40 showed the type of monocular defect which results from asymmetrical refractivity in the ocular media of the two eyes such as I have described above. The cases were undetected before, because the child could rely on its "good" eye for normal vision. Of the cases 36 had 6/6 vision in the better eye without the aid of glasses, and 4 had vision of 6/9 which improved to 6/6 with the appropriate lenses. All these eyes were hypermetropic.

The vision in the 40 more defective eyes varied between 6/12 and 6/60 without correction, the relative incidence of visions being 4 of 6/60, 11 of 6/36, 9 of 6/24, 12 of 6/18, and 4 of 6/12.

I think a detailed analysis of the refractive errors found would be redundant in this short article, but in broad outline the errors in the more defective eyes were hypermetropic in 34, myopic in 3, and mixed astigmatic in 3 of the cases.

The results of correction of these errors by lenses at this first examination was as follows:—9 were not improved, 27 showed some increase in visual acuity but did not reach 6/6 and 4 of them achieved the normal 6/6. Thus the last four were the only cases in which it can safely be claimed that no permanent visual handicap had resulted from their not being treated until their ninth year, and even these may still have had a subnormal "binoculus." The more serious results to the 9 children in whom correcting lenses caused no increase in vision are self evident. For these eyes the ultimate hope of complete recovery of function must be relatively remote. Of the 27 cases in whom glasses immediately produced improvement, though not to normal vision, a further increase in visual acuity may possibly be expected by the constant wearing of glasses in the ensuing years, but a degree of amblyopia has already been established and we must admit that all these children have probably suffered some degree of permanent disability by not wearing glasses during the earlier years of growth.

Although the percentage of these cases is not high it is a just criticism of the service that they are not detected earlier. The methods of estimating the vision of children who do not know their letters are too time-consuming for inclusion in a routine medical examination lasting less than ten minutes for each child. Nor would the waste of time involved in a retinoscopy for each child be justified. The remedy would seem to be the simple one of testing the visions in each class, in which the children have been at school long enough to learn their letters. I have no doubt that when the health and teaching services are working in their normal strengths, some such arrangement can easily and profitably be made.

TABLE IV.

Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist:							
(a) Routine Age Groups	...	...	...	...	...	...	14,863
(b) Specials	...	...	...	...	...	...	1,386
(c) Total (Routine and Specials)	...	...	...	...	...	...	16,249
(2) Number found to require treatment	...	...	...	...	...	...	7,527
(3) Number actually treated	...	...	...	...	...	...	6,344
(4) Attendances made by children for treatment	...	...	...	...	...	...	7,950
(5) Half-days devoted to:—							
Inspection	...	...	...	...	...	...	197
Treatment	...	...	...	...	...	...	1,003
						Total	1,200
(6) Fillings:—							
Permanent Teeth	...	...	...	...	...	...	6,971
Temporary Teeth	...	...	...	...	...	...	442
						Total	7,413
(7) Extractions							
Permanent Teeth	...	...	...	...	...	...	417
Temporary Teeth	...	...	...	...	...	...	5,925
						Total	6,342
(8) Administrations of general anaesthetics for extractions	...	...	...	...	...	...	319
(9) Other Operations:—							
Permanent Teeth	...	...	...	...	...	...	193
Temporary Teeth	...	...	...	...	...	...	182
						Total	375

TABLE V.

Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses or other authorised persons	...	...	...	...	...	...	5.14
(2) Total number of examinations of children in the schools by School Nurses or other authorised persons	...	...	...	...	...	...	103,005
(3) Number of individual children found unclean	...	...	...	...	...	...	6,357

TABLE VI.

Blind and Deaf Children.

Number of totally or almost totally blind and deaf children who are *not* at the present time receiving education suitable for their special needs. The return relates to all such children including evacuees resident in the Authority's area.

	1.	2.	3.
	At a Public Elementary School	At an Institution other than a Special School	At no School or Institution
Blind Children	3	—	1
Deaf Children	1	—	—