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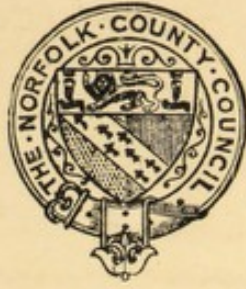
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NORFOLK COUNTY COUNCIL.

20TH ANNUAL REPORT
OF THE
County Medical Officer of Health
AND
School Medical Officer
FOR
1926.

PART I.

ANNUAL REPORT
OF THE
School Medical Officer

BY

J. T. C. NASH, M.D. C.M. (Edin.), D.P.H. (Camb.), C.M.O., etc.



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MEDICAL INSPECTION
AND ATTENDANCE COMMITTEE.

Chairman : MR. D. DAVISON, O.B.E.

Members :

ARNETT, J. A.	GROOM, S. T.
BIRKBECK, MRS.	JEARY, H. W.
BRETT, GEO.	OLDMAN, STEPHEN
COLMAN, MRS., O.B.E.	PEEL, S.
COPEMAN, A. G.	PROUDFOOT, H. F.
COZENS-HARDY, A.	SUFFIELD, THE DOWAGER LADY
COZENS-HARDY, Miss	TAYLOR, W. B.
DAY, H. A.	TOWLER, W.
EDWARDS, G.	

MEDICAL INSPECTION STAFF

during 1926.

School Medical Officer :

J. T. C. NASH, M.D., M.B., C.M., D.P.H., C.M.O.

Senior Assistant School Medical Officer :

KENWAY T. WILLIAMS, M.R.C.S., M.D. (Appointed 1/12/19).

Assistant School Medical Officers :

N. CAMPBELL, M.B., C.M., D.P.H. (Appointed December, 1908).
H. W. SEXTON, M.R.C.S., L.R.C.P. (Appointed 1/12/21).
H. S. BRYAN, M.R.C.S., L.R.C.P. (Appointed 18/9/22, resigned 18/9/26).
H. M. DAVIDSON, M.B., B.Ch., D.P.H. (Appointed 8/9/24, resigned 30/6/26).
IRENE B. M. GREEN, M.B., B.Ch. (Appointed 6/9/26).
CHRISTINA LAMONT, M.B., Ch.B., D.P.H. (Appointed 6/9/26).

School Dental Officers :

A. A. SUMPTER, L.D.S. (Appointed 1/3/14).
P. MILLICAN, L.D.S. (Appointed 17/3/20).
A. J. CAIRNS, L.D.S. (Appointed 1/7/21).
J. NIXON, L.D.S. (Appointed 5/9/21).
S. GLASSTONE, L.D.S. (Appointed 4/1/26).

School Nurses :

D. E. DAVIES (Appointed 15/9/19, resigned 31/8/26).
M. GOODING (Appointed 1/5/21, resigned 20/11/26).
E. B. BYGRAVE (Transferred from Attendance Staff, 6/6/21).
A. HOLDEN (Transferred from Attendance Staff (6/6/21).
A. WELLSTED (Appointed 1/5/22).
E. T. FARLEY (Appointed 17/11/22, resigned 19/3/26).
L. WALKER (Appointed 13/12/22).
E. S. HOWELL (Appointed 1/2/25, resigned 31/8/26).
F. B. JUGGINS (Appointed 12/4/26).
C. BURDEN (Appointed 12/4/26).
E. L. H. CABLE (Appointed 17/5/26).
C. SHINGLETON (Appointed 4/10/26).
D. PERCIVAL (Appointed 2/12/26).

Clerical Staff :

C. J. HUBBARD (Senior Clerk)	Miss I. BANHAM (resigned 18/11/26).
S. H. BISHOP	Miss B. SMITH
Miss M. GAY	B. SPENCER (appointed 25/11/26).

STATISTICAL SUMMARY.

LOCAL EDUCATION AUTHORITY: NORFOLK COUNTY COUNCIL.

Area of Administrative County	1,303,570 acres	
Assessable Value of County for Special Purposes ...	£1,495,438	
Population of County, Census 1921 (apart from Norwich, Yarmouth and King's Lynn, which have separate Education Authorities)	322,914	
Education Rate, 1926-27—		
Elementary $2/2\frac{1}{2}$	} 1d. Rate producing	
Higher $3\frac{1}{2}$ d.	} for Elementary Education	£6,231
	} for Higher Education ...	£6,607
Average Number of Children on the Registers of the Public Elementary Schools in the Administrative County of Norfolk during the year 1926 ...	44,615	
Number of Elementary Schools under the Education Authority	489	

The Shirehouse,
Norwich,
March, 1927.

I beg to submit my 20th Annual Report of the School Medical Officer as Part I. of the Annual Report of the County Medical Officer of Health.

1. **Staff for Medical Inspection.** A full list of the whole-time Staff of the School Medical Service appears on page 3.

Two changes occurred amongst the Medical Staff, Dr. Irene B. M. Green and Dr. Christina Lamont taking the places of Dr. H. M. Sleigh who resigned shortly after marriage, and Dr. H. S. Bryan who has gone to Derbyshire.

The staff of Dentists, which has numbered four for some time was brought up to five (the number provided for in the Scheme adopted in 1919), by the appointment of Miss Shirley Glasstone.

The number of School Nurses was reduced in February from 10 to 9 consequent upon permission being given to the Nurses to use motor cycles, and to receive mileage on the County Council's scale. This reduction and the several changes in the personnel during the year account for the slight reduction in the work, as shewn in Table IV, Group V. compared with the previous year's results.

Ophthalmic Specialists who undertake work in connection with the School Medical Service are:—Dr. Arthur Greene, Dr. G. Maxted, Dr. W. E. Rutledge, of Norwich, and Dr. W. Wyllys, of Yarmouth.

Mr. M. W. Bulman, M.S., F.R.C.S., has been appointed part time Orthopaedic Surgeon to the County Council.

Dr. Kenway T. Williams, the Senior Assistant S.M.O., was off duty through illness for three months in the summer. This, and the two changes in the staff account for the slight diminution in the number of children examined during the year, and also for the decrease in the number of children treated by the whole-time staff at the Eye clinics.

2. **School Clinics.** The Dental Vans form locomotive Dental Clinics. Six small Clinic erections, fitted for treatment serve for the treatment of minor ailments. The A.S.M.O.'s are responsible for the treatment at the Clinics in their respective areas, the treatment being applied by the Nurse, under the supervision of the A.S.M.O.

MINOR AILMENTS. Clinics were held weekly at the equipped Clinics.

REFRACTION CLINICS. In 1926 at 100 Centres, 157 Refraction Clinics were held.

Occasionally the Clinic buildings are utilised for Dental or Orthopaedic purposes.

3. **Local Care Committees.** Arrangements continue as in previous years.

4. **Supervision of the School Medical Service.** Schedules of each week's work are sent out from my office. The S.M.O. or S.A.S.M.O., from time to time pay visits of supervision to Schools and Clinics, when School Doctors, Dentists or Nurses are at work.

5. **Arrangements with Hospitals.** The following Hospitals undertake operative treatments for Tonsils and Adenoids:—the Jenny Lind Hospital, Norwich; the Lynn and West Norfolk Hospital, King's Lynn; the North Walsham and District Cottage Hospital, North Walsham; the North Cambridgeshire Hospital, Wisbech; and the Coltishall Nursing Home.

The Jenny Lind Hospital also undertakes treatment of children requiring Orthopaedic treatment.

6. **Co-ordination.** Arrangements continue for co-ordinating the School Medical Service with other branches of Public Health work. When a School is visited on account of epidemic disease, the local M.O.H. is apprised of the visit and his co-operation invited.

Conferences with the Medical, Dental and Nursing Staffs are held, and co-ordination has been effected with the Organizer of Physical Training.

7. **School Hygiene.** The Secretary's attention is drawn to any obvious defects observed by the A.S.M.O.'s. It is the duty of District Sanitary Authorities also to ensure due hygienic conditions in Schools in their area of authority. I am indebted to Mr. Bullen, Building Inspector of the Education Committee for the following statement:—

List of Alterations, Improvements, etc., to Schools carried out from 1st April, 1926, to 31st March, 1927:—

New Schools. Walpole Cross Keys, West Walton, Walpole St. Andrew (Additions).

New Houses. West Walton.

Structural Alterations and Improvements. Fakenham Secondary, New Handicraft Room (in progress); Cantley, Classroom for Infants; Elsing, Retaining Wall; Felmingham, Removal of Galleries and New Doorway; Gresham, Removal of Gallery; Hingham, Lighting; Knapton, Lighting; Runham, Lighting; Little Snoring, New Outbuildings; Terrington St. John, Lighting and Ventilation; Wicklewood, New Offices; Wickmere, Offices; Wroxham, General Improvements, i.e., Lighting, Heating and Drainage; Wroxham (House), Bath Room.

Drainage and Lavatories. Attleborough, East Dereham London Road, Gaywood, Wymondham Central.

Heating. East Dereham Secondary, Bunwell, Burnham Westgate, Foulsham, Knapton, West Lynn, Ludham, Stow Bridge, Strumpshaw, Snettisham, Upwell Nordelph, North Walsham, Walsoken Ramnoth Road, Whitwell, Watlington.

Partitions. Hempnall, North Walsham, Wroxham, Wymondham Central.

New Floors. Bodham, Clenchwarton, Snettisham.

Playgrounds. Tarmac:—East Dereham London Road, Gt. Dunham, Kelling, Little Melton, Gt. Ormesby, Runham, Upwell Lakesend, Upwell Nordelph, Walsoken Kirkgate Street, Wicklewood, Wiggenhall Magdalen, Wimbotsham.

Gravelling:—Knapton, Tibenham.

Renovations. 83 Provided Schools, 55 Non-Provided, 17 Teachers' Houses.

Dental Vans Overhauled. Nos. 1, 3 and 4.

8. **Medical Inspection.** The same precautions to obviate "leakage" are in force as detailed last year.

The routine Medical Inspection figures are given in Table I. Entrants and intermediates were fewer than in the previous year, but leavers showed an increase.

It will be seen from Table (I) that a total of 15,094 underwent routine medical inspection, an additional 2,134 were seen as "Special" cases, while a further 9,918 found defective at previous medical inspections were re-examined, making a grand total of 27,146 children individually medically inspected, whether as "routine" or "special."

The Board's Schedule was fully followed.

A routine inspection was held in every Department except one. In this case when the inspection was due in December, the Infants Department was closed to the end of the year owing to an outbreak of Whooping Cough. Second visits to re-examine Log Book cases were paid to 84 departments.

Early Ascertainment of Crippling Defects. Every available means of ascertainment which occurs to me is being utilised.

9. **Findings of Medical Inspection.** (Table II.)

(a) **MALNUTRITION.** The number 1.5 per cent. remains practically the same as last year.

(b) **UNCLEANLINESS.** Out of 15,094 routine children inspected, 51 were referred for treatment. Although not one child in one hundred is found verminous now, the campaign against uncleanness must not be allowed to slacken.

(c) **SKIN DISEASES.** The number of cases of *Ringworm*, *Scabies* and *Impetigo*, although comparatively small, still indicates the need for constant vigilance.

(d) **EYE AFFECTIONS.** 123 children were referred for treatment for Blepharitis, as compared with 112 in 1925.

(e) **DEFECTIVE VISION.** 484 children under routine inspection were referred for treatment, another 462 to be kept under observation.

(f) **EAR AFFECTIONS.** 14 children were referred for treatment on account of *Defective Hearing*. For *Otitis Media*, 20 children for treatment, and 41 for other Ear Diseases.

(g) **AFFECTIONS OF NOSE AND THROAT.** 317 "routines" were referred for treatment for Enlarged Tonsils, 74 for Adenoids and 158 for Tonsils and Adenoids.

(h) **HEART AND LUNG AFFECTIONS** (not including Tuberculosis). The numbers recorded as requiring treatment are small.

(i) **TUBERCULOSIS.** No case of definite Pulmonary Tuberculosis was found among the "routines." As regards non-Pulmonary Tuberculosis, 22 cases were referred for treatment (glands 16, spine 1, and other forms 5).

(j) **AFFECTIONS OF THE NERVOUS SYSTEM.** 5 cases were referred for treatment, and 31 for observation.

(k) **DEFORMITIES.** 19 cases of Rickets, 6 of Spinal Curvature, and 44 other forms were noted during routine inspection for treatment.

10. **Dental Defects.** The total number of children inspected in 1926 was 27,733, the results being duly noted on special dental cards. Of these, 16,805 required treatment. Parents consent having been obtained, 8,862 received treatment under the Local Education Authority's Scheme; 6,098 being re-treated as the result of periodical examination. 12,168 attendances were made by children for treatment. In addition to a very large number of necessary extractions, chiefly of temporary teeth, when teeth were past saving, 5,056 fillings were effected. Scaling is an important measure, which often prevents further trouble. Many of these cases take as long as "fillings." Scaling is included under "other operations," 16,879 in number.

11. **Infectious Diseases.** The methods adopted for many years past, given in former Reports, have again proved useful in dealing with these.

CLOSURES UNDER ARTICLE 45 (B).

Closed on advice of S.M.O.	70
Closed on advice of District M.O.H. with subsequent approval of S.M.O.	1
Total	<hr/> 71 <hr/>

(This total includes 17 closures of Departments only.)

One School was also closed under Article 57.

Diseases responsible for School closure were:—Measles 26, Influenza 18, Scarlet Fever 3, Whooping Cough 15, Mumps 3, Colds, etc., 2 Mixed Infections 5.

11,490 children were temporarily excluded or re-excluded under Art. 53 (B) on account of infectious complaints. Many closures were thus prevented. 104 complete classes were also excluded with this result.

12. **Following up.** Particulars of all children found at medical inspection to require treatment are entered by the A.S.M.O.'s in the Medical Log Book of the School. The cases are then followed up by the Local Care Committee, who report the result to me at the end of three months. Any outstanding cases are then, if necessary, referred to the School Nurses.

13. **Work of School Nurses.** As stated in paragraph 1. the number of School Nurses has been reduced to nine.

(a) **MINOR AILMENTS.**

(i.) **TREATED AT SCHOOL CLINICS.** Clinics have again been held weekly throughout the year at the six centres authorised by the Board of Education. An Assistant School Medical Officer attends once a month and supervises the work of the School Nurse, who attends weekly. The following is a summary of the work performed at the six equipped Clinics:—

DISEASES.	No. individual children treated.	RESULT OF TREATMENT.				Total attendances at clinic.
		No. cured.	No. still to attend.	No. left or refused treatment.		
Impetigo	244	192	50	2	1126	
Scabies	3	3	—	—	32	
Ringworm—Scalp	10	8	1	1	108	
" Body	3	2	1	—	8	
Other Skin Diseases	257	190	63	4	1910	
Minor Injuries	521	489	31	1	1936	
Discharging Ears	33	18	13	2	440	
Other Ear Diseases	22	18	4	—	89	
Blepharitis	56	27	25	4	999	
Conjunctivitis	21	18	2	1	189	
Other Eye Diseases	25	21	4	—	135	
Enlarged Glands	36	13	19	4	658	
Verminous Heads	2	1	1	—	12	
Miscellaneous	19	9	6	4	210	
Total	1252	1009	220	23*	7852	

*18 of these had left School.

(ii.) TREATED AT SCHOOLS OR AT HOME. The equipped School Clinic hutments continue to serve only the Schools in the small towns in which they have been erected. Children in other Schools are followed up by the School Nurses (and where necessary treated), at their own Schools or in their homes. During the year the following cases have been dealt with:—

DISEASE.	No. of Children followed up.	DISEASE.	No. of Children followed up.
Impetigo	529	Minor Injuries	660
Scabies	25	Ear Disease	125
Ringworm—Scalp	349	Eye Disease	400
" Body	33	Miscellaneous	587
Other Skin Diseases	328		

(b) SURVEYS OF CHILDREN FOR UNCLEANLINESS.

Number of visits to Schools	3,263*
Average number of visits made to each School visited...	6.08
Total number of Children examined	154,540
Number of individual Children found unclean (<i>i.e.</i> , vermin or nits)	6,627
Number of Children excluded at the Nurse's visits	445
Number of Special Warning Letters <i>re</i> Nits sent to Parents	128
Number of Letters sent on First exclusion	211
Number of "Final Warning" Letters sent to Parents	82
Number of cases reported for prosecution	41
Number of homes visited	406

Result of "following up"—

Clean	...	...	...	...	...	2,356
Improved	...	...	...	...	...	3,923
Unsatisfactory	...	...	...	...	...	118

*Includes 1704 complete surveys of all children in School.

In 59 Schools, on 108 occasions, all the children were found quite clean, *i.e.*, free from nits as well from live vermin. The results of following up unclean children are satisfactory but until all sanitary authorities provide cleansing places for adults under the Cleansing of Persons Act the problem will not be permanently solved.

VERMINOUS PROSECUTIONS. Fifteen prosecutions for absence occasioned by uncleanliness were taken under the Attendance Bye-Laws. Fines amounting to £6 were inflicted, *viz.* :—

£1	10/-	7/6	5/-	2/6
2	2	4	5	2

14. Medical Treatment. *Review of the Medical Services used or available for treatment of Defects in School Children, apart from treatment directly provided by parents.*

No alteration has been made in the arrangements outlined in my Report for 1922.

Work done under these arrangements in 1926.

(a) Vouchers issued :—	Refraction Work.	Operation T's & A's.	Minor Ailments.
General Practitioners	48	138	—
Specialists (Ophthalmic)	91	—	—
Hospitals	—	61	—
(b) By Whole-time Medical Officers and Nurses (Minor Ailments only)	640	—	2515
Totals	779†	199‡	2515*

†30 Vouchers still outstanding. ‡13 Vouchers still outstanding.

*Includes children treated by the School Nurses in the Schools or at the homes of the children.

EYE CLINICS FOR DEFECTIVE VISION. (1). During 1926, 157 Refraction Clinics were held by the School Medical Staff, at 100 centres.

At these there were examined by retinoscopy 640 children, and the prescriptions for glasses issued numbered	...	...	592
Number of Spectacles provided	...	...	563

At the time of writing this report, in only 29 cases had glasses not been obtained. It will be seen that the majority of examinations are done by the whole-time Medical Staff.

(2). Vouchers for prescriptions of glasses by specialists and approved private practitioners, as per scheme—

Number of Vouchers issued (January—December)	...	...	139
„ Glasses provided	...	...	104
„ Not recommended for glasses	...	...	21
„ Glasses provided upon prescription by a private doctor or Eye Hospital	...	...	7
„ Referred to a Specialist	...	...	1

OPERATIONS FOR TONSILS AND ADENOIDS. 348 children are known to have received operative treatment during the year 1926; 176 of these operations were performed through the Authority's Treatment Scheme.

138 vouchers were issued during the year for operations by approved practitioners in accordance with the Authority's Scheme. A number of operations are performed in Cottage Hospitals.

The School Nurses visit the parents of each child operated on, as soon as possible after the operation, to instruct them in the after-care necessary, and also arrange with the Head Teachers for special attention to be paid to breathing exercises. This visit is repeated again after about six weeks, to see that the instructions are being carried out.

TUBERCULOSIS. Children with definite or suspected Tuberculosis are referred to the Tuberculosis Officer for special examination, and, where necessary, for treatment under the County Council's Tuberculosis Scheme.

THYROID TREATMENT. 49 cases of Parenchymatous Goitre, and one case of Mental Deficiency have been under Thyroid treatment during the year 1926.

44 bottles of $\frac{1}{2}$ -gr. Tabloids, 9 of 1-gr., 4 of $1\frac{1}{2}$ -gr., and 3 of 2-gr., have been issued.

The administration of the Thyroid treatment was in the majority of the cases under the supervision of local practitioners, who kindly consented to undertake supervision. All cases are seen again by the A.S.M.O. in re-examination, and some are directly under the supervision of the A.S.M.O., during treatment.

PARTICULARS OF CASES.

MENTAL DEFICIENCY.—One case continued since 1924; latest report, "condition definitely improved, boy brighter and not nearly so troublesome."

GOITRE CASES. Treatment of 26 cases was continued from 1925.

Treatment of 23 new cases was started in 1926, and 12 cases were still under treatment on 31st December, 1926.

REPORT ON TREATMENT OF GOITRE CASES WITH THYROID CARRIED OUT IN 1926.

	Cases.
Goitre diminished; general health improved	20
General health improved; no change in Goitre	7
No apparent improvement	10
Did not attend regularly for treatment	4
No report as yet to hand	6
Ceased to attend	2

49

These results are fairly satisfactory.

TREATMENT OF DEFECTS WHICH DO NOT FALL UNDER THE LOCAL AUTHORITY'S TREATMENT SCHEME.

(Compiled chiefly from Reports received from Local Care Committees.)

DEFECT.	NUMBER OF CHILDREN TREATED.		
	Referred previous to 1926.	Referred in 1926.	Total.
Malnutrition (including Debility, Underweight, etc.)	25	108	133
Corneal Ulcer	1	—	1
Other Eye Disease	—	3	3
Defective Hearing	1	5	6
Otitis Media	8	29	37
Other Ear Disease	—	3	3
Enlarged Glands (Non. Tb.)	6	30	36
Heart—Functional	1	—	1
Anæmia	14	64	78
Bronchitis	2	15	17
Lungs, other (Non. Tb.)	—	1	1
Epilepsy	1	5	6
Chorea	1	1	2
Spinal Curvature	1	1	2
Other Deformities	4	9	13
Other Defects and Diseases	26	54	80
Total	91	328	419

15. **Crippling Defects and Orthopædics.** The keen desire of the Committees concerned to start a workable Orthopædic Scheme brings to my mind, that when I graduated as a medical man in 1886, there was only one special hospital known to me for Orthopædic Surgery, the Royal Orthopædic Hospital, London, to which I went a few times in post-graduate enthusiasm. I think there was another in Birmingham. The present epoch in Orthopædic Surgery really dates from the closing year of the 19th century, and it was only in the early years of the present 20th century that it began to be realised even by the medical profession that there was ample scope for specialisation and research in Orthopædic Surgery. The principles of rest, sunshine, and fresh air for tubercular cripples were put in practice at Bonchurch (Shropshire), by Miss (now Dame) Agnes Hunt, and at Boston (America), by Mrs. Peabody, and assisted the solution of the great problem. The crippling disabilities caused by the war gave Surgeons and Nurses an opportunity of learning much, and focussed attention on what might be done for the crippled child. The experience with thousands of wounded proved that cure might be effected after months or even years provided there was proper after-care subsequent to hospital treatment.

As a result many Orthopædic Schemes have matured. The first step is ascertainment. This is possible to some extent through School Medical inspection, and District Health Visiting, but when an Orthopædic Scheme is actually in working, and is known to be in existence, we shall get to an earlier stage of ascertainment through the parents themselves. The County M.O.H. and S.M.O. keeps a register of such children of School age and under as have at present come to his knowledge. Prior to the formulation and approval of a definite scheme he is instructed by the Maternity and Child Welfare Committee, and the Medical Inspection Com-

mittee to arrange for urgent cases to be seen by a highly qualified and experienced Surgeon. If surgical treatment is advised the parents are notified, and the Orthopædic Surgeon of the Hospital takes charge of the case. Many cases need more prolonged treatment than can be given in a general Hospital even if limited to children, and the next part of a definite scheme becomes urgent. The Committees have already approved of the principle of a Cripple School (more advantageously described, and equipped as a Cripple Hospital School with beds and efficient orthopædic nursing as well as teaching), the cases requiring prolonged rest and after-care, being, under the Orthopædic surgeon, as well as under the S.M.O., and C.M.O. This Hospital School will be also the main after-care Clinic, from which cases in time will be able to be sent to their homes to attend at intervals at local after-care clinics nearer their homes to be held at stated times at welfare clinics or cottage hospitals, or suitable rooms where they may be seen occasionally by the O.S., and more frequently by the Orthopædic Sister, and District Nurses for after-care—so that all possible care will be taken to see that all is being done to bring about a steady cure. These after-care clinics will prove of the utmost importance in linking up parents, and district nurses with the Scheme. When once a child has passed to the stage where it can receive attention at a county after-care clinic it should be capable in most cases of attending an Elementary School. A scheme has been before the County Council which has been generally approved, but the financial details have not yet been definitely settled. In the meantime the appointment of Mr. M. W. Bulman, M.D., M.S. Lond., F.R.C.S., Eng., as part time Orthopædic Surgeon has been approved by the Ministry of Health and the Board of Education, and urgent cases are being dealt with, with the approval of these bodies. Matters may have developed further when I come to write Part II. of my Report as County Medical Officer of Health.

16. **Dental Defects.** Particulars with regard to treatment are given on page 8.

The percentage of refusals to have treatment has again shewn a slight decrease from 48.87 per cent. to 47.26 per cent. This includes the chronic refusals, *i.e.*, those who have refused treatment at every visit of the Dentist. There is no doubt the dental condition of our Elementary School children is improving year by year.

17. **Open-Air Education.** There are no Open-Air Schools, but Teachers are encouraged to hold classes in the open air when the weather permits. I repeat the, to me, obvious argument—that if Open-Air Schools are of importance for delicate children, they must be good for all children and would probably prevent much delicacy.

18. **Physical Training.**

The following is a Précis of the Report of the Organiser of Physical Training, Mr. James Wilkinson, for the year ended December 31st, 1926:—

	Schools.	Demonstrations.
Visited for the 1st time ...	238	955
Visited for the 2nd time ...	100	298

Teachers' Classes were held at Diss, Dereham and King's Lynn.

Course.	No. in Class.
Diss	35
Dereham	50
King's Lynn	42

Each year the attendance has increased, and the classes are much appreciated.

Pupil Teachers' Classes were again held at Norwich, Melton Constable, Downham Market, and East Dereham; 11 lessons were given at each Centre. A good set of suitable games apparatus has been supplied to each Centre.

Many Pupil Teachers now give valuable aid in physical training at the Schools, particularly in regard to games.

An increasing number of Teachers treat the subject as of real necessity to the well-being of the children.

All children receive physical training unless medically unfit.

There is evidence of the development of Physical Training in Norfolk in the increased provision of apparatus, colours, folk dancing, playing fields, etc.

19. **Provision of Meals.** No arrangements for the provision of Meals under Sections 82-86 of the Education Act 1921, are in force.

20. **School Baths.** None.

21. **Co-operation of Parents.** The following percentages of parents availed themselves of the opportunity of being present at the Medical Inspection of their children during 1926.

Entrants, 77.7 per cent. Leavers, 36.9 per cent. 8-9, 53.9 per cent. Other age groups, 53.4 per cent. These figures continue to show appreciation of Medical Inspection.

22. **Co-operation of Teachers, School Attendance Officers and Voluntary Bodies.** Teachers continue to take great and appreciative interest in Medical Inspection, and their co-operation is very valuable in securing treatment of defects. The School Attendance Officers are also School Nurses, and this enhances the value of their co-operation.

Useful work has also been accorded by the N.S.P.C.C., as shown in the following report:—

REPORT UPON THE CASES REFERRED TO THE N.S.P.C.C. FOR
FOLLOWING UP.

Cases referred:—

For General Neglect (including verminous conditions)	30 families
Failure to obtain treatment	10 cases
Refusal to accept Sanatorium treatment	4 cases
	—
Total	44
	—

In one of the cases of neglect the Society prosecuted, and the parent was bound over. The other cases of neglect have been kept under supervision, generally with satisfactory results.

The consent of parents for treatment was secured in all of the "failure to obtain treatment" cases, etc., whilst the parents of two children were persuaded to allow their children to go to a Sanatorium.

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

METHODS OF ASCERTAINMENT. Suspected cases are reported by Teachers and School Nurses, and are examined as soon as possible. Children under School age are also reported to me, as C.M.O. in connection with the Maternity and Child Welfare Committee, and are examined as soon as possible after reaching School age. These methods seem to be quite adequate.

Fifty places are reserved for Norfolk children at the East Anglian School at Gorleston for the Blind and Deaf.

Mentally defective children able to attend the Elementary Schools come under the supervision of the A.S.M.O.'s at each visit to the School. No scheme is in force for the supervision of children not in attendance at Elementary Schools.

24. **Nursery Schools.** No Nursery Schools have been established in this County.

25. **Secondary Schools** (including P.T. Centres).

A Routine Medical Inspection is held at each of the four Provided and five Non-Provided Secondary Schools every term, and once a year at the Pupil Teacher Centres.

Inspections were made of Entrants who are also re-examined each year and Leavers. 457 Entrants, 97 Leavers, and 512 other scholars received Routine Medical Inspection, while 3 were seen as "Specials," and 926 were re-examined for defects recorded at previous inspections. In all, 1,995 scholars were inspected, as compared with 1888 in 1925.

There appears still to be some lack of appreciation of the value of School Medical Inspection at the Lynn Grammar School, as shewn by the following figures:—

			Due for Inspection.		Presented for Inspection.
Spring Term	...	...	29	...	25
Summer Term	...	...	47	...	23
Autumn Term	...	...	143	...	94

14 cases of defective vision were treated under the Local Authority's treatment scheme; 8 at Eye clinics, and 6 by vouchers on the approved practitioners.

DENTAL TREATMENT. Eight Schools and one Pupil Teacher Centre were visited during the year. 599 pupils were inspected; 273 required treatment, and 165 were treated.

RETURN OF TREATMENT OBTAINED DURING 1926 as a result of Medical Inspection during that year.

Defective Hearing	...	...	...	1
Otitis Media	...	...	...	1
Heart—Functional	...	...	...	2
Anæmia	...	...	...	11
Spinal Curvature	...	...	...	4
Other Defects	...	...	...	4

26. **Miscellaneous Work.** Twenty-three swabbings of throats or noses in connection with control of infectious disease were taken and examined. 437 specimens of hair were examined for ringworm, of which 225 were positive. (These, of course, included re-examinations).

69 candidates for the teaching profession were examined and reported upon, as well as 24 Supplementary Teachers.

27. **Special Inquiries.** The arrangement made last year to supply the Anthropometrical Committee appointed by the Board of Education with the data they desired was continued during 1926.

28. **Exclusion of Children.**

(a) **Statement of Number of Children, including Contacts, temporarily excluded and re-excluded from School during 1926.**

Infectious Diseases.

Diphtheria	...	...	27	Coughs and Colds	...	1629
Mumps	...	...	1510	Sore Throats	...	234
Chicken Pox	...	...	1303	Whooping Cough	...	1500
Scarlet Fever	...	...	226	German Measles	...	1223
Measles	...	...	2274	Rash	...	8
Encephalitis Lethargica	...	...	2	Typhoid Fever	...	7
Influenza	...	...	1547			

Contagious Affections—

Ringworm of Scalp (until rules are complied with)	...	132	Scabies	...	58
Pediculosis	...	609	Ringworm—Body	...	3
			Impetigo	...	156

Other Diseases (generally from Certificate issued by Family Doctor)—

Lung Affection (not tubercle)	...	155	Nervous Debility	...	8
Tuberculosis—Pulmonary*	...	11	Rheumatism	...	11
„ Non-Pulmonary	...	19	Chorea	...	27
Tonsilitis	...	36	Anæmia	...	39
Epilepsy	...	7	Debility (General)	...	81
Heart Disease	...	4	Otorrhœa	...	15
Jaundice	...	59	Other Affections	...	474
Eye Affections	...	12	Enl. Glands (Non. Tb.)	...	48

*Includes 2 Suspected Cases.

181 Certificates were also issued to cover irregular attendance.

(b) **Particulars of Permanent Exclusions issued in 1926.**

Mental Deficiency	...	6	Kidney Disease	...	1
Tuberculosis—			Head Injury	...	1
Pulmonary	...	7	Heart Disease	...	3
Other	...	7	Debility	...	2
Nervous Affection	...	1	Friedreich's Disease	...	1
Epilepsy	...	3	Hodgkin's Disease	...	1
Infantile Paralysis	...	1			

Total Permanent Exclusions during the year—34.

Malnutrition and Relation of Food to Health and Disease.

A rising standard of national nutrition during the last two generations has been not indeed the only factor, but "a most important factor of the decline of mortality from Tuberculosis" (Sir G. Newman). "Sensible improvements of the family feeding might be made if but the small economies of diet were understood" (Simon). The consumption of fat amongst the small wage-earners is generally too low. The importance of milk as a source of fat is great. The energy value and health value of a diet is no longer calculated by mere calories—other necessary factors, such as essential vitamins—have to be considered. Nutrition being the foundation of individual health is obviously of immense importance to the aggregation of units known as the "public." A sound education on dietetics is a desideratum by no means settled as yet. The matter needs to be viewed by the all-round physicians—that is by those who deeply study all natural phenomena. The man who is looking at the matter from only one angle is apt to get distorted views. Thus the ordinary dentist is apt to run into the extreme of condemning milk and to advocate the provision of raw roots, etc., for the growing young. Many a dentist maintains that when the teeth appear hard foods should replace milk. But surely close observation of the natural lives of all animals indicates that while harder substances are gradually added to and replace milk, the complete substitution is not abrupt but gradual. The necessity of exercising the jaws is obvious from the eruption of the teeth, but though proper substances for jaw exercise should be introduced into the diet a certain amount of milk containing a natural fat and vitamins is most essential for adequate nutrition and growth. In nature the animal continues to suckle its young until its teeth become too much for the mother; then she as quickly as possible weans them. Here we get nature's supply, germ-free, direct from the breast.

The human infant also does best on its own mother's milk. When weaned, how is the child to get an adequate proportion of fat? Generally it can be got in smallest and cheapest bulk and in greatest assimilable form in cow's milk—but precautions are necessary to see that it does not contain deleterious germs and is of good keeping quality.

I beg to draw your attention to my Report as School Medical Officer for the year 1925, p. 20, as follows, when commenting on an intensive study of 218 children specially investigated in Norfolk, in 10 per cent. of whom there was evidence that they needed extra or supplementary nourishment. "Milk, when clean, is a perfect natural food, containing all the essential elements for growth. If contracted for, it should be part of the contract that it is produced in a cleanly manner, from clean cows by clean milkers, in clean dairies, and collected and stored in clean vessels. Even so small a quantity as a quarter of a pint per child, given only every other day, would materially improve the nutrition of young school children where parents are unable to provide them with sufficient food stuffs." I estimated that about only £2000 per annum could secure material benefit by means of milk for our under-nourished school children in Norfolk, and that towards that comparatively small sum contributions from parents and enthusiastic members of Local Care Committees, and other voluntary aid, would probably mean but little to be provided by the Local Authority and by the State.

In view of my recommendation of milk, the following extract from the latest Report of the Chief Medical Officer of the Board of Education (Sir George Newman) merits careful attention, bearing in mind that School feed-

ing is merely **supplementary** feeding, **not** substitutional feeding. Commenting on Dr. Corry Mann's investigation*, and quoting his results, Sir George Newman says, "This is an important demonstration of the supplementary value of milk. The evidence furnished proves that milk gives weight and substance to the boy and that it improves his general health and mental tone. It cannot be doubted that it will do the same for the girl. The findings of this investigation are of the first importance to every Local Authority or voluntary society engaged in the feeding of school children."

With such weighty support, I have no diffidence in recommending the remarks I made a year ago once again to your attention, in the hope that if you give them serious consideration you will be impressed with the value of thus aiding the mental and physical welfare of the children on whose behalf you already spend large sums of money to provide them with educational facilities; for thereby you will improve their capacity to take better advantage of such facilities. A very simple scheme, at first applicable to a small area for experimental purposes, if found satisfactory, could easily be extended by a network of such schemes for the whole of your area in the exercise of your wisdom and judgment.

I have the honour to be,

Your obedient Servant,

J. T. C. NASH,
M.D., C.M. (Edin.), D.P.H. (Camb.),
School Medical Officer.

*Diets for Boys during the School Age, by H. C. Corry Mann, M.D., Medical Research Council, Special Report No. 105, 1925.

TABLE I.—NUMBER OF CHILDREN INSPECTED 1st JANUARY, 1926, to 31st DECEMBER, 1926.

A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	...	...	...	...	5707
Intermediates	...	...	...	...	3145
Leavers	...	...	...	...	5373
TOTAL	...	...	...	...	— 14225
Number of other Routine Inspections	...	...	...	...	869

B.—Other Inspections.

Number of Special Inspections	...	...	...	2184
Number of Re-inspections	...	...	...	9918
				— 12921
TOTAL	...	...	...	— 27146

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1926.

Defect or Disease. (1)	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but not requiring Treatment. (5)
Malnutrition	222	136	8	...
Uncleanliness (See Table IV., Group V.)	51	84	8	...
Skin—				
Ringworm—				
Scalp	7	7	12	1
Body	4	...	3	...
Scabies	10	..	8	...
Impetigo	53	...	248	...
Other diseases (Non-Tubercular) ...	22	11	236	...
Eye—				
Blepharitis	123	15	65	...
Conjunctivitis	16	3	22	3
Keratitis	1	...	...	...
Corneal Opacities ... ..	...	1	1	...
Defective Vision (excluding Squint) ...	484	462	31	12
Squint	64	14	8	...
Other Conditions	14	18	28	...
Ear—				
Defective Hearing	14	6	2	1
Otitis Media	22	4	32	...
Other Ear Diseases	41	16	22	2
Nose and Throat—				
Enlarged Tonsils only	317	458	26	12
Adenoids only	74	82	8	5
Enlarged Tonsils and Adenoids ...	158	84	20	2
Other Conditions	29	124	4	17
Enlarged Cervical Glands (Non-Tubercular)	41	49	44	3
Defective Speech	4	12	...	...
Teeth—Dental Diseases (See Table IV., Group IV.)	385	2434	11	5
Heart and Circulation—				
Heart Disease:				
Organic ... ..	...	1	...	...
Functional	3	98	1	3
Anæmia	179	54	22	...

TABLE II.—Return of Defects—(continued).

Defect or Disease. (1)	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	(2)	(3)	(4)	(5)
Lungs—				
Bronchitis	23	26	5	3
Other non-Tubercular Diseases ...	41	95	3	2
Tuberculosis—				
Pulmonary:				
Definite ... ..	...	...	...	...
Suspected	7	6	1	...
Non-Pulmonary:				
Glands	16	14	4	2
Spine	1	1	...	...
Hip ... ..	...	1	...	...
Other Bones and Joints ... ..	...	...	1	...
Skin ... ..	...	...	...	...
Other Forms	5	4	...	1
Nervous System—				
Epilepsy ... ..	...	6	1	2
Chorea	1	1	...	...
Other Conditions	4	24	...	3
Deformities—				
Rickets	19	8	1	...
Spinal Curvature	6	4	...	...
Other Forms	44	18	2	...
Other Defects and Diseases	260	239	566	29

B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS:			
Entrants	5707	810	14.19
Intermediates	3145	608	19.33
Leavers	5373	669	12.45
TOTAL (Code Groups)	14225	2087	14.67
Other Routine Inspections	869	158	18.18

**TABLE III.—RETURN OF ALL EXCEPTIONAL CHILDREN
IN THE AREA IN 1926.**

			Boys.	Girls.	Total.
Blind (including partially blind)	(i) 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...	7	1 ... 1 1	8 ... 1 1
	(ii) 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...	... 18 ... ...	... 15 ... ...	... 33
Deaf (including deaf and dumb and partially deaf)	(i) Suitable for training in a School or Class for the totally deaf or deaf & dumb.	Attending Certified Schools or Classes for the Deaf ... Attending Public Elementary Schools At other Institutions ... At no School or Institution...	11 1	10 4 ... 2	21 5 ... 2
	(ii) 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...	5 1	3 2	8 3
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...	... 81 ... 57	... 63 ... 31	... 144 ... 88*
	Notified to the Local Control Authority during the year.	Feeble-minded Imbeciles Idiots ... ..	... 7 3	... 8 2	... 15 5
Epileptics.	Suffering from severe Epilepsy.	Attending Certified Special Schools for Epileptics ... In Institutions other than Certified Special Schools ... Attending Public Elementary Schools At no School or Institution...	... ... 3 11	... ... 1 3	... ... 4 14*
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools At no School or Institution...	21 ...	14 ...	35 ...

TABLE III.—Numerical Return of all Exceptional Children—(continued).

		Boys.	Girls.	Total.	
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	2	3
		At other Institutions ...	...	...	...
		At no School or Institution...	1	...	1
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	12	13	25
		At Certified Residential Open-Air Schools ... ..	...	...	...
		At Certified Day Open-air Schools ... ..	...	...	...
		At Public Elementary Schools	4	3	7
		At other Institutions ...	...	...	...
		At no School or Institution...	11	11	22
	Delicate children (e.g. pre or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-air Schools (Sanatorium School)	4	...	4
		At Certified Day Open-air Schools ... ..	...	...	...
		At Public Elementary Schools	120	102	222
		At other Institutions ...	...	...	...
		At no School or Institution...	33	28	61
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	15	10	25
At Public Elementary Schools		4	2	6	
At other Institutions ...		...	...	...
At no School or Institution...		12	4	16	
Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	...	...	...
	At Certified Residential Cripple Schools ... ..	...	...	...
	At Certified Day Cripple Schools ... ..	...	...	...
	At other Institutions ...	...	2	2	
	At Public Elementary Schools	110	107	217	
At no School or Institution...	39	32	71*		

*Includes children between 14 and 16 years of age.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1926.

Group I.—Minor Ailments (excluding uncleanliness, for which see Group V.)

Defect or Disease.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme*.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm—Scalp	349	...	349
Ringworm—Body	33	...	33
Scabies	25	...	25
Impetigo	529	...	529
Other Skin Disease	328	...	328
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	400	...	400
Minor Ear Defects	125	...	125
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.)	726	...	726
TOTAL	2515	...	2515

*Includes children treated in School and at home by the School Nurses, the treatment being continued by the children's parents between the visits of the Nurse.

TABLE IV.—Return of Defects—(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)				
Outstanding prior to 1926 ...	129	11	...	140
1926	603	25	...	628
Total ...	732	36	...	768
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	...	...	...	...
TOTAL ...	732	36	...	768

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme ...	668
(b) Otherwise ...	34

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme ...	608
(b) Otherwise ...	30

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				Total Number Treated.
Received Operative Treatment.			Received other Forms of Treatment.	
Under Local Education Authority's Scheme-Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
		Outstanding prior to 1926		
62	91	153	11	164
114	81	195	5	200
Total 176	172	348	16	364

TABLE IV.—Return of Defects—(continued).

Group IV.—Dental Defects.

Period—January 1st to December 31st, 1926.

1. Number of Children who were

(a) Inspected by Dentists—

		Routine Age Groups.										Total.
5	6	7	8	9	10	11	12	13	14	Specials		
168	2210	3053	2904	2799	3519	3529	3539	3577	2869	64	27733	
(b)	Referred for Treatment										16805	
(c)	Actually Treated										8862	
(d)	Re-treated*										6098	

*Included in (c).

2. Particulars of Time given and of Operations undertaken:—

1.	Number of half-days devoted to Inspection ...	517	
2.	Number of half-days devoted to Treatment ...	1554	
		—	2071
3.	Total number of attendances made by Children		12168
4.	Fillings—Permanent Teeth	4709	
	„ Temporary	347	
	Total	—	5506
5.	Extractions—Permanent Teeth	1017	
	„ Temporary Teeth	12978	
	Total	—	13995
6.	Number of administrations of General Anæsthetics for extractions		Nil.
7.	Number of other Operations—Permanent Teeth	9097	
	„ „ „ Temporary Teeth	7782	
	Total	—	16879

Group V.—Uncleanliness and Verminous Conditions.

(i)	Average number of Visits per School made during the year by the School Nurses	6 08
(ii)	Total number of Examinations of Children in the Schools by School Nurses	154,540
(iii)	Number of individual children found unclean	6,627
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	Nil.
(v)	Number of cases in which legal proceedings were taken:	
	(a) Under the Education Act, 1921	Nil.
	(b) Under School Attendance Bye-laws	15

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

**TABLE I.—RETURN OF MEDICAL INSPECTIONS, JANUARY 1st,
1926, To DECEMBER 31st, 1926.**

A.—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	...	...	...	...	457
Yearly examinations	...	...	...	...	507
Leavers	...	...	...	...	97
TOTAL	...	...	...	...	— 1061
Number of other Routine Inspections					5

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	3
Number of Re-inspections	...	...	...	...	926
					— 934
TOTAL	...	...	...	...	— 1995

SECONDARY SCHOOLS.

(Including Pupil Teacher Centres).

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1926.**

Defect or Disease. (1)	Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation but not requiring Treat- ment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation but not requiring Treat- ment. (5)
Malnutrition	11	6	...	...
Uncleanliness	3	3	...	...
Skin:—				
Ringworm, Body	1	...	...	...
Other Disease	3	...	...	...
Eye—				
Blepharitis	7	...	...	...
Conjunctivitis	1	...	...	...
Defective Vision (excluding Squint)	53	32	...	...
Squint ... ..	...	...	...	...
Other Conditions ... ..	...	...	...	1
Ear—				
Defective Hearing	1	3	...	...
Otitis Media	3	2	...	...
Other Conditions	1	1	...	...
Nose and Throat—				
Enlarged Tonsils only	12	11	...	...
Adenoids only	1	2	...	...
Enlarged Tonsils and Adenoids ... ..	...	3	...	...
Other Conditions	1	9	...	...
Enlarged Glands (Non-Tubercular)	1	...	...	...
Defective Speech	1	...	...	...
Teeth—Dental Diseases	69	141	...	...
Heart and Circulation—				
Heart Disease:				
Organic ... ..	...	...	...	...
Functional ... ..	...	3	...	...
Anæmia	24	...	...	...
Lungs—				
Other Non-Tubercular Diseases ... ..	...	3	...	...
Tuberculosis—Pulmonary ... ..	...	...	...	...

TABLE II.—Return of Defects—(continued).

Defect or Disease.	Routine Inspections. No. of Defects.		Special Inspections. No. 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)
Tuberculosis— Non-Pulmonary:	...	...	...	...
Nervous System— Other Conditions ... ..	...	...	...	...
Deformities— Spinal Curvature	4	...	...	...
Other Forms	16	...	...	...
Other Defects and Diseases	19	9	...	...

B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases).

Group	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS:			
Entrants	457	89	19.48
Yearly Examinations	507	57	11.24
Leavers	97	10	10.31
TOTAL (Code Groups)	1061	156	14.70
Other Routine Inspections	5	2	40.00

**TABLE IV.—RETURN OF DEFECTS.
GROUP II.—Defective Vision and Squint.**

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner or at Hospital apart, from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report) ... ..	...	}		...
Outstanding prior to 1926 ... ..	...	1		1
1926	11	10		21
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ... ..	...	...		...
TOTAL	11	11		22

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's Scheme	11
(b) Otherwise	10

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	11
(b) Otherwise	10

Group III.—Treatment of Defects of Nose and Throat.

	Number of Defects.				Total Number Treated. (5)
	Received Operative Treatment.			Received other Forms of Treatment. (4)	
	Under Local Education Authority's Scheme—Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
Outstanding prior to 1926	2	2
1926	1	1	3	4
TOTAL	1	1	5	6

TABLE IV.—Return of Defects—(continued).

Group IV.—Dental Defects.

1. Number of Children who were										
(a) Inspected by Dentists—										
	Routine Age Groups.									
	Under 12	12	13	14	15	16	over 16	Specials	Total	
	63	139	134	154	35	24	50	—	599	
(b)	Found to require Treatment								273	
(c)	Actually Treated								165	
(d)	Re-treated during the year as the result of periodical examination								57	
2. Particulars of Time given and of Operations undertaken:—										
1.	Number of half-days devoted to Inspection								14	} 59
2.	Number of half-days devoted to Treatment								45	
3.	Total number of attendances made by Children								275	
4.	Fillings—Permanent Teeth								222	
	,, Temporary								1	
	Total								223	
5.	Extractions—Permanent Teeth								34	
	,, Temporary Teeth								55	
	Total								89	
6.	Number of administrations of General Anæsthetics for extractions								Nil.	
7. Number of other Operations—										
	Permanent Teeth								136	
	Temporary Teeth								13	
	Total								149	

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