[Report 1924] / School Medical Officer of Health, Nuneaton Borough.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

Borough of Nuneaton.

Annual Report

1924.

School Medical Service.

K. E. TAPPER, O.B.E., M.B., D.P.H.
School Medical Officer.

MEMBERS OF THE EDUCATION COMMITTEE OF THE BOROUGH OF NUNEATON.

His Worship the Mayor—Alderman R. W. Swinnerton, M.B.E., J.P. (Chairman).
Alderman E. F. Melly, J.P. (Vice Chairman).
Deputy Mayor—Alderman W. French, J.P.
Miss Swinnerton.

Alderman J. A. Cartwright.
,, T. Horton, J.P.
,, J. Randle, J.P.
,, C. Reader.
,, T. W. Sands, J.P.

Councillor G. Bailey.
,, J. Bates.
,, A. C. Buckler (retired)
,, C. G. Burton (retired)
,, W. Cooper.
,, W. Croshaw.
,, S. O. Currin.
,, B. Daffern.
,, T. Daffern.
,, C. T. Earp.
,, G. Harvey.
,, F. Johns.
,, D. King.

Councillor T. L. Liggins.
,, F. Marriott.
,, W. Matthews.
,, F. P. Pembleton.
,, L. E. Price.
,, A. Roberts.
,, H. Robottom (deceased)
,, W. T. Smith.
,, G. H. Taylor.
,, F. Wapples.
,, H. Warmington.
,, R. Worthington.
,, J. H Whitehouse.

Mr. G. R. Biggs.
Mr. A. Grain.
Rev. W. F. Knight.
Dr. E. Nason.
Mr. F. H. Raison.

Director of Education—Mr. J. C. Bennell.

STATISTICS.

Area = 10596 acres.

Population = 44620.

Death-rate 1924 = 9.7.

Birth-rate 1924 = 21.6.

Infantile Mortality Rate = 58.7.

Penny Rate = £615.

Education Rate 1924/25, 2s. 11¾d.

Rate levied for School Medical Service, 3d.

School Accommodation, 7,789.

STAFF OF THE SCHOOL MEDICAL DEPARTMENT

as on 31st December, 1924.

School Medical Officer—K. E. TAPPER, M.B., D.P.H.

Surgeon Tonsil and Adenoid Clinic—A. A. Wood, M.D.

School Oculist—C. Rudd, M.B., Ch.B. (Part time; ½-day per week).

School Dentist—G. E. B. Williams (Part time; four ½-days per week).

School Nurses—Misses M. I. Hawkins and W. Payne.

Clerical Staff—Misses W. Wood, I. Biggs, and D. Bent (Dental Assistant).

School Medical Department,
Cambridge House,
Nuneaton,
May, 1925.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Lady, and Gentlemen,

I have to submit to you my report on the School Medical Service for the year 1924.

This will be my last annual report as your School Medical Officer and I would thus take the opportunity of expressing my deep appreciation of the help you have always extended to me, and I trust that the services I have given have been to the good of the health of the School child and that those services that I have been able to establish will be of some benefit to the future child of Nuneaton.

As the years pass, the School Medical Service grows in extent and usefulness, a service that the public realise is of untold value in the promoting of Public Health and a service that will, I am sure, continue to receive the whole-hearted support of the Committee. I leave it with regret, but happy in the fact that I have been able to make the service an efficient one, a fact that could not have been realised had I not the support and loyal assistance of the office and nursing staffs, for there are many difficulties, especially the parent who resents the supervision of the neglected child, the parent upon whom one must exercise compulsion if the work of the School Medical Service is to be an efficient one.

The aim of the year's work was to co-ordinate the School Medical Service more closely with that of the Health services of the Borough, and to make our existing provision efficient and economical in administration.

We extended our services during the year by the provision of a School Clinic at Stockingford, and by the provision of a full-time dental assistant the dental scheme has been made a little wider in scope, but by no means is it able to meet the demand. An ionisation clinic for chronic ear discharge was begun in the early part of the year, and is giving satisfactory results.

We are now working in close co-operation with the Maternity and Child Welfare service, for at the time of writing we have made provision for the routine examination and minor ailment treatment of the pre-school child, and an orthopædic clinic has been started.

We lack an open-air school, although the most severe cases of malnutrition are being treated by sunlight at the Isolation Hospital. We require special classes for the mentally backward or defective child, and finally we need hospital accommodation for the sick child who cannot be adequately nursed at home.

The subsequent pages of the report will show the benefits that are accruing from the School Medical Services, one fact alone is here worth recording. The cleanliness of the school child as reported in the nurses' return on verminous children show that the percentage of verminous children has fallen from 34% in 1919 to 12.7% in 1924, no small item to the good of Public Health.

Another factor that has impressed me is the absence of gross defects in the child at routine medical inspection at school. A few years back it was not uncommon to discover a defect for which no treatment or advice had been sought; to-day it is almost a rarity, in a few more years it will disappear entirely.

These surely are the accumulative benefits that arise from our constant attention to the minor ailments, and must indicate to the Committee that the comparatively small cost of the School Medical Service is bearing a result hardly to be measured in pounds, shillings and pence.

I cannot do more than hope that you, the Director, and the staff will extend to my successor the same helpful consideration you have at all times shown to me.

I am,
Mr. Chairman, Lady, and Gentlemen,
Your obedient servant,
K. E. TAPPER,
School Medical Officer.

EXTENT OF SCHOOL MEDICAL SERVICE.

The School Medical Service is a service that provides for the periodic and regular medical examination of the school child, treatment for the minor ailments, the teaching of the ways of health and the prevention of disease, and of the creation of a health conscience in the parent. This is surely and slowly leading to the development of a healthy race of people.

To-day we supervise the child from before birth, throughout its babyhood and infancy until it leaves our hands at 14 years of age, a supervision restricted to prevention of disease and the treatment of the ailment in its earliest stages. The result of the work is not to be seen in a day, but the progress is sure as can be seen by a perusal of previous medical reports; unfortunately, it is retarded by the delinquent parent who fails to realise that the treatment of disease in its beginning is the only true method of prevention of grave, and often, lasting debility.

The parent who endeavours to nourish a child by giving it a piece of bread and jam to eat on its hurried way to school and on its return perhaps twopence for a fish and chip supper; the parent who possesses an unbounded faith in the bottle of fluid that goes by the fancy name of a patent medicine, or whose faith in the man of colour whose only value is in the flow of words that sell "the goods" which is said to cure all and sundry ailments. These are difficult parents to deal with, they will not or cannot realise that pouring patent medicine down a child's throat is like trying to stop the smell of an ill-used drain by pouring down a strong smelling, oily, so-called disinfectant.

There are other obstacles of no less importance—we hear a frequent and well-deserved outcry against sophisticated foods. We should add to these the evils of the highly coloured sweets that tempt the eye and stain the gastric mucosa of the young child. The education of our people in the ways of health is one of the blanks in our education.

I append here a statistical summary of the year's work, it will explain the extent of the services, and will certainly demonstrate the fact that the School Medical Services form no small part in the scheme of prevention and treatment of disease.

CLINICS.	Individual Children.	Attendances.
Medical Inspection	2478 ...	7005
Treatment Clinic	1640 ...	3627
Dental Clinic	503 ...	945
Eye Clinic	207 ...	396

INSPECTIONS.

Individual children examined by School Medical Officer at School	1658
Individual children examined by Dentist at School	789
Examination of children by the Nurses for vermin	17774
Home visits paid by School Nurses	1117
Tonsil and adenoid operations	83
Orthopædic cases sent to Hospital	11
Defective children sent to Homes	2
Ottorrhœa cases treated at Ionisation clinic ...	11
Cases treated by X-Ray	6

REVIEW OF ROUTINE MEDICAL INSPECTION.

TABLE 2.

Number inspected	1658
Number with defects requiring treatment ...	191
Number to be kept under observation	328

There has been a marked fall in the number of children found to require treatment. This is partly explained by the fact that the teachers continue to take a personal interest in the health of the children, and on discovery of the early signs of disease refer them for medical advice. It is also influenced by the fact that parents continue to make free use of the School Clinic as can be seen by the record that 2478 individual children attended the inspection clinic during the year. These facts and the fact that 1924 was a healthy year for Nuneaton must explain the falling in the incidence of children found at Routine Medical Inspection to require treatment.

The absence of skin disease was marked by their practical absence. It is the custom to send all children with impetigo to the School Clinic for treatment, thus preventing not only a considerable loss of school attendance but also spread of the infection to other children.

The general classification of physique of the school child of Nuneaton is good; the examination showed 86 children in need of treatment for under-development; 333 below the average, while no less than 368 were of a high standard of fitness.

The most prevalent defect found at routine inspection was again dental caries, no less than 142 children being referred for treatment for this defect.

The next important defect in order of frequency was impairment of the nose and throat. It was necessary to refer 68 children for treatment, while a further 96 are being kept under routine observation at the School Clinic.

Heart Disease was rare, whilst diseases of the lungs was less frequent than in previous years. 36 children were found to require treatment for defective vision, but it is to be remembered that these are cases coming under routine examination at school and were defects unknown prior to the examination.

If one refers to Table 2 in the appendix one will see a vast difference in the figures between column one and three; column three being children examined at special inspections at the School Clinics and being cases referred by the School Nurses, School Teachers, and School Attendance Officers; the greater the facilities of the School Clinic the less will become the defects discovered at routine inspections at school.

Table 2b. in appendix is interesting in that it shows the prevalence of defects in children entering school life. No less than 16% of entrants examined required treatment, this falls to 9% in the intermediate period and to 6% in leavers.

Greater co-ordination now exists between the Maternity and Child Welfare and the School Medical Service, and the treatment of defects in the pre-school child must in time naturally lessen the high percentage of those requiring treatment on entry to school. The percentage of leavers requiring treatment is mainly due to dental defects, and must indicate a further extension of our dental services.

REVIEW OF SPECIAL MEDICAL INSPECTION SCHOOL CLINIC.

TABLE 2.

Individual children inspected	2478
Number of attendances	7005
Number of ailments	3319

These figures are sufficient indication of the value of the School Clinic, and the use made of it by children referred either by teachers, school attendance officers, school nurses, general practitioners, or from routine medical inspections at school.

The chief defects among the children attending were diseases of the skin and diseases of the nose and throat; diseases of the lungs were prevalent at certain times of the year, chiefly following the epidemic of measles and whooping cough. There were 38 children found to be tubercular, while 139 had enlarged tonsils and adenoids requiring treatment.

Of the major diseases, chorea and rheumatism were specially marked. It is my experience in Nuneaton to find chorea and rheumatism a very prevalent and very crippling disease among the children of Nuneaton, and I trust that they will receive the attention of the Committee. There is no doubt that these are manifestations of one disease, infectious in nature, and there remains a large field for research in prevention if we are to cope with the very severe effects of these two complaints.

The presence of intestinal worms in children attending the Clinic amounted in one period of the investigation to 23%. This is a frequent defect in the debilitated child, and one that is generally overlooked by the parent.

The dyspeptic child and the child suffering from the ills of a wrong dietary were again prominent attenders. It is a difficult task educating the parent in the proper and efficient dietary of a child, it is found that the child who suffers most is not the one who has poverty as a cause, but the one where the parent is careless and slothful in preparing the family meals. It is easy to give a child twopence for fish and chips rather than cook an appetising meal; the habit of a sit-down meal is not established among this type of the population. There are other cases who have not the facilities for cooking, a mother with a family, living as lodgers in one room or two rooms, cannot cope with the feeding of her hungry children. This is only one of the many evils of overcrowding that exists in our town. There is no doubt that after the provision of water and sewerage Housing becomes the greatest necessity of the local authority's undertakings.

REVIEW OF THE MINOR AILMENT TREATMENT CLINIC.

TABLE 4.

Number of children treated	1640
Number of attendances	3627

Treatment for the minor ailment is carried out daily at the School Clinics at Nuneaton and Stockingford. Skin diseases occupy the major portion of the work, and the treatment of these by the School Nurses play an important part in maintaining the high school attendance figure. It is a noteworthy fact, for example, that impetigo treated by the parent at home takes twice the time for cure as a case treated at the School Clinic.

Minor surgical cases are treated or kept under supervision at the Clinic, while treatment of the discharging ear has been improved by the ionisation treatment commenced during the year.

Only 6 cases of ringworm of the scalp were referred for X-ray treatment, the results of clinic treatment by means of mercuric iodide being satisfactory. The "Cap" system has permitted the child to return to school instead of the old system that caused such great loss of educative time.

Special clinics are held for eye diseases, tonsil and adenoid operations, dental clinics, ionisation clinic, and at the time of writing, for orthopædics. In addition the underdeveloped or pre-tubercular child is treated during the summer months at the Sunlight Ward at the Isolation Hospital.

REVIEW OF DEFECTS DISCOVERED.

MALNUTRITION.

Number inspected	1658
Number requiring treatment	86

TABLE 2.

A general classification was made during the year of the physique of children examined at routine inspection at school.

86 of these children were of a low grade physique and came under the classification pre-tubercular or maldeveloped children. 333 required further observation, while the balance 1239 were of normal and good physique.

An endeavour is made to treat these low grade children by open air and sunlight, but our accommodation allows only of the most severe cases receiving this benefit. There is no doubt an open air recovery school is needed in the Borough.

There are many causes underlying this low grade physique, some of them arise in the pre-school child, while others are due to the after effects of infectious diseases, such as Measles, whooping cough, septic teeth, tonsils and adenoids, tuberculosis, rheumatic infection, wrong dietary and wrong parentage. Many of these causes could be obviated were an open air recovery school provided in the Borough; we cannot adequately deal with the number with our present provision of 8 beds at Tuttle Hill.

UNCLEANLINESS.

Number of children examined by nurses ...	17,774
Number of children verminous	2,255

It is seldom now that one finds the chronically verminous child. These are rapidly disappearing from our schools, but

isolated cases remain and are being dealt with in a manner that should finally abolish this relic of the pre-hygiene school days.

The work of the nurses, with the hearty co-operation given by the teachers, is yearly bringing us nearer the time when vermin will finally disappear from the schools.

In 1919 the percentage of verminous children at school was 34%, year by year it has fallen until to-day it has reached 12.7%—a record which tells the value of this part of the school nurses' work.

Thus a clean and well cared for child in attendance at school in 1919 ran a 1 in 3 risk of becoming verminous; now the risk has fallen to 1 in 8.

The delinquent cases are referred, where persuasive action has failed, to the N.S.P.C.C., and one would here like to record the very valuable help the Society has at all times given us.

SKIN DISEASES.

	Routine.	Special.
Number inspected	1658 ...	2478
Referred for treatment	22 ...	564

There has been an appreciable fall in skin diseases in the child in attendance at school—a fect accounted for by the interest teachers take in early treatment and by the fact that greater facilities are now offered for diagnosis and treatment.

Impetigo is by far the most prevalent skin disease in school children, but a fall has again been recorded; it would be greater were the younger children of the family treated on the same lines as the School child, for not infrequently on curing a child at the School Clinic it becomes reinfected by coming into contact with the younger children at home.

Ringworm of the scalp again fell to 50% of the previous year's return, and has been successfully treated by the mercuric idodide routine at the School Clinic.

Scabies increased at the year's end and was the cause of considerable loss of school attendance. The Liquor Calcis Sulphurata routine was not entirely successful in treatment.

DENTAL DEFECTS.

	Routine Inspection.	Special Inspection.	Dental Inspection.
Number inspected	1658 ...	2478 ...	787
Referred for treatment	142 ...	161 ...	691

The children found at Routine and Special Inspection were children with gross dental caries, and is not to be taken as

an indication of the state of dental caries in the children examined. The Dental Inspection give a much clearer view of the state of teeth of the Nuneaton school child. The high percentage shown in these figures is to be corrected by the fact that of the 787 children inspected 464 were specially referred to the Dentist for dental treatment. Further dental extension in the School Medical Service is most certainly needed if we are to maintain the healthy condition of the child on leaving school. Far too little attention is given to the evils that follow on neglected hygiene of the mouth. Even adults are known to neglect their teeth until they can bear the pain no longer and even then reluctantly seek advise from the Dentist, but this will remain so until all of us possess a health conscience and act upon the fact that the care of the teeth, whether they be the first set or the second set, is of prime importance if we intend to keep healthy.

I would refer the reader to Table IV. which gives a clear tabulation of the very valuable work carried out by Mr. Williams, the School Dentist.

DISEASES OF THE EYE.

	Routine.		Special.
Number examined	1658	...	2478
Referred for treatment	48	...	158

TABLE II and TABLE 4. Group II.

Of the children examined at school 2.2% showed evidence of defective vision, this compares with 5.1% of the previous year.

The number of entrants to school with squint was again noteworthy, parents are apathetic in this matter. There is no doubt that if these cases are not to remain permanently disfigured, early treatment is essential.

All cases are referred to Dr. Rudd, the school oculist, for whose attention to the school child I am very much indebted. Glasses are obtainable at contract prices and it is seldom that the parent fails to obtain them—there is a certain prejudice against glasses to be overcome in a few parents, but this is gradually and surely being overcome; parents must realise that there are few matters that can handicap a child more than does defective vision.

DISEASES OF THE LUNGS.

	Routine.		Special.
Number examined	1658	...	2478
Number requiring treatment ...	16	...	95

Tuberculosis of the lungs is not included in the above figures, all such cases being referred to Dr. Cyriax, the

Tuberculosis Officer for the Borough, whose advice and attention to school children with this disease is keenly appreciated by all.

Lung diseases in children are usually the sequel of acute infections such as Measles and Whooping Cough or of some impairment in the respiratory tract such as septic tonsils, septic teeth, or adenoids. Far too frequently the underlying cause is overlooked by the parent and even if advised seldom realise that patent cough mixtures are not necessary for cure. Most coughs in children, provided the respiratory tract is cleared of foci of infection, respond rapidly to fresh air and sunshine. The vitiated atmosphere of our picture houses, the mecca of bronchial children, cannot but spread lung diseases amongst the non-immune—whilst the lure of indoor amusements is increasing so will the bronchial child remain prevalent in our midst and whilst the public fail to realise that the common cold is an infectious catarrh spread by coughing, sneezing and kissing, children and even babies must run the risk of suffering, sometimes fatally from their elders' carelessness—by cleaning up the homes, the town and the environment, by abolishing overcrowding, vitiated atmospheres and smoke, by teaching the value of fresh air, suitable food and clothing, and by each individual realising his responsibility in preventing his infection passing to his neighbour, so only will we be able to lessen diseases of the Respiratory system that are not only causing the major portion of our deaths but are the cause of so much invalidity and industrial inefficiency.

APPENDIX.

LIST OF TABLES.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections:

No. of Code Group Inspections:—	
Entrants	612
Intermediates	620
Leavers	426
...	1658
No. of other Routine Inspections -	Nil.

B.—Other Inspections:—

Number of Special Inspections ...	2478
Number of re-inspections ...	4527

TABLE 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED DECEMBER 31, 1924.

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.
Malnutrition		86	333	66	23
Uncleanliness:		147	0	0	0
Skin	Ringworm				
	Head	0	0	38	9
	Body	0	0	66	0
	Scabies	4	0	24	0
	Impetigo	8	0	312	0
	Other Diseases (non Tubercular)	10	1	124	1
Eye	Blepharitis	4	0	22	0
	Conjunctivitis	1	0	19	0
	Keratitis	0	0	0	0
	Corneal Opacities	0	0	0	0
	Defective Vision (excluding squint)	36	0	101	0
	Squint	6	0	2	0
	Other Conditions	1	0	14	0
Ear	Defective Hearing	3	4	15	2
	Otitis Media	8	2	70	5
	Other Ear Diseases	8	1	0	0
Nose & Throat	Enlarged Tonsils	18	59	14	7
	Adenoids	5	6	9	3
	Enlarged T. and A.	35	24	115	9
	Other Conditions	10	8	245	2
Enlarged Cervical Glands (non Tubercular)		5	20	53	5
Defective Speech		0	0	1	0
Teeth—Dental Diseases		142	2	161	1
Heart and Circulation.	Heart Disease:				
	Organic	1	1	3	2
	Functional	3	10	3	9
	Anæmia	1	2	3	3
Lungs	Bronchitis	16	15	68	10
	Other Non-Tubercular Diseases	0	0	27	4

TABLE 2.—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.
Tuberculosis	Pulmonary:				
	Definite	0	1	12	1
	Suspected	5	31	14	12
	Non-Pulmonary:				
	Glands	0	3	8	7
	Spine	0	0	1	0
	Hip	2	0	1	3
	Other Bones and Joints... ...	0	0	0	1
	Skin	0	0	1	0
	Other Forms	0	2	1	1
Nervous System	Epilepsy	0	2	0	2
	Chorea	1	1	11	5
	Other Conditions	0	2	6	4
Deformities	Rickets	0	2	0	0
	Spinal Curvature	1	3	1	2
	Other Forms	2	5	20	10
Other Defects or Diseases		27	38	1422	103

Children attending at a Special Inspection and found to have more than one defect are recorded as one Inspection only. Subsequent Inspections of the same child for other defects are counted as a Special Inspection.

B.—Number of Individual Children Found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental disease).

Group.	Number of Children.		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups			
Entrants	612	102	16.6
Intermediates	620	60	9.6
Leavers	426	29	6.8
Total	1658	191	11.5

TABLE 3.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

		Boys	Girls	Total
Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind ...	2	3	5
	Attending Public Elementary Schools	—	—	—
	At other Institutions	—	—	—
	At no School or Institution ...	—	—	—
Suitable for training in a School or Class for the partially Blind.	Attending Certified Schools or Classes for the Blind ...	—	—	—
	Attending Public Elementary Schools	1	2	3
	At other Institutions	—	—	—
	At no School or Institution ...	—	—	—
Suitable for training in a School or Class for totally Deaf or Deaf and Dumb.	Attending Certified Schools or Classes for the Deaf ...	2	1	3
	Attending Public Elementary Schools	—	—	—
	At other Institutions	—	—	—
	At no School or Institution ...	—	1	1
Suitable for training in a School or Class for partially Deaf.	Attending Certified Schools or Classes for the Deaf... ...	—	—	—
	Attending Public Elementary Schools	4	3	7
	At other Institutions	—	—	—
	At no School or Institution ...	—	—	—
Feebleminded (cases not notifiable to the Local Control Authority(	Attending Certified Schools for Mentally Defective ...	1	1	2
	Attending Public Elementary Schools	21	21	42
	At other Institutions	—	—	—
	At no School or Institution ...	—	—	—
Notified to the Local Authority during year.	Feeble-minded	6	8	14
	Imbeciles	1	—	1
	Idiots -	2	1	3
Suffering from severe Epilepsy.	Attending Certified Schools for Epileptics	—	—	—
	In Institutions other than Certified Special Schools ...	—	—	—
	Attending Public Elementary Schools	—	—	—
	At no School or Institution ...	1	1	2
Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	3	3	6
	At no School or Institution ...	—	1	1

TABLE 3.—Continued.

		Boys	Girls	Total
Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	12	16	28
	At other Institutions	—	—	—
	At no School or Institution ...	1	2	3
Non - infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	2	5
	At Certified Residential Open Air Schools	—	—	—
	At Public Elementary Schools	2	2	4
	At other Institutions	—	—	—
	At no School or Institution ...	3	6	9
Delicate (e.g., pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools	—	—	—
	At Public Elementary Schools	62	90	152
	At other Institutions	10	16	26
	At no School or Institution ...	—	—	—
Active non-pulmonary tuberculosis.	At Sanatoria or Hospital School approved by the Ministry of Health or the Board	—	—	—
	At Public Elementary Schools	3	2	5
	At other Institutions	5	2	7
	At no School or Institution ...	4	2	6
Crippled children (other than those with active tuberculosis) e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools...	—	—	—
	At Certified Residential Cripple Schools	—	—	—
	At Public Elementary Schools...	12	16	28
	At other Institutions	1	1	2
	At no School or Institution ...	1	1	2

TABLE 4.

RETURN OF DEFECTS TREATED DURING THE YEAR 1924. (See Note A.)

Group 1.—Minor Ailments (excluding uncleanliness).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (see note B.)	Otherwise.	Total.
Skin :—			
Ringworm—Scalp	36	2	38
Body	65	1	66
Scabies	24	3	27
Impetigo	306	7	313
Oher skin disease	119	9	128
Minor Eye Defects (External and other, but excluding cases falling in Group 2).	55	3	58
Minor Ear Defects (see Note C.)	80	14	94
Miscellaneous e.g., minor injuries, bruises, sores, chilblains, etc.)	955	59	1014
	1640	98	1738

Group 2.—Defective Vision and Squint (excluding Minor Eye defects treated as Minor Ailments—Group 1.)

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme	Submitted to refraction by private practioner or at Hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint). (Operation for squint recorded separately in the body of report).	172	2	1	175
Other Defect or Disease of the eyes (excluding those recorded in Group 1).	35	—	—	35
	207	2	1	210

Total number of children for whom spectacles were prescribed:—

(a) Under the Authority's scheme 161
(b) Otherwise 1

Total number of children who obtained or received spectacles:—

(a) Under the Authority's scheme 156
(b) Otherwise 1

x—Of these, 54 were re-examination of children previously possessing glasses. In 43 cases glasses were changed.

x—In addition 20 cases were refracted and found to have no impairment and 2 cases refused refraction.

Group 3.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS				
Received Operative Treatment.				
Under Local Authority's Scheme Clinic or Hospital,	By Private Practitioner or Hospital apart from the Authority's Scheme	Total	Received other forms of treatment	Total Number Treated
83	9	91	242	333

Group 4.—Dental Defects.

(1) Number of children who were:—

(a) Inspected by the Dentist:—

Aged:	5	—
	6	—
	7	—
	8	—
	9	—
	10	—
	11	—
	12	323
	13	—
	14	—
Specials		464
Grand total		787

(b) Found to require treatment 691

(c) Actually treated 503

(d) Re-treated during year as result of periodical examination 212

(2) Half days devoted to Treatment 157, Inspection 6 163

(3) Attendances made by children 945

(4) Fillings:— Permanent teeth 260, Temporary teeth 22 282

(5) Extractions Permanent teeth 208, Temporary teeth 821 1029

(6) Administrations of local anæsthetic for extractions ... 329

(7) Other operations: Permanent teeth 144, Temporary teeth 132 276

TABLE 4.

Group 5.—Vermin Survey.

Average number of visits per school made during the year of the School Nurses	14.1
Total number of examinations of children in the Schools by School Nurses	17,774
Number of individual children found unclean ...	2,255
Number of children cleansed under arrangements made by the Local Education Authority ...	—
Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act 1921	—
(b) Under School Attendance Bye-Laws ...	—